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# Gender minority stress in education: Protecting trans children's mental health in UK schools

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**ABSTRACT**

**Background:** Trans children are known to experience challenges in education, in schools under-prepared for trans inclusion. Research on trans people's mental health has shown an association between experiences of Gender Minority Stress (GMS) and poor mental health, though the GMS framework has not been applied to trans children's experiences in education.
**Aims:** This article examines trans children's experiences of GMS in primary and early secondary education (ages 3–13 years old) in UK schools. The study aimed to uncover opportunities for protective action to safeguard trans children's mental health.
**Methods:** The GMS framework was applied to a rich qualitative dataset drawn from semi-structured interviews with 10 trans children and 30 parents of trans children average age 11 years-old (range 6–16). Data were analyzed through reflexive thematic analysis.
**Results:** The research highlighted the diverse ways in which GMS manifests in primary and secondary education. Trans children in the UK experienced a wide range of trans-specific stressors, putting children under chronic strain.
**Discussion:** Schools need to recognize the range of potential stresses experienced by trans pupils in education. Poor mental health in trans children and adolescents is avoidable, and schools have a duty of care to ensure trans pupils are physically and emotionally safe and welcome at school. Preventative early action to reduce GMS is needed to protect trans children, safeguarding the mental health of vulnerable pupils.

## Introduction

Trans children are known to face a wide range of challenges in education, with extensive documentation of experiences of harassment, discrimination or abuse (Bradlow et al., 2017; Human Rights Campaign, 2018; Kosciw et al., 2018). In addition to such overt hostility, studies have documented the ongoing stresses trans pupils experience in schools not designed to welcome trans pupils (Bartholomaeus & Riggs, 2017; McBride, 2021). Trans is an adjective to describe people whose gender identity does not align with the gender they were assigned at birth, with the adjective cis applying to those who are not trans (Ashley, 2022). Trans children's rights in England, Scotland and Wales are protected under the Equality Act 2010, with "gender reassignment" one of nine protected characteristics (Wadham et al., 2016). As growing

numbers of trans children assert their identity in childhood, schools are grappling with how to adapt, with many schools drawing upon anti-bullying frameworks (Barnes & Carlile, 2018). In the absence of national governmental guidance, UK schools are looking to a wide-range of informal guidance material, with diverse approaches to trans inclusion and varied levels of commitment to trans children's equality and safety at school (Horton, 2020).

Within the UK a small body of quantitative research has explored the challenges reported by trans adolescents. The 2017 Stonewall School Report found 45% of 500 surveyed secondary school trans pupils had attempted to take their own life, with 84% reporting self-harm (Bradlow et al., 2017). Qualitative research predominantly considering the experiences of trans pupils in secondary schools has highlighted experiences of

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harassment and exclusion (Bower-Brown et al., 2021; Leonard, 2019; Paechter et al., 2021). Some UK research has gained insight into younger trans children's experiences through parental interview (Davy & Cordoba, 2020), though not specifically focused on experiences in education. Research from outside of the UK has shown how cisnormative primary schools can react with fear to having a trans pupil (Payne & Smith, 2014). Cisnormativity is "the assumption that everyone is cis(gender) or should be" (Keo-Meier & Ehrensaft, 2018, p. 11). Research from Ireland has highlighted the effort parents of trans children make to challenge cisnormative cultures and practices in education (Neary, 2021), in schools that are ill-equipped for including trans pupils. Other research has examined teacher attitudes and institutional barriers to trans inclusion in primary education, highlighting systemic forces impeding trans inclusion (Bartholomaeus et al., 2017; Martino & Cumming-Potvin, 2016).

## Mental health disparities

Trans children and adolescents are known to be at risk of poor mental health, with studies noting high levels of depression, anxiety or suicidal ideation (Srivastava et al., 2021; Strauss et al., 2020; Veale et al., 2017). A growing body of research has shown that poor mental health is not intrinsic to being trans, with evidence of positive mental health correlating with family support (Katz-Wise et al., 2018; Klein & Golub, 2016; Pullen Sansfaçon et al., 2020; Simons et al., 2013; Travers et al., 2012), social affirmation (Durwood et al., 2017; Olson et al., 2016; Whyatt-Sames, 2017), and trans-inclusive primary and secondary education (Horton, 2020; McGuire et al., 2010; Ullman, 2017). Those wishing to reduce mental health disparities between trans and cis youth are increasingly looking at the external drivers of such mental health disparities (Coyne et al., 2020; Delozier et al., 2020). Research is turning toward consideration of Gender Minority Stress (GMS) as a key driver of mental health differentials, considering the numerous stresses that accompany being trans in a cisnormative and cis-dominant world (Tan et al., 2020).

## Gender Minority Stress

The Gender Minority Stress (GMS) framework was developed by Testa and Hendricks (Testa et al., 2015), building on earlier work on sexual minority stress by Brooks (1981) and Meyer (1995). The concept of GMS draws on an understanding that trans individuals are "subjected to unique stressors navigating the world as members of a minority group, which, in turn, increases vulnerability to negative physical and psychosocial health outcomes" (Delozier et al., 2020, p. 2). The original GMS framework focused on four areas of externally driven or distal stress (discrimination, rejection, victimization, non-affirmation); three areas of internally driven or proximal stress (internalized transphobia, low expectations for the future, non-disclosure) and inversely, two areas of resilience (community connectedness, pride). Additions to this framework have been proposed to incorporate gender dysphoria (Coyne et al., 2020) and to widen community connectedness to consider family, school, and cultural connectedness (Tan et al., 2020). GMS as a concept, what components are included, and the reliability and validity of measures of GMS is an evolving topic within the literature (Delozier et al., 2020; Hidalgo et al., 2019; Tan et al., 2020).

There is a growing body of work on the links between areas of GMS and mental health differentials in trans populations (Russell et al., 2018; Tan et al., 2021; Veale et al., 2017; Veale et al., 2017; Wilson et al., 2016). Research on trans youth by Coyne et al. (2020) has emphasized the importance of understanding the role of GMS in driving mental health differentials between trans and cis populations. Delozier et al. (2020) reviewed existing literature on GMS-driven mental health differentials, concluding that protective interventions are needed to reduce GMS and highlighting particular opportunities to reduce GMS in schools. The GMS framework has been applied to quantitative datasets on trans adolescents (Chodzen et al., 2019), finding an association between internalized transphobia and levels of depression and anxiety. It has also been applied to qualitative data on parents of trans children

(Hidalgo & Chen, 2019), unpacking a range of areas of minority stress including experiences of family rejection, challenges navigating non-affirmation, and worries for the future. However, up until now, the GMS framework has not been applied to the experiences of pre-adolescent trans children, nor to their experience of primary and secondary education.

### Research question

Existing literature provides limited insights on how trans children experience Gender Minority Stress. This study aimed to add to the literature by examining how GMS manifests within schools, exploring the following research questions:

1. How do trans children experience GMS at school?
2. How do different components of GMS manifest within primary and early secondary education?
3. What lessons can we draw from these insights to better safeguard trans children's mental health and well-being?

This qualitative study does not focus on the frequency of occurrences, instead aiming to understand the diverse ways in which GMS may arise. It offers a novel contribution to the literature in two ways. Firstly, through accessing a unique sample of trans children who socially transitioned at or before primary school in the UK, listening to the voices of trans children and their parents. Secondly, through examining this rich qualitative dataset against the framework of GMS, examining the ways in which GMS manifests in primary and secondary education. This article focuses on trans children's experiences at school from ages 4–13. In the UK primary education typically runs from 4 to 11 years old, with this research including experiences from primary school, as well as experiences during the first two years of secondary school. The research aims to fill an important knowledge gap, providing evidence to inform efforts to reduce GMS and enhance trans children's mental health and well-being.

## Materials and methods

### Study design

Data were analyzed through reflexive thematic analysis (Braun & Clarke, 2006) to understand child and parental accounts of the challenges trans pupils experienced at school. Reflexive thematic analysis is an approach suited to exploratory studies in novel or under-researched areas (Braun & Clarke, 2006; Rendle et al., 2019). The research was informed by critical realist epistemology, with an experiential orientation to data. This approach centers interviewees' own accounts of their experiences, in keeping with the study's exploratory research questions. Researcher positionality enabled both an insider and outsider rapport with interviewees, as a non-binary parent of a trans child. In reflexive thematic analysis, researcher knowledge and positionality is valued as a resource to enrich analysis, prioritizing "reflexive and thoughtful engagement with the data" (Braun & Clarke, 2019, p. 594). A key principle was to reflect interviewee accounts "as faithfully as possible," while prioritizing data that most meaningfully answer the study's research question and "acknowledging and embracing the reflexive influence of my interpretations as the researcher" (Byrne, 2022, p. 4). To ensure quality the study was designed to meet each element in a 20 point checklist for quality reflexive thematic analysis, demonstrating selection of a research methodology that aligns with the proposed research questions, ensuring consistent application of that methodology across the research, and producing a well-developed and justified analysis (Braun & Clarke, 2021).

Parental interviewees were aware of my positionality as a parent of a trans child from the outset (with recruitment conducted through closed parent support groups of which I am a member). This positionality influenced parent trust and willingness to be interviewed (as divulged by interviewees), as well as influencing parent trust in facilitating interviews with trans children. In interviews a warm and open conversation was enabled, including sharing empathetically from my life and answering any questions interviewees had about my own experience. My

positionality as a non-binary researcher was sometimes disclosed and sometimes not, depending on how much interviews crossed onto topics of introspection, identity or positionality. In interviews with trans children, conversations frequently included sharing some details of my trans child, including speaking positively about transitude, with children aware that I held an insider/outsider position, with indirect insight into some experiences as an advocate for my own trans child. Within the analysis emotional reflexivity and bracketing was important in managing my own mental health, including memo keeping and informal journaling to engage with data that was emotionally heavy and that resonated with my own experiences and life challenges, both as a parent of a trans child and as a non-binary individual operating in a trans-hostile UK context.

## Participant recruitment

The inclusion criteria for parental interviewees were (a) being a parent or carer of a socially transitioned trans child in the UK, (b) their child having socially transitioned under the age of 11 years old, (c) their child currently being under age 16. In terms of terminology, the word "trans" is used to include those who are binary-oriented as well as non-binary (Vincent, 2020). The term "socially-transitioned" is used to indicate that a trans child is socially accepted and respected in their gender, commonly accompanied by a change in pronoun (Ehrensaft, 2020). To recruit parental participants, details about the study were shared on closed online spaces in six UK support groups for parents of trans children. Additional parental interviewees were brought in via snowball sampling, through introduction from other members of these parent support groups. Access to hard-to-reach families and children was enabled by the author's positionality as a non-binary parent of a trans child, helping overcome trust related barriers. The author is a member of four of these closed online spaces and posted there directly, with other parents sharing details on two other groups. The sample of interviewed parents were also asked to consider inviting their trans child to participate, with one-third of their trans children opting to participate.

## Participants

Thirty parents were interviewed from across England, Scotland and Wales. All parental interviewees were cis, 90% were white, 93% were women and 23% were disabled. Parental interviewees had a range of levels of education, with 20% reporting secondary education as their highest qualification, 37% reporting a graduate degree and 43% a post-graduate degree. In terms of sexual orientation, 60% of parental interviewees were heterosexual, 23% pansexual, 10% bisexual and 7% gay or lesbian. The parents interviewed shared parental experiences with 30 socially transitioned trans children including 15 girls, 12 boys and three non-binary children. Their children had socially transitioned at an average age of 7 years old (range 3–10 years old), and at time of parental interview their children were on average age 11 years old (range 6–16 years old). Ten trans children, children of one-third of the interviewed parents, were also interviewed. These children were on average 12 years old at time of interview (range 9–16 years old), and had socially transitioned an average of 4.5 years before the interview.

## Ethics

The research received ethical approval from the author's university. The research built in ethical best practices for trans-related research (Adams et al., 2017; ITHF, 2019; Vincent, 2018). Significant attention was given to interviewee anonymity, avoiding pseudonyms and not linking child ages to specific quotes, to protect against patchwork identification (identification from stitching together pieces of individually anonymized data). This particular cohort places a high level of importance on privacy and safety and a strong duty of care was upheld to respecting interviewee preferences in how their data were shared. Research participants received a project information sheet in advance, outlining the purpose of the research, their rights and how their data would be used, with one version tailored for child participants. Parents provided written informed consent and for younger interviewees parents provided written consent on behalf of their child, with interviewed children of all ages additionally providing either written consent or verbal

informed assent (Lundy et al., 2011). After interview, each parental interviewee completed a demographic survey. Children were not asked to complete a post-interview demographic survey.

### Data collection

Interviews were conducted remotely via Microsoft Teams during the period December 2020 to November 2021. Research has shown remote interviews are effective at building interviewee rapport and enabling sharing of deeply personal experiences (Jenner & Myers, 2019). Semi-structured interviews covering broad topics including healthcare, education and families lasted 1–3 hours (average 2 hours) for parents and 20–50 minutes for children (average 25 minutes). This article considers a sub-set of the wider data corpus, focusing on portions of the interviews discussing experiences related to education. Interviews utilized broad open-ended questions allowing interviewees to talk openly and at length around each topic. The key questions pertaining to the current analysis are shown in Table 1, with supplemental use of responsive prompts such as "what was that like?," "what else do you remember?" or "how did you feel?." The semi-structured interviews were intended to be warm, safe, friendly and interested, aiming to create a safe space for interviewees to share their experiences. The interview methodology with trans children was flexible, adapting to individual child preference with most interviews conducted one-to-one by the researcher, two conducted with their parent present, two with their parent asking agreed questions and recording the interview and one child providing written inputs. Rapport was established through informal discussions on interests or hobbies followed by open-ended questions, allowing children to steer the conversation into topics they wanted to talk about. Interview flexibility is recognized as a strength when conducting insightful qualitative interviews with children (Bushin, 2007). Interviews were recorded and transcribed by the author.

Transcripts of interviews were anonymized removing names and any information that could make individuals identifiable, recognizing the sensitivities of this cohort (Davy & Cordoba, 2020). Transcripts were checked against the recording with anonymized transcripts uploaded into NVivo for qualitative analysis.

### Data analysis

The data on trans children's experiences in education were analyzed in two ways, with analysis presented in two separate articles. In a companion article (Horton, In press), the data were analyzed inductively, with data-driven analysis and an emphasis on rich descriptive presentation of findings. In contrast, this study takes a theory-driven approach to the initial analysis.

In this study, data on trans children's experiences at school were deductively coded according to the components of the GMS framework, with those theory-driven components presented as the overarching categories in the findings section. Extracts coded to each category of the GMS framework were collated and re-read. These coded subsets of the data were then reanalyzed inductively, exploring data-driven sub-themes within each component, applying both semantic and latent coding (Braun & Clarke, 2006). The initial sub-themes were reviewed and revised to ensure they were internally coherent, consistent, distinctive, and accurately capture the dataset. Each sub-theme was analyzed and interpreted including with reference to existing literature. The accompanying analysis is recognized as the author's interpretation, acknowledging the role of any researcher in actively interpreting data (Braun & Clarke, 2006).

### Findings

This section analyses accounts of GMS at school from parents and trans children within this

**Table 1.** Key interview questions.

- What has been your experience with primary school?
- Tell me about your secondary school?
- What worked well in that school?
- Did you have any challenges/difficulties?
- What do you think other schools could learn from your experience?

research sample, in affirming families where trans children have been supported to socially transition under the age of eleven. The analysis considers each component of the GMS framework exploring external stressors such as discrimination, rejection, victimization and non-affirmation, internal stressors such as internalized transphobia, negative expectations for the future, non-disclosure and gender dysphoria, alongside consideration of trans pride and connectedness. The analysis focuses on examining the range of ways in which different components of GMS manifest in education, with exemplar quotes from trans children [C] or parents [P] provided in tables under each component.

## Discrimination

Discrimination was mentioned in three ways, with examples of trans pupils being denied access to appropriate toilets, denied access to changing facilities, or experiencing forced isolation on school trips, with trans children not permitted to share rooms with their friends (see Table 2). When discussing issues of discrimination, many interviewees referenced the importance of parental advocacy in overcoming discrimination. A majority of parents in this sample, and some children, spoke about the important role parents played in challenging school discrimination. Interviewees shared examples of school discrimination being dismantled through parental advocacy, with families describing regular school interaction to safeguard their child's rights. Several interviewees drew a connection between their social status (referencing being white,

middle class, or holding professional status) and their confidence and success in tackling school-based discrimination. In contrast, parents who described holding minoritised or marginalized identities, reported more obstacles and less swift success in challenging discrimination. Looking across the data on discrimination highlights a potential pattern, where trans children who happen to have parents with the knowledge, confidence and opportunity to challenge school discrimination faced less discrimination, or discrimination for a shorter time, than trans children without such family circumstances. Several parents described support from child rights advocates (usually informal advocates from lesbian, gay, bisexual and trans (LGBT) organizations or LGBT communities) as critical in overcoming in-school discrimination. One parent highlighted the positive effect of having even one professional advocating on behalf of their child, standing up for their right to avoid discrimination.

Power and authority was an implicit sub-theme within data on discrimination. Interviewees talked about a substantial power imbalance between those enacting school-based discrimination (cis adults in positions of school authority) and those discriminated against (young trans children with little power or knowledge of their rights). Several interviewed children appeared unaware of their right not to be discriminated against, or mentioned that they only became aware that they had experienced discrimination as they became older. A number of child interviewees described feeling unable to challenge adult authority figures, particularly when they were in primary school. Several children who had or were still experiencing discrimination

**Table 2.** Exemplar quotes relating to discrimination.

"I don't think he was allowed into the boys loos, actually." [P]

"The school had her – they made her use the disabled toilet." [P]

"And I told them unequivocally that if [Child] wants to be in a dorm with the boys, then that's his legal right" [P].

"Well mainly it's just (mum who goes) complete Karen on them. If anything bad happens to me like at all. I don't know when the school helps me." [C]

"There was one instance where I had to say to the school. No, hang on a minute. My daughter is a girl. She has socially transitioned. By law, she can use the girls' toilets, because she is a girl." [P]

"I think if she'd been going alone, in a situation where she didn't have parental support …despite the fact she's bright and articulate and persuasive, I think it would be really hard for her to advocate for herself to be able to use, for example, girl's facilities, to be able to manage issues around changing and swimming, to be able to ask for staff to use pronouns. Which, you know, would have harmed her, I think, without us there fighting her corner every step of the way" [P].

appeared resigned to it, expecting unequal treatment just because they are trans.

### Rejection

Interviewees referenced two types of rejection, rejection from peers and rejection from teachers and school staff (see Table 3). Examples included children being isolated in the playground or classroom, or being unwelcome in friendship groups. In terms of teacher rejection, parents described their children as being acutely aware of discomfort exhibited by teachers and school staff, experiencing it as rejection from a school authority figure. Two sub-themes were identified, the influence of transphobia and the impact of a lack of trans-positivity. Several parents felt school staff underestimated the link between transphobic attitudes and trans children's isolation. Several parents felt peer rejection was encouraged by other parents. One participant recalled overhearing parents tell their children not to play with her six-year-old child, with this regarded as directly related to her being trans. Analysis across the dataset highlights a potential correlation between rejection and schools that were not trans-positive. Several children who had attended multiple schools, commented on experiencing less peer and teacher rejection in schools that were more proactively trans-positive. Schools that did little to demonstrate trans positivity were perceived by trans children and families as implicitly encouraging and legitimizing rejection.

### Victimization

Experiences of victimization included bullying, harassment, and verbal and physical abuse (see Table 4). Across the dataset school responses to victimization varied considerably. Some interviewees reported a handful of incidents of bullying or abuse, with schools responding swiftly and assertively to every incident, providing a clear message that transphobic victimization would not be tolerated. About one-third of interviewees reported significant problems with violence, bullying and abuse. A number of trans children and families reported never feeling safe at primary school. Many trans children in this sample had left a school in primary or the first two years of secondary due to persistent victimization. More than a handful of trans children had lost out on months or in some cases years of education, and several trans children were forced out of mainstream education entirely.

Across references to victimization two sub-themes were identified, corresponding to child powerlessness and a lack of understanding of transphobic victimization. Where schools were not proactive in ensuring physical and emotional safety, several parents and children described feeling they (or their child) had no choice but to endure persistent unchallenged victimization, or drop out of school. Interviews revealed that trans children faced daily pressures, including from otherwise affirming families, to continue to attend schools where they were not physically or emotionally safe. This was particularly the case where parental circumstance excluded options such as moving house or home-education.

A number of trans children and families also felt that schools did not understand transphobic victimization. Several interviewees described school leadership being ill-prepared to act where a trans child faced chronic group-wide harassment, rather than a single aggressor. Interviewees also felt that school teachers struggled to recognize transphobic abuse where it did not include extremely overt transphobic slurs.

**Table 3.** Exemplar quotes relating to rejection.

"If everyone is afraid of you, it makes it a lot harder for them to want to try and approach you" [C]

"Nobody really talked to me" [C]

"Sort of freezing them out… They had a fairly secure friendship group, which then ostracized them." [P]

"If a child is literally hanging back and not sitting with the rest of the class on the mat. There's a reason for that. And it's not because they are distancing themselves from their friends." [P]

"It's really hard to make new friends when you feel so fragile and guarded." [P]

**Table 4.** Exemplar quotes relating to victimization.

"Because all the bullies like and all the things like I didn't get help with… like, and pushed down the stairs, that was, why I didn't feel safe." [C]

"On the 2nd day people from all different schools were chanting my dead name in the line." [C]

"There were three incidents of him being bullied by his teachers at that school." [P]

"It said like [Child] is a (T-slur). Like scratched on the toilet door." [P]

**Table 5.** Exemplar quotes relating to non-affirmation.

"It was certainly deliberate misgendering by some children, older ones particularly." [P]

"I remember crying a lot at school because of dead naming and the wrong pronouns" [C].

"(with school staff member) it was willful, fair enough, the first misgendering or the first name confusion, fine. But it was the fact that I'd say you mean, he, 'well, yes, so she'll be'. Willful…I explained to the school, I said, I do not want that woman in a room on her own with my son, because they are going to do harm and not good." [P]

"It is so much more scary when an adult misgenders you" [C].

"She's having to carry and shoulder the burden of educating her peers about her transgender identity. … I think it's a lot to carry at such a young age" [P].

## *Non-affirmation*

Non-affirmation is a component of GMS, recognizing the harm trans individuals experience when their identity is not recognized or actively denied (Delozier et al., 2020). Across the dataset three types of non-affirmation were discussed, including non-affirmation from pupils, non-affirmation from adults including teachers, and systemic delegitimization (see Table 5). On an individual basis, parents and children described trans children encountering non-affirmation from peers, through acts of deadnaming and misgendering (by the use of an inappropriate name or pronoun), and through de-legitimisation with assertions that they were not a "real," i.e., cis, member of their gender. Parents reported that trans pupils at a young age experienced non-affirmation as particularly threatening when it came from older year groups within the school (for example a five-year-old experiencing non-affirmation from 9–10 year-olds). Parental interviewees felt schools were more proactive where child non-affirmation was clearly intended to cause harm, whilst neglecting action where non-affirmation stemmed from confusion, miseducation or ignorance. Analysis across the dataset suggests that peer non-affirmation may be more likely in schools with limited trans representation or trans inclusive education. Several parents were frustrated that schools would punish a child for

misgendering, without working to build a culture of trans legitimacy and inclusion, an approach that parents viewed as undermining peer group cohesion.

Interviewees also discussed incidents of misgendering from adults at school. Trans children commented that experiences of non-affirmation from teachers and school authority figures were more upsetting than incidents of non-affirmation from their peers. Several pupils reported teachers taking months or years to get their pronouns correct. Parents highlighted the chronic stress of being in a classroom where a trans pupil's validity could, at any moment, be publicly undermined by the class authority figure. Interviewed children noted how intimidating it was to challenge an adult when they were very young, also emphasizing that teachers could interpret asserting themselves as inappropriate or overly challenging.

Interviewees also shared examples of systemic delegitimization. A majority of pupils and parents described schools as lacking in trans visibility; several interviewees mentioned teachers avoiding the word trans (especially in primary schools); and many interviewees provided examples of lessons with trans-exclusionary content, especially cisnormative curricula on bodies, puberty and reproduction. Experiences of de-legitimisation within lessons added to the challenges trans pupils faced,

with pupils and parents sharing examples where trans-exclusionary lessons resulted in increased peer scrutiny, harassment or ostracization. Experiences of systemic non-affirmation appeared to be pervasive across schools, with many parents perceiving their school to be unaware of, or unconcerned about its impact. Many families connected this systemic non-affirmation to a fall in their child's self-confidence, with a number of parents perceiving their child's trans positivity and self-worth diminishing as they grew older and moved into secondary school.

### Internalized transphobia and negative expectations for the future

Interviewees did not particularly share reflections on internalized transphobia, though several interviewees described children disliking being trans, and wishing they were cis (see Table 6). Several parents speculated that these feelings were exacerbated by trans children seeing how much easier life is for cis classmates. Negative expectations for the future were shown in several ways. Parents and children described trans children being distrustful of both peers and adults, with several children describing protecting themselves from harm by assuming all people are transphobic unless overtly shown otherwise. A 13-year-old who had endured persistent persecution at a primary school, reported a fear of being murdered every time they walked down the street (see Table 6). Negative expectations for the future and a lack of hope contributed in some cases to high anxiety about how bad transition to secondary school might be. For one child in the sample, the associated anxiety prevented them even starting secondary school, with them missing the whole of the first school year (age 11–12).

### Non-disclosure

Issues related to disclosure came up in three ways, with interviewees focusing on decision making about disclosure, on the stresses of handling a lack of control over disclosure, and experiences of being outed (see Table 7). A number of trans children had socially transitioned in early childhood, in cisnormative environments where open transitude (being trans) was met with overt or implicit disapproval. Several parents reported that their children disclosed less frequently as they grew toward adolescence, and were unsure which of their peers remembered or knew their gender modality (that they were trans). Parents felt this uncertainty about who knew and who did not, appeared to pose an additional strain. A number of parents and children described difficult decisions related to disclosure upon transition to a new school, particularly on transition to secondary school when faced with a mixed cohort of pupils, including some who remembered their social transition, and some who did not. At a time of evolving new friendship groups, a number of parents perceived these additional stresses as a barrier to their children establishing easy trust with new peer groups.

In a number of cases parents described how their child's privacy about their trans gender modality was weaponized against them by peers, adding to stress and worry. In other instances, parents shared examples where their child's right to non-disclosure was undermined by systemic cisnormativity; with inappropriate information on school records, registers, or forms leading to disclosure without permission. In the majority of examples shared by parents, in-school instances of outing occurred unexpectedly, publicly, and without meaningful support afterwards. Parents commented that schools were unaware of the profound impact this had on some trans children, who saw non-disclosure as an important component of their in-school safety and confidence.

### Gender dysphoria

Gender dysphoria in the context of schools was mentioned in two main ways, with interviewees

**Table 6.** Exemplar quotes relating to internalized transphobia and negative expectations.

"This year, for example, is the first time that I've ever heard [Child] say, I wish I wasn't trans. Because I think he looks at cis kids and thinks, God their life is so much easier than mine." [P].

"I can't wear a skirt… as an AMAB (assigned male at birth) person for 10 minutes without the fear of getting murdered in the streets, which is quite distressing as you can imagine" [C].

**Table 7.** Exemplar quotes relating to non-disclosure.

| |
|---|
| "It's kind of been times where people have not known that I'm trans and said, kind of transphobic comments and expected me to laugh, and it's been a bit awkward" [C]. |
| "I don't want to say they couldn't have done any worse, but it was definitely not a positive experience…. in the hall where they do the vaccines, they had like my medical records basically on show… slip ups like that can make so much difference to one kid's experience in school" [C]. |
| "(Coming out) was relatively easy [when younger] – and then it just got harder as I absorbed more social stigma." [C] |
| "She's been maliciously outed by a child repeatedly and we've had a real issue with bullying and threats… But it's really difficult because she doesn't, she doesn't want to have to come out." [P] |

**Table 8.** Exemplar quotes relating to gender dysphoria.

| |
|---|
| "(When using the correct name and pronoun at school) it would give me euphoria and it would feel normal, but if they got it wrong, I would feel as though I wanted to disappear." [C] |
| "It's all very difficult because puberty has kicked in because it's all really emotionally fraught." [P] |
| "(For puberty education) they separate them boys and girls…. we had to pull him out… there's no way he was going in the girl's section. But equally, it would be potentially quite triggering for him to be in the boy's section… So there really wasn't a place for him." [P] |

highlighting the stresses as children approached or entered into puberty, and the ways in which cisnormative curricula impacted on dysphoria (see Table 8). A majority of parental interviewees, and several child interviewees, referenced trans children experiencing increasing levels of stress in the years leading up to puberty. A majority of trans children had worries and fears about pubertal development, with one child mentioning this as weighing heavily in her thoughts every day. The stresses of being different to their cis peers intensified as cis peers progressed through puberty. A number of children and families described how dysphoria was affected by experiences at school, for example describing how cisnormative lessons on human bodies, on puberty, or on reproductive health exacerbated and made it harder to cope with dysphoria.

### Lack of connectedness

In the GMS framework, "connectedness" is an important component of resilience to GMS, with its inverse a lack of connectedness likely to exacerbate stress. The area most spoken about in this dataset in terms of lack of connectedness, was the isolation of trans children within cis majority schools, families and communities (see Table 9). A number of children spoke about being the sole (out) trans child in their primary school, with several parents also noting that their child was the only (out) trans person that they were aware of in their family or community. One trans child

reported finding community amongst cis LGB peers in an LGBT club at secondary school, but commented that, if such a club had existed at primary school, they felt they would have been the only member. Parents highlighted a lack of trans or LGB community for pre-adolescent trans children, both inside and outside of school, with the majority of trans or LGB youth groups only starting at age 13. A number of trans children mentioned the relief and connectedness they found at secondary school, once they encountered openly LGBT peers, providing a sub-community at school. Children valued being able to talk openly about being trans, and having a peer group who could jointly critique or laugh about areas of cis- and heteronormativity within their schools. This dataset included no examples of trans children encountering an openly trans adult at primary school, with parents perceiving it to be a burden for a child to be the sole trans representation for their school peers and teachers. Only one child in this sample knew an openly trans adult at their secondary school, reporting this as immensely positive for them.

### Lack of trans pride

Trans pride is considered the final component of resilience under the GMS framework; with the inverse, feelings of shame and low self-worth, contributing to GMS. In this dataset several children spoke of the importance of trans pride,

**Table 9.** Exemplar quotes relating to connectedness.

"I think sometimes, if you're a trans person, and you don't know any other trans people around you, it can feel very lonely and very isolating… I think seeing other trans people and just listening to other trans people probably was a big factor in helping me feel a lot better about like, what I was going through." [C]

"He finds it difficult because he can't talk about any, any of these issues that he has with any of his peers, he doesn't feel comfortable, because none of them understand what he' going through." [P]

"So, there's these amazing people that I know called, there's a group called mermaids who are really, really nice. And it's full of trans people …. And there are lots of children who, well there are not any trans boys that're my age, but there were these two trans girls who I loved talking to. That's really nice. To get to meet a lot of people that go through the same thing as me." [C]

"It's vital to see that she's not the only person in the world that he feels like she does" [P].

"([Child] didn't want to go to school LGBT club), I think she thinks it is outing herself if she goes there. I think she feels like she – she doesn't really want to go there." [P]

"[Child]'s going to turn 13 in three months, LGBT Youth Scotland will start working with him when he's 13… He'll have a lot more active support, you know, meaningful support. But at the moment, it's just go outside and deal with the viciousness of the world and then come home and we'll make you feel bad about that. You know. It should be better than that, shouldn't it?." [P]

**Table 10.** Exemplar quotes relating to trans pride.

"He's very, he's very proud of his identity." [P]

"Being transgender makes me know that I am how I want to be and who I want to be." [C]

"I think my daughter is very trans positive. They are very confident in their own identity. I think they would like much more in terms of school and friends and awareness of trans people." [P]

"If you're always reacting (to bullying) on an incident-by-incident basis, I think the risk is that she becomes stigmatized and LGBT identities are stigmatized that, that it becomes something shameful or secretive when we think she should be, you know, positive about her identity." [P]

"It's easy to tell your child to celebrate who they are – and they're wonderful exactly the way they are when they're six, or seven or eight and they have no concept of the wider world. But at 12 or 13. And, and not just transphobia but she knows about racism…." [P]

drawing pride particularly through their connections to trans communities and other trans children (see Table 10). Parents also speculated on the ways in which school culture or practice can erode or undermine children's feelings of trans pride. One parent described how their young trans child had been explicitly banned from using the word trans to describe themselves at primary school, as though it was something shameful. Other parents described children losing confidence or pride in their identity as they grew older, with parents drawing a connection between cisnormative schools, and pupils losing trans pride. Several parents felt schools without positive representation risked conveying a negative message to trans pupils, that transitude was tolerated, rather than accepted or celebrated.

## Discussion

In terms of discrimination, parents and children highlighted examples of being denied access to toilets, changing rooms or accommodation on school trips. These accounts of young trans children experiencing discrimination in primary and early secondary education add to the literature, contributing to existing evidence of trans children and adolescents experiences of discrimination (Kosciw et al., 2018; Kuvalanka et al., 2020; Neary, 2021). The dataset also emphasized inequalities in which pupils were able to challenge discrimination, with younger children being unaware of their rights, and finding it hard to challenge adult authority figures, often relying on parents to challenge discrimination. Analysis revealed that parental ability to challenge discrimination was influenced by axes of parental privilege, influencing how long children had to tolerate discriminatory policy and practice. These findings reinforce existing literature on parents drawing upon their existing social capital to challenge discrimination (Bartholomaeus & Riggs, 2017; Neary, 2021). These findings suggest that pupils without parental support are likely to be vulnerable to extended discrimination, with negative impacts on their self-confidence and mental

health. This reinforces existing literature by McGuire et al. (2010) that emphasizes the importance of trans pupils having at least one adult to advocate for their rights. This study suggests a need for systemic methods of protecting trans pupils from discrimination, including a need for clear policy and action to safeguard children's rights. The study draws attention to the inadequacy of reliance on parents to challenge discrimination, highlighting the need for wider support, including from professionals concerned with child mental health, to help ensure trans children are not left to endure discrimination.

On rejection, interviewees highlighted examples of peer rejection and rejection from teachers or school staff. Several parents drew a connection between school unwillingness to demonstrate trans-positivity, and school cultures that tolerated or facilitated pupil rejection. Parents and children highlighted how cisnormative schools delegitimized trans pupils, creating environments that they saw as enabling the isolation of trans pupils. This feeds into wider literature on the influence school culture has on pupil acceptance and belonging, with perceived acceptance from teachers correlated with pupil wellbeing (Meyer et al., 2016; Ullman, 2017). These findings reinforce the importance of building school cultures of inclusion and trans-positivity.

Regarding victimization, interviewees shared experiences of bullying and emotional or physical abuse, examples that are common across wider literature on trans pupils in schools, though rarely documented in primary education (Bradlow et al., 2017; Kosciw et al., 2018). Parents and children described a wide range of school attitudes and responses to victimization, noting that many schools were quick to respond to overt transphobic bullying from a single perpetrator. Several interviewees felt schools misunderstood and were ill-prepared to respond to chronic and extensive transphobic victimization. Where schools did not protect trans pupils, interviews highlighted family and child powerlessness, left to choose between endurance of ongoing victimization or dropping out of school. These findings align with wider literature on schools failing to understand, and being under-prepared to tackle transphobia (Woolley, 2017). This research reinforces the

importance of schools listening to and believing trans pupils' experiences, and being guided by trans pupils' needs in ensuring school is a safe and welcoming environment for all.

In terms of non-affirmation at school, trans children experienced non-affirmation from pupils and teachers, as well as systemic delegitimization, with schools more willing to tackle the former. Teacher non-affirmation is known to have a profound negative impact on trans pupils, whereas even one supportive teacher can be protective (Kearns et al., 2017; Palkki & Caldwell, 2018). Wider literature has shown the impact of action to address systemic delegitimization, with efforts to raise trans representation across the curriculum resulting in higher acceptance from peers (Snapp et al., 2015).

The dataset highlighted examples where parents felt poor experiences in education had contributed to trans pupils expressing a dislike of being trans. This finding is a concern given existing research with trans adolescents that found a significant link between internalized transphobia and clinical diagnoses of depression, underlining the importance of building school cultures that celebrate and embrace transitude (Chodzen et al., 2019). This research also highlights challenges relating to pupil confidence, with some pupils holding low expectations for the future. This findings echoes wider literature from older adolescents that has shown a link between negative school climates and trans pupils with low levels of optimism about their chances of future success and happiness (Kosciw et al., 2018).

Issues related to disclosure were a source of stress many for trans pupils in this sample, including stresses of being outed, or worrying about how to navigate disclosure, particularly when moving to secondary school. These findings provide important additions to the literature, strengthening insight into stresses of at-school disclosure for younger trans children. Relating to gender dysphoria, stresses increased as children approached or entered into puberty, influencing their well-being at that stage of education. Whilst puberty related dysphoria is well documented in trans adolescents, these findings add to the literature specifically in terms of their impacts on well-being in education. Under connectedness

and trans pride, trans children found strength and confidence from trans positivity and connection to trans communities and to LGB or trans children, mirroring research that has highlighted the importance of school connectedness or belonging (Hatchel et al., 2019). These dimensions of resilience were impeded for trans children within this sample by their isolation in cis-dominated schools, families and communities. In a number of interviews, there appeared to be a link between school approach and children's pride or shame about being trans. These findings on the importance of connection and trans pride, are found in wider literature on the experiences of trans adolescents, with research emphasizing that schools need to do more to reinforce and build self-worth and trans pride (Marx et al., 2017; Miller, 2016). The specific cohort in this sample is particularly isolated, with few out trans peers at primary school, and without access to trans youth groups that often only cater to adolescents. These findings highlight the importance of building trans-positive spaces for younger trans children, and working to build trans positivity within primary and early secondary school environments.

## Implications

The extensive stressors described in this research demonstrate a critical need for systemic change across the educational system. This research evidences the harms the current system inflicts on trans children, highlighting that the burden for systemic change needs to be borne by actors within the sector, rather than asking trans children to become more resilient, or leaving children or their families to fight for institutional change. Teachers, school leaders, and educational professionals interested in inclusion, equity and educational achievement can prioritise building educational cultures that reduce GMS on trans pupils. Actors within education need to understand the range of areas of school-based GMS and their cumulative impacts on trans children's wellbeing. Educators need to acknowledge GMS as a key threat to trans pupils' willingness to attend school, recognizing the impact of chronic stress on trans pupils' ability to thrive and

succeed in education. Educational professionals can strive to be active allies for trans children, developing and upholding effective policy and action to identify, monitor and reduce GMS in schools, protecting trans children's rights, and committing to building safe educational environments for trans pupils. Educators can look to existing literature on how to build trans-inclusive schools (Horton, 2020), distinguishing between different approaches to trans inclusion and shifting ambitions toward trans-emancipatory education (Horton & Carlile, 2022). Further research can examine how educational policy and practice can best reduce GMS at school.

Parents, carers and youth services need to understand the impacts of GMS on trans children, to advocate for trans children's rights, and to provide opportunities for trans pride and trans connectedness. Families are recommended to listen to, take seriously and document trans children's experiences of GMS at school. Families need to recognize the significant strain placed on children's shoulders when they face multiple areas of GMS on a regular basis. Families can communicate trans children's GMS related challenges to school teachers or leaders, emphasizing concern of negative impacts on mental health. They can advocate for trans children's right to safe and equitable access to education. Alongside vital systemic change within education, families can also look for opportunities to reinforce trans pride and self-esteem, including through building connections with other trans children and trans communities.

Professionals interested in children's well-being, including educational psychologists, senior leads in mental health, SENCOs, or counselors, need to be proactive in safeguarding trans children's mental health. Early action to reduce GMS in schools and families is a key preventative and protective priority. Professionals need to understand the areas of GMS experienced by trans pupils, recognizing the cumulative strain they place on trans children, and the potential impact of chronic stress on trans pupils' mental health. Mental health professionals can help educate school leadership and teachers on gender minority stressors, their contribution to mental health differentials, and the school's responsibility to reduce

exposure to GMS, safeguarding trans children's mental health. Professionals can advocate for trans pupils' rights, especially where pupils lack parental advocates. They can educate in-school staff to be active allies for trans children in tackling GMS, so that trans children are not left to overcome areas of inequality and exclusion alone. Mental health and well-being focused professionals can also support trans pupils to understand GMS, to vocalize and make sense of their own experiences of GMS, and to recognize the systemic rather than individualized roots of injustice. School-based mental health professionals can also connect to families, educating families of trans pupils on GMS, providing advice and support to families on how to reduce GMS at home, and highlighting the critical role of family support and affirmation in safeguarding trans children's mental health.

## Limitations and directions for future research

A sampling limitation is acknowledged, with these findings coming from a cohort where at least one parent was (to varying degrees) supportive and affirming of their trans child. Family support is known to be a key pillar of resilience for trans children (Katz-Wise et al., 2018; Klein & Golub, 2016; Simons et al., 2013; Travers et al., 2012). How these in-school stressors are experienced by young trans children without family support merits further investigation. Future research could examine whether and when school connectedness can offer resilience to help trans children cope with the immense stresses of family rejection. Given the challenges in accessing younger trans children who are not supported at home, such research would likely be undertaken through retrospective accounts, interviewing older teens who knew they were trans at primary and early secondary school, but who lacked parental support. A hypothesis that younger trans children without support at home are more vulnerable to, and less protected from the types of in-school minority stress discussed here, is proposed by the author. A potential methodological limitation relates to an identified correlation between interviewee perception of experiences of GMS, and interviewee perception of how trans-positive or proactive in trans inclusion their

school is. The direction of this perceived correlation is not defined; with this research unable to assess whether interviewees with lower experiences of GMS were likely to describe their school as more trans positive, or whether schools that were perceived as trans-positive, resulted in interviewees experiencing less GMS.

This article suggests a number of areas for future research. Research can examine how experiences of GMS differ depending on context, considering the adequacy of national and sectoral policy commitments to trans inclusion. Studies can examine how teachers and school administrators can reduce pupil GMS regardless of or in spite of wider systemic challenges or barriers to trans inclusion. Analysis can explore how intersecting dimensions of marginalization impact on individual pupil experience of and ability to withstand experiences of school-based GMS, including how home-based stressors influence pupils' ability to challenge and cope with school-based GMS. Research can also consider whether school, family or pupil understanding of GMS influences behavior, commitment and action to reduce GMS, and how action to reduce school-based GMS influences trans pupil mental health, wellbeing and school connectedness.

## Conclusion

Existing literature demonstrates the importance of reducing Gender Minority Stress (GMS) to protect trans children's mental health, but provides limited evidence on how GMS manifests at school, impeding efforts to reduce school-based GMS. This qualitative research, applying the GMS framework to trans children's experiences in primary and early secondary education in the UK, provides an important addition to the literature, illuminating the range of stressors that can impact on trans children at school. All interviewees described some experiences of GMS. A large majority of interviewees outlined multiple experiences across a wide range of categories of the GMS framework. The breadth of experiences of GMS highlights the importance of recognizing and addressing all of these dimensions when supporting trans children in education. Schools and professionals supporting pupil mental health have

a responsibility to address in-school GMS, taking preventative early action to reduce GMS driven mental health inequalities.

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The author declares they have no conflict of interest

## Informed consent

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