Gendering innocence: An empirical inquiry into the lived experience of gender incongruence in childhood

Elizabeth Yarrow

Abstract

Gender diversity in childhood has become an issue of significant public debate in Britain. Growing concerns have amassed around the exposure of children and adolescents to new forms of gendered knowledge and expression, arousing discourses of childhood ‘vulnerability’ and ‘innocence’. These ideas draw on a specific framework for understanding ‘childhood’, in which children are depicted as passive, dependent and in need of protection, as they follow a universal, predetermined developmental pathway. Among other effects, this has resulted in a dearth of empirical research that has explored gender diversity as a developmental experience in childhood. This article draws on evidence from interviews with 40 gender and sex variant young people and 30 caregivers of transgender children. Participants’ accounts illustrate the deep psychic investment in embodied gender incongruence that young people may manifest from the earliest years of childhood. They highlight the profound distress sometimes experienced by children denied external recognition of their internal (gendered) selves and required to conform to extraneous expectations informed by essentialist understandings of biological sex. Far from ‘innocent’ of gender (difference), children can be deeply and actively involved in
INTRODUCTION

Children and childhood have increasingly appeared at the forefront of contemporary debates concerning gender variance. The discursive themes that thread the public and policy discourse on gender variance in childhood focus heavily on constructions of childhood ‘innocence’, vulnerability, and need for protection (Fournier, 2018). Headlines on the subject from prominent newspapers across the political spectrum include: Politicised trans groups put children at risk (Doward, 2019); Calls to end transgender ‘experiment on children’ (Bannerman, 2019); and By indulging the whims of transgender children, we are losing the innocence of childhood (Epstein, 2016). These ideas, influenced by developmental and psychological accounts of the ‘naturalness’ and ‘universality’ of childhood, posit children as naïve and passive in the face of dangerous external forces threatening to harm a normalised pathway of healthy human development.

The focus on children is predictable; in his (Best, 1990) book Threatened Childhood, Best explores how public rhetoric concerning the welfare of children is endemic in the context of social and cultural change, reflecting general anxieties about the uncertainty of the future for all. Indeed, the current debate surrounding gender is strikingly reminiscent of the 1980s, when an upsurge in lesbian and gay activism incited a wave of moral outrage, arousing ‘discourses of childhood innocence and the homosexual as “folk devil”’ (Robinson, 2008). These dynamics culminated in the passing of ‘Section 28’ of the Local Government Act (1988) prohibiting the ‘promotion of homosexuality… as a pretended family relationship’ by local authorities through teaching and publishing material, which was interpreted as applying to all state-maintained schools.

In the same way that the assertion of new sexual subjectivities was perceived as dangerous to childhood in the 1980s, in the late 2010s/early 2020s concerns have amassed about the exposure of children to new forms of gendered knowledge and expression. It has been theorised that increasing numbers of adolescents are seeking out harmful medical interventions, after learning about new identity categories propagated by their peers and on online social networking forums (Ashley, 2020). Activists have established new campaigning organisations, such as TransgenderTrend and the Safe Schools Alliance, whose stated purpose is to protect and ‘safeguard’ children from being exposed to dangerous new ‘ideologies’ of gender, particularly through regulating teaching in schools.¹

Meanwhile, despite the attention afforded to the issue, there is a relative lack of empirical research which has sought to explore children’s experiences of gender incongruence and elucidate (trans)gender variance as a field of childhood subjectivity. This study aimed to contribute towards addressing this gap. 40 in-depth interviews were conducted with gender and sex variant young people (ages 14–24), who offered retrospective accounts of their early childhood experiences of gender. This material is complemented by insights from 30 caregivers of gender variant children, aged 5–18 years at time of interview. Far from passively ‘innocent’ about gender and identity, participants described themselves/their children, as actively investing in a deep,
embodied experience of gender incongruence, sometimes from the earliest years of childhood. Participants also described the profound distress often experienced by children when their subjective experience of gender was refuted by ‘objective’ and ‘naturalised’ accounts of sex, gender and the body.

**Discourses of ‘childhood’ innocence, developmentalism and constructions of gender**

Prout and James (1997) contend that an ‘evolutionary’ perspective on childhood has obtained cultural pre-eminence in contemporary Western thought: A schema where children are conceived as embryonic beings ‘awaiting temporal passage through the acquisition of cognitive skill’ into a world governed by adults (p. 11). According to this frame for understanding childhood, children are defined by their biological immaturity. Childhood, a natural and universal feature of human groups, is the sanctuary of the prototypical human: pure, uncorrupted and immaculate, on the one hand; passive, incompetent and naïve, on the other. This understanding of childhood has resulted in a body of work, particularly in the fields of psychology and education, that has set out to define the parameters by which children are expected to develop—physically, cognitively, emotionally and socially—through a series of progressive, predefined stages of maturation into adulthood (Robinson, 2013).

Reflecting this perspective, clinical measures of gender have typically focused on children’s successful completion of developmental objectives, defined by normative understandings of gender and the body that have been read as singular and universal developmental truths. For example, the *Ages and Stages* (ASQ-3, 2009–15) questionnaire, used by the National Health Service to evaluate children’s health and development at age 36 months, includes the instruction to parents: ‘using these exact words, ask your child “Are you a girl or a boy?”’ Parents are then asked to record whether their child ‘answers correctly – “yes”, “sometimes” or “not yet”’ (p. 5). This question is revealing, not only because it demonstrates that from the earliest years of life children are expected to be able to articulate a gender identification, but also because it poses only one logically possible form that this may take: An identification which aligns with their given sex, (thus, seamlessly demonstrating Butler’s (1990) claim that ‘because certain kinds of “gender identities” fail to conform to those norms of cultural intelligibility, they appear only as developmental failures or logical impossibilities from within that domain’ (p.24)).

This clinical tool is also illustrative of another central contradiction, noted by Castañeda (2014), that while a child’s gender is presupposed as fixed at (or before) birth, each child is also expected to become gendered through a process of development, such that a child’s gender is simultaneously assumed, yet subject to constant scrutiny and doubt. Stockton’s seminal work *The Queer Child* (2009) suggests this doubt is justified, as she explores the multiple ways in which children’s ways of growing defy received knowledges about childhood development and expected linear trajectories into adulthood, (heterosexual) marriage and reproduction. Redirecting Stockton’s perspective on sexual orientation, Fournier (2018) argues the same fluidity and uncertainty prevails with respect to gender, since gender conveys children’s ‘doing’ more than their ‘being’.

To complement these theoretical insights, sociological and ethnographic studies have explored children’s ‘doing’ of gender empirically and demonstrated how, far from ‘innocent’ of gender, children’s social worlds and identities are profoundly shaped by it. A number of studies have explored how binary, hierarchical notions of sexual difference, regulated through a normative regime of compulsory heterosexuality, are deployed within childhood cultures to reward particular
expressions of masculinity and femininity, and punish forms of deviance (e.g. Atkinson, 2021; Renold, 2005; Renold et al., 2015). Notwithstanding the constraints of children’s social worlds, more recent research indicates that in contemporary global contexts, young people may be developing increasingly diverse ways of thinking about and ‘doing’ gender. For example, a Bragg et al., 2018 study conducted by Bragg et al. found that their sample young adolescents (ages 12–14 years) used as many as 23 different terms to describe a myriad of different ‘genders’ and were engaged in critical reflexivity about gendered norms, categories and inequalities.

Although these studies investigate the ways that children’s social relations are regulated by, as well as productive of, different gendered and sexual identities, less empirical work has focused specifically on experiences of gender incongruence, dysphoria and variant sexed embodiment, in childhood; although memoirs and stories of trans childhoods are becoming more prevalent (e.g. Lindsay & Fry, 2021; Roche, 2020; Travers, 2018). Furthermore, while a body of theoretical work has explored how discourses of developmentalism and ‘innocence’ have defined access to sexual knowledge as harmful to children’s normal and healthy development (Robinson, 2013), less attention has been afforded to theorising how childhood passivity/innocence as an interpretative frame has shaped scientific and cultural understandings of the natural alignment of sex and gender and excluded inquiry into childhood experiences of variant (trans)gendered embodiments. These are the particular contributions of this study.

**Definitions**

In this article, the words gender ‘variant’, ‘diverse’ and ‘atypical’ are used as umbrella terms to describe a variety of experiences of gender that fall outside majority definitions of ‘male’ and ‘female’, which posit these categories as binary, and determined by anatomical sex. These include: transgender children whose gender identity is different to their birth sex; non-binary children who may identify as something other than, or ‘in-between’, ‘male’ and ‘female’ and gender non-conforming children, whose gender role expression deviates significantly from the expectations associated with their birth sex (e.g., birth registered males who consistently present as female, including wearing the girls’ uniform and using girls’ facilities at school). The phrase ‘sex variant’ is used to describe children born with variations in sex characteristics that do not fit neatly into binary, biological classifications of ‘male’ and ‘female’ bodies, including children with variations of their chromosomes, gonads, sex hormones or genitals. The term ‘gender incongruence’ is used to describe children’s experience of a mismatch between their gender identity and their sex registered at birth, and ‘dysphoria’ refers to the distress that may (often but not always) accompany such an experience.

**METHODOLOGY**

Interviews with young people and caregivers followed a ‘life history’ format: a qualitative method of data collection where participants are asked to provide an account of their life over a period of time, covering key events and timelines of personal significance. Topic guides were developed to explore children’s histories of gender variance, their current experiences and perspectives and their thoughts about the future. These guides were used flexibly to ensure that interviews were participant-led and focused on the elements of participants’ experiences which they considered most relevant, meaningful and important within the broader frame of the research topic.
Following a life history approach had two core benefits: Firstly, it facilitated the building of rapport between the researcher and the interviewee by allowing the participant a level of control over the narrative structure of the interview and the process of generating meaning from their experiences. Secondly, it facilitated the collection of in-depth and contextual evidence about the lived and historical realities of gender diverse childhoods, and how these developed and changed over time.

Interviews were recorded and transcribed verbatim. Transcripts were uploaded into Nvivo software and coded to identify key themes and patterns in the data.

The coding process was guided by a critical realist standpoint, which maintains a commitment to exploring questions of ontology, while recognising that reality is mediated through perception and interpretation, requiring critical reflection on the representational practices associated with its construction (Archer et al., 1998). As such the coding process involved a combination of deductive and inductive approaches. Material was divided into two types of coding ‘bins’: ‘theoretical’, codes developed from prior theory and literature, and ‘organisational’ topic codes derived from patterns perceived in the raw data (Fletcher, 2017). The coding process was iterative: codes were progressively added, changed, supplemented or deleted; as themes emerged throughout the coding process, I revisited previously coded passages in light of new themes.

An ethics protocol was developed to guide the research which established procedures for ensuring voluntary participation, informed consent and protecting the privacy and anonymity of participants, among others. This protocol, along with the methodology and tools which guided the research, was subject to full review and ethical approval by the Humanities and Social Sciences Research Ethics Committee, University of Cambridge.

**Recruitment of participants**

Participants were recruited through a ‘snowball’ sampling approach. Contact was initially established with voluntary sector gatekeeper organisations, providing services, advice and support to gender and sex diverse youth, who were asked to share recruitment materials with their network. Those who volunteered to participate in the research were then asked to further share details of the study with their contacts.

Additional recruitment of children and young people was achieved through the use of an online survey. The survey was distributed on social media forums for LGBT+ youth. Young people ages 14–24 years residing in the UK were invited to fill out the survey, and to leave their email contact at the end if they were interested in participating in an interview. This enabled the recruitment of a wider diversity of young people who weren’t necessarily in direct receipt of gender-related specialist services or gatekeeper support.

**Description of sample**

The sample included a total of 70 participants, from 50 separate families. Youth interviewees included 40 children and young people: 23 of these were teenagers ages 14–19 years, and 17 were young adults ages 20–24 (Table 1). 33 were from white British backgrounds; three were from other white backgrounds; one was mixed race, white and black African; and two were Jewish. All identified as gender or sex diverse at the time of interview. Conversations with young people about their gender identities were in-depth and complex, rendering it hard to
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draw generalisations across the sample. However, by way of approximation: 11 youth identified as binary-male and 12 as binary-female. Eight identified as (non-binary) transmasculine (mostly male, but partially female); five identified as more ‘centrally’ non-binary or genderqueer. Three identified as ‘gender non-conforming’, and one as ‘bi-gender’. 26 were natal females, 11 were natal males, and 3 were born with a variation of sex development and assigned female.

To protect participants’ anonymity, all interviewee names have been changed. Pronouns are used according to the preferences of the young people at the time of the interview.

Caregiver interviewees included 31 parents and carers of gender diverse children: 23 of these were women and 8 were men. All but two were British born, coming from a range of diverse (both rural and urban) parts of England, Scotland and Wales. The children of these caregivers ranged from 5 to 23 years at the time of interview (Table 2).

**TABLE 1** (Continued)

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EXPERIENCES OF GENDER INCONGRUENCE IN CHILDHOOD

‘The shoe isn’t mine. The shoe doesn’t fit. And never will’.

Emerging differences

According to participants’ accounts, for around half of the children in this study, experiences of gender incongruence began in early childhood, well before the onset of puberty. Participants described lacking the cognitive, linguistic and cultural frameworks to make sense of their feelings: ‘I didn’t have the words or explanations at the time’. (Amalia). Rather they described nebulous feelings of discomfort, unfamiliarity and dissociation from ‘self’: ‘I didn’t even know what to call it. But I always felt that wasn’t me’ (Ember); ‘I always felt something was off. Something just didn’t feel right. I didn’t know what it was, but like – I’m not me’ (Chris); ‘I kind of thought it was only me in the world – I was different to everyone else. I wasn’t aware of the concept of dysphoria, but I always felt like the outsider’. (Emily). Amalia described an incomprehensible sense of needing to use the girls’ bathroom at school, despite knowing that she was required use the boys’ facilities; she recalled 1 day acting on this impulse and being reprimanded by her class teacher:
That was confusing for me. I was at the age where the teacher is the moral authority, so I just thought that what I was feeling was wrong. I always felt that's what I had to be [a boy]. I couldn't be who I was inside; I had to be who everyone else wanted me to be.

Participants descriptions of their early experiences of gendered discomfort resonate with Julia Serano’s conception of a ‘subconscious sex’: a deep, internal, but consciously unfathomable,
sense of a differently sexed self. Indeed, Amalia's recollections are strikingly similar to Serano's own personal account in her (Serano, 2007) book *Whipping Girl*, where she recalls a mystifying feeling that she was 'doing something wrong' whenever she entered male toilet facilities.

The majority of young people said they had remained 'closeted' about their feelings as young children, sensing the judgement and disapproval of others. For some young people, hiding their feelings and desires felt particularly urgent; a matter of avoiding the violent punishments associated with failing to fulfil normalised gendered expectations:

I used to get bullied for what other people called different. So I was like, I wanna be myself, but I also wanna fit in and be normal. I didn’t want to be beaten for it, like mum always said that were wrong. When she weren't in the house, I’d be myself. (Hugh)

And yet, children's incongruency was often making itself apparent in other ways: 'I thought I was giving away different clues! I think my mum from early on was like, ‘why are you always wearing girls' clothes?’ But she just let it happen' (Amalia). For some children, this started as early as toddlerhood. According to participants' accounts, with the development of language and ability to assert preferences about toys and clothes, some children started expressing strong and consistent 'cross-gender' predilections and behaviours. Mia’s parents described how she would refuse to get dressed and leave the house if she was required to wear any clothing that in her view was intended for boys: ‘every day was a nightmare trying to get her dressed to go to nursery. Just going out was difficult. This very active and physical child was saying “I don’t want to go outside”’ (George). Anne relayed how her child, Tommy (registered female at birth) would insist on only ever wearing boys' underpants, a preference that was deemed curious enough that it had been recorded in his medical notes by his General Practitioner. Arthur joked how his daughter Melanie would always have to be the female character during pretend play, requiring her younger sister, Beth, to play the male: ‘I remember they played Titanic. [Beth] had to be Jack because Melanie wanted to be Rose!'  

While for many children, indirect signifiers regarding their experience of gender included choices about clothes, games and playmates, other children, like Isla, were more direct and explicit about their feelings: ‘as soon as she could start to talk and express herself, she would say: “I’m a girl. I’m a girl. I’m a girl! Say it relentlessly to anyone who would listen. [She] was very small – 2 – literally as soon as [she] started talking”’ (Sophie). Isla's mother, Sophie, remembered that she was initially unfazed by Isla's assertions, as well as her insistence on wearing girls' clothes, assuming it was 'just a phase'. Sophie remembered the health visitor—curious that Isla was often dressed in a gold, lace skirt—asking her one morning whether Isla called herself a girl. Sophie recalled dismissing the question as absurd: ‘I said “well yeh, but if you asked [Isla's brother] if he was a train he’d say yes!” So at the time… I assumed she grow out of it!’  

Like Sophie, the majority of caregivers remembered initially supposing that their children's behaviours were temporary; or, perhaps, they were simply expressing their own unique characters and personalities. Indeed, among younger children ‘cross-gender’ performance and the expression of gender-atypical preferences is not unusual, regardless of future gender identity or sexuality (Yogman et al., 2018). Over time, however, caregivers recalled a gradual shift in thinking, away from assuming their children's gender non-conformity was just part of typical childhood exploration and play, and towards the idea that they might expressing a more unusual form of difference; a change in perspective that was often driven by the intense expressions of sadness and distress that were increasingly accompanying their children's growing awareness of gender: ‘Jamie was talking more and more about his unhappiness’ (Kate); ‘he was just getting so depressed
in himself. It was torture’ (Lucy); ‘she got very, very sad, very, very, unhappy at school. We watched her deteriorate. And that was when I started saying to my husband: “we have to step up now or we are going to lose her”’ (Daisy).

**Expressions of distress**

Distress was a very common, but not universal, feature of participants’ accounts of childhood gender and sex variance and particularly among neurotypical children. Blake recalled: ‘I just remember feeling very, very different, in a way I didn’t want to be. I felt like I was living a lie. It just became quite extreme really; my emotions, how I felt, was so negative’. Jennifer described: ‘I didn’t know what was wrong with my brain. I just sat through it, and was sad for a while. I just sort of learned to cope with the rubbishness of background noise’. Mia’s parents described going through a nightly cycle of negotiation and tears as their toddler begged them to recognise her as a girl. They recounted how her ‘happiness’ and ‘joy’ disappeared, replaced by a deep and ‘strange’ sadness and daily bouts of crying:

A two year old... she started saying, “I’m not a boy, I’m a girl, more and more vocally to the extent where by age three and a half it was nightly – really upset and sad... Every bed time all she’d want to talk about was being a girl, and – on the drive home from nursery first, and then pre-school – she’d just start crying in the car...So we kind of realised it was a problem that wasn’t going away and we had a really sad little kid.” (William and Sandra)

Unable to fully comprehend what Mia was expressing, her parents recalled seeking to reassure her that she could live authentically and happily as a boy: ‘we were like “you’re not a girl, there’s all sorts of ways you can be a boy and that’s fine! What can’t you do that you want to do – that being a girl would allow you to do?”’ (George); ‘do you want a different toy or something?’ (Chloe). Yet, according to George no matter what they said, they couldn’t ‘persuade her out of this’. Instead, these conversations led to daily arguments and tears and Mia becoming ‘deeply upset and depressed’.

Similarly, Lucy explained how, over a number of years, from nursery school to the first years of primary, her daughter, Amber, became gradually more withdrawn, anxious and depressed: ‘from a very happy child we ended up with a really sad child and it was very clear to us that something was really wrong... Her anxiety, OCD behaviour went through the roof’. According to Lucy, Amber’s complaints started vaguely: ‘for a year or so it was “mummy there’s something wrong, I don’t feel right... It’s in my tummy”’. Over time, she became increasingly more descriptive: ‘she’d say: “I feel like I’m in a prison mum, and there are black bars all around me. I’ve got this heavy man on my back”’. As Amber’s distress intensified, she started refusing to go to school: ‘she used to say, “I’m lying to my friends, mum.” She didn’t feel like she was being honest with who she was. The school started noticing she had changed’.

Daisy described watching Aria’s ‘light going out’. She recalled Aria becoming increasingly reclusive and distant: isolating herself from everyone, including a previously close group of friends at school. Daisy recalled 1 day in particular, when Aria’s grandparents picked her up from school:

She ran straight upstairs... The next thing I could hear crying, she was crying on her bed. I asked her why, and she said: ‘because my life is so awful’. So, it was a ‘what
would make you happy?’ type conversation. And it was – ‘I want to be me. I just want to be me’.

The day Daisy realised that Aria might be trans, they were driving to a local garden centre. As Daisy parked the car, Aria (aged 8), burst into violent tears, asking her mother if there was an ‘operation that could make her a girl’. Daisy recalled:

I’ll never forget it. I’m never lost for words, but I was lost for words. Initially she couldn’t say anything because she was crying so hard. I was so scared of what was she going to tell me, because she was so upset. I just wanted to take away her pain... She told me she was scared we wouldn’t love her anymore, and that’s why she held it in for so long, because she thought that we would reject her.

Jamie was just four and a half, when Kate remembered their first detailed conversations about his gender. One morning, watching *The Sound of Music*, Jamie started to sob. When Kate asked what was wrong, he explained he was crying because he would never be able to be a nun:

[It was] the first time he expressed really clearly his distress that he wasn't a girl, and he said that it made him sad every day...He became incredibly upset and tearful... There is something I suppose that is uniquely female about nuns, I suppose that was what he was responding to. And [he said] that he wished he was a girl, and he always wished he was a girl. And he was so upset.

Over the next couple of years Kate kept a written diary of the conversations that she was having with Jamie. She explained she found these conversations so confounding and extraordinary that she felt compelled to keep an exact record: to preserve Jamie’s precise words, so she could return to them later to try to make sense of their meaning. She retrieved this diary during the course of the interview and read from it aloud:

Even when I’m happy, there’s a little bit of me that’s sad every day because I’m not a girl. I wish I was a girl? Why? I don’t know, I just feel it in my body and my bones and my heart. I wish I was a girl – that's the reason I'm so sad. Inside that reason there are a 100 reasons, or maybe 99. That's why it's so hard for me to get a smile on my face. Once it’s there it feels comfortable, but I can lose it again so easily. Whenever you are not looking at me I feel so sad. Why do you wish you were a girl? Oh we'd be here all through the night and half of the day if I told you!

Like Mia’s parents, Kate described trying to discuss with Jamie the different ways that he could express himself as a boy: reassuring him that he could have long hair and wear dresses without needing to change his gender. According to Kate, these assurances only served to deepen Jamie’s pain and distress. In interview, she read the record of one of these conversations from her diary:

[Kate] You can have long hair – in your view – like a girl, and you can wear dresses! You can do those things! You don’t have to be a girl to do those things. [Jamie] I don’t want you to say that – even kindly like you do. I don’t want you to talk about it anymore because it makes me a thousand sad and normally, I’m just a hundred sad.
Experiences of the body

Jamie’s words are striking in the manner in which they convey his experience of female gender as embodied: ‘my body feels it’; ‘I feel it in my body, my bones’. Research addressing the lived body is rare in the context of childhood: the physical body may be rendered either implicit—an ‘absent presence’—or an object of containment, control and risk (Coffey & Watson, 2015). Consistent with this approach, gender identity development research has traditionally focused on children’s acquisition of (fixed and immutable) ‘knowledge’ about their sexed body, reducing children’s bodies to objects of knowledge. Yet the testimonies of young people and their caregivers in this study highlight the different and changeable ways that children may come to ‘know’ and inhabit their bodies, as active, living subjects of experience. Daisy recalled 1 day in Year 5 when Aria was asked to draw an outline of herself in biology class: ‘Aria had drawn in breasts and written the word “vagina” with an arrow to where the genital area would be’.

Indeed, in the field of sociology, a wealth of gender and embodiment research has explored how the sexed body is not a fixed, natural object, but a mutating and mutable force (Lane, 2009), (inter)acting with a variable social world which itself plays role in forming and informing how bodies are experienced, recognised and understood (Tolman et al., 2014). On the one hand, over the course of the last century, collective understandings of the sexed body have been transformed by the invention of new technologies which have complicated scientific understandings of sexual differences (Fausto-Sterling, 2000) (as well as enabling the medical modification of both primary and secondary sex characteristics). On the other hand, at an individual level, a person’s embodied experience may evolve over time, in response to physical, environmental and social changes.

For many young people in this study, (gendered) knowledge, feelings and experiences of and within their bodies appeared to evolve over time. For some this was a gradual change, influenced by a developing association of their body with social categories of gender, illustrating how the cultural ‘gendering’ of bodies may influence children’s embodied knowledge and feelings about their gender:

I always imagined myself as a girl if that makes sense? I never thought of myself as a boy. Like – I knew I’d have to be a boy in school and stuff like that. But I was like, “no I’m a girl” and that’s what I would think in my head. When I was younger I didn’t think about [my body]. The older I got the more I thought, nah, things just aren’t right, but before that. I just thought I’ll be a girl when I’m older. (Naomi)

Other participants, like Finley and Blake, were subject to more sudden, seismic shifts in their experience of gender and dysphoria. These were occasioned by medical encounters shaped by gendered understandings of embodied health needs based on naturalised assumptions about the appropriately ‘sexed’ body:

It was the first time anyone had said to me your body deviates from healthy in a way that won’t heal. So it was very distressing. I just shut down. It did make me feel a lot more dysphoric, this idea that I have a disorder. It made me feel a lot panic at my body. (Harley)

Blake, raised female, described how during a doctor’s appointment, aged 11, she was informed for the first time that her karyotype was XY and she had no uterus. This in turn led to what she described as ‘identity death’, and a radical reformulating of her experience of gender:
I was really shocked, completely reeling on the inside. It felt like a bad dream because it happened so suddenly in my memory. What it instantly felt like was – identity death. Like there had been this person who I thought I was, and suddenly that just changed and the future that I’d always envisioned of myself, just felt suddenly very, very different. I just kind of lost who I was. For me that meant I was not a woman, and somehow it very quickly became – loneliness. I thought it meant I would always be alone. (Blake)

By age 11, Blake had already developed such a deep sense of an embodied, relational, female ‘self’, that this discovery about her body constituted a moment of profound loss: of both who she thought she ‘was’ in the present moment and of all she imagined for her future.

Interestingly, while children typically develop objective body self-awareness somewhere between 18 and 24 months of age (Brownell et al., 2007), it was often not until the onset of puberty that gender incongruent children in this study began to experience the physical manifestation of their bodies as necessarily discordant with their sense of a gendered self: ‘puberty is when you go – my body’s all wrong. It shouldn’t be like this, it should be the other way’ (Emily); ‘I recognised that there was something not right about my body since puberty – things like wanting to bind, feelings of strong dysphoria against the chest’ (Phoenix). With the development of secondary sex characteristics, many young people described how feelings of gender dysphoria often intensified around aspects of the body, resulting in distress so acute that participants were driven to coping strategies such as disassociation and self-harm:

When puberty was starting it was incredibly traumatic and stressful and nobody seemed to understand. There were lots of instances of self-harming. One time I basically kind of severed down there. It didn’t do any lasting damage, but I had to go to hospital for a bit. (Emily)

Emily described how her experiences of disaffection from her body, and her attempts to remain closeted about these feelings, eventually culminated in an acute psychotic episode, for which she was eventually sectioned under the Mental Health Act (1983):

I would mainly try and dissociate – the coping mechanism I had for it [dysphoria]. Basically my mental health was deteriorating really badly, and I wasn’t able to keep up that façade of functioning. I wasn’t eating, I wasn’t sleeping, I was hallucinating things. I was delusional. So it was just very strong, very serious dysphoria. It was just this total disconnect between the idea of self, and the physical embodiment of self. Everything felt wrong, it didn’t feel like me, so it was just a constant feeling of a passenger. And I ran out of ways to deal with it by myself.

Blake described a similar experience of disconnection, and separation of ‘self’ from ‘body’: ‘I felt female, but there was this big piece of evidence that I wasn’t female. I felt like I wasn’t being truthful with people – that I was, I suppose, a fake?’ Blake’s words convey as a sense of ‘self-objectification’ prompted by the gendered values imposed upon her body by medical diagnosis: ‘my body became something that revolted and confused me’. Like Emily, she resorted to self-harm as release for her emotional pain: ‘I didn’t speak about it at all, but I was very, very upset about it. I self-harmed a lot – that was a big part of the coping mechanism’.
Emily and Blake’s accounts highlight the pain that may be caused to children whose sense of personhood is contradicted by normative and naturalised assumptions about gender, sex and the body. They evoke an impossible subject position of living in a state where one’s subjective experience of an (embodied) gendered self is at odds with acquired ‘knowledges’ about one’s sexed body. For many years Emily and Blake lived in this state of contradiction—of impossibility of being—through dissociation from self; for Emily this eventually culminated in a more pervasive psychic rupture from reality. Emily’s recovery included a process of social and, eventually (as a young adult) medical transition, through which she was able to restore, reconcile and make whole her embodied self.

Similarly, Phoenix described their social and medical transition as a process through which they were able to leave behind their longstanding pain, disaffection and disconnection from their body, towards a creative reconstitution of themself, through a process of ‘coming into’ a body that, for the first time, felt comfortable, familiar and distinctively their own:

I always felt there was something wrong with my body since puberty. Menstruating was distressing for me...I’m not scared any more. It [transitioning] felt like coming into a space that was safe. I feel like my body is unique and mine. The body I’ve longed for – come into – through bindings, surgery, testosterone.

Phoenix’s experience resonates with some of the writings of Ashley and Ells (2018) who have theorised the different ways that trans people may relate to their bodies through transition: On the one hand, the process may feel like an ‘unearthing’ of a ‘pre-constituted self’, on the other, there is a sense of actively creating the self through ‘transforming them into an art piece that is truly ours out of previously alienating flesh’. (p. 24).

**DISCUSSION**

The accounts shared in this study offer a rare insight into young people’s lived experiences of gender incongruence, with implications for advancing understandings of gender incongruence as a developmental experience and field of childhood subjectivity. They illustrate the deep psychic investment in embodied gender (incongruence) that young people may acquire from the earliest years of childhood (e.g., Jamie, Blake and Eli), and the distress sometimes caused to children who are unable to express their identities and have them externally validated (e.g., Catherine and Mia). They challenge widespread presumptions, often reflected in the clinical literature (e.g., Ruble et al., 2007; Zmyj & Bischof-Köhler, 2015), that ‘naturalise’ gender-typicality in early childhood, and root children’s development of gender identity and constancy in their acquisition of objective and fixed knowledge about the physical manifestation of their bodies. Participants’ accounts suggest that objective body awareness does not necessarily define a young person’s experience of gender. Rather, experiences of gender may both influence, and be influenced by, the varied, changeable and contextual ways that children may experience, know and recognise their bodies (e.g., Blake’s experience of dysphoria occasioned by learning that she had a variation in sex development, or Emily’s emerging distress within her body as she approached puberty). This fits with psychoanalytic insights which have argued that one’s ‘felt sense’ of one’s body is not necessarily commensurate with the physical body as externally perceived (Breslow, 2017).

The aetiology of gender incongruence in childhood is not yet well understood, and vigorously contested among scientists and clinicians (Drescher & Byne, 2012). Much of the debate has centred around trying to answer the question of whether transness biologically or socially derived,
which in turn influences perspectives on how best to provide children support (Cass, 2022). According to one perspective in the literature, atypical gender development is a psychosocial pathology that can be therapeutically treated to correct the ordinary course of healthy (childhood) development (Coates et al., 1991; Zucker, 2008; Zucker & Duschinsky, 2016). An alternative view is that transness is a natural variant of human gender development, and children are expressing their ‘true’ selves (Rosenthal, 2014; Saraswat et al., 2015).

This debate is shaped by the framing of ‘childhood’ itself as a passive, naïve, pre-social and biologically determined stage of being; if childhood is viewed through such a lens, then childhood gender variance must either be given in nature, or it must be a ‘corruption’ or ‘perversion’, contaminating children from the outside, and disrupting their natural pathway of development into adulthood. Yet the narrative accounts of childhood gender diversity, explored in this article, suggest that children are not just passive objects of acquired knowledge about gender and the body, but active participants in the creation and negotiation of embodied gender meanings, and adoption of gendered subject positions, sometimes generating unanticipated forms of diversity (e.g. ‘no matter what we said, we couldn’t persuade her out of this’ (William); ‘I knew I’d have to be a boy – like in school and stuff – but I was like, “no I’m a girl.”’ (Natalie)). Although participants sometimes described their/their child’s gender as ‘innately’ experienced, emerging in the earliest years of childhood and impervious to change, their accounts also eschew any simple attempt to reduce gender to biological ‘sex’, or positioning of sex as a fixed, passive, unambiguous and knowable substrate.

One problem with the nature/nurture dichotomy is that sets-up a series of arguably false and simplistic dualisms (gender as innate vs. constructed, authentic vs fictitious, fixed vs mutable) which may never adequately account for the lived diversity of gender and sex (Elliot, 2016; Hester, 2004; Lane, 2009). Participants’ accounts illustrate how the impress of both bodily propensity, and social knowledge and experience, exists within each child to shape embodied experiences of gender.

Another central fallacy is the oppositional positioning of ‘culture’ as the realm of possibility, compared to ‘nature’—the realm of constraint. Yet, as Lane (2009) writes ‘evolution and nature are full of diversity and dynamism, while human society and culture has much rigidity and fixity’ (p.143). In fact, when it comes to ‘sex’ and ‘gender’ and ‘childhood’, it may be the very rigidity of ‘culture’ that has obscured the creative potentials of ‘nature’. Just as body of queer literature and theory has explored how ideas about ‘sex’, ‘gender’ and ‘sexuality’ function to create a grid of social understanding through which particular bodies, genders and desires are constructed as ‘natural’, there may be an additional category of being—childhood—that works to obscure the youngest trans subjectivities and relegate them to the ‘domain of abject, unliveable bodies’ (Butler, 1993).

The cultural shielding of childhood ‘innocence’ from diverse forms of gender knowledge, sustains a normative presumption that there is only one logical form that gender may naturally manifest. Through the assertion of their presence and display of their difference, gender and sex variant childhoods make visible what was supposed to be invisible: namely, the use of childhood as a cloak for the regulation of normative gendered embodiment. This regulatory process gives rise to the foundational belief in (binary) biological sex as an unambiguous fact: the cornerstone of heterosexuality, the nuclear family, the normative citizen and, ultimately, the nation (Duschinsky, 2013; Robinson, 2012). It is for these reasons that gender has come to signify yet another critical field of childhood surveillance.

Gender typicality, therefore, is discursively constitutive of the ideal ‘child’ subject, as well as the social institution ‘childhood’. Yet, this reading of childhood cannot account for the diversity of children’s lived and historical experiences of gender. For many of the children in this study, experiences of atypical/variant gender were deeply felt and profoundly personal: fundamental
to their definitions of ‘self’ and experiences of bodily being in the world. Children were liable to experience profound distress when they were denied recognition of their gendered experience and required to conform to extraneous expectations informed by naturalised assumptions about gender and sex. It follows that restricting children’s access to knowledge and information about gender diversity and limiting their modes of behaviour and expression to conform to the roles associated with their biological sex, may not be protective of their welfare. Rather, it may only serve to exacerbate children’s distress.

Limitations

This qualitative study explored childhood gender incongruence through accounts from young people and their caregivers. Despite the original aim to include interviews with pre-teen children, this was ultimately not possible due to institutional barriers to obtaining ethics approval. Therefore, reflections on early childhood rely on older youths’ memories of younger childhood or mediated through the accounts of caregivers. There is need for future research which includes younger children as direct participants, since, as Carter (2009) argues, the structural conditions of (early) childhood are distinct and cannot be recreated.

In addition, further research should explore the histories and perspectives of groups whose views are underrepresented in this study, most notably racially minoritized children and their carers whose (gendered) experience is likely to intersect with their position as racialised subjects in important ways (Gill-Peterson, 2023). Despite attempts to reach diverse communities, the sample for this research was overwhelmingly white.

The method of accessing respondents primarily through third sector gatekeeper organisations may have influenced the sample obtained in notable respects. Caregivers represented those who were in touch with advocacy groups, and who (at interview) were broadly accepting of their children’s identities (although many caregivers reported taking some time to reach this position of acceptance). This has resulted in a convergence of perspective among the caregivers and young people interviewed for this study, which is unlikely to reflect broader trends. Further research could consider exploring the accounts of caregivers who hold different perspectives on their children’s gendered development.

The sample of younger participants reflected more diversity with regard to caregiver support, ranging from those who reported full acceptance by their caregivers, to rejection and estrangement. The majority of youth interviewed, however, were in receipt of either public or voluntary sector services. Further research could consider the perspectives of children and young people who may be exploring or questioning aspects of gender but have not (yet) sought out formal care or support.

CONFLICT OF INTEREST STATEMENT

The author declares that they have no conflicts of interest.

DATA AVAILABILITY STATEMENT

Research data are not shared.

ETHICS STATEMENT

All subjects gave their informed consent to participate in this study and for their anonymised data to be used. The research was guided by an extensive ethics protocol subject to review and
approval by the Humanities and Social Sciences Research Ethics Committee, University of Cambridge.

**ORCID**

Elizabeth Yarrow 🐘 https://orcid.org/0009-0008-4897-6818

**ENDNOTES**


2 Although it is typically more acceptable in transgender communities to refer to ‘assigned sex/ male/ female’, this article uses the terms ‘birth sex’, ‘natal male’ and ‘natal female’ to refer to the sex at birth of children born without a sex-variation. ‘Assigned sex’ is used to refer to the sex category designated at birth for children with variations of sex development. This is for ease of comprehension and to avoid conflating the two groups.

3 A poem written by a child, hanging in the Tavistock and Portman Trust Gender Identity Development Service in London.

**REFERENCES**


**AUTHOR BIOGRAPHY**

**Elizabeth Yarrow** is a PhD Candidate at the Centre for Gender Studies, University of Cambridge and the former Head of Research at Coram International. Her research focuses on exploring the intersections between childhood, gender, sexuality and violence, and adolescents and young people’s access to sexual and reproductive health services.

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