

“Euphoria”: Trans children and experiences of prepubertal social transition

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Abstract

Objective: This research explored experiences of prepubertal social transition, listening to trans children who were affirmed in childhood, as well as hearing from their parents.

Background: Despite being a topic of significant importance, there is limited qualitative literature on parents' or indeed children's experiences of prepubertal social transition and little qualitative research on how childhood rejection or affirmation influences well-being.

Method: This study examines qualitative data from 30 parents with experience supporting a trans child to socially transition at average age 7 years (range 3–10 years), alongside data from 10 of the trans children. Data were analyzed through inductive reflexive thematic analysis.

Results: The first major theme explored experiences pretransition, with subthemes on children correcting assumptions, becoming distressed, struggling alone, reaching crisis, or growing withdrawn and frustrated. The second major theme examined experiences posttransition, with subthemes on a weight being lifted, validation at school, and well-being.

Conclusion: This qualitative research complements existing quantitative evidence on the importance of social transition, with childhood affirmation critical to the happiness and well-being of trans children.

Implications: The research has significant relevance for parents of trans children, professionals working with families, and policymakers and legislators influencing policy and practice toward trans children and their families.

KEYWORDS

affirmation, children, families, social transition, transgender

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Across the globe, increasing numbers of trans children are being supported in childhood (Ehrensaft et al., 2018; Olson & Gülgöz, 2018; Roche, 2020), including support for a social transition (Ehrensaft et al., 2018). The term *social transition* may denote a child's shift in name, pronouns, or presentation, as well as signifying a point of external recognition of a child's gender identity, when others in their family, school, or community respect and validate their gender identity through use of an appropriate pronoun, name, or both (Ehrensaft, 2020). It is distinct from diverse gender expression, with Ashley (2019a) noting that "social transition involves something beyond gender non-conformity and speaks to a shift in lived gender identity" (p. 679). Existing literature has noted the benefits of childhood social transition in terms of mental health and well-being (Turban, 2017). A study with 73 socially transitioned trans children aged 3 to 12 years found they had high levels of mental health, with levels of depression similar to cis children (Olson et al., 2016). A follow-up study on 116 socially transitioned trans children aged 6 to 14 years found high levels of mental health and self-worth in socially transitioned trans children, concluding "these findings are in striking contrast to previous work with gender-nonconforming children who had not socially transitioned, which found very high rates of depression and anxiety" (Durwood et al., 2017, p. 1).

In the past decade, clinical guidance for supporting trans children has moved away from an earlier approach of delayed social transition to affirmative approaches (Ashley, 2019b; Turban, 2017). Affirmative approaches emphasize supporting trans children in their identity without trying to predict their future identity or needs and without putting up age-based barriers to children living authentically (Temple Newhook et al., 2018). Medical guidelines published over the past 5 years from a wide range of prominent health care bodies endorse gender affirmative support. This includes guidance from the American Academy of Pediatrics (Rafferty et al., 2018), the Paediatric Endocrine Society Special Interest Group of Transgender Health (Lopez et al., 2017), and from national health care standards in Australia (Telfer et al., 2018) and New Zealand (Oliphant et al., 2018). Clinical authors of such consensus-based affirmative health care guidelines have written about how much they have learned and how much their approach has been influenced by the accounts of families of trans children, by listening to trans children themselves, and by learning from trans adults' reflections on their childhood (Ehrensaft et al., 2018; Telfer, 2020).

In the past decade, growing numbers of parents of trans children are accessing community support groups, whether in person or virtual, enabling families to learn from each other's experiences, exchanging stories and providing peer support (Kusalanka et al., 2014; Pullen Sansfaçon et al., 2015; Pyne, 2016). These community networks are reported as pivotal for parents finding the knowledge, trans-positivity and confidence to affirm and advocate for a preadolescent trans child (Galman, 2020; Horton, 2021). Parents and carers are known to be resistant to trans possibilities, needing to overcome their own fears or lack of knowledge in related areas to support a trans child's social transition (Horton, 2022). The stories and lived experience of families of trans children shared within parent networks are influential in shaping parent community consensus on appropriate support for trans children; yet these parental accounts are little captured in the academic literature (Chen et al., 2017; Kusalanka et al., 2014; Kusalanka & Munroe, 2021; Olson et al., 2019). Existing research provides limited qualitative perspectives on parents of trans children's experiences, with trans children's own experiences and perspectives on prepubertal social transition even rarer in the literature (Ehrensaft et al., 2018; Gill-Peterson, 2018). Some insights into the impacts of childhood affirmation or rejection can be gained from retrospective research with trans adults (Kennedy, 2022; Turban et al., 2020), but there is limited research on the experiences of parents and children who have experience-based insight into prepubertal social transition.

THEORETICAL FRAMEWORK

The research is underpinned by a trans-emancipatory theoretical framework, building on wider work on emancipatory research (Noel, 2016). Here a trans-emancipatory framework is one that recognizes and takes account of the role of cisnormativity and pathologization of gender diversity in upholding structural injustice. Cisnormativity is the assumption that everyone is cisgender (not trans) or should be (Keo-Meier & Ehrensaft, 2018). Newbury (2013) discussed the ways in which structural or institutional cisnormativity permeates societies and institutions, invisible to most cis people, yet exacting harm on trans people in structures and systems that were not designed to include trans lives. The research recognizes the negative impacts of cisnormativity on trans children, in research as in society (Ansara & Hegarty, 2012). Herein the word *trans* is used to include those who are binary-oriented as well as nonbinary (Vincent, 2020). The research recognizes the continued legacy of past pathologization of gender diversity, from decades where gender diversity was deemed a disorder to be prevented or reformed (Bryant, 2006). The research maintains commitment to trans-emancipatory research, influencing the selection of research questions, the research ethics and research methodology, recognizing that gender diversity is neither pathological nor problematic, acknowledging that trans lives are equal to cis lives, and being attentive to cisnormativity or pathologization of gender diversity within and across the research.

RESEARCH QUESTIONS

The existing literature on social transition provides limited insights from parents who have supported a child's prepubertal social transition and even less insight from trans children who themselves socially transitioned preadolescence. This research aimed to address this gap in the literature, guided by the following research questions:

1. What are parents' and trans children's experiences of prepubertal social transition?
2. What can we learn from parent and child accounts of their experiences before and after a prepubertal social transition?

METHODS

Sample

Thirty parents were interviewed from across England, Scotland, and Wales. Individualized demographic information is not presented, responding to participant requests for additional privacy in a small, vulnerable, and potentially identifiable cohort. One hundred percent of interviewees were cis; 90% were White; 93% were women, and 23% were disabled. Seventy percent were aged 40 to 50 years, and 10% were immigrants to the United Kingdom. Interviewees had a wide range of levels of household income and a range of levels of education, with 20% reporting secondary education as their highest qualification, 37% reporting a graduate degree, and 43% a postgraduate degree as their highest qualification. In terms of sexual orientation, the cohort was diverse; 60% of parental interviewees were heterosexual, 23% pansexual, 10% bisexual, and 7% gay or lesbian. The parents interviewed shared experiences of 30 socially transitioned trans children, including 15 girls, 12 boys, and three nonbinary children. These children socially transitioned at an average age of 7 years (range 3–10 years). At time of parental interview, their children were age 11 years on average (range 6–16 years). Ten trans children, who were children of 10 of the interviewed parents, were also interviewed. These children were on

average 12 years old at time of interview (range 9–16 years) and had socially transitioned an average of 4.5 years before the interview.

Study design

The research presented here is a portion of a wider PhD on cisnormativity, rights and well-being of trans children who socially transition preadolescence in the United Kingdom. The inclusion criteria for parent interviewees were (a) being a parent or carer of a socially transitioned trans child in the United Kingdom, (b) their child having socially transitioned while under age 11 years, (c) their child currently being under age 16 years (one child in the sample had just turned 16 by the time the interview took place). The inclusion criteria prioritized interviewees with recent experience of prepubertal social transition.

To recruit parental participants, details about the study were shared on closed online spaces in six UK support groups for parents of trans children. None of these support groups are actively trans-hostile, with group moderators ensuring the groups are a safe space away from transphobic discourse. Avoidance of advertisement on trans-hostile parenting fora was judged as unlikely to affect the sample, as trans-hostile parents would not support a trans child's social transition under age 11 years and, therefore, would not fall into the cohort prioritized in this research.

Additional parental interviewees were brought in via snowball sampling, through introduction from other members of these parent support groups. Access to hard-to-reach families and children was enabled by the author's positionality as a nonbinary parent of a trans child, helping overcome trust-related barriers to hearing from this cohort. The author is herself a member of four of these closed online spaces and posted there directly, with other parents sharing details on two other groups.

The sample of interviewed parents were also asked to consider inviting their trans child to participate, with just under a third of their trans children opting to participate. Research participants received a project information sheet in advance, outlining the purpose of the research, their rights, and how their data would be used, with one version tailored for child participants. Parents and adolescents provided written informed consent, and for younger interviewees, parents provided written consent on behalf of their child, with children of all ages additionally providing either written consent or verbal informed assent (Lundy et al., 2011; World Medical Association, 2013). After interview each parental interviewee completed a short demographic survey.

Data collection

Interviews were conducted remotely via Microsoft Teams during the period December 2020 to September 2021. Semistructured interviews, covering broad topics including health care, education, and families, lasted approximately 1 to 3 hours (median approximately 2 hours) for parents, and 20 to 50 minutes for children (average 25 minutes). This article considers a subset of the wider data corpus, focusing on portions of the interviews discussing social transition, and specifically portions of interviews discussing experiences before and after social transition. Interviews used broad, open-ended questions, allowing interviewees to talk openly and at length around each topic. Interviews were scheduled to fit with interviewee availability (many being conducted during periods of COVID-related lockdown), remaining flexible to adapt to times when interviewees could be interviewed in privacy without family members overhearing.

Key parental questions relating to their experiences of their child's social transition included the following: "Has your child socially transitioned? Can you tell me about your experience?"

After each initial answer prompts were used flexibly to elicit further responses: “Can you tell me about the time before the point of social transition?” “What do you remember about the time when the social transition occurred?” “How were things in the months/years after that?” The interview methodology with trans children was flexible and bespoke, adapting to individual child preference with some interviews conducted one-on-one, some conducted with a parent present, some with their parent asking questions and recording the interview, and one child providing written input. Questions for trans children were tailored to their age, including broad questions such as “Do you remember before your parents understood your identity?” and “Can you tell me about that time?” with prompts such as “And what happened next” and “Do you remember how you felt at that time?” Interviews were recorded, stored securely on an encrypted platform, and transcribed by the author. Transcripts were checked against the recording, with anonymized transcripts uploaded into NVivo.

The research received ethical approval from the author’s university. The research built in ethical best practices for trans-related research (Adams et al., 2017; International Transgender Health Forum, 2019; Vincent, 2018), combined with ethical practices in research with children (Lundy et al., 2011; Moore et al., 2018). Participant anonymity was a high priority, with interviewees further emphasizing the importance of individual quotes not being identifiable, given the vulnerable and small population that this research cohort is taken from. For this reason, it was agreed jointly with research participants to go a step beyond the usual criteria for anonymity and to avoid linking individual quotes to specific pseudonyms, as well as omitting child ages from specific parental quotes, thereby preventing patchwork identification. This particular cohort places a high level of importance on privacy and safety, and a strong duty of care was upheld to respecting interviewee preferences in how their data were shared.

Data analysis

Data were analyzed through inductive reflexive thematic analysis (Braun & Clarke, 2006) to understand interviewee experiences and perspectives related to the timing of social transition, with data-driven development of codes and themes. The analysis comprised rereading each transcript to become familiar with the data, coding diversely without predefined coding categories.

The initial codes were then reviewed to identify themes and subthemes, with all extracts for each subtheme collated and reread. The initial subthemes were then reviewed, and revised to ensure they were internally coherent, consistent, and distinctive and accurately captured the dataset. Each subtheme was analyzed and interpreted, including with reference to existing literature. Indicative quotations from a range of interviewees were selected to illustrate each subtheme accurately. Efforts were made to include multiple quotations in this article, with this decision informed by the underpinning emancipatory approach. Several interviewees expressed a hope that their voices would be shared directly, noting a lack of voice of parents of socially transitioned trans children in the literature or wider discourse, and emphasizing the privacy and safety concerns that limit their ability to share their experiences safely in other forums. The analysis accompanying the quotations is recognized as the author’s interpretation, acknowledging the role of any researcher in actively interpreting data (Braun & Clarke, 2006).

RESULTS

The research examined parent and child experiences before and after a prepubertal social transition. The first major theme presents a range of challenging experiences pretransition, with subthemes on children correcting assumptions, becoming distressed, struggling alone, reaching

crisis, or growing withdrawn and frustrated. The second major theme presents experiences post-transition, with subthemes on a weight being lifted, validation at school, and well-being. The results section comes with a trigger warning, including references to distress, self-harm, and child suicidal ideation, particularly in section “Reaching Crisis.” Each subtheme is illustrated with quotations from parents [P] and children [C].

Challenging experiences pretransition

The first major theme explores parent and child experiences pre-social transition.

Children correcting assumptions

This subtheme captures the ways in which trans children challenge assigned labels, including examples of children asserting their identity to their parents, siblings and peers. Children correcting their parents’ assumptions around gender identity was a common theme in many parental accounts, with some trans children correcting their parents from age 2 to 3, insisting on being correctly gendered. One parent described how their young child challenged their assumptions: “He kept correcting us” [P]. Another parent recalled how their child would assert her identity every time she was misgendered: “She was saying say ‘sister not brother’ every time I said, ‘Oh pass your brother the bla blab bla,’ she would say ‘sister, not brother,’ say ‘she not he’” [P].

Some children asserted their gender more vocally as they joined primary school (age 4). A parent recalled a conversation with their child on the first day of starting school: “[I said] ‘I’ve got two big school boys now.’ And she just looked at me, and she just went ‘school girl mummy’” [P].

Some children were able to challenge misclassification with self-confidence, with parents describing how their children asserted themselves: “She said to me, mum, you do know I’m a girl, don’t you?” [P].

Several interviewed children remembered trying to correct their parent regularly from a young age: “At about 4, I kept telling my mum that I felt like a boy” [C]. Other children prioritized getting their peers to gender them correctly; one parent found out that their child had been asserting her identity in front of other children, without parental knowledge:

Our older child said to us that whenever they’d gone to parks, soft plays or that kind of thing where children meet each other.... for as long as he could remember, whenever they’d gone to places where they met other children, she had introduced herself as [new name], she had introduced herself as his sister. [P]

These accounts of children correcting misassumptions align with wider research on young trans children’s identities, with a body of psychological research demonstrating that preschool and primary school-age trans children have a strongly felt gender identity and know who they are (Fast & Olson, 2018; Olson et al., 2015; Rae et al., 2019).

Becoming distressed

The second subtheme highlights examples of children growing increasingly distressed at being misgendered, with their parents noticing their child’s distress, and children recalling their own frustration and sadness. One trans child reflected on how it felt before their parents understood and affirmed them:

Interviewer: Was it hard to show your feelings when you were younger?

Child: I did like [cross facial expression]. I think they knew that I was angry.

Interviewer: How did it make you feel? Were you bothered?

Child: I was kind of bothered.

Interviewer: Can you tell me any emotions that you might have felt?

Child: Anger, sadness.

Many parents recalled noticing how misgendering affected their child's happiness and well-being: "She was kind of happy before, but every time she was called a boy's name, she wasn't happy. Every time I used the wrong pronouns. She wasn't happy. ... these things would upset her" [P]. Another child recalled how it had felt when they were being misgendered: "When people got it wrong, when I corrected them, they said sorry, so it was alright. It didn't feel that good (visibly upset here) before I corrected them" [C].

A majority of parents and children were operating in a world without trans possibilities, and described how a lack of access to trans narratives impeded understanding:

He used to cry himself to sleep a lot. And we used to have what we used to call sort of meltdowns, where you'd be hugging him. And you know, and he couldn't be consoled, because, and this is when he was about, I suppose it started when he was about 6 or 7, these meltdowns. And because he wanted a beard, and you know, as a cis person, it just sounded ridiculous to me, you know, that a 6-year-old would be crying about wanting a beard. [P]

Another trans child described how it felt when they were incorrectly gendered:

Interviewer: What did it feel like when people got it wrong?

Child: Like crying.

These examples highlight the strain, stress, and distress trans children can experience while they are not being understood, supported, or affirmed in their identity.

Struggling alone

The third subtheme captures experiences in which parents were not aware of their child's distress or did not know that depression or anger were related to identity. This theme highlights examples of children struggling on their own and parents only later understanding their child's experiences. Some children were aware of their identity at very young ages but did not assert it, hiding their gender identity from their family, often for several years, and dealing with their feelings and emotions alone. Parents only became aware of their child's lonely struggle when their child came out to them.

There was one night when [child] was absolutely bereft, and I was just, we were just lying in his bed, and I was just like hugging him and I was like, you know, you can tell me anything. Like, it doesn't matter. But if there's something and we can do something to help, then, you know, it is, so much better if we talk about it. And that's when he was like, "Mummy, I'm a boy, like everybody thinks I'm a girl and I'm—I'm just not—like—I am a boy." [P]

Children had tried to suppress their identity and were in need of parental acceptance: "And we were laid in bed one night reading a story. And she turned around to me, and she just

said, ‘My, my heart keeps making me feel like a girl and I can’t make it stop’” [P]. Within this subtheme, some parents were aware of their child’s depression or anger but had not understood the connection to gender identity. Several parents who had noticed their child’s depression and felt relief once they understood what was happening and were able to help their child.

But she’d been so low and so depressed for such a long time. And it was like, the lightbulb moment for us as a family. It was like, oh, so that’s what’s been wrong all this time. We can help with that, you know, and so, because we could look back and say, yes, that was obviously why you were struggling so much. We knew she’d been thinking about it for a lot longer than, you know, that moment. [P]

For a few parents, understanding that their child had struggled with disclosing their identity helped them understand past difficulties they had observed: “She was a very angry child, and looking back, it’s kind of clear where that came from” [P]. Within this subtheme, parents only later understood what their child had been through before coming out. A parent recounted how their child has described the time before disclosing their identity:

She has sort of said little things to me, like how she felt she was climbing a really, really, really, really tall ladder. And she felt like she finally got to the top and was able to see, which I quite liked as an analogy from like, a 7-year-old, when she said that, and that it was a really hard climb, and a really long and lonely climb. but she did it, you know, so she feels quite proud of it. [P]

These accounts echo literature on trans adults’ childhood memories, with research emphasizing there often being a significant gap between a person understanding their identity, and them disclosing their identity to anyone else (Kennedy, 2022).

Reaching crisis

[Please be aware the information in this subtheme may be triggering.] Within this subtheme we hear examples of children experiencing extreme distress, pain, frustration, and suicidal ideation, before disclosing their identity. Several parents described their children being in acute despair before disclosing their identity, and some parents were only fully aware of this later.

She was so depressed and it later came out that she had been coming downstairs, and it wasn’t just once, she said she used to come downstairs and hold the kitchen knives, and will herself to die. Like she wanted to kill herself. She would have only been 6 years old at that time. And finding out that your child was in so much distress like that, and not able to tell me, I mean, she sort of said to me, “I decided that I couldn’t do it and I just had to tell you I’m a girl instead.” [P]

Another parent only found out about the depth of their child’s suffering when their child confided in a friend:

I was picking up my child from a birthday party and another parent came over. And said that my child had confided to their child, that they wanted to die by suicide, because they were so miserable. ... My child is literally 9 years old, and they want to die by suicide. [P]

One parent shared their child's description of why she benefits from attending counseling sessions with a trans-positive counselor:

She said, even the other day, that she enjoys having those meetings, because it helps her get some of her demons out. I think that was the language she uses. She's like, I've still got all this pain and frustration from before mummy, from before I came out, and it helps to talk to them, because it helps to get it out. [P]

These accounts provide insights into the acute distress trans children may feel when they are not understood, or fear being rejected, by those closest to them.

Growing withdrawn and frustrated

Within this subtheme parents describe recognizing their trans child's growing frustration and depression as they waited for parental acceptance. Several parents noticed their children's well-being declining while they were waiting for the world and waiting for their families to understand them and support them.

I saw that she was becoming more withdrawn. I saw that she was struggling with school. ... The best way I can describe it is there was just this air of sadness around her. And I don't really know how else to articulate it. [P]

Parents noted how living inauthentically caused their child pain:

Well, just how unhappy [child] was when she was having to live as [assigned name]. Because effectively she was being forced to live like that. She didn't want to be a boy—having to present as a boy was, you could see, it was painfully uncomfortable for her. [P]

Parents noted how living inauthentically had negative impacts across all areas of their child's life: "I think that before he, before he transitioned socially, yes, absolutely, he was completely struggling in the world" [P].

Parents also reported slowly understanding how much being correctly gendered mattered to their child. One parent described their child's reaction, after a stranger referred to the child as a boy and the parent did not "correct" them:

When we left the store and he was like "thank you for letting me be a boy, mummy." And I ... That, that is straight from his heart, you're letting me be a boy. And I am like, the power that you have, as a parent, to utterly destroy your child in that one second. [P]

A number of children grew increasingly frustrated at delays in parental support. One parent emphasized their child's exasperation at waiting for parents to understand. The parent recalled the conversation when they discussed affirming their child:

Like her face was saying "Oh for fucks sake like someone gets it." Like you stupid people. I'm 6 and I'm spelling this all out for you. So we were like OK, "you'd like us to say [new name]." "Yeah." "And you'd like us? Well does that mean, you'd like us to say she and her?" Sigh. "Yes" [exasperated, obvious yes]. [P]

One parent reported how their child remembers that period before receiving support:

She often refers to it as, you know, like, “when everyone was idiots” and “when none of the rest of you had a clue about anything.” I get the sense from conversations I’ve had with her, that she was literally just waiting for the rest of us to catch up. And I, you know, I think she knew who she was from before she could even speak. And so, for her, the transition was us catching up. [P]

These accounts highlight how parents grew to recognize the negative impacts on trans children of rejection or being denied recognition.

Experiences posttransition

The second major theme explores parent and child experiences post social transition.

A weight lifted

Within this subtheme parents and children describe significant positive impacts of parental affirmation and social transition. A majority of parental interviewees described a weight being lifted from their child once parents understood and embraced their child’s identity. “But she, you know, as soon as she told us, she was like, the weight had been lifted” [P].

Several parents described significant emotional shifts once children were affirmed.

She was a really, really angry toddler and young child. And, and almost all of that dissipated with transition. [P]

It was brilliant for him. It was brilliant for him, the meltdowns stopped. [P]

She just, she just changed overnight, you know, back to this bubbly, vivacious child that I hadn’t seen for a couple of years. And, and she continued, you know, she’s dancing down the street, singing all the time, she’s just sunshine. [P]

Once using affirming language, parents understood how important it was for their child. “And the benefits were immediate, her—at every stage, every time we had a conversation that validated her, there would be this shift, there would be this light in her eyes, that we were seeing her” [P]. Another parent stated: “It was really, it was just so amazing to see how such a small action could make such an impact. And conversely how misgendering can do the reverse” [P]. A child interviewee was asked how they felt when their parents used affirming language: “It felt right, and it gave me the biggest feeling of euphoria” [C].

These accounts align with findings from a growing body of research that demonstrates the importance of family support for trans children (Hill et al., 2010; Pollitt et al., 2019; Riggs et al., 2020; Russell et al., 2018).

Validation at school

Within this subtheme, interviewees reflected on the critical importance of social transition at school, with positive impacts on their child’s happiness, stress levels, and willingness to attend school. One parent recalled the strain placed on a child who was affirmed at home but was not socially transitioned at school.

And I think, it was from that point, she was so happy, fully living as a girl. And then it was like, right, off you go to school in your boys' school uniform. And pretty much weekly from that point. It always seemed to be in the bath. She'd say, "When can I go to school as a girl? When can I go to school as a girl?" [P]

Some families had a longer period of affirmation at home, without affirmation in other spheres including at school, noting the stress and strain this placed on their child:

Things deteriorated quite rapidly because she was [new name] full time at home, and with a couple of select friends, and then had to go and be in boy mode at school, and see her dead name written down everywhere, and answer to her dead name on the register, and [we noticed] very rapidly deteriorating behavior at home because of that. [P]

Several parents emphasized a dramatic improvement in their child's willingness to attend school once affirmed there.

In the sense that it made her happier—yes. It was a huge deal for her. She was miserable going to school in a boy's uniform. Honestly, it was a fight every day, the day that she was allowed to go in a dress, she was up and ready for school. You know, before I'd even got out of bed. Yeah, completely changed her life. [P]

Before he transitioned, he was actually coming home from school, really, really angry. And he's, you know, he is a very well-behaved child. He likes to do the right thing. But he was coming home angry. And literally overnight, when we agreed that date [for social transition at school], he changed. He was happier, the anger had gone. [P]

Another parent described a conversation with teachers, and the significance of teacher support to their child:

So, we were sat there at the end of the normal parents evening, and there was the teacher and the student teacher there. And I said, oh, [child] wants me to tell you something. She would like to wear the girl's uniform to school. And he said, straightaway, not a blink, that's absolutely fine. And [child]'s reaction was to burst out crying, she just burst, burst out crying, leaning into me, that first bit of acceptance from outside of the family. [P]

One parent reflected on the stresses of a school initially offering acceptance of a name change without acceptance of affirmed pronoun:

She [teacher] went, "No problem, ... after we've finished, do you want to go and change the label on your school peg, the label on your books and all that sort of stuff." And he [child] literally grew like a couple of inches in his seat when all this was going on. Then she said, "Is there anything else you want to say?" And he said, "I want to be a boy. I want you to call me 'him.'" And at this she balked, and she went, ... "Why don't we try that in September?" And he shrunk down, his grip got hard, you know, when he was holding my hand. And I just looked at him. And I just said, "No, we change everything now. We cannot—we do not have the right to say you can change your name, but you can't change your pronoun. He knows what he wants, he is absolutely certain. We are changing his pronoun." [P]

Once children were affirmed at school, their happiness and willingness to attend school increased: “They changed all his books to have his new name on and new pronoun ... and he came home sort of high as a kite” [P]. Another parent described their child being happier after socially transitioning at school despite experiencing increased harassment and bullying:

The social transition bit at school, I guess, in that period, from September to January, was hard in terms of managing it, and then it got easier, because then I wasn’t worried about, like, are we doing the right thing. It was clear we were doing the right thing. It was crystal clear that she was happier. And she was happier, even though she was dealing with a lot more, you know, difficult stuff from her peers. [P]

These accounts of the importance of school affirmation are in line with research on the importance of trans-positive supportive educational environments for allowing trans children to thrive (Horton, 2020; McBride, 2021).

Well-being

Within this subtheme, interviewees noted the positive impacts of social transition across diverse areas of trans children’s lives. Parents reflected on what difference social transition meant to their child. Happiness was a key word used to describe the difference affirmation made to their children.

Through that period, [child] just got happier and happier and happier. [P]Seeing how happy she was. It was like there was a huge weight off her shoulders. [P]Definitely, it improved things. She was a lot happier. Definitely improved. [P]We’re seeing a happier child for—since the social transition. [P]

A parent, interviewed jointly with their child, asked how affirmation made their child feel:

Parent: Can you remember when we started calling you he and him? What that felt like? Child: It. Made. It made me feel joyful. And happy.

Several parents described how much difference affirmation, both at home and at school, made to their child’s well-being:

And just the benefits, were so clear, to her, you know—to see who she was. And her behavior and her attitude, and, you know, little things, like she’d been really slow to pick up reading. But I don’t think there’s a coincidence that, literally within a couple of months of her transitioning, she was reading, and by the end of year three, so a year after social transition, she had caught up and began to overtake peers, you know, there’s that kind of—how much of her brain power had been given over to existing in a world that didn’t see her as who she was. And when she was allowed to be herself, all other aspects of her life kind of began to, to catch up and fall into place, as they should have been. [P]

Parents noted significant improvement in their child’s well-being across diverse domains:

She was happy, content. She started to go into loads of different social clubs, she joined brownies, she went to youth group, she joined a netball club, she went to drama club, and she had a network of close friends that—she was just a really happy, settled child. [P]

Several parents were surprised that children's educational performance improved after social transition. One parent noted, "Academically he went through the roof. Which was the most astonishing thing" [P]. Another described this change as follows:

They [the school] did notice this massive change in her ... you know, she had no interest in school whatsoever, she wasn't doing very well, but now she's just a sponge. Now she's not worrying about gender stuff as much. And she's able to concentrate and give her opinions freely in class ... she's actually doing really well in all of the areas at school ... It's like, it's freed her. [P]

These findings highlight the different ways in which social transition can protect trans children's well-being, with interviewees noting improvements in educational achievement, social connections, and childhood happiness.

DISCUSSION

Parental accounts pretransition reveal common examples of children correcting assumptions, asserting their identity at home and amongst their peers. When trans children were not understood or promptly affirmed, parents noted growing distress, with misgendering and miscategorization affecting trans children's happiness. Some children tried to adhere to cisnormative expectations, only disclosing their identity at a point of distress or despair. For some young children, their despair was acute, and some carry longer term impacts linked to the fear and pain of rejection or not being understood. Many parents reported noticing increasing levels of sadness and frustration as their child waited for family, school, and peers to accept and affirm them. These accounts highlight a range of levels of distress and despair, but a common theme of unsupported children who were not able to thrive or enjoy their childhoods while continually dealing with instances of nonaffirmation and rejection.

The accounts also highlight a striking theme of improvements in well-being after social transition, with children referencing the happiness or "euphoria" of being affirmed and living authentically. Parents describe a weight off their child's shoulders, with affirmation reducing stress, anger and frustration, and with children able to succeed in other aspects of their lives once their gender identity was affirmed. Parental accounts emphasized the importance of in-school affirmation, with noticeable improvements in child willingness to go to school, enjoyment of school, and enthusiasm for social and extracurricular activities. Parents, interviewed at an average of 4 years since their child's social transition, noted that affirmation at home and at school was associated with both an immediate and a sustained improvement in happiness. Parents also reported improvements in educational attainment that they perceived as direct outcomes of affirmation. Several described trans children as unable to thrive before social transition, with affirmation "setting them free."

Accounts of distress and unhappiness before affirmation align with what is known about the negative mental health consequences of family rejection. A body of predominantly quantitative research has shown the negative effects of childhood rejection, with evidence that non-affirmation leads to insecure attachment (Wallace & Russell, 2013), shame (Turban, 2017), psychological harm (Priest, 2019), lack of belonging, posttraumatic stress disorder, and low self-worth (Ehrensaft et al., 2018). Trans children and adolescents are known to be at risk of poor mental health, with a wide variety of studies noting high levels of depression, anxiety or suicidal ideation (Srivastava et al., 2020; Strauss et al., 2020; Veale et al., 2017). A growing body of research has also shown that poor mental health is not intrinsic to being trans, with evidence demonstrating a wide range of external factors that correlate with good mental health, including family support (Katz-Wise et al., 2018; Klein & Golub, 2016; Pullen Sansfaçon et al., 2019; Simons et al., 2013; Travers et al., 2012), social affirmation (Durwood et al., 2017;

Olson et al., 2016; Whyatt-Sames, 2017), and safe and welcoming trans-inclusive primary and secondary education (Horton, 2020; McGuire et al., 2010).

This study also aligns with the reflections of clinicians with decades of experience working with trans children and their families. Clinician Dr. Diane Ehrensaft (2018) noted that supportive families “are discovering an increase in happiness and well-being in their child once that child is allowed to live in their authentic gender” (p. 5). She further stated that “through a social transition, children often express great relief that people understand who they are, while parents describe a deep joy and comfort previously unseen in their young child” (p. 7).

Parental interviewees acknowledged that they started out with low understanding of the harms and stresses of rejection or denied social transition, as well as having limited understanding of the potential benefits of affirmation. A number expressed surprise at the positive impacts they observed accompanying social transition. It is also important to note that a majority of both parents and children were initially (before social transition) navigating through a world without visible trans “possibility models” (Pearce, 2021). With no visible reference point of socially transitioned trans children, a majority of both parents and children in this sample stumbled through periods of turmoil and distress, without access to other possibility models of how life could be.

Strengths and limitations

Several potential limitations are noted, linked to the inclusion of parental perspectives, linked to the sample, and linked to the length of time for outcomes to be observed. First, the findings include a significant emphasis on parental perspectives. Drawing from (cisgender) parental accounts brings with it a risk of parental oversimplification, miscommunication, and misunderstanding of trans children’s experiences, with recent examples where trans-antagonistic parental accounts have been used to discredit and discourage support for trans adolescents (Ashley, 2020; WPATH, 2018). This risk is mitigated by asking parents to speak about things that are within their knowledge—what they did, what they saw, what impacts on their child they observed. It is also critical to acknowledge the context in which parental observations occur. These observations were drawn from families in which at least one parent was affirming and where children were affirmed in their primary residence. Parental observations from transphobic and rejecting parents of trans children have noted less positive accounts of trans children’s well-being, and critics have pointed out that living in trans-hostile homes is likely relevant to the well-being outcomes that trans-hostile parents observe, with extensive literature drawing a connection between safe and affirming homes and trans youth well-being (Hill et al., 2010; Pollitt et al., 2019; Riggs et al., 2020; Russell et al., 2018).

There is also a potential limitation in the selected sample—that is, perhaps those with more positive experiences would be more willing to volunteer for interviews. Further insights could be drawn from a different sampling strategy, although this would still be faced with challenges of differential willingness to consent to participation. Researcher positionality could also influence participation, with prospective interviewees being aware of the researcher’s situation as a nonbinary parent of a socially transitioned trans child. This positionality was both critical in gaining trust, access, and engagement from a hard-to-reach group, and at the same time could potentially deter engagement from parents who were less positive about social transition. A final potential limitation is on the length of the follow-up of these children, with the children in this sample having socially transitioned for an average of 4 years at the time of parental interview. Parents in this sample describe the critical importance of children having been able to enjoy their childhoods for this period, irrespective of future and long-term outcomes. Follow-up research could potentially revisit the same cohort, understanding well-being outcomes over a longer period.

Implications

The research has significant relevance for families with preadolescent trans children, who can draw from this research encouragement to listen to and support their trans children. The research has significant relevance for professionals working with trans children and their carers across diverse fields, including social workers, family courts, health care professionals, and teachers. Professionals need to understand the importance of prepubertal social transition for many trans children, taking an evidence-led approach that recognizes the harms of childhood rejection, and the benefits of family and community affirmation. Professionals interested in mental health and well-being need to recognize the potentially protective impact of prepubertal social transition on trans children and need to help create supportive and affirmative environments, including through education and support to parents and carers. The research also has significant relevance for policymakers and legislators, demonstrating the need for evidence-based policy and practice that recognizes the importance of social transition in safeguarding trans children's mental health and well-being.

Conclusion

This research highlights common experiences of child distress, sadness, frustration, and despair in the time before social transition. In contrast, trans children described feelings of "joy" or "euphoria" once they were supported by their parents. Parents, in turn, observed profound and sustained improvements in mental health, well-being, educational attainment, and happiness once their children had socially transitioned. These qualitative insights complement existing quantitative data on the protective mental health benefits of family and school affirmation. The research also highlights the importance of positive "possibility models." Trans children, parents, and carers, and those around them, need to be aware of positive possibilities: Trans children do not need to endure rejection, distress, and despair; preadolescent social transition and affirmation present opportunities for trans children to enjoy a positive and happy childhood.

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REFERENCES

- Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A., & Thom, K. C. (2017). Guidance and ethical considerations for undertaking transgender health research and institutional review boards adjudicating this research. *Transgender Health, 2*(1), 165–175. <https://doi.org/10.1089/trgh.2017.0012>.
- Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. *Psychology & Sexuality, 3*(2), 137–160. <https://doi.org/10.1080/19419899.2011.576696>.
- Ashley, F. (2019a). Gender (de)transitioning before puberty? A response to Steensma and Cohen-Kettenis (2011). *Archives of Sexual Behavior, 48*(3), 679–680. <https://doi.org/10.1007/s10508-018-1328-y>.
- Ashley, F. (2019b). Watchful waiting doesn't mean no puberty blockers, and moving beyond watchful waiting. *The American Journal of Bioethics, 19*(6), W3–W4. <https://doi.org/10.1080/15265161.2019.1599466>.
- Ashley, F. (2020). A critical commentary on "rapid-onset gender dysphoria." *The Sociological Review, 68*(4), 779–799. <https://doi.org/10.1177/0038026120934693>.
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>.
- Bryant, K. (2006). Making gender identity disorder of childhood: Historical lessons for contemporary debates. *Sexuality Research & Social Policy, 3*(3), 23–39. <https://doi.org/10.1525/srsp.2006.3.3.23>.
- Chen, D., Hidalgo, M. A., & Garofalo, R. (2017). Parental perceptions of emotional and behavioral difficulties among prepubertal gender-nonconforming children. *Clinical Practice in Pediatric Psychology, 5*(4), 342–352. <https://doi.org/10.1037/cpp0000217>.
- Durwood, L., McLaughlin, K. A., & Olson, K. R. (2017). Mental health and self-worth in socially transitioned transgender youth. *Journal of the American Academy of Child and Adolescent Psychiatry, 56*(2), 116–123.e2. <https://doi.org/10.1016/j.jaac.2016.10.016>.

- Ehrensaft, D. (2020). Treatment paradigms for prepubertal children. In M. Forcier, G. Van Schalkwyk, & J. L. Turban (Eds.), *Pediatric gender identity: Gender-affirming care for transgender & gender diverse youth* (pp. 171–185). Springer International Publishing. https://doi.org/10.1007/978-3-030-38909-3_13.
- Ehrensaft, D., Giammattei, S. V., Storck, K., Tishelman, A. C., & Keo-Meier, C. (2018). Prepubertal social gender transitions: What we know; what we can learn—a view from a gender affirmative lens. *International Journal of Transgenderism*, 19(2), 251–268. <https://doi.org/10.1080/15532739.2017.1414649>.
- Fast, A. A., & Olson, K. R. (2018). Gender development in transgender preschool children. *Child Development*, 89(2), 620–637. <https://doi.org/10.1111/cdev.12758>.
- Galman, S. C. (2020). Parenting far from the tree: Supportive parents of young transgender and gender nonconforming children in the United States. In B. K. Ashdown & A. N. Faherty (Eds.), *Parents and caregivers across cultures: Positive development from infancy through adulthood* (pp. 141–153). Springer International Publishing. https://doi.org/10.1007/978-3-030-35590-6_10.
- Gill-Peterson, J. (2018). *Histories of the transgender child*. University of Minnesota Press.
- Hill, D. B., Menvielle, E., Sica, K. M., & Johnson, A. (2010). An affirmative intervention for families with gender variant children: Parental ratings of child mental health and gender. *Journal of Sex & Marital Therapy*, 36(1), 6–23. <https://doi.org/10.1080/00926230903375560>.
- Horton, C. (2020). Thriving or surviving? Raising our ambition for trans children in primary and secondary schools. *Frontiers in Sociology*, 5. <https://doi.org/10.3389/fsoc.2020.00067>
- Horton, C. (2021). Parent advocacy groups for trans children. In A. Goldberg & G. Beemyn (Eds.), *The SAGE encyclopedia of trans studies* (Vol. 2, pp. 591–593). Sage Publications.
- Horton, C. (2022). “I never wanted her to feel shame”: Parent reflections on supporting a transgender child. *Journal of LGBT Youth*. Advance online publication. <https://doi.org/10.1080/19361653.2022.2034079>
- International Transgender Health Forum. (2019). *Transgender research informed consent (TRICON) disclosure policy* [Facebook group]. <https://www.facebook.com/groups/transgenderhealth>
- Katz-Wise, S. L., Ehrensaft, D., Veters, R., Forcier, M., & Austin, S. B. (2018). Family functioning and mental health of transgender and gender-nonconforming youth in the Trans Teen and Family Narratives Project. *Journal of Sex Research*, 55(4–5), 582–590. <https://doi.org/10.1080/00224499.2017.1415291>.
- Kennedy, N. (2022). Deferral: The sociology of young trans people’s epiphanies and coming out. *Journal of LGBT Youth*, 19(1), 53–75. <https://doi.org/10.1080/19361653.2020.1816244>.
- Keo-Meier, C., & Ehrensaft, D. (Eds.) (2018). Introduction to the gender affirmative model. In *The gender affirmative model: An interdisciplinary approach to supporting transgender and gender expansive children* (pp. 3–19). American Psychological Association. <https://doi.org/10.1037/0000095-001>.
- Klein, A., & Golub, S. A. (2016). Family rejection as a predictor of suicide attempts and substance misuse among transgender and gender nonconforming adults. *LGBT Health*, 3(3), 193–199. <https://doi.org/10.1089/lgbt.2015.0111>.
- Kuvalanka, K. A., & Munroe, C. (2021). Parenting of trans children. In A. Goldberg & G. Beemyn (Eds.), *The SAGE encyclopedia of trans studies* (Vol. 2, pp. 597–601). Sage Publications. <https://doi.org/10.4135/9781544393858>.
- Kuvalanka, K. A., Weiner, J. L., & Mahan, D. (2014). Child, family, and community transformations: Findings from interviews with mothers of transgender girls. *Journal of GLBT Family Studies*, 10(4), 354–379. <https://doi.org/10.1080/1550428X.2013.834529>.
- Lopez, X., Marinkovic, M., Eimicke, T., Rosenthal, S. M., Olshan, J. S., & Pediatric Endocrine Society Transgender Health Special Interest Group. (2017). Statement on gender-affirmative approach to care from the pediatric endocrine society special interest group on transgender health. *Current Opinion in Pediatrics*, 29(4), 475–480. <https://doi.org/10.1097/MOP.0000000000000516>.
- Lundy, L., McEvoy, L., & Byrne, B. (2011). Working with young children as co-researchers: An approach informed by the United Nations Convention on the Rights of the Child. *Early Education and Development*, 22(5), 714–736. <https://doi.org/10.1080/10409289.2011.596463>.
- McBride, R.-S. (2021). A literature review of the secondary school experiences of trans youth. *Journal of LGBT Youth*, 18(2), 103–134. <https://doi.org/10.1080/19361653.2020.1727815>.
- McGuire, J. K., Anderson, C. R., Toomey, R. B., & Russell, S. T. (2010). School climate for transgender youth: A mixed method investigation of student experiences and school responses. *Journal of Youth and Adolescence*, 39(10), 1175–1188. <https://doi.org/10.1007/s10964-010-9540-7>.
- Moore, T. P., McArthur, M., & Noble-Carr, D. (2018). More a marathon than a hurdle: Towards children’s informed consent in a study on safety. *Qualitative Research*, 18(1), 88–107. <https://doi.org/10.1177/1468794117700708>.
- Newbury, P. (2013). Disrupting the politics of etiquette. <https://cisnormativity.wordpress.com/2013/08/17/disrupting-the-politics-of-etiquette/>
- Noel, L.-A. (2016, June). Promoting an emancipatory research paradigm in Design Education and Practice. In P. Lloyd & E. Bohemia (Eds.), *Future focused thinking—DRS Biennial Conference Series 2016*. Brighton, United Kingdom. <https://doi.org/10.21606/drs.2016.355>.
- Olipant, J., Veale, J., Macdonald, J., Carroll, R., Johnson, R., Harte, M., Stephenson, C., & Bullock, J. (2018). *Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa New Zealand*. Transgender Health Research Lab, University of Waikato. <https://researchcommons.waikato.ac.nz/handle/10289/12160>

- Olson, K. R., Blotner, C., Alonso, D., Lewis, K., Edwards, D., & Durwood, L. (2019). Family discussions of early childhood social transitions. *Clinical Practice in Pediatric Psychology, 7*(3), 229–240. <https://doi.org/10.1037/cpp0000289>.
- Olson, K. R., Durwood, L., DeMeules, M., & McLaughlin, K. A. (2016). Mental health of transgender children who are supported in their identities. *Pediatrics, 137*(3), e20153223. <https://doi.org/10.1542/peds.2015-3223>.
- Olson, K. R., & Gülgöz, S. (2018). Early findings from the TransYouth Project: Gender development in transgender children. *Child Development Perspectives, 12*(2), 93–97. <https://doi.org/10.1111/cdep.12268>.
- Olson, K. R., Key, A. C., & Eaton, N. R. (2015). Gender cognition in transgender children. *Psychological Science, 26*(4), 467–474. <https://doi.org/10.1177/0956797614568156>.
- Pearce, R. (2021, March 31). Trans visibility, modelling possibility. *Dr Ruth Pearce*. <https://ruthpearce.net/tag/possibility-models/>
- Pollitt, A. M., Ioverno, S., Russell, S. T., Li, G., & Grossman, A. H. (2019). Predictors and mental health benefits of chosen name use among transgender youth. *Youth & Society, 0044118X19855898*. <https://doi.org/10.1177/0044118X19855898>
- Priest, M. (2019). Transgender children and the right to transition: Medical ethics when parents mean well but cause harm. *The American Journal of Bioethics, 19*(2), 45–59. <https://doi.org/10.1080/15265161.2018.1557276>.
- Pullen Sansfaçon, A., Kirichenko, V., Holmes, C., Feder, S., Lawson, M. L., Ghosh, S., Ducharme, J., Temple Newhook, J., & Suerich-Gulick, F. (2019). Parents' journeys to acceptance and support of gender-diverse and trans children and youth. *Journal of Family Issues, 0192513X19888779*. <https://doi.org/10.1177/0192513X19888779>
- Pullen Sansfaçon, A., Robichaud, M.-J., & Dumais-Michaud, A.-A. (2015). The experience of parents who support their children's gender variance. *Journal of LGBT Youth, 12*, 39–63. <https://doi.org/10.1080/19361653.2014.935555>.
- Pyne, J. (2016). "Parenting is not a job ... it's a relationship": Recognition and relational knowledge among parents of gender non-conforming children. *Journal of Progressive Human Services, 27*(1), 21–48. <https://doi.org/10.1080/10428232.2016.1108139>.
- Rae, J. R., Gülgöz, S., Durwood, L., DeMeules, M., Lowe, R., Lindquist, G., & Olson, K. R. (2019). Predicting early-childhood gender transitions. *Psychological Science, 30*(5), 669–681. <https://doi.org/10.1177/0956797619830649>.
- Rafferty, J., & Committee on Psychosocial Aspects of Child and Family Health, Committee on Adolescence, & Section on Lesbian, Gay, Bisexual and Transgender Health and Wellness. (2018). Ensuring comprehensive care and support for transgender and gender-diverse children and adolescents. *Pediatrics, 142*(4). <https://doi.org/10.1542/peds.2018-2162>.
- Riggs, D. W., Bartholomaeus, C., & Sansfaçon, A. P. (2020). "If they didn't support me, I most likely wouldn't be here": Transgender young people and their parents negotiating medical treatment in Australia. *International Journal of Transgender Health, 21*(1), 3–15. <https://doi.org/10.1080/15532739.2019.1692751>.
- Roche, J. (2020). *Gender explorers: Our stories of growing up trans and changing the world*. Jessica Kingsley Publishers.
- Russell, S. T., Pollitt, A. M., Li, G., & Grossman, A. H. (2018). Chosen name use is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. *The Journal of Adolescent Health: Official Publication of the Society for Adolescent Medicine, 63*(4), 503–505. <https://doi.org/10.1016/j.jadohealth.2018.02.003>.
- Simons, L., Schrager, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *The Journal of Adolescent Health, 53*(6), 791–793. <https://doi.org/10.1016/j.jadohealth.2013.07.019>.
- Srivastava, A., Rusow, J. A., & Goldbach, J. T. (2020). Differential risks for suicidality and mental health symptoms among transgender, nonbinary, and cisgender sexual minority youth accessing crisis services. *Transgender Health, 6*(1), 51–56. <https://doi.org/10.1089/trgh.2020.0034>.
- Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020). Mental health issues and complex experiences of abuse among trans and gender diverse young people: Findings from Trans Pathways. *LGBT Health, 7*(3), 128–136. <https://doi.org/10.1089/lgbt.2019.0232>.
- Telfer, M. M. (2020, June 5). *Redefining the treatment of trans youth—Michelle Telfer* [Podcast]. <https://www.gendergp.com/redefining-the-treatment-of-trans-youth-michelle-telfer/>
- Telfer, M. M., Tollit, M. A., Pace, C. C., & Pang, K. C. (2018). *Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents*. The Royal Children's Hospital.
- Temple Newhook, J., Winters, K., Pyne, J., Jamieson, A., Holmes, C., Feder, S., ... Sinnott, M.-L. (2018). Teach your parents and providers well. *Canadian Family Physician, 64*(5), 332–335.
- Travers, R., Bauer, G., & Pyne, J. (2012). Impacts of strong parental support for trans youth: A report prepared for Children's Aid Society of Toronto and Delisle Youth Services. *Trans Pulse*. <https://transpulseproject.ca/wp-content/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-vFINAL.pdf>
- Turban, J. L. (2017). Transgender youth: The building evidence base for early social transition. *Journal of the American Academy of Child & Adolescent Psychiatry, 56*(2), 101–102. <https://doi.org/10.1016/j.jaac.2016.11.008>.
- Turban, J. L., Beckwith, N., Reisner, S. L., & Keuroghlian, A. S. (2020). Association between recalled exposure to gender identity conversion efforts and psychological distress and suicide attempts among transgender adults. *JAMA Psychiatry, 77*(1), 68–76. <https://doi.org/10.1001/jamapsychiatry.2019.2285>.

- Veale, J. F., Watson, R. J., Peter, T., & Saewyc, E. M. (2017). Mental health disparities among Canadian transgender youth. *The Journal of Adolescent Health, 60*(1), 44–49. <https://doi.org/10.1016/j.jadohealth.2016.09.014>.
- Vincent, B. (2018). Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology & Sexuality, 9*(2), 102–116. <https://doi.org/10.1080/19419899.2018.1434558>.
- Vincent, B. (2020). *Non-binary genders—navigating communities, identities, and healthcare*. Policy Press. <https://policy.bristoluniversitypress.co.uk/non-binary-genders>
- Wallace, R., & Russell, H. (2013). Attachment and shame in gender-nonconforming children and their families: Toward a theoretical framework for evaluating clinical interventions. *International Journal of Transgenderism, 14*(3), 113–126. <https://doi.org/10.1080/15532739.2013.824845>.
- Whyatt-Sames, J. (2017). Being brave: Negotiating the path of social transition with a transgender child in foster care. *Journal of GLBT Family Studies, 13*(4). <https://www.tandfonline.com/doi/abs/10.1080/1550428X.2016.1241167?scroll=top&needAccess=true&journalCode=wfgs20>.
- World Medical Association. (2013). World Medical Association Declaration of Helsinki: Ethical principles for medical research involving human subjects. *JAMA, 310*(20), 2191. <https://doi.org/10.1001/jama.2013.281053>.
- WPATH. (2018). *WPATH position on rapid-onset gender dysphoria*. https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf

How to cite this article: Horton, C. (2022). “Euphoria”: Trans children and experiences of prepubertal social transition. *Family Relations, 1–18*. <https://doi.org/10.1111/fare.12764>