Frequently Asked Questions

1. How and when do children understand their gender identity?

According to the American Academy of Pediatrics*, “A child’s awareness of being a boy or a girl begins in the first year of life…and by age 4, gender identity is stable and they know that they will always be a boy or a girl.” Children ‘know’ who they are, just as you did, from as early as age two. Some children don’t have the words to ‘tell’ you that they are gender variant; therefore, it is important to pay attention to cues and behaviors.

2. Can you teach a child ‘appropriate’ gender behavior?

Forcing a child to behave in a certain manner will not change their identity. You may influence external behaviors; however, their sense of who they are isn’t likely to change. Forcing gender conformity may cause depression, anxiety, malaise, or even suicidal thoughts and/or attempts. Gender Identity is not a learned or forced behavior; it is a subjective sense of who we are from birth.

3. How and what should we tell our family and friends?

Tell them the truth. Your child has a medical condition which manifests itself as an incongruence between their sense of who they are and their physical anatomy. Be matter of fact, positive and upbeat. The attitude and level of confidence that you display often sets the tone for how others handle the disclosure. If you convey your child’s condition as being problematic, painful, difficult and dangerous, people are likely to respond negatively. Alternatively, if you communicate that you see your child’s future as happy, successful and bright, then they will likely respond positively.

Whether you present the information in writing or in person is a matter of personal preference; however, you may want to consider putting it in writing. This approach gives you time to reflect and choose your words wisely. Having something to read and ponder, allows people time to absorb the information before they react to it. First reactions are not always good. Given time, a person is likely to react very differently than they would have initially. You have probably known or had some kind of understanding of your child’s gender differences for quite awhile. Allow others time and to catch up.

4. How do we make sure our child is safe at school and in other social situations?
Education is essential. The school and other organizations are not likely to be familiar with your child’s condition and cannot do their job of providing a safe and nurturing environment without some help. If you feel well informed and confident that you can educate the staff and administration yourself, then you should. If you need help, TYFA can provide advocacy and education services for your child’s school, club, daycare or other organization at no charge to your family.

5. What does social transition (i.e. outward gender presentation, clothes, hair, etc.) involve and how can we be sure our child is ready?

You can never ‘be sure’ of anything. As parents, we are continually called upon to act in our child’s best interest. Ask yourself, “What is the worst that can happen if I allow my child to make a social transition?” Usually parents are worried that the child will later change their mind, if this happens you simply revert to their previous gender presentation. There are no medical procedures or medications to take in social transition; therefore, it is totally reversible. We may feel some discomfort with the fluidity of this type of reversal, but however uncomfortable or embarrassing it may be for us, it is far more difficult for our child. It is our job to give our children support and validate who they are.

Sometimes children express anxiety or uncertainty about transition, especially younger children. This is because they have a fear of the unknown. This doesn’t always mean that they don’t want to transition; they just may not have the ability to understand what the benefits/challenges of it may be. One possible solution is to go on a trip away from home for a few days and allow your child to live in the gender that they identify with, without the worry of familiar people and places. During this ‘experiment’, monitor your child’s cues and behaviors. Also note the way that your child interacts with others and the way that others interact with your child. Gauge your child’s comfort level and sense of well being during the ‘experiment’ and base your decision from that. Many times, when a child is allowed to express themselves in their perceived gender full time, issues like bad behavior, shyness, illness, and discomfort will improve or even disappear. You or your child will never know unless you try.

6. What and when do we tell our child’s friends and their families?

Every situation is different. If your child’s gender variance is obvious to others, the sooner you address the issue, the better for your child. Getting things out in the open allows you to provide education. Education is the key to understanding and acceptance. People tend to fear what they do not understand.

Many families choose to live “in stealth” and do not see the need to divulge their child’s medical information after transition. Many people only tell those who “need to know”, such as physicians, teachers, etc. Others may tell everyone in order to minimize the risk of exposure.
In the end, it is ultimately up to your child what he/she feels comfortable with, along with your evaluation of their coping skills and their degree of safety in any given situation. Once you are ‘out’ you are ‘out’, there is no going back. Be careful not to disclose too much information prematurely. You can always divulge more at a later date, but you can’t undo what has already been done.

7. What about romantic relationships?

Everyone, regardless of their gender identity, deserves to be loved. There is someone for everyone. You will need to prepare your child to make wise relationship decisions by discussing issues such as when/how to disclose their gender status with a partner in addition to more traditional dating questions. Navigating relationships is never easy, but we can teach our children skills to help them overcome the obstacles they may encounter. They should never feel they have to settle for relationships which are not affirming, supportive, and healthy because of their gender identity. You will want to cover safety concerns, as well as, respect for the feelings of others.

Your child’s sexual orientation may be heterosexual, gay, lesbian, bisexual, pansexual or something else altogether. Sexual orientation is different than gender identity. Regardless of your child’s orientation, he or she will likely find someone who will accept them and love them for who they are. You can equip them to choose their partner wisely and maintain healthy relationships.

8. What about the changes of puberty?

Modern medicine has made it possible to delay the onset of puberty, which can be utterly devastating, in gender variant children. These medications are called GnRh analogues (puberty inhibitors) and are administered by an endocrinologist. The drugs prevent the devastating unwanted secondary sexual characteristics that occur during adolescence for children whose gender identity conflicts with their birth sex. These medications are reversible.

Not all children express that they are trans or gender variant in time to delay puberty, and not all parents understand their child’s gender differences in time to delay puberty. If puberty has already begun, there may be medications that can help minimize the discomfort, such as, stopping menstruation. An endocrinologist can help with these issues, too.

9. How will we know if our child is ready for medical transition?

This is a highly individual decision and may require input from the child, parents, medical and psychological professionals. You and your child are in the best position to know if and when the time is right. The child must have the emotional maturity to be able to discuss and understand the implications of the some of the irreversible changes that will take place. You, your child and your healthcare team should work together to determine the proper timing of medical transition.
10. How do we bolster our child’s self-esteem?

Continually affirming your child’s gender identity expression is one of the most significant self-esteem boosters that there is. Being supportive and paving the way for your child’s acceptance at school and in other social situations will show your child that you accept and support them completely. Remind your child that difference isn’t wrong…it just is.

* Excerpted from “Caring for your School Aged Child: Ages 5-12” Bantam 1999

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