Counseling parents of gender variant children

NJCA Conference 2020

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Hey! Why are YOU such an expert in gender?

- Transgender people are a part of my **social world**.
- There was that two-semester research project in Grad School.
- Dr. Lisa O’Connor, a transgender hormone doctor with Healthy Transitions, mentored me.
- Peer supervision.
- I read a lot of books on transgender issues.
- I’ve been a student and teacher of transgender issues at Conferences and workshops.
- 15+ years experience counseling transgender people.
Who are you?

How informed are you?

What's your interest in this topic?

Who has transgender acquaintances, relatives or friends?

Who has never met a transgender person? (That they know of.)

Who has worked with transgender clients?

Who has attended workshops, conferences, or read books about transgender issues?

Who is transgender and feel safe sharing it?

If I use a word or concept you don't understand, push the question button - however you do that on this system.
Here’s my plan.

The basic approach
- Best Practices: The Gender Affirmative Approach
- The philosophy, history and research behind the recommendations

Complicating dynamics
- Parents’ feelings and reactions
- Family conflict
- Therapist’s reactions
- Myths and pseudo science
- Discrimination
The Bottom Line:

Gender Variance is natural and healthy.
The gender affirmative approach

- Gender variance is normal and natural. It has been documented in every culture across time.
- Gender variations are healthy expressions of infinite possibilities of gender expression.
- If people suffer from any kind of emotional or psychiatric problem connected to their gender, this is most likely because of minority stress-negative reactions from the outside world.
Gender Affirmative Approach

- **Gender health** is the opportunity to live in the gender that feels the most real and/or comfortable and to express that gender with freedom from harassment.

- Instead of forcing conformity, normalize the children’s gender expression, and educate social service and school to celebrate the diversity of human gender expression.

- Listen to the child and follow their lead.
Research shows when transgender young people are allowed to fully identify with their gender and take steps toward transition, it significantly improves their depression and anxiety.

(Rady Children’s Hospital in San Diego, California)
A Transition often relieves feelings of depression.

The process of changing one’s gender expression to match one’s gender identity.

- It can include personal, social, medical and legal steps.
- It is not a once and done procedure but can occur over a long period of time.
- A transition may or may not involve hormones and surgery.

This is not really the birth of a new gender, but the revealing of what has always been hidden.
Gender outside the boxes
“There are only two genders.”

\[
\text{DOESN'T THE B IN LGBT IMPLY THAT THERE ARE ONLY TWO GENDERS?}
\]

\[
\text{When someone says there is more than two genders}
\]
This is an assumption of The Binary System

- A system of viewing gender as **two opposite categories**, “male” and “female”, in which no other possibilities for gender or anatomy are believed to exist.
- Gender is assigned based on **genitals**, and one must act and dress accord to what the genitals dictate.
- The **“Gender Police”** punish the who step outside.
Professional psychological associations endorse The NonBinary System.

Psychologists understand that gender is a nonbinary construct that allows for a range of gender identities and that a person’s gender identity may not align with sex assigned at birth.

American Psychological Association from American Psychologist December 2015. Available online.
A non-binary SYSTEM acknowledges diversity and does not pathologize people who don’t fit the rules.

A gender non-binary PERSON doesn’t fit inside the traditional male or female categories.

There are many words: genderqueer, agender, nonbinary, gender nonconforming, gender variant, androgynous.

Meanings can vary according to the individual. Just ask clients.
Many cultures have nonbinary systems

- Māhū ('in the middle') in Hawaiian and Maohi (Tahitian) cultures are third gender persons with traditional spiritual and social roles within the culture.

To learn more about how other cultures perceive gender, check out the interactive map at pbs.org/independentlens/two-spirits/map.html.
Two Spirits

Two Spirit is the name used in some Native American cultures for a person who embodies both male and female spirits. It is a scared identity.

The most famous example was We’wha (left), an assigned male who served as the Zuni ambassador to the United States, and visited Grover Cleveland 1886.
Legal recognition of a third gender

- Multiple countries legally recognize a third gender. In some countries, such classifications may only be available to intersex people.

- In other countries, they may only (or also) be available to people with gender identities that differ from their sex assigned at birth.

- Australia was the first – Alex MacFarlane, an intersex person, received a birth certificate and a passport with an 'X' sex marker in 2003.

- A number of U.S. jurisdictions allow nonbinary gender markers on identification documents.
Non binary humans

- Trans 101: The basics from Minus18 YouTube
It’s more of a Spectrum
There is a range of how male or feminine the population is.

- The pink area shows a large share of women that are more masculine than the average man, considering this specific trait. The blue area shows the large share of men that are more feminine than the average women.

The extremes of masculinity and femininity are held as the standards.
The spectrum applies to each aspect of gender.
Sexual Orientation: The Kinsey Scale

The idea of a spectrum is nothing new.

In 1948, sexologist Alfred Kinsey’s research found few people were exclusively heterosexual or homosexual - most were somewhere in between.
One view: Gender = genitals
This diagram outlines variations in chromosomes, gonads, genitalia, and sex hormones that can contribute to an androgynous body.

People with bigger variations are known as Intersex – the word “hermaphrodite” has been retired.
Sex before birth

Everyone’s born non-binary:

- Every fetus contains structures that are capable of developing into either male or female genitalia, regardless of the sex chromosomes.

- All embryos become feminized unless masculinizing influences develop its external sexual organs.

- Seven weeks after fertilization, he fetus begins producing hormones that cause its sex organs to grow into either male or female organs.

- Variations can happen along the way.
There is a genetic disorder in which a child is born appearing female. Then, at puberty, the labia changes into a scrotum, the clitoris extends into a penis, and the testes descend.

A few dozen have been documented in a village in the Dominican Republic. Instead of changing their gender identities to male, most chose to live as a third gender called guevedoche.

The society has accommodated the guevedoche and constructed a third gender with distinct roles for them.
Gender Identity

- One’s deeply felt inner sense of being male or female, both or neither.

- Everyone has a gender identity. Most are the same as the biological sex (cisgender).

- When a person’s gender identity differs from the one assigned at birth, they are transgender. The DSM-V diagnosis is Gender Dysphoria.

- Gender dysphoria can be associated with distress, depression and anxiety.
Dysphoria

Imagine a parent trying to force a child to be transgender. How would that feel for the kid? That’s similar to how a transgender person feels.
Gender Expression

- External displays of gender, expressed through a person's name, pronouns, clothing, haircut, behavior, voice, and/or body characteristics.

- Can a cisgender male be more feminine than a cisgender girl?
Gender Expression

- Can you detect a person’s gender identity through their gender expression?
- Can a cisgender person be gender nonconforming?

People tend to be happiest when the gender expression matches their gender identity. Since gender identity is not subject to change, many transgender people transition.
Family plays biggest role in transgender kid’s well being
Best Practices: The Family Acceptance Project

Building healthy futures for LGBT children and youth through:

- **RESEARCH** on family acceptance and rejection
- **EDUCATION AND TRAINING** to decrease risk and promote well-being by increasing family acceptance
- **FAMILY-ORIENTED SERVICES** to help diverse families support their LGBT children
- **INFORMED PUBLIC POLICY** to promote well-being – not just protect from harm

From Caitlyn Ryan, San Francisco State University
LGBT youth with high family rejection were:

- 8 times more likely to report **suicide attempt**
- 6 times more likely to report severe depression
- 3 times more likely to use **illegal drugs**

Free downloadable publications for families and practitioners: https://familyproject.sfsu.edu/publications
Parents perceived as **rejecting** are **motivated by care and concern**.

Rejecting families can become less rejecting over time with accurate information.

Acceptance is not black and white: Parents can use just a few accepting behaviors and that still reduces risk.

Website has downloadable brochures and videos, some targeted at religious families.
Talk with your child about their transgender identity. Initiate conversations and express interest.

Verbalize love and support for your child even if you do not believe they are transgender.

Focus on the child’s happiness. Support your child’s identity even if it makes you uncomfortable.

Hold love to be the most important thing – more than social norms, traditions or what others think.

Support your child’s gender expression.

Use your child’s chosen name and the pronouns that match their gender identity.
Establish a “zero tolerance” policy for disrespect, ridicule, teasing in family and others.

Advocate for your child when they are mistreated because of their transgender identity

Bring your child to LGBT organizations or events

Connect your child with an LGBT adult role model to show them options for the future

Welcome your child’s LGBT friends & partners to your home

Believe and communicate faith in your child’s ability to have a happy future as an LGBT adult.
Behaviors that communicate rejection

- **Making fun** of transgender people.
- **Verbal harassment**, name calling or abuse because of transgender identity.
- **Excluding** youth from family and family activities because of gender expression or identity.
- **Blocking access** to LGBT friends, events & resources
- **Blaming** your child when they are teased or bullied because of their LGBT identity
Behaviors that communicate rejection

**Pressuring** your child to be more (or less) masculine or feminine

**Telling your child that God will punish them** because they are gay

**Telling your child that you are ashamed of them or that how they look or act will** **shame** the family

**Making your child keep their LGBT identity a secret** in the family and not letting them talk about it

**Dismissing or denying** their expressed identity.
Why Support for Trans* Youth Matters

Based on a 2012 study of 433 individuals

- Trans* Youth with Supportive Parents
  - Reported Life Satisfaction: 72%
  - Described Mental Health As “Very Good” or “Excellent”: 70%
  - Suffered Depression: 23%

- Trans* Youth with Unsupportive Parents
  - Reported High Self-Esteem: 64%
  - Faced Housing Problems: 0%
  - Attempted Suicide: 4%

For more information, go to transstudent.org/graphics


Infographic Design by Landyn Pan  Illustrations by Ethan Lopez
Leelah Alcorn

Leelah Alcorn, a 16 year old Ohio transgender girl, committed suicide December 2014, stating her parents did not accept her identity, isolated her from her LGBT peers and made her go to conversion therapy.
You can't make him cisgender,
But you can make her confident.
Refuse to be your child's first bully.
Basic Interventions with parents

Psychoeducation
Normalize gender expression

Provide resources

Advocacy
With schools, family members if necessary.

Self Exploration
Process their feelings, experiences and beliefs about gender, being bullied, grief or lost dreams.
Helping parents with initial reactions
Early Stages of adjustment

Shock
- Could go against fundamental religious and political beliefs.
- May shut down and numb or flooded with emotions.

Disbelief, Denial
- Looking for loopholes: caused by friends, media, abuse, absent parent, etc. It’s a phase.
- Pretend nothing changed. Refuse to discuss
- Feel like it’s not real.

Worries
- Will my child be treated badly?
- What will others think of me?
- Will my child be loved?
- Is this my fault?
Turmoil and conflict

- High stress, anger and family conflict
- Parents and child may experience shame
- Sometimes the Turmoil stage is delayed, with family members appearing supportive, open, and even inviting of the transition, and later balking.
First, listen

- Allow parents to **express emotions** without judgment, even if it sounds harsh.

- **Normalize feelings.** Validate intentions.

- **Protect child:** Meet parents apart from children at first so parents don’t have to censor or edit and kid is not wounded by parents’ doubts and judgments.

When parents show strong emotional reaction without acknowledging child’s hurt, interrupt.

“**I’m going to ask you to hold onto that thought. I think it is important to talk about this further, and I’d like to do that with just the adults.**”
Understand the experiences that contribute to their viewpoint

► What were you taught about gender roles as a child?
► To what degree is gender conformity important to you?
  Example: Woman who gets power from looking like a model.
► Experiences of being bullied for gender variance?
  Parents might have gut feelings because of their own trauma
► Hopes and expectations connected to child’s gender
  What did you imagine when you found out your child was a boy or a girl?
► Cultural, religious and political influences.
Engage before you correct

▶ First fully hear concerns and objections and history behind them.
▶ If parents are angry, allow them to **express it and expand** on it. “Tell me more about what upset you about ...”
▶ **Listen to and validate resistance, anger and resentment.** Let them know you appreciate that feeling upset is a reasonable response.
▶ You cannot challenge, object, debate or argue with rejecting parents until you’re engaged.
▶ The goal is to build an alliance – show them you understand where they are in this moment.
When parents want you to convince their child they’re cisgender

Parents may pressure the therapist to agree to conversion therapy.

- Agree to assess whether or not the gender identification is real.
- You have no agenda to make the child transgender or cisgender. No predetermined outcome.
- Prepare parents for possibility it could be true.
Meanwhile, the transgender kid may have strong feelings of their own.

- When awareness can be no longer suppressed or denied, a flood of emotions can emerge, euphoria and dysphoria.

- Negative stereotypes and stigmatized identity can be scary and cause denial, doubts, self-hatred, shame, internalized transphobia. Such feelings do not rule out transgender identity.

- Anxiety, depression, isolation may be high.
Helping kid with the early phase.

**INTERVENTIONS:**

- **Normalize** gender diversity
- Provide a **safe space** for repressed emotions and forbidden thoughts
- Help them realize that the initial explosion of emotions will not persist forever.
- Tell them it’s possible to move to self-respect and authenticity.
- Question stereotypes and binary notions.
Helping a kid with a skeptical parent

Parental dismissal or disbelief or disrespect can be painful for the child. Parents don’t always realize this.

► Remind the kid if they rejected the idea they were transgender when they first considered it. You’re both fighting the same stigma

► Tell them this is not the final answer. Many parents are able to become more understanding and accepting over time.

► They don’t disapprove of you. They’re just worried, and don’t know much about the subject. (“Rejection = protection”
Watch your own triggers

- When a child describes their parents as rejecting the therapist’s immediate response could be to **align with the child against the bad guys**.
- Some clinicians have bias and **prejudice against conservative** faith traditions and may be triggered.
- Remind yourself of the love underneath the rejecting behaviors.
- Set your feelings aside. Work though them in your own therapy – same as we might ask from the parents.
- If you believe that transgender identity is not real, listen to a client without denying their reality and refer the case to a gender specialist.
Shift to the child's needs
“I can see you’re still upset. I’m also aware of how limited our time is, and feel we need to talk about our next steps.” Parents may need to process the feelings with an individual therapist.

**This moment may arise sooner when the risk is high.**

- **VALIDATE:** “I realize you have a lot of feelings. I know this is something you believe is wrong, and I respect the strength of your convictions.

- **EXPRESS CONCERNS:** At the same time, (describe risk factors). Given that and what we know about risk for young people who feel rejected by their families...

- **LOVE:** “I wonder is there is any way we can find a way for you to hold your beliefs about transgender issues in one hand and yet at the same time reassure your kid you love him unconditionally, whether he is transgender or not.
Decrease defensiveness

Ask permission

- “Would it be okay with you if I shared some of what we’ve been learning about transgender teenagers?

Don’t attempt to change the parents’ beliefs. The exact beliefs they hold may be less important than the actions the parents take to communicate acceptance and support.

Instead of pushing families to choose between their beliefs and their child, look for ways to expand options.

- Would you be interested in talking with other parents who have resolved similar concerns?
- Would you be willing to talk with a pastoral leader who might have fresh ideas on navigating this conflict between your beliefs and your love for your child?
Process reactions and feelings

Check in after sharing information. “How does that sound to you?” Did they understand? Do they have questions?

Identify the emotions underneath rejecting beliefs.

Use tentative language:

- **I wonder if** underneath your worry that John may change his mind, you might also be afraid of losing him?
- **I could be way off base, but** is there a chance that in addition to worrying about John, you might also worry about being an effective parent in this situation?

Hidden feelings can cause parents to act in rejecting ways. Being able to express and process grief, loss, fear, worry, anger, disappointment in a safe place is essential for healing.
Separate feelings from actions

- Help parents be aware of your emotions without having to act out.
- When there’s a sense of urgency:
  - Is it really as urgent as it feels?
  - Is there a need to control or a power struggle?
- A parent’s unfinished business can interfere with ability to listen fully.
- After venting with you, parents encouraged to listen to child.
TV & Movies with trans characters promote discussion, counteract stereotypes

TELEVISION:
- I am Jazz
- Orange is the New Black
- TransParent
- Glee (Unique Adams)
- Sense8
- The Fosters
- Her Story
- Faking It
- Doubt

MOVIES:
- The Danish Girl
- Ma Vie en Rose
- The Crying Game
- TransAmerica
- Boy Meets Girl
- Tangerine
- Head Space
- You Don’t Know Dick (documentary)
Discussion Questions

► Who did you connect with?
► What are words or phrases resonated with you?
► How is your experience similar or different from that character?
► How did you feel as you watched/read the story?
► What did you learn about yourself?
► What did you learn about transgender issues?

What can you learn from media?

Ideas of how people coped with similar situations
Validation for what you’re feeling
Help you see potential and possibilities
Remind you that you are not alone.
Discover resources you hadn’t considered
Discuss with others.
Negotiating
The Negotiation stage

- Realization that the gender issue will not simply "go away," and will have to be adjusted to in some manner.
- What parents want may be different from what is best for the child.
- Family members negotiate what level of changes they feel they can live with.
Social transition

- Child may start presenting themselves as identified gender in safer situations first – home, support group, out of town mall, conference.
- Parents may benefit from a support group.
- “Real life experience” can confirm or refute identity.
Who to tell?

Why come out?

Spend less energy keeping a secret and worrying that others might find out.

Being honest with friends and family can create closer relationships when they are able to see and accept the real you.

Instead of trying to meet others’ expectations, you can be authentic—in how you dress, talk, spend your time, and date.

Reasons to wait

Hostile or dangerous environment – kicked out of home, lose job.

Not emotionally ready.

Not sufficiency certain.

Propelled by extreme mood or psychosis.
Goals of Hormone Therapy

**Puberty Blockers:**
- To prevent puberty-related changes as teen and parents make a fully-informed decision

**Cross Hormones**
- To masculinize or feminize the body
- To improve the quality of life, self esteem, well being
- To decrease Gender Dysphoria

**Not taking hormones poses risks too**
- It can prolong dysphoria and the associated risks
- It can contribute to an appearance that could provoke abuse and stigmatization and contribute to suicidal thoughts.
Eligibility criteria for Puberty Suppressing hormones

- The adolescent has demonstrated a long-lasting and intense pattern of gender nonconformity or gender dysphoria (whether suppressed or expressed);
- Gender dysphoria emerged or worsened with the onset of puberty;
- Any coexisting psychological, medical or social problems that could interfere with treatment have been addressed such that the adolescent’s situation and functioning are stable enough to start treatment;
- The adolescent has given informed consent and the parents have consented to the treatment and are involved in supporting the adolescent throughout the treatment process.
Criteria for Hormone Therapy:

- Persistent, well-documented gender dysphoria
- Capacity to make a fully informed decision and to give consent for treatment.
- Age of majority [can be younger with parental consent, medical necessity.]
- If significant medical or mental health concerns are present, they must be well controlled
Keep communication supportive

- Parents asked to look at emotional tone of conversations when they talk about gender – make it Curious and Compassionate, not urgent and angry.
- Listen, don’t just lecture.
- Choose a few supportive steps from the Family acceptance project you can do
The goal: “The balance stage”

- Gender is no longer a dirty secret (though there may be privacy)
- There is no longer a crisis
- Larger issues have been Negotiated larger issues
- Families that are capable of moving through their fear, shame, and ignorance regarding gender variance, are often able to find contentment and satisfaction in their daily family lives.
- Transgender emergence involves the whole family, and should be treated as any other lifecycle transition – difficult, challenging, frightening, but ultimately rewarding. Clinicians must believe that families can successfully negotiate these changes.
Misinformation presented as science
"Article" on my Google News Feed

Teens are becoming transgender because it's trendy, expert says

Gender confusion is such a fad that an Australian children's hospital operates a specialized clinic.

LIFESITENEWS.COM
The picture feeds into negative stereotypes

 Teens are becoming transgender because it's trendy, expert says
 Gender confusion is such a fad that an Australian children's hospital operates a specialized clinic.
 LIFESITENEWS.COM
The article mocked transgender individuals, dismissed as a phase.

The article quoted trolls:

Online response to Dr. Stathis’ testimony was overwhelmingly against viewing transgenderism as healthy.

“People should get it once and for all that transgender is a mental illness,” Jack posted. “You can put a rubber glove on a dog's head and attach a feather-duster to its tail, but that don't make it a chicken.”
I fact checked it.

I emailed the Doctor at the gender clinic they quoted to see if he really said that. Here’s the answer:

“Please be assured that Dr Stathis’ comments were (disappointingly) taken out of context and sensationalised for the sake of attention-grabbing headlines. In response to the recent media stories, Dr Stathis has written the following blog:


He stated gender dysphoria is not a phase, and misinformation is one of the biggest challenges to the wellbeing of transgender people.
Consider the source

Abortion and homosexuality are a ‘living reflection of hell’: U.S. Archbishop

By Pete Baklnski

This article was published by Campaign Life Coalition, a Canadian Christian conservative pro-life political lobbyist organization.

It advocates for what it considers traditional family values, including opposition to homosexuality, same-sex marriage and other "threats to the family."

campaignlifecoalition.com
Mediabiasfactcheck.com
Paul McHugh: Impressive credentials, risky advice

- **Impressive credentials:** Degrees from Harvard. In charge of Johns Hopkins gender treatment 1975.
- Has degrees from Harvard
- Says when gender identity differs from biological sex, it’s a confusion, a delusion and it’s harmful to alter the body to match the gender identity. (WSJ 6/12/14)
- In favor of conversion therapy.
More about Dr. McHugh

- **Agenda to defend Catholic Church.** Defended Catholic priests against sex abuse charges. Testified a defendant's harassing phone calls were not obscene -- including the call that detailed a fantasy of a 4-year-old sex slave locked in a dog cage and fed human waste.

- At Johns Hopkins did not report at least 8 clients convicted of molesting children while in treatment. When Maryland law was changed to require that doctors report child molestation, the clinic fought it and advised patients on how to get around the law. (San Francisco Chronicle, 2002)

- Conversion therapy found to be harmful – more on that later.
Ken “Drop the Barbie” Zucker

- Ken Zucker stated that a parents’ “failure to control” a child’s gender expression by letting them transition is “emotional neglect.”

- He was head of Toronto’s Centre for Addiction and Mental Health (CAMH) Child and Adolescent gender identity clinic since 1975.

- December 2015: CAMH fired him because his treatment did not fit the agency’s guidelines.

His position is still quoted by such organizations as the Catholic Education Center and the National Association for Research and Therapy on Homosexuality (NARTH).
American College of Pediatricians: Sounds official, but ...

- Opposes adoption by LGBTQ couples
- Links homosexuality to pedophilia
- Endorses conversion therapy
- Believes transgender people have a mental illness
- Has called transgender health care for youth child abuse.

It’s a “a fringe anti-LGBTQ hate group that masquerades as the premier U.S. association of pediatricians to push anti-LGBTQ junk science, primarily via far-right conservative media” such as Fox News and Breitbart

Southern Poverty Law Center

Founded in 2002 when a small number of socially conservative American Academy of Pediatrics members broke away from the Academy after it endorsed adoption by same sex couples.
American Academy of Pediatrics is the leading organization for U.S. pediatricians, and has 67,000 members, compared to ACPeds, that has about 200 members.

They support the Gender Affirmative Care Model.

https://pediatrics.aappublications.org/content/142/4/e20182162
The real authorities

**AMERICAN COUNSELING ASSOCIATION** (2009) “All persons have the potential to live full functioning and emotionally healthy lives throughout their lifespan while embracing the full spectrum of gender identity expression, gender presentation, and gender diversity beyond the male-female binary.

**AMERICAN MEDICAL ASSOCIATION** (2008) “An established body of medical research demonstrates the effectiveness and medical necessity of mental health care, hormone therapy and sex reassignment surgery as forms of therapeutic treatment for many people diagnosed with GID”

**AMERICAN PSYCHIATRIC ASSOCIATION** (2012) The APA “recognizes that appropriately evaluated transgender and gender variant individuals can benefit greatly from medical and surgical gender transition.”

**AMERICAN PSYCHOLOGICAL ASSOCIATION** “It is not helpful to force the child to act in a more gender-conforming way.”
Fact checking

► When parents quote information, ask for their source.
► Email the source the article quoted
► Ask in facebook page, *International Transgender Health*
► Consult a gender specialist.
► Go by the Gender Affirmative model, the Family Acceptance Project and professional position papers.
► **Shinigami Eyes** A browser add-on that highlights transphobic and trans-friendly social network pages and users with different colors.
“Make my boy act like a boy.”
We tried that in the 1970s:

- Since the early 1970s at least $1.5 million was awarded from the National Institute of Mental Health to study gender variance.
- The largest recipient of the funds was UCLA, where Richard Green, Ivar Lovaas, and George Rekers headed the "Feminine Boy Project".
- Their goal was to make children adhere to traditional roles in an effort to prevent homosexuality.

The above is from a series on transadvocate.com
More about conversion therapy

- **Behavior modification**: Punishment for cross dressing, feminine mannerisms. Removing “gender inappropriate” toys, including pink crayons.

- **Family modifications** such as bringing same-sex parent closer, ask opposite sex parent to step back

- Playmates should be same sex.

**Assumptions:**

- Transgender identity is pathological
- Gender identity and gender expression is malleable
- Family dynamics can cause crossgender identity
- Gender variance leads to homosexuality
Problem: 4 year old boy played with dolls, had feminine mannerisms such as stroking hair saying, “Oh, my Goodness”

George Rekers rewarded masculine behavior, punished effeminate behavior. Punishment included loss of privileges and physical punishment, weekly, sometimes severe.

Boy was proclaimed to be no longer effeminate and was like “any other boy.”
More about Rekers and his poster boy

- Rekers was also a Southern Baptist Minister and an anti-gay activist.

- In 2010, he was caught with a 20-year-old male prostitute from rentboy.com (picture to the right).

- In 2011, it was revealed that the poster boy grew up to be gay and ashamed of it.

- He attempted to commit suicide as a young man, and completed suicide as an adult. The parents attribute it to the treatment.
How should little boys act?

<table>
<thead>
<tr>
<th>WRONG</th>
<th>RIGHT</th>
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<tbody>
<tr>
<td>o Befriend Girls.</td>
<td>o Play football.</td>
</tr>
<tr>
<td>o Lack of physical aggression – don’t want</td>
<td>o Go to the girl’s lunch table only to</td>
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<tr>
<td>to “slug it out” or push people.</td>
<td>tease the girls</td>
</tr>
<tr>
<td>o Have a girlish laugh.</td>
<td>o Be aggressive.</td>
</tr>
<tr>
<td>o Dislike “rough and tumble play.”</td>
<td>o Make friends with the popular boy.</td>
</tr>
<tr>
<td>o Called a “sissy.”</td>
<td>o Less self esteem, but more popular.</td>
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</table>

- This intervention was done 1969 on a 9-year old in Florida.
- The kids parents did not know he was being treated for “effeminate deviancy.” The doctor said effeminacy is incapacitating in a boy and linked to the development of excessive anxiety, peer rejection, isolation, even schizophrenia.
How to be a Manly man

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<tbody>
<tr>
<td>Go to art museums, opera, symphonies (“considered to be of interest to homosexuals”).</td>
<td>Participate in sports. Join a men’s church group. “Avoid women unless it is for romantic contact.”</td>
</tr>
<tr>
<td>Befriend women. 1991 book on Reparative Therapy</td>
<td></td>
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### How girls “should” act.
(Becky, 7 year old girl, 1978, UCLA)

<table>
<thead>
<tr>
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| ▪ Likes to “stomp around.”  
▪ Refuses to wear dresses and jewelry.  
▪ Likes basketball and climbing.  
▪ Likes “rough and tumble play.”  
▪ Stands with her hands on her hips, fingers facing forward.  
▪ Swings her arms and takes surefooted strides when she walks.  
▪ Projects her voice low so she sounds like a man.  
▪ Expresses a desire to be a boy. | ✔ Play with dolls, feminine dress-ups, make-up  
✔ Stand with feet together.  
✔ Swing arms from the elbow.  
✔ Limp Wrist  
✔ Take short strides, move hips.  
✔ Make graceful hand movements  
✔ Distance from back of chair to buttocks no more than 4 inches chair while sitting. |
Interventions:

❖ Child is rewarded for playing with “girl toys.”
❖ Adults put pressure on her to “act like a girl.”
❖ Monitor voice and movements, encouraging her to be more feminine
❖ Taught to display a sexual interest in boys instead of playing with them.

Results:

After 7 months, the following were seen as sign of her mental health:

❖ Wore jewelry and perfume.
❖ Physical movements rated feminine.
❖ Was enamored of the male examiner and wanted to give him her phone number so that he could call her "every night and every day"
❖ Greater social acceptance though there was a sharp drop in self esteem.

“Dr. Rekers considered her cured because her relationship with an adult man was consuming, obsessive even sexualized.”
Forced femininity

In the early 1980's Daphne (now Dylan) stayed in inpatient psychiatric institutions from age 15 to 18 to make him more feminine. He earned points for:

- Experimenting with make-up
- 15 minutes with female peer combing, curling and feathering hair
- Looking in the mirror once a day and saying something positive, such as “I love looking pretty” or “I like my blue eye shadow.”
- Wearing “the kinds of clothes boys like”
- Hugging a male
- Walking with swaying hips
Conversion therapy is illegal in New Jersey

- Attempt to change a minor’s sexual orientation or gender identity through counseling is banned in 14 states, including NJ (since 8/19/13, upheld 9/11/14).

- Exodus International, one of the leading proponents of conversion therapy, closed 2014 and its issued an apology from their president for the pain, suffering and shame that their therapy had caused.
It’s not just the law – it’s a good idea

► The American Medical Association, American Psychiatric Association and American Psychological Association et. al. oppose conversion therapy because it has be found to be **harmful**.

► “The American Psychological Association: Efforts to change sexual orientations can pose critical health risks including, but not limited to, depression, substance abuse, social withdrawal, decreased self-esteem and suicidal thoughts.”
“It’s just a fad.”
Transgender Warriors by Leslie Feinberg

- Gender variations are healthy and natural and have occurred in every era and every region.
- In early civilizations, the gender variant were revered, not reviled. On a scale of a year, more than 360 days of human history honored gender variance.
- Cross dressing was part of religious festivals (Hallow’s Eve, Saturnalia, Dionysius, Mardis Gras)
- Native communal societies acknowledged more than two gender paths, and allowed people to change gender.
Is it a Phase?

- Insistent, consistent, persistent
- Allow them to live the role. That can give them a sense if it feels right. **Real Life Experience**.
- If it’s rebellion, the more you say no, the more they’ll persist. Accepting stance can be helpful whether it’s real or if it’s a phase.
- Blockers are helpful if early in puberty.
Rapid Onset Gender Dysphoria

Described in a August 2018 paper by Lisa Littman of Brown University.

Concern about youth adults suddenly and rapidly developing gender dysphoria after having no symptoms of gender dysphoria during childhood

- Said to be atypical form of Gender Dysphoria caused by exposure to transgender friends or media.
- Told to trust parents’ memories more than child’s.

Reception

- Embraced by conservative media.
- WPATH found the research to be flawed. This diagnosis is not recognized by any major professional association.
“It’s a delusion.”
“It’s a delusion”

- Some state that gender dysphoria is a clinical delusion; hence, feeding that delusion with hormones hurts the person.
- “What if my kid thinks he’s a dog? Do I buy him dog food?
- Gender identity has a different quality from delusions.
- Diversity is natural.
“They’ll regret it.”
The Myth of Trans Regrets

Based on a 2011 study of 448 individuals performed by Gender Advocacy Training & Education

Myth: A number of transgender people are beginning to admit that choosing to transition ruined their lives.

- 94% of trans people reported an improvement in their quality of life due to transitioning
- 96% answered that their sense of wellbeing improved

Myth: Transitioning will make a person bitter and depressed.

- 9 out of 10 responded that their overall personality improved due to transition
- 85% described their emotional stability as "improved" (11% reported no change)

Myth: Transgender people don't really want to change their body, they just get pressured into it.

Transition Satisfaction Rates

- 96% overall
- 97% hormone therapy
- 96% chest surgery
- 90% genital surgery


For more information, go to transstudent.org/graphics
“Children aren’t old enough to know their gender”
Is it just a phase?

World Professional Association for Transgender Health: For adolescents, nearly all continued with sexual reassignment.

More extreme gender nonconformity and gender discomfort more likely to last.

Either way, the recommendation is to support a greater diversity of gender expression for all children.
“Most kids grow out of it.”

- Oft-quoted: 80 percent of gender nonconforming children do not become transgender adults.

This “desistance” myth is based on flawed studies

- Only 45 subjects

- Most of the kids said to “outgrow” being transgender were never transgender to begin with. They were just gender non-conforming: for instance, boys who like to dress up as princesses or play with Barbies but do not identify as a girl.

- They documented people who stopped coming to their clinic as no longer transgender.
“What did I do to cause this?”
Nurture vs. Nature

- David Reimer, a twin, born 1965, was raised as girl after a botched circumcision at 8 months.

- Dr. Money recommended sexual reassignment surgery and advised parents to enforce feminine behavior. She got estrogen at puberty.

- Money described Reimer’s transition as successful, and claimed that Reimer’s girlish behavior stood in stark contrast to his brother’s boyishness.

- Study used to justify sexual reassignment surgery on intersex babies.
Later the truth emerged.

The child identified as a boy and resisted the girl role all along.

He angrily tore off his dresses, refused to play with dolls and seized his brother’s toy cars and guns.

In school, he was relentlessly teased for his masculine gait, tastes, and behaviors.

At age 13, he threatened to commit suicide if he had to go to Dr. Money again.

At age 15, his father told him the truth about his gender, and he transitioned to male.

David described the treatment as abusive, and he reported trauma as a result of it. He committed suicide at age 38.

What conclusions do you make in light of this information?
“It can’t be true, because I never noticed this.”
Can a teen be transgender if you didn’t notice any gender variance as a kid?

Not necessarily.

- Sometimes kids conform to parents’ and peer gender norms it becomes painful.
- Sometimes kids dress and act in line with gender expectations because they’re afraid of disapproval.
- Many kids don’t talk to their parents about their feelings because they’re afraid of disapproval.
- Some trans boys (female to male) are okay with their bodies as a kid because they have a flat chest. Puberty can come as a rude awakening as their body betrays them.
- Transgender people can be nonbinary. For example, a transgender male (female to male) could still be a feminine male.
It doesn’t invalidate you as a girl or a woman if you:

- Don’t move like a lady
- Love math or science
- Show talent at stereotypically masculine things
- Burp or fart

(and this applies to cis people too)

Some trans girls (male to female) feel that have to learn female manerisms to pass. This cartoonist says not so much.
Working with schools
Don’t need in-depth lessons on gender and sex. Do teach about empathy, kindness and acceptance.

Download brochure
Rachel Pepe, 13, of Middletown, NJ told she must dress and act like a boy at school. *Garden State Equity* explained this rule violated state and federal anti-discrimination laws, and the superintendent ensured Rachel could express her gender at school in a safe environment. GSE trained staff.
Rubin Smyers, a 16 year old transgender boy from Ocean County, was not permitted to use the boys’ bathroom at school.

Garden State Equality explained that the NJ Law Against Discrimination supports his right to use the boy’s room.
Gender Services

► Counsel gender variant individuals age 11 and up.
► Custom design workshops and trainings for agencies.
► Provide consultation for clinicians one on one.
► Approved Clinical Supervisor for Licensed Associate Counselors.

Email: jen@jenwhitlock.com
Phone call: 973.222.3750.