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**OBSTACLES TO TRANSSEXUALS BECOMING PARENTS:
A PRELIMINARY INVESTIGATION**

By Amanda-Lee Mary Chafe, B.S.W., Ryerson University, 2007

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OBSTACLES TO TRANSSEXUALS BECOMING PARENTS: A PRELIMINARY INVESTIGATION

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Master of Arts
Early Childhood Studies
Ryerson University

ABSTRACT

Transsexuals can become parents through a variety of biological and social means both pre and post-transition. This exploratory study looked at the obstacles transsexuals may face in trying to access parenting through donor insemination, surrogacy and/or adoption post-transition. Qualitative interviews were conducted with two professionals who work with transsexuals trying to access parenting and one transsexual parent/activist. Key informants highlighted a number of obstacles faced by transsexuals trying to access parenting including discrimination from social services, fear of the medical system, lack of information and knowledge, biology, cost, lack of support and sense of entitlement. In addition key informants also highlighted the reasons why transsexuals want to become parents, the impact these obstacles can have on children of transsexuals and the changes that need to be made to eliminate these obstacles both at social and governmental levels. It should be noted that because of the small sample size, use of non-probability sampling and uniqueness of each case that the results of this research cannot be generalized to all transsexuals seeking to access parenthood.

Key words: transsexual, transgender, obstacles, parenting, early childhood

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TABLE OF CONTENTS

Introduction.....	1
Literature Review.....	7
How and Why People Choose to Become Parents	8
Obstacles to Parenting for Heterosexual Cisgendered Individual and Couples	12
Obstacles to Same-Sex Couples Accessing Parenting.....	16
Obstacles to Transsexuals Accessing Parenting	27
Research Questions	31
Theoretical Framework.....	33
Methodology	37
Reflexivity.....	37
Scope.....	38
Approach.....	40
Sampling	41
Data Collection	42
Data Organization	45
Data Analysis	46
Dissemination	47
Challenges/Shortcoming of Using this Approach.....	48
Participant Descriptions	51
Results.....	51
Impetus for Community Involvement and Job Descriptions	52
Why transsexuals want to parent	53
Obstacles to accessing parenting	54
What the obstacles are related to and how they function.....	57
Who transsexual parents-to-be turn to for support	60
How the obstacles impact on children of transsexual parents	61
Changes to reduce or remove obstacles to transsexuals parenting	62
Discussion	65
References.....	79
Appendix A: Obstacles to Transsexual Parenting Study Interview Protocol	85
Appendix B: Ryerson University Consent Agreement.....	89
Appendix C: Ethics review approval	93
Appendix D: The International Bill of Gender Rights.....	95
Appendix E: Glossary	99

Introduction

While Canadians are having fewer children (The Vanier Institute of the Family, 2004), individuals and families continue to seem to want to have children for a wide range of personal and other broader social reasons. Having a child however is easier for some individuals and couples than others. This research paper aims to uncover what obstacles transsexuals face in trying to become parents and why, despite the many challenges experienced they want to become parents. As well this research paper explores why transsexuals experience barriers to parenthood, some of the strategies used to counter these barriers and suggests possible ways to improve the situation.

Parenting in today's society comes in many forms; parenting takes place within single parent families, same-sex parent families, stepparent families, extended families and various other family forms. One family form on which very little research has been conducted is families in which one or both parents identify as transsexual or transgendered (Freedman, Tasker & Di Ceglie, 2002; Green, 1998; Hines, 2006; White & Ettner, 2004; White & Ettner, 2006). According to Namaste (2005) and Scanlon and Strang (2003) the term transsexual refers to individuals who are born in one sex but who identify as the other. Transsexuals, depending on their financial resources, may take hormones or undergo surgical intervention, in order to have their bodies become more inline with their gender identity¹. Transsexual men or female-to-male transsexuals are those individuals who were female at birth but who feel they are actually male, while transsexual women or male-to-female transsexuals are those who were male at birth but who feel they are really female (Scanlon & Strang, 2003).

¹ Gender Identity refers to a person's experience of self in relation to being male or female that may or not be in accord with their physiological sex characteristics

Transgendered or Transgenderist however, is an Anglo-American umbrella term used to include all types of people who do not fit into society's definitions of what it means to be male or female (Namaste, 2005; Scanlon & Strang, 2003). Many transsexuals, according to Namaste (2005), object to being included under the catch-all term Transgendered due to the unique health care and social service needs transsexuals face that others who fall under the term transgendered do not. These unique concerns include hormone and sex reassignment surgery and being able to access doctors which have previous experience with transsexuals and who are open and accepting of them (Scanlon & Strang, 2003) as well as having one's personal identification changed to match their gender identity and negotiating gendered spaces such as washrooms (Namaste, 2005). Namaste (2005) also argues that given that the term Transgendered came out of the Anglo-American gay and lesbian community it may not speak to those "who do not make sense of their lives, and their political struggles, within the confines of a lesbian/gay framework" (p.2). It is because of these unique differences between transsexual and transgendered individuals that I have chosen to focus my research on transsexuals trying to access parenting.

Many may argue that there is little research or literature on transsexual parents because transsexuals are not or can not be parents, however according to Carter (2006), estimates in the United States report that about 1/3 of all transsexuals seeking treatment at gender identity clinics identify themselves as being parents. Historically, dissolution of marriages in which at least one parent has identified as transsexual has usually resulted in that parent losing custody and visitation rights to their child(ren) (Carter, 2006). These custody arrangements are usually arrived at because judges have a lack of knowledge about transsexual parents and believe that the parents' transsexuality will cause harm to the child. Given this information it would seem important that studies on the psychosocial adjustment of children of transsexual parents be

conducted in order to provide judges and others with accurate information on how the parents' transsexuality may affect the child. Very little work on this subject however, has been done and even less research has been conducted on the obstacles transsexual parents face in their quest to maintain or gain access to parenting rights.

While completing my undergraduate studies in Social Work, I was placed (for my practicum) in the Children's Aid Society of Toronto (CAS-T); during my placement there I learned that the agency approved its first family in which one of the parents was transsexual as perspective adoptive parents. Given that CAS-T had been doing same-sex couple adoptions for over 10 years, it was puzzling to me that it had taken until 2006 for them to approve a transgendered parent adoption; it was through this experience that my interest in this topic was formed. In attending some workshops and through some preliminary research I found that although transsexuals have been parenting for many years, this parenting had usually begun prior to the transsexual parent transitioning and may or may not have continued after. It is only relatively recently that transsexuals have begun trying to access parenting after they have transitioned, a trend a few services in Toronto have begun to recognize and provide services for (for example, *The 519 Community Centre* and the *Sherbourne Health Centre*). As a result of the obstacles Carter (2006) discusses in regards to transsexual parents keeping custody of the children they already have, I began to wonder what obstacles transsexuals might face in trying to access parenting through adoption, donor insemination and surrogacy once they have transitioned.

According to the *Transgender Law Center* (2007) in California, transgendered individuals can become parents in a number of ways; they can biologically have a child with another person, whether that be naturally, through donor insemination or surrogacy; they can

become ‘presumed parents’ by marrying someone or being in a domestic partnership with someone who already has a child and/or they may become parents through adopting a child as a couple or a single person. My research focuses on parenting through biological reproduction and adoption, because I believe that these means will most likely require intervention or assistance from outside sources and possibly be subject to the greatest number of barriers. In addition to the reasons provided above, as to why I became interested in pursuing research on this topic, I also believe that obstacles faced by transsexuals trying to access parenting is a human rights issue.

In Canada human rights are protected at the federal level by *the Charter of Rights and Freedoms* and at the provincial and territorial level by each province’s and territory’s own human rights acts. In terms of human rights legislation, a transsexual or transgendered person’s rights would/should be fully protected against discrimination on the grounds of Gender Identity. Unfortunately, as of yet, the Northwest Territories is the only jurisdiction to provide protection to transsexuals under Gender Identity; in no other province or territory, nor at the federal level is Gender Identity identified as a ground of prohibited discrimination². It is this lack of human rights coverage that may lead to obstacles for transsexuals trying to access parenting. The

² British Columbia Human Rights Code, R.S.B.C. 1996, http://www.bchrt.bc.ca/human_rights_code.pdf
Alberta Human Rights, Citizenship and Multiculturalism Act <http://www.qp.gov.ab.ca/Documents/acts/H14.CFM>
Saskatchewan Human Rights Code, 1979 <http://www.qp.gov.sk.ca/documents/English/Statutes/Statutes/S24-1.pdf>
Manitoba Human Rights Code <http://www.gov.mb.ca/hrc/english/publications/hr-code.html>
Ontario Human Rights Code R.S.O. 1990, <http://www.ohrc.on.ca/en/resources/Policies/PolicyGenderIdent/pdf>
Quebec Charter of Human Rights and Freedoms (R.S.Q.C-12) www.cdpcj.qc.ca-charter.pdf
Nova Scotia Human Rights Act, 1989 <http://www.gov.ns.ca/legislature/legc/statutes/humanrt.htm>
New Brunswick Human Rights Act <http://www.gnb.ca/acts/acts/h-11.htm>
Newfoundland HUMAN RIGHTS CODE RSNL1990 <http://www.hoa.gov.nl.ca/hoa/statutes/h14.htm>
Prince Edward Island HUMAN RIGHTS ACT <http://www.gov.pe.ca/law/statutes/pdf/h-12.pdf>
Yukon Human Rights Act <http://www.gov.yk.ca/legislation/acts/huri.pdf>
Northwest Territories Human Rights Act S.N.W.T. 2002, http://www.justice.gov.nt.ca/pdf/ACTS/Human_Rights.pdf
Nunavut Human Rights Act S.Nu. 2003, <http://www.gov.nu.ca/Nunavut/English/departments/HR/humanresources/site/doc/Nunavut%20Human%20Rights%20Act.pdf>
Canadian Human Rights Act, R.S., 1985 <http://laws.justice.gc.ca/en/ShowFullDoc/cs/H-6///en>

following study aims to shed light on obstacles faced by transsexual parents, with the ultimate goal of suggesting changes to legislation and policies in order to make parenting more accessible to transsexuals.

In this research paper I begin with a review of the literature related to why people become parents, the obstacles to accessing parenting faced by heterosexual, gay, and lesbian cisgendered³ people and those faced by transsexuals trying to maintain parenting. I then present findings from in-depth interviews I conducted with professionals and transsexual parents/activists in regards to what they believe the obstacles to parenting for transsexuals are and what changes need to be made in order to limit or get rid of these obstacles. This is followed by a more detailed discussion of the findings and how they relate to the literature reviewed. I conclude by discussing the limitations of this study and suggestions for future research.

³ Cisgendered refers to a non-transgender person, I.e. someone whose perceived biological sex matches the way they were raised and their internal gender identity (Queer Parenting Info Brochure Series, 2007)

Literature Review

The following review of literature includes work that discusses why people choose to become parents, the obstacles individuals, regardless of sexual orientation or gender identity face in trying to become parents, obstacles specific to gay and lesbian individuals and couples, and the obstacles faced by transsexuals trying to maintain parenting. Included in this is a review of literature that has focused on the psycho-social development of children raised in same-sex parent and transsexual parent families. I have chosen to include research on heterosexual cisgendered individuals in this paper in order to use as a base of comparison to the obstacles faced by transsexuals trying to access parenting. As well I have included research on same-sex parents and their families as historically transsexual and transgendered people have been categorized with gay, lesbian and bisexual communities because of their perceived sexual orientation (Ontario Human Rights Commission, 1999).

While it is true that transsexual and transgendered people have the same range of sexual orientations as non-trans individuals, transsexual and transgendered people may be directly impacted by laws that discriminate on the basis of sexual orientation, such as the prohibition on same-sex marriage in many countries outside Canada (Denike, Renshaw & Rowe, 2003). As well, one's gender identity, according to Amnesty International (2004) is closely linked with sexual orientation as a category of reason and experience of abuse and discrimination. It is because of these linkages that I have chosen to include research that has focused on gay and lesbian parenting and obstacles to it, while keeping in mind the unique differences between gender identity and sexual orientation.

How and Why People Choose to Become Parents

According to Lord, Shaw, Dobbs and Acharya (2001), “the desire to have children is one of the principal biological drives that motivate human behaviour” (p.256). Children are an important and necessary part of our society and, according to Lord *et al.* (2001) are reflected in many of our customs, values and social cultures; as well, children contribute to the wider economy, as future taxpayers and carers for the future. If the desire to have children is so strong and children are so necessary to society as a whole, why do some people choose not to have children while others are discouraged in their attempts to have children?

People become parents for many of the same reasons people choose not to become parents. Bulcraft and Teachman (2004) argue certain people remain childless because of personal feelings, religious and cultural expectations (or lack thereof), economic conditions and social expectations, while others argue that people become parents for these same reasons (Barber, 2001; Gardiner & Kosmitzki, 2005; Sevón, 2005). Barber (2001) and Sevón (2005) explored individuals’ attitudes towards becoming parents; both authors highlight the desire to parent as the primary motivator in the decision to become a parent and that the desire to become a parent was present early in life for most of their participants and was influenced by their social and cultural upbringing.

Gardiner and Kosmitzki (2005) and Bulcraft and Teachman (2004) argue that some cultures and religions have higher expectations for their members to have children and as such those members are more likely to have children. People are also influenced in their decision of whether to become parents based on social expectations (Bulcraft & Teachman, 2004). According to Barber’s (2001) and Sevón’s (2005) findings, individuals with higher education and career expectations, often influenced by society, are more likely to put off having children

and thus have less children, in order to fulfill these expectations. If people come from a culture, religion and/or family where there are high expectations to have children then there is a higher likelihood they will become parents, thus it can be seen that one's desire to have children can be influenced by the social-cultural conditions in which they were raised.

Bulcraft and Teachman (2004) and Arendell (1997) also argue that many individuals conduct a cost-benefit analysis of having children and that given the financial strain of having kids some may opt out of becoming parents. According to Manitoba Agriculture and Food (cited by The Vanier Institute of the Family, 2004) the cost of raising a child to the age of 18 in Canada, costs between a total of \$163,000 and \$165, 000. These figures do not take into consideration a child with special needs, a child who may develop a serious illness or the cost of post-secondary education, all of which can add additional costs to raising a child; in doing a cost-benefit analysis of parenting some may come to the conclusion that to have children simply costs too much. Additionally, some individuals may find long-term social and financial benefits to having children when the expectation is that the child(ren) will end up taking care of the parents in their old age (Gardiner & Kosmitzki, 2005). The studies by Barber (2001) and Sevón, (2005) found, however, that regardless of the other factors, the most influential factor which lead to the decision to become a parent or not was desirability; with those desiring children having the greatest likelihood of becoming parents. While the above studies and literature focused solely on heterosexual cisgendered individuals, it is interesting to note that the literature also finds that gay and lesbian individuals become parents for many of the same reasons heterosexual parents do but that there are additional considerations which face gay and lesbian parents (Bigner & Jacobsen, 1989b; Chabot & Ames, 2004; Whitehead, 2006).

In their study comparing heterosexual and gay fathers on reasons for becoming parents, Bigner and Jacobsen (1989b) found that gay and heterosexual fathers had generally similar reasons for wanting to become a father, including the importance of becoming a parent as an indication of maturity and social acceptance. In Chabot and Ames' (2004) study of lesbians planning motherhood, the authors highlight seven questions the lesbian mothers had to consider prior to becoming parents. First, the participants asked themselves whether they wanted to become parents or not, a decision common to heterosexual cisgendered parents; for lesbian and gay parents however, this decision is influenced by the social and internalized stigma associated with being a non-heterosexual parent (Chabot & Ames, 2004). Having been faced with messages from both the heterosexual and larger gay and lesbian community about the impossibility of being both a lesbian and a parent, many of the participants in Chabot and Ames (2004) study had to negotiate these thoughts and their desire to have children, something heterosexual parents do not have to do. This finding was also highlighted by Bigner and Jacobsen (1989b) in their study of gay fathers who noted the struggle of integrating their gay identity with their identity as a father.

The second question considered by the lesbian mothers in the Chabot and Ames (2004) study was where they could access information and support regarding becoming a parent. Again, although common to heterosexual cisgendered parents, their answer is not restricted to finding a place and people who will be accepting of their choice to become parents; this consideration is unique to lesbian and gay parents and most likely transsexual parents as well. Another question asked was how to become a parent, a choice for heterosexual cisgendered parents that usually only needs to be considered if one or both parents are infertile (Chabot & Ames, 2004). While the lesbian mothers in this study chose to become parents through assisted reproductive

technologies (ART), they also considered the option of adoption⁴ and gay men can also choose to become parents through surrogacy⁵ (Whitehead, 2006). The fourth decision considered by the lesbian mothers was who would be the biological parent if ART was used, given the impossibility of both parents being the biological parent (Chabot & Ames, 2004).

Another decision linked with ART for lesbian mothers was who would be the sperm donor, a question for gay men would likely be who would be the egg donor. Although these questions may be asked by infertile heterosexual couples and single mothers, it becomes complicated for lesbian and gay parents when a third person potentially has legal rights to their child (Chabot & Ames, 2004). Heterosexual parents do not have to take into consideration this complication when using ARTs because regardless of biology, a child born to a man and a woman in Canada is that couples' child if they both appear on the birth certificate (Whitehead, 2006). As highlighted by Connolly (2002) and Chabot and Ames (2004) this question becomes even more important in jurisdictions in which same-sex parent adoption is illegal and thus the non-biological parent would not be legally recognized as a parent of their child.

Two other questions unique to lesbian and gay parents when deciding whether or not to become parents, and highlighted by the lesbian mothers in Chabot and Ames' (2004) study are how do they integrate inclusive language and how do they negotiate parenthood with the larger heterocentric context. Lesbian and gay parents not only have to consider what their child will call them –will they both be mom or both be dad—, but also how something as simple as a parental label can out them and their family within society and potentially cause psychological and social

⁴ Adoption refers to the “legal transfer of parental rights and obligations from birth parent(s) to adoptive parent(s). The adoptive parents become the legal parents of the child. It's a permanent, legally-binding arrangement by which a child or teenager becomes a member of a new family.” (Adoption Council of Canada, July 9, 2007).

⁵ Surrogacy refers to a category of reproductive technology with several types of arrangements. Surrogates may either be “artificially inseminated with the sperm of the commissioning father and will become the genetic mother (genetic surrogate)”, or the surrogate may have an embryo produced through *in vitro* fertilization inseminated into her womb for gestation and makes no genetic contribution (gestational surrogate) (Government of Canada, 2001).

distress to their family (Chabot & Ames, 2004). The above questions must often be taken into consideration for gay and lesbian individuals thinking of becoming parents and can act as obstacles in their desire to become parents.

While there are a number of challenges faced by parents in child-rearing, including, but not limited to issues of poverty, stress, isolation, work-family balance, child-care and an array of individual needs (Arendell, 1997) the focus of this study is on the obstacles individual face in trying to become parents, more specifically those obstacles transsexuals face in trying to become parents. Before discussing the obstacles particular to transsexuals, I think a discussion relating to the obstacles heterosexual cisgendered people, as well as the additional obstacles experienced by gay and lesbian individuals and couples in becoming parents is important. As discussed previously, the primary motivator for becoming a parent is desire, sometimes influenced by social and cultural expectations, but what happens when that desire cannot be fulfilled because of biological and/or social obstacles?

Obstacles to Parenting for Heterosexual Cisgendered Individual and Couples

For heterosexual cisgendered individuals, biological obstacles to becoming parents include infertility which can be caused by a number of factors, as well as choosing to become a parent outside of a relationship. In addition to being biologically unable to have children, social obstacles may also prevent one from becoming a parent. While many heterosexual cisgendered individuals and couples can become parents simply through sexual intercourse, infertile individuals and couples and some single mothers must choose either adoption or ARTs as a means through which to become parents (Samish, 2004; Siegel, 1998). ARTs include a number

of techniques, the two most popular of which are In Vitro Fertilization (IVF) and Donor Insemination⁶ (DI) (Lord *et al.*, 2001).

According to Samish (2004) planning to become a parent through the use of ARTs requires not only long-term efforts and psychological stamina, due to the high level of psycho-social stress involved (Lord *et al.*, 2001; Culley, Hudson & Rapport, 2007), but also vast financial resources; as Lord *et al.* (2001) state, the success of ART users “is dependent on the size of their bank balance” (p. 257). In Canada, the cost of one cycle of IVF treatment ranges from \$7,750 to \$12,250 (\$250 for semen analysis, \$2500 - \$7000 for medications and \$5000 for the IVF) while DI costs \$450 in addition to the cost of medications which can cost up to \$2,500 (“Gender and Health,” n.d.). Since each IVF treatment only has about a 25% success rate (Samish, 2004) couples and individuals can end up spending tens of thousands of dollars or more depending on when and if their IVF treatment is successful. According to *IVF Canada*, in Ontario IVF treatments were deinsured in April 1994 by the Ministry of Health, thus requiring anyone who does not have blocked fallopian tubes to absorb all of the costs of IVF, including consultations, blood tests and ultrasounds.

As a result of the cost of ARTs individuals who are unable to have children through sexual intercourse and do not have the financial resources to spend on a treatment that has only a 25% success rate, are forced to either remain childless or go through an adoption process that is strenuous and can cost up to \$16,000 for a private adoption (“Canada Adopts,” n.d.). If the prospective adoptive parent(s) cannot afford a private adoption, then they have to go through public agencies which, although costing very little in the way of financial resources, focus solely

⁶ Donor Insemination refers to the “process of inseminating sperm from a known or unknown donor into the uterus of a female. This process includes couples who self-inseminate or inseminate with help from medical personnel,” (Chabot and Ames, 2004, p. 348). This term is used as an alternative to “artificial insemination” as that term, according to Henry (1993, as referenced in Chabot and Ames, 2004) implies a notion of being unreal.

on the safety and welfare of the child and as such have tougher restrictions regarding placements and longer wait periods. According to *Canada Adopts* (n.d.), while the process varies, depending on the agency, there are some basic steps involved in the public adoption process; they include attending information sessions, completing and clearing police checks and medical reports, providing financial records, attending adoption classes, completing family and social histories and providing references and completing a home study. At any point in this long and invasive process the prospective parent(s) may become discouraged and decide not to adopt or they may be disqualified from the process for a number of reasons including not being financially stable enough to adopt a child. In addition to the costs of adoption (both financial and psychological) and the affects of one's social and financial history on the outcome, there are also societal stigmas associated with who should be allowed to adopt.

Although Samish (2004) argues that greater respect and acceptance for non-traditional families has grown in our society, according to a 2005 Canadian study conducted by Miall and March, Canadians are not widely accepting of various forms of adoptive families and many believe that married heterosexual couples are the most acceptable form of adoptive families. Miall and March's (2005) study results indicate that the majority of men and women (90% and 93% respectively) feel that married heterosexual couples are very acceptable as adoptive parents, while only 40% of both men and women feel common law couples are very acceptable. In addition, only 18% and 22% of men and 19% and 27% of women surveyed believed that single fathers and single mothers respectively were very acceptable as adoptive parents. In fact, a total of 45% and 34% of all those surveyed indicated that they thought single men and single women were not very or not at all acceptable as adoptive parents (Miall & March, 2005). The last group Miall and March (2005) asked participants about was lesbian and gay couples; according to their

findings Canadians find this group the least acceptable to be adoptive parents with a total of 52% of participants believing lesbian couples were not very or not at all acceptable adoptive parents and 54% believing that of gay couples. It is interesting to note that this survey did not even attempt to gauge Canadians' responses to transsexuals as adoptive parents.

If the research by Miall and March (2005) is truly an indication of how Canadians feel regarding who should be allowed to adopt, it can be reasoned that this is how people feel about various couples and individuals becoming parents through any means. Miall and March's (2005) study indicates what while Canadians may slowly be coming around to various types of individuals and couples becoming parents, they still favour heterosexual cisgendered married couples and as such it will be difficult for other individuals and couples to become parents. As can be seen by the above analysis the cost (both financial and social) of becoming a parent can be out of reach of those that cannot become parents through sexual intercourse; cost however can also be prohibitive for those who can become parents without the need of ARTs or adoption. As discussed previously, many individuals and couples conduct a cost-benefit analysis in considering whether or not to have children, given the cost of raising a child in today's society (discussed above), it could be argued that individuals and couples on the lower end of the socio-economic scale may choose not to be parents simple because they cannot afford to. The above obstacles are not unique to heterosexual cisgendered individuals and couples, however, as they also exist for gay men and lesbians trying to become parents in addition to the unique obstacles experienced by this group.

Obstacles to Same-Sex Couples Accessing Parenting

According to Ryan, Pearlmutter and Gruza (2004) gay men and lesbians have been adopting children for years despite discrimination, they have adopted as single parents and couples, through public and private sources. They have often adopted older children from a variety of racial and ethnic backgrounds and children with disabilities (Ryan *et al.*, 2004). In addition, gay men and lesbians have become parents through surrogacy and donor insemination (Lassiter, Dew, Newton, Hays & Yarbrough, 2006). The various processes by which gay men and lesbians become parents have not been barrier free; in fact gay men and lesbians face a number of obstacles when trying to become parents. The available literature has highlighted obstacles related to biology, financial resources, policies, societal homophobia and heterosexism and personal beliefs.

Biology acts as an obstacle facing gay men and lesbians trying to become parents. Conception requires sperm (provided by a male) and ova (provided by a female) and thus gay men and lesbians must use ARTs such as IVF, DI and surrogacy, or adoption in order to access parenting. As discussed previously however these options cost a great deal of money and therefore are not available to all gay men and lesbians looking to become parents. Related to adoption, donor insemination and surrogacy are the policies that regulate them. In Canada there are policies related to ARTs that act as obstacles to gay men and lesbians parenting; individuals seeking the help of a surrogate are not allowed to offer financial awards (pay them) for their services, thus limiting the pool from which to find a supportive surrogate (Whitehead, 2006). As well, it is now illegal in Canada to purchase sperm or ova, again making it difficult for gay men and lesbians trying to have children through DI or surrogacy as they must find a person to donate the sperm or ova to them instead of being able to purchase it (Whitehead, 2006).

In Canada although gay men and lesbians are allowed to adopt in many provinces and territories, it still remains illegal for them to adopt in New Brunswick, Prince Edward Island and Nunavut (in the Yukon the law is ambiguous) (Hurley, 2005). Even when adoption is accessible for gay men and lesbians in different provinces and territories, agencies are still allowed to create their own policies around the issue and not all allow gay men and lesbians to adopt (ex. Catholic Children's Aid Society of Toronto). When agency policies do match those of their province, the decision-making tools available limit gay men and lesbians from adopting (Ryan *et al.*, 2004; Whitehead, 2006). For example although CAS-T allows gay men and lesbians to adopt, the decision-making process involves the foster parents currently taking care of the child. According to a personal contact within CAS-T, should a foster parent be homophobic and/or heterosexist and not want the child placed with a gay or lesbian family, they can make the process a difficult one (personal communication, March 2006⁷).

According to Armesto (2002), Ryan *et al.* (2004) and Whitehead (2006) homophobia (the irrational fear and hatred of those who identify as homosexual) and heterosexism (societal bias that favours heterosexuality as the norm) also act as barriers to gay men and lesbians parenting. For example, social workers, service providers and medical personnel who hold homophobic and/or heterosexist attitudes can make it difficult or impossible for gay men and lesbians to adopt or access reproductive technologies (Armesto, 2002 ; Ryan *et al.*, 2004; Whitehead, 2006). Homophobia can also impact on gay men's and lesbians' decisions to have children as they may fear the process will "out them" and therefore subject them (and their children) to the homophobic and heterosexist attitudes of others (Armesto, 2002; Chabot& Ames, 2005; Whitehead, 2006).

⁷ Name of source excluded because permission has not been obtained to use this individual's name

Heterosexism can also impact on gay men's and lesbians' personal beliefs about whether they should parent or not. According to Chabot and Ames (2005), five of the ten lesbian mothers they interviewed indicated struggling with the belief that they would not be appropriate as mothers because of familial and societal messages that led them to believe only heterosexual, married women were good mothers. Related to heterosexism is the lack of support received from the gay and lesbian community which may see gay and lesbian parents as trying to identify with the heterosexual culture by starting a family (Armesto, 2002; Chabot & Ames, 2005). As well, homophobia and heterosexism within society inform people's beliefs about who makes good parents and who does not. Accordingly many within society do not believe that gay men and lesbians will make good parents (Miall & March, 2005), ideas which academic literature has invalidated.

Studies on gay and lesbian families have tended to concentrate on lesbian family households in comparison to heterosexual family households; there have been very few studies that have focused on gay fathers and even fewer on the children raised by them. The limited studies of gay fathers have tended to focus on three main themes: types of parenting gay fathers engage in, effects gay fathers may have on the sexual and social development of their children and the struggles gay fathers and their children may face within the gay community and society as a whole. Bigner and Jacobson (1989a) and Bigner (1999) highlight the types of parenting gay fathers conduct in comparison to heterosexual fathers. According to the authors, gay fathers participate in more androgynous parenting roles; these fathers take on typical mothering roles in addition to their traditional fathering roles. Bigner and Jacobson (1989a) found that in their study of 66 fathers, the 33 self-identified gay fathers reported more expressive role behaviours typically associated with mothers, than did the heterosexual fathers. Also found in this study was

that despite this unique difference, gay and heterosexual fathers were found to respond similarly on involvement and feelings of intimacy with their children; a result which indicates that both heterosexual and gay fathers in this study share the same feelings and involvement levels with their children but that gay fathers may feel more comfortable in their expression of these feelings (Bigner & Jacobson, 1989a).

The claim that having a gay or lesbian parent will cause a child to become gay or lesbian themselves has been used as a reason why gay men and lesbians should not be allowed to have children. The research available on this topic however does not support such a claim. The effects of having a gay father on the sexual development of children have not been studied in great depth but the limited results indicate that gay fathers have no effect on a child's sexual orientation development (Bailey, Bobrow, Wolf & Mikach, 1995). In Bailey *et al.*'s (1995) study of 55 gay and bisexual men, it was determined that of the 82 sons over the age of 17 identified by the respondents, 83% were identified as heterosexual and 8.5% as non-heterosexual (either gay or bisexual). While an additional 8.5% of the sons were not identified at all, it is still significant to note that fewer than 9% of the sons were identified as non-heterosexual, a number which the researchers indicate is in line with other studies which put the rate of non-heterosexual males within the general population at between 5 and 10% (Bailey *et al.*, 1995). The research by Bailey *et al.* (1995) had fathers indicate the sexual orientation of the 82 sons and had half of these sons indicate their own sexual orientation, the results of this combined analysis indicated an extremely high accuracy of fathers' ratings and as such it was determined that fathers provided accurate accounts of their sons sexual orientation.

The social development of children of gay fathers has also been questioned but research suggests that having a gay father has mostly positive effects on the social development of these

children (Barrett & Tasker, 2001; Bigner, 1999). Social benefits to gay fathers coming out to their children, as indicated by Bigner (1999) include children learning how to combat homophobia and heterosexism in society and children developing a closer relationship with their father as a higher level of trust is built by the father being open and honest with his child. Other benefits, as highlighted by Barrett and Tasker (2001) include children having a higher tolerance for people who are different from themselves and children feeling they can talk more openly with their parents. Even with these social benefits, gay fathers and their children do face some difficulties within society, mostly related to issues of homophobia and heterosexism.

Gay fathers, according to Bigner and Jacobson (1989a) feel a need to prove themselves as fathers because many believe that gay men cannot make good fathers. Related to this is the idea that gay men do not receive much support from the gay community in their fathering efforts because being a father is often seen as a heterosexual act (Barrett & Tasker, 2001). Gay fathers are therefore given the double task of proving themselves as competent fathers to the heterosexual world, while at the same time proving themselves as legitimate members of the gay community. While gay fathers face difficulties in society related to homophobia and heterosexism, so do their children. According to Barrett and Tasker (2001), children of gay fathers face difficulties related to keeping a family secret, being teased by their peers and feeling different from others. Despite these difficulties, research suggests that there are no significant adverse affects on children raised by gay fathers (Barrett & Tasker, 2001). It should be noted however, that the above studies relied on reports from the fathers only and no corresponding data was collected from the children themselves and therefore parental bias may be a factor, although research on lesbian parents suggests otherwise.

While research on gay fathers and their children has been limited, the research on lesbian mothers and their children has been less so and has usually been conducted in two ways: single lesbian mother families in comparison to single heterosexual families (Green, Mandel, Hotvedt, Gray & Smith, 1986) or lesbian couple families in comparison to heterosexual couple families (Bos, van Balen & van den Boom, 2004; Flaks, Ficher, Masterpsqua & Joseph, 1995; Golombok, Perry, Burston, Murry, Monney-Domers & Stevens, 2003; Patterson, 1996). The former type of research was conducted mostly in the past and focused on lesbian mothers who had previously been involved in heterosexual relationships and bore children while the later research has focused on lesbian couples who choose parenting within their relationship. The difference between the children in these two types of studies is that the first set of children experienced some part of their development within an opposite sex parenting arrangement while the second set had not. In spite of this fundamental difference, the findings from these studies have been similar and as such are presented together.

Research on lesbian mothers and their children have focused on three main areas: lesbian mothers' psychosocial well-being and parenting skills (Bos *et al.*, 2004; Flaks *et al.*, 1995; Golombok *et al.*, 2003; Green *et al.*, 1986; Patterson, 1996), children's psychosocial and intellectual well-being (Flaks *et al.*, 1995; Green *et al.*, 1986; Patterson, 1996; Wainright, Russell & Patterson, 2004) and children's gender and sexual orientation development (Golombok *et al.*, 2003; Green *et al.*, 1986; Patterson, 1996; Wainright *et al.*, 2004). In terms of mothers' psychosocial well-being and parenting skills, the research indicates that there are some key similarities and differences between lesbian mothers and heterosexual parents.

According to Patterson (1996) the lesbian mothers in her research on lesbian couple families reported generally positive views about themselves and their adjustments to

motherhood, with there being no significant differences between what were identified as the biological lesbian mothers (BLM) and the social lesbian mothers (SLM) or between these mothers and the heterosexual mothers. In a similar study by Bos *et al.* (2004), the researchers compared 100 lesbian couple families and 100 heterosexual couple families and found that the two lesbian mothers and the heterosexual mothers experienced the same level of parental stress. These two studies indicate that lesbian couple mothers fare the same as heterosexual couple mothers on a number of psychosocial variables. However, according to the study by Green *et al.* (1986) single lesbian mothers and single heterosexual mothers' actually differ on two variables of psychosocial well-being; single lesbian mothers in their study scored higher on self-confidence scales than did single heterosexual mothers and lesbian mothers were more likely to seek out leadership roles while heterosexual mothers were more likely to be subordinate to others and harbour feelings of inferiority. These findings suggest that the psychosocial well-being of lesbian mothers is not as affected by relationship status as is heterosexual mothers' psychosocial well-being.

In terms of parenting skills, Flaks *et al.* (1995) and Golombok *et al.* (2003) found, in their comparison studies of lesbian couple families and heterosexual couple families that while there are no differences between LBM and heterosexual biological mothers (HBM), there do appear to be significant differences between LSM and heterosexual biological fathers (HBF). In Flaks *et al.*'s (1995) study, the LSM appeared to have a higher awareness of parenting skills and a superior ability to identify issues in child-care and to adapt appropriate solutions than did the HBF, while in Golombok *et al.*'s (2003) study the LSM were less likely to report smacking children and were more likely to participate in imaginative play than were the HBF. However, Golombok *et al.* (2003) also found that LSM and HBF rated similar on levels of warmth and

involvement in parenting, while Bos *et al.* (2004) indicated that LSM and HBF showed no significant differences in parental competence. Although somewhat contradictory these studies do suggest that at the very least LSM are just as, if not more, competent in parenting as HBF.

The above discussion indicates that lesbian mothers' psychosocial well-being and parenting skills are higher or comparable to those of heterosexual mothers and fathers. A better measure of whether these findings hold true or not would be to study whether the psychosocial well-being of children who live within these households is equivalent to those of children who live in heterosexual households. Studies indicate that children of lesbian mothers have similar intellectual functioning (Flaks *et al.*, 1995; Green *et al.*, 1986; Wainright *et al.*, 2004); similar social adjustments (Green *et al.*, 1986; Patterson, 1996) and similar behavioural and psychological adjustment (Golombok *et al.*, 2003; Patterson, 1996; Wainright *et al.*, 2004) in comparison to children of heterosexual parents.

Green *et al.* (1986) used the Wechsler Preschool and Primary Scale of Intelligence and the Wechsler Intelligence Scale for Children to test the intelligence levels of children living in single lesbian mother and single heterosexual mother households. Results showed that each group of children scored within average range on the tests and that there were no differences on intelligence scores between the children of lesbian or heterosexual mothers. Wainright *et al.*'s (2004) study revealed that both children raised in lesbian couple families and those raised in heterosexual couple families had positive school outcomes indicated by high grade point averages and high school connectedness. In terms of social adjustment, Green *et al.* (1986) and Patterson (1996) found that the children of lesbian single mothers and lesbian couple families both indicated no problems with social adjustment in comparison to their peers from heterosexual families.

Along with the above findings, studies also indicate positive behaviour and psychological development among children of lesbians. In Wainright *et al.*'s (2004) study comparing 44 adolescents raised in lesbian couple families with a matched set of 44 adolescents raised in heterosexual couple families, it was found that the two groups had overall positive psychological functioning with low levels of depression and anxiety and high levels of self-esteem. Patterson (1996) also found that the children in her study of lesbian couple families in the Bay Area showed no significant behavioural problems in comparison to Achenback and Edelbrock's 1983 normative sample and no significant difference on ratings of self-concept in comparison to Eder's 1990 normative sample. Patterson (1996) did however find that these children reported greater reactions to stress and a greater overall sense of well-being, with neither finding being accounted for. The most significant finding in terms of the psychological and behavioural functioning of children of lesbian mothers come from the Golombok *et al.*'s, (2003) study in which both teachers and child psychologists rated the children from lesbian mother's families and those from heterosexual mother's families as comparable on levels of behavioural and psychological adjustment. What is significant about the findings of this study is that the child psychologists were unaware of the child's membership in either a lesbian or heterosexual parent household and therefore were not biased either way in their reviews and the teachers were held as independent observers, unaware of what the study was about, and upheld the parents ratings of their children (Golombok, *et al.*, 2003).

Related to psychosocial development and unfortunately held as one of the greatest fears lobbied against same-sex parenting, is sex-role and sexual orientation development in children raised by lesbian, gay or bisexual parents. Because most of the studies reviewed here focused on the sexual orientation of parents, sexual orientation of children is only mentioned in one study

(Wainright *et al.*, 2004) and was found not to be significant in any way given that fewer than 10 of the 88 adolescents indicated ever having a sexual attraction to a member of the same-sex. Wainright *et al.* (2004) determined that since less than 11% of the adolescents reported having a same-sex attraction, because it was only reported as an attraction not as an overall same-sex preference in sexual orientation, and that attraction does not equate to sexual orientation, the data for this finding were not significant and therefore were not further discussed. It should be noted that this finding is in line with Bailey *et al.* 's (1995) findings showing that fewer than 10% of the sons in that study were identified as non-heterosexual and that this number is in line with the number of non-heterosexuals in the general population.

While Patterson (1996) and Golombok *et al.* (2003) found that the children of lesbian mothers in their studies showed no abnormal sex-role behaviours in their play or friendship circles, Green *et al.* (1986) did find some variations. Overall Green *et al.* (1986) found that boys of both lesbian and heterosexual single mothers showed no significant differences in their sex/gender role development, with both sets of boys playing and dressing in typically masculine ways. In terms of the girls however, Green *et al.* (1986) found that the daughters of lesbians were more likely to indicate wanting future jobs that were viewed as masculine (lawyer, doctor and astronaut) and dressed in more gender neutral clothing than did the daughters of heterosexual mothers. However, it was also found that daughters of both groups were more likely than the boys to dress in typically opposite sex clothing and engage in more masculine play than the boys in feminine play (Green *et al.*, 1986).

Overall studies of children of gay fathers and lesbian mothers indicate that they are similar to children of heterosexual families on all levels of cognitive/intellectual development, psychosocial and behavioural development, sexual development and sex/gender role

development. These positive findings however may not be generalizable to all gay and lesbian run families because of two main limitations indicated in all the studies reviewed: small sample size and participant socio-economic characteristics. In all these studies the sample sizes were relatively small and often recruited using non-random sampling techniques. As well, all the authors stated as a main limitation that an overwhelming majority of the subjects studied were white, well-educated and from at least middle-class backgrounds and therefore not representative of the gay and lesbian community as a whole.

Another limitation highlighted by the researchers that studied children, with the exception of Golombok *et al.*, (2003), is that much of the data came from parent reports and therefore had the potential to be personally biased. To counter this bias, Golombok *et al.* (2003) used teachers and child psychologists as independent observers; through the use of these methods the researchers found that the parents' ratings were in line with those of the independent observers and as such could be counted on to reflect non-biased observations. Although Golombok *et al.*'s (2003) findings indicate that parents are good judges of their children's psychosocial development; future research should try, where possible, to use independent observational ratings to counter the possibility of personal bias in parental reports. As well future research should try and obtain more ethnically and socially diverse populations of gay and lesbian parents to get a more representative sample of the gay and lesbian community. Now that we have seen the obstacles heterosexual cisgendered and gay and lesbian individuals and couples face in becoming parents, here is a review of the literature available regarding the obstacles faced by transsexual parents.

Obstacles to Transsexuals Accessing Parenting

According to Flynn (2006) we live in a highly gendered society and as such, distinctions of sex can have significant consequences in the realm of family law. In particular for transsexuals, decisions around transgender family law have often reflected society's "fetishistic attitudes towards trans individuals" which can be seen by the family courts' relentless focus on transsexual individual's sexual anatomy regardless of the nature of the case (Flynn, 2006, p. 33). The only obstacles to accessing parenting rights discussed so far in the research are those related to child custody hearings and include cases where the non-transsexual parent is fighting against the transsexual parent in obtaining access, and judges denying or limiting access to children because of a parent's status as a transsexual (Carter, 2006; Green, 1998).

While significant restrictions of visitation are rare in most family custody disputes and are typically only issued in cases of physical, sexual or emotional abuse, this has not been so in cases where one parent is transsexual. In fact, in most cases in the United States thus far, custody is rarely granted to the transsexual parent and visitation is usually stringently restricted or terminated entirely (Flynn, 2006). During consultations for the OHRC policy on Gender Identity, some participants noted judicial biases against transgendered parents having custody or liberal access to their children despite a 1996 Ontario court ruling that stated that one's transsexual identity is not a factor that should be used for deciding custody issues (OHRC, 1999). The reason such obstacles come into play is the result of concerns regarding what a parent's transsexual identity may do to their child's sexual and gender identity and psychosocial development. These fears however, are not founded as can be seen by the studies reviewed below (Freedman *et al.*, 2002; Green, 1998; White & Ettner 2004 and 2006). It is interesting to note however, that no

research has been conducted on the obstacles faced by transsexuals who are seeking to become parents post-transition.

The research done on transsexual parents and their children is limited and has focused solely on children born within heterosexual cisgendered relationships in which one parent eventually decides to undergo a transition to the opposite gender. These studies have focused on the psychological state, gender identity development and the social and academic outcomes of children of transsexuals (Freedman *et al.*, 2002; Green, 1998; White & Ettner 2004 and 2006). These studies have also highlighted the factors that protect these children from developing problems. In terms of psychological symptoms Freedman *et al.* (2002) and White and Ettner (2006) indicate that the children of transsexuals do experience some symptoms of psychopathology but that these symptoms, which include depression, eating disorders and substance abuse, often began prior to their parent coming out as transsexual and are similar to the rates experienced by children and youth who have experienced other forms of family disruption, such as divorce. These studies suggest that it is the resulting disruption in the family, rather than the gender identity of their parent that is related to psychopathology in these children, a suggestion supported by White and Ettner (2004 and 2006) and Freedman *et al.* (2002), that will be discussed later.

When it comes to the gender identity of children of transsexuals, Green (1998) and Freedman *et al.* (2002), both found the children in their studies to have gender identities consistent with their biological sex. In Green's (1998) study, none of the 18 children studied met the *Diagnostic and Statistical Manual IV* (DSM IV) criteria for gender identity disorder (GID) and although one son and one daughter had indicated at one point a wish to switch genders, those wishes vanished once the child began to understand why their parent was transitioning to the

opposite gender. Similarly, 17 of the 18 children of transsexuals studied by Freedman *et al.* (2002) did not meet any of the DSM IV criteria for GID; while one youth did meet two of the criteria, neither persisted after counselling.

Green (1998) and White and Ettner (2006) discuss the social difficulties children of transsexuals may encounter in their everyday lives. Green (1998) found that three of the children in his study had experienced teasing from their peers, while White and Ettner (2006) found that 17% of the children in their study had suffered socially as a result of their parents undergoing a gender transition. White and Ettner (2006) also found that of the 55 children they studied 23% experienced moderate academic decline while 4% experienced severe academic decline. However, they also found that 73% experienced no decline in academic performance and that it was difficult to determine if it was their parents' divorce or the gender transition itself which contributed to the academic decline in the remaining children.

Although the studies reviewed above do indicate that children of transsexuals do experience some mild problems in relation to their parent undergoing a gender transition, most of the studies also indicate that these problems are more a result of the parental conflict experienced by the child than the transition itself (Freedman *et al.*, 2002; White & Ettner, 2004 and 2006). As discussed, Freedman *et al.* (2002) indicated that the psychopathology experienced by the children in their study was similar in type and level to other children who experienced familial disruption. In relation to this, White and Ettner (2004) found in their study with 10 GID clinical therapists that the therapists found that of all the families they had worked with, it was in the ones that experienced high parental conflict that children fared the worse. In fact, the therapists indicated that risk factors for children of transsexuals included abrupt separation from the parent, extreme opposition to the transition from the other parent and high parent conflict but not the

gender transition itself. The therapists actually advised that outcomes would be better for the children if parents told their child at a young age about their gender identity and if the parents had low conflict levels (White & Ettner, 2004).

Although the latter study focused on therapists' perceptions, the 2006 follow-up study by White and Ettner had transsexual parents verifying these findings. The parents in this study suggested that less conflict between them and their spouse at the time of the transition later led to positive relationships between their children and themselves. White and Ettner (2006) also found that when the children were told at a younger age, they had better adjustment and positive relationships with their parents, as was suggested by the therapists in the previous study (White & Ettner, 2004). As illustrated by these four studies, children of transsexuals may be more affected by the familial disruption and parental conflicts experienced as a result of a parent coming out as transsexual than the actual transition itself. Unfortunately, however, these studies were conducted with small, convenience samples and as such cannot be generalized to children of transsexuals in general.

Another limitation of these studies is that they focused solely on children who experienced their parents' transition at an age where they remembered it. No studies to date have included children who do not remember their parents' transition or those born to or adopted by fully transitioned parents; it would be interesting to note any differences that might appear between these two groups. It is obvious, given the small number of studies conducted on children of transsexuals that more research needs to be done. Research on this subject is important because as discussed earlier, judges have little knowledge of transsexual parents and as such may be inclined not to grant custody to them simply because of their status as transsexuals and the lack of knowledge surrounding the outcomes of children of transsexuals (Carter, 2006). Should

more studies be conducted and replicate the findings discussed above then it would help transsexual parents trying to access custody of their children because it would provide society with the knowledge that a parent's transsexualism has nothing to do with their skills as a parent.

As can be seen by the literature discussed above, nothing has yet been written about why transsexuals want to become parents or the obstacles they face trying to do so through adoption, donor insemination and/or surrogacy; such a gap ignores the fact that transsexuals are becoming parents post-transition. Given that no work has focused on this specific subject the following research draws attention, not only to the fact that transsexuals are trying to access parenting through a variety of means but also to the obstacles they face in trying to do so.

Research Questions

The research questions which came out of the above literature and the gaps in the literature include the following:

1. Why do transsexuals want to become parents?
2. According to transsexual parents/activists and professionals working with transsexuals trying to access parenting, through adoption, donor insemination and surrogacy, what are the obstacles faced in these pursuits?
3. What are the obstacles related to? Are they related to policy, service barriers, society, biology and/or the law?
4. How do these obstacles function? Do they limit, deny or make it difficult for transsexuals to access parenting?
5. What do parents/activists and professionals believe is the impact of these obstacles on children?
6. What do parents/activists and professionals see as required changes in order to limit or remove obstacles to transsexuals accessing parenting?

Theoretical Framework

In trying to answer the above research questions one might assume the best theoretical approach from which to work is Queer Theory; it is my contention however, that due to some of the theoretical limitations of Queer Theory, that in order to be able to fully understand the experiences of transsexuals trying to access parenthood, I need to work from a combined Feminist-Queer Theory perspective. Below I present a brief overview of both Queer and Feminist theories and their limitations, as well as an argument for the combination of these two perspectives in conducting research with transsexuals trying to access parenting.

Queer Theory emerged in the early 1990's in academic departments of film, literature and cultural studies, as a means of demonstrating the textual production of sexual and gender identities (Namaste, 2000). Queer Theory takes a deconstructionist approach to sexual and gender identities with the aim of disrupting and denaturalising sexual and gender categories in order to highlight the fluidity and instabilities of these identities (Butler, 1994; Richardson, 2006). Queer theorists, like Judith Butler (1994) argue that the binary sex/gender system of dividing the world into 'men' and 'women' is oppressive and that social change will happen with the deconstruction of these systems (Namaste, 2005; Richardson, 2006). Although this focus on the oppressive nature of sex/gender binaries and how they are created directly relates to those who do not fit neatly into the categories of male and female, many argue that Queer Theory fails to pay significant attention to the everyday lives of these individuals (McLaughlin, 2006; Namaste, 2000 and 2005; Richardson, 2006;).

According to Namaste (2000 and 2005), Richardson (2006) and McLaughlin (2006), Queer Theory has been criticised for its strong focus on discourse and text analysis and inattention to the structural, material and social inequalities of those who live outside sex/gender

norms, which reflect the lived experiences of these people. Transsexual and transgendered participants in consultations held by the National Association of Women and the Law (NAWL) support this argument and highlight the importance of focusing on everyday struggles such as being able to access food, shelter, health care and employment before examining the complicated issue of identity politics highlighted by Queer Theorists (Denike *et al.*, 2003). Namaste (2005) further argues that if one were to do some empirical research on some of these most pressing issues for transsexuals then “we would discover that transsexuals are quite literally shut out and excluded from the institutional world” (p.3) a fact that queer theorists fail to recognize.

McLaughlin (2006) and Namaste (2005) assert that by leaving aside differences relating to experiences of poverty, violence and genocide and instead focusing on identity politics and culture, queer theorists are forgetting the reality of oppression and exploitation. It is because of this lack of focus on the lived experiences of transsexual people that I believe focusing solely on Queer Theory is not conducive to research on the obstacles faced by transsexuals trying to access parenthood and decided to include Feminism as an additional framework from which to work. Feminism, in general, shares four main concerns. Firstly, it seeks to understand the gendered nature of institutional, as well as social relations (Elliot & Mandell, 2001). Secondly, it is concerned with linking problematic gender relations to other inequalities and contradictions in social life while viewing gender relations as historical and sociocultural productions which can and should be reconstructed. Lastly Feminism is concerned with the importance of becoming explicitly political in the advocacy and advancement of social change (Elliot & Mandell, 2001). While some argue that Feminism is solely a theory devoted to representing and pursuing the political interests of women (Wilchins, 2004), it is my belief however that because of the focus on the social and structural nature of oppression and the need to become political in advocacy

that Feminism is complementary to Queer Theory in researching the lived experiences of transsexuals.

There are many variations of feminist theory that have developed over the years, from the Liberal Feminism of the late 1700's to the Postmodernist Feminism of the early 1900's (Elliot and Mandell, 2001); the Feminist approach that I have chosen to work from in conjunction with Queer Theory is the Critical-Feminist approach. According to Barclay-McLaughlin and Hatch (2005) and Chabot and Ames (2004) researchers working within the Critical-Feminist paradigm conduct research to invoke political changes; it is the researchers' job to make the lives of oppressed groups better. I would like to acknowledge however, that others may not agree with this fusion of theories in research with transsexuals, and for good reason. As Feminists sought to empower women, they began to create women-only spaces in order to retain autonomy and focus exclusively on women, women's issues and women's experiences (Denike *et al.*, 2003). In creating these women-only spaces and focusing on the life-long oppression of women, some feminists and feminist organizations have refused individuals who identify as women but do not fit the biological female mould (Denike *et al.*, 2003; Whilchins, 2004). Transsexual men and women have at times been excluded from some women-only spaces, such as shelters, despite their biological and social connections with womanhood. A well cited Canadian example of this exclusion is the case of *Nixon vs. Vancouver Rape Relief Society (VRRS)*.

In this case, Nixon, a post-operative transsexual woman, was excused as a volunteer for a peer-counselling program by VRRS—a feminist run organization—after disclosing her identity as a transsexual women (Denike *et al.*, 2003). In taking her case to the British Columbia Human Rights Tribunal, VRRS argued that Nixon's exclusion was justified as they believed that because she had not lived as a woman her whole life that she would be unable to relate to the experiences

of their clients, a requirement of the volunteer position (Denike *et al.*, 2003). This justification, Nixon argued, ignored her reality that she had always been a woman and that in believing her to be a man the VRRS had judged her solely on her appearance and not her lived experiences. The British Columbia Human Rights Tribunal sided with Nixon, awarding her \$7,500.00 and ordering the VRRS to stop discriminating against transsexuals (Denike *et al.*, 2003). It is cases like Nixon's that may have some argue against the use of Feminist Theory in a study involving transsexuals but as Denike *et al.* (2003) point out, not all Feminist organizations are Transphobic and it is only because of a vocal few that this stereotype exists. It is my belief that by fusing Queer Theory beliefs regarding sex/gender binaries and their relations to the oppression of transsexuals with the social, structural and political focus of Critical-Feminism that these two theories can work together to overcome eachother's weaknesses and help shed light on the obstacles faced by transsexuals trying to access parenthood.



Methodology

This study is made up of two parts. It began with a critical analysis of existing literature on obstacles to parenting among traditional and non-traditional families. In doing this I noticed a serious gap in the literature – while literature exists on same-sex parenting, little or no research exists on transsexual parents/parenting and the barriers they may encounter in becoming parents. Because of this, the second part of this study involves in-depth interviews with professionals who work with transsexuals who are or wish to become parents and transsexual parents/activists themselves. The following is a discussion of the methodology used in conducting the second part of this study, the in-depth qualitative interviews aimed at understanding the obstacles to parenting faced by transsexuals.

Reflexivity

As discussed above I became interested in doing this research because of my experiences with transsexual individuals in my work placements and research endeavours, what has not yet been discussed is my own personal connection with gender identity and my social location in general and how it may impact on this research. I am a young, White, cisgendered female with a university education and a supportive family. My social location presents me with many privileges in life, including the privilege of having my biological body match my gender identity, a privilege that transsexual individuals are not born with and may not achieve even with full sex-reassignment surgery. Because I have not personally experienced this incongruence between my gender identity and my biological sex I cannot fully understand what it means for transsexual individuals. In addition, because I am not a parent nor am I looking to become a parent at any

time in the near future, can I imagine or understand what it must be like to be unable to become a parent despite the desire to do so.

My lack of personal experience in both these areas may have worked to limit my understanding of the obstacles to parenting for transsexuals as well as my analysis of how they function and what needs to be changed. However, I believe that because of my training in social work from a social justice perspective, and my support and advocacy for human rights for the Queer and Trans communities, I feel I have done my best to represent the experiences of my study key informants and their views and accounts of others in the trans community.

Scope

For a number of reasons, which I will outline below, I decided to first focus my research on professionals who have worked with transsexuals trying to access parenting and not transsexuals themselves who were or had been trying to access parenting. To begin with, others have successfully studied children of transsexual parents by interviewing professionals. For example, White and Ettner's (2004) study on children of transsexual parents, surveyed therapists who had been working with transsexuals for an average of 14 years and in the follow-up study using transsexual parents (White & Ettner, 2006), found that the study conducted with the therapists had been reliable as both studies obtained similar findings. Another reason I chose to conduct my study with professionals instead of transsexuals trying to access parenting was a result of a conversation I had a year and a half ago with a prominent member of the transsexual community⁸ who informed me that in recent years the transsexual population, particularly within

⁸ Staff of the 519 Community Center in the Trans programming section.

the Toronto area, had been the subjects of many research projects and as such had become an over-researched population (personal communication, March 2006)⁹.

I believe it is important, where appropriate and possible, to conduct research regarding over-researched populations in a way that limits the burden on the population and as such I believed conducting research with professionals who work with and for transsexuals trying to access parenting would inflict no undo stress or burden on this over-researched population. Given that White and Ettner's (2006) study verified the data obtained from professionals working with transsexual parents and the sensitivity of this topic, in addition to the fact that I had a limited amount of time in which to obtain the data, I believed using professionals as sources of data generated useful/reliable and valid results. I also believed that interviewing professionals would yield access to more data than transsexual parents themselves as I believed they would have access to multiple transsexuals trying to access parenting and therefore would be able to speak to many experiences; given the short amount of time in which there was to conduct this research, it was important to use subjects that could provide information-rich data. However, because of the time at which I began recruitment of participants and the relatively small group of professionals working with transsexuals seeking parenthood I ended up interviewing not only professionals who work with this population but also members of this population as well.

I began recruitment of participants in early June of 2007, which happened to correspond with preparations for *PRIDE WEEK* in Toronto, because of the timing I had a difficult time getting responses from potential participants. In addition because I was conducting this research in the summer, many people were unavailable for weeks at a time, an issue which came up later in the research as well. In addition to the timing of the research as a factor in expanding the participant pool to including transsexual parents/activists was the fact that some of those who

⁹ Name of source excluded because permission has not been obtained to use this individual's name.

worked in this area were in fact transsexual parents themselves. When I found out that transsexual parents were such a big part of the services being offered to those trying to access parenting I decided to include them in the study, not only because of the rich professional experiences they had but also because of their personal association with the issue.

With only four months to complete the research and no research funding, Toronto was chosen as the location of research as I, the researcher, live in the Toronto area and thus could travel within it to meet interviewees and because of the services currently being offered in Toronto to transsexuals trying to access parenting. Although I believe transsexuals who are already parents may experience similar obstacles in maintaining their children, I believe those faced by transsexuals who are trying to access parenting post-transition are different and may be more complex than those who had children prior to their transition; it is for these reasons that I choose to focus on the obstacles to becoming parents as opposed to maintaining parenting.

Approach

Given that I used a Critical-Feminist and Queer Theory paradigm from which to conduct my research, this project was conducted using qualitative research methods. According to Cresswell (2005) qualitative research is used to develop an in-depth understanding of a particular phenomenon, in this case obstacles faced by transsexuals trying to access parenting. I believe this goal of research fits well with the Critical-Feminist and Queer Theory paradigms in that in order to illicit change researchers must increase people's consciousness about issues of power and oppression through representing the experiences of those that have experienced the oppression (Morrow, 2005 and Chabot and Ames, 2004). By using qualitative research methods I believe I have brought to the fore an in-depth understanding of the obstacles faced by transsexuals trying to access parenting.

The strategy I used to conduct this qualitative research was a series of qualitative interviews with professionals and transsexual parents/activists. According to Babbie and Benaquisto (2002) and Creswell (2005), qualitative research is conducted to focus attention on a particular aspect of social phenomenon; for instance the obstacles (aspects) faced by transsexuals trying to access parenting (social phenomenon). The qualitative interview study design was selected given that the purpose of such a design is to provide rich detailed data (Babbie & Benaquisto, 2002). By using a qualitative interview design I was able to collect data from a small sample that was relevant and information rich.

Sampling

Sample Size: I was looking to interview between 3 and 5 participants, in the end 3 individuals agreed to participate in this study. Key informants included one professional who has worked with transsexuals trying access parenting and one professional who is also a transsexual parent and activist, as well as one transsexual parent/activist who works with a variety of individuals from the transsexual/transgendered community. Although this sample is small it is believed that given the time constraints and the few services available to transsexuals seeking access to parenting, this sample size provided as much information-rich data as possible.

Sampling Techniques: In order to best understand a new/difficult to understand phenomenon, qualitative research is usually done using non-probability, purposive sampling (Cresswell, 2005). For this study I intentionally picked a sample of professionals and transsexual parents/activists who have worked with or had been transsexuals trying to access parenting through adoption, donor insemination and/or surrogacy. In sampling professionals I purposefully looked to interview professionals who had worked as adoption workers, medical professionals,

counsellors, lawyers and service providers and that had worked with this population within the last year. I used snowball sampling, which relies on referrals from initial subjects, or in this case personal contacts within the community, to generate additional subjects (Cresswell, 2005). I began by contacting a past co-worker at CAS-T to find out the contact information of the adoption worker who had worked on the first adoption application by an out transsexual client. Unfortunately, I was unable to interview the adoption workers at CAS-T because of their confidentiality policies around discussing client cases. I was however able to obtain names and contact information of professionals my CAS-T contact thought might be interested in participating in this study. I also contacted professionals at *The 519 Community Center* in Toronto, where programs for trans parents have previously been run, and the *Sherbourne Health Centre*, where the LGBT Parenting Network is run. Through those contacts I was able to get the names and contact information of my 3 key informants.

I chose the above sampling technique because of the limited services available in Toronto for transsexuals trying to access parenting; I believed that the only way to get information-rich sources was to ask professionals to recommend others they thought may be interested in participating in this research. A limitation to this type of sampling is that results can not be generalized to others; however, the goal of qualitative research is to gain an in-depth understanding of a particular phenomenon, not generalizability (Cresswell, 2005) and I believe this sampling technique provided me with such an understanding.

Data Collection

To collect my data I used the qualitative method of semi-structured, face-to-face interviews. I chose to conduct interviews because they permit participants to describe

information in their own words while allowing the researcher to collect the data they seek to collect; in particular the interviews allowed me to learn as much as possible about this topic (Babbie & Benaquisto, 2002). I used semi-structured interviews in order to direct the flow of information while at the same time allowing for participants to relate their experiences in their own words (Cresswell, 2005). Using semi-structured interviews also allowed me to add and change questions as I interviewed. This also increased the participant's involvement in the study itself as it gave them more power to add to the flow of conversation within the study process. I chose to conduct the interviews face-to-face so that I could build a rapport with the participants whom I planned to involve throughout the research project. The interviews were conducted using an interview protocol (see Appendix A), which is a form containing instructions for the interviewer, the questions to be asked and space to take notes during the interview (Cresswell, 2005). I used a tape recorder to record the interviews and took minimal notes indicating potentially important data or things I wanted to probe into more with the interviewee or future interviewees. Interviews are a useful data collection tool as they allow researchers to collect data on a particular topic within a short time while still allowing participant's voices to be heard (Babbie & Benaquisto, 2002 and Cresswell, 2005). Potential disadvantages to using interviews however, include interviewees' responses being filtered through the questions asked and later by the researcher in discussing their responses (discussed below).

In order to enhance trustworthiness (qualitative reliability and validity) in the data collection process I used open-ended questions. Open-ended questions allowed me to obtain information relevant to my study while allowing participants to elaborate on their answers and provide additional information not covered by the questions asked. I also used probes, such as "tell me more" or "what do you mean by that" during the interviews in order to obtain a better

understanding of the information participants were providing me with. I believe the above tools enhanced the trustworthiness of my research in that participants were not limited in their responses by the questions asked.

Ethical considerations that came up during this phase of the research related to confidentiality. Confidentiality in research, according to Babbie and Benaquisto (2002) refers to keeping participant's identities unknown to anyone other than the researcher. Anonymity, on the other hand, refers to keeping subjects identity hidden from the researcher and anyone else involved in the research project (Babbie & Benaquisto, 2002) – something which I could not do or commit to because of the face-to-face interaction with interviewees. Before conducting the interview, participants were provided with consent forms (see Appendix B) on which they were informed of their right to confidentiality, how it was to be maintained (see Data Organization) and all information regarding the project, as well, at the end of the interviews participants were asked about whether they wanted to remain anonymous in the final paper or not and if so what pseudonym they wanted to use. Because all 3 participants wanted to have their names associated with this research and did not want to remain anonymous the only issues around confidentiality related to this project was for clients or co-workers mentioned by the participants. Participants were asked not to refer to clients or co-workers by name and were informed that should names be used that confidentiality will be provided for those they mention (see Data Organization). Interviews were tape recorded and the tapes were kept until they were transcribed at which time they were destroyed. The transcribed interviews were kept along with all other records in a locked cabinet in the researchers' home office. This entire process was evaluated and approved by Ryerson University's Research Ethics Board (See Appendix C)

Data Organization

In order to organize my research project I kept a checklist and schedule of what tasks needed to be completed throughout the research project. In order to organize my data, after interviews were conducted, interviews were transcribed using Microsoft Word and saved in password-protected files. Given the limited time frame in which to complete this research, it may not have been possible to obtain all the data available on the obstacles faced by transsexuals trying to access parenting, therefore data was collected until the three month point of the research project, thus allowing a further month to analyze the data and report on the findings.

At this stage, in order to enhance trustworthiness, I sought to meet two criterion of trustworthiness outlined by Bryman and Teevan (2005) and Morrow (2005): Credibility and Dependability. Credibility, at the data organization stage, involves allowing the participants to read over their transcripts for accuracy and allowing them to make note of any changes they might want to make in their responses, however although one participant did indicate a wish to do this, he was unable to because of holiday timing and the time restraints of this project (see Challenges). Dependability entails adopting an auditing approach; I ensured that all records were complete and accessible to my supervisor for review. Ethical considerations at this phase also related to confidentiality: but as indicated above, participants did not wish to remain anonymous and so their names were used in the storing of transcripts. During transcription however, I did change the names of clients or co-workers used by participants in their interviews with identifying terms such as *client* or *co-worker* in order to keep the identities of others confidential.

Data Analysis

I used a number of strategies during the data analysis stage in order to ensure I gained a full understanding of the data collected. I began by listening to the interview tapes at least once before transcribing them, allowing myself to become familiarized with the interviews; I then transcribed the interviews using Microsoft Word. After transcription I read through the transcripts to further familiarize myself with the data and wrote marginal notes regarding significant remarks. I then began coding the data by highlighting key terms used by the participants. After my initial coding of all the transcripts I reviewed my codes and merged different codes being used to represent similar ideas and then began to group codes under broader categories. I also looked for similarities and differences across responses to determine if professionals from different fields discussed similar or different obstacles faced by transsexuals trying to access parenting.

At this point I intended to employ a method of member-check used by Chabot and Ames (2004) in their study on the decision-making processes of Lesbians planning motherhood via donor insemination. In their study Chabot and Ames (2004) had participants review excerpts of their responses that had been analysed by the researchers and were asked to give feedback as to whether they agreed with the researchers interpretations of the data. However, as mentioned above, only one participant indicated a wish to do so and he was unable due to holiday and time restraints. To interpret the data I employed a Critical-Feminist and Queer Theory perspective while relating the data back to the literature reviewed above. In interpreting the data I looked to see if any similarities appeared between the obstacles faced by transsexuals trying to access parenting and those experienced by heterosexual, gay and lesbian cisgendered individuals and couples trying to access parenting, as outlined in the literature. I also noted any differences in

their experiences and what societal structures they related to i.e. did they relate to policies or legislation and/or Transphobia in society?

Given that I was interpreting this data using the Critical-Feminist and Queer Theory perspectives it follows that I would be interpreting this data for those who participated in the study, transsexuals in general and those trying to access parenting, in particular. By keeping in mind that I was interpreting the data for this population it helped me focus my interpretation in order to create knowledge that is accessible to those who are affected by it. I interpreted the data for this population so that they can be informed of the obstacles they might face in trying to access parenting or trying to help their clients' access parenting and perhaps become more prepared for the struggles they may face. I also kept in mind that I was interpreting this data for those who create and/or support the obstacles transsexuals face in trying to access parenthood. By interpreting the data for those who create and/or support the obstacles it will allow me to disseminate the information to these sources in order to inform them of the obstacles they create and/or support and how they impact on transsexuals trying to access parenting. By providing this group with the results of my study I hope that it will be a 'stepping-stone to improving services for transsexuals trying to access parenting.

Dissemination

My findings will be disseminated through multiple mechanisms; I am reporting my findings in a Major Research Paper, which is to be defended in front of a panel of professors from Ryerson University. As well, I plan on creating an executive summary of my findings to be provided to the participants and organizations throughout Toronto that work with Transgendered clients as many of the organizations I contacted have shown an interest in receiving this; participants will also be provided with the entire research project should they ask for a copy of it

(all 3 indicated they did). Should the opportunity arise, I would also like to present my findings to a larger community and so an effort will be made to collaborate with agencies serving the Transgendered community in Toronto to hold a meeting or information session during which the project can be shared with the community. Consideration will also be given to disseminating these research findings at conferences and through academic publications.

Challenges/Shortcoming of Using this Approach

In conducting this research there were three major challenges which presented themselves: confidentiality, time and participant sample. Confidentiality became an issue in only one aspect of this study, but an aspect which I feel may have limited the information I received. As indicated above I had tried unsuccessfully to make contact with adoption workers at CAS-T who had been involved with the one known transsexual individual who was approved as an adoptive parent. This attempt was unsuccessful because, as indicated by my contact at CAS-T, the adoption services section felt that they could not speak to that adoption process without permission from the client due to their confidentiality policies within the agency. Although every attempt was made to pacify the agency's concerns regarding confidentiality I was still unable to interview the adoption worker involved in the case and therefore feel the information regarding adoptions by transsexuals may be lacking.

Another challenge of doing this research was time. As mentioned I began participant recruitment in early June, 2007 during preparations for *PRIDE WEEK* in Toronto. Because *PRIDE WEEK* is a week-long event with months of preparation and weeks of "clean-up" it was very difficult to get participants during this time. When I initially contacted individuals at *The 519 Community Centre* and the *Sherbourn Health Centre* my proposed study was met with enthusiasm, but was informed that it was a busy time for people to participate and so interviews

were put off until the beginning of July. In fact, many people's schedules were not stabilized (and time freed up) until the middle of July 2007. This created an additional constraint when it came to data analysis and writing. Another challenge resulted because this research was conducted in the summer, a time when people's holidays conflicted with aspects of this research.

As mentioned I intended to have participants read over their transcripts and parts of my analysis if they were interested and although one participant did want to do this, he was unable to because of his holiday timing. I sent the participant his transcript a few days after this interview, two weeks before his scheduled holidays, but because of his work load he was unable to read it before he left and although he contacted me and said he would send me comments after his holidays, this timing was too late as the final copy of this report was due the same week he returned.

In terms of participant sample the challenge that I faced was that I had initially decided to focus my research on professionals who worked with transsexuals trying to access parenthood and not transsexuals themselves. In conducting this research I soon learned that within the Transgendered community many of the service providers are in fact transsexual or transgendered themselves and may at one time or another have gone through what their clients are currently. This makes perfect sense. Who best to help with barriers and obstacles than those who experienced them first hand? It was this realization that led me to the conclusion that it was important to include transsexual parents because of their professional experience with the subject as well as their personal experience. I believe that had I started out with including these parents from the beginning I would have had more time to obtain more participants and perhaps gained more data. Although these challenges did occur I feel they are challenges that would occur with any (exploratory) qualitative research study, and so although I would not change the methods I

used, if I were to do this research again (or continue working in this area), I would change the time the research as conducted and who to involve as participants.

Participant Descriptions

I interviewed three study participants. Below is a very brief biography of each one. Chris is a self-identified gay male who has been working as an educator and community organizer within the lesbian, gay, bisexual and transgendered communities for over 10 years. He has coordinated the *Queer Parenting Program* at the *519 Community Center* for almost 2 years and has worked with members of the transgendered community for about 3 ½ years.

Jake is a 32 year old trans man, father and community activist. He became a father post-transition when his partner gave birth to their son. For the past six years Jake has worked as coordinator of *The Trans Communities Shelter Access Project* at the *519 Community Center*.

Robin is a 38 year old trans man, father, mid-wife and community activist. He has been a registered mid-wife and nurse in Ontario for the past nine years and has been working informally with the Trans community as a support for trans men getting T-shots (shots of testosterone) and chest surgery. Recently, Robin became formally involved in working with the trans community when he was hired to run the *Trans Fathers to Be* group at the *519 Community Center*.

Results

This section corresponds with the five themes reflecting the research questions I formulated. Results covered why transsexuals want to become parents; the obstacles faced in trying to become a parent, what these obstacles relate to and how they function; who perspective parents turned to for support; the impact key informants believed these obstacles may have on children and what changes need to be made to eliminate obstacles transsexuals face in trying to access parenthood. First though, I will present the findings in relation to why these professionals

chose to work with transsexual and transgender communities population and what their jobs entail.

Impetus for Community Involvement and Job Descriptions

In explaining why they started working with transsexuals trying to access parenthood the two professional key informants discussed four main reasons. First both Robin and Chris discussed their relationship to gender as a motive to working with the transgendered community in general; Robin as a member of the trans community himself and Chris because of his personal and professional understanding of gender. As well Robin mentioned his personal relationship to parenting as another impetus, not only because he is a parent but also because of his personal connection to other trans individuals trying to access parenting and their struggles in doing so. The other reasons for working with transsexuals trying to access parenting included wanting to help others and community activism.

In describing his work in supporting trans individuals trying to access parenting Chris described his role as providing institutional and administrative support as well as providing information, referrals and resources to transsexual clients,

"People come in looking for resources or people to help them on their journey or even to discuss what is possible for them"—Chris

"... I basically provided institutional support, grant writing support, administrative support basically registration, promotion, uh hiring a facilitator for the trans parenting working group... so I gather together resources, space for meetings uh, connections to service providers."—Chris

Robin's role was to facilitate the *Trans Fathers to Be* group which included researching literature on a variety of topics to be covered in the course, providing information to the group on adoption, surrogacy and insemination, booking guest speakers for the group and running the group itself,

“...the practical aspects of things, ... networking, building group solidarity and a sense of community... lastly self-advocacy techniques, just conflict reduction, stress reduction skills for potentially conflictual situations... one of the most effective and popular parts of the course, so they were the major aims...” – Robin

Why transsexuals want to parent

In answering the questions “What made you decide to become a parent or what are reasons you have heard about others wanting to become a parent?” both Jake and Robin provided the same answer, longing:

“You know what, I don’t even really think people give reasons I think or I just think it is just such a longing people have” – Jake

“...again I just feel its just such a natural impulse for some people, many people” – Jake

“Well, speaking about an individual very close to me... he, he’s always wanted to have a child, he’s always imagined raising a child and um, it was just a matter of how to make that a reality.” – Robin

In fact, in describing his journey in deciding to become a parent Jake discussed his reluctance to become a parent at first and then a conversation with a friend about waiting until he longed for a child before becoming a parent,

“...for about 5 years I said no and that was about my own mental health and I didn’t think it was a good idea and I think I was right. I think it was a good thing to wait. And then a friend of mine, when I was talking to him about it um, was like, who is also trans and is also a parent he was like wait till you, that actual word longing, wait till you actually long for a child, which we did.” – Jake

Jake and Robin, in relation to wanting to become parents, also talked about the most rewarding and most challenging parts of parenting. The most rewarding things for Jake and Robin in terms of parenting fell under four themes: everything, being with their child(ren), self as different and better, and the privilege of parenting.

“...everything, it’s just a whole world of differentness” – Jake

“Uh, it’s an incredible privilege to have the care and um, to have the responsibility to the care and development of another individual... to nurture an individual that is dependant” – Robin

In terms of challenges Jake discussed the challenge of never being able to not be a parent,

“...I think the most challenging part is not being, like there being no option you know, there is no, like I do mornings with him because he keeps my partner up at night so at 6 am whether I’ve slept or not

whether I went to bed late or not I am up with him and there is no option of calling in sick and I think that is the hardest part” –Jake

Robin focused on the difficulties associated with giving his children freedom to grow,

“Uh, not be overbearing, to try and let the child have their say, to listen and to stand back sometimes and let them say what they want and to let that be ok. To give them the freedom to make their own choices when they are able to.” – Robin

Obstacles to accessing parenting

Key informants highlighted seven areas that act as obstacles to accessing parenting for transsexuals: (1) discrimination in accessing services; (2) fear of the medical system; (3) lack of information and knowledge; (4) biology; (5) cost; (6) lack of support and (7) sense of entitlement.

Discrimination in accessing services included not only services related to accessing parenting but many other services transsexuals have to access in their lives.

“...I’m just thinking about the way trans people encounter all the systems, right, it’s like not going to a shelter because they don’t know if that shelter is going to treat them with dignity and not going to doctors because they don’t know if that doctor is either, because there is just so much oppression out there that people feel like they ‘I don’t need one more happening to me’ and things like that and I am wondering whether an adoption process would be fair.” –Jake

The discrimination described by the key informants included being made to feel excluded through the use of gendered language, the looks people give and body language used, assumptions by service providers and actually being denied access to services because of their transsexual identity. An example of this discrimination happened when Robin, who also works in a faith-based hospital, wanted to bring the *Trans Fathers to Be* group to the birthing ward of that hospital for a tour,

“...but when I suggested that I run my class for that night on the unit as well they were not able to agree to that because they didn’t want to put the hospital’s name to a group that they viewed as um, not fitting the idea of family as they see it. So we come up against immediately the fact that trans people will often not have the typical family structure for their children and if a service provider sees itself as only responsible or only agreeable to the provision of service and support of people who are in traditional family structures we are up against a big problem.” –Robin

Related to discrimination in accessing services, key informants also discussed fear of the medical system. When Jake and his partner decided to become parents they chose the donor insemination route, when I asked him if they ended up accessing medical services to help with the donor insemination process here is what he said,

"No, absolutely not. That was really important to me, that we not go through that route at all... it was just the last thing I would ever want. I know lots of folks go through that route and it is great that there are different routes but personally I don't understand it at all. I don't understand wanting any medical intervention at all... and I think that is about being Trans and I think it's about having, not, you know, there is just this whole legacy of trans people and the medical system and it's not even things that have in particular happened to me. I've had my moments with doctors but um, I just wanted to avoid that." – Jake

As his response shows, because of past experiences with medical services they may try avoid them when trying to become parents.

Also related to discrimination in accessing services is lack of information and knowledge related to accessing parenting. According to the key informants there is a lack of knowledge around the possibility of transsexuals parenting, especially around trans men and pregnancy. As well there is a lack of research literature relating to trans parenting and how transsexuals parent. Robin expressed his frustration with this when trying to get speakers for the trans parenting course,

"There was a difficulty finding speakers, people who were sufficiently knowledgeable about trans masculine pregnancy, trans adoption, trans and current case law and so on and there just isn't the knowledge yet out there." –Robin

Another obstacle to accessing parenting, particularly after having transitioned, related to biology. Once a trans man has had a hysterectomy and a trans woman has had her penis and testis removed they have also removed their chances of having a child biologically. For trans women biology also stops them from being able to give birth to a child, a possibility some trans women have discussed with Chris,

"... a sense of possibility for some of the trans women I talked to about 'well I'd love to be able to give birth' but so far, given our technology, is not a safe medical possibility." – Chris

For trans men who have not undergone a hysterectomy although the possibility of pregnancy still exists, the option may not be taken because of the pain of being reminded of how their body does not match their gender identity,

"...it's just hard you know when your body betrays you, so many people talk about how pregnancy may not be the option for them um, many times guys don't want to do something that reminds them of how their bodies betrayed them all their lives." –Chris

Whether deciding to become a parent through donor insemination, surrogacy or adoption, the key informants discussed the cost of these options as an obstacle to becoming a parent for transsexuals. Cost was mentioned by the key informants in relation to the fact that many transsexual people are not financially well off and therefore, despite the longing to become a parent, may not be financially able to afford it. The financial instability of transsexual people stems from many factors, a few of which were highlighted by Jake and Chris,

"And I think that for Trans people, I don't know very many trans people who are financially stable. So that immediately would be a red flag for CAS. And why trans people are not financially secure? There are so many reasons, they are everywhere. Around having lost their family at a young age sometimes, like sometimes never having that family support to help them make it through, right and dropping out of high school because of discrimination, you know. So then it's kind of tough after that, and without university education it can really, people end up not being able to get jobs because they're very visibly trans and that can affect trans people in the work force. And then the whole cycle of homelessness, once you've lost your family support, um, and once you've become homeless at some point then it's really hard to get out of that, so you see trans people on the street for long periods of time because they are not able to access public supports to help people get off the...if you can't get into a shelter or can't stay there long enough to benefit from the housing workers and the job training and stuff then..." –Jake

"...the fact that it (SRS) was de-listed in the 90's, you know... the cost on friends and colleagues and clients is just, keeps people poor... there really is a monetary cost that effects the spirit as well as the spiritual, issues emotional, psychological issues, that when someone comes out as gay or lesbian doesn't necessarily mean you have to spend \$80,000 to be legally recognized as who you really are." –Chris

Lack of support, from the community, family and society as a whole, are other factors acting as obstacles to parenting for transsexuals. In describing the obstacle he thought he might face in becoming a parent Jake discussed the worries he and his partner had around maintain custody of their son should something happen,

"...one of our challenges was her father who's really Transphobic and hasn't looked me in the eye for the past five years, since he found out. And so one of the worries was him and worries about custody, he

is a very controlling person, one of our concerns is that if something were to happen to her whether he would uh, try to get custody of our son.” –Jake

This highlights not only a lack of family support faced by Jake and his partner but also fear of family actively trying to prevent one from parenting. Jake also highlighted a lack of support that may be experienced from other members of the trans community,

“...and I think not all trans people are going to be supportive of it either, I think there are definitely trans men who are really upset when other trans men get pregnant, like there is the whole horizontal hostility thing right, that happens a lot in the trans community where people feel like anything anybody, like there is so much discrimination and so much oppression that anything any other trans person does reflects badly on me, like. ...that’s not my opinion... People just think it makes a political statement that trans men aren’t really men. Instead of just an exciting challenge of what it means to be a man, or a man to get pregnant.” –Jake

The last obstacle discussed by the key informants, and which stems for all the above obstacles, is a sense of entitlement to become a parent. All the key informants mentioned that some transsexuals do not feel they are entitled to be a parent or that parenting is even a possibility for them,

“...so there is a huge lack of entitlement and possibility based on what little information is out there... it effects individuals sense of possibility for themselves” –Chris

“...difficulty with feelings of entitlement even, entitlement to create a family of their own” –Robin

“... I think the sadder thing is all the queer and trans people who don’t have kids. You know, where they have that urge and it’s just that they are completely shut off from it.” –Jake

What the obstacles are related to and how they function

When considering the above obstacles it is important to note they interact with each other to create multiple barriers to parenting and that no obstacle works on its own. It should also be noted that obstacles are related to the pathologization of transsexuals, society’s opinions around parenting and gender, group status and invisibility, and legislation. According to Robin and Chris, the pathologization of transsexuals has worked to not only affect transsexual individual’s sense of entitlement towards having children but also how service providers see them. They point to,

"...the medical history of pathologizing of the transgendered and transsexual...how attitudes and pathologizing has effected individuals sense of possibility for themselves" –Chris

"... this presentation or identity or both is seen as a mental disorder in the DSM-IV and that is incredibly stigmatizing. And people approaching services are well aware that the person sitting across from them have the idea that they just are not living reality." –Robin

Thus it can be seen that the pathologization of transsexuals has led to many of the obstacles experienced in trying to access parenting, such as fear of medical service, discrimination in accessing service and one's sense of entitlement to name a few.

Another factor that has contributed to the obstacles faced in trying to access parenthood is society's notions of gender and parenting. In relation to gender Robin discussed how society's notions of what it means to be male or female impacts on how service providers will interact with transsexuals and others who do not match these standards,

"...there is awareness that they (service providers) have their pre-set opinions about how one should behave, how one should dress, you know, how one should think of one's self and so that is a major stress." –Robin

When discussing society's notions of parenting and who does and does not make a good parent Chris said,

"...I think there are myths around the child will be confused about their sexual and gender identity, there is often the demonizing around you must be a freak that is shared about lesbian and gay men historically and trans people now... you're not stable, how can you provide for a family...it is important to acknowledge that sexual orientation and gender identity are not linked to, in my experience, both personally and professionally, are not linked to predictors of ones abilities to parent and do it well." –Chris

It is these notions of how one should present one's gender and what makes a good parent that cause family members, service providers and society as a whole to discriminate against transsexuals trying to access parenting and also influence how transsexuals see themselves as parents and whether they believe they can parent or are entitled to parent.

According to the key informants, transsexuals accessing parenting post-transition are a small and relatively invisible group,

“... we’re a small group, so not yet very visible of course, and additionally there are many trans masculine individuals who um, pass as men and do not wish to be identified as trans what so ever and particularly those who would, from a parenting perspective be um, they would be straight and coupling with a women who would give birth and they would be that father and they sometimes even move from a major city were they were known pre-transition to smaller towns where they are totally unrecognizable as trans and wouldn’t want to be identified as trans so a small group is made even smaller by the desire to be invisible, not invisible but a desire to be completely transitioned to the other gender” –Robin

And as such have not been the focus of many studies, a fact that has resulted in not only lack of research on parenting post-transition but also how to access parenting, how service providers can support transsexuals trying to access parenting and a whole host of other information.

Lastly, according to key informants, obstacles to parenting for transsexuals are maintained by policies, both at the social service and governmental levels. Policies related to costs for donor insemination, surrogacy and adoption and how much money a person needs to make in order to adopt all contribute to transsexuals not being able to financially access parenting. As well, policies related to shelter access and protection in employment all contribute to transsexuals being financially unstable. And finally legislation at the government level functions to maintain obstacles for transsexuals trying to access parenthood by not protecting transsexuals rights,

“...there is still a lot of legislation around, we’re not even, I don’t believe, at the moment included in the bill of human rights as a separate category.” –Robin

All of these structures either act together or independently to create obstacles for transsexuals’ trying to access parenting but regardless of how they sustain these obstacles, one thing is certain, they all make it virtually impossible for transsexuals to access parenthood. As mentioned these obstacle and the structures which support them work against transsexuals’ sense of entitlement around parenting. According to Chris,

“...the medical, the legal, the social ideologies and practices have prevented people and still prevent people from feeling a sense of entitlement to do something that heterosexual cisgendered people take for granted.” –Chris

As well as impeding one's sense of entitlement these obstacles and structures make it so that transsexuals have to work very hard to become parents, something that most heterosexual cisgendered people do not even have to think about, let alone fight for. And finally, when one has realized their entitlement to a child and has begun the process of trying to access parenting these obstacles and structures can function to make that person give up on their parenting hopes. For example,

"...Actually yes, one member of the group, half way though, had come to the group to parent who was planning a pregnancy and he felt that he wasn't ready for the journey to fatherhood at this point and stop coming to the group" –Robin

Who transsexual parents-to-be turn to for support

When encountering these obstacles the key informants in this research study indicated that transsexual parents-to-be turned to three sources for help: counselling, formal community supports, and community members and friends. Robin, in referring to a close friend, noted that this friend sought counselling when he started thinking of bringing children into his life,

"...individual counselling too just to be able to work out motivation, reservations, timing. The fact that it is absolutely a leap and a choice that you have to make rather than something that happens to you makes it all the more onerous to actually just make that leap so yes he sought counselling." –Robin

As Robin's statement indicates, because bringing a child into one's life when one is transsexual is something that takes planning and work, it is important that transsexual parents-to-be be able to seek support from those who will respect them and treat them with dignity. Key informants also indicated that formal community supports, such as the *519 Community Center* and the *Sherbourne Health Center*, were important agencies to access because of programs such as the *Queer Parenting Network* and *Trans Fathers to be*.

The last support discussed by the key informants was an informal support system of friends. According to Jake, when he and his partner finally decided it was the right time for them to have a child they turned to friends and community members for support,

"...and then when we decided to, yeah I think immediately um we began looking to lesbian parents for advice and to members of our community as well because of issues of, issues around sperm donors, custody and all that stuff." –Jake

It should be noted that while key informants indicated a variety of supports sought by transsexuals accessing parenting, none mentioned seeking support from family, in fact one participant mentioned, in discussing a close friend's experience, that

"...and very notably (he) hasn't gone to family because he is not out as trans to his family" –Robin

We have thus far seen the impact these obstacles have had on transsexual parents-to-be and the support systems they seek to counter or work through them, but how do these obstacles impact the children of transsexuals?

How the obstacles impact on children of transsexual parents

Given the structure of this study it was impossible to measure the impact of the above mentioned obstacles on the children of transsexual parents, however key informants were asked how they thought their children and their clients' children may be impacted by the obstacles their parents faced in trying to access parenthood. Chris discussed that children may be afraid to talk openly about their family because of the discrimination their parents have faced and also about how children may have to find ways to protect their family from such discrimination. In addition, Chris also mentioned that children may wonder how others question their identity in relation to gender and sexual orientation based on their parents and how the children themselves may question what their parents' gender and/or sexual orientation means for them. Both Chris and Jake discussed parents' fears around their children being bullied by others,

"... I worry sometimes that it is going to affect him in some way right, that there are going to be other kids uh, who, make fun of him or, I don't know but it could become a problem for him." –Jake

Finally, Robin highlighted that the obstacles faced by transsexual parents will have a negative effect on their children if the parents are unhappy and stressed,

"... if parents are stressed, no matter from what, for what reasons, this has negative effects on children... because the parents are happier and more able to give of themselves because they are living authentic lives... um, and it's just like parenting for anyone really, if you are unhappy and stressed you are not going to be making as good of a job of raising a child as you would if you were um, supported and happy." –Robin

If parents' happiness is related to how they care for their children then how can we make parenting more accessible for transsexuals so that they are less stressed and more supported in their attempts to become parents?

Changes to reduce or remove obstacles to transsexuals parenting

As a final point, the key informants were asked what changes they felt were necessary in order to reduce or completely remove obstacles to parenting for transsexuals. The key informants in this study highlighted four general changes that need to be made as well as three specific things agencies and governments can do to make parenting more accessible for transsexuals. Of the general changes that need to be made participants indicated that service providers and people in general need to listen more to what it is that transsexual people say they need and then develop initiatives accordingly. Next the key informants indicated a need for training and education for services providers, and the general public, around what it means to be transsexual, how to support transsexuals and families and what language needs to be changed in order to successfully support transsexuals both in general and in relation to parenting,

"...I think that training in general for health care practitioners... have this as part of health care training for many professionals about what does it mean to come from different gendered backgrounds, or to be transsexual and the obstacles and how you can to be supportive." –Chris

"...Family curriculum in schools... design curriculum around um, family diversity, whether it be for teachers, or health care professionals, or public health nurses, or mid-wives, or...social workers... psychologists... psychiatrist, and researchers." –Chris

“...and it is a linguistic, it’s a linguistic choice. It’s about recognizing personally how entrenched gender is... relearn affirming language and practices.” –Chris

“... so it’s important to educate people about the specifics of the difficulties around accessing services for trans individuals.” –Robin

In addition, Robin highlighted the need for more positive media coverage for transsexuals so that society as a whole would have a better understanding of the everyday lives of transsexuals,

“We need to have more coverage in the media that is positive coverage, articles that are accessible to the general population. Get a good discussion going about gender not just um, sensational Maury Povich kind of you know my wife become a man shock horror on TV, there needs to be a sensible increase in awareness that some people are just like everybody else.” –Robin

The last thing that the key informants indicated as a general change that needs to happen in order to make parenting more accessible to transsexuals is affirming trans identities,

“...recognizing that complexity within trans communities, there are many different voices with many different concerns, so don’t pretend there is a monolithic trans community, like there isn’t a monolithic heterosexual community.” –Chris

In terms of specific changes Jake discussed the need for CAS to have better outreach to queer and trans communities and to change policy to match the realization that children do not need a lot of money to be happy and cared for,

“...I would like to see CAS do something really proactive around encouraging queer and trans people to become parents. Like some kind of really positive outreach into queer and trans communities being ‘like we’re open to and there is no, and there is not going to be discrimination in that way’.” –Jake

“... as far as CAS and their sort of financial requirements for parents, I would like to hear someone more involved in that system critique it like, I can say as an outsider that I find it annoying... I do know that if you are not adopting any old schumck can have a kid. I do know that kids don’t need a lot of money, they need some money but the primary thing they need is love...” –Jake

As mentioned as an obstacle to parenting, the financial constraints of transsexuals can act as a barrier to transsexuals accessing parenting and any changes to reduce such constraints would be helpful.

One particular change mentioned by the key informants was that because the cost of sex-reassignment surgery can have a devastating effect on the financial situation of many

transsexuals that provincial governments should work to include the procedures under their health insurance,

“...Like provide health care coverage for people to transition, remove financial barriers to people being who they really are, uh, the fact that it was de-listed in the 90's, you know... the cost on friends and colleagues and clients is just, keeps people poor... people would be much more productive then and find more security.” –Chris

If transsexuals do not have to pay upwards of \$80,000 to have their sex match their gender identity then they will be in better financial situations to support a family. Lastly the key informants mentioned the need for governments, both at the provincial and federal level to make changes to include transsexual and transgendered individuals as groups in need of human rights protection,

“... lets have some more statements of intention at the government level, including human rights changes to include gender identity within human rights.” –Robin

Discussion

Through this study I have tried to investigate why transsexual individuals become parents, the obstacles they face in trying to do this, the impact these obstacles may have on children and the changes that need to be made to make parenting more accessible. It should be noted however that because of the small sample size and use of non-probability sampling, that the findings highlighted above and discussed below cannot be generalized to all transsexuals trying to access parenthood. I believe however that these findings are relevant to a number of transsexuals trying to access parenting, as indicated by the key informants, and as such are discussed in relation to the findings of the studies discussed in the literature review section of this paper. In relation to why transsexual individuals want to become parents the key informants in this study discussed a longing they or their friends/clients felt in wanting to have children. Barber (2001) and Sevón (2005) also found similar findings for heterosexual cisgendered individuals and couples in their studies. According to these authors, regardless of other factors related to parenting, the most influential factor in becoming a parent for their study participants was the desire to have children (Barber, 2001; Sevón, 2005). These results indicate that like other individuals and couples, trans individuals provide a similar circular argument for wanting to become parents: they choose to have children because they "long to" to have children.

The results of this study also show that transsexual individuals face similar obstacles in becoming parents as heterosexual and gay and lesbian cisgendered individuals and couples but that these obstacles are maintained and amplified because of issues around transphobia. Transphobia, according to Hill and Willoughby (2005) "is an emotional disgust toward individuals who do not conform to society's gender expectations" (p. 533). Transphobia is similar to homophobia in that it involves feelings of repulsion to masculine women, feminine

men, cross-dressers, transgenderists, and/or transsexuals; the suffix “-phobia” does not imply that transphobic individuals suffer from clinical phobic reactions but rather the “-phobia” suffix is used to “imply an irrational fear or hatred, one that is at least partly perpetuated by cultural ideology” (Hill & Willoughby, 2005, p. 534). My study participants articulated this particularly around service delivery.

Similar obstacles faced by transsexual, heterosexual, lesbian, gay and cisgendered individuals and couples in trying to become parents include biology and cost/financial constraints. Biology acts as an obstacle to parenting for heterosexual cisgendered individuals if they are/become infertile, while for lesbian and gay cisgendered individuals biology acts as an obstacle as a result of the need for both sperm and ova to create a child. For transsexuals however, biology may act as an obstacle to parenting in many ways and these are further complicated by the emotions involved in biologically creating a child. Although heterosexual cisgendered individuals can face psycho-social stress as a result of infertility (Culley *et al.*, 2007; Lord *et al.*, 2001), this stress is likely to be understood by family, friends and the medical community, and therefore supported. For transsexual individuals however, the biological inability to become a parent after having a hysterectomy or having the penis and testis removed is something that is not supported and may be seen to be a choice. As well, for those transsexuals who may be biologically able to produce children, the psycho-social trauma and stress that can result from even contemplating doing something that further reminds them of the incongruence between their body and gender identity is also not supported or understood, as can be seen by the utter lack of research related to these experiences. So while people from multiple sexual orientation and gender identity groups can experience psycho-social trauma at not being able to biologically produce children, transsexual individuals’ experiences are increased due to

the lack of support, understanding, and research on their experiences, which is sustained by transphobia.

When people are biologically unable to become parents they must turn to various ART methods or adoption in order to fulfill their longing to parent. As mentioned, the cost of raising a child can be upwards of \$163,000 over 18 years, (Manitoba Agriculture and Food, cited by The Vanier Institute of the Family, 2004) while the cost of accessing parenthood can end up costing almost \$15,000 depending on the method used and amount of times tried (“Gender and Health”, n.d.; “IVF Canada”, n.d.; “Canada Adopts”, n.d.), this cost, of accessing and maintains parenting, can be seen by some as too much and may result in some deciding to put off parenting until they are more financially stable (Bulcraft & Teachman, 2004). When, however, as mentioned by the key informants in this study, a person has to spend upwards of \$80,000 on sex-reassignment surgery to have their body match their gender identity and are struggling to escape the cycle of poverty that is experienced by many transsexual individuals, this cost is exorbitant.

Related to the cost of becoming and maintaining parenting, and highlighted by the key informants in this study, is who society thinks makes a good parent. For example, the financial standards for adoption (“Canada Adopts”, n.d) emphasized by many adoption agencies puts a family’s financial resources above other resources, such as love, security and support, which are also needed to raise children. By putting financial ability above these other resources, adoption agencies are saying that those with money are more appropriate as parents than those without. Miall and March’s (2005) study also highlights who society believes are appropriate parents; their study concluded that Canadians hold married heterosexual couples as the standard of who should have access to parenting and gay men as the least acceptable standard for parenting (transsexual individuals were not included as a parenting category in this study). As Armesto

(2002), Ryan *et al.* (2004) and Chabot and Ames (2005) have pointed out these ideas regarding who does and who does not make a good parent are influenced by heterosexism and homophobia; this study also reveals that transphobia also influences these attitudes.

Heterosexist, homophobic and transphobic ideas and attitudes influence society into believing that gay, lesbian and transsexual individuals do not make good parents because they will cause their children to be gay, lesbian or transsexual or somehow psychologically damage them (Chabot and Ames, 2005; Green, 1998; Patterson, 1996; White & Ettner 2004 and 2006). As the literature review on children of lesbian, gay and transsexual parents has demonstrated however, these children do not face any major psycho, social or other negative effects as a result of their parents sexual orientation or gender identity and that the children's sexual orientation and gender identity are not influenced by their parents (Bailey *et al.*, 1995; Barrett and Tasker, 2001; Bigner, 1999; Bos *et al.*, 2004; Flaks *et al.*, 1995; Freedman *et al.*, 2002; Golombok *et al.*, 2003; Green, 1998; Green *et al.*, 1986; Patterson, 1996; Wainright *et al.*, 2004; White & Ettner 2004 and 2006). Despite studies to the contrary, transsexual individuals still face obstacles to parenting because others do not see them as being able to parent and produce healthy children. Not surprisingly, transsexual individuals' sense of entitlement to parenting is also influenced by these transphobic ideas and attitudes, a finding discussed by the key informants in this study.

The key informants in this study highlighted the pathologization of transsexuals and the transphobic attitudes of society as factors that influence transsexual individuals' sense of entitlement to become parents. These attitudes may cause transsexuals to believe they will not make good parents, that they are not worthy of becoming parents or that if they become parents their children will be negatively affected by their transsexual identity. Again, the literature reviewed in this study contradicts these beliefs yet because of the pervasive transphobia in

society and the lack of research focus on parenting post-transition, these perspective parents still carry these doubts.

Another part of this study was to find out what those interviewed thought needed to be changed in order to make parenting more accessible for transsexual individuals; the key informants indicated a number of changes that need to be made including training and education for service providers and the general public and policy changes at the social service and government levels. In my experience as a student at which many would consider a socially progressive school, I can say that there was almost a complete lack of education around issues faced by the transsexual and transgendered communities in my undergraduate degree in Social Work and absolutely none during my Masters program in Early Childhood Studies. It was only through my own initiatives, through papers, research and work placements that I was able to gain an understanding of these issues and become prepared to work with this population in the future. When education around transsexual and transgendered communities is lacking in an anti-oppressive oriented social work program and a social justice oriented early childhood studies program at a school in a city with a relatively large trans population one can see that the social service workers who are going out into the field will certainly be lacking the knowledge needed to support these communities.

As for agency and governmental change it should be noted that despite having supported same-sex adoption for over 10 years and having policy around discrimination based on gender identity, the CAS in Toronto has yet to complete an adoption by a transsexual individual. As well not all agencies have policies protecting transsexual individuals from being discriminated against and as such they may not even consider allowing transsexuals to adopt. This

discrimination in adoption is supported by both the provincial and federal governments in that neither has included Gender Identity as a prohibitive ground of discrimination.

As mentioned, the Northwest Territories is the only jurisdiction within Canada that specifically extends human rights legislation to include protection on the grounds of Gender Identity (“Northwest Territories Human Rights Act”, 2002). While Gender Identity is the only ground which can fully provide human rights protection to Transsexual and Transgendered people, there are other grounds which can provide some protection. In Manitoba, Saskatchewan and Ontario, there are policies in place which either outright state that the prohibited grounds of ‘sex’ includes Gender Identity or indicate that ‘sex’ includes gender-determined characteristics (Manitoba Human Rights Code, 1990; Ontario Human Rights Commission, 2000; Saskatchewan Human Rights Code, 1979;). In Manitoba and Saskatchewan, the prohibitory ground of ‘sex’ includes gender-determined characteristics and therefore it is possible in these provinces that a Transsexual or Transgendered individual could launch a Human Rights complaint under the grounds of ‘sex’, should they be discriminated against because of their gender identity (Manitoba Human Rights Code, 1990; Saskatchewan Human Rights Code, 1979).

In Ontario the Human Rights Commission has policy which specifically states that discrimination and harassment on the basis of sex includes Gender Identity and as such allows Transsexual and Transgendered individuals to launch claims in Ontario even though Gender Identity is not listed as a prohibited ground (Ontario Human Rights Commission, 2000). In fact, in its policy related to Gender Identity, the Ontario Human Rights Commission (2000) argues that it is important that they extend Human Rights protection to Transsexual and Transgendered individuals because as they state, “There are, arguably, few groups in our society today who are as disadvantaged and disenfranchised as transgenderist and transsexuals” (p. 1). As well, in

early 2007, NDP member of Provincial Parliament, Cheri DiNovo, introduced a Bill which would specifically add Gender Identity to the list of prohibited grounds on its own and not linked with 'sex'. Bill 186, Toby's Act (Right to Be Free from Discrimination because of Gender Identity) passed 1st reading in March 2007, and will continue to be read in September 2007 (Legislating Assembly of Ontario, 2007), but as a provincial election is looming, the outcome is uncertain.

When a province or territory does not list Gender Identity as a prohibited ground but does extend 'sex' to include gender, this extension, some argue, really only protects transsexuals who have undergone a full sex reassignment and thus not only medicalizes those individuals but further discriminates against them by making them prove their sex now matches their gender identity (Canadian Department of Justice, 2000; Denike *et al.*, 2003; Findlay, Brady, Burharn & Skolney-Elverson, 1996). Other existing grounds that have been used include 'sexual orientation' and 'disability'. However, the suggestion that transsexual or transgendered people should advance complaints on the ground of 'sexual orientation' demonstrates not only a lack of understanding regarding what sexual orientation means but also what a person's gender identity means as well (Findlay *et al.*, 1996).

In terms of filing claims under 'disability' many argue that this not only requires transsexual and transgender individuals to accept a self-definition of disabled but also pathologizes those that may not think of themselves as having a mental or physical disability (Canadian Department of Justice, 2000; Denike *et al.*, 2003; Findlay *et al.*, 1996). Because of the limitations to filing claims under the above grounds, many advocates, including Amnesty International, suggest that Gender Identity be added as a grounds for protection under Human Rights codes internationally (Amnesty International, 2004; Denike *et al.*, 2003;). As well, in

their 2000 review of the Canadian Human Rights Act, the review panel recommended that Gender Identity be added to the list of prohibited grounds of discrimination in the Act, because of the reasons identified above (Canadian Department of Justice, 2000).

While adding Gender Identity as a prohibited ground of discrimination would help protect transsexual and transgendered individuals against discrimination in a number of areas, including adoption, some groups have gone further to suggest that countries and international bodies adopt the *International Bill of Gender Rights*, created in 1994 by the International Conference on Transgender Law (found at <http://www.pfc.org.uk/node/275>, see Appendix D). Although this Bill is theoretical in its conception and has no force of law without being adopted by legislative bodies, it does provide a set of rights that some believe those who identify as transsexual or transgendered should be entitled to. Of particular relevance to this paper is the document's clause on children and parenting: "The Right to Conceive, Bear, Or Adopt Children; The Right to Nurture and Have Custody of Children and to Exercise Parental Capacity" which states,

"Given the right to form a committed, loving relationship with another, and to enter into marital contracts, together with the right to express a self-defined gender identity and the right to sexual expression, individuals have a corresponding right to conceive and bear children, to adopt children, to nurture children, to have custody of children, and to exercise parental capacity with respect to children, natural or adopted, without regard to chromosomal sex, genitalia, assigned birth sex, or initial gender role, or by virtue of a self-defined gender identity or the expression thereof.

Therefore, individuals shall not be denied the right to conceive, bear, or adopt children, nor to nurture and have custody of children, nor to exercise parental capacity with respect to children, natural or adopted, on the basis of their own, their partner's, or their children's chromosomal sex, genitalia, assigned birth sex, initial gender role, or by virtue of a self-defined gender identity or the expression thereof." – International Bill of Gender Rights, 1995, point 10.

Should international bodies and countries, such as Canada, adopt and put into effect this bill, in addition to adding Gender Identity to the list of prohibited grounds of discrimination in

human rights legislation, it would provide an additional means through which transsexual and transgendered individuals' rights can be protected. Given that there is currently very little legislation in place to protect transsexual and transgendered people's rights in Canada it can be assumed that when transsexual individuals begin the process of becoming parents there is a great chance that they will face discrimination and obstacles. However, as Ryan *et al.* (2004) and Whitehead (2006), argue in discussing adoptions by gay men and lesbians, even when policy is in place to protect individuals from discrimination the decision-making tools available can still function to exclude certain groups from adopting. When those who conduct home studies or act as foster parents to children are heterosexual, homophobic and/or transphobic they can act as obstacles to adoption for transsexual individuals despite policy protecting them against this discrimination.

Unfortunately, it is not enough that governments extend human rights protection to transsexual and transgendered individuals, it is not until society is rid of heterosexism, homophobia and transphobia will transsexuals be completely free to access parenting without having to come up against obstacles unrelated to their ability to parent.

Conclusion

This research paper began with a review of literature related to why people become parents, the obstacles to accessing parenting faced by heterosexual, gay, and lesbian cisgendered people and those faced by transsexuals trying to maintain parenting. I then present findings from three in-depth interviews I conducted with professionals and transsexual parents/activists in regards to what they see as the obstacles to parenting for transsexual individuals and what changes they believe need to be made in order to limit or get rid of these obstacles. The key informants highlighted a number of issues they believe act as obstacles to transsexual individuals accessing parenting, including but not limited to discrimination in accessing services; fear of the medical system; lack of information and knowledge; biology; cost; lack of support; sense of entitlement and transphobic attitudes. This was followed by a more detailed discussion of the findings and how they related to the literature reviewed.

It should be noted that in addition to the challenges discussed in the methodology section of this paper, particularly around sample size, there are some other limitations to this study that need to be discussed. This study utilized the opinions of only three individuals who have experience in the realm of transsexual parenting, all three of who's experiences stem from their association with the *519 Community Center*. As a result of all three key informants working with the same organization it is possible that not all of the obstacles experienced by transsexual individuals trying to access parenthood were discussed and it is also possible that some obstacles were emphasized more than others. Another limitation to this study is the fact that only one transsexual individual who became a parent post-transition was interviewed and therefore others who may have had different experiences than his were not counted. As well because the only professionals who were interviewed were those who either worked exclusively

with queer or trans populations or were themselves transsexuals, the opinions and experiences of other service providers was also missing. In addition, the two professionals interviewed were a social service provider and a mid-wife and so the experiences of doctors, other medical technicians, adoption workers, lawyers and others were left out of this study.

The final limitation of this study is the fact that the findings presented cannot be generalized to all transsexuals trying to access parenting due to the small sample size, the use of non-probability sampling and the uniqueness of transsexuals' experiences. This research used only three participants, only one of which was a transsexual who became a parent post-transition. Although key informants discussed obstacles faced by others within the transsexual community trying to access parenting, the information may be limited to the experiences of a select few and therefore cannot be generalized to the broader transsexual community. As well because I used snowball sampling, my participants were selected from a small pool of individuals who may have been able to participate in this study and thus others who were not known to those I contacted may have been left out because of this sampling technique. Lastly this research cannot be generalized to the transsexual community as a whole because of the unique experiences and life situations of those within the community. As with every community those who make up the whole can be vastly different from each other and thus have different experiences in the same endeavours. In regards to transsexuals trying to access parenting the experiences of trans men may be vastly different from those of trans women and as well the experiences of those who identify as gay or lesbian may be vastly different than those who identify as heterosexual, as such this research cannot be generalized to the population as a whole.

Despite these limitations I believe this study provided a good starting point from which to begin the discussion of ways in which service providers, the government and society as a

whole can work to support transsexual individuals in their quests to become parents. Future research should look to include the experiences of more transsexuals who became parents post-transition and those who worked with them in the process. As well, future research could/should also compare trans men with trans women to see if their motivations, obstacles, experiences and advice vary. Future research could also follow-up on these participants' experiences to see if they change over time, with changes in legislation, etc. (in a longitudinal methodological framework). In addition future research should consider interviewing children of trans individuals to get their take on the challenges their parents faced and their own experiences growing up.

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Appendix A: Obstacles to Transsexual Parenting Study Interview Protocol

Date of Interview: _____ Location of Interview: _____

Background information:

1. Can you tell me a bit about yourself (basic demographics...age range, *employment*, educational background...)
2. Tell me a bit about the work you do:
 - a. How long have you been working in here/there?
 - b. In what capacity?
 - c. How long have you worked with members of the transgendered community?
3. What did you do before working here/there?
4. What led you to work in this area?
5. In working with Trans individual have you had a chance to work with or get to know Any Trans individuals that are parents or who were thinking about becoming parents?
 - If they mention self as Trans parent ask: Knowing the focus of this study would you feel comfortable talking with me about your experiences in becoming a parent as a Trans individual or would you feel more comfortable talking with me about your experiences a person who works with Trans individuals trying to become parents?
 - If Trans parent then go to parent questionnaire; if professional go to professional questionnaire

Trans Parent Questionnaire

1. What made you decide to become a parent? What are some other reasons you have heard for Trans individuals wanting to become parents? (*if you can only speak about your circumstances that is fine*)
2. What are the most rewarding things for you about being a parent? Most challenging?

3. Did you seek assistance/advice when you decide to become a parent? If so from who? and agencies? Are there other agencies you have heard of Trans individuals seeking assistance from?
4. What kinds of challenges did you anticipate in becoming a parent? What did you actually encounter?
5. Who did you turn to for support in encountering these challenges?
6. Given the challenges you thought you might have to overcome to become a parent, why was it important for you to have children?
7. What kinds of barriers, in addition to the challenges, did you encounter?
8. Have you noticed other barriers faced by Trans individuals seeking parenting, either in personal or professional capacity?
9. How do you think these barriers and challenges affect children of Trans parents?
10. Why do you think the barriers exist?
11. What would you like to see change?
12. What advice would you give to others who want to become parents? To those who are parents?
13. What would you have done differently if you could?
14. What advice would you give to the “general public”? “policy makers?”

15. When I write about your interview, how would you like me to refer to you? What pronouns should I use?

16. Is there anything else you'd like to add? Any advice you can give me when I speak to other parents? Any questions I should have asked or asked differently?

Thank you so much for participating in this project!

Professional Questions:

1. Now that you are working in this capacity can you tell me what a typical day/week looks like for you? What kind of activities, workshops, activism etc. are you involved in?
2. How have you been involved in working with Transsexuals accessing parenting? What kinds of things do you get asked/are expected to do?
3. In your experiences working with Transsexuals trying to access parenting what are some of the obstacles/barriers they have faced?
 - In relation to the law
 - In relation to agencies
 - In relation to medical services
 - Expand; tell me more
4. What would you say are the reasons behind these obstacles/barriers?
 - Are they related to legislation
 - Peoples' fears/attitudes/misconceptions
 - Lack of knowledge regarding Transsexual individuals
 - Lack of knowledge regarding how to access parenting
5. In your work with Transsexuals trying to access parenting what obstacles have you personally experienced?

- Can you expand... tell me more?
6. Were you able to overcome the obstacles/barriers or help those you worked with to?
 7. What methods/means did you use to over come the obstacles/barriers?
 8. Based on your experience, what impact do you think these barriers have on Trans individuals seeking parenthood?
 9. Based on your experience, what impact do you think these barriers can have on children from trans-parent families?
 10. What changes if any would you like to see in the areas that caused the obstacles/barriers?
 - Changes in attitudes?
 - Changes in legislation?
 - Changes in medical services?
 - Expand... can you tell me more
 11. In the final report would you prefer that I use your name and title or would you prefer that I use a pseudonym? If pseudonym would you like to pick your own pseudonym? Also what pronouns should I use?
 12. Is there anything you would like to add, that you may have missed or something you would like to expand upon?

Thank you so much for participating in this project!

Appendix B: Ryerson University Consent Agreement

Transsexual Parenting: Obstacles to Accessing Parenting

You are being asked to participate in a research study. Before you give your consent to be a volunteer, it is important that you read the following information and ask as many questions as necessary to be sure you understand what you will be asked to do.

Investigators:

Principal Investigator of this study is Amanda-Lee Chafe, Bachelor of Social Work, Masters Applicant in the Field of Early Childhood Studies at Ryerson University.

Supervisor: Patrizia Albanese, Ph.D., Associate Professor of Sociology at Ryerson University

Purpose of the Study: This research project seeks to bring light to the obstacles Transsexual individuals experience in trying to access parenting through adoption, donor insemination and/or surrogacy. Between 3 and 5 experts working with this population will be recruited for this study. Eligibility criteria for participating in this study includes having worked with Transsexual individuals trying to access parenting through adoption, donor insemination and/or surrogacy. Participants will have been working within the Toronto area and will have worked as lawyers, counsellors, medical consultants or program service providers in order to help Transsexual individuals access parenting through adoption, donor insemination and/or surrogacy.

Description of the Study: I am asking you to participate in an interview that will last between 45 to 60 minutes. The interview will be tape recorded in order to help with the transcription process, although if you prefer to have the tape turned off at any point I will do so. In that case, the interviewer will record by hand what you have to say. Tapes will be retained for a six-month period or until the transcription is complete and verified, whichever comes first. Transcriptions will be securely retained by the principal investigator for a period of 18 months and then destroyed. The participant and the researcher will mutually decide upon interview locations. Participants will be asked questions regarding their experiences working with Transsexual individuals trying to access parenting and the obstacles they themselves experienced in the process and those their clients have experienced. Participants will also be given the opportunity to be involved in later aspects of the research project.

Experimental Procedures: None of the questions or procedures used in this study are experimental in nature. This study will only gather information for the purpose of analysis.

Risks or Discomforts: Participants may feel discomfort around revealing information regarding their work or the experiences of their clients. The researcher has ensured that the confidentiality of the participants (see below) will be upheld and as such participants should be ensured that whatever information they provide will be held in the strictest of confidence. However, should participants discomfort continue, they may withdraw, temporarily or permanently from the research at any time.

Benefits of the Study: A potential benefit that may result from this research is raising awareness of some of the obstacles/challenges experienced by Transsexual parents in their attempts to become parents.

Confidentiality: Confidentiality of records identifying participants will be stored in a locked cabinet in the researcher's office for 18 months at which time they will be destroyed. Participant transcripts will have all identifying information removed and participant codes or pseudonyms will be assigned. During transcription any names used by participants in their interviews will be replaced with identifying terms such as *client* or *co-worker* in order to keep the identities of others confidential as well. Interviews will be tape recorded and the tapes will be kept for the duration of the research project, 6 months, at which time they will be destroyed. Tape-recorded interviews will be kept along with all other records in a locked cabinet in the researchers office. Participants will be able to review interview transcripts for accuracy and be able to add additional information should they desire. As well participants will be able to review the data analysis process completed by the research in order to ensure the researchers analysis and interpretation of the data matches what the participants interview responses.

Incentives to Participate: Participants will not be paid to participate in this study.

Voluntary Nature of Participation: Participation in this study is voluntary. Your choice of whether or not to participate will not influence your future relations with Ryerson University. If you decide to participate, you are free to withdraw your consent and to stop your participation at any time without penalty or loss of benefits to which you are allowed.

At any particular point in the study, you may refuse to answer any particular question or stop participation altogether.

Use of Results: The findings of the study will be used for/in the writing of my Major Research Paper (MRP) for completion of my Masters degree, and may also be used for publication, conference presentations and/or instructional purposes.

Your Access to Results: A copy of the report of the results will be made available to you at the end of the study. You may either contact the Principal Investigator or add your e-mail address to the end of their consent form.

Questions about the Study: If you have any questions about the research now, please ask. If you have questions later about the research, you may contact the Principal Investigator, Amanda-
by e-mail at

If you have questions regarding your rights as a human subject and participant in this study, you may contact the Ryerson University Research Ethics Board for information.

Research Ethics Board
c/o Office of the Associate Vice President, Academic
Ryerson University
350 Victoria Street
Toronto, ON M5B 2K3
416-979-5042

Agreement:

Your signature below indicates that you have read the information in this agreement and have had a chance to ask any questions you have about the study. Your signature also indicates that you agree to be in the study and have been told that you can change your mind and withdraw your consent to participate at any time. You have been given a copy of this agreement.

You have been told that by signing this consent agreement you are not giving up any of your legal rights.

Name of Participant (please print)

Signature of Participant

Date

Signature of Investigator

Date

Consent for audio taping of the interview: As noted above, the interview will be audio taped to facilitate transcription. Consent for audio taping may be considered as separate from consent to take part in the interview. If you agree to audio taping, please indicate by signing below:

Signature of Participant

Date

Future Participation in this research

13. Once I have transcribed this interview would you like the chance to review it and add additional comments? If yes please sign below:

Signature of Participant

Date

14. Once I have coded your responses would you like to have the chance to review my analysis and make recommendations for changes? If yes please sign below:

Signature of Participant

Date

15. Upon the completion of this study would you like a copy of the research findings? The whole report or in the form of an executive summary? If yes please sign below:

Signature of Participant

Date

Appendix C: Ethics review approval



To: Amanda-Lee Chafe
Early Childhood Study

Re: REB 2007-087: Obstacles to Transsexual Parenting as Identified by Experts in the Field

Date: May 18, 2007

Dear Amanda-Lee Chafe,

The review of your protocol REB File REB 2007-087 is now complete. The project has been approved for a one year period. Please note that before proceeding with your project, compliance with other required University approvals/certifications, institutional requirements, or governmental authorizations may be required.

This approval may be extended after one year upon request. Please be advised that if the project is not renewed, approval will expire and no more research involving humans may take place. If this is a funded project, access to research funds may also be affected.

Please note that REB approval policies require that you adhere strictly to the protocol as last reviewed by the REB and that any modifications must be approved by the Board before they can be implemented. Adverse or unexpected events must be reported to the REB as soon as possible with an indication from the Principal Investigator as to how, in the view of the Principal Investigator, these events affect the continuation of the protocol.

Finally, if research subjects are in the care of a health facility, at a school, or other institution or community organization, it is the responsibility of the Principal Investigator to ensure that the ethical guidelines and approvals of those facilities or institutions are obtained and filed with the REB prior to the initiation of any research.

Please quote your REB file number (REB 2007-087) on future correspondence.

Congratulations and best of luck in conducting your research.

Nancy Walton, Ph.D.
Chair, Research Ethics Board

Appendix D: The International Bill of Gender Rights

As adopted June 17, 1995 Houston, Texas, U.S.A.

The Right To Define Gender Identity

All human beings carry within themselves an ever-unfolding idea of who they are and what they are capable of achieving. The individuals sense of self is not determined by chromosomal sex, genitalia, assigned birth sex, or initial gender role. Thus, the individuals identity and capabilities cannot be circumscribed by what society deems to be masculine or feminine behavior. It is fundamental that individuals have the right to define, and to redefine as their lives unfold, their own gender identities, without regard to chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, all human beings have the right to define their own gender identity regardless of chromosomal sex, genitalia, assigned birth sex, or initial gender role; and further, no individual shall be denied Human or Civil Rights by virtue of a self-defined gender identity which is not in accord with chromosomal sex, genitalia, assigned birth sex, or initial gender role.

The Right To Free Expression Of Gender Identity

Given the right to define ones own gender identity, all human beings have the corresponding right to free expression of their self-defined gender identity.

Therefore, all human beings have the right to free expression of their self-defined gender identity; and further, no individual shall be denied Human or Civil Rights by virtue of the expression of a self-defined gender identity.

The Right To Secure And Retain Employment And To Receive Just Compensation

Given the economic structure of modern society, all human beings have 8 right to train for and to pursue an occupation or profession as a means of providing shelter, sustenance, and the necessities and bounty of life, for themselves and for those dependent upon them, to secure and retain employment, and to receive just compensation for their labor regardless of gender identity, chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, individuals shall not be denied the right to train for and to pursue an occupation or profession, nor be denied the right to secure and retain employment, nor be denied just compensation for their labor, by virtue of their chromosomal sex, genitalia, assigned birth sex, or initial gender role, or on the basis of a self-defined gender identity or the expression thereof.

The Right Of Access To Gendered Space And Participation In Gendered Activity

Given the right to define one's own gender identity and the corresponding right to free expression of a self-defined gender identity, no individual should be denied access to a space or

denied participation in an activity by virtue of a self-defined gender identity which is not in accord with chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, no individual shall be denied access to a space or denied participation in an activity by virtue of a self-defined gender identity which is not in accord with chromosomal sex, genitalia, assigned birth sex, or initial gender role.

The Right To Control And Change One's Own Body

All human beings have the right to control their bodies, which includes the right to change their bodies cosmetically, chemically, or surgically, so as to express a self-defined gender identity.

Therefore, individuals shall not be denied the right to change their bodies as a means of expressing a self-defined gender identity; and further, individuals shall not be denied Human or Civil Rights on the basis that they have changed their bodies cosmetically, chemically, or surgically, or desire to do so as a means of expressing a self-defined gender identity.

The Right To Competent Medical And Professional Care

Given the individual's right to define one's own gender identity, and the right to change one's own body as a means of expressing a self-defined gender identity, no individual should be denied access to competent medical or other professional care on the basis of the individual's chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, individuals shall not be denied the right to competent medical or other professional care when changing their bodies cosmetically, chemically, or surgically, on the basis of chromosomal sex, genitalia, assigned birth sex, or initial gender role.

The Right To Freedom From Psychiatric Diagnosis Or Treatment

Given the right to define one's own gender identity, individuals should not be subject to psychiatric diagnosis or treatment solely on the basis of their gender identity or role.

Therefore, individuals shall not be subject to psychiatric diagnosis or treatment as mentally disordered or diseased solely on the basis of a self-defined gender identity or the expression thereof.

The Right To Sexual Expression

Given the right to a self-defined gender identity, every consenting adult has a corresponding right to free sexual expression.

Therefore, no individual's Human or Civil Rights shall be denied on the basis of sexual orientation; and further, no individual shall be denied Human or Civil Rights for expression of a self-defined gender identity through sexual acts between consenting adults.

The Right To Form Committed, Loving Relationships And Enter Into Marital Contracts

Given that all human beings have the right to free expression of self-defined gender identities, and the right to sexual expression as a form of gender expression, a/l human beings have a corresponding right to form committed, loving relationships with one another, and to enter into marital contracts, regardless of their own or their partner's chromosomal sex, genitalia, assigned birth sex, or initial gender role.

Therefore, individuals shall not be denied the right to form committed, loving relationships with one another or to enter into marital contracts by virtue of their own or their partner's chromosomal sex, genitalia, assigned birth sex, or initial gender role, or on the basis of their expression of a self-defined gender identity.

The Right To Conceive, Bear, Or Adopt Children; The Right To Nurture And Have Custody Of Children And To Exercise Parental Capacity

Given the right to form a committed, loving relationship with another, and to enter into marital contracts, together with the right to express a self-defined gender identity and the right to sexual expression, individuals have a corresponding right to conceive and bear children, to adopt children, to nurture children, to have custody of children, and to exercise parental capacity with respect to children, natural or adopted, without regard to chromosomal sex, genitalia, assigned birth sex, or initial gender role, or by virtue of a self-defined gender identity or the expression thereof.

Therefore, individuals shall not be denied the right to conceive, bear, or adopt children, nor to nurture and have custody of children, nor to exercise parental capacity with respect to children, natural or adopted, on the basis of their own, their partner's, or their children's chromosomal sex, genitalia, assigned birth sex, initial gender role, or by virtue of a self-defined gender identity or the expression thereof.

Appendix E: Glossary

Adoption: refers a legal action in which the parental rights and obligations of the birth parent(s) are transferred to the adoptive parent(s). The adoptive parents become the legal parents of the child. It's a permanent, legally-binding arrangement by which a child or teenager becomes a member of a new family.

Cisgendered: refers to a non-transgender person, i.e. someone whose perceived biological sex matches the way they were raised and their internal gender identity

Donor Insemination: refers to the process of inseminating the sperm of a known or unknown donor into the uterus of a female. This process includes couples who self-inseminate or inseminate with help from medical personnel.

Gender Identity: refers to a person's experience of self in relation to being male or female that may or not be in accord with their physiological sex characteristics

Surrogacy: refers to a category of reproductive technology with several types of arrangements. Surrogates may either be artificially inseminated with the sperm of a man and will become the genetic mother (genetic surrogate), or the surrogate may have an embryo produced through *in vitro* fertilization inseminated into her womb for gestation and makes no genetic contribution (gestational surrogate).

Transgendered or Transgenderist: an Anglo-American umbrella term used to include all types of people who do not fit into society's definitions of what it means to be male or female. This includes cross-dressers, transvestites, drag kings, drag queen, gender non-conformists and transsexuals.

Transsexual: refers to individuals who are born in one sex but who identify as the other and who may, depending on their financial resources, take hormones or undergo surgical intervention, in order to have their bodies become more inline with their gender identity. Transsexual men or female-to-male transsexuals are those individuals who were female at birth but who feel they are actually male, while transsexual women or male-to-female transsexuals are those who were male at birth but who feel they are really female.

(8) 6a-70b-40