Family Discussions of Early Childhood Social Transitions

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Implications for Impact Statement: Parents report that they are discussing social transitions and re-transitions with their children and that their children are leading the decision-making process. These findings suggest that pediatric psychologists can play a role in facilitating discussions about social transitions and re-transitions, knowing such discussions are unlikely to invariably lead to a transition in the short term.

Abstract

Objective: An increasing number of children are socially transitioning to live as their identified genders rather than their assigned sexes, yet little empirical work has examined the decision-making process surrounding social transitions. We aimed to understand (1) why parents and their gender nonconforming children do and do not consider social transitions and (2) whether families discuss social transitions both before and after initial social transitions.

Methods: Studies 1 and 2 involved telephone interviews of parents of socially transitioned transgender children (N=60) and gender nonconforming children who were not socially transitioned (N=60), respectively. Study 3 involved an online survey of 266 parents of socially transitioned transgender children.

Results: Parents of socially transitioned transgender children (Study 1) and parents of gender nonconforming children who are not socially transitioned (Study 2) often reported that their children had led the decision to transition or not. Most parents of gender nonconforming children who had not transitioned had discussed transitioning (Study 2) and most parents of socially-transitioned transgender children reported discussing the option of future re-transitions (Study 3).

Conclusions: Parents often report that they and their children are discussing social transitions, a process that children are leading. In contrast to possible concerns about discussing transitions, our results suggest that many families openly discuss the possibility of their children transitioning (or re-transitioning), yet these discussion do not inevitably lead to an imminent transition.

Key words: transgender, gender nonconforming, social transitions, family decision-making

Family Discussions of Early Social Transitions

Social transitions are increasingly common in Western countries (e.g., Chen et al, 2018; de Graaf & Carmichael, 2018; Steensma & Cohen-Kettenis, 2011) and families often approach clinicians asking about whether transitions are appropriate for their gender diverse children (e.g., Malpas, 2011). Almost no empirical studies have explored children's and parents' experiences around social transitioning. Our goal in this paper is to address two central questions concerning early childhood social transitions: (1) why gender nonconforming children (along with their parents) do and do not consider social transitions and (2) whether families discuss future social transitions with their children both before and after their initial social transitions. In examining these topics, we maintain an eye toward how clinicians can work together with families in the decision-making process surrounding social transitions with families of young gender nonconforming children.

Decisions to Socially Transition or Not

We know of only two empirical studies reporting on any aspects of families' social transition process either directly or indirectly (Chen, Hidalgo & Garofalo, 2017; Kuvalanka, Weiner & Mahan, 2014). Those papers, along with papers written by clinicians describing their clinical approaches (e.g., Ehrensaft, 2011; Edwards-Leeper, Leibowitz, & Sangganjanavanich, 2016) and individual families' stories (e.g, Nutt, 2016; Patterson, 2019) make up the extant literature on decision-making surrounding social transitions.

Many affirmative practitioners argue that the child—as opposed to the parent, clinician or society—is the one who should lead the decision about whether to socially transition (Edwards-Leeper, et al, 2016; Ehrensaft, 2012; Ehrensaft, Giammattei, Storck, Tishelman, & Keo-Meier, 2018). These clinicians emphasize the need for parents and mental health professionals to talk to

children themselves to be sure that the child actually wants to transition, rather than assuming, for example, that a boy who likes to wear dresses wants to live as a girl. Some gender nonconforming children will not be interested in socially transitioning. Under an affirmative approach, such children would not experience binary social transitions (though they may, for example, "partially transition"; Steensma, McGuire, Kreukels, Beekman, & Cohen-Kettenis, 2013) or express a less binary identity (Angello & Bowman, 2016)). Ehrensaft (2016) explains that there is a "myth that early transition is always better" (p.176) and suggests that adults not push a child to transition (or not) unless the child wants to do so. To date, we know of no empirical work examining if children's interests in transitioning are or are not playing a major role in the decision-making process.

Another factor that may come into play in leading children and their families to support a child's social transition, as suggested by the literature, is an emerging emotional or behavioral concern related to the child's gender nonconformity. For example, Chen, Hidalgo, and Garofalo (2017) found that the majority of parents they spoke to reported that their children experienced anger, fear, and/or sadness related to their gender identities and/or expressions, often in response to restrictions placed on gender expression or identification. Many parents in their study said these "observed emotional and behavioral concerns dissipated once their children were supported to transition socially," leading the authors to conclude that social transitions might be considered as an intervention to reduce emotional and behavioral challenges when they are linked to gender expression and identity. Kuvalanka and colleagues (2014) reported that all five mothers they spoke to reported improvements in behavior following social transition. In Studies 1 and 2, we explore these and other reasons why families do and do not consider childhood social transitions.

Discussing social transitions with children

The second question at the heart of the current paper is whether gender nonconforming children who are *not* socially transitioned have at some point discussed the possibility of transitioning with their parents. Further, no research has asked a related question—whether socially transitioned transgender children have discussed the possibility of transitioning in the future back to the gender assigned to them at birth, referred to here as *re-transitioning*. Knowing whether families whose children are not currently transitioned discuss these topics is critical. One possibility, and presumably a worry that could lead families not to discuss transitions, is that discussing transitions could lead children who otherwise would not socially transition, to decide to socially transition. If it is the case that families with children who have transitioned are the only families who have ever discussed transitions, it is plausible that mentioning transitions is leading children to decide to do so. In contrast, if families of gender nonconforming children who have not transitioned are discussing these topics too, parents and clinicians could be less worried that discussing possible future transitions with children leads them to inevitably do so.

Clinicians who support social transitions have recommended that in such cases, clinicians should tell parents that a child who transitions could change their mind or simply decide they no longer wants to live as the transitioned gender (e.g., Angello & Bowman, 2016; de Vries & Cohen-Kettenis, 2012; Edwards-Leeper et al, 2016; Menvielle, 2012). This advice often also involves advising parents to emphasize to their children that they do not need to retain their transitioned gender in order to be supported and cared for. Leibowitz (2018) advises mental health professionals to teach, "...parents that their child may ultimately identify in a different way…Helping the family convey a sense of openness and universal support for the child through interactions that convey… 'We love you for who you are now, and we will support you no

matter what, whether that changes in the future or not.'" However, to date, we know of no studies investigating whether parents report actually having such discussions with their children.

Parents may have concerns about discussing re-transitions with their children. Some may worry that mentioning re-transitioning may indicate that parents do not believe that a child is "really" a member of their gender group or that questioning the child signals that the current identity is less ideal than another gender. Other families may worry, as parents mentioning transitions for the first time, that mentioning a future transition could make a child feel like they should embark on this additional transition (i.e., why would a parent bring it up if it is not the right course of action?). To our knowledge, the literature provides no evidence one way or the other on whether families are having these discussions and why they are or are not doing so.

Current Studies

Using a combination of interviews (Studies 1 and 2) and survey methods (Study 3), we address two central questions concerning early childhood social transitions: Why gender nonconforming children do (Study 1) and do not (Study 2) consider social transitions and whether families discuss future social transitions with their children both before (Study 2) and after (Study 3) their initial social transitions.

Study 1: Interviews with Parents of Socially-Transitioned Children

In our first study, we wanted to know more about the events that led up to children's social transitions. Use of parents as reporters was paramount, because for a preschool or elementary-aged child to formally socially transition (i.e., change pronouns at school, etc.), they need parental approval. That is, parents play a significant role, for example, speaking with teachers, coaches, or administrators, and explaining the transition to the extended family (Brill & Pepper, 2008). Therefore, in this study we obtained parents' views both because they were

involved in the decision making and because many of the children were too young to participate in an extensive phone interview themselves.

Method

Participants. Sixty parents of socially-transitioned transgender children aged 3-14 (mean age= 9 years, 11 months) were interviewed about their child's development and social transition for 30-60 minutes by a member of the research team. Of these participants, 54 had socially transitioned prior to the onset of puberty and 6 socially transitioned at or after the onset of puberty. For this and all subsequent studies, we defined a social transition as having occurred if a child was using binary pronouns (he or she) consistently in all environments (e.g., at school, home, with strangers) and that pronoun contrasted with the child's pronouns at birth (consistent with the definition used in all studies of the TransYouth Project, e.g., Fast & Olson, 2018; and Steensma and colleagues' (2013) "complete transition").

These parents were selected from the sample of 107 families with whom the research team had worked at that time for an ongoing longitudinal project (The TransYouth Project). To select which families to contact, we wanted a quasi-stratified sample, with a goal of speaking with parents of 30 transgender girls and 30 transgender boys, with approximately 1/3 of each gender having transitioned between the ages of 3-5 vs. 6-8 vs. 9-11 years of age. When possible, we also aimed to over-represent, in the context of our sample, non-White children and families across the socio-economic status spectrum. The decisions of whom to interview were determined using demographic information in the absence of identifying information (e.g., child name) or any information about the child's experiences or parents' views. When multiple children within a demographic category were eligible, a random number generator selected which parent was contacted first (and who was on the "wait list"). Of the original 60 selections, 8 were not able to

be reached and 1 child no longer met the social transition definition (e.g., the child used "they" pronouns at the time of the interview). New participants were selected from the other children in the original group and/or who had been added to the longitudinal study since interviews began. Participants were selected based on the variables above (e.g., age of transition, race, SES) because these variables were related to other questions in the interview and/or to make an overall more-representative sample. In all cases we conducted the interview with the primary caretaker if there was more than one parent. The final demographics for the transgender children of the interviewees is available in Table 1.

Interview Procedure. The IRB at the University of Washington approved this and the subsequent studies under approval #00001527. All families had previously participated in at least one in-person study with the research team. Interviews in Studies 1 and 2 were conducted by senior research staff (including research coordinators and a postdoctoral fellow). The interviewers practiced with one another and listened to one another's first few calls to ensure that they were using similar approaches within the interviews. Interview topics were predetermined and the same topics were discussed with each parent (full interview questions are in the Supplemental Materials). The interview questions asked about many time periods in the child's life and covered a diverse array of topics (well-being, peer relations, gender expression, parental experiences, school responses, etc). The question relevant to the current work was: "How did your family arrive at that decision [the social transition]?" When the parent did not spontaneously answer the following questions, the experimenter followed up by directly asking: "Was there a specific event or realization that precipitated that decision? Did you guys have any support from a mental health professional at that time?" All interviews took place between 4/6/2016 and 2/16/2017. All parents verbally approved participating in the interview (Studies 1

& 2) and/or electronically approved participation in the survey (Study 3). Parents were informed that they could stop at any time or skip questions and were told that they could continue in the main longitudinal study even if they chose not to complete the interview. They were given a $10 gift card in exchange for participating.

Coding. Researchers read through transcripts of interviews and consulted with one another to produce a list of reasons parents referenced for why children transitioned when they did. Researchers devising the coding scheme in Study 1 found that parents often gave several reasons and therefore permitted coding of each category independently (present/absent for each variable). Once a list of reasons was devised, two coders then read through the de-identified transcripts of the interviews and indicated which reason or reasons each parent provided for their child's social transition, from the pre-determined list of possible reasons. During the coding, coders were not permitted to consult with one another.

In this study, the two independent coders were given the question "Why did the child transition at this particular time?" and were provided with this list of reasons: (1) child led decision (e.g., the child said they wanted to start living as a boy/girl), (2) behavior change or problem (e.g., the parent reported that they started showing depression), (3) professional suggested it, (4) support group or conference suggested it, (5) another person suggested it, or (6) seeing or hearing about a media story led to the decision. A full example of each explanation is in the Supplemental Materials. In cases where the two coders disagreed, a third coder was asked to code the answer and whichever answer two of the three coders agreed upon was recorded as the official coding.

Results and Discussion

In Table 2 we report the interrater reliability for each code. According to reliability ratings described by McHugh (2012), overall interrater reliability varied by reason from moderate (Person, Group) to none (Media), even though in all cases the two coders agreed on the categorization at least 73% of the time[1]. Because interrater reliability was not high, we have provided frequencies in Table 2 by the final coding (considering the third coder), but also for Coder 1 and Coder 2 separately. Importantly, irrespective of coder, the results are quite similar, despite low reliability on some codes.

As can be seen in Table 2, the most common reason cited by parents for their children's transitions was that the child led the transition, with about half of parents citing this reason, consistent with the advice often given by clinicians to follow a child's lead (Edwards-Leeper, et al, 2016; Ehrensaft, 2016). Another common reason, cited by 25-30% of parents, was that the child's behavior had changed in a way thought to be related to their gender (e.g., the child was becoming distressed), again consistent with the reasons often described by clinicians (Chen et al, 2017; Ehrensaft, 2011). In addition, about a quarter of parents mentioned that a professional had suggested a transition, though this item was less reliably coded so additional caution should be used in interpreting this finding. Parents seldom said that the child's transition was driven by suggestions from other people, conferences, support groups, or media.

Study 2: Interviews of Parents of Children who have not Socially Transitioned

In this study we investigated why parents report that their gender nonconforming children are not socially transitioned. We also ask whether parents report having discussed transitions

[1] This low reliability can occur despite high absolute agreement because "yes" responses were infrequent for many variables and kappa takes expected frequency into account, while percent agreement does not. For example, for the code ***Person*** the two coders agreed on 59 of 60 responses, yet the kappa was only 0.659.

with their children, to gauge whether differences in parents *discussing* transitions with their children may explain why some children transition and others do not. Importantly, children in this sample were a diverse group including children who showed a range of nonconformity in gender expression, gender identity, and/or a combination of the two. Thus, they were not monolithic in their varieties of gender diversity and therefore social transitions may or may not have been particularly relevant to their experiences.

Method

Participants and procedure. This study involved interviews of 60 parents of gender nonconforming children (mean age=9 years, 9 months) who at the time of the interview were not socially-transitioned (as defined by the same criteria as in Study 1). The 60 families were selected from the 72 families who were participating in an ongoing longitudinal study of gender development in gender nonconforming children when the interviews began. Of note, in order to become a participant in the longitudinal study, there was no particular "threshold" of gender nonconformity imposed by the research team (e.g., a diagnosis of Gender Dysphoria in childhood)—the child's parents need only to have signed their child up for the study to be considered gender nonconforming. However, recent work with this sample has confirmed parents' claims as these children show non-binary and/or cross-sex identities and/or expressions of gender (e.g., favoring friends with a different assigned sex, identifying as both a boy and a girl, preferring toys and clothes more often associated with the other gender; Rae, Gulgoz, Durwood, DeMeules, Lowe, & Olson, 2019).

As in Study 1, we aimed for a sample equally inclusive of children assigned female at birth and assigned male at birth and tried, when possible to match the demographics from Study 1. Again, participants were selected based on demographics in the absence of identifying

information or any information about the child's gender identity or expression, other than the requirement that they not meet our definition of a social transition. Of the initial 60 parents selected for interviews using this approach, 46 responded to requests for an interview. To replace the remaining 14, we relied on others from the original pool and new families that had been run in the longitudinal study in the meantime. In addition, we discovered during the interview that one of the 46 had fully socially transitioned (i.e., no longer met inclusion criteria for this study) and therefore could not be included for the present purposes and was replaced. As can be seen in Table 1 of the manuscript, we were not able to recruit exactly equal numbers of children assigned male and female at birth and therefore this study has more children assigned male at birth. The interviews occurred between 6/23/2017 and 5/5/2018. Parents were given a $10 gift certificate in exchange for participation.

Parents were asked many of the same questions as the parents in Study 1 and the basic procedure was the same. However, the unique questions posed to these parents, and the ones relevant to the present study were: "Have you ever thought about socially transitioning your child? (Just to be clear, for the purposes of this interview we are defining "social transition" as "changing pronouns in all contexts to those opposite of your child's natal sex")," "Have you ever talked to your child about socially transitioning?" Full interview questions are in the Supplemental Materials. The consent process and length of interviews was identical to Study 1.

Coding. Again, researchers first read through transcripts of interviews and developed a list of possible reasons based on common themes from parent's responses. Two coders then coded the answers, without speaking to one another. They were asked to answer, "Why is the child not currently socially transitioned?" with possible reasons: (1) child is not interested in socially transitioning, (2) child has a gender nonconforming or non-binary identity (e.g., they

pronouns, and/or likes current pronouns) so a binary transition is not relevant, (3) child never asked to transition, (4) parent does not want child to socially transition, (5) concerns about the child's safety/mistreatment (by child or parent), (6) a professional told them not to [this answer was mistakenly added because the original researchers thought some parents would say this but in fact in was never the primary reason cited and was therefore dropped from all results], (7) another reason. Reasons (1) and (3) were separated because a child's not asking to transition does not necessarily mean that child does not want to transition (i.e., a child could be concerned how the parent would reply or may not have thought of it as an option). Examples are included in Table 3. Unlike in Study 1, most parents gave a single reason and therefore coders were asked to make a mutually exclusive categorization based on the primary reason cited. In addition, coders were asked to answer the question "Did the family discuss a social transition?" and to code the answer as Yes or No. In cases where the two coders disagreed, a third coder was asked to code the item; if 2 of 3 coders agreed, the majority answer was recorded as the final coding. If the three coders all disagreed, the final response was coded as "no agreement."

Results and Discussion

Why haven't these children socially transitioned*?* The primary coders gave the same code for 44 of 60 cases (73%), Kappa=.613, approximate T=9.269, $p<.001$ (moderate reliability, McHugh, 2012). Final scores as well as scores broken down by each of the primary coders are provided in Table 3. As can be seen in the table, complementing the results from Study 1, and in line with recommendations from affirmative clinicians to let children lead (e.g., Edwards-Leeper, 2016), close to half of parents reported that their children are not socially transitioned because their children do not want to transition. An additional 10% said their child did not ask to transition. Parents sometimes mentioned that their child was content as is or had non-binary

identities, implying that transitions were not necessary. All of these reasons may reflect an important distinction between gender expression and gender identity. A number of the children in this study may show an incongruence between their assigned sex and their favorite activities or clothing/toy choices (i.e., gender expressions), but may not feel an incongruence with regard to their identities. Presumably, children with an incongruence in identity would be more likely to want to transition, though a limitation of this work is that we did not differentiate children by identity and/or expression. Parents reported themselves as the reason the child had not transitioned less than 10% of the time. Interestingly, coders found that most of the responses coded as "other" were children who were in the process of transitioning or had tried to transition very briefly (e.g., for a few days). Therefore, it is important to note that the present sample includes some children who had tried a brief transition and children who may meet this study's criteria for transition at some point in the future, though this was a small number of participants.

Coders also coded whether parents had discussed the possibility of a social transition with their children (yes/no). Interrater reliability for this item was moderate (McHugh, 2012), Kappa=.649, approximate T=5.212, $p<.001$, agreeing on 87% of categorizations (11 no, 41 yes). A third coder coded the 8 disagreements and her reply was used for final analyses. According to the final coding, 45 of 60 families (75%) discussed social transitions with their children. Some further analysis of these data is in the Supplemental Material. That so many families discussed transitions and yet the children are not transitioned, at least now, suggests that discussing transitions does not necessarily cause children to decide to transition, at least in the short term.

Study 3: Survey of Parents of Children who have Socially-Transitioned

In our final study we asked whether families of socially-transitioned children openly discuss the possibility of a future re-transition, as many therapists recommend (Leibowitz, 2018)

and why they do or do not have these discussions. To test this question, we included a question about these discussions as part of a survey of more than 250 parents of socially-transitioned transgender children.

Method

Participants. The parents of all children (N=369 children) who had been recruited at the time of the survey in two longitudinal studies of gender diversity (one for parents whose children transitioned before starting the study, The TransYouth Project, and one for parents whose children had not) were contacted to complete an online survey. Of these potential participants, 325 children had at least one parent complete at least part of the survey. When more than one parent completed part of the study, the parent who completed more of the survey was included in analysis. If two parents completed equal amounts of the study, then the mother (if there was one; if there were two, the mother with whom the research team more frequently communicated) was included in analysis as our previous work (e.g., Studies 1 & 2) suggested that more often mothers were the primary care taker in this sample. Of these families, 266 parents had a child (ages 4-15 at the time of the survey) who had socially transitioned and completed at least one item in the present study; these are the parents reported in Study 3. Of these families, 54 participated in Study 1. Of the 266 children, 246 of them had socially transitioned prior to the onset of puberty and 20 transitioned at or after the onset of puberty. Demographics are in Table 1. The survey was run between February 16, 2017 and June 20, 2017. Parents were given a $5 gift certificate in exchange for participation.

Survey Procedure. Parents completed an online survey that took about 20-60 minutes. Embedded in that survey were the questions relevant to the present study: “Have you ever talked to your child about the possibility of him/her switching back to his/her original pronouns (what is

sometimes called "de-transitioning")?" (yes/no) and "Tell us about why you have or have not discussed this with your child" (open-ended).

Coding. A researcher read through the open-ended responses to create mutually-exclusive categories for coding based on parent's common responses. Two coders read through de-identified transcripts and indicated which reason parents cited for why they have or have not had these discussions, using the devised coding system, without consulting one another. For parents who said they had not discussed re-transitioning, coders had six possible reasons to select from: (1) child is content/comfortable as is, (2) would make child upset/insulting, (3) child is leading/hasn't brought up, (4) other, (5) no explanation, and (6) said "no" but gives a "yes" explanation (i.e., the open-ended answer indicated they had discussed re-transitioning). For parents who said they had discussed a re-transition, coders had six possible responses to select from: (1) to say support/love is unconditional, (2) to say gender can change/child has options, (3) to check in/parent had second thoughts, (4) child asked/was interested, (5) other, and (6) no explanation. Examples of responses are included in Tables 4 and 5.

Results and Discussion

The majority of parents (176; 66%) reported discussing the possibility of a future transition with their children, indicating that parents were more likely to discuss a re-transition than chance (50/50) responding, binomial test, $p<.001$. In addition, 6 of the 90 parents who said they had not discussed a future transition, provided explanations that suggested they *had* discussed a future transition, indicating that, in total, about 68% of parents discussed a future transition with their socially-transitioned children. The observation that many parents reported discussing re-transitioning with their children aligns with the findings from Study 2 in demonstrating that families are often discussing transitions, even in many cases where those

transitions are not happening (at least yet). These results underscore the observation that discussing transitions does not lead all children to transition, at least in the short term.

For parents who said they *had* discussed social transitions, the two coders agreed on why parents discussed them for 69.3% of answers (Kappa of .575). In Table 4 we include the results for the agreed upon categorization as well as the categorizations made by each of the two primary coders. Again, the general pattern and therefore conclusions, whether coded by either coder individually, or the combined coders, were similar. The most common reason parents said they brought up re-transitioning—mentioned by almost half of parents—was to ensure that the child understood that gender could change/so that the child has options. Another common answer, endorsed by a quarter of parents, was that they brought up a future transition to point out that their support and love for the child was not conditional on the child's current gender. About 14% of parents reported that they brought it up to check-in about how the child was feeling.

For parents who said they had not discussed transitions, the two coders agreed on 74.4% of categorizations (Kappa of .673). In Table 5 we include the results for the agreed upon categorization as well as the categorizations made by each of the two primary coders. The most common reasons provided by parents (approximately a quarter to a third of parents endorsed each) were that the child is content as is or that the child had not brought up re-transitioning. Here we see some parallels to Studies 1 and 2 wherein decisions often revolved around the child's desires. Approximately 13% of parents said that they thought it would be upsetting or insulting to bring up the topic and another 13% gave idiosyncratic answers.

General discussion

Through three studies involving interviews and surveys of parents of transgender and gender nonconforming children who have and have not transitioned, the present work made two

primary discoveries. First, we found that many parents report their child's interest in social transitions drives the child's social transition. Similarly, parents say that when their children have not socially transitioned, it is because their children did not want to do so. Sometimes other factors emerged, such as changes in behavior thought to be linked to gender concerns that prompted a child and parent to consider supporting a transition. Parents' own concerns about social transitions sometimes led a parent not to support a transition, but this was rare. Nonetheless, the most common factor for families with children who are socially transitioned and those who are not was whether the child wanted to do so, in line with many therapists' recommendations (e.g., Ehrensaft, 2016).

Our second major finding was that parents report that their families often discussed transitioning, even when transitions had not happened. In Study 2, we found that 75% of parents with children who had not socially transitioned report having discussed the possibility of socially transitioning. In Study 3, 68% of parents with children who had transitioned report discussing the possibility of re-transitioning back to the gender typically thought to align with the child's assigned sex. While not asked in Study 2, parents in Study 3 mentioned that they raised these issues with their child because they wanted to make sure the child knew about their options or to make clear that they were loved and supported irrespective of transition status. While little has been mentioned in the literature about whether parents should discuss social transitions with gender nonconforming children who have not transitioned, recommendations for discussions among families of transitioned children are more widely discussed (e.g., Leibowitz, 2018). Our results suggest that discussing transitions does not always cause a child to decide to transition, at least in the short-term; these families, for example, were all families whose children had not transitioned (for the first or second time) at the time of the interview.

Of course, there are some limitations to drawing strong conclusions from the present work. First, the families who self-selected to participate in this work are unique in key ways (see Table 1) such as being from North America, primarily white, from high income backgrounds, and high levels of parental education and likely other harder-to-assess ways as well (e.g., they may be especially gender affirming or open to listening to their children). Second, interrater reliability was not high in many cases. Throughout, we have tried to emphasize the findings that were consistent across measures and coders and findings that had relatively higher reliability but caution should be used in interpreting these results, particularly when reliability was low. A third limitation is that the current findings may align with the clinical recommendations because the recommendations actually informed parents' decisions (i.e., parents spoke to these clinicians or those with similar views and that is why parents had these discussions with children). Finally, the current approach relied exclusively on parent accounts and those parent accounts were all retrospective. Children could very well have different perspectives than their parents do. Given the young age of many of the children, full interviews and online surveys were not possible, but replication with older transgender children and teens would be useful to corroborate (or not) the present findings. With these limitations in mind, the present work contributes to the literature on decision-making around social transitions by describing, with the largest sample to date, the factors that parents say played a role in their decisions to support their children through a social transition.

As clinicians continue to meet with families seeking advice about whether and how to support their gender nonconforming child through a social transition (when applicable) or how to discuss social transitions with their child, the present work, combined with extensive clinical recommendations (e.g., Angello & Bowman, 2016; Leibowitz, 2018) suggests that a good place

to start would be an open dialogue with the child. In that discussion, clinicians and family members might try to better understand the child's wishes, helping to separate the child's gender expressions from the child's gender identity, and potentially raising the topic of social transition in an open way. These results suggest that such an approach will not inevitably lead all children to decide to transition, particularly if paired with openness to ultimately meet the child's needs – whatever that may look like. Further, these results suggest that once a child has socially transitioned, discussions can continue, including discussion of the child's continued (or changed) gender identity and expressions and the family's support of the child irrespective of identity. Our results suggest that many families are already doing these things, but with increasing numbers of children socially transitioning, and presumably considering doing so, clinicians can play a role in facilitating these open discussions.

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Table 1. *Demographics of Participants and Their Children in Studies 1, 2, and 3.*

	Study 1 N=60	Study 2 N=60	Study 3 N=266
Child Age at Interview/Survey			
4 to 6	9	12	36
7 to 9	18	19	104
10 to 12	27	24	86
13 to 15	6	5	40
Sex Assigned at Birth			
Female	30	25	86
Male	30	35	179
Household Income			
<$25,000	7	6	18
$25,001-$50,000	6	5	33
$50,001-$75,000	11	12	43
$75,001-$125,000	21	20	73
$125,001+	15	16	96
Missing	0	1	2
Child Race			
Asian	6	1	9
Black/African-American	1	2	4
Pacific Islander/Native American/Alaska Native	0	2	1
White, Hispanic	6	7	19
White, non-Hispanic	31	42	188
Multi	16	5	44
Missing	0	1	1
Parent Level of Education			
High School	2	1	6
Some College	9	9	30
Bachelor's	21	19	79
Advanced Degree	23	26	147
Other	2	2	2
Missing	3	3	1
Geographic Region			
Northeast	12	11	44
South	0	5	23
Midwest	7	13	51
Southwest	11	3	20
Mountain West	5	5	24
West Coast	23	23	102
Canada	2	1	2

Table 2. *Interrater reliability, absolute agreement between first two coders, frequency as indicated by each coder independently, and final frequency coding for Study 1. Category coding was not mutually exclusive.*

	Interrater Reliability				Frequency of Category Appearance in Responses		
	Kappa	Approx T	Significance	% absolute agreement	Final Coding	Coder 1	Coder 2
Child	0.533	4.168	p<.001	77%	50%	50%	43%
Behavior	0.574	4.445	p<.001	83%	27%	27%	27%
Professional	0.319	2.481	p=.013	73%	30%	25%	28%
Group	0.64	4.994	p<.001	95%	8%	8%	7%
Person	0.659	5.431	p<.001	98%	3%	2%	3%
Media	0.1	0.778	p=.436	85%	13%	8%	10%

Table 3. *Parents' explanations for why children are not socially-transitioned in Study 2. Values are percentage of all answers given (responses were mutually exclusive).*

	Final Code	Coder 1	Coder 2
Child doesn't want to transition, "he's pretty adamant that he doesn't want to."	45%	47%	57%
Child is non-binary or GNC "[child] is very clear that [child] is both genders."	12%	8%	10%
Child didn't ask, "he hasn't brought anything up"	10%	10%	10%
Parent doesn't want transition, "he said I want to be a girl […] But then … he said, but when I grow up I want to be a boy again. At that point I was like laughing no, no, no, no, no, no, that's not, that's how you go (*sic*), you know what I mean, it's like he just wants to get through this time."	8%	12%	8%
Concerns about safety, "…so, um you know I think it also depends on the setting just because people here are so, I can't really describe it and I am originally from [name of state]. So you know, yeah I would rather have her in, you know, a place with more diversity where she could be who she wanted to"	7%	7%	7%
Other, "everybody keeps saying follow their lead, but I, I don't know what the lead is right now … she was telling us to change to male pronouns. She did get very happy when we started ... but then she started getting super self-conscious about it with all the little trip-ups that people were doing ... and that's when it became not a good thing."	12%	17%	8%
No agreement between coders	7%	*NA*	*NA*

Table 4. *Percentage of parents' explanations of why they did discuss a future transition with their socially-transitioned transgender child in Study 3. Coding categories were mutually exclusive.*

	Final Coding	Coder 1	Coder 2
To say support/love is unconditional, "We wanted our child to know that we loved her regardless of her gender or how she felt inside"	25%	24%	28%
To say gender can change/child has options, "We like to communicate and make sure he knows that he is free to change his mind at any point"	45%	51%	35%
To check in/Parent had second thoughts, "We check in with her periodically to make sure that this is what she really wants"	14%	14%	19%
Child asked/was interested, "My child has expressed a couple of times feeling a little bit like a girl. We discussed trying it out for a weekend to see how he felt".	2%	5%	0%
Other, "My child has a deep fear of needles and thus fears blockers, etc., so we have discussed what would happen to her body if she chooses this route."	8%	2%	17%
No Explanation, (left it blank)	2%	4%	1%
Could not be coded	3%	NA	NA

Table 5. *Percentage of parents' explanations of why they did not discuss a future transition with their socially-transitioned transgender child in Study 3. Coding categories were mutually exclusive.*

	Final Coding[1]	Coder 1	Coder 2
Child is content/comfortable as is, "our child has been deeply happy in her affirmed gender"	32%	31%	31%
Would make child upset/insulting, "If anyone even begins to discuss gender, she gets very upset quickly."	13%	14%	16%
Child is leading/hasn't brought up, "she has never brought it up"	24%	33%	23%
Other, "that's (sic) silly"	13%	8%	16%
No explanation, left it blank	6%	7%	6%
Said "no" but gives a "yes" explanation, "At the start we would ask if she was still ok with being a girl and she was strongly in favor. We stopped asking".	7%	7%	9%
Could not be coded	4%	NA	NA