



# Genspect Parent Starter Pack

*A practical, compassionate guide for families  
navigating a child's gender distress*

Working Draft

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## A Letter to Parents

Your child has just told you they identify as trans, non-binary, or another gender identity. In that moment, it can feel as if the ground beneath you has shifted. You might be feeling love, worry, confusion, or fear—sometimes all at once. Whatever your emotions, you're not alone, and it's okay to pause before deciding what to do next.

Many parents later describe this moment as a clear "before and after" -- life as it was, and life as it is now. You may feel shock, sadness, or uncertainty, and find yourself asking:

1. Did I miss the signs?
2. What does this mean for their future?
3. Am I doing the wrong thing?
4. What should I do?

Some parents are met almost immediately with urgent messages -- from school staff, counsellors, social media, friends, relatives, or even strangers -- insisting that you must affirm without delay or risk your child's life. These claims can be deeply frightening, but they oversimplify a complex reality.

1. **You have time.** Slowing down is a good rule of thumb. A rush to act can sometimes reflect impulsive immaturity, and parents are often most helpful when they take a well-considered, measured approach. *Festina lente* -- hasten slowly -- is a wise motto to follow.
2. **Be self-protective.** The topic of gender identity often comes with intense political messaging, significant misinformation, and conflicting advice from experts. Parents have every right to take the time to understand the issue before making decisions.
3. **Prepare for a steep learning curve.** Understanding what's influencing your child is essential, but you're the parent doing the research, not the student being taught. A first response to your child could be:

*"This isn't a subject I know much about, and I can see you've been thinking about it a lot. As your parent, it's my responsibility to understand this thoroughly so I can guide you appropriately. I'll need some time to educate myself. Please share with me your favorite websites, the platforms you use, your favorite trans influencers — anything that has shaped your thinking — so I can understand where you're coming from. I'll be looking at those alongside everything else I can find on this topic to make sure I have the full picture."*

### This guide is designed to help you:

- Understand and make sense of the evidence.
- Navigate schools, healthcare, and online influences.
- Keep communication open with your child.
- Support the whole family, including siblings.

You are not alone in this. We have overseen thousands of parent meetings in this field and we now know the wide range of issues that can arise. Many parents have stood where you

are now -- overwhelmed, uncertain, and afraid -- and have found a way forward that is both compassionate and grounded.

## 1. Your First Days and Weeks: Setting the Tone

The first weeks after your child comes out are important - not because you must make life-altering decisions (you don't), but because you are establishing the tone for family life. Many parents feel they have lost their natural authority in the household when a child first identifies as trans, particularly as it becomes clear the child has been privately holding on to a deeply significant secret.

It can be helpful to use these early weeks - and even months - to recalibrate and re-establish your role as the guiding authority in the home.

### Learn About the Issue

A key part of regaining that role is becoming informed. Make it your business to learn as much as you can about the trans phenomenon. There is a vast array of material to explore, including books, films, podcasts, blogs, research studies, and peer-reviewed papers. This is an incredibly complex topic, and if it appears simple, it is almost certain that important aspects have been overlooked.

### Don't feel obliged to speak to your child about this issue at this point.

Whether your child is a young adult, a teenager or a pre-teen, they may feel very heightened once they "come out" to their parents. The young person may feel intense and impatient but this is not a good reason for the parent to feel hassled into making any decisions that haven't fully researched. You might say to your child something like:

*"I love you more than you can even conceive and I feel more protective of you that I do about anything else. therefore I give you my word, I'm learning about this as fast as I can and I'm making sure that I learn everything about it before I start giving my view. I take you to seriously to shoot my mouth off about a subject as serious as this."*

### Some parents found it helpful to:

- Keep a private record of what's said - not to "catch them out" later, but because memory can be unreliable in emotional times. Note dates, what was discussed, their emotional state, and any school or medical communications. This can help you spot patterns and recall details if professionals become involved later.
- Maintain normal family life as much as possible: eat dinner together, maintain activities, watch good films. This is not about pretending nothing has changed -- it is about reminding your child (and yourself) that their identity is one part of who they are, not the whole story.
- Keep the lines of communication open. Even if you disagree strongly, preserving connection makes it more likely your child will keep talking to you, and that is the key to guiding them safely.

### What to avoid in these early days:

- Heated arguments about identity labels or politics.
- Flooding them with studies or "detransitioner" videos -- you may not be ready for the ensuing conversation when your child explains that this won't happen to them because they are "really" trans.
- Withdrawing emotionally or treating them as fragile.

When your child speaks, listen with the aim of understanding rather than persuading. You might say:

*"I appreciate you telling me this. I know it's important to you, and I want to understand what you're feeling. Keep sending me stuff so I can better understand where you're coming from. I might need some time to figure this all out so I appreciate your patience."*

This kind of response:

- Acknowledges the seriousness of what they're saying.
- Shows you're listening without immediately agreeing or disagreeing.
- Leaves space for both of you to process.

## 2. Understanding the Key Evidence — in Plain Language

It is highly likely that the information your child has been consuming is heavily skewed in favor of gender identity theory -- the theory that each of us have a gender identity within us -- just like our sexual orientation. In this thinking, it is surmised that some people are "born trans" and they have somehow been "born in the wrong body." There is no quality research anywhere in the world that supports these heady theories -- rather they work as powerful metaphors to convey how some people feel, at certain junctures in their lives -- often when they feel lonely and distressed.

Genspect takes a different approach. We support a biopsychosocial understanding of gender distress, recognizing that young people's struggles arise from complex interactions between biological factors (like puberty and neurodiversity), psychological factors (including trauma and mental health challenges), and social factors (such as peer influence and online communities).

We recommend that parents familiarize themselves with the following key evidence and legal decisions that have shaped the current understanding of this issue:

- [Cass Review \(UK, 2024\)](#): The largest and most comprehensive analysis of gender-affirming care in the world was led by the consultant pediatrician Dr Hilary Cass and her team of researchers between 2020 and 2024. The Cass Review revealed that gender affirming care is founded unsupported by a quality evidence base indeed 98% of the studies in relation to the gender affirmative approach were found to be low quality. The Cass Review also highlighted that social transition is not a neutral intervention and recommended halting the medicalization of gender identity (unless

within a strict clinical trial) and instead focusing on comprehensive mental health care.

- [Appleby Report \(UK, 2024\)](#): Investigated suicide risk in young people with gender distress. Found that such deaths are extremely rare and usually involve other serious factors like mental illness, bullying, or trauma. The risk of suicide is further explored below.
- [HHS Review: Treatment for Pediatric Gender Dysphoria \(US, 2025\)](#): The U.S. Department of Health and Human Services found "very low" quality evidence for pediatric gender interventions, stating gender dysphoria likely remits without treatment in most cases. Identified significant risks including infertility, sexual dysfunction, and cognitive impacts, while finding no evidence that medical transition reduces suicide risk.
- [Sullivan Review \(UK, 2025\)](#): Explained why it is imperative to maintain *biological sex* and *gender identity* as separate data points in health, education, and justice records to ensure safety and research accuracy.
- [For Women Scotland case \(UK Supreme Court, 2025\)](#): Confirmed that "sex" in UK equality law means biological sex. This has implications for school policies, sports, and safeguarding in the UK.
- [United States v. Skrmetti \(US Supreme Court, 2025\)](#): Upheld state bans on puberty blockers, hormones, and surgeries for minors. Over 20 US states now have similar laws.

### What this means for you as a parent:

- You can point to national and international evidence when asking for a cautious, thorough approach.
- You can challenge any pressure to make rapid decisions.
- You have legal and medical grounds to be fully involved in your child's care.

This is not about "winning an argument" with professionals. It's about knowing that you have solid, evidence-based reasons to insist on careful, whole-child support.

### Suicide: Facing the Fear with Facts

Perhaps the most frightening thing you may hear, sometimes from activists, sometimes even from professionals, is: *"If you don't affirm your child's gender identity, they could take their own life."*

This message is emotionally powerful. It can paralyze decision-making and push parents into acting quickly without fully understanding the situation.

The [Appleby Review \(UK, 2024\)](#) looked closely at all available data on suicides in young people with gender distress. The findings were both reassuring and clarifying:

- Suicide among this group is **rare**.
- When it does happen, it is almost always linked to **multiple, overlapping problems** -- such as untreated mental illness, family conflict, bullying, or traumatic life events.

- There is **no robust evidence** that suggests that affirmation or medical transition prevents suicide.

This does not mean we dismiss the risk. It means we respond to it in a way that addresses *all* the possible causes of distress. That might involve therapy for depression, working with the school to stop bullying, or rebuilding strained family relationships.

It is important to note that the [longest study on trans people carried out in Sweden](#), one of the most progressive and pro-trans regions in the world, found that **people who medically transition are more than 19 times more likely to die by suicide compared to the general population**. In addition, life post-medical transition leads to higher rates of psychiatric hospital admissions and higher likelihood of being imprisoned.

These facts, taken with the heavy burden on the body that is the consequence of medical transition, has led Genspect to take the position that:

- Medical transition is a harmful intervention that should not be described as "healthcare"
- Social transition concretizes the person's sense of self and therefore leads to medical transition
- Risk of suicide increases post-medical transition

**A helpful shift in mindset:** Instead of asking *"Should I affirm my child's gender identity?"* ask *"How can I strengthen my child's will to live, their connections with other people, and their coping skills?"*

You can do this by:

- Focusing on joyful activities within the household. The relentlessness of schoolwork can leave many young people in a continuous low mood -- put simply, they are not having enough fun. You can help by cooking their favorites meals, choosing feel-good films, and planning enjoyable family activities.
- Helping them find risk and challenge in real life. Many trans-identified youth get their thrills from online activity. While this can be exciting, it is highly cerebral and lacks physical engagement. Encourage them to satisfy these natural developmental instincts with real-world thrill-seeking activities such as horse riding, go-karting, rock climbing, abseiling, or something similar.
- Encouraging embodiment. Activities like yoga, dance, gym workouts, or martial arts can help them connect with their body in healthy ways.
- Keeping routines steady -- regular meals, consistent bedtimes, and school attendance -- to create a sense of stability and safety.
- Supporting real-life social connections. Encourage them to maintain offline friendships and group activities, even if it means setting firm boundaries and insisting they keep attending clubs or hobbies, such as chess club.
- Providing emotional space. Allow them to express feelings without constant judgment or debate. You do not need to challenge every point they make. Sometimes, when the time is right, simply let them vent.

- Seeking professional mental health support early if your child talks about self-harm or shows signs of withdrawal and hopelessness.

In other words, taking a cautious approach does not mean ignoring suicide risk. It means responding to it in ways that address the deeper causes, rather than relying on a single, unproven "fix." Help your child find joy, meaning, and a sense of purpose in life. Many of these young people are deep thinkers, and it is far more effective to help them meet their needs in healthy ways than to simply hope the issue will go away.

**Scenario:** *Alex, a 15-year-old boy, declares he was trans after a year of increasing anxiety and withdrawing from friends. Instead of immediately beginning a medical pathway, Alex's parents help arrange for Alex to enroll in course of Formula One. This was costly and Alex knew the parents were giving him this as an act of love. Alex's parents also insisted that he went on family camping holidays, away from the online world. These activities acted as a distraction and provided a healthy grounding in reality.*

### 3. Managing Online Influences

For many trans-identified young people, the internet is now the single most powerful shaper of beliefs and identity. For a child in distress, online spaces can feel like a lifeline -- a place to find validation, community, and language for their feelings. However, some online communities can be unhealthy, reinforcing distress, encouraging extreme thinking, and promoting one-sided narratives about gender, mental health, and family relationships.

If you want to help your child, it is essential to reduce the influence of their online activity. If you do not address their online activities then you will be unlikely to be able to help your child very much.

Parents often have a significant degree of control over internet use for children under 15 or 16. As they grow older, this becomes more challenging, and you may need to gain their cooperation. Many teenagers already know they spend too much time online -- you can work with this awareness.

You can also educate your teen about the effects of excessive online engagement by sharing resources such as Jonathan Haidt's [The Anxious Generation](#) or watching the documentary [The Social Dilemma](#) together.

Algorithms on platforms like TikTok, Instagram, YouTube, and Reddit are designed to keep users engaged by feeding them more of what they interact with. If your child spends time in pro-trans spaces, it is highly likely they are in an echo chamber saturated with content portraying medical transition as a difficult but ultimately extraordinary path to happiness. This is a false and alluring promise.

#### How to Reduce Online Influence

- **Make it a family policy, not a punishment.** Introduce screen-time limits for everyone in the household so your child does not feel singled out.

- **Create tech-free zones.** Ban devices from bedrooms and kitchens.
- **Set tech-free hours.** For example, switch off the Wi-Fi between 11 p.m. and 9 a.m. so the whole household disconnects.
- **Diversify the algorithm.** Suggest videos, accounts, or podcasts that match other interests—cooking, animals, science, history, music. This gradually changes the type of content the platform serves them.
- **Explain how algorithms work.** Help your child understand that online "trends" are often manufactured and that the loudest voices are not always the most trustworthy.
- **Encourage offline life.** The more time they spend in face-to-face activities—sports, drama, volunteering -- the less dependent they will be on online validation.

*Scenario: Sam, age 15, spent most of her free time online, immersed in trans-affirming communities. Her parents banned social media outright and introduced a rule that phones were left in the kitchen overnight. They also made sure the family took part in regular, engaging, tech-free activities. Over time, Sam expanded her social circle beyond online spaces.*

## 4. Look Beyond Gender -- Understand the Co-occurring Issues

When gender identity becomes the focus of daily conversations, school reports, and online activity, it is easy to believe it is the whole story. In reality, gender distress is often only one part of a much larger picture.

Research, including the findings of the Cass Review, shows that many young people referred to gender services also face other significant issues, such as:

- **Same-sex orientation** -- Some have already "come out" as gay, lesbian, or bisexual but find the highly sexualised culture unsettling. Gender identity can feel like a way to avoid confronting sexuality directly.
- **Autistic or ADHD traits** -- Neurodiverse young people are often gender nonconforming and may feel uncomfortable with stereotypical gender expectations. In their black-and-white thinking, they may interpret this as evidence that they are transgender.
- **Loneliness, social isolation, or bullying** -- The drive to identify as trans can arise from a strong desire to connect and belong.
- **Eating disorders** -- For some, medical transition is another means of controlling the body.
- **Body dysmorphia** -- Body checking, binding, and tucking can serve as self-harm behaviours.
- **Depression and anxiety disorders.**
- **Histories of trauma, abuse, or neglect.**
- **Struggles with puberty-related body changes.**

For some young people, identifying as trans or non-binary offers a temporary framework that seems to explain their discomfort. It can also provide a powerful sense of belonging, particularly if they find a peer group—online or offline—that shares their identity. However, this sense of belonging can sometimes mask deeper issues that still need attention.

**Scenario:** *Maya, age 14, began identifying as non-binary shortly after a school friendship group became absorbed in online discussions about gender identity. She was also experiencing severe anxiety and bullying about her weight. With therapy that focused on her anxiety, school support to address the bullying, and participation in a local theatre group, her distress gradually eased. Over time, her feelings about gender shifted, and she no longer wished to pursue medical interventions.*

Addressing the *whole child* is essential. Even if gender distress remains after other challenges are treated, they will be in a stronger emotional position to make any future decisions.

## 5. Talk While Keeping Boundaries

Maintaining open communication with your child does not mean agreeing to everything they say or want. It means listening and responding in ways that keep both of you engaged in the conversation.

### Keep the door open

When your child shares something about their identity, resist the urge to respond with corrections or counter-arguments. You can always revisit the topic later. A calm response such as, *"Thank you for telling me"* or *"I'd like to hear more about what this means to you"* shows you are willing to listen without committing to immediate action.

### Avoid turning every discussion into a debate

If every family meal becomes a battleground over pronouns or politics, your child may retreat into secrecy or rely more heavily on online communities. Let them share other aspects of their life -- friends, hobbies, school -- and show genuine interest.

Many gender-distressed young people have high verbal IQs and can present elaborate arguments using complex academic language. However, much of what sounds sophisticated is often recycled content from online sources, repeated without deep understanding or personal reflection. Don't mistake verbal complexity for emotional maturity. Your articulate teenager still needs parental guidance like any other young person their age. You don't need to unpack every argument or match their rhetorical intensity. A calm response like *"That's a lot to think about. Let's take this slowly"* maintains your parental authority without getting drawn into exhausting debates.

### Be clear about boundaries

Boundaries are not punishments; they are safeguards. For example, you might say:

*"We won't be having binders in our home. I've done a lot of research on this, and I've learned that binding can cause real harm - breathing problems, rib damage, back pain that can last for years. I understand you're uncomfortable with your body right now, and I wish I could make that discomfort disappear. But I love you too much to allow something that could damage your growing body. Let's work together to find other ways to help you through these difficult feelings."*

This kind of statement makes your position clear without rejecting your child. It also signals that you take the matter seriously enough to investigate all angles before acting.

### **Balance authority with warmth**

Adolescents respect boundaries more when they feel respected in return. Warmth without authority can make a parent seem disengaged; authority without warmth can make you seem harsh. Your goal is to offer both; guidance and structure alongside care and understanding.

## **6. Support Siblings**

When one child in the family is experiencing gender distress, it can feel as though all the household's attention and energy is drawn toward them. Brothers and sisters may feel sidelined, confused, embarrassed, or even resentful. They may also feel pressure to "get on board" with changes they do not fully understand or agree with.

It is important to remember that siblings are affected by this situation too, and their feelings matter. Younger children may not grasp what is happening but will sense tension in the home. Teenagers may have strong opinions of their own, often influenced by peers or online communities.

### **Practical ways to support siblings:**

- **Explain simply, at their level.** A younger child might just need to hear, "Your brother or sister is going through a hard time and we're helping them." An older teen might need more detail, but still in calm, factual terms. We do not recommend that children are told to change their sibling's pronouns as it can confuse the child.
- **Make space for their feelings.** Siblings may feel angry, sad, or jealous of the attention given to the distressed child. Let them express these feelings without telling them they are "bad" for feeling that way.
- **Keep routines intact.** Maintaining regular meals, school schedules, and family activities reassures siblings that their world is still steady.
- **Protect one-on-one time.** Set aside moments with each child individually, whether that's running errands together or sharing a hobby.
- **Respect their boundaries.** If a sibling is uncomfortable speaking about their sibling's gender identity, acknowledge and respect their right to their own feelings.

**Scenario:** *Ben, aged 16, had a younger sister, Emma, who began identifying as male at 13. Their parents made sure Ben still went to his weekend football matches. As things became*

*more heightened at home, Ben went away on trips with his dad. This helped him feel valued and respected while the family supported Emma through her distress.*

Siblings are part of the family's support network too. When they feel secure and heard, they can play a positive role in keeping family life stable.

## 7. Navigating School

Schools can be a source of support, but they can also be a source of pressure. Some staff may feel obliged to act immediately on a student's request to change their name, pronouns, or access to facilities -- sometimes without informing parents.

As a parent, you have both the right and the responsibility to be involved in any decision affecting your child's welfare. This includes social transition at school, which is not a neutral step but an intervention with potential long-term psychological consequences.

### How to approach the school:

1. **Request a meeting** with the headteacher and the school's safeguarding lead.
2. **Arrive prepared with evidence:** bring a printed summary of the Cass Review's recommendations, highlighting the need for a holistic approach and the lack of evidence supporting early transition.
3. **Keep it simple:** prepare three clear points and keep returning to them.
4. **Ask for written documentation** of any requests your child has made to staff and any steps the school has already taken.
5. **Make your expectations clear:** safeguarding, parental involvement, and careful consideration must come before any changes.
6. **Explain the dangers of triangulation** (when a third party like the school is drawn into parent-child conflict, siding with the child and undermining parental authority) and stress that the school must respect parents' wishes.
7. **Request a follow-up:** arrange a check-in after 8--12 weeks to review progress and address any concerns.

### Sample statement to the school:

*"We are aware our child has spoken to staff about gender identity. We request that no changes to records, names, pronouns, or facilities be made without our written consent. This is in line with our safeguarding responsibilities as parents and supported by current national guidance"*

### Why this matters:

In the UK, the Supreme Court decision *For Women Scotland* (2025) confirmed that "sex" in law means biological sex, with direct implications for managing single-sex spaces. The Cass Review also emphasized that decisions in schools should consider the whole child's wellbeing, not just one aspect of their identity.

In the US, the HHS Review (2025) found the impact of social transition "remains poorly understood" with "very low" quality evidence, while finding no evidence that medical interventions are beneficial. *Skrmetti* (2025) upheld states' rights to restrict these interventions for minors. These US findings give American parents strong grounds to require schools to involve them before any social transition and to resist pressure for immediate affirmation.

By working with the school rather than against it, you can gauge whether staff are genuinely supportive.

**When to move schools:** A good rule of thumb is to consider changing schools if it becomes clear the school is not willing to work with you and is actively working against your wishes.

### Questions to Ask the School

1. What steps, if any, have already been taken in response to my child's request about name, pronouns, or facilities?
2. How will you ensure I am informed before any decisions are made about my child?
3. What support is being offered to address my child's overall wellbeing, including mental health, friendships, and academic progress?
4. How will safeguarding be applied to ensure my child's safety while also respecting single-sex spaces and the rights of other pupils?
5. How will we work together moving forward and how often will we review the situation?

## 8. Facing the Reality of Transition

When emotions are high, it's easy to think of social or medical interventions as quick solutions. But the reality is that both social and medical transitions carry significant risks, both psychologically and physically. There is no long-term quality evidence that suggests either social or medical transition has a long-term benefit for children.

### Social Transition

**Social transition** is not a neutral intervention. [The Cass Review](#) found it's a significant psychological intervention that may solidify rather than alleviate gender distress, changing the trajectory of identity development and increasing the likelihood of medical transition.

**Binding** [causes documented harm to 97% of those who practice it](#), including breathing problems, rib and spine damage, and neurological issues. Some effects only manifest years later.

**Tucking** can cause [testicular torsion](#), [fertility damage](#), [pain, and infections](#). The long-term consequences remain poorly understood but are likely severe.

**Pronoun changes** for young children who haven't developed sex-based object permanence can drastically impact how they conceptualize their own sex. The Cass Review found that "sex of rearing" can powerfully alter a child's gender identity development.

**Name and document changes** can prematurely concretize an identity that may be temporary, making it harder for young people to change their minds later.

## Medical Transition

**Puberty blockers** were [once described as a harmless "pause button." We now know that they can affect bone density, brain development, and potentially sexual function later in life. These effects may not be fully reversible.](#)

**Cross-sex hormones** (estrogen for males, testosterone for females) can cause [permanent changes, including infertility, impaired sexual function, cardiovascular risks, pain and many other chronic illnesses.](#)

**Surgeries** are [irreversible and can involve complications, pain, and lifelong medical dependence.](#)

Internationally, there is a clear shift toward caution. Countries like [Finland](#), [Sweden](#), [Denmark](#), [Norway](#), [the UK](#), [Italy](#), and [France](#) have retreated from the gender affirmative approach. In the US, [over 20 states](#) now have laws limiting or banning these interventions for under-18s, a move upheld by the **US Supreme Court** in *Skrametti* (2025).

### How to talk about this with your child:

Frame medical facts as part of your care for them:

*"I know you want to feel better quickly. I need to make sure that whatever we do doesn't take away choices you might want in the future. Some medical steps can't be undone, and my job is to protect your options while we find the right support for you."*

Your goal is to help them see that the body they have is valuable, and that irreversible changes require maturity, time, and a full understanding of the consequences.

## 9. When You Are Ready, Be Truthful with Your Child

Some parents believe secrecy is the best approach in these situations. This is not the case. Once you have carried out thorough research, feel confident in your understanding, and are equipped with high-quality evidence, it is time to sit down with your child and explain that you now fully understand the issue and have reached certain decisions about the way forward.

This conversation may be difficult. Your child may have been holding onto the hope that you would take a gender-affirmative approach. The gender-affirmative model is essentially child-

led—it puts the child in charge of decisions about their identity and treatment, with adults simply following their lead. We do not recommend this child-led approach. Instead, we favor a child-centered approach where the child's needs are carefully considered alongside the needs of the rest of the family, with parents maintaining their role as decision-makers. Nobody is more important than anyone else.

### **Our recommendations:**

- Consider everyone's wellbeing when making decisions.
- Say no to both social transition and medical transition.
- Take a relaxed approach to changes in names and pronouns among friends, while making clear that this is not an endorsement of transition.
- Differentiate between expectations for children and for adults -- request that adults respect your wishes.
- Allow your child to wear what they wish, as long as it is socially appropriate and acceptable.
- Lean in with both love and boundaries -- this can be a very challenging time for the whole family.
- Keep the conversation reasonably short -- prolonged, emotional discussions can become over-emotional and unproductive.

## **10. Support Without Blind Affirmation**

There is a wide gap between "rejecting your child" and "agreeing to everything they believe about themselves right now." Many parents feel forced into an all-or-nothing choice -- affirm instantly or risk losing your relationship. In reality, there is a middle ground: supporting your child's feelings while keeping the door open for exploration and change.

### **Validate the feelings, question the conclusions:**

If your child says, "*I hate my body*", you can respond with empathy without agreeing that their body is "wrong":

*"It sounds like you're really uncomfortable in your body right now. That must be hard on you. I'm so sorry."*

### **Offer alternatives that meet the same needs:**

- If they want a stronger body, suggest weight training, sports, or dance.
- If they want a different style, experiment with clothing and hair without committing to irreversible changes.
- If they want belonging, find clubs or activities where they can meet like-minded friends offline.

This approach allows you to address the underlying needs -- for self-confidence, connection, or self-expression -- without locking in a single identity pathway.

## 11. Choosing the Right Therapist

Many parents believe that if they can just find the right therapist, the therapist will "fix" their child and the whole situation will be resolved. This is not the case. There are 168 hours in a week - if your child is immersed in online gender-affirming content for nearly 167 of them, a single weekly therapy session will have little impact against that level of influence. One of the most effective ways parents can support their child is by actively reducing their time spent online.

No therapy is a good deal better than bad therapy. Unfortunately, gender affirmative therapists follow an approach that leads to social and medical transition and we do not recommend this. Other therapists that are not informed in this field and often feel overwhelmed and out of their depth as they have not received training in this.

Finding the right therapist can still make a significant difference -- sometimes the difference -between real progress and getting stuck -- however, therapy is not essential.

**You can find informed therapists on our [Therapist Directory on Beyond Trans](#).** These professionals are well-informed about gender distress and provide non-medicalized, whole-person care.

### **Beyond Trans also offers support for both parents and young adults (18+):**

- **For parents:** Daily peer-led support groups including general family support, parents in crisis, parents of desisters, and parents of medicalizing or estranged children.
- **For your adult child (18+):** Free therapist-facilitated support groups for those navigating gender distress.

### **What to look for in a therapist:**

- Willingness to explore all possible causes of distress, including mental health, social factors, developmental conditions, and trauma.
- Involvement of the whole family, especially parents.
- Transparency about their methods and openness to questions.
- A track record of working with adolescents in complex situations, not just gender identity.

### **Red flags:**

- Refusal to involve parents in the process.
- Immediate focus on transition without a comprehensive assessment.
- Dismissing or ignoring co-existing mental health conditions.

### **How to interview a therapist:**

Before committing, ask questions such as:

- "What do you know about the treatment of gender dysphoria?"
- "What do you know about the Cass Review?"
- "What role do you see parents playing in therapy?"
- "Have you worked with young people who later changed their minds about transitioning?"

A good therapist will welcome these questions and respect your role as the parent.

Finding the right therapist can make a significant difference - sometimes the difference between real progress and getting stuck - however, therapy is not essential. Authoritative parenting is.

## Resources

**Genspect ([genspect.org](https://genspect.org))** is your gateway to evidence-based information, practical tools, and a global parent community. We equip families to navigate gender distress with clarity, compassion, and confidence.

### Beyond Trans

A dedicated platform for parents offering practical guidance, vetted resources, and clear information to help you safeguard your child's wellbeing.

- **Daily Parent Support Groups** — Peer-led Zoom meetings every weekday for different needs, from general support to crisis, medically transitioning children, desisters, and estranged or bereaved parents.
  - **Therapist Directory** — Search for well-informed professionals who provide whole-person, non-medicalized care for gender distress.
- [beyondtrans.org/support-for-parents](https://beyondtrans.org/support-for-parents)

### Stats for Gender

A reliable hub of up-to-date statistics on gender distress, transition outcomes, comorbidities, and more.

[statsforgender.org](https://statsforgender.org)

### College Ratings Site

Helps families identify universities that maintain balance and safeguard students, avoiding institutions where gender ideology drives policy or where students may be encouraged toward medical transition.

[college.genspect.org](https://college.genspect.org)

### School Resources & Guidance -- Letter Templates

Downloadable templates to help parents advocate for their children at school:

- **Parental Opt-Out Letter** — Withdraw your child from gender identity instruction and school-facilitated social transition.
- **Safety & Social Transition Concerns Letter** — Raise safeguarding concerns and request policy changes to protect student wellbeing.

 [School Letters](#)

## Gender Dysphoria Support Tool

Two in-depth questionnaires — one for parents, one for friends and relatives — to ensure your voice is heard in clinical settings. These tools help document your observations and concerns, giving you a stronger hand in safeguarding your child's wellbeing.

 [Gender Dysphoria Support Tool — Genspect](#)

## Glossary

Essential guide to understanding the terminology around gender identity, helping you navigate conversations with clarity and confidence.

 [genspect.org/resources/glossary/](https://genspect.org/resources/glossary/)


## Films

Short, shareable videos that explain complex gender issues in accessible ways to help educate family, friends, and professionals.

 [genspect.org/resources/films/](https://genspect.org/resources/films/)

## When Kids Say They're Trans: A Guide for Thoughtful Parents

Written by Sasha Ayad, Lisa Marchiano, and Stella O'Malley (Genspect founder) — this practical guide helps parents navigate their child's gender distress with evidence-based strategies that prioritize long-term wellbeing over hasty medicalization.

 [whenkidssaytheyretrans.com](https://whenkidssaytheyretrans.com)

## Join Us

Sign up to be part of our community. You'll receive an introductory resource pack and details on joining our Community Forum. Pseudonyms welcome. Please also consider supporting our work by becoming a Friend of Genspect.

 [genspect.org/join](https://genspect.org/join)