

A Parent's Guide to Supporting Their Trans Youth

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This article provides a synopsis of general knowledge for the parents of transgender children.

Children become aware of their gender identity and differences around the age of 2-4, and many children have solidified their gender identity by age 3. In this context, some children may begin to have a sense that their gender identity does not align with the gender they were assigned at birth at a very young age. Transgender sometimes abbreviated “trans,” is a term used to describe gender-variant people who have gender identities, expressions, or behaviors that are not associated with the sex or gender they were assigned at birth.



According to the DSM-5 (2013), the prevalence of transgender boys to transgender girls is at least 2 to 1 and as great as 4.5 to 1. Gender dysphoria involves experiencing a sense of unhappiness or distress related to gender, most often involving the dissonance between sex as assigned at birth and their gender identity. Gender dysphoria may not begin until adolescence, being exacerbated by the onset of puberty or the anticipation of bodily changes that will occur at puberty.

Symptoms often persist into adolescence and adulthood for the estimated 12-27% of transgender children who do experience symptoms of gender dysphoria (WPATH, 2012). For other children, these symptoms may subside and possibly dissipate over time, which typically occurs by age 10-13 (WPATH, 2012). Due to greater awareness, knowledge, and acceptance of transgender identity, an increasing number of youth are seeking treatment for gender dysphoria.

Gender is now considered to be a spectrum, a range of expression, of how one relates to one's self, and a personal identity. The majority of existing research focuses on transgender adults. There is much less available that concentrates on transgender children or adolescents.

It is important that parents of transgender children and professionals treating them be aware of basic terminology used within and pertaining to the trans community, as this understanding can be vital to transgender children's well-being. Once familiar with this set of terms, parents will often be able to communicate more effectively with their child, the transgender community, and medical and mental health professionals. A brochure with

terminology is available on our website: [Transgender Terms/Brochure](#). These terms will be used throughout this article, and it is suggested that the reader review these concepts before proceeding.

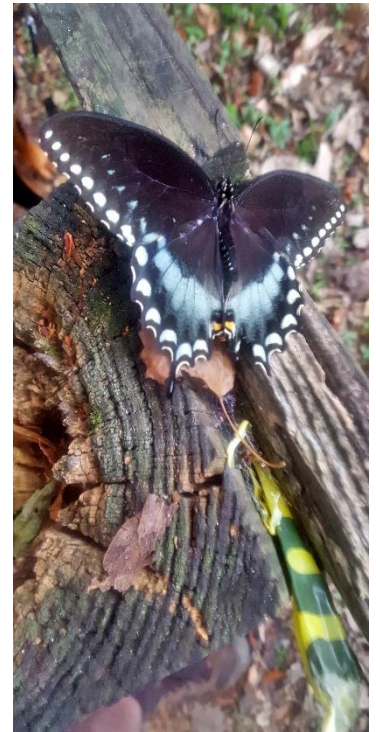
Sexuality and gender are not one and the same. Individuals, especially adolescents, may experience identity changes in association with both gender and sexuality as they are exploring identity and discovering their gendered selves (Mizock & Hopwood, 2015). For some individuals, gender is an ongoing fluid state, whereas others may experience some fluidity and then settle on a fixed gender identity.

Gender dysphoria can produce serious concerns for parents and loved ones. Those who experience gender dysphoria have a higher prevalence of psychological problems such as anxiety, depression, self-harm, suicide attempts (41%), trauma and PTSD, compulsions, substance abuse, sexual concerns, personality disorders, eating disorders, psychotic disorders, and autism spectrum disorders (Grant et al., 2011; Shumer & Tishelman, 2015; WPATH, 2012). Many of the elevated rates of psychosocial problems and symptoms experienced by transgender people are thought to result from high levels of distress that result from experiencing interpersonal rejection, discrimination, and prejudice.

A major struggle experienced by gender non-conforming youth is difficulty coping with life, family, school, friendships, acceptance of one's self, and acceptance by peers (Shiffman et al., 2015). Research by Grant and colleagues found that transgender individuals tend to experience rejection and an inaccurate self-reflection by their family, including a lack of support and acceptance from loved ones (2011). Van Beusekom, Bos, Overbeek, and Sandfort found that parental acceptance of gender non-conforming children decreases children's psychological distress and social anxiety (2015). Notably, fathers demonstrating acceptance toward their transgender children have been found to correlate with significant increases in psychosocial well-being, such as higher self-esteem and improvement in school.

During adolescence, the friend group is of utmost importance for healthy development. However, according to GLSEN, 66% of adolescents were verbally harassed based on their gender expression, and about 90% of students who outwardly identify as queer reported that they heard negative remarks about their gender expression (2011). Seventy-eight percent of trans adults report having experienced harassment, 35% physical assault, and 12% experienced sexual assault due to their gender identity in grades K-12 by peers and teachers (Grant et al., 2011).

Overall rates of prejudice, unfair treatment, discrimination, violence, harassment, and physical (61%) and sexual assault (64%) are reported at disproportionately higher rates by transgender people. These incidents are reported to occur in a variety of settings, such as school, work, in public spaces, and when seeking medical and mental health care (Grant et



al., 2011; Mizock & Hopwood, 2015). Discrimination and prejudice also contribute to elevated rates of unemployment (14%), homelessness (19%), and refusal of medical and mental health care (19%) (Grant et al., 2011).

The high prevalence of mental health symptoms and distress experienced by this population suggest that transgender adolescents have a greater need for access to healthcare than cisgender adolescents. However, research finds that those who identify as transgender are unable to access healthcare and mental health services at the same rates that cisgender patients do. Some explanations for this are: lack of education among providers regarding the provision of trans-affirming care (50%), discrimination and harassment by providers (28%), providers refusing to provide medical care (19%), inability to afford medical care (48%), lack of health insurance (19%), and lack of insurance coverage for gender-related diagnoses (Grant, 2011).



As a result of frequent mistreatment by others and fear of being mistreated, trans individuals tend to be careful about who they tell about their identity. This often applies to a child who is contemplating coming out to parents and other loved ones. Trans youth are often unsure of how to disclose their identity and what to say when disclosing and talking about their gender identity, which can further contribute to elevated levels of distress (Evans, 2010).

When a child comes out about their true gender identity, it is normal for parents to feel shocked, confused, or afraid. Moreover, many parents experience a period of grief before accepting their child for who they are. Parents can ease the coming out and transitioning process for both themselves and their child by showing their transgender child love and support, and by affirming their transgender child's gender identity and expression. Parents may also wish to seek support for themselves by talking to trusted and trans-affirming family, friends, spiritual advisors, and medical or mental health providers.

Social support has been found to be a protective factor for trans individuals, especially family support and support by trans community. Research has found that having a positive personal resource during youth, such as a close family member, teacher, or mentor, increases positive outcomes and health in adulthood (Forbes, Clarke, & Diep, 2016). Thus, is it important for parents of trans youth to explore and work through their own emotions related to their child's identity so that they can provide their child with social support. Seeking out support from other parents of transgender youth and seeking to help their child be a part of a trans support network can be highly beneficial to trans youth. Nuttbrok et al. found that those with strong ties to the transgender community, such as spending more time with transgender peers, those who seek clinical treatment such as hormone therapy, and those who are able to freely express their gender identity have better overall

psychosocial functioning compared to those who do not (2015). This finding indicates that a healthy and authentic expression (as determined by the child) is important for children's upbringing. This suggests that feeling that one's gender is accepted is crucial for healthy development during adolescence.

Obtaining medical and mental health support for trans youth is also important. WPATH and the American Psychological Association have adopted standards of care for treating transgender clients, including transgender youth. The APA standards can be found [here](#). Prior to seeking medical or mental health services for transgender or gender non-conforming youth, it is important for parents to take into consideration how much experience a clinician has with transgender clients. According to Sawyer, Perry, and Dobbins-Scaramelli, the more experience the clinician has with transgender clients, the more comfortable transgender children will be with the therapist, whereas a lack of experience can lead to feelings of unease for the child (2014). Therefore, conducting research about a therapist and about other medical provider's background is highly recommended.

Respecting trans individuals and educating one's self are great ways to support trans and gender non-conforming youth, especially during vulnerable periods of human development, such as childhood and adolescence. One can demonstrate respect for trans individuals by listening to trans youth's experiences, allowing a transgender child to explore gender identity and expression, recognizing a trans child or adolescent's identity as they identify and define it, validating a transgender child's gender identity and expression, asking about preferred name and pronoun(s), utilizing the requested name and pronoun, seeking out reputable educational resources and support, and refraining from disclosing a trans child or adolescent's identity to others without their permission. Further, parents can support prepubertal and pubertal children by considering [puberty blockers](#). Some useful resources include [The Human Rights Campaign](#), [Trans Youth Equality Foundation](#), and [PFLAG](#).

It is strongly recommended that parents seek out more information by consulting a therapist, counselor, or other professional in the mental health community, as well as educators in the transgender community. The more educated a parent becomes on the topic, the easier the coming out and transition processes are for both parent and child.

Clinical Psychology Associates of North Central Florida has staff available to assist:

[Dr. Caramiello Staff Page](#)

[Dr. Amuzu Staff Page](#)

Works Cited

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World Professional Association for Transgender Health Care (WPATH) <http://www.wpath.org/>

Local Resources

Gainesville Community Alliance

Gay Parents Support Group (352) 361-9515 gayparentgroup@bellsouth.net

Interweave Meets at Unitarian Universalist Fellowship. (352) 377-1669.

Pride Student Union - University of Florida ,
300-48 J. Wayne Reitz Union, Gainesville, FL 32611-8505 .
392-1665 x.326 grove.ufl.edu/~pride e-mail: pride@sg.ufl.edu

Notes: From the

Clinical Psychology Associates of North Central Florida Articles, Tips, and Archives

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