

**The Design, Development, and
Evaluation of an Education Programme
for Families of Trans Young People:
A Community-Based Participatory
Research Study**

A Thesis Presented to the University of Dublin,
Trinity College for the Degree of Doctor in Philosophy.

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2018

Declaration

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Summary

Background and Aim: When a young person identifies as trans(gender), this may raise issues for the entire family. Access to appropriate education and information has been shown to positively impact on families of trans young people, however, there is a lack of educational opportunities for these families, particularly within the Republic of Ireland. The aim of this study was to explore and address the trans-related education needs of families of trans young people in the Republic of Ireland.

Methodology: Informed by the transformative paradigm, social justice was central to this study, particularly the principles of respect and beneficence. The guiding methodology for the study was Community-Based Participatory Research, a collaborative partnership approach to working with and for a community with a focus on real world, sustainable solutions.

Study Design and Methods: A three-phase multiphase design was used to explore and address families' trans-related education needs. Phase 1 explored families' trans-related education experiences and needs through a consultation process using qualitative surveys and qualitative interviews with professionals, family members, and trans young people. Phase 2 focused on the design and development of an online education programme (titled 'GenderEd.ie') to address families' education needs. Phase 3 employed a convergent, mixed methods approach to evaluate the education programme using quantitative surveys to assess the impact of the education programme and qualitative interviews to explore families' experiences with the programme.

Findings: The Phase 1 findings provided evidence of the need for an education programme for families of trans young people in the Republic of Ireland, with participants making a number of recommendations to inform the design of the education programme. The Phase 2 design process was guided by a seven-step, learner-centred, outcomes-based approach to module design, which included a participatory evaluation with educational specialists, professionals, families of trans young people, and trans young people. The design process resulted in the development of 'GenderEd.ie', an eight-module online education programme, which aimed to provide basic information to families of trans young people in the Republic of Ireland. In Phase 3, eight family members completed the pre-education programme and post-education programme surveys and eight family members participated in interviews. Statistically significant changes were found in terms of

overall scores on trans-related knowledge from pre-education programme to post-education programme, and on six of the individual knowledge topics. No statistically significant changes were found on any of the other measures. Interview participants described the positive aspects of the programme, including that it was easy-to-use and accessible, with comprehensive trans-related information. The majority of interview participants reported learning something new from the programme; however, they reported fewer soft skills gained from the programme.

Discussion and Conclusion: The findings from this study add to the international literature concerning families' trans-related education needs. Of importance, this is the first study to document the participatory design and development of an education programme to address families' trans-related education needs. In addition, this study provides robust evidence of the impact of an education programme on families' trans-related knowledge. The study was limited by the use of non-probability convenience sampling methods based on a small, non-representative sample of those most likely to be supportive of a trans family member. The findings have implications in terms of theory, policy, service development, and education and practice. The study also highlights a number of opportunities for future research. In conclusion, this study has demonstrated that an education programme designed and developed through participatory methods has the potential to help positively support families and trans young people.

Publications and Presentations Related to this Thesis

Peer-reviewed

- Sharek D., Huntley-Moore S. & McCann E. (2018) Education needs of families of transgender young people: A narrative review of international literature. *Issues in Mental Health Nursing* **39**(1), 59-72.
- Sharek D., McCann E. & Huntley-Moore S. (2017) GenderEd.ie, a new online education programme for families of gender diverse children and transgender young people launched. *HSE Sexual Health News*, September 2017.
- Sharek D. (2017) Exploring the education needs of families of transgender young people in the Republic of Ireland: Overview of a PhD study. *Children's Research Digest, Resilience and Support Special Conference Issue* **4**(1). Available at:
<https://childrensresearchnetwork.org/knowledge/resources/exploring-the-education-needs-of-families-of-transgender-young-people-in-the-republic-of-ireland>.
- McCann E. & Sharek D. (2016) Mental health needs of people who identify as transgender: A review of the literature. *Archives of Psychiatric Nursing* **30**(2), 280-285.

Other publications

- Sharek D. (2017) GenderEd.ie: A free online education programme for families of trans children and young people in the Republic of Ireland. *Blog for LGBT.ie*. Available at: <http://lgbt.ie/blog>.

Presentations (Oral)

- Sharek D. (2017) Listening to the voices of trans young people through the participatory design of an education programme for their families. 6th Children's Research Network for Ireland and Northern Ireland: Children and Young People's Participation, Chartered Accountants Ireland, Dublin, Ireland.
- Sharek D. (2016) Developing an online education programme for families of transgender young people in the Republic of Ireland. Transgender Equality Network Ireland (TENI) Residential Weekend, Woodford Dolmen Hotel, Carlow, Ireland.

Sharek D., McCann E. & Huntley-Moore S. (2016) Supporting transgender young people through family education. 5th Children's Research Network for Ireland and Northern Ireland: Building Resilience, Enhancing Social Support: What Research Tells Us, Chartered Accountants Ireland, Dublin, Ireland.

Sharek D. (2016) Developing an online education programme with and for families of young people who are transgender. Children's Research Network for Ireland and Northern Ireland and Maynooth University Department of Education PhD Symposium, Maynooth University, Maynooth, Ireland.

Sharek D., McCann E. & Huntley-Moore S. (2016) Education needs of families of people who are transgender in Ireland: A consultation needs analysis within a PhD study. 17th Healthcare Interdisciplinary Research: Contemplating the Past, Present and Future, Trinity College Dublin, School of Nursing and Midwifery, Dublin, Ireland.

Presentations (Poster)

Sharek D., McCann E. & Huntley-Moore S. (2017) Developing an online education programme for families of transgender young people in the Republic of Ireland. European Professional Association for Transgender Health (EPATH) Conference: Contemporary Trans Health in Europe: Focus on Challenges and Improvements, Belgrade, Serbia.

Sharek D., McCann E. & Huntley-Moore S. (2015) A systematic literature search of the education needs of family members of transgender young people. 16th Health Interdisciplinary Research Conference: Health, Wellbeing and Innovation: Advancing Research, Practice and Education, Trinity College Dublin, School of Nursing and Midwifery, Dublin, Ireland.

Acknowledgements

Completing this thesis has been a wonderful learning experience for me, both professionally and personally. The process would not have come to successful fruition without the support of a number of key groups and individuals who I would like to recognise here. I wish to thank my supervisors, Dr. Edward McCann and Sylvia Huntley-Moore, who supported me throughout the course of this study. Thank you for believing in me and this piece of work. Thank you to the partner organisations, Transgender Equality Network Ireland (TENI) and BeLonG To Youth Service, who supported this study from its conception to its completion. I would particularly like to acknowledge the support of Vanessa Lacey (TENI), Catherine Cross (TENI), Suzanne Walsh (TransFormers youth group), and Lisa McKenny (BeLonG To). I also offer my gratitude to the families and trans young people who participated throughout the research. I appreciate how generously you shared your wisdom, stories, and experiences with me.

I wish to acknowledge funding received from the Trinity College Dublin School of Nursing & Midwifery and the Irish Research Council to undertake this research. I would like to extend thanks to the staff of the Trinity College Dublin School of Nursing & Midwifery who were always encouraging and supportive of my pursuits. I would also like to acknowledge the Trinity College Dublin Information Technology Services Video Production Unit for developing the videos for the GenderEd.ie online education programme. Further, I would like to recognise Barry Dalton who generously donated his expertise and skills in developing the GenderEd.ie website.

Finally, I wish to acknowledge and extend a big thanks to my friends and family who supported me throughout this process. In particular, I would like to say thanks to Amanda, Mary, and Yvonne for reviewing the thesis. Thank you to all of my parents for your support and belief in me – I could not have done it without you.

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List of terms and acronyms used in this thesis

Adult family members: Refers to familial relations, such as mothers, fathers, guardians, adult siblings, aunts, uncles, grandparents, and other adult relatives over the age of 18 years.

APA: Acronym for American Psychiatric Association.

BeLonG To Youth Service: The national organisation for LGBT young people aged 14 to 23 years in the Republic of Ireland.

CAMHS: Acronym for the Child and Adolescent Mental Health Services in the Republic of Ireland.

Cisgender: Refers to a person whose sex assigned at birth aligns with their gender identity.

CBPR: Acronym for Community-Based Participatory Research.

DSM: Acronym for the *Diagnostic and Statistical Manual of Mental Disorders* produced by the American Psychiatric Association

Gender expression: The way in which a person expresses, displays, and/or manifests their sense of gender identity.

Gender identity: A person's identification as male, female, or another gender, which may not correspond to the sex assigned at birth.

HSE: Acronym for the Health Service Executive, the public health service provider in the Republic of Ireland.

Individuality: Support group run by BeLonG To for trans young people aged 14 to 23 years.

LGBT: Acronym for lesbian, gay, bisexual, and transgender.

Sex: Or 'sex assigned at birth', which is the assignment at birth of a person as 'male' or 'female' based upon some aspect of their anatomy or biology.

Sexual orientation: A person's attraction (physical, emotional or romantic) to another person and includes identities such as gay, lesbian, heterosexual, bisexual, pansexual, queer, and asexual.

TENI: Acronym for Transgender Equality Network Ireland, a non-profit organisation supporting the trans community in Ireland.

Trans: Shorthand for 'transgender', used as an umbrella term for all people who identify as non-cisgender, including female-to-male (FTM), male-to-female (MTF), trans man, trans woman, genderqueer, gender variant, gender non-

conforming, gender non-binary, agender, and transsexual. Trans male, trans man, or trans boy refers to a person who was sex assigned at birth as female. Trans female, trans woman, or trans girl refers to a person who was sex assigned at birth as male. Trans also includes children whose parents identify them as trans, gender variant or gender non-conforming.

TransFormers: Support group run by TENI for trans young people aged 14 to 22 years.

TransParenCI: Support group run by TENI for family members of trans young people in the Republic of Ireland.

Transphobia: The fear, dislike or hatred of trans people.

Young people: Refers to people under the age of 18 years.

WPATH: Acronym for the World Professional Association for Transgender Health.

Chapter 1. Introduction

1.1 Introduction

When a young person identifies as trans, this may raise issues for the entire family. Parents, in particular, may experience difficult emotions such as shock, confusion, grief, and loss (Gregor *et al.* 2015). Access to appropriate education and information has been shown to positively impact on families, reducing their confusion and helping them understand their experiences (Hill & Menvielle 2009, Barron & Capous-Desyllas 2017). Further, such education and information has been linked to a family's acceptance and support of their trans family member, which is of vital importance as a supportive family environment can make a positive contribution to the wellbeing of trans young people, including the development of resilience, enhanced self-esteem, and better general health (Ryan *et al.* 2010, Travers *et al.* 2012). While research has shown the important role education can play in supporting trans young people and their families, a lack of educational opportunities for such families has been identified (Riley *et al.* 2013a). There is also scant documentation within the literature of the development process of an evidence-based education programme. Compounding this, there is little evidence of engagement and participation with trans young people and their families in this process. At the time of beginning this study, within the Republic of Ireland, there were few educational opportunities for families to obtain high quality trans-related education and information. In addition, little was known about what type of education was needed by families or how best to deliver it in the country. Therefore, an opportunity existed to address these gaps in the literature and this deficit in service provision in Ireland.

This thesis explores the trans-related education needs of families of trans young people in in the Republic of Ireland and documents the development and evaluation of an education programme designed to address their education needs. The use of a multiphase study design allowed for the development of three distinct study phases, facilitating the exploration and identification of families' education needs (Phase 1), the design and development of the education programme (Phase 2), and the evaluation of the education programme (Phase 3).

This chapter provides an introduction as to how the study topic was selected. It defines the key terms used in the thesis and presents the background and significance of the topic, providing the study rationale. In addition, the aim and

objectives of the study are identified. Finally, it provides an overview of the thesis content.

1.2 Overview of thesis

This thesis is divided into nine chapters. Chapter 2 comprises the literature review. The literature review includes an in-depth examination of the international literature surrounding trans-related family education, thereby setting the context for the development of the study. Chapter 3 details the philosophical, methodological, and theoretical approaches underpinning the study. Chapter 4 sets out the research design for the study and provides the rationale for selecting a multiphase approach. The next three chapters present findings for each phase of the study: Chapter 5 (Phase 1 Consultation), Chapter 6 (Phase 2 Design and Development of the Education Programme), and Chapter 7 (Phase 3 Evaluation of the Education Programme). Chapter 8 includes a discussion and reflection of the researcher's engagement with the study process. Chapter 9 presents a discussion which contextualises the study findings, with reference to relevant international literature. The significance of the study findings, their implications, and their contributions to the wider knowledge base are discussed. The study limitations are also presented within this chapter. Finally, recommendations for policy, practise, and future research are presented and conclusions drawn.

1.3 Selecting the topic

Prior to beginning this study, I worked for a number of years as a researcher and project manager in the areas of LGBT issues, mental health, and family education. Perhaps of greatest relevance to the current study was my work on the *LGBTIreland* study (Higgins *et al.* 2016). In this study, we found that trans young people within the Republic of Ireland were at a greater risk of a number of challenges to their mental health and wellbeing than the Irish youth population. Speaking to young people throughout the study, I began to discover that those trans young people with strong family support appeared to do better than those without such support. I began to wonder how I could develop a research study which might help foster that support. A precursory search of the literature suggested that a family member's ability to support a trans young person was linked to their ability to access accurate education and information about trans-related issues. A preliminary examination of the services offered in

the Republic of Ireland, including discussions with professionals working in the area, suggested there was a gap in the provision of educational support for families. From these initial investigations, I solidified my interest in conducting a study to explore families' trans-related education needs and how they could be addressed.

1.4 Key terms

In this section, the key terms used throughout the thesis are defined. A full list of terms and acronyms is available in the 'list of terms and acronyms' on page xvi of this thesis.

1.4.1 Trans

Language surrounding gender identity can be complex, with people choosing to identify their gender in various ways. In addition, different gender identities may be assigned to people by different groups or individuals, such as medical professionals or the government. To add further complexity, gender identity may change and develop over time, be fluid or be something that a person does not want or need to define. With all of these considerations, it is important to have an understanding and agreement of some basic terms surrounding sex, gender identity, and sexual orientation in order to have an intelligible conversation involving them. The following definitions have been informed by Transgender Equality Network Ireland's (2018) *Trans Terms*, the American Psychiatric Association's (2000a) *DSM-IV*, and Fenway Health's (2000) *Glossary of Gender and Transgender Terms*.

Many people are familiar with a person's 'sex', which is the assignment at birth of a person as 'male' or 'female' based upon some aspect of their anatomy or biology. Separate from 'sex' is a person's 'gender identity', which is a person's identification as male, female, or another gender, which may not correspond to the sex assigned at birth. Often conflated, a person's sexual orientation is different than their gender identity. Sexual orientation refers to a person's attraction (physical, emotional or romantic) to another person and includes identities such as gay, lesbian, heterosexual, bisexual, pansexual, queer, and asexual. A person's gender expression is the way in which they express, display, and manifest their sense of gender identity.

For many people, there is no incongruity between their sex assigned at birth and their gender identity. When a person's sex assigned at birth and their

gender identity align, they are often referred to as 'cis-gender'. For some people, however, there is a difference between their sex assigned at birth and their gender identity and/or expression; these people are often referred to as 'transgender'. The term 'trans' may be used as short hand for the term transgender and "*acknowledges the diversity of gender identities*" (McNeil *et al.* 2013: p.53). These diverse gender identities include female-to-male (FTM), male-to-female (MTF), trans man, trans woman, genderqueer, gender variant, gender non-conforming, gender non-binary, agender, and transsexual. For the purpose of this report, the term 'trans' will be used throughout. Unless stated otherwise, the term will include all people who identify as non-cisgender and fit under the trans umbrella. It will also include children whose parents identify them as trans, gender-variant or gender non-conforming. The acronym 'LGBT', representing lesbian, gay, bisexual and transgender, will also be used throughout this thesis.

1.4.2 Young people

In this study, 'young people' are defined using the distinction provided by the Irish Government as those under the age of 18 years (Ombudsman for Children 2016).

1.4.3 Adult family member

'Adult family members' include familial relations, such as mothers, fathers, guardians, adult siblings, aunts, uncles, grandparents, and other adult relatives aged 18 years and over.

1.5 Background and significance

Within this section, the wider context for the study is examined. First, trans issues are discussed in terms of the broader cultural context. Next, as this study is focused on exploring and addressing the trans-related education needs of families of trans young people, literature around family experiences and models of family adjustment is presented. The role of family support in the lives of trans young people is explored, as well as the relationship between support and education. Finally, the Irish context specific to the study is examined in greater detail.

1.5.1 Trans in context

A comprehensive review of the history of trans people is beyond the scope of this study, however, it is safe to say that trans people have existed in most cultures throughout history (Stryker 2008). There is no single agreed upon 'cause' of gender dysphoria or being trans. Multiple theories have been suggested, including biological factors and psychological explanations, such as attachment difficulties, identity formation, and parental influence (Gregor *et al.* 2016). The conceptualisation of trans identities as pathological was formalised by the American Psychiatric Association (APA)'s *DSM-III* in 1980, with the introduction of the diagnoses of 'Transsexualism', 'Gender Identity Disorder of Childhood', 'Gender Identity Disorder of Adolescent or Adulthood, Nontranssexual Type (GIDAANT)', and 'Gender Identity Disorder Not Otherwise Specific (GIDNOS)' (American Psychiatric Association (APA) 1980). In 2000, the diagnostic criteria altered with the release of the *DSM-IV-TR* which included only one specific gender-related diagnosis of Gender Identity Disorder (GID) (American Psychiatric Association (APA) 2000a). The APA outlined the criteria for GID, as "*strong and persistent cross-gender identification*", accompanied by acute discomfort with the person's sex assigned at birth and clinically significant distress, reflecting its development as a primary condition that could develop with varying levels of intensity (American Psychiatric Association (APA) 1994: p.533). In 2013, the *DSM-5* replaced the diagnosis of GID with 'Gender Dysphoria', with the APA suggesting the diagnosis was aimed at better representing the experiences of children, young people, and adults (American Psychiatric Association (APA) 2013). Gender dysphoria expanded the criteria for GID, becoming more inclusive as a general description of a person's discontent with the sex assigned at birth and the distress this may create, focusing more on this stress as the clinical issue, rather than identity itself.

A more modern and inclusive lens from which to view gender variance is one that challenges gender identity at its core, re-frames it, and provides a new explanation: "*Gender-variant behaviour is not seen as pathological but as part of an individual's creative expression of their identity*" (Gregor *et al.* 2016: p.4). As Gregor *et al.* (2016) highlight in their recent review of the literature on the experience of childhood gender dysphoria, pathologising and diagnosing what we now know as 'Gender Identity Disorder' or 'Gender Dysphoria' is a relatively new and Western phenomenon. Worldwide and historically, people we describe as 'trans' have been viewed differently at different times and in different places; this means that the conception as a 'disorder' is one that should be strictly understood within the lens and constraints of current Western medicine. The

World Professional Association for Transgender Health, or WPATH, is adamant that while the distress caused by gender dysphoria may warrant diagnosis as a mental health condition, the experience of gender variance or nonconformity is not in itself a mental health condition (Coleman *et al.* 2011). WPATH underscores the diversity of gender expressions across cultures, emphasising that a diagnosis of gender dysphoria “*is not a license for stigmatisation or for the deprivation of civil and human rights*” (p.168).

Trans people are a minority of people and may often be perceived as transgressing traditional gendered boundaries and stereotypes (Stryker 2008). These ‘transgressions’ may be viewed as expressions of difference which characterise the trans person as ‘other’, different than the majority, and may result in instinctive feelings of hatred, outrage, and panic in the majority. These feelings can lead a person to hold transphobic beliefs, recognised as the fear, dislike or hatred of trans people. These transphobic beliefs can manifest beyond transphobic feelings to overt discrimination against the trans person or even violence (Ehrensaft 2011a). Despite this context, trans people and their allies have been making massive strides towards equality in various countries in a number of different arenas across the globe (Stryker 2008). It is within this broader global context that family experiences are discussed.

1.5.2 Family experiences

Loss and grief

The identification of a family member as trans can cause disruption to the whole family unit. Authors have proposed various models for understanding how families may adjust to having a trans family member. One model commonly offered is that of ‘loss and grief’, referring to Kübler-Ross’ (1969) five stages of loss and grief – denial, anger, bargaining, depression, and acceptance (Wren 2002, Pearlman 2006, Gold 2008, Hegedus 2009, Cantner 2012). In this model, families first experience denial when learning a family member is trans, believing it is not possible or that there must be some sort of mistake or confusion on the part of their trans family member. Next, families may go through anger, angry at their family member for being different or perhaps even anger towards themselves for not recognising this difference sooner. Bargaining follows in which the family member tries to negotiate and set boundaries on the trans family member’s gender expression. For instance, a parent might tell a young child they can wear a skirt at home but must wear the male-assigned uniform to school. Depression involves the realisation that their family member

truly is trans, characterised by grief over the 'loss' of their family member. This may be an actual loss in terms of a changing relationship or can be the loss of an idealised life for the family member or child. Within this model, the period of depression is followed by acceptance in which the family accepts and begins to make peace with their trans family member's gender identity.

Ambiguous loss

Other studies characterise families' experience as closer to 'ambiguous loss' (Norwood 2010, Ritenour 2014, Wahlig 2015), a term coined by Boss (1999) to explain an unclear loss. Within this model, the trans person is both present in that they are physically alive and extant, and absent in that they may be someone that the family no longer recognises or relates to as the person they knew. Boss describes the situation as "*traumatising*", explaining how within this situation, the grieving process is halted, not allowing the person to move towards acceptance, leaving them frozen and living in *the "paradox of absence and presence"* (p.107). While a family may experience loss or ambiguous loss, they often engage in strategies to come to terms with and explain their experience and to reconcile the 'absence' and 'presence' of their trans family member (Gold 2008, Hegedus 2009, Norwood 2010, 2012, 2013a, 2013b, Kuvalanka *et al.* 2014).

Other stage-based models

Several authors have proposed other stage-based models to describe family adjustment to a trans family member (Ellis & Eriksen 2002, Lev 2004, Zamboni 2006). For instance, Lev (2004) identifies four key stages that families go through when a family member identifies as trans: discovery and disclosure; turmoil; negotiation; and finding balance. Discovery and disclosure is characterised as the time when the trans family member's identity is realised, often involving shock and surprise. Even if anticipated, this can be an extremely emotionally challenging time for the family. Stage two, turmoil, is a tumultuous time for the family as they struggle to understand and come to terms with their family member's trans identity. The third stage of negotiation is a time of adjustment and compromise, figuring out what works and what does not work for the trans family member and family within the personal, familial, and wider societal context. This often involves finding information and accessing supports. The final stage of finding balance does not represent closure or completion of

the situation. Instead, it marks the point at which initial turmoil within the family ceases and the majority of negotiation has been successfully undertaken. It is characterised as a time in which the family is prepared to continue to move forward, integrating their family member's new trans identity into their lives. Zamboni (2006) adds an initial stage to Lev's model: 'latency', a time preceding the first stage and one in which the family may be aware of the family member's trans identity without actually acknowledging it.

In terms of different responses within the family, mothers are often characterised as being more easily accepting of a trans child, while fathers have been described as being more negative, having more difficulty accepting or taking longer to reach the stage of acceptance (Wren 2002, Hill & Menvielle 2009, Kuvalanka *et al.* 2014, Pullen Sansfaçon *et al.* 2015, Riggs & Due 2015). For example, in Wren's (2002) study, three of the four fathers left the "*emotionally fraught and complex discussions of the gender issues to the mothers*" (p.384).

Moving beyond acceptance

Within some models of family adjustment, acceptance is identified as the final stage for families (Wren 2002, Pearlman 2006, Gold 2008, Hegedus 2009, Cantner 2012). Several authors, however, have examined the ways in which the experience of having a trans family member impacts on the family beyond reaching a level of acceptance. For instance, Ellis and Eriksen (2002) also present a stage-based model for understanding families' experiences. Stage one comprises feelings of shock and denial, followed by more challenging feelings arising in stage two, such as anger, guilt, shame, and fear. Stage three involves family members seeking support and education, particularly through support groups and counsellors. The following stage involves development and change within the family itself, characterised by each member questioning their own and society's long-held beliefs and assumptions related to gender identity. In this model, the penultimate stage is acceptance in which the family accepts the trans person's identity and begins to make changes to incorporate their family member's new trans identity into their lives. This process may also be rife with challenges as family members negotiate new relationships and ways of living. In the final stage, the authors suggest that some families progress beyond acceptance, feeling pride towards both their trans family member and themselves. This pride may also lead to the family acting as advocates for their trans family member, as well as educators, in various arenas.

Similarly, Cantner (2012) discusses the family members in her study as moving towards a stage of 'acceptance and advocacy', with advocacy describing a family member's ability to act on behalf of and champion their family member. Supporting these findings, 142 participants (84% mothers and 16% fathers) in Gonzalez *et al.*'s (2013) study identified the positive experiences of being a parent of an LGBT child. The positive experiences were classed under five themes: personal growth, positive emotions, activism, social connection, and closer relationships.

Process of acceptance

Several studies suggest that families may take significant time moving along a path from discovery to acceptance with levels of acceptance increasing over time (Kusalanka *et al.* 2014, Gregor *et al.* 2015, Riggs & Due 2015, Gray *et al.* 2016). Conversely, other studies found that some families may experience little to no time lag between finding out they have a trans family member and acceptance (Pearlman 2006, Hill & Menvielle 2009, Meadow 2011). Other studies have described the process of acceptance as fluid, shifting, evolving or iterative, a dynamic process requiring ongoing negotiation and sense making (Wren 2002, Meadow 2011, Gregor *et al.* 2015, Gray *et al.* 2016). Within the studies cited, many families are described as reaching a stage of acceptance, or even transformation or advocacy; however, a minority of families may struggle to accept their trans family member at all (Wren 2002, Polat *et al.* 2005).

Models of family adjustment are important in understanding how families may transition in relation to a trans family member, providing a picture of how families may be feeling in relation to their trans family member. The models also help underscore why education may be important in assisting families to develop their own understanding to help them manage their experience in order to support themselves and their trans family member.

1.5.3 The role of family support

Risks and resilience for trans youth

Research indicates that trans young people may be at an increased risk of a number of challenges to their mental health and wellbeing, including higher incidences of depression, anxiety, self-harm, and suicide attempts (Grossman & D'Augelli 2007). This may be due to a complex combination of factors, such as difficulties with accessing appropriate supports, social exclusion, and fear of

rejection from family and friends if the person 'comes out'. Furthermore, trans people are at increased risk of experiencing discrimination, prejudice, transphobia, and violence (Haas *et al.* 2014). This can result in what is known as minority stress (Meyer 2003, Hendricks & Testa 2012). Meyer describes the concept of minority stress: "*stigma, prejudice, and discrimination create a hostile and stressful social environment that causes mental health problems*", noting how fears around rejection from family and friends can add to minority stress (p.674). Importantly, not all trans youths will experience minority stress or have primarily negative life experiences. Indeed, many trans people report positive aspects of being trans, including: pride in their trans identity; enhanced resilience, self-esteem, and self-worth; a greater understanding and acceptance of self; and a stronger sense of community (Singh *et al.* 2011, McNeil *et al.* 2013, Higgins *et al.* 2016).

The role of social support

Social support, particularly familial relationships, has been identified as one of the dominant factors influencing trans young people's health and wellbeing on a variety of domains, including:

- experiences of victimisation (McConnell *et al.* 2016);
- risk behaviours (Ryan 2009, Ryan *et al.* 2010, Newcomb *et al.* 2012, Wilson *et al.* 2012, Yadegarfar *et al.* 2014, Klein & Golub 2016);
- physical health (Ryan 2009, Ryan *et al.* 2010, Travers *et al.* 2012); and
- mental health and wellbeing (Bradley 2009, Ryan 2009, Ryan *et al.* 2010, Travers *et al.* 2012, Midgley 2013, Mustanski & Liu 2013, Simons *et al.* 2013, Yadegarfar *et al.* 2014, McConnell *et al.* 2016).

In terms of mental health and wellbeing specifically, family support and acceptance has been shown to impact positively on a number of areas such as:

- quality of life (Travers *et al.* 2012, Simons *et al.* 2013);
- general wellbeing (Simons *et al.* 2013);
- self-esteem (Ryan *et al.* 2010, Travers *et al.* 2012);
- depression, anxiety, and stress (Ryan *et al.* 2010, Travers *et al.* 2012, Midgley 2013, Simons *et al.* 2013, Yadegarfar *et al.* 2014); and
- suicidal thoughts and attempts (Ryan *et al.* 2010, Travers *et al.* 2012, Mustanski & Liu 2013, Yadegarfar *et al.* 2014, Klein & Golub 2016).

Within all of these studies, family support and acceptance was shown to impact positively on the trans young person.

The Family Acceptance Project within San Francisco State University identified more than 100 behaviours that families and guardians engage in as a response to their LGBT adolescent's identity (Ryan 2009, Ryan *et al.* 2010). The research shows the impact of negative behaviours from family, including rejection, on LGBT youth aged 21 to 25 years. The project found that young LGBT people who reported high levels of family acceptance had significantly higher scores on self-esteem, social support, and general health. Conversely, young people who reported low levels of family acceptance had significantly poorer scores for depression, substance misuse, and suicidal ideation and attempts.

One recent study conducted by Olson *et al.* (2016) in the USA compared rates of depression and anxiety amongst a sample of 73 trans children aged three to 12 years. They found that children who were supported in their gender identity were not significantly different in terms of depression and had only slightly higher rates of anxiety when compared to a non-trans matched pair population. These findings suggest that trans children and young people who are affirmed in their gender identity are no more pathological than non-trans children and young people.

1.5.4 The role of family education

Access to appropriate education and information has been underscored as critical to a family's ability to support a trans family member (Wren 2002, Gold 2008, Riley *et al.* 2011a, Kivalanka *et al.* 2014). The role of education in the lives of families of trans young people is explored in detail in Chapter 2. At this point, it is sufficient to highlight that while education and information is important for families of trans young people, a dearth of educational supports for these families has also been identified (Riley *et al.* 2011a, Gregor *et al.* 2015, Wahlig 2015).

1.5.5 Within the Republic of Ireland

Legislative progress

The Republic of Ireland has made significant progress in terms of achieving equal rights for people who identify as LGBT. Notably, in 2015, the country passed the *Marriage Equality Act*, allowing same-sex couples the same legal

rights in their partnership as afforded to heterosexual couples (Government of Ireland 2015a). Very shortly after, Ireland passed some of the most progressive gender recognition legislation in the world, allowing an individual to change their gender identity on their birth certificate through a process of self-declaration (not requiring a diagnosis by a medical professional) (Government of Ireland 2015b, 2017). This progress arises against a back drop of historical stigmatisation and discrimination, characterised by the intolerance of the Catholic Church towards sexual and gender minorities (Higgins *et al.* 2016).

The *Employment Equality Acts 1998-2008* and *Equal Status Acts 2000-2007* have provisions which outlaw the discrimination of people within services based on their sexual orientation and gender identity (Government of Ireland 2004, Irish Human Rights and Equality Commission 2015). Ireland, however, does not have any specific hate-crime law and the recent *Stop Transphobia and Discrimination (STAD) Report* documented 32 transphobic incidents in an eight-month period, with 15 of these incidences characterised as hate crimes (Transgender Equality Network Ireland (TENI) 2014).

Supporting LGBT Lives

Within the Republic of Ireland, a number of seminal reports involving trans young people have been published, primarily within the past ten years, including: *Supporting LGBT Lives* (Mayock *et al.* 2009), *Speaking from the Margins* (McNeil *et al.* 2013), the *Trans Youth Forum Report* (Dunne & Turraoin 2016), and *LGBTIreland* (Higgins *et al.* 2016). The *Supporting LGBT Lives* study included 1,110 LGBT people aged 14 to 73 across the Republic of Ireland and had 4.0% (n=46) trans-identified respondents (Mayock *et al.* 2009). The study consisted of a survey and interviews with a subset of participants to explore their life experiences. The authors reported that some of the LGBT people in the study did experience challenges to their wellbeing, including depression and self-harm, as a result of their LGBT identity. The report also found that social support, including family support, fostered resilience and helped participants manage stress. The report suggested that “*if parents of LGBT youth have access to information, education, support, and advice, they will be better positioned to support their children*” (p.136).

The Trans Youth Forum Report and the Speaking from the Margins study

The *Trans Youth Forum Report* outlined findings of a forum held in 2015 with 55 trans youth aged 14 to 25 years (Dunne & Turraoin 2016). It detailed the crucial role of family support in the lives of trans young people reporting that family acceptance contributed to better quality of life and enhanced mental health for the young people. The report stated “*Where participants received family affirmation, this often contributed to enhanced life quality and better mental health*” (p.2). Although the importance of family support has been described as critical for the wellbeing and mental health of trans people, many trans people within Ireland report being rejected or not supported by their family (McNeil *et al.* 2013). The *Speaking from the Margins* study included an online survey with 164 trans people in the Republic of Ireland aged 18 to 76 years. Nearly half (44.0%) of participants in that study felt that their parents were not at all or not very supportive, while only 25.0% of parents were seen as supportive.

The LGBTIreland study

The largest study of trans people in the Republic of Ireland to date is the *LGBTIreland* study which explored the mental health and wellbeing of lesbian, gay, bisexual, transgender, and intersex (LGBTI) people (Higgins *et al.* 2016). The study comprised an online survey with 2,264 participants, of whom 12.3% (n=279) identified as trans, ranging in age from 14 to 71 years. The report found that the trans people sampled were faring worse on a number of indicators when compared to the lesbian, gay, and bisexual (LGB) cohort, with trans young people having significantly higher rates of self-harm, suicidal thoughts, and suicide attempts. The study reported that 67.1% (n=47) of trans young people aged 14 to 18 years had self-harmed and 73.9% (n=51) of trans young people aged 14 to 18 had seriously thought of ending their own life, with 37.7% (n=26) of these young people having attempted to take their own life at some point. The trans young people sampled were significantly more likely than the general youth population in the Republic of Ireland to engage in these behaviours, which saw figures of 9.1% (Morey *et al.* 2008) to 12.1% for self-harm (Doyle *et al.* 2015) for 15 to 17 year olds, and 7.0% suicide attempts for those aged 17 to 24 years (Dooley & Fitzgerald 2012). In addition, trans young people in the *LGBTIreland* study had significantly higher rates of depression, anxiety, and stress when compared to the LGB cohorts and the general youth population in

Ireland. Participants within the study identified the importance of education and information for families, believing it would increase acceptance:

“They [participants] felt that if family and friends were better informed about LGBTI issues, they would be more understanding and accepting when the LGBTI family member came out” (p.76).

The *LGBTIreland* study also explored public attitudes in the Republic of Ireland towards LGB and T people through a nationally representative survey (Higgins *et al.* 2016). While 70% of the sample felt they would be comfortable if their child was LGB, just 56% felt they would be comfortable if their child was trans. It is not possible to ascertain what accounts for these differences, but the authors suggest it could be related to a lack of knowledge around trans issues or fear that their child could be discriminated against or experience transphobia. Aligning with models of family adjustment, Transgender Equality Network Ireland, or TENI, the leading trans support organisation in Ireland, described how the families that make contact with them *“are generally experiencing many complex emotions: stress, anxiety, confusion, depression, frustration and/or anger in trying to cope with their child’s gender identity or expression”* (Transgender Equality Network Ireland (TENI) 2016: p.3). This suggests that challenges with trans identities and fears around transphobia and discrimination are still very real for some families in Ireland today.

Prevalence of trans young people in the Republic of Ireland

In terms of prevalence, the Central Statistics Office estimated the population of the Republic of Ireland to be 4,761,865 in 2016, of which 1,190,502 were children and young people 17 years of age or younger (Central Statistics Office 2017a, 2017b). Using these figures, estimates of the number of potential trans children and young people within the Republic of Ireland have been generated based upon the various figures offered by researchers. These estimates are presented in Table 1.1. The figures range from a conservative 1,190 young people who may be transgender to a more substantial 11,905 young people who may be gender variant. As the focus of this study is on families, the number of additional people whose lives are in some way touched or affected by a trans young person is greatly multiplied, expanding to include parents, guardians, siblings, aunts, uncles, grandparents, and more. Regardless of the ‘true’ figure for the number of trans children and young people in the Irish population, this is still a significant minority of the Irish population.

Population estimate and source	Number of trans children and young people within the Republic of Ireland based on estimate
0.1% transgender (Reed <i>et al.</i> 2009)	1,190
0.3% transgender (Gates 2011)	3,572
0.5% transsexual (Olyslager & Conway 2007)	5,953
1% gender variant (Gender Identity Research and Education Society (GIRES) 2011)	11,905

Table 1.1 Estimates of the number of trans children and young people in the Republic of Ireland

Support for families of trans people in the Republic of Ireland

Within Ireland, the number of family members contacting the Transgender Equality Network Ireland, TENI, for support has risen from approximately 272 in 2015 to over 400 in 2016 (Transgender Equality Network Ireland (TENI) 2015, 2016). TENI reports that the family members who contact them have trans family members ranging in age from three years and up, with the majority being adolescents. They note that the majority of family members are seeking education and information.

While increasing numbers of family members within Ireland are reported to be actively seeking education and information to understand and support their trans family member, options for accessing education and information in a structured way are limited. One exception is the annual Residential Weekend hosted by TENI since 2012 which provides workshops for trans young people and their families. In addition to the Residential Weekend, TENI coordinates monthly support groups, called TransParenCI, for families of trans people in three cities across Ireland. Both TENI and BeLonGTo Youth Service also offer phone and email support to families and parents. In 2013, Lacey (2013) used surveys to evaluate participants' (n=36) experiences with the Residential Weekend. While all participants rated the weekend positively, many participants, particularly parents, wanted more concrete information, with workshop facilitators suggesting future workshops to cover basic information on trans issues.

Irish policy and service provision related to families of trans young people

In terms of Irish Government policy, The Child Family Agency's *Parenting Support Strategy* (Gillen *et al.* 2013), the Office of the Minister for Children's

Agenda for Children's Services (2007), and the Department of Children and Youth Affairs' *Statement of Strategy* (2012), all highlight the national objectives for children within Ireland to be: healthy; safe and protected from harm; to be supported in active learning; financially secure; and socially integrated. LGBT families are identified as a specific group that may require particular parental support within Ireland (Gillen *et al.* 2013).

Ireland's adult and paediatric health service policies are underpinned by principles of dignity and respect and a commitment to the provision of safe and effective care (Health Service Executive (HSE) 2012a, 2012b). Furthermore, the importance of communication with patients and families is emphasised, particularly in the case where parents may be experiencing "*feelings of fear, sorrow, guilt, anxiety or stress regarding their child's condition*" (Health Service Executive (HSE) 2012b: p.17). Similarly, Ireland's strategy document for mental health services, *A Vision for Change*, and the Child and Adolescent Mental Health Services' (CAMHS) *Standard Operating Procedures* both dictate that families are included within the holistic care of a person involved in the mental health services (Department of Health and Children 2006, CAMHS Improvement Project Group 2015).

However, *A Vision for Change* also documents that families are often overlooked in the provision of mental healthcare, specifically describing that families may not be provided with the information they require to support their family member. Research with trans people in Ireland has provided evidence that family and other carers' psychosocial needs were not being fully considered within mental healthcare, identifying "*a distinct lack of family and carer supports, particularly to transgender people*" (McCann & Sharek 2014a, 2014b: p.125). This suggests that while families should be included within a holistic care approach mandated by Irish policy, this may often not be the case.

1.6 Study aim and objectives

The aim and objectives for this study were developed in response to the identified gaps in the literature and service provision for education for families of trans young people. This study aims to explore and address the trans-related education needs of families of trans young people in the Republic of Ireland.

The objectives are:

1. to identify the trans-related education needs of families of trans young people;
2. to design and develop an education programme for families of trans young people which takes these educational needs into account; and
3. to evaluate the education programme by assessing its impact and exploring families' experiences with it.

Chapter 2. Literature Review

2.1 Introduction

The literature review provided an important context for the study through an in-depth examination of the current international research on the trans-related education needs and experiences of families of trans young people. The purpose of this review was to provide evidence about the role of trans-related education and information in the lives of families of trans young people and their needs in relation to such education and information. The literature review enabled the development of a conceptual model which illustrates the proposed role of trans-related education and information in the lives of families of trans young people. The literature review also highlighted gaps in the evidence base, calling attention to areas where deficits exist or there are methodological gaps. The chapter is divided into four main sections. In the first section, the methods and methodology, including the search strategy and analysis guiding the review, are described. Next, the search results are presented. In the third section, the findings of the review are presented. The final section is a summary and critique of the literature review.

2.2 Methods and methodology

A systematic approach to the literature review was undertaken. The aim of the literature review was to explore the trans-related education and information needs and experiences of families of trans young people. The objectives were to:

1. explore the trans-related education and information needs of families;
2. examine the impact of such education on families of trans young people;
3. explore families' experiences with trans-related education; and
4. identify any theories or frameworks informing education for these families.

A systematic strategy was used to search all relevant databases (Mays *et al.* 2005). A subject librarian assisted with the development of the literature search strategy. The search terms used were: transgender, family or parents, and education. All variants of these terms were included in the search (see Appendix 1). In total, 29 individual databases were searched, including PubMed, JSTOR, Science Direct, Academic Search Complete, PsycInfo, Scopus, and Web of Science. The databases were accessed in June 2017. The full search results are presented in Appendix 2. In terms of selection, any empirical, peer-reviewed

study published between 2000 and 2017 in English was considered for the review. The studies selected had a focus on families of trans children and young people (0-17 years). It excluded samples of adults or older people. Studies included were required to explicitly address the aim and/or objectives of the review.

2.3 Search results

The systematic search identified 4,359 records through the databases. Another 12 records were identified through other means, including a search of reference lists. After duplicates were removed, 1,866 records were screened and 1,800 records were excluded based upon title and abstract review, leaving 66 full-text articles to be assessed. Of these, the full-text for four of the articles could not be accessed, thus 62 full-text articles were assessed. A total of 31 articles were excluded for reasons, including: did not explicitly address the aim or objectives of the review (n=18); did not explicitly address the aim or objectives of the review and was not an empirical study (n=2); was not an empirical study (n=6); focused on adult trans people (n=2); and was not trans-focused (n=3). A total of 31 papers were included in the review. A flow chart was used to present the results of the searches (Moher *et al.* 2009), as shown in Figure 2.1.

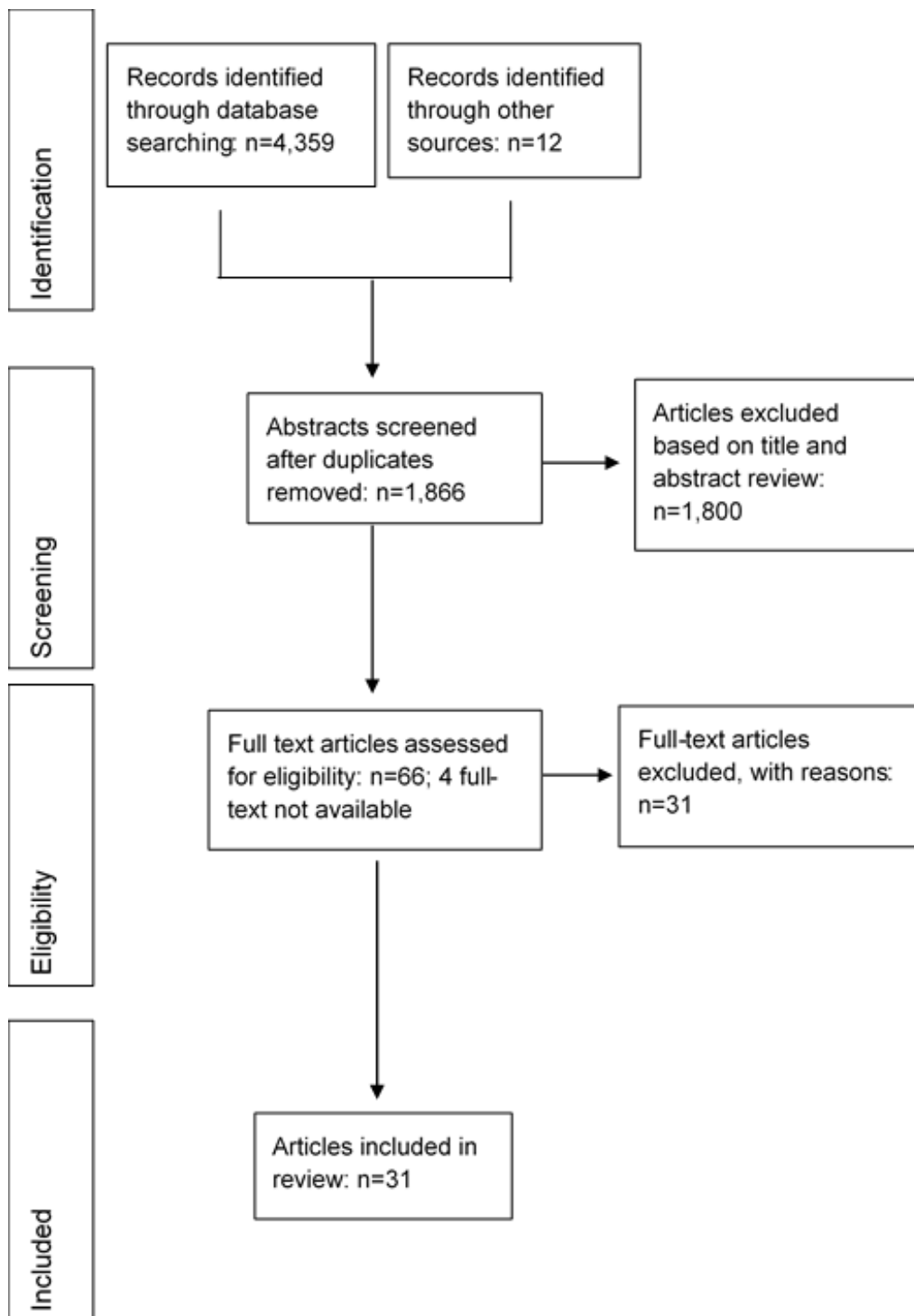


Figure 2.1 Flow chart of literature review process

2.3.1 Quality assessment

The Critical Appraisal Skills Programme (CASP) quality criteria were adopted to assess the quality of the studies included in the review (Critical Appraisal Skills Programme 2017). CASP focuses on quality in ten areas, including: aims, methodology, research design, recruitment strategy, data collection, research relationships, ethical issues, data analysis, findings, and the value of the research. While the CASP was originally intended solely to assess qualitative research, the areas covered within the CASP are reflected in other general quantitative and mixed method assessment criteria (Bryman *et al.* 2008, Heyvaert *et al.* 2013), and the tool has been used previously for critical appraisal of other types of studies (McCann *et al.* 2016).

A CASP scoring system was used in order to assess the quality of each study on a scale from zero to 20 (Duggleby *et al.* 2010, Rushbrooke *et al.* 2014, McCann *et al.* 2016). Each of the ten CASP areas was assigned either a zero, one or two. Similar to Rushbrooke *et al.*'s (2014) scoring system, a score of zero was assigned if there was little to no information on the area. A score of one indicated that moderate information was included, however more information was required for full understanding and clarity in the area. A score of two was assigned if the paper fully addressed the area. The scoring process was undertaken in conjunction with the researcher's primary supervisor in order to enhance the validity of the scoring. In the vast majority of cases, the two scorers readily agreed on the scores assigned and very few differences in assessment arose. When such differences arose, the full text was reviewed and the scorers discussed whether the study fully met, somewhat met or did not at all meet the quality criteria for the area. At this point, consensus in scoring was achieved for all of the studies on each of the ten areas (see Appendix 3).

CASP scores for the 31 papers included in the review ranged from 10 to 20. Nearly half (15 out of 31) of the studies were assigned a score of 17 or more, indicating high quality research and reporting (McCann *et al.* 2016). A further seven studies scored a 15 or a 16, indicating moderately high quality research and reporting. The remaining nine studies scored between 10 to 14, indicating a lack of rigour in one or more of the following CASP areas: clear and appropriate methodology and research design; consideration of research relationships; and consideration of ethical issues. More than half (19 out of 31) of the studies did not consider research relationships at all, including the role of the researcher in the study, while 13 of the studies had no information regarding ethical considerations. All of the studies were included in the final review,

regardless of quality assessment, as each contributed to the literature review aim and objectives. However, it is critical to assess the findings, with the quality criteria in mind. Details of the full CASP quality scores are available in Appendix 3.

2.3.2 Data analysis

A narrative synthesis and thematic analysis guided the analysis stage of the literature review (Mays *et al.* 2005, Coughlan *et al.* 2013). Narrative synthesis aims to synthesise evidence drawn from a wide range of studies to generate new understandings of an area and is suggested as appropriate for literature reviews which include a wide range of research designs (rather than purely quantitative or qualitative) as is the case in this review. Thematic analysis was used to identify the important issues within each individual study and across all the studies, determining where study findings overlapped and diverged. This process involved open coding of the data, followed by grouping codes. The grouped codes were then developed into themes. In order to assist with this analysis, the 31 studies included in the review were read fully and a summary table developed outlining the key characteristics of the studies (see Table 2.1).

2.3.3 Characteristics of the selected studies

The 31 studies included in the review are presented in Table 2.1. The majority of studies (n=19) were conducted in the USA. Three were conducted in the UK, two in Canada, one in both the USA and Canada, one in Japan, and one in Turkey. The remaining four studies were published by authors in Australia but included international samples drawn from a number of countries, including the USA, Australia, UK, and South Africa. The studies were published between 2002 and 2017: 2002 (n=1), 2005 (n=1), 2006 (n=2), 2008 (n=1), 2009 (n=3), 2010 (n=2), 2011 (n=3), 2012 (n=2), 2013 (n=3), 2014 (n=2), 2015 (n=3), 2016 (n=3), and 2017 (n=5).

The studies used various data collection methods, including purely qualitative, purely quantitative, and mixed methods. The majority of the studies (n=22) used qualitative methods to collect data, including interviews (n=17), case studies (n=3), and focus groups (n=1). One study reported on an Action Research project. Eight studies used survey methods, including a qualitative and quantitative survey (n=7) and one purely quantitative survey. The remaining study employed qualitative interviews and surveys.

Sample sizes ranged from one to 170. Many of the samples were comprised entirely of parents. Within these studies, mothers featured prominently, as either the majority (n=8) or the entirety (n=2) of the sample. There was a single case study of one mother. In several studies the gender breakdown of parents was not clear. Other studies included a more even breakdown between mothers and fathers or included couples (both heterosexual and same-sex) and lone parents. Other studies (n=9) took a more holistic family-focus, including other family members such as siblings and grandparents. One study included trans adults, one included professionals, and one included parents, trans adults, and professionals.

The trans people featured in the studies ranged in age from four to 64 years. In terms of gender identities, studies used a wide variety of terms to describe the sample of trans people, including: transgender, biological male, biological female, MTF (male-to-female), FTM (female-to-male), gender variant, and gender nonconforming. Ten of the studies were weighted heavily towards trans males, that is they had more children and young people sex assigned female at birth and one sample included only trans males. Five studies included a higher ratio of trans females, people sex assigned male at birth, and five studies were comprised of entirely trans females. There was a relatively even spread of trans females and trans male in six studies. Three studies characterised trans people with other identities, such as gender non-conforming and gender creative.

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Alie (2012) USA	To explore what factors impact on parental acceptance of trans and gender non-conforming children	Quantitative online survey	99 parents (84% female 13% male, 3% other) of trans and gender non-conforming children aged 5-52 years	Higher levels of acceptance linked to a number of factors, including: liberal political orientation, attending a support group, higher levels of knowledge in relation to trans issues, and more contact with trans people.	Small, non-representative, self-selected sample, consisting mainly of white mothers. Participants were linked in with support groups.	Parents with higher knowledge of trans issues scored higher in terms of parental warmth. Education for parents is recommended.	16
Barron & Capous-Desyllas (2017) USA	To explore and understand the experiences of trans children and their families at the micro level	Qualitative case studies	4 families with trans girls aged 5-8 years	Provides descriptive experiences of families at the micro level, including the progression of the child's gender expression and the family member's understanding of the child's gender expression and transition.	Small, non-representative, self-selected sample, which only includes families with trans girls.	The need for parents to gain understanding through education and accessing information was described as a prerequisite for acceptance and support of their child.	18
Birnkranz & Przeworski (2017) USA	To describe the disclosure and communication processes for families of trans young people	Online survey with closed and open-ended questions	56 parents (52 female, 3 male, 1 other) of trans children (41 bio female, 15 bio male), mean age 14.5 years	Good deal of communication between trans young people and their families. Parents acted as strong advocates for their children.	Small, non-representative, self-selected sample, majority white, heterosexual mothers. Participants were linked in with support groups.	Parents used education and information as advocacy tools within the extended family.	18
Cantner (2012) USA	To explore the experiences of families of trans people	Qualitative focus groups	15 participants (8 mothers, 2 fathers, 2 siblings, 2 aunts, 1 grandfather) of trans people (10 male-identified, 5 female-identified) aged 14-45 years	Findings were consistent with Kübler-Ross' (1969) stages of 'loss and grief'. Five themes identified: emotional distress following disclosure, family members' adaptations, negative impact, coping strategies, and moving towards acceptance and advocacy.	Small, non-representative, self-selected sample. Participants were linked in with support groups.	Initially, many of the family members did not know about trans issues, causing feelings of confusion and helplessness. Gathering information and finding social support were associated with facilitating families' process of adjustment to their trans family member's identity.	16

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Capous-Desyllas & Barron (2017) USA	To explore and understand the experiences of trans children and their families at the mezzo and macro level	Qualitative case studies, including participant observations, journal writings, semi-structured interviews, and unstructured interviews	4 families with trans girls aged 5-8 years	Describes the families' experience of navigating their child's gender transition and the social challenges they may face in various realms, including the community, schools, religion, and healthcare.	Small, non-representative, self-selected sample, which only includes families with trans girls.	Half of parents were not familiar with the term 'transgender'. Parents' first action upon recognising their child's gender variance was to educate themselves. Education helped families prepare for their child's gender transition.	17
di Ceglie & Thümmel (2006) UK	To evaluate the experiences of parents with a group work intervention	Evaluation questionnaires (n=7) comprised of 9 questions (5 closed-ended and 4 open-ended)	10 participants (2 couples, 5 mothers, 1 aunt) with trans children (mix of bio male and bio female) aged 7-17 years	Concluded group's aims were achieved. Identified the positive factors of the group, including: cathartic, group cohesiveness, universality, instillation of hope, altruism, and guidance.	One-time point evaluation.	Parents reported that learning with the group from both parents and professionals helped them feel less isolated and better able to support their child.	10
Field & Mattson (2016) USA	To explore the experiences of parents of trans children, especially as compared to parents of LGB children	Qualitative interviews	14 parents (11 mothers, 2 fathers, 1 grandfather) of trans children and young people (9 FTM, 2 MTF, 3 other identities) aged 10-48 years	Parents felt they had more challenges than parents of LGB children.	Small, non-representative, self-selected sample. 11 out of 14 participants were mothers.	Parents reported not knowing anything about trans identities and issues or having heard about it before their child came out, adding to their shock and grief. Access to education and information helped parents feel less isolated and alone.	15
Gold (2008) USA	To explore the adjustment of family members as they become aware of their child's trans identity	Online semi-structured interview questionnaires	12 parents (9 mothers, 3 fathers) of trans children (8 FTM, 2 MTF, 2 unidentified trans) aged 14-32 years	Parents faced difficulty in changing their cognitive understandings of their child, but through various strategies were able to come to accept their trans child.	Small, non-representative, self-selected sample.	'Making sense' of their child and their experience was highlighted as impacting positively on parental adjustment. Seeking information and supports was identified as an active coping strategy and helped parents feel less isolated.	14

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Gray <i>et al.</i> (2016) USA	To explore the experiences of parents of gender variant and trans children	Qualitative interviews	11 parents (8 mothers and 3 fathers) of gender variant children (5 bio female, 6 bio male) aged 5-12 years	Parents tried to help their children experience a non-stigmatised childhood through two strategies: protecting the child from stigma and pain or advocating for more tolerance within the world.	Small, non-representative, self-selected sample, comprised primarily of white, heterosexual, highly educated, and financially well-off participants.	Parents' understanding of their child's gender variance was informed by members of the LGBTQ community, health and education professionals. Education helped parents with acceptance and impacted on parenting decisions and improved parents' advocacy skills.	19
Gregor <i>et al.</i> (2015) UK	To explore the experiences of parents of pre-pubescent children with gender identity issues	Qualitative interviews	8 parents (3 heterosexual couples, 2 mothers) of trans children (3 bio male, 2 bio female) aged 6-10 years	Identified five themes related to the process of mourning for parents, including: loss, uncertainty, ambivalence, being unable to think, and acceptance.	Small, non-representative, self-selected sample. Participants were linked in with support groups.	The theme of 'uncertainty' related to parents not knowing what to do and not understanding what was going on with their child, making it difficult for them to access supports for their child.	19
Gregor (2013) UK	To explore the experiences of parents of pre-pubescent children with gender identity issues	Qualitative interviews	8 parents (3 heterosexual couples, 2 mothers) of trans children (3 bio male, 2 bio female) aged 6-10 years	Identified five themes related to the process of mourning for parents, including: loss, uncertainty, ambivalence, being unable to think, and acceptance.	Small, non-representative, self-selected sample. Participants were linked in with support groups.	The theme of 'uncertainty' related to parents not knowing what to do and not understanding what was going on with their child, making it difficult for them to access supports for their child.	20
Guditis (2009) USA and Canada	To explore the experiences of family members of trans people	Qualitative interviews	20 family members (9 partners, 3 daughters, 2 siblings, 4 mothers, 2 fathers) of trans people (14 FTM, 6 MTF) aged 21-64 years	Participants described how a family member's gender transition affects the whole family and how family members coped and found peace within themselves and supports.	Small, non-representative, self-selected sample. Biased towards those with strong and accepting family relationships.	Education was described as critical in helping family members with acceptance. Participants generally felt there were scant sources of quality information for families of trans people.	18
Hegedus (2009) USA	To investigate the experiences of parents of trans children	Qualitative, in-depth, semi-structured interviews and surveys	12 parents (11 mothers and 1 father) of FTM trans young people aged 15-26 years	All of the parents worried about rejection and experiencing negative outcomes as a result of their child's gender identity. The majority, however, fully accepted their child's gender identity transition.	Small, non-representative, self-selected sample, comprised primarily of mainly white, middle-upper class, highly educated participants.	Many of the parents did not know about trans issues before their child came out. This 'not knowing' added to feelings of fear and confusion. An active coping strategy identified included accessing support groups from which to ask questions and get information.	14

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Hill & Menvielle (2009) USA	To identify issues faced by parents of gender variant children and to summarise their advice	Qualitative telephone interviews – parents paid \$37.50 for participation	42 parents (26 mother-father or lesbian couples, 15 mothers, 1 father) of 31 gender variant children (23 bio male, 8 bio female) aged 4-18 years	Parents discussed their own beliefs about gender identity, the processes of their own acceptance of their child and the primary challenges they faced.	Small, non-representative, self-selected sample. Sample biased towards liberal, feminist parents.	Some parents read or attended trans events in order to learn about their child's experiences; this was linked to helping them accept their child. Education was linked to helping parents feel not alone. Parents recommended that other parents educate themselves.	13
Ishii (2017) Japan	To explore the acceptance process for parents of trans children through their stories	Qualitative, semi-structured interviews	12 parents (9 mothers and 3 fathers) of trans young people (6 FTM, 1 MTF, 5 other identities) aged 18-33 years	Mothers were highly motivated to understand their child and reconstruct their understanding of the child to foster acceptance. Fathers were described as less motivated to understand their trans child.	Small, non-representative, self-selected sample, comprised primarily of mothers.	Mother sought information, which helped the mothers feel less alone and less isolated, and helped them better understand their child's gender identity, allowing them to accept and advocate for the child. Fathers were reported as having less quantity and quality of information.	13
Johnson & Benson (2014) USA	To explore the process of transition and secondary stigma experienced by a mother of a trans daughter	Case study	Mother of a trans daughter aged 6 years	The participant described her experiences with her trans daughter, including her experiences accessing education and support and experiences with stigma.	Single case study.	Information helped her understand her daughter's gender identity and how to parent her. It also helped her become an advocate for her daughter. The mother was responsible for providing information to the father.	17
Katz-Wise <i>et al.</i> (2017) USA	To develop pathways of trans identity development	Qualitative, in-depth, semi-structured interviews	16 families, including: caregivers (17 mothers, 11 fathers, and 1 grandmother) of 16 trans and gender non-conforming youth (9 trans boys, 5 trans girls, 2 other identities) aged 7-18 years	Developed a conceptual model for trans identity development.	Small, non-representative, self-selected sample, comprised mostly of white, mid-high income families. Biased towards families who may be more supportive.	Access to information, support and other resources was identified as important by caregivers.	17

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Kuvalanka <i>et al.</i> (2014) USA	To explore mothers' experiences before, during, and after their child's social transition	Qualitative, in-depth, semi-structured interviews	5 mothers of trans children (bio males) aged 8-11 years who had socially transitioned to female	The overarching theme of 'transformation' was used to understand the findings in relation to the individual child, their family, and their wider community. The participants were initially uninformed about trans issues, but as they gained knowledge and information, moved towards understanding, acceptance, and advocacy for their child.	Small, non-representative, self-selected sample, comprised of mothers who were accepting of their child.	The mothers in the study were initially uninformed about trans issues and identity. Once they learned more about it, they quickly moved towards acceptance, and became advocates for their children. Information helped them feel less alone and isolated. Mothers reported that fathers had a harder time understanding and accepting their child.	16
Meadow (2011) USA	To examine parents' narratives about their gender variant child	Qualitative, in-depth, semi-structured interviews	3 families with trans children (gender variant, bio male, bio female)	Reported three types of narratives parents who chose to affirm their child's atypical gender identity used to explain their child's gender variance: biological, psychological, and spiritual.	Small, non-representative, self-selected sample, biased towards families who are more accepting.	Parents made sense of their child's gender variance through learning from the internet, professionals and other families of gender variant children, as well as their own sense of spirituality.	11
Menvielle & Hill (2010) USA	To explore parents' experiences with a gender affirmative intervention	Qualitative, in-depth, semi-structured telephone interviews and surveys	42 parents (26 couples, 16 parents) of 31 gender variant children (23 bio male, 8 bio female) aged 4-17.5 years	Accepting parents go through a process of adjustment on the way towards acceptance, and may or may not start from a position of rejection. Parents discussed their child's distress, their child's positive qualities, and what sought them to seek support.	Small, non-representative, self-selected sample, biased towards families who are more accepting.	Parents wanted correct information for themselves and others. Information helped them feel more secure and validated in their parenting and to feel less guilt. Mothers often took the more active role in the programme, but acted as information conduits to the father.	13
Norwood (2010) USA	To understand how family members make sense of their trans family member's transition	Qualitative, in-depth, semi-structured interviews	37 family members (19 mothers, 5 fathers, 4 siblings, 3 adult children, and 6 partners) of trans (20 FTM, 16 MTF, 1 other identity) people aged 6-60 years	Four concepts were identified: the self, sex-gender, trans identity, and family. Participants constructed various meanings around these concepts allowing them to understand their own and their family member's experiences.	Small, non-representative, self-selected sample, biased towards families who are more accepting.	Participants used education, information, and research to understand their family member's trans identity and to help them articulate and defend their position as regards their family member's trans identity.	16

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Pearlman (2006) USA	To explore experiences of mother of FTM trans children	Qualitative, in-depth, semi-structured interviews	18 mothers of FTM trans children	Mothers went through processes to accept their child. The feelings of grief and acceptance were not mutually exclusive or contradictory experiences.	Small, non-representative, self-selected sample, comprised of white, highly educated mothers.	Most mothers had never heard of FTM trans. They sought information in a variety of ways. The information allowed them to move past their initial shock and grief towards understanding and later acceptance.	11
Polat <i>et al.</i> (2005) Turkey	To examine the experiences of families with a trans relative	Questionnaire, with closed and open-ended questions	47 relatives (25 mothers, 6 fathers, and 16 siblings) of 39 trans people (25 bio female, 14 bio male) aged 17-31 years	Many participants had no understanding of gender identity issues when they learned their family member was trans. Forty percent of the sample fully accepted their trans family member.	Small, non-representative, self-selected sample, comprised primarily of mothers.	63.8% of the sample had no information about gender identity initially. Families had trouble accessing information due to shame and social pressure.	10
Pullen Sansfaçon <i>et al.</i> (2015) Canada	To explore the issues and challenges experienced by parents of gender-variant children	Participatory research project, including 28 hours of group discussions	14 parents of gender-variant children aged 4-13 years	Parents described how they came to understand, label, and articulate their child's gender identity. Parents described challenges related to parenting a gender-variant child.	Small, non-representative, self-selected sample, including only parents who supported their child's gender identity.	Information impacted positively on parents' management of anxiety.	18
Pyne (2016) Canada	To explore parents' affirmative stance towards their gender non-conforming child	Qualitative, semi-structured interviews	15 parents (12 female, 3 male) of gender non-conforming children aged 5-14 years	Parents reported that child's gender experiences were 'unknowable', but that they responded to their unknowing with various strategies.	Small, non-representative, self-selected sample, comprised of primarily white, middle-upper class participants.	Parents sought information and education from their child, medical professionals, and other families. Parents accepted information that affirmed their child's identity, but rejected that which did not.	20
Rahilly (2015) USA	To examine the strategies parents use to understand and accommodate their child's gender diversity	Qualitative, in-depth, semi-structured interviews	24 parents (10 heterosexual couples, 4 same-sex, 2 heterosexual single mothers) of 16 gender variant children aged 5-19 years	Parents used the practises of 'gender hedging', 'gender literacy', and 'playing along' to understand and accommodate their gender-variant children.	Small, non-representative, self-selected sample, comprised of primarily white, middle-class, and well-educated participants. All parents were supportive of their child's gender identity.	Education and 'gender literacy' allowed parents to develop new strategies to manage and advocate for their child within the family and beyond.	15

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Riley <i>et al.</i> (2011a) Australia. Sample drawn from multiple countries.	To identify the needs of parents of gender variant children	Online survey, including closed and open-ended questions	31 parents (27 mothers, 3 fathers, 1 guardian) of gender variant children (18 bio male, 13 bio female) aged 0-6 to 25+ years (61% Australia, 10% Canada, 10% UK, 19% USA)	Parents' needs included: assistance in identifying their child's gender variance and how to respond to it; emotional supports; how to handle negative situations; how to access medical care; and the need for government-wide support.	Small, non-representative, self-selected sample, comprised primarily of mothers.	Parents identified their primary need as the need for information and support. The need for information was described as being a prerequisite for parents to support their child.	18
Riley <i>et al.</i> (2011b) Australia. Sample drawn from multiple countries.	To explore professionals' views of the needs of gender variant children and their parents	Online survey, with closed and open-ended questions	29 professionals (41% USA, 21% Australia, 14% UK, 7% Canada, 7% South Africa, 10% Other)	Children's needs included: to be accepted, respected, heard, loved and supported; to be enabled to express their gender; to feel safe; to be treated normally; and to have access to hormone therapy. Parents' needs included support, education, and correct information.	Small, non-representative, self-selected sample.	Professionals identified the need for parents to have education and correct information, with a lack of information and knowledge described as contributing to parents' challenges in supporting their child.	18
Riley <i>et al.</i> (2013a) Australia. Sample drawn from multiple countries.	To identify the needs of gender-variant children and their parents according to parents, trans adults, and professionals	Three online surveys, with closed and open-ended questions	Total (N=170): parents (n=31), transgender adults (n=110), professionals (n=29)	Children's needs included: information, peer contact, personal gender expression, safety, and to be listened to and accepted by their parents. Parental needs included information and educational resources for themselves and others and to be supported (by peers, professionals, and the community; financially; and through counselling).	Small, non-representative, self-selected samples.	The need for information and education was identified as primary need for parents, including information for themselves, for professionals, and for wider society.	18

Reference and country of study	Study aim	Methods	Sample	Findings	Limitations	Main findings relevant to review	CASP score
Riley <i>et al.</i> (2013b) Australia. Sample drawn from multiple countries.	To explore the experiences and needs of gender variant children and their parents through a sample of adult trans participants	Online survey, with closed and open-ended questions	110 trans adults (70 bio male, 35 bio female, 5 unidentified) aged 18-66+ years (45% USA, 27% Australia, 7% Canada, 6% UK, 14% Other)	Participants identified their needs as children for educated authority figures, acceptance and support, freedom to express their gender identity, and recognition and validation.	Small, non-representative, self-selected sample, comprised of well-educated, high income participants. Based on a retrospective study of participants' views on their childhood.	A lack of information and knowledge was described as hindering a family's ability to understand and accept a gender variant child. The trans adults identified the primary need of their parents as the need for access to information (35%; n=72).	18
Wren (2002) UK	To examine parents' narratives around their child's gender identity and how it impacts their coping strategies	Qualitative, in-depth, semi-structured interviews	11 families, including 7 parent-child units, with children (7 bio male, 4 bio female) aged 14 - 19 years	Parents handled communication of their child's gender identity with care and engaged in an iterative process of meaning making, acceptance, and coping.	Small, non-representative, self-selected sample, comprised of all clients of one service.	Parents did not have an awareness of gender identities initially, thus making it difficult to understand their child. Getting information was important for helping parents cope.	15

Table 2.1. Characteristics of selected studies

2.4 Findings

In this section, the findings of the literature review are presented. Five key themes emerged from the synthesis of the literature:

1. Theme 1. Learning that a family member is trans: *"It's so totally foreign to me"*;
2. Theme 2. Family response: *"And their imaginations went wild"*;
3. Theme 3. Accessing education and information: *"Getting more information"*;
4. Theme 4. Impact on the individual: *"The more I learned, the more it made sense"*; and
5. Theme 5. Beyond the individual: *"I approached them armed with information"*.

Following presentation of the literature under each of the themes, a model of the role of education and information in the lives of families of trans young people is proposed. The final section provides a summary of the literature review findings and discusses the implications of these findings for the current study. A report on the findings of this review can be found in a publication by Sharek, Huntley-Moore, and McCann in the *Issues in Mental Health Nursing* journal (Sharek *et al.* 2018).

2.4.1 Theme 1. Learning that a family member is trans: *"It's so totally foreign to me"*

A lack of familiarity with trans issues

Theme one encompasses families' initial level of knowledge about trans issues. A number of studies described how family members lacked an understanding of trans issues when they learned their family member was trans (Wren 2002, Polat *et al.* 2005, Pearlman 2006, Hegedus 2009, Cantner 2012, Gregor 2013, Riley *et al.* 2013a, Kuvalanka *et al.* 2014, Gregor *et al.* 2015, Field & Mattson 2016, Capous-Desyllas & Barron 2017). For some, trans issues were entirely outside their sphere of understanding: *"It's something that was so totally foreign to me"* (Cantner 2012: p.34). For others, this lack of understanding was attributed to the fact that family members were not even aware that trans people existed. In Field and Mattson's (2016) study with 14 parents of trans children and young people in the USA, the authors reported that the parents they interviewed were entirely unaware of trans issues, with one participant explaining: *"We didn't know anything about it. I'd never heard of transgender*

people” (p.7). Similarly, in Pearlman’s (2006) study with 18 mothers of trans boys in the USA, the majority of participants were reported never to have heard of the existence of male-to-female trans people. One mother described how she simply “*didn’t have a clue*” (p.102).

A lack of educational resources for families

A family member’s ability to make sense of their own and their trans family member’s experience requires them to be able to access appropriate and relevant information. However, within several studies, families generally felt there were not enough educational resources or information to support them (Guditis 2009, Riley *et al.* 2011a, 2011b, Cantner 2012). Riley *et al.* (2011a, 2011b, 2013a, 2013b) conducted online surveys with parents of gender variant young people (n=31), trans people (n=110), and professionals (n=29) across multiple countries to identify the needs of parents and their gender variant children. All three surveys converged to identify education and information as the primary need for parents of gender variant children, suggesting there were not enough educational resources to facilitate parents to support their children.

A lack of knowledge of trans issues

Three studies specifically quantified the amount of information and knowledge families had before learning their family member was trans. In their study with 47 relatives of trans people in Turkey, Polat *et al.* (2005) found that 63.8% of their sample had no information about gender identity at the time they learned their family member was trans, and many held misinformation or misconceptions about gender issues. While these results should be interpreted through the lens of Turkey’s relatively strict traditional conservatism towards sex and gender issues, one study in the USA found that an even greater percentage of parents (10 out of 12) were uninformed about trans issues at the time of learning their child was trans (Hegedus 2009). Interestingly, Gold (2008) found the exact opposite in her study with 12 parents of trans children in the USA, noting that 10 out of the 12 participants had heard of ‘transgender’ prior to learning their child was trans. The discrepancy in these findings is likely related to the way in which the authors characterised participants’ level of knowledge. Hegedus (2009) described how participants were “*unfamiliar with transgenderism*” (p.106), suggesting participants may have heard of the term but not be familiar with specifics. Gold (2008), on the other hand, simply noted

that the majority of participants had “*heard about transgenderism*” (p.67), which suggests the participants had come across the word, but may not have had any deeper level of understanding about the area.

This theme described families’ initial lack of knowledge when learning their family member is trans. Furthermore, it highlighted that educational opportunities for accessing information is limited. The next theme explores the impact of this lack of knowledge and opportunity for education on families.

2.4.2 Theme 2. Family response: “*And their imaginations went wild*”

Fear, confusion, and anxiety

Theme two encompasses a family’s response to learning that one of their family members is trans and the role that education and information plays in their response. A lack of information and knowledge was reported to compound family members’ fears (Hegedus 2009, Riley *et al.* 2013a). In some cases, lack of information and understanding led to parents envisioning worst case scenarios. Hegedus (2009) reported that parents in her study who had never met a trans person had no familiarity or reference point for their child’s experience. She described how this led to feelings of confusion and anxiety amongst the parents, with Hegedus stating that their “*imaginations went wild*” (p.49). One participant reported feeling like her child’s “*very life was in the balance*”, describing how she was:

“Hugely frightened. I didn’t know what this meant, didn’t have any practical knowledge of what transgender was, no associations whatever. I didn’t know about gender variance.” (p.49)

Helplessness, confusion, shock, and grief

In addition to fear of the unknown, not having an understanding of trans issues added to parents’ feelings of helplessness and confusion when learning their child was trans (Cantner 2012). As parents were often uninformed about trans issues when their child came out, this also contributed to feelings such as shock and grief (Kupalanka *et al.* 2014, Field & Mattson 2016). Interestingly, the parents in Field and Mattson’s (2016) study suggested that the lack of guidance and information available to parents of trans children allowed them freedom to express their shock and grief, without feeling guilty. They compared their experiences to those of parents of lesbian, gay, and bisexual (LGB) children, suggesting that parents of LGB children have clearer guidelines about what

course of action to take to support their child, and thus would feel guilty if they reacted otherwise.

Inability to understand and identify their child's gender variance

An added challenge to parents' lack of understanding was that they were unable to identify what was happening with their child (Wren 2002, Gregor *et al.* 2015, Capous-Desyllas & Barron 2017). For some parents, the inability to understand their child's behaviour led them to feel "*angst*" (Capous-Desyllas & Barron 2017: p.5). Parents who could not identify their child's gender variance found it difficult to verbalise the situation and, therefore, difficult to know what supports to seek: "*I think just in the early days you, you wanna do the right thing but don't really know what the right thing is*" (Gregor *et al.* 2015: p.242). In Cantner's (2012) study with 15 family members in the USA, one participant reported how their lack of awareness of trans issues meant that they "*never connected the dots*" (p.34). Some parents expressed regret that they were not able to recognise and identify their child's gender variance sooner (Field & Mattson 2016, Capous-Desyllas & Barron 2017), with the parents in Capous-Desyllas and Barron's (2017) study expressing sadness about not being able to recognise and understand why their child struggled. They also felt anger towards themselves for not understanding what was going on sooner. Cantner (2012) posits that,

"While there is truth to some family members' legitimate lack of knowledge, one could also view family members' lack of awareness as a defensive manoeuvre to ward off the 'unthought known'" (p.42).

Cantner is suggesting that family members may misuse or magnify their lack of awareness of trans issues and identities "*as a defensive manoeuvre*", allowing them to ward off and deny their family member's trans identity. Arguably, her hypothesis may have merit as families may use a lack of knowledge or awareness as a justification for why they did not identify their child's gender variance earlier and seek support sooner. This lack of parental knowledge and awareness may perhaps be a more socially desirable reason for not acknowledging a child's trans identity, as opposed to being in denial and not wanting to face the truth of having a trans child. This hypothesis may be substantiated by research which suggests some parents may experience denial when learning their family member is trans (Ellis & Eriksen 2002, Wren 2002, Tanner & Lyness 2004, Pearlman 2006, Gold 2008, Hegedus 2009, Norwood 2010, Cantner 2012, Jenkins 2012, Norwood 2012, Gregor 2013, Norwood 2013a, 2013b, Ritenour 2014, Gregor *et al.* 2015).

Families are often unfamiliar with trans issues when learning a family member identifies as trans. This lack of awareness can add to parents' difficulties in identifying their child as trans and seeking support. It can also compound feelings, including fear and anxiety, as parents and family members envision a life of turmoil and difficulty for their trans family member. A lack of information can also add to feelings of confusion and shock as family members struggle to make sense of their own and their trans family member's experience. In the next section, the strategies families use to develop their understanding of trans-related issues are explored.

2.4.3 Theme 3. Accessing education and information: "Getting more information"

Solitary nature of information-seeking

Theme three encapsulates the strategies families may engage in to access trans-related education and information. Information-seeking and education was one of the initial actions several families took after learning their family member was trans (Cantner 2012, Capous-Desyllas & Barron 2017, Ishii 2017). One study found that families may experience difficulty in accessing education and information if they experience shame about discussing their situation or feel social pressure to hide their family member's trans identity (Polat *et al.* 2005).

Two studies specifically characterised parents' education and information-seeking process as an individual activity. Wren (2002) described the process for mothers in her study as a "*solitary one*", without the support of fathers or extended family or friends, as the mothers were reluctant to engage in potentially troublesome conversations with family members who may be overly critical or questioning (p.384). The solitary nature of the education process helped the mothers develop their own individual position in relation to trans identity, a position which they felt they could defend. Ishii (2017) described how the mothers in that study depended entirely on "*self-reliance*", using their own initiative to find appropriate and useful education and information and to develop strategies for managing the situation (p.8). These findings perhaps also help illuminate how parents' loneliness and isolation can be compounded, feeling isolated in their experiences, as well as alone in the education and information-seeking process.

Individual strategies

Access to education, information, support, and other resources has been identified as important for family adjustment and families may undertake various strategies to access such support and information (Riley *et al.* 2011a, Cantner 2012, Ishii 2017, Katz-Wise *et al.* 2017). Some families gather information through personal research strategies (Capous-Desyllas & Barron 2017), such as books (Cantner 2012, Ishii 2017, Katz-Wise *et al.* 2017). The internet was cited most frequently in studies as an important source of information for families (Pearlman 2006, Guditis 2009, Meadow 2011, Cantner 2012, Johnson & Benson 2014, Kuvalanka *et al.* 2014, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015, Ishii 2017, Katz-Wise *et al.* 2017). In Johnson and Benson's (2014) case study with the mother of a trans girl, the internet was described as a "tremendous resource" to the participant, allowing her to access up-to-date research and to connect to other parents in an online support group (p.136). In Pullen Sansfaçon *et al.*'s (2015) participatory action research project with parents of gender variant children in Canada, the internet was considered an excellent source of information and support for the families and identified as a "key strategy of anxiety management" (p.52). Mass media was also a source of information for parents in two studies, one from Japan (Ishii 2017) and one from Turkey (Polat *et al.* 2005). In fact, for half of the families within Polat *et al.*'s (2005) study, the mass media was the only source of information families had, with only one-third receiving information from their doctors.

Learning from trans family member

Several studies reported that the families learned about gender identity directly from their trans family member (Wren 2002, Pearlman 2006, Hill & Menvielle 2009, Pyne 2016, Barron & Capous-Desyllas 2017, Ishii 2017). Some parents came to understand their child's identity as a result of their child's communication with them and their behaviour. In addition, trans children and young people themselves may direct their parents and family to seek information about how to support them in their gender identity (Pyne 2016, Ishii 2017). While trans children and young people may act as sources of information to their families, some research suggests that trans young people may limit the amount of questioning they tolerate about trans issues (Pearlman 2006). Ishii (2017) emphasises that while the trans child or young person may be highly knowledgeable as regards trans issues and their own situation, it is "unfeasible to expect that all transgender children become a source of guidance to their

mothers” (p.8). The trans child or young person may be anxious or ashamed about how to convey the information their family requires, they could feel overwhelmed by the situation, or they may not be able to handle the difficulty of conveying the information in an understandable way. While a trans child or young person is unquestionably an expert in their own experience, it may also place an unreasonable burden of responsibility on the young person if they feel they are solely responsible for educating their family.

Information from the LGBT community

Some studies noted that families also sought information through the LGBT community or events (Gray *et al.* 2016, Pyne 2016, Ishii 2017). In Pyne’s (2016) study with 15 parents of gender non-conforming children and young people in Canada, the author reported how “...*many parents sought out a different type of expertise altogether, consulting people with lived experiences of gender diversity*” (p.34-35). These interactions were characterised as helping family members relate to trans people more generally.

Support groups as a source of information

Support groups consisting of families of trans children and young people were a crucial source of support (and information) for families in many of the studies (Pearlman 2006, Guditis 2009, Menvielle & Hill 2010, Meadow 2011, Riley *et al.* 2011a, Cantner 2012, Kuvalanka *et al.* 2014, Gray *et al.* 2016, Ishii 2017, Katz-Wise *et al.* 2017). Support groups were viewed as useful sources of education and information as families felt they were receiving advice and information from others who had similar experiences. The personal experience of others in the support groups helped families to perceive the information within these groups as reliable, relatable, and useful. In Menvielle and Hill’s (2010) study with 42 parents of trans children and young people in the USA, they reported how parents used an online support group to gather information about other parents’ experiences with their own trans children and advice about parenting strategies. This information was viewed as helping the parents validate their parenting decisions and enabled them to “*dig their heels in*” if other people questioned their parenting choices (p.118).

Families of other trans children and young people in support groups could relate to families’ joys and their struggles on both a practical and emotional level. The support groups offered a place where family members could share practical

strategies and information, as well as personal stories about their experiences, their worries, and their fears. This connection impacted positively on families, reducing their sense of isolation, helping them feel less alone in their experiences with the realisation that other families were experiencing similar situations (Hill & Menvielle 2009, Kuvalanka *et al.* 2014, Gray *et al.* 2016, Ishii 2017).

Mixed experiences with healthcare professionals

In addition to support groups, healthcare professionals were identified as an important source of information and support in several studies (Meadow 2011, Capous-Desyllas & Barron 2017, Katz-Wise *et al.* 2017). Parents characterised positive experiences with professionals as those in which professionals were knowledgeable and open to learning, and which helped develop parents' understanding of their child's gender identity and how they could help support their child (Menvielle & Hill 2010, Kuvalanka *et al.* 2014, Gray *et al.* 2016). These professionals did not seek to 'fix' the child. Instead, they affirmed the child's identity and suggested appropriate strategies to manage the situation for both the child and the family.

Conversely, other authors identified a number of negative issues related to professionals. Simply identifying and accessing professionals may be a challenge for some families (Riley *et al.* 2011a, Cantner 2012, Johnson & Benson 2014, Gray *et al.* 2016). Once a family member engages with professionals, they may find the professional is misinformed or uninformed about trans issues (Cantner 2012, Riley *et al.* 2013b, Johnson & Benson 2014, Pullen Sansfaçon *et al.* 2015, Pyne 2016), compelling the parent to educate the professional about trans issues (Wren 2002, Gregor 2013, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015). Parents in several studies reported that they were given poor advice based on misconceptions or incorrect information (Menvielle & Hill 2010, Pyne 2016). Within several studies, parents characterised poor treatment and advice as when the professional viewed trans identity as disordered or attempted to 'fix' the child (Menvielle & Hill 2010, Kuvalanka *et al.* 2014, Gray *et al.* 2016, Pyne 2016). In these cases, parents rejected the 'expert knowledge' that suggested their child was disordered and sought assistance from other providers who could offer an alternative approach.

Education interventions

Beyond personal and professional information-seeking strategies, families may engage with interventions as a source of support and education. Two studies reported on families' experiences with interventions (di Ceglie & Thümmel 2006, Menvielle & Hill 2010). In both studies, interventions were viewed positively as providing opportunities for families to share experiences and gain information. Menvielle and Hill (2010) interviewed 42 parents who accessed the Children's Gender and Sexual Advocacy and Education Program based in Washington, D.C. in the USA. The intervention involved an online support group which was described as ideal for parents who were reluctant to engage in in-person groups. This was the only intervention which identified the theoretical approach used towards family education, as a 'gender affirmative approach', which aimed to help "*parents affirm and support their children, while actively promoting healthy adjustment in their offspring*" (p.99). They found that the parents accessed the programme in order to obtain correct information for themselves to understand their child's behaviour, to support them in making parenting decisions, and to obtain information to provide to others.

Similarly, a group work intervention with 10 families of trans children in the USA aimed to enable families and children to provide mutual support to each other, to help families understand gender identity development, to identify strategies for managing gender identity issues, and to help parents cope with personal challenges and enable their child to flourish (di Ceglie & Thümmel 2006). Using questionnaires to evaluate the intervention, the authors concluded that the group's aims were met and identified the positive factors of the group within a number of domains, including: a sense of catharsis or relief; group bonding and cohesiveness; sharing experiences; encouraging hope; and helping others through support and guidance. Parents reported that learning from both parents and professionals within the group helped them feel less isolated and better able to support their trans child.

This theme has illustrated the multiple strategies families may use to access education and information, including individual research, the LGBT community, support groups, professionals, and education interventions. All of these strategies required active effort on the part of the family member and were met with varying degrees of success. Family members particularly appreciated sources of information that were correct and appropriate and the internet was highlighted as a particularly useful tool for helping families gather information and connect with other families. Families welcomed opportunities to gather

information through relatable sources, including other families with trans children and young people. Experiences with professionals were varied, and accounts suggest there is a lack of educated professionals providing appropriate support to these families. The multiplicity of strategies families engage in evidences their desire to access information both for themselves and in order to educate other people. In the next theme, the impact of accessing education and information will be explored.

2.4.4 Theme 4. Impact on the individual: “*The more I learned, the more it made sense*”

Getting information as a positive coping strategy

After learning a family member is trans, families can feel overwhelmed, experiencing shock, grief, and confusion. While the extent of these types of feelings varies, many families likely find that they need additional information and support. In fact, the first action of parents in Capous-Desyllas and Barron’s (2017) study was to “*to learn as much as they could about their child and her situation*” (p.6), with other studies reporting similarly (Cantner 2012, Ishii 2017). Authors have identified accessing education and information as an active and positive coping strategy, as family members seek additional information about how to support themselves and their family member (Wren 2002, Pearlman 2006, Gold 2008, Hegedus 2009, Capous-Desyllas & Barron 2017, Katz-Wise *et al.* 2017).

Link between education-information and acceptance-support

A lack of information for families has been described as hindering their ability to understand, and subsequently accept and support, a trans family member (Riley *et al.* 2013b). On the other hand, if a family can access appropriate information, they can begin to build an understanding of their trans family member’s identity, setting a foundation for making sense of their own and their trans family member’s experience. Information can help parents and families make sense of their new situation and is associated with facilitating the processes of adjustment to their trans family member’s identity, helping them move from being frozen in shock, grief, and confusion towards acceptance and support (Pearlman 2006, Gold 2008, Hill & Menvielle 2009, Cantner 2012, Barron & Capous-Desyllas 2017, Capous-Desyllas & Barron 2017, Ishii 2017). Education and information can also help families gain knowledge about gender identity,

helping them build an understanding of their trans family member's identity, which they can then articulate, support, and defend (Norwood 2010, Ishii 2017).

Education has been described as critical in helping families accept their trans family member's transition, with one family member stating: "*Education was helpful. The more I learned, the more it made sense*" (Guditis 2009: p.72). In her online survey with 99 parents of trans people, Alie (2012) found that parents who were more knowledgeable about trans issues were more accepting. However, it is important to note this is not a causal relationship and it is impossible to determine if more accepting parents actively sought to gain more information or if more information helped parents become more accepting. In one study, the availability of information relating suicide risk to non-familial acceptance played a crucial role in parents' acceptance (Kusalanka *et al.* 2014). When the parents learned that trans children and young people with non-supportive families had significantly higher rates of suicide attempts, they were prompted to move quickly towards acceptance.

Beyond acceptance, information and education can help parents and families move towards practical support of their trans family member (Pearlman 2006, Johnson & Benson 2014). A retrospective study with 110 adult trans people identified education and information as the number one priority for parents, believing that access to appropriate and helpful information could have impacted positively on their own parents' responses to their trans identity (Riley *et al.* 2013b). In two studies, information and education was characterised as a necessary prerequisite for family acceptance and support (Riley *et al.* 2011a, Barron & Capous-Desyllas 2017).

Emotional impact of education and information on family members

In addition to impacting positively on the family's ability to accept and support a trans family member, education and information has also been shown to have a positive emotional impact on individual parents and family members. Understanding their trans child or youth can give parents a sense of relief (Kusalanka *et al.* 2014), while gaining information has also been described as helping parents cope with their experience (Wren 2002). Education and information have also been shown to help parents feel more secure in their parenting, less guilty or confused about their choices, and more confident in their ability to make the best decisions for their child (Menvielle & Hill 2010, Riley *et al.* 2011b). Importantly, gaining information and education was associated

with helping parents feel less isolated and alone (Hill & Menvielle 2009, Kuvalanka *et al.* 2014, Field & Mattson 2016, Ishii 2017).

Education and mothers-fathers and siblings

Two studies reported on differences between fathers and mothers in terms of information and education. While education and information have been previously characterised as impacting positively on a family's ability to understand, accept, and support a trans family member, in one study, Ishii (2017) reported that fathers accessed less information and had greater emotional distance from their trans child than mothers. Similarly, in Kuvalanka *et al.*'s (2014) study, mothers reported that fathers had a harder time understanding and accepting their child, describing how one father took more time researching, questioning, and doubting his child's gender identity. Only one study explicitly discussed the role of education and information in the lives of siblings of trans young people (Kuvalanka *et al.* 2014). While the mothers in the study reported that siblings had mostly positive reactions to their trans sibling's gender identity, some siblings had difficulties dealing with the loss of the sibling they had come to know. Learning about trans issues and meeting other trans young people were described as helping siblings accept, understand, and advocate for their trans sibling.

Education as an incomplete answer

While education and information were often highlighted as alleviating many family members' worry and fears, even with information, parents still held worry and doubt, "*feeling unsure about the best action to take*" (Pullen Sansfaçon *et al.* 2015: p.52). While Gregor *et al.* (2015) suggest that parents move beyond uncertainty, Capous-Desyllas and Barron's (2017) theme of 'the unknown' encapsulates the thought processes of families, including their doubts, worries, and confusion, from the time of learning their child is trans throughout their transition.

In this theme, the impact of education and information on the lives of families of trans young people was examined. Of particular focus was the power of education and information to impact on the personal wellbeing of the family member who accesses it and the way in which education and information can help enable families to accept and support their trans family member. In the next

theme, families' use of education and information within advocacy roles is discussed.

2.4.5 Theme 5. Beyond the individual: *"I approached them armed with information"*

Link between knowledge, confidence, and advocacy

Family members, especially parents, may often feel a responsibility to act as advocates for their trans family member in a number of arenas. In this context, advocacy may be considered any action that a family member undertakes which affirms positive support of the trans young person. The process of getting information and education can impact positively on a family member's ability not only to understand trans issues, but to have confidence in their own knowledge. In order to be a strong advocate, information and education were described as prerequisites to enable family members to have both knowledge and confidence (Wren 2002, Menvielle & Hill 2010, Gray *et al.* 2016). Within Kivalanka *et al.*'s (2014) study, the mothers' processes of self-education were described as transformative, empowering them to be strong advocates for their child, with one mother stating: *"I had done all of the research, and I felt...armed to take on the world and to explain her and defend her"* (p.367).

Advocacy within the extended family

Families used education and information as advocacy tools within the family unit and beyond into the extended family. In Rahilly's (2015) study, parents used the information gained through their own education and information-seeking process to provide language, vocabulary, and information about trans identities and issues to both their trans and non-trans children. The author described how parents aimed *"to deploy new understandings and vocabularies that normalise gender variance"* to their children which could be used both within and outside the home (p.356). In Birnkrant and Przeworski's (2017) study with 56 parents of trans children in the USA, they found that two-thirds (66%) of the sample reported engaging in strong to moderate advocacy for their child within the extended family, with one participant describing:

"I approached them armed with information, printouts, and the sincere wish that the love they had for my son would transfer to my daughter..."
(p.143)

In two studies, mothers were characterised as information conduits to fathers (Menvielle & Hill 2010, Johnson & Benson 2014). Johnson and Benson (2014) report how the mother in their case study was responsible for providing information to the father, describing her belief that keeping the father educated could help secure him as an ally for their child. In the Children's Gender and Sexual Advocacy and Education Program based in the USA, mothers often took the more active role in the programme, gathering information and passing it along to the fathers (Menvielle & Hill 2010).

Advocacy with professionals

Beyond the family, family members may engage in advocacy with professionals, particularly health and education professionals (Wren 2002, Gregor 2013, Johnson & Benson 2014, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015, Rahilly 2015, Gray *et al.* 2016, Birnkrant & Przeworski 2017). In the face of uninformed or ill-informed professionals, families may rely on their own information and knowledge to attempt to teach and educate these professionals. In health settings, families may attempt to correct professionals' views of trans identity as something disordered, while in education settings, families may have to actively advocate for the inclusion and acceptance of their trans child within the school community.

Advocacy within the community and wider society

Within the community and society at large, many studies identified participants' frustrations at the general widespread misunderstanding of trans people (Hill & Menvielle 2009, Menvielle & Hill 2010, Cantner 2012, Riley *et al.* 2013b, Johnson & Benson 2014, Kuvalanka *et al.* 2014, Rahilly 2015, Field & Mattson 2016, Capous-Desyllas & Barron 2017). In this context, parents felt blamed or judged by others for their child's trans identity and sought to explain or defend themselves and their child's identity (Gold 2008, Cantner 2012, Johnson & Benson 2014, Barron & Capous-Desyllas 2017, Capous-Desyllas & Barron 2017). This lack of societal understanding was attributed to a deficit of information and knowledge within the community and wider society more generally. It was felt that this lack of understanding contributed to societal misconceptions and negative attitudes towards trans people resulting in their limited acceptance within the community and wider society.

Within this context, many family members acted as educators and advocates for their family member within the community and wider society (Wren 2002, Hill & Menvielle 2009, Menvielle & Hill 2010, Cantner 2012, Johnson & Benson 2014, Kuvalanka *et al.* 2014, Rahilly 2015, Field & Mattson 2016, Capous-Desyllas & Barron 2017). Family members used the education and information they had gained to enable them to educate others and, in turn, advocate for their family member. Family members' own knowledge, gained through an active education and information-seeking process, enabled them to feel confident in being a proactive advocate for their family member. The mother of a trans girl within Johnson and Benson's (2014) case study linked her confidence in her own knowledge to her ability to advocate for her child: "*I feel strong. I feel educated. I feel that I can be an advocate and supporter of my child 100%*" (p.137).

The parents in Hill and Menvielle's (2009) study felt that advocacy helped them to generate greater empathy and positive feelings about trans identities in the general public. They hoped this would, in turn, cultivate more positive attitudes, which could lead to greater societal acceptance, and, consequently, safer lives for their trans children. Rahilly (2015) described how the 24 parents of gender variant children in her study engaged in "*gender literacy*" (p.349), characterised as a process in which the parents sought to educate others about gender identity, developed through the parents' own self-education. Gender literacy enabled parents to develop strategies to advocate for their trans children in schools, other organisations, and within the wider public arena.

Theme five has described the ways families act as advocates for their trans family members. Information and education provide family members with the requisite knowledge and confidence to act as strong and successful advocates. Advocacy occurs within the family unit, with professionals, and more broadly within the wider community and society.

2.4.6 Overview of the model of the role of trans-related education and information in the lives of families of trans young people

The literature review findings were used to develop a model which contributes to explaining the role of trans-related education and information in the lives of families of trans young people (see Figure 2.2). The model illustrates five key stages in the lives of families of trans young people. Each stage of the model reflects one of the five themes which emerged from the literature review.

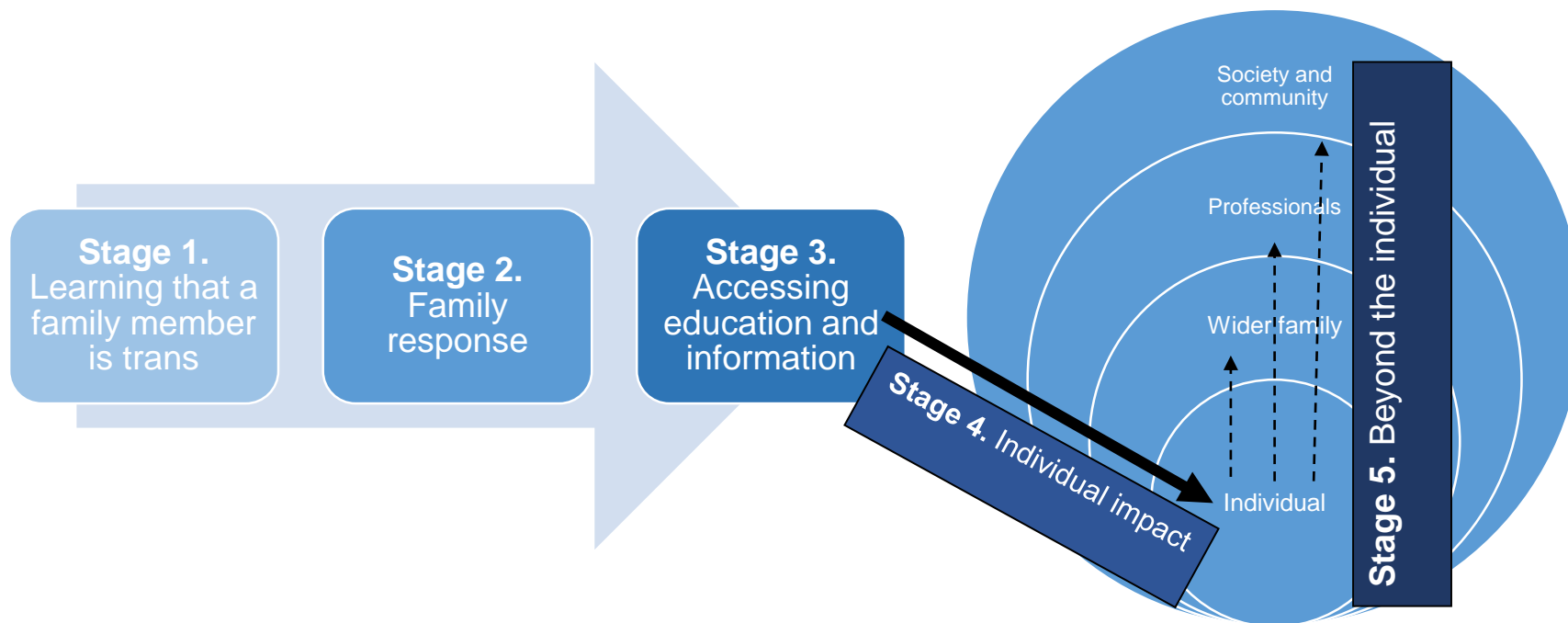


Figure 2.2 Proposed model illustrating role of trans-related education and information in the lives of families of trans young people

Stage 1. Learning that a family member is trans

The first stage is 'learning that a family member is trans'. This refers to the initial time when the family learns they have a trans family member, which may occur through a range of scenarios. The two most common of which are when a trans young person comes out to their family or when a parent identifies that their child is trans. This stage maps to theme one in the literature review which discusses families' initial level of knowledge and experiences with education when learning a family member is trans. When families learn they have a member who is trans, they typically lack knowledge to understand their experience and there is a scarcity of educational opportunities to access accurate information.

Stage 2. Family response

After the initial discovery phase, the stage two is 'family response', which encompasses a family's response to learning a family member is trans and the role that trans-related education and information plays in this response, reflected by theme two in the literature review. Within this stage, families may experience a spectrum of reactions and emotions, including diverse and sometimes contradictory feelings like relief, guilt, acceptance, disbelief, denial, shock, confusion, and grief. No single family response is prescribed within this model, as families respond in unique ways. An individual family member's response may be impacted by a number of factors, including sociodemographic characteristics and their personal relationship to the trans person. Families' level of knowledge, familiarity with, and exposure to trans people and issues likely plays a deciding role in family response.

Stage 3. Accessing education and information

Following family response is the third stage of 'accessing education and information'. Similar to 'family response', there is no single prescribed way of accessing trans-related education and information in this stage and strategies may vary from family to family. They may include none, some or all of those identified in theme three of the literature review, such as accessing information through personal research, the internet, the trans family member, the LGBT community, professionals, support groups, and/or education interventions.

Stage 4. Individual impact

Following accessing education and information, a black arrow points to the term 'individual'. The arrow represents the impact that accessing trans-related education and information has on the individual. A number of factors may influence the impact on the individual, such as the personal characteristics of the person and the quality of the education and information they access. Regardless of what actions may or may not result, the individual person accessing the information is impacted in some way. This relates to the fourth theme in the literature which elucidated the impact of education and information on the family. Education was described as having a positive impact on the family, helping them understand, accept, and support their trans family member. It was also described as reducing parents' sense of isolation and loneliness, reducing their anxiety, and enhancing their confidence in their own parenting strategies.

Stage 5. Beyond the individual

Surrounding the individual are three concentric circles, indicating various orders of magnitude of distance away from the individual, including the wider family, professionals, and community and society. Three dotted lines with arrows flow from the individual to each of these three levels. These arrows represent the advocacy that knowledgeable and informed family members may engage in at these levels. The lines are dotted to indicate that individuals *may* engage in advocacy at these levels at this stage. Evidence (identified in theme five) suggests that some family members will engage in some or all of these types of advocacy; however, no research has demonstrated a causal effect of education on advocacy.

2.5 Summary, critique, and implications of the literature review

2.5.1 Studies included and their limitations

This chapter presented findings of a literature review which aimed to explore international research about the trans-related education needs and experiences of families of trans young people, providing a context for the current study. The literature review was informed by a systematic search protocol and presented as a narrative synthesis using thematic analysis. In total, 31 studies met the inclusion criteria for the review. While any potentially relevant reference was considered, the review needs to be considered in light of the approach

employed, as well as the limits of the studies included, which are discussed in the following sections.

A range of trans identities were represented in the studies, including trans males, trans females, and gender variant and gender non-conforming children and young people. The majority of studies (61.3%; n=19) were from the USA, with a significant minority from Canada and the UK (16.1%; n=5). None of the studies included in the review were from the Republic of Ireland. In terms of dates of publication, all of the studies included were from the years 2002 to 2017, with an upswing in publications in 2017. This perhaps evidences the growing recognition and interest in the role that families play in supporting trans young people. While the interest in the topic appears to be growing within a limited geographical area, it is still a relatively neglected and under-researched area, particularly within the Republic of Ireland.

Each of the studies included had its own limitations. Most notably, all studies comprised a non-representative, self-selected sample. Participants were often recruited from support groups, with authors noting that this likely led to a greater participation by family members who already affirm and support their trans family member. It was less likely that family members who rejected or did not support their trans relative would participate in the research. In addition, the samples of some studies included family members who were more likely to be White, middle class, and politically liberal. Furthermore, many of the samples were made up entirely of parents, with mothers comprising the majority of the participants. The uneven spread of participation across mothers and fathers is perhaps explained by research which suggests that fathers may have a harder time accepting a trans child (Wren 2002, Hill & Menvielle 2009, Kuvalanka *et al.* 2014, Pullen Sansfaçon *et al.* 2015, Riggs & Due 2015). It is likely that fathers' difficulty in accepting a trans child makes them far less inclined to participate in a research study related to trans issues.

While the studies included in this review utilised various methods (including qualitative, quantitative, and mixed methods), it is important to consider that there were no studies which included a representative sample of all family members of trans young people. This will likely be a methodological limitation of all research in the area, as there is no complete register of family members of all trans people with which to attempt to draw a representative sample. The sampling limitations of the literature suggest that most research in the area is of a smaller-scale, relying entirely on the self-selected participation of those most likely to be supportive of their trans family member (people in support groups

and mothers). This means there is little research evidence available around the education experiences and needs of particular groups, including: family members who do not accept their trans family member; families from varied socioeconomic classes; families with diverse political orientations; ethnically diverse families; and family members other than mothers, including fathers and siblings. Therefore, the findings of this review may be viewed as an accurate synthesis of what is known in the area, with the limitations presented.

2.5.2 Implications of the literature review

The literature review has provided a strong evidence base for conducting the current study. First, the literature review has highlighted the deficit in appropriate trans-related education and information available to families of trans young people. The findings revealed that families, particularly parents, felt ill-informed and unequipped to manage their own and their trans family member's experience. Families described difficulties in finding appropriate education and information, including from healthcare professionals. The lack of information available to families impacted negatively on them, adding to their sense of confusion and doubt and feelings of being overwhelmed. Furthermore, while social care professionals may play a significant role in the lives of trans young people and their families, there was a paucity of research investigating their role in relation to information-giving, an area which merits further examination.

Second, this review has underscored the importance of trans-related education and information in the lives of families of trans young people. It has demonstrated the positive impact that education can have both on the individual family member and the wider family. Education can help family members to make sense of their own experience and can also contribute to their understanding, acceptance, and support of a trans relative. Beyond this, education may provide families with the necessary knowledge and confidence to enable them to advocate for their trans family member in a number of different arenas.

Third, while the literature review has provided a strong basis for developing a conceptual model of the role of trans-related education and information in the lives of families of trans young people, gaps remain as to what is known about families' experience with education. For instance, there is little knowledge about the education needs of families, which reflect the voices of diverse family members, including trans people themselves. Just one study explored the

impact of education and information on the lives of trans young people from the retrospective view of trans people (Riley *et al.* 2013b). In addition, there was not a single study identified that addressed the education needs of families of trans young people in the Republic of Ireland. While international findings suggest interest in the area is growing, it remains a seriously under-researched area in Ireland. Furthermore, research-based evidence of families' trans-related educational needs and the best ways of addressing those needs is limited.

Fourth, there is little evidence of the development of education programmes for families of trans young people. This adds corroboration to family members' contentions that it is difficult to identify and access appropriate educational supports. In addition, no studies have indicated that education interventions were developed with the participation or involvement of families or trans young people. Again, this suggests that the voices of families and young people are not being heard or responded to in terms of education. Research evidence suggests that evaluation of education programmes for families has been limited to end of programme participant satisfaction surveys (di Ceglie & Thümmel 2006, Hill & Menvielle 2009). This means there is a lack of research evidence of rigorous evaluation of education programmes for families, creating a gap in the data on the effectiveness of such programmes.

In addition, there is a paucity of theoretical frameworks to guide the development of education programmes for families of trans young people and only one study in the current review identified a specific approach to education (Menvielle & Hill 2010). This documented lack of theoretical frameworks may indicate a number of issues. For instance, it may suggest that those involved in providing education to families are doing so without the application of a formal theoretical framework. Alternatively, educators may be providing education informed by a theoretical framework in a more ad hoc, less formalised manner. Furthermore, it is likely there are education programmes available for families that are not cited in the academic literature. The issues, however, remain. There is a lack of documented available programmes, an absence of an evidence-based and inclusive development processes, and a dearth of evaluations related to family education.

Finally, while 22 of the 31 studies had moderate to high CASP scores between 15 and 20, nine studies scored between 10 to 14, indicating a lack of rigour in some aspects of the research or reporting. Of interest is that the majority of studies did not consider the role of the researcher in the research and over one-third did not address ethical considerations. These findings and their limitations

draw attention to the need to explicitly address these issues within the current study (see Chapters 4 and 8 for further details).

2.6 Summary

The purpose of this literature review was to provide evidence about the role of trans-related education and information in the lives of families of trans young people and their needs in relation to such education and information. Within the review, participants and authors alike made a number of recommendations for further education and information resources to be developed for families of trans young people (Hegedus 2009, Hill & Menvielle 2009, Alie 2012, Gregor 2013). Such resources have been cited as critical in helping families to make sense of and adjust to their experiences, allowing positive adjustment of the family member which, in turn, may enable the vital support often required by the trans child or young person. The literature review has also revealed gaps in what is known internationally about the trans-related education needs of families of trans young people, highlighting opportunities for the current study. Further, the findings from the review have a number of implications for the current study informing the methodological approach and study design, as highlighted in the following chapters.

Chapter 3. Philosophical, Methodological, and Theoretical Approaches

3.1 Introduction

Important to all research are the underlying beliefs and approaches which inform decisions. In this chapter, the philosophical, methodological, and theoretical approaches underpinning the study are discussed. The transformative paradigm is offered as a philosophical approach which corresponds with the researcher's own beliefs about the essence of ethics, reality, and knowledge. Following this discussion, the ways in which the transformative approach's focus on social justice and participation informed the selection of the methodological approach of Community-Based Participatory Research (CBPR) guiding the study is described. Next, the theoretical approach of the gender affirmative theory and model which informed the researcher's understanding of gender identity is discussed. Finally, theories of education, teaching, and learning which informed the study are presented. Within each section, the key features of the approach are outlined and the rationale for its use within this study is detailed. Throughout the chapter, the way in which the researcher's beliefs and experiences have influenced philosophical, methodological, and theoretical considerations are examined.

3.2 The philosophical approach

3.2.1 Introduction to paradigms

The paradigm underpinning a study permeates the entirety of the study and can be conceived of as *"a way of looking at or researching phenomena, a world view, a view of what counts as accepted or correct scientific knowledge"* (Cohen *et al.* 2011: p.5). At the core of identifying a guiding paradigm for a study, perhaps the most fundamental issues concern how the researcher conceptualises the nature of axiology (ethics), reality (ontology), knowledge (epistemology), and methodology (what is considered an appropriate approach to enquiry) (Denzin & Lincoln 2005, Mackenzie & Knipe 2006, Mertens 2010a). Both as a social researcher and as a person in everyday life, these topics have been fundamental to the researcher's own understanding of research, life, and humanity. The researcher's views on each topic continue to grow and develop, so the following should be considered an assessment of her views at the time of conducting the current study.

3.2.2 Transformative axiology

Questions of axiology relate to how we conceptualise our role as ethical and moral actors within research (Denzin & Lincoln 2005, Mertens 2010b). This researcher's driving force in conducting social research is to use her skills to be of use to people, particularly those most in need. This driving force illustrates the centrality of ethics to the researcher's approach, which is perhaps best reflected by the transformative paradigm. Mertens (2010a, 2015), a prolific transformative scholar, highlights how axiological concerns are at the heart of the transformative paradigm informing the other belief systems of ontology, epistemology, and methodology. This paradigm places centrality on enhancing social justice and on ways to extend the principles of beneficence, justice, and respect (Mertens 2010a, 2015). The transformative paradigm conceives of beneficence as the link between research and the promotion of social justice, encouraging "*an explicit connection*" between the research process and outcomes and the "*furtherance of a social justice agenda*" (Mertens 2015: p:30). Like Mertens (2015), this researcher also highly values the importance of social justice, including "*giving back to the community*" during the research process (p.31).

Within a transformative approach, the acknowledgement of power plays a crucial element, including the recognition of historical, cultural, and social power imbalances, power differences within the research community, and power dynamics between the researcher and the community (Mertens 2010b). Aligning with the transformative approach, this researcher believes that all research is inherently contextualised by power and political issues. All decisions from the way a research problem is conceptualised to how a researcher thinks community should be involved in a study, to whom and when findings should be shared, are inherently political decisions. This researcher thinks interrogating these decisions and documenting the decision-making process is a crucial element of transparency and validity, a key facet of the transformative approach (Mertens 2015). In addition, the researcher does not believe power is one-sided, as may be traditionally assumed, on the part of the researcher, but rather something that that may be shared between the researcher and the community.

In addition, Mertens (2010b) notes how within the paradigm, respect is "*critically examined*" in terms of the researcher's interactions within culturally diverse communities, including her interrogation of her own self-awareness as researcher (p.12). Acknowledging the role of the researcher is central to this researcher's approach and highlighted as an important gap in the international

literature (Chapter 2). The researcher's process of engagement with the study community is discussed further in Chapter 8.

The transformative paradigm emerged during the 1980s and 1990s as researchers called for more explicit inclusion of political and social issues, such as power, within research (Creswell 2003, Mackenzie & Knipe 2006, Mertens 2015). Traditionally, researchers approached questions of ontology, epistemology, and methodology dualistically. On one end of the spectrum, positivists/post-positivists assert that there is a singular, objective reality which is best measured through quantitative, deductive approaches, while on the other end, anti-positivists contend there are multiple, subjective realities which are best understood through inductive, qualitative means (Creswell 2003, Johnson & Onwuegbuzie 2004, Mackenzie & Knipe 2006, Johnson *et al.* 2007, Morgan 2007, Teddlie & Tashakkori 2009, Morgan 2014).

Both qualitative and quantitative methods offer advantages and disadvantages, with each being more appropriate for addressing particular types of research aims. While quantitative research can allow for the measurement of the breadth of a topic, qualitative research can allow for an exploration of its depth (Morgan 2007). The strength of qualitative research is its ability to provide rich, in-depth data on potentially complex and dynamic phenomena (Johnson & Onwuegbuzie 2004). Qualitative research can explore participants' interpretations and the ways in which they make meaning within their own local contexts. Such methods also allow for flexibility within the research design, adapting the process as results emerge. In addition, the richness of even small samples of qualitative data has the ability to illustrate and clearly illuminate research findings. Some disadvantages of qualitative research are that it may not be generalisable, may not be useful in making predictions, may have lower credibility within some arenas, and data may take more time to collect and analyse. The strengths of quantitative research are the opportunities it provides for testing and validating theories and hypotheses and producing generalizable results (when based on a random sample of the required size) (Johnson & Onwuegbuzie 2004). Quantitative research provides the opportunity to collect data from large quantities of people and the findings may have greater authority in certain arenas. In addition, the collection and analysis of quantitative data may be quicker comparatively to qualitative data. The primary potential disadvantage of quantitative research are that the researcher's categories, theories, and other understanding of a phenomenon may not relate or encapsulate the participants' understandings. In addition, the results may be so

generalisable or 'big picture' that they are not of practical use in particular local situations and contexts.

Pragmatism emerged as a response to this duality, offering a third option beyond the traditional domains of positivism/post-positivism and anti-positivism, suggesting instead that:

"There is no problem with asserting both that there is a single 'real world' and that all individuals have their own unique interpretations of that world" (Morgan 2007: p.72).

While both positivist/post-positivist and anti-positivist paradigms hold a dualistic vision when it comes to worldviews, knowledge, and human nature, pragmatists call into question the appropriateness of holding these dualities as antithetical. Instead, they suggest these dichotomies may be falsely drawn, advocating for the complementary nature of the various perspectives on epistemological, ontological, and methodological concerns (Johnson & Onwuegbuzie 2004, Morgan 2007). The pragmatic approach complements many of the central tenets of the transformative paradigm, however, the transformative paradigm goes one step further highlighting the importance of explicitly addressing issues of power. Mertens (2015) described how:

"The transformative paradigm emerged because of dissatisfaction with research conducted within other paradigms that was perceived to be irrelevant to, or a misrepresentation of, the lives of people who experience oppression" (p.29).

Mertens (2015) also highlights how such concerns for the rights of research participants naturally leads to the greater involvement of participants within the research process, a central tenet of the transformative paradigm (discussed further in Section 3.2.5).

3.2.3 Transformative ontology

Ontology is concerned with the nature of reality and whether there is one objective reality shared by everyone or whether reality is the outcome of individual experience (Guba & Lincoln 1994, Mertens 2010b, Cohen *et al.* 2011). Ontologically, this researcher believes that there is a 'real' world consisting of inarguable aspects, such as physical reality, the natural world, social systems, and organisations. She also believes that people experience and interpret these realities in multiple ways, often complex and sometimes contradictory. Furthermore, the researcher maintains that people may be

constrained or enabled by a multitude of determinants both personal and social, such as gender, social class, ethnicity, working status, area living, religion, and so on. The researcher feels people have the capacity and agency to make their own choices; she also believes these choices are made in very context-specific situations. The researcher's beliefs are reflected by the transformative paradigm which "*holds that there is one reality about which there are multiple opinions*" (Mertens 2010a: p.470). Within this approach, it is made explicit that these 'multiple opinions' are informed and shaped by various social, historical, political, cultural, and economic forces (Mertens 2010b). In this context, power emerges as a critical concept, with some opinions of reality more valued or privileged than others.

3.2.4 Transformative epistemology

Epistemology concerns the nature of knowledge and whether knowledge is something that is hard and objective, e.g. something that can be 'known', or whether knowledge is more subjective and experiential for individuals (Guba & Lincoln 1994, Mertens 2010a, 2010b, Cohen *et al.* 2011). Furthermore, it concerns how the researcher conceptualises the relationship between the researcher and participants in order to achieve knowledge (Mertens 2010b). This researcher believes there are patterns in experiences that can be attested to by evidence both within research and within life more broadly. However, she does not subscribe to the idea that these patterns of experiences are a 'one-size-fits-all' for every single person, nor do she believe that every single person experiences reality in a completely different way. The researcher believes that research can help us uncover these patterns of experience to help us make evidence-informed decisions for policy and practice. She believes it is essential to interact with participants in a meaningful way in order to achieve such knowledge. Similarly, the transformative paradigm emphasises the need for an "*interactive link*" between the researcher and participants (Mertens 2010b: p.11). Within this approach, issues of power and privilege related to knowledge are explicitly addressed, examining "*the power issues involved in the determination of what is considered legitimate knowledge*" (Mertens 2015: p.32).

3.2.5 Transformative methodology

Methodologically, the transformative paradigm is informed first and foremost by ethical considerations, placing centrality on the involvement of a community

within the research process (Mertens 2010a, 2010b, 2015). Mertens (2007) highlights how a transformative approach facilitates:

“...A conscious awareness of the benefits of involving community members in the data collection decisions with a depth of understanding of the cultural issues involved, the building of trust to obtain valid data, the modifications that may be necessary to collect valid data from various groups, and the need to tie the data collection to social action” (p.220).

Within such an approach, it is crucial to establish successful partnerships built on the recognition of power imbalances and building trust (Mertens 2007). Similarly, this researcher believes that ethical research can and should be done ‘with’ and ‘for’ people, rather than ‘to’ them. Through such partnerships, the researcher thinks power can be shared and mutual goals met.

As there is a dearth of research with families of trans young people in the Republic of Ireland, the researcher was also methodologically informed by her previous research experience with the *LGBTIreland* study (Higgins *et al.* 2016) and findings from the systematic review of the international literature (Chapter 2). The literature review found little evidence of the participation of trans young people and their families in the development of education programmes ostensibly designed to serve their needs (di Ceglie & Thümmel 2006, Menvielle & Hill 2010). This suggests their voices were not being heard in the research process, a central tenet of the transformative paradigm. Aligning with the transformative approach, Galupo (2017) acknowledges the importance of including trans people in the research process, encouraging cisgender (people whose sex assigned at birth aligns with their gender identity) researchers to engage in community-based and collaborative research, inviting participation from the trans community throughout the research process. Reflecting principles of inclusivity and social justice, this researcher’s primary observation from the *LGBTIreland* study was that the support of trans organisations would be key to the success of any study with families of trans young people. Within that study, trans organisations were instrumental in publicising the study and recruitment of participants from a population perceived as ‘hard-to-reach’ (Fink 2003, Cohen *et al.* 2011).

As a result of these considerations, it was decided to engage with a research methodology grounded in community partnership and collaboration. Community-Based Participatory Research (CBPR) emerged as an appropriate methodology, which emphasises community partnerships, working with the community to address real world challenges. In the next section, the defining

characteristics of CBPR are discussed, including the rationale for its use in the current study.

3.3 Community-Based Participatory Research (CBPR)

3.3.1 Introduction to CBPR

Community-Based Participatory Research (CBPR) has emerged as an approach to research within a community and has been used in a number of areas, including health, education, and the social sciences (Minkler & Wallerstein 2003, Holkup *et al.* 2004, Wallerstein & Duran 2006, Salimi *et al.* 2012, Hacker 2013, Israel *et al.* 2013, Coughlin *et al.* 2017). It has been defined as “*an alternative research paradigm*” which:

“...Focuses on relationships between academic and community partners, with principles of co-learning, mutual benefit, and long-term commitment” (Wallerstein & Duran 2006: 312).

CBPR calls for health to be recognised in positive terms, emphasising wellbeing, while also acknowledging the multiple ecological aspects that may influence it, including cultural, historical, political, and social (Israel *et al.* 2013). A CBPR approach has most often been used with low-income or marginalised communities, as they may distrust traditional researchers and traditional research approaches (Israel *et al.* 2013). It was particularly appropriate for this study, as the trans community has been shown to face ongoing discrimination and marginalisation as a result of their gender identities (Grossman & D'Augelli 2006, McNeil *et al.* 2013, Higgins *et al.* 2016). By emphasising community participation and involvement, it was felt that a CBPR approach could help assuage community concerns and reduce any distrust related to the research. Reflecting the transformative paradigm, within a CBPR approach, the researcher works *with* and *for* the community rather than doing research *to* or *about* them. Importantly, the approach also emphasises the participatory power and action of community members as agents not only in the research process, but also in their own lives and communities.

3.3.2 History of CBPR

The history of CBPR can be traced back to two research approaches: action research (AR) and participatory research (PR) (Flicker 2005, Wallerstein *et al.* 2008). AR was developed by Kurt Lewin in the 1940s as a way of involving people in solving practical problems through a cycle of action, reflection, and

evaluation (Lewin 1946, Holkup *et al.* 2004). PR also includes the involvement of and collaboration with people as participants, but it has a deeply social emancipatory element, with its history in social justice movements (Friere 1970, Fals-Borda 2001). It is very much influenced by the work of Paulo Freire (1970) and his 'pedagogy of the oppressed', the belief that oppressed people already hold essential knowledge and that through 'conscientisation' they can develop critical skills to become agents for changes in their own lives and communities. Wallerstein and Duran (2008) suggest that it may be useful to consider AR and PR as two ends of a spectrum, with utilitarian, problem-solving action research on one end and social emancipatory participatory research on the other. It has been suggested that CBPR falls somewhere between the two ends of the spectrum depending upon the context (Wallerstein & Duran 2008, Hacker 2013).

3.3.3 Principles of CBPR

CBPR was ideal for the current study as it has been characterised as a research approach for helping researchers develop genuine partnerships within the community to help ensure a study is locally-relevant and addressing true community challenges, emphasising the importance of social action and sustainable change (Coughlin *et al.* 2017). This also mirrors a central facet of the transformative paradigm in which the establishment of relationships with community members enables the study to be more "*culturally responsive*" (Mertens 2012: p.808). By comparison, traditional research is often investigator-driven, with less community involvement. Israel *et al.* (1998) have proposed nine guiding principles of CBPR outlined in Table 3.1.

1. CBPR recognises the community as a unit of identity.
2. CBPR builds on the strengths and resources within a community.
3. CBPR fosters collaborative, equitable partnerships in all phases of the research.
4. CBPR encourages co-learning and capacity building among all partners.
5. CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners.
6. CBPR emphasises both positive and ecological perspectives.
7. CBPR involves a cyclical and iterative research process.
8. CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process.
9. CBPR involves a long-term process and commitment, with a focus on sustainability.

Table 3.1 Guiding principles of CBPR

Within a CBPR approach, the development of partnerships within the community is key. In this study, the partnerships set the basis for the development of the study from conception to implementation to dissemination and helped facilitate the development of trust between the researcher and the community (Wallerstein & Duran 2010, Lucero 2013). CBPR recognises both the knowledge of the community as experts in their own experience, as well as the knowledge which the academic-researcher brings to the study. This is a fundamental understanding the researcher brought to the study.

The concepts of mutual benefit and reciprocity were emphasised throughout the research. Both parties were invested in the research and the community, holding shared goals and values. By acknowledging shared goals and values, both the researcher and the community benefited from the process. The researcher benefited from the expertise of the community members and their buy-in throughout the study process. This helped ensure that the research was locally-relevant and addressing true community challenges (Hacker 2013). Furthermore, community involvement helped ensure that participants could be recruited. On the other hand, the community also benefited from the researcher's commitment working with them in addressing the education needs of families of trans young people in the community through the education programme which we developed as part of the study. Their involvement also meant that any education intervention introduced to the community was something that they desired and would work within the specific community setting (Wallerstein & Duran 2010).

Furthermore, the principles of commitment and sustainability were paramount in the study. The researcher was dedicated to addressing the community research problem and the community was committed to using the research findings to implement change. It was not the purpose of the research to engage with the community simply in order to meet the research aim, it was also imperative to do this in a *sustainable* way. For these reasons, considerations regarding what would happen upon completion of the study were of deep consideration (see Chapter 8 for more details).

Complementary to a transformative approach, a CBPR approach focuses on using the most appropriate study design to address social issues whilst including community members throughout the research process (Mertens 2015, Coughlin *et al.* 2017). It is proposed that the design and methods should be guided by the specific community setting, the partnerships between the researcher and the community, and the research aim (Israel *et al.* 2013). The

principles also recognise that the research process of CBPR is cyclical and iterative, often moving back and forth between the various stages.

Studies informed by CBPR exist along a continuum of engagement (Coughlin & Wonsuk 2017). Some studies may engage community partners as equal partners in the research process with responsibility for research tasks, such as data collection and dissemination, while others may embed the research within the community, while the academic researcher maintains control over the research process. Within the approach adopted for this study, input from the community partners was sought throughout the research process, including specifying the research aim, developing data collection instruments, and reviewing findings. Furthermore, the community partners were involved in many stages of the research process, including data collection and helping to share the research findings. While the community partners were highly engaged, the researcher maintained primary control over research decisions. That is to say, the partners advised and helped the researcher, but the researcher was the one ultimately responsible for driving the research forward and making decisions. Throughout the study, the ongoing maintenance and assessment of CBPR partnerships was essential for continued success. A partnership approach can raise challenges around balance – the balance between the needs of the researcher and the aim of the research, and the needs of the community which need to be addressed. The way in which partnerships were developed, maintained, and needs balanced is discussed further in Chapter 8.

3.3.4 Partnerships and gatekeepers

During the course of the study, partnerships were developed with two trans organisations. The process of establishing and maintaining these partnerships is described in Chapter 8. The first partnership was with Transgender Equality Network Ireland (TENI). TENI is an Irish non-profit organisation which supports trans people and their families. The organisation runs a support group for families and siblings of trans young people called 'TransParenCI' and a trans youth support group called 'TransFormers'. The primary contacts in TENI included the Health and Education Manager and the Family Support and Education Officer. The second partnership organisation was BeLonG To Youth Service. BeLonG To is the national organisation for LGBT young people aged 14 to 23 years, which runs the trans youth support group called 'IndividualiTy'. The primary contact in BeLonG To was a youth worker.

Both TENI and BeLonG To acted as partners throughout the study process, supporting the study in various ways. First, the professionals in these organisations acted as participants in Phases 1 and 2. Second, the professionals acted as gatekeepers to people within their support groups, including families in the TransParenCI support group and young people in both the TransFormers and IndividualiTy support groups. Both organisations also provided their official endorsement of the research. Throughout the report, these organisations are referred to as 'partner organisations' or 'study partners'.

3.4 Theoretical approaches

In this section, the theoretical approaches which informed the current study are discussed. First, the gender affirmative theory and model is presented. Second, theories and approaches related to family education, adult learning and curriculum design are presented.

3.4.1 Gender affirmative theory and model

The researcher's belief system is reflected in the gender affirmative theory and model (Hidalgo *et al.* 2013, Edwards-Leeper *et al.* 2016). This theory and model is situated within the mental health domain and is a relatively new approach to understanding gender variant children and its development is ongoing (Menvielle & Hill 2010). The basis of the approach is that gender may be fluid and diverse, that gender development is complex, and that this is a natural, not pathological, phenomenon. Reflecting this approach, the researcher believes that trans identities and expression are a natural part of gender variance. While the researcher recognises that trans identities may cause difficult feelings within some people, she does not believe a trans identity is something that needs to be 'fixed' in order to address those feelings. Similarly within the gender affirmative approach, there is no need to attempt to convert or change a trans or gender variant child or young person, as there is nothing viewed as inherently 'fixable' as regards their gender identity (Edwards-Leeper *et al.* 2016). In addition, as gender identity and expression are viewed as fluid and changing, there is no requirement for a one-size-fits-all approach to gender expression or transitioning.

The gender affirmative approach is in contrast to the historically prevalent approach of gender conversion or 'normalising' therapy, which suggests that being trans or gender variant is a disorder which must be treated at the

individual level through intervention (American Psychiatric Association (APA) 2000b). Gender conversion or 'normalising therapy' is an approach to therapy in which practitioners attempt to 'change' the patient's gender identity and/or expression in order to become more in line with the sex assigned at birth; authors emphasise that this approach has been shown to be unsuccessful, particularly in the long-term. The use of gender conversion therapy is discouraged and no longer considered ethical, as it may impact negatively on the psychological wellbeing of children and young people (American Academy of Pediatrics Committee on Adolescence 1993, Boenke 1999, American Psychiatric Association (APA) 2000b, Rosenberg 2002, Yunger *et al.* 2004, Bryant 2006, Anton 2010, Hill *et al.* 2010, Coleman *et al.* 2011, Hidalgo *et al.* 2013).

Gender conversion therapy stands in stark contrast to the gender affirmative theory and model in which the voice of the child is central (Hidalgo *et al.* 2013). The child is presumed to be capable, free and able to understand and assert their identity and it is the job of others, including healthcare professionals, to affirm and support that child and help them to express that information to their family. In terms of family, this theory and model incorporates the child or young person's gender identity within a wider social system and encourages the inclusion of all of these elements in the treatment approach (Ehrensaft 2011a, Edwards-Leeper *et al.* 2016). The underlying basis for this approach is the belief that by affirming and supporting their trans family member, families and parents can promote healthy adjustment and improved "gender health" defined as:

"...A child's opportunity to live in the gender that feels most real or comfortable to that child and to express that gender with freedom from restriction, aspersion, or rejection. Children not allowed these freedoms by agents within their developmental systems (e.g., family, peers, school) are at later risk for developing a downward cascade of psychosocial adversities..." (Hidalgo et al. 2013: p.286).

The gender affirmative theory and model in practice

The gender affirmative theory and model has been gaining traction in a number of arenas and has demonstrated itself to be the most current and inclusive understanding of trans young people and their families to date. Parents in some studies have been shown to adopt a gender affirmative approach towards their trans family member (Menvielle & Hill 2010, Kusalanka *et al.* 2014, Gray *et al.* 2016, Pyne 2016), and a number of books have been written for families based on this approach (Brill & Pepper 2008, Ehrensaft 2011b, Brill & Kenney 2016).

The approach has also been used in at least two explicitly gender affirmative interventions with trans young people and their families both located in the USA (Menvielle & Hill 2010, Chen *et al.* 2016). Both programmes aim to help parents and families to support their gender diverse family member. Similarly, the researcher believes that families should be encouraged to support their child's gender identity. However, she also believes it is important to 'meet families where they are at' and to allow them to feel how they feel (whether this is acceptance, loss, shock, happiness, pride or grief).

The World Professional Association for Transgender Health (WPATH), the leading international organisation for trans health, recommends a gender affirmative approach to mental health professionals, urging them to take a supportive stance towards families encouraging them to seek their own support, to make difficult decisions to support their child, and to become advocates for their child (Coleman *et al.* 2011). Other authors encourage mental healthcare practitioners to apply a gender affirmative approach in their practice by providing individualised, inclusive, and holistic care that involves families and helps them to understand their experiences (Rosenberg 2002, Lev 2004, Ehrensaft 2011b, Malpas 2011, Edwards-Leeper *et al.* 2016).

Evidence for and challenges to the gender affirmative theory and model

While theoretical in nature, this approach is not solely a theoretical positioning. As noted in the introduction in Chapter 1, social support, particularly familial relationships, have been identified as one of the dominant factors influencing trans young people's health, wellbeing, and mental health, with family support and acceptance shown to impact positively on the trans young person (Ryan *et al.* 2010). While the gender affirmative theory and model has evidence to support its positive impact, it is not without its challenges. The primary concern is that evidence is only recently emerging about the positive impact of family support on trans young people and there are some research questions remaining to be addressed (Hidalgo *et al.* 2013). For instance, it may be important to examine the impact on a child or young person of expressing in one gender and then 're-transitioning' back to their original gender identity (Hidalgo *et al.* 2013).

To date, no published evidence of the gender affirmative theory and model being applied in a purely educational context has been identified. While the therapeutic interventions highlighted in Chapter 2 are described as providing some elements of information giving and educational support, this is not described as a comprehensive approach to education. For this reason, the

study offers a novel context in which to apply and assess the underlying principles of the gender affirmative theory and model.

3.4.2 Family education, adult learning theory, curriculum design, and approaches to learning

Theoretical underpinnings of family education

Both the family systems theory (Kerr 1981) and the ecological systems theory (Bronfenbrenner 1977), also called human ecology theory, provide a theoretical lens through which to understand education in the context of the family. Both of these theories move the scope of focus beyond the individual to relationships within the family, and between the family and wider social systems. These theories allow for the recognition of the importance of interaction within the family unit and between members of the family unit and the wider system. The family systems theory, developed by Dr Murray Bowen, is a theory of human behaviour which views the family as a unit and employs systems theory to describe the interactions within the family unit (Bowen 1976, 1993). Bowen proposed eight, interconnected concepts which explain family interactions, including:

- triangles (a stable three-person relationship);
- differentiation of self (an individual's susceptibility to varying levels of group pressure);
- nuclear family emotional system (four basic emotional patterns within families);
- family projection process (the way a parent can transmit an emotional problem to a child);
- multigenerational transition process (the intergenerational culmination of an individual family member's differentiation of self);
- emotional cutoff (solving problems by emotionally cutting off family members);
- sibling position (the way in which sibling position explains behaviour); and
- societal emotional process (recognising the impact of the social world on the family emotional process) (Kerr 1981).

Rather than drawing on the specific aspects of each of these concepts, an education programme informed by this theory recognises the more general importance of relationships within the family. Duncan and Goddard (2016), who

are both family educators, highlight how the key principles of Bowen's theory impact on education within the family. They suggest that education informed by the family systems theory recognises that although each family member is independent, the family unit has a powerful effect on each individual member. They also assert that family systems are the result of input from all family members and their interactions. Informed by this theory, it was important to target the education programme towards as many members of the family as possible, as Bowen suggests that a change in one family member can create a cascading effect within the whole family unit (Kerr 2000). Therefore, any family member who was interested in participating in the education programme was invited to do so, with the hope that their engagement might lead to the desired cascading effect within the wider family.

The ecological systems theory, developed by Bronfenbrenner (1979) proposes the existence of various systems, with each level of the system nested within the level above it. He describes five systems including:

- microsystem (individual);
- mesosystem (relationships between settings in which the individual is an active participant);
- exosystem (interaction between settings in which the individual is not an active participant);
- macrosystem (overall culture and society in which the individual lives);
- and
- chronosystem (temporal context in which the individual lives) (Bronfenbrenner 1979, 2005).

Duncan and Goddard (2016) suggest that a family education programme informed by human ecological theory may be targeted towards multiple settings within the person's ecosystem beyond the family, such as schools, healthcare, and the wider community. In light of this theory, it was important to consider how to address the multiple settings that exist in the lives of the trans person and their family, as the person and family do not exist in isolation, but within multiple systems. Therefore, the education programme design incorporated multiple elements of a trans person's living system, including their home, school, healthcare, and community (described further in Chapter 6).

Adult learning theory

Learning can be conceived of in various ways. For instance, the associative perspective suggests learning can be achieved by building information through a step-by-step process, while a constructive approach suggests that learning can be achieved through interactive personal exploration or through dialogue and collaboration with others (Mayes & de Freitas 2004). The situative perspective suggests that learning is achieved through practise within the community (Mayes & de Freitas 2004). Mezirow's (1991, 2000) transformative theory of adult learning suggests that learners achieve understanding by developing their own frames of reference, by learning new frames of reference, and by transforming their personal beliefs and points of view. Kolb's (2015) experiential learning theory expands the understanding of learning explicitly taking into account the way in which an individual learner's experience "*is transformed into learning and reliable knowledge*" (p.xxi). Kolb proposes a four-stage holistic learning cycle which includes concrete learning, reflective observation, abstract conceptualisation, and active experimentation in which the learner navigates how to apply learning to their own experiences. Such an approach may mitigate "*the vividness and emotion of experience with critical reflection*", allowing learners to infer reliable knowledge as a result of the effects of their actions (Kolb 2015: p.xxi). The researcher's own understanding of learning embraces all of these perspectives. This is in keeping with Mayes and de Freitas (2004) contention that on their own, any individual learning theory is incomplete. They go on to suggest that, in fact, it makes greater sense to see each perspective as complementary, rather than competing. Similarly, Merriam (2001) notes that:

"We have no single answer, no one theory or model of adult learning that explains all that we know about adult learners, the various contexts where learning takes place, and the process of learning itself" (p.3).

Curriculum design

It was important to find a curriculum model which was flexible enough to encompass and reflect the various theories of learning in order to create an effective environment in which learning could take place. For the purpose of this programme, a learner-centred, outcomes-based model was employed. There is some suggestion in the literature that outcomes-based or product model designs and learner-centred or process model designs are at odds with each other (Beetham 2013, O'Neill 2015). Outcomes-based curriculum design is

driven by learning outcomes, while learner-centred curriculum design (Lea *et al.* 2003, Kember 2009) “*begins with the different aspirations, preferences and resources that learners bring to a task*” (Beetham 2013: p.36).

While these models are described as being mutually exclusive, Huntley-Moore and Panter (2015) espouse a curriculum design model incorporating both a learner-centred and outcomes-based approach. The strength of this model is that the curriculum design process commences by exploring the characteristics of the learner and their needs. On that basis, the learning outcomes are identified, thus, providing the organising principle for decisions about content selection, teaching and learning methods, and assessment. This arrangement of elements within the curriculum design process is known as constructive alignment. Biggs and Tang (2011) describe constructive alignment as the process of specifying learning outcomes and choosing the teaching and learning methods most likely to encourage attainment of these outcomes. In addition, it requires identifying assessment tasks that are most likely to encourage learners to demonstrate their achievement of these learning outcomes. Thus, the learning outcomes, teaching and learning methods, and assessment are all in alignment.

Approaches to learning

Adults may take either a deep or surface approach to learning (Marton & Säljö 1976, Entwistle 1991, Lublin 2003). The approach they take may be influenced by their previous experiences of education, how they perceive the demands of each new educational experience they encounter, and their motivations for learning in a particular context. Surface approaches to learning are characterised by situations where the learner is the passive recipient of information (Marton & Säljö 1976). Learners are likely to follow closely the recommended course materials, with the primary learner goals of memorisation and information acquisition. A surface approach to learning may also be characterised by a fear of failure.

In contrast, deeper approaches to learning are often motivated by interest. In the context of this study, it was conjectured that learners would engage with the education programme due to their personal interest in learning about trans-related issues. Thus, it was likely they would take a deep, as opposed to a surface, approach to their own learning in this context (Lublin 2003). In addition to intrinsic motivation, a deep approach to learning is also characterised by the

learner's more active participation and engagement with the topic under study and with others in the learning process, with the intention of making sense of, interpreting, and applying this learning into a deeper understanding of the phenomenon (Marton & Säljö 1976). Active learning methods can promote higher order skills such as application (applying information to solve a problem), analysis (identifying the parts of information), synthesis (arranging information in an original way), and evaluation (appraising information) (Anderson & Krathwohl 2001).

It was important to ensure that a learning environment was created that encouraged participants to take a deep approach to their learning; that is, to create a learning environment that encouraged them to understand, apply and use the information in their own lives (Marton & Säljö 1976). A variety of strategies were undertaken in terms of curriculum development to encourage deeper learning, such as:

- using a constructivist approach to encourage active engagement;
- ensuring constructive alignment of learning outcomes, content and activities;
- pitching content at a level appropriate to learner needs;
- not overloading learners with too much content but allowing learners the opportunity to choose the information they access and the pace at which they access it;
- giving opportunities for further reading in the area; and
- wherever possible, incorporating real-world assessments (Gibbs 1992, Biggs 1999, Ramsden 2003, Meyers & Nulty 2009).

The application of these strategies to encourage deep learning is described further in Chapter 6.

The curriculum design was further strengthened by the application of Gagné's '9 External Events of Instruction' to inform the design (Gagné 1985, Gagné *et al.* 2005). As a behaviourist associated within the associationist/empiricist approach to learning, Gagné believed learning is the result of building information, concepts, and competencies through a step-by-step logical process (Mayes & de Freitas 2004). Scholars like Gagné encourage a bottom-up approach, where each domain of learning is broken into a hierarchy of smaller units and taught individually, building into a more comprehensive understanding of the phenomenon (Gagné 1985, Mayes & de Freitas 2013). Gagné suggested that there are different types of learning, which require

different types of instruction, and proposed a number of events that must occur for knowledge and understanding to be obtained (Gagné 1985, Gagné et al. 2005). The application of these events is discussed further in Chapter 6.

In addition to Gagné's events, the programme was bolstered by the application of 12 online learning principles proposed by Clark and Mayer (Clark & Mayer 2003, Mayer 2005, Clark & Mayer 2008). Mayer and Clark's principles encompass strategies for increasing the accessibility of online learning, detailing ways to help facilitate learning in an online learning environment. Their principles are situated within the cognitive perspective, which views learning as the result of an individual learner's cognitive processes, such as attention, memory, and concept formation (Clark & Mayer 2008). The incorporation of these principles within the programme design are detailed in Chapter 6.

Beyond ensuring the programme design encouraged cognitive learning, it was also important to ensure that the emotional needs of the learners were respected, recognised, and understood. Mortiboys (2012) proposed that learning is an emotional process as well as a cognitive one, and that an effective learning environment seeks to create a positive emotional climate for learning. In addition, it was important to consider how to facilitate transformation for learners, which may be encouraged by offering personally relatable content and providing opportunities for critical self-reflection (Mezirow 1991, 1994, Taylor 2007, Kitchenham 2008). In the context of this programme, a number of strategies were implemented to contribute to a positive emotional climate for learning and to help stimulate transformation, detailed further in Chapter 6.

3.5 Summary

In this chapter, the transformative paradigm informing the study was introduced. The centrality of ethics to the researcher's research approach was reflected in the paradigm, emphasising the need to incorporate principles of social justice throughout the study. The transformative methodological approach encourages the inclusion of community members throughout the research process, informing the selection of the guiding methodology of Community-Based Participatory Research (CBPR). CBPR has been defined as a collaborative partnership approach to working with and for a community with a focus on real world, sustainable solutions. Such partnerships allowed a means of developing trust, buy-in, and working '*with*' and '*for*' the community. Next, the gender affirmative theory and model was presented as most closely aligning with the

researcher's beliefs around gender identity, gender expression, and family. The approach provides a very compelling approach for a study related to trans young people and their families as it is the most evidence-based and current theory and model for working with trans young people and their families. Finally, a range of educational theories and approaches which underpinned the education programme design were introduced. It has been the aim of this chapter to present the philosophical, methodological, and theoretical approaches underlying the current study, while also making explicit and transparent the researcher's personal beliefs which have guided and impacted on these decisions. These approaches permeate the entire study, setting the scene for the next chapter, Chapter 4, on study design and methods.

Chapter 4. Study Design and Methods

4.1 Introduction

The research design of a study provides the practical blueprint for how the study is conducted, while the research methods describe the means through which the design was executed. This chapter presents details related to the study design and methods. The multiphase design is introduced and the justification for its use detailed. In addition, the research methods employed in each phase of this three-phase study and the rationale for their use are described. Next, an assessment of quality issues in the study is presented. The chapter concludes with a discussion of ethical considerations within the study.

4.2 Study design

This study aimed to explore and address the trans-related education needs of families of trans young people in the Republic of Ireland. The objectives were:

1. to identify the trans-related education needs of families of trans young people;
2. to design and develop an education programme for families of trans young people which takes these educational needs into account; and
3. to evaluate the education programme by assessing its impact and exploring families' experiences with it.

In order to address the aim and objectives, three phases were designed. Each phase was guided by a separate research aim, however, each phase also contributed to addressing the overarching research aim. The overall study aim and the aim of each study phase is presented in Figure 4.1.

A multiphase study design is one in which a researcher examines the research aim through a series of connected qualitative, quantitative or mixed methods approaches in which the findings from one phase build on and inform the next phase (Creswell & Plano Clark 2011). This type of design is described as particularly appropriate for research that develops and evaluates a programme, as in the current study (Creswell & Plano Clark 2011). The multiphase design for this study comprised three phases: Phase 1 Consultation; Phase 2 Design and Development of the Education Programme; and Phase 3 Evaluation of the Education Programme.

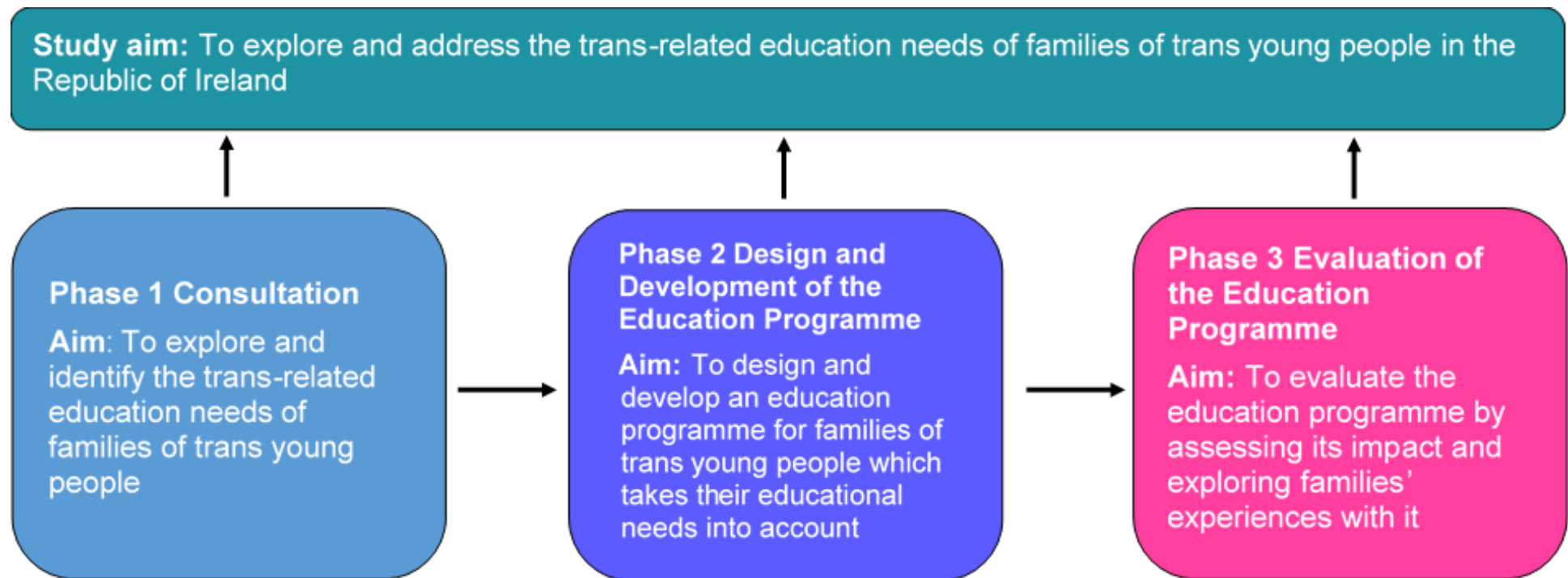


Figure 4.1 Overview of the multiphase study

4.3 Population and sampling

There is no known figure for the number of family members of trans young people in the Irish population. Furthermore, there are no centralised lists or records of family members of trans young people which could be drawn from for sampling. As this is the case, non-probability convenience sampling was used to recruit participants to the study. Non-probability convenience sampling is a non-random sampling strategy in which all participants who fit the inclusion criteria and who are willing and able to participate are invited to participate, e.g. they are voluntary, self-selected participants (Fink 2003). It is highlighted as a useful sampling strategy when working with hard-to-reach populations and in the evaluation of pilot programmes (Fink 2003, Cohen *et al.* 2011). In this study, all eligible participants were invited to participate in each aspect of the study through gatekeepers. The number of participants in each phase is detailed in Chapter 5 (Phase 1), Chapter 6 (Phase 2), and Chapter 7 (Phase 3). The recruitment strategy and inclusion criteria for the study are described in Section 4.5.

4.4 Overview of research methods used and phases

In addition to multiple phases, multiple and mixed methods were also used to address the study aim (Creswell & Plano Clark 2011). Multiple methods combine two (or more) qualitative approaches or two (or more) quantitative approaches, as compared to mixed methods, which explicitly use both qualitative and quantitative approaches. While quantitative research can allow for the measurement of the breadth of a topic, qualitative research can allow for an exploration of its depth (Morgan 2007). Mixed methods research is highlighted as an approach which permits the research to take advantage of the strengths of both quantitative and qualitative approaches, while also compensating for the weaknesses of each (Tashakkori & Teddlie 2003, Johnson & Onwuegbuzie 2004, Greene 2007, Teddlie & Tashakkori 2009, Creswell & Plano Clark 2011). The combination of multiple and mixed methods within this study enabled each of the aims of the multiphase study to be addressed. The methods are discussed in greater detail later in this chapter. A visual representation of each of the phases and the methods used in each phase is presented in Figure 4.2.

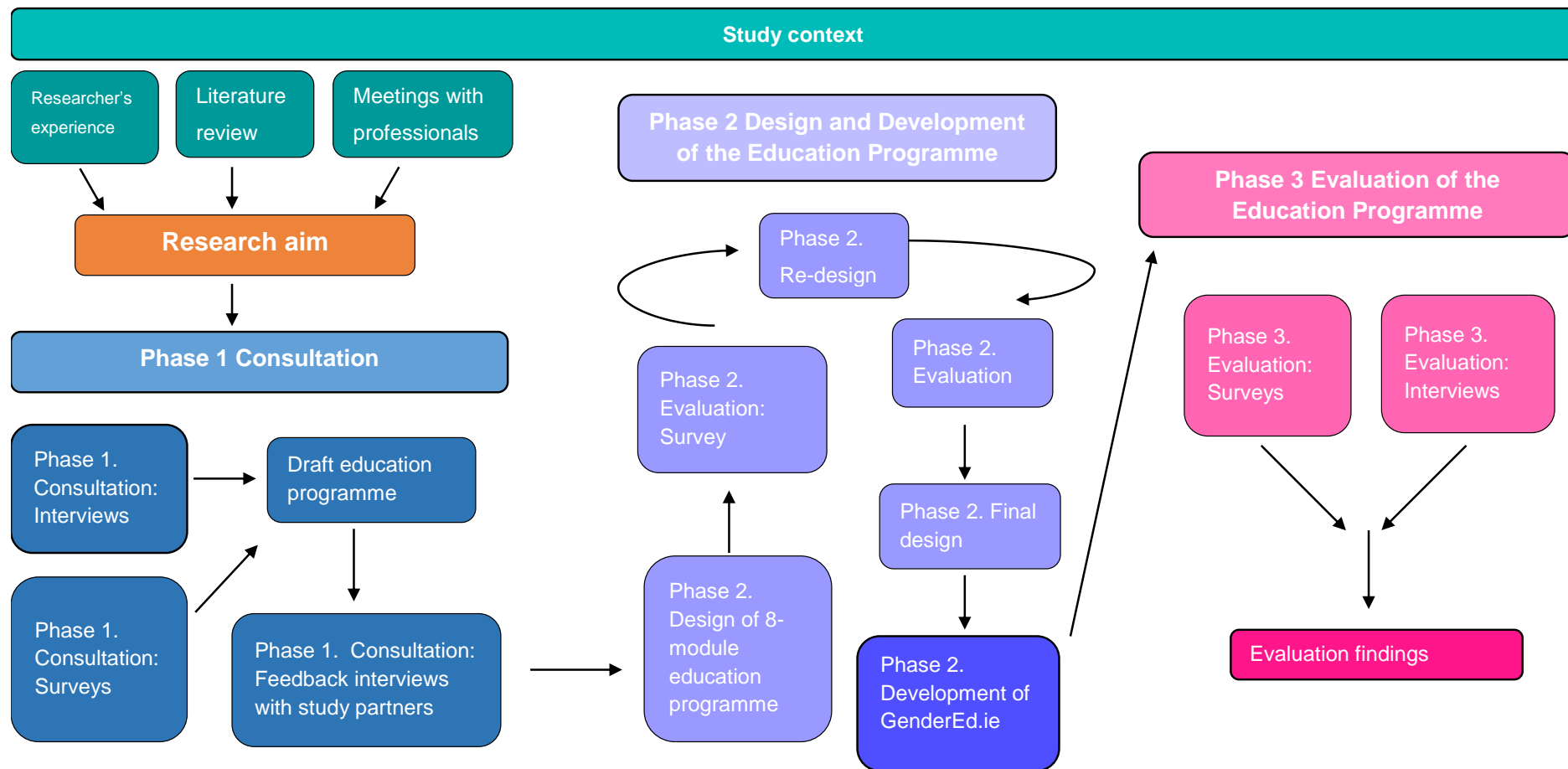


Figure 4.2 Summary of study phases

4.4.1 Phase 1 Consultation

The aim of the Phase 1 Consultation was to explore and identify the trans-related education needs of families of trans young people in the Republic of Ireland. This was done through a consultation process with the community consisting of professionals, family members of trans young people, and trans young people. The consultation process included both qualitative interviews and qualitative surveys. The consultation interviews aimed to explore participants' trans-related education needs and experiences, as well as their recommendations for an education programme. The qualitative consultation surveys were used to identify specific areas of concern for families of trans young people in the Republic of Ireland. All of the Phase 1 findings were used to inform the design and development of the education programme in Phase 2 as depicted in Figure 4.2. Findings from the Phase 1 Consultation are presented in Chapter 5 of this thesis.

4.4.2 Phase 2 Design and Development

Phase 2 focused on designing and developing the education programme to address the family education needs identified in the Phase 1 Consultation. It included a participatory evaluation of the programme design using qualitative surveys with educational specialists, professionals, family members of trans young people, and trans young people. Phase 2 culminated in the launch of an online education programme for families titled 'GenderEd.ie'. Findings from the Phase 2 Design and Development process are presented in Chapter 6 of this thesis.

4.4.3 Phase 3 Evaluation of the Education Programme

The final phase, Phase 3, aimed to evaluate the education programme using a mixed methods, convergent parallel design. A convergent parallel design, also known as a concurrent design, is the type of design in which qualitative and quantitative data are collected and analysed independently, then the results are compared and contrasted (Creswell 2014). This design was particularly appropriate for the evaluation phase as both the qualitative and quantitative strands answered separate, yet parallel, research aims, which contributed to addressing the overall evaluation aim. The quantitative strand assessed the extent of change in families' responses on a number of measures related to the education programme learning outcomes through quantitative surveys. While

the qualitative strand explored families' experiences with the programme and identified recommendations for improving the programme using qualitative interviews.

Creswell and Plano Clark (2011) suggest that the convergent parallel design is most appropriate when the researcher wishes to gain complementary but different data examining the same topic and "*develop a complete understanding by collecting both quantitative and qualitative data, because each provides a partial view*" (p.151). Data were collected concurrently (yet independently) and the results are first presented separately in Chapter 7 of this thesis. Next, the results were 'mixed' or merged to address the evaluation aim, highlighting where the quantitative and qualitative findings confirmed, expanded upon, or were discordant with the results of each other as discussed in Chapter 9 (Creswell & Plano Clark 2011, Fetters *et al.* 2013).

4.4.4 Descriptive qualitative approaches

Qualitative research produces data from open-ended questions and was used throughout this research to explore phenomena that could not be quantified, such as nuanced details about people's experiences, their opinions, and their recommendations (Creswell 2014). All qualitative aspects of the study were informed by a descriptive qualitative approach which represents the findings closely through participants' own language by using supporting quotations (Sandelowski 2000, Neergaard *et al.* 2009). This type of approach was particularly useful for this study as it enabled the exploration of participants' educational experiences and needs (Phase 1), their views on the education programme design (Phase 2), and family members' experiences with the education programme (Phase 3). Within these approaches, the concern centres around "*discovering the who, what and where*" of participant experiences, as compared to generating theory (grounded theory), interpreting participant experiences (phenomenological) or providing thick description (ethnography) (Sandelowski 2000: p.338).

Descriptive qualitative research has been critiqued as not requiring interpretation of the data, however, any thorough analysis of data requires some level of interpretation on the part of the researcher (Sandelowski 2009). Furthermore, it has been suggested that the approach lacks philosophical and theoretical underpinnings, as it is not driven by any particular approach. Sandelowski (2009) asserts, however, that rather than being theory- or

philosophy-less, descriptive qualitative research is flexible and may align with various theories or philosophies. While the research may be informed by such theories or philosophies, the aim of descriptive qualitative research is to produce findings which are close to the data, represented by participants' experiences and voices, ideal for a study informed by a transformative approach.

Qualitative interviews

Within the current study, qualitative, in-depth, semi-structured interviews were used in the Phase 1 Consultation and Phase 3 Evaluation identified in Figure 4.2 (Cohen *et al.* 2011, Rubin & Rubin 2012). This type of interview is particularly appropriate for topics in which the researcher is cognisant that they do not know certain aspects of a topic, yet has enough knowledge to frame appropriate questions to generate the required information, as was the case in the current study. Within this study, the researcher had some knowledge in the area of education for families of trans young people that was generated from preliminary meetings with professionals, a cursory review of the literature, and previous research experience in the area. Thus, the researcher was able to frame appropriate questions in order to address the research aim and objectives. Furthermore, these types of interviews were ideal as they allowed the participants' space to direct the interview to topics of their concern, while also ensuring the research aim of the phase was met.

In Phase 1, the aim of the interviews was to explore and identify participants' trans-related education needs and experiences. The qualitative, in-depth, semi-structured interviews allowed for an in-depth exploration of participants' education experiences and needs in relation to trans issues, encouraging participants to discuss their individual experiences. The findings were used to inform the design of the education programme in Phase 2. In Phase 3, the interviews aimed to explore participants' experiences with the education programme. The interviews allowed a means for participants to discuss their experiences in-depth, including their views on how to improve the education programme.

Development of interview guides

Within a semi-structured interview, key topic areas and questions are identified in advance of the interview, ensuring the interviewer addresses similar issues within all of the interviews (Cohen *et al.* 2011). In the Phase 1 Consultation, the

interview guide was developed based on the aim of the phase, as well as the results from the literature review and initial meetings with professionals in the partner organisations. Individual interview guides were developed for each of the groups of participants: professionals, family members, and trans young people (Appendix 7). A fourth interview guide was also developed for a participant who was both a professional and a family member of a trans young person. While each interview guide was slightly different in its wording and focus depending on the participant group, each had several key areas in common including: family experiences and responses to learning a family member is trans; impact of level of trans-related knowledge on families' experience; education needs of families; and recommendations for education.

Similarly, in the Phase 3 Evaluation interviews, the interview guide was developed to address the aim of the interviews and included a number of key areas, such as:

- level of engagement with the programme;
- views on the accessibility and usability of the website, website design, and programme content;
- opinions about the tone of the programme;
- perception of the impact of the programme on knowledge and skills, attitudes and views on gender identity, and its applicability for the participant's life;
- views on additional supports required for families of trans young people; and
- recommendations for changes to the education programme.

A copy of the Phase 3 Evaluation interview guide is available in Appendix 22.

Conducting the interview

The interviews were guided by the process of 'responsive interviewing' developed by Rubin and Rubin (2012), which is characterised as a friendly, conversational, flexible, and reciprocal approach. Rubin and Rubin describe this type of semi-structured interview as an "*extended conversation*", which allows the interviewer to elicit detail, depth, vividness, and nuance in participant responses (p.31). This type of interviewing also aligns with the partnership aspect of CBPR as in responsive interviewing, participants are characterised as "*partners*" in the interview process rather than "*objects*" of the interview (p.xv). All participants were sent an invitation letter (Appendices 4 and 19) and

participant information leaflet (Appendices 5 and 20) prior to the interview. Interviews were conducted at a place of convenience for the participant at a previously agreed upon date and time. The interview process itself was flexible, but often followed the general stages of:

- greeting the participant at the interview location and informally chatting;
- explaining the overall PhD study, the researcher's background, and the purpose of the interview;
- discussing the participant information leaflet and informed consent form (available in Appendices 5, 6, 20, and 21);
- allowing a space for any questions;
- asking the participant some "*easy questions*" to ease into the interview and showing empathy to build rapport;
- asking the more difficult questions, including questions on sensitive topics;
- "*toning down the emotional level*" by asking less sensitive questions and giving the participant space to ask questions; and
- concluding the interview while maintaining a rapport with the participant (p.107-112).

Three primary types of questions were used during the interviews: main questions, probes, and follow-up questions (Rubin & Rubin 2012). The main questions were those guided by the research aim, while the probes helped elicit additional details from the participants. The follow-up questions were used to explore ideas and topics that arose during the interview. As the interviews were semi-structured, it was not required to follow the interview guide in a certain sequence, which allowed the conversation to flow more naturally. The researcher was cognisant of the challenges that this may bring, including the risk that potentially important topics may be overlooked or that even minor changes in wording to an interview question may dramatically alter a participant's response from one interview to the next. These challenges were overcome by using probes and follow-up questions to ensure the intended question was answered in order to allow similar data to be collected from all participants in order to meet the research aim (Cohen *et al.* 2011). Once the interview concluded, the researcher made reflections in a reflexivity journal, including any notes, memos or observations about the experience (Kvale & Brinkmann 2009, Rubin & Rubin 2012). The researcher also contacted participants after the interviews to thank them for taking the time to participate in the interview and sharing their experiences.

Telephone interviews

The Phase 3 Evaluation interviews were conducted by telephone. By this final phase, telephone interviews were most practical due to time constraints related to the study timeline and in order to reduce the burden on the participant (McCoyd & Kerson 2006). In a telephone interview, participants were only asked to commit to speaking with the researcher briefly on the phone from a place of their choice, comfort, and convenience. It did not require them meeting somewhere or welcoming the researcher into their home, which often requires significant effort, coordination, and travel. As opt-in rates were relatively low by this stage and participant research fatigue was a concern, it was important to ensure that participating in the study was as easy and low effort for participants as possible (see Chapter 8 for more details).

Telephone interviews have been critiqued as not facilitating the collection of high quality data, with a perception that they may restrict the opportunity for in-depth probing and follow-up and result in the loss of non-verbal data (Novick 2008). While this was a concern, it was attempted to overcome it by establishing rapport with participants by making initial contact prior to the telephone interview itself in order to arrange the interview and using probes and follow-up questions (Burke & Miller 2001, Carr & Worth 2001). Furthermore, the researcher had previously used telephone interviews in the evaluation of programmes in the areas of sexual health promotion (Higgins *et al.* 2013) and mental health (Doyle *et al.* 2012). From these experiences, it was learned that telephone interviews were appropriate for evaluating participants' experiences of a programme and enabled the collection of high quality data on a specific topic.

Analysis of qualitative interview data

Within a qualitative descriptive approach, it was essential to identify a means for analysis that was linked closely to participants' voices and experiences. Thematic analysis, characterised as a method for identifying, analysing, and reporting themes that emerge from the data, was used to analyse the interview data (Aronson 1995, Boyatzis 1998, Braun & Clarke 2006, Creswell 2009). Analysis was guided by Braun and Clarke's (2006) approach, which was particularly useful as it offers practical and clear guidance for conducting thematic analysis within a context in which thematic analysis has been characterised as "*poorly demarcated*" (p.77). Specifically, inductive, semantic, thematic analysis of the data was conducted, meaning that participants' responses were taken at face value and the themes were allowed to emerge

directly from the data (Braun & Clarke 2006). This is in contrast to deductive or latent analysis in which the researcher analyses the data from a theoretical perspective or seeks to uncover the underlying meaning of what a participant has said. This approach enabled the analysis to be data-driven, focusing on what the participants said, providing answers to the research questions. This type of analysis goes beyond simply reporting the participants' responses to each interview question, but involves a level of interpretation and an attempt to theorise about the meaning and broader significance of the findings. Thematic analysis was appropriate for this study as it offered a flexible approach, not rooted in any particular theoretical or philosophical framework.

Braun and Clarke (2006) propose a six-step process for thematic data analysis which was used to guide the qualitative data analysis process. While providing clear steps, the authors provide the important caveat that analysis is often more iterative than linear. The first step involves the researcher immersing herself in the data. During this step, each audio file was transcribed verbatim. Next, the researcher read and re-read these transcripts. The following step involved identifying overarching initial codes. During the re-reading of the transcripts, a manual process of generating the initial codes was conducted in which highlighters and coloured pens were used to mark transcripts, identify potential codes and potential patterns (Boyatzis 1998). Next, all transcripts were uploaded to NVivo 8 (QSR International Pty Ltd. 2010) and a set of higher level codes were generated. Themes began to be built by identifying potential relationships between the codes. The next two steps involved revising, defining, refining, and naming themes. This was a very iterative process, which often involved collapsing themes or separating sub-themes from main themes. This process resulted in the development of themes. The final step involved writing up the results and reporting the findings of the analysis.

Throughout the analysis, it was very important to ensure “*good thematic analysis*”, including: accurate transcription; full coding; clear and consistent themes; substantiated claims; and a clear rationale for and description of the use of thematic analysis (Braun & Clarke 2006: p.79). For these reasons, it was important not to simply describe the findings, but to go beyond this to present clear and compelling arguments in relation to the research aim. All of the interview findings for this study are presented in Chapters 5 and 7. Findings are presented by themes and relevant quotations from the participants are used as evidence in each theme.

Qualitative surveys

Qualitative survey methods were used to gather data in Phases 1 and 2 of the study as shown in Figure 4.2. Qualitative surveys collect qualitative data from open-ended questions, rather than quantitative data from closed-ended questions. Qualitative surveys were particularly appropriate for the current study as they are useful for surveying small groups of people to learn about their experiences, needs, and views on a specific topic (Fink 2003, Neuman 2011). During the Phase 1 Consultation, qualitative surveys were used to identify areas of concern for families of trans young people. Data were collected from two groups, including family members of trans young people and trans young people. The areas of concern identified in the surveys were then used to inform the education programme design and content.

Qualitative surveys were also employed to evaluate participants' views on the draft education programme module design in Phase 2. Data were collected from four groups, including educational specialists, professionals, family members of trans young people, and trans young people. The findings from the qualitative surveys were used to redesign the education programme.

This type of survey was particularly appropriate for these aspects of Phases 1 and 2, as the sampling groups were small and targeted. While the qualitative surveys did not allow for additional probing or clarification of responses, each participant was enabled to explain their response by writing in further information. Furthermore, the qualitative surveys allowed for a very focused questioning that may not have been suitable or worthwhile to address in a different setting, such as a focus group or individual interview (Fink 2003). Fink (2003) describes how *“‘depth and uniqueness’ rather than breadth and representation should be a qualitative survey motto”* (p.68).

Qualitative survey design

Two versions of the Phase 1 Consultation survey were developed: one for families and one for trans young people. The family survey had four questions (one closed-ended and three open-ended) asking about the participant's family relationship to a trans person and any concerns the participant might have in relation to their trans family member. The trans young person's survey had three questions (two closed-ended and one open-ended) asking about the participants' age, gender identity, and their concerns related to their family. Copies of the consultation surveys are available in Appendix 10.

Four versions of the Phase 2 module evaluation survey were developed for each of the four participant groups (see Appendix 15). Each evaluation form was accompanied by an 'Instructions for reviewers' form (Appendix 14). The surveys included both closed-ended and open-ended questions and asked participants their views on various areas related to the module design. All evaluation forms also had a space for participants to write-in additional comments. The questions included on the evaluation forms were generated from the module design literature (Gagné et al. 2005, Huntley-Moore & Panter 2015). Advice from an educational specialist was also sought to guide the development of the evaluation survey.

Qualitative survey data collection

All participants in the qualitative surveys were provided with participant invitation letters (Appendices 8 and 12) and participant information leaflets (9 and 13). All surveys were available in both hard copy and electronic format on SurveyMonkey (2017).

Analysis of qualitative survey data

In order to determine the needs of families of trans young people, the qualitative survey data in Phase 1 were analysed using thematic content analysis, which involves coding the meaning of the text into themes which then may be quantified (Fink 2003, Kvale & Brinkmann 2009, Vaismoradio *et al.* 2013). A similar process to the one described above for inductive, semantic thematic analysis of the qualitative interviews was followed (Braun & Clarke 2006). This allowed for the identification of the themes which arose most frequently within the Phase 1 qualitative survey text. In Phase 2, the qualitative survey responses were analysed individually; this process is discussed in full in Chapter 6.

4.4.5 Descriptive quantitative survey

The aim of the Phase 3 Evaluation survey was to assess the extent of change over time in family members' responses on a number of measures related to the education programme goals and learning outcomes (Neuman 2011). A descriptive survey design was most appropriate as the survey aimed to assess a single group of participants (family members who completed the education programme) through a pre-test, post-test, and 3-month follow-up design

(Creswell 2014). Furthermore, an experimental design was not feasible as there was no control group available (Vanderstoep & Johnston 2009). Specifically, the objectives were to examine the extent of change in participants from immediately before the education programme to directly after completing the programme, and then three months after completing the programme, on the following measures:

1. understanding of basic information related to being a family member of a trans person and having a trans family member;
2. the ability to reflect on their own and family's experiences;
3. the ability to communicate within the family about being/having a trans family member;
4. the ability to address any individual or family-member specific challenges; and
5. the level of agreement with statements about gender identity.

A cross-sectional longitudinal descriptive design was used to measure changes within participants' responses at three time points: before completing the education programme (pre-survey); immediately after completing the education programme (post-survey); and three-months after completing the education programme (three-month follow-up) (Fink 2003, Vanderstoep & Johnston 2009, Cohen *et al.* 2011). This type of design permitted the measurement of the impact of the education programme on participants, as well as maintenance of any changes over time.

Designing the quantitative survey

In order to develop the evaluation survey, the programme goals and individual learning outcomes for each module were collated. A number of measures were considered in order to assess the extent to which participants met these goals and outcomes. It was particularly important to ensure that the survey measures addressed the aim of the survey, while not being an undue burden to participants. In addition, the professionals in the partner organisations indicated that the participants in their support groups were beginning to show signs of research fatigue and low rates of participation in other research studies (discussed further in Chapter 8). Therefore, it was important to consider how to develop a concise, yet comprehensive survey. Furthermore, as this was the final phase of the study, time constraints were a consideration as it was essential to complete data collection within the study's three-year timeframe. For this

reason, as many previously validated instruments as possible were employed. The final evaluation survey had six sections. Each section (excluding sections one and six) addressed one of the education programme's learning outcomes, as outlined in Table 4.1.

Programme goals <i>On successful achievement of this programme, you should be able to:</i>	Survey section	Measure used
N/A	Section 1: Information about you	Demographic questions
Identify and discuss key issues related to: 1. your trans family member and 2. being a family member of a trans person	Section 2: Self-rated knowledge on trans topics	Measure knowledge on trans topics using 5-point Likert scale
Reflect on your own and your family's experiences	Section 3: Statements on self-reflection and insight	The Self-Reflection and Insight Scale (Grant <i>et al.</i> 2002)
Communicate within the family about issues related to being/having a trans family member; Address any challenges yourself, your family, or your trans family member may be facing	Section 4: Statements on family communication and problem-solving	The family problem solving and communication sub-scales of the McMaster Family Assessment Device (Epstein <i>et al.</i> 1983)
Know where to access additional supports and further resources	Section 5: Statements on individual problem-solving	The Generalised Self-Efficacy scale (Schwarzer & Jerusalem 1995)
N/A	Section 6: Statements on gender identity	Statements developed from the gender affirmative theory and model by Hildalgo <i>et al.</i> (2013)

Table 4.1 Education programme learning outcomes mapped to survey section and measures used

Section one asked family member participants five questions about themselves, including their email address, relationship to their trans family member, year of birth and gender identity of their trans family member, and length of time since they learned their family member was trans. Participants were informed that their email address would not be shared with anyone and was only being requested in order to link their surveys across time points and in order to email the follow-up surveys.

In section two, participants were asked to rate their knowledge on 14 trans-related topics in order to assess whether the programme had any impact on their knowledge. These topics were generated from the learning outcomes and content of each module.

In section three, participants were asked to complete the 20-item Self-Reflection and Insight Scale (SRIS) in order to assess whether the programme had any impact on their levels of self-reflection and insight (Grant *et al.* 2002). Reflection was defined for participants as “*the inspection and evaluation of one's thoughts, feelings and behaviour*” and insight as “*the clarity of understanding of one's thoughts, feelings and behaviour*” (Grant *et al.* 2002: p.821). Each item was scored from one ‘strongly disagree’ to five ‘strongly agree’. Negatively worded items were recoded. Composite scores could range from 20 to 100. The scale comprised three sub-scales, including engaging in self-reflection (six items), need for self-reflection (six items), and insight (eight items).

Section four asked participants to complete the five-item family problem-solving and six-item family communication sub-scales of the McMaster Family Assessment Device in order to examine whether there were any changes in family problem-solving and family communication in relation to their trans family member (Epstein *et al.* 1983). Each item was scored from one ‘strongly disagree’ to four ‘strongly agree’, and divided by the total number of items in the scale. Scores on the family problem-solving sub-scale ranged from five to 20 and scores on the family communication sub-scale ranged from six to 24, with higher scores indicating more problematic family functioning.

In section five, participants were asked to complete the 10-item Generalised Self-Efficacy scale in order to examine the participant’s ability to solve problems and manage adversity in relation to their trans family member (Schwarzer & Jerusalem 1995). Each item was scored as one ‘not at all true’, two ‘hardly true’, three ‘moderately true’, or four ‘exactly true’. Composite scores could range from 10 to 40.

Section six asked participants their level of agreement and disagreement with a series of 12 statements based on the gender affirmative theory and model, which were derived from the five premises of the gender affirmative theory and model proposed by Hidalgo *et al.* (2013). As the programme was informed by the gender affirmative theory and model, it was of relevance to determine whether the programme had any impact on participants’ views of gender identity. Items were scored from one ‘strongly disagree’ to five ‘strongly agree’. Negatively worded items were reverse coded.

The post-education programme survey did not repeat the section one background information questions. However, it included an additional five questions. First, participants were asked to rate the overall usefulness of the

education programme on a scale of zero ('not at all useful') to 10 ('extremely useful'). Next, they were asked whether they would recommend the online education programme to another family member of a trans young person (yes, maybe, no). The next three questions asked: how much of the online education programme they completed (all, some, none); how many of activities they completed (all, some, none); and whether they kept a journal as a part of the education programme (yes, no, other). The three-month follow-up survey was exactly the same as the pre-education programme survey; however, it did not repeat the background information section.

The validity and reliability of the scales employed in the survey is discussed in Section 4.7.2. A copy of the evaluation survey is available in Appendix 18.

Quantitative survey data collection

Family member participants could access the survey either through the education programme website (www.GenderEd.ie) or directly through the SurveyMonkey link. An invitation letter and participant information sheet preceded the online survey (Appendices 16 and 17). Participants were advised to contact the researcher directly with any questions or in order to obtain a hard copy of the survey. Upon completing the pre-education programme survey, participants were informed that they were being given three weeks to complete as much of the education programme, GenderEd.ie, as possible. They were advised that they should complete the post-survey as soon as possible after participating in the education programme. After the three-week window for completing education programme had passed, all participants who completed the pre-survey who had not yet completed the post-survey were sent email reminders inviting them to complete the post-survey. Two additional email reminders were sent.

Analysis of quantitative survey data

All data were transferred from SurveyMonkey (2017) into SPSS Statistics 24.0 (IBM Corp Released 2016). Before quantitative data analysis began, a codebook was developed in order to code and organise the data (Pallant 2013). For the pre-existing measures, the data was coded according to the instrument coding guidelines (Epstein *et al.* 1983, Schwarzer & Jerusalem 1995, Grant *et al.* 2002). Once the data were coded, the dataset was reviewed and cleaned to ensure that there were no errors. All missing values were coded as missing. No

cases which fit the inclusion criteria were excluded from analysis (see Chapter 7 for further details). Univariate statistics were calculated for each individual variable (Field 2009). For nominal/categorical and ordinal variables, these statistics included percentages and frequencies. For ordinal and scale/ratio-interval variables, these statistics included the mean (abbreviated as 'M'), standard deviation (abbreviated as 'SD'), and range. Overall scores were calculated using the SUM function.

Inferential testing was used to explore relationships between variables, including one-sample, independent, and paired-samples t-tests. Assumptions for parametric tests, including normality and outliers, were examined through multiple means, including visual inspections of histograms and boxplots, examining skewness and kurtosis, and the Shapiro-Wilk's tests of normality (Field 2009) (see Appendix 30 for more details). In some cases, one-sample t-tests were used to determine whether the study sample came from a population with a specific mean, requiring a continuous dependent variable and independent data (Field 2009). Even when assumptions were not fully met for the test, the t-test was calculated as it is permitted for outliers to remain untransformed in the analysis and the test is relatively robust to deviations in normality (Field 2009) (see Appendix 30).

Independent-samples t-tests were used to determine if there was a significant difference between the means of two independent groups (participants who learned their family member was trans within the past 12 months and participants who learned their family member was trans more than 12 months ago) on the scales included in the survey (Field 2009). When the assumptions were not met to run an independent-samples t-test, Mann-Whitney U tests were used as the nonparametric equivalent to determine if there were group differences between the two time points groups on the scales.

In addition, paired-samples t-tests were used to determine if the mean difference between the matched pairs in the pre-survey and post-survey were statistically significantly different than zero (Field 2009). When assumptions for a paired-samples t-test were not met, the non-parametric equivalent the Wilcoxon signed-rank test were used to determine whether there was a median difference between the matched pairs. When the assumption of symmetry in differences were not met to run a Wilcoxon signed-ranked test, a sign test was run to determine if there was a median difference between the paired values.

Significance levels were measured at 0.05 for all tests (Field 2009).

Quantitative findings are presented in text, tabular, and graphic form in Chapter 7.

4.4.6 Data integration

When using multiple and mixed methods, such as within the current study, the integration of data has the potential to make a positive impact on the quality of the research (Creswell & Plano Clark 2011, Fetters *et al.* 2013). At the level of study design, the current study relied on an advanced framework referred to as an intervention mixed methods (Fetters *et al.* 2013). Within the intervention mixed methods framework, qualitative data were collected to support the development of the intervention, with the primary focus on the mixed methods evaluation of the intervention. In terms of the methods within the study, data were integrated at various points. In Phase 1, qualitative interview and qualitative survey data were integrated through the process of merging in which findings from both approaches were together for analysis, comparing and contrasting, and reporting as presented in Chapter 5 (Fetters *et al.* 2013). In Phase 2, qualitative surveys collected data from four individual participant groups and all qualitative data were merged in a similar approach as outlined in Chapter 6. Phase 3 used a convergent, parallel design in order to collect quantitative survey data and qualitative interview data. Each dataset was first analysed separately and findings presented individually in Chapter 7. The point of integration was in Chapter 9 at which time the findings were integrated, merged, compared, and contrasted (Fetters *et al.* 2013).

4.5 Inclusion criteria and recruitment

In Phases 1 and 2 of the study, any adult family member (18 years of age or over) of a trans person living in the Republic of Ireland was invited to participate. In terms of the Phase 3 survey evaluation, this was limited to ensure that everyone who participated in the survey was in the target audience for the education programme, that is, adult family members of trans young people (17 years of age or younger) living in the Republic of Ireland. The Phase 3 evaluation interviews extended the inclusion criteria to include all participants who volunteered to be interviewed.

Any trans young person 14 years of age or over, who was a member of either the IndividualiTy or TransFormers youth support groups, was invited to participate in the various phases of data collection.

The professionals in the partner organisations acted as gatekeepers in all three of the study's phases. The professionals provided invitation letters and participant information leaflets to the members in their support groups and provided study information to participants through email and by verbal announcements at in-person meetings. The information leaflets detailed how to participate.

In the case of surveys, participants were invited to complete the surveys online or through a hard copy. All participants who were interested in participating in the interviews were asked to contact the researcher directly. Each potential participant who contacted the researcher was provided with further information about the study and the interview and answered any questions they had. If at that point the person agreed to proceed with the interview, a location, date, and a time for the interview was arranged.

A social media recruitment campaign was also used to promote and share information about the Phase 3 Evaluation, relying on viral sampling techniques (Palys & Atchinson 2012). These types of techniques have been identified as particularly useful in acquiring samples among potentially marginalised or hidden groups. Using these techniques, an advertisement was developed inviting families of trans young people to participate in the evaluation. The researcher shared this advertisement on social media networks through Facebook and Twitter with key people and organisations throughout the LGBT community in Ireland who were also asked to share the advertisement with their networks. Furthermore, a number of relevant organisations, including universities, Government departments, mental health organisations, LGBT organisations, and youth groups were emailed about the launch of the education programme and the evaluation. The evaluation was also promoted through media announcements on the television, radio, and print media. Participants could opt-in to the interviews through an advertisement on the online education programme homepage and social media or via an 'opt-in' form at the end of the pre-survey. All participants who completed the pre-survey and post-survey were also invited via email to participate in an interview. While the recruitment strategy was wide-ranging, only family members involved with TENI and the TransParenCI family support group participated in the Phase 3 Evaluation (as detailed in Chapter 7).

4.6 Ethical considerations

4.6.1 Ethical approval

Ethical approval for all phases of the study was received from the Faculty of Health Sciences Research Ethics Committee. Due to the multiphase nature of the study and its CBPR methodology, the ethics process required more than one ethics application. The process of applying for and receiving ethical approval is discussed in further detail in Chapter 8. For a sample ethical approval letter, see Appendix 23.

4.6.2 Voluntary participation, participant information leaflets, and informed consent

The principles of voluntary participation and informed consent underscored the entirety of the study (Israel & Hay 2006). All participants were provided with an invitation letter, an easy-to-read participant information leaflet, and where applicable, an informed consent form to clarify the nature of their participation in the study. Each form explicitly stated that participation was completely voluntary and that participants could withdraw at any time. Where relevant, the researcher also verbally ensured that the participant understood the nature of their involvement. Participants were encouraged to ask questions before, during or after their participation, and the researcher's contact details were provided on every participant information leaflet encouraging participants to contact the researcher with any questions.

4.6.3 Confidentiality and anonymity

Participants' right to privacy through confidentiality and anonymity were paramount through all phases of the research (Israel & Hay 2006, Cohen *et al.* 2011). Anonymity means "*information provided by participants should in no way reveal their identity*", while confidentiality is "*not disclosing information from a participant in any way that might identify that individual or that might enable the individual to be traced*" (Cohen *et al.* 2011: p.91-92). Anonymity was possible for some aspects of the research, namely the qualitative surveys for family members and trans young people in Phases 1 and 2. Anonymity was not possible for other aspects of the research, for instance when conducting interviews (as in Phases 1 and 3) or when requiring an email address to link surveys (as in the Phase 3 Evaluation). Where anonymity was not possible or not guaranteed, this was clearly outlined in the participant information leaflet. A

number of strategies were used to protect participants' confidentiality, including: anonymising transcripts; using unique participant identifiers and pseudonyms; and removing any identifying information from responses. Additional issues related to confidentiality are discussed in Chapter 8.

4.6.4 Supports provided to participants

All participants were recruited via gatekeepers in established support groups. Any person interested in participating in the research was asked to contact the researcher directly and at no point were the gatekeepers informed of who did or did not participate. All participants in all phases were also provided with a list of additional support services (see Appendix 24).

4.6.5 Data protection

All data files were anonymised, password protected, and stored in accordance with the Data Protection (Amendment) Act 2003 (Government of Ireland 2003). All electronic data files, including participant information (and the email addresses requested as part of the Phase 3 Evaluation survey), were stored behind a firewall and kept on a password protected computer to which only the researcher had access. Any hard copy data files, including transcripts or copies of informed consent forms, were stored in a locked file cabinet within the researcher's office. Only the researcher had access to this locked cabinet.

4.6.6 Ethics in qualitative interviews

When conducting the interviews, it was important to consider the interaction itself and any potential for stress or difficulty the participant may face (Kvale & Brinkmann 2009). Although the researcher is a trained social researcher and has experience conducting qualitative, semi-structured interviews on a variety of sensitive and non-sensitive topics, the possibility always exists that participants may become emotional or experience difficulties in talking about a topic. As discussing family experiences is a potentially sensitive topic and trans people and their families might be considered a vulnerable group, all care was taken to ensure that the potential discomfort participants faced was minimised. However, it was important not just to view the interviews as a potential source of stress or burden for participants, but perhaps also as a place of potential benefit. All participants chose to participate in the interviews and thus had their

own motivations for sharing their stories and experiences. Researchers have noted the positive aspects of interviews, including the opportunity for catharsis, self-acknowledgement, self-awareness, empowerment, healing, and providing a voice to the marginalised (Hutchinson *et al.* 1994).

All participants self-selected to participate in the interviews and all interviews were conducted at a place and time of the participants' choosing. Before beginning each interview, the researcher introduced herself and explained the study and the purpose of the interview. The participant information leaflet and informed consent form were also reviewed (see Appendices 5, 6, 20, and 21). The researcher offered to answer any questions the participant may have had about her, the interview or the study more broadly. Participants were informed that they did not have to answer any question or discuss any information that they did not wish to divulge. All participants were assured of the confidential nature of their responses and that all identifying information would be removed from their transcripts. Furthermore, while probing and follow-up techniques were used to investigate specific aspects of the discussions, attention was given to ensure that the questioning was of an appropriate and sensitive nature. In general, the interviews were conducted with the overall aim of ensuring that participants felt comfortable discussing potentially sensitive topics with the researcher. In addition, all participants were provided with a full list of local and national support services and agencies (Appendix 24).

Overall, participants appeared at ease during the interviews and comfortable answering questions. Their responses were perceived as forthright and honest, as evidenced by their in-depth and thoughtful nature (see Chapters 5 and 7 for further details). Some participants also expressed their enjoyment at participating in the interviews and sharing their stories, while many also said they were happy to give something back to help trans young people and their families. Only one interview participant became emotional during the Phase 1 Consultation interviews when describing the moment when her son came out to her as trans. The researcher's memo on the interview transcript reports that:

“Participant gets a bit emotional in the next section. She was crying, but was willing to go on as indicated by her body language and continued speaking. She later referred to the fact that she is just an emotional person, a ‘cry-er’. The tears seemed to be an expression of her emotion, rather than something that was causing her distress or a desire to stop the interview. I did not explicitly ask her if she wanted to stop the interview, as this was covered before the interview began, and also by the fact that she continued speaking without any hesitation, e.g. there really wasn't a time for me to give her the option of asking her to stop as she continued on speaking. For this reason, we continued on.”

The memo evidences that while the participant was visibly expressing depth of emotion through her tears, she also wanted to continue to share her story, speaking through the tears. In this case, the interview may have even served as a source of catharsis for the mother, as a space where she could share her experiences in a safe environment and partnership (Hutchinson *et al.* 1994).

4.6.7 Ethics and trans young people as participants

Rights of young people to participate in research

The lower age limit for participation by trans young people in the Phase 1 and Phase 2 qualitative surveys was 14 years of age. This is the minimum age for participation in the IndividualiTy and TransFormers youth support groups. Parent/guardian consent was not sought as part of young people's participation in this study for a number of reasons. First, the participation of young people in decisions that affect their lives is supported by both policy and research. The Government's *National Strategy on Children and Young People's Participation in Decision-Making* (Department of Children and Youth Affairs (DCYA) 2015), which is underpinned by the United Nations' *Convention on the Rights of the Child* (United Nations 1989), states that "*children will have a voice in decisions that affect their lives, including as regards research*" (2015: p.3). Furthermore, it has also been suggested that requiring parental consent may increase the burden for young people's participation, be unwarranted, and may contribute to silencing those whose voices research most needs to hear (Flicker & Guta 2008, Mustanski 2011). Finally, the minimum age of 14 years was also recently employed in the anonymous survey of the *LGBTIreland* study directed towards LGBT youth within the Republic of Ireland, providing evidence that LGBT youth are both willing and able to share their experiences (Higgins *et al.* 2016).

Guidelines for participation

The Northern Irish Participation Network's (2010) *AskFirst!* standards provided useful guidance in terms of including young people in research. These standards help ensure that young people's participation is meaningful for both the young people and the researcher. Further recommended strategies to offset the use of parent or guardian consent were also employed. These strategies focused on protecting the wellbeing of any young person potentially participating in the research (Flicker & Guta 2008). The incorporation of these strategies and standards throughout the study is discussed below.

Engaging young people in a meaningful way throughout the research cycle

It was important to ensure young people's meaningful inclusion throughout the course of the research, particularly at times where their participation could have a significant potential impact (Participation Network 2010). Therefore, young people were included in both Phases 1 and 2 of this study as described in Section 4.4.4. Their concerns about their family were sought in the Phase 1 qualitative survey in order to identify their needs. This information was then used to design the education programme. The young people were then invited to evaluate the education programme design in Phase 2. Many of their recommendations were incorporated throughout the redesign of the education programme, including recommendations which required substantial changes to content. The ways in which findings from young people impacted the research is discussed further in Chapters 5 and 6.

Clear and transparent communication

Beyond data collection, it was also important for the researcher to ensure that the young people understood how the findings from their participation would be practically used and to communicate the use of the findings to them (Participation Network 2010). Throughout their participation, both the purpose of their participation and the concrete ways in which the findings were used were made transparent. In addition, the researcher engaged in an ongoing dialogue with the youth group facilitators to let them know how the information the trans young people provided was being used to further develop the study, asking them to transmit this information to the trans young people.

Using appropriate methods of data collection and ensuring young people understand their rights as a participant

It was also important that the methods of data collection were appropriate for the young people (Participation Network 2010). For this reason, the study engaged with pre-existing youth groups run by facilitators with training and experience working with young people. This meant that the data collection was being managed in a way that was appropriate to the young people in their own setting. Similar to the participant information leaflets for adults, the participant information leaflets for young people were developed to be easily read and understood, ensuring that young people understood what they were being

asked to do (Participation Network 2010). The youth group facilitators also gave information to young people both verbally and in written format to ensure their understanding of their participation.

In all information given, there was an emphasis on the fact that young people were not required to participate and would not face any penalty if they chose not to engage with the study (Participation Network 2010). The participant information leaflets also clearly highlighted issues related to confidentiality and how the participants' identities would be protected. In addition to ensuring that the participant information leaflets were easy to understand for young people, the surveys were also developed to be youth-friendly. The advice and guidance of an experienced youth worker in BeLonG To Youth Service was sought on all documents intended for young people. She made few suggestions for minor adjustments in wording and language. Final versions of the documents were approved by this youth worker. The Flesch Reading Ease test and Flesch-Kincaid Grade Level test, both tools in Microsoft Word, were also used to assess the readability of documents (Kincaid *et al.* 1975).

Making the researcher's intentions transparent

A youth worker in BeLonG To Youth Service advised the researcher that the trans young people who were being invited to participate in the research would want to know more about the researcher before agreeing to participate. Two strategies were employed to help the young people get to know the researcher better. First, the researcher visited one of BeLonG To's IndividualiTy weekly support group meetings. The researcher introduced herself, her background, and her reason for pursuing the PhD research. She explained what she was inviting the young people to do in terms of participation in the research and how the information learned would be used. She opened the space up for any questions, at which time they did ask questions about the details of the study. While the researcher offered to meet the young people in TENI's TransFormers young people's group, this invitation was not pursued by their facilitator. In order to ensure the young people in both groups had a better sense of the researcher, a photograph and a description of the researcher was included on all of the participant information leaflets for young people. It also clearly stated the researcher's gender identity as a cisgender female.

Ensuring a supportive environment for young people engaging in the research

In addition to these youth-friendly protocols and procedures, it was important to ensure that the young people invited to participate were already in established support groups (Flicker & Guta 2008, Participation Network 2010). In this case, all young people were recruited from either TENI's TransFormer's youth group or BeLonG To's IndividualiTY youth group. This helped ensure that the young people participating in the research were already accessing support within established community groups.

4.7 Assessing quality

4.7.1 Quality in qualitative research

There are a number of ways to assess quality in qualitative research (Patton 1999, Mertens 2015). Leading authors in the field identify the following key aspects of quality or trustworthiness: credibility, transferability, dependability, and confirmability (Guba & Lincoln 1989, Patton 1999, Mertens 2015). Within this study, Rubin and Rubin's (2012) stance concerning the role of the qualitative researcher was relied upon, in which the authors suggest that the qualitative researcher's purpose is to gather data from a variety of sources and:

“Put them together in a reasoned way that re-recreates a culture or describes a process or set of events in a way that participants would recognise as real” (p.7).

Credibility

Credibility refers to the concept that the data presented is coherent and forms a plausible narrative given known information (Patton 1999). In this study, credibility was enhanced through prolonged and persistent engagement with the community through activities including member checking and peer debriefing, triangulation, and negative case analysis (Guba & Lincoln 1989, Mertens 2015). For instance, even before the study officially began in 2015, time was spent engaging with the community by meeting with key stakeholders in the area of trans issues in the Republic of Ireland. During these meetings, the researcher introduced herself, described her background as a researcher in the field of LGBT issues, and her interest in pursuing a PhD in the area of trans issues and family support. Throughout the course of the study, further engagement with the community continued as the researcher immersed herself

in the community by attending other community events. This process is described further in Chapter 8.

Member checking is the process of reviewing the research with stakeholders, while peer debriefing refers to the process of reviewing the research with participants and other researchers (Mertens 2015). Various types of member checks and peer debriefing were relied upon throughout the course of the study including technical (or factual) checks, ongoing reviews (with both participants and other researchers), and reflexive practises (Cho & Trent 2006). For instance, findings were reviewed both formally and informally on an ongoing basis with professional partners to ask them about whether the findings made sense to them, if the findings related to and reflected their own experiences, if anything was missing, and their general impressions of the findings. In addition, the partners' views were sought on study progress and whether they were satisfied with it, any issues they might have or other comments. Furthermore, the researcher engaged in her own reflexivity practices throughout the course of the study. Chapters 5 through 8 provide further details of these practises.

Triangulation refers to the process of assessing findings against multiple sources or through different methods (Patton 1999, Mertens 2015). Within the current study, multiple and mixed methods were used to address the research through both qualitative and quantitative means with various groups, including professionals, families, and trans young people themselves. This allowed for the opportunity to compare and contrast the various findings, to identify similarities and differences, and to explore these findings (Creswell 2009). Adding to credibility is also the concept of negative case analysis, in which any cases that call into question working hypotheses are explored (Patton 1999, Mertens 2015). Importantly, negative case analysis was also employed in this study for any cases which may not have fit emerging themes; these cases were not brushed over or ignored, but highlighted, explored, and analysed.

Credibility of the participants themselves is also a key issue in quality (Neuman 2011, Rubin & Rubin 2012). This may be focused on whether the participants are qualified and whether they would have any reason to misrepresent themselves or issues, including by providing misinformation or engaging in evasion, lies or fronts. In the current study, there was no reason to suspect participants were being purposely misleading at any time. On the contrary, the participants were very upfront with the researcher and did not hesitate to provide information that may have cast them in a less than positive light. For instance, some family members discussed feelings of shame, guilt, and deep anguish

associated with their trans family member's identity. These frank discussions suggest that participants were not attempting to cover up or mask their true feelings or experiences.

Dependability, confirmability, and transferability

Dependability refers to the concept that changes over time in the research are made transparent and clearly documented, while confirmability refers to the concept that the data which support the researcher's findings and interpretations are made explicit (Guba & Lincoln 1989, Mertens 2015). Transferability in qualitative research is the quality which allows a person to read the findings and make decisions about how comparable the research situation may be (Guba & Lincoln 1989). Dependability, confirmability, and transferability are all quality criteria that can be contributed to by clear, transparent, and detailed reporting. This requires ensuring a systematic detailing of the study and its process, including design, data collection, analysis, and reporting (Rubin & Rubin 2012). These quality criteria were met within the current study by presentation of a transparent report of all aspects of the study in these chapters, including: the philosophical, methodological and theoretical underpinnings of the study; the study design and methods; and the findings. In addition, the more nuanced aspects of the researcher's role in the research and engagement with community partners is explored in rich detail in Chapter 8. These chapters are provided in order to assist the reader in drawing their own conclusions about the dependability of the findings. Furthermore, descriptive quotations have been included within all of the reported qualitative findings and findings discussed in relation to international literature in order to assist the reader in drawing their own conclusions about the transferability of the findings.

Validity

Validity of qualitative findings may refer to the rigour, trustworthiness or 'accuracy' of the findings in relation to the social phenomenon in question (Neuman 2011). A fundamental aspect of this study was the use of 'member validation' in allowing professionals, families, and trans young people to review the findings and feedback as to whether they truly represent their experiences and views (Sandelowski 1993). In this way, it was hoped to enhance validity by checking the findings with the people they were meant to represent. Additional issues related to validity and reliability are discussed in Chapter 8.

Credibility of the researcher

Patton (1999) identifies the importance of the credibility of the researcher in conducting a high quality qualitative research study. He contends that a researcher can add to their own credibility by providing any relevant training, personal information or conflicts of interest that may impact on the study to the reader, e.g. personal relationships, important identifying characteristics or experiences, and so on. Throughout this study, it has been important to be clear and transparent with the reader about the researcher's background, her interest in the study area, and her role in the research. The researcher's interest in the study area has been discussed in Chapter 1, her philosophical beliefs in Chapter 3, and her role and engagement in the study is discussed in more detail in Chapter 8. It is hoped that these discussions add to transparency and assist the reader in assessing the researcher's credibility.

4.7.2 Quality in quantitative research

Reliability and validity

There are two primary concerns regarding the quality of quantitative data: reliability and validity (Fink 2003, Scott & Mazhindu 2005, Neuman 2011). Reliability refers to a survey's consistency of measurement, while validity refers to the extent that a survey measures what it actually intends to measure (Fink 2003, Scott & Mazhindu 2005). Three of the scales used in the quantitative survey in Phase 3 (see Table 4.1) had been used in previous populations and tested for reliability and validity. The Self-Reflection and Insight Scale has been used with the general population and students in Australia and the USA (Grant *et al.* 2002, Roberts & Stark 2008, Lyke 2009, Carr & Johnson 2013) and has shown strong reliability with a Cronbach's alpha of 0.91 for the self-reflection sub-scale and 0.87 for the insight sub-scale (Roberts & Stark 2008). The scale also has demonstrated adequate test-retest reliability. In terms of weaknesses, the sub-scales may relate to each other in potentially unexpected ways; for example, there is a significant negative correlation between self-reflection and insight sub-scales (Roberts & Stark 2008).

The family problem solving and communication sub-scales of the McMaster Family Assessment Device have been used with a range of different families, including members who have clinical diagnoses and those assessed as 'healthy' (Epstein *et al.* 1983, Miller *et al.* 1985). It has demonstrated strong reliability on both sub-scales, with a Cronbach's alpha of 0.74 for family problem-solving and 0.75 for communication. The scale has adequate test-

retest reliability, low correlations with social desirability, moderate correlations with other measures of family functioning, and has the ability to differentiate between clinician-rated 'healthy' and 'unhealthy' families. Its primary weakness is that it relies on self-reporting by individuals.

The Generalised Self-Efficacy scale has been used with diverse populations in over 25 countries and has demonstrated strong reliability, with Cronbach's alphas ranging from 0.76 to 0.90, with the majority in the high 0.80s (Schwarzer & Jerusalem 1995, Scholz *et al.* 2002). The scale has documented criterion-related validity with positive emotions, optimism, and work satisfaction and negative correlation with depression, anxiety, stress, burnout, and poorer self-rated health. Its main limitation is that it does not measure specific behaviour change, but rather a person's self-perception of their own efficacy. There is no evidence of the use of any of the measures being employed previously with families of trans young people; however, as identified in the Chapter 2 literature review, there were few validated scales used at all in previous research.

Examining the trans-related knowledge topics

As the trans-related knowledge topics used in the evaluation survey were developed for this study, it was important to explore their reliability (see Table 4.1 and Appendix 18). Stability of a questionnaire ensures that the same questionnaire will generate the same responses from the same group of people under the same conditions, and is often assessed through a test-retest procedure (Fink 2003, Scott & Mazhindu 2005, Pallant 2013). In this case, a group of participants drawn from the general public were given the 14-item trans-related knowledge survey once, and then asked to repeat the same survey seven to 10 days later. In total, 28 participants completed the test and 21 participants completed the retest, resulting in 21 matched pairs.

In order to assess temporal stability, Kendall's tau-b correlations (τ_b) were generated in as this type of correlation has been suggested as most appropriate for small samples (Field 2009). These correlations describe the direction and strength of the relationship between ordinal responses on the trans-related knowledge topics in the test and retest. Overall, 11 of the 14 individual knowledge topics and the overall knowledge score reached the point of significance, suggesting a strong positive correlation between scores at test and retest. The Kendall's tau-b for three of the items did not reach the point of

significance, indicating they may not be temporally stable. These three items were:

- ‘the percentage of transgender people in the Irish population’ ($\kappa_b=0.304$, $p=0.135$);
- ‘how to access the health care system for trans children and young people in the Republic of Ireland’ ($\kappa_b=0.249$, $p=0.236$); and
- ‘educational issues for trans children and young people in the Republic of Ireland’ ($\kappa_b=0.221$, $p=0.302$).

The findings suggest that there is temporal stability for the majority of items, and a lack of temporal stability from test to retest for the remaining three trans-related knowledge items. The knowledge scale comprised of 14 trans-related items had a high internal reliability, as determined by a Cronbach’s alpha of 0.95 ($n=27$) in the test and 0.92 ($n=19$) in the retest (DeVellis 2003). All items had a corrected item-total correlation higher than 0.3, suggesting each item correlated well with the overall scale and that it was appropriate to calculate a total knowledge score (Field 2009). Details of the frequency distribution of participant responses and the Kendall’s tau-b correlations for the knowledge test-retest are available in Appendix 25.

Examining the gender affirmative statements

As far as can be ascertained, the gender affirmative statements included in the Phase 3 Evaluation survey (Hidalgo *et al.* 2013) have never been used previously to measure a person’s level of agreement or disagreement with the premises; therefore, no pre-existing measures of validity and reliability existed. As part of this study, an assessment of the statements content and face validity was undertaken with two subject matter experts. Content validity is a form of validity which concerns whether the questions asked adequately represent the content being explored (Fink 2003, Scott & Mazhindu 2005). This type of validity can be established by examining the literature and, in this case, relying on a theory to inform the questions. Face validity involves assessing whether the questionnaire appears accurate, appropriate, and complete. The experts were specifically asked to consider whether the statements appeared to assess levels of agreement/disagreement with the gender affirmative theory and model and whether the statements appeared to assess all aspects of the theory and model. The experts were also asked to decide whether each individual statement should be: 1. included in its current version; 2. included with changes; or 3. not

included. Additional comments were also elicited. Both subject matter experts responded positively that they felt the proposed statements assessed level of agreement with all aspects of the gender affirmative premises. Both subject matter experts recommended that all 12 statements be included in the final measure.

Stability of the question was assessed using the same test-retest procedure described in the previous section (Fink 2003, Scott & Mazhindu 2005, Pallant 2013). In this case, a group of participants drawn from the general public were given the 12-item gender affirmative survey once, and then asked to repeat the same survey seven to 10 days later. In total, 15 participants completed the test and 12 participants completed the retest, resulting in 11 matched pairs.

In order to assess temporal stability, Kendall's tau-b correlations (τ_b) were generated in order to describe the direction and strength of the relationship between ordinal responses on the gender affirmative scale items in the test and retest (Field 2009). Kendall's tau-b for five of the 12 variables suggested significantly strong, positive correlations between the test and retest values, suggesting stability over time. However, the Kendall's tau-b for seven of the variables did not reach the point of significance, indicating there was no association between the variables from the test to the retest. These variables were:

- 'Gender variations are disorders' ($\tau_b=0.568$, $p=0.064$);
- 'Gender presentations/expressions are the same across all cultures' ($\tau_b=0.583$, $p=0.057$);
- 'An individual's gender identity is solely determined by biological factors' ($\tau_b=0.421$, $p=0.121$);
- 'An individual's gender identity is solely determined by cultural factors' ($\tau_b=0.421$, $p=0.121$);
- 'An individual's gender identity is solely determined by socialisation' ($\tau_b=0.558$, $p=0.069$);
- 'An individual's gender identity is solely determined by cultural factors' ($\tau_b=0.039$, $p=0.896$);
- 'People are either male or female; there are no other gender identities' ($\tau_b=0.526$, $p=0.054$); and
- 'If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child' ($\tau_b=0.359$, $p=0.188$).

Examining the frequency distributions for each of these items provides greater insight into the changes between test and retest (see Appendix 26). As the sample was so small, even the relatively minor changes demonstrated in frequencies in response from test to retest affected the correlation. The findings suggest that there is temporal stability for five of the 12 statements of the gender affirmative measures, and a lack of temporal stability from test to retest for the remaining seven variables. Details of the frequency distribution of participant responses and the Kendall's tau-b correlations for the gender affirmative test-retest are available in Appendix 26.

Error

In addition to validity and reliability in quantitative data, there may be issues around error which describes the difference between obtained values and actual values (Fink 2003, Scott & Mazhindu 2005, Neuman 2011, Fowler 2014). Error can occur in a number of areas, including in the overall study design, in the selection and sampling of respondents, individual responses, and within survey administration. It is not possible to entirely remove the potential for error within a survey, however, the following steps to reduce and minimise error as much as possible were taken. In terms of the overall study design and selection and sampling of respondents, the survey was made available to any participant who fit the inclusion criteria by employing wide-ranging recruitment strategies (described in Section 4.5). It was aimed to minimise error within participant responses by using previously validated measures; however, issues with Type 1 and Type 2 errors may have arose (as discussed in Section 9.8). In addition, all participants were provided with the exact same survey administered in the same way (online), hopefully reducing error related to survey administration.

4.8 Summary

Within this chapter, the multiphase study design was presented and the rationale for its use outlined. The multiphase study design allowed for the development of multiple study phases, each with an individual research aim, which contributed to addressing the overall research aim. The design also allowed for the findings from the first phase (Consultation) to build to the next phase (Design and Development of the Education Programme), culminating in the third and final phase (Evaluation of the Education Programme). Multiple and mixed methods were employed throughout the study allowing the study aims

and objectives to be met. Ethical considerations for the study were also discussed, including the strategies used to ensure ethical issues were addressed appropriately. Finally, issues related to quality in the current study were discussed. In the next chapter, Chapter 5, findings related to the Phase 1 Consultation are presented.

Chapter 5. Phase 1 Consultation

5.1 Introduction

The purpose of Phase 1 of the study was to provide the context for the design and development of the education programme through a consultation process with professionals, family members of trans young people, and trans young people themselves. The aim of the consultation was to explore and identify the trans-related education needs of families of trans young people in the Republic of Ireland. As can be seen by the red box highlighted in Figure 5.1, the consultation was the first of the three phases in this multiphase study and included qualitative interviews, qualitative surveys, and feedback interviews with study partners. In this chapter, findings related to the consultation phase of the study are presented.

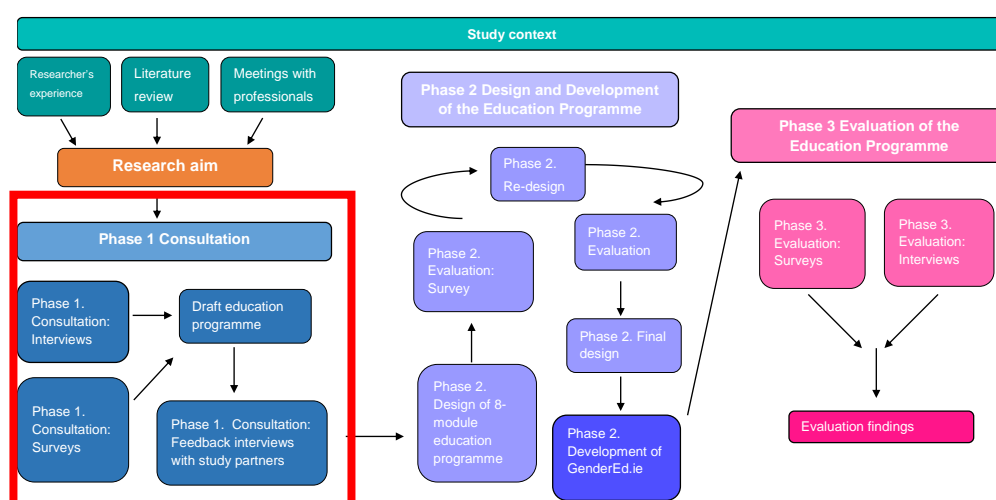


Figure 5.1 Positioning of the Phase 1 Consultation within the multiphase design

5.2 Findings

In this section, integrated findings from the consultation interviews and survey are presented. Both data collection methods aimed to explore the trans-related education needs of families of trans young people in the Republic of Ireland, with each method providing complementary findings. The interviews provided in-depth and descriptive evidence of the trans-related education needs of families of trans young people in the Republic of Ireland, including participants' recommendations for an education programme, while the surveys clarified the specific areas of concern and need for families and trans young people. A table containing a numerical summary of the survey content analysis is available in Appendix 27. The complementary nature of the findings allowed them to be woven together to provide a coherent picture of trans-related education needs for families of trans young people in the Republic of Ireland. The findings are

presented in two main sections. The first section describes the characteristics of the participants in the interviews and surveys. In the next section, the findings are presented within the following five themes:

1. Theme 1. Responses to learning a family member is trans: “*What do I do now?*”;
2. Theme 2. The role and impact of trans-related education and information on families of trans young people: “*I didn’t even know anything about transgender*”;
3. Theme 3. Education and information for families of trans young people: “*There is so much support required*”;
4. Theme 4. Recommendations for an education programme for families of trans young people: “*What I was looking for was a pathway*”; and
5. Theme 5. Family concerns of trans young people: “*Will they accept me?*”

In the final section, the implications of the findings for the next phase of the study are discussed.

5.2.1 Characteristics of participants

In total, eight people participated in the consultation interviews: three professionals, three family members, one trans young person, and one person who was both a professional and family member. Interviews lasted an average of 44 minutes, with a range of 27 to 74 minutes. The four professionals were from the two partner organisations. All of the family members were mothers. Two were mothers of trans males and two were mothers of trans females. Each family member participant was assigned a pseudonym, which is used in the findings below (Table 5.1). The one trans young person who participated in the interview was 19 years old, identified as genderfluid, and on the day of the interview, used the pronouns he/him.

Pseudonym	Details
Sinead	Mother of a 16-year old trans female
Marie	Mother of a 15-year old trans male
Eimear	Mother of an 18-year old trans male
Jane	Mother of a 17-year old trans female

Table 5.1 Characteristics of consultation interview participants

Eighteen family members participated in the survey; the majority (94.4%; n=17) were mothers, with just one (5.6%) father. They identified 88 individual concerns related to their trans family member. Fourteen trans young people completed the survey, identifying 38 individual concerns related to their family. The trans

young people's ages ranged from 14 to 20 years, with a mean age of 16.9 years (SD=2.1 years). Of the 14 participants, 64.3% (n=9) identified either as male (28.6%; n=4) or trans male (35.7%; n=5). A further 14.3% (n=2) identified as female. The remaining three participants (21.4%) identified as agender, genderfluid, and polygender.

Within the findings, family member interview participants are referred to by the pseudonym assigned to them (Table 5.1) and family member survey participants are referred to as either 'Mother' or 'Father', followed by a unique identifying number. Professionals are referred to by the label 'Professional' and a unique identifying number from one through four. The trans young people are referred to by their gender identity and age in years. The trans young people's gender identity is the label they chose to identify their gender and include labels such as male, female, male with a trans history, genderblind, and genderfluid.

5.2.2 Theme 1. Responses to learning a family member is trans: “*What do I do now?*”

Learning a family member is trans

Within the first theme, family responses to learning that one of their family members is trans are discussed. This theme provides important contextual information for understanding how education and information impacts on family experiences. For three of the mothers in the interviews, their son or daughter first came out to them as gay or bisexual, rather than trans. Each mother described how they felt the gay or bisexual label was being used by their son or daughter as a “*stepping stone*” (Sinead) or to “*test the waters*” (Marie) to gauge their mother's reaction to an LGBT identity. All of the mothers talked about behaviours their child engaged in or characteristics they displayed when they were younger that hinted towards their later trans identity. These ranged from appearing more feminine or masculine than other children of the same sex assigned at birth, insisting on using opposite sex toilets, dressing in opposite sex clothing, or playing with toys associated with the opposite sex. Each participant described how it was only with hindsight that they recognised, acknowledged, and identified these as indicators of their child being trans.

Responses to learning a family member is trans

Parents had a range of initial responses to their child's trans identity. The emotional difficulties a family can experience when learning a family member is trans were particularly prominent in survey responses, with the theme of emotional concerns emerging strongly. This theme included parents' responses and reactions to learning they had a trans family member, such as worry, fear, sadness, guilt, confusion, and feeling overwhelmed. Within the survey, these emotional responses were particularly apparent for parents who had learned most recently their family member was trans (within the past six months) as compared to those who had learned their family member was trans over six months prior to the survey. One mother explained how she experienced "suffering" (Mother #12), another indicated she was "heartbroken" (Mother #9), while yet another felt "anxious" and "overwhelmed" (Mother #16) when learning their child was trans. One mother wondered "What did I do wrong?" (Mother #15), while another felt she had let her child down. During the interview, Eimear described having a particularly hard time dealing with her son's coming out, referring to her "panic" and wondering "God, what do I do now?"

Within the survey, many parents also expressed worry about their child's future and wellbeing when learning they were trans. One mother stated, "I was extremely worried for their future" (Mother #9), while another wondered if her child would "have a fulfilling life" (Mother #15). Parents wondered what being trans meant for their child's future, particularly in terms of life experiences, their safety and wellbeing, healthcare, school, and social life. Mother #8 expressed her sadness upon learning her son was trans:

"I was sad because he was suffering for a few years and I never knew. Afraid because I did not know how to help. Afraid that people would bully him, that he would not fit in and have no friends." (Mother #8)

Similarly, Mother #13 expressed worry about her "child having negative experiences because other people have a problem with them being trans".

The need for support and growing acceptance

During the interview, each mother promised to support their child even when experiencing difficult emotions. For some, the process of acceptance was quick as parents learned of their child's distress. Even Eimear who had arguably the most difficult time processing her experiences described her support: "I said, 'Look...No matter what, I'm going to support ya'". She reflected on her

experience suggesting that if she had not supported her trans son, he would have committed suicide:

“I would be looking at [his name] on a headstone...That’s as simple as that and I’ve absolutely no doubt there, no doubt.” (Eimear)

Similarly, in the survey, Mother #2 explained how she:

“Accepted it because my son was so distressed. I knew he was serious. I also knew we could overcome any issues, that things would be OK, we would take things as they came.” (Mother #2)

Another mother described how she simply “got practical” and sprang into action to help her trans daughter (Sinead).

Participants identified the need for parents to access support both for themselves, their trans family member, and the wider family. The father in the survey eloquently wondered how he could best support his trans child:

“How can I keep him [trans son] safe while not being overprotective, listen but not be invasive, walking on the knife edge of survival?” (Father #1)

Another mother expressed fear “because I did not know how to help him” (Mother #8). Siblings were identified as a particular group in need of support. Some of the mothers interviewed described the difficulties their other children had in adjusting to their trans sibling. Professionals also highlighted the need for sibling and wider family supports, stating how “parents sometimes feel like really under pressure and overwhelmed” in their duty to provide information to the entire family (Professional 1).

Mothers discussed the process of adjusting to having a trans family member, with Sinead describing how, “Only looking back now, I see we were actually growing with it”. Similarly, another mother described how her son was “easing me into” the transition by slowly cutting his hair shorter and shorter until he requested a visit to the barber’s (Eimear). In the interviews, all of the mothers expressed a sense of happiness at seeing their trans son or daughter become his or her true self. Both parents and professionals underscored the importance of family acceptance for a trans young person’s wellbeing.

For instance, Eimear described how she felt her family had to embrace her trans son, regardless of any difficulties or confusion surrounding the situation:

“It was like we’re just going to have to jump off the cliff. We just have to do this....I don’t want to do it. I don’t think I can do it. I don’t know how to do it. But we’re just going to literally have to jump off the cliff.” (Eimear)

Family adjustment

Within the interviews, the professionals described the experiences of adjustment for families of trans young people, with two professionals specifically referring to the stages of loss and grief (Kübler-Ross 1969). One professional characterised families’ experiences as more sequential, while another suggested different feelings may emerge at different times. Professional 4 described how parents often first feel a sense of confusion, followed by help-seeking, which is accompanied by a sense of grief and loss for the parents. Following these difficult feelings, parents were characterised as attempting to make sense of, negotiate, and navigate life with their trans family member. The professional noted that the order in which parents process and adjust to their experiences is not always sequential, with parents accessing different feelings at different times. The professional summarised her insights as follows:

“The reactions [from parents] probably follow some sort of a sequence... the way I’ve seen it is initially there’s total confusion...‘What the hell is this?...‘Where do we go? What do we do?’...‘Is this a phase?’...‘Will the child grow out of it?’ or ‘What’s going on?’...‘Who do I go to for help?’ and then there’s the whole thing of finding that help...Um then after that, I suppose it’s a case of, you know, dealing with the grief of and the loss of letting [go of] the child that they knew. They still have the same child, you know, on the inside, it’s still the same child, but, you know, when that child was born as a boy or a girl, the parents seem to jump ten steps ahead and have a future mapped out...And all of the sudden, that’s not going to happen...So there’s that kind of thing, this fear of the future, fear of what’s going to happen...‘Will they be okay?’...‘Will they be okay in society? Will society shun them? Will society accept them?’...‘Will they get jobs?’...you know, all the things, well other things that every parent worries about...‘Will they have a happy life?’...or ‘Will they be alone or isolated?’” (Professional 4)

Two mothers articulated feelings of bereavement at having lost a son or daughter, with one particularly alluding to a sense of ‘ambiguous loss’ (Boss 1999). Eimear explained how she felt like she was “grieving” even though she recognised that she had not “lost anything”.

The professionals further emphasised how the impact on the family can vary depending upon the age of the trans family member. Professional 3 described how parents of pre-pubescent children may be “traumatised” at having to manage their child’s gender identity issues, while simultaneously navigating their relationships with family, schools, and the wider community. Professional 2 also emphasised the distress that having a pre-pubescent child with gender identity issues can cause in a family as parents may be:

“...Trying to deal with their own emotions and the family’s. It’s the family relationships, the husband and the wife, and then the in-laws...the schools, the healthcare, themselves, the child, the siblings. It’s everything. It’s everything, absolutely everything.” (Professional 2)

Within this theme, families’ responses to learning they have a trans family member and the impact this has on the family were discussed. In the next theme, the role of education in families’ experiences are explored.

5.2.3 Theme 2. The role and impact of trans-related education and information on families of trans young people: “I didn’t even know anything about transgender”

A lack of awareness about trans identities and issues

This theme discusses the role and impact of trans-related education and information on families of trans young people. All of the interview participants alluded to the fact that initially families are often completely unaware and uninformed about trans identities and issues. This lack of awareness and information created a sense of confusion for families, often leaving them feeling overwhelmed. One professional described how families can be completely surprised and unprepared when learning a family member is trans:

“Quite often, you know, the parents know absolutely nothing about the area, so it comes totally out of the blue. People are absolutely shell shocked. They don’t know where to turn. They don’t know where to go...They don’t know what to do.” (Professional 4)

Parents also said that they were completely unaware about trans identities when learning their family member was trans:

*“Transgender? What the f**k is that like? You know?” (Sinead)*

“Only that we didn’t really know what ‘transgender’ was” (Marie)

“I mean I didn’t even know anything about transgender...” (Eimear)

“What is transgender?” (Father #1)

Jane noted difficulties in accessing straightforward information stating how *“there’s no book like, it’s not A to Z”*, highlighting how not having information contributed to her stress.

The role of misconceptions

Several participants discussed the role misconceptions played in their understanding of trans identities. Eimear discussed how she thought trans was synonymous with drag queens, while others held the belief that surgical interventions were the primary focus of a trans identity. Sinead said:

“I would’ve thought that [trans] was a sex change. I would never have known the word ‘transgender’, you know?” (Sinead)

Eimear shared how her own misconceptions and *“innate prejudice”* caused her fear and shame when learning her son was trans. She wondered how others would accept her child:

“I was actually ashamed of how I felt and I said, ‘He’s going to be one of them weirdos’... if I had that innate prejudice, which I definitely did have, how was I going to expect everybody else to take [my son] on board and accept him?” (Eimear)

Similarly, in the survey, the father described his initial perception when learning his child was trans: *“Only freaks do that, insecure people with other issues, it’s not real”* (Father #1). The sense that being trans was a passing phase also emerged within the survey, with Father #1 simply stating he initially thought *“Ah, it’s only a phase”*.

One mother attributed her beliefs to her lack of knowledge:

“I was uneducated about what transgender meant and thought it was a phase or a hormonal thing so googled it to find out about it” (Mother #10)

Trans vs. LGB

Two of the interview participants compared being trans to being lesbian, gay or bisexual (LGB), feeling that it would have been easier if their child was LGB because they understood that better. Sinead expressed her feelings:

“At times, I kind of felt it would have been easier if she had of been just gay because gay is so out there and it’s so okay.” (Sinead)

Similarly, Marie said:

“Yeah, I understood what that [bisexual] meant...But, now when he said ‘transgender’...but like, until you kind of look it up and see exactly like what’s involved, I didn’t really know.” (Marie)

Being a “blank canvas”

During the interviews, two of the mothers described themselves as having no knowledge at all regarding trans identities. Interestingly, they said this assisted them in keeping an open-mind, being able to learn quickly, and able to take in all information without preconceived notions or misconceptions influencing their learning. The trans young person in the interviews described how this related to his mother who:

“Really didn’t know anything...So, all she’s found out is positive stuff from me...Like resources that I’ve shown her.” (Genderfluid, 19 years old)

Similarly, Sinead described her starting point as a “blank canvas”, which allowed her to take “in as much information as I could”. Within the interviews, while not having access to appropriate education and information was associated as adding to some families’ distress, the professional participants described how obtaining education and information impacted positively on the state of mind and wellbeing of the family. One professional described how providing guidance on trans-related issues “cools the situation” and “takes the family out of crisis to a certain point” (Professional 3).

Within this theme, the role and impact of education and information on families of trans young people was discussed. The next theme explores the current availability of trans-related education for families of trans young people in the Republic of Ireland.

5.2.4 Theme 3. Education and information for families of trans young people: “There is so much support required”

Individual strategies

Within this theme, the current state of trans-related education and information available to families of trans young people in the Republic of Ireland is discussed, including the strategies families use to access education and information. Within the interviews, the mothers identified various strategies for obtaining education and information on an individual basis. First, their trans son or daughter usually helped provide and offer information:

“So, she [daughter] had all her research done and everything, you know what I mean?” (Jane)

Similarly, Sinead described how her daughter “*had done an awful lot of research and she really educated me*”. Beyond their trans son or daughter, the mothers’ first port of call for education and information was typically the internet. Most described the negative aspects of available online education and information, characterising it as inaccessible, disorganised, overwhelming, and “*mind boggling*” (Sinead). A few of the participants found the available information too American-focused and not relevant in the Irish context, with Sinead describing how the information was “*a bit too far afield, that it didn’t apply to us here*”. When learning her child was trans, one mother (#11) wondered, “*What services and support structures are there in Ireland, if any?*”

Eimear described finding off-putting “*tabloid-y type stuff*”, while another mother had concerns about the accuracy of the information. Marie described her experiences with trying to locate accurate information, suggesting about the YouTube channels her son recommended to her:

“You don’t necessarily know that they have all the facts either. They have the facts that suit them.” (Marie)

Participants described how they had difficulty accessing appropriate information, leaving them feeling confused, overwhelmed, and scared. Eimear

recounted how when she looked up the term “*transsexual*” and “*God, there’s some scary shit comes up...Oh, it [the internet] was scary, yeah!*” Professional 3 noted that while there is a lot of information available online regarding trans-related issues, it requires a concerted effort to access and understand it: “*There’s not a lot there to dip your toe in the water*”.

Even Irish-based websites were described as difficult to access for information, with Sinead noting that the TENI website was “*very confusing*” and not easily accessible. On the positive side, Jane highlighted that in her initial online searches, she found “*plenty of information*”, including contact details for a support organisation. However, she later went on to describe frustrations at having to seek the information out:

“I suppose you’re kind of on your own really trying to find these things...Yeah, but you are doing a lot yourself and look that’s fine, too, you know?” (Jane)

Mothers as gatekeepers of information

Within the interviews, two of the mothers specifically described the ways in which they passed on information to their husbands. Marie described how her husband could not always attend the family support group due to his hours of work and how she had responsibility for “*finding out all the information and then passing it on to him*”. Similarly, Eimear described how she was “*gatekeeping*” information, making decisions about what was or was not appropriate for her husband to access. She characterised herself as censoring her husband’s access to information in order to protect both him and the wider family. She expressed her fear that the information would overwhelm him, causing him to be unable to support her and their trans son. She described her experience:

“So, there was a lot of surgery on it [website], a lot of stuff, and I remember my husband coming in...And...he said, ‘What are you looking at?’ I said, ‘...You actually don’t need to see this right now’... He said, ‘What do you mean? I do! I do.’ I said, ‘No, no...you really, really...it’s too soon for ya. You can’t look at this’... And he came in and he’s looking at it and I said, ‘You’re not looking at it...You’re not having it’...I said, ‘No, I need you with me’, I said, ‘You can’t be with me if you look at this right now.’ So he said, ‘Oh, okay.’ Fine. That was grand. He said, ‘I’ll leave it to you then’...So, I was kind of gatekeeping his information.” (Eimear)

Experiences with support organisations

After accessing information, the mothers often linked in with the primary trans support organisation, Transgender Equality Network Ireland or TENI. Through TENI, they were able to connect in with the TransParenCI support group. The professionals described their initial contact with family members, which usually occurred over the telephone or through email. The professionals underscored their role as providing support, engaging in active listening, clearing up misconceptions, answering questions, and providing accurate education and information. All of the professionals described how they meted out information depending on the family's need for support. Professional 1 described how initially she provides "*very basic information*", as she did not want to "*bombard them with lots of information because it can be quite overwhelming for a parent...*" She went on to describe how when a parent contacts her:

"It's really about listening to where the parent is at and trying to give the correct information and support that's needed." (Professional 1)

One professional described it as a "*pivotal moment*" in which they risk losing contact with families if they overwhelm them with information or fail to provide sufficient reassurance (Professional 3). She went on to explain: "*You wouldn't believe how I mind new parents. I cosset them. I put cotton wool around them*", highlighting her role as a protector. Indeed, all of the professional participants characterised their role as one of support and reassurance so as not to overwhelm the family.

From the family members' perspective, these organisations and groups were vital in gaining critical emotional support. The importance of the support groups in helping parents feel less alone was emphasised by all of the interview participants:

"Realising that there was other people and other parents, you know, in a similar position and like was a big, big thing." (Marie)

Similarly, another mother described how the support group provided her "*some hope*" and gave her a place where she could "*acknowledge the potential of negativity and acknowledge all my worries*" (Eimear). She emphasised the importance of the "*relevance*" of the group to her life, as it included families like hers giving information that resonated with her and that she "*could apply to my own life*". Challenges within the support groups were also identified, including

the size of the groups, difficulties with the distance to travel to reach the group meetings, and the interpersonal relationships within the groups.

In addition to a support role, the organisations and support groups helped families to gain information about trans-related issues. This education and information was mostly provided by organisations via email or over the telephone and through the support groups. The information giving was described as ad hoc, rather than standardised, with Marie highlighting how *“it’s only in passing on information amongst parents, that you’re getting this stuff”*. The ad hoc nature of the education for families was characterised by one mother as *“bitty”* or piecemeal, only discovered or learned by accident or through chance: *“It [information] is very bitty and it’s only as people stumble on people, you know?”* (Jane).

The professionals provided some insights into the resource constraints they face in providing education for families of people who are trans. Professional 1 discussed how it is *“definitely”* challenging to meet the needs of families and described her service as *“stretched”*. The professional participants also explained that the numbers accessing their services have been continuously growing, particularly the numbers of parents of younger children accessing supports. Professional 4 eloquently described the lack of supports for families of trans people in the Republic of Ireland:

“I am utterly convinced, you know, that we’re only tipping the iceberg in terms of the support we’re offering. Like there’s so much more support required, you know?” (Professional 4)

Experiences with healthcare professionals

General Practitioners (GPs) play an important role in Irish healthcare, as they are typically the first interface between the patient and the healthcare system. In the consultation phase of the study, parents described the difficulty of accessing healthcare professionals who were knowledgeable and experienced with trans issues. Within the survey, Mother #1 described her challenge with:

“Finding healthcare professionals who are educated in treating and communicating with transgender individuals, treating them with dignity and respect and non-judgemental has been difficult for many families. Our GP was our first contact and although supportive we had to educate her and explain what treatment we needed and how to get it.” (Mother #1)

Two mothers described similar experiences with their GPs. Although the GP was supportive, it was also their first experience with a trans patient and they did not have the knowledge to treat a trans patient. This required the GP to learn more about trans healthcare issues, as described by Sinead:

“He [GP] himself said to me that he wasn’t totally okay with it either. He never had anyone through the clinic but...He said, ‘This is going to be a turning point for me now, too.’ So, he went off and learned all about it, too.” (Sinead)

Another mother described how she ended up having to teach the GP who knew “nothing” about trans-related issues (Marie).

One mother in the survey expressed the belief that staff at the Child and Adolescent Mental Health Services (CAMHS) require more training as “they treat transgender as a mental health problem” (Mother #8). This mother went on to express the view that trans identities should not be treated pathologically as trans people are just “in the wrong body and want to be free and happy like everyone else” (Mother #8).

Beyond a lack of knowledge, particularly within the survey, participants expressed concerns over the lack of available healthcare services for trans young people, as well as the wait lists for appointments. One mother asserted that the “wait for [hormone] blockers takes far too long”, describing how:

“It is not healthy for the trans young person to have to wait so long to avail of the necessary treatments.” (Mother #10)

Another mother expressed with some sense of foreboding:

“I hope that I don’t run out of time in any way. That my son doesn’t grow too impatient to have surgery. He often needs things NOW.” (Mother #2)

This issue of a lack of knowledgeable and trained healthcare professionals (including GPs, counsellors, and psychologists) as well as the structural difficulties with services (including the availability of services and providers) in the Irish context was highlighted by several participants. Marie expressed how:

“That’s the kind of sad part when you actually go to a health professional and they don’t understand it. What hope have we got?” (Marie)

Lack of education and information

Parents responding to the survey described a lack of information as to how best to support their child, with one mother citing a:

“Lack of support for the younger transgender, and for parents that don’t fully have knowledge or understanding.” (Mother #17)

Others wondered:

“How to best inform, educate and lead with my own direct family and immediate pals?” (Mother #4)

“What is the process going forward?” (Mother #14)

“What steps do I take to get my child the help they need?” (Mother #11)

All of the interview participants identified a lack of education and information opportunities for families of trans young people in the Republic of Ireland. In that context, they welcomed the development of an education programme to support families. Professional 4 simply stated that an education programme for families *“would be a great idea”*, while Professional 1 described how she felt an education programme could help families to feel less alone:

“When a parent contacts [the support organisation], they feel very much alone. They don’t maybe know that there is a trans community or thousands of trans young people in Ireland. So, I think it would be really beneficial for parents or family members when they contact to know that there is this information there.” (Professional 1)

One mother suggested that *“it would be much easier if there was more set information out there”* (Marie), while another described how she needed family-specific (versus trans youth-specific) information. The professionals highlighted how they felt they did not have enough educational resources to provide to families of trans young people. The issue of not having Irish-specific education resources was highlighted by all of the professionals as a major issue for them: *“I think there is a definite lack of information in Ireland for parents and for young people”* (Professional 1).

Others described how an education programme could be a useful *“starting place”* to which young people could direct their parents (Professional 2). Many of the participants described a need for education for families specifically, as well as a more general need for education and awareness raising about trans identities and issues within wider society.

Jane described how a lack of knowledge about trans identities in society compounded her difficulties:

“Some people they don’t know how to react to you, you know? Because to be honest, people aren’t educated with transgender...So, it can be tough and you’re trying to explain to them. I think people think it’s a sexual thing, more than a body thing...I think Ireland, they’re just not educated really to be honest.” (Jane)

Professional 1 stated how she felt that gender identity is not “*spoken about in Ireland enough*”, suggesting the need for awareness raising around trans-related issues. Similarly, Sinead described how she felt a greater level of understanding amongst general society would help with normalising trans identities, making it “*just another thing that’s out there*”.

Within this theme, the current state of education opportunities for families of trans young people within the Republic of Ireland was discussed, including the strategies families use to access education. In the next theme, participant recommendations for an education programme are reviewed.

5.2.5 Theme 4. Recommendations for an education programme for families of trans young people: “*What I was looking for was a pathway*”

Throughout the interviews, participants provided recommendations for the design of an education programme for families of trans young people. Several participants identified the need for an education programme which provided basic information for families of people who are trans, particularly at the point of learning they have a trans family member:

“I just would’ve liked [the information] a little bit more condensed and easier to get the very basic facts.” (Sinead)

Similarly, Jane described how it would be “*helpful if there is some, you know, some A to Z directory...like a good pathway for people*”. Professional 1 described the need for an education programme “*that can really support and...provide information*” for “*very basic steps initially*”, characterising the process as “*a lifelong journey for family members and for the young person*”.

Professionals and family members alike felt that it was important that information not overwhelm families, and that it provide a message of optimism, hope, and reassurance. Eimear emphasised the vulnerable position of families

when one of their members comes out as trans and cautioned that information should not overwhelm or alienate the family trying to access it:

“It feels like there was very little [information], maybe there was loads [of information], but the frame of mind I was in, maybe I didn’t see it, maybe I wasn’t hearing it. I definitely wasn’t hearing anything positive...I think what I was looking for was a pathway. ‘You do this first. You do this. You do this. You do this.’ And making it into bite size chunks...” (Eimear)

Professional 3 also emphasised the importance of not overwhelming families with information at the initial point of contact, suggesting that *“the first point of contact needs to be absolutely fluffy, cotton wool”*, encouraging and supportive. She underscored the need to *“normalise it in some way”* and emphasise what the family can do to support their child. Professional 1 felt it was important to reassure families and let them know that:

“Everything will be okay...it’s absolutely okay for your child to be expressing themselves this way, and, unfortunately, we just live in a society that enforces different things on us and just reassure them”.
(Professional 1)

Additionally, Sinead emphasised the importance of encouraging parents to be accepting of their child’s gender identity, highlighting that *“it’s not a choice the child has made...you just need to accept it and run with it”*.

Within the interviews and surveys, participants suggested various areas of importance for family education (see Table 5.2). These included definitions of gender identity and sexual orientation, trans-related issues in a number of areas (e.g. education, health, social, and legal), and how to access additional information and support.

- Definitions and terminology
- Gender identity versus sexual orientation
- How to use appropriate language to discuss gender identity and sexual orientation
- The idea of gender as a social construct
- First steps and a tick list of 'what to do' when learning a family member is trans
- Information specifically related to being a family member of a trans person
- How to manage emotional issues and concerns, including fear and worries about the future
- Trans-specific information for various age groups, including pre-pubescence and adolescence
- Guidance on dealing with gender expression, particularly in pre-pubescent children
- Guidelines, suggestions, or examples for 'coming out' as trans to others, including friends and family, and within the wider community
- Issues around social transitioning for trans people
- Medical and physical health issues, including physical transitioning, GPs, endocrinologists, and how to navigate the healthcare system
- Mental health issues, including how to access support, psychotherapy services, counselling, and how to take care of one's mental health
- School issues, including how to navigate the school system, trans-related school policies, and facilities
- Legal issues, including how to navigate the legal system, including Gender Recognition, deed polls, and changing names in medical records and schools
- Issues around safety and protection for trans people
- Information on how to access appropriate information and resources
- Information on how and where to access supports for family and trans family member

Table 5.2 Education programme content recommended in the consultation interviews and surveys

Within the interviews, participants were asked about their preference for an in-person or an online education programme, with most participants expressing a preference for an online format. Participants felt that an online education programme would enable access for a greater number of families, reduce travel times and costs, and allow greater flexibility in terms of access to the information. Marie described the advantages of an online format:

"I think initially at the get-go, online is kind of, in the privacy of your own home, you can kind of get this information, you can get your head around the whole thing..." (Marie)

Participants also emphasised that content should be accessible, relevant, and relatable. Various strategies were suggested for achieving this, including not being overly text-reliant, using easy-to-understand language, and using examples from the Irish context. It was felt that using highly technical language

would dissuade families and parents from accessing the education programme. One participant recommended that the programme be “*very accessible and simple English for people to understand*” (Sinead). Another described how she felt visuals, such as videos, cartoons, and illustrations, as well as using “*short concise bits of information*” were important (Eimear). Sinead described how stories from families and other parents in Ireland would have helped her relate better to the initial education she sought online:

“I just wanted ordinary, everyday folk telling me their story, telling me where you can meet up...” (Sinead)

The interview participants felt that any education programme developed should be directed at the entire family, with Professional 1 noting “*I think it would really benefit the whole family, siblings, and partners, definitely*”. Some of the mothers suggested that the education programme could be a resource that other people within the family could also access, including extended family. Eimear described how the education programme could be a potentially useful “*tool*” for families to tell others about their trans family member.

In this theme, participant recommendations for an education programme for families of trans young people were presented, including recommendations for its approach, content, format, design, and target audience. In the next theme, trans young people’s concerns around their family are discussed.

5.2.6 Theme 5. Family concerns of trans young people: “*Will they accept me?*”

The final theme encapsulates trans young people’s concerns about their family. Within the survey, trans young people were asked to list their concerns related to their family when they told their family (or when their family realised) they were trans. The purpose was to explore and identify trans young people’s needs around family so that it could inform the education programme design and content. In total, 38 individual concerns were identified and several key needs emerged, including: the need for understanding, acceptance, and respect; the need to be affirmed in their gender identity; the need for support; and the need for safety.

Young people described their primary need to be understood, accepted, and respected by their family. The trans young people expressed concerns around whether their family would actually understand their trans identity. One

participant was concerned *“that they wouldn’t understand what transgender means”* (Polygender, 16 years old), while another expressed how:

“I was worried they would not understand and I wouldn’t know how to explain being nonbinary.” (Genderblind, 16 years old)

Others were concerned that their family would not understand that being trans is innate to the person:

“I just wanted them to know I was still me, obviously things would change, but I’m still myself just a bit more open.” (Female, 18 years old)

“I wanted them to know that this wasn’t a change in me - I have always been a guy, it’s just that they didn’t know.” (Trans male, 20 years old)

The trans young people were also concerned that they would not be accepted or respected by their family. One participant succinctly stated how she was *“worried I wouldn’t be accepted”* (Female, 18 years old). Another trans male described how he wanted to be seen *“as equal to my brothers”* and for his family *“to understand that I’m a guy before medically transitioning – my gender is separate from my body”*. Similarly, another participant wondered: *“Will they ever see me as a male, e.g. a son/a brother?”* (Male, 15 years old).

Others were concerned about whether their family would fully accept and be happy for them as a trans person: *“Will they accept me?”* (Male, 15 years old) and *“Would they be able to be happy for me?”* (Male with a trans history, 19 years old). Two young people were particularly concerned about their families respecting their names and pronouns, with one trans man stating: *“[Please] call me right name and pronouns”* (Trans man, 17, years old).

The trans young people also expressed a need to be affirmed in their gender identity, detailing concerns that their family may not believe they were really trans and think their trans identity was ‘just a phase’. For example, one 14-year old male was concerned that his family *“might not believe me, they might have concerns/doubts, they might think it’s a phase”*. Similarly, a 19-year old female wrote that she *“was worried they would not believe me or acknowledge that this was who I am”*.

The trans young people further identified their need for support and were concerned about whether their family would be able to provide such support to them.

One participant was concerned about general support:

“I wondered would they react supportively or unaccepting and in the end they were EXTREMELY supportive.” (Male, 14 years old)

Other participants were concerned about whether their family would help them access medical, legislative or educational supports, with one participant wondering:

“Would they support me in any of my endeavours of medical or legislative transition?” (Male with a trans history, 19 years old)

Beyond support, the trans young people also expressed a need for safety and protection, with several comments detailing concern that the young people might experience negative behaviour from their family. Two participants were concerned that their family might compel them to leave the family home due to their trans identity: *“[Please] don’t kick me out”* (Trans man, 17 years old) and *“That they would react bad and kick me out”* (Polygender, 19 years old). The polygender participant was also concerned *“that they would be violent towards me”*. One comment centred around fears that their family would ‘out’ them as trans without their knowledge: *“I was concerned that they would tell others without my permission”* (Female, 19 years old).

The young person in the consultation interview also provided a unique insight into the coming out process from the point of view of a trans young person. He detailed how he felt he *“overwhelmed”* his mother when he came out. He described that although he had considered coming out for months and had done a lot of his own research on being trans, it was the first time his mother had heard anything about it.

“It was the first time she was hearing about all of this...Yet I’d been thinking about it for months. So, it was all very brand new and all kind of at once.” (Genderfluid, 19 years old)

Although his mother had not heard of trans identities, this was described as impacting positively on his mother’s acceptance, as all of the information she was given was positive, coming directly from her trans child. The genderfluid young person interviewed further described how he felt he had to clear up misconceptions his father held from his own upbringing, explaining that he would tell his father: *“No, that word isn’t nice...You can’t call someone ‘tranny’”*. The young person also described how he sought information to give his parents

but “*didn’t find anything Irish-specific*” and that “*there’s nothing where you can just give them the one thing*”.

Within this theme, the family concerns of trans young people were discussed, particularly as regards the importance of being understood, accepted, respected, supported, protected, and affirmed in their identity. The young person in the interview provided unique insight into one trans young person’s experiences providing education and information to their parents, suggesting a lack of coordinated resources for families. The differences and similarities in views on support needs from the perspectives of families and trans young people are discussed further in Chapter 9. In the following section, the implications of the consultation interview and survey findings are discussed.

5.2.7 Consultation interviews and surveys: Implications of findings

The findings of the Phase 1 Consultation interviews and surveys had a number of implications for the education programme design. First, the findings provided evidence of the need for an education programme for families of trans young people, highlighting a dearth of standardised, high quality education resources for these families in the Republic of Ireland. In addition, the participants made key recommendations for designing an education programme. A primary recommendation was that the education programme should be online. As the education programme was initially conceptualised as being in a more traditional face-to-face format, this was an unexpected finding with significant implications for the education programme design and development (described further in Chapter 6).

Furthermore, the findings highlighted important content areas for inclusion in the education programme. Using these recommendations, as well as findings from international literature, seven key areas of educational content were identified, each of which formed the basis for development of a module within the education programme: family basics; gender identity basics; life stage issues; social and community; schools; health and wellbeing; and legal issues. Participants also made important recommendations regarding other aspects of the education programme design, including the approach (basic, reassuring), format and design (online, accessible, relevant, and relatable), and target audience (the entire family).

Using these recommendations, the overarching goal of the education programme began to emerge. The education programme goal was identified: to provide basic trans-related information to families of trans young people in the Republic of Ireland in order to enable them to:

1. identify and discuss key issues related to their trans family member and being a family member of a trans person;
2. reflect on their own and their family's experiences;
3. communicate within the family about issues related to being/having a trans family member;
4. address any challenges the person, the family or the trans family member may be facing;
5. and know where to access additional supports and further resources.

It was important to limit the target audience for the education programme for a number of reasons. First, it was not envisaged as feasible within the scope of the study to address the education needs of both adults and children (because the pedagogical approaches for these groups are quite different). Second, the needs of trans people over the age of 18 are different as they are statutory legal adults compared to those aged 17 years or younger who are in the care of parents, legal guardians or the state. This distinction would have an impact on the content required for the education programme. Third, the findings from the consultation and international literature review (Chapter 2) suggested that adult family members, particularly parents, are in a strong position to support their trans family member. Finally, participants identified the importance of support for all members of the family, particularly mothers and parents of younger children. For these reasons, the target audience for the education programme was identified as adult family members (18+ years of age) of trans children and young people (17 years of age or younger) in the Republic of Ireland.

Using this information, a draft website home page and a sample content page for the proposed education programme were developed in partnership with a web developer (see Figure 5.2 and Figure 5.3). These proposed website pages were then reviewed with professionals in the partner organisations as described in the following section (Section 5.3).

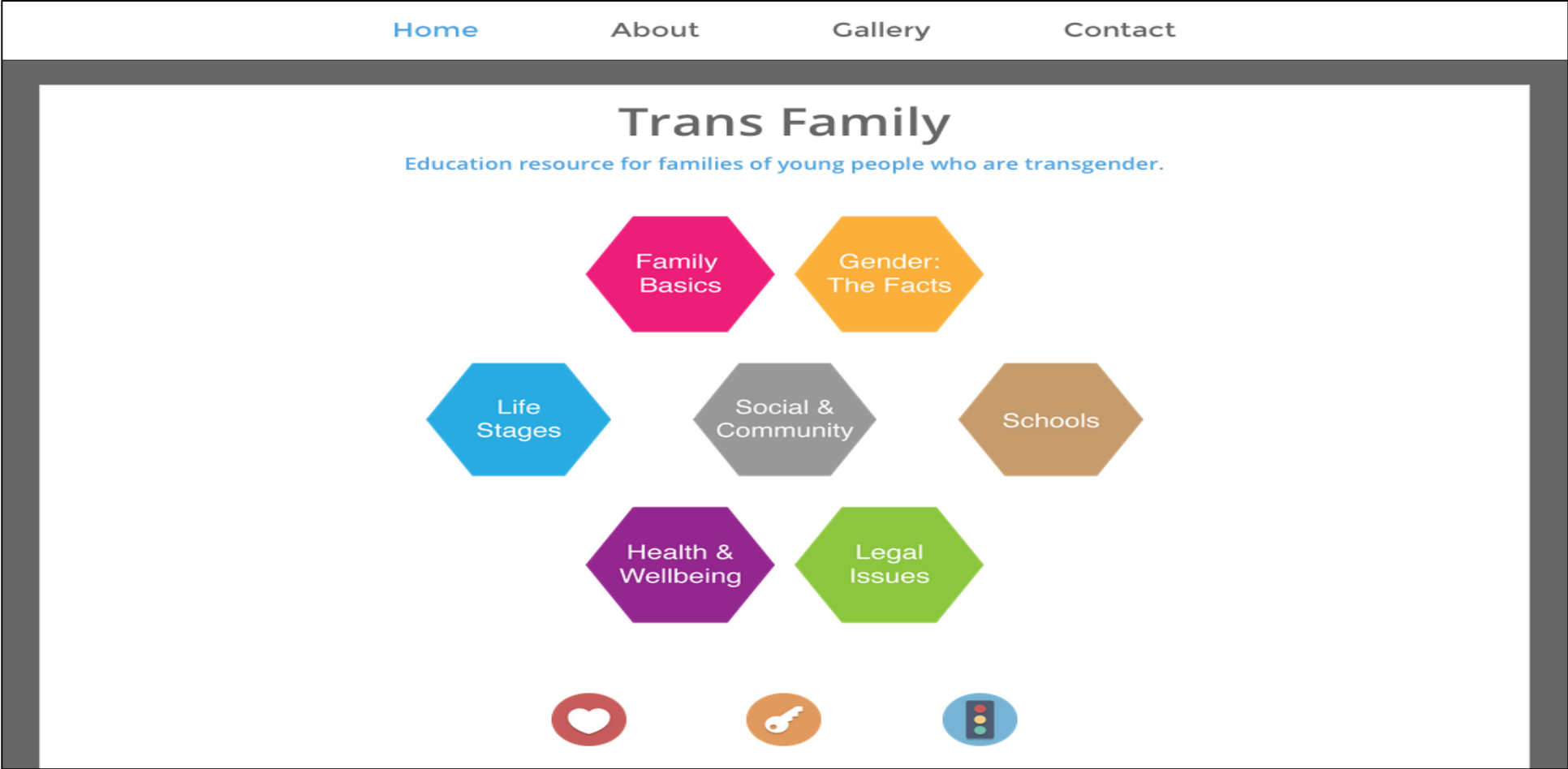


Figure 5.2 Screenshot of the draft design of the education programme website homepage

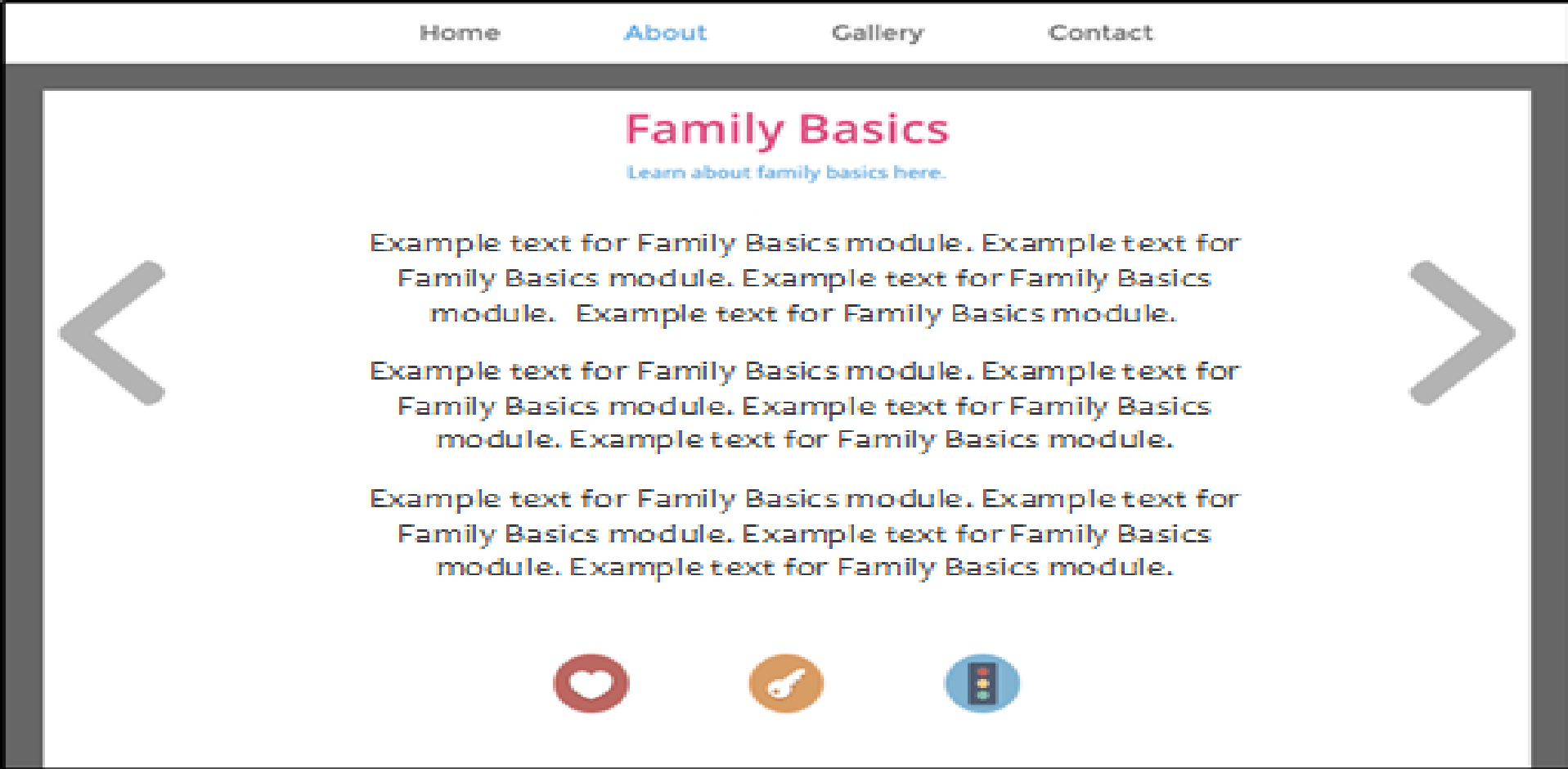


Figure 5.3 Screenshot of the draft design of the education programme website content page

5.3 Feedback interviews with study partners: Findings

Within the current study, the Community-Based Participatory Research (CBRP) approach encouraged the involvement of community members throughout the study phases. Keeping in line with this methodology, feedback was elicited throughout the study from the four study partners in TENI and BeLonG To through both formal and informal mechanisms. After completing the consultation interviews and surveys, formal interviews were conducted with the study partners in TENI and BeLonG To. These interviews explored their views of the proposed design of education programme and any recommendations, concerns or questions they had regarding it (see Appendix 11 for the interview guide). In this section, findings relating to these partner interviews are presented within three main themes: overall views on the study's development; views on the education programme design; and future involvement and participation.

5.3.1 Overall views on the study's development

The professionals were overwhelmingly positive about the direction the study was taking:

"I think I love it [the proposed education programme], you know, certainly it's something that's lacking." (Professional 2)

"I think what you've done is really, really, really good...I love the way you're thinking about it and everything..." (Professional 4)

The professionals felt the online education programme would fill an important gap in the services they were currently able to provide to families. They described it as a resource they would encourage families to use:

"Having something like that's online is amazing, like really, really great that we could kind of just direct em parents and family members to." (Professional 1)

The inclusivity of various participant groups was felt to be a positive part of the study:

"You're inclusive of everybody. You're meeting people. You want people from on the ground...Parents, young people...so that's brilliant." (Professional 1)

Two of the professionals were asked specifically if they had any concerns about the study to date. Both responded very positively indicating they did not think

the study was “*missing the mark*” (Professional 4) and that they felt the proposed programme had “*everything kind of covered*” (Professional 1).

5.3.2 Views on the education programme design

The professionals all supported the proposed online format of the education programme. They described the internet as a widely used resource by families within their organisations and felt that the online format would allow families to access information in the privacy of their own home. Furthermore, the families would be in control of the pace of accessing the information, which was viewed as particularly important if a family member was distressed:

“If they’re distressed and they’re reading it...they can leave it...They can stay away from it for a week. They can go back and click in again and read another bit when they’re able for it, do you know?” (Professional 4)

The intended level of complexity of the content was also explained to professionals. It was described that the level of the education would be basic and easy to understand for people without a health science or medical background, as compared to high-level or complex content. Information about how to access to further resources and additional support would also be provided. The professionals reacted positively to the level of information proposed to be included in the programme, with Professional 2 stating how it could be a “*stepping stone*” for supporting families.

It was explained to all professionals that the approach would be one of reassurance, positivity, and hopefulness. One professional suggested that the education programme should explicitly take into account what families may be feeling emotionally when they are accessing the programme. She suggested this could be achieved by adding a “*words of wisdom*” section (Professional 4). The purpose of this section would be to reassure families; all of the other professionals also supported this idea. It was further described how all content included in the education programme would be evidence-based. The professionals reacted positively to this as demonstrated by Professional 1 who cautioned about the “*scary kind of misinformed websites*” that parents may come across in their search for information.

The professionals responded very well to the draft website pages (Figure 5.2 and Figure 5.3). Professional 1 described it as “*brilliant*”, and Professional 2 simply stated, “*I like it! I do like it*”. Professional 3 felt it looked friendly and

approachable, while Professional 4 expressed: *“I really like the idea of this [referring to website design document]”*.

Overall, the professionals responded very positively to the content identified in the consultation interviews (see Table 5.2): *“That’s really good”* (Professional 3), *“I think they’re all very relevant areas”* (Professional 4), and *“Very good...yeah, yeah, I like them”* (Professional 2). The professionals also provided recommendations for additional content for the modules, including content on trans-related issues in work, playgroups, and sports. After the interview, one of the professionals discussed how parents have significant worries and concerns about the future for their child. She suggested adding a section on ‘the future’ to address these concerns.

It was explained to all of the professionals that the education programme would be targeted at adult family members (18+ years of age) of trans children and young people (17 years of age or younger). The family would be considered in the broadest sense, including parents, guardians, brothers, sisters, cousins, aunts, uncles, grandparents, and other extended family. The professionals all agreed that the family was an important target group for information, with two highlighting siblings as being particularly important. One described the importance of including siblings’ issues from the point of view of parents and guardians, for instance, around guidance on how to explain a young person’s trans identity to their sibling(s). She also suggested having a section exclusively for siblings, such as a ‘Frequently Asked Questions’ section or a short video (Professional 1). Another professional also felt it was important to explicitly include siblings, as they *“can get lost in a sea of chaos in the family”* (Professional 4).

5.3.3 Future involvement and participation

During the interview, each professional was asked again if they would continue to be involved in the study and, if so, to what extent. All of the professionals agreed to continue to participate in the study. The two professional participants from TENI were also asked about whether TENI might be involved in the ongoing maintenance of the education programme, and it was agreed that TENI was interested in this role. At this time, formal endorsement for the study was sought and received from both TENI and BeLonG To Youth Service.

5.3.4 Feedback interviews with study partners: Implications of findings

The interviews with study partners were overwhelmingly positive. The professionals were enthusiastic about the study's overall development and spoke positively about all aspects of the proposed education programme, including the approach, format, design, content, and target audience. All of the professionals were willing to continue their participation in the study and several expressed feeling that the education programme would impact positively on their own and their organisation's work. The professionals made several recommendations for improving the proposed education programme, including additional areas for content. Based on these recommendations, additional content areas were developed on trans-related issues in pre-school settings and within the community. A new module on 'The Future' was also added, which focused on providing reassurance to families about their own and their trans family member's future (which also emerged as a major concern for families in the consultation). A special section on the website for siblings was also designed.

5.4 Summary

The professionals, family members, and trans young people who participated in the consultation phase of the study provided rich data about the education experiences and needs of families of trans young people, and findings were presented along five main themes. The first four themes focused on education from the perspective of family members of a trans young person. Family responses to learning a family member is trans were discussed, including the shock, confusion, loss, and grief some families may experience. The need for support for the family at this stage was highlighted. Next, the role and impact of education on families of trans young people was discussed. The way in which a lack of education and knowledge in relation to trans issues can add to families' confusion and difficulties was presented. In the next theme, the current state of available education for families of trans young people in the Republic of Ireland was discussed, including the strategies families use to access education. A general lack of available, high quality education resources for families was highlighted. Theme four presented participants' recommendations for an education programme. They suggested that the education programme be online and include basic, accessible, and relatable content for families of trans young people.

The final theme focused on trans young people's concerns related to their family. Trans young people identified their main concern as being whether family members would understand who they are – both literally in the sense of what it means to be trans and more figuratively in the sense that being trans is an innate part of their being. In addition, trans young people were concerned around their families' perceptions of their identity and whether their family would be able to accept them for who they are. Several participants were concerned that their family would not believe they were trans or think 'it's just a phase'. Others had concerns over whether they would receive support from their family, while some feared being compelled to leave the family home or being on the receiving end of violence. The trans young person in the interviews provided unique insight into one young person's experiences with providing education and information to their parents. He suggested there was a deficit of education resources for trans young people in the Republic of Ireland to give to their families to help them understand their trans identity.

Using these findings, a proposed education programme design was developed, which included seven learning modules. A draft website homepage and content page were also developed. Aligning with the CBPR methodology, the phase also included additional interviews with study partners which assessed professionals' views on the proposed education programme design, the development of the study, and their interest in continued participation in the study. The professionals voiced enthusiasm and were positive about the study's progression and the design of the education programme. They also made some recommendations for further development of the programme, including the development of an eighth module on 'The Future'. All of the professionals also agreed to continue with their participation in the study.

The consultation findings were used in Phase 2 to inform the design and development of the education programme. This process is described in the following chapter, Chapter 6.

Chapter 6. Phase 2 Design and Development of the Education Programme

6.1 Introduction

Following the consultation, the design and development of the online education programme began. The process of designing and developing the education programme is described in this chapter. As can be seen by the red box highlighted in Figure 6.1, this phase was situated in the middle of the multiphase study design. The education programme evolved through a design-evaluation-redesign process involving participation from education specialists, professionals, family members of trans young people, and trans young people. This process culminated in the creation of 'GenderEd.ie', a free online education programme for families of trans children and young people in the Republic of Ireland.

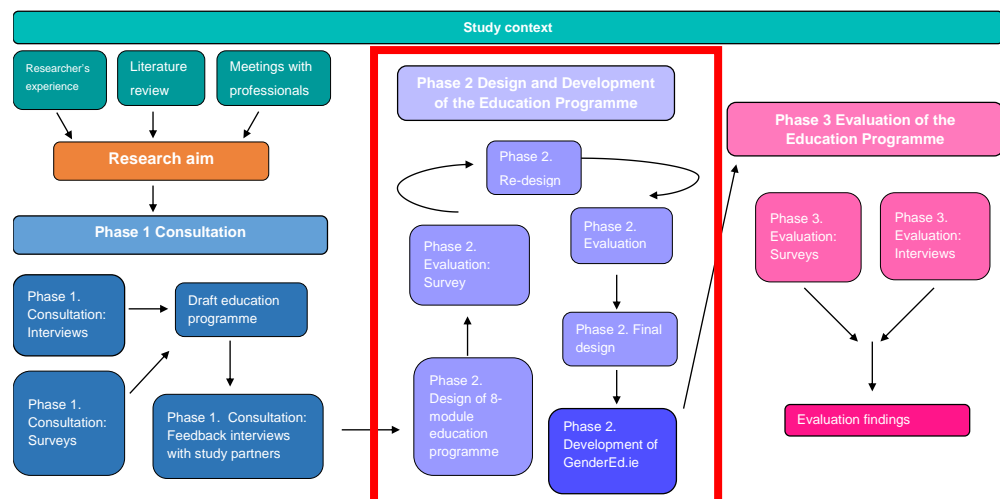


Figure 6.1 Positioning of the Phase 2 Design and Development of the Education Programme within the multiphase design

6.2 Designing the education programme

As discussed in Chapter 3, Huntley-Moore and Panter's (2015) learner-centred outcomes-based approach to module design emerged as a suitable guide for designing the programme. Their seven-step approach provides the key steps in module design within a circular model, as depicted in Figure 6.2. Within the model, evaluation is featured centrally as it is an activity which is undertaken continuously as a means of refining each stage of the process in relation to the others. It is important to note that while the steps are discussed sequentially in the following sections, the design process was much more iterative, with some steps occurring concurrently and movement forwards and backwards between them.

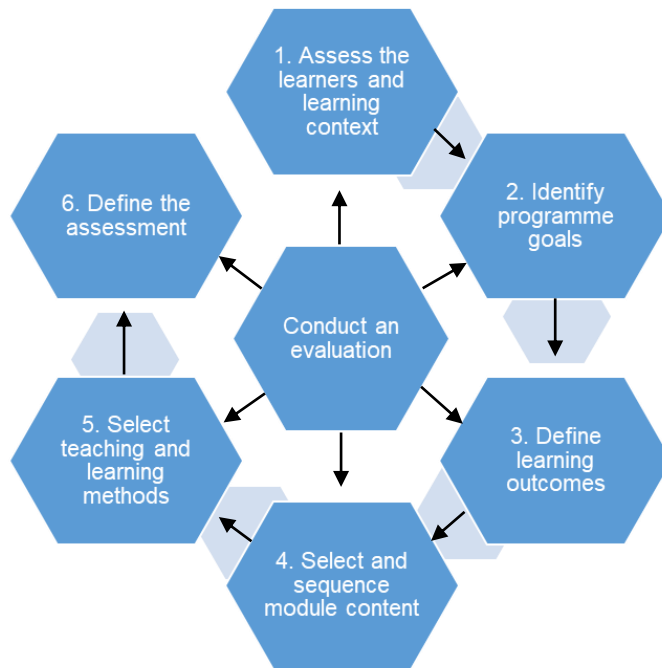


Figure 6.2 An overview of Huntley-Moore and Panter’s seven-step approach to module design

In the following sections, information is presented about how each step of Huntley-Moore and Panter’s (2015) framework was used to guide the design of the education programme.

6.2.1 Step 1. Assess the learners and the learning context

Step one occurred as part of the consultation during Phase 1 which explored families’ trans-related education and information needs from the perspectives of professionals, family members, and trans young people. The target audience for the education programme was identified as adult family members (18+ years of age) of trans children and young people (17 years of age or younger) in the Republic of Ireland. The findings from the consultation which are described in full in Chapter 5 provided a crucial context for understanding both the practical education needs of families, as well as the emotional context in which they may be accessing the education programme (Laurillard 2002). The findings indicated that when families seek information related to trans issues and identities they may often be confused, feeling overwhelmed or grieving. Therefore, it was important that the education programme not contribute or add to such feelings, reflecting Mortiboys’ (2012) concept of emotional intelligence and the need to create a positive emotional climate for learning (as discussed in Chapter 3).

In the context of this programme, a number of strategies were used to help contribute to a positive emotional climate within the education programme. For instance, to alleviate any anxiety or worry about engaging with the programme, clear sign posting was provided about how to use the programme (a 'Before You Begin' video), what learners could realistically expect to learn from each module (learning outcomes), the content which was included in each module (introduction videos), and learner maps detailing the learner's position within the programme (described further in Step 4). It was also important to ensure learners felt a sense of control by giving them choice of when and how much of the programme they accessed at any time.

Furthermore, it was important that the programme not overwhelm or frustrate learners. Hence, all content included in the programme was pitched at an appropriate level, in small learning units, using appropriate and accessible language (described further in Step 4). In addition, throughout the programme, the potential emotional difficulties learners may be experiencing were explicitly acknowledged, rather than sidestepped. It was hoped that by acknowledging learners' potential emotional concerns it would help them to feel recognised, respected, and understood (Mortiboys 2012). Finally, learners were encouraged to seek additional emotional support by linking in with family support groups or other means of support.

6.2.2 Step 2. Identify programme goals

Having assessed the learners' characteristics and needs, it was possible to formulate appropriate programme goals that provided an overarching framework for the modules (Huntley-Moore & Panter 2015). These programme goals are presented in Table 6.1.

By the end of this programme, the learner should be able to:

- identify and discuss key issues related to their trans family member;
- identify and discuss key issues related to being a family member of a trans person;
- reflect on their own and their family's experiences;
- communicate within the family about issues related to being/having a trans family member;
- address any challenges which themselves, their family, and trans family member may be facing; and
- know where to access additional supports and further resources.

Table 6.1 Goals of the education programme

6.2.3 Step 3. Define learning outcomes for each module

The education programme was divided into eight modules, with each module being “*the basic building block of a programme of study*” (Huntley-Moore & Panter 2015: p.7). The learning needs identified during the consultation were grouped into broad topics which formed the titles of each module (see Table 5.2 and Table 6.2).

Module number and name	Broad module topics
Module 1. Gender Identity Basics	Gender identity issues generally, including terminology and the differences between gender identity and sexual orientation
Module 2. Family Basics	Family issues, including how families feel upon learning they have a trans family member and what they can do to support themselves and their family members
Module 3. Life Stage Issues	Specific issues for pre-pubescent children and trans adolescents
Module 4. Social Transitioning	Social issues, specifically around how to ‘come out’ to others in the community and what ‘social transitioning’ means
Module 5. Health and Wellbeing	Issues around both mental and physical health and how to access healthcare supports
Module 6. Schools and Other Educational Settings	Educational issues, including how trans children and young people can transition in school
Module 7. Legal and Administrative Issues	Legal and administrative issues, including what the important legal documents are for trans young people and how to apply for them
Module 8. The Future	Issues around the future and how a trans child or young person can have a happy and fulfilling life

Table 6.2 Modules within the education programme

The next task was to develop a set of learning outcomes for each module. Essentially, a learning outcome is a statement specifying a desired change in a learner’s knowledge, attitudes or behaviour, or to put it another way, it is what a learner should know, feel or be able to do upon successful completion of the module (Huntley-Moore & Panter 2015). According to Gagné (1985), establishing learning outcomes can also help motivate the learner and enhance

their interest in the module. For example, Table 6.3 presents the learning outcomes for Module 1 ‘Gender Identity Basics’.

By the end of this module, you should be able to:

1. understand key terminology around gender identity, including the term ‘transgender’;
2. distinguish between gender identity and sexual orientation;
3. identify how many people in society may be transgender; and
4. understand why it is important to use appropriate language when talking to, with, or about your transgender family member.

Table 6.3 Learning outcomes for Module 1 ‘Gender Identity Basics’

The first three learning outcomes are focused on the cognitive domain, specifying knowledge outcomes for learners. The fourth learning outcome (‘understand why it is important to use appropriate language when talking to, with, or about your transgender family member’) is concerned with impacting on learners’ attitudes towards language related to gender identity. Other modules included behaviour-focused learning outcomes, such as ‘By the end of this module, you should be able to communicate with others about your transgender family member’.

6.2.4 Step 4. Select module content and sequencing

Next, content for each module was selected and sequenced. In keeping with a constructive alignment approach, the learning outcomes for each module determined the selection of content. This was an iterative process, requiring drafting and re-drafting of both the learning outcomes and associated content to ensure alignment between them. Accessibility of the content was also an important consideration. Content needed to be easy-to-understand, jargon-free, and clear in order to meet the learning needs identified during the consultation. This reflects Clark and Mayer’s (2003) personalisation principle which asserts that people learn better when words and text are in a conversational, rather than formal style, emphasising the need for accessible, colloquial content.

Ensuring accessibility of content was a very time-intensive process as it often required synthesising significant amounts of literature into clear, “*bite size chunks*” of information sufficient for the learner to easily process (Gagné 1985, Gagné *et al.* 2005). Clark and Mayer’s (2003) segmenting principle was applied by separating the programme content into eight individual modules and dividing the content within each module into individual sections or learning units. Where

relevant information was not publically available about a certain topic, for instance trans-related health or legal issues in the Republic of Ireland, TENI provided the relevant information.

The selection of content was also informed by the theoretical approaches underpinning the study (described in greater detail in Chapter 3). For instance, throughout the programme, learners were presented with an understanding of gender based on the gender affirmative theory and model (Hidalgo *et al.* 2013, Edwards-Leeper *et al.* 2016). Learners were encouraged to view gender through the lens of this theory, which suggests that gender may be fluid and diverse, that gender development is complex, and that this is a natural, not pathological, phenomenon. Furthermore, in line with this theory, family members were encouraged to support their trans family member throughout the education programme (Ehrensaft 2011a). It was hoped that the inclusion of gender affirmative content might facilitate participants' development of their understanding in relation to gender, reflecting a transformative learning approach (see Chapter 3) (Mezirow 1991, 1994).

Reflecting the family systems theory, learners were encouraged to take a holistic view of the family and the trans young person, with content emphasising a family-focused approach (Bowen 1976, 1993). The importance of considering the impact that a young person's trans identity may have on each member of the family, including the trans young person, their siblings, and their parents was also highlighted. The human ecological theory was also reflected by programme content highlighting the various systems in which the trans young person and their family may interact, such as education, healthcare, and the wider community (Bronfenbrenner 1979, 2005).

In terms of content sequencing, some information was logically a pre-requisite for understanding other information. That is, it would be challenging for a learner to understand some of the information in certain modules without first understanding the information in other modules. As a result of this reasoning, a numbered sequence of the modules from one to eight emerged (see Table 6.2). A similar pattern emerged within each module itself, with the earlier module content scaffolding later content, reflecting the associative learning perspective (Gagné 1985, Gagné *et al.* 2005).

According to Ebata and Dennis (2011), it is important to provide clear learner maps, signposting the learner as to where they are in the programme at a given

time and to where they will be progressing. Helping the learner to situate themselves within the programme was accomplished by firstly, numbering the modules one through eight and secondly, by including learner maps within each module which visually indicated where the learner was within the module. The learner map also allowed the learner to click ahead or back within the module depending upon their needs. The features of the learner map in one of the modules are highlighted in red in Figure 6.3.



FAMILY BASICS

[Introduction](#) → [Learning Outcomes](#) → [Part 1](#) → [Part 2](#) → [Part 3](#) → [Summary](#)

LEARNING OUTCOMES

By the end of this module, you should be able to:

1. Reflect on your own feelings/questions/concerns about having a trans family member
2. Consider what feelings/questions/concerns your trans family member may be experiencing
3. Consider what feelings/questions/concerns your other family members may be experiencing in relation to having a trans family member
4. Identify your family's behaviours that support your trans family member
5. Identify where to learn more in relation to families who have a trans family member
6. Know where to access additional support for your family



Figure 6.3 Screenshot of learner map in Module 1 'Family Basics'

Complementing the learner maps, Clark and Mayer's (2003) signalling principle was applied by including cues about the organisation of the programme, such as introductions explaining the module layout and by using signalling words such as 'next' and 'final'. The programme also included a 'Before You Begin' video which provided information to learners about how to use the programme and progress through it. In addition to the eight modules, the website also had three separate pages, including 'Further Resources', a 'Support Services' section, and an 'About' page. Providing opportunities for participants to gather additional information and support was considered essential in supporting the participants (Ebata & Dennis 2011).

Within this step, a final synthesis and refinement of the modules occurred. Only content necessary to meet the learning outcomes was included and learning outcomes were added or modified as required. Finally, the modules were reviewed for accuracy, language, and tone. Having identified and sequenced the content and ensured that only that content which was necessary to achieve the learning outcomes was included, the next step was to select appropriate teaching and learning methods and identify available resources.

6.2.5 Step 5. Select teaching and learning methods

In step five, the teaching and learning methods that were most likely to help learners achieve the learning outcomes were selected. In making these selections, two factors were considered paramount. Firstly, the extent to which a certain method may be likely to encourage a deep approach to learning and secondly, the extent to which it would promote active engagement (Anderson & Krathwohl 2001, Huntley-Moore & Panter 2015).

In developing the education programme, the availability of resources also had to be considered. While it was relatively low-cost and simple to develop text content, the production of videos was far more resource-intensive. Furthermore, while the inclusion of more interactive elements (such as quizzes) was considered, the development was limited by financial constraints. Thus, it was essential that the selection of methods be considered within this specific resource context.

In keeping with the constructive alignment approach, the learning outcomes determined the selection of teaching and learning methods. For instance, the first three learning outcomes in Module 1 require the learner to have achieved

a basic comprehension of the content (Table 6.3). The informational video was selected as the teaching method, which is comparable to a traditional lecture format, and therefore appropriate for a learning outcome that only requires basic comprehension, rather than analysis, application or evaluation of information (Bloom *et al.* 1956, Anderson & Krathwohl 2001). Clark and Mayer's (2003) multimedia principles suggest that text combined with visual elements may enhance online learning, thus supporting the use of an informational video with subtitles (as compared to solely text on the screen). The information videos were further enhanced by implementing a number of Clark and Mayer's (2003) online learning principles, including by:

- providing information about key terms in advance of videos (pre-training principle);
- including videos with a visual element, narration, and subtitles (modality principle);
- including only necessary visual elements, narration, and on-screen text (coherence principle);
- presenting text next to its corresponding visual element, rather than further away from it (spatial contiguity principle); and
- presenting text simultaneously with its corresponding visual element, rather than successively (temporal contiguity principle).

The informational videos also included presenters from the trans community, and personal stories from family members and trans young people were included throughout the modules. It was hoped that these personal elements would contribute to the programme's sense of authenticity and relatability for participants, fostering engagement and reflection (Taylor 2007). A screenshot example of these personal stories is presented in Figure 6.4.



FAMILY BASICS

[Introduction](#) → [Learning Outcomes](#) → [Part 1](#) → [Part 2](#) → [Part 3](#) → [Summary](#)

PERSONAL STORIES

In this part, take some time to read stories from other families about their experiences of finding out they had a transgender family member



“ I found we all responded differently in the family. Some members were on board straight away and others needed more time to process it. My strategy was to model acceptance. If I was fine the rest of the family were too.
— Mother of a 20-year old trans young person

“ Despite her young age, we were beginning to realise that our daughter may be gay but it was a big shock to us when she said she felt she was actually a boy. We found it very hard to think about any positives to this scenario and were very worried about how telling others would affect our family. We knew we would stand with our child no matter what but would others stand with us? We have not encountered any negativity. Everybody is being very supportive, no matter what their age. It felt better after we had told people and we realised that we were not going to be ostracised.
— Mother of an 11-year old trans young person

“ Absolutely shocked but it also explained a lot of underlining behaviours, e.g. isolation, anxiety and depression. Also feeling, oh my god, what do we do now? What will people say? How are we going to tell our family?
— Mother of a 20-year old trans young person

“ When my child first presented, I experienced many different emotions. I was upset and angry that I was losing my hopes and dreams of having a son. I hoped that it was just a phase and maybe he was confused. I was also afraid of the unknown and worried what sort of a future my child would have, how friends and family would treat us in the future.



Figure 6.4 Screenshot of personal stories in Module 1 ‘Family Basics’

6.2.6 Step 6. Define the assessment

The education programme was not designed as a course for seeking educational credit towards a formal qualification. Rather, it was assumed that people who accessed the programme were intrinsically motivated by their own personal interest in the material and its relevance to their lives. Furthermore, during the consultation phase, participants described how families could feel overwhelmed and emotional when first attempting to access information related to trans issues. While assessment can serve a number of purposes, such as providing feedback to learners and determining the extent to which learners have achieved the learning outcomes (Huntley-Moore & Panter 2015), within the context of this particular education programme, any formalised assessment would be counter to the programme's intended purpose. In this context, formal assessment may have caused participants to skip over content or even avoid the education programme all together. Therefore, formal summative assessments, such as a quizzes, tests or essays which provide a mark or a grade, were not deemed appropriate. Each module, however, did include informal self-assessment activities which were designed to help learners to achieve the module learning outcomes and included reflections, discussions, brainstorming, and journal activities. Gagné suggests that such activities can help learners apply, retain, and transfer learning into their own situations (Gagné 1985, Gagné *et al.* 2005), while Mezirow (1991) highlights how critical self-reflection is a central facet of transformative learning.

6.2.7 Step 7. Conduct an evaluation

Initially, it was only intended to conduct an evaluation of the entire education programme once the design and development process was completed and the programme was published online. However, it was soon realised that it was more in keeping with the module design framework (see Figure 6.2), as well as more cost and time efficient, to evaluate the programme *before* it was published online. Therefore, once the draft education programme was complete, a survey evaluation of each of the eight modules was conducted. Each module was evaluated by at least one participant from each of the four participant groups: education specialists, professionals, family members of trans young people, and trans young people. Table 6.4 presents the number of participants who evaluated each module broken down by participant group.

Module number and name (total number of participants)	Education specialists	Professionals	Family members	Trans young people
1. Family basics (n=11)	2	1	5	3
2. Gender identity basics (n=8)	2	1	2	3
3. Life stage issues (n=7)	2	1	1	3
4. Health and wellbeing (n=7)	2	1	1	3
5. Social transitioning (n=8)	2	1	2	3
6. Learning environments (n=8)	2	1	1	4
7. Legal and administrative issues (n=7)	2	2	1	2
8. The future (n=7)	2	1	1	3

Table 6.4 Number of participants involved in module evaluation by participant group

A numerical breakdown of participants' responses to each of the questions on the evaluation form is available in Appendix 28. All evaluation responses were grouped into five categories: positive comments; minor recommendations; major recommendations; recommendations outside the scope of the education programme; and challenging or complex recommendations. Positive comments were those in which the participants praised the module or the overall education programme. For instance:

"This is very well written, respectful and true to our experiences. This is going to help a lot of people. Thank you! <3" (Trans young people)

"I think your information will be extremely helpful to trans kids, their families and my fellow healthcare professionals. So congratulations and very well done." (Family member)

It was heartening to receive positive comments regarding the education programme design. These comments helped encourage and motivate the researcher, serving as a reminder that the study was addressing a real need in the lives of trans young people and their families.

Some of the recommendations for changes were classified as minor. These included suggestions for word substitution or phrasing or adding information about an additional resource or support service. These minor recommendations required minimal changes to the education programme and could be made in a relatively straightforward way. Some examples of these suggestions included: *"Use they instead of he/she"* (Trans young people) and *"Change learning outcome language to 2nd person"* (Education specialists).

Major changes were also recommended. These included developing new content or revising the layout of content. For instance, entire new sections of

content related to hormone blockers, passport applications, and siblings were added as a result of evaluation feedback. On occasion, these changes necessitated revision of the module learning outcomes. Some of the recommendations for content were outside the scope of the programme. While at other times, participants made suggestions for adding content that was already covered in other modules.

Some recommendations were more complex and, at times, the various participant groups disagreed about particular aspects of the modules. A major recommendation that emerged was the importance of using more inclusive, less patronising language throughout the programme. The professionals, in particular, recommended using more gentle language and avoiding sweeping statements. For instance, using words like ‘may consider’ versus ‘should’, ‘might’ versus ‘will’, and ‘some’ versus ‘many’. Two important comments from the professionals included:

“Issues with language – sometimes too hard/harsh, needs to be softer. Sometimes comes off as patronising or condescending.” (Professional)

“I think and similar to other [module] specifications, the language directed at the parent is a little patronising. I found in my role if you use this tone you may lose them and then there may be no support for the child.” (Professional)

These findings were reflected in family members’ feedback which emphasised the importance of using language that recognised the diversity of family experiences. For instance, while some families may be struggling in adjusting to their trans family member’s identity, others may not be. One exemplar comment was:

“The information needs to be balanced to account for those families that are aware of transgender and don’t experience any surprise when their child tells them they are trans.” (Family member)

Similarly, another family member suggested: *“I think some of the information could benefit from being more neutral”*. While one family member highlighted how they wanted *“more reassurance”* around trans issues *“as this discussion of gender identity is quite scary”*, another family member expressed their views:

“I feel that the information presumes that parents and families will struggle to come to terms with the knowledge that they have a trans family member. While I know this is the experience for many families, this couldn’t be further from our experience.” (Family member)

These quotes highlight the diversity of family experiences and provided the impetus for revising the language within the programme to reflect and acknowledge such diversity.

Perhaps unsurprisingly, the trans young people in the evaluation were outspoken about the need for unconditional family support:

“Stress how as a family member you should support the trans individual and it’s not a choice to support them.” (Trans young people)

While their concerns were acknowledged and valued, adding content that suggested to family members that they did not have a choice in supporting their trans family member directly contradicted recommendations from professionals and family members, with one professional suggesting the use of even “*softer language*”. In order to address this recommendation, it was necessary to consider the target audience for the education programme: families of trans young people (as compared to young people themselves). Therefore, no changes were made as a result of this recommendation.

A number of trans young people also wrote that they felt “*very uncomfortable*” with the inclusion of the loss and grief model (Kübler-Ross 1969), as they suggested this can be used by parents “*as an excuse to be unsupportive*”. While the young people’s concerns and their experiences were appreciated, the findings from the current study and international research suggest that some, although not all, families will experience feelings of loss and grief (Gregor *et al.* 2016). Therefore, it was important to include evidence-based research and content, even if the young people did find it uncomfortable or challenging to their own experiences. Given consideration of these findings, content on loss and grief was included in the programme.

Other trans young people made recommendations in relation to young children and gender identity: “*Just remind parents that young children can know they’re transgender. Children do know themselves*”. This recommendation was made in relation to Module 3 ‘Life Stage Issues’. No changes were made to the module, as the module content already encouraged parents to affirm and support a young child who asserts their gender identity. However, research suggests that some of these children will change their gender identification, suggesting it is important for parents not to make assumptions about their child’s gender identity or long-term outcomes (Coleman *et al.* 2011). This is also in line with the gender affirmative approach (Hidalgo *et al.* 2013).

These more challenging or complex recommendations were reviewed in collaboration with the researcher's supervisors and in discussion with professionals in order to gain their insight and views. The decision to make or not to make changes to the module content in response to participant recommendations was not always an easy or straightforward decision, and sometimes could be quite complex. Inherently, the researcher wanted to honour all of the participants' recommendations, however, it was also important to ensure:

- that the education programme content reflected the programme goals;
- that there was alignment between all aspects of the programme, between the modules and within the modules;
- that the programme reflected the gender affirmative theory and model underpinning the programme; and
- that the proposed recommendations were supported by evidence and research.

This challenge is discussed further in Chapter 8.

6.2.8 Re-evaluation

Having redesigned all the modules based on the survey findings, the professional participants were invited to review the revised modules. It was not possible to include an additional evaluation with family and young people due to time constraints. At this stage, the professionals only suggested very minor changes to the module content, which were given verbally over the phone and through email. Once these changes were made and approved by the professionals, the education programme design was finalised.

6.3 Development of the education programme

6.3.1 Consultation and upskilling process

As online learning was a relatively new area for the researcher, in addition to familiarising herself with the literature, the researcher engaged in a consultation process with key people throughout the university who were able to provide further information on online learning. These included meetings and correspondence with an educational technologist, an online learning manager, the associate dean of online learning, and various academics and researchers

who engaged in online learning as part of their research and teaching. Through these meetings, the researcher was able to learn first-hand about the strengths and weakness of online learning, strategies to increase learner engagement, and tips for avoiding the pitfalls of online learning. In addition, the researcher undertook an online course run by the University of Nottingham titled 'Designing E-Learning for Health'.

6.3.2 Development process

The researcher met on an ongoing basis with a web developer who assisted with the website design and managed the development. The web developer was both a professional acquaintance and a personal friend of the researcher, allowing the opportunity to brainstorm together and explore various formats of website design. The development process was driven by the need for the education programme to be as accessible by as many participants as possible and was informed by the National Disability Authority's Centre for Excellence in Universal Design's web accessibility guidelines (National Disability Authority Centre for Excellence in Universal Design 2014a). At all times, the primary aim of the development process was to help the learners achieve the learning outcomes of the programme, rather than, for instance, enhancing the website design.

The development also included a request for personal stories from families and trans young people about their experiences to include within the education programme. A number of topics related to trans issues and life experiences for the stories were provided to participants. In order to contribute a written story, a participant had to be 18 years of age or over, living in the Republic of Ireland, and a family member of or a trans young person themselves. All participants were informed that excerpts from the written stories would be included on the education programme website, and that no identifying details would be included. Both the participant information leaflet and informed consent form explicitly stated this information. The gatekeepers invited all members of the TransParenCI family support group and all those aged 18 years and over of IndividualiTy trans young people's support group to participate in writing stories. In total, eight adult family members and six trans young people provided personal stories.

A number of videos were also filmed for inclusion in the online education programme. All videos were filmed, edited, and developed by the Trinity College Dublin Information Technology Services Video Production Unit in a professional filming studio. All presenters in the videos were volunteers aged 18 years of age and over who provided written informed consent for their video to be included in the online education programme.

6.3.3 Accessibility assessment process and findings

Accessibility was crucial to enable as many people as possible to access the education programme. Therefore, an accessibility assessment of the online education programme was conducted against the Irish National Disability Centre's 71 guidelines around design, development, and content in order to assess the accessibility of the website for its users (National Disability Authority Centre for Excellence in Universal Design 2014b, 2014c, 2014d). The Centre promotes the incorporation of universal design principles into all aspects of the Irish environment, including the internet, with universal design characterised as:

“The design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design.” (Connell et al. 1997: p.1)

These guidelines were also informed by the Irish Disability Act (2005) which defines universal design as the design of an environment so that it maximises its ability to be accessed, understood, and used by as many people as possible in as independent a way as possible in the widest range of situations (Government of Ireland 2005).

Both the web developer and the researcher assessed the education programme website's compliance with the guidelines. The full results of the accessibility assessment are available in Appendix 29. Of the 71 guidelines, 14 were not applicable to the education programme website. Of the 57 applicable guidelines, the programme was in full compliance with 73.7% (n=42) and in partial compliance with 10.5% (n=6) of the guidelines. The website did not comply with a total of 15.8% (n=9) of the guidelines. These included an overlap in guidelines across the three areas (developer, designer, and content provider). In effect, only five unique guidelines were not complied with by the education programme website. These included the following: use of JavaScript, making links meaningful, the use of language coding, the use of relative font sizing, and including alternative text for images.

The guideline related to JavaScript suggested that developers should employ JavaScript, while also providing an accessible alternative. In the case of the GenderEd.ie website, the use of JavaScript is required to properly use the education programme website, as is the case with the vast majority of websites currently online. The guidelines also recommend that “*click here*” terminology is avoided and that links are informative, short, and descriptive in order to make links meaningful. Within the online education programme, “*click here*” terminology is employed at times and it was considered outside of the budget and beyond the timeline to allow full compliance with this guideline. There was also a guideline recommendation around the use of language coding on the website which was not complied with due to time and budget constraints; it should be noted the majority of websites currently online do not comply with this guideline. The guideline on relative font sizing recommends that the website employ relative, rather than absolute, font sizing in order to make it easier for some users to read. The majority of the education programme website uses pixels as the units of measurement for font size, which may affect the accessibility of some very particular users. However, it was outside of the timeline of the current programme to employ relative font size units. The final guideline not complied with recommended that for any users with visual impairment or who had images turned off, an alternative text equivalent of the image was supplied. Throughout the website, very few standalone images were used (only the logos on the website). This guideline was not complied with due to time and budget constraints.

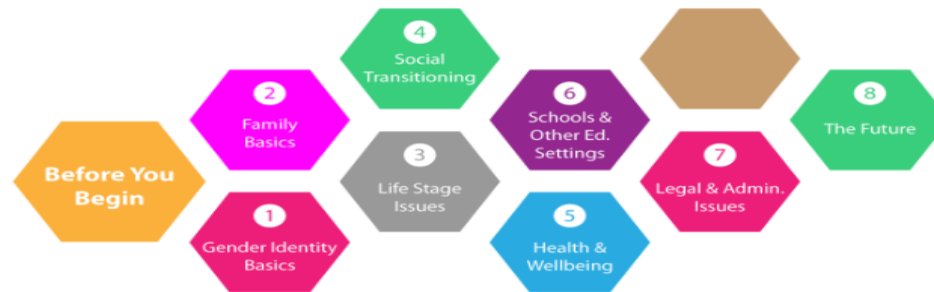
6.3.4 The education programme

This process culminated in the development of the online education programme, titled ‘GenderEd.ie’, which was officially launched on 17 May 2017 (see). The programme included eight learning modules and three additional pages providing information about the programme, further resources, and support services. The programme is available free of charge and its launch was publicised via email, television, radio, print media, and social media.



GET STARTED

Welcome to GenderEd.ie, the information resource for families of gender variant children and transgender young people in the Republic of Ireland. Please click 'Before you begin' below to get started.



IN ASSOCIATION WITH



Figure 6.5 Screenshot of the homepage of GenderEd.ie

6.4 Summary

In this chapter, the design and development process of the online education programme was described. The design followed a seven-step process which involved a participatory evaluation including educational specialists, professionals, family members of trans young people, and trans young people. This helped ensure that the programme design was based on the needs, views, and experiences of the families and young people it aimed to support. The development of the online education programme was highly collaborative and iterative, driven at all times by the need for accessibility. This phase culminated in the development of 'GenderEd.ie', an eight-module online education programme for families of trans children and young people in the Republic of Ireland. In the next chapter, Chapter 7, the findings of the evaluation of the education programme are presented.

Chapter 7. Phase 3 Evaluation of the Education Programme

7.1 Introduction

The purpose of Phase 3 was to evaluate the education programme, GenderEd.ie, by assessing its impact and exploring families' experiences with it. Surveys and interviews were used to collect data concurrently in a mixed methods, convergent parallel design. The evaluation was the final phase in the multiphase design, highlighted in red in Figure 7.1 below. In this chapter, the survey findings are presented, followed by the interview findings. In Chapter 9, the findings are 'mixed' and integrated into the discussion.

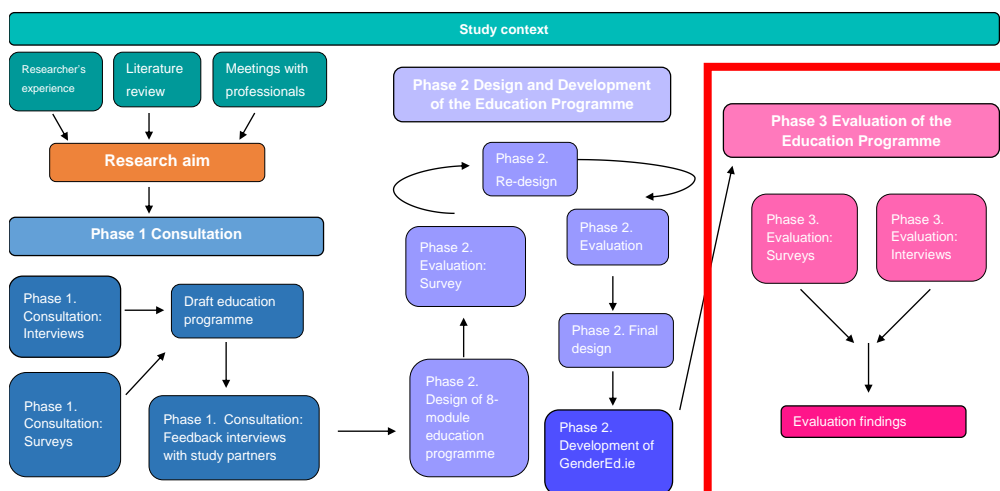


Figure 7.1 Positioning of the Phase 3 Evaluation of the Education Programme within the multiphase design

7.2 Survey: Findings

The survey assessed the extent of change in family members' responses on a number of measures related to the education programme's goals and learning outcomes. In the first section, the findings related to the pre-education programme survey (referred to as 'pre-survey') are presented. Next, a comparison between the pre-survey and post-education programme survey (referred to as 'post-survey') findings is presented, followed by findings from the three-month follow-up survey. The abbreviation 'M' is used for mean and 'SD' for standard deviation. To assist readers seeking additional information, details of all mean scores, assumption assessment, and individual statistical tests are included in Appendix 30. The section concludes with a summary of the findings.

7.2.1 Pre-education programme survey findings

Introduction and sample size

In total, 40 participants began filling in the pre-education programme survey (or 'pre-survey'). Of these, 37 participants provided information after the initial demographic section and were considered for the analysis. Of these 37 participants, 25 participants fit the inclusion criteria in that they were family members of trans young people aged 17 years of age or younger. The remaining 12 participants were family members of trans people aged 18 years or older. This analysis includes the 25 participants who matched the inclusion criteria.

Demographics

Nearly 90.0% of the sample were parents of trans young people (88.0%; n=22), with the majority of the sample being mothers (84.0%; n=21). The remaining 12% of participants included a brother, an aunt, and a grandparent of a trans young person. At the time of the survey, the participants' trans family members ranged in age from 9 to 17 years, with a mean age of 14.4 years (SD=2.8 years, n=25).

Over half of the sample had learned their family member was trans more than 12 months prior to the survey (60.0%; n=15). Nearly one-third (32.0%; n=8) had learned their family member was trans within the past year, with 20.0% (n=5) learning between seven and 12 months previously and 12.0% (n=3) learning within the past three to six months (see Figure 7.2). No participant had learned their family member was trans within the past three months. Two participants (8.0%) reported they had learned about their family member's trans identity at an 'other' time. One participant stated that her child had known he was trans "*since he was very small. At age 3 he said on the outside I'm a girl on the inside I'm a boy*", while another wrote that she knew her child was trans "*since he could communicate*".

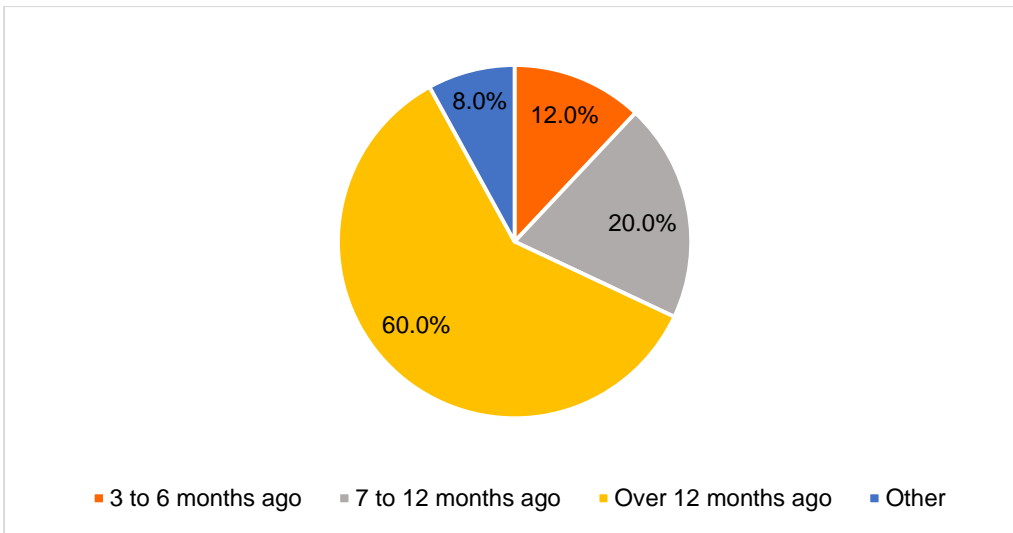


Figure 7.2 Length of time since survey participants learned their family member was trans (n=25)

Over 60.0% of the participants' trans family members identified as trans male (60.0%; n=15) or male (4.0%; n=1). An additional 22.0% identified as either trans female (16.0%; n=4) or female (8.0%; n=2). The remaining 12.0% (n=3) of trans family members identified as non-binary. These results are presented in Figure 7.3 below.

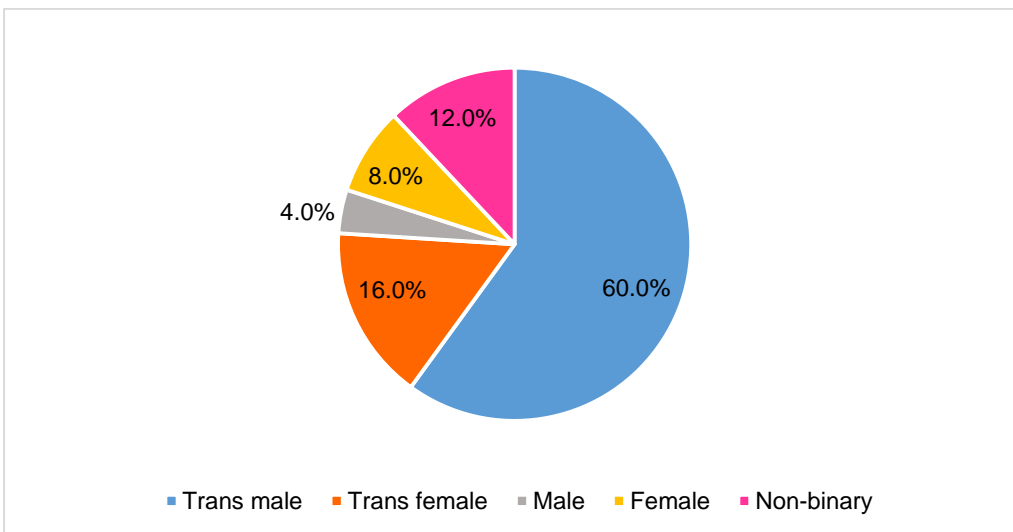


Figure 7.3 Current gender identity of survey participants' trans family member (n=25)

Knowledge of trans-related topics

Participants were asked to rate their knowledge on 14 trans-related topics on a scale from one 'not at all knowledgeable' to five 'very knowledgeable'. The responses were recoded with scores of one and two combined to represent 'not at all or not very knowledgeable' and scores of four and five combined to represent 'quite or very knowledgeable'. As can be seen in Figure 7.4, less than half of the participants felt they were quite or very knowledgeable on the majority of the trans-related topics. Notably, less than 25.0% of the sample felt they were quite or very knowledgeable on eight of the 14 trans-related topics, including:

- social issues for trans children and young people;
- how to access supports in relation to having a transgender family member;
- language related to transgender people;
- educational issues for trans children and young people in the Republic of Ireland;
- issues related to the specific life stages of trans children and young people;
- physical health issues for trans children and young people;
- the percentage of transgender people in the Irish population; and
- legal issues related to trans children and young people in the Republic of Ireland.

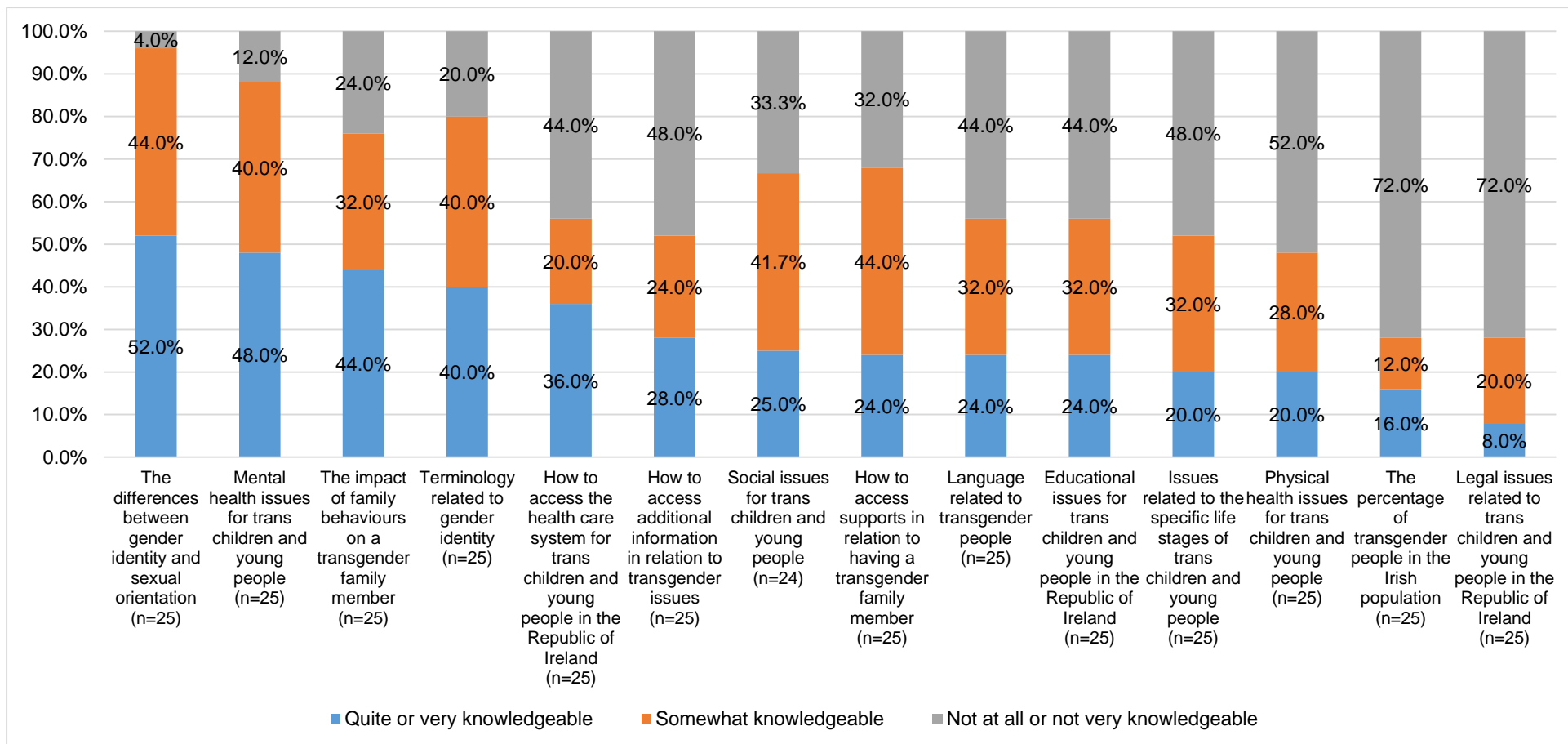


Figure 7.4 Distribution of sample responses on trans-related knowledge topics on the pre-survey

On average, the sample's trans-related knowledge scores were lowest for 'legal issues related to trans children and young people in the Republic of Ireland' (M=2.1, SD=0.9) and 'the percentage of transgender people in the Irish population' (M=2.2, SD=1.1). On the other hand, participants on average rated themselves as having higher knowledge related to 'the differences between gender identity and sexual orientation' (M=3.7, SD=1.0). See Figure 7.5 for further details.

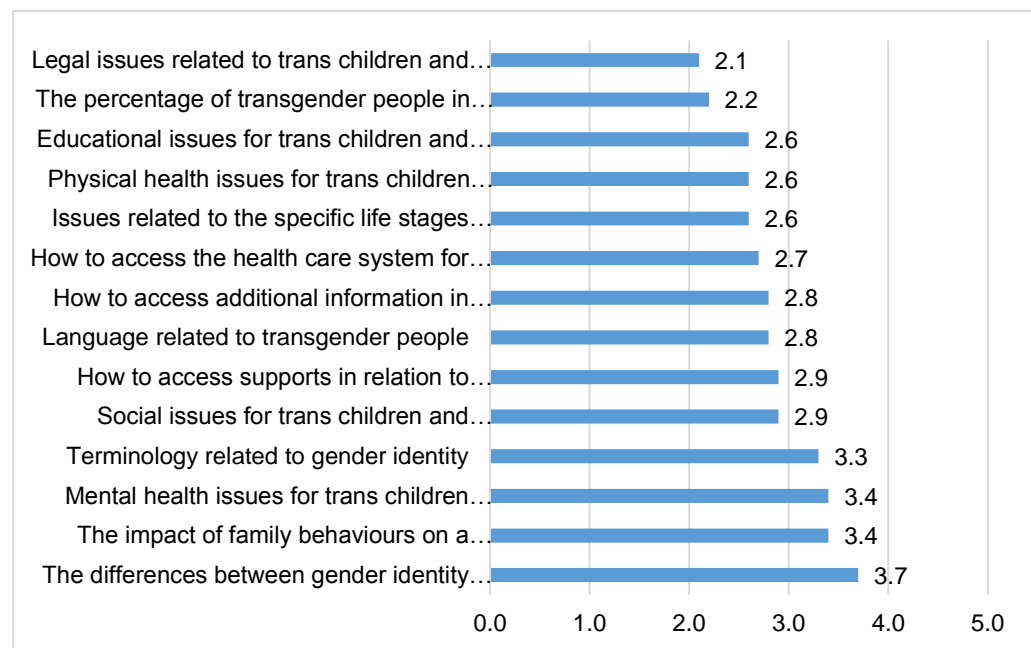


Figure 7.5 Mean sample scores on knowledge topics on the pre-survey (n=24, 25)

The response to each trans-related knowledge item was summed to generate a total trans-related knowledge score. The pre-survey sample (n=24) had a total trans-related knowledge mean score of 40.6 (SD=11.2) out of a possible high score of 75, with a range from 23 to 61. A one-sample t-test was run to determine if the current study's sample was significantly different than the scores from the test-retest (Chapter 4). Statistically significant differences were found, suggesting the evaluation sample had significantly higher self-rated trans-related knowledge as compared to participants drawn from the general public in both the test [t(23)=4.93, p=0.000] and the retest [t(23)=4.67, p=0.000] (see Table 7.1 and Appendix 30).

Pre-survey sample (n=24)	Test sample (n=27)	Retest sample (n=19)
M(SD), [Range]	M(SD), [Range]	M(SD), [Range]
40.6 (11.2), [23-61]	29.3 (9.5), [17-51]	29.9 (7.7), [18-43]

Table 7.1 Mean sample scores on the trans-related knowledge topics on the pre-survey compared to other samples

Self-reflection and personal insight

Participants were asked to rate their level of agreement with a series of 20 statements on the Self-Reflection and Insight Scale on a scale from one 'strongly disagree' to six 'strongly agree' (Grant *et al.* 2002). Reflection was defined for participants as *"the inspection and evaluation of one's thoughts, feelings and behaviour"* and personal insight as *"the clarity of understanding of one's thoughts, feelings and behaviour"* (p.821). The scale comprises three sub-scales: insight (eight items), engaging in self-reflection (six items), and need for self-reflection (six items). On average, participants agreed least with the statement 'I frequently take time to reflect on my thoughts' (M=3.4, SD=1.2). They agreed most with two statements: 'I usually have a very clear idea about why I have behaved in a certain way' (M=4.1, SD=0.6) and 'I am usually aware of my thoughts' (M=4.1, SD=0.8), with higher scores indicating greater agreement with the statement (see Figure 7.6).

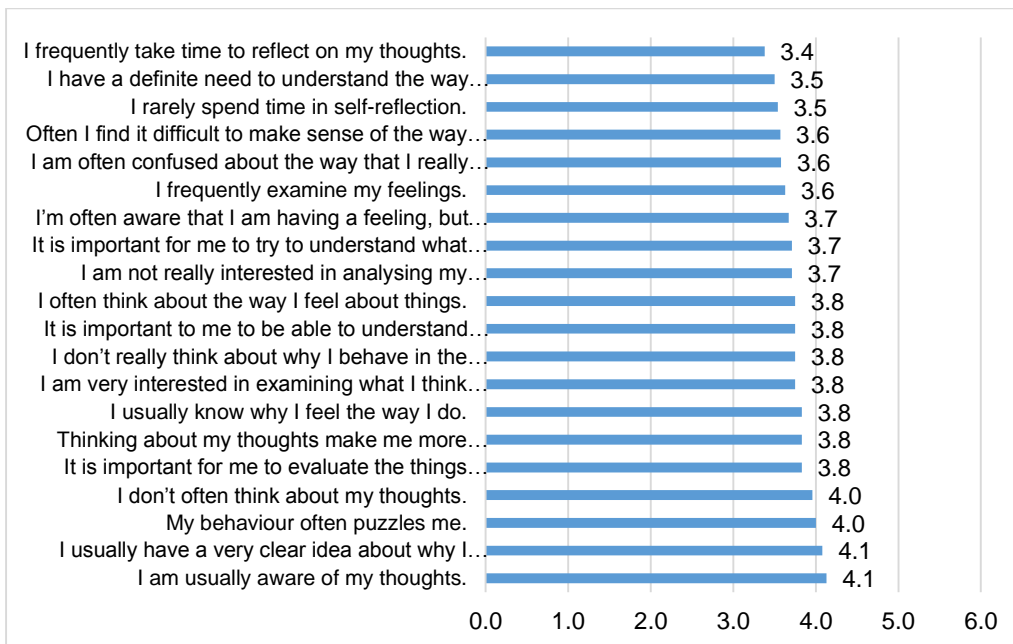


Figure 7.6 Mean sample scores on the Self-Reflection and Insight Scale on the pre-survey (n=23, 24)

A total score for each of the three sub-scales was calculated by adding together the individual item scores on each sub-scale (insight, engaging in self-reflection, and need for self-reflection). In addition, a score for overall self-reflection was calculated by adding the two scores on the self-reflection sub-scales: engaging in self-reflection and need for self-reflection. A total Self-Reflection and Insight Scale score was calculated by adding the scores on each of the three sub-scales. The mean scores for the pre-survey sample are presented in Table 7.2.

One-sample t-tests were used to compare the scores of this study's sample to four other samples comprised of students and community members to investigate comparability with the current study's sample (Grant *et al.* 2002, Roberts & Stark 2008, Lyke 2009, Carr & Johnson 2013) (details in Appendix 30). As is shown in Table 7.2, the scores of the current study's samples were significantly different than some samples on some of the measures, but not significantly different than others. The implications of these findings are explored further in the Chapter 9 discussion.

Citation	Sample	Insight score	Engaging in self-reflection score	Need for self-reflection score	Self-reflection score	Total Self-Reflection and Insight score
Current study	23-24 family members of trans young people	30.5 (5.1)	22.0 (5.8)	22.3(5.3)	44.3 (10.6)	74.4 (13.3)
Grant <i>et al.</i> 2002	121 undergrad psych students	25.6 (4.0)*	N/A	N/A	49.0(11.9)*	74.6
Carr and Johnson 2013	161-162 fourth year med students	19.4 (2.9)*	17.0 (2.2)*	20.2 (3.9)	37.2 (4.8)*	56.6*
Lyke 2009	207-208 community members	34.1 (6.5)*	25.3 (5.4)*	N/A	N/A	N/A
Roberts and Stark 2008	462 students aged 18-26 years	29.1 (5.0)	23.4 (3.9)	22.5 (4.0)	45.89 (7.18)	75.0

*=Significant difference at .05 level

Table 7.2 Mean sample scores on the Self-Reflection and Insight Scale on the pre-survey compared to other samples

Family communication and family problem-solving

Participants were asked to rate their level of agreement on a series of 13 statements related to family communication and family problem-solving in relation to their trans family member on a scale from one 'strongly agree' to four 'strongly disagree' (Miller *et al.* 1985). Six of the statements comprised the family communication sub-scale and five of the statements comprised the family problem-solving sub-scale of the McMaster Family Assessment Device. In terms of the family communication sub-scale, on average, participants were most likely to agree with the statement 'We don't talk to each other when we are angry' (M=2.6, SD=0.8). They were least likely to agree with the statement 'When we don't like what someone has done, we tell them' (M=1.9, SD=0.6). Mean scores were out of four and higher scores indicate poorer family functioning (see Figure 7.7).

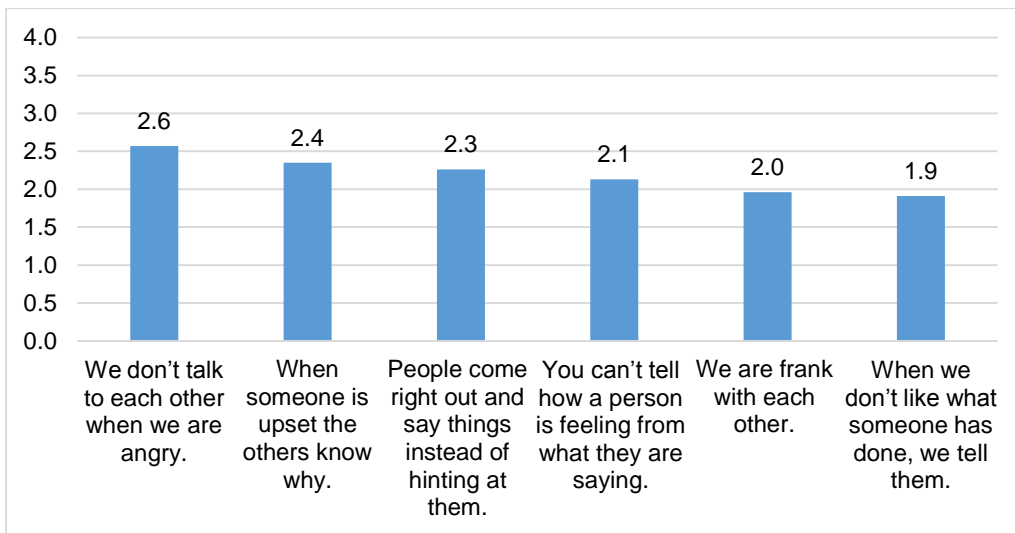


Figure 7.7 Mean sample scores on the family communication sub-scale on the pre-survey (n=23)

In terms of the family problem-solving sub-scale, participants were least likely to agree with the statement 'We try to think of different ways to solve problems' (M=1.9, SD=0.6) and least likely to agree with 'After our family tries to solve a problem, we usually discuss whether it worked or not' (M=2.6, SD=0.6). Again, mean scores were out of four, with higher scores indicating poorer family functioning (see Figure 7.8).

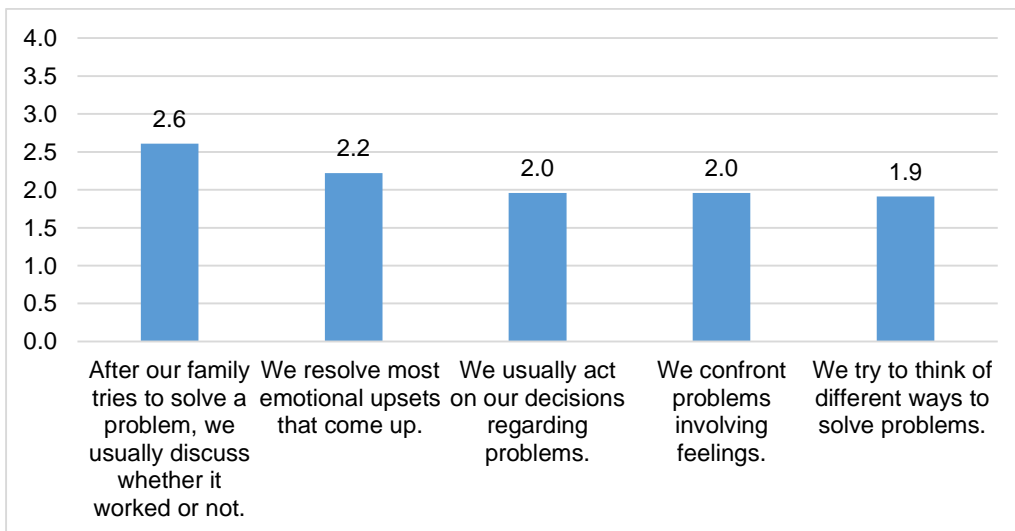


Figure 7.8 Mean sample scores on the family problem-solving sub-scale on the pre-survey (n=23)

Participant scores on each of the sub-scales were averaged to generate mean family communication and family problem-solving scores (see Table 7.3). These scores were compared to other findings from a non-clinical population to assess comparability (Miller *et al.* 1985). A one-sample t-test was run to determine if the current study's sample was significantly different than the non-clinical

population (see Appendix 30). No statistically significant differences were found on either the family communication [$t(22)=0.49$, $p=0.632$] or the family problem-solving [$t(22)=-0.90$, $p=0.377$] sub-scales.

Sub-scale (n)	Current study (n=23) Mean score (SD), [Range]	Comparative study (n=218) Mean (SD), [Range]
Family communication	2.2 (0.5), [1-3]	2.2 (0.5)
Family problem-solving	2.1 (0.4), [1-3]	2.2 (0.4)

Table 7.3 Mean sample scores on the family communication and family problem-solving sub-scales on the pre-survey compared to another sample

Self-efficacy

Participants were asked to identify how true each of a series of 10 statements on the General Self-Efficacy Scale was for them in relation to their trans family member, with responses including: one 'not at all true', two 'hardly true', three 'moderately true', and four 'exactly true' (Schwarzer & Jerusalem 1995). Mean scores ranged from a low of 2.4 (SD=0.6) for the item 'If someone opposes me, I can find the ways and means to get what I want' to a high of 3.4 for three items:

- 'If I am in trouble, I can usually think of a solution' (M=3.4, SD=0.5);
- 'I can remain calm when facing difficulties because I can rely on my coping abilities' (M=3.4, SD=0.5); and
- 'I can usually handle whatever comes my way' (M=3.4, SD=0.5).

The results are presented in Figure 7.9.

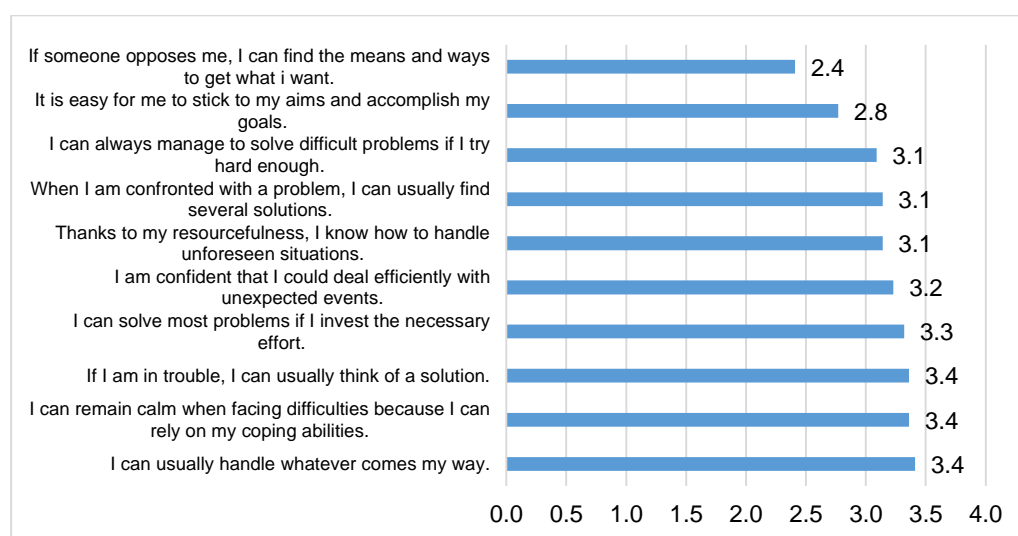


Figure 7.9 Mean sample scores on the General Self-Efficacy Scale on the pre-survey (n=22)

A total score on the scale was calculated by adding participant scores on each individual item. The mean total sample score was 31.2 (SD=3.9) out of a possible score of 40, with a range of 25 to 39. This compares to a score of 29.6 (SD=5.3) found by Scholz *et al.* (2002) in their analysis of 19,120 people in 25 countries around the world who had completed the General Self-Efficacy Scale. A one-sample t-test was conducted to determine whether the total score for the current study was significantly different from the comparator score. All assumptions to run the test were met. The difference between scores in the current study and the Schulz *et al.* (2002) study were not statistically significant [$t(21)=2.02$, $p=0.056$].

Views on gender identity

Participants were asked to rate their level of agreement with a series of 12 statements about gender identity on a scale from one 'strongly disagree' to five 'strongly agree'. Participants were informed that for the purpose of the survey, "*gender identity refers to a person's deeply-felt identification as male, female, or some other gender, which may or may not correspond to the sex they were assigned at birth*". The lowest mean score was 3.1 (SD=1.3) for the item 'If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child'. The highest mean score was 4.3 for three items:

- 'People are either male or female; there are no other gender identities' (SD=1.1);
- 'Gender identity is solely determined by cultural factors' (SD=0.8); and
- 'Gender identity is solely determined by socialisation' (SD=0.6).

Higher scores indicate more positive views on the statements. These findings are presented in Figure 7.10 and Figure 7.11.

Participants generally expressed agreement that 'gender variations are not disorders' (81.8%; $n=18$), with just 9.1% ($n=2$) disagreeing. Participants generally agreed that 'gender identity may be fluid; that is, it may change' (68.2%; $n=15$) and 'gender presentations/expressions can vary across cultures' (59.1%; $n=13$). There was relatively strong disagreement that 'people are either male or female; there are no other gender identities' (77.3%; $n=17$). Participants generally agreed that 'an individual's gender identity is based on a number of complex factors' (72.7%; $n=16$). Participants generally disagreed that an individual's gender identity is solely determined by biological factors (77.3%;

n=17), cultural factors (81.8%; n=18) or socialisation (90.9%; n=20). Just over 40% (40.9%; n=9) of participants agreed or strongly agreed that 'if a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child'.

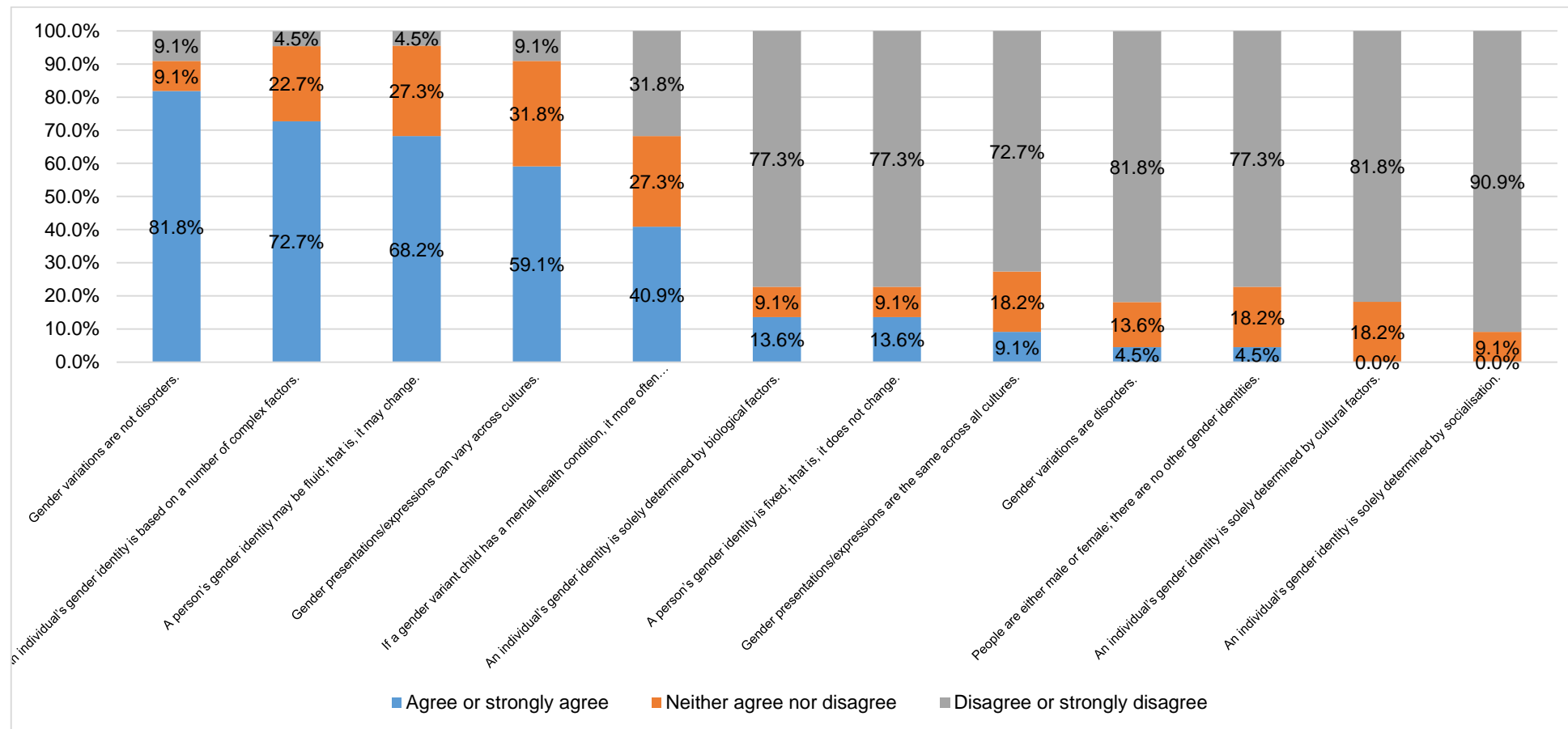


Figure 7.10 Distribution of sample responses on the gender affirmative statements on the pre-survey (n=22)

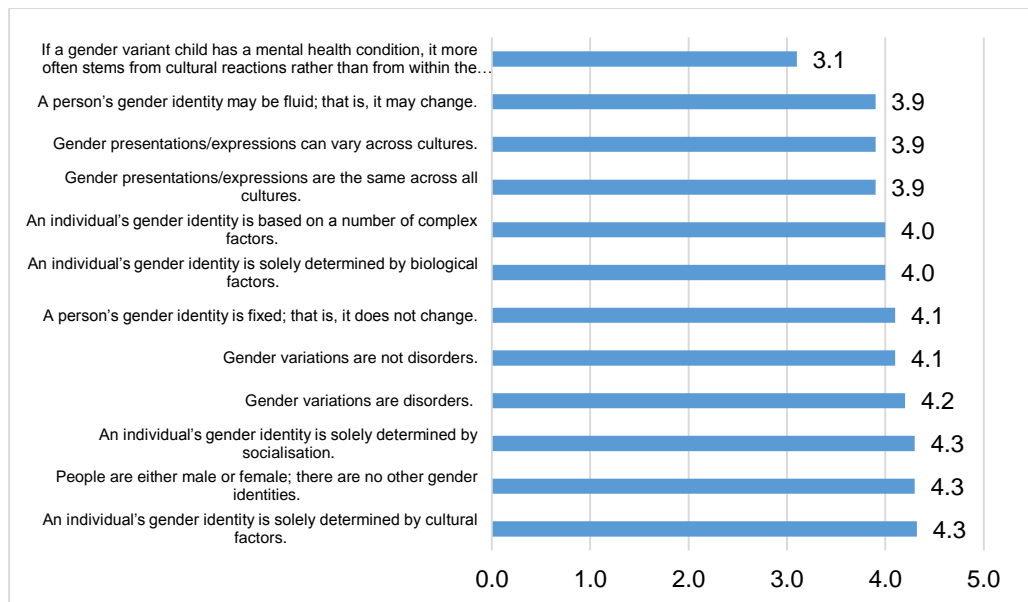


Figure 7.11 Mean sample scores on the gender affirmative statements on the pre-survey (n=22)

Differences by demographics

Independent-samples t-tests (and Mann-Whitney U tests) were run to determine if the length of time since learning a family member was trans was related to differences in knowledge, self-reflection, family communication and problem-solving, and self-efficacy scores (Field 2009). The two groups examined were: participants who had learned their family member was trans within the 12 months of completing the survey (n=8) and participants who had learned their family member was trans over 12 months prior to completing the survey (n=15). Knowledge scores were significantly higher for participants who had learned their family member was trans more than 12 months prior to the survey (M=42.9, SD=11.3) compared to those who had learned within the past 12 months (M=32.7, SD=6.2), a difference of 10.22 ± 4.61 points (95% CI, 0.60 to 19.84), [t(20)=-2.22, p=0.038].

Self-reflection scores were not significantly different for the two groups on any of the three self-reflection sub-scale scores or total scale score [t(19)=-0.81, p=0.429]. Similarly, self-efficacy scores were not significantly different between the groups [t(19)=-1.10, p=0.290]. Scores on family problem-solving were not significantly different for the two groups; however, scores on family communication revealed a small, yet significant, difference of $.36 \pm .16$ points (95% CI, 0.03 to 0.69), [t(18.68)=2.28, p=0.034]. Participants who had learned their family member was trans within the past 12 months had significantly higher family communication scores (M=2.5, SD=0.2) compared to participants who

had learned their family member was trans more than 12 months prior to the survey ($M=2.1$, $SD=0.5$), with higher scores indicating poorer family functioning.

These differences are discussed further in the Chapter 9 discussion.

7.2.2 Post-education programme survey findings

Sample size

Fourteen participants completed both the pre-education programme survey (or 'pre-survey') and post-education programme survey (or 'post-survey'). Of these 14 participants, eight fit the inclusion criteria as they were family members of trans young people aged 17 years and under. The remaining six participants were family members of trans people aged 18 years and older. This analysis includes the eight participants who matched the inclusion criteria.

Demographics

Of the eight participants who completed both the pre-survey and post-survey, all had provided their demographic information in the pre-survey. Of these participants, 87.5% ($n=7$) were parents of trans young people, with the majority being mothers (75.0%; $n=6$) as compared to just one father (12.5%). One participant (12.5%) was a brother of a trans young person. The participants' trans family members ranged in age from 9 to 17 years, with a mean age of 14.8 years ($SD=2.9$ years). Over 60% of the participants' trans family members identified as trans male (50.0%; $n=4$) or male (12.5%; $n=1$). One-quarter identified as trans female (25.0%; $n=2$). The remaining trans family identified as non-binary (12.5%; $n=1$). All of the participants had known their family member was trans for more than seven months. One participant (12.5%) learned their family member was trans seven to 12 months before the survey. An additional 75.0% ($n=6$) learned over 12 months prior to the survey, and one mother (12.5%) reported she knew her child was trans "*since he could communicate*".

Who did not complete the post-survey?

In total, 17 participants (15 mothers, one aunt, and one grandparent) who met the inclusion criteria at the pre-survey did not complete the post-survey. In this section, the characteristics of those who did not complete the post-survey are explored. For these participants, their trans family members mean age was 14.2 years ($SD=2.9$ years, range 9-17 years). The majority of their family members

identified as trans male (64.7%; n=11), followed by trans female (11.8%; n=1), female (11.8%; n=1), and non-binary (11.8%; n=1). Just over half of the participants (52.9%; n=9) had learned their family member was trans over 12 months before completing the survey, with 23.5% (n=4) having learned with the past seven to 12 months. Of interest, three participants (17.6%) learned their family member was trans within three to six months prior to the survey. One participant (5.9%) reported learning at an 'other' time. An independent-samples t-test indicated that those who only returned a pre-survey had significantly lower knowledge scores (M=36.4, SD=10.5) than those who completed the survey both before and after participation in the education programme (M=47.4, SD=10.2) [$t(23)=-2.45, p=0.022$].

These findings raise interesting questions which are discussed further in Chapter 9.

Engagement with the GenderEd.ie education programme

The majority of participants (87.5%; n=7) reported that they completed all eight modules within the education programme, with one participant (12.5%) reporting they completed only some of the modules. While just one participant (12.5%) completed all of the activities within each module, a further 62.5% (n=5) reported completing some of the activities. Two participants (25.0%) did not complete any of the activities. The majority of participants (75.0%; n=6) reported that they did not keep a journal as part of the online education programme, while one participant reported that they did (12.5%). One participant explained she had already engaged in the journaling and other activities as part of the Phase 2 module evaluation and did not revisit them as part of her engagement with GenderEd.ie.

Views on the usefulness of the GenderEd.ie programme

Participants were asked to rate the usefulness of the programme on a scale from zero 'not at all useful' to 10 'extremely useful'. The mean score given to the programme was 8.6 (SD=2.2), with a range from four to 10. Nearly 90% (87.5%; n=7) of the participants reported that they would recommend the online education programme to another family member of a trans young person, with one participant (12.5%) reporting that they would 'maybe' recommend the programme. Participants were asked to explain their response regarding recommending the programme and five participants provided additional

information. Two participants found the information particularly clear and relevant to their situation:

“I found the information was presented in a clear way, and that the information was relevant.” (Mother #10)

“It covered all the important ground and answered questions I had.” (Mother #24)

One participant commented that the programme was “*very detailed and a lot of extra resources*” (Mother #9), while another remarked that “*there is a wealth of useful practical advice – thanks!*” (Father #18). Finally, another participant wrote that the programme “*helped me make sense of what my child is going through*” (Mother #6).

7.2.3 Changes in survey responses from pre-education programme survey to post-education programme survey

In this section, a comparison of the findings between the pre-survey and post-survey is presented.

Knowledge of trans-related topics

There was an increase in all scores on self-perceived knowledge of trans-related topics from pre-survey to post-survey. Over 75% of the sample reported that they were quite or very knowledgeable on nine of the 14 trans-related topics. Virtually none of the participants indicated that they had no or little knowledge of the vast majority of the trans-related topics in the post-survey. All of the participants felt they were quite or very knowledgeable on the differences between gender identity and sexual orientation, social issues for trans children and young people, and mental health issues for trans children and young people. These results are presented in Figure 7.12.

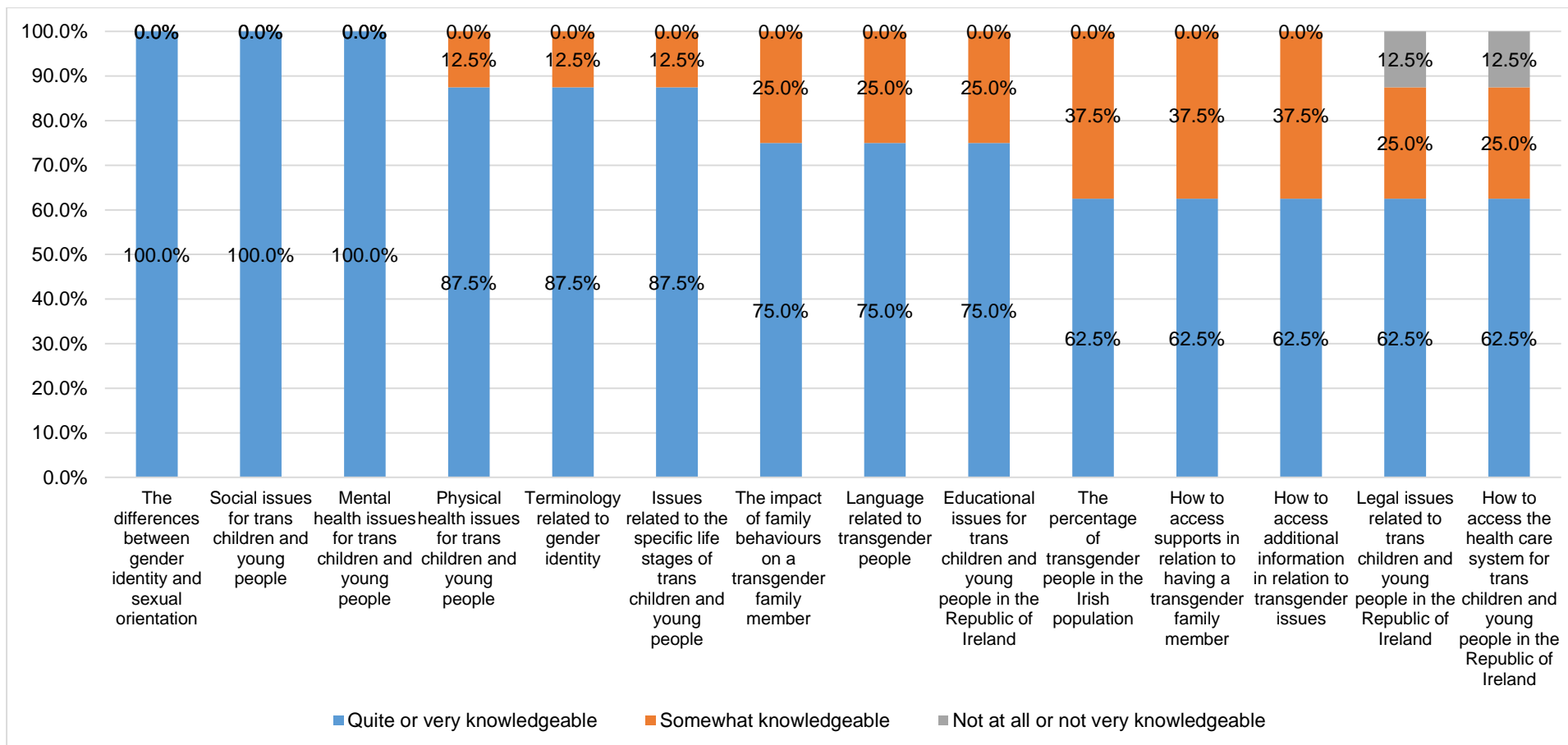


Figure 7.12 Distribution of sample responses on trans-related knowledge topics on the post-survey (n=8)

When compared to the pre-survey, all trans-related knowledge scores increased from pre-survey to post-survey, including the total score which increased from 47.4 (SD=10.2) to 57.8 (SD=9.3) (see Figure 7.13 and Figure 7.14). Results from a paired-samples t-test determined that participants had significantly higher total trans-related knowledge scores post-survey, a statistically significant increase of 10.4 points (95% CI, 5.5 to 15.3) on the knowledge scale [$t(7)=5.03$, $p=.002$].

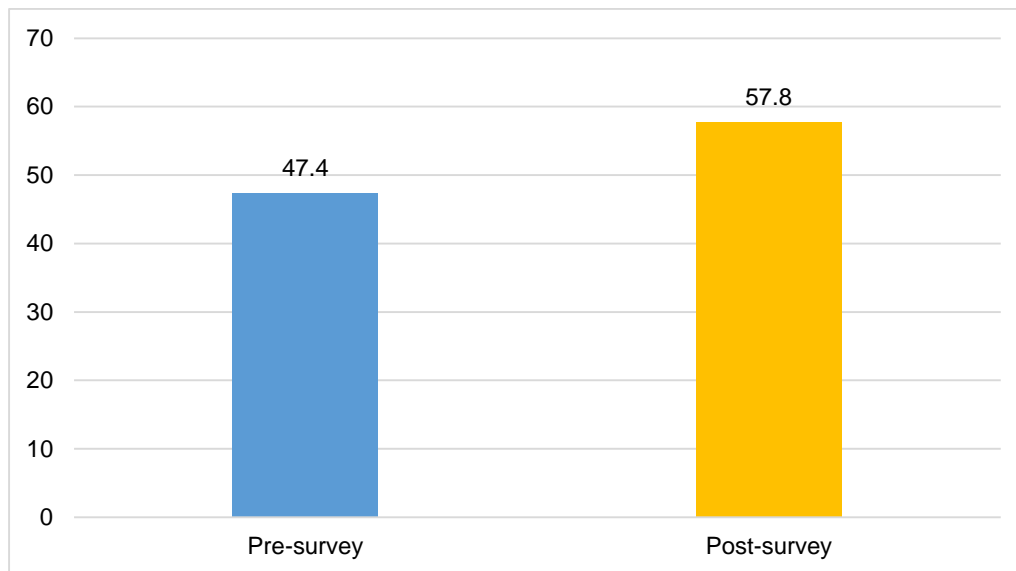


Figure 7.13 Mean sample scores on trans-related knowledge on the pre-survey and post-survey (n=8)

Inferential tests revealed statistically significant changes on six of the individual trans-related knowledge topics (marked in red in Figure 7.14), including:

- social issues for trans children and young people;
- physical health issues for trans children and young people;
- educational issues for trans children and young people;
- issues related to the specific life stages of trans children and young people;
- the percentage of transgender people in the Irish population; and
- legal issues related to trans children and young people in the Republic of Ireland.

Scores increased significantly from the pre-survey to the post-survey, with increases ranging 1.0 to 1.3 points. It is important to use caution when interpreting the results for two of the topics, as they showed evidence of limited temporal stability (as detailed in Chapter 4). However, the evaluation findings do suggest substantially strong positive trends in increase in knowledge for the

evaluation participants, as evidenced by Table 7.4. The differences in mean scores from the test to retest were much smaller than those in the evaluation and they did not show evidence of a trend in any direction, as did the evaluation (see Table 7.4). Details of these findings are presented in Appendix 30.

Topic	Pre-survey	Post-survey	Test	Retest
	M (SD), [Range]			
The percentage of transgender people in the Irish population	2.8 (1.5), [1-5]	4.0 (0.9), [3-5]	1.8 (0.7), [1-3]	1.8 (0.8), [1-4]
Educational issues for trans children and young people in the Republic of Ireland	3.0 (0.9), [1-4]	4.0 (0.8), [3-5]	1.6 (0.7), [1-3]	1.7 (0.5), [1-2]

Table 7.4 Mean sample scores on two trans-related knowledge topics in the pre-survey, post-survey, and test-retest

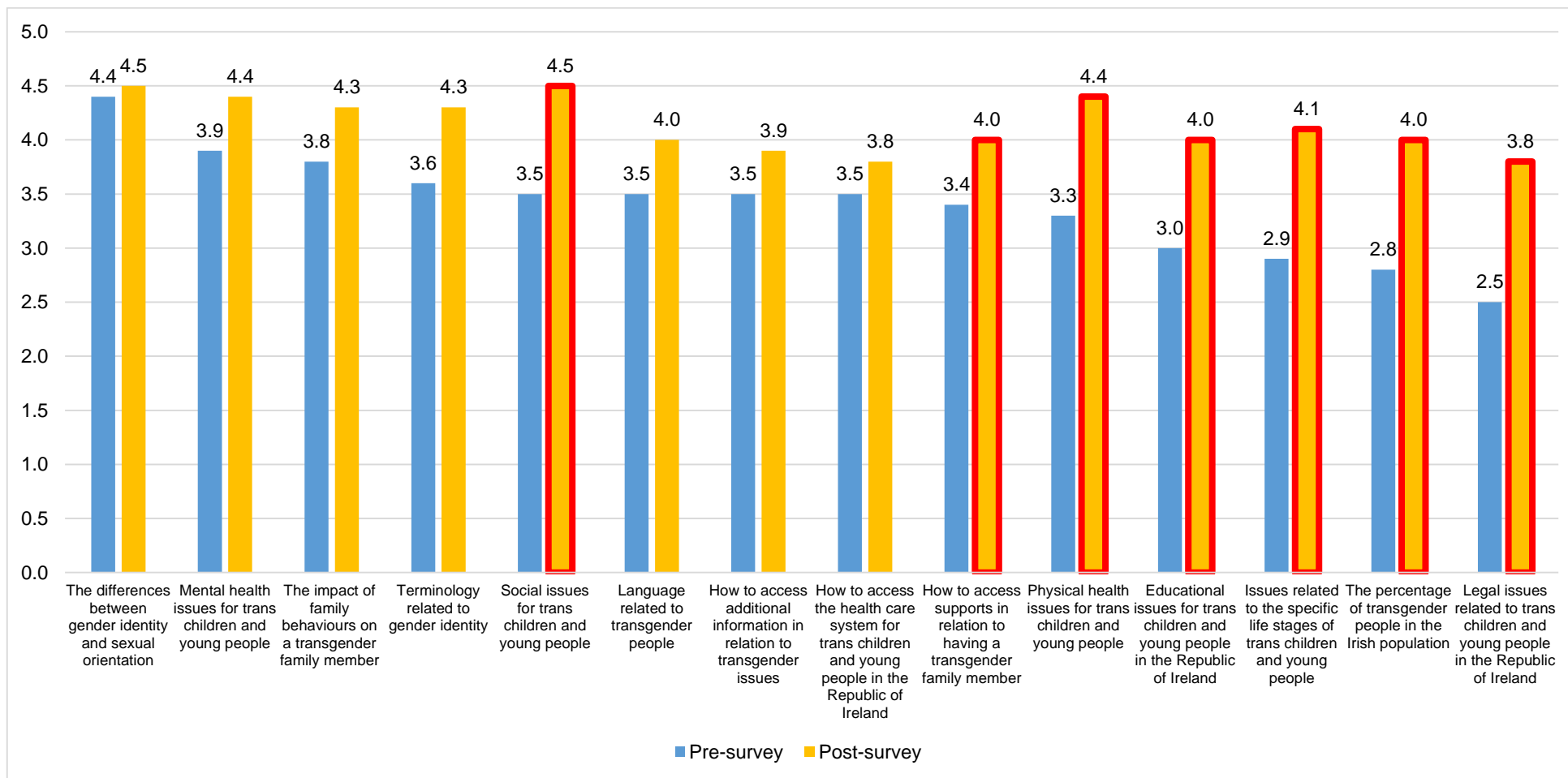


Figure 7.14 Mean sample scores on trans-related knowledge topics on the pre-survey and post-survey

Self-reflection and personal insight

Participant scores on the Self-Reflection and Insight Scale remained very similar from pre-survey to post-survey as shown in Figure 7.15. Note the maximum possible scores for each scale: insight (max. 40), engaging in self-reflection (max. 30), need for self-reflection (max. 30), self-reflection total (max. 60), and the Self-Reflection and Insight Scale (max. 100). There were no statistically significant changes on any of the three sub-scale scores, the self-reflection score, or the Self-Reflection and Insight Scale total score. There were statistically significant changes on one item on the Insight sub-scale ('Thinking about my thoughts makes me more confused') [$t(7)=2.65$, $p=0.033$, $d=0.94$]. Scores significantly decreased from a mean of 4.4 (SD=1.1) in the pre-survey to 3.9 (SD=1.0) in the post-survey (95% CI 0.05 to 0.95), with the lower score indicating less agreement with the statement.

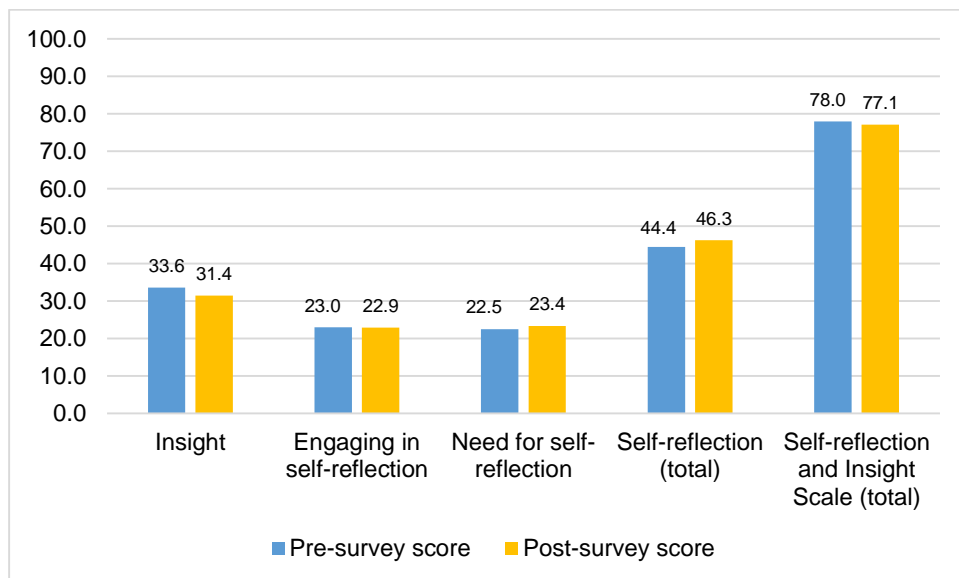


Figure 7.15 Mean sample scores on the Self-Reflection and Insight Scale on the pre-survey and post-survey (n=7, 8)

Family communication and problem-solving

Mean scores on the family communication scale were identical from pre-survey (M=2.0, SD=0.5) to post-survey (M=2.0, SD=0.5). Similarly, mean scores on the family problem-solving scale remained steady from pre-survey (M=1.9, SD=0.4) to post-survey (M=1.8, SD=0.4), with lower scores indicating improved family functioning. Neither of these differences were statistically significant.

There were no statistically significant changes in any of the individual items on the family problem-solving sub-scale. There were statistically significant changes on two items in the family communication sub-scale: 'You can't tell how a person is feeling from what they are saying' [$t(7)=-3.06$, $p=0.018$, $d=1.08$] and

'We don't talk to each other when we're angry' [$t(6)=2.83$, $p=0.030$, $d=1.07$]. Scores significantly increased on the statement 'You can't tell how a person is feeling from what they are saying' from a pre-survey mean of 1.6 (SD=0.7) to a post-survey mean of 2.6 (SD=0.7), with the increased score indicating poorer family functioning. Scores significantly decreased on the statement 'We don't talk to each other when we are angry' from a pre-survey mean of 3.1 (SD=0.8) to a post-survey mean of 2.4 (SD=0.8), with the decreased score indicating improved family functioning.

Self-efficacy

Participant total self-efficacy scores were virtually identical from pre-survey (M=32.0, SD=3.5) to post-survey (M=31.6, SD=4.1). There were no statistically significant changes in any of the self-efficacy scores from pre-survey to post-survey, including the total self-efficacy score [$t(7)=0.38$, $p=0.714$].

Views on gender identity

Scores on nine of the twelve gender affirmative statements increased from pre-survey to post-survey, indicating higher agreement with the gender affirmative statement (see Figure 7.16). One statement score remained the same from pre-survey to post-survey ('An individual's gender identity is solely determined by socialisation'), while two statement scores decreased from pre-survey to post-survey ('An individual's gender identity is solely determined by cultural factors' and 'Gender presentations/expressions can vary across cultures'). None of these changes reached the point of statistical significance.

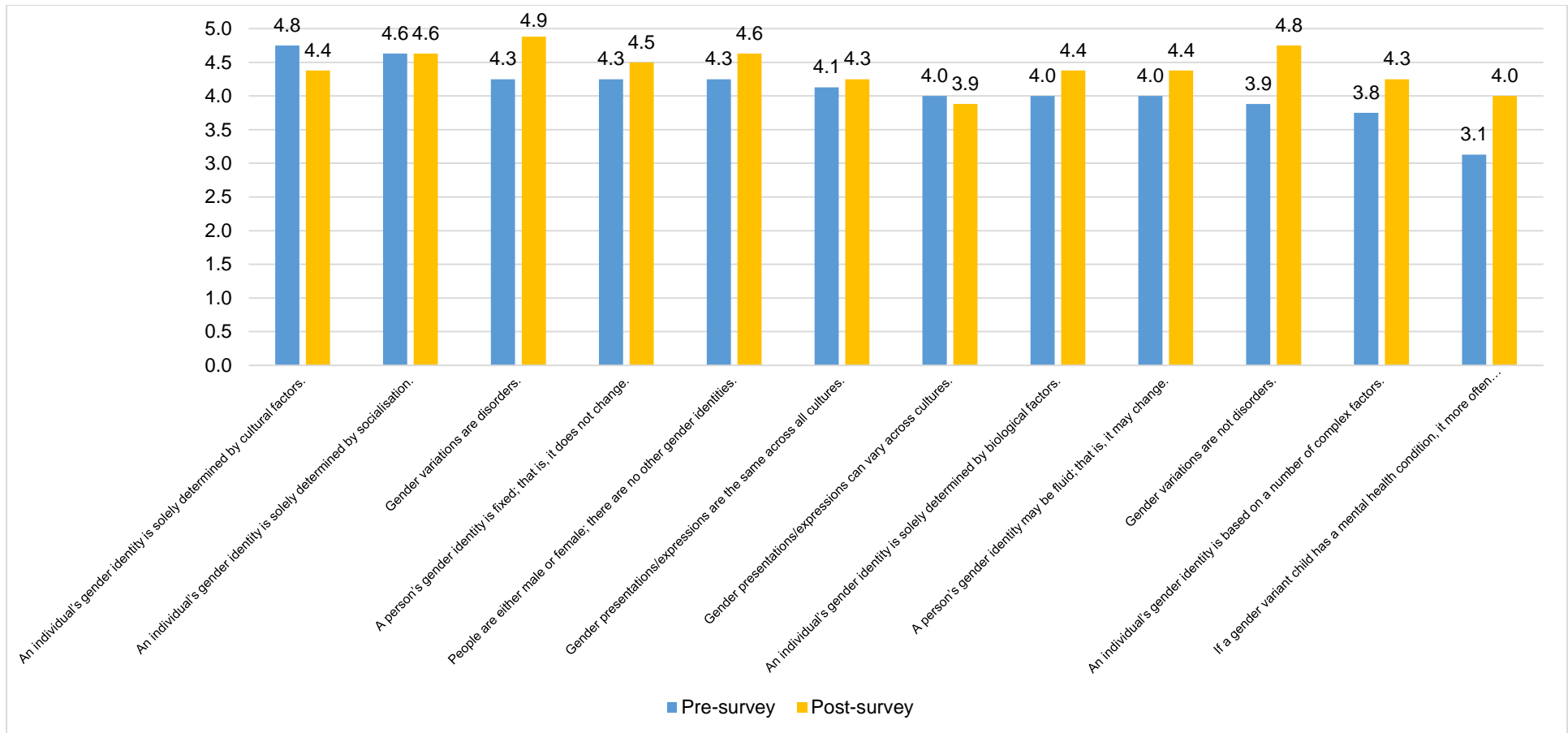


Figure 7.16 Mean sample scores on the gender affirmative statement items on the pre-survey and post-survey

7.2.4 Three-month follow-up survey findings

In total, seven participants completed the three-month follow-up survey. Of these, only four participants matched the inclusion criteria (family member of a trans young person aged 17 years of age or younger). As the sample size was so small, it was not appropriate to engage in a full statistical analysis of the findings. However, it was considered of interest to explore findings related to knowledge (as this was the only area to show a significant difference from pre-survey to post-survey). There were three participants who completed the survey across all three time points (pre, post, and three-month follow-up). One participant completed only the pre-survey and post-survey. Her overall knowledge score increased from a pre-survey score of 24.0 to a three-month follow-up score of 32.0, an increase of 12 points. For the remaining three participants, their pre-survey knowledge mean score was 52.0 (SD=11.3) and their post-knowledge mean score was 61.0 (SD=5.5). The three-month follow-up mean score was 59.0 (SD=12.5), as shown in Figure 7.17. This score is two points lower than the post-survey knowledge score, and seven points higher than the pre-survey knowledge score. This suggests that knowledge increases were maintained at the three-month follow-up. However, there is a slight decrease in the overall knowledge score from the post-survey. Although the two-point difference does not appear to be substantial, without a larger sample size, it is impossible to assess whether there was no change or a downward trend in knowledge at the three-month follow-up.

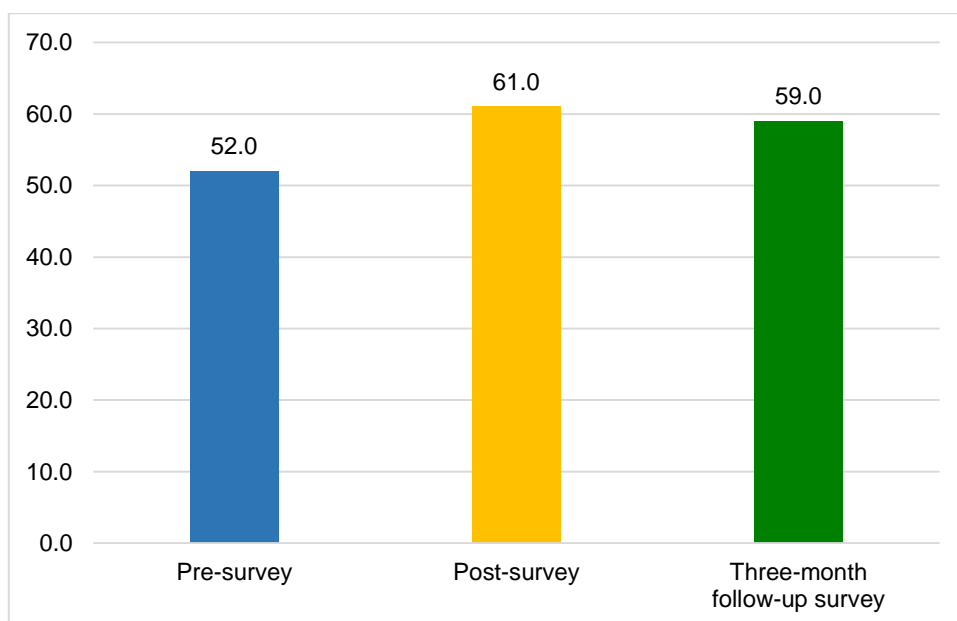


Figure 7.17 Mean sample knowledge scores on the pre-survey, post-survey and three-month follow-up survey (n=3)

7.2.5 Evaluation surveys: Summary of findings

In this section, findings related to the survey evaluation were presented. In total, 25 participants completed the pre-education programme survey and eight completed the post-education programme survey, resulting in eight matched pairs across both surveys. Just four participants completed the three-month follow-up survey. The majority of those who completed both surveys were mothers who had learned their child was trans over twelve months prior to the survey. The majority of participants' trans family members identified as trans male and male. Participants also reported that their family members identified as trans female/female and non-binary. Participants' trans family members ranged in age from 9 to 17 years, with a mean age of 14.4 and 14.8 years in the pre-survey and post-survey, respectively.

Overall, the participants who did complete the post-survey were highly engaged with the modules and the majority reported completing all of them. Participation in the GenderEd.ie programme activities was slightly lower, with three-quarters of participants completing all or some of the activities, with one person not completing any of the activities.

Participants reported high satisfaction with the education programme, rating the programme as very useful, with a mean score of 8.6 out of 10. In addition, the majority of participants indicated that they would recommend the education programme to another family member of a trans young person as it was easy-to-use and contained useful, detailed, valuable, and practical information to help family members.

In terms of knowledge of trans-related issues, participants reported relatively low levels of knowledge in the pre-survey as less than half of the participants indicated they were quite or very knowledgeable on the majority of trans-related topics. Total knowledge scores were approximately 11 points higher for pre-survey participants who had learned their family member was trans more than 12 months prior to the survey compared to those who had learned within the past 12 months. In the post-survey, over 75.0% of the participants reported they were quite or very knowledgeable on nine of the 14 topics. The total knowledge score increased significantly from pre-survey to post-survey and scores on six of the 14 individual items also increased significantly. Topics which showed significant increases in knowledge were: social, physical, educational, and legal issues related to trans children and young people; issues related to the specific life stages of trans children and young people; and the percentage of transgender people in the Irish population.

The three-month follow-up knowledge score was slightly lower than the post-survey knowledge score; however, it remained seven points higher than the pre-survey knowledge score. This suggests that knowledge increases were maintained at the three-month follow-up. However, there was a slight decrease in the overall knowledge score from the post-survey. Although the two-point difference does not appear to be substantially different, without a larger sample size, it is impossible to assess whether there was any trend in knowledge scores at the three-month follow-up.

Scores did not change significantly on any of the total scores for the Self-Reflection and Insight Scale (Grant *et al.* 2002), the family communication and family problem-solving sub-scales of the McMaster Family Assessment Device (Epstein *et al.* 1983), the General Self-Efficacy scale (Schwarzer & Jerusalem 1995), or the gender affirmative statements (Hidalgo *et al.* 2013) from pre-survey to post-survey. This suggests that while the education programme may have helped participants gain knowledge on the various trans-related topics, it did not statistically impact on participants in terms of self-reflection and insight, family problem-solving and communication, and self-efficacy.

In terms of views on gender identity, participants generally expressed agreement with a majority of the positive gender affirmative statements, including that gender variation is not a disorder, that gender identity may be fluid, that gender presentations can vary across cultures, and that gender identity development is the result of a number of complex factors. However, nearly 32.0% of participants did not agree with the statement that 'If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child'. Scores on nine of the 12 gender affirmative statements increased from pre-survey to post-survey, indicating higher agreement with the gender affirmative statement. These changes, however, did not reach the level of statistical significance.

In the next section, findings from the evaluation interviews are presented.

7.3 Interview: Findings

The evaluation interviews explored family members' experiences with the education programme. At times, the findings from the interviews complemented the survey findings, helping to enhance and elucidate them. At other times, the interviews provided unique findings, particularly about family members' personal experiences with the programme and their recommendations for

improving it. In this section, findings related to these interviews are presented. First, key characteristics of the interview participants and their trans family members are presented. Next, the findings are described encompassed by six themes:

- Theme 1. Engagement with the education programme: *“I was quite interested to see what new information I could get”*;
- Theme 2. Experiences of the website: *“It was very user-friendly”*;
- Theme 3. Views on the education programme: *“It’s just an amazing resource”*;
- Theme 4. Perceived impact of the education programme on participants: *“There’s a lot of practical info there”*;
- Theme 5. Recommendations for developing the education programme: *“It was a good starting point”*; and
- Theme 6. Future engagement: *“I know if I need information, I know where to find it”*.

The section concludes with a summary of the findings.

7.3.1 Characteristics of interview participants

Eight family members participated in the interviews, which lasted an average of 27 minutes (with a range from 13 to 42 minutes in duration). All interview participants also completed the survey part of the evaluation. All of the participants were parents, with the vast majority (87.5%; n=7) mothers and one father (12.5%; n=1). Just over one-third (37.5%; n=3) of the participants were from Dublin, with the remaining participants from Galway (12.5%; n=1), Kerry (12.5%; n=1), Kildare (12.5%; n=1), Meath (12.5%; n=1), and Tipperary (12.5%; n=1). The participants’ trans family members ranged in age from eight to 25 years, with a mean age of 16.9 years (SD=5.2 years). The gender identity of family members included: female or trans female (50.0%; n=4), male (25.0%; n=2), and non-binary (25.0%; n=2). All of the participants had learned their family member was trans over 12 months before the interview. Each participant was assigned a pseudonym, which is used throughout the findings (see Table 7.5).

Pseudonym	Details	County living
Sandra	Mother of a 17-year old non-binary young person	Dublin
Brian	Father of an 8-year old female	Dublin
Yvonne	Mother of a 14-year old trans female	Kildare
Mary	Mother of a 16-year old male	Meath
Aoife	Mother of two 18 and 24 year-old females	Galway
Kathleen	Mother of a 15-year old non-binary young person	Kerry
Helen	Mother of a 25 year-old female	Dublin
Anne	Mother of a 15-year old male	Tipperary

Table 7.5 Characteristics of interview participants

While all of the participants had learned their family member was trans over one year before the evaluation, the participants were at varying stages in the learning process regarding trans issues. Two participants felt they were just in the beginning stages, with Yvonne noting *“I’m on a learning curve, I suppose really”*. Sandra and Brian were closer to the middle of their journeys. Others (Aoife, Kathleen, Helen, and Anne) were further along in their journeys. For instance, Helen described how while the programme was *“not really”* relevant to her current situation as her daughter has already fully transitioned, that she *“was looking at it [GenderEd.ie] from the perspective of...families with a new, someone who just came out”*.

7.3.2 Theme 1. Engagement with the education programme: *“I was quite interested to see what new information I could get”*

Theme one describes participants’ engagement with the GenderEd.ie programme. All of the participants learned about the education programme through TENI and the TransParenCI support group. Participants cited various reasons for accessing the programme. One participant said she felt *“curiosity”* about the programme (Anne), while others were primarily focused on gaining information and educating themselves: *“I was quite interested to see what new information I could get”* (Kathleen). One participant wanted to *“give back”* to TENI and TransParenCI for supporting her and her daughter. She described her motivation for participating in the study as:

“To be able to help future families and transgender people to the best of my ability that I can [so] that there’s more resource for them, more information.” (Helen)

All of the participants reported engaging with the text-based content within the modules, and seven of the eight participants reported watching the informational videos. While none of the participants reported formally doing any of the activities included within the modules, some of the participants detailed different ways in which they engaged with the activities. Two of the participants described how they were already engaging in the types of activities embedded within the modules, with Brian citing his reason for not doing the activities as *“almost because I’m so engaged with most of them anyway”*. One participant described how she used the activities as reflective exercises: *“I kind of used it to reflect on, ‘Am I doing that?’”* (Kathleen). Another participant reported how she *“did kind of fly through the exercises”*, but that she would go back and revisit them at a later stage (Anne).

Most of the participants indicated that they had already shared information about and recommended the programme (or would in the future) with other family members, including their other children, partners, extended family, and the trans family member themselves. Some of the participants felt unsure about whether their family members would take up their recommendation citing a lack of time, a short attention span or a perceived lack of interest. Sandra described how she recommended the programme to her husband and that although *“he is fully accepting...he doesn’t tend to get involved in the nitty-gritty of it”*.

7.3.3 Theme 2. Experiences of the website: *“It was very user-friendly”*

This theme encapsulates participants’ experiences with using the GenderEd.ie website. Many of the participants described the ease of using the website: *“very easy to use”* (Sandra, Helen, and Anne), *“user-friendly”* (Sandra and Kathleen), *“very straightforward”* (Yvonne), and *“couldn’t be simpler”* (Mary). Several participants commented on the layout of the website itself and the ease of navigation of the website: *“It was easy to locate stuff and find everything, very easy”* (Yvonne). Other participants noted how the website was *“clearly laid out”* (Aoife), *“very easy to navigate”* (Kathleen), and *“was laid out very well”* (Helen). Several participants also spoke positively of the fact that the education programme was online, allowing participants to access it as often as they would like and at their own convenience: *“You could dip in and out of it as well...”* (Helen). Kathleen suggested how the programme is also useful *“for parents that can’t get to a support group or something, to have another resource is brilliant”*.

7.3.4 Theme 3. Views on the education programme: “It’s just an amazing resource”

This theme comprises participants’ views of the education programme around several areas, including: content; informational videos and personal stories; tone; and accessibility. For the most part, all of the participants spoke positively about the GenderEd.ie programme. Examples of some of the positive comments about the programme included: *“I thought it was really good”* (Yvonne) and *“It’s very good, it’s a great thing, well done”* (Helen). Mary described how GenderEd.ie was *“just extremely well done”* and *“one of the highlights for me as a parent getting to grips with stuff”*.

Content

In terms of the content, participants generally reported feeling the content included was *“relevant”* (Kathleen) and *“comprehensive”* (Aoife). One participant described how: *“You know what was covered was covered well, you couldn’t really do anything to it”* (Mary). Two participants felt they could *“trust the information that was on it”* (Kathleen). Sandra compared the information on GenderEd.ie to the *“sensationalism”* she often finds on the television or opinion websites regarding trans-related issues. She felt the use of facts and case studies, along with the wide variety of experts involved, added to the sense that she could trust that the information within the programme was reliable and evidence-based.

Participants identified several areas of content that were of particular interest to them, including: legal issues; health and wellbeing; coming out within the family; terminology and pronouns; and information about how to access support groups. Two participants mentioned the usefulness of the content being Irish-specific:

“Not only are we reasonably new to all the ins and outs of transgender but new to how it all works and operates in Ireland...So, it was really useful to actually have a resource that could not only refer to transgender, but transgender in Ireland.” (Brian)

Another participant described how including content related to Ireland helped make the information *“more accessible”* (Aoife).

Participants generally felt that most of the modules were relevant to families of trans young people and of interest to them. A few of the participants noted, however, that some of the module content was of more of an academic or

intellectual interest, rather than directly relevant to their current situation. For some, this was a result of the age of their child, e.g. their child had passed the stage or had not yet reached the stage related to the specific content. Helen, whose daughter has been fully transitioned for three years, described that while none of the content in the programme was new to her or relevant to her current situation, she believed it would have been useful in the beginning of her journey. Similarly, Anne explained that she already “*kind of knew a lot information...that was being said*”. Sandra explained why the GenderEd.ie programme would have particularly helped her at the time her child came out:

“I think if I was at the beginning of my journey as a parent of a transgender young person, I would have found it even more interesting because there were so many questions that were answered on it that I didn’t know the answers to a year ago.” (Sandra)

She went on to say that families in the early stages “*need small pieces of information and you need to cope and come to terms with one thing at a time*” (Sandra).

Several participants commented on the level of the content, describing it as appropriate for the intended audience. Participants particularly appreciated that the language was accessible. They felt there was little jargon used and that all jargon used was fully explained. One participant described how:

“It wasn’t kind of really hard language or anything, it was just really for any parents that wanted to access it.” (Anne)

Another noted that “*the information is very relevant without being over-technical and the jargon is all explained*” (Kathleen).

Several participants commented on the amount of content in each module, suggesting it was appropriate, being comprehensive without being overwhelming and content-heavy. Kathleen’s assessment of the content encapsulates these views:

“I thought [the amount of content in the modules] was very good. There’s a nice balance. There’s enough information to tick all the key things that you would like to know, where to go, there’s link to extra resources and things...So, there’s the option for more information but I wasn’t sitting there drumming my fingers at any stage going, ‘Oh, for God’s sake! Get on with this!’ (laughs briefly)...So, I think it’s a nice balance.” (Kathleen)

Several of the participants mentioned appreciating that the content was broken down into sections, with Aoife suggesting how:

“It’s easy for the person looking at it to know what they expect in the module if you know what I mean...and to know where to look to get something.” (Aoife)

Informational videos and personal stories

Participants generally felt that the informational videos in the education programme were “*informative*” (Aoife), “*very good*” (Helen) and “*were all good and informative*” (Brian). Two participants commented that they found some of the presentation styles of the speakers stilted as they were reading from a document, rather than from memory or from a teleprompter. A few of the participants mentioned that they appreciated being able to see real people on screen. One mother of a trans male felt it was “*very positive*” to see the trans young people in the videos (Mary). Another participant described how seeing another mother of a trans young person in the videos “*brought it home*”: She described how:

“Even having [names professional who is also a mother of a trans young person] there...I think even having her talking [about] it just really made it kind of, it brought it home, do you know?” (Anne)

Similar to the videos, participants described how the stories included in the education programme brought a very personal and relatable element to the programme. One participant described how the stories added a personal element, beyond the purely factual content:

“It’s nice to have the personal...You know, that it’s not just facts. It’s people’s families, people, what they’ve gone through, you know?” (Aoife)

Anne compared the personal stories included in GenderEd.ie to her experiences in talking with professionals:

“Do you know what, I was looking back at the quotes that some of the parents had left [in the personal stories] and I thought, it just makes it really real...Do you know and that you can go, ‘Oh God, I identify with that!’...cause I suppose when you’re talking to professionals they don’t have a clue what you’re going through...But it’s when you’re talking to other parents and you’re kind of reading that, I just thought, ‘Wow, they know what they’re talking about’, do you know?” (Anne)

The stories encouraged some of the participants to reflect on their own journeys, and for one mother they provided “validation” about her progress. She described how she felt reading the stories:

“I could really identify with some of them [personal stories]...especially when people were talking about how they felt initially...Because that’s such a learning curve for us all...When we find that first of all, you know, that we have a transgender person in the family and em when you read how people felt at the time, you know, how they feel now...it’s reminders to yourself sometimes of how it was for you at the very beginning...Sometimes it’s a bit of validation to say, ‘Well, I have come a little bit, I’ve come further along!’ (laughing)” (Sandra)

She went on to say how the stories also helped to remind her about what her trans child experiences and the difficulties some trans young people can face. Another mother described how she believed reading the personal stories could help families feel less alone:

“I like as well that you have little bits from people’s own experiences and there’s kind of quite a broad spectrum in that...So I think and that is important for families...you need to feel that you’re not the only one that experiences this, you’re not the only that struggles sometimes...” (Kathleen)

Tone

Several participants commented positively on the tone of the programme, particularly the fact that the language was non-directive and reassuring to participants. Two participants described the tone as “very relaxed” (Helen and Sandra). Two participants commented on the non-directive language used in the education programme, appreciating that it encouraged families to consider possibilities in relation to their own situation rather than directing them to take a prescribed course of action:

“It’s very calm and em you’re not telling anybody, ‘This is what you should do’...You know, you’re presenting us with, you know, facts and with case studies and with em suggestions...But you’re not saying, ‘This is the only way to do it’ and, ‘As soon as your young person tells you this, you know, you must do this, this, this’. You’re giving us all the options that are there...In an informative way and in a, you know, in a nice calm, reassuring way...But em you don’t feel that you’re being railroaded which I think in the early stages that is important, as well, because you have to accept things at your own pace.” (Sandra)

One participant particularly felt the “right tone was struck” and that: “It wasn’t too over simplistic. It wasn’t patronising its audience at all in any way” (Mary).

Brian, however, felt the tone may not have been appropriate for all family members, describing how he felt *“it kind of assumes an antagonistic or uncertain audience in some of the videos”*. He further explained:

“I think there’s quite a lot of repetition around, and again, you have to appeal to different people, but you’re kind of persuading people that it’s okay.” (Brian)

While clarifying that he felt the content was *“good and informative”*, he noted that *“there’s a lot of hand-holding”* which, *“is again, fine...it’s fine for one scenario so I’m not saying get rid of them...I’m saying that you need an alternative way to jump in.”*

Accessibility

The nature of the programme content (relevance, relatability, appropriate level and tone), as well as the ease of use of the programme, were characterised by many participants as creating a sense that the programme was suitable and accessible for all potential participants. For example, one participant compared the accessibility of GenderEd.ie to other programmes where *“you’d need a degree to read them”*, suggesting that any one of any age and with little or no formal academic training *“would be well able to use it [GenderEd.ie] and understand it which is very good...”* (Helen). Similarly Mary suggested that:

“Even adults who are extremely well-educated or adults who would be on the other end...I thought it was suitable for everybody.” (Mary)

She went on to describe the programme as *“so accessible and so informative”*, while Anne commented that *“it’s not too much over your head...it was just really, like, for parents”*.

7.3.5 Theme 4. Perceived impact of the education programme on participants: “There’s a lot of practical info there”

Theme four describes how participants felt the programme impacted on them in a number of areas, including on their knowledge, skills, and views of gender identity and trans issues.

Knowledge and skills

Only one participant reported that she did not learn anything new from the GenderEd.ie programme (Helen). She explained this by the fact that she had learned her daughter was trans a number of years ago and her daughter was fully transitioned for three years. Mary explained that the programme provided her an opportunity to “*revise*” the content she already knew:

“Well I suppose just me personally I kind of wanted to...get stuff maybe kind of em kind of more clear in my head...And even though some of the stuff was covering stuff I already know, I thought it was no harm just to kind of revise it and have it clear in my head.” (Mary)

Participants identified several topics where they learned about trans-related issues within the programme, including: a general overview of trans-related issues in the Republic of Ireland; trans-related legal and administrative issues in the Republic of Ireland; and terminology and language related gender identity.

Participants talked less about concrete skills gained from the programme. Several of the participants explained that they were already engaged with skills, such as reflection, communication, and problem-solving or that they had qualifications in areas which included an emphasis on these skills. Sandra explained how she could not pinpoint any concrete skills she learned from the GenderEd.ie programme as she was already engaged with another group which focused on cultivating similar skills as those emphasised in the programme. Another participant noted that “*there’s probably a limit to how much skills I can learn*” as she holds two degrees in areas which emphasise skills such as reflection, communication, and problem-solving (Kathleen).

Participants, however, did identify areas where they intended to use the information learned from the programme. Sandra reported that in the future she would refer to the forms included in the ‘Legal and Administrative Issues’ module for helping her child. Similarly, Aoife described how the content related to legal issues will be useful if and when her child decides to proceed with the processes. In addition, Kathleen stated that she hoped she would be able to incorporate content from the programme on gender neutral pronouns into life with her non-binary child. Yvonne mentioned that she was interested in the content on coming out within the family but had not yet been able to apply the strategies included in the programme as they “*haven’t gotten to that stage yet*”.

Impact on the individual

Two of the participants discussed the wider impact of the programme beyond the development of knowledge and skills. Sandra highlighted how the programme content added to a sense of validation. She described how the personal stories helped her recognise how far she had come in her own journey. She went on to detail how reading the programme content helped her feel she had managed her own situation well, particularly with having little information and support at the time.

Mary expressed how the programme helped make things “*clear in my head*” and answered questions she had, putting her mind “*at rest a bit*”. She also felt it was positive to see a visual representation of a trans young person, presumably someone she might view as a positive representation or role model to her own son. She went on to explain how the programme gave her confidence in her knowledge of trans issues:

“I’d have kind of more confidence that I do know the vital issues that are involved when somebody is transgender.” (Mary)

Views on gender identity and trans issues

Several of the participants described the impact of the programme on their views of gender identity and trans issues. Two participants specifically mentioned that the programme helped “*normalise*” trans issues for them, with Yvonne reporting “*it just made it seem more mainstream, more normalised*”. Another described the impact of reading the personal stories and seeing the videos:

“It just really made it kind of, it brought it home, do you know?...And just normalises it a bit, do you know?...Cause you kind of think it’s really, you know, you have to look for America, you have to look for that for, it’s so rare!...But it’s happening in your own town...It’s everywhere...And it’s kind of opening your eyes to it like...That’s what I found now, yeah.” (Anne)

She went on to say that she believed that the existence of an Irish-specific education programme would also help in her own parents’ understanding of her trans son. She described:

“I think if they [parents] saw that other families are doing this and it’s not just outside, do you know?...That it makes it a bit more normal, do you know?” (Anne)

Similarly, another participant described how the Irish-specific nature of the programme helped make the information more accessible and relatable.

7.3.6 Theme 5. Recommendations for developing the education programme: *“It was a good starting point”*

In theme five, participant recommendations for further developing the education programme are presented. These included recommendations related to: target audience and additional participant groups; programme development; increasing accessibility; *“I don’t know what I don’t know”*; and publicising and promoting GenderEd.ie.

Target audience and additional participant groups

All of the participants mentioned that they would or had already recommended the GenderEd.ie programme to other people. Several participants expressed that they felt the programme would be especially useful for those who were at the beginning of their journey and had just found out their family member was trans. Two participants commented how they would have appreciated the programme when learning their child was trans, as they had a very difficult time locating information. Anne described how she had to ring different professionals for *“every bit of information we needed”*, while Sandra explained how *“at the beginning of your journey, you know nothing...”* and *“you don’t want to be asking your child questions all the time and they get annoyed with you”*. Three participants mentioned how the programme would be useful for other people within the family, including siblings and the extended family. One participant described her views:

“I suppose especially with families, you’re not just dealing with the parents and the child, you’re dealing with the outside family as well, so like I think even for the extended families, it’s a brilliant resource...Do you know?...or even for siblings, for them to kind of understand as well, do you know?” (Anne)

Three participants felt the programme would be useful for schools and one participant also mentioned General Practitioners. Sandra noted that she was going to tell her child’s school about GenderEd.ie as, *“they [the school] may have other parents who come to them and say, ‘I don’t know what to do’”*.

Programme development

Several participants made recommendations to add additional content to the programme. Topics suggested by participants included: emphasising the benefit of families accessing peer supports (Kathleen); providing a list which identifies professionals who are trained and experienced in working with trans patients (Anne); surgery options for trans young people (Mary); and information on trans people's relation as a "minority in a minority" to the LGBT community more generally (Mary). While Sandra suggested that more content related to younger children be included, Brian, a father of an eight-year old daughter, felt there was sufficient content directed towards younger children. Another participant wanted additional information about how to manage issues within her child's school, but felt it would be hard to provide this type of information as it varies so widely on an individual, case-by-case basis.

Two participants made suggestions related to siblings. Kathleen recommended:

"Flag that siblings can really struggle with it...it's just to remind parents that you don't get so caught up in your child that's trans that you forget about the needs of the other children". (Kathleen)

She also suggested developing an animation or comic directed towards young children who have trans siblings. Similarly, another participant suggested developing more streamlined and tailored content for younger siblings of trans people. Two of the participants mentioned the presentation style of the videos as an area that could be improved, with Sandra suggesting the use of teleprompters for a more natural style and Kathleen recommending the inclusion of transcripts for the videos. Finally, Mary felt the introduction videos were unnecessary and "stating the obvious a little bit".

Increasing accessibility

A few of the participants made suggestions to help make the programme more accessible to a greater number of people. Kathleen suggested developing the programme in other languages:

"The other thing that might be useful is sometime down the road if there was an option of other languages like Polish. There's a lot of Polish people...And I don't know if you'll ever get a budget for that (laughing), but, you know, if you win the lotto and money's no object and you could have that option..." (Kathleen)

Brian made recommendations for how the programme could be developed to

be more inclusive of a wider array of participants. He suggested that each participant could take a short survey to determine their needs and then tailored content could be provided to them which addressed the needs identified in the survey. He also felt that it may be difficult to locate specific content within the programme at a later time. He suggested adding an “*overall index and/or search function*” so participants could search directly for a topic. He explained:

“So, you know, you can kind of see that you put it together with a specific end in mind which was, ‘There is a story, I’m going to take you through a journey which will educate you and I know that you might not know that’ and you go through it...And that’s useful, but now it needs to become a repository, a resource, once you’ve been through it. You want to sort of, six weeks later, go back and say, ‘Right, what was that about life stage social networks?’ or something, ‘social transitioning’...and that’s going to be difficult to find now.” (Brian)

“I don’t know what I don’t know”

Two participants highlighted how the programme addressed their needs at the time at which they looked at it. Both, however, acknowledged that their needs may change over time and they may only notice at a later time point additional areas for improvement in the programme. Yvonne explained:

“I thought it was really good, Danika. It was a good starting point. I don’t have enough information transgender-wise to know what else I need, do you know what I mean? If it was a year later or something, I would have more information or thoughts on what I should, but I think it was really good. I’m happy with what I found on it...Do you know what I’m saying? I don’t know what I don’t know! (laughing)” (Yvonne)

Publicising and promoting GenderEd.ie

Many of the participants mentioned the importance of publicising and promoting the existence of GenderEd.ie, as well as ensuring its ongoing development and sustainability. Two participants explained the importance of ensuring people are aware of the availability of the programme:

“...I just would worry, I don’t know anything about how much publicity it’s had but I’d worry that a lot of people, that some people aren’t aware it’s there...you know, it’s such a good resource for people. It would be a shame if people wasn’t aware of it, you know?” (Mary)

“I think that’s a key thing, getting it out there, making sure people know about it.” (Kathleen)

Kathleen also mentioned her view that it is important to keep the programme regularly updated in order to encourage new participants to access the programme. Brian expressed hope that the resource would continue to exist upon completion of the PhD study, saying:

“Look, I think it’s great that it’s there...It would be nice if it continued to exist...Hopefully, it won’t just be your PhD programme (laughs).” (Brian)

Another participant suggested renaming GenderEd.ie to a more trans-specific name as *“gender’s such a broad sort of a term”* (Mary).

7.3.7 Theme 6. Future engagement: *“I know if I need information, I know where to find it”*

This theme discusses participants’ views about their perceived future engagement with GenderEd.ie. Several of the participants mentioned that they would access the programme in the future: *“I have no doubt that I will be using it in the future again”* (Aoife). Two participants, in particular, described how they did not learn all of the programme content during their initial engagement, but knew how to access it at a later date when it was required:

“You know, and I know I haven’t learned it all off, but I know if I need information, I know where to find it and how to find it and I just think it is very clear.” (Aoife)

“I think it’s the kind of website that you can kind of tip in and out of...I suppose I wouldn’t kind of em have all the information in my brain but I would kind of like go, ‘I know where the information is now,’ so I can go in and just say, ‘Oh yeah, brilliant’, do you know?” (Anne)

Both Sandra and Mary mentioned that they would specifically return to the information related to the ‘Legal and Administrative Issues’ module, while one participant mentioned that she would go back to the activities at a later date (Anne).

7.3.8 Evaluation interviews: Summary of findings

In total, eight people participated in the evaluation interviews. The majority were mothers who lived in several counties across the Republic of Ireland. Participants’ trans family members had diverse gender identities and ranged in age from eight to 25 years (M=6.9 years). While all of the participants had learned their family member was trans a year or more before the interview, the

participants described themselves as being at various stages of their 'journey' with their trans family member. All of the participants had learned about the GenderEd.ie programme through TENI and TransParenCI and all had also completed the evaluation survey. Participants had various reasons for accessing the programme, including curiosity and the desire to learn more information. All of the participants engaged with the module content and the majority watched the informational videos. None of the participants formally completed any of the module activities, however, some participants described their informal engagement with the activities.

Participants generally felt the programme was easy-to-use, to navigate, and clearly laid out. They described feeling that the content was accessible, of an appropriate amount and at an appropriate level, comprehensive, and relevant. Participants described how the videos and personal stories included in the programme helped personalise the information and make it more relatable to their own situation. In general, participants felt the tone of the programme was appropriate, and particularly appreciated the non-directive language and messages of reassurance. One participant felt the tone was not appropriate for all family members, suggesting that it assumed participants may be uncertain about their family member's trans identity. Many participants suggested that the nature of the programme content and ease of use of the programme created a sense that it was highly accessible for all potential participants.

In terms of the impact of the programme, the majority of participants reported that they learned something new from the programme. Interview participants, however, reported fewer soft skills gained from the programme. Two of the participants discussed the impact the programme had on them beyond knowledge and skills, with one mother describing how the programme added to her sense of validation as a parent, while another suggested the programme helped provide reassurance regarding her trans child and gave her greater confidence with trans issues. Several participants described the impact of the programme on their views of gender identity and trans issues, with two participants specifically mentioning that the programme helped "*normalise*" trans issues for them. Similarly, another participant described how the Irish-specific nature of the programme helped make the information more accessible and relatable to their own context.

Participants made a number of recommendations for improving the programme. Several participants felt the education programme would be especially useful for those who were at the beginning of their journey and had just found out their

family member was trans or for extended family and siblings. Others made recommendations for areas of additional content to be included in the education programme. Two of the participants mentioned the presentation style of the videos as an area that could be improved. A few of the participants made suggestions to help make the programme more accessible to a greater number of people, including by tailoring the content to the participant and adding an index or search function to help make information quickly and easily accessible. Many of the participants mentioned the importance of publicising and promoting the existence of the programme, as well as ensuring its ongoing development and sustainability. Finally, several of the participants reported that they would visit the GenderEd.ie website again in the future.

7.4 Evaluation: Summary

The final phase of this study evaluated the education programme, GenderEd.ie, by assessing its impact and exploring participants' experiences with it. The evaluation was guided by a mixed methods, convergent parallel design using quantitative surveys and qualitative interviews. The surveys included a pre-education programme survey (n=25) and post-education programme survey (n=8), resulting in eight matched pairs. Eight family members participated in the interviews. The majority of both survey and interview participants were parents, primarily mothers. Levels of reported engagement with the programme content both text-based and visual were relatively high within both the surveys and the interviews, however, engagement with the module activities was somewhat lower.

Both survey and interview findings indicated that participants viewed the programme positively, describing its usefulness, relevance, and appropriateness. Within the survey, scores on knowledge of trans-related topics increased, however, no statistically significant findings were found on the other measures. The interview findings provided a complementary picture of this. While nearly all of the participants reported learning something new in relation to trans issues from the programme, there were fewer discussions of the impact of the programme on areas besides knowledge. In terms of views of gender identity, the programme appeared to have an impact on some of the participants. The impact, however, appeared to be quite variable. Overall, participants' positive views of the programme and its impact on participant knowledge provide a strong evidence base of its efficacy as an education programme. The findings also raise a number of areas for further development

and research, which are discussed further in Chapter 9. In the next chapter, Chapter 8, a reflection of the researcher's experiences throughout the study is presented.

Chapter 8. Reflexivity and ethics

8.1 Introduction

A lack of quality reporting around ethical issues and the researcher's role in the research process around trans-related education for families of trans young people was identified in the international literature (Chapter 2). Within this chapter, I attempt to capture and illustrate aspects of my experiences with the research which may not have been documented or reflected in the previous chapters. In addition, I have aimed to make my role within the research transparent, as well as the ways in which my identity may have impacted the upon study. It is hoped that by providing these illustrations, I can offer an insight into the process of conducting a Community-Based Participatory Research (CBPR) study, the benefits and challenges that may arise, and important identity issues to consider. In addition, I hope to document my experiences in order to contribute to the study's transparency (a key factor in quality) and provide an additional lens through which the reader may interpret this study. In this chapter, I present a discussion of my experiences with reflexivity and ethical issues. Specifically, my practices with reflexivity, CBPR ethical considerations, and issues related to CBPR quality are considered.

8.2 Reflexivity

8.2.1 Reflexivity

Finlay and Gough (2003) offer a working definition of reflexivity "*as thoughtful, self-aware analysis of the intersubjective dynamics between researcher and the researched*" (p.ix). They go on to describe how the practice of reflexivity requires a "*critical self-reflection*" (p.ix) of how certain aspects of the researcher, including the researcher's background, assumptions, positioning, and behaviour, may impact on the research process. I engaged in reflexive practice throughout the study in order to acknowledge my role as researcher. Furthermore, engaging in ongoing self-critique and self-evaluation can contribute to establishing "*cultural humility*", a concept which acknowledges that within a CBPR approach, a researcher should not strive nor subscribe to the notion that they could ever be 'culturally competent', or "*fully master another's culture*" (Israel *et al.* 2013: p.15). Instead, by practicing ongoing self-reflection and self-critique, a researcher can acknowledge power imbalances that may exist, laying bare their own underlying beliefs and attitudes (Duran *et al.* 2013). Furthermore, the transformative paradigm informing this study underscores the

importance of explicitly addressing issues related to relationships, trust, and power, as well as the need for critical self-reflexivity (Mertens 2007).

I also subscribe to Finlay's (2002a) assertion about the benefits of engaging in reflexivity, including: the opportunity to explore my impact on the study; to enhance insight into the study by exploring myself and interpersonal relationships with participants; to uncover unconscious biases and motivations within me; to evaluate the research process; and to add integrity to the research process. Moreover, Mertens (2010b) emphasises the importance of critical self-analysis within the transformative approach highlighting how the "*understanding of self and self in relation to community is a critical component*" (p.17). In contrast to an objectivist positioning that research should be value-free on the part of the researcher, engaging in reflexivity allowed me to acknowledge my own subjectivity in an 'objective' way, adding strength to the study and its findings (Gough 2003, Kvale & Brinkmann 2009).

With no agreed upon guidelines for how reflexivity should be 'done', I relied on a number of techniques, including introspection (individual), intersubjective reflection (interpersonal), mutual collaboration (interpersonal), and social critique (Finlay 2002b). I practiced individual introspection and reflection primarily through keeping a reflective diary and practicing self-reflection and meditation. Beyond the individual level of reflexivity, I also engaged in an ongoing examination of relationships within the study through dialogues with others. For instance, intersubjective reflection is practiced when the researcher critically examines the situational and contextual dynamic of relations. I engaged in this type of reflexivity during monthly supervision meetings with my supervisors in which we often discussed and examined my relationships with participants in the study and how I could continue to foster mutually beneficial partnerships.

Reflexivity as mutual collaboration involves the inclusion of the participants in a reflexive dialogue on their participation in the research. I practiced this type of reflexivity through the collaborative involvement of participants, particularly professionals, by discussing their involvement with the study and their views on their involvement. This type of reflexivity was practiced both informally through conversations and emails and more formally through interviews (see Chapter 5). Reflexivity as social critique involves examining and managing the power balances between researcher and participants. Throughout the study, I engaged in an ongoing negotiation of relationships between myself and the participants as detailed later in this chapter.

8.2.2 My identity within the research

It was particularly important within a CBPR methodology to practice reflexivity because the relationships between researcher and community are paramount, and both play active parts in the development of the research (Minkler & Wallerstein 2003). In addition, engaging in research as a cisgender person within the trans community raised important identity considerations for myself and my role within the study. Galupo (2017) suggests that cisgender researchers examining trans-related issues may experience the privilege of being perceived as objective, examining issues with a certain distance which enables them to be free from bias. My own experience adds evidence to Galupo's assertions. Throughout my experience engaging in the study, particularly when presenting the study's ongoing findings, very few people questioned my own level of bias or objectivity. No person suggested my findings were invalid or that I may have a personal claim in presenting certain results; it is, of course, however, very difficult to assess whether such suggestions would have been made towards a trans researcher.

Beyond the privilege of being viewed as objective, my identity as a cisgender researcher likely impacted on the various ways in which I conceived of and conducted the study, ranging from the research aim I identified, to my selection of research methodology and study design, the processes of data collection, the way participants perceived me, and the way in which I interpreted and framed my results (Galupo 2017). While all of this is true, it is also important as a researcher to highlight the multiplicity of additional personal identities which can and do impact on all of these aspects of research. These include identities which a person can assess upon visual inspection, such as my age (late 20s to early 30s), my ethnicity (White), and my personal appearance. These also include identities beyond those which can be assessed visually, such as my nationality (American and Irish), my socioeconomic class (middle class), my level of education (highly educated), my institutional alignment (with a university), my sexual orientation, my political beliefs, my personal history, my family relationships, and so on.

Within a transformative perspective, it is not possible, nor desirable to remove one's own identity from the research (Mertens 2010b). Instead, it is encouraged to make transparent these aspects of one's identity to allow an additional lens for the reader to interpret the findings. This was not without its challenges and, at times, engaging in reflexivity required "*huge efforts*" on my part as the

researcher in order “to identify and interrogate personal and professional practices” (Finlay & Gough 2003: p.1).

8.3 CBPR in practice

8.3.1 Introduction

The use of a CBPR methodological approach may raise a number of unique ethical challenges, which have been explored by several authors (Holkup *et al.* 2004, Buchanan *et al.* 2007, Flicker *et al.* 2007, Banks *et al.* 2013). Banks *et al.* (2013) highlight the ways in which diverse participant involvement and power-sharing may raise a number of ethical complexities within a CBPR study, proposing six main ethical issues related to CBPR, including:

1. partnership, collaboration, and power;
2. blurring the boundaries between researcher and researched, academic and activist;
3. community rights, conflict, and democratic representation;
4. ownership and dissemination of data, findings, and publications;
5. anonymity, privacy, and confidentiality; and
6. institutional ethical review processes (p.267-268).

It is important to note that each ethical issue is not disparate and there are no boundaries clearly separating each. These ethical issues, however, provide a useful framework through which to discuss my own ethical experiences within the current study. In the sections below, each issue is discussed in greater detail.

8.3.2 Partnership, collaboration, and power

Partnerships

Partnerships are the foundation of CBPR and developing and maintaining these partnerships (as well as what happens with these partnerships upon completion of the study) raises important ethical considerations (Hacker 2013). Building successful partnerships can help ensure that research is needs-based, grounded in the priorities of the community. Within the current study, building strong partnerships and buy-in was paramount for the study’s initial development, ongoing continuation, and success. In order to develop these partnerships, I began to build relationships and reach out to potential professional partners well ahead of the formal start of the PhD study in March

2015. While I had previously met some of the professional partners through my prior research work, I had not always engaged with them on a one-to-one basis. I introduced (or re-introduced) myself to each potential partner and began to try to build a rapport with them. I attempted to relay my own sincerity and commitment to the study area, as well as my beliefs in the principles of equality, inclusivity, and collaboration. In addition, I relied on my professional and educational qualifications to legitimise my position as a researcher.

Trust and power

Within a CBPR study, partnership relationships evolve as trust is built (Banks *et al.* 2013, Travers *et al.* 2013). In his study of CBPR community and academic partnerships, Lucero (2013) found that trust “...*includes a sense of responsibility for the partnership, respect and safety, and shared goals and values*” (p.viii). Trust can be developed through good communication, particularly listening to, responding to, and learning from partners. In terms of building trust, the element of communication was essential. It was important for me, from the outset, to listen to and respond to the needs of the community partners. This required flexibility, as I often needed to make changes to the study, when appropriate, as suggested by partners.

For instance, I was advised by one professional partner that trans young people would likely want to know more about me before considering their participation in the research. In order to respond to this suggestion, I engaged in two strategies to help the young people get to know me better. First, I visited their weekly support group. I introduced myself, my background, and my personal motivations for pursuing the research. I described what I was hoping they might do in terms of participation and how the findings would be used. I talked explicitly about issues related to confidentiality. Secondly, I provided youth-friendly participant information leaflets for the trans youth. In these leaflets, I introduced myself, clearly stated my cisgender identity, and included a photograph of me. I also included explicit and clear information about the research, its aims, and the nature of their participation (particularly related to issues around confidentiality). It was hoped that these strategies would help the young people get to know me better and that they might help remove or at least lessen any concerns, worries or fears the young people might have regarding me or my intentions with the research.

It was also important that I demonstrated a consistent commitment to the partnerships. I relied on ongoing communication, checking in, and providing updates as a way of maintaining the partnerships. In time, the partners' trust in me began to build as they saw me engaging in inclusive methods:

“You’re inclusive of everybody. You’re meeting people. You want people from on the ground...parents, young people. So...Once that’s been happening then it’s kind of being directed, as well, from on the ground, so that’s brilliant.” (Professional 1 during Phase 1 Consultation interviews)

In addition to partnerships, there is the need to manage, often in an ongoing way, the power-balances between the community and the researcher (Banks *et al.* 2013). This may include an ongoing negotiation, involvement, and clarification of the aim and design of the research and the roles of both parties in the research. Throughout the study, I tried not to take for granted the partners continued participation or partnership. I checked in with them often to assess their level of engagement with the study and availability and willingness to participate. I also expressed ongoing gratitude for their support.

In addition to this ongoing communication, I went ‘above and beyond’ by immersing myself in the community, engaging in non-required, not specifically study-related events, report launches, and other community activities (Kendall *et al.* 2017). During these events, I was able to socialise informally, network, and meet other people within the community. In time, I began to feel trust was built, as I began to be recognised and welcomed at these events. One significant moment of inclusion was when I went to a report launch and key members from the partnership organisation invited me to sit with them. Another example was when I was invited to speak at a weekend event for families of trans people hosted by the partnership organisation. These invitations symbolised that I was being welcomed, and not on a strictly study-related basis, into circles of trust and acceptance.

Power within interviews

Within interviews themselves, the concept of power may also play a role, with power held by both the interviewer and participant (Finlay 2002b, Kvale & Brinkmann 2009). Some authors posit that there is inherent “*power asymmetry*” within interviews in favour of the interviewer (Kvale & Brinkmann 2009: p.33). This may be due to the characteristics of the interviewer as a scientific professional and the nature of the interview as a “*one-way*” dialogue (Kvale &

Brinkmann 2009: p.33). During the interviews for this study, I would characterise my experiences much more along the lines of Rubin and Rubin's (2012) stance, which suggests that interview participants are "*conversational partners*", rather than subjects of research (p.7). Power was something held by both partners. Indeed, while I may have held power as a researcher with an academic background, the conversational partners held just as much, if not more power, in their lived experiences. My experiences are perhaps best reflected by the following:

"Responsive interviewing is based on forming a relationship with the interviewee, a relationship that is mutual and that often outlasts the period of the research. The interviews themselves are not dominated by the interviewer; rather, the researcher responds to what the interviewee says, thus ceding to the conversational partner a great deal of control over what questions are asked. Interviewer and interviewee together work out the answers to the research questions. It is a joint activity based on respect. It is also a relationship based on trust...assumes a fair degree of reciprocity." (Rubin & Rubin 2012: p.36)

This does not mean to suggest that interviews are not places of potential challenges in terms of developing trust, maintaining balance in power, and ensuring positive relationships, which are all areas that require reflexive practice. Throughout the interview process, I aimed to actively acknowledge my own position and role in the research, to explore it, and to decide a conscious role to adopt.

8.3.3 Blurring the boundaries between researcher and researched, academic and activist

Researcher-participant relationships

There is the potential for the line between researcher and activist to become blurred within a CBPR study, with Banks *et al.* (2013) recommending the need for the researcher to consider "*whether and where to draw the lines*" (p.267). In the current study, although I had previous experience working in the area of LGBT research, my experience was as a researcher. I was not coming to the community as an experienced 'insider' or an activist, but rather as an outside researcher with specific interest, knowledge, and passion in the area of trans issues. From the moment of beginning to develop more formal relationships with key study partners, I presented myself as a researcher, with a particular interest in areas of equality. I clearly delineated my role in the field as a researcher rather than as an activist. One case in which lines could potentially be blurred were with study participants. I tried to be as clear as possible in the information

leaflets and in any communication with study participants that I was a social researcher, with specific interest in the area of trans issues versus someone with self-experience as either a trans person or a family member of a trans person. I think these strategies assisted me in carving out my place within the study and within the larger community.

In addition, there was a potential conflict of interest in me conducting the Phase 3 Evaluation interviews with family members about their experiences with GenderEd.ie. While I was clear about my role in the programme's development and the purpose of the interview, the majority of interviews began with such positive feedback that I was concerned participants might only want to give socially desirable responses in order to further my interest and work in the area. Thankfully, my worries were unfounded as in each interview, the participant provided a number of recommendations to improve the programme. Participants did vary in the tone and way in which they offered their recommendations. For instance, one participant was noticeably more outspoken and blunt about the need for changes to increase the programme's accessibility. The majority of other participants offered their recommendations more mildly, likely cognisant of the amount of effort that had gone into the development already and aware of my role in the development.

Researcher-professional relationships

Beyond the researcher-participant relationship, I also had to manage boundaries with professionals. As the study developed, so too did our relationships. What had once been strictly formal, professional relationships became more casual, informal acquaintances. From this, friendships began to emerge. During one of the media engagements related to the launch of GenderEd.ie, I was asked to provide a picture of a trans professional who would also be participating in the media event. The media contact person wished to obtain pictures from both pre-transition and post-transition. From reading, listening, and observing, I knew that some trans people were very sensitive and private about their identity before their transitions. These included issues such as their image represented in pictures and videos and their name assigned at birth. By this time, I had developed a relationship beyond simply a professional one with this trans person; we had developed a friendship, one based on respect, understanding, and mutuality. I had seen her speak at many events and spent time together informally, and I had never seen her share her pre-

transition photos or name either publicly or privately. Therefore, I did not consider it appropriate to ask her to share them with me at this point.

Outside of the media engagement, I would never have considered asking her for this information, so it did not feel appropriate to do it for the sake of a media engagement. At best, it would have been insensitive and, at worst, it would have shown me to be a person who had little grasp of the issues with which I was working. If the media contact person wished to obtain the images, they were free to ask the person themselves. I, however, was not going to violate my friendship or professional courtesy by asking them to disclose that to me at that time. This was a situation that required me to act sensitively and with consideration around issues such as boundaries, privacy, and respect.

8.3.4 Community rights, conflict, and democratic representation

Community consent

While consent is usually discussed at the level of the individual, CBPR raises challenges around “*community consent*”, which considers consent at the level of the community (Buchanan *et al.* 2007, Banks *et al.* 2013, Hacker 2013: p.109). As a community is not always clearly defined and even within a ‘community’ interests may vary, this is a particularly complex ethical challenge (Wallwork 2003). In order to overcome this challenge, Hacker (2013) emphasises the importance of identifying important community stakeholders and obtaining their consent. By bringing these key partners on board, the researcher is also able to identify and address competing interests, to gauge community consent on an ongoing basis, and to flexibly develop the project to best address community research needs.

In order to address challenges related to community consent, I went directly to community organisations within the Republic of Ireland who work with and for trans young people and their families. This was a strategic move in framing the study, as it was just as possible, for instance, for me to approach a medical professional, counsellor or politician. However, I went directly to the community organisations and began to meet with them in order to consider directions for developing the study and whether they would be interested in participating in the study as partners. In time, through the process of building trust (as described above), I received formal endorsement from the two major organisations that work with and for trans young people and their families in the Republic of Ireland.

Community risks

In addition to community consent, Hacker (2013) suggests that a CBPR researcher needs to consider both the individual and community-level risks and benefits of research. Risk at the community level may be conceived of as risk to the structure or function of a community based either on the process or the outcomes of the research. For instance, the process of a research study may place great burden on a community organisation or research findings may raise potentially challenging ethical issues. Arguably, this is a concern for any study which relies on the use of partner organisations or gatekeepers. I overcame this challenge by using techniques such as ongoing engagement and checking in with the partners. I made certain that I did not assume ongoing participation of the individuals or partner organisations, but rather negotiated it on an ongoing basis. In addition, when the partners were too busy to meet a previously agreed upon deadline, we negotiated new deadlines or modified their level of commitment at the time. In addition, it was important at all times to balance the research needs with research burden for the participants.

Managing research burden and fatigue

I had to be cognisant and responsive to the professional partners' level of availability. For example, after the design and development of the education programme (Phase 2), the professionals humorously expressed that they were grateful and relieved that the study was "*finally*" completed. From these comments, I sensed that the professionals were starting to feel research fatigue (Clark 2008). Although we had talked several times about the Phase 3 Evaluation, they may have forgotten this aspect of the study for any number of reasons. When I verbally communicated that the study was not complete and would require further participation and commitment, I sensed the professionals were wary about further commitment. As I sensed the professionals were starting to feel the burden of the research, I undertook a number of strategies to manage the situation. First, I emphasised my gratitude for the work they had done to date. I emphasised the success of the programme developed, conveying my hope that the programme would help families and young people. Then, I took a brief pause in communication with them. I allowed them some space to celebrate the completion of Phase 2 and the launch of GenderEd.ie.

Next, I asked the professionals to meet with me again. I informed the professionals that I would need their help *just one last time*. I provided an overview of the Phase 3 Evaluation, including its aim, the design, and projected

sample sizes. I asked them for feedback on the design, including the survey instrument. As a result of these discussions, the professionals acknowledged the purpose of the evaluation. They engaged fully when I asked for feedback on the design, and were positive regarding the survey and their belief that they could help achieve the required sample sizes. I think this meeting also helped allay worries the professionals may have had regarding the extent of any further work required on their part. Beyond this, I was honest with the professionals and told them that I needed their help with Phase 3 in order to successfully complete my PhD data collection. I let them know that although the work we had done together in the development of GenderEd.ie was very positive, my research would be incomplete without this aspect of the study. As we had developed trust and mutuality, I believe this encouraged their further involvement and buy-in with the study. In addition, I believe that my response to the potential research fatigue of the professionals and these meetings were crucial in re-engaging the partners.

In addition to balancing the burden of participation on the professionals, it was important to listen to the professionals when they conveyed to me during Phase 3 that the families they engaged with were beginning to experience research fatigue. They noted that the families who usually engaged with various research studies were not engaging as much as they previously had. They suggested that this was due to the fact that the typical cohort of research-engaged family members were slowly withdrawing and phasing out their activism, feeling they had contributed sufficiently to the cause. For these reasons, I needed to ensure that I placed as little burden on the potential participants as possible. I made certain that the evaluation aim was explicit and that the purpose for all questions asked was clear. I also had to revise my expectations in terms of sample sizes. Furthermore, I employed telephone interviews to lessen participant burden.

The development of mutuality was clearly symbolised on one occasion. I emailed one professional to tell her that I was concerned as the participant sample sizes for the Phase 3 Evaluation to date were very small. In the email, I asked that she and the other professionals remind participants about the study, underscoring the importance of the evaluation for my own PhD research. Within minutes of sending the email, my phone rang and the professional said, *“I read it [the email] and thought, ‘Uh oh, Danika’s in trouble’”*. She asked what she could do to help and assured me that they would do everything they could to help me achieve the required numbers for the evaluation. For me, this event symbolised how much these relationships had developed. While the

professionals may have been unsure of my intentions initially, they were proactively helping me by the end of the study (with no expectation of reward on their part).

Professionals as gatekeepers

It is important to note that the professionals in the partner organisations acted as gatekeepers and within that gatekeeper role, they operated in various ways. For instance, some professionals wished me to meet with potential participants in-person, while others preferred to pass along study information themselves (without meeting potential participants). Another example was during the Phase 2 module design-evaluation. Two of the professionals expressed concern that young people in only one of the trans youth support groups were being invited to participate in the informational videos for the education programme. The reason only one group of young people was being invited was the result of a practical issue; one professional gatekeeper was simply more available to recruit young people. The professionals in the other organisation were not pleased with this and emailed me their concerns. Both of the professionals were concerned that drawing participants from one group and not the other would be unfair to the young people in that group. I responded promptly to them via email and explained:

“Dear [names professional]...I want to assure you that I have addressed the issue re: [participation from trans young people’s support group]... I want to just say that I in no way purposely meant to not include the [names group]...I would never intentionally try to dis-include or not allow a voice to anyone group and I apologise for this oversight! Young people participants are being recruited equally (50%; 50%) from both [names both groups]. I hope this addresses this concern and I am happy this issue was raised and can be addressed.” (email correspondence)

Once this was explained and communicated to the professionals through email and over the phone and with the quick steps I took to address the issues, the professional partners reported they were pleased with the solution.

In addition to the different approaches professionals took in their gatekeeping role, I was cognisant that not all of the gatekeepers may have been aware of research ethics requirements around recruitment. For instance, professionals may unknowingly violate ethical standards by putting pressure on potential participants to participate in the research or they may violate confidentiality (Coughlin & Ackerson 2017). Within this study, this issue did arise. For instance,

one professional asked me to provide information about who had or who had not participated so that she could follow-up with people who had not participated in order to bolster the sample. While I appreciated her intentions, I told her that unfortunately I could not provide that information as it would violate the university's ethical standards.

8.3.5 “Closing the loop”: Ownership and dissemination of data, findings, and publications

Dissemination

The role of dissemination should be considered in any study, but it may be particularly important to consider in a study built on community partnerships (Love 2011, Hacker 2013, Kendall *et al.* 2017). Hacker (2013) recommends that before considering publicising research findings to a wider academic audience, it is of primary importance to consider how to disseminate research findings to the community partners. Within the current study, I engaged in an ongoing process of dissemination with the community partners, sharing anonymised or summary study findings as they arose. I met community partners, shared findings, and explored whether the findings made sense to them, if they felt anything was missing or if the findings did not align with their own experiences. This helped ensure that the community partners would not be caught off guard or surprised by any of the research findings: *“Worst-case scenarios are when the researcher disseminates results that community partners are unaware of”* (Hacker 2013: p.117).

In addition, it was important to consider how to manage findings that:

“Might cast the community in a negative light. Reporting this type of information may well be damaging to the community, or could weaken the community’s trust in the research process.” (Holkup et al. 2004: p.6)

This was a real concern in the current study. Research on trans young people may often focus on a risk narrative (Russell 2005), and research around families may focus heavily on experiences of grief and loss (Ellis & Eriksen 2002). Within the design and development of the education programme, I did face the challenge of determining how to portray family experiences in a way that truly reflected family experiences, while also allowing scope for the variety of diverse experiences families can have. I used a number of strategies to ensure that I achieved an appropriate tone for the education programme. Firstly, I relied on the learning outcomes for the education programme – ensuring alignment

between these outcomes and content was paramount. In addition, I was guided by the principles of the gender affirmative theory throughout; this allowed me to ensure that any content included in the education programme reflected these principles. In addition, I thoroughly evaluated all of the education programme content with professionals, families of trans young people, and trans young people themselves. This helped me ensure that I was portraying the content and research findings in a way that was suitable to and resonated with community members.

Media engagement

Beyond data dissemination, this study required me to engage with the media. The launch of GenderEd.ie involved a launch event, as well as a live TV appearance and radio interview. Furthermore, with the assistance of the university's press officer, I wrote a number of pieces for online media. I was very aware during these media engagements, that I was representing not only myself and the study, but also to some degree, contributing to a narrative around trans issues on a wider scale. I felt this could be a tenuous situation, as it is important to acknowledge both the reality of trans lives (often impacted by challenges, such as self-harm and suicide), while also ensuring not to contribute to a full-blown risk narrative (Russell 2005). For these reasons, I often chose not to present statistics on trans youth self-harm or suicide. Instead, I focused on the fact that trans young people may face certain challenges and risks to their wellbeing, but that these could be significantly improved with family support. Whenever possible, a family member of a trans young person was also invited to participate in the media engagement. In addition, we arranged a media appearance for a trans young person. In this way, media representation included not just me, but the families and young people whose experiences I was researching.

Giving back and ownership of data

In addition to data dissemination, researchers within a CBPR framework must consider what to do when the research concludes, as well as how to manage the issue of ownership of data and findings (Holkup *et al.* 2004, Banks *et al.* 2013). Within the current study, while I did share anonymised data (as described above), I owned the data as the primary researcher. The consideration of what I would "*leave behind*" upon conclusion of the work was a major consideration

and driver within the current study, as I wanted to ensure that I had something tangible I could “*give back*” to the community (Hacker 2013: p.117). The idea of the education programme was that a real and practical programme could be given or transferred back to the community. In terms of sustainability, I met early on with the partner organisations to determine their interest in owning, maintaining, updating, and paying ongoing fees to maintain the education programme once it was developed. Officials from one organisation confirmed that they were pleased to take ownership of the programme upon its development.

As relationships developed, the professional partners expressed gratitude for my work. By the end of Phase 2, one professional told me during a personal conversation that my study was the “*best research*” she had seen conducted in the area of trans issues. Interestingly, during the Phase 2 module design-evaluation process, one professional emailed and said:

“I want to thank you for all your work on this [GenderEd.ie]. It truly is fantastic and I find it uncomfortable to be 'criticising' it but I know that it is necessary, but I just felt that I needed you to know how brilliant it really is”.

These “*uncomfortable*” feelings suggest that the professional was aware of the amount of work that the development of GenderEd.ie required. It also perhaps evidences the development of the relationship – one in which I initially lacked power and was asking for help with a research study to one in which I was perceived as having given something worthy back to the community.

8.3.6 Anonymity, privacy, and confidentiality

Issues around anonymity, privacy, and confidentiality may come more to the fore when working within potentially small communities in a CBPR methodology (Banks *et al.* 2013). Holkup *et al.* (2004) describe how:

“The collaborative nature of the research may often endanger confidentiality. Thus, participants active in the project, with dual roles of community member and research collaborator, may be privileged to generally inaccessible information” (p.6).

Within the current study, I tended towards caution and meeting the ethics committee’s ethical requirements when it came towards protecting participants’ identities. For example, although I provided the partners with ongoing drafts of written findings for review and feedback, these were all anonymised to protect

participants' identities. In addition, I was stringent in not providing any information to the professional gatekeepers regarding who had and who had not participated in the study.

Banks *et al.* (2013) recommend discussing issues of identifiability with community members and how they wish to handle this. Within the current study, I realised that the professional partners were readily identifiable through their interviews. For this reason, I consulted each of the professionals to ask them if they wished me to use an anonymised interview code, such as 'Professional X'. All of the professionals were happy to be referred to as 'Professional' and any individual or organisational identifying information was removed.

8.3.7 Institutional ethical review processes

In terms of institutional ethics committee, CBPR studies may face particular challenges, including "*...the difficulty of fitting CBPR into the process and procedures for institutional ethical review*" (Flicker *et al.* 2007, Manzo & Brightbill 2007, Love 2011, Banks *et al.* 2013: p.268). Authors suggest that the current ethics committee guidelines can be problematic for all social research, but particularly for CBPR as they do not address common aspects of CBPR, including partnerships and power sharing, nor do they reflect the often unpredictable nature of a CBPR research study (Flicker *et al.* 2007, Banks *et al.* 2013). Holkup *et al.* (2004) contend that the strict overview of ethics committees can seriously impact on the success of a CBPR study, restricting the natural course of a CBPR study.

Throughout the course of the current study, applications to ethics committees and amendments to applications were a significant time burden. Two separate applications had to be submitted to the research ethics committee. In addition, three separate ethical amendments were required as regards the design, development, and evaluation of the education programme in response to ongoing developments that arose. Fortunately, the process of ethical approval for most of these applications and amendments went more or less smoothly. However, I often found myself applying for ethical approval simultaneous to the development of the study.

The third ethics amendment application (to include trans young people aged 14 to 17 years in the personal stories for the education programme) was rejected. It would have not been feasible to go through the re-application and approval process in order to facilitate their participation due to time constraints. This

meant the voices of younger trans people were not included in the online education programme. After speaking to one of the professionals, I learned that the younger people were disappointed that they were not permitted to share their stories. I asked the professional to pass along my apologies to the trans young people in the group. I acknowledged I had let them down and felt badly that they were not able to participate both from a personal perspective, as well as a research perspective. I also requested that the professional let the young people know that the entire ethics application process was a learning experience for me, particularly in terms of including younger people, and that I would be taking this learning into my future work. Within the study, it was not always possible for me to foresee which direction the study might evolve, and which new group of participants might be included or data collection method might be required. From this process, I have learned that it is important to build-in the opportunity for young people to participate in the study from the outset of the ethics application process. I also shared my learning around trans young people's participation in research in a conference presentation for the Children's Research Network Ireland and Northern Ireland (CRNINI) in the hope that I could help offer information and strategies which may help other researchers to promote young people's participation in research (Sharek 2017).

8.4 CBPR and quality

8.4.1 Fairness

Holkup *et al.* (2004) propose using Guba and Lincoln's (1989) authenticity criteria in order to assess rigour in a CBPR study. This criteria includes: fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity. Fairness refers to the degree to which the researcher seeks and represents alternative perceptions and viewpoints of various participant groups. Within the current study, this was a very crucial issue, as various people across each participant group (professionals, families, and trans young people) could have differing views, as well as variation in views within each group. In order to honour this principle, I invited participation from all people who fit the inclusion criteria; in this way, I allowed for multiple and diverse viewpoints to be elicited. Where viewpoints differed, I did not brush over these in analysis but identified the points of difference and discussed them as evidenced in Chapters 5, 6, and 7.

One particular case where this clearly emerged was during the Phase 2 module design-evaluation. During this phase, multiple participant groups participated in

the evaluation, including educational specialists, professionals, family members, and trans young people. The trans young people made several recommendations for the education programme which I did not incorporate in the redesign of the programme. Rather than try to obscure these recommendations, I highlighted them in the chapter and clearly explained my reasoning for not incorporating their suggestions (see Chapter 6). This was not always easy, as on a personal level I implicitly wanted to honour all of the recommendations made. In addition, I wanted to ensure that I demonstrated respect for the young people and the time and effort they took to participate in the study and to share their views, concerns, needs, and recommendations. For these reasons, I published these recommendations in this thesis. It gave space for the young people's voices, even if they could not be fully incorporated in the final programme design.

8.4.2 Ontological and educative authenticity

The concepts of ontological authenticity and educative authenticity refer to the development both within the individual participant and between participants throughout the study process. This can refer to both within the researcher and within the community partnerships. In the current study, I documented my own development and evolving views in a reflexivity journal. Participants gave voice to their own thoughts on the study and its development both informally and formally. I aimed to document these developments in the same reflexivity journal. In addition, I engaged in ongoing discussions on my own development and the development of participant relationships with my supervisors and with other students during PhD student networking events.

8.4.3 Catalytic and tactical authenticity

Catalytic authenticity describes the degree to which action is stimulated by the study, while tactical authenticity refers to the level of empowerment of individual participants. Holkup *et al.* (2004) suggest collapsing these two types of authenticity into one criteria of level of participation of involvement, which includes the level of involvement of the community throughout all phases of the study. Throughout the current study, the involvement of diverse participant groups has been crucial and is documented within Chapters 5 through 7 of this report. In addition, the level of involvement of the participant groups, and the

endorsement of the partner organisations, speaks to the concepts of catalytic authenticity and tactical authenticity.

8.4.4 Community voice

Holkup *et al.* (2004) also suggest the addition of the concepts of “*community voice*”, “*acceptable problem resolution*”, and “*feasibility of project sustainability*” as criteria for assessing quality in a CBPR study (p.172). Community voice refers to the inclusion of the viewpoints of the community throughout the study. Within the current study, community voice was honoured by inviting all participants who fit the inclusion criteria to participate from three key participant groups: professionals, families of trans young people, and trans young people themselves.

8.4.5 Acceptable problem resolution and feasibility of project sustainability

Acceptable problem resolution assesses whether the problem driving the study was addressed (Holkup *et al.* 2004). Chapter 7 of this report documents findings which suggest that GenderEd.ie did meet the education needs of the families who participated in the evaluation; however, a number of areas for further development and research also emerged (discussed further in Chapter 9). Finally, feasibility of project sustainability describes the level of sustainability of the study into the future. This was an important consideration from the start of the current study, as I wanted to ensure that whatever programme I developed would be available for families beyond the duration of the PhD study. For these reasons, it was agreed that one of the partner organisations would take ownership of the programme in the future and be responsible for maintaining, updating, and paying the fees to maintain the programme.

8.5 Summary

In this chapter, I described my engagement with various reflexivity practices. These practices enabled an ongoing process of interrogating my own role in the research, an essential aspect of a study informed by the transformative approach. Rather than professing to be objective, the practice of reflexivity has allowed me to make transparent my own potential subjectivity. This, in turn, has contributed to validity in the sense of “*reflexive objectivity*” (Kvale & Brinkmann 2009: p.232). CBPR raises a number of ethical questions concerning both

formalised ethical review processes and “*everyday ethics*”, which deal with the day-to-day navigation of ethical issues that may arise or develop in the course of research (Banks *et al.* 2013: p.263). By its nature, CBPR is flexible and adaptive, meaning new or unexpected ethical issues may arise quickly.

Within this chapter, I have attempted to make transparent my experiences with ethics in a number of domains, including: partnership, collaboration, and power; blurring the boundaries between researcher and researched, academic and activist; community rights, conflict, and democratic representation; ownership and dissemination of data, findings, and publications; anonymity, privacy, and confidentiality; and the institutional ethical review processes (Banks *et al.* 2013). I have detailed how I managed the various ethical situations I faced, what decisions I made, and the outcomes of these decisions. Often times, I would characterise this process as one that required flexibility and ‘thinking on my feet’, while keeping the CBPR concepts of respect, equity, and collaboration in the forefront of my decision-making process (Buchanan *et al.* 2007). I also discussed issues of quality related to a CBPR study, including fairness, ontological authenticity, educative authenticity, catalytic authenticity, and tactical authenticity.

Chapter 9. Discussion and Conclusion

9.1 Introduction

This multiphase study explored and addressed the trans-related education needs of families of trans young people in the Republic of Ireland. The study was informed by the transformative approach, emphasising the centrality of ethics and social justice to the research. In line with the transformative paradigm, the study was guided by Community-Based Participatory Research (CBPR) which emphasised the inclusion of community throughout the research, including professionals, family members of trans young people, and trans young people themselves. In Phase 1, families' trans-related education needs were identified and explored through a consultation process with professionals, families, and trans young people using qualitative interviews and qualitative surveys. In Phase 2, an education programme was designed and developed to address the families' education needs identified in Phase 1. The design process was guided by a seven-step, learner-centred, outcomes-based approach to module design, which included a participatory evaluation with educational specialists, professionals, families of trans young people, and trans young people. The design process resulted in the development of 'GenderEd.ie', an eight-module online education programme, which aimed to provide basic information to families of trans young people in the Republic of Ireland. Finally, Phase 3 evaluated the education programme by assessing its impact on family member participants and exploring their experiences with the programme. A mixed methods, convergent parallel design was used to collect complementary data using quantitative surveys and qualitative interviews. Each study phase revealed a wealth of findings which were presented in Chapters 5 (Phase 1), 6 (Phase 2), and 7 (Phase 3).

The discussion chapter will contextualise the findings of this study and demonstrate how the study findings relate to what is currently known in the area of education for families of trans young people. The original contributions made by this study are presented. Implications in terms of theory, policy, service development, and education and practice are explored. Opportunities for future research are also discussed throughout this chapter. In addition, the strengths and limitations of the study are outlined.

The conceptual model which emerged from the literature review in Chapter 2 is used to frame the discussion (see Figure 9.1). The discussion is mapped against the five stages of the model which depict the role of trans-related education and information in the lives of families of trans young people and is

presented in Figure 9.1 (Sharek *et al.* 2018). The implications of the study's findings for the model's development are discussed in Section 9.7.

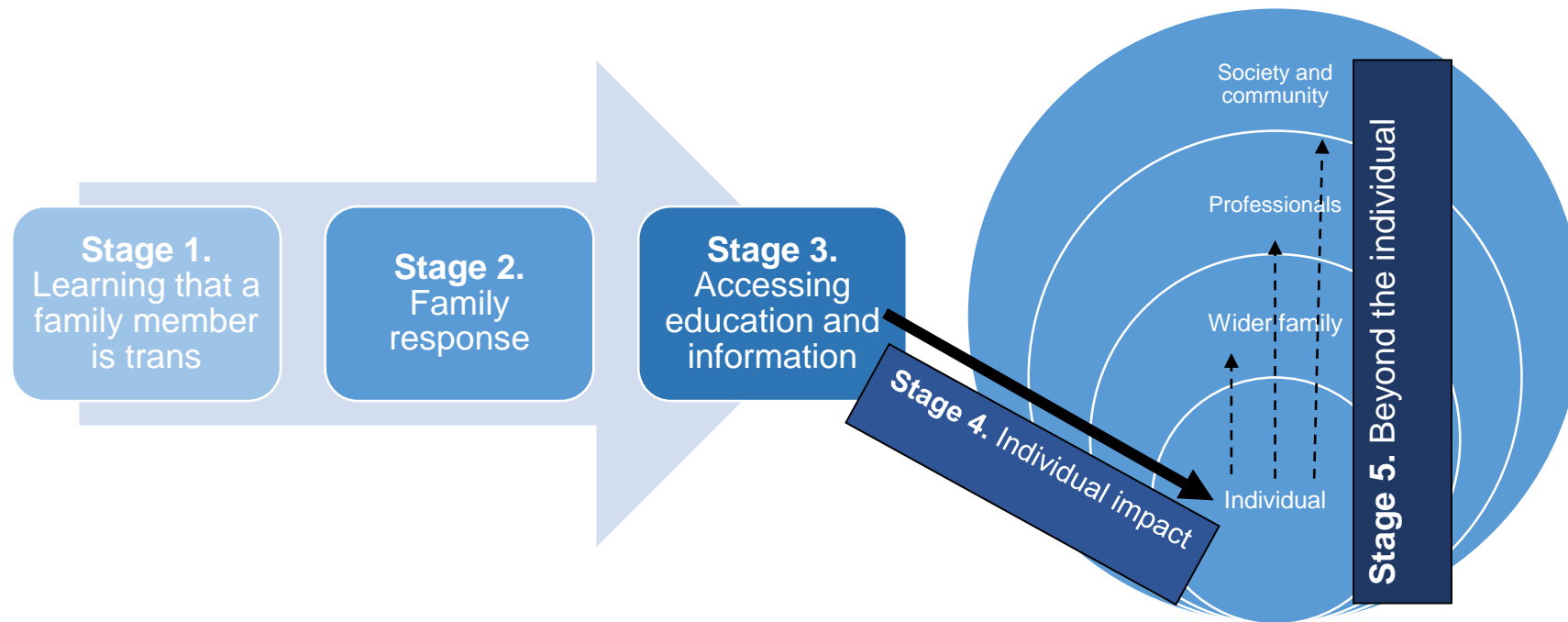


Figure 9.1 Conceptual model illustrating the role of trans-related education and information in the lives of families of trans young people

9.2 Learning a family member is trans: Honouring the diversity of family experiences

9.2.1 Family adjustment and paths towards acceptance

Throughout this study, participants spoke about the time when a family learns they have a trans member, referred to in stage one of the model (Figure 9.1). For many, this was a highly emotional time, often accompanied by feelings of shock, confusion, worry, sadness, and a sense of being overwhelmed, as described in Chapters 5 and 6. Within the consultation survey, these emotional responses were particularly prominent for parents who had learned most recently their family member was trans (within the past six months) as compared to those who had learned their family member was trans over six months prior to the survey. This discrepancy may be a reflection of the emotional response family members have to learning they have a trans family member, characterised as a time of ‘discovery’, which may be suffused by feelings of shock, surprise, denial, anger, guilt, and shame (Wren 2002, Lev 2004, Polat *et al.* 2005, Pearlman 2006, Norwood 2010, Ehrensaft 2011a, Riley *et al.* 2011a, Cantner 2012, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015, Pyne 2016, Katz-Wise *et al.* 2017). Some parents surveyed hoped their child’s gender identity was ‘just a phase’, a sentiment of denial echoed by parents in other studies (Pearlman 2006, Hegedus 2009, Hill & Menvielle 2009, Riley *et al.* 2011a, Cantner 2012, Gregor 2013, Kivalanka *et al.* 2014, Gregor *et al.* 2015, Gray *et al.* 2016, Capous-Desyllas & Barron 2017, Katz-Wise *et al.* 2017). For instance, six of the 11 parents in Gray *et al.*’s (2016) interviews in the USA initially framed their child’s gender variance as a phase, while one-third of the 47 relatives surveyed by Polat *et al.* (2005) in Turkey still expected that their trans family member would revert to their biological sex.

Concern and fear over the future life and outlook for their trans family member were expressed as paramount for many families in this study, with fears, hopes, and aspirations emerging as key parental concerns. Parents wondered what their child’s trans identity meant for their future happiness – Would they be contented and safe? These feelings of fear and concern are mirrored in the wider international literature (Wren 2002, Pearlman 2006, Gold 2008, Hegedus 2009, Hill & Menvielle 2009, Riley *et al.* 2011a, Cantner 2012, Gregor 2013, Johnson & Benson 2014, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015, Gray *et al.* 2016, Pyne 2016, Capous-Desyllas & Barron 2017, Katz-Wise *et al.* 2017). For instance, Gray *et al.* (2016) found that all 11 parents in that study felt uncertainty about their child’s future, detailing this uncertainty as a source of stress. Similarly, some family members of trans people in Cantner’s (2012)

study expressed worry about the future of their trans family member, fearing its difficulty, and hoping for their family member's wellbeing. The findings of this study also support Gregor *et al.*'s (2015) premise that thoughts of the future "*filled the parent with fear and trepidation*" (p.242). Within the current study, many of the families' concerns were specifically related to health and social issues. Similarly, these areas have emerged as a major concern for parents in other studies in the USA (Pearlman 2006, Hegedus 2009, Gray *et al.* 2016).

Within international literature, families' adjustment to a trans family member has been described along Kübler-Ross' (1969) five stages of loss and grief – denial, anger, bargaining, depression, and acceptance. Families' experiences with feelings of loss and grief were also evident in this study, adding support to existing literature which suggests that loss and grief may be something experienced by families and parents (Wren 2002, Pearlman 2006, Hegedus 2009, Cantner 2012). The concept of ambiguous loss also emerged in this study, with one mother in the Phase 1 Consultation interviews noting how she recognised that her trans child was still physically present, yet she was still grieving for the loss of her child (Boss 1999). This adds support to findings from other authors who detail feelings of ambiguous loss amongst families of trans young people (Pearlman 2006, Guditis 2009, Norwood 2010, Kusalanka *et al.* 2014, Ritenour 2014, Wahlig 2015). For example, some of the mothers in Pearlman's (2006) interviews described these feelings of ambiguous loss, with one mother expressing how her child's transition was "*not a real death, yet experienced as a death*" (p.107).

For some families in this study, these difficult feelings were described as pervasive in their lives, with a lasting duration, as families struggled to accept their trans family member's new identity as highlighted in Chapter 5. The potential for challenging feelings to persist were reflected by Pearlman's (2006) interviews in which 11 of the 18 mothers experienced a "*protracted personal crisis*" upon their daughters' disclosure as trans, and in Pullen Sansfaçon *et al.*'s (2015) action research project in Canada in which parents were "*consistently feeling unsure about the best action to take*" and were "*often wracked with doubt*" (p.52). While Gregor *et al.* (2015) suggest that parents may move beyond and past this fear and uncertainty, Capous-Desyllas and Barron's (2017) theme of 'the unknown' encapsulates the thought processes of families, including doubts, worries, and confusion, spanning from the time of learning their child is trans throughout their transition and into adulthood.

While some parents in this study were described as shocked and surprised when learning about their child's trans identity, others were less so, and described experiencing less challenging emotions, similar to the experiences of parents illustrated in other studies (Pearlman 2006, Hill & Menvielle 2009, Menvielle & Hill 2010, Cantner 2012, Field & Mattson 2016). Instead, they were more concerned with the practical support of the family member. Some research suggests that children as young as two years of age may begin to develop a gender identification (Ehrensaft 2011b, Giordano 2013). This early realisation of a young child or person's trans identity speaks to Zamboni's (2006) concept of latency in which a family may be aware of a family member's trans identity without openly acknowledging it. This may reflect the experiences of some of the parents in the current study, as parents in the consultation interviews discussed how in hindsight they recognised 'signs' that suggested their child may be trans, consisting of behaviours their child engaged in or characteristics they displayed when they were younger that hinted towards their later trans identity. In other literature, parents also identified indicators or signs that were in line with gender variant behaviour earlier in their child's life (Wren 2002, Pearlman 2006, Hegedus 2009, Riley *et al.* 2011a, Johnson & Benson 2014, Gray *et al.* 2016, Barron & Capous-Desyllas 2017, Ishii 2017, Katz-Wise *et al.* 2017). It appears many parents may identify such indicators upon learning their child is trans, with 10 of the 12 parents in Hegedus' (2009) interviews and all 18 mothers in Pearlman's (2006) interviews recalling such signs. In line with Zamboni's latency, Cantner (2012) details the concept of the "*unthought known*" in which families may recognise their something is different about their family member while having trouble identifying the difference (p.32). For instance, one mother in Wren's (2002) study noted: "*I was shocked, but sometimes I wonder how shocked I was because I think an awful lot goes on in your mind with you realising it*" (p.382).

Even in the face of these difficulties, however, the mothers in the consultation interviews all promised support to their trans child. As in other studies, these promises of support were given by placing their trans child's needs as paramount (Hill & Menvielle 2009, Gregor 2013, Pyne 2016, Barron & Capous-Desyllas 2017, Katz-Wise *et al.* 2017). For instance, the parents in Pullen Sansfaçon *et al.*'s (2015) action research project in Canada adopted an "*affirmative parenting*" approach, characterised as one which affirmed their child's trans identity even if it was "*fraught with challenges*" (p.47). Similarly, Barron and Capous-Desyallas (2017) detailed how the parents in their study "*realised they had to unselfishly put aside their own issues with having a gender-*

variant child” suggesting, however, that was often an emotionally difficult task for the parents (p.16). For some parents in this study, parental acceptance and support appeared to be facilitated by making clear divisions between their child’s needs and their own needs as a parent. This reflects findings from other international literature (Hegedus 2009, Hill & Menvielle 2009, Pyne 2016), with one mother in Pyne’s (2016) interviews in Canada disclosing: *“Whatever’s going on with me is not nearly as important as what’s going on with her”* (p.40). Within this study, for some parents, such promises of support were closely related to their beliefs in the parental role as one of *“unconditional love, empathy, support, and protection of one’s child”*, even in the face of personal difficulties (Wren 2002, Pearlman 2006: p.105, Pullen Sansfaçon *et al.* 2015)

For some parents in the current study, their child’s distress prompted them to move quickly towards acceptance and help-seeking. Similarly, Kuvalanka *et al.* (2014) found that the mothers in their study moved towards acceptance when they learned that trans children and young people with non-supportive families had significantly higher rates of suicide attempts. Likewise, the support of the parents in Pullen Sansfaçon *et al.*’s (2015) study was driven by *“a desire to protect”* their children from difficult experiences, such as bullying, mental health issues, self-harm, and suicide attempts (p.47). This suggests that parents’ understanding of the potential distress and difficulties some trans children and young people face may contribute to their acceptance of their child’s trans identity.

Beyond their initial responses to their trans child’s identity, mothers in the consultation interviews described their eventual happiness at seeing their trans son or daughter become their true self. This mirrored findings of other studies in which parents expressed happiness about seeing their trans child’s happiness (Pearlman 2006, Gold 2008, Guditis 2009, Hegedus 2009, Cantner 2012, Gregor 2013, Kuvalanka *et al.* 2014). For instance, Cantner (2012) detailed how the families interviewed *“often came to the satisfying realization that their loved one was experiencing greater happiness now that they were living as their affirmed gender”* (p.50). Parents in other studies reported a number of other positive feelings associated with their child’s transition, including respect and pride for the courage, determination, and resilience of their trans child and other trans people, equating with Ellis and Eriksen’s (2002) stage of ‘pride’ in relation to family adjustment (Wren 2002, Pearlman 2006, Hegedus 2009, Menvielle & Hill 2010, Gray *et al.* 2016, Ishii 2017).

The findings from this study add to what is known about family experiences with a trans family member. Within the Republic of Ireland, a diversity of family experiences were revealed, reflecting the full spectrum of family experiences in the international literature, encompassing grief, ambiguous loss, shock, and lesser degrees of surprise and emotional challenges.

9.2.2 Different types of families

The work of Ehrensaft (2011a), based in the USA, may provide a useful schema to understand the diversity of parental responses to a child's trans identity evidenced by the families in this study. Ehrensaft proposed that there are three types of parents of trans young people, including the transphobic, transporter, and transformer. She formulated her schema based on her observations as a developmental and clinical psychologist. While Ehrensaft is parent-focused, it is reasonable to extend her classifications beyond the parent to other family members as she discusses familial support quite generally. She first describes transphobic parents as those who cannot come to terms with their child's gender identity resulting in their rejection of their trans child. Few studies included in the literature review included family members who were non-supportive or rejecting. Exceptions included Wren (2002) and Hill and Menvielle (2009) who detailed several cases of non-accepting parents, all fathers, in the UK and USA, respectively. Similarly, Ishii's (2017) interviews with parents in Japan revealed cases in which the fathers were less accepting or more conflicted about supporting their child's trans identity. Within the current study, all of the parents interviewed expressed a commitment to supporting their trans child (see Chapter 5). It is not possible, however, to ascertain whether all of the family members within all of the study phases were supportive of their trans family member. While the available evidence within the study suggests there were no transphobic family members in the sample, it is not possible to determine this categorically.

Ehrensaft suggests that transporter parents are those who appear to be affirming and accepting of their child, but under the surface are simply rushing towards medical treatment or forcing their own acceptance. It is likely that in this model, Ehrensaft (2011a) would suggest that the parents in the current study who did not experience difficult emotions were *"on a manic trajectory toward acceptance"* (p.544). Ehrensaft concludes that all parents need to do difficult emotional work through the feelings that arise when learning a family member is trans, particularly in relation to transphobia. While this claim may be true and

apply in some circumstances, there was not enough evidence in the current study to suggest that these parents were repressing or sidestepping important emotional work related to their child's identity. Furthermore, unconditionally supportive parents may simply have forgotten their initial emotions when learning about their trans child if the event occurred a good deal prior to the study. Whether this is a deficit in Ehrensaft's model is difficult to assess, as this study did not specifically focus on families' processes of adjustment.

In this model, only transformer parents are truly accepting, characterised as having dealt with their own individual gender identity, recognised their child as a separate individual, and as having the ability to manage anxiety and conflict. She notes how these parents have the capacity to evolve to meet their child's needs and can eventually be in a position to advocate for their child. It is likely the majority of the parents and family members in the current study most closely aligned to this categorisation. Evidence from trans young people in this study and in other studies in the Republic of Ireland suggest that non-accepting families and parents do exist (McNeil *et al.* 2013, Dunne & Turraoin 2016, Higgins *et al.* 2016), and their perceived absence in the current study may be an important limitation (discussed in greater detail later in this chapter). Regardless of their experiences, all of the parents expressed a need for some degree of support – for themselves, for their trans family member, and for others within the wider family.

9.3 The role of education and information in family response

9.3.1 Knowing vs. not knowing

Within the model (Figure 9.1), stage two refers to the potential role that education and information in relation to trans identities and issues plays in a family's response. Within the current study, participants highlighted a significant lack of knowledge and awareness about trans identities and issues amongst families. Some of the parents recalled having little understanding of what it might mean for their child to be trans. This is in line with international literature which suggests that some families may initially lack an understanding of trans identities and related issues when learning a family member is trans (Wren 2002, Polat *et al.* 2005, Pearlman 2006, Hegedus 2009, Cantner 2012, Gregor 2013, Riley *et al.* 2013a, Kivalanka *et al.* 2014, Gregor *et al.* 2015, Field & Mattson 2016, Pyne 2016, Capous-Desyllas & Barron 2017). For instance, Cantner (2012) generated the theme "*it's something that was so totally foreign*

to me” to encapsulate families’ lack of knowledge when learning a family member was trans. Half of the parents in the four family case studies conducted by Capous-Desyllas and Barron (2017) in the USA “*were not even familiar with the word ‘transgender’*” (p.531) and the majority of the mothers in Pearlman’s (2006) study were “*taken completely by surprise and most have never heard of female-to male transgenderism*” (p.102).

Within this study, some participants expressed how a lack of information contributed to parents’ sense of shock, fear, and worry. Internationally, families in other studies have reported experiencing difficult emotions, such as fear, confusion, and anxiety, as a result of a lack of information (Hegedus 2009, Riley *et al.* 2011b, Cantner 2012, Kuvalanka *et al.* 2014, Pullen Sansfaçon *et al.* 2015, Field & Mattson 2016). For instance, one mother of a 13-year-old trans girl in the USA expressed:

“It’s a feeling you can’t explain to people that haven’t been there – how terrifying that feeling is not understanding, not knowing, confusion.”
(Pyne 2016: p.31)

The findings from this study add to and reflect the international literature, suggesting that many families in the Republic of Ireland have a lack of knowledge of trans identities and issues; this lack of knowledge and understanding may contribute to emotional difficulties when learning a family member is trans.

9.3.2 Misconceptions and prejudices

In addition, the role of holding misconceptions, negative stereotypes, and prejudice was discussed. Some participants highlighted how these impacted negatively on their ability to understand and accept their trans family member. Some parents reported holding misconceptions, such as the belief that a trans identity was equivalent to being a drag queen or that trans people’s primary and sole concern was related to gender affirmation surgery. When parents held these misconceptions, it often furthered their fears about the potential negative impact of their child’s trans identity on their life. This supports Zamboni’s (2006) premise that a lack of knowledge can lead to holding misconceptions around trans identities. Reflecting this, Pearlman (2006) found that seven of the 19 mothers she interviewed in the USA “*conveyed a less intense reaction*”, which was in some cases “*mediated by familiarity and exposure to transgender people*” (p.105). Parents in other studies have also reported a need to challenge

their own prejudices, as evidenced by Wren's (2002) work in the UK and Pyne's (2016) study in Canada.

9.3.3 Parenting a trans child vs. an LGB child

In the consultation interviews, two mothers felt it would have been easier for them to manage their situation if their child had been lesbian, gay or bisexual (LGB) (see Chapter 5). They attributed this to the fact that they were more familiar with LGB, rather than trans-related, identities, and issues. Other studies have also reported similarly, with parents expressing their belief that it would be easier if their relative were LGB (Pearlman 2006, Hegedus 2009, Norwood 2010, Cantner 2012, Field & Mattson 2016). The family members in these studies suggested that there were more challenges related to a trans identity, including:

- a lack of knowledge and awareness around trans identities;
- the inability to conceal or hide a person's trans identity;
- the need to manage the physical body (including transition);
- the requirement to adapt to a new gender identity and use different names and pronouns;
- the existence of practical obstacles (such as within schools and healthcare); and
- the experience of emotional challenges (such as feelings of grief and loss).

Parents in the USA also perceived that they had less support within the LGBT community and LGBT support groups as parents of trans children (Pearlman 2006, Field & Mattson 2016). Field and Mattson's (2016) interviews with parents of trans and LGB children revealed some shared experiences between parents of trans and LGB children, including the need to adjust to changes in the child's physical appearance, the experience of grief and loss, and the social pressure to prove themselves as *"good, moral parents who always did the right, supportive thing"* (p.12).

Field and Mattson (2016) also propose that the lack of guidance and information available to parents of trans children may allow them more freedom to express their shock and grief (when compared to parents of LGB children). They suggest that parents of LGB children have enough information and have a prescribed course of action they are required to take, and thus would feel guilty if they reacted otherwise. Participants in the current study expressed another benefit

of being unaware about anything in relation to trans identities. For two of the mothers, 'not knowing' anything actually helped them in their ability to take in information as a 'blank canvas' (see Chapter 5). Thus, there may be an additional benefit for some parents in not holding knowledge about trans identities and issues, which has been previously unacknowledged in the literature.

9.3.4 The need for education and information within the family unit

Within the context of limited information availability, the need for information and support for the entire family emerged as crucial within the Phase 1 Consultation. The need for family education has been identified elsewhere internationally. Riley *et al.* (2011a, 2011b, 2013a, 2013b), conducted three online surveys with parents, trans people, and professionals from multiple countries; the findings across all three surveys converged identifying the primary need of parents as education and information, suggesting there was not enough educational resources to facilitate parents to support their children.

In the consultation, professionals detailed how obtaining education and information could impact positively on the state of mind and wellbeing of the family. Such education and information not only provides much needed factual information to families, but also serves to clear up misconceptions, all whilst offering reassurance. Likewise, the positive benefits of accessing education and information has also been identified within the international literature, associated with facilitating the process of adjustment and helping families move towards acceptance and support of their trans family member (Pearlman 2006, Gold 2008, Guditis 2009, Hill & Menvielle 2009, Alie 2012, Cantner 2012, Barron & Capous-Desyllas 2017, Capous-Desyllas & Barron 2017, Ishii 2017).

Within the Republic of Ireland, the importance of education for families of trans young people has also been identified in previous studies (Mayock *et al.* 2009, Higgins *et al.* 2016). This reflects the idea that a young person's gender transition does not happen in a vacuum, instead it happens (typically) within a family unit and a broader social context. The need for parent support was identified as crucial, as it was parents, particularly mothers, who often had the responsibility for managing the child's gender variance both within the family unit and beyond. One mother in the Phase 3 evaluation interviews highlighted how her husband did not get involved in "*the nitty-gritty*" of issues related to their trans child. This supports international literature which suggests that mothers

may take a primary role in the management of gender identity issues within the family (Wren 2002, Hill & Menvielle 2009, Kuvalanka *et al.* 2014, Pullen Sansfaçon *et al.* 2015, Riggs & Due 2015, Ishii 2017). Mothers may also be more likely to be the first to know about their child's trans identity, as evidenced by Gold's (2008) study in which mothers first knew of their child's trans identification in four of the 12 families (compared to four mother-father couples, two siblings, one father, and one aunt).

Throughout the study, siblings were identified as a particular group requiring information and support. Although the experiences of siblings with a trans family member has been explored in some studies (Polat *et al.* 2005, di Ceglie & Thümmel 2006, Guditis 2009, Norwood 2010, Cantner 2012, Gray *et al.* 2016, Barron & Capous-Desyllas 2017, Capous-Desyllas & Barron 2017), the role of trans-related education in the lives of siblings of trans young people has not been a major focus of trans research, with one key exception. Kuvalanka *et al.* (2014) found that siblings of trans young people benefited from education. They described how learning about trans issues and meeting trans young people helped siblings accept, understand, and advocate for their trans sibling. In all of the phases of the current study (see Chapters 5, 6, and 7), participants expressed the need for information for siblings, including younger siblings, about their brother or sister's trans identity. In particular, it was highlighted how parents require accessible information that they can give to their other children or that they can use to explain about their trans family member's identity. In addition, participants felt that younger siblings may require information that is specifically tailored to them in the form of age-appropriate cartoons or animations. This offers a new addition to the international literature, providing evidence of the types of education siblings of trans young people may require.

The findings from this study, taken together with other international findings, suggest there is a need to target education specifically towards the entirety of the family, including mothers, fathers, and siblings. Bowen's (1993) family systems theory reflects the utility of such an approach, suggesting that a change in one family member can create a cascading effect within the whole family unit. Furthermore, the theory emphasises that while independent, each member of the family has a powerful effect on the others. Thus, it is likely there is a need to take a family-focused approach to trans-related education.

9.3.5 Understanding families' trans-related education and information needs in an Irish context

To date, the trans-related education and information needs of families of trans young people have not been explored in-depth in the literature in the Republic of Ireland. The first two phases of the study provided evidence about the trans-related education and information needs for these families. Firstly, these phases identified the specific areas of educational concern for families, including the need for information about: gender identity and sexual orientation; issues for trans pre-pubescent children and adolescent young people; social and community issues; health and wellbeing; schools and education; legal and administrative issues; and guidance about how to support a trans young person and the wider family.

Secondly, these phases illuminated the emotional context in which families may be accessing trans-related education, with it expressed that some families may be overwhelmed when seeking information and education for the first time. In terms of an education programme, recognising and acknowledging that learning occurs in a particular emotional context was crucial to its design (Mortiboys 2012) (see Chapters 3 and 6).

Thirdly, participants provided a number of recommendations for designing an education programme. They felt information should be presented in small, easily digestible units using a variety of engaging teaching and learning methods. They felt the information should be basic and easy-to-understand, with clear and jargon-free language. Furthermore, they wanted information that was relatable to their specific experiences in the Irish context on topics that mattered to them.

These recommendations for an education program were made specifically in an Irish context and it may be useful for researchers in other areas to consider how these issues may relate to their own situation.

9.3.6 The needs of trans youth

While the four mothers in the consultation interviews reported their commitment to supporting their trans son or daughter, the findings from the trans youth survey revealed that trans young people hold a number of concerns related to their family (Chapter 5). The trans young people in this study expressed concerns about whether their family would understand, accept, and support them in their trans identity. They highlighted the need for their family to affirm

their gender identity and to provide both emotional and practical support. These findings closely align to other international research findings which found that trans people felt supportive families:

- loved and accepted their trans family member;
- provided emotional support and affection;
- allowed space for their trans family member's gender expression;
- advocated for their trans family member;
- included their trans family member and friends in family and social events;
- provided support by helping their trans family member with healthcare and education;
- offered financial supports; and
- used their preferred pronouns and names (Ryan 2009, Riley *et al.* 2013b, Riggs & Due 2015, Katz-Wise *et al.* 2017) .

In previous studies within the Republic of Ireland, trans young people have identified their need for family support (Mayock *et al.* 2009, Dunne & Turraoin 2016, Higgins *et al.* 2016). Nearly half of the participants in the *Speaking from the Margins* study with 164 trans people in the Republic of Ireland reported that their parents were not at all or not very supportive, while only one-quarter of parents were perceived as supportive (McNeil *et al.* 2013). Some young people within the current study sample were concerned about being on the receiving end of negative behaviours, including violence or being ejected from the family home due to their trans identity. With the high rates of trans youth experiencing violence and homelessness, these results substantiate the very real concerns and experiences documented elsewhere with members of the trans population in Ireland (McNeil *et al.* 2013).

The trans young people themselves were clear about their need for unconditional family support and believed in the importance of education for their families, describing it as a tool they believed could impact positively on their lives. These findings add support to Riley *et al.*'s (2013b) study which found that the trans adults surveyed felt the primary need for their parents was to have access to education when they came out as trans as young people.

9.4 Opportunities for families of trans young people for education and information in the Republic of Ireland

Stage three of the model (Figure 9.1) relates to the strategies families may undertake in order to access education and information related to trans identities and issues.

9.4.1 The need for support and a lack of educational opportunity

At the start of this study, a distinct lack of educational opportunities for families of trans young people in the Republic of Ireland was identified. Transgender Equality Network Ireland (TENI), the major trans organisation in the Republic of Ireland, acted as the primary place of support and information for families. As described in Chapter 5, TENI's family support group, TransParenCI, served as a place where ad hoc information was given and received by families. Within this context, families described difficulty in locating trans-related information, particularly about how to support their trans family member. Information was not easily available and the information that was available was not regarded as easily understandable or useful to families. Similarly, professionals expressed challenges in providing all of the support and information required to help families. Furthermore, the trans young people throughout the study described how they felt an education resource could benefit their families. Triangulation of the data from all of these perspectives corroborated the lack of educational opportunities and resources available to families of trans young people in the Republic of Ireland. This lack of educational opportunity for families is not unique to the Republic of Ireland, with a deficit of opportunities also identified in other countries, including the USA, UK, Canada, and Australia (Guditis 2009, Riley *et al.* 2011a, 2011b, Cantner 2012).

9.4.2 Learning from a trans family member

The strategies families used to access education and information were discussed in the Phase 1 Consultation. The trans family member was described as a crucial source of information for the family, as they were perceived as highly informed in the area of trans-related issues. This is similar to international literature which identified the important role of the trans young person in giving information to their family (Wren 2002, Pearlman 2006, Hill & Menvielle 2009, Pyne 2016, Barron & Capous-Desyllas 2017, Ishii 2017). For instance, one trans son in Pearlman's (2006) study provided information to his mother, with

the authors suggesting this “*may have shielded her [mother] from a more intense reaction*” (p.105).

Within the current study, families described how trans young people have their own agendas and needs. Families felt that these needs very likely influenced the type of information the trans young person accessed and provided to them. In this context, families felt that the information the trans young people provided could not always be perceived as objective, evidence-based or relevant to the family in the Irish context. Therefore, while some of the information young people gave to their parents was welcome, the parents were also wary of trusting it outright. This provides a new insight into parents’ views of information-giving by trans young people. While the literature suggests that trans young people may limit the amount of questioning they tolerate by their parents (Pearlman 2006), it is also important to consider the type of information trans young people may be transmitting to their parents. While trans young people are unquestionably experts in their own experience, they likely have different information needs from their parents and family members.

9.4.3 Getting information by one’s self and a lack of high quality education resources

Beyond learning from the trans young person, the internet was described as the first port of call for most families. This bolsters international research findings, which underscored the importance of the internet as a support resource in the lives of families of trans young people across a number of countries, including the USA, Canada, the UK, and Japan (Pearlman 2006, Guditis 2009, Meadow 2011, Cantner 2012, Johnson & Benson 2014, Kuvalanka *et al.* 2014, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015, Rahilly 2015, Ishii 2017, Katz-Wise *et al.* 2017). Within these studies, online information was viewed as a high quality education resource and source of support for families of trans young people, with information found on the internet helping parents to feel more confident in their parenting choices, reducing anxiety. For instance, Johnson and Benson (2014) characterised the internet as a “*tremendous resource*” for the mother in their case study in the USA who used the internet for both information and peer support (p.136). Furthermore, in Pullen Sansfaçon *et al.*’s action research study in Canada, “*the internet was widely considered a very good way to locate information as well as support*” (p.52).

Within the current study however, information on the internet was not rated so highly. Online information was characterised as inaccessible. There was no single source of condensed, easy to understand information on trans issues in the Irish context. Instead, the information was described as disjointed, not evidence-based, not related to the Irish context, or overly-academic and unintelligible. For some, online information was outright fear-causing, described as sensationalistic. This is a topic which until now has been overlooked in the literature. While the literature review identified the importance of online information, it did not raise questions about the importance of the *quality* of this information. In the Irish context, this emerged as a particularly important issue, and it is possible in other contexts with less developed trans resources, this may also be a concern. Within this context, families may need guidance in how to assess the quality and credibility of the trans-related information they access online (Metzger 2007).

9.4.4 The value and limitations of support groups

Within the literature review, support groups were identified as a crucial place for families to obtain both practical and emotional support regarding their trans family member (Pearlman 2006, Guditis 2009, Menvielle & Hill 2010, Meadow 2011, Riley *et al.* 2011a, Cantner 2012, Kuvalanka *et al.* 2014, Gray *et al.* 2016, Ishii 2017, Katz-Wise *et al.* 2017). The findings of the current study reflect these results; support groups were viewed as a place of connection, enabling family members to gain crucial emotional support, as well as information, related to their trans family member. The advice and information provided within such groups was viewed as particularly useful as it was relatable and relevant, offered by families in similar situations. Converging with international literature, these support groups provided a place where parents could fully acknowledge their experiences, including their worries and concerns. Support groups enabled parents to feel a sense of connection with others going through similar experiences, helping them feel less alone and isolated – backing findings of other studies (Pearlman 2006, Hill & Menvielle 2009, Riley *et al.* 2011b, Cantner 2012, Riley *et al.* 2013a, Kuvalanka *et al.* 2014, Gray *et al.* 2016, Ishii 2017).

Due to their nature, support groups are support-focused, but were also described by study participants as playing a role in providing trans-related information. However, family members within this study felt that such information provision was on an ad hoc basis and that the information provided was perceived as piecemeal and incomplete. Thus, while support groups

provide an essential place of emotional and practical support, it is likely that a support group on its own does not provide the full educational support required by families. This finding provides a new insight into the international literature around families' views of support groups, suggesting there may be limitations of such groups in terms of educational support. Support groups may, however, be an ideal place to launch an educational initiative (whether an in-person workshop or an evidence-based handbook) or as a place to provide information about where to access additional supports (including those available online).

9.4.5 A lack of knowledgeable and informed healthcare professionals

The challenge of identifying experienced and knowledgeable healthcare professionals emerged as a major concern for families and trans young people in this study and internationally (Riley *et al.* 2011a, Cantner 2012, Johnson & Benson 2014, Pullen Sansfaçon *et al.* 2015, Gray *et al.* 2016). In this study, parents often linked in with their General Practitioner (GP) in order to access supports for themselves and their trans family member. GPs were often characterised as being untrained and uninformed about trans identities and issues, reflecting other international literature (Polat *et al.* 2005, Cantner 2012, Riley *et al.* 2013b, Johnson & Benson 2014, Pullen Sansfaçon *et al.* 2015, Pyne 2016). However, despite their lack of training, some healthcare professionals were perceived positively as they endeavoured to upskill and learn about working with trans people and their families. In this context, parents also felt compelled to educate healthcare professionals about trans issues, rather than vice versa, substantiating other research from the UK and Canada (Wren 2002, Gregor 2013, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015).

While some of the healthcare providers were characterised as upskilling and teaching themselves about trans issues pro-actively, this was in reaction to the presentation of a trans person. Granted, the provider is addressing and responding to patient needs. However, their initial inexperience and lack of awareness may be off-putting to trans patients and their families. Having to educate healthcare professionals led to feelings of disillusionment for some parents, as they were eager to get support for their child and the professional they hoped could provide that support was either ill-informed or not knowledgeable.

Furthermore, there were some concerning reports regarding respect and dignity for trans young people within the Irish health services. Similar to international

literature, some parents reported experiences with healthcare providers pathologising trans identities (Menvielle & Hill 2010, Riley *et al.* 2013b, Kuvalanka *et al.* 2014, Gray *et al.* 2016, Pyne 2016). In the literature, professionals in the UK, USA, Australia, and a number of other countries have underscored the need for informed and supportive healthcare professionals to work with trans children and their families (Riley *et al.* 2011b). While HSE policy dictates all patients be treated with dignity and respect (Health Service Executive (HSE) 2012a, 2012b), some parents felt this was not always the case. Similar issues have emerged in other Irish research, with trans participants voicing a lack of knowledgeable healthcare professionals to address their needs (McNeil *et al.* 2013, Dunne & Turraoin 2016, Higgins *et al.* 2016). Indeed, in all of these Irish studies, participants described negative experiences with healthcare professionals, including not being treated with dignity and respect, not being given appropriate information, and being misunderstood.

Current HSE policy highlights that healthcare staff should be skilled and trained to respond to a patient and their family's needs and have the ability to communicate information about those needs in a clear and appropriate manner (Health Service Executive (HSE) 2012a, 2012b). While it is not feasible for healthcare professionals to be experts in all healthcare topics, it may be useful to consider how to bolster awareness and knowledge of trans issues within the healthcare setting (discussed further in the Section 9.10).

The healthcare system

More broadly, families were concerned about the lack of availability of healthcare providers for trans young people in the Republic of Ireland. Within the literature review, it appeared that some parents had more choice in their healthcare providers, particularly within an American context (Menvielle & Hill 2010, Kuvalanka *et al.* 2014, Gray *et al.* 2016, Pyne 2016). Within the Irish context, this choice may be more limited – restricted by the public services available. Moreover, concerns with waiting lists in the health services emerged. The need for trans young people to have access to appropriate healthcare has been identified by Riley *et al.*'s international survey with professionals themselves identifying that families require “*correct diagnosis and certainty about the recommended treatment pathways*” (Riley *et al.* 2011b, Riley *et al.* 2013b: p.61).

This is not the first time that waiting lists in the health service have been identified as a crucial issue for trans young people in the Republic of Ireland (McNeil *et al.* 2013, Dunne & Turraoin 2016, Higgins *et al.* 2016). It is important to underscore that these waiting lists were characterised as impacting negatively on trans young people's wellbeing, with some parents expressing deep concern about their child's inability to access the care they need, particularly the need for hormone treatment. Similarly in McNeil *et al.*'s (2013) study the impact of waiting for surgery impacted negatively on participants' mental health, self-esteem, and body image. The insufficiency of the Irish healthcare system to meet the needs of trans young people has been identified elsewhere (McNeil *et al.* 2013, Dunne & Turraoin 2016, Higgins *et al.* 2016), and while not the focus of this specific study, this is a critical policy and practice issue which must be addressed.

9.5 Impact of the education programme GenderEd.ie on the participant

Stage four of the model (Figure 9.1) discusses the impact that trans-related education can have on a family member of a trans young person. While education was detailed as having a positive impact on families, there was little evidence in the international literature of the rigorous evaluation of education programmes for families of trans young people (Chapter 2). Within this study, a convergent parallel design was used to evaluate participants' experiences with the education programme and its impact. Informed by the convergent parallel design, data from the quantitative surveys and qualitative interviews were first presented separately in Chapter 7. In the next two sections, the integrated findings of the evaluation are presented highlighting where the quantitative and qualitative findings confirm, expand upon or are discordant with the results of each other (Creswell 2014). In addition, the convergent parallel design is the only mixed methods approach in which findings may arise in one data set which are not present in the other; thus, these areas of 'silence' are also highlighted (O'Cathain *et al.* 2010).

9.5.1 Characteristics of participants

Rates of participation were highest in the pre-education programme survey ('pre-survey') (n=25) and equal within the post-education programme survey ('post-survey') and interviews (n=8). All of the interview participants had also

completed the survey, suggesting there was a small cohort of family members highly engaged with the research. Within both the surveys and interviews, parents comprised the majority of the samples. All of the interview participants were parents, with seven mothers and one father. There was slightly more diversity within the surveys, which included a brother, an aunt, and a grandparent of a trans young person. The disproportion representation of mothers is likely related to the identified role which mothers may play in the lives of trans young people, with evidence from the current study suggesting mothers may take the lead in handling and managing issues related to gender identity in some families (see Section 9.3.4 and 9.6.2).

All of the parents interviewed had learned their child was trans more than 12 months prior to the interview. There was more diversity within the surveys, as just 60% had learned their family member was trans over 12 months before the survey, with one in three having learned within the past year. This considered, the parents in the interviews described themselves as being at a different stage of the 'journey' with their trans family member. This suggests there was likely a diversity of families within the survey. Within the pre-survey, participants were not significantly different from other samples in terms of self-efficacy (Scholz *et al.* 2002), family communication (Miller *et al.* 1985), and family problem-solving (Miller *et al.* 1985) scores. They did differ with some samples in terms of scores for self-reflection and insight (Grant *et al.* 2002, Roberts & Stark 2008, Lyke 2009, Carr & Johnson 2013). This suggests it may be difficult to meaningfully compare the self-reflection and insight scores to those of other studies. However, as no significant findings in relation to these measures were identified, these concerns may be somewhat alleviated.

Within the survey, just over half of participants' trans family members identified as trans male/male. Within the interviews, these findings were reversed, with half of the sample's family member's identifying as trans female/female. The mean age for trans family members were roughly similar at 14.4 years (pre-survey), 14.8 years (post-survey), and 16.9 years (in the interviews). The reason for the increased mean age in the interviews is due to the wider inclusion criteria, which allowed participation by any family member who expressed an interest (not just family members of trans young people age 17 years or younger, as was the case in the survey) (see Section 4.5).

9.5.2 Views of GenderEd.ie

Overall, participants assessed GenderEd.ie positively. Survey participants rated the programme an 8.6 (SD=2.2) on a scale of zero to 10 in terms of usefulness. All of the participants within the interviews spoke positively about the programme, suggesting “*it was really good*”, “*it was just brilliant*” and that “*it’s a great thing*”. They spoke about how the content itself was “*very comprehensive*”, and commented positively about the amount and level of information, the videos and stories, the tone, and the accessibility of the programme. This compares similarly to the survey participants who also responded that “*the information was valuable*” and that “*there is a wealth of useful practical advice*”.

Accessibility

Within the interviews, participants described the accessibility of the programme due to its online format, as family members could enter and exit the programme on their own schedule in the privacy and convenience of their own home. In addition, the internet was perceived as easier to access, often the first port of call for trans-related information for families. This finding aligns with other international research which identified the internet as an important resource for families of trans young people (Pearlman 2006, Guditis 2009, Meadow 2011, Cantner 2012, Johnson & Benson 2014, Kuvalanka *et al.* 2014, Gregor *et al.* 2015, Pullen Sansfaçon *et al.* 2015, Rahilly 2015, Ishii 2017, Katz-Wise *et al.* 2017). Within the current study, often, it was not until many months later that families were emotionally ready to contact and interact with professional organisations and support groups. Similar benefits to online learning have been identified by other authors, suggesting its flexibility to learner’s needs, the opportunity to reach a wider number of learners, its convenience, and cost-effectiveness (Kahn 2005, Pugh *et al.* 2015). The online element of the programme may be a promising avenue to pursue in terms of accessibility, as well as sustainability and efficiency. Furthermore, there is evidence of the efficacy of online learning in other areas, including mental health (Ybarra & Eaton 2005, Barak *et al.* 2008, Taylor-Rodgers & Batterham 2014), family support following traumatic brain injury (Wade *et al.* 2006), and parent training (Enebrink *et al.* 2012, Breitenstein *et al.* 2014).

9.5.3 Impact on the individual

Engagement with the programme

Levels of reported engagement with the text and informational video content of GenderEd.ie were high. Within the interviews, all participants reported engaging with the text content of the modules compared to 89% of survey participants who completed all of the modules. Engagement with the module activities was somewhat lower than engagement with the other module content in both the interviews and surveys. Reported engagement with the activities was slightly higher for survey participants, with seven of the eight participants completing all or some of the activities and two who did not complete any of the activities. While none of the interview participants reported formally engaging with the activities, some did report less formal engagement with them. Interview participants suggested various reasons for their lower levels of engagement with the activities, including that they were already involved with the types of activities included in the modules or that they intended to return to the activities at a future time.

Bolstered by interview findings, participants' varied levels of engagement with the programme content and activities suggest there may have been diverse motivations for participating in the programme and the research study. For instance, while some interview participants suggested they engaged with the programme in order to learn more about trans-related issues, others expressed less clear expectations for the programme, such as curiosity or a desire to help other families through their participation. Interview findings suggested that those with a higher level of personal motivation, may have taken a deeper and more active approach to the programme, as compared to those with less clear personal motivations (Lublin 2003). The approach the participants adopted towards the programme may have impacted on what the participant gained from the programme, with deeper and more active approaches promoting higher order skills (Anderson & Krathwohl 2001) and engaging in self-reflection promoting transformative learning (Mezirow 1991).

Trans-related knowledge

Within the pre-survey, self-rated knowledge of trans related-topics was relatively poor, with less than 25% of participants rating themselves as knowledgeable on eight of the 14 trans-related topics. This aligns with international research which found that families lack understanding and familiarity with trans issues when learning a family member is trans (Wren 2002, Polat *et al.* 2005, Pearlman 2006,

Hegedus 2009, Cantner 2012, Gregor 2013, Riley *et al.* 2013a, Kuvalanka *et al.* 2014, Gregor *et al.* 2015, Field & Mattson 2016, Capous-Desyllas & Barron 2017). Furthermore, inferential testing revealed that participants who had learned their family member was trans over a year before the survey had significantly higher total knowledge scores. While this finding suggests that there is a significant increase in knowledge from the time of learning a family member is trans to one year on, the survey did not identify the specific causes of this increase in knowledge.

Interview findings may help illuminate these differences in levels of knowledge. While all of the parents interviewed had learned their child was trans more than 12 months prior to the interview, differences did emerge based upon where the participant considered themselves in their 'journey'. For instance, the only interview participant who reported not learning anything new from the GenderEd.ie programme was a mother whose daughter had transitioned several years prior to the interview. She described how her learning occurred many years prior, at the time of learning her daughter was trans. In comparison, another mother suggested she was on "a *learning curve*" of trans-related issues, steeped in trying to access as much information around the area as she could.

It is likely family members who learned their family member was trans longer ago may have been exposed to more trans-related information or had more time to access a greater amount of information. In addition, the current study's findings exposed how some families may experience challenging feelings, such as shock and grief, when learning a family member is trans. Feelings associated with this, such as ambiguous loss, may cause families to be 'frozen' preventing them from seeking information (Boss 1999). Similarly, Gregor *et al.* (2015) propose that some families may experience an inability to think, or "*I can't think*", as part of this mourning process, suggesting this inability to process their child's identity may be related to defensive mechanisms, such as denial or repression (p.241). Similarly, five of the 12 parents in Hegedus' (2009) study recalled wishing that their child did not identify as trans, noting how these parents "*did not want to cope with their child's identity, but rather shut down into denial mode*" (p.56). However, even in situations of intense emotional challenge, families may still proactively seek information as evidenced by Pearlman's (2006) study which found that:

"Although most participants described a period of protracted crisis, they were not immobilised. The majority searched for information and some sought support" (p.104).

According to the family communication sub-scale of the McMaster Family Assessment Device, participants who had learned their family member was trans over a year prior to the survey had enhanced family communication (Epstein *et al.* 1983). Similar to knowledge, it is possible that families perceived they had better communication after having time to adjust to their family member's trans identity, as suggested by various stage models of family adjustment (Ellis & Eriksen 2002, Lev 2004). In addition, mothers in Pearlman's (2006) interviews suggested they avoided or limited communication with their trans child after disclosure so that both parties could manage their individual experience. Interestingly, there were no significant differences between the groups in terms of self-reflection, insight, family problem-solving, and self-efficacy, an area which offers opportunities for further research.

The evaluation surveys revealed statistically significant differences in terms of total trans-related knowledge scores from pre-survey to post-survey, and significant increases in scores on six of the 14 trans-related knowledge topics. Virtually none of the survey participants reported little or no knowledge of the majority of topics in the post-survey. While interview participants were not asked directly about their perceived knowledge before participating in the programme, they described themselves as having varied experiences with education and information-seeking to date. Within the interviews, seven of the eight interview participants reported learning something new from the programme converging with the survey findings. The one participant who did not report learning anything new was already familiar with trans issues and had been learning about these issues for several years. Taken together, these findings provide strong evidence that the programme impacted positively on trans-related knowledge for the majority of participants who undertook it.

The three-month follow-up survey saw a two-point decrease in knowledge scores from the post-survey, however, the mean score was still seven points higher than in the pre-survey. The sample size of the three-month follow-up survey was very small, limiting the conclusions that can be drawn. This raises further questions about whether knowledge was maintained at the three-month follow-up or whether it decreased, and if so, what explains the decrease, highlighting an opportunity for further research to explore the area.

This is the first known evaluation to have established a statistically significant impact of an education programme on families trans-related knowledge. For instance, while di Cegle and Thümmel (2006) concluded their intervention helped families' gain a better understanding of gender identity issues, they did

not provide any rigorous analysis to support their claims. It is important to note that the survey findings of the current study indicate correlation, not causation. In addition, there was limited temporal stability for six of the 14 knowledge topics included in the survey, as described in Chapters 4 and 7. While there was a limited lack of temporal stability, the findings of the survey provide evidence of a strong positive trend in terms of self-reported knowledge of trans-related topics. In addition, the interview findings bolster and strengthen the survey findings by providing further qualitative data on the positive impact of the programme on participants' trans-related knowledge. Within the surveys, it was difficult to retain participants across the three time points and it should be highlighted that the evaluation did not explicitly take into account potential intervening effects, such as whether participants were accessing education and information through other supports at the same time as the evaluation (Vanderstoep & Johnston 2009).

Attrition rate between the pre-education programme survey and the post-education programme survey

There was attrition of 68% between the pre-survey (n=25) and post-survey (n=8), and it would be important to examine how to reduce this rate in future evaluations (discussed further in Section 9.10). Inferential testing results indicated that those who only completed the pre-survey had significantly lower pre-knowledge scores than participants who completed both the pre-survey and post-survey. Of further interest, three participants who learned their family member was trans within the past six months did not complete the post-survey, while all of those who completed both surveys had learned their family member was trans at least seven months prior. This raises interesting questions about why there was a drop-off in participation, particularly amongst those with lower knowledge scores who had more recently learned their family member was trans.

The interviews did not reveal further information which could help explain these results. It may be that perhaps, there is an optimal time at which most families may be ready to engage with an education programme. Lev (2004) proposes, for instance, that most families are not ready to seek information or support until going through the shock and discovery phase, followed by the turmoil phase. For these reasons, online education may be even more appropriate, as participants can access it whenever they are ready. Importantly, it should be noted that this may be the case for *some* families. As discussed in Section 9.2

of this chapter, families may have a diversity of experiences and for some families there may be no time delay between learning a family member is trans and seeking information.

Self-reflection and personal insight

Some studies with families of trans young people reveal how having a trans family member may help a family member develop on a personal level, experiencing personal growth, developing greater empathy and open-mindedness, and achieving a better understanding of their own gender identity (Wren 2002, Pearlman 2006, Cantner 2012, Gregor 2013, Ishii 2017). For instance, seven of the 11 parents in Gray *et al.*'s (2016) interviews expressed how parenting a trans child "*made them more generous, tolerant, or empathetic*" (p.10). Similarly, Gregor (2013) revealed how many of the parents she interviewed "*reframed their often emotionally harrowing experiences into discourses of positive personal growth*", describing how parenting a trans child led them to become a better person (p.153).

In this context, it was considered of interest to examine whether the education programme impacted on family member participants' self-reflection and personal insight. The education programme aimed to enable participants to reflect on their own and their family's experiences; however, no statistically significant changes were found on the Self-Reflection and Insight Scale from pre-survey to the post-survey (Grant *et al.* 2002). Within the interviews, two participants specifically discussed the impact of the programme on reflection, with one suggesting that the programme prompted her to reflect on her personal journey with her trans child, while another noted how she used the activities as a "*reflective piece*". Thus, while there was no quantitative support to suggest the programme had an impact on personal reflection and insight, the qualitative interviews suggest the programme may have provided a space for reflection for some participants.

Family communication

Communication between a trans young person and their family was identified as important within the literature (Wren 2002, Pearlman 2006, Guditis 2009, Rahilly 2015). For instance, the parents in Wren's (2002) study expressed the desire to keep lines of communication open within the family:

“The mutual wish to stay connected meant that many of the parent interviewees valued their child talking openly to them about the gender identity concerns. They also described managing talk very carefully, acknowledging the limitations of what could be said, if hurt was to be avoided.” (p.391)

Similarly, Guditis (2009) highlighted how strong communication within the family contributed to the maintenance of positive relationships within the family. In the current study, trans youth vocalised their need to be understood and respected by their family; in international literature, this need to be understood and respected has been correlated with the need to be listened to, heard, and affirmed (Riley *et al.* 2011b, 2013a, Riley *et al.* 2013b).

As family communication emerged as critical to the wellbeing of families and trans young people, the education programme aimed to enable families to communicate and discuss issues related to being/having a trans family member. The family communication sub-scale of the McMaster Family Assessment Device was used to examine whether this goal was met; no statistically significant changes were found on the family communication sub-scale from pre-survey to post-survey (Epstein *et al.* 1983). The interviews were ‘silent’ regarding communication, with no interview participants expressing that the programme impacted on their communication.

Family problem-solving

Having a trans member in the family may cause conflict within the family, as suggested by this study and bolstered by other international research (Gold 2008, Hegedus 2009, Cantner 2012, Pullen Sansfaçon *et al.* 2015). For example, Gold (2008) found that eight of the 12 families in her study reported conflict in the family related to the family member’s trans identity. Similarly, six of the 11 parents in Gray *et al.*’s (2016) study reported conflict between parents as a result of the child’s gender variance. Other studies have reported conflicts which arise between parents as a result of differences in parenting styles related to their trans child (Hegedus 2009, Pullen Sansfaçon *et al.* 2015).

The education programme aimed to enable families to address any challenges which themselves, their family, and trans family member may be facing. The impact of the programme on this area was assessed by the family problem-solving sub-scale of the McMaster’s Family Assessment Device and no statistically significant changes were found on the family problem-solving sub-scale from pre-survey to post-survey (Epstein *et al.* 1983). The participants in

the interviews did not identify any impact of the programme in terms of family problem-solving, thus they were 'silent' regarding this aspect of the survey.

Self-efficacy, confidence, and validation

Within international literature, trans-related education and information has been associated with increased confidence amongst family members (Wren 2002, Menvielle & Hill 2010, Gray *et al.* 2016). The education programme aimed to address the area of self-efficacy amongst families. Specifically, it aimed to enable families to address any challenges they, their family, or their trans family member were facing, and to know where to access additional supports and further resources. There were no statistically significant changes in ratings of self-efficacy on the Generalised Self-Efficacy scale from pre-survey to post-survey (Schwarzer & Jerusalem 1995). Two of the interview participants, however, did highlight how the programme impacted on their sense of confidence, validating their parenting choices. One mother described how the programme added to a sense of validation. Another participant described how the programme helped give her "*confidence*" in her own knowledge and helped make things "*clear in my head*", answering questions she had and putting her mind "*at rest a bit*". Supporting these findings, within the literature review, education was shown to help reduce parents' anxiety (Hegedus 2009) and confusion (Gregor *et al.* 2015), helping them feel empowered (Cantner 2012). Reflecting the findings of this study, Menvielle and Hill (2010) highlighted how the parent support group:

"Provided a way for parents to double-check that their instincts were correct, or at least think through other ways of reacting and supporting their child...This validation helped this parent to feel more certain about parenting decisions as a result of the validation gained through the group: 'Anybody who tries to argue with us now, we just dig our heels in. It's like we're so sure we're on the right track'" (p.118).

Applying the programme learning to their own lives and considering what may have limited the impact of GenderEd.ie

Several of the participants hoped to use the information learned from the programme in the future, for instance, in applying for legal documentation or in coming out to their family. While the overall programme goals and the individual module learning outcomes included a skills-focus, these skills were primarily addressed in the activity of each module, encouraging families to apply the

information learned in their own lives. As formal engagement with the activities was somewhat low, this may provide one explanation for the relatively minor statistical impact of the programme on participants' skills. Furthermore, some family members discussed how they were already engaged with these types of skills, perhaps providing another explanation.

It may also have been unreasonable to expect that all participants accessed the programme with the intention of 'completing' it during their initial engagement. Within the interviews, participants expressed varied reasons for accessing the programme. Furthermore, some participants highlighted how the programme suited their needs at the time but that they did not learn all of the material included in their initial engagement with it and intended to return the programme again in the future. In addition, some interview participants felt the programme might be most useful for family members just learning they had a trans relative; thus, the impact of the programme may have been limited by the fact that most survey participants had learned their family member was trans over one year prior to their participation. The areas of silence in the interviews related to family communication and family problem-solving suggest that interview participants did not perceive the programme impacted on them in these regards. In the future, it would be important to consider how to further enhance the impact of the programme on participants' skills in these areas in order to encourage the development of higher order skills (Anderson & Krathwohl 2001).

Understanding of trans identities: Impact on normalisation and relatability

Within the pre-survey, participants generally had positive or neutral views regarding gender identity. The majority of participants agreed that variations in gender identity are not pathological, that gender presentations can vary across cultures, and that gender identity may be fluid and determined by a number of complex factors. Scores increased on nine of the 12 gender affirmative statements from the pre-survey to the post-survey, indicating more positive views on gender identity; however, none of these increases were statistically significant. Within the interviews, some participants discussed the impact the programme had on their understanding of trans identities. Situating the programme in the Irish context helped some participants feel the information was more applicable to their situation, helping them recognise the more widespread existence of trans people in the country, perhaps providing evidence of the legitimacy of their personal situation. Two interview participants

specifically mentioned that the programme helped “*normalise*” trans issues for them. The stories and videos included in the education programme were also characterised as providing a personal and relatable element to the programme, with participants highlighting the ways in which they personally connected with the stories and videos. The normalisation of trans identities was reflected by parents in other studies as a result of engaging in peer support groups (Hegedus 2009, Cantner 2012, Katz-Wise *et al.* 2017). In Ishii’s (2017) interviews with Japanese mothers, one mother recounted feeling reassured by reading a story online about a mother who struggled to accept her lesbian daughter: “*I knew the situation in which I was stuck was OK*” (p.9).

Jointly, the survey and interview findings suggest that the programme did have an impact on participants’ views of gender identity, however, the level of impact appeared to vary from one participant to the next. Interestingly, these findings relate to the positive benefits identified by families in accessing support from the LGBT community (Riley *et al.* 2013a, Gray *et al.* 2016, Pyne 2016, Ishii 2017). In these studies, families’ interactions with the LGBT community were characterised as helping family members relate to trans people more generally. The findings of the current study, taken together with this international research, suggests that information provision which includes a personal element may positively enhance a family member’s views of gender identity, helping to make trans identities more relatable. For instance, reflecting the findings of the current study, one parent in Gray *et al.*’s (2016) study noted how:

“The more I meet other people who have gone through this, or are going through this, the more I understand like, [trans people are] just the way they’re supposed to be.” (p.8)

These findings reflect the transformative learning theory which suggests learning is more likely to occur when participants are personally engaged and have the opportunity to reflect on materials that are personally relatable to them (Taylor 2007). It would be useful to consider further techniques to enhance this transformative aspect of the programme, including providing further opportunities for critical self-reflection (Mezirow 1991, 1994).

9.6 Beyond the individual

Stage five of the model (Figure 9.1) depicts the impact that trans-related education *may* have within the larger realms of the wider family, professionals, and community.

9.6.1 The need for education and information beyond the family unit

Beyond the level of the family unit, participants in the current study felt that society as a whole required greater education about trans identities and issues, suggesting there was not enough knowledge and understanding of trans identities. These claims are further substantiated by the test-retest findings on trans-related knowledge in which participants from the general public had significantly lower trans-related knowledge scores than family members of trans young people in the evaluation (see Chapter 7). Participants in this study described how all individuals and organisations within a trans young person's life, including healthcare professionals and educators, required information to understand and support trans young people. This lack of understanding around trans identities was described as compounding families' and trans young people's difficulties, compelling them to have to educate others and raise awareness. Furthermore, families were responsible for dispelling widely held misconceptions and stereotypes about trans identities. This mirrored a common theme which emerged in the literature about a general lack of awareness of trans identities in society and the negative impact this had on people's understanding, acceptance, and attitudes towards trans people (Hill & Menvielle 2009, Menvielle & Hill 2010, Cantner 2012, Riley *et al.* 2013a, Riley *et al.* 2013b, Johnson & Benson 2014, Kuvalanka *et al.* 2014, Pullen Sansfaçon *et al.* 2015, Rahilly 2015, Field & Mattson 2016, Capous-Desyllas & Barron 2017). For instance, parents in Field and Mattson's (2016) interviews agreed that lack of information about trans children prevented "*the rest of the world from understanding their children*" (p.7).

The ecological systems theory, also called human ecology theory, may provide a useful lens through which to consider the wider systems in which a young person may be operating (Bronfenbrenner 1977, Bronfenbrenner 1979). Proposed by Bronfenbrenner (1979), the ecological systems theory describes the existence of various systems, with each level of the system nested within the level above it. It may be useful to consider how to develop the GenderEd.ie programme to target other key actors in a trans young person's life, such as educators or healthcare professionals. It may also be of interest for researchers

in other countries to consider how such approaches could be adopted in their own context.

9.6.2 Families acting as educators and the impact of the education programme on advocacy

Within the current study, parents often faced the challenge of having to provide information both within the immediate family and beyond, including to extended family members, schools, health professionals, and organisations. Similarly, parents in other studies acted as advocates for their trans children in a number of arenas (Gold 2008, Hegedus 2009, Rahilly 2015, Gray *et al.* 2016, Birnkrant & Przeworski 2017). For instance, parents in Rahilly's (2015) interviews in the USA described practices characterised by the author as "*gender literacy*" in which the parents "*aimed to pass on a more inclusive, less binary understanding of gender*" both within the family and beyond (p.350).

Within the family unit itself, the current study detailed how the role of accessing information appeared to be more the responsibility of mothers than fathers in some cases. Two of the mothers in the consultation interviews discussed their role as gatekeepers to information for fathers, and another mother highlighting how her husband did not get involved in the more micro issues related to their trans child. Adding weight to these findings, Wren (2002) highlighted how mothers strategically sought information on their own in order to help develop their understanding in relation to trans identity, and to develop a position about it which they felt they could defend. In other studies, mothers have been characterised as information conduits to fathers (Menvielle & Hill 2010, Johnson & Benson 2014), with nine of the 12 families in Gold's (2008) study identifying mothers as primarily responsible for providing information to others both within and beyond the family unit.

Within the current study, one mother described how she made decisions about which information her husband should have access to in order to ensure his support for their child's trans identity. She had concerns that if he accessed information which was overwhelming or upsetting, he might not feel he could support their child. Kivalanka *et al.*'s (2014) research perhaps helps further illuminate this mother's motives. In that study, mothers reported that fathers had a harder time understanding and accepting their child, describing how one father took more time researching, questioning, and doubting his child's gender identity. Similarly, the mother in Johnson and Benson's (2014) case study

reported her responsibility for providing information to the father, describing her belief that keeping the father informed could help secure him as an ally for their child. In this context, mothers may pro-actively seek to selectively filter the information they provide to fathers in order to encourage acceptance.

This strategy may be prudent in a context in which information has been characterised as overwhelming, confusing, and frightening. However, in the context of accessible, relatable, and understandable information, such as that contained with GenderEd.ie, this may not be the most judicious strategy. Supporting this, in one study, fathers' greater emotional distance from their trans child (when compared to mothers) was associated with accessing less information related to trans issues (Ishii 2017). This again emphasises the need for parents and family members to be able to assess the quality and credibility of information they are accessing.

Within the evaluation interviews, all of the participants, mothers and father alike, reported that they would recommend or had already recommended the programme to other people both within and beyond the family. Converging with this finding, nearly 90% of survey participants reported that they would recommend GenderEd.ie to other families of trans young people. While GenderEd.ie did not directly aim to impact on participants' advocacy skills, these findings suggest that the families are pro-actively information sharing within the family, with the extended family, with other families of trans young people, and in schools. Furthermore, it is possible that increases in knowledge may contribute to an enhanced sense of confidence which, in turn, could impact positively on a family member's ability to advocate for their trans family member, as suggested by the literature (Wren 2002, Menvielle & Hill 2010, Gray *et al.* 2016).

Beyond the intended audience of the education programme (adult family members of trans young people), the participation of family members beyond the survey inclusion criteria suggests that a wider audience wishes to engage with the programme (see Chapter 4). Furthermore, during the interviews, some parents expressed their beliefs that the education programme may be useful for others in a trans child or young person's life, including educators and healthcare professionals. This suggests that the programme may have a potentially larger audience beyond which it was specifically developed, an area which provides an opportunity for further investigation.

9.7 Implications for the conceptual model

The findings of this study add further evidence to the body of knowledge around families' trans-related education and information needs, with a number of implications for the conceptual model developed in Chapter 2 of this thesis. The model illustrates the role of trans-related education and information in the lives of families of trans young people and is reflected in five stages, as shown in Figure 9.1. In light of these findings, a number of further developments of the model are proposed.

Stage one refers to the initial time when the family learns they have a trans family member, which may occur through a range of various scenarios. International research has provided an insightful picture of the diversity of such 'discovery' experiences for families of trans young people. As limited research to date was identified which specifically examined families' experiences with a trans family member in the Republic of Ireland, the current study provides a new and valuable insight into families' experiences. The findings have illustrated that there is no single 'discovery' experience for families (further described in the following paragraph).

Stage two encapsulates a family's response to learning a family member is trans and the role that trans-related education and information plays in this response. This study's findings have complemented international research, while detailing the context-specific situation in Ireland. Again, the current study provided unique insight into the diversity of family experiences in the Republic of Ireland, and how education and information plays into their response. Some family members experienced substantial personal challenges for a prolonged period of time, associated with feelings such as shock, grief, and loss. These feelings were often magnified by not knowing anything related to trans issues or identities. Other family members experienced far less difficulty or shock when learning they had a trans family member. The findings suggest that some families may be struggling deeply at the point of accessing education and information and may need to devote attention first to managing emotional issues and accessing support, before then moving onto accessing education and information. Others may simply require the practical information they need to move forward and support their family member.

It is important to acknowledge that it was aimed for GenderEd.ie to reflect the diversity of family experiences in the Republic of Ireland. The original design was modified based on feedback from families and professionals during Phase 2, who suggested the proposed design did not fully represent such diversity.

While seven of the eight parents in the Phase 3 interviews felt the programme represented families' experiences, one participant felt strongly that the programme assumed families would have trouble with their trans relative's identity. Thus, while it was aimed to develop a programme which reflected the diversity of family experiences, this may not have been entirely achieved. It should also be recognised that it may be extremely difficult to represent fully the experiences of all families; thus, the programme may be considered successful in reflecting the majority of families' experiences. It is recommended to explore how to develop the programme to be even more inclusive and reflective of the diversity of families' experience.

Stage three describes the strategies families may undertake to access education and information. A variety of strategies for accessing education and information were identified in the literature review. Similar to international research, the first port of call for information for families was often the internet. However, while internationally such online information has been characterised as an excellent resource, the suitability for such education (prior to the development of GenderEd.ie) for families in the Republic of Ireland was suspect. Furthermore, while international research highlights how information from a trans family member is typically received positively from family members, this study's findings call for more attention to be paid to the appropriateness of such information for all family members. Overall, the study's findings necessitate a new sub-stage to be added to the model, Stage 3a, a stage which encapsulates the ways in which some families evaluate the quality and credibility of information they receive or access (see

Figure 9.2). For the first time, this study has also illustrated and documented the process of designing and developing an education programme for families of trans young people. This may provide practical guidance to others aiming to develop such programmes.

Stage four discusses the impact that education can have on a family of a trans young person. While the literature provided substantial evidence that trans-related education can have a positive impact on a family member, there was little evidence of any rigorous evaluations of education programmes to substantiate that impact. The evaluation of this study showed that the education programme had a significant impact on a family member's self-reported knowledge in terms of trans-related issues, thus adding evidence to support the conceptual model, as detailed in red in Figure 9.2.

Finally, stage five encompasses how knowledgeable and informed family members may use information as an advocacy tool within the extended family, with professionals, and the wider community. The evaluation of GenderEd.ie suggests that all participants were (or would) actively share information from the programme. This represents the movement of the impact of the programme beyond the individual to the wider community. While the programme did not explicitly aim to encourage advocacy, it would be of interest to consider how to further develop the programme to strengthen its impact at this stage.

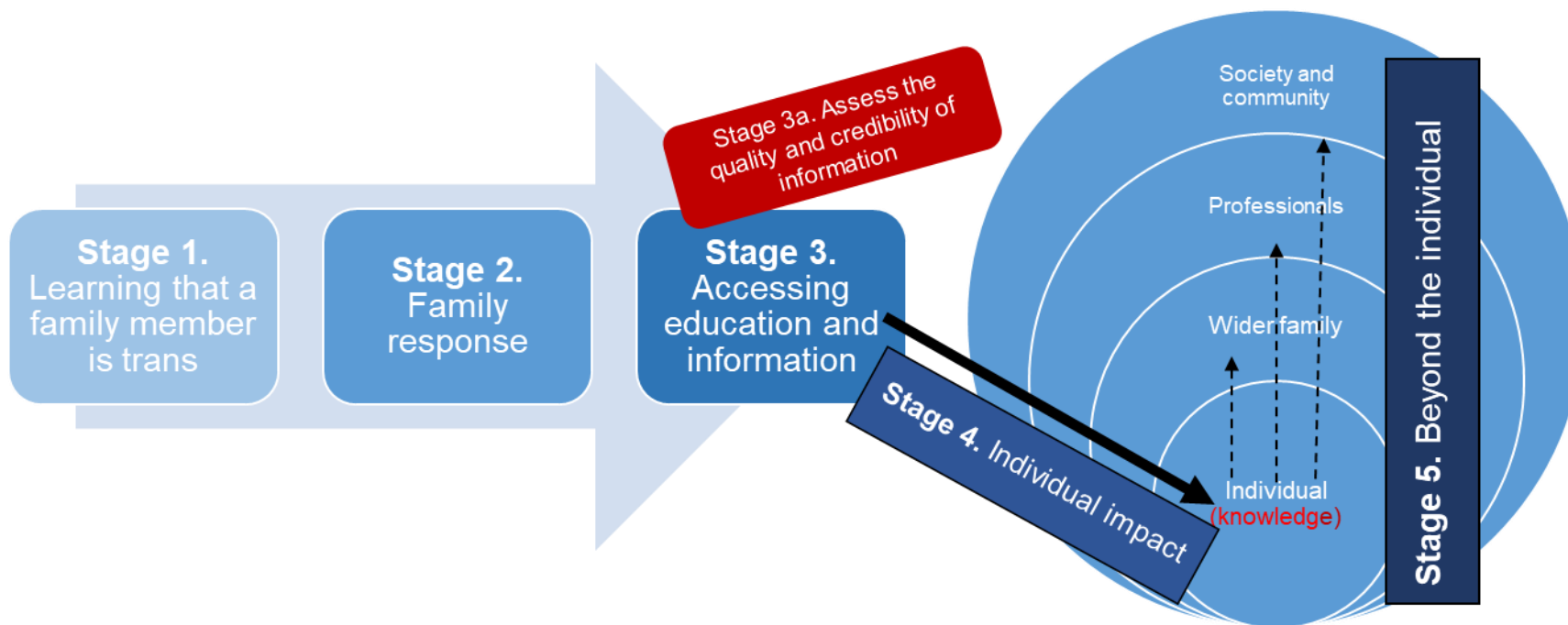


Figure 9.2 Revised conceptual model illustrating the role of trans-related education and information in the lives of families of trans young people

9.8 Strengths and limitations

This study's primary strength was in the participatory approach, which included the voices of professionals, families of trans young, and trans young people themselves. This study is limited by the fact that it relied on non-probability convenience sampling methods based on a small, non-representative sample of people who self-selected to participate in the interviews and survey (Fink 2003, Vanderstoep & Johnston 2009, Cohen *et al.* 2011). The participants who self-selected to participate in the study were more likely to be supportive of their trans family member, that is, people in support groups and mothers (Wren 2002, Hill & Menvielle 2009, Alie 2012, Johnson & Benson 2014, Kuvalanka *et al.* 2014, Pullen Sansfaçon *et al.* 2015, Riggs & Due 2015, Ishii 2017). Similar biases were identified in the samples of studies included in the international literature review in Chapter 2; however, non-probability, convenience sampling is appropriate in cases of small-scale research, with the acknowledgement that *"it does not represent the wider population; it simply represents itself"* (Cohen *et al.* 2011: p.155).

While this study has revealed rich, in-depth findings, the survey and interview methods used may have some limitations. Access to participation may have been limited for those who did not have access or the ability to use the internet, those who did not have basic technological literacy, and for those who could not read and comprehend English (Cohen *et al.* 2011, Neuman 2011, Fowler 2014). The surveys were limited by the use of a particular set of measures; thus, the findings can only be considered in light of those measures selected (as outlined in Chapter 4). Furthermore, within surveys, it was not possible to use techniques like probing or follow-up questions to explore a participant's response. However, the responses to the survey were often enhanced by the rich, in-depth responses of interview participants that allowed substantiation of any findings.

In addition, both the pre-survey sample (n=25) and post-survey sample (n=8) were small, which at times impacted on the ability to carry out the most robust statistical testing available. It has been suggested that the minimum sample size for pilot evaluations be between 10 to 30 participants (Roscoe 1975, Issac & Michael 1995, Hill 1998), while others have recommended a minimum of 12 participants (van Belle 2002, Julious 2005). Unfortunately, even with a wide-ranging recruitment strategy, the sample for the evaluation did not reach these benchmarks. The small sample size may have also made it vulnerable to Type 1 errors in which statistical differences are identified that are not truly present and Type 2 errors in which no differences are identified when they are truly

present (Pallant 2013). However, assumptions for all statistical findings carried out were examined and reported in full, allowing the reader to assess the validity of these findings. It has been suggested elsewhere that such exploratory studies may be useful for identifying the feasibility of carrying out a full-scale evaluation (Hertzog 2008). In the current study, the evaluation revealed the challenge of recruitment and retention, emphasising the need for different strategies to increase sample sizes. As this was an exploratory survey, even with these limitations, it has provided useful findings with implications for the further development of the education programme and for future research.

9.9 Original contributions

A PhD is required to make an original contribution, however, there is no singular way mandated to achieve such a contribution (Francis 1976, Phillips & Pugh 2005). Within this PhD, a number of original contributions to the understanding of the trans-related education and information needs of families of trans young people were made. First, a conceptual model was developed to understand the role of trans-related education and information in the lives of families of trans young people (Chapter 2). The conceptual model, based on a narrative review of the literature, was published by the *Issues in Mental Health Nursing* journal (Sharek *et al.* 2018). The model was elucidated by the findings of this study, contributing to its further development as described in Section 9.7.

This study has also provided new research evidence about the trans-related education and information needs of families of trans young people, particularly in the Irish context. The inclusive nature of the study meant that a panoramic view of families' trans-related education needs was provided based on the perspectives of family members, trans young people, and professionals working with families and young people. For the first time in Ireland, the education needs and experiences of families of trans young people were specifically explored, making this the one of the only bodies of evidence we have in the Republic of Ireland on trans-related education needs for families of trans young people (for the exception see (Lacey 2013)).

Furthermore, Phase 2 of this study documented the development of a research-based education programme for families of trans young people for the first time. The programme was explicitly informed by education, teaching, and learning theory and allowed for the application and evaluation of the gender affirmative theory and model. While the gender affirmative theory and model has been

applied in the context of psychological support for families, there are no documented cases of its application (or evaluation) in a purely educational context. The evidence from this study suggests that the theory can be applied successfully in a purely educational context and that it may help impact positively on family's views around gender identity.

The transformative paradigm informing the research and the CBPR approach methodologically guiding the study encouraged the inclusion of trans young people and their families throughout the design and development of an education programme. No other programmes have documented the participation of trans young people or their families in developing interventions to support families. This study's unique approach allowed for the inclusion of a multitude of voices. Furthermore, the application of the CBPR approach in this study provided a novel context to examine deeper issues related to the researcher's identity, the development of relationships within the community, the role of research fatigue, and how to manage study narratives on a wider scale.

Finally, this study has provided evidence of the effectiveness of an education programme for families of trans young people. For the first time, this study has shown that an education programme can significantly impact a family member's trans-related knowledge, which *may* have important implications in other areas, including support and advocacy.

9.10 Implications and recommendations

9.10.1 Theory

These findings suggest that an education programme informed by a gender affirmative theory and model may impact positively on family members' views of trans identities. It would be interesting to explore participants' views more in-depth on each of the gender affirmative premises and how they felt the education programme impacted or did not impact on their views of each. It would also be useful to undertake further examination of the gender affirmative statements to consider how other types of validity, including criterion, predictive, concurrent, and construct, could be assessed and established (Fink 2003). Finally, it would be of interest to examine the impact of a gender affirmative education programme on families as compared to another approach.

9.10.2 Policy

Irish policies refer to the necessity of providing holistic care, including families in the care of young people engaged with both paediatric (Health Service Executive (HSE) 2012b) and mental health services (Department of Health and Children 2006, CAMHS Improvement Project Group 2015). These policies dictate the necessity of providing education to families and young people in their care. The results of this study suggest that not all care providers are able to provide appropriate information to families accessing their services. Some healthcare providers appeared to lack knowledge or training in relation to trans issues, while others held views of trans identity as pathological. When attending a health service, families of trans young people require appropriate and accurate information from their provider in order to understand their experience, their trans family member's experience, and how to support themselves and their family member. It is important for the Irish Government to consider how to ensure compliance with this aspect of policy.

Within the current study, the importance of charitable organisations which support trans young people and their families, namely TENI and BeLonG To Youth Service, was highlighted throughout the findings. These organisations rely partly on funding from the Irish Government for their continued provision of services. As family support and education is so crucial for trans young people's wellbeing, it is vital that the Irish Government continue to financially support organisations which support young people and their families.

9.10.3 Service development

The inadequacy of healthcare services to support trans young people and their families was highlighted throughout this study. Namely, there was a lack of available services for trans young people, resulting in lengthy wait lists. The negative impact of these waiting lists on trans young people's mental health was emphasised by the various groups of participants throughout the study. It is urgent that the lack of services be addressed by the Irish Government and the HSE.

Beyond services for children and young people in the Republic of Ireland, the current study has a number of implications for children and young people's wellbeing at the European and international level. This study has modelled a participatory approach, working with and for young people in order to help address families' education and information needs. Such an approach may

serve as a guide for young people and their advocates in other groups across Europe, including the European Patient Forum (EPF) Youth Group, the European Association for Children in Hospital (EACH), and the European Public Health Association's (EUPHA) groups on child and adolescent public health and sexual and gender minority health. It may be useful for such groups to consider how to explore the role of information and education for families within their context and whether such a participatory and youth-led approach to information provision may be useful.

9.10.4 Education and practice

Positively, TENI provided over 40 training sessions on trans-related issues to 1,707 healthcare professionals throughout the country in 2016 (Trans Equality Network Ireland (TENI) 2016). While this is progress towards a more informed and better trained base of healthcare professionals, problems persist. Within this study, some healthcare providers were perceived as lacking the necessary knowledge and skills to respond appropriately to the needs of trans young people and their families. In this context, some families were compelled to educate the professional. For some, this led to feelings of disillusionment, as even the 'expert' healthcare professional was not able to provide them with the help and assistance they required. This study has also highlighted that some family members may require additional support and healthcare providers need to be able to provide that support or refer families to the appropriate place to access it. Healthcare practitioners need to ensure that they are providing holistic support to the trans young person, as well as the wider family. Supports may include counselling and psychotherapy services, family support groups or family therapy. Furthermore, it must be considered an integral part of holistic care to provide relevant education and information to families, as emphasised in Ireland's national policies for mental health services (Department of Health and Children 2006, CAMHS Improvement Project Group 2015).

Education and training for healthcare professionals must equip healthcare professionals with the knowledge and skills to provide appropriate care to families in their services. It is essential that trans-related issues are considered an integral part of the curriculum in educating healthcare (including mental healthcare) professionals. It is essential that these issues are addressed adequately at all levels of education and training, including undergraduate and postgraduate curricula and continuing professional development. It may be important to inform curriculum through a positive theoretical framework, such as

the gender affirmative theory and model (Hidalgo *et al.* 2013) in order to ensure that the pathologisation of trans identities is not enabled to persist in the Irish context. As Sharek *et al.* (2018) assert, the model may help encourage practitioners in developing their conceptualisation of gender identities, providing a lens to view gender as diverse, fluid, and non-pathological.

Ensuring that trans-related issues are embedded in education and training for healthcare professionals can foster awareness of trans identities and issues, contributing to a more open dialogue around their needs and the skills required to address them. For healthcare professionals already in practice, it is recommended that they engage with continuous professional development opportunities related to trans issues (Glen & Leiba 2004). While TENI provides training for healthcare professionals (Trans Equality Network Ireland (TENI) 2016), it is necessary to consider whether there is an opportunity to develop further facilities for healthcare professionals to train and upskill.

In addition to training and education for healthcare professionals, it is recommended that TENI consider how to address the recommendations from families made in the evaluation interviews, particularly relating to how to increase awareness of the availability of GenderEd.ie. Furthermore, it would be important to consider how to increase its accessibility for more diverse types of families, including non-English speakers.

9.10.5 Research

The consultation provided a useful context for the design and development of the education programme by identifying families' education needs. It also raised an interesting discussion around family experiences with trans young people in the Republic of Ireland. It is recommended that future research explore more in-depth family experiences and consider how their experiences compare with models of family adjustment.

While GenderEd.ie was targeted towards families of trans young people, the findings suggest that more widespread trans-related education is required for other groups. Thus, there is an opportunity for other researchers to consider how to address the trans-related education and information needs of other groups, such as trans young people, their peers, siblings of trans young people (including younger siblings), educators, healthcare professionals, and the general public.

In the future, it is recommended to consider how to develop and extend the evaluation of GenderEd.ie. For instance, it would be useful to conduct a more in-depth evaluation of participants' views on each of the modules to explore which topics they perceived as most and least useful in terms of gaining knowledge. It would also be of interest to explore in greater detail participants' views and experiences with the activities and journal keeping, including how to encourage engagement with them. It is also worth considering how to develop and expand GenderEd.ie to enhance participants' ability to successfully advocate for their trans family member in various areas, including within the family, in schools, and within healthcare settings.

Of interest is that those who only completed the pre-survey had significantly lower pre-survey knowledge scores than those who went on to complete both the pre-survey and post-survey. It would be useful to examine why these differences existed and whether their levels of previous knowledge had any impact on their decision. Furthermore, in the pre-survey, participants who had learned their family member was trans within the past 12 months had significantly poorer family communication scores compared to participants who had learned their family member was trans more than 12 months ago. This is an area that requires further exploration and raises certain questions. It may be that the statistical difference is a Type 1 error, suggesting significance where none truly exists, particularly as participants were not significantly different in terms of self-reflection or family problem-solving. However, if families who learned their family member is trans longer ago are truly communicating to a better degree, it would be useful to explore what impacts positively on their communication.

In the future, there may also be an opportunity to employ more experimental designs to evaluate the education programme, including the use of behavioural observations or control groups to compare changes amongst samples (Vanderstoep & Johnston 2009, Cohen *et al.* 2011). It would be important to ensure that such an experimental design takes into account any ethical issues surrounding the use of a control group (Buchanan *et al.* 2007). It would also be essential to consider strategies for increasing not only sample sizes, but also the diversity of participants in the evaluation to increase participation from other family members, such as fathers, siblings, aunts, uncles, grandparents, and the extended family. In the future, it would be also useful to include trans children under the age of 14 in the evaluation to enhance understanding of the needs of this particular group.

9.11 Conclusion

This study explored and addressed the trans-related education needs of families of trans young people in the Republic of Ireland in a three-phase multiphase study. It included: 1. a consultation which identified families' trans-related education needs, 2. the design and development of GenderEd.ie, an online education programme to address families' education needs, and 3. an evaluation of the education programme. The research was guided by the transformative paradigm, underscoring the importance of ethics and social justice to the study. Methodologically, a Community-Based Participatory Research (CBPR) approach enabled the inclusivity and participation of professionals, families of trans young people, and trans young people throughout the study. The findings suggest that families of trans young people in the Republic of Ireland are diverse, but there may be commonality in their information needs. GenderEd.ie was designed to address these information needs and the evaluation of the programme suggested that it positively impacted on participants' trans-related knowledge. Furthermore, participants valued the usefulness and accessibility of the programme and recommended it for other families of trans young people. The goal of the education programme was to provide basic information to families of trans young people in the Republic of Ireland and the results of the evaluation provide evidence that this goal was met. However, there appears to be less evidence of success in reaching some of the learning outcomes around self-reflection, communication, and problem-solving.

This chapter discussed the findings of the study in the context of the wider knowledge base, as well as national policy. This chapter also outlined the study's original contributions, as well as the implications of the study's findings for theory, policy, service development, education and healthcare practice, and research. In conclusion, this study has demonstrated that an education programme designed and developed through participatory methods has the potential to help positively support families and trans young people.

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Appendices

Appendix 1. Literature review systematic search strategy

Concepts: Transgender AND Family AND Education

Concept 1: Transgender

Pubmed: "Transgender Persons"[Mesh] OR "Transsexualism"[Mesh] OR "Gender Identity"[Mesh] OR "Sexual and Gender Disorders"[Mesh]

CINAHL: "Transgendered Persons" OR "GLBT Persons" OR "Gender Identity" OR "Sexual and Gender Disorders"

Free Text: "Transgendered Persons" OR "Transsexualism" OR "Gender Identity" OR "Sexual and Gender Disorders" OR "GLBT Persons" OR "Person, Transgendered" OR "Persons, Transgendered" OR "Transgendered Person" OR "Transgenders" OR "Transgender Persons" OR "Person, Transgender" OR "Persons, Transgender" OR "Transgender Person" OR "Transsexual Persons" OR "Person, Transsexual" OR "Persons, Transsexual" OR "Transsexual Person" OR "Gender Identities" OR "Identity, Gender" OR "Transgender" OR "LGBT People" OR "LGBT Persons" OR "LGBT Person" OR "GLBT People" OR "GLBT Persons" OR "GLBT Person" OR "LGBT" OR "GLBT" OR "Transgendered" OR "Transman" OR "Transwoman" OR "Transgender Man" OR "Transgender Woman" OR "Transgendered Man" OR "Transgendered Woman" OR "Transgender Male" OR "Transgender Female" OR "Transgendered Male" OR "Transgendered Female" OR "Man, Transgender" OR "Woman, Transgender" OR "Man, Transgendered" OR "Woman, Transgendered" OR "Male, Transgender" OR "Female, Transgender" OR "Male, Transgendered" OR "Female, Transgendered" OR "Transsexual" OR "Transsexuals" OR "Male-to-Female" OR "Male to female" OR "Female-to-Male" OR "Female to male" OR "Gender queer" OR "Genderqueer" OR "Gender-queer" OR "Gender variant" OR "Gender variance" OR "Gender-variant" OR "Gender-variance" OR "Gender non-conforming" OR "Gender non conforming" OR "Gender expression" OR "Gender Identity Disorder" OR "Gender Dysphoria" OR "Dysphoria" OR "Androgynous" OR "Androgyne" OR "Gender Questioning" OR "Gender-questioning" OR "Gender Neutral" OR "Gender-neutral" OR "Third Gender" OR "Third-Gender" OR "Two-Sprit" OR "Two Sprit" OR "Trans-Gender" OR "Bi-gender" OR "Bigender" OR "Pangender" OR "Pan-Gender" OR "Ambi-Gender" OR "Ambigender" OR "Non-Gender" OR "Non-Gendered" OR "Agender" OR "Agendered" OR "Gender-fluid" OR "Genderfluid" OR "Gender fluid"

Concept 2: Family OR Parents

Pubmed: "Family"[Mesh] OR "Parents"[Mesh] OR "Parent-Child Relations"[Mesh] OR "Siblings"[Mesh] OR "Sibling Relations"[Mesh] OR "Mothers"[Mesh] OR "Fathers"[Mesh]

CINAHL: "Family" OR "Extended Family" OR "Family Relations" OR "Dependent Family" OR "Nuclear Family" OR "Parents" OR "Parent-Child Relations"

Free Text: "Family" OR "Parents" OR "Parent-Child Relations" OR "Siblings" OR "Sibling Relations" OR "Mothers" OR "Fathers" OR "Extended Family" OR "Family Relations" OR "Dependent Family" OR "Nuclear Family" OR "Families" OR "Family Members" OR "Family Member" OR "Stepfamily" OR "Stepfamilies" OR "Family, Reconstituted" OR "Families, Reconstituted" OR "Reconstituted Families" OR "Reconstituted Family" OR "Filiation" OR "Kinship Networks" OR "Kinship Network" OR "Network, Kinship" OR "Networks, Kinship" OR "Relatives" OR "Extended Family" OR "Extended Families" OR "Families, Extended" OR "Family, Extended" OR "Family Research" OR "Research, Family" OR "Parent" OR "Step-Parents" OR "Step Parents" OR "Step-Parent" OR "Stepparent" OR "Stepparents" OR "Parent Child Relations" OR "Parent-Child Relation" OR "Relation, Parent-Child" OR "Relations, Parent-Child" OR "Parent-Child Relationship" OR "Parent-Child Relationships" OR "Relationship, Parent-Child" OR

"Relationships, Parent-Child" OR "Parent Child Relationship" OR "Child Relationship, Parent" OR "Child Relationships, Parent" OR "Parent Child Relationships" OR "Relationship, Parent Child" OR "Relationships, Parent Child" OR "Sibling" OR "Sisters" OR "Sister" OR "Brothers" OR "Brother" OR "Relation, Sibling" OR "Relations, Sibling" OR "Sibling Relation" OR "Mother" OR "Father" OR "Kinship" OR "Grandparent" OR "Grandparents" OR "Grandmother" OR "Grandmothers" OR "Grandfather" OR "Grandfathers"

Concept 3: Education

PubMed: "Education" [MeSH] OR "Social Support" [MeSH]

CINAHL: "Education" OR "Outcomes of education" OR "Adult Education" OR "Support, Psychosocial" OR "Education, non-traditional" OR "Education, interdisciplinary"

Free text search: "Education" OR "Social Support" OR "Outcomes of education" OR "Adult Education" OR "Support, Psychosocial" OR "Education, non-traditional" OR "Education, interdisciplinary" OR "Workshops" OR "Workshop" OR "Training Programs" OR "Program, Training" OR "Programs, Training" OR "Training Program" OR "Educational Activities" OR "Activities, Educational" OR "Activity, Educational" OR "Educational Activity" OR "Support, Social" OR "Psychosocial Support Systems" OR "Psychosocial Support System" OR "Support System, Psychosocial" OR "Support Systems, Psychosocial" OR "System, Psychosocial Support" OR "Systems, Psychosocial Support" OR "Educational" OR "Activity" OR "Program" OR "Programs" OR "Programme" OR "Programmes" OR "Training" OR "Trainings" OR "Information" OR "Knowledge" OR "Comprehension" OR "Understanding" OR "Support" OR "Supports" OR "Seminar" OR "Seminars" OR "Course" OR "Courses" OR "Study" OR "Studies" OR "Learning" OR "Instruction" OR "Instructions" OR "Intervention" OR "Interventions" OR "Evaluation" OR "Evaluations" OR "Program Evaluation" OR "Programme Evaluation" OR "Program Evaluations" OR "Programme Evaluations" OR "Evaluation, Program" OR "Evaluation, Programme" OR "Evaluations, Program" OR "Evaluations, Programme" OR "Assessment" OR "Assessments"

Appendix 2. Literature review systematic search results

Primary subject area	Title	Results: 'Transgendered Persons' concept in title	Results: 'Family' concept in title or abstract	Results: 'Education' concept in title or abstract	INITIAL Results: Combining ('Family' concept in title OR abstract) AND ('Transgendered Persons' concept in title OR abstract) AND ('Education' concept in title OR abstract)	Filters applied (all filtered for 2000-2017, English only, and academic journals)	FINAL Results: Combining ('Transgendered Persons' concept in title) AND ('Family' concept in title OR abstract) AND ('Education' concept in title OR abstract) + Any Filters	Notes on modification of search strategy
Health Sciences	PubMed	20,353	272,210	700,528	572	2000-2017: 351 English: 332 Academic journals: 332	332	
Social Sciences	JSTOR	18,863	126,476	91,114	124	2000;2017: 79 English: 79 Academic journals: 77	77	Limits on search term length. Limited 'transgender persons' concept t title: "Transgender" OR "Gender" OR "LGBT" OR "GLBT" Limited 'family' concept to abstract: "family" OR "parent" Limited 'education' concept to abstract: "education" OR "social support"
Sciences	Science Direct	17,842	246,629	44,818	99	2000-2017: 86 English: N/A Academic journals: 83	83	Limits on search term length. Limited 'transgender persons' concept to: "Transgender" OR "Gender" OR "LGBT" OR "GLBT" Limited 'family' concept to: "family" OR "parent" Limited 'education' concept to: "education" OR "social support"
Multi-Disciplinary	Academic Search Complete via EBSCO	11,770	1,214,890	11,115,448	713	Filtered by 2000-2017: 667 English: 644 Academic journals: 597	597	
Psychology	PsycInfo via EBSCO	10,610	525,620	2,968,877	1,130	2000-2017: 870 English: 837 Academic journals: 571	571	
Health Sciences	Scopus	8,970	3,724,762	26,617,461	790	2000-2017: 662 English: 614 Articles or articles in press: 502	502	

Primary subject area	Title	Results: 'Transgendered Persons' concept in title	Results: 'Family' concept in title or abstract	Results: 'Education' concept in title or abstract	INITIAL Results: Combining ('Family' concept in title OR abstract) AND ('Transgendered Persons' concept in title OR abstract) AND ('Education' concept in title OR abstract)	Filters applied (all filtered for 2000-2017, English only, and academic journals)	FINAL Results: Combining ('Transgendered Persons' concept in title) AND ('Family' concept in title OR abstract) AND ('Education' concept in title OR abstract) + Any Filters	Notes on modification of search strategy
Multi-Disciplinary	Web of Science	8,428	1,713,225	20,068,306	446	2000-2017: 406 English: 385 Academic journals: 351	351	Searched with 'transgendered person's concept in title and 'family' and 'education' concept in 'title' or 'topic'
Multi-Disciplinary	OmniFile Full Text Mega via EBSCO	5,215	541,010	3,447,186	268	2000-2017: 233 English: 232 Academic journals: 217	217	
Education	Education Collection via ProQuest	5,139	439,962	2,486,305	263	2000-2017: 246 English: 246 Academic journals: 154 Automatically removes duplicates: 134	134	
Health Sciences	Medline via EBSCO	4,828	1,159,091	11,860,484	307	2000-2017: 247 English: 237 Academic journals: 237	237	
Social Sciences	Sociology Collection via ProQuest	4,638	412,719	1,615,560	472	2000;2017:426 English: 418 Academic journals: 416 Automatically removes duplicates: 295	295	
Social Sciences	Social Sciences Full Text via EBSCO	2,277	101,621	512,831	184	2000-2017: 158 English: 158 Academic journals: 155	155	
Multi-Disciplinary	UK and Ireland Reference Centre via EBSCO	2,120	724,648	1,618,193	18	2000-2017: 148 English: 9 Academic journals: 1	1	
Social Sciences	Social Science via ProQuest	1,966	140,787	709,648	185	2000-2017: 176 English: 175 Academic journals: 160	160	

Primary subject area	Title	Results: 'Transgendered Persons' concept in title	Results: 'Family' concept in title or abstract	Results: 'Education' concept in title or abstract	INITIAL Results: Combining ('Family' concept in title OR abstract) AND ('Transgendered Persons' concept in title OR abstract) AND ('Education' concept in title OR abstract)	Filters applied (all filtered for 2000-2017, English only, and academic journals)	FINAL Results: Combining ('Transgendered Persons' concept in title) AND ('Family' concept in title OR abstract) AND ('Education' concept in title OR abstract) + Any Filters	Notes on modification of search strategy
Social Sciences	Applied Social Sciences Index and Abstracts (ASSIA) via ProQuest	1,722	146,620	647,192	187	2000-2017: 167 English: 167 Academic journals: N/A Automatically removes duplicates: 127	127	
Education	Education Full Text via EBSCO	1,642	108,320	781,672	122	2000-2017: 106 English: 106 Academic journals: 98	98	
Multi-Disciplinary	ProQuest Dissertation and Theses A & I via ProQuest	1,577	317,147	2,731,058	283	2000-2017: 207 English: 203 Academic journals: N/A	203	
Education	ERIC via EBSCO	1,562	179,986	1,303,038	178	2000-2017: 126 English: 126 Academic journals: 93	93	
Psychology	PsycArticles via EBSCO	451	18,395	137,551	45	2000-2017: 31 English: 31 Academic journals: 31	31	
Health Sciences – Nursing	British Nursing Index via ProQuest	441	65,683	317,796	43	2000-2017: 43 English: N/A Academic journals: N/A	43	
Multi-Disciplinary	Readers' Guide Full Text Mega via EBSCO	430	177,385	545,356	6	2000-2017: 6 English: 6 Academic journals: 0	0	
Humanities	Humanities Full Text via EBSCO	365	39,617	193,849	9	2000-2017: 8 English: 8 Academic journals: 7	7	
Health Sciences – Nursing	CINAHL Complete via EBSCO	295	167,178	186,464	1	2000-2017: 1 English: 1 Academic journals: 7	1	Used Mesh terms

Primary subject area	Title	Results: 'Transgendered Persons' concept in title	Results: 'Family' concept in title or abstract	Results: 'Education' concept in title or abstract	INITIAL Results: Combining ('Family' concept in title OR abstract) AND ('Transgendered Persons' concept in title OR abstract) AND ('Education' concept in title OR abstract)	Filters applied (all filtered for 2000-2017, English only, and academic journals)	FINAL Results: Combining ('Transgendered Persons' concept in title) AND ('Family' concept in title OR abstract) AND ('Education' concept in title OR abstract) + Any Filters	Notes on modification of search strategy
Multi-Disciplinary	ProQuest Dissertation and Theses: UK and Ireland via ProQuest	160	37,121	393,430	27	2000-2017: 24 English: N/A Academic journals: N/A	24	
Health Sciences	AMED via EBSCO	157	13,276	138,856	1	2000-2017: 1 English: 1 Academic journals: 1	1	
Education	British Education Index via EBSCO	157	8,980	144,548	6	2000;2017: 6 English: 6 Academic journals: 6	6	
Humanities	Humanities Index via ProQuest	149	38,506	142,999	4	2000-2017: 4 English: 4 Academic journals: 4	4	
Education	Australian Education Index via ProQuest	39	14,450	163,677	9	2000-2017: 9 English: 9 Academic journals: N/A	9	
Multi-Disciplinary	The Campbell Library	0				N/A	0	Limited 'transgender persons' concept to title/keyword: "Transgender" OR "Gender" OR "LGBT" OR "GLBT"

Appendix 3. CASP quality scores

	1. Clear statement of aims	2. Appropriate methodology	3. Appropriate research design	4. Appropriate recruitment strategy	5. Appropriate data collection methods	6. Considered research relationships	7. Considered ethical issues	8. Rigorous data analysis	9. Clear findings	10. Value of the research	Total score out of 20
Alie (2012)	2	1	1	2	2	2	0	2	2	2	16
Barron & Capous-Desyllas (2017)	2	2	2	2	2	2	0	2	2	2	18
Birnkrant (2017)	2	2	2	2	2	0	2	2	2	2	18
Cantner (2012)	1	2	2	2	2	1	0	2	2	2	16
Capous-Desyllas (2017)	2	2	2	1	2	0	2	2	2	2	17
di Ceglie & Thümmel (2006)	1	1	2	2	1	1	0	0	1	1	10
Field & Mattson (2016)	2	2	2	2	2	0	0	1	2	2	15
Gold (2008)	2	2	2	2	2	0	0	0	2	2	14
Gray <i>et al.</i> (2016)	2	2	2	2	2	2	1	2	2	2	19
Gregor <i>et al.</i> (2015)	2	2	2	2	2	1	2	2	2	2	19
Gregor (2013)	2	2	2	2	2	2	2	2	2	2	20
Guditis (2009)	2	2	2	1	2	2	2	1	2	2	18
Hegedus (2009)	2	1	1	2	2	0	0	2	2	2	14
Hill & Menvielle (2009)	2	1	1	2	2	0	1	0	2	2	13
Ishii (2017)	2	2	2	1	2	0	2	2	2	2	17
Johnson & Benson (2014)	2	2	2	2	2	0	1	2	2	2	17
Katz-Wise <i>et al.</i> (2017)	2	2	2	1	2	2	2	2	2	2	19
Kuvalanka <i>et al.</i> (2014)	2	2	2	2	2	0	0	2	2	2	16
Meadow (2011)	2	2	2	0	1	0	0	0	2	2	11

	1. Clear statement of aims	2. Appropriate methodology	3. Appropriate research design	4. Appropriate recruitment strategy	5. Appropriate data collection methods	6. Considered research relationships	7. Considered ethical issues	8. Rigorous data analysis	9. Clear findings	10. Value of the research	Total score out of 20
Menvielle & Hill (2010)	2	1	1	1	2	0	0	2	2	2	13
Norwood (2010)	2	2	2	2	2	0	0	2	2	2	16
Pearlman (2006)	0	0	1	1	2	2	1	0	2	2	11
Polat <i>et al.</i> (2005)	2	0	1	1	0	0	1	1	2	2	10
Pullen Sansafaçon <i>et al.</i> (2015)	2	2	2	2	2	0	2	2	2	2	18
Pyne (2016)	2	2	2	2	2	2	2	2	2	2	20
Rahilly (2015)	2	1	1	1	2	2	0	2	2	2	15
Riley <i>et al.</i> (2011a)	2	2	2	2	2	0	2	2	2	2	18
Riley <i>et al.</i> (2011b)	2	2	2	2	2	0	2	2	2	2	18
Riley <i>et al.</i> (2013b)	2	2	2	2	2	0	2	2	2	2	18
Riley <i>et al.</i> (2013a)	2	2	2	2	2	0	2	2	2	2	18
Wren (2002)	2	2	2	1	2	0	0	2	2	2	15

Appendix 4. Phase 1 Consultation: Interviews – Invitation letters

Dear participant,

I am writing to you because I want to learn more about the education needs of family members of people who are transgender. I am currently doing a PhD study in Trinity College Dublin School of Nursing & Midwifery with the purpose of developing an education programme to support families of people who are transgender. I am writing to you due to your role working with transgender people and their families / as a family member of a trans young person / or as a transgender person. I am hoping you might consider participating in this study by doing an interview with me. (**Professionals:** The interview will be what you think are the education needs of family members of people who is transgender. / **Family members:** The interview will be about your education needs as a family member of a person who is transgender. / **Trans young people:** The interview will be about what you think your family needs to know about people who are transgender.)

I am including within this packet an information sheet about the interview. I hope you will read over this information sheet and consider participating in the interview.

How to take part?

If you decide to participate in the interview, please give me a call or send me an email using the contact details below. At this point, we will arrange the interview at a time and a place that is convenient for you.

Any questions?

I am happy to speak with you about any questions or concerns you might have. You can reach me at the phone number or email address below.

Thank you in advance for your consideration.

Kind regards,

Danika

Danika Sharek, PhD Candidate

Trinity College Dublin

School of Nursing & Midwifery

24 D'Olier Street, Dublin 2

Phone: 087 218 7872 / Email: sharekd@tcd.ie

Appendix 5. Phase 1 Consultation: Interviews – Participant information leaflets

TITLE OF STUDY: The design, delivery, and evaluation of an education programme for families of people who are transgender

INTRODUCTION: Research has shown that family support can have a positive impact on a transgender family member. Within Ireland, however, the HSE has stated that there is a lack of support for family members of people who are transgender. For this reason, I aim to design an education programme for family members of people who are transgender. This is part of a PhD study at Trinity College Dublin (TCD) School of Nursing & Midwifery.

As part of this study, I am inviting you to participate in an interview with me. (**Professionals:** The interview will be about what you think are the education needs of families of people who are transgender. / **Family members:** The interview will be about your education needs as a family member of a person who is transgender. / **Trans young people:** The interview will be about what you think are the education needs of your family.) I am asking you to participate in one interview at a place of convenience for you. The interview will last approximately 30 minutes to 1 hour, but there is no set time limit for it, so you can talk as much or as little as you want to.

PROCEDURES: I am asking you to participate in this interview as you are (a person who works with people who are transgender and their families / a family member of a person who is transgender / a trans person). Taking part will involve participating in a one-to-one interview about your education needs as a family member of a person who is transgender. The time is determined by you, although the interview will usually last less than an hour and you can finish at any time. There are no right or wrong answers. My objective is to hear your views, opinions, and experiences. You will be asked some open-ended questions, which you are free to answer in whatever way you choose. If you agree to be interviewed, I would like to record the interview, so I can listen to it afterward. This is to make sure that I represent your views as completely as possible. I will then transcribe the recorded interview. You may have a copy of this transcription if you wish.

BENEFITS: While there may be no direct benefit to you in participating in the interview, you may appreciate the opportunity to share your needs and experiences in the hopes of helping other families of transgender people and transgender people themselves.

RISK: Professionals: There are no foreseeable risks to you participating in this study. / **Family members:** There are no foreseeable risks to you participating in this study. However, speaking about your education needs as a family member of a person who is transgender might cause you some upset or discomfort. I am including a full list of local and national support services should you require any support after the interview. / **Trans young people:** There are no foreseeable risks to you participating in this study. However, speaking about

your family experiences as a person might cause you some upset or discomfort. I am including a full list of local and national support services should you require any support after the interview.

EXCLUSION FROM PARTICIPATION: You cannot participate in this study if any of the following are true: you are **not** working with transgender people and their families, you are **not** a family member of a person who is transgender, or you are **not** transgender; you are 17 years or younger; or are not living in the Republic of Ireland.

CONFIDENTIALITY: Your identity will remain confidential. Your name will not be published and will not be disclosed to anyone. You will be given a code and pseudonym. A pseudonym is a fake name that will be used. All hard copy forms with identifying information, including the informed consent form and interview transcript, will be kept in a locked storage cabinet that only I have access to. Any electronic data files, including email correspondence will be stored on a computer that is password protected and that only I have access to. This will be in accordance with the Data Protection (Amendment) Act 2003.

COMPENSATION: This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails your rights.

VOLUNTARY PARTICIPATION: If you decide to volunteer to participate in this study, you may withdraw at any time. If you decide not to participate, or if you withdraw, you will not be penalised and will not give up any benefits that you had before entering the study.

STOPPING THE STUDY: You understand that I may withdraw your participation in the study at any time without your consent. You may also choose to not participate at any time with no penalty.

PERMISSION: The study has received ethical approve from the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin.

FURTHER INFORMATION: You can get more information or answers to your questions about the study, your participation in the study, and your rights, from me, Danika Sharek, who can be called at 087 218 7872 or emailed at sharekd@tcd.ie. If I learn of any important new information that might affect your desire to remain in the study, I will inform you at once.

Appendix 6. Phase 1 Consultation: Interviews – Informed consent form

PROJECT TITLE: The design, delivery, and evaluation of an education programme for families of people who are transgender

PRINCIPAL INVESTIGATOR: Danika Sharek (087 218 7872 / sharekd@tcd.ie)

BACKGROUND: I aim to design an education programme for family members of people who are transgender. This is part of a PhD study at Trinity College Dublin (TCD) School of Nursing & Midwifery. As part of this study, I am inviting you to participate in an interview with me. (**Professionals:** The interview will be about what you think are the education needs of families of people who are transgender. / **Family members:** The interview will be about your education needs as a family member of a person who is transgender. / **Trans young people:** The interview will be about what you think are the education needs of your family.) I am asking you to participate in one interview at a place of convenience for you. The interview will last approximately 30 minutes to 1 hour, but there is no set time limit for it, so you can talk as much or as little as you want to. With your permission, it will also be audio recorded. I will then transcribe the audio recording verbatim.

DECLARATION:

- I have read, or had read to me, the information leaflet for this project and I understand the contents.
- I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights.
- I understand that I may withdraw from the study at any time and I have received a copy of this agreement.

PARTICIPANT'S NAME:

CONTACT DETAILS:

PARTICIPANT'S SIGNATURE:

Date:

Statement of investigator's responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

INVESTIGATOR'S SIGNATURE..... **Date:**.....

Keep the original of this form in the investigator's file, give one copy to the participant, and send one copy to the sponsor (if there is a sponsor).

Appendix 7. Phase 1 Consultation: Interviews – Interview guides

Professionals

Introduction: Thank you for joining me for this interview. As you know, I am interviewing you because I am trying to develop an education programme for family members of people who are transgender. As part of this development, I am going to speak to yourself and other people who work with transgender people and their family members about the experiences and needs of family members of transgender people.

Key questions

Coming out process

You have a lot of experience speaking with transgender people and family members, especially parents, at the beginning of the coming out process. Could you maybe talk briefly about what that is like for families? Are there any similar issues families deal with initially?

Now, as we've discussed, you know I am interested in developing an education programme for families of people who are transgender. For that reason, I'd look to talk a little bit more maybe about knowledge and education needs in the family.

When families of transgender people come to you, where do you direct them for information? Do you provide it verbally? Internet or websites? Other local or international organisations?

When you provide information to family members, is it from a specific approach? E.g. gender affirmative or otherwise?

Do you provide any research publications or literature to families?

Do transgender people or their families ever talk about their knowledge or lack thereof when it comes to understanding transgender issues in the beginning? Confusion? Misinformation?

Perceived education needs

Do you feel that families have enough information when it comes to having a transgender family member? Are there enough educational resources for them? Are there any education or information resources that you think would help family members who have a transgender family member?

In your personal experience, what are key topics that families should be familiar with when it comes to transgender people? Are there any areas of particularly confusion, misinformation, or misconceptions? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies, and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning

Do transgender clients ever come to you and say they wish their family knew or understood X, Y or Z? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies, and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning

Education programme

I know we have briefly discussed this in our conversations previously, but I'd like to talk a bit further about the idea of an education programme for families of people who are transgender. Do you think families would be interested in an education programme for family members of people who are transgender?

→ If yes, why do you think families would be interested?

→ If not, what are some reasons you do not think families would be interested?

How do you think an education programme might best complement existing support services and programmes? How can overlap be avoided?

Are there resource constraints (or other constraints) that make it difficult to meet the education needs of families? If so, can you talk a bit more about these?

When do you think an education programme would be most useful for families of people who are transgender? E.g. when the family first finds out the person is transgender or at a different time?

Education programme design

Approach and aim

I know you have a lot of experience running various types of groups and supports for transgender people and their families. In terms of the actual design of the education programme, what sort of approach do you think would suit families? Do you think they would prefer a straight-forward information session or something else?

Participants

Who in the family do you think an education programme would be most useful to?

Is there any family member (e.g. sibling, parent, extended family) who you think may be especially interested in an education programme? Are there any family members who you think may not be interested in an education programme?

Format: Structure, duration, teaching strategies, and learning activities of the programme

What length of programme do you think is suitable? Do you think a day time or night time programme is most suitable? Do you think families would prefer a weekday or weekend?

Do you think families prefer more interactive learning or more information giving?

Do you think people might appreciate an online format to the programme? Do you think there are benefits to an online format?

Do you think people might appreciate an in-person format to the programme? Do you think there are benefits to an in-person format?

Facilitators

Who do you think should facilitate (or 'teach') on an education programme?

Do you think families would be receptive to learning from someone without self-experience of having a transgender family member? Do you think it is important the facilitators include people with self-experience?

Overall

Do you have any other suggestions for the way a programme might be designed that takes into account the needs of family members?

Closing Remarks

If you could speak to family members of transgender people who are just starting their journey, what one thing would you want them to know?

Do you have anything else you'd like to add?

Family members

Introduction

Thank you for joining me for this interview. As you know, I am interviewing you because I am trying to develop an education programme for family members of people who are transgender. As part of this development, I am going to speak to yourself and other family members of transgender people to try and learn about their experiences of living with a transgender family member.

Key questions

Transgender family member information

To start, can you tell me a bit more about your family member who is transgender?

When did you find out they were transgender?

Coming out process

When your family member told you he/she was transgender, do you feel you understood what he/she meant? Was this different for different family members?

→ If yes, why do you think you understood them? Did they explain it to you or offer you resources? Did you already have some knowledge of or exposure to transgender people? Other reasons?

→ If no, what are some of the reasons you think you did not understand? Did you just not understand what it meant to be 'transgender'? Did you not have any knowledge of or exposure to transgender people prior to your family member telling you he/she was transgender? Other reasons?

When your family member came out, did you know anything about 'transgender' people?

Are there any things you remember being particularly confused about when it came to transgender people? Are there things you were particularly knowledgeable about? Was this different for different family members?

Education and learning after coming out

Did yourself or any other family members attempt to learn more about transgender people after your family member told you they were transgender?

→ If yes, how did you go about learning more information? Internet? Books? Local organisations? National organisations? International organisations? Did you ask your transgender family member for information?

→ If no, what do you think prevented you from doing so?

Did you ever access any research publications related to families of people who are transgender or transgender people themselves? Is this something that would be of interest to you?

Perceived education needs

Are there any education or information resources that would have helped you when your family member told you he/she was transgender? Do you feel you had enough information? Were there enough educational resources for you?

Were there things you thought were true about transgender people that turned out not to be true? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies, and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning.

What do you wish you and your family had known that they know now? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies, and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning.

Is there anything you still don't understand or are confused by? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies, and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning.

Education programme

Do you think you are or would have been interested in an education programme for family members of people who are transgender?

→ If yes, why do you think families would be interested?

→ If not, what are some reasons you do not think families would be interested?

When do you think an education programme would be most useful for families of people who are transgender? E.g. when the family first finds out the person is transgender or at a different time?

Education programme design

Approach and aim

In terms of the actual design of the education programme, what sort of approach do you think would suit families? Do you think they would prefer a straight-forward information session or something else?

Participants

Who in the family do you think an education programme would be most useful to you?

Is there any family member in your own family who you think may have been especially interested in an education programme? Is there any family member in your own family who you think may have not been especially interested in an education programme?

Format: Structure, duration, teaching strategies, and learning activities of the programme

What length of programme do you think is suitable? Do you think a day time or night time programme is most suitable? Do you think families would prefer a weekday or weekend?

Do you prefer more interactive learning or more information giving?

Do you think people might appreciate an online format to the programme? Do you think there are benefits to an online format?

Do you think people might appreciate an in-person format to the programme? Do you think there are benefits to an in-person format?

Facilitators

Who do you think should facilitate (or 'teach') on an education programme?

Do you think families would be receptive to learning from someone without self-experience of having a transgender family member? Do you think it is important the facilitators include people with self-experience?

Overall

Do you have any other suggestions for the way a programme might be designed that takes into account the needs of family members?

Closing remarks

Do you think your family has learned anything positive going through the experience of having a transgender family member?

If you could speak to other family members of transgender people who are just starting their journey, what is one thing you would want them to know? Do you have anything else you'd like to add?

Trans young people

Introduction

Thank you for joining me for this interview. As you know, I am interviewing you because I am trying to develop an education programme for family members of people who are transgender. As part of this development, I am going to speak to yourself and other transgender people to try and learn about their experiences of being transgender within a family context.

Key Questions

'Coming out' to family

Have you told anyone in your family you are transgender?

If participant is 'out'...

If so, what was it like when you told them you were transgender?

→ Ask for each family member, e.g. brother, sister, mother, father, guardian, etc.

Understanding of 'transgender' at time of coming out

When you told you family you were transgender, do you feel they understood what you meant? Was this different for different family members?

→ If yes, why do you think they understood you? Did you explain it to them or offer them resources? Did they already have some knowledge of or exposure to transgender people? Other reasons?

→ If no, what are some of the reasons you think they did not understand you? Did they just not understand what it meant to be 'transgender'? Did they not have any knowledge of or exposure to transgender people prior to you talking to them? Other reasons?

If your family does not understand things or did not understand things, how did that make you feel?

Are there any things your family was confused about when it came to transgender people? Did they have any misconceptions about transgender?

Are there things your family were particularly knowledgeable about?

Did anything they say or do surprise you?

Was this different for different family members?

Education and learning after coming out

Did your family attempt to learn more about transgender people after you came out?

→ If yes, how did they go about learning more information? Internet? Books? Local organisations? National organisations? International organisations? Did they ask you for information?

→ If no, what do you think prevented them from doing so?

Perceived education needs of family

Are there any education or information resources that would have helped you in coming out as transgender to your family? Do you feel you had enough information to give to them? Were there enough educational resources for you?

What do you wish your family had known that they know now? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies,

and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning.

Is there anything they still don't understand or are confused by? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies, and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning.

Closing remarks

If you had just one thing you wish your family and other families knew about transgender people, what would you want them to know? Do you have anything else you'd like to add?

If the participant is not 'out'...

Coming out

If not, what are some reasons?

→ Ask for each family member, e.g. brother, sister, mother, father, guardian, etc.

Did your family member's level of knowledge about transgender people affect your decision to not come out at all? Can you talk about the impact it may have had on your decision making?

→ Ask for each family member, e.g. brother, sister, mother, father, guardian, etc.

Perceived education needs of family

Are there any education or information resources that would have help you in coming out as transgender to your family? Do you feel you have enough information to give to your family? Are there enough educational resources for you?

Do you wish your family had more knowledge of people who are transgender and their issues? Could you provide specific examples? Ask about: definitions (e.g. gender identity, sexual orientation, diverse gender identities); transgender life experiences; family experiences, strategies, and resources; school; community; university; work; support services; legal and policy issues; medical care and transitioning.

Closing remarks

Do you think your family has learned anything positive going through the experience of having a transgender family member?

If you had just one thing you wish your family and other families knew about transgender people, what would you want them to know? Do you have anything else you'd like to add?

Appendix 8. Phase 1 Consultation: Survey – Invitation letter

Dear participant,

Thank you for considering contributing to the development of this important education programme. (**Family members:** In order to contribute your ideas, I will be asking you a few brief questions regarding your experience as a family member of a young person who is transgender. Please remember you should currently be, or have been in the past, a family member to a transgender young person (aged under 18 years). / **Trans young people:** In order to contribute your ideas, I will be asking you to comment on 3 questions regarding your experience as young person who is transgender in a family context.) These questions should take no more than 10 minutes. Please remember you do not have to participate if you do not wish. If you have any questions, please feel free to ask me at any time.

The more responses received, the better, as it helps me to make sure that the education programme includes the issues that are important to families and transgender young people. For this reason, I hope you will consider participating in this project.

Thank you in advance for your consideration.

Kind regards,

Danika

Danika Sharek, PhD Candidate

Trinity College Dublin

School of Nursing & Midwifery

24 D'Olier Street, Dublin 2

Phone: 087 218 7872 / Email: sharekd@tcd.ie

**** Please note the term 'transgender' has been used throughout this. It serves as an umbrella term to describe those whose gender identity and/or gender expression differs from the sex assigned to them at birth. It includes diverse identities, such as gender fluid, gender queer, gender non-binary, gender non-conforming, etc.***

Appendix 9. Phase 1 Consultation: Survey – Participant information leaflet

Family members

Who am I? My name is Danika Sharek. I am a researcher in the Trinity College Dublin School of Nursing & Midwifery. I am a trained social researcher and have worked on studies with LGBT people in the past, including the *Visible Lives* study and the *LGBTIreland* study. I identify as a cisgender female.

Why I am doing this project? I am doing this project because throughout the course of my research work, I noticed that some transgender people had a hard time explaining to others, including their family, about what it means to be transgender. I also observed that some transgender young people had challenges with getting support and acceptance from their family. Family members were often confused about what it meant to have a transgender family member and how they could support them. I also saw a lack of clear information for families of people who are transgender in Ireland. This lack of clear information could lead families to feel confused and overwhelmed. I explored this issue further and found a link in the research between information and family support and acceptance of transgender young people. My interest in the project is not just academic; I am driven by a desire to help others through my work.

What is this project? The aim of this project is to develop an online education programme for families of transgender young people (under 18 years) in Ireland. The project is being done with the involvement of TENI, BeLonG To, the TransParenCI support group, and families of transgender people. The programme will aim to be accessible and engaging, including short videos, photographs, personal stories, animations, and easy to read text. The programme will address areas that have been identified as important by the people involved. The project is funded by the Irish Research Council. The study has received ethical approval from the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin.

It is hoped that by providing clear and accessible information for Irish families, it will reduce distress in families. It will also help families to understand their transgender family member better and learn about how to best support them.

How can I get involved? As the programme is developed, I would be eager to have the parents and families of transgender young people in TransParenCI contribute their ideas and review it.

Will anyone know what I have said? Myself and the others in the support group will be the only people who may know what you have said about the project. I will not publish any identifying information about you or your family member. That includes names, locations, and other details. This is so you can feel safe and comfortable sharing your honest views on the education programme.

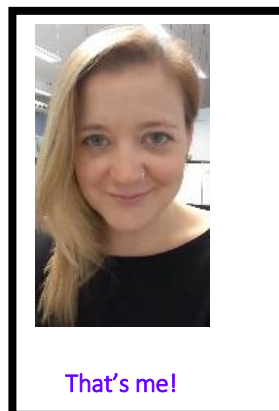
Do I have to help with this project? The short answer is: no! You do not have to give your feedback or participate in this project in anyway. It is completely up to you. Nothing negative will happen to you if you do not want to participate. However, I hope you will consider participating as it is important this education programme reflects what is important to you as the family member of a young transgender* person.

How can I find out more? If you have any questions about this project, please contact me at either sharekd@tcd.ie or 087 218 7872 or ask the facilitator in the group. I am happy to answer any questions you may have or to discuss the project in more detail.

****Please note the term 'transgender' has been used throughout this. It serves as an umbrella term to describe those whose gender identity and/or gender expression differs from the sex assigned to them at birth. It includes diverse identities, such as gender fluid, gender queer, gender non-binary, gender non-conforming, etc.***

Trans young people

Who am I? My name is Danika Sharek. I am a researcher in the Trinity College Dublin School of Nursing & Midwifery. I am a trained social researcher and have worked on studies with LGBT people in the past, including the *Visible Lives* study and the *LGBTIreland* study (you may have completed the survey or participated in the interviews for this study!). I identify as a cisgender female.



Why I am doing this project? I am doing this project because throughout the course of my research work, I noticed that some transgender people had a hard time explaining to others, including their family, about what it means to be transgender. I also observed that some transgender young people had challenges with getting support and acceptance from their family. Family members were often confused about what it meant to have a transgender family member and how they could support them. I also saw a lack of clear information for families of people who are transgender in Ireland. This lack of clear information could lead families to feel confused and overwhelmed. I explored this issue further and found a link in the research between information and family support and acceptance of transgender young people. My interest in the project is not just academic; I am driven by a desire to help others through my work.

What is this project? The aim of this project is to develop an online education programme for families of transgender young people (under 18 years) in Ireland. The project is being done with the involvement of TENI, BeLonG To, the TransParenCI support group, and families of transgender people. The programme will aim to be accessible and engaging, including short videos, photographs, personal stories, animations, and easy to read text. The programme will address areas that have been identified as important by the people involved. The project is funded by the Irish Research Council. The study has received ethical approval from the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin.

It is hoped that by providing clear and accessible information for Irish families, it will reduce distress in families. It will also help families to understand their transgender family member better and learn about how to best support them.

How can I get involved? As the programme is developed, I would be eager to have the young people in IndividualiTy and TransFormers contribute their ideas and to review it. The facilitator would be the one actually handing out a survey to you which asks you what you might want to add, what you think works and what you think doesn't work.

Will anyone know what I have said? No one will know what you have said about the project. You should not write your name on the survey. The facilitator will not pass on any identifying information about you to me – she will not tell

me your name or contact details or anything like that. This is so you can feel safe and comfortable sharing your honest views on the education programme.

Do I have to help with this project?

The short answer is: no! You do not have to give your feedback or participate in this project in anyway. It is completely up to you. Nothing negative will happen to you if you do not want to participate. However, I hope you will consider participating as it is important this education programme reflects what is important to you as a young transgender* person.

How can I find out more?

If you have any questions about this project, please ask me. You can reach me through email at sharekd@tcd.ie or by calling or texting 087 218 7872. I will be happy to answer any questions or to discuss any concerns you may have.

****Please note the term 'transgender' has been used throughout this. It serves as an umbrella term to describe those whose gender identity and/or gender expression differs from the sex assigned to them at birth. It includes diverse identities, such as gender fluid, gender queer, gender non-binary, gender non-conforming, etc.***

Appendix 10. Phase 1 Consultation: Survey – Survey instrument

Family members

Question 1. For everyone filling in this survey...

I am the _____ of a transgender person. **Please tick one response that best matches you.**

_____ Mother

_____ Father

_____ Guardian

_____ Brother

_____ Sister

_____ Other family member: Please write in: _____

Question 2. This questions is for family members who have found out or realised their family member was transgender **within the past 6 months.**

Please write down the **top three questions or concerns** you currently have relating to your transgender family member. These questions or concerns can be on any topic or issue. Do not worry if you do not have three. Just fill in as much or as little as you'd like.

Question 3. This question is for family members who have found out or realised their family member was transgender **more than 6 months ago.** Please think back to when you first found out or realised your family member was transgender. Consider how you were feeling, what you may have been thinking, and what you did. Now, please list the **top three questions or concerns** you had at the time. These questions or concerns can be on any topic or issue. Do not worry if you do not have three. Just fill in as much or as little as you'd like.

Question 4. This question is for family members who have found out or realised their family member was transgender more than 6 months ago. Please list the top three questions or concerns you currently have. These questions or concerns can be on any topic or issue. Do not worry if you do not have three. Just fill in as much or as little as you'd like.

Trans young people

Please do not write your own name or any other names, including those of your family members, on this survey.

Question 1. What is your age in years? _____

Question 2. How do you identify your gender? _____

Question 3. Please think back to when you first told your family or they realised you were transgender. Consider how you were feeling, what you may have been thinking, and what you did. Now, please list the top three questions or concerns you had at the time as relates to your family. You might think about what you wanted them to know about you as a transgender person. These questions or concerns can be on any topic or issue. Do not worry if you do not have three. Just fill in as much or as little as you'd like.

Appendix 11. Phase 1 Consultation: Feedback interviews with study partners

Update on progress

Phase 2 consultation and findings

Decision to proceed with an online education programme

Consultations with key people and reviewing key resources regarding e-learning

Consultation with web designer and website design ideas

Drafting of module outlines

Ongoing process of consultation and checking in

Key questions

Evaluative feedback

What do you think of the progress so far? Do you feel the project is going in the right direction? Could you talk about your response?

What do you think of the design ideas? Would you have any recommendations regarding design at this stage?

What do you think of the content ideas? Do you think anything is missing? Do you think anything included is unnecessary?

Would you have any concerns about the project at this stage?

Would you have any recommendations for the project and its development at this stage?

Are you satisfied that stakeholders, particularly families and their interests, are being included and respected?

Next steps

I know the last time we met, you said you would be interested in contributing in the development of the education programme. Would you still be happy to participate in the education programme development? If yes, what material might they be willing to contribute? E.g. video interview, audio recording, written materials, guidelines, etc.

Would you be interested and able to help me link in with some more families and transgender people as the project progresses to get ongoing feedback?

Additional topics

If your organisation is on board with the education programme to date:

1. Would your organisation allow their logo on the education programme?
2. Are there any options for funding the development of the resource?
3. Would your organisation consider housing the programme in their website in the future?

Closing remarks

Thank participant and ask if it is okay to contact them to follow-up and with any additional queries.

Appendix 12. Phase 2 Design and Development of the Education Programme: Design-evaluation – Invitation letter

Dear reviewer,

I am writing to you to invite you to participate in an evaluation of proposed materials for an education programme for families of people who are transgender in Ireland. I am currently doing a PhD study in Trinity College Dublin School of Nursing & Midwifery with the purpose of developing an education programme to support families of people are transgender. I am writing to you as you are: a person who works with transgender people and their families, a family member of a transgender person, or a transgender person. I am hoping you might consider participating in this study by participating in an evaluation.

With this letter, I am also included an information sheet about the evaluation. I hope you will read over this information sheet and consider participating in the evaluation.

Any questions?

I am happy to speak with you about any questions or concerns you might have. You can reach me at the phone number or email address below.

Thank you in advance for your consideration.

Kind regards,
Danika

Danika Sharek, PhD Candidate
Trinity College Dublin
School of Nursing & Midwifery
24 D'Olier Street
Dublin
Phone: 087 218 7872 / Email: sharekd@tcd.ie

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Appendix 13. Phase 2 Design and Development of the Education Programme: Design-evaluation – Participant information leaflet

TITLE OF STUDY: The design, delivery, and evaluation of an education programme for families of people who are transgender

WHAT IS THIS PROJECT? The aim of this project is to develop an online education programme for families of transgender young people (under 18 years) in Ireland. The project is being done with the involvement of TENI, BeLonG To, the TransParenCI support group, families of transgender people, and young transgender people themselves. The programme will aim to be accessible and engaging, including short videos, photographs, personal stories, animations, and easy to read text. The programme will address areas that have been identified as important by the people involved. The project is funded by the Irish Research Council. The study has received ethical approval from the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin. It is hoped that by providing clear and accessible information for Irish families, it will reduce distress in families. It will also help families to understand their transgender family member better and learn about how to best support them.

WHY I AM DOING THIS PROJECT? I am doing this project because throughout the course of my research work, I noticed that some transgender people had a hard time explaining to others, including their family, about what it means to be transgender. I also observed that some transgender young people had challenges with getting support and acceptance from their family. Family members were often confused about what it meant to have a transgender family member and how they could support them. I also saw a lack of clear information for families of people who are transgender in Ireland. This lack of clear information could lead families to feel confused and overwhelmed. I explored this issue further and found a link in the research between information and family support and acceptance of transgender young people. My interest in the project is not just academic; I am driven by a desire to help others through my work.

WHO AM I? My name is Danika Sharek. I am a researcher in the Trinity College Dublin School of Nursing & Midwifery. I am a trained social researcher and have worked on studies with LGBT people in the past, including the *Visible Lives* study and the *LGBTIreland* study. I identify as a cisgender female.

WHAT AM I ASKING YOU TO DO? As part of this study, I am inviting you to participate in an evaluation of a proposed education module content, also called a 'module specification'. A module specification is a table that details proposed content for an education programme. The document is typically between 5 to 10 pages and is stored as a Microsoft Word file. Taking part will involve completing an evaluation form. There are no right or wrong answers. My objective is to understand your views and opinions. You will be asked some open-ended questions, which you are free to answer in whatever way you choose. The evaluation will take approximately 20 minutes per module, depending upon the length of the module specification and how much time you spend on the evaluation. There is no set time limit for it, so you can talk as much or as little as you want to.

I am asking you to participate in this evaluation as you are a stakeholder for the education programme. Stakeholders include: transgender young people, families of transgender people, and professionals working with transgender people in Ireland.

BENEFITS: While there may be no direct benefit to you in participating in the evaluation, you may appreciate the opportunity to share your views in the hopes of helping other families of transgender people and transgender people themselves.

RISK: There are no foreseeable risks to you participating in this study. However, reviewing some of the materials might cause you some upset or discomfort. I am including a full list of local and national support services should you require any support after the evaluation.

EXCLUSION FROM PARTICIPATION: You cannot participate in this study if any of the following are true: you are 13 years of age or younger, you are not living in the Republic of Ireland, or you are not a part of any of the key stakeholder groups invited to participate (professionals working with transgender people, families of transgender people, transgender young people).

CONFIDENTIALITY: Your identity will remain confidential. Your name will not be published and will not be disclosed to anyone. Please do not write your name on the evaluation form. All hard copy forms with identifying information, including the informed consent form and interview transcript, will be kept in a locked storage cabinet that only I have access to. Any electronic data files, including email correspondence will be stored on a computer that is password protected and that only I have access to. This will be in accordance with the Data Protection (Amendment) Act 2003.

COMPENSATION: This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails your rights.

VOLUNTARY PARTICIPATION / STOPPING THE STUDY: If you decide to volunteer to participate in this study, you may withdraw at any time. If you decide not to participate, or if you withdraw, you will not be penalised and will not give up any benefits that you had before entering the study. You understand that I may withdraw your participation in the study at any time without your consent. You may also choose to not participate at any time with no penalty. Return of the evaluation form is taken as consent.

FURTHER INFORMATION: You can get more information or answers to your questions about the study, your participation in the study, and your rights, from me, Danika Sharek, who can be called at 087 218 7872 or emailed at sharekd@tcd.ie. If I learn of any important new information that might affect your desire to remain in the study, I will inform you at once.

Appendix 14. Phase 2 Design and Development of the Education Programme: Design-evaluation – Instructions for reviewers

Please read through the invitation letter and information sheet before proceeding.

If you are happy to participate in this evaluation, please review these instructions fully before beginning the evaluation process.

Please read through the full module specification. Feel free to take any notes, jot down any reactions, or write any questions/comments you may have upon reading the specification.

Complete the Evaluation Form. Feel free to add any of your comments from step 2 that were not asked about in the evaluation form. Remember the purpose of the evaluation form is to get your views and opinions – there are no right or wrong answers. Please respond to as many questions as you can, but don't worry if you don't have anything to say for a question.

Please review the Evaluation Form and ensure you have answered as many questions as you can.

If applicable, you should complete a new Evaluation Form for every module you are reviewing.

Return the Evaluation Form(s) to your contact person (via TENI or BeLonG To). You may also return the Evaluation Form directly to me, Danika Sharek, through email (sharekd@tcd.ie) or by post (Danika Sharek, Trinity College Dublin School of Nursing and Midwifery, 24 D'Olier Street, Dublin 2).

Thank you for participating in this evaluation!

Appendix 15. Phase 2 Design and Development of the Education Programme: Design-evaluation – Survey instrument

Educational specialists

Reviewer's instructions: Please read through the Reviewer's Instructions before completing this Evaluation Form. Please fill in the information below and respond to the questions below.

Module title: _____ **Date of review:** _____

1. LEARNING OUTCOMES. Do the **learning outcomes** give you a sense of what the learner can expect to know and be able to do having completed this module?

- _____ Yes
- _____ Somewhat
- _____ No
- _____ Not sure

Do you have suggestions for changes to the **learning outcomes**?

2. APPROPRIATENESS OF CONTENT. Given the learning outcomes specified for this module, do you think **the listed content is appropriate**?

- _____ Yes
- _____ Somewhat
- _____ No
- _____ Not sure

Do you have any suggestions for changes to **the content to make it more appropriate**?

3. ACTIVITY. Will **the activity** towards the end of the module help the learner achieve the learning outcomes?

- _____ Yes
- _____ Somewhat
- _____ No
- _____ Not sure

Do you have suggestions for changes to **the activity** to help the learner meet the learning outcomes?

4. ADDITIONAL COMMENTS. Please write in any additional comments or observations in the box below:

Thank you for taking the time to review this module and complete the evaluation form.

Professionals

Reviewer's instructions: Please read through the Reviewer's Instructions before completing this Evaluation Form. Please fill in the information below and respond to the questions below.

Module title: _____

Date of review: _____

1. LEARNING OUTCOMES. Do the **learning outcomes** give you a sense of what the learner can expect to know and be able to do having completed this module?

- Yes
 Somewhat
 No
 Not sure

Do you have suggestions for changes to the **learning outcomes**?

2. AMOUNT OF INFORMATION. Given the target group for this project (families of transgender young people), what do you think about the **amount of information** in this module?

- Too much information.
 About the right amount of information.
 Not enough information.

Given the target group, can you suggest **any information which might be deleted from or added** into this module?

3. RELEVANCE OF INFORMATION. Given the learning outcomes specified for this module and the target group, do you think the **information is relevant**?

- Yes
 Somewhat
 No
 Not sure

Can you suggest ways of making the **information in this module more relevant**?

4. LEVEL OF INFORMATION. Given the learning outcomes for this module, is the **level of information appropriate for families of people who are transgender?**

- The level of information is too basic.
- The level of information is about right.
- The level of information is too complex.

Can you suggest ways in which the **level of information could be made more appropriate?**

5. THE FACTS.

Is the **information factually correct?**

- Yes
- Somewhat
- No
- Not sure

Is the **information up-to-date?**

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to **the information to make it factually correct or more up-to-date?**

6. TONE. Do you think the information is **presented in a tone that is positive and supportive** of families of people who are transgender?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to the **tone of the information to make it more positive and supportive of families of people who are transgender?**

7. IMAGES AND VIDEOS. Are the suggestions/examples for images and videos useful for families of people who are transgender?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to the **suggestions/examples for images and videos to make them more useful**?

8. PRESENTERS. Are the suggestions of presenters in the videos useful for families of people who are transgender?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to the **presenters to make them more useful**?

9. ACTIVITY. Will the activity towards the end of the module help the learner achieve the learning outcomes?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to **the activity** to help the learner achieve the learning outcomes?

10. FURTHER RESOURCES.

Are enough further resources listed?

- Yes
- No
- Not sure

Are the further resources relevant for families of people who are transgender?

- Yes
- Somewhat
- No
- Not sure

Are the **further resources up-to-date?**

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to or additional **further resources?**

11. ADDITIONAL COMMENTS. Please write in **any additional comments or observations** in the box below:

Thank you for taking the time to review this module and complete the evaluation form.

Family members

Reviewer's instructions: Please read through the Reviewer's Instructions before completing this Evaluation Form. Please fill in the information below and respond to the questions below.

Module title: _____

Date of review: _____

1. LEARNING OUTCOMES. Learning outcomes are statements about what a learner can expect to know or do having completed the module. Do the **learning outcomes** give you a good sense of what you actually learned (or would learn) from doing this module?

- _____ Yes
- _____ Somewhat
- _____ No
- _____ Not sure

Can you suggest changes **to the learning outcomes that might make them clearer for you?**

2. AMOUNT OF INFORMATION. What do you think about the **amount of information** in this module?

- _____ Too much information.
- _____ About the right amount of information.
- _____ Not enough information.

Do you have any suggestions for changes **for adding or deleting information** in this module?

3. USEFULNESS OF INFORMATION. Is the **information in this module useful** to you?

- _____ Yes
- _____ Somewhat
- _____ No
- _____ Not sure

Do you have suggestions for making **the information in this module more useful for you?**

4. LEVEL OF INFORMATION. Is the level of information appropriate for you?

- The level of information is too basic.
- The level of information is about right.
- The level of information is too complex.

Can you identify information in this module which is **either too basic or too complex?**

5. YOUR CONCERNS. How well does the information provided in this module reflect your concerns as a family member of a person who is transgender?

- It addresses my concerns completely.
- It addresses some of my concerns.
- It addresses very few of my concerns.
- Not sure

Do you have suggestions for changes to **the information to make it reflect your concerns?**

6. YOUR EXPERIENCES. How well does the information in this module reflect your experiences as a family member of a person who is transgender?

- It reflects my experiences very well.
- It reflects some of my experiences.
- It reflects very few of my experiences.
- Not sure

Do you have suggestions for changes to **the information to make it reflect your experiences?**

7. STRUCTURE AND ORDER. Is the information in this module organised and sequenced in a way that makes it easy to follow?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for **reorganising the information to make it easier to follow?**

8. TONE. Do you think the information in this module is presented in a **tone that is positive and supportive** of families of people who are transgender?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for **improving the tone of this module to make it more positive and supportive** of families of people who are transgender?

9. IMAGES AND VIDEOS. From the descriptions you have read, do you think **the images and videos** which will be incorporated into this module will help your learning?

- Yes
- Somewhat
- No
- Not sure

Can you suggest ways of making the **images and videos in this module more useful**?

10. PRESENTERS. Do you think the **suggested presenters in the video** will help your learning?

- Yes
- Somewhat
- No
- Not sure

Do you have any suggestions for **making the presenters more helpful or relevant**?

11. INTERESTING. Does the **information presented in this module (including videos and images) seem interesting/engaging**?

- Yes
- Somewhat
- No
- Not sure

Can you suggest ways of making the **information more interesting/engaging**?

12. ACTIVITY. Do you think **the activity** towards the end of the module would help you to apply the information provided throughout the module?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to **the activity** to help you apply the information in the module?

13. FURTHER RESOURCES.

Are the **number of further resources listed at the end of the module adequate for your needs?**

- Yes
- Somewhat
- No
- Not sure

Do you think the **further resources are likely to be useful** to you in the future?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for additional **further resources**?

14. ADDITIONAL COMMENTS. Please write in **any additional comments or observations** in the box below:

Thank you for taking the time to review this module and complete the evaluation form.

Trans young people

Reviewer's instructions: Please read through the Reviewer's Instructions before completing this Evaluation Form. Please fill in the information below and respond to the questions below.

Module title: _____

Date of review: _____

1. YOUR CONCERNS. Does the information in this module **reflect your concerns** as a transgender young person as regards your family?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes or additions to the information to make it **reflect your concerns**?

2. YOUR EXPERIENCES. Does the information provided in this module reflect **your experiences** as a transgender young person as regards your family?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes or additions to the information to make it reflect **your experiences**?

3. TONE. Do you think the information is **presented in a tone that is positive and supportive** of families of people who are transgender?

- Yes
- Somewhat
- No
- Not sure

Do you have suggestions for changes to the **tone of the information to make it more positive and supportive of families of people who are transgender**?

4. ADDITIONAL COMMENTS. Please write in any additional comments or observations in the box below:

Thank you for taking the time to review this module and complete the evaluation form.

Appendix 16. Phase 3 Evaluation of the Education Programme: Survey – Invitation letter

Dear participant,

I am writing to invite you to participate in a research study. As you may be aware, I am undertaking a PhD study in Trinity College Dublin School of Nursing & Midwifery. One of the study's objectives is to develop an education programme to support families of people who are transgender. I am asking you to participate in this online education programme for families of transgender young people in the Republic of Ireland. This programme has been developed with the support of Transgender Equality Network Ireland (TENI), BeLonG To Youth Services, families of transgender young people, and transgender young people themselves. You will also be invited to complete three brief anonymous surveys over three months related to the education programme. Each survey takes approximately 10-20 minutes to complete. All of the data obtained from surveys will be confidential and not shared with anyone.

This education programme is designed to support families of transgender young people in the Republic of Ireland. Your responses will be invaluable in its development and I hope you will consider supporting this study.

Thank you in advance for your consideration.

Kind regards,

Danika

Danika Sharek, PhD Candidate
Trinity College Dublin
School of Nursing & Midwifery
24 D'Olier Street, Dublin 2
Phone: 087 218 7872 / Email: sharekd@tcd.ie

Appendix 17. Phase 3 Evaluation of the Education Programme: Survey – Participant information leaflet

TITLE OF STUDY: The design, delivery, and evaluation of an education programme for families of people who are transgender

INTRODUCTION: Research has shown that education and information for families of transgender people can have a positive impact on the family and the transgender family member. Within Ireland, however, there is a lack of ongoing information and education support for these families. For this reason, I have designed an education programme for family members of people who are transgender. This programme has been developed with the support of Transgender Equality Network Ireland (TENI), BeLonG To Youth Services, families of transgender young people, and transgender young people themselves.

This is part of my PhD study at Trinity College Dublin (TCD) School of Nursing & Midwifery, under the supervision of Dr Edward McCann and Sylvia Huntley-Moore, and funded by the Irish Research Council.

PROCEDURES: I am asking you to participate in this study as you are a family member of a transgender young person who has indicated you are interested in participating. Taking part will involve: 1. completing an online education programme and 2. participating in three surveys to related to the education programme.

The online education programme includes modules, or learning units, on 8 topics related to transgender young people and their families: gender identity basics; family basics; life stage issues; social transitioning; health and wellbeing; schools and other educational settings; legal and administrative issues; and the future. Each module includes a combination of written text, videos, stories, and activities. It may take between 15 and 30 minutes to complete each module. You will be invited to complete the education programme over a three-week time period. You can spend as much or as little time on it as you like, but I hope you will complete all 8 modules.

The surveys will ask a series of questions on different topics related to the education programme. It may take approximately 10 to 20 minutes to complete the survey, but this varies person to person. There are no right or wrong answers. I will be asking you to complete the survey at three time points: 1. Before you participate in the education programme; 2. After you complete the education programme; and 3. Three-months after you complete the education programme. Just because you participate in one survey, does not mean you are required to participate in the others. If you wish to obtain a hard copy of the survey, please contact me at sharekd@tcd.ie or 087 218 7872.

BENEFITS: It is hoped that you find the online education programme useful and information. While there may be no direct benefit to you in participating in the surveys, you may appreciate the opportunity to help further develop and improve the education programme.

RISK: There are no foreseeable risks to you participating in this study. I am

including a full list of local and national support services should you require any support after participation.

EXCLUSION FROM PARTICIPATION: You cannot participate in this study if any of the following are true: you are not a family member of a person who is transgender who participated in the education programme.

CONFIDENTIALITY: You are asked to provide your email address. This email address will not be shared with anyone. I am requesting your email address for two reasons. The first is so that I can send you a follow-up survey after you complete the survey and in 3-months' time. The second is so that I can link your survey responses across the three time points (pre-education programme, post-education programme, and at 3-months follow-up) should you agree to participate in all three surveys. Your email address will not be used to identify you in any published materials or reports, but is only used to measure any changes in your responses across all three surveys. I will assign you a survey code, in place of your email address, that I will be using to link your surveys. All hard copy forms will be kept in a locked storage cabinet in my office that only I have access to. Any electronic data files, including email correspondence will be stored on a computer that is password protected and that only I have access to. This will be in accordance with the Data Protection (Amendment) Act 2003.

COMPENSATION: This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails your rights.

VOLUNTARY PARTICIPATION: If you decide to volunteer to participate in this study, you may withdraw at any time. If you decide not to participate, or if you withdraw, you will not be penalised and will not give up any benefits that you had before entering the study. Even if you decide to complete one survey, this does not mean you are required to complete the others.

STOPPING THE STUDY: You understand that I may withdraw your participation in the study at any time without your consent. You may also choose not to participate at any time with no penalty.

PERMISSION: The study has received ethical approval from the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin.

FURTHER INFORMATION: You can get more information or answers to your questions about the study, your participation in the study, and your rights, from me, Danika Sharek, who can be called at 087 218 7872 or emailed at sharekd@tcd.ie. If I learn of any important new information that might affect your desire to remain in the study, I will inform you at once.

TO PARTICIPATE: You can participate in this survey if you are: 18+ years of age; a family member of a transgender young person (17 years of age or younger); and living in the Republic of Ireland. If you decide to participate in the survey, please click 'next' to begin the survey.

Appendix 18. Phase 3 Evaluation of the Education Programme: Survey – Survey instrument

Introduction

Thank you for considering participating in this anonymous survey. The purpose of this survey is to obtain baseline information on a number of areas. The information will be used to later determine if the education programme has had any impact on these areas. Please read the brief instructions below before starting:

Please note that we will be using the terms ‘trans’ or ‘transgender’ throughout this survey to represent all children and young people who identify as a sex other than the sex assigned to them at birth. This includes diverse identities, including those who may identify as gender variant, gender non-conforming, gender non-binary or transgender.

This survey is divided into 6 sections:

1. Section 1: Information about you
2. Section 2: Self-rated knowledge on transgender topics
3. Section 3: Statements on self-reflection and personal insight
4. Section 4: Statements on family communication and problem-solving
5. Section 5: Statements on individual problem-solving
6. Section 6: Statements on gender identity

This survey takes between 10-20 minutes to complete.

This survey does not ask you any personal details.

Please answer as many questions as you can as your responses are very important for the development of the education programme.

Please remember there are no right or wrong answers.

Section 1. Information about you

1. Email address. Please enter your email address below. This email address **will not be shared with anyone**. I am requesting your email address for two reasons. The first is so that I can send you a follow-up survey after you complete the survey and again in 3-months' time. The second is so that I can link your survey responses across the three time points (pre-education programme, post-education programme, and at 3-months follow-up). Your email address **will not** be used to identify you in any published materials or reports, but is only used to measure changes across your own surveys. I will assign you a survey code, in place of your email address, that I will be using to link your surveys.

2. Please enter your **email address** below: _____

3. I am the _____ of a transgender person. Please tick one response only.

_____ Mother

_____ Father

_____ Guardian

_____ Brother

_____ Sister

_____ Other, please write in: _____

4. What is the **year of birth of your transgender family member**? _____

5. What is the **current gender identity of your transgender family member**?

_____ Transgender male

_____ Transgender female

_____ Male

_____ Female

_____ Non-binary

_____ Other, please describe: _____

6. How **long ago did you learn that your family member is transgender?**

_____ Within the past 3 months

_____ 3-6 months ago

_____ 7 to 12 months ago

_____ Over 12 months ago

_____ Other, please describe: _____

Section 2. Self-rated knowledge on transgender topics

In this section, I am asking you to rate your knowledge on various topics related to gender identity, sexual orientation and transgender people. This is to determine if the education programme has any impact on these areas. Please rate your knowledge on the topics below from 1 'not at all knowledgeable' to 5 'very knowledgeable'. Please choose only one response per line. Please remember there are no right or wrong answers.

	Not at all knowledgeable	Not very knowledgeable	Somewhat knowledgeable	Quite knowledgeable	Very knowledgeable
Terminology related to gender identity	1	2	3	4	5
The differences between gender identity and sexual orientation	1	2	3	4	5
The percentage of transgender people in the Irish population	1	2	3	4	5
Language related to transgender people	1	2	3	4	5
The impact of family behaviours on a transgender family member	1	2	3	4	5
Issues related to the specific life stage of trans children and young people (e.g. child-specific and adolescent-specific issues)	1	2	3	4	5
Social issues for trans children and young people	1	2	3	4	5
Physical health issues for trans children and young people	1	2	3	4	5
Mental health issues for trans children and young people	1	2	3	4	5

	Not at all knowledgeable	Not very knowledgeable	Somewhat knowledgeable	Quite knowledgeable	Very knowledgeable
How to access the health care system for trans children and young people in the Republic of Ireland	1	2	3	4	5
Educational issues for trans children and young people in the Republic of Ireland	1	2	3	4	5
Legal issues related to trans children and young people in the Republic of Ireland	1	2	3	4	5
How to access additional information in relation to transgender issues	1	2	3	4	5
How to access supports in relation to having a transgender family member	1	2	3	4	5

Section 3. Statements on self-reflection and personal insight

In this section, I am asking you about your experiences of self-reflection and personal insight. I am hoping to learn whether the education programme has any impact on self-reflection and personal insight *in relation to having a trans family member*. For the purposes of this section: Reflection is “the inspection and evaluation of one’s thoughts, feelings and behaviour” and insight is “the clarity of understanding of one’s thoughts, feelings and behaviour” (Grant et al. 2002, p. 821). Please rate your level of agreement with the statements below from 1 ‘strongly disagree’ to 6 ‘strongly agree’. Please choose only one response per line.

Statement	Strongly disagree					Strongly agree
I don’t often think about my thoughts.	1	2	3	4	5	6
I am not really interested in analysing my behaviour.	1	2	3	4	5	6
I am usually aware of my thoughts.	1	2	3	4	5	6
I am often confused about the way that I really feel about things.	1	2	3	4	5	6

Statement	Strongly disagree					Strongly agree
It is important for me to evaluate the things that I do.	1	2	3	4	5	6
I usually have a very clear idea about why I have behaved in a certain way.	1	2	3	4	5	6
I am very interested in examining what I think about.	1	2	3	4	5	6
I rarely spend time in self-reflection.	1	2	3	4	5	6
I'm often aware that I am having a feeling, but I often don't quite know what it is.	1	2	3	4	5	6
I frequently examine my feelings.	1	2	3	4	5	6
My behaviour often puzzles me.	1	2	3	4	5	6
It is important for me to try to understand what my feelings mean.	1	2	3	4	5	6
I don't really think about why I behave in the way that I do.	1	2	3	4	5	6
Thinking about my thoughts make me more confused.	1	2	3	4	5	6
I have a definite need to understand the way my mind work.	1	2	3	4	5	6
I frequently take time to reflect on my thoughts.	1	2	3	4	5	6
Often I find it difficult to make sense of the way I feel about things.	1	2	3	4	5	6
It is important to me to be able to understand how my thoughts arise.	1	2	3	4	5	6
I often think about the way I feel about things.	1	2	3	4	5	6
I usually know why I feel the way I do.	1	2	3	4	5	6

Citation: Grant A.M., Franklin J. & Langford P. (2002) The Self-Reflection and Insight Scale: A new measure of private self-consciousness. *Social Behavior and Personality* **30**(8), 821-836.

Section 4. Statements on family communication and problem-solving

In this section, I am asking you about your family communication and problem-solving. I am hoping to learn whether the education programme has any impact on family communication and problem-solving *in relation to having a trans family member*. Please rate your level of agreement with the statements below from 1 'strongly disagree' to 4 'strongly agree' as relates to your family. Please choose only one response per line.

Statement	Strongly disagree			Strongly agree
When someone is upset the others know why.	1	2	3	4
You can't tell how a person is feeling from what they are saying.	1	2	3	4
People come right out and say things instead of hinting at them.	1	2	3	4
We are frank with each other.	1	2	3	4
We don't talk to each other when we are angry.	1	2	3	4
When we don't like what someone has done, we tell them.	1	2	3	4
We usually act on our decisions regarding problems.	1	2	3	4
After our family tries to solve a problem, we usually discuss whether it worked or not.	1	2	3	4
We resolve most emotional upsets that come up.	1	2	3	4
We confront problems involving feelings.	1	2	3	4
We try to think of different ways to solve problems.	1	2	3	4

Citation: Epstein N.B., Baldwin L.M. & Bishop D.S. (1983) The McMaster Family Assessment Device. Journal of Marital and Family Therapy 9(2), 171-180.

Section 5. Statements on individual problem-solving

In this section, I am asking you about individual problem-solving. I am hoping to learn whether the education programme has any impact in the area of individual problem-solving *in relation to having a trans family member*. Please rate your how true each of the statements is below from 1 'not at all true', 2 'hardly true', 3 'moderately true', and 4 'exactly true' as relates to you as an individual. Please choose only one response per line.

Statement	Not at all true	Hardly true	Moderately true	Exactly true
I can always manage to solve difficult problems if I try hard enough.	1	2	3	4
If someone opposes me, I can find the means and ways to get what I want.	1	2	3	4
It is easy for me to stick to my aims and accomplish my goals.	1	2	3	4
I am confident that I could deal efficiently with unexpected events.	1	2	3	4
Thanks to my resourcefulness, I know how to handle unforeseen situations.	1	2	3	4
I can solve most problems if I invest the necessary effort.	1	2	3	4
I can remain calm when facing difficulties because I can rely on my coping abilities.	1	2	3	4
When I am confronted with a problem, I can usually find several solutions.	1	2	3	4
If I am in trouble, I can usually think of a solution.	1	2	3	4
I can usually handle whatever comes my way.	1	2	3	4

Citation: Schwarzer R. & Jerusalem M. (1995) Generalized Self-Efficacy scale. In *Measures in Health Psychology: A User's Portfolio*, Nfer-Nelson, Windsor, UK, pp. 35-37.

Section 6. Statements on gender identity

In this section, I am asking you about your level of agreement or disagreement with a series of statements about gender and gender identity. I am hoping to learn whether the education programme has any impact in this area. For the purpose of this section, 'gender identity' refers to a person's deeply-felt identification as male, female, or some other gender. This may or may not correspond to the sex they were assigned at birth. Please remember there are no right or wrong answers. Please rate your level of agreement with the statements below from 1 'strongly disagree' to 5 'strongly agree'. Please choose only one response per line.

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
A person's gender identity may be fluid; that is, it may change.					
An individual's gender identity is solely determined by cultural factors.					
Gender presentations/expressions can vary across cultures.					
An individual's gender identity is based on a number of complex factors.					
Gender variations are disorders.					
People are either male or female; there are no other gender identities.					
An individual's gender identity is solely determined by biological factors.					
Gender presentations/expressions are the same across all cultures.					
A person's gender identity is fixed; that is, it does not change.					
An individual's gender identity is solely determined by socialisation.					
Gender variations are not disorders.					
If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child.					

Citation: Adapted from Hidalgo M.A., Ehrensaft D., Tishelman A.C., Clark L.F., Garofalo R., Rosenthal S.M., Spack N.P. & Olson J. (2013) The Gender Affirmative Model: What we know and what we aim to learn. *Human Development* **56**(5), 285-290.

Appendix 19. Phase 3 Evaluation of the Education Programme: Interviews – Invitation letter

Dear participant,

I am writing to you to see if you are interested in participating in an evaluation interview about the education programme you participated in for family members of people who are transgender. As you might recall, I am currently doing a PhD study in Trinity College Dublin School of Nursing & Midwifery with the purpose of evaluating an education programme to support families of people who are transgender. I am hoping you might consider participating in this interview. On the next page, I have included an information sheet about the interview. I hope you will read over this information sheet and consider participating in the interview.

How to take part?

If you decide to participate in the interview, please email or call me and we will arrange the interview at a time and a place that is convenient for you.

Any questions?

I am happy to speak with you about any questions or concerns you might have. You can reach me at the phone number or email address below.

Thank you in advance for your consideration.

Kind regards,
Danika

Danika Sharek, PhD Candidate
Trinity College Dublin
School of Nursing & Midwifery
24 D'Olier Street
Dublin 2
Phone: 087 218 7872
Email: sharekd@tcd.ie

Appendix 20. Phase 3 Evaluation of the Education Programme: Interviews – Participant information leaflet

TITLE OF STUDY: The design, delivery, and evaluation of an education programme for families of people who are transgender

INTRODUCTION: Education has been shown to have an impact on a family's ability to support a transgender youth; however, there is little research about the education needs of families of transgender young people in the Republic of Ireland. Therefore, this study aims to explore the education needs of families of transgender young people in the Republic of Ireland. As part of this study, I have developed an online education programme for family members of people who are transgender. This is part of a PhD project at Trinity College Dublin (TCD) School of Nursing & Midwifery.

As part of this study, I am also conducting an evaluation of the education programme. I am inviting you to participate in an interview with me. The interview will be about your experiences of the education programme. The interview will last approximately 15 to 30 minutes, but there is no set time limit for it, so you can talk as much or as little as you want to.

PROCEDURES: I am asking you to participate in this interview as you participated in the education programme. Taking part will involve participating in a one-to-one interview to explore your experiences of the programme. The interview can be done over the phone or in-person at a location that is convenient. The length of the interview is determined by you, although it will usually last between 15 and 30 minutes, and you can finish at any time. There are no right or wrong answers. My objective is to hear your views, opinions, and experiences. You will be asked some open-ended questions, which you are free to answer in whatever way you choose. If you agree to be interviewed, I would like to record the interview, so I can listen to it afterward, to ensure that I represent your views as completely as possible. I will then transcribe the recorded interview. You may have a copy of this transcription if you wish.

BENEFITS: While there may be no direct benefit to you in participating in the interview, you may appreciate the opportunity to share your experiences of the education programme. It is also hoped to incorporate feedback into any future roll out of the education programme.

RISK: There are no foreseeable risks to you participating in this study. However, speaking about your experiences within the education programme might cause you some upset or discomfort. I am including a full list of local and national support services should you require any support after the interview.

EXCLUSION FROM PARTICIPATION: You cannot participate in this study if any of the following are true: you are **not** a family member of a person who is transgender who participated in the education programme.

CONFIDENTIALITY: Your identity will remain confidential. Your name will not be published and will not be disclosed to anyone. You will be given a code and

pseudonym. A pseudonym is a fake name that will be used. All hard copy forms with identifying information, including the informed consent form and interview transcript, will be kept in a locked storage cabinet in the researcher's office that only the researcher has access to. Any electronic data files, including email correspondence will be stored on a computer that is password protected and that only the researcher has access to. This will be in accordance with the Data Protection (Amendment) Act 2003.

COMPENSATION: This study is covered by standard institutional indemnity insurance. Nothing in this document restricts or curtails your rights.

VOLUNTARY PARTICIPATION: If you decide to volunteer to participate in this study, you may withdraw at any time. If you decide not to participate, or if you withdraw, you will not be penalised and will not give up any benefits that you had before entering the study.

STOPPING THE STUDY: You understand that I may withdraw your participation in the study at any time without your consent. You may also choose to not participate at any time with no penalty.

PERMISSION: The study has received ethical approval from the Faculty of Health Sciences Research Ethics Committee in Trinity College Dublin.

FURTHER INFORMATION: You can get more information or answers to your questions about the study, your participation in the study, and your rights, from me, Danika Sharek, who can be called at 087 218 7872 or emailed at sharekd@tcd.ie. If I learn of any important new information that might affect your desire to remain in the study, I will inform you at once.

Appendix 21. Phase 3 Evaluation of the Education Programme: Interviews – Informed consent form

PROJECT TITLE: The design, delivery, and evaluation of an education programme for families of people who are transgender

PRINCIPAL INVESTIGATOR: Danika Sharek (087 218 7872 / sharekd@tcd.ie)

BACKGROUND: I have designed an online education programme for family members of people who are transgender. This is part of a PhD study at Trinity College Dublin (TCD) School of Nursing & Midwifery. You have agreed to participate in the education programme. As part of this study, I am also conducting an evaluation of the education programme. I am inviting you to participate in an interview with me. The interview will be about your experiences of the programme. There is no set time limit for the interview, so you can talk as much or as little as you want to. It is anticipated that most interviews will last between 15 to 30 minutes. The interview will be conducted either over the phone or in-person. With your permission, it will also be audio recorded. I will then transcribe the audio recording verbatim.

DECLARATION:

- I have read, or had read to me, the information leaflet for this project and I understand the contents.
- I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.
- I freely and voluntarily agree to be part of this research study, though without prejudice to my legal and ethical rights.
- I understand that I may withdraw from the study at any time and I have received a copy of this agreement.

PARTICIPANT'S NAME:

PARTICIPANT'S SIGNATURE:

CONTACT DETAILS: **Date:**

Statement of investigator's responsibility: I have explained the nature and purpose of this research study, the procedures to be undertaken and any risks that may be involved. I have offered to answer any questions and fully answered such questions. I believe that the participant understands my explanation and has freely given informed consent.

INVESTIGATOR'S SIGNATURE:..... **Date:**.....

Appendix 22. Phase 3 Evaluation of the Education Programme: Interviews – Interview guide

Introduction

Thank you for joining me for this interview. As you know, I am interviewing you because you participated in GenderEd.ie. I am in the process of evaluating the programme and as part of this evaluation, I am going to speak to you and other people who participated in the programme about their experiences and reflections on the programme.

Welcome participant to interview and introduce myself.

Explain purpose of interview: to discuss experiences and views of GenderEd.ie
Review information sheet and informed consent form. Answer any questions. Sign informed consent form. Or obtain oral consent with participant stating name and agreement to participate on audio recorder.

Review interview process, interview guide, and note taking.

Introduction question

What drew your interest to GenderEd.ie?

Key topics and questions

Accessibility and usability

How did you find using GenderEd? Was it easy to use? Were there any aspects that were hard to use?

Website design

How did you find the website design itself?

Content

How did you find the videos? The stories?

Was the written information and text easy to understand?

What did you think of the amount of information in each module? In the overall programme?

Tone

How did you find the tone of the website?

Knowledge and skills

What did you learn that was new? What was the least useful thing covered in the course? What was the most useful thing?

Which of the modules felt most relevant to you? Which felt least relevant?

What skills did you learn as a result of the programme? Could you provide specific examples?

Applicability

What things that you learned during the programme can you apply to your everyday life? Could you provide specific examples?

Activities

How did you find the activities in the education programme?

Accessing support

Do you feel you know how to access help and support for 1. yourself? 2. your trans family member? and 3. your family as a whole?

How did the programme affect the way in which you would access support?

Do you feel you have enough educational supports and information?

Attitudes and values

In what ways did the programme impact on how you thought about gender identity and trans issues? Could you provide specific examples?

Recommendations for changes

What topics related to trans people do you still want to know more about?

What would you change anything in the programme? What would you keep or leave the same?

What recommendations do you have for improving the education programme?

Would you recommend other families with a transgender family member to do this education programme? Can you please explain your response?

Closing Remarks

Do you have anything else you'd like to add?

Complete the participant demographic form.

Ending the interview

Thank the participant for sharing about their experience and their views.

Offer to send the participant a copy of the transcript of their interview.

Let them know they can follow-up with anything that may come to them later about their experience or anything they forgot to say or want to add.

Appendix 23. Ethical approval letter from the Trinity College Dublin Faculty of Health Sciences Research Ethics Committee (sample)



Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Danika Sharek
School of Nursing & Midwifery
University of Dublin, Trinity College
24 D'Olier Street
Dublin 2

Ref: 150301

Title Of Study: The design, delivery, and evaluation of an education programme for families of people who are transgender

Dear Danika

Further to a meeting of the Faculty of Health Sciences Ethics Committee held in June 2015, we are pleased to inform you that the above project has been approved.

Yours sincerely,

A handwritten signature in black ink that reads "Dr. Ruth Pilkington".

Dr. Ruth Pilkington
Chairperson
Faculty Research Ethics Committee

Appendix 24. List of support services

Healthcare providers: For an up-to-date list of healthcare providers in your area, please visit: <http://www.teni.ie/healthcare.aspx>

Parent, family, and peer support: TransParenCI is a peer support group for parents and family members of trans people. Transformers is a peer support group for trans young people whose parents attend TransParenCI.

TransParenCI & TransFormers (Dublin): Contact TENI at (01) 873 3575, transparencigroup@gmail.com

TransParenCI (Limerick): Contact GOSHH on (061) 314 354 or TENI on (01) 873 3575, transparencigroup@gmail.com

TransParenCI & TransFormers (Waterford): Contact TENI at (01) 873 3575, transparencigroup@gmail.com

Tusla is the Child and Family Agency of Ireland. It offers family and child support. To find a local area office near you, please visit their website:

Tusla, Child and Family Agency, www.tusla.ie

Tusla Family Resource Centres, <http://www.tusla.ie/services/family-community-support/family-resource-centres/find-family-resource-centre>

Other parent and family transgender support groups:

LOOK (Loving Our Out Kids): <http://www.lovingouroutkids.org/>, 087 253 7699, 13 Parliament Street, Dublin 2

Ennis LGBT Parent Support Group: Contact Rainbow at the Red Ribbon Project for further information - 061 310 101

Galway Area ShOUT!: Contact Anne-Marie at 087 773 8529

Shannon Area: Contact Regine or Adele at 061 707 600

Cork area: Contact Ber at 087 790 2230

Transgender-specific peer support groups:

Contact TENI (Transgender Equality Network Ireland) for the most up-to-date information: 01 873 3575, www.teni.ie

National: Turn2Me Online Support: turn2me.org/group-support

National: Irish Trans Girls: irishtransgirls@gmail.com, www.irishtransgirls.weebly.com

National: Trans Guys Ireland: www.facebook.com/tg.eireann

National: Irish Trans Student Alliance: transtraining.itsa@gmail.com, www.facebook.com/ITSA.Irishtransstudentalliance

Cork: Cork Transgender Peer Support Group: 087 204 6748, www.facebook.com/corktransgroup

Dublin Trans Peer Support Group: 01 873 4932, tpsgdublin@gmail.com, www.facebook.com/transpeersupportdublin

Dublin: Gemini Club: 087 762 1869, www.facebook.com/Gemini-Transvestite-and-TS-support-club-224238177594055

Dublin: IndividualiTy (14-23 year olds trans peer-support youth-group): BeLonG To, 01 670 6223, info@belongto.org

Limerick: Limerick Transgender Peer Support Group: GOSHH, 061 314 354

Tipperary: Clonmel Transgender and Information and Support Group: (052) 612 9143, crcuser@clonmelcra.ie

Waterford: Transgender South East: 087 204 6748

Waterford: Gender Blender: 086-6018961, chillout@wstcys.ie, www.facebook.com/GenderBlenderWaterford

Wicklow: Trans Greystones: transgreystones@gmail.com

Support for young people

Jigsaw offers free, confidential mental health supports for people 12-25 years of age. Jigsaw, www.jigsaw.ie

Support for LGBT young people

Nationwide: BeLonG To Youth Services: 01 670 6233, info@belongto.org, www.belongto.org

Carlow: My Unique Individuality: 085 272 2379 or (059) 9133714, leannecrys@yahoo.ie

Cork: UP Cork: 021 4300 430 or 086 044 3745, unitegayyouthcork@gmail.com

Donegal: BreakOUT: 086 124 7968 / 074 912 9630, lgbt@donegalyouhservice.ie

Dublin: Tallaght LGBT Group (14-18 year olds): 086 3884991, jean.lowry@foroige.ie

Dublin: LGBT Over 18s Group (a group in BeLonG To): 01 670 6223, info@belongto.org

Dublin: The LadyBirds (LBT women ages 14-23 in BeLonG To): 01 670 6223, info@belongto.org

Dublin: IndividualiTY (a transgender young people's support group in BeLonG To): 01 670 6223, info@belongto.org

Galway: ShOUT: Galway 087 773 8529, shout@youthworkgalway.ie

Kerry: LGBT Youth Group: 066 712 1674

Kildare: KLGBT: 045 897 893, klgbt@kys.ie

Kilkenny: Open Door Youth Group: (056) 7761200, pbookle@ossoryyouth.com

Limerick: Trans Youth Group: Tel: 061314354 /Text: 087 4447368, youth@goshh.ie

Limerick: LGBT+ Youth Group: 061 314354, youth@goshh.ie

Louth: AIM Young Adults Group: 086 162 5030, youth@outcomers.org

Louth: AIM Youth Group: 086 162 5030, youth@outcomers.org

Mayo: SWAG Mayo: 086 3862094 / 087 6610650

Sligo: SMILY LGBT: 089 4820330, smilyyouthlgbt@gmail.com

Tipperary: OUTstanding Tipperary: 087-9100727, zoe.gogarty@trys.ie

Waterford: ChillOUT: 051 309364 (Office) / 086 021 8941, chillout@wstcys.ie

Wexford: LGBT Youth Support: 053 912 3262, david.clark@fdys.ie

Wicklow: Arklow LGBT Support Group: 040 239 646

Wicklow: Bray LGBT Youth & Friends: 085 145 8782, braylgbtyouth@gmail.com

Help-lines:

24-Hour Support

Samaritans: 1850 60 90 90

LGBT Helpline: 1890 929 539

Other Help-Lines

Crime Victims Helpline: 1850 211 407

Drugs/HIV Help Line: 1800 459 459

Aware (Depression) Helpline: 1890 303 302

HSE Info Line: 1850 24 1850

LGBT Help-Lines

LGBT Helpline: 1890 929 539, www.lgbt.ie

Gay Switchboard Dublin: (01) 872 1055, <http://www.gayswitchboard.ie>

TENI Helpline (transgender support): (085) 147 7166

Internet support:

www.lgbt.ie

www.yourmentalhealth.ie

www.lgbtmentalhealth.ie

Other Support Services:

Age & Opportunity: (01) 805 7709, www.ageandopportunity.ie

Alcoholics Anonymous: www.alcoholicsanonymous.ie

Aware (Depression): 1890 303 302, www.aware.ie

The Carers Association: (057) 932 2920, www.carersireland.com

Console (Suicide Bereavement Support): 1800 201 890, www.console.ie

Grow (Mental Health Support Groups): 1890 474 474, www.grow.ie

Health Service Executive: 1850 24 1850, www.hse.ie

Marriage & Relationship Counselling Services: 1890 380 380, www.mrcs.ie

Mental Health Ireland: www.mentalhealthireland.ie

Pieta House: 01 628 2111, www.pieta.ie

Samaritans: 1850 60 90 90, www.samaritans.org

Traveller Counselling Service: 086 308 1476, www.travellercounselling.ie

Appendix 25. Trans-related knowledge topics test-retest – Findings

Kendall's tau-b correlations

Knowledge topic	Test (n=21) Mean (SD), [Range]	Retest (n=19, 21) Mean (SD), [Range]	Results: Kendall's tau-b correlations (n=21)
Terminology related to gender identity	2.7 (0.8), [1-4]	2.9 (0.9), [1-5]	$\tau_b=0.586, p=0.003^*$
The differences between gender identity and sexual orientation	3.2 (0.8), [2-5]	3.2 (0.9), [1-5]	$\tau_b=0.604, p=0.002^*$
The percentage of transgender people in the Irish population	1.8 (0.7), [1-3]	1.8 (0.8), [1-4]	$\tau_b=0.304, p=0.135$
Language related to transgender people (n=19, 21)	2.3 (0.7), [1-3]	2.3 (1.0), [1-4]	$\tau_b=0.618, p=0.003^*, n=19$
The impact of family behaviours on a transgender family member	2.1 (0.9), [1-4]	2.2 (1.0), [1-4]	$\tau_b=0.626, p=0.001^*$
Issues related to the specific life stages of trans children and young people (e.g. child-specific and adolescent-specific issues)	1.7 (0.7), [1-3]	2.1 (0.8), [1-3]	$\tau_b=0.538, p=0.009^*$
Social issues for trans children and young people	2.2 (0.8), [1-3]	2.2 (0.8), [1-3]	$\tau_b=0.564, p=0.005^*$
Physical health issues for trans children and young people	1.8 (0.7), [1-3]	2.0 (0.6), [1-3]	$\tau_b=0.700, p=0.001^*$
Mental health issues for trans children and young people	2.6 (0.8), [1-4]	2.4 (0.8), [1-4]	$\tau_b=0.779, p=0.000^*$
How to access the health care system for trans children and young people in the Republic of Ireland	1.4 (0.6), [1-3]	1.8 (0.7), [1-3]	$\tau_b=0.249, p=0.236$
Educational issues for trans children and young people in the Republic of Ireland	1.6 (0.7), [1-3]	1.7 (0.5), [1-2]	$\tau_b=0.221, p=0.302$
Legal issues related to trans children and young people in the Republic of Ireland	1.6 (0.6), [1-3]	1.6 (0.5), [1-2]	$\tau_b=0.600, p=0.006^*$
How to access additional information in relation to transgender issues	2.2 (1.1), [1-5]	2.2 (0.8), [1-4]	$\tau_b=0.687, p=0.000^*$
How to access supports in relation to having a transgender family member	1.8 (0.8), [1-3]	1.8 (0.7), [1-3]	$\tau_b=0.679, p=0.001^*$
Trans-related knowledge total score	29.1 (7.3), [17-42]	28.9 (7.7), [18-43]	$\tau_b=0.717, p=0.000^*$

Distribution of participant responses on trans-related knowledge topics on test-retest

Topic	Not at all knowledgeable	Not very knowledgeable	Somewhat knowledgeable	Quite knowledgeable	Very knowledgeable	Not at all knowledgeable	Not very knowledgeable	Somewhat knowledgeable	Quite knowledgeable	Very knowledgeable
	Test (n=21)					Retest (n=19, 21)				
Terminology related to gender identity	4.8% (1)	38.1% (8)	42.9% (9)	14.3% (3)	0.0% (0)	4.8% (1)	28.6% (6)	47.6% (10)	14.3% (3)	4.8% (1)
The differences between gender identity and sexual orientation	0.0% (0)	19.0% (4)	42.9% (9)	33.3% (7)	4.8% (1)	4.8% (1)	14.3% (3)	38.1% (8)	38.1% (8)	4.8% (1)
The percentage of transgender people in the Irish population	38.1% (8)	47.6% (10)	14.3% (3)	0.0% (0)	0.0% (0)	38.1% (8)	47.6% (10)	9.5% (2)	4.8% (1)	0.0% (0)
Language related to transgender people (n=21, 19)	14.3% (3)	42.9% (9)	42.9% (9)	0.0% (0)	0.0% (0)	21.1% (4)	36.8% (7)	31.6% (6)	10.5% (2)	0.0% (0)
The impact of family behaviours on a transgender family member	28.6% (6)	38.1% (8)	28.6% (6)	4.8% (1)	0.0% (0)	28.6% (6)	33.3% (7)	23.8% (5)	14.3% (3)	0.0% (0)
Issues related to the specific life stages of trans children and young people (e.g. child-specific and adolescent-specific issues)	42.9% (9)	47.6% (10)	9.5% (2)	0.0% (0)	0.0% (0)	23.8% (5)	38.1% (8)	38.1% (8)	0.0% (0)	0.0% (0)
Social issues for trans children and young people	23.8% (5)	28.6% (6)	47.6% (10)	0.0% (0)	0.0% (0)	19.0% (4)	42.9% (9)	38.1% (4)	0.0% (0)	0.0% (0)
Physical health issues for trans children and young people	33.3% (7)	52.4% (11)	14.3% (3)	0.0% (0)	0.0% (0)	19.0% (4)	66.7% (14)	14.3% (3)	0.0% (0)	0.0% (0)
Mental health issues for trans children and young people	9.5% (2)	33.3% (7)	47.6% (10)	9.5% (2)	0.0% (0)	14.3% (3)	38.1% (8)	42.9% (9)	4.8% (1)	0.0% (0)

Topic	Not at all knowledgeable	Not very knowledgeable	Somewhat knowledgeable	Quite knowledgeable	Very knowledgeable	Not at all knowledgeable	Not very knowledgeable	Somewhat knowledgeable	Quite knowledgeable	Very knowledgeable
	Test (n=21)					Retest (n=19, 21)				
How to access the health care system for trans children and young people in the Republic of Ireland	61.9% (13)	33.3% (7)	4.8% (1)	0.0% (0)	0.0% (0)	33.3% (7)	52.4% (11)	14.3% (3)	0.0% (0)	0.0% (0)
Educational issues for trans children and young people in the Republic of Ireland	52.4% (11)	33.3% (7)	14.3% (3)	0.0% (0)	0.0% (0)	28.6% (6)	71.4% (15)	0.0% (0)	0.0% (0)	0.0% (0)
Legal issues related to trans children and young people in the Republic of Ireland	42.9% (9)	52.4% (11)	4.8% (1)	0.0% (0)	0.0% (0)	42.9% (9)	57.1% (12)	0.0% (0)	0.0% (0)	0.0% (0)
How to access additional information in relation to transgender issues	28.6% (6)	33.3% (7)	28.6% (6)	4.8% (1)	4.8% (1)	19.0% (4)	47.6% (10)	28.6% (6)	4.8% (1)	0.0% (0)
How to access supports in relation to having a transgender family member	38.1% (8)	42.9% (9)	19.0% (4)	0.0% (0)	0.0% (0)	33.3% (7)	52.4% (11)	14.3% (3)	0.0% (0)	0.0% (0)

Appendix 26. Gender affirmative statements test-retest – Findings

Kendall's tau-b correlations

Statement (n=11)	Test Mean (SD), [Range]	Retest Mean (SD), [Range]	Results: Kendall's tau-b correlations
Gender variations are disorders.	3.8 (0.6), [3-5]	4.1 (0.3), [4-5]	$\tau_b=0.568$, $p=0.064$
Gender variations are not disorders.	3.7 (0.9), [2-5]	4.0 (0.9), [2-5]	$\tau_b=0.616$, $p=0.027^*$
Gender presentations/expressions can vary across cultures.	4.3 (0.7), [3-5]	4.0 (0.9), [2-5]	$\tau_b=0.761$, $p=0.008^*$
Gender presentations/expressions are the same across all cultures.	4.3 (0.7), [3-5]	4.4 (0.5), [4-5]	$\tau_b=0.583$, $p=0.057$
An individual's gender identity is solely determined by biological factors.	3.6 (1.2), [1-5]	3.7 (1.1), [2-5]	$\tau_b=0.421$, $p=0.121$
An individual's gender identity is solely determined by socialisation.	4.1 (0.5), [3-5]	4.1 (0.3), [4-5]	$\tau_b=0.558$, $p=0.069$
An individual's gender identity is solely determined by cultural factors.	3.9 (0.7), [3-5]	4.2 (0.4), [4-5]	$\tau_b=0.039$, $p=0.896$
An individual's gender identity is based on a number of complex factors.	4.3 (0.9), [2-5]	4.5 (0.5), [4-5]	$\tau_b=0.926$, $p=0.002^*$
A person's gender identity is fixed; that is, it does not change.	3.8 (1.1), [2-5]	3.9 (0.7), [3-5]	$\tau_b=0.651$, $p=0.021^*$
A person's gender identity may be fluid; that is, it may change.	3.6 (1.3), [1-5]	3.6 (1.1), [1-5]	$\tau_b=0.696$, $p=0.012^*$
People are either male or female; there are no other gender identities.	4.0 (0.9), [2-5]	3.7 (1.5), [1-5]	$\tau_b=0.526$, $p=0.054$
If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child.	2.8 (0.8), [2-4]	3.1 (1.4), [1-5]	$\tau_b=0.359$, $p=0.188$

Distribution of participant responses on gender affirmative statements on test-retest

Statement	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
	Test (n=11)					Retest (n=11)				
Gender variations are disorders.	9.1% (1)	63.6% (7)	27.3% (3)	0.0% (0)	0.0% (0)	9.1% (1)	90.9% (10)	0.0% (0)	0.0% (0)	0.0% (0)
Gender variations are not disorders.	0.0% (0)	9.1% (1)	27.3% (3)	45.5% (5)	18.2% (2)	0.0% (0)	9.1% (1)	9.1% (1)	54.5% (6)	27.3% (3)
Gender presentations/expressions can vary across cultures.	0.0% (0)	0.0% (0)	9.1% (1)	54.5% (6)	36.4% (4)	0.0% (0)	9.1% (1)	9.1% (1)	54.5% (6)	27.3% (3)
Gender presentations/expressions are the same across all cultures.	36.4% (4)	54.5% (6)	9.1% (1)	0.0% (0)	0.0% (0)	36.4% (4)	63.6% (7)	0.0% (0)	0.0% (0)	0.0% (0)
An individual's gender identity is solely determined by biological factors.	18.2% (2)	45.5% (5)	18.2% (2)	9.1% (1)	9.1% (1)	18.2% (2)	54.5% (6)	9.1% (1)	18.2% (2)	0.0% (0)
An individual's gender identity is solely determined by socialisation.	18.2% (2)	72.7% (8)	9.1% (1)	0.0% (0)	0.0% (0)	9.1% (1)	90.9% (10)	0.0% (0)	0.0% (0)	0.0% (0)
An individual's gender identity is solely determined by cultural factors.	18.2% (2)	54.5% (6)	27.3% (3)	0.0% (0)	0.0% (0)	18.2% (2)	81.8% (9)	0.0% (0)	0.0% (0)	0.0% (0)
An individual's gender identity is based on a number of complex factors.	0.0% (0)	9.1% (1)	0.0% (0)	45.5% (5)	45.5% (5)	0.0% (0)	0.0% (0)	0.0% (0)	54.5% (6)	45.5% (5)
A person's gender identity is fixed; that is, it does not change.	27.3% (3)	45.5% (5)	9.1% (1)	18.2% (2)	0.0% (0)	18.2% (2)	54.5% (6)	27.3% (3)	0.0% (0)	0.0% (0)
A person's gender identity may be fluid; that is, it may change.	9.1% (1)	18.2% (2)	0.0% (0)	54.5% (6)	18.2% (2)	9.1% (1)	9.1% (1)	9.1% (1)	63.6% (7)	9.1% (1)
People are either male or female; there are no other gender identities.	27.3% (3)	54.5% (6)	9.1% (1)	9.1% (1)	0.0% (0)	45.5% (5)	18.2% (2)	9.1% (1)	18.2% (2)	9.1% (1)
If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child.	0.0% (0)	36.4% (4)	45.5% (5)	18.2% (2)	0.0% (0)	18.2% (2)	9.1% (1)	36.4% (4)	18.2% (2)	18.2% (2)

Appendix 27. Phase 1 Consultation: Survey – Content analysis

Family consultation survey findings

Area of concern and description	Questions and concerns for family members who have found out or realised their family member was transgender within the past 6 months (n=20)	Questions and concerns for family members who have found out or realised their family member was transgender more than 6 months ago at the time of learning family member was trans (n=36)	Questions and concerns for family members who have found out or realised their family member was transgender more than 6 months ago currently (n=32)
<p>Social Concerns over whether child would be accepted and safe within the community; whether the child will have happy relationships; whether the child will have a family life; and how to tell others about the child's gender identity.</p>	<p>30.0%; n=6</p> <p><i>"How will this be received by school/family/friend/neighbours, etc.?"</i></p> <p><i>"Will my child find someone to love them as they are in adult life?"</i></p>	<p>19.4%; n=7</p> <p><i>"Who will love my child?"</i></p> <p><i>"How do I tell people?"</i></p>	<p>15.6%; n=5</p> <p><i>"How will he make friends? Is social life going to be a nightmare that kills us?"</i></p> <p><i>"Will [my child] want to give birth?"</i></p>
<p>Health Concerns about the physical health and mental wellbeing of their trans child and how to access healthcare supports. Specific concerns around the child/young person's mental health, a lack of appropriate services, dealing with waiting lists, the financial impact of accessing care, and worries around hormones and surgery.</p>	<p>30.0%; n=6</p> <p><i>"My fear relating to surgeries for him in the future."</i></p> <p><i>"Depression self-harm anxiety."</i></p> <p><i>"What is the process for her to get treatment?"</i></p>	<p>13.9%; n=5</p> <p><i>"What does this mean medically speaking?"</i></p> <p><i>"Will he need to be reassigned?"</i></p>	<p>65.6%; n=21</p> <p><i>"No connectivity between the necessary medical professionals/services - goal post keep moving"</i></p> <p><i>"The wait for the blockers take far too long..."</i></p> <p><i>"More paediatric endocrinologist, better and mental health support free for them and their parents and siblings."</i></p>
<p>Personal emotional response Described an emotional reaction to learning family member was trans</p>	<p>0.0%; n=0</p>	<p>30.6%; n=11</p> <p><i>"Overwhelmed."</i></p> <p><i>"I felt heartbroken for myself and my child."</i></p>	<p>0.0%; n=0</p>

Area of concern and description	Questions and concerns for family members who have found out or realised their family member was transgender within the past 6 months (n=20)	Questions and concerns for family members who have found out or realised their family member was transgender more than 6 months ago at the time of learning family member was trans (n=36)	Questions and concerns for family members who have found out or realised their family member was transgender more than 6 months ago currently (n=32)
General support and information Concerns over how to obtain further information and supports to help understand and support their trans child.	10.0%; n=2 <i>"What is the process going forward?"</i>	27.8%; n=10 <i>"What services and support structures are there in Ireland, if any?"</i> <i>"What is transgender?"</i>	12.5%; n=4 <i>"So hard to navigate the paper trail that needs to be dealt with..."</i> <i>"How can I best help and support him?"</i>
Is this a phase? Questions around whether the trans child's identity was a passing phase.	10.0%; n=2 <i>"How can I know if this is a phase or not?"</i>	2.8%; n=1 <i>"Ah, it's only a phase."</i>	0.0%; n=0
School Concerns over whether the child will be accepted in school, how to tell school staff, and about whether the child would have to change schools.	5.0%; n=1 <i>"How will she be treated in school by friends and teachers?"</i>	2.8%; n=1 <i>"Which school should he go to?"</i>	0.0%; n=0
Family impact Concerns over the impact of having a trans family member on the rest of the family.	5.0%; n=1 <i>"I am worried about the impact of having a Transgender sibling on my daughter..."</i>	0.0%; n=0	0.0%; n=0
Legal and administrative Questions over how to manage legal and administrative issues	5.0%; n=1 <i>"How soon can name change take place, passport, etc.?"</i>	0.0%; n=0	0.0%; n=0
The future Broad concerns for the child's future	0.0%; n=0	2.8%; n=1 <i>"I was extremely worried for their future."</i>	3.1%; n=1 <i>"Fear for his future."</i>
Other	0.0%; n=0	0.0%; n=0	3.1%; n=1 <i>"Is my child just perfect the way he is and are we all making a big thing of it?"</i>

Trans young people's consultation survey findings

Area of concern and description N=38	Illustrative quotes
Understanding Concerns around whether their family would fully understand their trans identity.	28.9%; n=11 <i>"Will my family understand what it means to be Transgender?" (Male, 18)</i> <i>"I wanted them to know that this wasn't a change in me - I have always been a guy, it's just that they didn't know." (Male (trans), 20)</i>
Acceptance, respect, and perception Concerns around whether the family would accept and respect their trans identity, and how the family would perceive them.	18.4%; n=7 <i>"Will they accept me?" (Male, 15)</i> <i>"I was worried I wouldn't be accepted." (Female, 18)</i>
Doubt, belief, or 'it's just a phase' Concerns around whether their family would believe they were really trans or think their identity was 'just a phase'.	21.1%; n=8 <i>"They might not believe me, they might have concerns/doubts, they might think it's a phase." (Male, 14)</i> <i>"I was worried they would not believe me or acknowledge that this was who I am." (Female, 19)</i>
Support Concerns around whether their family would be able to support them generally and by helping them access supports, such as medical, legislative or in schools.	13.2%; n=5 <i>"Would they help set up an appointment with a therapist?" (IN5, Trans man, 17)</i> <i>"Would they support me in any of my endeavours of medical or legislative transition?" (Male with a trans history, 19)</i>
Negative reaction Concerns that family might eject them from the family or be violent towards them.	7.9%; n=3 <i>"Pls don't kick me out." (Trans man, 17)</i> <i>"That they would be violent towards me." (Polygender, 19)</i>
Coming out to others Concerns that family might not know how to tell others about the young person's identity or that they might 'out' them.	5.2%; n=2 <i>"I was concerned that they would tell others without my permission." (Female, 19)</i>
Language/pronouns Concerns around family using appropriate language regarding trans identity.	5.2%; n=2 <i>"That people will believe me and respect me and also my sexuality along with gender (calling me a straight guy instead of a lesbian)." (Male, 14)</i>

Appendix 28. Phase 2 Design and Development of the Education Programme: Design-evaluation – Findings

Education specialists: Provided general feedback related to the overall module design.

Professionals: Additional feedback was also written on the module documents and given to me verbally during a meeting.

Question topic	Responses	Number of comments related to the topic
Learning outcomes	Yes: 71.4%; n=5 Somewhat: 28.6%; n=2 No: 0.0%; n=0 Not sure: 0.0%; n=0	3
Information: Amount of information	Too much information: 16.7%; n=1 About the right amount of information: 83.3%; n=5 Not enough information: 0.0%; n=0	3
Information: Relevance of information	Yes: 85.6%; n=6 Somewhat: 14.3%; n=1 No: 0.0%; n=0 Not sure: 0.0%; n=0	4
Information: Level of information	Too basic: 28.6%; n=2 About right: 71.4%; n=5 Too complex: 0.0%; n=0	4
The facts: Information factually correct	Yes: 83.3%; n=5 Somewhat: 16.7%; n=1 No: 0.0%; n=0 Not sure: 0.0%; n=0	4
The fact: Information up-to-date	Yes: 83.3%; n=5 Somewhat: 16.7%; n=1 No: 0.0%; n=0 Not sure: 0.0%; n=0	
Tone	Yes: 42.9%; n=3 Somewhat: 28.6%; n=2 No: 28.6%; n=2 Not sure: 0.0%; n=0	4
Images and videos	Yes: 66.7%; n=4 Somewhat: 33.3%; n=2 No: 0.0%; n=0 Not sure: 0.0%; n=0	2
Presenters	Yes: 80.0%; n=4 Somewhat: 20.0%; n=1 No: 0.0%; n=0 Not sure: 0.0%; n=0	4
Activity	Yes: 50.0%; n=3 Somewhat: 50.0%; n=3 No: 0.0%; n=0 Not sure: 0.0%; n=0	4
Further resources: Enough further resources	Yes: 33.3%; n=2 Somewhat: 0.0%; n=0 No: 50.0%; n=3 Not sure: 16.7%; n=1	5

Question topic	Responses	Number of comments related to the topic
Further resources: Further resources relevant	Yes: 100.0%; n=4 Somewhat: 0.0%; n=0 No: 0.0%; n=0 Not sure: 0.0%; n=0	
Further resources: Further resources up-to-date	Yes: 25.0%; n=1 Somewhat: 75.0%; n=1 No: 0.0%; n=0 Not sure: 0.0%; n=0	
Additional comments	N/A	5

Family

Question topic	Responses	Number of comments related to the topic
Learning outcomes	Yes: 75.0%; n=12 Somewhat: 25.0%; n=4 No: 0.0%; n=0 Not sure: 0.0%; n=0	7
Information: Amount of information	Too much information: 0.0%; n=0 About the right amount of information: 100.0%; n=16 Not enough information: 0.0%; n=0	7
Information: Usefulness of information	Yes: 66.7%; n=10 Somewhat: 33.3%; n=5 No: 0.0%; n=0 Not sure: 0.0%; n=0	10
Information: Level of information	Too basic: 6.3%; n=1 About right: 93.8%; n=15 Too complex: 0.0%; n=0	3
Your concerns	Addresses my concerns completely: 43.4%; n=7 Addresses some of my concerns: 50.0%; n=8 Address very few of my concerns: 6.3%; n=1 Not sure: 0.0%; n=0	7
Your experiences	Reflects my experiences very well: 71.4%; n=10 Reflects some of my experiences: 14.3%; n=2 Reflects very few of my experiences: 7.1%; n=1 Not sure: 7.1%; n=1	4
Structure and order	Yes: 100.0%; n=15 Somewhat: 0.0%; n=0 No: 0.0%; n=0 Not sure: 0.0%; n=0	3
Tone	Yes: 80.0%; n=12 Somewhat: 20.0%; n=3 No: 0.0%; n=0 Not sure: 0.0%; n=0	7

Question topic	Responses	Number of comments related to the topic
Images and videos	Yes: 76.9%; n=10 Somewhat: 0.0%; n=0 No: 0.0%; n=0 Not sure: 23.1%; n=3	6
Presenters	Yes: 64.3%; n=9 Somewhat: 7.1%; n=1 No: 0.0%; n=0 Not sure: 28.6%; n=4	5
Interesting	Yes: 85.7%; n=12 Somewhat: 7.1%; n=1 No: 0.0%; n=0 Not sure: 7.1%; n=1	5
Activity	Yes: 66.7%; n=10 Somewhat: 20.0%; n=3 No: 0.0%; n=0 Not sure: 13.3%; n=2	6
Further resources: Number of further resources listed at the end of the module adequate for your needs	Yes: 71.4%; n=10 Somewhat: 7.1%; n=1 No: 7.1%; n=1 Not sure: 14.3%; n=2	7
Further resources: Likely to be useful in your future	Yes: 64.3%; n=9 Somewhat: 14.3%; n=2 No: 31.4%; n=3 Not sure: 0.0%; n=0	
Additional comments	N/A	6

Trans young people

Question topic	Responses	Number of comments related to the topic
Your concerns	Yes: 60.0%; n=6 Somewhat: 30.0%; n=3 No: 10.0%; n=1 Not sure: 0.0%; n=0	10
Your experiences	Yes: 44.4%; n=4 Somewhat: 44.4%; n=4 No: 0.0%; n=0 Not sure: 11.1%; n=1	7
Tone	Yes: 55.6%; n=5 Somewhat: 33.3%; n=3 No: 0.0%; n=0 Not sure: 11.1%; n=1	4
Additional comments	N/A	7

Appendix 29. Phase 2 Design and Development of the Education Programme: Accessibility assessment – Findings

National Disability Authority's Centre for Excellence in Universal Design Accessibility Guidelines				
Level of compliance assessed % (n)				
Guidelines and description	Fully complies	Somewhat complies	Does not comply	Not applicable
Developers (Dev): 37 guidelines (30 applicable) in 8 areas: design basics (non-technical and technical); navigation and orientation; content; HTML coding; image; forms; and tables	70.0% (n=21) Dev 1.1 Be consistent throughout Dev 1.2 Enhance clarity through good design Dev 1.3 Do not convey information with colour alone. Dev 1.4 Create contrast between foreground and background Dev 1.5 Avoid using flashing, flicker and unnecessary animation Dev 1.7 Create flexible width design if possible and appropriate Dev 2.1 Do not use frames Dev 2.2 Use style sheets to control all formatting and layout where possible Dev 2.4 Do not cause pop-ups or new windows to appear Dev 2.5 Avoid pages that auto-refresh or auto-redirect Dev 2.6 Construct accessible image maps Dev 3.1 Provide effective navigation based on recognised conventions Dev 3.2 Provide additional navigation aids Dev 3.5 Create a logical tab order through the page Dev 4.1 Use clear and simple language	13.3% (n=4) Dev 1.6 Use multimedia with care Dev 3.4 Allow users to easily bypass information Dev 5.1 Include this information at the top Dev 5.5 Use structural and semantic mark-up properly and validate code	16.7% (n=5) Dev 2.3 Use JavaScript wisely Dev 3.3 Make links meaningful Dev 5.4 Use language, abbrev & acronym to embed useful information Dev 5.6 Use relative font sizing, not absolute units Dev 6.1 All images must have alt text to convey equivalent information	n=7 Dev 6.2 Provide full descriptions for informational images Dev 7.1 Simplify form design, use good spacing, sensible grouping and labels for every element Dev 7.2 Provide labels for every form element, place correctly, explicitly associate Dev 7.3 Enhance forms with special HTML mark up Dev 7.4 Prevent errors and assist recovery from errors by providing supportive information Dev 8.1 Data tables: Simplify and mark up with special HTML Dev 8.2 Layout tables: Ensure correct readout order, avoid complicated nesting, describe with summary attribute

	<p>Dev 4.2 Prioritise information, maximise readability and scanning</p> <p>Dev 4.3 Provide accessible alternatives - don't rely on PDF/Word</p> <p>Dev 5.2 Construct proper headings</p> <p>Dev 5.3 Define list and list items properly</p> <p>Dev 6.3 Avoid using images to display text</p> <p>Dev 6.4 Use the correct image format for the job</p>			
<p>Designers (Des): 24 guidelines (19 applicable) in six areas: design basics, navigation and orientation, content, images, forms, and tables</p>	<p>78.9% (n=15)</p> <p>Des 1.1 Be consistent throughout</p> <p>Des 1.2 Enhance clarity with good design</p> <p>Des 1.3 Do not convey information with colour alone</p> <p>Des 1.4 Create contrast between foreground and background</p> <p>Des 1.5 Avoid using flashing, flicker and unnecessary animation</p> <p>Des 1.7 Create flexible width design if possible</p> <p>Des 1.8 Avoid frames and pop-up windows, and be careful with image maps</p> <p>Des 2.1 Provide effective navigation based on recognised conventions</p> <p>Des 2.2 Provide additional navigation aids</p> <p>Des 2.5 Create a logical tab order through the page</p> <p>Des 3.1 Write specifically for the web - use clear and simple language, provide 'metadata'</p>	<p>10.5% (n=2)</p> <p>Des 1.6 Use multimedia with care</p> <p>Des 2.4 Allow users to easily bypass information</p>	<p>10.5% (n=2)</p> <p>Des 2.3 Make links meaningful</p> <p>Des 4.1 For all images, specify alternative text to convey equivalent information</p>	<p>n=5</p> <p>Des 4.2 Specify full descriptions for informational images</p> <p>Des 5.1 Simplify form design, use good spacing, sensible grouping and labels for every element</p> <p>Des 5.2 Prevent errors and assist recovery from errors by providing supportive information</p> <p>Des 6.1 Data tables: Simplify and mark up with special HTML</p> <p>Des 6.2 Layout tables: Ensure correct readout order, avoid complicated nesting, describe with summary attribute</p>

	Des 3.2 Prioritise information, maximise readability and scanning Des 3.3 Provide accessible alternatives - Don't rely on PDF/Word Des 4.3 Avoid using images to display text Des 4.4 Use the correct image format for the job			
Content providers (CP): 10 guidelines (8 applicable) on 10 areas: consistency; writing for the web; structure and style for readability; provide accessible alternatives; make links meaningful; specific alternative text for images; provide full descriptions for images; avoid using images to display text; using the correct image; simplifying data tables	75.0% (n=6) CP 1. Aim for maximum consistency between content pages CP 2. Write specifically for the web - use clear and simple language, provide 'metadata' CP 3. Structure and style to maximise readability and scanning CP 4. Provide accessible alternatives - don't rely on pdf/ word CP 8. Avoid using images to display text CP 9. Use the correct image for the job	0.0% (n=0)	25.0% (n=2) CP 5. Make links meaningful CP 6. For all images, specify alternative text to convey equivalent information	n=2 CP 10. Make data tables as simple as possible CP 7. Specify full descriptions for informational images
TOTAL (N=71 total, N=57 applicable)	Fully complies 73.7% (n=42)	Somewhat complies 10.5% (n=6)	Does not comply 15.8% (n=9)	Not applicable n=14

Appendix 30. Phase 3 Evaluation of the Education Programme: Survey – Statistical tests

One-sample t-tests

Scale	Assumption: No significant outliers	Assumption: Normality Shapiro-Wilk test	Assumptions met to run one-sample t-test?	Results: One-sample t-test
Trans-related knowledge	None	0.921(24), p=0.063	Yes	Test sample: t(23)=4.93, p=0.000, d=1.01* / Md=11.28 / 95% CI (6.55 to 16.01) Retest sample: t(23)=4.67, p=0.000, d=0.95* / Md=10.69 / 95% CI (5.96 to 15.42)
Self-reflection (insight)	None	0.913(23), p=0.048	Not fully	Sample 1 (Grant et al.): t(22)=4.66, p=0.000, d=0.98* / Md=4.91 / 95% CI (2.72 to 7.09) Sample 2 (Carr and Johnston): t(22)=10.51, p=0.000, d=2.2* / Md=11.08 / 95%CI (8.89 to 13.26) Sample 3 (Lyke): t(22)=-3.46, p=0.002, d=0.72* / Md=3.64 / 95% CI (1.46 to 5.83) Sample 4 (Roberts & Stark): t(22)=1.32, p=0.201
Self-reflection (engaging in self-reflection)	None	0.937(23), p=0.156	Yes	Sample 2 (Carr & Johnston): t(23)=4.23, p=0.000, d=0.86* / Md=5.00 / 95% CI (2.56 to 7.44) Sample 3 (Lyke): t(23)=-2.82, p=0.010, d=0.58* / Md=-3.330 / 95% CI (0.89 to 5.77) Sample 4 (Roberts & Stark): t(23)=-1.16, p=0.258
Self-reflection (need for self-reflection)	None	0.938(23), p=0.160	Yes	Sample 4 (Roberts & Stark): t(23)=-.243, p=0.811
Self-reflection (self-reflection total)	None	0.960(23), p=0.455	Yes	Sample 1 (Grant et al.): t(23)=-2.20, p=0.038, d=0.45* / Md=-4.75 / 95% CI (-0.28 to -9.22) Sample 2 (Carr and Johnston): t(23)=3.266, p=0.003, d=.67* / Md=7.05 / 95% CI (2.58 to 11.52) Sample 4 (Roberts & Stark): t(23)=-.760, p=0.455
Self-Reflection and Insight Scale total score	None	0.949(23), p=0.273	Yes	Sample 1 (Grant et al.): t(22)=.080, p=0.937 Sample 2 (Carr and Johnston): t(22)=6.39, p=0.000, d=1.33* / Md=17.75 / 95% CI (11.98 to 23.51) Sample 4 (Roberts & Stark): t(22)=-.224, p=0.825
Family communication	None	0.889(23), p=0.015	Not fully	t(22)=0.49, p=0.632
Family problem-solving	Seven outliers within 1.5 box lengths	0.926(23), p=0.089	Not fully	t(22)=-0.90, p=0.377
Self-efficacy total score	None	0.959(22), p=0.463	Yes	t(21)=2.02, p=0.056

Independent-samples t-tests

For two groups (participants who learned their family member was trans within the past 12 months (n=8) and participants who learned their family member was trans more than 12 months ago (n=15))

Group	Trans-related knowledge total score	Self-reflection (insight) score	Self-reflection (engaging in self-reflection) Score	Self-reflection (need for self-reflection) score	Self-reflection (total)	Self-Reflection and Insight Scale score	Family communication score	Family problem-solving score	Self-efficacy score
	M (SD) range, n								
Learned family member was transgender within the past 12 months	32.7 (6.2), [25-42], n=7	28.3 (3.0) [24-32], n=8	21.0 (4.8) [12-25], n=8	20.4 (5.2) [12-25], n=8	41.4 (9.2) [25-50], n=8	69.6 (9.0) [54-80], n=8	2.5 (0.2) [2-3], n=7	2.3 (0.3), [2-3], n=7	30.0 (2.6) [27-34], n=7
Learned family member was transgender over 12 months	42.9 (11.3), [23-61], n=15	30.8 (5.5) [24-40], n=13	21.6 (6.2) [11-30], n=14	22.4 (5.1) [13-30], n=14	43.3 (11.1), [24-60], n=13	74.1 (13.8), [55-100], n=13	2.1 (.5), [1-3], n=14	2.1 (0.4) [1-3], n=14	32.0 (4.4) [25-39], n=14
Independent-samples t-test	t(20)=-2.22, p=0.038*, 95% CI, 0.60 to 19.84, d=1.22	t(19)=-1.19, p=0.249	t(20)=-0.23, p=0.825	t(20)=-0.91, p=0.376	t(19)=-0.41, p=0.384	t(19)=-0.81, p=0.429	t(18.68)=2.28, p=0.034*	t(19)=1.07, p=0.299	t(19)=-1.10, p=0.286

Scale	Assumption for independent-samples t-test: No significant outliers	Assumption: Normality Shapiro-Wilks test Within the past 12 months More than 12 months ago	Assumptions met to run independent-samples t-test?	Levene's test for equality of variances (if applicable)	Results: Independent-samples t-test	Scores distributed in similar shape for both groups?	Results: Mann-Whitney U test
Knowledge total score	None	0.96(7), p=0.779 0.91(15), p=0.145	Yes	F=2.92, p=0.103	t(20)=-2.22, p=0.038*, 95% CI, .60 to 19.84, d=1.22	N/A	N/A
Self-reflection (insight) sub-scale score	None	0.93(8), p=0.534 0.17(13), p=0.155	Yes	F=3.62, p=0.072	t(19)=-1.19, p=0.249	N/A	N/A
Self-reflection (engaging in self-reflection) sub-scale score	None	0.23(8), p=0.081 0.18(13), p=0.443	Yes	F=1.07, p=0.314	t(20)=-.23, p=0.825	N/A	N/A
Self-reflection (need for self-reflection) sub-scale score	None	0.32(8), p=0.025 0.10(13), p=0.879	Not fully	F=.028, p=0.868	t(20)=-.91, p=0.376	Yes	U=69.50, z=0.93, p=0.365
Self-reflection (total)	None	0.23(8), p=0.171 0.11(13), p=0.893	Yes	F=.211, p=0.651	t(19)=-.41, p=0.384	N/A	N/A
Self-Reflection and Insight Scale Total Score	One outlier within 1.5 box lengths	0.15(8), p=0.559 0.15(13), p=0.476	Not fully	F=.966, p=0.338	t(19)=-.81, p=0.429	Yes	U=58.50, z=0.47, p=0.645
Family communication sub-scale score	One outlier within 1.5 box lengths	0.92(7), p=0.429 0.87(14), p=0.036	Not fully	F=10.19, p=0.005	t(18.68)=2.28, p=0.034*	No	U=32.50, z=-1.25, p=0.224
Family problem-solving sub-scale score	Four outliers within 1.5 box lengths	0.84(7), p=0.107 0.96(14), p=.695	Not fully	F=.11, p=0.746	t(19)=1.07, p=0.299	No	U=37.50, z=-.89, p=0.400
Self-efficacy total score	None	0.91(7), p=0.365 0.96(14), p=0.715	Yes	F=2.50, p=0.130	t(19)=-1.10, p=0.286	N/A	N/A

Descriptive statistics and inferential testing results from pre-test to post-test (n=8)

Trans-related knowledge pre-survey and post-survey mean, standard deviation, and range

	Pre-survey Mean (SD), [Range], n=8	Post-survey Mean (SD), [Range], n=8
The percentage of transgender people in the Irish population	2.8 (1.5), [1-5]	4.0 (0.9), [3-5]
Issues related to the specific life stage of trans children and young people (e.g. child-specific and adolescent-specific issues)	2.9 (1.1), [1-4]	4.1 (0.6), [3-5]
Social issues for trans children and young people	3.5 (0.9), [2-5]	4.5 (0.5), [4-5]
Physical health issues for trans children and young people	3.3 (0.7), [2-4]	4.4 (0.7), [3-5]
Educational issues for trans children and young people in the Republic of Ireland	3.0 (0.9), [1-4]	4.0 (0.8), [3-5]
Legal issues related to trans children and young people in the Republic of Ireland	2.5 (0.9), [1-4]	3.8 (1.0), [2-5]
Terminology related to gender identity	3.6 (0.74), [3-5]	4.3 (0.7), [3-5]
The differences between gender identity and sexual orientation	4.4 (0.9), [3-5]	4.5 (0.5), [4-5]
Language related to transgender people	3.5 (0.8), [3-5]	4.0 (0.8), [3-5]
The impact of family behaviours on a transgender family member	3.8 (1.0), [2-5]	4.3 (0.9), [3-5]
Mental health issues for trans children and young people	3.9 (0.8), [3-5]	4.4 (0.5), [4-5]
How to access the health care system for trans children and young people in the Republic of Ireland	3.5 (1.2), [1-5]	3.8 (1.0), [2-5]
How to access additional information in relation to transgender issues	3.5 (0.9), [2-5]	3.9 (0.8), [3-5]
How to access supports in relation to having a transgender family member	3.4 (1.4), [1-5]	4.0 (0.9), [3-5]
Total score: Trans-related knowledge	47.4 (10.2), [35-60], n=8	57.8 (9.3), [46-70], n=8

Trans-related knowledge inferential testing

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
Terminology related to gender identity	None	0.91(8), p=0.324	Yes	t(7)=-1.93, p=0.095	N/A	N/A	N/A	N/A
The differences between gender identity and sexual orientation	One outlier within 1.5 box lengths	0.81(8), p=0.037	Not fully	t(7)=-.55, p=0.598	Symmetrical	Yes	z=.577, p=0.564 (1 negative, 2 positive, 5 ties)	N/A
The percentage of transgender people in the Irish population	None	0.78(8), p=0.018	Not fully	t(7)=-3.99, p=0.005, d=1.41* 1.25±.89, 95% CI (0.51 to 1.99)	Not symmetrical	No	N/A	z=2.04, p=0.031* (6 positive, 0 negative, 2 ties) Pre: 2.50, Post: 4.00, Diff: 1.50
Language related to transgender people	None	0.72(8), p=0.004	Not fully	t(7)=-1.87, p=0.104	Not symmetrical	No	N/A	z=1.225, p=0.291 (1 negative, 5 positive, 2 ties)
The impact of family behaviours on a transgender family member	None	0.72(8), p=0.004	Not fully	t(7)=-1.87, p=0.104	Not symmetrical	No	N/A	z=1.155, p=0.250 (3 positive, 5 ties)
Issues related to the specific life stage of trans children and young people (e.g. child-specific and adolescent-specific issues)	None	0.83(8), p=0.056	Yes	t(7)=-0.50, p=0.002, d=1.76* 1.25±.71, 95% CI (0.66 to 1.84)	N/A	N/A	N/A	N/A
Social issues for trans children and young people	None	0.85(8), p=0.093	Yes	t(7)=-3.74, p=0.007, d=1.32* 1.00±.76, 95% CI (0.37 to 1.63)	N/A	N/A	N/A	N/A
Physical health issues for trans children and young people	None	0.87(8), p=0.156	Yes	t(7)=-3.21, p=0.015, d=1.14* 1.13±.99, 95% CI (0.30 to 1.95)	N/A	N/A	N/A	N/A

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
Mental health issues for trans children and young people	None	0.81(8), p=0.004	No	N/A	Not symmetrical	No	N/A	z=1.155, p=0.250 (3 positive, 5 ties)
How to access the health care system for trans children and young people in the Republic of Ireland	One outlier within 1.5 box lengths from the edge of the boxplot.	0.81(8), p=0.037	Not fully	t(7)=-0.55, p=0.598	Not symmetrical	No	N/A	z=.000, p=1.000 (2 negative, 2 positive, 4 ties)
Educational issues for trans children and young people in the Republic of Ireland	None	0.85(8), p=0.093	Yes	t(7)=-3.74, p=0.007, d=1.32* 1.00±.76, 95%CI (0.37 to 1.63)	N/A	N/A	N/A	N/A
Legal issues related to trans children and young people in the Republic of Ireland	None	0.85(8), p=0.056	Yes	t(7)=-5.00, p=0.002, d=1.77* 1.25±.707, 95% CI (0.66 to 1.84)	N/A	N/A	N/A	N/A
How to access additional information in relation to transgender issues	None	0.91(8), p=0.324	Yes	t(7)=-1.16, p=0.285	N/A	N/A	N/A	N/A
How to access supports in relation to having a transgender family member	None	0.91(8), p=0.366	Yes	t(7)=-1.67, p=0.140	N/A	N/A	N/A	N/A
Total score: Trans-related knowledge	None	0.95(8), p=0.682	Yes	t(7)=-5.03, p=0.002, d=1.78* 10.38±5.83, 95%CI (5.50 to 15.25)	N/A	N/A	N/A	N/A

Self-reflection and personal insight pre-survey and post-survey mean, standard deviation, and range

Statement	Pre-survey Mean (SD), [Range], n=8	Post-survey Mean (SD), [Range], n=8
I don't often think about my thoughts.	4.4 (1.1), [2-5], n=8	4.1 (0.6), [3-5], n=8
I am not really interested in analysing my behaviour.	4.0 (1.1), [2-5], n=8	3.9 (0.8), [3-5], n=8
I am usually aware of my thoughts.	4.4 (0.8), [3-5], n=7	4.3 (0.5), n=7
I am often confused about the way that I really feel about things.	4.0 (1.1), [2-5], n=8	3.6 (1.1), [2-5], n=8
It is important for me to evaluate the things that I do.	4.0 (1.1), [2-5], n=8	4.1 (0.6), [3-5], n=8
I usually have a very clear idea about why I have behaved in a certain way.	4.4 (0.5), [4-5], n=8	4.1 (0.35), [4-5], n=8
I am very interested in examining what I think about.	3.8 (1.2), [2-5], n=8	3.9 (0.8), [2-5], n=8
I rarely spend time in self-reflection.	3.5 (1.6), [1-5], n=8	3.8 (1.3), [2-5], n=8
I'm often aware that I am having a feeling, but I often don't quite know what it is.	4.3 (1.0), [2-5], n=8	4.0 (0.9), [3-5], n=8
I frequently examine my feelings.	3.9 (1.4), [1-5], n=8	3.3 (1.5), [1-5], n=8
My behaviour often puzzles me.	4.3 (1.2), [2-5], n=8	4.0 (0.8), [3-5], n=7
It is important for me to try to understand what my feelings mean.	3.8 (1.6), [1-5], n=8	4.0 (0.9), [3-5], n=8
I don't really think about why I behave in the way that I do.	3.9 (1.4), [2-5], n=8	4.3 (0.7), [3-5], n=8
Thinking about my thoughts make me more confused.	4.4 (1.1), [2-5], n=8	3.9 (1.0), [2-5], n=8
I have a definite need to understand the way my mind work.	3.4 (1.7), [1-5], n=8	3.8 (1.0), [2-5], n=8
I frequently take time to reflect on my thoughts.	3.6 (1.5), [1-5], n=8	3.8 (1.2), [2-5], n=8
Often I find it difficult to make sense of the way I feel about things.	4.0 (1.2), [2-5], n=7	3.9 (0.7), n=7
It is important to me to be able to understand how my thoughts arise.	3.6 (1.3), [1-5], n=8	3.8 (1.0), [2-5], n=8
I often think about the way I feel about things.	3.8 (1.3), [1-5], n=8	3.8 (1.0), [2-5], n=8
I usually know why I feel the way I do.	4.3 (0.7), [3-5], n=8	4.3 (0.5), [4-5], n=8
Total score: Insight	33.6 (6.7), [24-40], n=7	31.4 (4.6), [26-40], n=7
Total score: Engaging in self-reflection	23.0 (7.0), [11-30], n=8	22.9 (5.4), [16-30], n=8
Total score: Need for self-reflection	22.5 (7.2), [12-30], n=8	23.4 (4.5), [17-30], n=8

Self-reflection and personal-insight inferential testing

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
I don't often think about my thoughts.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.84(7), p=0.099	Not fully	t(7)=1.00, p=0.351	Symmetrical	Yes	z=-1.00, p=.317 (3 negative, 1 positive, 4 ties)	N/A
I am not really interested in analysing my behaviour.	None	0.82(7), p=0.062	Yes	t(7)=0.42, p=0.685	N/A	N/A	N/A	N/A
I am usually aware of my thoughts.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.84(7), p=0.099	Not fully	t(6)=0.55, p=0.604	Symmetrical	Yes	z=-0.58, p=0.564 (2 negative, 1 positive, 4 ties)	N/A
I am often confused about the way that I really feel about things.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.82(7), p=0.064	Not fully	t(7)=0.75, p=0.476	Symmetrical	Yes	z=-0.74, p=0.461 (2 negative, 2 positive, 4 ties)	N/A
It is important for me to evaluate the things that I do.	None	0.86(7), p=0.139	Yes	t(7)=-0.31, p=0.763	N/A	N/A	N/A	N/A
I usually have a very clear idea about why I have behaved in a certain way.	One extreme outlier than more than 3 box-lengths from the edge of the box plot.	0.45(7), p=0.000	No	N/A	Not symmetrical	No	N/A	z=-0.71, p=0.500 (2 negative, 6 ties)
I am very interested in examining what I think about.	None	0.90(7), p=0.330	Yes	t(7)=-0.26, p=0.802	N/A	N/A	N/A	N/A
I rarely spend time in self-reflection.	One extreme outlier than more than 3 box-lengths from the edge of the box plot.	0.72(7), p=0.006	No	N/A	Symmetrical	Yes	z=0.38, p=0.705 (2 negative, 2 positive, 4 ties)	N/A

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
I'm often aware that I am having a feeling, but I often don't quite know what it is.	None.	0.94(7), p=0.609	Yes	t(7)=0.68, p=0.516	N/A	N/A	N/A	N/A
I frequently examine my feelings.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.82(7), p=0.066	Not fully	t(7)=1.00, p=0.351	Symmetrical	Yes	z=-1.06, p=0.288 (5 negative, 1 positive, 2 ties)	N/A
My behaviour often puzzles me.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.84(7), p=0.099	Not fully	t(6)=0.55, p=0.604	Symmetrical	Yes	z=-0.58, p=0.564 (2 negative, 1 positive, 4 ties)	N/A
It is important for me to try to understand what my feelings mean.	None	0.82(7), p=0.062	Yes	t(7)=-0.61, p=0.563	N/A	N/A	N/A	N/A
I don't really think about why I behave in the way that I do.	None	0.94(7), p=0.609	Yes	t(7)=-1.16, p=0.285	N/A	N/A	N/A	N/A
Thinking about my thoughts make me more confused.	None	0.66(7), p=0.001	Not fully	t(7)=2.65, p=0.033, d=0.94* -.50±.54, 95% CI (-0.05 to -0.95)	Symmetrical	Yes	z=-2.00, p=0.046* (0 positive, 4 negative, 4 ties) Pre-median: 5.0, Post-median: 4.0, Difference: -.50	N/A
I have a definite need to understand the way my mind work.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.89(7), p=0.263	Not fully	t(7)=-0.81, p=0.442	Symmetrical	Yes	z=0.71 p=0.480 (2 negative, 3 positive, 3 ties)	N/A
I frequently take time to reflect on my thoughts.	None	0.89(7), p=0.294	Yes	t(7)=-0.36, p=0.732	N/A	N/A	N/A	N/A

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
Often I find it difficult to make sense of the way I feel about things.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.84(7), p=0.099	Not fully	t(6)=0.55, p=0.604	Symmetrical	Yes	z=-0.58, p=0.564 (2 negative, 1 positive, 4 ties)	N/A
It is important to me to be able to understand how my thoughts arise.	None	0.82(7), p=0.062	Yes	t(7)=-0.42, p=0.685	N/A	N/A	N/A	N/A
I often think about the way I feel about things.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.93(7), p=0.573	Not fully	t(7)=0.00, p=1.000	Symmetrical	Yes	z=-0.14, p=0.891 (3 negative, 2 positive, 3 ties)	N/A
I usually know why I feel the way I do.	Two extreme outliers than more than 3 box-lengths from the edge of the box plot.	0.78(7), p=0.024	No	N/A	Symmetrical	Yes	z=0.00, p=1.000 (1 negative, 1 positive, 6 ties)	N/A
Total score: Insight	None	0.96(8), p=0.794	Yes	t(7)=0.64, p=0.545	N/A	N/A	N/A	N/A
Total score: Engaging in self-reflection	One outlier within 1.5 box lengths from the edge of the boxplot.	0.85(8), p=0.101	Not fully	t(7)=0.06, p=0.951	Symmetrical	Yes	z=-0.68, p=0.498 (4 negative, 3 positive, 1 tie)	N/A
Total score: Need for self-reflection	None	0.93(8), p=0.504	Yes	t(7)=-0.46, p=0.658	N/A	N/A	N/A	N/A
Total score: Self-reflection	One outlier within 1.5 box lengths from the edge of the boxplot.	0.86(8), p=0.110	Not fully	t(7)=-0.21, p=0.841	Not symmetrical	No	N/A	z=0.00, p=1.000 (4 negative, 3 positive, 1 tie)
Total score: Self-Reflection and Insight Scale	Two outliers within 1.5 box lengths from the edge of the boxplot.	0.90(8), p=0.286	Not fully	t(7)=0.38, p=0.902	Symmetrical	Yes	Z=0.09, p=0.933 (3 negative, 4 positive, 1 tie)	N/A

Family communication and problem-solving pre-survey and post-survey mean, standard deviation, and range

Statement	Pre-survey Mean (SD), [Range], n=8	Post-survey Mean (SD), [Range], n=7, 8
When someone is upset the others know why.	2.0 (0.5), [1-3]	1.8 (0.7), [1-3]
You can't tell how a person is feeling from what they are saying.	1.6 (0.7), [1-3]	2.6 (0.7), [2-4]
People come right out and say things instead of hinting at them.	1.8 (0.9), [1-3]	2.1 (1.0), [1-4]
We are frank with each other.	1.6 (0.7), [1-3]	1.9 (0.6), [1-3]
We don't talk to each other when we are angry.	3.1 (0.8), [2-4]	2.4 (0.9), [2-4], n=7
When we don't like what someone has done, we tell them.	1.6 (0.5), [1-2]	1.8 (0.7), [1-3]
We usually act on our decisions regarding problems.	1.5 (0.5), [1-2]	1.8 (0.7), [1-3]
After our family tries to solve a problem, we usually discuss whether it worked or not.	2.5 (0.5), [2-3]	2.3 (1.0), [1-4]
We resolve most emotional upsets that come up.	1.9 (0.4), [1-2]	1.6 (0.5), [1-2]
We confront problems involving feelings.	1.9 (0.6), [1-3]	1.8 (0.5), [1-2]
We try to think of different ways to solve problems.	1.8 (0.7), [1-3]	1.6 (0.5), [1-2]
Total score: Family communication	2.0 (0.5), [2-3]	2.0 (0.5), [1-3]
Total score: Family problem-solving	1.9 (0.4), [1-2]	1.8 (0.4), [1-2]

Family communication and family problem-solving inferential testing

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
When someone is upset the others know why.	None	0.89(7), p=0.294	Yes	t(7)=0.68, p=0.516	N/A	N/A	N/A	N/A
You can't tell how a person is feeling from what they are saying.	None	0.82(7), p=0.062	Yes	t(7)=-3.06, p=0.018, d=1.08* 1.00±.93, 95% CI (0.23 to 1.77)	N/A	N/A	N/A	N/A
People come right out and say things instead of hinting at them.	None	0.77(7), p=0.020	Not fully	t(7)=-1.43, p=0.197	Not symmetrical	No	N/A	z=-0.89, p=0.375 (1 negative, 4 positive, 3 ties)
We are frank with each other.	None	0.73(7), p=0.008	Not fully	t(7)=-0.80, p=0.451	Not symmetrical	No	N/A	z=0.41, p=0.688 (2 negative, 4 positive, 2 ties)
We don't talk to each other when we are angry.	None	0.66(7), p=0.001	Not fully	t(6)=2.83, p=0.030, d=1.07* -.57±.54, 95% CI (0.08 to 1.07)	Symmetrical	Yes	z=-2.00, p=0.046* (4 negative, 0 positive, 4 ties) Pre-median: 3.00, Post: 2.00, Diff: -1.00	N/A
When we don't like what someone has done, we tell them.	None	0.86(7), p=0.144	Yes	t(7)=-0.42, p=0.685	N/A	N/A	N/A	N/A
We usually act on our decisions regarding problems.	None	0.76(7), p=0.016	Not fully	t(7)=-0.61, p=0.563	Symmetrical	Yes	z=0.63, p=0.527 (3 negative, 4 positive, 1 tie)	N/A

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
After our family tries to solve a problem, we usually discuss whether it worked or not.	None	0.66(7), p=0.001	Not fully	t(7)=0.68, p=0.516	Not symmetrical	No	N/A	z=-0.89, p=0.375 (4 negative, 1 positive, 3 ties)
We resolve most emotional upsets that come up.	One extreme outlier	0.45(7), p=0.000	No	N/A	Not symmetrical	No	N/A	z=-0.71, p=0.500 (2 negative, 6 ties)
We confront problems involving feelings.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.84(7), p=0.099	Not fully	t(7)=0.55, p=0.598	Symmetrical	Yes	z=-0.58, p=0.564 (2 negative, 1 positive, 5 ties)	N/A
We try to think of different ways to solve problems.	One outlier within 1.5 box lengths from the edge of the boxplot.	0.84(7), p=0.099	Not fully	t(7)=0.55, p=0.598	Symmetrical	Yes	z=-0.58, p=0.564 (2 negative, 1 positive, 5 ties)	N/A
Total score: Family communication	One outlier within 1.5 box lengths from the edge of the boxplot.	0.89(7), p=.260	Not fully	t(7)=-0.47, p=0.654	Symmetrical	Yes	z=0.42, p=0.673 (3 negative, 2 positive, 1 ties)	N/A
Total score: Family problem-solving	One outlier within 1.5 box lengths from the edge of the boxplot.	0.89(7), p=0.236	Not fully	t(7)=0.59, p=0.573	Symmetrical	Yes	z=-0.52, p=0.605 (2 negative, 4 positive, 2 ties)	N/A

Self-efficacy pre-survey and post-survey mean, standard deviation, and range

Statement	Pre-survey Mean (SD), [Range], n=8	Post-survey Mean (SD), [Range], n=8
I can always manage to solve difficult problems if I try hard enough.	3.0 (0.5), [2-4]	3.3 (0.7), [2-4]
If someone opposes me, I can find the means and ways to get what I want.	2.6 (0.5), [2-3]	2.6 (0.7), [2-4]
It is easy for me to stick to my aims and accomplish my goals.	2.8 (0.9), [1-4]	2.9 (0.8), [1-4]
I am confident that I could deal efficiently with unexpected events.	3.5 (0.5), [3-4]	3.4 (0.5), [3-4]
Thanks to my resourcefulness, I know how to handle unforeseen situations.	3.4 (0.7), [2-4]	3.3 (0.4), [3-4]
I can solve most problems if I invest the necessary effort.	3.5 (0.5), [3-4]	3.3 (0.5), [3-4]
I can remain calm when facing difficulties because I can rely on my coping abilities.	3.3 (0.5), [3-4]	3.4 (0.5), [3-4]
When I am confronted with a problem, I can usually find several solutions.	3.0 (0.5), [2-4]	3.0 (0.8), [2-4]
If I am in trouble, I can usually think of a solution.	3.4 (0.5), [3-4]	3.4 (0.5), [3-4]
I can usually handle whatever comes my way.	3.6 (0.5), [3-4]	3.3 (0.5), [3-4]
Total score: Self-efficacy	32.0 (3.5), [26-37]	31.6 (4.1), [28-40]

Self-efficacy inferential testing

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
I can always manage to solve difficult problems if I try hard enough.	None	0.57(8), p=0.000	Not fully	t(7)=-1.53, p=0.170	Not symmetrical	No	N/A	z=0.71, p=0.500 (2 positive, 0 negative, 6 ties)
If someone opposes me, I can find the means and ways to get what I want.	Two extreme outliers	0.73(8), p=0.005	No	N/A	Symmetrical	Yes	z=0.00, p=1.000 (1 negative, 1 positive, 6 ties)	N/A
It is easy for me to stick to my aims and accomplish my goals.	One extreme outlier	0.42(8), p=0.000	No	N/A	Not symmetrical	No	N/A	z=0.00, p=1.000 (1 positive, 7 ties)
I am confident that I could deal efficiently with unexpected events.	One outlier within 1.5 box lengths	0.81(8), p=0.037	No	N/A	Symmetrical	Yes	z=-0.58, p=0.564 (2 negative, 1 positive, 5 ties)	N/A
Thanks to my resourcefulness, I know how to handle unforeseen situations.	None	0.84(8), p=0.067	Yes	t(7)=0.42, p=0.685	N/A	N/A	N/A	N/A
I can solve most problems if I invest the necessary effort.	One extreme outlier	0.42(8), p=0.000	No	N/A	Not symmetrical	No	N/A	z=0.00, p=1.000 (1 negative, 7 ties)
I can remain calm when facing difficulties because I can rely on my coping abilities.	One outlier within 1.5 box lengths	0.81(8), p=0.037	No	N/A	Symmetrical	Yes	z=0.58, p=0.564 (1 negative, 2 positive, 5 ties)	N/A
When I am confronted with a problem, I can usually find several solutions.	Two extreme outliers	0.73(8), p=0.005	No	N/A	Symmetrical	Yes	z=0.00, p=1.000 (1 negative, 1 positive, 6 ties)	N/A
If I am in trouble, I can usually think of a solution.	Two extreme outliers	0.73(8), p=0.005	No	N/A	Symmetrical	Yes	z=0.00, p=1.000 (1 negative, 1 positive, 6 ties)	N/A
I can usually handle whatever comes my way.	None	0.64(8), p=0.000	No	N/A	Symmetrical	Yes	z=-1.73, p=0.083 (3 negative, 0 positive, 5 ties)	N/A
Total score: Self-efficacy	None	0.93(8), p=0.475	Yes	t(7)=0.38, p=0.714	N/A	N/A	N/A	N/A

Gender affirmative statements

Statement	Pre-survey Mean (SD), [Range], n=8	Post-survey Mean (SD), [Range], n=8
Gender variations are disorders.	4.3 (1.4), [1-5]	4.9 (0.4), [4-5]
Gender variations are not disorders.	3.9 (1.8), [1-5]	4.8 (0.5), [4-5]
Gender presentations/expressions can vary across cultures.	4.0 (0.9), [3-5]	3.9 (1.4), [1-5]
Gender presentations/expressions are the same across all cultures.	4.1 (1.1), [2-5]	4.3 (1.0), [2-5]
An individual's gender identity is solely determined by biological factors.	4.0 (1.4), [1-5]	4.4 (1.1), [2-5]
An individual's gender identity is solely determined by cultural factors.	4.8 (0.7), [3-5]	4.4 (0.7), [3-5]
An individual's gender identity is solely determined by socialisation.	4.6 (0.7), [3-5]	4.6 (0.7), [3-5]
An individual's gender identity is based on a number of complex factors.	3.8 (1.0), [2-5]	4.3 (1.4), [1-5]
A person's gender identity is fixed; that is, it does not change.	4.3 (1.2), [2-5]	4.5 (0.8), [3-5]
A person's gender identity may be fluid; that is, it may change.	4.0 (1.4), [1-5]	4.4 (0.7), [3-5]
People are either male or female; there are no other gender identities.	4.3 (1.4), [1-5]	4.6 (1.1), [2-5]
If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child.	3.1 (1.6), [1-5]	4.0 (1.3), [2-5]

Gender affirmative inferential testing

Statement	Assumption for paired-samples t-test: No extreme outliers	Assumption for paired-samples t-test: Normality – Shapiro-Wilk test	Assumptions met to run paired-samples t-test? If assumptions violated, proceed with assumption for Wilcoxon signed-rank test	Results: Paired-samples t-test	Assumption for Wilcoxon signed-rank test: Symmetry of differences	Assumption met to run Wilcoxon signed-ranked test?	Results: Wilcoxon signed-ranked test	Results: Sign test
Gender variations are disorders.	One extreme outlier	0.54(8), p=0.000	No	N/A	Not symmetrical	No	N/A	z=0.71, p=0.500 (2 positive, 6 ties)
Gender variations are not disorders.	None	0.83(8), p=0.052	Yes	t(7)=-1.43, p=0.195	N/A	N/A	N/A	N/A
Gender presentations/expressions can vary across cultures.	None	0.87(8), p=0.156	Yes	t(7)=0.36, p=0.732	N/A	N/A	N/A	N/A
Gender presentations/expressions are the same across all cultures.	One outlier within 1.5 box lengths	0.81(8), p=0.037	No	N/A	Symmetrical	Yes	z=0.58, p=0.564 (1 negative, 2 positive, 5 ties)	N/A
An individual's gender identity is solely determined by biological factors.	Two outliers within 1.5 box lengths	0.84(8), p=0.081	Not fully	t(7)=-0.70, p=0.504	Symmetrical	Yes	z=0.82, p=0.414 (1 negative, 2 positives, 5 ties)	N/A
An individual's gender identity is solely determined by cultural factors.	None	0.91(8), p=0.324	Yes	t(7)=1.16, p=0.285	N/A	N/A	N/A	N/A
An individual's gender identity is solely determined by socialisation.	Two extreme outliers	0.73(8), p=0.005	No	N/A	Symmetrical	Yes	z=0.00, p=1.000 (1 negative, 1 positive, 6 ties)	N/A
An individual's gender identity is based on a number of complex factors.	None	0.93(8), p=0.522	Yes	t(7)=-1.53, p=0.170	N/A	N/A	N/A	N/A
A person's gender identity is fixed; that is, it does not change.	Two outliers within 1.5 box lengths	0.83(8), p=0.054	Not fully	t(7)=-0.80, p=0.457	Symmetrical	Yes	z=0.82, p=0.414 (1 negative, 2 positive, 5 ties)	N/A
A person's gender identity may be fluid; that is, it may change.	One extreme outlier	0.42(8), p=0.000	No	N/A	Not symmetrical	No	N/A	z=0.00, p=1.000 (1 positive, 7 ties)
People are either male or female; there are no other gender identities.	Two extreme outliers	0.78(8), p=0.019	No	N/A	Symmetrical	Yes	z=0.54, p=0.593 (1 negative, 2 positive, 5 ties)	N/A
If a gender variant child has a mental health condition, it more often stems from cultural reactions rather than from within the child.	One outlier within 1.5 box lengths	0.77(8), p=0.015	No	N/A	Not symmetrical	No	N/A	z=1.79, p=.062 (5 positive, 3 ties)

