



Gender Variant Children: Transgender Parents

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Several weeks ago, I was surprised with an email from Patricia asking me to speak on the topic of families and transgender people: as child and parent. I am quite honored and a bit scared. I haven't done much public speaking – so bear with me.

I like to introduce myself as mom and housewife, in a very traditional familiar constellation – with a somewhat unnormal background. I care for three children, two girls 11 and 14 years old, and a boy of 6. And no, none of them have ever indicated that they wished to be the other gender – though the girls are very sports oriented, playing football and basketball, and my son of late has on occasion carried a handbag while going shopping with me – just like his 'mom'.

Their biological mother, my wife, or partner, as you please – we are legally married in a roman-catholic ceremony, raise the children, as I promised, catholic. The girls attend a Benedictine Gymnasium, where though openly trans, I have been elected parents' representative of the class the past two years. Did I mention that my wife is a colonel and medical officer in the German Army? Well, it's said, life can be stranger than fiction.

So why am I saying all this? Because as a parent and transgender activist, I hope I'm not too very untypical. I, too, hope my children grow up happy and normal and tolerant. Even as a very well informed parent on the topic of gender variant children, I'm relieved that my kids are unaffected. They are aware, of course, of the problematic. I've brought several young transgender kids into my home. My children don't have a problem. But my wife: well, she - like many parents, even though a general practice physician, doesn't want to hear or talk about trans people.

It's still rather unusual that a family with a trans parent stays together. Even when the couple involved wants to. Not so long ago, transitioning individuals were instructed by therapists to break all ties with family and friends, to set a new life under a new name in a different city. Many times, a trans parent was ruled, for the fact of being trans, ineligible to care for – or even be near – their children. Even today, in Germany, for example, divorce is a legal prerequisite for a change of legal gender, and that there may be a family involved, simply ignored.

By the age of 3 years, most children express an interest in or preference toward activities and behaviors typically associated to their specific gender. We call these behaviors “gender-typical” because the members of one of the sexes favor them. For example, boys enjoy rough and tumble play and identify with male heroes, while girls enjoy such activities as playing with dolls and pretending to be a mommy. By age 5-6 years, children have a strong sense of the gender-appropriate behavior that is typical for their social group.

However, some children develop in a different way. Some children have interests more typical of the other sex and sometimes want to look and act like the other sex. We call these gender-variant behaviors and interests. Gender variance and gender non-conformity refer to interests and behaviors that are outside of typical cultural norms for each of the genders. (I think it is useful to use the expression gender-variant for this age group, as opposed to transgender or transexual. And we need to get beyond using Gender identity disorder for children or adults—with all its pathological implications.) Children with gender-variant traits have strong and persistent behaviors that are typically associated with the other sex. Sometimes they reject the physical appearance (clothing and hairstyle) typical of the child’s own sex. These patterns are persistent and are usually first noticed between the ages of two to four years. However, behaviors that are observed frequently before the child starts school may become less frequent once the child has more contact with peers. A decrease in observed behaviors may indicate that as the child matures and experiences peer criticism, - often referred to as bullying – he, or she, voluntarily hides or avoids some behaviors in order to blend in.

This effort trying to conform to the implicit wishes or demands of family, peers, and the community at large exacts its toll. This avoidance or denial may be practiced by the gender variant child for years. The child does not ask or wish to be so. The psychological and social costs have been born for years in the silent hope that the feelings would go away, but they don’t and the best research indicates that they never will. By the time a child confides, taking a terrible risk of rejection that disclosure entails, the situation, the pain, has become undeniable.

When I think back, I’m pretty sure that I, too, first felt that I’d rather be a girl at about the age of three, maybe earlier. At school I was smart enough not to reveal too much. And of course, in the 1950’s and 60’s neither did I or my parents have an inkling of the real problem: nor do I think would they have helped me if I told them.

Today there is much more information available – for youths and for parents. Treatment possibilities and social services are available - some places.

These services can be accessed by those parents who learn about them, and who are insightful enough and courageous enough to help their child in this way. But most families will not know about these options, or if they did will not visualize the seriousness of forcing a teenager to grow up into the wrong gender and have to make the much more difficult correction later - as an adult.

Many a teen-aged transgender child is confronted with the desperate decision of whether or not to even “tell parents.” Will they find help from them for their transition? Or will they be summarily thrown out onto the streets? He or she may have no way of guessing the answer to this life and death question. It is still all too common for families to totally reject or excommunicate a trans child who comes out to them and seeks help from them. Even more frequently than with gay children, TG/TS children are often simply “thrown away” by their parents. Expelled from their homes, they are doomed to attempt unsupported early-transitions on their own, often ending up living marginalized lives as prostitutes on the streets of inner cities.

Even in cases where the parents want to help a child diagnosed with gender identity disorder the state may intrude and PREVENT appropriate gender assignment. A child may be expelled from school for cross-dressing, and transgender school children may face serious hostility from classmates, or teachers and administrators who lack a basic understanding about gender identity variations.

Newest figures from Great Britain, researched by Stephen Whittle, show that 77% transgender people questioned reported experiencing some kind of bullying behaviour in school up to the age of 12 years.

With onset of puberty, there was a marked difference. Trans adolescents aged 12-18 are more harassed at school by their peers than trans children aged up to 12. 18% more trans adolescents are harassed by their peers than trans children are. Stephen's group found that 81% of respondents experienced some kind of transphobic behaviour. The majority perpetrators were other children (66%) and teachers (20%).

These figures are higher than statistics on the experiences of LGB children at school. A recent large scale study conducted on lesbians gay men, heterosexual men, heterosexual women and bisexual people, found that 51% of gay men were bullied at school (compared to heterosexual males 47%) and 30% of lesbians were bullied.

A key finding is that male to female trans children do not suffer as much transphobia at school as female to male trans children and those who identified as 'agender/polygender.' Stephen's group found that 39% of male to female transsexual children and 49% of 'agender/polygender' children experienced transphobia by other children compared to 45.1% female to male trans children. Another finding of the survey is that the people who harass trans children and adolescents at school are not just other children. Teachers, teaching assistants, auxiliary staff and senior staff are also involved. The 'agender/polygender' children suffered the most harassment from teachers and senior staff out of all respondents (24% of teachers and 21% of senior staff). Respondents who identified as 'agender/polygender' also received the most negative comments at school (30.5%). Those who were born female who later became female-to-male transmen or men with transsexual background experienced more bullying at school. On average 88% of this group reported some kind of transphobic bullying. Their gender difference may have been more visible because of expressing discomfort at wearing gender conforming clothes at school.

One particular statistic of interest is that 50% of trans children from unskilled households suffer harassment from their peers, compared to 39% of trans children from professional households suffer harassment. Stephen found that children from unskilled households suffer 11% more harassment from their peers than children from professional households. However, it is not clear why this is the case.

To speak primarily of young TG girls who cannot get the support of their parents, there are other paths to early transition. Some girls are so overwhelmingly compelled to transition that they simply run away to big cities and hit the streets on their own. Others struggle to cautiously wait until they finish school in order to get away from home and be out on their own - either working and making money, or going to college - and then begin their transitions.

Kids who run away to metropolitan cities can find some help these days. They can usually locate other kids like themselves and thus at least have some friends for social support. There do exist some halfway houses, for example, in Berlin and Erfurt. Some large cities provide clinical services where TG kids can get help with transition, get started on hormones and find entry-level jobs in their new gender. However, many of these kids end up in sex work, with all its risks and dangers of drug abuse, HIV, sexual exploitation and transphobic violence.

Kids who can hang on and wait until they graduate from secondary school have a much better chance of making it. Many begin working on their transition in secret while still in school, by learning everything they can from in the internet and making detailed plans. Some find ways, without anyone knowing, to start on estrogen and anti-androgen hormones while still in school, which can greatly improve their long-term transition prospects.

Alone or with the involvement and support of their parents most transgender youth seek professional medical and psychological help for assistance. Clinicians are gatekeepers to the hormonal and surgical reassignment that many young people with gender dysphoria seek as a solution to their problems. Whereas the adult transgender is, at least nowadays,

acknowledged as being someone who decides whether or not to undergo reassignment, young people are faced with a clinical situation wherein some doctors still feel a cultural imperative to 'cure' them. Consequently a significant amount of their clinic experience (and that of the parents who accompany them) is perceived as 'stalling tactics' and 'lies' on the part of doctors. These delays are perceived as existing simply so as to delay the individual's quest for active treatment leading to gender reassignment, whilst the doctors instead seek to cure them. These stalling processes are also perceived as existing even when clinicians are aware of the futility of attempting to cure their patients, and instead are seeking to help with the social problems associated with gender identity problems. As a result there is often a long delay in which distress and misery is undergone by the adolescent patient, and often their parents as well, while puberty advances and nothing appears to be happening to prevent the inevitable arrival of adult transsexual treatment and its associated problems.

In the cases of those children who have shown consistent and extreme patterns of gender dysphoria with a strong cross-gender identification there alternatives that lead to hormonal and gender reassignment in early adulthood. The arguments for taking this path are that by starting some sort of active intervention it prevents unnecessary feelings of hopelessness while the young person waits for adulthood and 'permission' to start reassignment. It also improves greatly the prospects of an enhanced physical appearance in the new gender role they will adopt, and it prevents the onset of permanent secondary sexual characteristics, such as a deep voice in male to female transsexuals, which would be blight their future life in their new gender role. It has been shown in numerous follow-up studies that the earlier gender reassignment is commenced the greater the chance of a favourable post-operative outcome.

So, what's the proper age of consent? 18? 16? 14? Stephen writes:

If an adolescent's parent consents to treatment, then regardless of the child's level of competence to consent, pubertal suppression treatment should not be refused unless there are specific contra-indications. If parents refuse their consent, then an adolescent's competence should be assessed if they are under sixteen.

And in fact, in Britain, Germany, the Netherlands, Australia, the USA, and many other nations, the treatment of adolescent and pre-adolescent children is being approved by ethic committees at university clinics and in practices. In the vicinity of Würzburg, where I live, I know of several transgender kids between 17 and 21 who are now being administered hormone therapies – male to female as well as female to male. The youngest is now 14. And I'm aware of surgery being done on 17 year olds.

Sometimes. I'm actually envious of these young transgender. Very good information is usually available. If the child has an idea, where the bug bites, chances are he or she will learn about the possibilities they have.

Parents, too, have resources and networks to draw on: Mermaids and GIRES in Britain, Trans-family in Germany, or to name a few for example the Outreach Program for Children with Gender-Variant Behaviours and their Families at the Children's National Medical Center in Washington DC.

I've already quoted from *A Guide for Parents*. Here is their answer to the question, "How Can I Help My Child?"

Love your child for who she is.

Like all children, your child needs love, acceptance, understanding, and support. Children that have gender-variant traits sometimes need these in a special way. The more that society and peers may be critical of them, the more important it is for them to have the support and acceptance of families.

Question traditional assumptions.

Do not automatically accept traditional assumptions about social gender roles and sexual orientation. Learn to separate society's judgments from the love you have for your child. Do not let other people's critical opinions of what is right and wrong come between you and your child.

Create a safe space for your child.

Children are far more resilient and able to cope when they feel that their parent is on their side. Let your child know that you love him, no matter what. Let others know that you love your child unconditionally, and let your child know that you are there to support him. Many children with gender-variant traits experience social isolation or bullying. You and your home may be the child's only place of safety. If this is the case, assure your child that you always will allow and encourage him to be "who he is" in his own home.

Seek out socially acceptable activities.

Encourage your child to find activities that respect her interests, yet help her to fit-in socially.

Validate your child.

Talk with your child about the fact that there is more than one way of being a girl or boy. Encourage individuality, speak openly and calmly about gender variance. Acknowledge to your child that she is different in positive terms. Talk with your child about what it feels like to be different. Adults who look back on their own childhood of gender non-conformity often recall feeling *different*, which made them feel ashamed. Help your child realize that although not everyone understands or affirms her, liking different things is nothing to be ashamed of and can lead to special talents and success in adulthood.

Seek out supportive resources.

Share books and videos with your child that present the full range of human variation in gender roles and sexual orientation. Have these at your home, and ask that they be made available in the school. If your child is isolated from peers, acknowledge that this is hurtful but not his or her fault. Seek connections with families who accept and celebrate differences among individuals.

Talk to other significant people.

Include siblings in as many discussions about gender variance as possible. They may find it difficult to accept a brother or sister with gender-variant behaviors or interests; they may feel embarrassed or become abusive. This is a challenge for them as well, so they may need your help in understanding their feelings. This can also be a challenge for other family members. Talk to members of your extended family, babysitters and family friends. Let them know about your child's needs and what you expect.

Prepare your child to deal with bullying.

Explain to your child that he will probably encounter criticism and even bullying, and ask him how this feels. Ask what will make him feel safe, and tell your child to come to you or other adults in authority for help. Let your child know that he does not deserve to be hurt. From time to time, encourage your child to tell you if he is criticized or bullied. Children who are verbally or physically abused by peers are often afraid or embarrassed to talk about it.

Be your child's advocate.

You may want to anticipate problems and talk to the school, before you hear about them. Talk to your child's teacher or the school administration or guidance counselor, and solicit their help in creating an atmosphere where your child will be safe from negative judgments. Insist on a zero tolerance policy at school with regard to teasing and criticism. Do not assume that the school has an understanding of this issue; you may need to educate school staff.

Avoid finding fault.

Do not blame your child, yourself or your spouse. Your child's gender variance came from within and cannot be turned off at will. It was not caused by anyone else and cannot be changed by anyone else. In fact, if you focus on blame or change, you may miss wonderful things about your child and spoil the rewards of being a parent. Your child needs to express herself as much as other children. If your child is interested in an activity more typical of the opposite sex, it is not an act of defiance. She is simply following her own instincts.

Do not pressure your child to change.

Some children may hide their interests and feelings from disapproving parents because they want to be loved and accepted by them, but this does not mean that the child's deep-seated interests have changed. In fact, it teaches the child that he has to live a lie in order to be accepted. Do not negatively compare your child to a sibling or another child; this will only hurt both children.

Do not blame the victim.

Do not try to sweep being bullied under the rug or tell your child it is something she must learn to accept because she is different. Do not make your child responsible for other people's intolerance. Being outside the norm does not give someone else the right to criticize or torment. Bullying is an unacceptable and cowardly act for which only the bully is responsible. Talk about what happened, and help the child understand why it is wrong.

Examine your feelings and learn to accept your child.

Take time to figure out where your feelings are coming from. You may have to adjust your dreams of how you expected parenting and your family to be. If these changes must occur, you may experience some of the emotions associated with loss, such as shock, denial, anger, and despair. These feelings are all part of the process towards acceptance. You must reach acceptance in order to affirm your child's uniqueness.

Look for support.

Learning how to parent in a new way can be challenging. Asking for support is a wise decision for you, your child, and the rest of your family. If you are experiencing too much stress from signs of excessive worrying, loss of sleep, anxiety or irritability, do not hesitate to seek professional help. Keep in mind that you are not alone and neither is your child. However, do not feel discouraged if it is difficult to find other families in similar circumstances in your community. You may consider joining or forming a parent support group, many parents like you have found them to be very helpful.

Seek professional help if your child becomes anxious, depressed, angry or hyperactive in spite of your efforts to be supportive. If your child shows signs of self-destructive or suicidal behavior, seek professional help immediately

How do you identify the right professional help?

Therapists who are competent with other childhood issues do not necessarily have the competence to deal with gender variance, so become an informed consumer and select a professional wisely. A red flag should be raised when the therapist seems to focus on the child's behaviors as the problem rather than on helping the child cope with intolerance and social prejudice. In the past, professionals assigned the diagnosis of Gender Identity Disorder to children. This approach is flawed because it implies that these children suffer from a mental disorder. Along the same lines, therapists used to recommend techniques to change gender-variant behaviors. Such approaches may be harmful and should not be used. Ask prospective therapists how they approach gender variance.

Acknowledgements: I thank Stephen Wittle for providing me pre-release information on mobbing of transgender children. I also draw on his text, **SEEKING A GENDERED ADOLESCENCE: LEGAL LIABILITY AND ETHICAL ISSUES ASSOCIATED WITH REQUESTS FOR THE SUPPRESSION OF PUBERTY BY ADOLESCENTS WITH GENDER DYSPHORIA.**, and Lynn Conway website, www.lynnconway.com, as well as Mermaids, Press for Change, GIRES and the Outreach Program of the National Children's Hospital, Washington DC.