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## **The Influence of Psychiatric and Legal Discourses on Parents of Gender-Nonconforming Children and Trans Youths in Spain**

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*In recent years there has been an increasing interest in transgender issues in Spain, influenced by the growing acceptance of sexual minorities and gender equality. Despite growing media attention, new legislation allowing name and sex changes in all documents, and budding literature, progress in the areas of family relationships and assistance to children and youths is insufficient. For instance, the links between family responses and social change are understudied. Interviewing 12 parents and 8 education, health, and social work professionals provides a closer look into the situation of gender-nonconforming children and trans youths, and highlights families' and professionals' mutual influence and the journey narratives take between them. These families face shock and uncertainty and lack assistance and information, which makes them feel isolated from the external world and alone, as in having no peers or social networks of other parents going through the same experiences. In addition, parents often report feeling guilty. They seek assistance from professionals who often also feel they lack*

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*sufficient training and are reluctant to work with these youths, fearing children may grow up to be gay instead of transgender, or may not show gender nonconformity in their adult life.*

**KEYWORDS** *gender-nonconforming children, trans youths, parents, professionals, Spain*

## INTRODUCTION

In recent years there has been an increasing interest in transgender issues internationally, and Spain is no different.<sup>1</sup> Transgender people are out in politics, professional positions, and in the media. They take part in TV talk shows, and news outlets from all over the world report on trans people who achieve success and get attention. Invisibility is no longer mainstream. Stories of trans people doing *incredible* things are aired, such as becoming pregnant, getting important jobs, or denouncing transphobic violence. The representation of transgender people includes different degrees of stereotyping, and often links transgender people to show business, gay pride, prostitution, or homosexuality.

In addition, the literature on transgender issues in Spain is still in its initial stages and often exploratory, when compared to gender or gay, lesbian, bisexual, and transgender (GLBT) studies. Most of the literature focuses on research describing a clinical transgender sample or takes a medical and pathological stance (e.g., García Siso, 2003; Becerra-Fernández, 2004; Sosa et al., 2004; Gómez-Gil and Esteva de Antonio, 2006; Gómez-Gil, Trilla, Salamero, & Godás, 2009; Gómez-Gil et al., 2010; Iglesias Hernández et al., 2010). Some authors' interest lies in the current legal situation and the implementation of new legislation (Galofre Molero, 2007; Bustos Moreno, 2008; Espin Alba, 2009; Martínez Vázquez de Castro, 2010). There is also important work being carried out within an anthropological framework (Mejía, 2006; Nieto Piñeroba, 1998, 2008). Other approaches discuss the social, legal, and cultural aspects of transgenderism, and mostly concentrate on social movements, activism, and the narratives of trans individuals (Martínez, 2005; Mejía, 2006; Platero, 2008, 2011; Soley-Beltran, 2007; Missé & Coll-Planas, 2010; Soley-Beltran & Coll-Planas, 2011; Missé, 2012, among others). In addition, there is a growing set of authors that discuss the normative pathological approach from a critical point of view (Garaizabal, 1998, 2006; Ramos, 2003; Martínez, 2005; Galofre Molero, 2007; Ortega Arjonilla, Romero-Bachiller, & Ibáñez Martín, 2014; Platero, 2010, 2011; Missé & Coll-Planas, 2010; Missé, 2012). Some exploratory studies describing the nuances of Spanish transgender people have also been conducted (Martín Romero, 2004; Coll-Planas, Bustamante i Senabre, & Missé i Sánchez, 2009; Zaro Rosado, Rojas Castro, & Navazo Fernández, 2009; Domínguez Fuentes, García Leiva, & Hombros, 2011; Osborne et al., 2011), though they are clearly still insufficient to

establish transgender people's needs. Last, there is some research starting in the field of education, where transgender youths are treated as a new topic that requires further research (Platero & Gómez, 2007; Coll-Planas et al., 2009; Platero, 2010, 2012; Casanova, 2011; Hurtado García, 2011; Moreno & Puche, 2012; Puche Cabezas, Moreno Ortega, & Pichardo Galán, 2012).

Little has been discussed regarding trans youths or gender-nonconforming children in family relationships (Gómez & Esteva de Antonio, 2006). Two decades after the successful achievement of sexual rights in Spain, the intertwined relations between family responses and social change are still insufficiently studied. Most studies and research on transgender issues have been conducted either by experts or activists, with a strong focus, in the former case on documenting pathologies, and in the latter on legal innovations and social movements. Professionals, families, and trans people lack easily accessible information on what gender nonconformity and transgenderism is for youths and young adults. Apart from the materials offered by GLBT organizations, little information is provided on public policies, how to cope and act, how to prevent transphobia, what resources are required by the community, or what kind of support can be provided by institutions and professionals.

My interest lies first of all in how families talk, behave, and feel about their children and youths, and about themselves; second, in how professionals such as teachers, social workers, and doctors relate to, act with, and influence parents and their relationship with their offspring. In this article, the mutual influence between parents and professionals will be highlighted, showing how most of them frame gender nonconformity and transgender youths within the normative medical discourses embedded in mental disorder manuals such as the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* or the *International Classification of Disease (ICD-10)*. Parents also, however, develop different coping strategies in which they maximize the benefits of this framework, developing as much agency as they can to be able to support their children and adopt suitable parenting roles. This article presents a qualitative study in which interviews are used to introduce research questions that may be useful for future analyses.

## Transgender Rights in Spain

In this section, I present a short introduction to the social construction of transgender rights in Spain, which allows a better understanding of the present socio-legal situation of families with gender-nonconforming children and trans youths.

The recent past has played a relevant role in constructing how we feel and act towards those that were once considered sick, sinners, and criminals. The historical context for sexual rights in Spain is a fruitful legacy of discrimination and dissidence, where written norms and social control

dictated punishment. Nonetheless, even in this context, some found ways to make their lives possible by using different strategies (Platero, 2011). Before democracy (1978) and throughout the dictatorship (1939–1975) homosexuality was prosecuted, under several laws.<sup>2</sup> During this long period, non-normative sexualities and alternative gender identities were disciplined through the use of formal control, set not only in legislation, but also using the knowledge produced in medicine, along with the moral control imposed by the Catholic Church. Several segregated institutions articulated formal control (e.g., schools, army, sport clubs, women’s institutions such as “*Sección Femenina*” or “*Auxilio Social*,” etc.). Gender and sexuality were also regulated through informal control, produced by different institutions such as family and neighbors and priests. The dictatorship kept under close surveillance and punished masculine women, feminine men, transvestites, and anyone who did not fit in the masculine/feminine division.

Using *homosexuality* as an umbrella term, all kinds of gender non-conformity and sexual dissidence were punished and were included within the legal notions of “social dangerousness” or “slackers and delinquents” (Platero, 2011). These notions are now outdated, but still influence today’s collective imagination, especially for those that grew up with these values.

During the early stages of democracy, in the 1970s and 1980s, transgender people could be taken to court under Article 431 of the Penal Code, accused of “public scandal,” which allowed the police, up until 1988, to arrest anyone involved in “immoral behavior.” Public scandal was often used against transgender sexual workers. In 1995 a new Penal Code was approved which introduced sanctions against homophobia.<sup>3</sup> These reforms were needed, but transphobia was still alive and present throughout society, especially in the labor market, schools, and media. Meanwhile, court rulings were the only way transgender citizens could change their new name and sex in all documents but birth certificates. In 1987, the first victory was achieved through litigation, allowing a transsexual woman to change name and sex, but also limited her right to marry. Judges were reluctant to fully recognize transsexual women as “real” women, stating that they were “fictional females” (“*una ficción de hembra*”) (de Verda y Beamonte, 1999). Transgender individuals continued fighting for their specific rights into the late 2000s, when the political scenario evolved.

As the international context changed concerning lesbian, gay, and transgender rights, but also regarding women’s rights (especially in the European area of influence, where directives were approved), so did Spain. A number of slow and progressive changes took place, shifting problems around sexuality and gender from the margins to the center of policy making. This was made possible by social movements’ continuous struggle, especially that of GLBT and feminist organizations, along with the influence of these movements on left-center political parties, their previous experience of lobbying for the achievement of rights for same-sex couples, etc.

Spain is often portrayed as being at the forefront of sexual minority rights internationally, especially following the approval of same-sex marriage in June 2005 and the recognition of transgender rights in the Gender Identity Law of 2007. Over the past two decades non-normative sexuality entered the agenda, first with the demand for “domestic unions” (“*parejas de hecho*”) for same- and different-sex couples (1992–2000), soon to be followed by the demand for same-sex marriage (2000–2005), and last, focusing on transgender rights (2004–2013). This rhetoric of success and progress is challenged by the current economic crisis and conservative backlash, in which relevant civil rights (such as abortion, same-sex marriage, or the access to universal health care) are under threat, either by appeals to the Constitutional Court or through ongoing law reforms by the conservative government of Mariano Rajoy.

According to current Spanish law (Act 3/2007), the access to recognition of the name and sex of choice in all documents is open to all Spanish citizens of 18 years of age or older, after two years of medical treatment (usually interpreted as hormone treatment), who have been diagnosed as “gender dysphoric” by a doctor or psychologist, in the absence of other mental health disorders. Interestingly, gender reassignment surgery is not mandatory, and being sterile is not a requirement, though it can be argued that after two years of hormonal treatment, fertility is affected. In addition, Act 3/2007 does not require divorcing a spouse in a prior heterosexual marriage. Inspired by a notion of gender identity as irreversible, the new name must be unambiguous with respect to gender. This is controlled by the local registry office, where people register births, deaths, marriages, divorces, adoptions, etc. The approval of Act 3/2007 can be related to several factors, including the existence of an active trans movement since early democracy, European and international influence on domestic legislation and the recognition of new rights for women and lesbian and gay couples in Spain, along with the implementation of gender equality policies.

The national identity card has been the locus of transgender struggle, since it is the most relevant form of legal documentation and is constantly used to establish a person’s identity, including their gender identity. In most Anglo-Saxon countries, transgender people have focused the struggle to change names and identities on birth certificates or driving licenses. However, in Spain, the ID card is compulsorily used in all transactions. The ID card associates a person’s geopolitical and ethnic origin with an ID number and establishes kinship with a biological family, but it also ties a person’s image to a specific gender, presented as one out of two possible options (Platero, 2011).

Furthermore, identification and regulation of gender identity is relevant to research into children and youths, where the connection between legislation and psychiatric categories is quite literal. The legal requirements of Act 3/2007 fit well with the descriptions in diagnostic manuals (*DSM-IV* and

*ICD-10*). The diagnosis of Gender Identity Disorder is a prerequisite to change name and sex on legal documents, and to be recognized as a transgender person and have access to some rights. Transgenderism is defined by Act 3/2007 as “the existence of dissonance between the morphological sex or physiological gender initially assigned and the applicant’s gender identity or psychological sex, and the stability and persistence of this dissonance.” In the regions of Navarra (2009) and the Basque Country (2012), new acts have been passed which have a slightly different focus, shifting slowly towards antidiscrimination and the depathologization of transgenderism, at least in their rhetoric.<sup>4,5</sup> Now let’s examine the specific situation of gender-nonconforming children and trans youths in Spain.

### Gender-Nonconforming Children and Transgender Youths

What attention and rights are Spanish gender-nonconforming or trans minors and youths getting? For those under 18, gender reassignment is only granted under court ruling, based on individual circumstances. This was the case of a 16-year-old trans girl from Barcelona made public in 2010, which attracted relevant media attention. The judge listened to her case, which included her parents’ support, and allowed gender reassignment surgery, which finally took place at a private clinic. A whole new debate arose regarding the age of consent for transgender youths, the lack of assistance for families, and the emerging field of specialized professionals.<sup>6</sup>

The 41/2002 Act regulating patients’ health rights sets 16 as the age when a person is old enough to decide about medical procedures and be able to give consent for medical treatment. This medical age of consent has three exceptions: assisted reproduction, abortion (banned until 2010 under the Law 2/2010 on abortion) and sexual reassignment. So, a youth can consent to open-heart surgery, or even plastic surgery, but not make other choices regarding his or her body such as gender reassignment treatment.<sup>7</sup>

In addition, not all Spanish regions offer gender reassignment treatment within the public health system, at the so-called Gender Identity Disorder Units.<sup>8</sup> Therefore, some are forced to attend private clinics. There is a heterogeneous landscape of services in the public health system: not all units offer full gender reassignment surgery and they do not share the same standards and requirements.<sup>9</sup> Most units follow the World Professional Association for Transgender Health (WPATH) standards, but interpret these differently and pose local requirements concerning residence. The regions that once did offer gender reassignment surgery now lack funding, due to the conservative government’s decisions, using the economic crisis as an argument for austerity.

Finally, most Gender Identity Disorder Units are reluctant to treat youths under 18 years of age, and restrict their assistance to documenting children’s or youths’ gender nonconformity to better ground a later Gender Identity

Disorder/Gender Dysphoria diagnosis. Units also help children, youths, and their families to better adjust by explaining the disorder, asking schools and other socializing institutions to use their name of choice, etc. They start the “Real-Life Test” once they are sure these children and youths meet the criteria for being a “real transsexual.”

Although it is known that these units are reluctant to provide hormone blockers, there are no shared protocols for treating minors; the scope of the assistance to children, youths, and their families is still understudied. Another area that requires further research is the gender reassignment treatment provided by private clinics, in both adults and youths. It can be anticipated that a relevant number of trans adults and minors are choosing these private clinics, as they provide resources such as immediate assistance, well-known surgeons, and privacy.

Therefore, it is likely that families with children or youths who do not conform to gender norms, or claim that they are transgender, experience shock and not knowing what to do, and lack assistance and information, which makes them feel isolated from the external world and alone, as in having no peers or social networks of other parents going through the same experiences. In addition, parents often report feeling guilty and responsible for their children’s gender nonconformity. These parents face new challenges, due to their awareness of gender nonconformity and trans youths in their own homes, and not only as part of the stories portrayed by the media. They are often under a great deal of distress and lack relevant knowledge. Less commonly, they are supported by public GLBT programs (Madrid, Basque Country, Catalonia, etc.), where they are told that under the current legislation they need to wait until their children are 18, or older, to be able to change their names in all documents and access gender reassignment treatment. There are a few emerging organizations of parents of GLBT people, such as *Associació de Pares i Mares de Gais i Lesbianes (AMPGIL; [www.ampgil.org](http://www.ampgil.org))* and *CHRYSALIS Asociación Estatal de Familias de Menores Transexuales, The association of families of transgender minors; <http://chrysallis.org.es>*, that provide support and information in several regions, pioneering the discussion over gender-nonconforming children and trans youths.

If we consider both Spain’s historical background concerning new sexual and gender rights, and the current situation of families of gender-nonconforming and trans youths, as well as that of the professionals who assist them, it is clear that there is an emergent area of research and public health training and resourcing that requires further attention. In this research, parents and professionals are the target instead of children and youths. This shift is due to a number of reasons: first, gender-nonconforming children and trans youths are over-monitored. Such levels of attention may be disturbing, and research ethics need to be discussed in depth. More importantly, there is a lack of research on how parents, teachers, doctors, psychologists, and social workers think, talk, behave, and feel in their roles and how their discourses impact on children, youths, and their families.



## METHOD

This study was carried out from 2010 to 2013. I interviewed parents and professionals within a qualitative research approach. Their experience is by no means representative of the experience of all parents in Spain. My goal was rather to create awareness of the lack of knowledge and spark an informed discussion.

### Participants and Study Recruitment

Twelve parents volunteered to participate in long interviews. Participants were parents who contacted me through my teaching activities in master degrees in different universities, looking for advice on what to do with their offspring. Another part of the sample was found through the public Service for Homosexual and Transgender people in Madrid, who explained my research and offered parents an interview with me. Therefore, the sample was developed through a snowball technique, in which participants were selected among those willing to talk to me. They already had a positive attitude towards supporting their gender-nonconforming children or trans teenagers and were actively seeking help.

Out of these 12 interviews with parents, 9 interviewees were mothers and only 3 were fathers, from different regions in central Spain (Madrid, Salamanca, Toledo, Guadalajara), of ages ranging between 35 and 56. Their children were ages 4 to 19, and all of them had siblings. There was a clear gender imbalance in parents' participation that I was not able to balance by interviewing more fathers. According to one psychiatrist interviewed, "most people who attend 'Gender Identity Units' have some family support, although not always from their fathers, mostly from their mothers," which is consistent with Connell's approach to hegemonic masculinity and how it is confirmed in fatherhood, for which the heteropatriarchal constructions of masculinity and fathering would be linked to attitudes of homophobia and transphobia (Connell, 1995/2005). This would also be consistent with the difficulty I had finding fathers to interview. Regarding race, one family was Roma and lived in a housing project in Madrid; the rest did not present any relevant information concerning ethnic background or migration. As regards social class, the sample was mixed, ranging from people who own several properties and businesses, to those living in working-class suburbs and earning modest incomes. In terms of relationship status, all had lived in partnered relationships; four mothers were divorced, two of whom had a new partner, and the other two regarded themselves as single. The rest were married or living with a partner. None reported having a disability. In addition, 1 father had attended a 12-step therapy program at Alcoholic Anonymous.

As for professionals, the sample in this study included eight participants from Madrid, Andalusia, and the Basque Country, contacted through an

announcement made at the Confederation of Workers in Education (STES), and personal contacts through my professional activities. It included two psychiatrists, four teachers, one social worker, and one expert in social integration. Again the sample was made up of people who were sensitive to trans issues and volunteered to share their experience; their motivation can be traced back to their experience as activists in unions, queer and feminist organizations, left-wing parties, and other social movements. Their ages ranged from 32 to 63 and they belonged to different social classes. This sample is also gender biased (five women and two men).

### Interview Method

The interviews were conducted in different locations in Madrid, face to face, along with a few telephone interviews (three). The interviews lasted between two and four hours. All were recorded, transcribed, and analyzed using codes of themes, which identified relevant events, explanations, and participants' attributions.

## RESULTS

There is a relevant psychological and legal influence on parents of gender-non-conforming children and trans youths, which transfers in how parents deal with their feelings and attitudes towards their offspring. Some parents' narratives on realizing their children were transgender seem to fulfill the actual requirements of psychiatric manuals for Gender Identity Disorder and Gender Dysphoria. Nonetheless, parents are not passive actors, and instead show certain agency when acting in benefit of their children. Professionals are less likely to be influenced by parents or trans infancy, who on the other hand, are able to identify clearly their current needs. The current crisis situation in Spain makes it even more difficult to meet professionals' and parents' identified needs.

### Parents and Their Relationship with Professionals

In the 12 interviews conducted, parents indicated that most of the information they received, other than through the Internet, was provided by hospitals, psychologists, and medical staff. Only some were given information at the Homosexual and Transgender Services (public services available in cities like Madrid, Barcelona, Bilbao), or more infrequently, through social services, parents' organizations of GLBT, or schools. In most interviews, the first issue that arose was families' lack of information. They narrated their search, which yielded different results. Finding professionals, peers, and some relief from doubts and lack of knowledge was their primary goal.

The lack of information was not exclusive to families. Interviewees reported facing professionals that not only provided incorrect information, but also told them to correct their children's gender expressions and that they had somehow caused their children's behavior ("over-loving" mothers, "weak masculinities" in fathers); parents often found professionals knew less than themselves about transgender and gender-nonconformity issues.

*I think acceptance is harder for me than for him [her husband]., I feel I have to justify myself much more as a mother. I am told that I wanted a daughter instead, so often, I feel the pressure, something I must have done. . . . I am blamed somehow. In fact, wherever I go they always tell me to come with my husband. . . . (Mother talking about her 8-year-old daughter)*

Therefore, parents often reported that they had to "educate" the professionals around them, such as kindergarten and primary teachers, general practitioners (GP), and social workers.

*We didn't know what information to give a three-year-old, so we decided to go to a psychologist. (. . .) It was an ordeal and a disappointment. He started to draw a nice picture of a house and as the psychologist started talking, he started to cross out the drawing. (. . .) What she [the psychologist] said was making my son feel terrible. According to her, boys cannot dress like girls and boys cannot play with girls' toys. I couldn't believe it! I asked her, what if he wants a doll for Christmas, what am I to do? Her answer was that children need to learn to deal with frustration. (Mother talking about her 6-year-old daughter and her relationship with the psychologist)*

*The pediatrician first referred us to the public mental health clinic in our area, and the psychologist had five or six sessions with D, who cried endlessly after therapy. Finally, one day D told me that the psychologist asked if he was a boy or a girl, and asked if he was gay, whether he liked boys or girls. He was only six! I had a big argument with the psychologist and thought about writing a complaint. We never went back to the clinic. (Mother talking about her 9-year-old daughter)*

Narrating the first time that they became fully aware of their children's gender nonconformity, describing feelings that it was not just a phase, and the sense of their children belonging to the opposite sex were relevant parts of the interviews. These parents have told these stories again and again, to many different professionals and relatives, showing similarities that were shocking. Some authors have argued that there is a retrospective sense making, when parents are reexamining the past to fit the information they have in the present, showing a second-level interpretation of gender nonconformity or gender identity of children (Aveline, 2006). It may be the case

that these similarities are a product of retrospective sense making in the interaction with professionals. This can be seen in these two extracts from different mothers:

*When he was three years old he started saying that he was going to cut off his willy, and we told him not to, but we didn't know what information to give him, so we decided to go to a psychologist. (Mother talking about her 6-year-old daughter)*

*When D. was eleven or twelve months old, we could see he chose dolls instead of cars. . . I have pictures that show this. . . One day I found him crying in front of the mirror, saying he didn't want "that," pointing at his genitals, and he would cut it off. I realized that I needed to do something right away. I couldn't put my son at risk. (Mother talking about her 9-year-old daughter)*

Most parents could remember the precise event, the age of the child, the impulse they felt to seek help, and how the journey to find a psychologist or a GP started. Interestingly, one of the parents strayed from this narrative, and focused on their denial to acknowledge what was happening:

*I didn't want to see it [that my daughter was a boy]. It was the psychologist who finally told me: "A. is transgender, and she was born that way." So many problems at schools, so many visits to different specialists and now the psychologist was telling me what I didn't want to know. (Mother talking about her 19-year-old teenager)*

In this case, gender identity becomes a revelation in which a mother retrospectively makes sense while reexamining the past of her trans son; some information from the past was missed or interpreted as having other meanings (Aveline, 2006, p. 792). Parents talked about their resistance to acknowledging that gender non-conformity was not only really taking place in their children's lives, but also that it was not temporary. More importantly, they discussed what these breaks away from gender norms meant within their social imagery and how they linked it to homosexuality, transvestites, prostitution, social exclusion, unhappiness, etc.

*I asked for advice, went to a children's psychiatrist, and told her, that J. wanted to be a girl, and she suggested I bring the kid in to see her. But my husband refused. (. . .) He didn't want to take him anywhere; he said that it was a way to "put ideas in his head." The psychologist said that the biggest problem was that my husband had to accept that our child may be different. She gave me some articles with statistics on children's behavior, and he read them. (. . .) My husband had an upbringing that will make it difficult for him to overcome the influence of patriarchal values. He*

*listened, but didn't speak. This is painful, but I have to tell you that he has a gay brother, doesn't accept him.* (Mother talking about her 8-year-old child)

So not only is how and when a child becomes visible to parents and relatives as rebelling against the gender norms assigned at birth important, but the process of finding a professional is also crucial to making sense of their personal experience. Most parents searched long, and often unsuccessfully, for professionals that could provide adequate information, sometimes travelling to different regions (Madrid, Barcelona, etc.). Another source of information was the Internet, which was not always reliable. Some parents, even parents living in large cities, reported that the search for a professional who gave them accurate advice took one to four years. Having early bad experiences clearly conditioned their later contacts with health professionals.

*I was so scared of going to a psychologist, after the bad experience we had. At the hospital [Gender Identity Disorder Unit at Ramón y Cajal Hospital, in Madrid] they don't want to assess younger children, in case they change in the future, which is logical. Even if there is only a remote possibility. I think they will give us a report so we can have the name changed, and then we will see. [In the hospital] They aren't going to do anything else.* (Mother talking about her 6-year-old child)

Although it was clear that not all first contacts with mental health professionals were positive, if a good relationship was established, parents were likely to include in the interviews remarks and perspectives on their children that appeared to be taken from psychologist and psychiatrist feedback. Parents seemed to adopt a medical perspective, using medical language and knowledge without questioning it. Interviews showed that after a period of shock of differing lengths, parents used different coping strategies, sometimes showing great acceptance, such as wanting to help other parents; meeting other parents and their children; reading as much as they could on the issue; becoming members of organizations; being extremely involved in their children's transition; and choosing a different school or playground to have a fresh start.

A different coping strategy was denial, showing different types of resistance, which could be summarized as wanting to wait for these behaviors to pass once children grew up. This strategy was adopted by most parents for a short period of time, and for others, was the main answer to their children's discomfort. Not listening to their children's demands often evolved into problematic behavior at school, such as passivity, low grades, dropouts, and suicide attempts. Other families even chose girls' Catholic boarding schools; sending the child abroad during the summer; changing to stricter schools; and enrolling the child in several after-school activities to keep him

or her busy. Luckily, in our interviews some families stated that they evolved from punishing and correcting strategies to acceptance and support, having tested most of them through trial and error.

For some parents, discovering the concept of “transgender” as separate from “homosexual” was a relief. They thought of gender nonconformity as a genetic problem that required their support as parents through medical treatment. Some even expressed their disagreement for the joint nature of the services for homosexuals and transsexuals in Madrid, and found a lack of trans- and child-specific assistance. Other parents wished their children were gay or lesbian instead, since discrimination is less for them and they are better known in Spanish society.

*Before we got married, I used to say “please, if we have a son, I don’t care if he’s gay, but I don’t want him to turn out transgender.” And now, it is my fate. I didn’t say it for any reason other than the suffering... We both agree, he knows we accept her, we just want her to be happy. (Mother talking about her 7-year-old child)<sup>10</sup>*

According to the interviewees, family relationships clearly improved once parents accepted their children’s gender nonconformity and agreed with their choices. Acceptance meant children not only improved their relationship with siblings, schools, and family members, but it also meant they became more flexible in their choice of games, toys, and other childhood materials.

*So much has changed since we started attending the Madrid Service for Homosexuals and Transgender people and we spoke to the psychologist. Our child has gained space. This means we are not going to question she’s a girl. Before she would overact, she was so stubborn. She would not play with anything that was not girl-specific. She didn’t negotiate anything. After a while, she even started playing football with her brothers. We couldn’t believe it. (Mother talking about her 6-year-old child)*

Accepting the child’s gender was seen as the turning point, when relationships evolved and improved. A deeper level was reached within families, where they all felt closer and more prepared to come up with strategies to face external relationships where gender was an issue. Some of the interviewees were clear in this respect:

*Every Saturday we take D. to a different park, dressed like a girl. He’s got everything, bikinis, girl’s underwear... Here [this neighborhood] if people see him dressed feminine... My partner Antonio, starts the car and parks by the door, with the car door open, and tells D. “come out,” and D. runs out of the building. My partner and D. have a great deal of understanding... Sometimes, D. goes outside to play and comes back*

*saying “someone called me faggot.” Antonio replies, “Look, who are you? You’re this way, right? So people have to accept you the way you are, otherwise tell them to go to hell.”(. . .) None of us is telling D. that everything is going to be just fine. D. will have to fight and struggle in the future.* (Mother talking about her 9-year-old child)

*Once we were at a park, and he started playing with a little girl, who came to ask me what was her name? I didn’t know what to say, didn’t know what the deal was. . . . The little girl said that my daughter told her that she could not remember her own name. I replied, she is Leila, and she smiled at me. I hadn’t given her away.* (Father talking about his 7-year-old child)

*She asked me to quit Catholic school and in the end I accepted. At the new high school she goes to now, the very first day she went to talk to her tutor, and said that she wanted to be called Samuel. Then all teachers met, she was under age, and they said “if she’s coming in with such clear ideas it’s because they already know at home.” And then, everyone called her Samuel, even her friends, and they are hugely supportive of her.* (Mother talking about her teenage child)

Sometimes parents made decisions that they acknowledge would have been wrong in a different situation, only because they couldn’t find a better option at the time. For example, one family felt their son was at high risk of suicide, after a long period of bullying at school. They allowed him to stop attending school for a while. They moved out to the countryside, and no institution contacted them while he was missing school. Two years later, he started attending a distance school program, where he could avoid having to face being called a girl’s name, and the dissonance with his masculine appearance and attitude.

One of the interviews presented racial intersectionality. A Roma couple explained that they faced not only rejection for being perceived as different, but also had to challenge the dominant perceptions in Roma communities.

*It is tough; we are Roma and we live in a Roma housing project with a lot of sexism. When people see a child that is different, he is attacked. D. cannot be by himself in our neighborhood.* (Roma mother talking about her 9-year-old child)

Even accepting professionals around them often had stereotyped perceptions of how Roma people would react.

*We had a wonderful primary school teacher, Loli, and one day I could see she was so nervous. She started saying “I have observed that D. plays with girls, and this is not a problem, but I think he is so sensitive, and his tendencies are more. . . I am just telling you in case you haven’t noticed.”*

*I was aware that Loli had had bad bad experiences with Roma people, and she didn't know how to tell me. Not because she didn't know me, but because I was Roma. (...) She probably knew how to tell a non-Roma family, but she had a tough time telling me. (...) (Mother of a 9-year-old child)*

It became apparent in all of the interviews that the way families dealt with the medical and social processes of gender reassignment was decisive in their acceptance of, and their feelings towards, their children. Although for some it meant thinking that there was a genetic or a congenital problem, they became aware of how important their support as parents was. For others, it was not a matter of identifying a problem, but of finding ways to address their children's needs in the present and near future. Acceptance was present to varying degrees in all parents interviewed. They all demonstrated ways of gaining agency over the situation through the use of different strategies that evolved over time. They reported that changing attitudes and finding support improved the quality of their family life.

### Talking to Professionals about Gender-Nonconforming Children and Trans Youths

Professionals such as doctors, psychologists, teachers, and social workers have a clear impact on how parents deal with their children's gender, as they are a source of authority, as well as providing meaning to families' experience. Medicine and/or religion are often called upon as the cause and the solution for gender nonconformity and transgenderism. These narratives reach even children:

*When our child was about three, he started asking questions and once said, "why didn't you tell the doctors to make me into a girl?" By the time he was six, he asked, "Who's to blame for what's happening to me? The doctors? God?" (Mother talking about her 6-year-old daughter)*

One consistent finding was that dealing with gender and sexuality is uncomfortable for professionals, who think "the problem" will go away once children grow up; or that it is someone else's problem (e.g., family, specialists, counselors); and that "doing something" will bring trouble. This is what this special education teacher reported, talking about an 8-year-old:

*She was a girl with a sight problem. She was adopted and she was very masculine, and was telling everyone she was a boy, and was called "Jose Mari," which made all the teachers laugh. Her mom was really nice and told me: "I know one day she will have to go through surgery" [as gender reassignment surgery]. When I became aware of this problem I spoke to the teachers and suggested we get training, and one teacher said, "Is*



*it necessary? It makes me so uncomfortable. I don't want to get in any trouble."* At least she was honest.

The interviewed professionals who were aware of transgender issues often reported isolation and lack of guidelines in their professional environment. The lack of training and protocols had an impact on the pace of their intervention, which often came too late if at all. They described their despair over the lack of appropriate actions.

We contacted a twelve-year-old Romanian boy living in the suburbs who wanted to be girl, but his father sent him back to Romania so that he would be cured of "that." Not only was he harassed at school, but at home his father also beat him horribly. At the height of it, we were about to request the father's legal custody be taken away, after his father found him looking at photos of naked men on the Internet. But we couldn't do anything. His father put him on a bus to Romania. (*Social worker talking about a 12-year-old gender-nonconforming child*)<sup>11</sup>

Other informants reported that the ignorance on transgender issues was such that some colleagues could find no explanation to the situation. They did not acknowledge the source of the problems and focused exclusively on the problem behavior or the lower school performance that occurs when students feel isolated, stressed, or excluded.

She was a girl in sixth grade; I couldn't tell if it was a boy or a girl. Teachers could see that all of a sudden she was so nervous, having a bad time. I asked if they had thought the girl might be having identity issues. This teacher didn't even think it could be an identity problem. The girl was a very good student, and suddenly, she was so nervous. The staff was avoiding the issue, not even asking her why she was feeling terrible. Children get through the school year and then it's someone else's problem. I don't know what happened, since I was transferred to another school; I haven't seen any school in the Basque Country do anything about problems related to gender identity and we all feel that we are already doing things around equality, sexuality, but we don't do anything really. (*Teacher of a 12-year-old gender-variant child*)

Most teachers interviewed were used to having gay students, but were not so familiar with gender-nonconforming and trans youths. Two teachers stated that trans youths sometimes acted violently and defensive towards their peers, who actively ignored, excluded, or discriminated against them.

That school year at the PCPI program was complicated; in addition of the typical issues there were bad relationships among students.<sup>12</sup> The girls wanted to study or at least try, but the boys were very immature and created a violent environment. The transgender girl in my class chose one survival strategy: attack. She would talk back all the time, threatened

students using her brother as defense. In my opinion, she was becoming obsessed; she thought everyone was looking and laughing at her. Sometimes it was true, but sometimes it wasn't and her reactions were disproportionate. (*Female teacher talking about a 15 year-old trans girl*)

One of the interviewed psychiatrists reported,

there is a growing number of children attending the units. In Madrid there are around thirty. We provide assessment but we do not treat them. (. . .) We do not provide hormone blockers since they have an effect on bone growth, and we use this to avoid providing treatment to youth under 18.

If the situation in Madrid is replicated in other regions, there are a number of children and families who are provided with public counseling but no other services.

Children and families reported bearing a secret that needed to be kept and only revealed to someone they trusted, like a qualified expert, and that this was too much of a burden for small children and their families. Furthermore, the framework embedded in the *DSM-IV*, *ICD-10*, and Spanish law assumes sexuality is something pertaining to adults. This is consistent with the widespread notion that gender identity is somehow resolved once adulthood is reached, so not much can be done besides documenting gender dissonance during childhood and adolescence (interview with a psychiatrist, 2012). This common approach puts children at risk, ignoring the needs of today and trusting professionals' good intentions, whereas this area requires training. Parents demand specific support, specialists, and guidance. The health professionals interviewed were cautious not to label gender-nonconforming behavior in terms of identity or sexuality, which contrasts with parents' reports around their bad experiences with other professionals.

Somehow, gender nonconformity and transgenderism are both invisible and hypervisible. At schools, youth clubs, sports, etc., children's and youths' bad or passive behavior becomes undeniable, along with the visibility of the "improper" masculinity/femininity displayed by the student. These students opted for different coping strategies at school, such as high performance and fitting in with the expected behavior; choosing to maintain a "low profile," trying not to be noticed and participating as little as possible; pretending nothing is happening and passing as cisgender; or becoming extremely rebellious and creating trouble (Platero, 2010).

The lack of information and professional training contributes to the conflation of homosexuality, gender variance, and transgenderism, therefore not providing specific attention to different types of problems. Both professionals and parents often reported professional bad practices, and the influence of specific moral ideas, such as blaming fathers' masculinity or mothers' care and attachment. They stated that this bad practice went unreported, and was continuously repeated.

In sum, further research needs to be carried out in different professional areas (mental health, pediatrics, social work, teaching, non-formal education, vocational training, counseling, etc.) to identify specific needs and best practices already developed in Spain. Nonetheless, our small sample was useful in identifying some professionals' growing awareness. They were able to make sense of the experience of some children, youths', and families in their work practice. These professionals tell us that inaction is wrong and waiting may mean higher risk, including for suicide, self-harm, dropping out of school, and bullying. They reported actions that included advising parents to contact local GLBT organizations, GLBT public services, and Gender Identity Disorder Units, and provide constant support to their offspring, rather than punishing unexpected gender expressions. To other professionals, this was a mental health disorder with a specific process and intervention meaning follow-up and support into adulthood, when decisions would be made.

## CONCLUSIONS

Despite growing acceptance and the development of new legislation for sexual and gender minorities, Spanish society is also concerned with the gender ruptures, which are labeled as problematic, evidence of disorders, and linked to sexual minorities. The influence of the international framework where transgenderism is seen as a disorder has permeated Spanish legislation. As a result, gender-nonconforming children and trans youths lack assistance and proper information. Therefore, we need to reflect on the impact of psychology/psychiatry and legislation in shaping citizens' feelings and understanding of their bodies, gender expressions, and how society relates to them. Even in a context of growing acceptance, normative discourses generate meanings and influence how individuals think and behave, especially when it comes to their children, students, or clients.

Sexuality and nonconforming gender identity are perceived as an adult matter, which creates a context of ignorance and risk for some children and their families. It also bans professionals from prevention and intervention when needed. Lacking specific research and professional training allows bad practice, as well as the emergence of different moral ideas towards sexual dissidence, influenced by Spain's repressive past. The lack of adequate knowledge paves the way for those who support discipline and suggest correcting inappropriate gender behavior. The current shift in Spain towards austerity and conservative positions may reflect an understanding of transgenderism as transgressing upon well-respected notions of family and gender norms linked to the concept of "nature" that are vigorously promoted by the Catholic Church.

There are social costs to presenting gender nonconformity and transgenderism as individual problems. Gender norms, the gender binary, or

children's sexuality are issues that are not tackled. This framework perpetuates and reinforces sex and gender norms. Furthermore, since Spanish legislation relies on diagnosing a disorder, Gender Identity Disorder, to grant rights to transgender people, how is the new *DSM-5* vision of transgender people and gender-nonconforming children going to impact future legislation? Will a new mental health framework impact on the triangle of morality-legislation-medicine that determines how society relates to transgender individuals?

In the interviews, participants identified needs that may guide future action, such as providing services for families and children, specific training for professionals, creation of shared protocols across disciplines, coordination of services and professionals, peer groups, transphobia prevention, etc. Interviews also revealed that parents are able to find some agency even within a medical framework, and decide upon their children's well-being even to the point of making decisions that they consider wrong, such as disagreeing with professionals or allowing a child to drop out of school for a while. One research question can be derived from this work: "What agency can be gained out of having a 'disorder'?" Some of the parents interviewed did find the pathological notion of Gender Identity Disorder comforting, since it implied children were not responsible for choosing transgenderism, or gender non-conformity. What is missing in this reaction is wondering what is and will be the cost of presenting children as suffering a disorder, as victims of a random situation. We could also ask how parents can escape the notion of disorder, help their child avoid feeling like an outcast, as well as how we can support them when experts tell them that transgenderism is the result of being born in the wrong body. This paradox requires further reflection. It may be useful to remember that many of life's conditions, which are not disorders, such as pregnancy, aging, menopause, growth, etc., also require biopsychosocial intervention. Therefore the argument that transgender people (or youths) can only be offered assistance if transgenderism is considered a disorder is strongly challenged, and can be used to gain support for both families and transgender individuals of all ages (Araneta, 2012; Garaizabal, 1998, 2006; Missé & Coll-Planas, 2010; Missé, 2012; Platero 2011; Suess, 2011).

Also, regarding future research and the limitations of this study, it is clear that including parents from different sources in the sample, especially those who are not as accepting of their children, or even not linking myself with a perspective of acceptance, might have yielded different results. The lack of fathers in the sample did not allow me to establish gender differences in acceptance and denial of their children's gender nonconformity and transgenderism. Therefore, further research is needed concerning parents and relatives of gender-nonconforming children and trans youths in Spain.

Last, I would like to pose another question. What is the role of researchers in the area of gender variance and transgender studies in terms of providing data? My concern is that better knowledge of this situation may be used to essentialise gender, instead of providing arguments to better

understand gender constructions in different societies, along with improving families' and children's lives, which is, after all, the goal of many professionals in this field.

## NOTES

1. In Spanish, the term *transsexual* is broadly used without making a distinction between pre- or post-operative status, whereas this distinction is relevant in other contexts. We must also note that in countries of Anglo-Saxon influence as well as Latin America, the term *transgender*, as enunciated by Feinberg (1992), is widely used. *Transgender* intends to avoid this distinction regarding transition and surgery, and has different meanings and contexts (Hausman, 1995; Nieto Piñeroba, 1998; Valentine, 2007). However, this term has not had the same predicament in Spain. Taking these distinctions into account, I will use the English term *transgender* when referring to the term *transsexual* as used in Spanish (Platero, 2011).

2. See 1954 Slackers and Delinquents Act (Ley de Vagos y Delincuentes, 194) and 1970 Social Danger and Rehabilitation Act (Ley de Peligrosidad y Rehabilitación Social, 1970).

3. Ley Orgánica 10/1995, November 23, del Código Penal. BOE, November 24, pp. 33987–34058.

4. Navarrear 12/2009 Act, November 19, on nondiscrimination on the grounds of gender identity and the recognition of the rights of transgender people. BOE, December 22, pp. 108177–108187.

5. Basque 14/2012 Act, June 28, on nondiscrimination on the grounds of gender identity and recognition of the rights of transgender people. BOE, July 19, pp. 51730–51739.

6. Público/Efe (2010). Elcolectivotranssexualpidequelosmenorescambiendesexosinpermisojudicial (Transgender organizations demand the minors' access to gender reassignment without court permission). *Publico*, January 12, 2010.

7. It is relevant how the age of consent is different in every country. For instance, in Spain the sexual age of consent is 13, marriage is possible at 14, work is allowed at 16 as well as criminal responsibility, but adulthood starts at 18. The current discussion (2013) over sexual age of consent is pushing for a more conservative approach, suggesting the age of 16 in line with the general backlash in sexual rights.

8. Currently, there is no national "Gender Identity Unit," and the regions have uneven service provision. Since June 2012 gender reassignment surgery has been limited due to austerity cuts (Corcuera, 2012).

9. In 2010, a number of professional and activist organizations were consulted by the government in search for a common ground standard that could homogenize treatments nationally (interview with Marina de la Hermosa, resident psychiatrist at the Madrid Gender Identity Disorder Unit, December 30, 2012).

10. Often parents use mixed pronouns; in the translation this mixture is respected.

11. I would like to thank David Berná for this interview.

12. PCPI stands for "Programas de Cualificación Profesional Inicial" (Initial Professional Qualification Program). These programs address student diversity and are aimed at 15- to 16-year-olds who do not meet mainstream standards. In Spain education is free and mandatory for 6- to 16-year-olds. This program was designed as an alternative for those that drop out of regular courses.

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