



SUPPORTING FAMILIES WITH GENDER DIVERSE YOUTH

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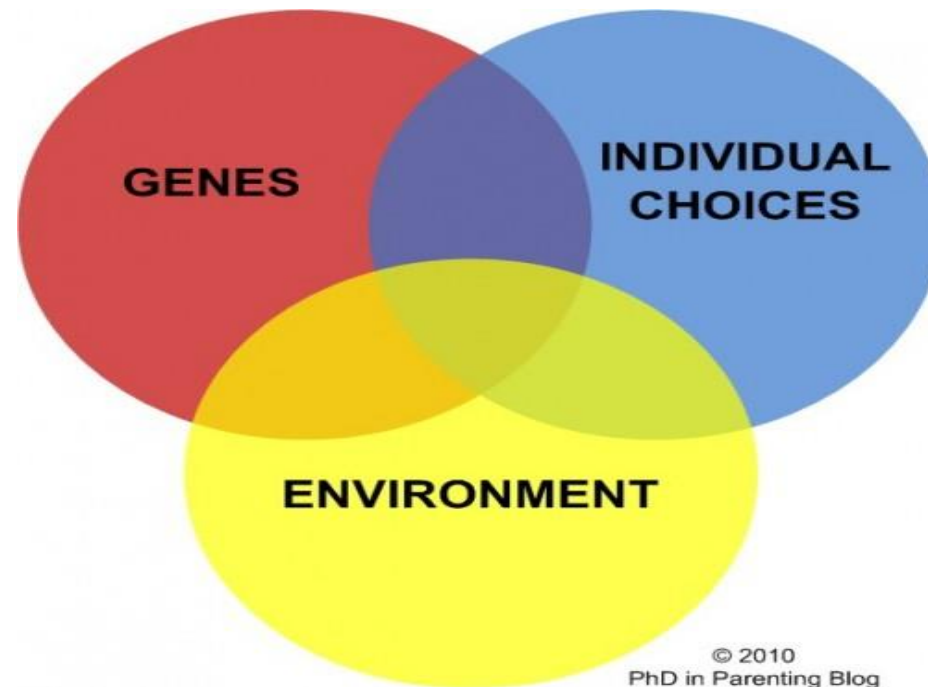
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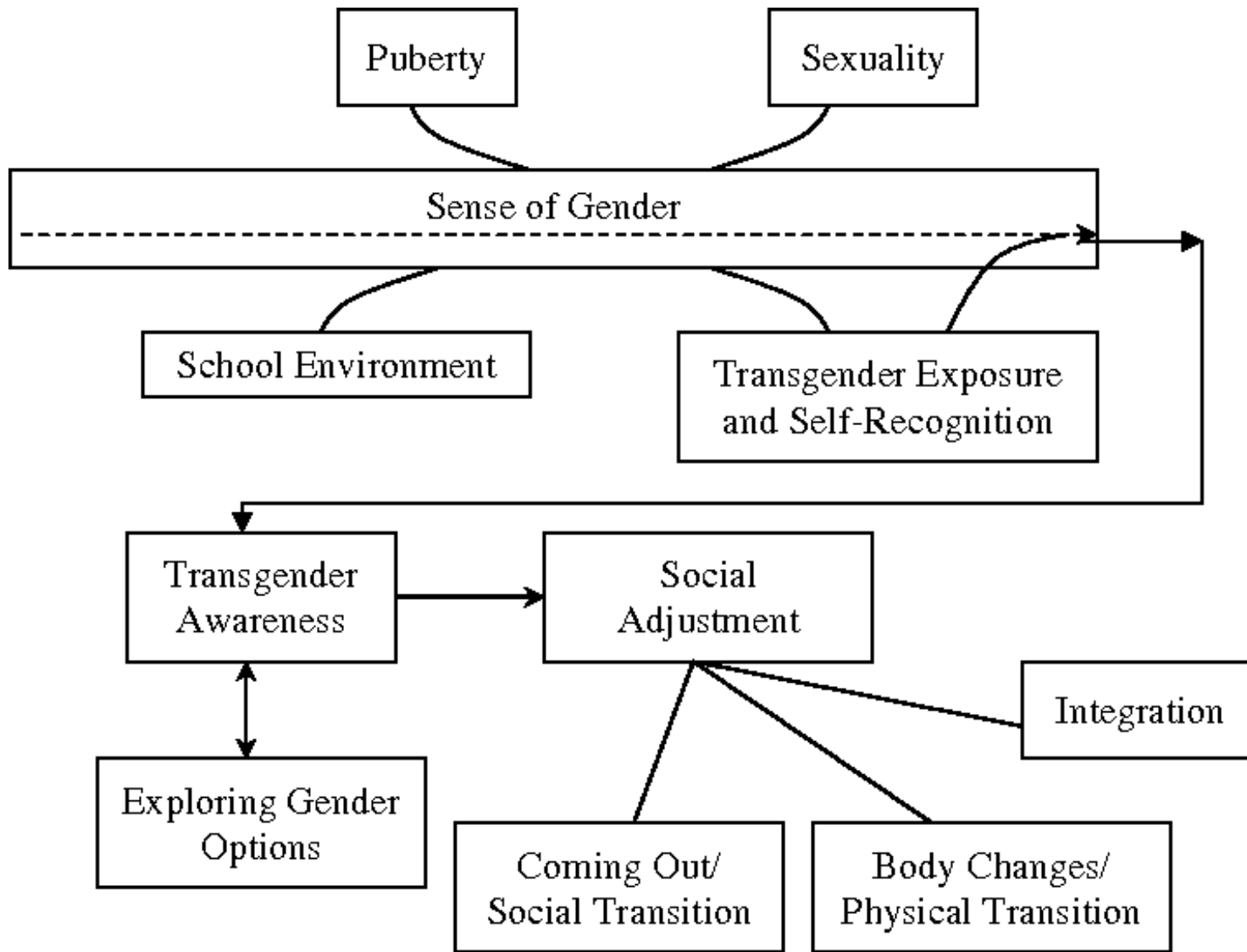
Gender Development

- ▶ Is part of human development
- ▶ Involves growth, maintenance, and regulation
- ▶ Normal for children to be variable in their development
- ▶ Based on interaction of biological traits, developmental influences, and environmental conditions



Gender Identity Development

- ▶ A growing sense of gender: school, puberty, sexuality and exposure to diverse gender options impact upon each young person's sense of their own gender;
- ▶ Recognition of transgender or nonbinary identity: a young person experiences a growing sense of discomfort with their birth gender and comes to recognize oneself as transgender or nonbinary; and
- ▶ Social adjustment: after becoming aware of oneself as transgender or nonbinary, a young person adapts to life in their affirmed identity.
- ▶ Of course, individual experiences may vary but understanding a typical trajectory experience can help inform appropriate health care and support services.



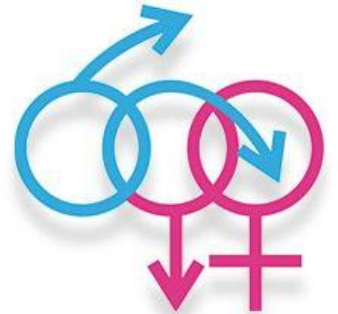
Trans & Gender Diverse Youth

- ▶ Emerging population.
- ▶ Coming-out younger and younger.
- ▶ There are unique issues working with youth who are gender diverse.
- ▶ Scant research treating transitioning children; growing evidence-based research on adolescents.



World Professional Association for Transgender Health (www.WPATH.org)

- ▶ “Being Transsexual, Transgender, or Gender Nonconforming is a matter of Diversity, not Pathology”
- ▶ This is not a disease or disorder
- ▶ But it can cause extreme discomfort and, like other medical conditions, there are ways to address this
- ▶ DSM 5 reflects this thinking



Gender Dysphoria

- ▶ “Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person’s gender identity and that person’s sex assigned at birth.” (WPATH, SOC, 7th version)
- ▶ A fundamental unease with one’s assigned sex at birth
- ▶ This can result in anxiety, depression, restlessness, and other symptoms



Assessment & Evaluation

- ▶ WPATH Standards of Care 7
- ▶ The Questionnaire by Dara Hoffman
- ▶ Recommending Transsexual Clients for Gender Transition: A Therapeutic Tool for Assessing Readiness by Deborah Coolhart, Natasha Provancher, Meng-Ning Wang, and Amber Hager published in the Journal of GLBT Family Studies, 4(3), 2008.
- ▶ Gender ASSET - Colt Keio-Meier, Ph.D. & Becca Keio-Meier, MSW (Gender Affirmative Supportive Surgery Evaluation Tool)

JUDGING A PERSON DOES
NOT DEFINE WHO THEY
ARE...IT DEFINES WHO
YOU ARE.

Legislativus.com

What are the concerns?

- ▶ These are young people, too young to know their gender identity.
- ▶ This is just a phase.
- ▶ Giving medicine to young people/surgery?
 - ▶ Why do we assume everyone else (cis) people know their identity
 - ▶ Medications are relatively safe
 - ▶ Example of pregnancy

Acknowledge Concerns

- ▶ This is an evolving field.
- ▶ Controversial topic.
- ▶ Data is emerging - slowly.
- ▶ Far more data on adolescents than young children.
- ▶ Identity and sexuality are always in flux with children and youth.

Emerging Research - Kristina Olson

- ▶ Trans children have been found to exhibit cogent social-cognition of their expressed gender equal to that of cisgender peers of the same gender identity (Olson, Key, & Nicholas, 2015).
- ▶ Socially transitioned trans children supported by their families exhibit far less psychopathology than previously reported among closeted and unsupported youth (Olson, Durwood, DeMeules, & McLaughlin, 2016).





What is Social Transition?

- ▶ Insistence, Consistence & Persistence
- ▶ No medical intervention.
- ▶ Child can wear whatever clothing they want.
- ▶ Child can cut their hair anyway they want.
- ▶ Child can use a different (more gendered) name if they want.
- ▶ Child can choose to their pronouns (he, she, they, ze/hir).
- ▶ That's it.
- ▶ All completely reversible!

Criteria for Social Transition

Social Transition before puberty is generally thought of as a complex process that needs to be thought of carefully:

- ▶ **Necessity:** Is it crucial to the child (and has it been)?
- ▶ **Safety:** Is environment (home, school, neighborhood) safe enough and/or what would make it safer? Does it require training, move...?
- ▶ **Readiness:** Is the family and community ready? Is there enough support for the child and the parents?
- ▶ **Flexibility:** Are parents willing to see it as experimental, be committed to it while remaining flexible?
- ▶ **Alternative view:** Maybe is not “such a big deal” ...?

How do we Treat Pre-Pubertal Children?

- ▶ Let them explore/Let them Be.
- ▶ Psychotherapy/groups/camps.
- ▶ Social transition for some.
- ▶ Build supportive families, networks, schools.
- ▶ Recognition that this may be time of gender fluidity.
- ▶ Make appropriate medical contacts.

Puberty

- ▶ Transgender children develop increased gender dysphoria as they near and enter puberty.
 - ▶ Anatomical dysmorphia.
- ▶ Need to differentiate from social condemnation for atypical gender expression for GNC as well as issues of emerging sexual orientation.
- ▶ Puberty blocking hormones can be used for children who have socialized transitioned and those who have not (yet) done so.

Puberty Blockers

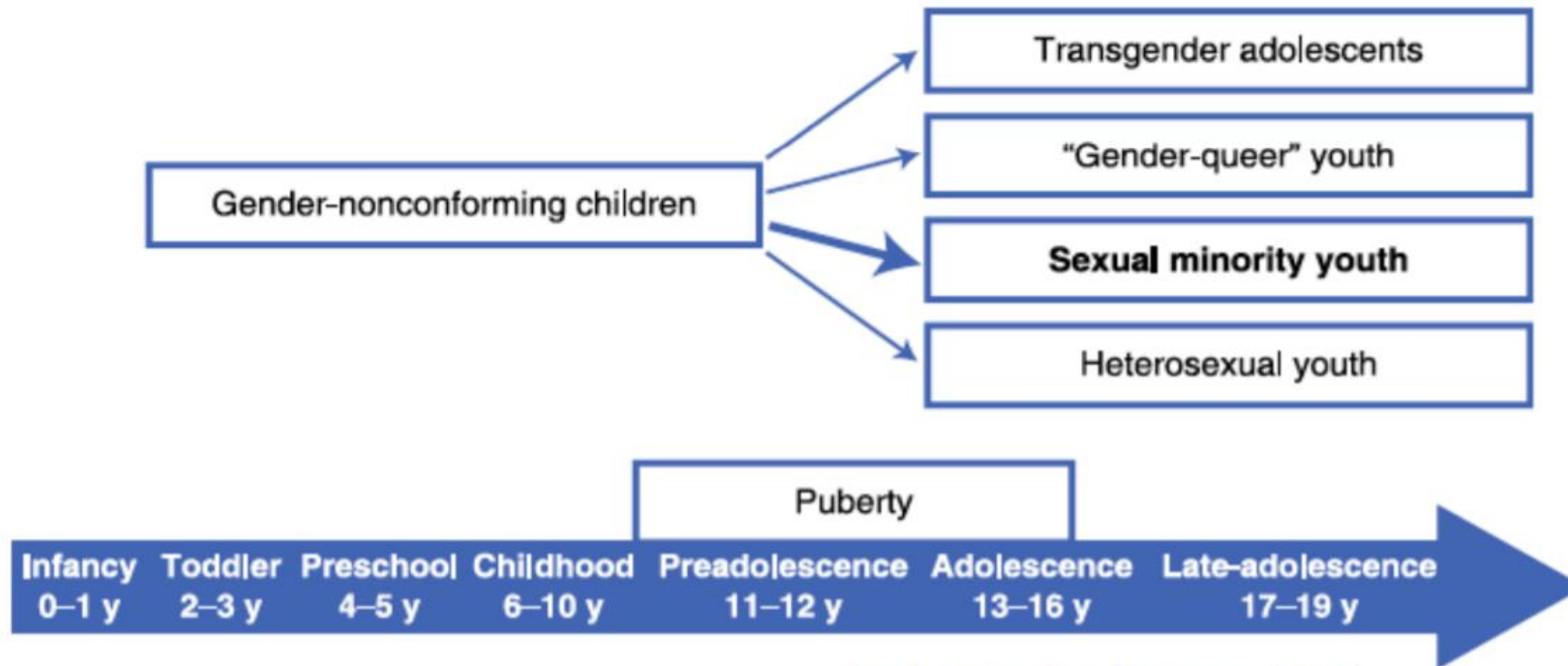
- ▶ These medications have been used safely for years for the treatment of precocious puberty.
- ▶ Preferred medications are GnRH analogues which shut down production of LH/FSH, hormones which initiate pubertal changes.
- ▶ Pubertal Blocking medications can be considered a “Diagnostic Aid.”
- ▶ Blockers give everyone more time to figure out what is the right thing to do re: medical interventions.
- ▶ Can be stopped at any time, and natal puberty will resume.

Dr. Carolyn Wolf-Gould

Fertility

- ▶ There is usually a period of years between start of blocking medication and cross sex hormones.
- ▶ If pubertal blocking agents are used, followed by use of cross sex hormone therapy, very likely there will be loss of fertility.
- ▶ Should discuss this with child and family before proceeding with irreversible changes.
- ▶ Consider cryopreservation of sperm/eggs, but will need to advance in natal gender to do this.

Possible Trajectories



(Leibowitz & Telingator, 2012)

Three Potential Outcomes

- ▶ Gender nonconformity as an expression of gender diversity and its potentiality in all children.
- ▶ Gender nonconformity as an early expression of a gay/lesbian or bi/pansexual sexual identity.
- ▶ Gender variance as an early expression of transgender identity, with or without gender dysphoria.

We cannot know the
outcome for
any child.

Affirmative Approach

- ▶ Gender nonconformity is not a pathology but a normal human variation
- ▶ Gender nonconforming children do not systemically need mental health treatment
- ▶ Caregivers of gender nonconforming children can benefit from a mixture of psycho-educational and community-oriented interventions

A Multi-dimensional Family Approach: Affirming Children and Parents (Jean Malpas)

- ▶ Protection and Acceptance, Adaption, and Nurturing.
- ▶ Parent engagement and education.
- ▶ Individual assessment and child therapy.
- ▶ Parental Coaching.
- ▶ Systemic family therapy.
- ▶ Parent support group.

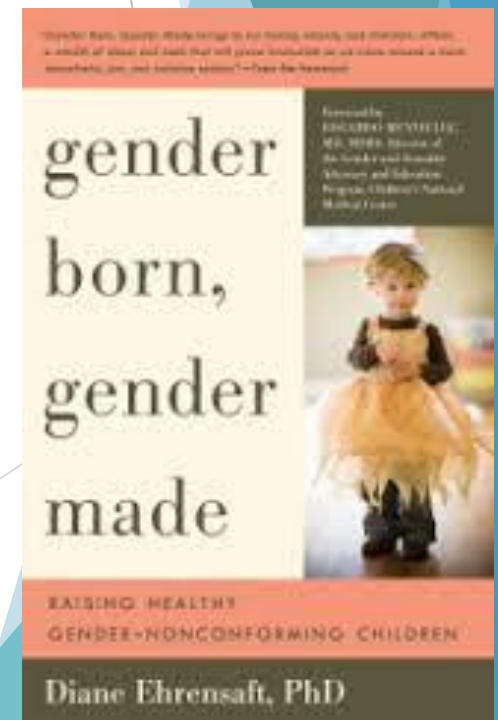
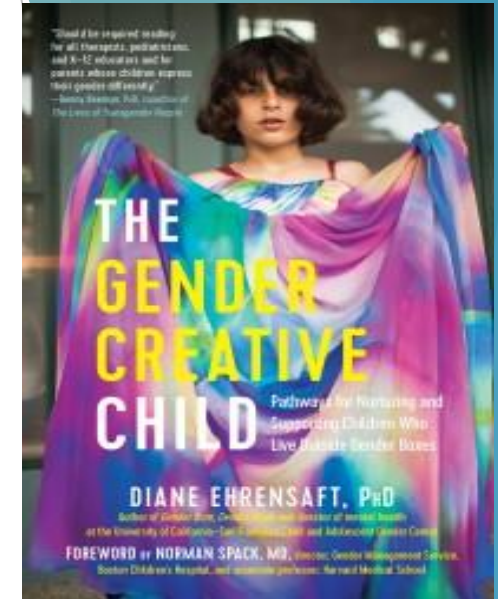
Affirmative Approaches

Affirmative approaches promote:

- ▶ Physical and emotional safety;
- ▶ Safe spaces where to explore gender and emergent identity;
- ▶ Support self-confidence, social integration;
- ▶ School advocacy;
- ▶ Family therapy.

Diane Ehrensaft

- ▶ Core gender identity is the psychological core sense of self as male or female
- ▶ Gender is an interweaving of nature and nurture
- ▶ Child is a moving target and gender development is a lifelong process
- ▶ Follow the child's lead and go where the child takes you
- ▶ Listen and respond, rather than guide, enforce or force
- ▶ There is no one healthy gender outcome
- ▶ True Gender Self: The core of gender identity vs The False Self
 - ▶ The false self is the accommodations a child makes to either please or fit in with the surrounding culture and which sometimes shield the true gender



Follow the Child's Lead

- ▶ Follow the child's lead in terms of gender roles and identification.
- ▶ What are we afraid of?
- ▶ Many trans kids are consistent, persistent, and insistent



WPATH Standards of Care

- ▶ Extensive exploration of psychological, family, and social issues should be undertaken before any physical interventions are considered.
- ▶ Adolescents may be eligible for puberty-suppression as soon as pubertal changes have begun if:
 - ▶ Long-lasting, intense gender non-conformity or dysphoria.
 - ▶ Gender dysphoria emerged or worsened at pubertal onset.
 - ▶ Teen's situation and functioning are stable enough to start treatment.
 - ▶ Adolescent & parents/guardians have given informed consent.

How do we treat teens?

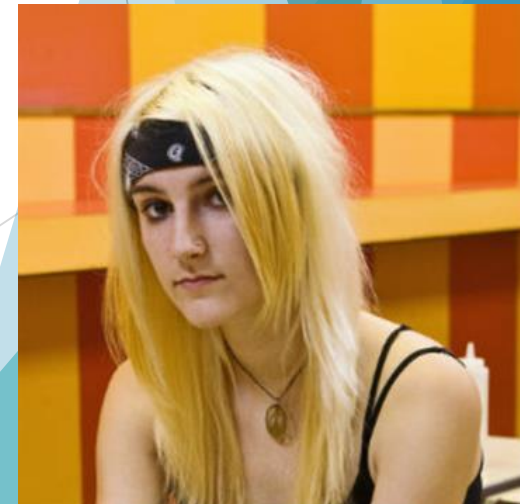
- ▶ **Reversible Interventions:** psychotherapy, social transition, pubertal blockers.
- ▶ **Partially Reversible Interventions:** cross sex hormone therapy.
- ▶ **Irreversible Interventions:** gender confirmation surgeries.



Identity Development

- ▶ By later in puberty, many adolescents are developing a more mature and focused sense of themselves and their life goals
- ▶ At the same time, they may be experimenting with sexuality and substances, and conflicts with caregivers may be escalating
- ▶ Transgender adolescents are experiencing all these changes as well as living in a body that may not fit their conception of their gender

-Dr. Carolyn Wolf-Gould



What We Know...

- ▶ Most adult trans people knew when they were very young.
- ▶ Trans youth who cannot actualize themselves are at high risk for MH problems and addictions.
- ▶ LGBTQ+ youth often feel isolated and vulnerable; research shows a high incidence of substance use and misuse, school victimization, high risk of pregnancy, HIV infection, sex work, runaways & school truancy.
- ▶ We also know that children and youth are vulnerable, and their identities are still shifting and forming.

What We Know...

- ▶ Gender dysphoria impacts self-esteem and interferes with normative development.
- ▶ Few people who transition regret it.
- ▶ Young people are exploring gender diversity and expression in new ways that are likely changing the way western culture will see gender in the future.



Benefits of Early Transition

- ▶ Trans youth would not need to develop a false self in a gender identity and expression that does not feel authentic to them.
- ▶ Their socialization would happen naturally during their pubescent years, avoiding the need to “unlearn” their original gender socialization, and then re-learn a new one.
- ▶ This developmental process would take place during the proper life-cycle stage for exploration of sexual and gender identity.



Treatment Guidelines for Youth (WPATH SOC)

Adolescents may be eligible to begin cross sex hormones therapy:

- ▶ Preferably with parental consent if patient is a minor.
- ▶ Decisions ideally should be made among the teen, family, and treatment team.
- ▶ Genital surgery should not be carried out until patient reaches legal age of majority and has lived >12 months in chosen gender role.
- ▶ Chest surgery in FTM patients could be carried out earlier.

Why Not Wait Until Their Adults?

- ▶ Allowing puberty to progress in teen's assigned or natal gender is NOT a neutral option.
- ▶ Normal puberty causes irreversible changes which can make it difficult for someone to pass in their authentic gender as an adult.
- ▶ “It is to be remembered that giving, but also withholding endocrine treatment is a momentous and responsible decision” (p. 69); accordingly, one cannot sidestep the ethical dilemmas by merely avoiding them, especially given the devastating impact puberty can have on this population.

Gooren and de Waal (1996)

Implications of Research

- ▶ Research has shown that people who medically transition in adolescence show improved post-surgical psychological adjustment as compared to trans people who transition later in life.
- ▶ Early transitions make for successful adult lives, in terms of relationships, education, career, etc.
- ▶ What is the ethical impact of NOT assisting these young people?



School Challenges & Needed Advocacy

- ▶ Bathrooms
- ▶ Locker Rooms
- ▶ Unaccepting or “Concerned” Parents
- ▶ Sex Segregated Activities
- ▶ Access to Resources
- ▶ Pronouns
- ▶ Dress Code
- ▶ Inclusive Policies
- ▶ Bullying
- ▶ Confidentiality



Parental reactions

- ▶ What did I do wrong?
- ▶ Why is my child like this?
- ▶ Is there something wrong with my genes (my husband's genes; the father's chromosomes; the sperm donor's genetics)?
- ▶ Is my child gay?
- ▶ Can you fix it?
- ▶ Will he grow out of it?
- ▶ Should I make her wear girly clothing; should he play more sports?
- ▶ My husband blames me for not disciplining him;
- ▶ My wife blames me for not accepting him;
- ▶ My mother wants me to send him to a treatment deprogramming center;
- ▶ My priest/minister wants me to exorcise/heal him;
- ▶ The school won't let him wear those clothes;
- ▶ DSS/CPS won't let me let him wear those clothes;
- ▶ People on FB say I need to start medical treatment ASAP.



Parental Influence on Sex & Gender Identity

“Parents have little influence over their children’s gender identity, but extensive influence over their children’s gender health.”

Diane Ehrensaft

Caitlin Ryan

The Family Acceptance Project

- ▶ Children whose parents more often engage in accepting behaviors have significantly more positive long-term mental and physical health outcomes than youth whose parents did not exhibit accepting behavior.
 - ▶ talking with a child
 - ▶ expressing affection
 - ▶ advocacy

Rejecting Family Reactions

- ▶ Refuse to believe that youth is trans - “just a phase.”
- ▶ Restrict access to trans positive information, including peers and community resources.
- ▶ Tell trans youth that the way they look, act or behave is shameful to the family
- ▶ Use religion to condemn youth’s trans identity; pressure to pray or attend religious services to change identity
- ▶ Don’t talk about youth’s trans identity
- ▶ Try to change youth’s trans identity

Family Acceptance Project, Caitlin Ryan, 2012



Affirming Family Reactions

- ▶ Express affection and caring for trans youth
- ▶ Support gender expression
- ▶ Welcome youth's LGBTQ+ friends to the home
- ▶ Advocate for youth when they are mistreated because of trans identity
- ▶ Believe trans youth can have a happy future
- ▶ Talking with faith leaders and congregations about supporting trans people and welcoming them to services and activities.



Family Acceptance Project, Caitlin Ryan, 2012

Supportive Family Responses

- ▶ Tell youth they respect and/or support them
- ▶ Use their chosen name
- ▶ Use the correct pronouns
- ▶ Stand up for them with family, friends, or others
- ▶ Do research to learn how to best support them
- ▶ Give money to help with gender transition
- ▶ Provide help with changing name and/or gender on an ID document



Working with Parents/Caregivers

- ▶ Main concerns: fear for safety and social integration.
- ▶ Main experience: Anxiety on edge of unknown.
 - ▶ Sense of responsibility and fear of influence.
 - ▶ Too accepting and expose my child to violence?
 - ▶ Not accepting enough and inflict more suffering?

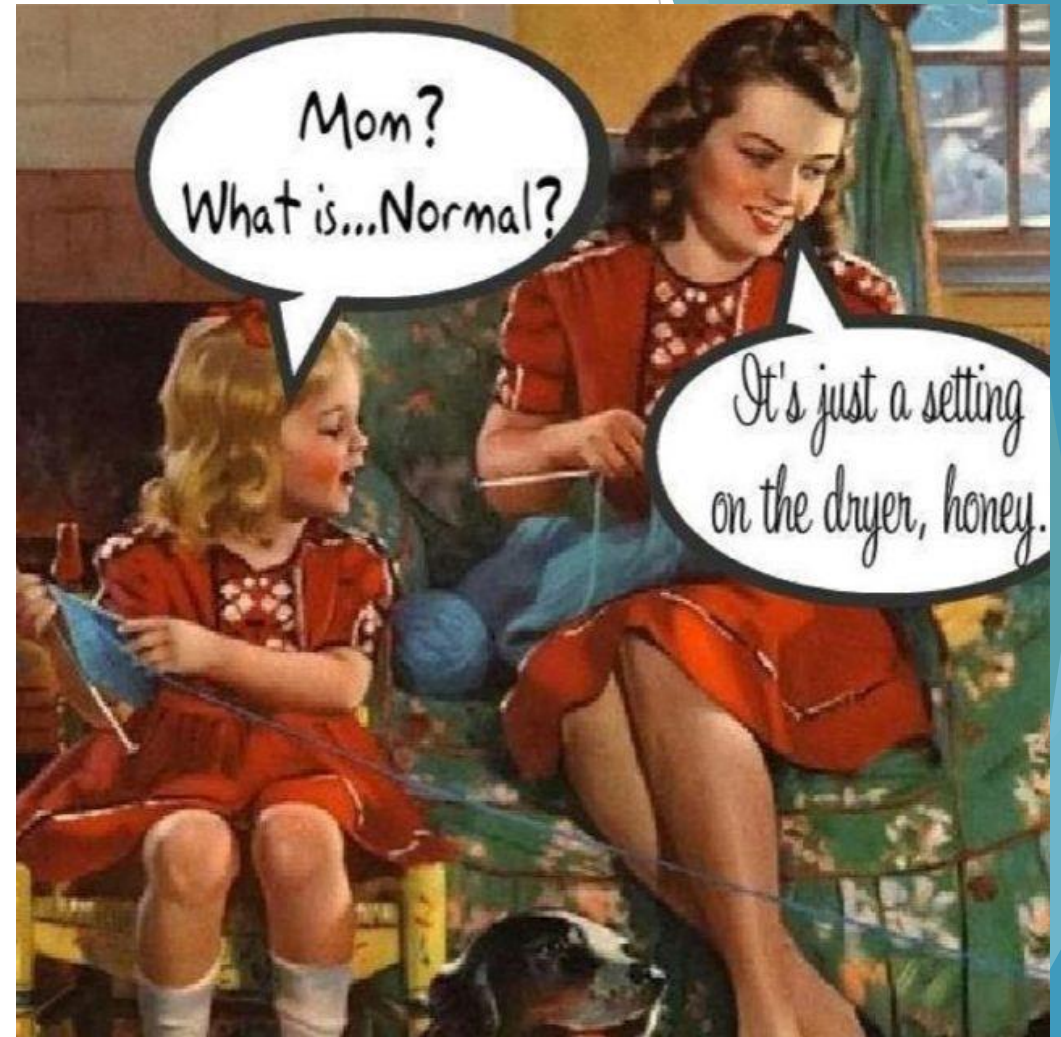


Working with Parents/Caregivers

- ▶ Loss of expectations, narratives, dreams.
- ▶ Feeling scrutinized and implicitly blamed by both conservative and liberal sources.
- ▶ Maintaining normative parental control.
- ▶ Living with ambiguity!



Regardless of whether a gender nonconforming child transitions socially or medically, it is in the best interest of all children expressing gender nonconformity to have their authentic expressions of gender supported by peers, parents, teachers, and other adults in their lives.



THANK YOU!



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