



A voice for parents with  
gender-questioning kids

# Brief Guidance for Friends and Family

## SUPPORTING GENDER-DIVERGENT CHILDREN AND THEIR PARENTS

This brief guidance is aimed at friends and relatives who wish to help support a gender diverse young person. In a world which pushes more and more to categorize and classify, we want to create space for a wider understanding for gender non-conforming individuals.

### DIFFERENT BELIEFS

**Some people believe in the concept of gender identity theory.** This theory suggests that everyone has a gender within them, akin to a soul, that is perhaps male, female, non-binary or some other gender, and some people's bodies do not match with their sense of gender identity. People who believe in gender identity theory often believe that medical transition is the best way to alleviate gender-related distress.

**Other people believe in a more developmental approach** whereby we are born within our bodies, with reproductive organs that produce hormones such as estrogen and testosterone which combine with other aspects of our psyche to shape our behavior. Gender dysphoria is a condition which develops as a result of the distress a person feels when they don't feel comfortable with aspects of their sense of self and the gender roles they perceive society expects from them. People who believe in the developmental model often believe that, although medical transition might relieve the distress, it doesn't always, and so a holistic approach can be more appropriate for a young person who is yet to become a fully-functioning adult.

This can be an extremely challenging time for families – especially when some family members believe in gender identity theory and others believe the developmental approach makes more sense. As friends and relatives of a person who is exploring their gender, it is helpful for you to remain a **supportive presence**.

### COMMUNICATION

When seeking to support the child, perhaps the most important focus is to **try to improve effective communication**. This includes **active listening**, whereby you can engage fully in a positive and attentive approach to listening deeply while the child speaks.

**Keep communication paths open** as this might be a key way for your loved ones to reach out to you. If they tend to confide in you when you are in the car, or late at night, or even through online messaging, be prepared for this pattern to continue. There is a time for listening and a time for speaking: in this context, timing is ultra-important. Sometimes it is much more valuable if you can focus on listening; other times the speaker seeks more input.

It can be important that you don't overwhelm with advice or information when the speaker is feeling vulnerable. Indeed, it is often more helpful to withhold judgment and advice as **you don't know what you don't know**. Yet it is important to note that you can show support to someone without having yet formed an opinion about whether you agree or disagree with them. It can be helpful to **paraphrase and reflect back** what the person is saying to you, perhaps with questions such as "So if I'm hearing you right, you're saying you are trans and you have always been trans?" or "I might have this wrong, so correct me if I do, but are you saying that you want to undergo full medicalization as soon as possible?" You also might find it helpful to **gather information by remaining curious and open-minded**. To parents, you might ask "Am I right in thinking that you

think your child is manifesting inner distress through identifying as trans?” or “Do you favour gender identity theory or the developmental approach to gender distress?”

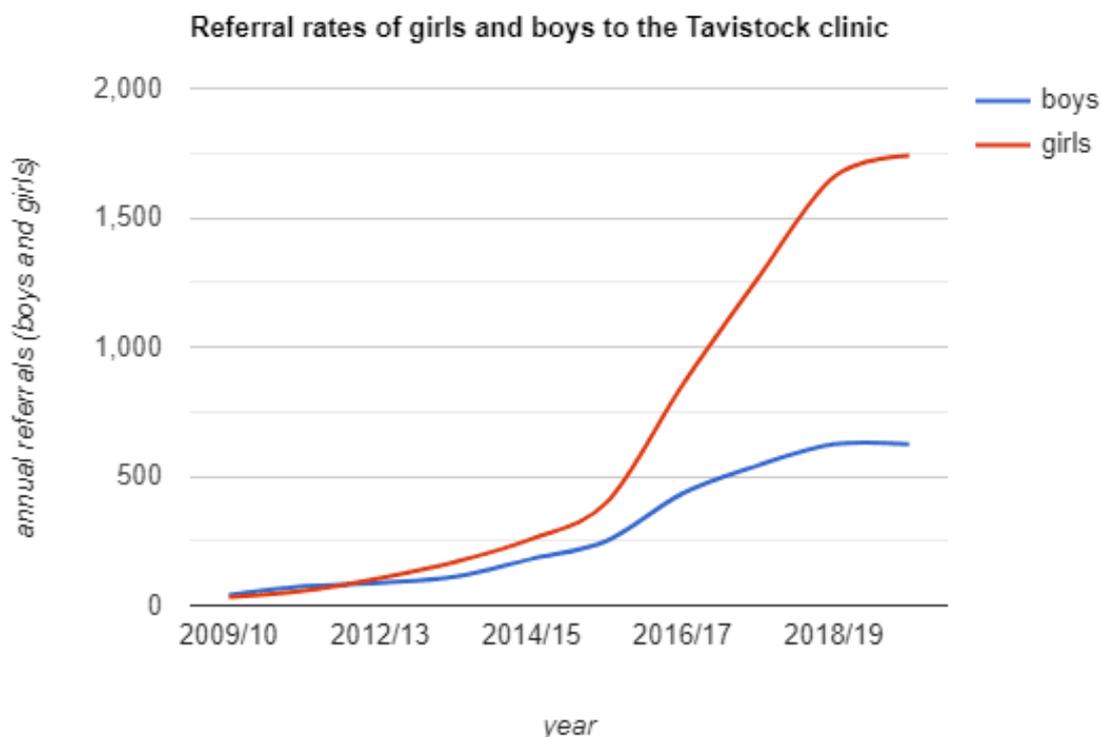
You will one day have the opportunity – if you can manage to keep the lines of communication open – to say your piece; at first, however, it is more helpful to fully inform yourself so that you can understand what exactly is going on. This is why we recommend **gentle, compassionate curiosity** along with a commitment to read or watch a range of content before you choose to weigh in with an opinion.

## KNOW YOUR STUFF

It is important that you **take the time to learn the terminology and the acronyms** so this does not become a superficial obstacle to communication during this difficult period.

**Well-meaning, misinformed adults** can inadvertently cause a lot of unnecessary distress within families and if you are not fully informed about the different theories then **you should consider reading and studying this field before you voice strong opinions about these issues**. This is why we recommend that family and friends first listen carefully and without judgement and then read, watch or listen to content that helps you see the bigger picture. While this can be very difficult, the most helpful action you can take for a family you love is to make sure you come from a well-informed position.

This is a highly contentious field and the numbers have escalated at extraordinary speed: a 2000% rise in the number of young people questioning their gender has been observed in many countries. Data from the UK demonstrate this surge clearly:



By contrast, until a few years ago, roughly 1 in 10,000 males and 1 in 30,000 females experienced gender dysphoria. As this is such a new field, there is a serious lack of high quality research. Sadly

much of the available research relies upon [poor quality evidence and online surveys](#). As there is so much low-quality, biased evidence, this poses a serious challenge to everyone's ability to have an informed viewpoint, and so we recommend you learn to penetrate the content so that you are aware of whether it is reliable and/or high quality data.

Many people presume that 'trans is the new gay' without giving much more effort into understanding what might be going on. Trans is not the new gay: there are many differences between sexual orientation and gender identity. For example, being gay does not require participation from friends and families; it does not require a change of speech with regards to names and pronouns; and it does not need lifelong medical intervention that carries a heavy burden on the body. Medical transition leads to [infertility](#), [sexual impairment](#), and [significant health complications](#). These serious consequences suggest that the concerned adults should make sure that any permanent decisions are taken with due care and consideration.

**Teenagers often believe they know more than they do.** It is not helpful for friends and relatives to presume that the teenager has access to more wisdom than their parents. It is helpful to read the limited evidence that is available. Here are some examples of topics you can inform yourself on:

- The reality of puberty blockers (see [here](#))
- The role of the school (see Genspect's [Guidance for Schools](#))
- The risk of suicide (see section below)

## COMORBIDITIES

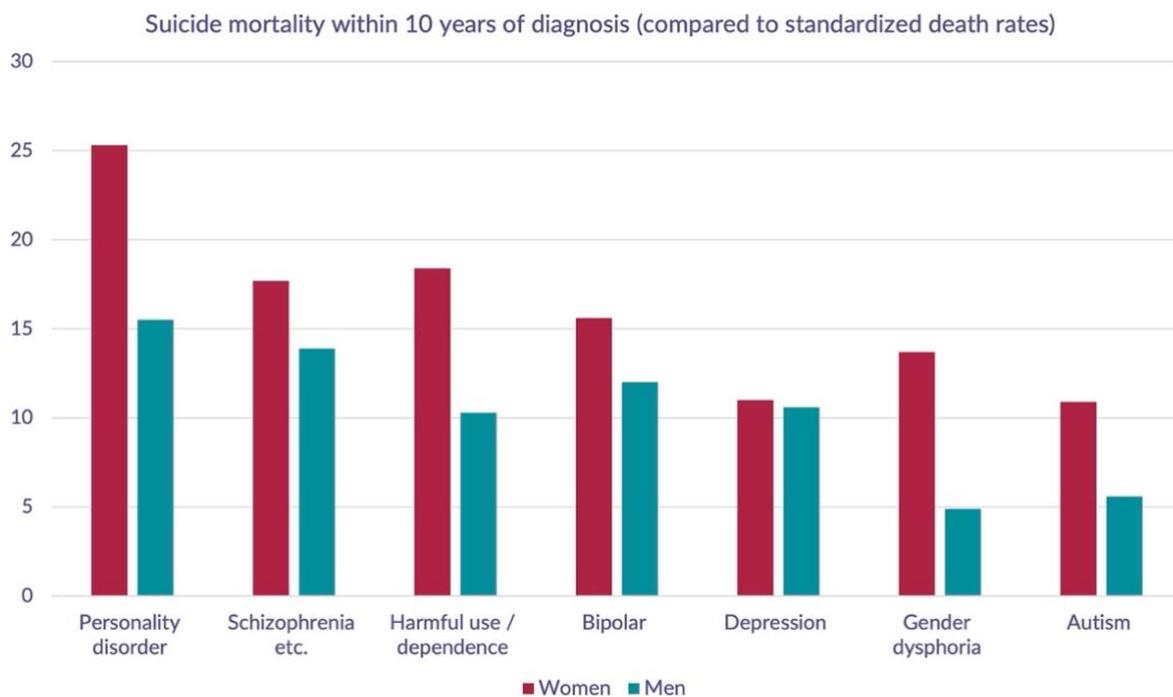
Trans-identification is linked with a variety of other conditions and issues, and it's important that you understand how these connections may influence young people's behavior. In particular, you should be aware of the links between trans-identification and:

- Certain neurological conditions such as ASD, ADHD and OCD (see [here](#))
- Mental health issues such as, psychosis and depression (see [here](#) and [here](#))
- Disorders such as psychopathology, mood disorders and anxiety disorders (see [here](#) and [here](#))

[This paper](#) by Dr. Lisa Littman highlights many of the comorbidities above, as well as the role of eating disorders, trauma, bullying and self-harm. You can also find out more about comorbidities via [Stats For Gender](#).

## SUICIDE & SUICIDALITY

While every suicide is a tragedy, and suicidality must be cautiously handled, the risk of suicide is often overstated in the context of gender dysphoria. The best quality evidence comes from a [Swedish Governmental Authority report](#), which places it at 0.6% — lower than many mental health conditions and/or other challenges:



Evidence also suggests that the risk of suicide among males with gender dysphoria is lower than the risk faced by gays and bisexuals. As the Gender Identity Development Service in the UK's largest gender clinic puts it: "suicide is extremely rare". This sentiment is echoed by the Chair of Children and Adolescents at WPATH, Dr Laura Edwards Leeper, who states:

*"As far as I know there are no studies that say that if we don't start these kids immediately on hormones when they say they want them that they are going to commit suicide. So that is misguided...in terms of needing to intervene medically to prevent suicide and doing it quickly, I know of no studies that have shown that."*

Find out more about suicidality [here](#), [here](#) and [here](#), and via [Stats For Gender](#).

## THE ONLINE WORLD

**Be aware of online influences.** You might think the young person has acquired an extensive education in Queer Theory and Gender Identity Theory, but many young people have been massively impacted by an online community that doesn't know them in real life. As Bayswater Support Group advise: [The internet isn't your family's friend](#).

**Parental alienation** is a serious issue and children will often be led to perceive their parents as controlling, unsupportive, hateful and/or bigoted. It is imperative – and very difficult – that friends and relatives realize that there are many more underlying complexities to transgender identification than meet the eye. It is accepted within the mental health field that if at all possible **the parent-child bond should be supported and protected**.

This is the first generation of kids to grow up with smart phones in their pockets. When we look at the extraordinary rise in the numbers, we can easily see how online influences began to take hold in a serious manner: it is worth noting that WPATH's (World Professional Association for Transgender Health) inappropriate Standards of Care were published in 2012 – the very same year that the impact of the combination of high speed WiFi, smart phones and social media platforms began to accelerate wildly.

**You may need to educate yourself about the echo chamber that arises online.** Films such as [The Social Dilemma](#) will help you understand how algorithms effect content. Do not under-estimate the impact of YouTube and associated sites on the young person's psyche.

## **SUPPORTING THE GENDER NONCONFORMING YOUNG PERSON**

**While the child or young person may seek to narrow their world, it is the adult's role to help to expand their world.** It is valuable to help reduce the time they spend online ruminating. This might mean spending money on new hobbies, activities and interesting holidays that bring some joy into the situation.

**Many gender divergent young people are cerebral:** they live in their minds, and are disconnected from their bodies. Activities such as horse-riding, mountaineering or sailing that focus on what the body can do rather than how they feel or what they look like can provide psychic relief to young people.

The layers of complexity within gender-related distress can feel unfathomable and **many people feel overwhelmed and begin to avoid the family. Please don't do this.** Equally, when our friends are in mental distress, we may feel an overpowering urge to jump in and save everyone with a solution to the crisis. Yet, often the most important thing a person can do is sit tight, offer kindness, love, understanding and boundaries and help the distressed person to widen their interests.

This can be a long and complicated process and family and friends will need to **prepare for the long game.** There might be desistance; there might be relapse; the gender-related distress might move in another direction and then boomerang back again with even more intensity.

It is very easy for parents and the gender divergent young person to become completely consumed by gender; equally, siblings, friends and family can feel disaffected and alienated by it all. Younger children can feel bewildered while older siblings can feel resentful. Yet **everyone in the world is equally important** and the young person's demands or feelings are no more important than anybody else's. It is more helpful for the gender divergent individual to realize that their feelings and needs should not take precedence over other people's feelings and needs. This approach contextualizes the situation for the young person and leads to a greater understanding of the larger picture.

**There is a difference between enabling and supporting: please make sure that you are sensitive to this difference.** As a rule of thumb, enabling means that you are helping a person to live in a self-destructive manner while supporting means you are helping a person to live a healthy life.

## **SOCIAL TRANSITION**

Social transition is [a powerful psychological intervention that should not be undertaken without clinical supervision](#). It typically involves a change of name and pronouns, accompanied by the adoption of hairstyles and clothes stereotypically associated with the style of the desired gender.

Girls may wish to wear a binder; boys may wish to "tuck". However, there are [negative health effects](#) to consider:

- [Binders](#) cause significant problems: overuse can lead to [serious physical complaints](#), including [effects on lung function](#). A sports vest or sports bra can be worn without incurring these risks.

- Equally, [genital “tucking” can be associated with cryptozoospermia](#) and [testicular torsion](#).

The young person might wage a campaign to socially transition. They might also become determined to acquire an appointment at a gender identity clinic, sometimes as a means to ensure they can medically transition, other times to consolidate within their own mind that they are ‘really’ transgender. Although this might seem like the perfect solution for the young person, it is not necessarily the case. This is why a fully-informed perspective is so important.

## NAMES AND PRONOUNS

**We recommend separating decisions about names and pronouns:** these are not the same issues and [need separate analysis](#). Young people have adopted nicknames for generations and it can be a valuable compromise at a critical point in the relationship. It may also serve to help the adolescent who wishes to individuate from their parents. On the other hand, it can work to solidify an identity that is still in formation. A nickname doesn’t feel like a big deal for some while it feels like a massive step for others: we urge adults to honor their own feelings in this regard. If a nickname feels necessary, **we recommend favoring a gender neutral nickname so as to allow the young person to continue to explore their identity without foreclosing future options.**

There is no evidence in the literature about the impact of changing our pronouns: this is an entirely new concept and it has unknown consequences on young people’s psyche. **We do not recommend changing pronouns**, especially if this might create a feeling of inauthenticity in your relationship with the young person: when a person is vulnerable, we should try to make sure we can remain authentic and seek to remove any superficial obstacles to our connection. As with all decisions that might have far-reaching consequences, we recommend that you should remain ‘neutrally positive’ as you try to weigh up the pros and cons of any decision. **We recommend adults maintain their authority** as it is the adults’ job to set the pace and to make the significant decisions.

## MEDICAL TRANSITION

Many parents are very concerned about foreclosing their child’s options for the future and this is why they wish to slowly weigh up the advantages and disadvantages pertaining to the medicalisation of an individual’s identity. As the Jungian analyst Lisa Marchiano says, the parent is the world-expert on their own child. As a friend or relative, this is the time to respect the authority of loving and engaged parents and to take your time to evaluate the impact of each decision you choose to make in this context.

Friends and family might believe that medical transition is the most important objective as it will apparently relieve the young person’s distress. However, this may not necessarily be the case. The largest long-term study on the transgender population show that they continue to be vulnerable to mental health issues post-transition; indeed, [people who have medically transitioned are 19 times more likely to die by suicide than the general population](#). It is not helpful for families and friends to presume the solution is simple or obvious – gender dysphoria is a complex condition that requires intense focus and a deep understanding.

## BOUNDARIES

**Take your time to figure out your boundaries.** This is a very complex and fast-changing field with many variables. We urge that adults don't attempt to match the adolescent's hurried pace – during uncertain times it is more valuable for the adults to proceed with caution rather than respond to young people's demands for speed. The teenage brain is [a brain that is still under construction](#), with low judgement, low impulse control, high emotionality and an excitable reward system that is sensitive to social judgement. Adolescence isn't a good time for wise or reliable decision-making.

There is no one size that fits all – each person needs to figure out their own boundaries within their own context. Some people feel more comfortable establishing and/or communicating a bottom line while others prefer to remain more circumspect about their approach; still others believe a flexible outlook is more important.

## SUPPORTING THE FAMILY

**Friends and relatives might need to take a robust, well-thought out, compassionate and flexible approach.** The framing of language is important to help the young person gain an understanding of themselves and the world. Queer theory seeks to subvert power dynamics through changing – 'queering' – our language. The young person might become fixated upon language and it is helpful for the adults not to allow themselves to become equally fixated. This is very difficult and you might need to liaise with the family about this.

You may need to read about how it is perfectly natural for a young person to explore their identity – indeed, **identity formation is a normal developmental task of adolescence**. This is why we believe it is not appropriate to foreclose other options by fixing on one landing-place when further transformation might take place in the future.

This is a lonely, difficult, bewildering and disorientating challenge for the family. If you are a friend or relative, you can help by providing days out, by meeting for lunch, or taking trips to the cinema.

**Ordinary, fun events are worth their weight in gold during this fraught time.**

**Mistakes will be made:** indeed, many mistakes will be made. Because we are human. Forgiveness and compassion are profoundly important when conflict arises within a family. As the poet Maya Angelou advises, "Do the best you can until you know better. Then when you know better, do better." None of this is easy or fair, and some families have been hit much harder than others because of the people and the professionals involved. **Love, compassion and understanding helps.**

## CONNECTING WITH YOUNG PEOPLE

It is important that friends and relatives are sensitive to the fact that the young person might be working through a past trauma or they might be figuring out their identity. They might have repressed their sexuality and [be experiencing intense internalized homophobia](#); many different conflicts could be taking place. We urge you to 'Hasten Slowly', giving the child the space and time to work out any inner conflict.

The chances are high that if a young person is experiencing gender-related distress they are also experiencing [significant other challenges](#). Gender-related distress occurs in a context: it is not an encapsulated condition that occurs on its own and the impact of complex pre-existing family, social,

psychological and/or psychiatric conditions need to be acknowledged and figured into your understanding of the young person's distress. For example, [ASD can weigh heavily on some young people](#) and they might need more time and space to work through their identity issues. As the therapist Sasha Ayad says, "nobody is simply a walking gender identity": we contain multitudes.

## AUTHENTICITY

Authenticity is very important when an adult wishes to connect with their child. Many adults presume that the most important role they play is to instil confidence in the young person however authenticity is actually more important. Telling a young person that everything they say is great can create a false sense of confidence in a young person; far better to remain authentic and speak truthfully.

Adolescents can spot fakery from a thousand paces; there is much more value for an adult to say, "I'm not sure quite what to say to this, I don't know this world so I won't say anything, I'll have a think and I'll read up on it and come back to you," rather than something mindlessly positive. Many adolescents use a pre-prepared script when they come out as trans, and this can seem like a wildly fake and pretty shallow understanding of their personality. However, it feels like a deeply important event to the adolescent. Patronising fakery is not the appropriate response to an anguished cry from the wilds. We recommend adults speak from the heart and give a genuine but muted response and ask for time so they can learn more. . For example, "I can hear that this is deadly serious for you but I feel out of my depth so I'm just going to focus on trying to understand rather than trying to figure out what I think just yet."

## FINDING BALANCE

Finally, **help the family to regain some balance in their life**. Gender has become a heightened political issue and it can feel like every day is a new battle – both within the home and within the media. **It is valuable if you can help the family to take a break from gender**; bring some light relief; speak about Other Things.

Many parents have lost touch with their friends and family as the lack of understanding has been very difficult to navigate. The loneliness can be overwhelming at times: that's why we encourage friends and families to reach out to both parents and children in the household to help to lift their mind, even for a few minutes, out of the distress. **We recommend you choose further content from [our online resources section](#) to help you gain a wider perspective on this issue.**

As a family friend or relative, it is kind of you to read this. We welcome further queries and we hope you will continue to inform yourself so you can provide helpful and appropriate support.

*Author: Stella O'Malley, October 2021*

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