TRANSGENDER AND GENDER DIVERSE CHILDREN: HOW TO SUPPORT THE “LITTLE T” IN TRANSGENDER HEALTH AND WELLNESS
Create awareness regarding challenges, institutionalized discrimination, physical and mental health disparities

Learn about the alarming statistics

Discuss clinical implications

Learn how to support health and wellness

Share local and national resources
Terminology and Concepts
Sex and gender are often mistakenly used interchangeably.

Sex can be defined by one’s anatomy and more specifically, one’s reproductive organs. DNA and chromosomes (XX or XY) are also considered part of one’s sex.

The terms male and female or intersex are used to describe sex assigned at birth.
Intersex

- A general term used for a variety of conditions in which a person is born with ambiguous reproductive or sexual anatomy, chromosomes, DNA, or other medical attributes that don’t seem to fit the typical definitions of female or male.

- 1 in 1500 births may exhibit noticeably atypical in terms of genitalia

- Intersex anatomy doesn’t always show up at birth. Sometimes a person isn’t found to have intersex anatomy until she or he reaches the age of puberty, or finds himself an infertile adult, or dies of old age and is autopsied. 1 in 100 births have bodies that differ from standard male or female

- Over 150 intersex conditions exist

- Some people live and die with intersex anatomy without anyone (including themselves) ever knowing.
Gender

Gender refers to the attitudes, feelings, and behaviors that a given culture associates with a person’s biological sex. Behavior that is compatible with cultural expectations is referred to as gender-normative; behaviors that are viewed as incompatible with these expectations constitute gender non-conformity.

The terms girl, boy, man, woman, and many more terms are associated with gender.
Gender identity is a person’s private sense of, and subjective experience of, their own gender. This is generally described as one’s private sense of being a boy or girl, a man or a woman, being gender diverse, or any other gender identity that may be expressed. In other words, how you, in your own mind, think of yourself.
Gender Diversity

A person whose gender expression is different from the expected socially defined gender roles set for men and women, girls and boys.

Terms relating to gender diversity are subjective and unique to the person in question; there is no universally accepted definition.

Woman, Girl        Man, Boy

A spectrum of possibilities
Transgender

TRANSGENDER- IS AN ADJECTIVE

Used as an umbrella term and also as a specific description of an identity

A person who lives or self-identifies as a member of a gender other than that expected based on sex assigned at birth

*Insensitive terms/usage
  - As a noun
  - “Transgenders”
  - “Transgendered”
Many people assume they are the same parts of ourselves

They are NOT the same!

Gender Identity and Sexual Orientation are separate parts of our identities;
• Gender Identity is who you are
• Sexual Orientation is who you like/are attracted to
Heteronormativity

The idea that heterosexuality is the “norm”, either through social, cultural, historical, scientific, or religious constructions and claims.
Thus, our culture operates on a linear equation that looks something like this:

- If one is born with:
  (sex) male genitalia → (gender) man → (performance) masculine → (sexuality) desires women

- If one is born with:
  (sex) female genitalia → (gender) woman → (performance) feminine → (sexuality) desires men
U.S. society tends to think in categories

- Two sexes, two genders

Why is it important to break down binaries for purposes of clinical practice?
The Genderbread Person v2.0

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It's okay if you're hungry for more.

Gender Identity

- Nongendered
  - Woman-ness
  - Man-ness

- Agender
  - Masculine
  - Feminine

- Asex
  - Female-ness
  - Male-ness

Biological Sex

- Female
  - Male

Attracted to

- (Men/Males/Masculinity)
- (Women/Females/Femininity)

How Disney Stereotypes Hurt Men

How Disney Stereotypes Hurt Men - YouTube

https://www.youtube.com/watch?v=z6713bgsx64
The Truth: Debunking Myths and Misconceptions of Transgender Identity in Children
Misconceptions: INCORRECT Assumptions about Gender

- Gender is assigned at birth and does not change. [Truth: Sex is assigned at birth. Gender is not a pre-determined condition.]
- Gender is defined by the shape of genitals. [Truth: Gender is defined by the person’s core sense of self.]
- There are only two genders. [Truth: There are many gender identities.]
Myth: Too Young to Understand Their Gender Identity

Truth: According to the American Academy of Pediatrics,

A CHILD’S AWARENESS OF BEING A BOY OR A GIRL STARTS IN THE FIRST YEAR OF LIFE

A child can correctly identify their own gender and that of parents and siblings:

- 2 years old  25%
- 3 years old  85%
- 4 years old  100%

**Misconception:** It is just a phase

**Truth:** If insistent, consistent, persistent, over 6 months, it is *not* a phase.

- A recent study shows that transgender youngsters identify as much with their genders as do non-transgender children

- The findings indicate that transgender children are not confused or delayed in their understanding of gender, as some have suggested

Psychological Science, online February 2015
Myth: There is a Cure

Truth: NO! GENDER IDENTITY IS NOT SOMETHING THAT CAN BE CURED. It is a core sense of self.

Many have tried to use: conversion therapy, a punitive approach, and/or shunning/exclusion to try to erase a child’s gender identity. These approaches cause trauma and harm to the child and may increase suicidal ideation and attempts.
Misconception: PEOPLE THINK THAT TEACHING A CHILD “APPROPRIATE” GENDER BEHAVIOR IS WHAT SHOULD OCCUR

Truth: NO! In fact, that is HURTFUL! Forcing a child to behave in a certain manner:

- Will NOT change their gender identity
- May influence external behaviors; however, will not likely change their sense of who they are
- Will cause depression, anxiety, malaise, or even suicidal thoughts and/or attempts

GENDER IDENTITY IS NOT A LEARNED OR FORCED BEHAVIOR. IT IS A SUBJECTIVE SENSE OF WHO WE ARE.

Broken…
An Exercise in Empathy
Josie’s story

Transgender children in America encounter new crossroads with medicine - Inside Dateline

CHALLENGES

- Concerns for Caregivers and Children
- Puberty
- Institutionalized Discrimination
- Harassment
- Suicide Attempts
Potential Concerns For Caregivers and Children

- Loss of Family Relationships
- Loss of Friends
- Criticism of Colleagues
- Feelings of Secrecy/Shame
- Travel Safety
- Harassment
- Bullying
Puberty

Puberty is a traumatic experience for children with more significant gender identity problems. For young boys living as girls, the turmoil is caused by such things as growth spurts, bodily and facial hair, the deepening of their voice; for girls living as boys, breast development and menstruation are the major factors. There are "fairly significant psychological ramifications," says Dr. Norman Spack, an endocrinologist at Children's Hospital in Boston. "There is tremendous anxiety, often depression, sleep disorder and, potentially, self-harm and even suicidal behavior."

By Tommy Nguyen
Dateline NBC

According to Dr. Spack, 45% of 16-25 year olds who do not receive treatment are suicidal.
In the words of Luis J. Rodriguez, “We must not only prepare our children for the world... We must prepare the world for our children.”

FINDINGS OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY
Ann P. Haas, Ph.D. and Philip L. Rodgers, Ph.D., American Foundation for Suicide Prevention Jody L. Herman, Ph.D., Williams Institute, UCLA School of Law, January 2014

2011 National Transgender Discrimination Survey, The National Gay and Lesbian Task Force and the National Center for Transgender Equality
HARASSMENT AND DISCRIMINATION IN EDUCATION

According to the 2011 National Transgender Discrimination Survey, developed by The National Gay and Lesbian Task Force and the National Center for Transgender Equality:

- Those who expressed a transgender identity or gender non-conformity while in grades K-12 reported alarming rates of harassment (78%), physical assault (35%) and sexual violence (12%); harassment was so severe that it led almost one-sixth (15%) to leave a school in K-12 settings or in higher education.

- Respondents who have been harassed and abused by teachers in K-12 settings showed dramatically worse health and other outcomes than those who did not experience such abuse. Peer harassment and abuse also had highly damaging effects.
## Suicide Attempts Related to School Victimization

Lifetime suicide attempts by experiences of school victimization

<table>
<thead>
<tr>
<th>Have Attempted Suicide</th>
<th>Frequency %</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elementary School</strong></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>50%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>63%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>73%</td>
</tr>
<tr>
<td><strong>Jr. High/Middle School</strong></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>50%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>64%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>73%</td>
</tr>
<tr>
<td><strong>High School</strong></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>52%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>68%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>69%</td>
</tr>
<tr>
<td><strong>College</strong></td>
<td></td>
</tr>
<tr>
<td>Harassed or Bullied</td>
<td>54%</td>
</tr>
<tr>
<td>Physically Assaulted</td>
<td>68%</td>
</tr>
<tr>
<td>Sexually Assaulted</td>
<td>78%</td>
</tr>
</tbody>
</table>
Suicide Attempts—Alarming Statistics

Among Transgender & Gender Non-Conforming Adults

Respondents who experienced rejection by family and friends, discrimination, victimization, or violence had elevated prevalence of suicide attempts, such as those who experienced the following:

- Family chose not to speak/spend time with them: 57%
- Experienced discrimination or harassment at work: 50-59%
- Doctor or health care provider refused to treat them: 60%
- Suffered physical or sexual violence: At work: 64-65%, At school (any level): 63-78%
- Disrespected or harassed by law enforcement officers: 57-61%
- Suffered physical or sexual violence by law enforcement officers: 60-70
- Experienced homelessness: 69%
How to be Supportive

- Interventions
- Tips for Everyone
- Tips for Parents
- Tips for Clinicians
- Tips for Schools
Expanding our understanding to include a gender spectrum may be challenging, uncomfortable and even painful.

It requires bucking a lifetime of training, socialization, assumptions and practice.

It may also challenge our moral, religious or cultural traditions.

Early vs. Later Intervention

Early vs. later intervention for gender non-conforming children

Dr. Jo Olson:

Early vs. later intervention for gender non-conforming children | Kids in the House

The Whittington Family

https://www.youtube.com/watch?v=yAHCqnux2fk
Deciding when to treat a youth for gender re-assignment

Dr. Jo Olson:

Deciding when to treat a youth for gender re-assignment | Kids in the House

http://www.kidsinthehouse.com/teenager/sexuality/transgender/deciding-when-to-treat-a-youth-for-gender-re-assignment
Deciding when to treat a youth for gender re-assignment
Research by The Family Acceptance Project has shown that acceptance significantly reduces self-harming behavior and lifetime suicide attempts, and rejection significantly increases risk of self-harm and suicide.

The study shows:
**Youth Believe They Can Be A Happy LGBT Adult**
- Level of Family Acceptance
  - EXTREMELY accepting 92%
  - VERY accepting 77%
  - A LITTLE accepting 59%
  - NOT AT ALL accepting 35%
Tips For Everyone: Respect, Support, Validate, Advocate

확연한 가정을 하지 마세요!

차원을 넘어서는 삶을 받아들이세요.

지식은 스스로 정의합니다 - 당신이 가질 수 있는 모든 것을 물어보세요.

지식은 성별을 믹스하는 성별로의 분류는 아닙니다. 이는 우리의 개인의 다른 부분입니다.

질문을 하기 전에, 그 질문이 당신이 묻는 것과 동일한가를 고려해 보세요. 당신이 자신에게 물어봐도 답을 주지 않을 경우, 그 질문을 하지 말아야 합니다.

명명언어 - 확신이 없는 경우, 물어보세요. 일관성을 유지하십시오. 잘못된 단어로 사과하지 마세요.
Refer to person with chosen name, regardless of legal status. Document in the record what name/pronouns they use so everyone will know this information.

Never “out” someone without his or her permission.

Lead by example – be a positive role model. Do unto others…

Acknowledge barriers – talk about it; it’s okay to disagree, but not to disrespect.

Connect families to resources and therapy if needed.
Tips For Everyone: Respect, Support, Validate, Advocate

- The only time the person may be able to be truly authentic with their identity may be with you so allow them the safe and welcoming environment to be themselves.
- Educate yourself about unique needs of transgender and gender diverse individuals.
- Put policies in writing; practice zero tolerance for discrimination.
- Be aware some behaviors may be contributed to the child’s struggles; Anger outbursts, tantrums, fears, imaginary friends, attacking a sibling, wanting to cut off body parts. Avoid medicating the symptoms before determining the cause.
- When a child transitions and lives full time as themselves, people often state “they are so happy now! I wish we listened to them sooner.”
Tips For Parents:

All of the “Tips for Everyone” plus:

- Trust your child, follow their lead-allow them freedom of expression
- Acknowledge your fears and concerns
- There are resources-get support-you are not alone!
- If unsure of the path your child is on
  - Start slowly and buy your child clothing and toys they want-observe their joy at being able to be themselves
  - Go away for a few days or to another part of town where people may not know you for an excursion. During that time allow the child to express themselves as they wish-observe their joy at being able to be themselves, especially when a stranger acknowledges them as the gender they are expressing. Most likely you will see smiles and happiness.
  - Allow them freedoms of expression and watch them bloom

Continued
Tips For Parents:

- Work with professionals on a transition plan-possibly starting a new school when they transition, using their preferred name and pronouns.
- Names may change-they may try out several names until they find one they like.
- Family and friends may not understand. Seek support-you are not alone!
- Find a support group-meet other parents and children, share stories, seek advice, connect with others who have similar experiences.
- Make a safe folder-This is a protection for you that shows your child is gender diverse to anyone who may ask. More details are included on the next slides.
For Parents: The Safe Folder

- Pediatrician letter confirming their child’s gender identity.

- Psychologist letter confirming their child’s gender identity and confirming the stability of your family.

- Other healthcare professional (dentist, speech, allergist, etc.) that their child is involved with confirming their child’s gender identity.

- Friends and Family letters (3+) or their pastor/minister that confirm their child’s atypical gender behaviors and testimony of their parenting abilities. Letters should state how they know the parents, the length of time they have known them and the pattern of atypical gender behaviors that they have witnessed with their child, along with current contact information for the writer.

Continued

www.imatyfa.org  TransYouth Family Allies
For Parents: The Safe Folder

- Drawings or writings from their child that display their gender identity. (Example: Natal males drawing themselves as princesses or natal females drawing themselves as soldiers.)
- Videos or snapshots of their child displaying atypical gender behaviors. (Chronological order; new pictures added every six months or more frequently as significant developmental changes happen for the child)
- Legal Documents (copy of birth certificate, passports, social security cards and name change documents if applicable)
- Home study (licensed social worker) documenting family stability.
- State Department of Justice, Bureau of Criminal Information/Analysis (searches Child Abuse Central Index) for parents.

www.imatyfa.org TransYouth Family Allies
For Clinicians:

All of the “Tips for Everyone” plus:

- During therapy or any appointments, ask the child what name they prefer to be called and how they identify.
- Allow the child to be authentic while with you—sometimes that may be the only place they feel safe to truly be themselves.
- If the child’s documentation doesn’t match their preferred name/pronouns, note the preferences in the chart and use them.
- Acknowledge the struggles the parents may have.
- Contact other specialists who may assist you if needed.
- Be aware some behaviors may be contributed to the child’s struggles. Anger outbursts, tantrums, fears, anxiety, tics, imaginary friends, attacking a sibling, and wanting to cut off body parts are often attributed to another diagnosis and are medicated when they don’t need to be.
For Clinicians:

- If parents are concerned about what family or friends may think—remind them it’s about the reality of their child’s life, not their expectations of their child’s life-do they want a happy child who is alive or a depressed, self-harming, suicidal or deceased child as a result of their non-support?

- When families are unsure of the course of their child’s life-suggest that they allow children to express themselves as they wish at home at first-buy them clothing and toys they want, spend a day as their true selves, and observe their joy Work with the parents on a transition plan-possibly starting a new school when they transition

- Work with primary care doctors on an integrated approach to the child’s treatment; discuss puberty blockers, hormone therapies; affirming procedures

- Connect the family to supports in the community, and/or national supports

Encourage parents to find resources and support-they are not alone!
For Schools:

All of the “Tips for Everyone” plus:

- Read about Title IX and the legal supports in place to provide an equitable education for transgender children
- Seek understanding of the child’s experience
- Have an in-service training for all staff
- Allow the child to dress as they are most comfortable
- Allow the child to use the bathroom they are most comfortable using or have a gender-neutral bathroom
- When other children ask teachers about the situation be honest; if a child calls the transgender child a liar or an “it”, explain how this is hurtful name calling is and explain your school welcomes diversity

Continued
For Schools:

- Have activities that are all inclusive instead of having boys and girls line up separately.
- Have co-ed physical education classes. Allow a transgender child to change in a place most comfortable to them such as a gender neutral bathroom or safe space.
- Some children like talking about themselves; allow them to do so to teach other children about themselves.
- Allow them to participate in any activities they wish based on their comfort level; such as girls track if they identify as a girl.

Connect families to resources if needed.
Scenarios

Review Scenarios

How will you support a transgender or gender diverse child?
A Youth’s Voice

Jazz Jennings
At the 2015 HRC Time to Thrive Conference

https://www.youtube.com/watch?v=QaTeqORW7aU
Resource Guides/Publications

• Gender Born, Gender Made: Raising Healthy Gender-Nonconforming Children [Paperback], author Dr. Diane Ehrensaft
• The Transgender Child: A Handbook for Families and Professionals [Paperback] - Stephanie A. Brill
• A Place Of Respect: A Guide For Group Care Facilities Service Transgender And Gender Non-Conforming Youth. Author-Jody Marksamer, National Center for Lesbian Rights
• Creating Equal Access To Quality Health Care For Transgender Patients: Transgender-Affirming Hospital Policies. Authors-New York City Bar, Lambda Legal, Human Rights Campaign
• Schools In Transition: A Guide for Supporting Transgender Students in K-12 Schools. Authors-ACLU, Gender Spectrum, Human Rights Campaign, NCLR, NEA
Resources

- Cenpatico Integrated Care, http://www.cenpaticointegratedcareaz.com
- TransYouth Family Allies, www.imatyfa.org
- Southern Arizona Gender Alliance – www.sagatucson.org
- Living Out Loud Health and Wellness Center – www.livingoutloudaz.org
- Wingspan and Southern Arizona Aids Foundation – www.saaf.org
- Tucson: monthly caregiver support group and online support groups for caregivers and for youth – for more info email transparents@sagatucson.org
- Camp Born This Way – www.campbornthisway.org
- Phoenix: Trans*Spectrum of Arizona - www.transsspectrum.org
- One-N-Ten: Today’s Youth, Tomorrow’s Future
- Cochise County: Bisbee Pride – Annual Pride event site with resource links – www.bisbeepride.com
- Yavapai County: Prescott Pride Center – serving the Prescott Community - www.facebook.com/pages/Prescott-Pride-Center/155272274512205
- Yuma: PFLAG-Yuma http://www.pflagarizona.org/yuma
Citations

- Haas, Ann P. Ph.D., Rodgers, Philip L. Ph.D., American Foundation for Suicide Prevention, Herman, Jody L. Ph.D., Williams Institute, UCLA School of Law, Suicide Attempts among Transgender and Gender Non-Conforming Adults, FINDINGS OF THE NATIONAL TRANSGENDER DISCRIMINATION SURVEY, January 2014.
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- Spack, Norman Ph.D., Boston Children’s Hospital, http://www.youtube.com/watch?v=0tqil7Audws
- American Psychological Association
- Psychological Science, online February 2015
- Caitlyn Ryan, Family Acceptance Project, 2009
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