



# GENDER IN ALL ITS SPENDOR: THE TRUTH ABOUT TGE YOUTH

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# GENDER IN FLUX LED BY THE YOUNG



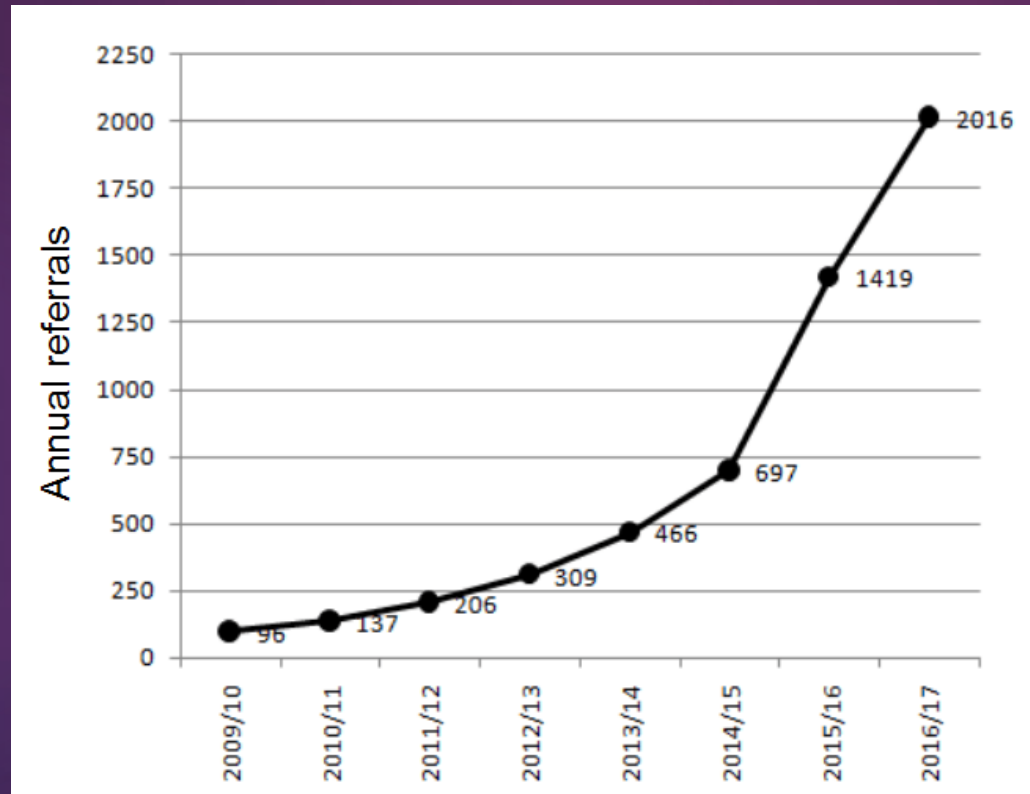
# EARTH MOVING UNDER OUR FEET

GENDER = BEDROCK → GENDER = MOVING BOULDERS



# Tsunami of new referrals of children to gender clinics across the world

Example: Tavistock Gender Identity Development Service: 2009-2017: From 96 to 2016 referrals/year





**THIS ALL MAKES PEOPLE VERY NERVOUS**



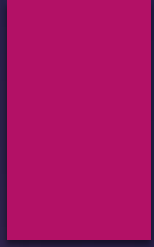
# TRIGGER WARNING: SOME PEOPLE DON'T LIKE WHAT PEOPLE LIKE ME DO



January 2021 e-mail to me from Gender Health Query ([genderhq.org](http://genderhq.org)): A resource & community for LGBT people & allies who want to promote the long-term physical health & mental health of gender dysphoric youth:

- ▶ *“Sending this to 100s of mental health and medical professionals as this apathy is a wide-spread problem-LGB youth are expendable for this cause under the "affirmative model." This is profoundly destructive to these individuals and to our communities. The younger children are transitioned, the more of them there will be. UCSF staff must be honest about the numbers of pre gay and lesbian kids that will be needlessly medically altered under this system, as many gender dysphoria experts predicted due to desistance data. Instead, UCSF staff are writing cherry-picked, politicized, poor quality pieces for doctors organizations, contrary to values regarding the scientific method and duty to the public. . . .*
- ▶ *Our rights to grow up and experience normal identity exploration and struggles as LGB people are being destroyed. There is blatant, widespread disregard for the impact of this on our minority groups by affirmative model advocates. We are being harmed. We are begging you to care.”*

# GOAL OF OUR TIME TOGETHER TODAY



- ▶ TO LEARN THAT PEOPLE LIKE ME (GENDER AFFIRMATIVE MODEL PRACTITIONERS) DO CARE
- ▶ AND TO DEMONSTRATE HOW





# Basic premises of the gender affirmative model



# Basic premises of the gender affirmative model

## 1. Gender variations are not disorders

There are infinite pathways of gender

Cisgender is only one of many

Each gender pathway is positive

No one pathway is privileged over another

Basic premises of the gender affirmative model

**2. Gender presentations are diverse and varied across cultures, requiring cultural sensitivity**

# Basic premises of the gender affirmative model

## 3. Gender involves interweaving

- ▶ Biology
- ▶ Development and socialization
- ▶ Culture and context

# Basic premises of the gender affirmative model

**4. Gender may be fluid,  
and may be non- binary**

# Basic premises of the gender affirmative model

5. Co-occurring psychological issues, if present at all, are typically related to interpersonal and cultural reactions to a person, not internal pathology



# Basic premises of the gender affirmative model

**6. Therefore, pathology more likely lies in the culture rather than in the person**

# PAUSE!



## NEW DIAGNOSIS: SOCIAL GENDER DYSPHORIA

- ▶ **PRESENT CONTROVERSY—SHOULD THERE BE A CHILDHOOD MENTAL HEALTH DIAGNOSIS FOR GENDER IF GENDER DIVERSITY IS NOT A PATHOLOGY?**
- ▶ **DSM V GENDER DYSPHORIA OF CHILDHOOD: DEFINED AS EXPERIENCE OF STRESS OR DISTRESS IN INCONGRUENCE BETWEEN DESIGNATED SEX AT BIRTH AND EXPERIENCED GENDER IDENTITY**
- ▶ **PERHAPS WE ARE BEING DIVERTED FROM THE REAL ISSUE, WHICH IS→**
- ▶ **DIAGNOSIS OF GENDER DYSPHORIA BELONGS TO THE CULTURE, NOT THE CHILD**
- ▶ **NEW DIAGNOSIS: SOCIAL GENDER DYSPHORIA (SGD)**
- ▶ **DEFINED AS STRESS OR DISTRESS EXPERIENCED BY A CULTURE OR INDIVIDUAL WITHIN THE CULTURE WHEN EVERYTHING THEY LEARNED ABOUT GENDER IN TWO BOXES IS INCONGRUENT WITH WHAT CHILDREN (AND ADULTS) TODAY ARE DEMONSTRATING ABOUT THEIR GENDER BEING INFINITE RATHER THAN BINARY IN NATURE**

# EXAMPLE OF SGD

- ▶ Phone Call: Monday, March 4, 2019 following Drew Adams' suit against the School Board of St. John's County for preventing him from using the bathroom consistent with his gender identity
- ▶ Dr. Ehrensaft. First of all, you should change your outgoing message because it's out of date. Second, my name is Sharon Kass, k-a-s-s. Concerning the case Adams vs., School Board of St. John's County. Your expertise is false. This girl is emotionally misdeveloped. And ironically, her mother is the person to blame for that. They didn't bond well in Drew's earliest years, and probably because of Erica's narcissistic personality disorder. And extensive absence is also a factor as it was in the childhood of Chastity Bono. Now, we're going to have truth in this country and we're going to hold people like you up as the charlatans you are. You're self-deluded and then you try to delude the public. People in the legal profession may be fooled but there's more common sense outside of it. I refer you to the sources of real information. . . . There are going to be some changes made in this country. Thank you.
- ▶ EVIDENCE OF SGD:
  - ▶ Child: Emotionally misdeveloped
  - ▶ Mother: Narcissistic personality disorder
  - ▶ Parent Child Relationship: Parental neglect, lack of bonding
  - ▶ GAM practitioners: charlatans, deluded
  - ▶ Legal professionals: Gullible people who can be fooled
  - ▶ Call for: common sense, real information, change in this country
  - ▶ References: reparative therapy to guide our way

# ERGO

- ▶ Target of treatment may be the social environment, not the child
- ▶ We should each scrutinize ourselves to determine whether we suffer from social gender dysphoria and treat it accordingly
- ▶ Providing gender affirmative care means stepping out of our offices and attending to gender ills of social environment so gender expansive children can grow well
- ▶ Glaring historical example: Trump Era memo proposing that consideration of children's need for gender protection under Title IX should be governed by premise that only thing that counts about gender is what's between your legs, not who you authentically know yourself to be

(Diagnosis: Extreme Social Gender Dysphoria)



# ERGO

Gender may  
be the cure, rather  
than the disease



# GENDER AFFIRMATIVE MODEL'S DEFINITION OF GENDER HEALTH



- ← A person's opportunity to live in the gender that feels most real and/or comfortable
- ← A person's opportunity to live fully in their authentic gender with acceptance and without aspersion

# Gender Microaggressions → Gender Minority Stress

What are gender microaggressions?

▶ Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults because of gender minority status



# MAIN BARRIER TO GENDER HEALTH = GENDER MINORITY STRESS

## WHAT IS GENDER MINORITY STRESS?

Anxiety and distress caused by being part of a minority group and being confronted with:

1. gender-related discrimination
2. gender-related rejection
3. gender-related victimization
4. non-affirmation of gender identity
5. internalized transphobia



# GPS for MAKING SENSE OF GENDER

## THE GENDER WEB





# THE GENDER WEB



Each person's unique  
gender web weaves  
together

Nature

Nurture

Culture



# THE THREADS IN THE GENDER WEB: NATURE, NURTURE, AND CULTURE

- ▶ Chromosomes
- ▶ Hormones
- ▶ Hormone receptors
- ▶ Gonads/Primary sex characteristics
- ▶ Secondary sex characteristics
- ▶ Brain
- ▶ Mind
- ▶ Socialization: Family, School, Religious Institutions, Community
- ▶ Culture: Values, Ethics, Laws, Theories and Practices



# THE FOURTH DIMENSION OF THE GENDER WEB: TIME

- ▶ Each individual alters their gender web as they weave together nature, nurture, and culture **OVER TIME**





## THE GENDER WEB AND FINGERPRINTS

- ▶ Like fingerprints, no two people's gender webs are exactly the same
- ▶ Unlike fingerprints, gender webs are not fixed at birth. They can change over the course of a person's life

# ADULTS AND THE GENDER WEB

- ▶ The gender web is each child's personal creation
- ▶ If adults grab the threads from the child, they mess up the child's gender web and leave the child feeling all tangled up
- ▶ If adults facilitate the child weaving their own personal gender web, the child feels supported and expansive

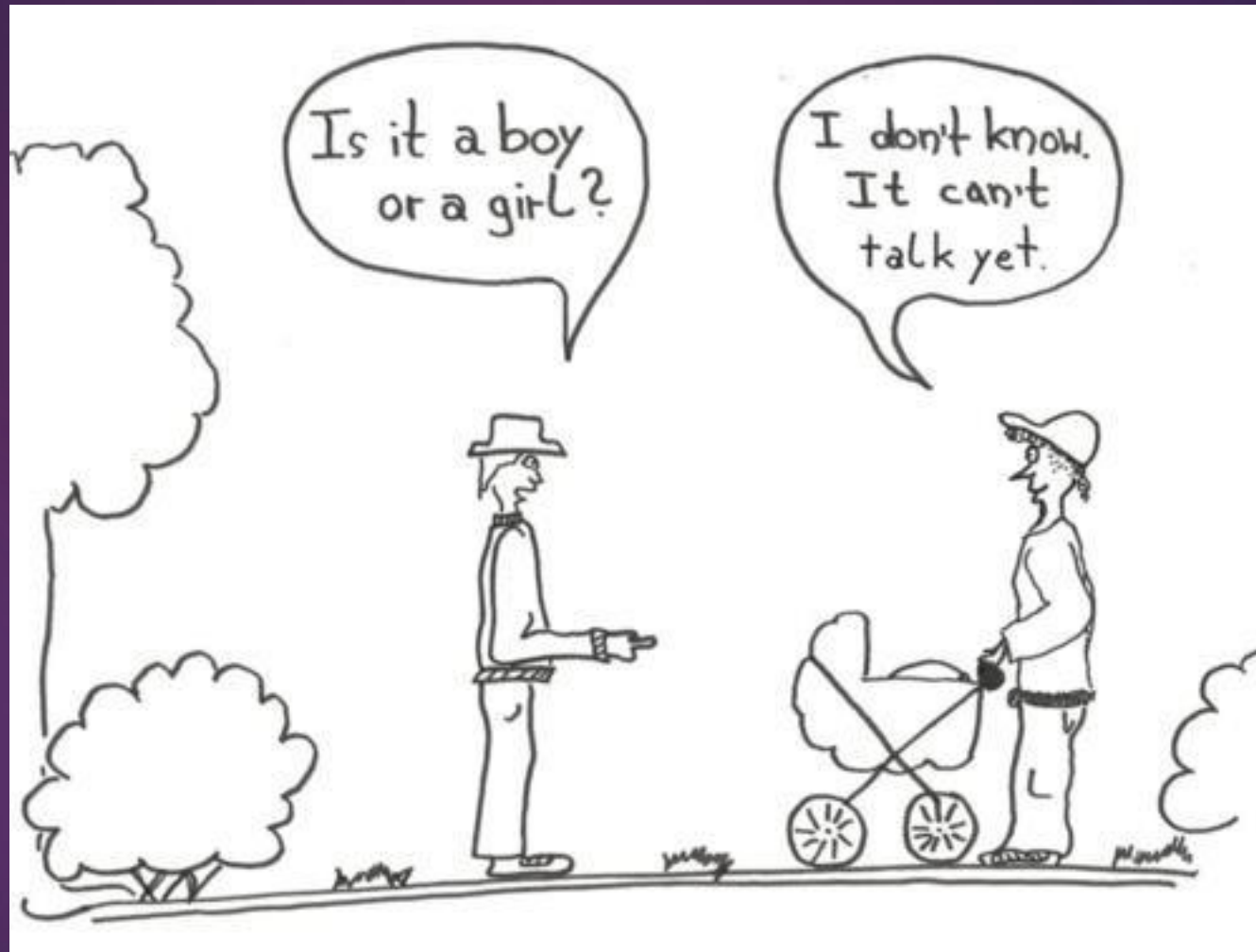




**ESSENTIAL TENET IN  
SUPPORTING TGE YOUTH**

**It is not for us to  
say, but for the  
children to tell**





# The challenge for the Provider

- ▶ TRANSLATING WHAT THE YOUTH IS TRYING TO TELL US
- ▶ REQUIRES BEING AN EYE, AN EAR, AND A MIRROR



# THERAPEUTIC AIMS

- ▶ Discover a child's true gender self
- ▶ Promote gender health
- ▶ Reduce gender minority stress
- ▶ Strengthen a child's gender resilience
- ▶ Support the caring environment so the environment can support the child

# Laundry List of Clinical Challenges in Treatment of Transgender and Gender Expansive Children



1. How do we establish standards of care/good practices with a dearth of evidence-based scientific longitudinal data?
2. Can a young child know their gender? What about persisters vs. desisters?
3. Can a young child know their gender enough to warrant social transitions?
4. If gender variations are healthy phenomena rather than disorders, why a mental health childhood gender diagnosis, especially if no medical care is involved?
5. If gender variations are healthy phenomena, do we need extensive psychiatric evaluations, including batteries of psychological tests, to prepare for treating a transgender/gender expansive child?
6. The gender affirmative model says, “If you want to know a child’s gender, listen to the child.” But how are you supposed to translate what they are saying?

# Laundry List of clinical challenges in treating transgender and gender expansive Adolescents



1. Do mental health providers have the competence to weigh in on gender affirming medical interventions for youth—puberty blockers, gender affirming hormones, gender affirming surgeries?
2. How do you differentiate authentic gender articulation from gender as a solution to another life problem or a symptom of an unrelated psychological disturbance?
3. Do youth without a fully developed myelin sheath have capacity to make informed decisions about irreversible or only partially reversible medical interventions?
4. Can a youth receiving gender-affirming medical interventions have the foresight to assent to the potential foreclosure of fertility?
5. What does it mean to deny or limit treatments shown to reduce life-threatening risks, if parents do not consent? If medical or government policies do not allow them?
6. If parental acceptance = key component of good mental health outcomes for transgender/gender expansive teens, how do we proceed if such acceptance is not in place, knowing the negative consequences (higher depression, suicidality rates, for example) absent parental support?

**GOOD SCIENCE WITH UNINTENDED  
CONSEQUENCES**

**THE PERSISTERS AND  
DESISTERS  
RESEARCH**





**WATCHFUL WAITING  
APPROACH TO GENDER  
EXPANSIVE  
PREPUBERTAL CHILDREN**



**KEEP  
CALM  
AND PROCEED  
WITH  
CAUTION**

?

**Why  
?**



# BECAUSE



- ▶ The majority of children desist with gender dysphoria by puberty
- ▶ Premature social transition in early childhood might back children into a cognitive/emotional corner where they will then feel obligated to maintain their socially transitioned status
- ▶ Early social transition might create an unrealistic state where a child is not cognizant of their sex-related body parts
- ▶ Having children go through early puberty related to their XX or XY chromosomes and before any full social transition takes place will give youth additional information to help them get their authentic gender in focus
- ▶ Undoing a social transition later can cause stress or distress for a child

# SO WHAT'S A FAMILY TO DO WITH A CHILD WHO IS COMMUNICATING THEY ARE NOT THE GENDER PEOPLE THINK THEY ARE?

According to the Watchful Waiting Model:

- Consider in-between solutions or compromises, rather than facilitate a full social transition
- Give message to child that they're always free to revert to original gender position

# HERE'S A QUESTION

- ▶ In standard texts on gender development, a healthy child by age six is expected to know the gender they are
- ▶ And yet so many people doubt that a child of six can really know that they are transgender
- ▶ So how come cisgender children can and are supposed to know their stable gender identity by age six, but transgender children can't?



# Isn't that a double standard?



## **Double Standard**

*"When a situation is  
desireable for one group  
but deplorable for another."*

# A REASON TO CARE

**CHILDREN HAVE BETTER  
MENTAL HEALTH OUTCOMES  
IF WE RECOGNIZE THEM FOR  
THE GENDER THEY ARE  
RATHER THAN THE GENDER  
WE THINK THEY SHOULD BE**

# UNPACKING THE ARGUMENTS AGAINST PREPUBERTAL SOCIAL TRANSITIONS



# PERSISTER/DESISTER DATA

- ▶ = Basis for the argument against early social transitions, translated to, “How can we know a child’s gender early on if so many of them turn away from that gender?”
- ▶ = Basis for argument that transgender young children don’t exist at all; it’s just the agenda of politically driven practitioners who are eager to make children transgender

## WORD ON THE STREET: FINDINGS ON PERSISTERS/DESISTERS

- ▶ **PERSISTERS:** YOUNG CHILDREN WHO RECEIVE A GENDER DIAGNOSIS EARLY IN LIFE AND PERSIST WITH THAT DIAGNOSIS INTO ADOLESCENCE
- ▶ **DESISTERS:** YOUNG CHILDREN WHO RECEIVE A GENDER DIAGNOSIS EARLY IN LIFE AND NO LONGER HAVE THAT DIAGNOSIS BY PUBERTY
- ▶ MAJORITY OF CHILDREN IN CLINICAL STUDIES HAVE PROVEN TO BE DESISTERS (most recent finding: 63%[Steensma et al., 2013] )



## CONCLUSION OF PERSISTER/DESISTER STUDIES

“Feelings of gender dysphoria persisted into adolescence in only 39 out of 246 of the children (15.8%) who were investigated in a number of prospective follow-up studies. . . . [R]esults unequivocally showed that the gender dysphoria remitted after puberty in the vast majority of children.”

(T. D. Steensma, R. Biemond, F. de Boer, P. Cohen-Kettenis. Desisting and persisting gender dysphoria after childhood: A qualitative follow-up study. *Clin Child Psychol Psychiatry* , 2011, 16: 499-516, p. 500)

## CLINICAL IMPLICATION OF PERSISTER/DESISTER FINDINGS

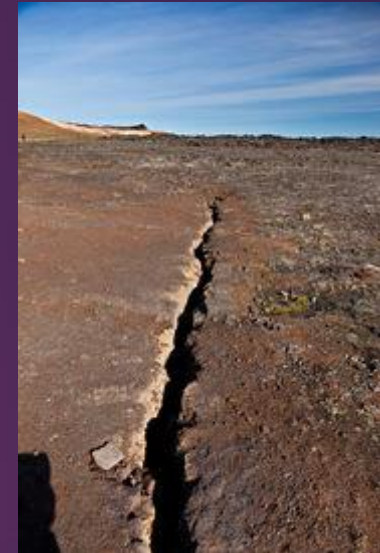
- ▶ Since only a small number of gender dysphoric children will continue to be gender dysphoric in adolescence, this is not a reliable predictor of later transgender outcome.
- ▶ Therefore, give children a chance to explore their gender, but do not promote an early gender transition, as most of these children will grow out of their gender dysphoria and will not grow up to be transgender.

# CLINICAL MISUSE OF PERSISTER/DESISTER DATA

If we move in early to get children to accept the gender matching their designated sex at birth, to “live comfortably in their own skin” (Zucker, 2012) we might be able to ward off a transgender outcome.

# FAULT LINE IN CLINICAL PERSISTER/DESISTER STUDIES

- ▶ **THEY CONCENTRATE ON MEASURES OF GENDER DYSPHORIA (IN THE PAST, OF GENDER IDENTITY DISORDER)**
- ▶ **THEY FAIL TO HIGHLIGHT THE MORE CRITICAL VARIABLES:**
  - 1.CHILD'S GENDER IDENTITY**
  - 2.CHILD'S GENDER EXPRESSIONS**



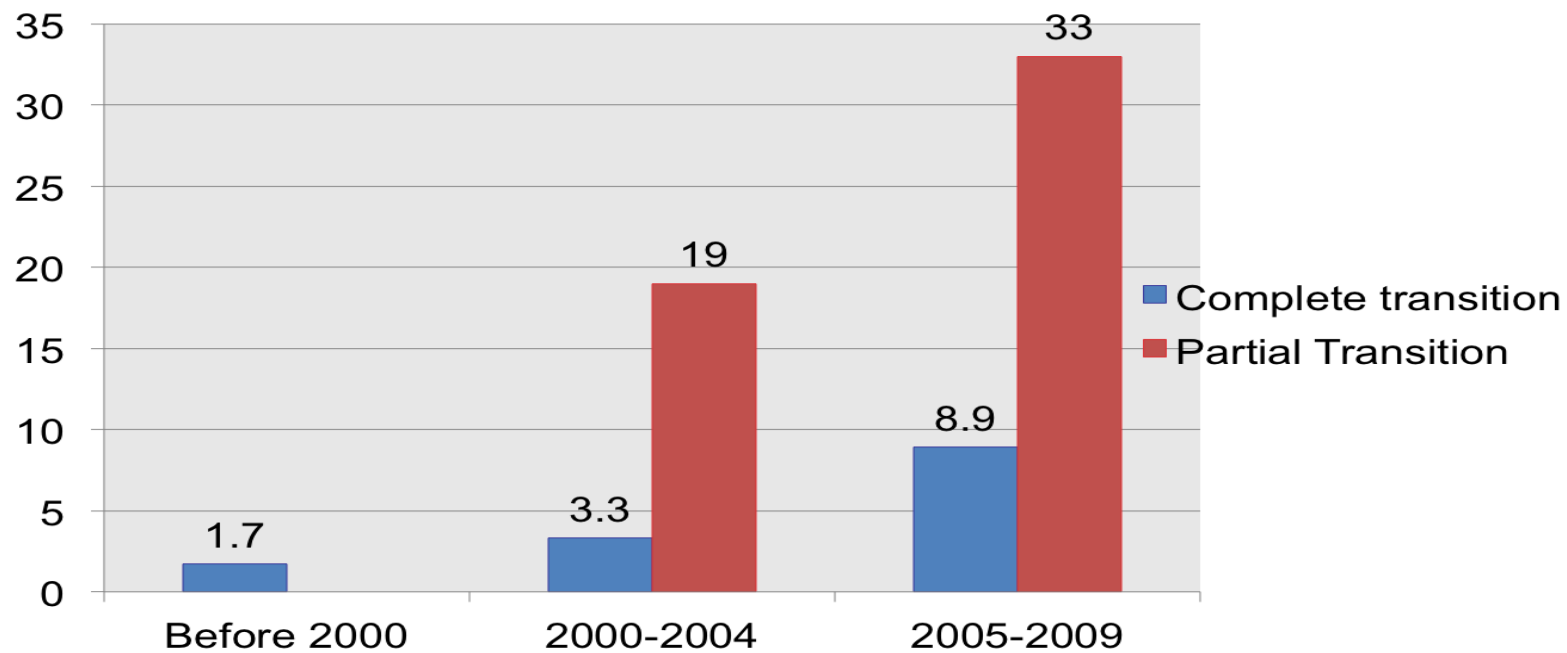
# SCIENCE TO REFUTE WATCHFUL WAITING

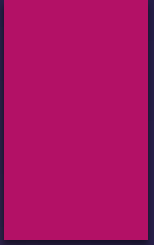
- ▶ RESEARCH OF KRISTINA OLSON AND ASSOCIATES AT THE TRANSYOUTH PROJECT:
- ▶ THE SOCIALLY TRANSITIONED PREPUBERTAL KIDS ARE DOING ALRIGHT
- ▶ AS WELL AS A COMPARISON GROUP OF CISGENDER CHILDREN OF THE SAME AGES ON OVERALL PSYCHOLOGICAL FUNCTIONING



# Pre-Pubertal Gender Social Transition Trend

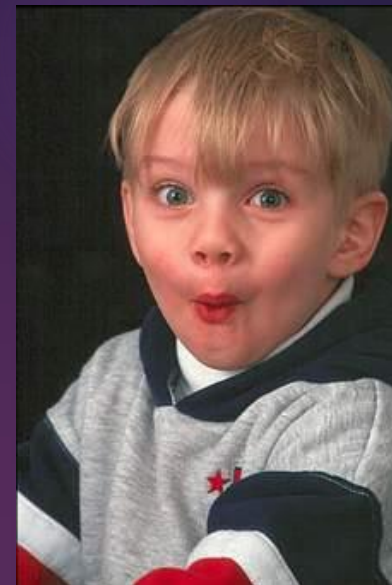
**Percent of prepubertal children presenting to Amsterdam gender identity clinic already transitioned to the opposite gender**





**TRANSYOUTH CARE PROJECT:  
UCSF, CHLA, BOSTON CH, LURIE CH 4-  
SITE NIH STUDY OF GENDER AFFIRMING  
MEDICAL INTERVENTIONS AMONG  
YOUTH  
QUESTION ASKED: HOW MANY YOUTH  
SEEKING PUBERTY BLOCKERS HAD  
ALREADY TRANSITIONED BEFORE GOING  
ON BLOCKERS?**

**ANSWER: A  
SURPRISING MAJORITY**



<b>TOTAL # OF SUBJECTS WITH INFO ON SOCIAL TRANSITION</b>	<b>92</b>
<b># FULLY SOCIALLY TRANSITIONED YOUTH</b>	<b>69 (75%)</b>
<b># PARTIALLY TRANSITIONED YOUTH</b>	<b>13 (14%)</b>
<b>TOTAL # SOCIALLY TRANSITIONED YOUTH</b>	<b>82 (89 %)</b>

# ARE THE KIDS DOING ALRIGHT?



# What we found

- ▶ **ONLY INCLUDED Ss WHO HAD FULLY TRANSITIONED**
- ▶ **Children with 3 or more years of social transition were rated by their parents as having significantly higher scores on over-all quality of life and quality of life subscales (self-efficacy, positive affect, and general life satisfaction) than children with <3 years**
- ▶ **Children with 3 or more years of social transition rated themselves significantly higher on the cumulative quality of life scale than children with <3 years, and trending in the same direction as parents' ratings on the subscales**



# BENEFITS OF HAVING MORE YEARS OF SOCIAL TRANSITION BEFORE PUBERTY



- ▶ Your parents will see you as being better able to take care of things on your own, have more positive feelings, and be more generally satisfied with life than if you had socially transitioned less than three years ago
- ▶ You'll agree with your parents

# WHAT DOES THE SCIENCE TELL US?

- ▶ Young children seem to be capable of delineating their authentic gender and those who socially transition are showing positive effects, both in their own and their parents' estimation



# → GENDER AFFIRMATIVE APPROACH

- ▶ Gender transitions should be based on stages, not ages
- ▶ This applies to both social and later medical gender affirming transitions/interventions

# The fruit orchard of gender expansive children and youth



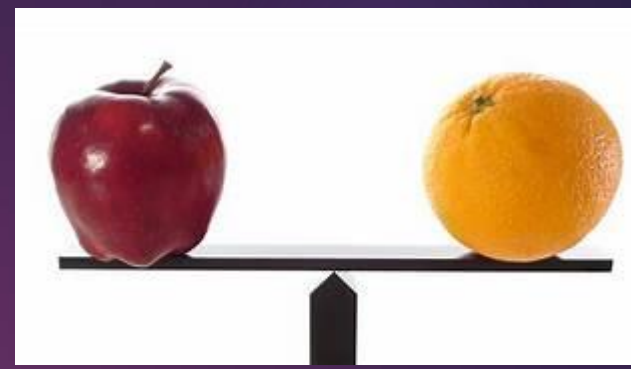


# APPLES, ORANGES, FRUIT SALAD

- ▶ SOME CHILDREN WILL BE EXPLORING OR AFFIRMING THEIR GENDER IDENTITY (APPLES)
- ▶ SOME CHILDREN WILL BE EXPLORING OR AFFIRMING THEIR GENDER EXPRESSIONS (ORANGES)
- ▶ SOME CHILDREN WILL BE EXPLORING OR AFFIRMING BOTH (FRUIT SALADS)



# FROM WHENCE APPLES AND ORANGES?



- ▶ FROM REVIEWING THE RESEARCH ON DESISTERS AND PERSISTERS:
- ▶ PERSISTERS: YOUNG CHILDREN WHO RECEIVE A GENDER DIAGNOSIS EARLY IN LIFE AND PERSIST WITH THAT DIAGNOSIS INTO ADOLESCENCE
- ▶ DESISTERS: YOUNG CHILDREN WHO RECEIVE A GENDER DIAGNOSIS EARLY IN LIFE AND NO LONGER HAVE THAT DIAGNOSIS BY PUBERTY
- ▶ MAJORITY OF CHILDREN IN CLINICAL STUDIES HAVE PROVEN TO BE DESISTERS (most recent finding: 63%[Steensma et al., 2013] )
- ▶ CONCLUSION: WAIT UNTIL ADOLESCENCE BEFORE DOING ANYTHING DRASTIC ABOUT GENDER, i.e., SOCIAL TRANSITION BECAUSE WE CAN'T KNOW BEFORE

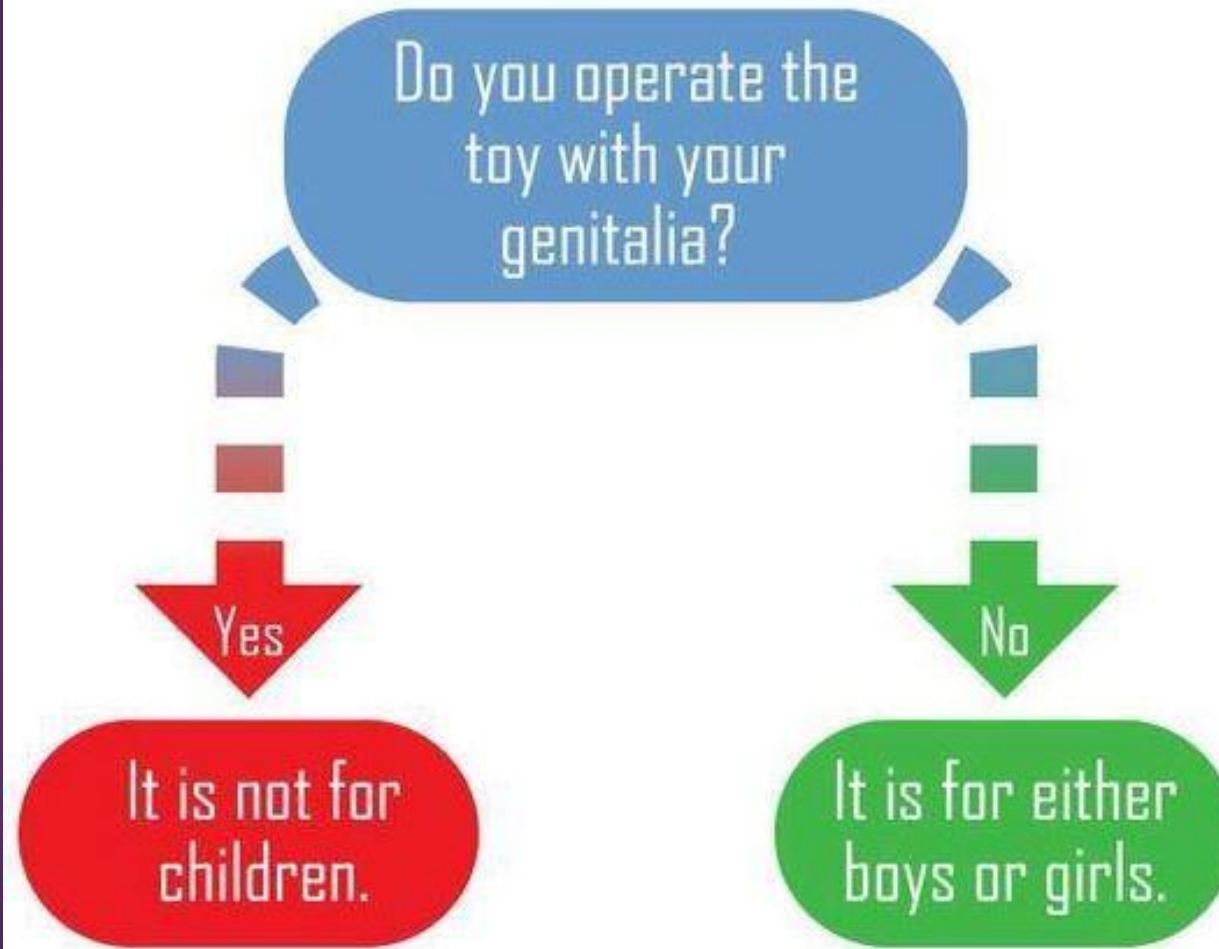
MY RESPONSE: THIS IS MAKING NO SENSE. THESE ARE TWO DIFFERENT GROUPS OF KIDS FROM EARLY ON. WE'RE TALKING APPLES AND ORANGES.

# Separating Apples, Oranges, & Fruit Salads Requires Separating Gender Identity from Gender Expressions

- ▶ **GENDER IDENTITY:** Who I know myself to be at my core—male, female, or other
- ▶ **GENDER EXPRESSION:** The toys I like to play with, the activities I like to do, the children I choose to play with, the clothes I like to wear, the way I like to move, and so forth

# Cheat Sheet for Gender Expressions

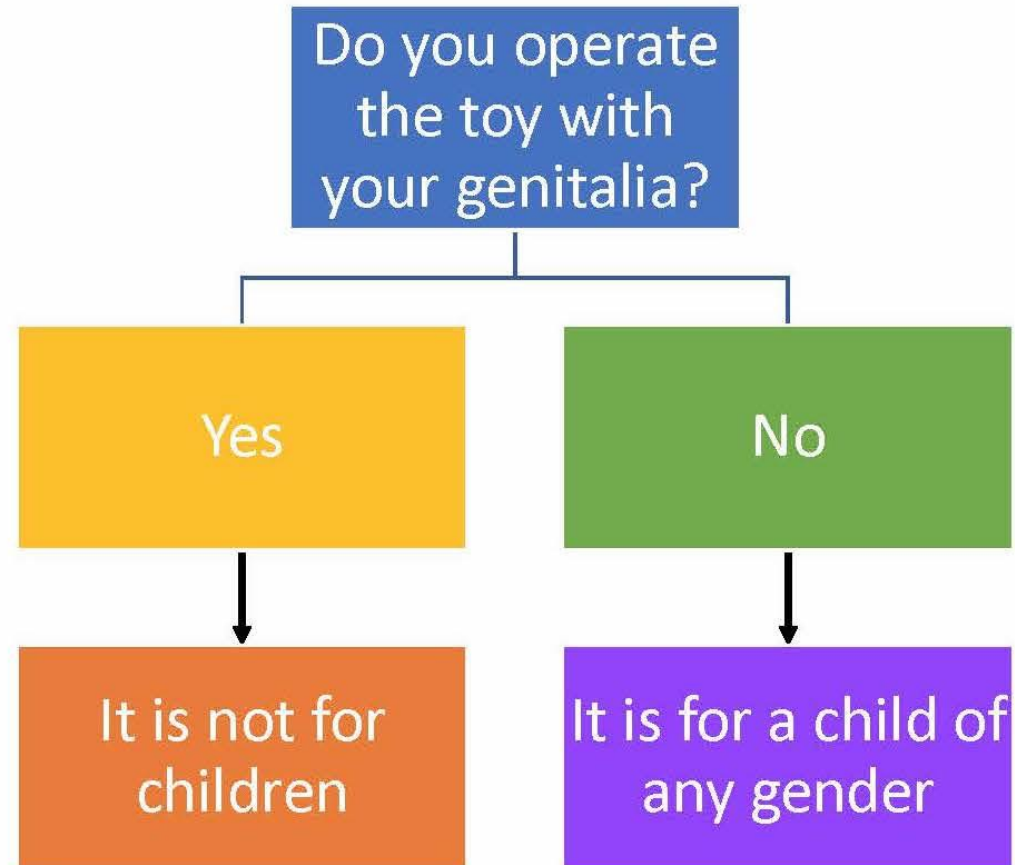
How to tell if a toy is for boys or girls.



original version via ([facebook.com/dumbsainthood](https://facebook.com/dumbsainthood))  
updated version ([duelinganalog.com](https://duelinganalog.com))

# REVISED CHEAT SHEET FOR GENDER EXPRESSIONS

## How to Tell If a Toy is for Boys or Girls



# APPLES



- ▶ Children who often show up in child gender research as the “persisters”
- ▶ Cross-gender in identifications early in life; continue on the same track into and beyond puberty (Consistent, Persistent, and Insistent)
- ▶ Typically say, “I **am** a -----” rather than “I **wish I was** a -----”
- ▶ Many express body dysphoria
- ▶ Gender explorations typically don’t present as child’s play but serious work
- ▶ Establishing an affirmed gender identity is the main order of the day
- ▶ Nature thread of their gender web often quite strong
- ▶ Our youngest cohort of transgender people

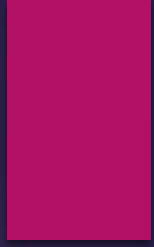


# EARLY TRANS AFFIRMATION



LEXIE GANNES, STATE OF TRANS

Research: Early Affirmation Results In Positive Outcomes



# APPLE MYTH



- ▶ In order to be an apple, you have to have been insistent, persistent, consistent in asserted gender identity since early childhood
- ▶ Otherwise, you don't qualify. You might even just be following a new teenage fad (AKA rapid onset gender dysphoria)

# Reality: Late Harvest Apples



- ▶ A person can discover they are an apple at any point in life
- ▶ They could be two, five, fifteen, or fifty
- ▶ This is in accordance with consolidation of our gender selves being lifelong and potentially fluid process, rather than fixed at particular point in time

# ORANGES



- ▶ Children who often show up in child gender research as the “desisters”
- ▶ Gender expansive but do not repudiate their designated sex at birth. May say “I wish I was a ...”
- ▶ Large number of these children will discover they are gay or queer, exploring gender on way to discovering sexual identities
- ▶ Do not tend to repudiate their bodies, but can engage in fantasy play or ruminations about life in another body
- ▶ Explorations in realm of gender expressions rather than core gender identities
- ▶ Nature, nurture, and culture all strong threads





"*Gender Born, Gender Made* brings to our homes, schools, and clinicians' offices a wealth of ideas and tools that will prove invaluable as we move toward a more empathetic, just, and inclusive society."—from the foreword

# gender born, gender made

Foreword by  
EDGARDO MENVIELLE,  
MD, MSHS, Director of  
the Gender and Sexuality  
Advocacy and Education  
Program, Children's National  
Medical Center



RAISING HEALTHY  
GENDER-NONCONFORMING CHILDREN

Diane Ehrensaft, PhD



THE GENDER CREATIVE CHILD

EHRENSAFT



"Should be required reading for all therapists, pediatricians, and K-12 educators and for parents whose children express their gender differently."  
—Genny Beemyn, PhD, coauthor of *The Lives of Transgender People*

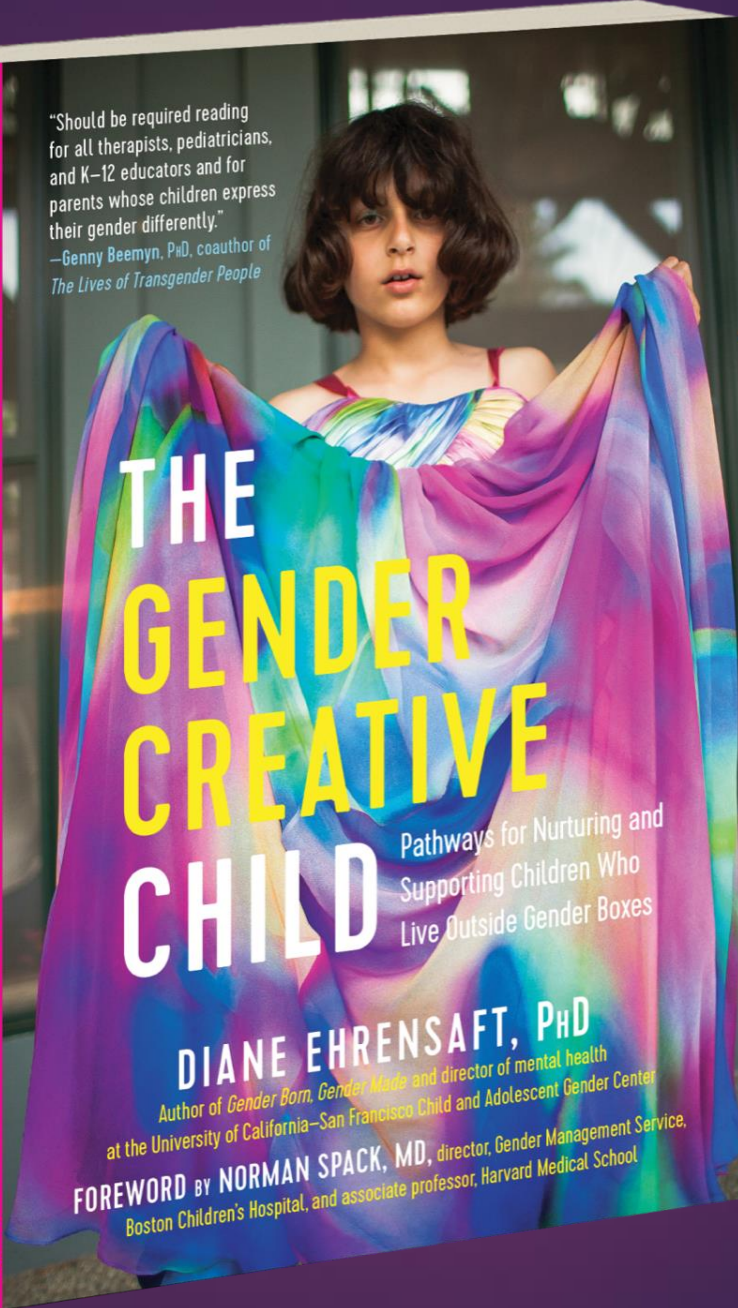
# THE GENDER CREATIVE CHILD

Pathways for Nurturing and Supporting Children Who Live Outside Gender Boxes

DIANE EHRENSAFT, PhD

Author of *Gender Born*, *Gender Made* and director of mental health at the University of California–San Francisco Child and Adolescent Gender Center

FOREWORD by NORMAN SPACK, MD, director, Gender Management Service, Boston Children's Hospital, and associate professor, Harvard Medical School



# FRUIT SALADS



- ▶ Tapestry of self which is neither male nor female but own creative understanding of gender, both in identities and expressions
- ▶ These children resist gender boxes
- ▶ Often live in gender middle grounds, where no either/or but instead all and any
- ▶ = our non-binary, agender, pangender, gender fluid, gender queer children and youth
- ▶ Recently, culture thread of gender web shown to be strong: children influenced by new notion of gender infinity











# APPLES: When should we think about a social transition for a child?

- ▶ When other possibilities ruled out, especially gender as a symptom of some other underlying problem
  - ▶ When central issue is determined to be gender identity, not gender expressions
  - ▶ When child expresses need/desire to transition
  - ▶ When parents or caregiving environment can offer positive support for their child transitioning
- Then consider a social transition, either everywhere, or in safe situations



## What About the Oranges?

- ▶ If issue is gender expression, not core gender identity, carve out space and support for child to express gender in way that suits the youth, not way that suits society
- ▶ Social gender transition (change in name, pronouns, gender marker) is not necessary



## What About the Fruit Salads?

- ▶ They are a *mélange*
- ▶ Some may request or benefit from a gender transition, but not necessarily a binary one
- ▶ Others are fine with the sex designated at birth, but redefine what that means
- ▶ We need to stretch our thinking to consider the multiplicity of gender identities along with the multiplicity of gender expressions

# WHAT IF apples CHANGE THEIR MINDS?

- ▶ Then we help them spin together their gender web as they know it now
- ▶ There are no data indicating that children who change their gender more than once over time, including switching back from transgender to their original gender, are at risk for any psychological disturbances—as long as we support them in their journey



# BAD SCIENCE WITH INTENDED CONSEQUENCES

- ▶ LISA LITTMAN,
- ▶ RAPID ONSET GENDER  
DYSPHORIA



# REVIEW OF THE BAD SCIENCE

- ▶ **1. SKEWED SAMPLE**
- ▶ **2. REPRESENTING PARENTS' REPORTS AS CHILDREN'S REALITY**
- ▶ **3. CREATING A PSEUDO-DIAGNOSIS OF ROGD**
- ▶ **4. ASKING PARENTS TO RATE THEIR CHILDREN ON A MENTAL HEALTH DIAGNOSTIC SCALE**
- ▶ **5. MISREPRESENTING THE ROLES AND FUNCTIONS OF THE GENDER AFFIRMATIVE MENTAL HEALTH SPECIALIST AS RUBBER STAMPERS**

# **INTENDED AND UNINTENDED CONSEQUENCES OF ROGD RESEARCH**

- ▶ ENERGIZED COMMUNITY OF DOUBTING PARENTS AND ANTI-GENDER AFFIRMATIVE PROFESSIONALS**
- ▶ THREATENED TO ROB YOUTH OF THEIR VOICES AND MESS UP THEIR GENDER WEB**
- ▶ CREATED A BROOHAHA IN THE ACADEMIC COMMUNITY**
- ▶ → BROWN UNIVERSITY RETRACTING LITTMAN'S ARTICLE AND PRINTING A CORRECTED VERSION**

# Even More Disturbing Consequence

- ▶ Publication of Abigail Shreier's book, *Irreversible Damage: The Transgender Craze Seducing Our Daughters*, in 2020
- ▶ She asserts a trans epidemic plaguing teenage girls
- ▶ She likens the craze to past epidemics plaguing adolescent girls:
  1. 17<sup>th</sup> Century Salem Witch Trials
  2. 18<sup>th</sup> Century Nervous Disorders
  3. 19<sup>th</sup> Century Neurasthenia Epidemic
  4. 20<sup>th</sup> Century Anorexia Nervosa, Repressed Memory, Bulimia, Cutting

# HOW TO UNDERSTAND RESPONSES TO LITTMAN AND SHREIER

- ▶ **PUBLIC: SGD-- SOCIAL GENDER DYSPHORIA**
- ▶ **PARENTS: ROPD--RAPID ONSET PARENT  
DISCOVERY**
- ▶ **TRANS COMMUNITY AND GENDER  
AFFIRMATIVE PRACTITONERS: ROAD--RAPID  
ONSET ACTIVIST DEMYSTIFICATION**

# DISPELLING GENDER MYTHS

- ▶ Gender affirmative practitioners are NOT rubber stampers
- ▶ Gender affirmative practitioners DO NOT have a political agenda
- ▶ You CAN tell apples from oranges early in life
- ▶ Children allowed to socially transition DON'T get locked into a new box, unless someone locks them in & won't let them out
- ▶ ROGD is NOT a diagnosis
- ▶ Moving to a new gender is part of gender evolution spawned by the gender revolution



**REALITY: WE ARE NEITHER RUBBER  
STAMPERS NOR PUSHERS  
WE ARE FACILITATORS**

- ▶ **WE LISTEN WITH AN EAR TO FINDING OUT WHAT A YOUTH'S GENDER IS AND THEN PROVIDE THEM ALL THE NUTRIENTS THEY NEED TO LIVE AUTHENTICALLY IN THAT GENDER**
- ▶ **IT COULD TAKE A DAY; IT COULD TAKE YEARS**

# WHAT IS TO BE DONE?

- ▶ **Establish a new gender literacy: gender is an evolutionary process that can change over the course of a lifetime**
- ▶ **Think case by case: some people will know by age three their asserted gender as one not in alignment with their designated sex at birth and maintain that stability throughout their life time; while others may discover myriad iterations of their gender throughout their life time**
- ▶ **Recognize that adolescents are legitimate gender explorers, not suggestible hysterics**
- ▶ **The goal for every youth is the same: Support them in getting their authentic gender in focus, whatever that may be, and make sure it's their journey rather than a forced march**

# Even more to be done: Help Parents

- ▶ Give an ear to confused and struggling parents
- ▶ Never forget that they are also the experts of their children
- ▶ How are they supposed to make sense of all the competing information being thrown at them about transgender youth?
- ▶ How do they navigate their own gender journey—from discovery to acceptance?
- ▶ Keep in mind that their child may have known for several months/years before they disclose to their parents that they are an orange, and apple, or a fruit salad
- ▶ Therefore, need to help parents negotiate their impatient, take-no-prisoners teens as parents find their own footing
- ▶ Wonderful resource: [www.transfamilies.org](http://www.transfamilies.org)
- ▶ Wonderful book: Jo Ivester, *Once a Girl, Always a Boy* (She Writes Press, 2020)

# And never to be forgotten: Ourselves

- ▶ Working in the gender affirmative model can be daunting
- ▶ We have to take a good look at our own gender ghosts and gender angels
  - ▶ Gender ghosts: internalized lessons, attitudes, beliefs about gender that run in opposition to the gender affirmative model (e.g., transgender is a sin or a disease)
  - ▶ Gender angels: internalized lessons, attitudes and beliefs that tell us gender in all its iterations is a beautiful part of life
  - ▶ Goal: Let the voices of the gender angels drown out the shouts from the gender ghosts
  - ▶ How: 1. Self-reflection. 2. Let the youth teach you. 3. Become a gender affirmative community and both support and challenge each other

THANK YOU