



*trans* families

A RESOURCE GUIDE FOR PARENTS

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IN DEDICATION TO THE  
SALVATI FAMILY





## MISSION STATEMENT

So you have just discovered that your child has *gender dysphoria* and will be transitioning from one sex to another. What does this mean? How will this affect them? How will this affect you? These are just some of the questions and concerns that must be running through your mind right now. Many parents have a hard time wrapping their head around their child's disclosure. For many parents, it comes as a huge shock!

Before we go on, be aware that there are various labels used by gender dysphoric individuals to define their gender experience, their gender expression, and/or their gender identity. Some of the adjectives used today include the old term – *transsexual person* – but new adjectives may include *transgender* (this is a vague term that includes everyone who experiences gender in non-traditional ways), *trans*, *trans-identified*, *trans-spectrum*, *cross-gender*, *gender nonconforming*, or *gender variant*. Even the term gender dysphoria is used to describe a range of discomfort with one's gender and one's anatomy. Within this publication, *gender dysphoria* (GD; GD will also be used as the abbreviation for *gender dysphoric*) will **only** describe people who strongly desire and/or are already at various stages of pursuing the life-changing process of transitioning from one sex to another.

Parents experience a wide range of emotions when they first discover that their child experiences GD. The purpose of this information booklet is to be a helpful, straightforward guide for parents who have just found out about their child's GD. It will hopefully provide you with necessary information and tools that you will need to navigate your way through this confusing and distressing time. At the end, we hope that you will have a better understanding of what GD is and what to expect.

The general public has been known to react very negatively to GD people. This group of individuals is at a higher risk for physical

harm. They must also learn how to cope with discrimination and social isolation. As a result, these individuals can experience severe emotional distress. In moments like these, it is easy to concentrate on what the GD person is going through. We often lose sight of the devastating emotional impact that it has on their families as well. They too have the difficult challenge of adjusting to being a part of a family with a GD member.

Families may have difficulty coping with their loved one's transition. It is not uncommon for families to feel mixed emotions at this time. A sense of disbelief and loss are common emotions for families to experience. In addition, they can also feel embarrassment or even shame. This process can cause damage to existing relationships within the family. There are also concerns around being excluded from the community and religious organizations. In summary, family members are more likely to experience psychological distress. To make matters worse, there is little support for the families of GD people: support that is not only accepting, but also non-judgmental towards the parents' reactions about their child's disclosure. In addition, parents often find themselves without enough information to adequately understand their child's GD. From personal experience, it is important to recognize and validate the emotions and physical reactions of the entire family. Each person will have experienced the disclosure differently. Furthermore, each person will follow a different process regarding how they come to understand and cope with their loved one's disclosure and transition.

The number of families that have a GD member within it are growing each year. This means *you are not alone* in this journey. Learning to understand and to accept your GD child can be hard. However, the best things in life rarely come without hard work and perseverance. The information provided in this guide may not be relevant to every parent, but you are likely to find something that reflects a part of your own personal experience. Many of the following tips and suggestions are a few pieces of wisdom that my

family would like to pass on to you. We also hope to steer you clear of some of the major speed bumps that you will likely encounter along your journey. From personal experience, we *promise* you that it does eventually get easier for many families. You have been entrusted with a deeply personal piece of information about your child. As parents, you play a key role in how well your child will adjust during their transition. They will need your support, now more than ever. We would like to thank you for taking the time to read this guide. Your willingness to learn more about your child's decision to transition demonstrates how much you care about him or her. This can have a huge impact in reducing the harmful side-effects that often follow a GD person's decision to transition. You have our deepest gratitude....



## WHAT IS GENDER DYSPHORIA?

Often from a young age, GD individuals experience intense psychological and physical distress because their gender identity or the sex they identify as, does not match their birth-assigned sex. A person's *gender identity* consists of a complex system of beliefs and values about oneself in relation to being either a man or woman, masculine or feminine. This system is further influenced by the pre-established characteristics that have been assigned to each of these categories by society or one's culture. A person's gender identity is the basic sense of being masculine or feminine, or the belief that one is either male or female. A person's biological sex does not necessarily determine one's gender identity. For instance, some individuals may feel like they are combination of both male and female, or that they are neither male nor female.

GD occurs when a person's gender identity does not match up with society's expectations about what a man or woman should be like. To some, GD refers to a way of being that is different from what is common and expected. It should be noted that, what is common and expected, is not necessarily healthier, more practical or respectable.

**"I started getting hate mail in high school. People would throw food at me in the cafeteria. The guys would say that I was a disgrace to their gender and to stop trying to be like them. I didn't tell anyone about the bullying because I thought... who would really care?"**

In today's society, **transgenderism** is an umbrella term that is used to describe individuals whose gender identities or gender expressions do not follow societal expectations associated with being either a man or a woman. GD people are often placed amongst this group of individuals because their gender identities are different from their birth-assigned sex. However, many GD people are uncomfortable with being placed under this umbrella term. The belief is that there is nothing wrong with their gender identities. The

problem lies within their physical bodies. Due to a physiological mix-up in utero, they developed into the wrong biological sex.

Some authors will still use the word *transgender* to refer to people who change their physical sex through hormones and/or surgery. It is possible for an individual to start off as transgendered and eventually become GD. The best practice is to simply ask these individuals how they would like to be identified.

The confusion is made worse by mistaking a GD person for someone with an **intersex** condition. The term “intersex” refers to people who are born with unclear sexual reproductive genitalia. They may even be born with both types of sexual reproductive organs.

**Sexual/affectional orientation** refers to the natural direction of one’s sexual or romantic attraction. This should not be confused with gender identity or GD. A person’s GD does not determine one’s sexual/affectional orientation. A GD person may identify as being heterosexual, gay, lesbian, or even bisexual.

In order to correct the discrepancy between their birth-assigned sex and gender identities, GD people will seek out assistance from various health professionals. By doing so, these individuals hope to change their physical bodies so that they better reflect their true gender identities. Some of the methods used to alter their bodies may include, but are not limited to, hormone therapy and or surgery. For many GD people, they will experience an overall increase in their wellbeing. For the first time in their lives, they will feel that the inside will now be accurately reflected by their physical appearance.

Post transition (i.e., surgically), many GD people who will no longer define themselves with a GD identity of any kind. They acknowledge that, though the term described their transition process, it no longer reflects their current identity. In other words, they simply want to identify as a man or woman and to be accepted into society as such.

Unfortunately, there are many people who will still refer to GD individuals by their birth-assigned sex, regardless of their legal gender status or gender identity. Due to the lack of acceptance and understanding surrounding GD, a large portion of these individuals' lives are lived in secrecy.

## A Brief History

GD and other forms of gender variance have existed throughout history. There are many ancient mythologies and historical accounts that include descriptions of individuals who, for various reasons, take on the physical attributes or role of the opposite gender. In many other countries around the world, GD is quite common and an accepted part of cultural heritage. There are many cultures in the world that hold GD people in places of high-esteem. Thailand and Iran has some of the largest populations of GD people in the world. History tells us that until very recently, most of Westernized society has held very negative attitudes towards GD people.

The term *transsexuality* first appeared in the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) with the name *gender dysphoria*. In the *DSM-IV-TR* it was called *gender identity disorder*. In *DSM-5*, which was published in May 2013, this is now referred to again simply as *gender dysphoria*. The name change was in response to the debate over whether transsexuality should be classified as a mental disorder. Research has looked at many possible causes for GD including social, biological, and psychological factors. As of yet, no specific cause has been found. However, there is strong biological evidence that supports the widely held belief that GD is not a mental disorder and *should not* be classified as one. For more information about GD, please refer to the section on gender dysphoria at the end of this guide.

## Prevalence

The ability to gather an accurate estimate on the prevalence of GD is a very difficult task. Prevalence estimates of GD are usually based on the number of GD people seen and treated at major health centres. Surveys completed by medical professionals concerning the number of GD patients they have treated within a particular country or region have also been used to track prevalence rates.

Due to fear of harm and the lack of community support, it is almost impossible to accurately estimate the global prevalence of GD. The willingness of GD people to identify themselves is further influenced by the perceived lack of social acceptance, legal rights, and accessibility to medical care. Even worse is the knowledge that GD people must often choose between their families and transitioning. They are fearful of being cut-off from family and friends. Unfortunately, it is not uncommon for families to reject one of their own if a family member decides to transition. For this reason, there are some GD people who will choose to transition later on in life because they are fearful of how their families will react to their disclosure.

The prevalence of GD has been well documented in many European countries. Studies suggest that the prevalence for male-to-female (MTF) gender dysphoric individuals ranges from 1 in 11,900 people to 1 in 45,000 people. For the female-to-male (FTM) gender dysphoric population, the prevalence rate is considered to be roughly around 1 in 30,400 people. In the *DSM-IV*, the prevalence was reported to be 1 in 30,000 for MTF people and 1 in 100,000 for FTM individuals.



## WHAT TO EXPECT FOR PARENTS

As parents, you have always been there for your son or daughter, especially when they needed your help or support. For so many years you were responsible for making some big life decisions regarding your child, such as what school should they go to or who should treat them when they get sick. Now all of a sudden you have absolutely no control or input into the biggest decision that your child will ever make for himself or herself. When your child tells you that they are going to transition to the opposite sex, you may feel an overwhelming sense of helplessness.

**"For the first time as parents, we didn't have the answers...."**

In the beginning, most parents feel like they have very little knowledge about GD and what the transition process entails. It is a big mystery, one where you cannot flip to the end of the book to figure out what will happen. The "not knowing" part is very hard for parents to come to terms with. For most parents, the fear stems from wanting to know that your child will be okay no matter what happens. Being informed about the transition process and about GD issues can make you feel more confident in your child's choice. It begins with educating yourself about GD and what it means for your child.

Next, is the anticipation of the possible pain and suffering that your child will likely experience. As a parent, you are worried about your child's well-being and you do not want to see them hurt. Many parents question whether transitioning to the opposite sex is absolutely necessary and if it can be avoided. If you were to ask any GD person, they will likely tell you that the desire to transition is more important to them than breathing. Not a moment goes by that they are not thinking about it.

Do not rely on what the media tells you about GD people. More often than not, the information that they provide is inaccurate. Make the initiative to search out reliable and trustworthy information. It would also be helpful if you could find a few people whom you can talk to. After the disclosure, your child may become overwhelmed with having to educate his family and friends about what GD is. By doing your own research and homework, it is a demonstration of your willingness to learn more about your child and their transition process. This will go a long way in strengthening your child's self-confidence and he or she will deeply appreciate your efforts. In addition, it will prevent you from becoming overwhelmed or frightened by the transition process. Don't forget that you can ask your child questions about GD. If posed in a respectful and curious manner, most GD people will have no problem talking to you about their experiences. Their objective is to clarify and put a stop to any false perceptions and information that is being passed along.

As your loved one begins to pursue his or her desired gender or sex, you will most likely see positive improvements in their well-being. They are finally getting the chance to become the gender or sex that they have always wanted to be. They no longer have to hide the best part of themselves. Your loved one will ultimately get to live a more full, open and honest life. A type of life that most people take for granted.



**“No matter what happens, we will support our child. You don't stop loving your child because he or she looks different. It's not what's on the outside that you love about your children... it's what's inside that counts.”**





## FREQUENTLY ASKED QUESTIONS (FAQS)



### **Q. Is this just a phase?**

It is not unusual for young children to question their gender identity or to be gender-variant or non-conforming. Young boys or girls may experiment with dressing as and acting like the opposite sex. Most children outgrow gender non-conformance. If gender non-conformance is not outgrown by adolescence, however, it becomes more likely to become GD, a lifelong and distressing discontent with their gender and their bodies. When that distress reaches a certain threshold, GD individuals often pursue physical transition options. At puberty, most gender nonconforming children and adolescents start to realize the true extent of their gender non-conformity. It can be a very scary and upsetting time for them. However, the longer a child remains consistently gender nonconforming, the more likely that it is not a phase and that they will become GD over time.

### **Q. Is this my fault?**

It is not uncommon for parents to blame themselves or each other. *Please* remember that there is no specific cause for GD. There is no evidence suggesting that specific parenting practices or genetics contribute to whether or not your child becomes GD. The most important thing for you to understand is that there is nothing wrong with your child.

### **Q. Is my child going to regret this decision?**

Experiencing GD is not a matter of choice. These individuals do not wake up one day and decide to have GD. The discrimination and potential harm that GD people must deal with on a daily basis is very real. Not to mention the

numerous other challenges they will face throughout their lives. In other words, this life path will not be an easy one for them. For most GD people, they have thought and fantasized about transitioning for many years. The likelihood is that your child has been considering this option for quite some time. Furthermore, there are numerous steps that must be taken in order for a GD person to surgically transition, such as the *real-life experience*. These road blocks are in place to ensure that they are not entering into this decision lightly. This is a life altering process that cannot be reversed. It may also help to know that only qualified physicians and mental health professionals, who have had many years of experience, can work with this population.



## GRIEVING THE LOSS OF YOUR CHILD

Finding out that your child will be transitioning to the opposite sex can feel like you are about to lose someone that you love. For some parents, there is a fear that the child they brought into this world and raised will be gone forever. Though their physical presence remains, it may feel like they are no longer the same individual. There is also the realization that you will have to say goodbye to many of the hopes and dreams that you had for your child.

**"That was the scariest part for me... the thought that I was going to lose my child...."**

That is why it is often said that people who are close to a GD person will move through a process similar to that of Kübler-Ross's *Five Stages of Grief*. This model addresses issues of grief and loss. Family members may experience the following five emotional stages:

denial, anger, bargaining, depression, and acceptance. These stages can last for days, weeks, or even months. You can also switch back and forth between them numerous times. You may even notice that you skipped a stage and that is perfectly okay. Keep in mind that everyone copes and handles loss differently. The following are shortened descriptions of the five stages.

**Denial Stage** – This is the first stage and it helps us to survive the immediate feelings of loss. At first, life makes no sense and people in this stage often are in a state of shock and feel numb inside. Denial helps us to pace our feelings of grief by letting in only as much as we can handle. People in this stage will often tell their story of loss over and over again. This is a way to deal with the trauma of the situation. However, as the denial fades, the reality of the loss soon takes its place.

**Anger Stage** – This stage is a necessary component of the healing process. Anger acts as an anchor when you are lost amid chorus of intense emotions. Sadness, panic, hurt, and loneliness can be different expressions of anger. Anger following loss does not have to be logical or even valid. The presence of anger means that you are finally allowing the feelings to come to the surface that were simply too overwhelming to deal with at first. The presence of anger shows that you can still feel and that you lost someone you loved. Anger and its many different forms will continue to make subsequent visits. Anger is really a mask for inner pain.

**Bargaining Stage** – This stage is filled with questions like “What if...?” and “If only....” Individuals who are grieving believe that they may have been able to control and ultimately prevent the loss of their loved one. Guilt is a close companion to bargaining. We will do almost anything to not have to feel the pain of the loss. People will often try to remain in the past by thinking of things that they could have done differently to prevent the loss of their loved one. Like

anger, guilt acts like a temporary reprieve from the pain by keeping it at a safe distance.

**Depression Stage** – When bargaining fails to work, depression often sets in. Depression is a normal and appropriate response to losing a loved one. Depression that is associated with grief helps to protect and preserve our physical and psychological well-being. It is nature’s way of keeping us protected when we experience something that we feel we cannot handle. Similar to denial and anger, depression can come in many different forms. The depression stage has several elements that are considered helpful. First of all, depression helps to slow the grief process down. It pushes people to take a real stock of their loss. Secondly, it forces those who have lost a loved one to rebuild themselves up from ground zero to a stronger, more positive place.

**Acceptance Stage** – This stage is about accepting the reality that your loved one is physically gone and will not come back. It is about recognizing that this reality is the now your permanent new reality. Moving through grief, the healing and acceptance process will actually bring people closer to the person that they loved and lost. Here, we gradually learn to live without them by starting the process of reintegration through trying to put the pieces that have been ripped away back together again. The energy that surrounds the loss is reinvested back into life.

For many families with a GD member, the *5 Stages of Grief* provide a sense of comfort and understanding during an emotionally confusing time. But if you are anything like my family, this model failed to take into consideration one very important detail. The transition of a loved one is different from actually losing someone and never being able to see them again. This type of loss can be described as a non-finite loss of a family member.

A **non-finite** loss refers to any loss that prevents a person from achieving one’s hopes, wishes, ideals, and expectations. When our

lives fail to live up to our expectations, we mourn what should or could have been. Many people fear these moments when life fails to live up to their expectations. When a relationship is lost or changed in some basic and fundamental way, a person may feel like they have actually experienced a physical loss. People who need to provide care to someone they love (e.g., someone with a disability) will often say that it is easier to cope when the changes are purely physical. It is a much harder pill to swallow when those changes affect their personality. During the transition process, your loved one will change both physically and mentally to some degree. Though their physical presence remains, part of the essence that made them special to you will be changed forever. To make matters worse, non-finite loss is not always recognized as a *true* form of loss.

Some parents may even question whether or not they have a right to grieve because it is not the same as actually losing a child. When you find out that your child experiences GD, a lot of what you thought you knew about your child will be challenged. You may even feel like the memories and experiences that you had of your child were not real. A common question that parents ask is, “How could my memory be so different from what my child actually experienced?” This is perhaps one of the most painful parts of the transition process. In you there may exist a terrible feeling of doubt that accompanies those memories and experiences. This hurt is made worse when you will feel like you are being forced to wash away all your previous memories and experiences that you had with your child. It is not uncommon for GD people to want to reduce the number of reminders of who they were prior to transitioning. In your home, you may have noticed family pictures that have been removed or turned around. In order to move forward with their future, your loved one needs to get rid of the painful reminders of his or her past. Right now, it is important to remember that he or she is not doing these things to hurt you. Rather, they are

**“Hopes and dreams are important, but they are not the ‘be all’ end of life. It helped to acknowledge that they were my hopes and dreams, not my child’s....”**

doing them so that they do not have to hurt anymore. When you look at the picture that was removed from the wall, ask yourself “What is so important about this picture?” When you go to answer this question, it may be helpful to remember that your child is more than just their gender.

A parent once said:

*“My child is my child. I cannot remember saying to myself that my child is more like a girl or boy. When I think back, I saw my child as someone with a unique personality that allowed them to have their own likes and dislikes and to act in a certain way. I never once felt like I needed to label those characteristics as being more feminine or masculine. If a boy likes to play with dolls, so what; that doesn’t mean that they are going to become gay or transgendered. When I look at my child I see [name]. I didn’t see a girl who liked doing guy things.”*

When parents find out that their child experiences GD, there is a heart-pounding fear that they will no longer be the same person after the transition. You want your loved one and not a complete stranger simply standing in his or her place. The greatest words of wisdom that we can offer you is that many parents will say that with time comes the realization that, except for their physical appearance, their children did not really change at all. The person who they essentially were, on the inside, stayed the same. For my family, realizing this went a long way in helping the healing and acceptance process. For these reasons, it may not be as much a matter of loss as it is about having to learn how to cope, understand, and accept your child’s new identity.



**“Looking back on it, maybe the most reassuring thing for me was the realization that my child wouldn’t really change...”**





## HOW TO COPE AND SELF-CARE

As parents, you have just been thrown into the middle of a storm and you need time to regain your balance. Throughout this process you will need to take time out to care for yourself. You are likely experiencing more stress and emotional upheaval than you are used to. For many people, when they are faced with large amounts of stress, they may become ill or more vulnerable to depression and burnout.

You will also need to give yourself time to grieve the loss of your child as you used to perceive them. This time is also for saying goodbye to the hopes and dreams that you had for them. For the fathers of FTM individuals, it is the recognition that they will not be able to walk their daughters down the aisle on their wedding day. Similarly, it is coming to terms with the loss of the special bond that exists between mothers and their daughters.

There is potential that you will continue to feel like you are in crisis mode for months and even years after the initial disclosure. This is why it is absolutely essential for you to be aware of your own personal limits of what you can and cannot handle. If you need to, set limits on how much exposure you have to GD-related issues. It will be important for you to develop a strong support network of people and organizations that you can turn to when you feel that you cannot cope. Please keep in mind that at times your emotions will be tested. At the beginning of your loved one's transition, how you react to them could jeopardize your relationship with them. Counselling is a good option to pursue if you need to talk about or express negative emotions in a safe and supportive environment.

Self-care activities can include activities that you find relaxing or pleasurable. Journaling is said to be very therapeutic for families with

a GD member. It allows you to look back over your journey to see how much you have grown. Spending time with friends and family is also very helpful. Sometimes, going away on a weekend vacation can be very beneficial. Research shows that people benefit the most from being in environments that are restorative in nature. A quiet fishing trip or a tranquil spa resort may be just the ticket!



## QUESTIONS TO ASK WHEN YOU ARE READY

Open communication is a vital key in understanding your child's GD identity and decision to transition. Once you feel a bit more grounded, here is a list of questions that may be helpful for you to ask:

1. First and foremost, you should ask your child if it is okay for you to ask them some questions about their identity and decision to transition. For most GD people, they have had to hide their true identity for many years because they were afraid of how other people would react and ultimately treat them. The decision to transition is a deeply personal issue to a GD individual. By asking their permission you are showing them respect and acknowledging their right to privacy. It will also be helpful to explain that you are not trying to “talk them out of it,” but instead you are simply trying to understand them a bit better.
2. There is a strong possibility that your child is fearful that you no longer love them because of their GD identity. Your child desperately needs your support during this time and what they really need to hear is that you still love them. A good way to start is... “Do you know that we still love you?” You may be surprised by the answer you get.

3. For most GD people, they knew that they wanted to be the opposite sex for many years. It is not something that they recently thought of or wanted. However, for you it has come as a shock and it is likely that you had no idea that your child felt this way. That is why you should ask them how long they have felt this way.
4. Once your child discloses to you that they experience GD, there can be a split second of fear over who else knows about your child's identity. This response is okay and quite natural given the news that you have just received. You need time to come to terms with your child's GD identity, much less having to deal with other people's reaction. However, keep in mind that your child has probably been dealing with similar feelings and worries for many years. To give yourself some time to process the news, it is okay to ask your child for a "time-out." Your child is aware that it is a lot to take in at once. One of your child's greatest fears is to be rejected and no longer loved by you. If you have reassured them that you still love them, your child will not mind if you need some time to simply process the news before they tell anyone else.
5. Some GD people are not yet ready to tell anyone else about their decision to transition. You should start off by asking them, "Do you want to tell other people?"
6. It will be very important for you to find out who else knows about your child's GD identity. A word of caution – this information should not be about controlling their right to express who they are. It can be very hurtful and shaming if your child gets the impression that you don't want other people to know. There will be people who will respond negatively to your child's disclosure. In order to safeguard your child's emotional well-being, you want to find out about who your child has told and how they reacted. You want to know, "Who is a fan of my child?" This information will enable you to better protect your

child. Transphobia is a major problem in our society and it can lead to physical harm and even death.



## TRANSITIONING TOGETHER AS A FAMILY

The purpose of families is to safeguard the well-being of its members, to nurture the development of its children, and to provide love and acceptance. The effect that the transition process has on your family is largely dependent on the nature of the relationships that your loved one has with the family prior to the transition process. Tran-families often experience helplessness as they struggle to work through the transition process. In certain instances, families have been able to remain emotionally and physically intact by moving through the transition process together. We need to first acknowledge the differences in the beliefs, needs, and expectations that are held by each member of the family in order to promote safe, secure, and supportive relationships. We must also recognize the importance and future impact that the transition will have on the family. The following information may help you to understand the transition process and how it will affect your entire family.

**“Families  
can recover  
if they stay  
together.”**

There are said to be four stages that families go through when a member of the family has decided to transition to the opposite sex. It is a four stage model that includes: discovery and disclosure, turmoil, negotiation, and finding balance. Understanding these stages will hopefully give you a sense of what to expect during this transition process and to enable your family to be supportive and understanding of one another during this difficult time.

## **Stage One – Discovery and Disclosure.**

This first stage is when the family finds out that one of its members experiences GD. During this time, shock, betrayal, and confusion are common emotions that people experience. If the family was unaware of the fact that their loved one had been questioning their gender identity for some time, the act of disclosure can be emotionally devastating.

## **Stage Two – Turmoil.**

The second stage includes *turmoil* and emotional chaos. Family members can either become withdrawn from the situation or extremely upset during this time. This period is full of intense stress and conflict between family members who are struggling to accept the reality that their loved has decided to transition from one sex to another.

## **Stage Three – Negotiation.**

During this stage, the family begins to realize that their loved one will be going ahead with the transition no matter what has been said or done. Once this occurs, the realization that they will need to adjust to this change hits home. Compromises will be put forth to establish what each member is comfortable living with, in regards to the transition.

## **Stage Four – Finding Balance.**

Finding balance does not imply that the family has ultimately come to terms with their loved one's transition. It simply means that the loved one's GD identity is no longer a secret and most of the turmoil is gone. At this point, the family has also negotiated most, but not all, of the larger transition issues such as using your loved

one's new name. At this point, the family is ready to integrate the GD person back into the family under their new identity.

## **Healing the Relationship**

The relationships among members of a family with a GD member will begin to heal when there is a recognition that both sides are affected by the transition process. Your GD loved one is not the only person who has been emotionally wounded. Both sides need to understand what GD is and how it will ultimately affect them as a family. During this time, there also needs to be a compassionate awareness that some families may not be able to negotiate these phases. In cases like this, each member of the family must come to terms with the loss of the once intact family unit.



## **WHAT YOUR CHILD MAY FACE - DISCRIMINATION**

In the face of societal discrimination, GD people may experience extreme feelings of guilt, shame, fear, and depression. Transphobia, in its simplest form, is the irrational fear of anyone whose actual or perceived gender identity fails to follow stereotypical expectations regarding what it means to be a man or a woman. Historically, many industrialized societies used to treat these individuals like they were diseased. Today, the transgender community is still fighting against discrimination and inequality. They are still at risk for physical harm, emotional distress, isolation, and even underemployment. A heartbreaking example of transphobia is portrayed in the movie called “Boys Don’t Cry,” starring Hillary Swank. The movie was about Brandon Teena, a real-life FTM individual who was murdered by a group of male acquaintances. They were outraged by the fact that Brandon was a biologically-born female.



## HELPFUL COMMUNICATION & PARENTING STRATEGIES

The following are some helpful tips about how to communicate with your children in a respectful and supportive manner:

### **Try to Be an Active Listener**

It may be difficult to listen to what they have to say. But through active listening, your child will feel heard and appreciated. It will also go a long way in showing how much you love and care about him or her. The goal is to create a safe and supportive environment for your child, which has a direct impact on your child's overall well-being.

### **It Is Not Their Fault**

You must avoid blaming your child for the discrimination that they experience. It is not their fault how other people choose to treat them. It can be very damaging to your relationship with them. Their gender variance or GD identity is a natural part of who they are. It would be like asking you or your partner to stop being who *you* are. Another good example would be to tell an African-American person to paint his or her skin white so that they won't be discriminated against.

### **Be Sensitive Towards Signs of Disrespect**

Disrespect comes in many forms. Sometimes even the most subtle of behaviours or words can seem disrespectful towards a GD individual. For instance, leaving the couch as they come to sit down or avoiding eye-contact can be seen as signs of disrespect. Other examples include: making fun of their clothing, and comparing their gender expression to that of biologically-born men and women.

## **The Importance of Religion and Spirituality**

A person's religion or sense of spirituality provides a great sense of comfort and solace. By using religion to condemn a GD individual, you are taking away a very essential part of who they are. Supportive families will find ways to use their religious views in a way that supports their family member, not as a means to condemn them. As a parent, you may feel threatened when your child refuses to go to church or other community activities. It is not surprising that some GD people will begin to lose their faith. Some GD people will pray to their gods for many years. No matter how hard or how much GD people pray, their bodies never changed to match their gender identity. So please remember that it is not meant as a slight against you or your beliefs.

## **Be Proud of Your Child**

Do not ask your child to remain silent or to be secretive about their GD identity. If you ask this of them, you are indirectly telling them that you are ashamed and embarrassed of who they are. You are also putting them in a place where they must curb the most natural part of them in order to make you happy and to live up to your expectations.

## **Try to Include Their Siblings**

When you have a GD child in the family, several things could happen. First, you may unknowingly bond with your non-GD child. There is safety and comfort when you are surrounded by what is familiar to you. Second, you may unintentionally neglect your non-GD child. There is a lot that needs to be taken care of with regards to your GD child's transition. Though not intentionally, it can be easy to forget the needs of your other children. Third, when you are focused on your own grief and having to support your GD child, the sibling's

grief can easily be overlooked. Fourth, you can put a lot of additional strain on your non-GD child shoulders. Don't forget they need time to process things as well. As a family, you generally discuss things together. However, your grief may be too much for your child to deal with so try to avoid using him or her as your personal counsellor.



## USING YOUR CHILD'S NEW NAME

It can be very difficult at first to learn to use their new name and appropriate pronouns such as he, she, his, and her to identify them. There will be instances where you will accidentally make mistakes. It is important to realize that this is expected. My family's advice to you is to take a few moments to think about what it is you are going to say so you can avoid this problem. More often than not, these mistakes occurred because we were preoccupied with something and not paying attention to what we were saying. This will be crucial for when you are out in public so that you do not accidentally "out" them. If you do make a mistake, do not make a big deal out of it. Your child is probably aware that you did not do it intentionally. During these instances, the best thing to do is to make it clear to your child that you are trying. This acknowledgment can go a long way in making your child feel validated and that he or she has your support. If your child does correct you, please remember that it is not an attack against you. They are simply voicing their need to clarify their own identity. This is a rite that all people have. To make this part of the transition easier, a helpful tip is to try and use your child's new name more frequently. The ability to use their new name fluently and with ease comes with repetition and practice. For instance, instead of saying "Please come and set the table" say, "Please [New Name], can you come and set the table."



## HOW TO TELL FAMILY AND FRIENDS

Tolerate only respect and kindness from others regarding your child. It is okay, and well within your right, to request respect from your extended family and friends. Everyone has a right to their own views and opinions. The simple fact of the matter is that there will be people in your life who will not be able to tolerate or accept your child's GD identity. However, every human being has a right to be respected and treated with dignity. If someone harbours ill feelings towards your child, you must be vigilant about keeping your child protected from those negative comments or behaviours. Facial expressions, words, snorts, rude gestures, and body language can all be used to express negative feelings towards your child. Discrimination through words, alone, can be very hurtful – but subtle discrimination over time can be even more damaging.

When you go to tell your friends and family the news, avoid bringing your child with you. By not taking your child with you, you are actually protecting them. There is a good chance that your friends and family will need time to express their concerns without having to worry about saying the wrong thing in front of your child. As parents, you need to be prepared for friends and family who do respond badly to your news. You need to protect your child from as much negativity as possible, and if there are negative reactions, it is best that your child is not present when it happens. It will also be helpful to take a copy of this information guide with you. This way you can provide whomever you are talking to with reliable information that explains what GD is. Information is power and a way for people to connect with one another.



## HOW TO SUPPORT YOUR CHILD

Being supportive of your GD child is not difficult. The simplest acts can have the greatest impact on your child's self-confidence.

- Each GD person starts off by choosing a new name to identify themselves with. A great way to show your child support is to have a “naming ceremony.” When your child chooses his or her new name, throw a party to celebrate the event. This can be an official way to welcome your child's new identity.
- Go clothes or amenities shopping with your child. Buying your child makeup or their first razor can be the single greatest thing that you ever do for your child.
- Help them to find gender neutral bathrooms. Using bathrooms that are assigned to either women or men can be daunting. Many GD people will tell you that they have experienced aggression and rejection while trying to use the bathroom. Bathrooms labelled as either male or female can further stigmatize your child and highlight, even more, how different they are from other people.
- Have a zero tolerance policy for disrespect, discrimination, negative comments, or behaviours from anyone, no matter where you are.
- You should try advocating for your child. Bullying in schools is still a major problem. Many schools have yet to develop safe and supportive school policies for GD students. Work with school administrators to make your child's school a safer place for them.

- Many GD people do not like to see pictures of themselves prior to their transition. The reminder of who they were before can be very painful for them. If you have pictures of them up on the walls, take them down or switch the picture out for a new one. You do not have to get rid of the old pictures, they are still a part of your child's history. Offer to take some new photos or even have a new family portrait taken.
- A GD person's body image can be very distressing to them. As a parent, you may be used to walking in your child's bedroom while they are dressing themselves or while they are getting ready in the bathroom. To give them privacy, please knock on the door and wait for a response before entering the room.
- If your child gives you permission, it would also be helpful to go with them to their medical appointments, and even to their therapy sessions. By doing this, it will give you peace of mind to know that your child is being seen by competent professionals and getting the best care possible. Furthermore, by meeting and listening to these people, you will develop a sense of trust in their judgments and how they plan on taking care of your child. This is also another great way to show your support. However, please remember that these meetings and appointments are for your child. Your child's therapy sessions should not become your own as well. If you need to speak with a counsellor, make an individual appointment for yourself.
- Help your child seek out and talk to other GD people in the community. A lot of young children want to be able to relate to other people in similar circumstances.



## HOW TO SUPPORT YOUR CHILD'S GENDER EXPRESSION

You should try to take an active role in helping your child to express their gender identity. One of the most difficult and important things that your child will need to do is legally change their sex and name. This can be a very taxing ordeal. Legal requirements for changing your child's sex on his or her government-issued personal identification varies from province to province. Your child would sincerely appreciate your help in this matter. Also, you need to be aware of the fact that your child may have difficulty with cross-border travel and with other official paperwork such as student loans. For most GD individuals, they will choose to legally alter their names before changing the sex indicated on their government-issued identification. There will be a period of time where their new name will be different from their legally identified sex.

If your child is transitioning to become a girl, hair removal treatments and voice training sessions will be extremely beneficial to your child's self-esteem. If your child is transitioning to become a boy, helping your child find the right "binder" is crucial. A binder is a type of bandage that is worn underneath your child's clothing and across her chest to make her chest appear more masculine. Chest binder safety is becoming a problem for quite a few FTM individuals. Chest binders should never be so tight that they restrict circulation. They should also not cut into the flesh of the under arms or into the shoulder blades. Your child should still have full mobility and the binder should not be worn for more than eight hours a day. If your child is at home, they should not be wearing the binder.



## A LETTER FROM A PARENT

Dear Parent(s),

I was recently asked to write down my thoughts about what it is like to have a transgendered child. I did not think that I would have a problem writing from a parent's perspective. However, I was mistaken. So much has happened over the past eight years since my child first began to transition. I now consider my family to be transgendered and we no longer experience any confusion around gender specific thoughts. I no longer think about the fact that I once had a son and a daughter. To me, my family consists of my husband and two sons.

I will say that there was a great deal of shock and denial at the beginning. It would be a lie to say that we were okay with our child's decision. We were worried about how our child would change. As parents, my husband and I struggled with our own personal beliefs and values. While we were faced with the need to come to terms with our daughter's decision to transition, I knew in my heart that no matter what, I would still love my child. Yes, it would be difficult to reconcile the fact that my daughter is now my son. Yes, we were aware of the emotional strain and upheaval our family would face. But at the end of the day, you don't stop loving your child just because of something like this. My child is not disposable and because of this, we had to learn how to accept our child's identity and the changes that were to come.

I do not mean to paint a simplistic picture of what we went through as a family. At times it was quite challenging for us as parents. There were a few instances where we did challenge our child's beliefs about who he was meant to be. For me, I struggled with my own personal feelings, longer than it took for me to make the transition from thinking that I had a daughter to now having another son. It took quite a while for me to get passed the pain of thinking that I had failed my child by not "seeing" the pain that he was in at the time. No parent likes to see his or her child experience

so much pain, regardless of whether it is mentally or physical. We only want our children to be happy. My normal response was to take a proactive role in my child's life. Truth be told, I couldn't even begin to imagine the road blocks, hurdles, and personal sacrifices that he would have to make. I am not so unselfish to say that we didn't make sacrifices as well. There was so much that we did not know about what our child's decision would entail.

We are a unique family in that we stuck to together in support of my child. My child was not rejected by any family member due to moral or ethical beliefs. In fact the whole family, from the grandparents right down to the youngest cousins, effectively "circled the wagons" and placed a protective barrier around my child. My child's older brother supported him right from the beginning. He was on board before my husband and I even knew what was happening. Nothing has changed about how the grandparents speak about their grandkids; it is still the same. The cousins defend each other as well as remind one another how not to be a "dumb ass" when the need arises. The majority of people who make these life changing decisions become excluded from their families and friends. The mental and emotional load that is placed upon them is more than what they can cope with when they already carry enough of their own personal burden.

Our transgendered child was a young man of 18 years when we were faced with these changes. How does a parent reconcile their fears and lack of understanding surrounding this life-altering change, especially when their child is still quite young? There is no easy way to answer this question. There were so many questions that we needed answers to. For instance, we had not idea about where to get information about the transition process. We could have navigated the Internet for information, but how would we know what is legitimate and not harmful for parents or their child? We also had no idea about the resources available within our own community. We did not have any community access to information. The information that was available to us came directly from our child, and an information package that was put together for us by our daughter-in-

law. The package gave us safe information that we could provide to the rest of the family, along with a couple of websites that we could read without being scared to death.

As you begin to navigate this difficult path, you will come across many moral and ethical challenges that society espouses about the transgender community. I strongly believe that the decisions that the government makes unnecessary roadblocks in place, all in the name of what's best for the overall general public. Trying to navigate through the medical field for basic information and medical care for transgender people is extremely difficult and often discriminatory. The government has a specific program in place that governs the steps a GD person must take in order to be treated by the medical professionals. This is an exhausting and lengthy process. It is very stressful for everyone involved. These programs put together by the government often put more road blocks in place than they are helpful. It is not right and it not fair but that is how the system works.

I was asked about what type of information could I give a parent who had just found out their child has decided to transition. First, I would like to make something very clear, even though this is the beginning of the journey for parents their child has been on this path long before you were. It is important to listen and truly hear what your child is saying to you. As a parent, we have a very difficult time believing that this is the way our children see themselves. But we need to step back and allow the information to sink in. Second, no matter what you think or have been told, you are not responsible for your child's decision or GD identity. You didn't do anything wrong during your child's pregnancy and you certainly did not make a mistake in how you raised your child. No one can expect us to instantly change our way of thinking about our child. Third, we all will deal with these changes differently. Some will grieve the loss of one child and adopt the other. Some, like me, had to reconcile the fact that my child was in emotional pain and I never knew it. Once I understood that he was absolutely certain about how he felt and that this is what he wanted, I had no difficulty making the transition from

having a daughter to having another son. That's not to say that I didn't have trouble remembering to call my child by his new name. There were a few slip ups and accidents, but they were never intentional or mean to inflict pain. Having said that, how you approach your child's decision to transition now will determine the outcome of your future relationship together.

It is also important that we try to educate ourselves with as much safe information as we can. We owe it to our child and ourselves to not freak out and say emotional damaging things to our child. Doing so could effectively shut down your child's safety net. Your child has taken an enormous risk in opening up to you and we open the door for them to leave if we don't take care. Since my son has started his journey, information has become a bit more accessible. There is information out there for parents. Listen to your child; they will have some information which will provide you with a starting point. I urge you to press your mental health and health care providers for information because they can access it faster than most parents can. Also, don't take no for an answer. Organizations can look for information for you even if they don't have any on hand. Check with local counselling services in the community to find a counsellor that has some background in transgender issues. Your doctor might even have some links to materials for reading or names of people within the community that offer support programs. There are no easy answers to getting through this process. This is not a short time line, this is a lifetime trip. You and your child will agree and clash many times over while moving through the stages of transformation. It is important to stay the course for yourself and your child.

Sincerely,

A Devoted Parent



## WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH (WPATH)

The World Professional Association for Transgender Health's (WPATH), formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA), is an international organization of medical, psychiatric, and psychological professionals who work together to help raise awareness about the struggles that GD people face and to provide them with primary care during the transition process. One of the ways WPATH goes about doing this is through the creation of the Standards of Care (SOC). Over the years, the SOC has gone through many revisions. The 7<sup>TH</sup> Version is their newest publication (available for free from [http://www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm)).

The SOC is considered the leading guide on the management of all psychological, psychiatric, medical, and surgical treatments for GD patients. One of the main purposes of the SOC is to provide GD people, their families, and larger social institutions a way to better understand the current philosophy behind treating individuals with GD identities. Its overall goal for treatment is to increase the physiological and psychological wellbeing of GD people so they might finally achieve lasting self-fulfillment. The following is a brief example of what the SOC covers: diagnostic nomenclature, requirements for hormone therapy, surgery, and post-transition follow up.

Please note that the following are considered general descriptions of what many GD people have experienced. However, no two people are exactly alike. Despite their similarities, each GD person you meet will have a different story to tell, some of which may differ from the information below.

## FTM Individuals

A FTM person is a biologically born girl who identifies and lives as a boy. Many of these individuals knew, from an early age, that they always wanted to be male. They knew that something was wrong with the fact that they were born biologically female. In early childhood, possibly as young as age three, FTM individuals interested sexually in females are often described as behaving and appearing quite masculine. They enjoyed playing games that were considered “rough and tumble” and they generally preferred the company of boys and older men. They hated wearing clothing that was associated with being feminine. Puberty was a time of great distress. FTM persons would react with disgust and anger when their bodies would start to show the physical changes associated with puberty.

## MTF Individuals

A MTF person is a biologically born boy who identifies and lives as a girl. The consensus is that there are two distinct groups of MTF individuals:

**“I’ve always known something was different about me but I wasn’t really sure what it was....”**

The first group is commonly seen as the classic picture of GD. Almost from birth, these boys were viewed as effeminate, pretty, and gentle. As children, they may have had a tendency to dress up like girls and to avoid male orientated play activities such as wrestling. Due to their feminine like behaviour, they would often experience harassment from their friends and family.

The second group of MTF persons end up transitioning later on in life. From the beginning, these individuals were considered very masculine in appearance and behaviour. Throughout their lives, they may have struggled with cross-dressing and imagining themselves as having female bodies or looking like women. The act of cross-

dressing and imagining themselves as the opposite sex would be very comforting to them. As an adult, it was not uncommon for them to struggle with this and attempts to stop it included purging their wardrobes of feminine articles of clothing and engaging in very masculine activities like bodybuilding. Gradually, their urge to look like women would force them to seek treatment in the form of sex-reassignment.

## The Real-Life Experience

Transitioning from one sex to another has profound personal and social costs. One's ability to undergo hormone therapy and surgery is dependent upon their real-life experience. In the real-life experience, GD people must present themselves and live as their desired gender/sex. This enables them to fully understand the effects that assuming the opposite sex or gender will have on relationships, family, education, career, and the legal system. They will be expected to live, work, and dress in their new role or identity on a full-time basis. A registered psychologist or psychiatrist will need to assess the individual's ability to navigate and cope with these changes. For many surgeons, the real-life experience is a requirement that must be met before they will perform surgery. The length of the real-life experience is dependent on what the psychologist/psychiatrist and attending physician deem necessary. During this time, the most important thing to remember is that these individuals need to feel supported in their decision to make the full transition.

**“It’s not like trying on clothes... I already know the item fits. It’s the fact that I finally get to wear it!”**

## Therapy and Counselling

Counselling is considered an integral part of the transition and treatment process for GD individuals. The mental health professional who provides therapy to a GD client will be required to write a

"letter of referral" to the physician or endocrinologist who will oversee the administration of hormone therapy. This signifies that the client is ready to begin hormone and/or sex reassignment surgery. The therapist can help the individual to determine what their needs are in regards to their gender identity. Not all individuals will ultimately pursue hormone therapy or surgery. Sometimes, GD people will resent the need to go to therapy because it implies that something is mentally wrong with them. Psychiatrists and psychologists are often called "gate-keepers." They have the ability to put a stop to the treatment process if they feel that the individual is not ready to begin hormone therapy or undergo surgery.

## Hormone Therapy

Hormones play a crucial role in the transition process from one sex to another. Hormone treatments are considered a medically and psychologically necessary part of the transition process. Many of the side effects associated with hormone therapy are non-reversible. This is why hormone therapy should only be undertaken if the patient is absolutely sure that this is what they want. Some of the effects of hormone therapy are permanent. It is important to know that hormone therapy can take upwards of two years or more for physical changes to be seen. The following is a quick overview of what to expect in terms of physical changes associated with either testosterone or estrogen therapy:

<b>Testosterone will...</b>	<b>Estrogen will....</b>
<ul style="list-style-type: none"> <li>– In the first 3 months, their skin will become oilier and more prone to acne. Their muscle mass and upper body strength will increase. There will also be a redistribution of body fat to the abdominal area.</li> </ul>	<ul style="list-style-type: none"> <li>– In the first 6 months, body fat will become redistributed around the body, creating a more feminine shape (e.g., larger hips). They will also experience a decrease in their muscle mass and upper body strength. During</li> </ul>

<ul style="list-style-type: none"> <li>– Around 3-6 months, their voice may crack and begin to deepen.</li> <li>– Menses generally stop within the first 6 months of treatment.</li> <li>– In the first year, hairs on the body become thicker and coarser. Facial hair growth occurs more slowly, generally taking 1-4 years to reach full growth.</li> <li>– Frequent mood changes (E.g., fatigue, irritability, and aggression)</li> <li>– Reduction in fertility.</li> </ul>	<p>this time, decreased libido, reduction in testicular volume, and reduced incidence of spontaneous/morning erections are also common.</p> <ul style="list-style-type: none"> <li>– Around 3-6 months, gradual breast development begins to occur. This area of the body can become quite tender.</li> <li>– By the second year, they will have reduced facial hair growth. Their hair will also become softer and finer.</li> <li>– Frequent mood changes.</li> <li>– Reduction in fertility.</li> </ul>
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The use of hormone treatments can drastically improve the quality of life for a GD people. The Standards of Care strongly advises that hormone therapy should only be administered after the individual has undergone a psychological assessment to determine his or her readiness. The treatments must be done under the competent care of a qualified physician. Altering the natural levels of hormones in the body can be dangerous, therefore it is important that all GD people currently undergoing hormone therapy should be seen by a competent physician on a regular basis. Hormone therapy can put the individual at-risk for adverse health conditions such as liver disease, hypertension, weight gain, and blood clots.

## Sex Reassignment Surgery

Sex reassignment surgery refers to any type of surgery that is intended to help a GD person attain their desired sex or gender. In other words, they are procedures that change one's body to make it conform to a person's desired gender-identity or sex. This may include "top surgery" such as breast augmentation or removal. "Bottom surgery" refers to altering one's genitals and reproductive organs such as a hysterectomy.

Contrary to popular belief, there are multiple surgeries needed to correct one's physical sex. Also, the term "sex change" is a bit of a misnomer. GD people consider these surgeries to be a way of *correcting* a biological error made in-utero and that is why it is referred to as sex reassignment surgery. The referral process for surgery generally begins with presenting a surgeon with two or more documented "letters" from knowledgeable mental health or medical professionals stating that the individual is indeed ready to pursue sex reassignment (in Alberta, this requires letters from two psychiatrists). Again, not all GD people will pursue surgery. However, there are many experts that believe that sex-reassignment surgery is often medically necessary.



## GD AND SEXUAL/AFFECTIONAL ORIENTATION

The relationship between gender variance, identity, and sexual/affectional orientation are areas that cause great confusion. Many people believe that GD individuals are gay. However, a GD person's gender identity is not tied to their sexual/affectional orientation. Like other non-GD people, you can be attracted to many different types of people.

There is a lot of confusion around the sexual/affectional orientation of GD people. The majority of this confusion comes from the idea that who GD people are attracted to is based off of their biological sex. For instance, the majority of FTM persons are sexually attracted to women. Prior to transitioning, a FTM individual will usually identify herself as a lesbian. Unfortunately, adopting this type of sexual identity generally does not succeed because FTM people do not want to be women attracted to other women – they want women to be attracted to them as men.

It is a similar situation for MTF people who are sexually attracted to males. Growing up, they soon realize that they are attracted to other males. Like FTM persons, this group of individuals generally start off by identifying as gay men. Soon afterwards, they become discouraged and frustrated with same-sex relationships because they see themselves as women and they want to be with heterosexual men who are attracted to them as women.



## GENDER DYSPHORIA

In doing your own research and talking to other people about GD, you may still come across the term gender identity disorder. Remember that now in *DSM-5*, the term has been changed to *gender dysphoria*, reflecting the view by many that the condition is not a mental disorder per se. Nonetheless, it remains challenging to understand how GD could develop.

Historically, left-handedness was considered a negative trait for a person to have. Back then, left-handedness was known as “sinistrality.” The root of this word can be traced back to the Latin word “sinistra” which eventually took on the meaning “sinister.” Up until the mid-20<sup>th</sup> century, young children were punished for being left-handed. They often had to endure cruel treatment from their teachers and families for doing what came naturally to them. They

had their hands beaten or tied behind their backs so that they were forced to use their right hands. Now there is no distinction between left-handed and right-handed people as though one is better or less than the other. Research now also tells us that when a person is forced to use their non-dominant hand, it can lead to lasting changes in the brain. Another interesting fact is that left-handedness is often associated with higher levels of intelligence, most commonly seen in “gifted” people.

We know from experience that the human race generally does not respond well to things that scare us or fail to live up to social expectations and standards. The likelihood that GD will no longer be regarded as a mental disorder is a very real possibility. There is no definitive evidence to explain the origins of GD. The decision was made to include this section into the guide because the diagnosis of GD can be very confusing to parents.

## Diagnostic Criteria

According to the *DSM-5*, the criteria for GD includes the following: there must be a strong and persistent cross-gender identification, a persistent discomfort with his or her sex and/or a sense of inappropriateness in the gender role of that sex, no presence of a concurrent physical intersex condition, and clinically significant distress or impairment. The *DSM-5* also differentiates between child GD and that which is experienced by adolescents and adults.

## The Dispute

Historically, when a person’s gender identity failed to match their biological sex or the social norms associated with either gender, they were often condemned and made out as being “mentally sick.” In the past, medical and psychiatric literature emphasized the belief that people could only be categorized as either female or male. Psychiatric diagnoses have had a longstanding history of being used

as a means to socially repress those who do not adhere to the social norms of society. For example, before 1973, if you were gay or lesbian you were thought to have a mental disorder. It is not surprising that GD has become one of the most widely contested diagnoses in the world.

It is argued that the distress and impairment that a GD person experiences is not located within the individual but is the result of the conflict between the individual's gender identity and society's expectations about what constitutes a man or a woman. It is reported that any impairments that a GD person experiences are actually symptoms of social stigma and transphobia.



## IMPORTANT DEFINITIONS TO KNOW

**Ally:** Is an individual who is supportive of both gender and sexual minorities and their rights.

**Bisexual:** A person who is mentally, physically, and emotionally attracted to both men and women.

**Coming-Out:** The act of openly recognizing one's sexual/affectional orientation or gender identity with oneself and with others.

**Cross-Dresser:** Previously known as "Transvestite," is a person who receives pleasure from dressing up in clothes that are considered socially appropriate to the opposite gender. However, these individuals have no desire to actually be the opposite sex.

**Cross-Gendered:** A term used synonymously with GD and transgenderism.

**Drag Queen/King:** Are cross-dressers who, for entertainment purposes, dress up as the opposite gender.

**FTM:** Is a biologically born female who is transitioning to become male.

**Gender dysphoria:** Distress that is caused by a discrepancy between a person's gender identity and their birth assigned sex and the associated gender role of that sex. It is also the current term used in the *DSM-5* as the official diagnosis for people who were sometimes called transsexual individuals. Therefore, it refers to people who strongly desire and/or are already at various stages of pursuing the life-changing process of transitioning from one sex to another. In this publication, we have used this as our preferential term for this condition.

**Gender roles:** Most of society has beliefs and norms regarding what is acceptable behaviour if you are a man or a woman. These expectations can include, but are not limited to, personality characteristics, appearance, physical attire, and external behaviours.

**“In the Closet”:** Is when an LGBTIQ individual actively seeks to keep their identity a secret and hidden from others.

**LGBTIQ:** Is a commonly used acronym to describe the following groups of people: lesbian, gay, bisexual, transgender, GD, intersex, two-spirited, and queer identified.

**MTF:** Is a biologically born male who is transitioning to become a female.

**“Out of the Closet”:** Refers to the varying degrees that one is open about their sexual/affectional orientation and/or gender identity.

**Outing:** Is the act of disclosing an LGBTQ person’s gender identity or sexual/affectional orientation without their consent.

**“Packers”:** Are devices that are placed in a person’s underwear to represent or simulate the form of a penis.

**Passing:** A terms used by the GD/transgendered community to mean that they are seen as the gender or sex that they identify with.

**Queer:** This is a term used most often by the LGBTQ community. Historically, it was a harmful slur used to describe gay and lesbian people. More recently, however, this term has been reclaimed by the LGBTQ community as a positive way to refer to its members.

**Sexual Minority:** Is a synonymous term used to describe LGBTQ people.

**Sex Reassignment Surgery (SRS):** Is a term used to describe the various surgeries that a GD person undergoes in order to make their bodies and their gender identity match.

**Transition:** A multi-step, complicated and life altering process that a transsexual person undergoes in order to bring their physical anatomy in line with their gender identity. This process can take many years to complete.

**Transphobia:** Is the fear or hatred of people whose gender identities are not consistent with societal expectations of gender roles based on whether you are biologically a man or a woman.

**Transsexual Individuals:** An archaic term that refers to people who strongly desire and/or are already at various stages of pursuing the life-changing process of transitioning from one sex to another. In this publication, we have preferred to use the term gender dysphoric (GD) individuals.

**Two-Spirited:** In many Aboriginal cultures, two-spirited people were often respected members of the community who displayed characteristics of both male and female.



## RESOURCES

### Books:

1. “The Transgender child: A handbook for families and professionals”  
By Stephanie Brill and Rachel Pepper
2. “Trans forming families: Real stories about transgendered loved ones”. By Mary Boenke
3. “Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families.” By Arlene Istar Lev.
4. “True selves: Understanding transsexualism for families, friends, coworkers and helping professionals.” By M. Brown and C.A. Rounsley.

### Organizations:

- **Vancouver Coastal Health, Transgender Health**  
(<http://transhealth.vch.ca/>)
- **CPATH** – Canadian Professional Association for Transgender Health. Go to <http://www.cpath.ca/home/?lang=en>
- **TransParent Canada.** A parent-to-parent support network.  
([www.transparentcanada.ca](http://www.transparentcanada.ca))
- **Trans Alliance Society.** A BC alliance that provides forums and resources to help with the personal development of transgendered members, promotes knowledge and understanding of trans culture, and works toward removing barriers affecting the transgendered community.  
([www.transalliancesociety.org](http://www.transalliancesociety.org))



## ADDITIONAL RESOURCES THAT YOU HAVE FOUND

Description

<b>NAME(S)</b>	<b>CONTACT INFORMATION</b>

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