



Brief Guidance for Friends & Family



SUPPORTING GENDER-DIVERGENT CHILDREN AND THEIR PARENTS

This brief guidance is aimed at friends and relatives who want to support a gender-divergent young person. In a world which pushes more and more to categorize and classify, we want to create space for a wider understanding of 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: this gender might be male, female, non-binary or perhaps something else. Gender identity theory also argues that some people's bodies do not match their sense of gender identity. People who believe in this theory often believe that medical transition (taking hormones and even undergoing surgery) is the best way to alleviate gender-related distress.

Other people believe in a more developmental approach. This focuses on the idea that we are born within our bodies, with reproductive organs that produce hormones such as estrogen and testosterone that combine with other aspects of our psyche to shape our behavior. According to this approach, incongruent feelings around gender can be explained by the concept of gender dysphoria. Gender dysphoria is a condition which develops as a result of the distress a person experiences when they are uncomfortable with aspects of their sense of self and the gender roles they perceive society expects from them. People who believe in the developmental model argue that medical transition may or may not relieve this distress, 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 if some family members believe in gender identity theory while others believe that the developmental approach makes more sense. As a friend or relative of someone who is exploring their gender, it is most helpful for you to remain a supportive presence.

COMMUNICATION

When seeking to support the child, perhaps the most important thing you can do 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: this is often 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; at 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. In fact, it is often more helpful to withhold judgment and advice: after all, you don't know what you don't know. However, it is important to remember that you can show someone support without having 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. You might ask parents, "Am I right in saying that you think your child is manifesting inner distress through identifying as trans?" It may also be helpful to ascertain

whether they believe gender identity theory or the developmental approach to gender distress, as described above.

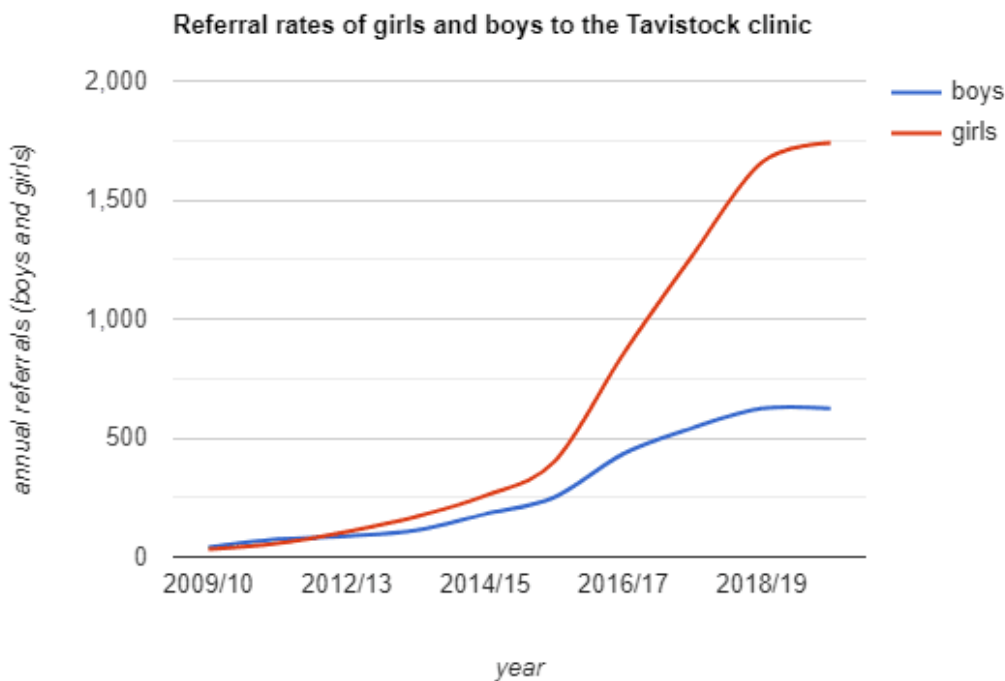
If you can manage to keep the lines of communication open, you will one day have the opportunity to say your piece. At first, however, it is more helpful to inform yourself fully, so that you can understand exactly what is going on. This is why we recommend gentle, compassionate curiosity along with 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 acronyms, so these do not become superficial obstacles to communication during this difficult period.

Well-meaning, misinformed adults can inadvertently cause a lot of unnecessary distress within families; if you are not fully informed about the different theories, you should consider studying this field before you voice strong opinions. 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 them to 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.

Gender is a highly contentious field, and the numbers of young people questioning their gender have skyrocketed, with a 2000% rise in the number of young people questioning their gender [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. Unfortunately, much of the available research relies upon [poor-quality evidence and online surveys](#). The lack of solid, unbiased evidence poses a serious challenge to everyone's ability to have an informed viewpoint. Because of this, we recommend you learn to penetrate the content so you can determine whether it is reliable, high-quality data.

We believe that this new phenomenon of large numbers of young people questioning their gender is best described as [“Rapid Onset Gender Dysphoria”](#). This description, coined in 2018 by American public health researcher Lisa Littman, provides what we believe is the best account of the new cohort of gender-questioning adolescents: while it is not a diagnosis, this description factors in the strong role of social influence among these children, as well as the significant levels of comorbidities (co-occurring conditions and diagnoses). While the term itself is not universally accepted, the research upon which it is based has stood the test of substantial academic scrutiny.

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](#). Such serious consequences suggest that concerned adults assure that any permanent decisions are made 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 teenagers have access to more wisdom than their parents. It is helpful, on the other hand, to read the limited evidence that is available. Here are some examples of topics you can inform yourself on:

- [The reality of puberty blockers](#)
- [The role of the school](#)
- The risk of suicide (see section below)

Get all the facts
and stats you need
at our sister site,
statsforgender.org.

Click [here](#) to
get started!



COMORBIDITIES

The development of transgender identities 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 with:

- 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](#))

For a general overview of the role of comorbidities, you may wish to read [this paper](#) by Dr. Lisa Littman, which investigates many of the topics above, along with the role of eating disorders, trauma, bullying and self-harm.

SUICIDE AND 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.

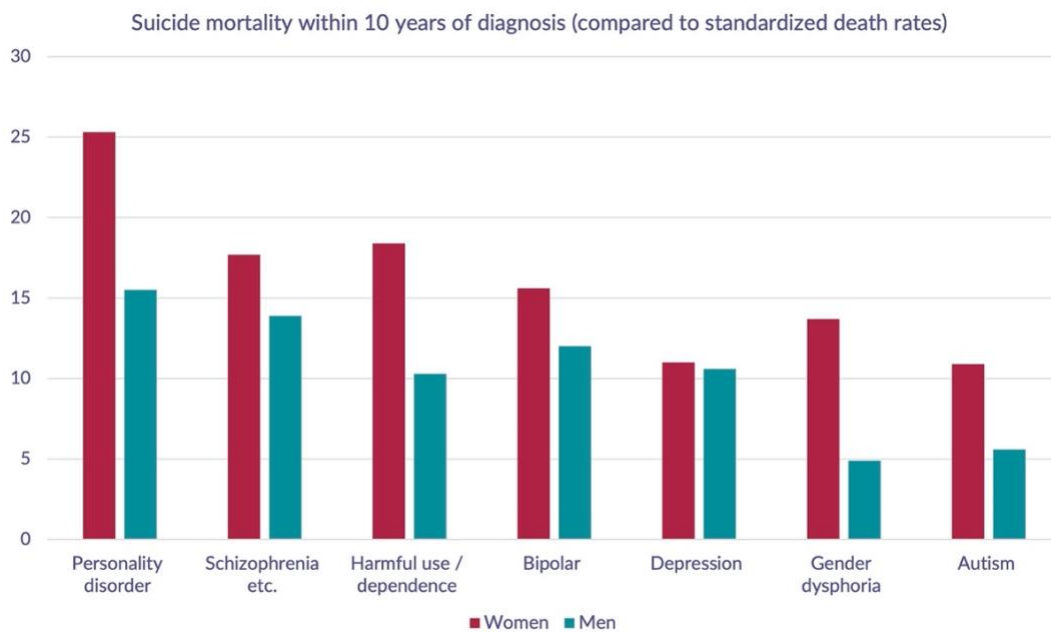
As the Gender Identity Development Service at the UK's largest gender clinic [puts it](#), "suicide is extremely rare." This sentiment is echoed by the Chair of Children and Adolescents at WPATH:



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.

— Dr. Laura Edwards-Leeper, Chair of Children and Adolescents at the World Professional Association for Transgender Health

The best quality evidence on suicide comes from a [Swedish Governmental Authority report](#), which places it at 0.6% – lower than many mental health conditions and/or other challenges:



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

THE ONLINE WORLD

We advise you to be aware of online influences on today's children. Many young people have been profoundly impacted by an online community that doesn't know them in real life: while this may look superficially as though they have acquired an extensive education in Queer Theory and Gender Identity Theory, the reality can be far more pernicious.

While a YouTube influencer may feel like an innocuous or even positive presence, such influence can often be detrimental, encouraging young people to seek short-term solutions for complex problems which deserve a more thoughtful analysis. Undue peer influence, pornography and inappropriate sexual relationships can often go unnoticed when heavy internet use is a feature of a young person's life. As Bayswater Support Group advise: [The internet isn't your family's friend](#).

Parental alienation is a serious issue: children may quickly develop a perception of their parents as controlling, unsupportive, bigoted or even hateful. Even though this may be difficult to navigate, it is imperative that friends and relatives recognize 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) Standards of Care were published in 2012 – the very same year that the impact of the combination of high speed Wi-Fi, smart phones and social media platforms began to accelerate wildly, some time before a more sophisticated analysis of these phenomena arose.

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. We advise you not to underestimate the impact of YouTube and associated sites on the young person's psyche.

SUPPORTING GENDER NON-CONFORMING YOUNG PEOPLE

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, and sailing bring focus to what our bodies *can do*, rather than to how they look or feel, and 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 the day by providing a solution to the crisis. Yet the most important thing a person can do is often to 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, only to boomerang back with even more intensity.

It is very easy for parents and the gender-divergent young person to become completely consumed by gender; conversely, siblings, friends, and family can feel disaffected and alienated by it all. Younger siblings can feel bewildered; older siblings can feel resentful. Yet all family members are equally significant, and the young person's demands and 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.

THERAPY

We have serious concerns about affirmation-only therapy, which we believe forecloses other options for the therapeutic client. While it is important to affirm the depth of the young person's feelings, affirmation can stray into confirmation unless the therapist retains the ability to explore the whole picture.

Affirmative-only therapists use a model which prevents them from taking a depth-perspective of the young person's feelings, which risks glossing over other factors which may be causing them to question their gender identity. We strongly believe that therapists' hands should not be tied in this way.

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, to flatten their breasts; boys may wish to “tuck”, reducing the apparent size of their genitalia. 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 get an appointment at a gender identity clinic. Sometimes, this is a means to ensure they can medically transition; other times, this is 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 issue and [need distinct analysis](#).

Young people have adopted nicknames for generations; this 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. While a nickname may not feel like a big deal for some, it can feel 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 psyches. 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: it is the adult’s 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: this is why they would rather take the time to weigh up the advantages and disadvantages pertaining to the medicalization of an individual's identity. As the Jungian analyst Lisa Marchiano says, each 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 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, the largest long-term study on the transgender population show that they continue to be vulnerable to mental health issues after 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.

There are growing numbers of people detransitioning. However, there is still no research that yields an estimate of the rate and timing of desistance from a trans identity among older teens and adults. [A recent study](#) demonstrates that the causes of gender distress may only become clear with the benefit of hindsight: factors such as trauma and unmetabolized grief may have profound effects on young minds.

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 perhaps communicating a bottom line; some prefer to remain more circumspect about their approach; and some believe that the highest priority is to maintain a flexible outlook.

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; 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.

It may help you to read about how it is perfectly natural for a young person to explore their identity – in fact, 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, 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. 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 help.

CONNECTING WITH YOUNG PEOPLE

Friends and relatives should be sensitive to the fact that the young person might be working through a past trauma, or simply 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 young person the space and time to work out any inner conflict.

Many young people may be unaware that the medical profession has made mistakes in the past. From electroshock "treatments" purported to "cure" homosexuality and the scandal of lobotomizing patients to the more recent (and [discredited](#)) phenomenon of "multiple personality disorder", the healthcare industry cannot claim to have an unblemished record. It may help your relationship with a young person to impress upon them the fact that science is a process, not an endpoint — and scientists get things wrong.

If a young person is experiencing gender-related distress, it is likely that 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 needs 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.

Do the best you
can until you
know better.
Then when you
know better,
do better.

— Maya Angelou



AUTHENTICITY

When an adult wishes to connect with their child, authenticity is vital. Many adults presume that the most important role they play is to instil confidence in the young person, but 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; it is far better to remain authentic and speak truthfully.

Adolescents can spot fakery from a thousand paces. Rather than saying something mindlessly positive, it is far more valuable 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."

Many adolescents use a prepared script when they come out as trans; this can give the impression that they have a shallow understanding of their personality, or even come off as altogether fake. However, the moment of coming out 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, asking 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 – whether within the media or within the home itself. 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 minds, 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.

Written by Stella O'Malley, Psychotherapist and Executive Director of Genspect

Take a wider look at gender, with the Gender: A Wider Lens podcast.

Click [here](#) to listen.



Want to find out more?



Genspect Training

As part of our mission to improve understanding of sex and gender issues, Genspect offers comprehensive training for schools, colleges and universities.

With sensitivity, compassion and factual information, we cover topics such as gender and gender identity exploration, sexuality and sexual orientation, mental health, bullying, bias, the rights of the child, the role and responsibilities of parents, and the role of the educator and the school community.

To find out more, drop us a line via the email link above.