



Feminist Ethnographic Case Study: Financial/Emotional Stressors of Parenting Trans- Children

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Abstract

When a child resists gender socialization, many parents struggle to understand the path forward. Even supportive parents trying to help a gender-nonconforming child navigate a gendered world experience stress. These stressors are extended to the family. Through their attempts to navigate support for their gender-nonconforming children, parents are often without support or assistance when faced with systems of institutional power such as education, medicine, and government. This case study examines the complexities of being a supportive parent of a trans-identified child and the emotional, physical, and financial stress on the parent/family, using a feminist ethnographic approach. This case study of Jen¹, a mother of four children including Evan who is a 15-year-old trans boy, attempts to offer the important perspective to educators, administrators, and health care providers. Through reading Jen's narrative, power brokers and gatekeepers within the medical and educational systems (teachers, administrators, doctors, and other health care providers) can gain some empathetic insight to assist parents.

Keywords: Gender-fluid, gender non-binary, transgender, transgender children, feminist ethnography, gender socialization, gender and family, gender and child-rearing

Introduction

In the U.S. the emerging generations born between 1997 and 2025 (Gen Z and Generation Alpha) are actively defying gender mandates in several different ways, including resistance to the patriarchal mandates of boy=male; girl=female. According to a report issued by the Center for Disease Control, the number of children between the ages of 5-18 who are identifying/being identified as transgender has nearly doubled between 2017 and 2020, increasing from 0.7% of the population to 1.3% of the population (Ghorayshi 2022). While

¹ All names used in the article are pseudonyms selected by the participant.

younger teenagers represent 7.6 percent of the total U.S. population, they made up roughly 18 percent of transgender people (Ghorayshi). When adding non-binary or gender-nonconforming children to those statistics, the representation of gender non-conformity in children/youth is even larger. In many families, having a child be identified/identify as gender-nonconforming causes parents to enter uncharted waters.

With the increase of gender-nonbinary, gender-nonconforming, and trans-identified youth, parents are being asked to not only confront their own assumptions about gender, but also advocate for their children within systems of power such as health care and education (Horton 2023; Drescher 2023; Persinger, Persinger, & Abercrombie 2020). This case study adds to this previous research on parenting gender non-binary children by profiling one supportive parent/family and their struggles to support their gender nonconforming child/family member.

When a child resists cues for gender socialization, many parents struggle to understand the path forward (Riggs, Bartholomaeus & Sansfaçon 2020; Nadan 2022; Tyler et al. 2020; Bull et al. 2022; Alegria 2018; Pearlman 2006). Even supportive parents trying to help the child navigate a gendered world, experience stress. There is a large body of research about how to support gender-nonconforming children and the emotional and physical struggles of these children (Carlile 2020; Samrock & Randall 2021; Brill 2016; Adams 2016; Birnkrant & Amy Przeworski 2017; Ehrensaft 2011; Grossman et al. 2005; Hill et al. 2010; Riley et al. 2013). However, there are fewer studies that consider the effects on the parent(s)/family particularly regarding financial and emotional stressors.

This case study fills that gap by offering the experiences of Jen², a mother of four biological children, one of whom identifies as trans. Through Jen's storytelling we can more fully understand the types of emotional and financial stressors on the family even in the context of an extremely supportive family. The trans-identified teen, Evan, is 15 years old and is in the process of legally, socially, and medically transitioning with parental support. Jen is not atypical of most parents in that she desires to be supportive of her children and wants them to flourish. As a parent of a trans-identified child, Jen expresses feelings of stress, anxiety, and uncertainty about how to access the best care and educational opportunities for Evan. Jen articulates the emotional and financial impact Evan's gender transition has on the other members of the family. This case study documents the complex and multiple ways that systems of education and health care impact the emotional/financial status of a supportive parent. By listening to Jen and hearing her articulate the difficulties she has faced as a parent, we can see effects on the mother and her family. Through understanding these complexities and fraught frictions, educators and health care providers can develop more empathy for parents regarding these stressors.

Mothers are typically the primary caregivers of children in the U.S. patriarchal nuclear family, bearing the burden of the emotional, physical, and educational health of the children. In this case study, we see the effects of these responsibilities and how addressing the needs of Evan is affecting Jen's own mental/physical/financial health, as well as that of the family. In addition to the educational and medical institutional pressure, the external political environment in the state Jen's family lives also contributes to her stress. New legislation passed in the state would deny children access to gender affirming medical care.³ Through the story of Jen and her

² For a more detailed description of Jen's family, please see **Addendum A**.

³ At the time of this article's publication, the legislation had passed but was being legally challenged.

family, educators, administrators, and health care providers can provide better support to family by understanding the complexities and interlocking/overlapping systems of power that affect the mental, physical, emotional, and financial well-being of parent(s).

Literature Review and Method

A research project that begins with one question – “How are parents of gender nonconforming children navigating the complexities of child rearing?” – quickly blooms into a multitude, a maze, a tangled mess of sticky issues. For a feminist researcher, research choices weigh heavily because she is pushing herself to be critically aware of not only these choices but the interlocking systems of power at play as well. The researcher must critique herself, her biases, her analysis, and her conclusions at every turn in the complex labyrinth that is the project.

Documenting the parent’s reality in this case study involves an overwhelming number of intricacies. The mother’s mental health and stress level, her parenting of other children in the family, her juggling relationships with the biological father of the child (and ex-husband), relationship dynamics with the current husband who also has a biological child living in the home, the emotional/behavioral difficulties of two younger children living in the household, and the hardship of attempting to learn/navigate the systems of power that influences Evan’s development (medical, social, educational, physical) are all dynamics that impact Jen. In addition, Jen’s marginalized subject position of being a woman in the patriarchy adds to her stressors.

Feminist ethnographers grapple with these over-lapping complexities, attempting to address as many as we can see, all adding layers to the conclusions that emerge from a single case study.

An ethnographic approach demands that the researcher engage with the participant in various contexts, interrogating the researcher’s own biases and ways of seeing. A feminist ethnographer examines systems of power (age, class, race, ethnicity, sexual orientation, gender identity, religion, educational level, family beliefs/values, and place/physical location/geography/community) and how those dynamics affect the participant’s story. In addition, the feminist ethnographer interrogates how systems of power manifest in her own view of the world and the research. These interlocking systems affect the researcher’s own biases in extrapolating conclusions.

A feminist ethnography takes place in a specific sociological space, celebrating the identity of the people/place of the research and incorporating a hybrid of research methods (Bishop 1999). Lather (2001) adds to Bishop’s definition, stating that feminist ethnographers “trouble[e] the very claims” that the data represents (p. 201).

Visweswaran (1994) complicates the idea of feminist ethnography by naming it a fiction that will never reflect any one person’s reality. The story pieced together for publication is only a snippet of the participant’s life. What to include and what to exclude is a power move on behalf of the researcher that she must rigorously interrogate. What stories the researcher creates in the text, the result of their notes, recordings, and keyboard, reflect the power of the researcher to create “fact.” In a feminist ethnography there is not only an awareness to the telling/writing of the story, but how the writer’s/researcher’s *own story* is imbedded in the histories being recorded, read, observed, and studied.

Feminist ethnographic approaches are not new but continue to be seen as a disruption to traditional academic research paradigms. In “Tell My Horse,” Zora Neal Hurston (1938) subverted the power relationship between researcher and participant by inserting herself into the subject’s culture. Some feminist ethnographers frustrate the traditional myth of the unbiased researcher by including their first-person accounts as researchers into their studies (Behar 1993, Lather 1997, Siebler 2008).

In 2014 the academic journal *Women’s Studies International Forum* devoted an issue to addressing the question “What is feminist ethnography?” Each contributor developed an argument that focused on a different nuance: dialogical self theory (Buitelaar), vulnerability (Davids), polyphony (Ghorashi), epistemological doubts (Nencel), self-reflection (van Stapele), slow thinking (Straatman), and silences (Willemse). As with ideologies of feminism(s), these articles pointed to the varying and varied ways one can approach a feminist interrogation of ethnographic research/case studies.

The researcher’s awareness of self-interrogation and the over-lapping and inter-locking complexities demand that the researcher hone their awareness to the intersubjective process of epistemology (Davids & Willemse, 2014). Current scholars point to the messiness of these processes. The competing perspectives may seem chaotic laden with crisis. Aizura et al. (2020) recognized the role of “crisis” in trans studies and the urgency of being aware of sexuality, sex, gender, lower-class, ability, and non-dominant races, asking researchers to recognize the messiness of these struggles and “invent shared tools and techniques for diagnosing the working of power” (p. 129).

The convergences of all these subject positions create the moment of messy crises (Chatterlee 2023). “Feminist, queer, and digital ethnographic practices converge to produce a messy, speculative, and unpredictable method that enables us to map the similarly chaotic and unimaginable nature of crises” (Chatterlee p. 487). Gender, sexuality, identity, and family are inherently messy and fraught with intersections of multiple power dynamics. The conversations with Jen showed the messiness of power (parental, systemic, ideological). Sex, financial insecurity, gender, education, and physical/mental health concerns churned the waters of Jen’s reality. Organically reflected in these intersubjective processes was Jen’s storytelling of her parenting experience and my storytelling of the research.

The meta storytelling (Jen telling stories; me creating a narrative from Jen’s storytelling) demands the feminist ethnographer embrace chaos and ambiguity (Chatterjee’s 2023). The multiple identities of Jen’s, mine, her family’s (mother, parent, researcher, cisgendered, trans, gender nonconforming) juxtaposed between relationships of varying power (parent/child; researcher/participant) added to the complexity of the stories that emerged, swirling in reiterative and non-linear chaos.

The chaos is real and important. Jackman (2010) argues, “research carried out in the name of ‘queer’ might hold the possibility of remaining unfixed, fluid, and dynamic, thereby resisting a simple reduction of research findings” (p. 114). The queering of traditional research methods, through feminist ethnographic approaches like this one, can cause critique from other researchers who believe in impartial and systematic analysis of data. Yet this messy chaos is the very point of feminist research methods: a disruption and frustration of traditional ideologies that claim rigor or subjective understanding through coding and protocols. Can we gain global generalizations from this case study? No. But nor can we from traditional

methodologies. What we can gain is a deeper understanding of the complexities of parents' lived realities when supporting their gender non-conforming child by hearing Jen's perspective.

Patti Lather (2001) charges feminist ethnographers to "trouble[e] the very claims" that the data represents (p. 201). "Troubling claims" allows Jen's storytelling to take precedence over any agenda I may bring to the project. In relation to her feminist ethnographic research regarding children/family dynamics, Mannay (2013) writes that she "actively reflect[ed] on my position in relation that of my participants" and "attempted to centralise the views and experiences of my participants . . . with the aims of 'giving voice'" (p. 138). In coming to some sort of conclusions that may emerge from this research, I hope to foreground Jen's perspective. Although my conclusions (general in regarding a call-to-action for administrators, educators, and health care professionals) may frustrate my audience, it is an attempt to "trouble the claims" and allow both Jen and the reader decide what those claims should be.

Discussion

Jen, a mother of four biological children between the ages of 12 and 26, brings into focus the complexities a parent faces when attempting to be a supportive parent of Evan, a trans-identified child. In approaching this research, I wanted Jen to define the focus of discovery. Jen determined the places/times and direction of our discussions. I would ask basic open-ended questions such as "Tell me about when you first realized you had a child that was resisting gender socialization? What was your response?" and "Talk to me about any updates you have since we last spoke."

Through our conversations that took place over the course of six months, Jen spoke at length about her concerns as a parent, the problems she saw Evan, her 15-year-old trans-identified teen, encounter. Jen divulged the financial strain of medical transitioning on the family and the emotional costs of advocating for her trans-identified child within the context of school and medical institutions.

In documenting this case study, I want Jen to speak for herself. As a researcher I am making choices of which excerpts from the interviews to include here, but in making these selections, I offer what I perceived to be, after analysis of the transcriptions, three areas of parental concern: social transitioning; medical transitioning; and the financial and emotional effects of a gender non-conforming child on the family. In documenting these three themes, I will lead with quotes from Jen and then comment briefly on the interview excerpts. My intention with the short commentaries on Jen's stories is to emphasize Jen's own voice as a primary focus, allowing Jen to speak and the reader to interpret.

Social Transitioning

JEN: "Somewhere about Halloween of his first-grade year we went shopping for costumes. I said, 'Here you go. Here is your aisle. Pick out whatever you want.' And he was just so sad. He kept saying, 'This isn't what I want.' He kept pulling me to the boys' section. At the time I didn't know how to react. To this day, he is 15 years old, I still beat myself up for my initial reaction because I said, 'Oh, you are a girl. This is what you get.' His dad said, 'Just let him get what he wants. It's fine.' And when he did, Evan lit up. So, after the costume it was trying to conform to that: shopping in the boys' section for clothes."

“Then he wanted to go get the crew cut kind of thing, really short, spikey hair. To me, it was feeling the change between my girl and my boy and how to maneuver through that the best way, not knowing what to do. I didn’t know anyone who was going through it at the same time to reach out to. I wish I had done things differently and reached out more. In the back of my mind, I always did wonder how society was going to see Evan and treat him coming out. That was my big fear once he started changing his clothes and changing his hair.”

“The name change happened in middle school. I don’t remember when he came out to us saying his name was Evan, but I remember at night I would say, ‘Goodnight, princess’ and he would say, ‘Just call me bud.’ [. . .] As far as school goes, the 4th and 5th grade teachers had already seen the signs, so by the time I went to talk to them, they said, ‘We were kind of waiting for you to mention this.’ They were both so supportive. [. . .] His counselor in elementary school also was supportive and gave me contacts outside the school of people I could talk to or where I could go for more information, parent groups. I did talk to someone on the phone during that time period, but I mentally was not there yet. And I started getting social media and getting into a transgender group of Facebook. I ended up getting in there for a little bit, but I stopped watching it because I felt they were so pushy like, ‘Why don’t you have your kid on puberty blockers? Why are you waiting? He needs this right now.’ But I didn’t feel like that. I found them to be too pushy.”

“That is one of my regrets. I feel like his transitioning took so long because of me. I felt like I was holding back. I felt like I was slower than Evan was. I wish I could have helped him transition quicker so he would be further along. I might have put him on puberty blockers. Because he did advance quicker as far as puberty and by the time we had the [top] surgery done it had already affected him a lot mentally. He did have a bigger chest. He did not feel comfortable binding down. We did buy binders and they were too tight and uncomfortable. He said he felt like it was constricting his air, he couldn’t breathe. So, he wouldn’t bind. But then he is wearing hoodies all the time. He wanted to be in sports, but how do you run in sports when you’re bigger on top? I guess I wish I would have done puberty blockers to slow that down, so he didn’t have to go through that.”

“[When it was time to go to high school] We kind of flew under the radar in 9th grade. This year, 10th grade, has been difficult because they were not used to it at [his high school]. They haven’t had any experience with transgender students and sports. And he wants to be in sports, and he wants to be on the boys’ team. So, we pretty much had to let the high school know. They knew coming in Evan was [a boy] and they didn’t know any different. I don’t know how much they pay attention to the gender markers of forms. Until I had to go to them and say, ‘He wants to play sports, so what does this mean?’ And I had to change the gender [sex] marker within the school system. I don’t think that should be an issue. That was a huge fight. We are on the other side of it, but it was a big fight to begin with.”

“There have been instances where I feel like I am fighting society a lot everywhere I go. I expect Evan to be treated with respect and be treated as a person in every situation we are in and when I come in contact with people who are less than accepting in treating him, I get very angry. I want to fight. I want to lash back. And his father is more like, ‘You are over-reacting. Just let it be what it is.’ I am the mama bear, and I am ready to fight anyone.”

RESEARCHER: Although Jen often says she wishes she had done things differently and acted sooner in helping Evan transition, I see her as being very supportive of Evan at each step of

her narrative. Despite initial resistance, she lets Evan choose the Halloween costume he wants; she embraces clothing and hair style changes as well as shifting to terms of endearment and names that allow Evan to express their gender. Jen also confronts teachers and administrators to ensure Evan can play on the sports team of his choice and makes sure school and legal documents reflect Evan's identity.

Jen articulates that although she generally felt supported by the elementary and middle schools, approaching teachers and administrators – particularly in high school -- was a site of discomfort and stress. In high school, the paperwork required for Evan to play sports on the boys' team meant many meetings and phone calls. Jen expressed that she felt angry and frustrated by what she considered intentional roadblocks by the systems/people of power within the school system. However, at every juncture, Jen made clear to the school and her child that she was advocating and supporting him in his gender identity, and she was not going to back down or go away.

Although Jen also expresses regret and judges her younger self as too slow in processing her child's gender non-conformity, what I see is very supportive and tenacious parenting. She did her own research – joining groups on social media – to learn how other parents were supporting their children. She went to great lengths to advocate for her child and to assist her child in his social transitioning at various times and in multiple contexts. Still, I hear, through Jen's storytelling, a refrain of feeling she did not do enough and of feeling exhausted and overwhelmed at the barriers to her advocacy for Evan.

Medical Transitioning

JEN: "Recently we took him to the dermatologist because with testosterone, it changes the hormones and he has a lot of acne that is bothering him: face, back, chest, everywhere. [. . .] I just felt the bedside manner [at the dermatologist's] was very direct and stern rather than having that compassion and caring. With [the prescribed acne medicine] you can't take it if you are pregnant. Yes, he does still have a uterus, that is a possible issue. I know they are trying to do their job but try to be more compassionate instead of 'You have a uterus. You have to do a pregnancy test every single month.' And he says, 'I am a guy and I am not interested in guys and I am not having sex.' They have a job to do. But you are not handling it in the way I would have liked. Be more considerate when you are talking to my child regarding these things.

[After an interaction with a nurse where she felt a nurse at the dermatologist was not being empathetic,] [f]or days I have lost sleep. Do I call them? Do I yell at them? Is it going to make a difference? Where do I go from here? I have talked to Evan's dad and Evan about my feelings. Did they feel I was overreacting? Did Evan want me to fight for him? It didn't bother him as much as it bothered me. So, since Evan didn't have a problem with it, I gave the responsibility to his dad: You take him to the appointments. And I'll just step back. I have enough with everything else going on in my life. At some point, I need to hand it off and to his dad. But it really bothers me. I am just hoping that one day people are going to become more educated and compassionate and handle things better. [. . .] I fought so much for Evan that I hope someday he can take the reins and I can be comfortable knowing he can handle what's to come. I just want Evan to have a good life and be happy and not have to be exhausted everyday fighting so many people to exist. I know we are making strides [culturally and politically in accepting trans people] and I keep saying that, but in most situations, I don't think it is good enough or fast enough. It is exhausting."

RESEARCHER: Although Jen is very attuned to Evan's needs and is willing to fight for what she sees as basic human dignity, she often questions whether she has done the correct thing or whether she is not fighting hard enough. Jen has a co-parent who is also supportive and involved, but the bulk of the medical care and physical well-being of her children rests on her shoulders. In talking about her interactions with the systems of power, both in supportive contexts and contexts in which she felt she had to fight and push against the power structures to support her child, she does not mention the child's biological father as engaging in this parenting work with her. When she asks Evan's biological father to participate, he will. But most of the parenting interventions regarding the medical visits/appointments rests solely on Jen's shoulders. In her view, the biological father is supportive but the responsibility for confronting the systems of power to ensure Evan is cared for and supported is Jen's job. This patriarchal dynamic of the mother being the primary caretaker of the children's emotional and physical well-being increases Jen's level of stress, anxiety, and exhaustion in the complexities of raising a gender non-conforming child. These stressors are magnified in the area of medical transitioning because Jen is pushing against medical institutions, insurance coverage, and family finances in addition to caring for the physical and emotional health of Evan.

Effects of Transitioning on the Family

JEN: "When we went [to the gender clinic for top surgery], we knew the insurance wasn't going to cover the surgery. [. . .] "My credit is not that great. I am not working. My ex has not been doing great on his credit. My oldest one [26-year-old child] ended taking out the personal loan for us [to cover Evan's \$7,500 top surgery]. [In addition to having the eldest child take out a loan to cover Evan's top surgery, the family also dipped into a meager retirement pension the biological father had to pay the surgery cost.] The next [surgery] would be a hysterectomy. I have already heard, through the parent group – someone else is going through that currently – it is upwards of \$14,000. So, we are doubling what we just did. And then after that bottom surgery is three separate surgeries that could be in the ballpark of \$50,000-\$70,000. I don't even know where to begin on any of those. For the most part, I know I cannot afford it financially, but I want to do what is right for Evan and help him through it because I am his parent. We are hoping to do that before he is 18. I do know there are some doctors in [the metropolitan area in the next city] who will do it. I do have to jump through some [administrative medical] hoops to get there, but I am hoping to do that before he is 18."

"[Four months after the top surgery] Evan is already wanting the [hysterectomy]. He is very much instant gratification, 'I want this now.' And I am like, I get that. But financially. Evan is aware of the financial cost, but he thinks money is just blowing in the wind. That you just go out and grab it."

"In my own mental aspect of things, I kinda wish we could take a bit of a break [from continuing with surgical transitioning for Evan]; he has been on T[estosterone] for two years and has had top surgery. This has been a lot to handle. But we are already doing the next steps of researching."

[Speaking of the daughter, Trinity, who is 12 recently and has recently identified as gender non-binary]: This is kind of a hard one for me to talk about because I feel like a bad parent. I feel like I do want to be open to everything. But my gut feels like the interactions with Trinity regarding [her gender non-binary identity] is more, 'Evan is getting all of this attention. I want that.' [. . .] Our lives are so much about Evan. But I don't ever want to hold Trinity back from

anything if that is where she wants to go. She has pushed the issue that she wants to change her name. She just keeps saying, 'I don't like my name.' We went through a lot with Evan before we [went through the legal process to change his name]. Evan was out in first grade [strongly expressing gender nonconformity] and it wasn't until this last May [at the age of 14 that] Evan got the legal name changed. It was years in the making. [For Trinity] I am OK with socially transition [being called a different name], but I am not feeling we are in place where we want to start doing legal or health-wise with Trinity."

"You are catching me at a bad time for this [interview]. I am going through my own mental health issues right now. I don't have a lot of hope these days of things going in the right direction. I have been sitting in the last few days in my dark house and thinking, 'I don't see light at the end of the tunnel.' I am just angry with the world and the way it is. I guess my hope would be my children can exist in a world where they don't have to fight like I am. I think that is part of it. I am always on the defense. I am always ready to fight someone just to let my child exist and it is exhausting. I am so tired. I am in therapy, and I find myself saying that a lot, 'I am so tired. I am so tired.' But my children are just children and I gotta be their voice."

"I have done a lot of [seeking out information on how to best parent a trans child] on my own. I am currently in a parent group. I have been going for 6-8 months. We meet once a month and I absolutely love it. We are all going through similar things, but we are all in different areas of that. We can talk about what we are going through and someone else can talk about what their experience was with that or vice versa, someone there is just starting their journey and then I can help them. It is not just me seeking help, but being able to help people who are behind where we are."

RESEARCHER: In telling me about supporting Evan through his medical transitioning (testosterone, top surgery, hysterectomy, and bottom surgery) the financial and emotional stressors are clearly overwhelming to Jen. Not only is Jen confronting the significant financial stressors of paying for the medical transitions in a working-class family where one parent is currently unemployed, she is also constantly dealing with emotional stressors of interacting with medical systems to advocate for Evan and, most recently, seeing the effects on Trinity, her youngest biological child.

In speaking about the larger family dynamic outside of care and concern for Evan, Jen expresses symptoms of depression (not wanting to leave her house, sitting in the dark). Jen sees her youngest child attempting to gain parental attention by identifying as non-binary and asking the family to go through the process/expense of changing her legal name, a move that Jen sees as attention-grabbing rather than truly trans-identified. Jen has no issues allowing Trinity to socially transition (selecting a different name; choosing clothing) but draws the line at the cost/energy/permanency of a legal name change for Trinity. The emotional and financial stresses of medical transitioning not only impact Jen but the family. To fund Evan's top surgery, Jen had to ask her 26-year-old daughter to take out a personal bank loan that Jen could not acquire because of bad credit, adding to Jen's feeling of insecurity, stress, and family upheaval (having to not only ask her child to take out a personal loan, but then borrow money from the child). In listening to these immense stressors on Jen and the family, we see the powerful and damaging intersections of class, educational level, age, experience, and emotional well-being when Jen is confronting systems of power on behalf of Evan.

In addition to these significant and immediate family stressors, Jen expressed anxiety about anti-trans legislation being discussed (ultimately passed) by the state legislature. Under the guise of “parental choice,” the conservative legislature passed a law that would deny teens like Evan cross-gender medical care, adding more feelings of helplessness and anger to Jen’s reality. The law’s passage sent the message to Jen that the power structures in her state were not hospitable to her child, her family, her choices as a parent. Although Jen is strongly advocating for Evan to be who Evan wants to be, the emotional, financial, and family costs of this advocacy are tremendous. Jen has found a therapist and a parent support group that are helping her navigate these stressors. The prevailing question, however, is are they enough to stabilize the upheaval? These stressors, coming at Jen from the multiple perspectives of Evan’s well-being, Trinity’s well-being, the family finances, the medical institutions, and cultural/political climate are ongoing and immense for this mother.

Conclusion

There has been much research that focuses on the social, legal, and medical transitions of trans-identified adults and youth. When the family of trans people is discussed, it is typically regarding how family affects the trans child or how the family can best support a trans family member. This case study allows a parent to speak of the difficulties that surround parenting a trans identified child from childhood through adolescents. The conclusion that emerges in this research is that there is a lot of emotional and financial pressure on parents, especially working-class mothers who are primary caregivers, when attempting to support a child who is transitioning. Through Jen we see the significant mental strain that is involved in the advocacy of her trans child in school systems and medical systems. Although Jen is doing her best to offer Evan a typical childhood experience, the stress of advocacy in the face of systemic power has a profound effect on Jen’s mental health and the health of the family. As a woman and a mother, Jen is facing patriarchal power brokers at her child’s schools and medical systems that cause her to feel she must be constantly vigilant and advocating to ensure a typical teen experience for Evan. The demands of Jen’s parenting become more stressful when considering the financial stressors on the family. Although there are moments when Jen expresses despair and hopelessness, she also articulates that a parenting group offers her the ability to feel helpful to other parents. This research is important because Jen’s narrative allows others to see the complex issues involved in parenting a trans-identified child, especially when confronting complex and intersecting systems of institutional power.

Through reading about the lived experiences of parents like Jen educators, administrators, and medical professionals can gain empathy and understanding to offer more parental support. It is essential that medical professionals, school administrators and educators understand that parents navigating systems of power such as schools and medical facilities often feel intimidated and overwhelmed. It is the onus of the provider, therefore, to be more empathetic towards parents who are navigating these uncharted waters of social/medical/legal gender transitioning. Only through understanding and empathy, explanation, and patience, will families like Jen’s be better served. By attending to the needs of both parents and children, institutions of power will be doing work to help parents like Jen, parents who desperately need support. The parental support that Jen needs, but doesn’t not have access to, would not only help Jen, but Evan and the larger family. Through orchestrated efforts and empathy, medical/educational professionals can do more to ameliorate these parenting and family hardships.

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Addendum A: FAMILY

Jen is a 43-year-old mother of four biological children. She had her first child at the age of 17 while still in high school and had second children when she was 19 years old. Her oldest child is 26 years old. Jen married for the first time (to a man who was not the first two children's father) when she was in her 20s and had two more children, currently ages 15 and 12. Jen was married to her younger children's father for 12 years; they have been divorced for 6 years. Jen married a second time 6 years ago to a man who has three biological children. In the current household, there are 3 children at home (the two youngest of Jen's biological children and one biological child of her husband's).

Jen's two youngest biological children (ages 15 and 12) are co-parented by their divorced parents. Jen has custody of the children on Sundays, Mondays, Tuesdays, and every other Saturday. Their father has custody on Wednesdays, Thursdays, Fridays, and every other Saturday.

Jen's 15-year-old identifies as transgender (Evan, AFAB).

Jen's 12-year-old (Trinity, AFAB) currently identifies as non-binary.

Jen's husband has a 13-year-old (boy) who lives with them part-time. This child has severe HDAD and has been diagnosed with a mental disability.