

Information for Parents of Gender Non-conforming or Variant Children



Contents

(pg.3) — General

(pg.4) — Genderbread Man

(pgs.5-6) — Social Transition

(pg.7) — Science Behind Transgender Identities

(pgs. 8-9) — Medical Transition

(pgs.10-11) — Family + Friends

(pgs.12-13) — School

(pgs.14-16) — Terminology

(pgs.17-18) — Myth Busting

(pg.19) — Links

General

Having a gender non-conforming child can be stressful for parents and caregivers as they deal with uncertainty and need to find ways to navigate schools, extended families, sibling relationships, and the new information around them.

When a child or young person's interests and abilities are different from what society expects, they're often subjected to discrimination and bullying. It is very natural for parents to want their children to be accepted socially. But if a child's strengths don't conform to society's, or your own expectations, it's important to help them fulfil their own unique potential rather than force them into the mould of current or traditional gender behaviour.

For some young children, identifying as another gender may be temporary; for others it isn't. Some children who are gender non-conforming in early childhood grow up to become transgender adults and others don't. The causes for this are likely both biological and social; there is no evidence of a link to parenting style or experiencing a childhood trauma. Sociological research suggests that gender is something we naturally develop in life and it cannot be forcefully altered.

While gender identity typically becomes clear in early childhood, orientation—which refers to the person one falls in love with or is attracted to—becomes evident later. Research suggests that, like gender identity, orientation cannot be changed.

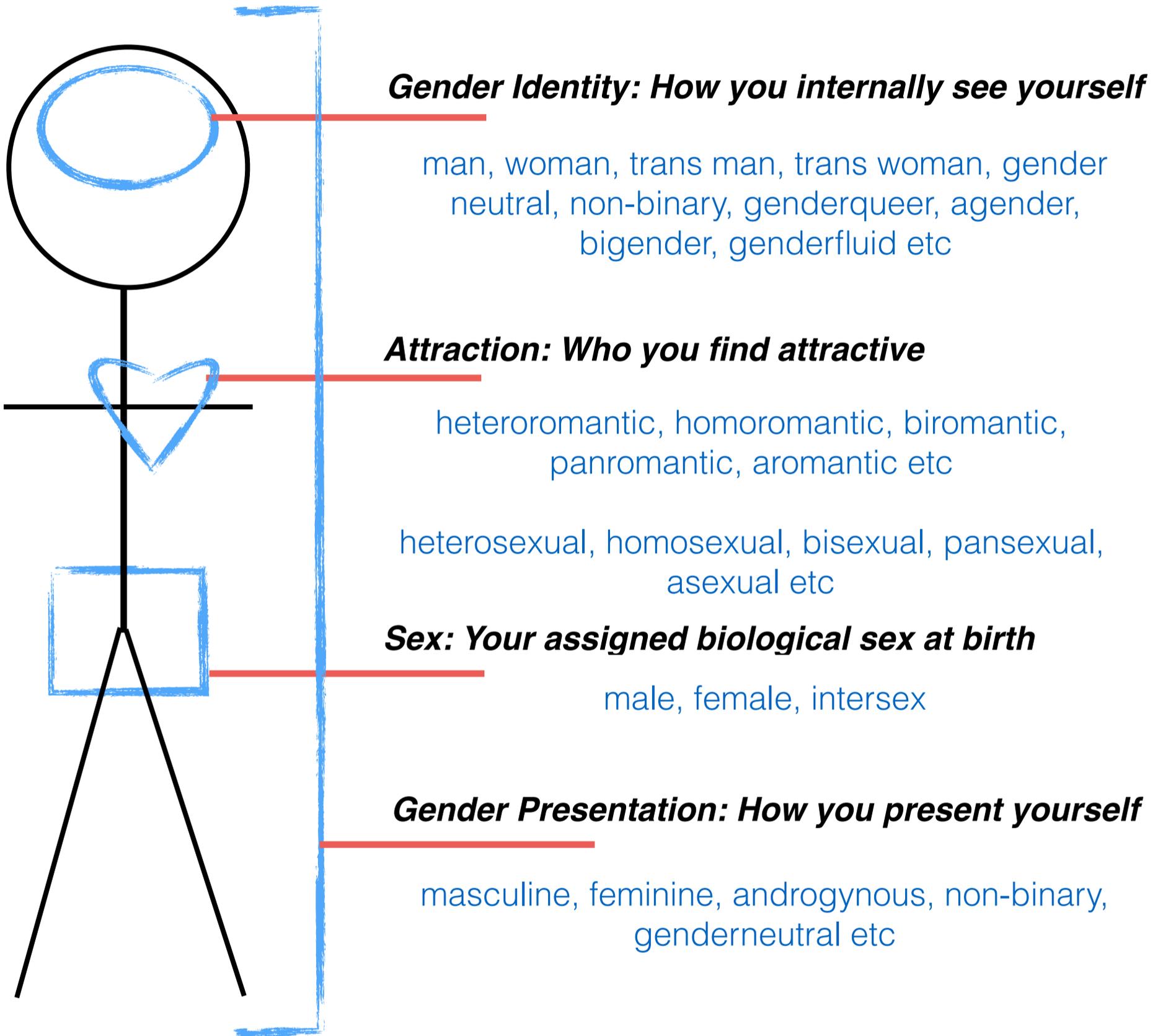
Many gender non-conforming or variant children grow up to identify as part of the LGBT+ community; all are at risk for bullying and mental health problems. Gender and sexuality concerns are frequently important factors in teen suicide attempts.

What parents can do:

Your most important role as a parent is to offer understanding, respect and support to your child. A non-judgmental approach will gain your child's trust and put you in a better position to help your child through difficult times. When your child discloses an identity to you, respond in an affirming, supportive way. Understand that gender identity and orientation cannot be changed, but the way in which people identify their gender identity or sexual orientation may change over time as they discover more about themselves.

Be on the look out for signs of anxiety, insecurity, depression and low self-esteem. Stand up for your child when they are mistreated. Make it clear that slurs or jokes based on gender identity or orientation are not tolerated.

Genderbread Man



Everyone has a gender identity, attraction preferences, biological sex and style of gender presentation. Each will vary for an individual and falls along a spectrum.

Social Transition

Coming Out

Coming out involves telling friends, family and peers about their status as gender non-conforming and/or queer. Members of the LGBT+ community typically 'come out' multiple times in their lives, such as, to new people, at work, in relationships, and to authority figures. Coming out is an important step for a child or young person as it confirms their identity publicly, allowing them to be treated in affirming ways in social situations.

Name*

If a child or young person comes out as gender non-conforming or variant, one of the first things that they may need to change is their birth name. Gendered names (such as Amy or John) may be a source of discomfort for a genderqueer individual as it reflects a gender they do not connect with. Many, but definitely not all, gender non-conforming children and young people will want to pick a new name that fits with their gender identity.

To help your child with this task, you may want to discuss other names you had chosen out for them before they were born, or pick a new name for them if they want it to be your choice, or think of feminine or masculine versions of their current name, or discuss the options that your child has already thought about with them. Choosing a new name is very important and will need to be considered carefully before settling. You may want to 'test' different names to see what you and your child are comfortable with.

Pronouns

Another aspect of socially transitioning is changing pronouns. Gendered pronouns may also be distressing to a gender non-conforming child as they are a way to misgender (incorrectly identify) a person. Switching to different pronouns may be a way to ease discomfort in a gender variant child. Affirming feminine, masculine or neutral pronouns is an excellent way to show respect for a person's gender identity.

*Be aware that choosing a new name may lead to a legal name change. This process is complex, can be expensive and may take some time.

Here is the Gov page on name changes:

<https://www.gov.uk/change-name-deed-poll/change-a-childs-name>

As a parent or carer, it may become your responsibility to update your child's preferred name (and possibly subsequently, their new legal name) with doctors, dentists, opticians, banks, provisional drivers' licences, passport etc.

Social Transition

Gender Presentation

Your child's gender presentation is important in affirming their gender identity. Presenting in masculine, feminine or neutral ways is a method to feel more at peace with their internal identity.

As a parent or carer, an excellent way to assist your child in editing their gender presentation is to help them collect or clear out their previously gendered clothing which they no longer want to wear. You may want to replace some of these items with new items of clothing which more accurately reflect your child's gender identity. A new hairstyle may be required to make your child feel more confident in their appearance.

If your teenager has come out as gender non-conforming or variant, you may need to discuss with them and look into more unconventional underwear. For a transmasculine child, a sports bra, leotard or binder would possibly be better options to enable your child the appearance of a flatter chest. For a transfeminine child, a basic bra, padded bra or silicone breastpads may help with the appearance of a fuller chest. These items are typically found online and can be found cheaply. Possibly discuss with your child their needs and what is appropriate for their age.

Orientation

Some orientations are typically known as gendered words, such as lesbian, which may also been an area that your gender variant child may wish to update. Switching to the correct orientation in regards to their gender identity may be needed or, alternatively, using more neutral or umbrella terms such as 'queer' or 'gay' may be useful here.

Interests

Your child's interests typically will not change with their gender identity, though new areas of interest may appear, or become apparent, due to your child being more open about what influences them. For example, make up in transfeminine children. In some cases, gendered interests, such as ballet classes, may need to be altered in order for your child to feel more comfortable. For example, your transmasculine child may want to learn the masculine syllabus over the feminine.

Science Behind Transgender Identities

Scientific studies on transgender adults generally conclude that being transgender is a result of a combination of genetics and environmental factors.

In some studies, it was found that transgender women have brains with more similar hormonal levels to cisgender female brains, but have male bodies.

Other studies of twins reveals genetic influences in transgender identities as twins will often *both* identify as transgender.

Here are some online articles discussing the science of transgenderism:

<http://sitn.hms.harvard.edu/flash/2016/gender-lines-science-transgender-identity/>

<https://www.scientificamerican.com/article/is-there-something-unique-about-the-transgender-brain/>

<http://www.ozy.com/pov/check-the-science-being-trans-is-not-a-choice/69726>

Sociological studies have revealed that gender is a social construct which humans have developed over time. This is due to the ever-changing definitions of gender norms.

Here is a detailed discussion of the differences between gender and sex and how gender varies around the world:

<https://othersociologist.com/sociology-of-gender/>

Medical Transition

Not all gender non-conforming children, young people, or adults medically transition. Medically transitioning involves a long-term series of interventions, involving hormonal treatment and/or surgery, in order for an individual to feel a stronger, or more accurate, connection between their physical body and their gender identity. For some, the levels of discomfort and stress are tolerable and can be dealt with using methods less potentially damaging and permanent.

Some transgender individuals do not feel any need to alter their biological body and simply know intuitively that they are gender variant. Some transgender individuals will only partly transition medically. For example, some will take hormones to feminise, masculinise or neutralise their secondary sex characteristics (such as body hair, breast tissue, facial hair, bone structure) and that will make them far more comfortable in their own body. For others, hormone treatment is only the beginning of their transition, and they may continue to then have a series of surgical procedures to have a body which fully corresponds to that of a cisgender individual. For some, the risks that come with medically transitioning, or any medical treatment, will discourage them.

Until the age of 18, there are only a few areas where medical intervention is possible. However, due to extremely long waiting lists* at Gender Clinics, it is ideal for a transgender child to be diagnosed and referred by their GP as soon as possible so that when the child becomes an adult they will already be in the system.

It is a very natural concern that any medical intervention in your child or teen is happening too quickly, or might be regretted in the future. Medical processes in transitioning can take up to years to have noticeable differences and can be stopped at almost any time. De-transitioning is also possible, to an extent, and can 'take back' some of the effects that some areas of medically transitioning have had.

That is not to say the decision to medically transition should be taken lightly.

*approx. 16 months waiting times for child and adolescent services.

Medical Transition

Getting a Diagnosis

The first step of medically transitioning is going to a GP to get a diagnosis of Gender Dysmorphia, Gender Identity Disorder (GID), Gender Incongruence or Transgenderism. This is simply a diagnosis to confirm that your child is experiencing some form of discomfort or distress with regard to their gender identity and their biological sex.

This can sometimes involve, or come hand-in-hand with, therapy, counselling, psychotherapy and/or psychologist's assessments. This is to ensure that multiple professionals agree that your child is showing evidence of gender dysmorphia. These professionals can be contacted through the NHS services or privately.

To support your child, allow them the time and space to come to you when they feel ready. Going with your child or teen to a GP to be open to, listen to and discuss their problems around their gender identity is an excellent way to form secure bonds and build trust with your child.

It is important to note that not all medical professionals/institutions are fully updated on the most respectful or inclusive terminology or procedures. This is where you and your child will almost definitely discover that the systems in place around your child are not trans-inclusive or supportive. As a parent, supporting your child and fighting their corner is incredibly important. As young people, their concerns or feelings are often not taken seriously enough by adults and so they need someone who is willing to stand up for them and push for what is needed when the time comes.

Gender Identity Development Clinics (GIDCs) and Gender Identity Clinics (GICs)

Gender Clinics are where transgender individuals receive support and treatment, if they want it. These services can have extremely long waiting lists and so being referred to a Gender Clinic is an important step for your child. A range of people and places can refer your child to a GIC, such as a GP, mental health service or a private psychologist.

Here are some helpful websites on where and how to get help for your child:

<http://gids.nhs.uk/>

<https://gic.nhs.uk/>

<http://www.nhs.uk/conditions/gender-dysphoria/Pages/Introduction.aspx>

Hormone Blockers

Physically reversible interventions (hormone blockers) are most likely the only medical treatment your under 18 year old can undergo. These are a way to prevent or limit the effects of their biological puberty. These can also be limited to over 18s or post-pubertal individuals, depending on the institution.

Family and Friends

As a child or young person comes out as gender variant, so does a family. The community around a genderqueer child are ideally supporting, open-minded, non-judgemental, affirming and become advocates for the proper treatment of gender non-conforming individuals. You may find yourself coming out as a parent or carer of a gender non-conforming child, and probably not only once.

Immediate Family

Telling the immediate family that a child in the house is gender variant can be stressful, complex and difficult to navigate. A great way to allow discussions is to call a main 'family meeting', hold multiple smaller 'meetings', or find a way that suits your family and will successfully update everyone in a calm and collected way. In the meeting, if your child is comfortable, they can say themselves that they are exploring, or have decided upon, a gender identity. If they have told you, but do not want to say it openly yet, then you can say it for them. If this is the case, make sure you know how your child wants you to phrase this so that you are sensitively and accurately describing the situation. Lead by example when referring to your child. Ensure that the initial speaker is listened to by other family members before reactions are heard.

Once the idea of your child exploring a new gender identity, or having discovered a new solid gender identity, has been cast into the conversation, reactions are welcome. Depending on your family, expect good and bad reactions. Communication between your gender non-conforming child and your family is the easiest and best way for acceptance to blossom. As always, people will have questions and queries. If these can be answered at the time, do so, and if they cannot, then allow time for these answers to become clearer. Attempt to end the conversation with a positive outlook so that your child can reflect on the coming out as a positive experience.

There may be a need for a discussion about new gendered familial terms, such as sister, brother, daughter or son. These can be gendered, or neutralised to sibling and child. This may come with the possibility of a name change. Including the whole family in considering new names may be a very respectful and bonding experience.

Coming out as transgender can be a great way for new bonds to be formed between siblings, for example handing-down, sharing, swapping or shopping for new clothes can show respect and active support for your gender non-conforming child.

Family and Friends

Extended Family and Friends

Telling extended family and friends is also incredibly important and may prove difficult. Informing extended family and friends is needed as issues such as accidental and unintentional misgendering at gatherings, or birthday cards with the wrong colours, terms and names on, may occur.

Certain members of the extended family or friends may be more traditional or less understanding in their views on gender norms and roles. They may not know the updated terminology or know how to refer to your child. Depending on your child, and on the relationships within the family, it may fall upon your shoulders to take the time to talk privately to certain members of the extended family, without your child present. Here you can do your own bit of educating, explaining that everyone is learning how to navigate this new situation carefully and hopefully in a supportive manner.

Just as your child may receive back-lash when coming out to different people, at different points in their life, you may also receive the same treatment. This may be another area where you become an advocate for gender non-conforming individuals, by arguing for your child's right to express themselves freely, to people who simply do not, or don't want to, understand. Here, education is key. Explaining to someone, in a way they will follow, allows them to grasp a new concept, and eventually accept it.

If at first responses are negative, allow them time. Generally, people will come to terms with difficult situations in their own time and in their own way. You may want to encourage their understanding by explaining that your child is going through a difficult time and needs all the support they can get.

Here is an article on parenting a gender non-conforming or variant child:

<http://www.alternet.org/gender/10-things-every-parent-transgender-child-needs-know>

This is another article written by a gender non-conforming adult. It also has an open letter to parents of gender variant children by a 12 year old transgender boy:

<https://medium.com/gender-justice-feminism/to-parents-from-a-trans-kid-e8003f418ca0>

School

Coming Out

Your child may wish to inform their school about their new status. A meeting with the head of year, nurse or pastoral carer is ideal to set up a support group of people for your child when they are at school and not under your supervision. This is necessary as the large numbers of people at a school increases the likelihood that someone will have issues with your gender non-conforming child.

Registers

A great way of affirming your child's new name is to have their name changed on the school registers. Legally, your child's birth name must be on the system and on their file but on the registers in class, the child can have a preferred name, just as a Jessica might prefer Jess.

Teachers + Staff

Informing teachers, tutors and staff about a gender variant child at the school can be done in teachers' meetings, in assemblies, through mass email or through a 'pass-it-on' method. (Be careful with the 'pass-it-on' method as this can lead to altered truths or prejudiced information). Discuss with your child if there is a method of coming out which they would prefer. Teachers will be the caregivers of your child while they are at school and so it is important that you have a collection of teachers who you, as a parent, can trust to be on your child's side, as well as being people your child is comfortable to go to if any discrimination occurs.

Be aware that it may not be your child's peers that are the most problematic at school. Adults often do not understand the sensitivity of the situation at hand and institutions often have little, or no, policies on protecting transgender children.

Peers

Other students at the school may also need to be told. This could be done through assemblies or the 'pass-it-on' method. Discuss with your child how they want to come out at school. It would be ideal for your child to have a support group of friends who will affirm their gender identity when needed. There may be a possibility of a Gay Straight Alliance (GSA) or a Queer Support Group (QSG) being set up where students can socialise and gather as allies.

School

Bullying, Prejudice and Discrimination

Ensure a zero tolerance policy for bullying, harassment, prejudice and discrimination. Discuss with your child if any incident happens at school and take it to the authority figures at the school immediately. Teaching your child to be strong from within will help them to deal with problems they will face at school and in life.

Toilets

School toilets are, more often than not, gendered toilets. Ideally, if your gender non-conforming or variant child wants to, they could use the toilets of their choice. The likelihood of this happening in practise is low. Ask the school for their policy on transgender students and which bathrooms to use. Disabled toilets are spaces necessary for disabled students and ideally would not be invaded by students who are able-bodied. There are often gender neutral bathrooms in or near the nurses' or matron's office which may become the toilet of choice for your child.

Here is a website aimed at transgender students to inform them of their rights at school, but is just as useful for a parent to read through:

<https://www.transequality.org/know-your-rights/schools>

Terminology

(1/3)

Affirming Pronouns: The most respectful and accurate pronouns for an individual, as defined by the person themselves.

Agender: Lack of a gender identity, or a gender identity which isn't 'man' or 'woman'.

Biological Sex: The combination of genitals, chromosomes and hormones which define a human as male, female or intersex.

Bigender: A gender identity of both masculine and feminine at once or alternating gender identities.

Cisgender ("cis") : (pronounced /sis-gender/) An adjective describing a person whose gender identity 'matches' their biological sex.

Discrimination: Any form of action taken to deny genderqueer people's right to be in a certain space or situation or to inflict harm upon genderqueer individuals.

Gender Binary: The idea that gender is strictly either male/man/masculine and female/woman/feminine; seen as limiting and problematic both socially and scientifically.

Gender Conforming: A person whose gender expression is seen as typical according to cultural norms.

Gender Dysphoria: The formal diagnosis used by psychologists and physicians to confirm that an individual meets the diagnostic criteria to medically transition. Formally known as Gender Identity Disorder (GID).

Gender Expression: The way in which an individual presents themselves on the spectrum of masculine and feminine. i.e. clothing, hairstyle, vocal inflection, body language.

Genderfluid: A gender identity describing a continually shifting gender identity between masculine and feminine, or anywhere along the gender spectrum.

Gender Identity: A person's deep internal sense of who they are as a gendered being.

Gender Marker: The symbol (male or female) that appears on a person's identity documents. i.e. passports, driver's licence, visas, student IDs.

Terminology

(2/3)

Gender Neutral: A gender identity describing a very androgynous and 'middle-of-the-road' gender identity, neither fully masculine or feminine. Also a term describing a space, item or word that is not gendered. i.e. a bathroom, a shirt, the name Sam.

Genderqueer: A gender identity describing any form of atypical gender identity.

Intersex: An umbrella term describing a person born with atypical sex characteristics (genitals, chromosomes, hormones) which do not fit under 'male' or 'female'. Often known as 'hermaphrodite' which is considered outdated and offensive.

LGBTQ: An acronym to refer to Lesbian, Gay, Bisexual, Transgender and Queer or Questioning individuals and communities.

Medical Transition: A long-term series of medical interventions, involving hormonal treatment and surgery, in order for an individual to feel a stronger connection between their physical body and gender identity.

Microaggressions: Small, individual acts of hostility towards genderqueer people, which are sometimes unintentional. i.e. repeatedly not using affirming pronouns, derogatory language, asking inappropriate or offensive questions.

Non-Binary: A spectrum of gender identities and expressions, after based on the rejection of binary assumptions of gender. Also a gender identity describing any feeling of gender non-conforming identities.

Pangender: A gender identity which includes identifying with all gender identities.

Prejudice: An individual's negative attitudes, beliefs or reactions to genderqueer people. i.e. believing that genderqueer individuals are mentally disturbed, being uncomfortable sharing spaces with genderqueer people and believing that genderqueer individuals should not be allowed to use public bathrooms.

Queer: An umbrella term describing any 'weird', atypical or unconventional sexual orientations or gender identities. This is usually seen as a reclaimed word (due to its use historically as a derogatory term or insult) which now queer communities use in solidarity.

Terminology

(3/3)

Questioning: A person who is exploring their gender identity. Some may then identify with their newly discovered gender identity and some may return to their original gender identity.

Sex Assigned at Birth: The biological sex a child is described as when born based on the visual appearance of their genitals.

Sexual Orientation: A person's feelings of attraction (romantic, sexual, emotional or psychological) towards others. Distinctly different and separate from a person's gender identity.

Social Transition: The process of becoming known publicly as a person's true gender identity. i.e. telling friends and family that their name and pronouns have changed.

Trans(*): An abbreviation for 'transgender'.

Transgender: An adjective to describe a person whose gender identity does not 'match' the biological sex they were assigned at birth. Can be used as an umbrella term to refer to gender queer communities.

Ally: A person who is not queer themselves, but stands in solidarity with, advocates for and affirms queer individuals' identities.

Transgender man/boy: A person who identifies as a man/boy/masculine, but has an assigned sex that is not male.

Transgender woman/girl: A person who identifies as a woman/girl/feminine, but has an assigned sex that is not female.

Transsexual: The current scientific description of transgender individuals, typically describing a trans individual who has undergone some form of medical transition. Is now often deemed dated and somewhat offensive. Can also be a gender identity, usually in older generations who do not use transgender.

The term transsexual is often confused with terms such as transvestite (cross-dressing for temporary gender expression or fun) and drag queens (hyper-feminine portrayal of femininity as a performance).

Myth Busting

Myth: *'It's a phase'*

Reality: Your child may be exploring or experimenting with their gender identity and it may pass, but it also may not pass and become a solid grounding of their identity.

Myth: *'Being transgender makes them gay'*

Reality: Gender identity and orientation are separate parts of one's identity. It may be the case that if a person is gender variant they may see their orientation differently.

Myth: *'Trans people are confused'*

Reality: Transgender people probably have a greater understanding of their gender identity as they spend large amounts of time coming to terms with themselves.

Myth: *'Trans people are mentally disturbed'*

Reality: Identifying as transgender or exploring one's gender identity is not a sign on being mentally unstable or disturbed. As with cisgender people, transgender individuals can be at risk of mental health problems.

Myth: *'Trans people are radical liberals with crazy ideas'*

Reality: Transgender people have carefully considered their gender identity and understand gender as a concept separate from biological sex. This understanding is shared with professionals and researchers in both science and sociology.

Myth: *'Trans people hate their bodies'*

Reality: Not all transgender people experience body dysphoria. Dysphoria (the discomfort in your own body) is a spectrum and individuals can fall anywhere along this.

Myth: *'You can tell if someone is transgender by looking at them'*

Reality: Transgender people vary in their appearances as much as cisgender people do. Some cisgender women are very masculine presenting and vice versa. The only way to truly know if someone is transgender is if they have told you so.

Myth Busting

Myth: *'Trans people are not 'real' men or women'*

Reality: It is impossible to define what a 'real' man or woman is. If a person identifies as a man or a woman (or any other gender for that matter) then they are that really, truly, honestly.

Myth: *'You have to fully medically transition to be transgender'*

Reality: Not all transgender individuals feel the need to medically transition. To truly be transgender, you simply have to identify as such.

Myth: *'Trans people are a threat to bathroom safety'*

Reality: Transgender people in bathrooms simply want to use the bathroom.

Myth: *'I've never met a trans person before'*

Reality: You almost definitely have met a transgender person previously in your life, and simply just didn't know about it.

Myth: *'Being transgender is 'trendy''*

Reality: There is currently a lot of media coverage on transgender people and the LGBT community. Transgender and gender variant celebrities have been talked about for a long time. There is also plenty of historical evidence of gender variant people throughout human history; it is not a modern trend.

Myth: *'Trans people are 'trapped in the wrong body''*

Reality: Transgender and gender variant people are, in fact, trapped in society's ideas of what their body should look like, not their own body.

Myth: *'Being transgender is a result of childhood trauma'*

Reality: Childhood trauma may trigger some to feel safer identifying in certain ways however, typically, transgender people are somewhat genetically predisposed, and the environmental factors are somewhat limited in effect, in how they identify internally.



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<https://www.gov.uk/change-name-deed-poll/change-a-childs-name>

<http://sitn.hms.harvard.edu/flash/2016/gender-lines-science-transgender-identity/>

<https://www.scientificamerican.com/article/is-there-something-unique-about-the-transgender-brain/>

<http://www.ozy.com/pov/check-the-science-being-trans-is-not-a-choice/69726>

<https://othersociologist.com/sociology-of-gender/>

<http://gids.nhs.uk/>

<https://gic.nhs.uk/>



<http://www.nhs.uk/conditions/gender-dysphoria/Pages/Introduction.aspx>

<http://www.alternet.org/gender/10-things-every-parent-transgender-child-needs-know>

<https://medium.com/gender-justice-feminism/to-parents-from-a-trans-kid-e8003f418ca0>

<https://www.transequality.org/know-your-rights/schools>