

If Your Child Says S/he's Transgender



More and more families are dealing with the issue of transgender identity. In cooperation with mental healthcare professionals the Arlington Parent Coalition has compiled a set of suggested guidelines for dealing with this difficult experience.

Disclaimer: Information presented here is not intended to replace evaluation by a trusted professional. Please note: We have included links to additional material on certain topics. Some linked material may be posted on websites that promote transgender ideology and affirmation-only clinicians.

Increasing numbers of families are experiencing the nightmare of [a child announcing that he or she is transgender](#), a-gender, nonbinary, or some variation on that theme. It often happens suddenly, without much (or any) warning, and the child is usually adamant as well as extremely resistant to reasoning. The “coming-out” [script](#) typically contains a number of these elements:

- “I’ve felt this way for a long time (or my whole life) but was afraid to tell you.”**
- “I hate myself (my body) and I’m depressed.”**
- “I’ll run away if you don’t support my transition.”**
- “I’ll commit suicide if I don’t transition.”**
- “Everyone at school loves and supports me as I am. Why can’t you?”**
- “I don’t enjoy doing (X,Y, Z) that other girls/boys like, so I’m transgender.” (Even if the child liked these things previously/recently.)**
- “I’m angry at you for hiding from me the fact that transgender people exist.”**



Every child is born in the right body.

FEELINGS

Always validate a child's feelings, because feelings are **authentic**, **unavoidable**, and generally serve as **heads-up** to point out a situation that needs to be addressed.

"My friends made fun of me at school and now I feel sad and hurt. I either need to change my behavior so I don't get made fun of, or find different friends who don't make fun of my behavior."

Never tell a child his or her feelings are wrong, as doing so communicates to the child that s/he is not competent to recognize when something is wrong with a relationship. If the child who was mocked by friends is told by a trusted adult, "You shouldn't get upset about that," "Don't be such a baby," or "Don't be so sensitive" (**such statements are called 'invalidation'**) the child learns that being mocked by others isn't a real problem.

That child is more likely to grow up unable to recognize when others have crossed his or her appropriate boundaries and is more likely to tolerate abuse from others.

REASONING

A child's reasoning, however, should not be validated when it is faulty.

There are numerous and enormous logical flaws in the transgender narrative. As you educate yourself on the topic, you will be able to ask questions and draw conclusions that challenge what your child has been taught. One parent made the analogy below to address the disconnect between feelings and reasoning, when her child claimed that her feelings of social awkwardness and body discomfort meant that she was transgender.

"I think this is like someone from Wisconsin saying, 'I feel awful. I have a headache, body aches, a fever, and I'm exhausted' and her friends say, 'That's malaria. You've totally got malaria'."

The child laughed and said, "No. She's just got the flu."

Mom said, "Right. A person in Wisconsin with those symptoms probably has the flu, not malaria. Just like I believe that you are absolutely feeling everything you say you are about being socially awkward and not liking your body. Other people are telling you that means you're transgender, but I think it really means you have adolescence with a touch of autism."



Any of the statements on p. 1 may be true or untrue. The child may say these things because s/he has been provided this very common script by trans activists or other trans victims at school or online. The child may or may not believe that the statements are true. (If a child expresses suicidal or self-harm ideation, do take that seriously.)

Many kids who come out as transgender have a prior neurological or psychological/emotional diagnosis, such as autism, depression, obsessive-compulsive disorder, self-harm, and/or prior suicidal ideation/attempts. Consider your child's age and history as you move forward. For example, a three-year-old girl who suddenly announces "I'm a boy" is likely role-playing, as that's a common activity at that age. She might have role-played being a unicorn the week before, and may switch to being an astronaut next week. An autistic teenage boy who has been made fun of for not being masculine enough, however, may announce that he is transgender due to peer pressure from other kids who also don't conform to typical gender stereotypes.

If you find yourself in this situation, your next steps can be critical. If you do not ascribe to the ideology that one can have the body of one sex and the mind of another, and/or that one can change one's sex at will, do not let yourself be pressured into affirming your child's transgender claims.

- **Assure your child that you love him/her, no matter what.**
- **Ask your child to explain his/her feelings and reasoning.**
- **Validate the child's feelings:**

“I can see that you're in pain.”

“Yes, adolescence/puberty/child's situation can be a hard time.”

“I understand why you might feel that way. That makes sense.”

“I'm sorry that this is distressing you, but I want to help.”

- **But do not validate the child's faulty reasoning.**
- **Tell the child you need time to think and process this (if you do, which you probably do).**
- **Set basic boundaries that align with your values and priorities, which may or may not include:**

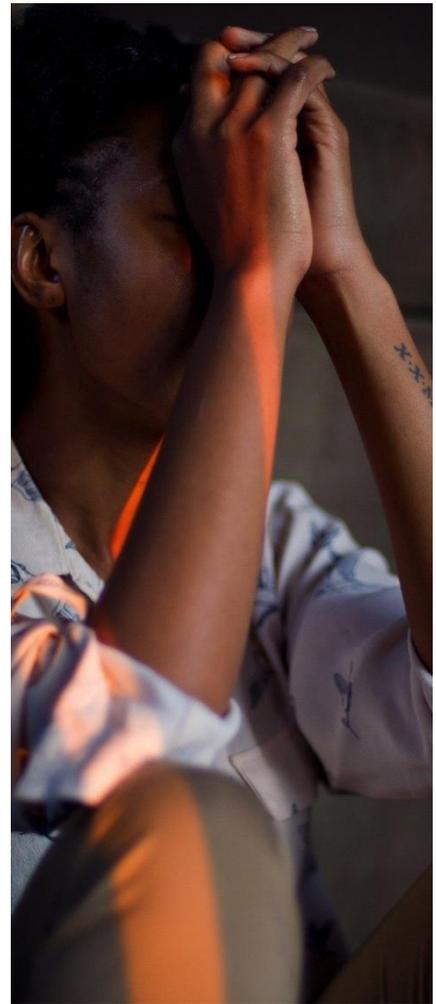
“You can dress however you like.”

“You can do whatever activities (art, sports, dance, etc.) bring you pleasure, whether they're atypical for your gender or not.”

“Your friends may call you TRANSNAME, but I won't.”

“I will not call you by an alternate pronoun, because I don't believe that's accurate.”

“You are responsible for telling our extended family and friends about this, if you choose to. I will not take on that responsibility.”



On BOUNDARIES

Take the time necessary to figure out what's important to you and what you can let go of. You cannot control every aspect of your child's behavior, nor all of his or her choices. And the older a child is, the less control parents really have. You'll want to start thinking in terms of behavior management,

actions and consequences, and persuasive argument rather than asserting control.

Some people think of [boundary-setting](#) as driving a stake into the ground: “This is where I stand. I can go as far from the stake as my arm will stretch, but no further.” The boundaries will be different for different people. Some parents are willing to accept the entire transgender narrative and comply with everything the child asks. Some will allow social transition (clothes, pronouns, name) but not medical transition (puberty blockers, cross-sex hormones, sex reassignment surgery), others will tolerate nothing but the child behaving and dressing according to sex stereotypes. Keep in mind that extremes (full acceptance or full rejection) are rarely associated with good outcomes for the child or the child's relationship with the parents. And it's best if all the primary caregiving adults (mom, dad, stepparents, for example) can come into agreement on what the boundaries will be.



AMERICAN COLLEGE OF PEDIATRICIANS

Human sexuality is an objective biological binary trait: “XY” and “XX” [speaking of chromosomal identity] are genetic markers of health – not genetic markers of a disorder.

Everyone is born with a biological sex. Gender (an awareness and sense of oneself as male or female) is a sociological and psychological concept; not an objective biological one.

A person’s belief that he or she is something they are not is, at best, a sign of confused thinking.

Puberty is not a disease and puberty-blocking hormones can be dangerous.

As many as 98% of gender confused boys and 88% of gender confused girls eventually accept their biological sex after naturally passing through puberty.

Children who use puberty blockers to impersonate the opposite sex will require cross-sex hormones in late adolescence. Cross-sex hormones (testosterone and estrogen) are associated with dangerous health risks including but not limited to high blood pressure, blood clots, stroke and cancer.

Rates of suicide are twenty times greater among adults who use cross-sex hormones and undergo sex reassignment surgery, even in Sweden which is among the most LGBTQ-affirming countries.

Conditioning children into believing a lifetime of chemical and surgical impersonation of the opposite sex is normal and healthful is child abuse.”

From the [American College of Pediatricians Statement On Gender Dysphoria in Children](#)

CAUTIONS & COUNSEL

Be very wary of school counselors, staff, and teachers.

Do not let them lead the process, as [public schools](#) are falling quickly to transgender activism’s demands that the only acceptable response to transgender claims is full affirmation. If your school principal, counselor, or teachers tell you, “The best practice is to affirm the student’s preferred gender,” they have told you all you need to know. They will be working against you if you do not agree with them, and will consider themselves the valorous champions of the poor transgender kid who has unsupportive parents.

Do not take your child to a “gender clinic”...

...unless you are prepared for the child’s immediate social and almost inevitable medical transition. In some clinics [100% of kids](#) who come in are deemed appropriate for gender transition. This is the [medical scandal](#) of our time.

Be cautious of resources from medical professionals.

Pediatricians are being led by a [spurious statement](#) from the American Academy of Pediatrics, which promotes only the gender-affirmation approach. The head doctor and lead consultant on the task force which prepared that statement have financial ties to gender clinics, so (as always) consider the source. If your pediatrician or general practitioner gives you a list of gender clinics or sexuality therapists, run the other way.

Find a therapist who shares your viewpoint.

This is becoming increasingly difficult to do, as states are passing laws against “[conversion therapy](#)”. No real definition exists for what conversion therapy is, however, and presently anything except full affirmation of the gender transition is being labeled conversion therapy. In some states it is illegal for counselors and therapists to do anything except promote the child’s transition to the other sex. Whether you are a person of faith or not, a local church, synagogue, or temple which does not espouse the view that people can change sexes may be a good place to start looking for a therapist who will not lead your child to transition.

While not all LGBTQ organizations promote gender transition, it is difficult to parse out which are for it or against it. Common sense would recommend not looking there for help, unless you are in favor of transition.

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Get help online.

There are a number of excellent resources and support groups online, but it is imperative that you know their perspective before getting help there. Many more push for transition than caution against it. A few we can recommend:

- [The Kelsey Coalition](#)
 - [Parents of ROGD Kids](#)
 - [Transgender Trend](#)
 - [Pique Resilience Project](#) (detransitioners)
 - [Sex Change Regret](#)
- (for post-sex-reassignment-surgery regretters)

Work on other aspects of your relationship with your child. Don't let everything in your [relationship](#) (or in your family) become all about the transgender issue. Your child needs to be supported in interests and activities outside that topic, and the more positive, shared experiences you can have together, the better chance you have of winning your child back. One philosophy holds that a child will end up where s/he feels most loved and valued. If your child has been sucked into the transgender community, it is because it serves some need s/he has which is not being served elsewhere.

If your child wants to take guitar or karate or cooking lessons, encourage that and sign the child up. Do it together if you can. Take your child out for a date at his/her favorite restaurant, or consider setting up a weekly or biweekly date for burgers and shakes. Avoid the strong temptation to bring up gender identity, but let the child lead on that subject. Your goal is to strengthen your relationship while guiding the child away from unhealthy activities.

And don't neglect your spouse and other children. One parent told a transgender-identified child who sought to make everything in the home about the gender question, "I get that you're struggling with this, and we want to help. But in the meantime the rest of us have our own lives to lead and we're going to do that." Don't give the transgender issue any more power than it already has.

Cut off all trans influences.

Most kids get sucked into the transgender ideology via the internet (social media) and GSA clubs. Parents who have been [successful](#) at helping their kids accept themselves and form healthy identities recommend:

- **cutting off internet access.**
- **reassessing educational options.**
- **severing the child's relationships with trans activists and other trans victims.**

This is difficult, painful, potentially costly, and time-consuming. There's no way around it. The transgender experience is very [cult-like](#). To pull someone out of a cult requires determination, finesse, a lot of patience, and tough love.

Be patient. Then be patient some more. Then keep practicing patience.

Unfortunately, this is unlikely to be a quick journey. One therapist told a child's parents, "I believe your child is going to come out of this and be healthy again. But it's probably going to take longer than you're comfortable with." Preliminary studies on desisters (those who quit claiming to be transgender) and detransitioners (those who transitioned to some degree and then transitioned back to living as their natal sex) indicate that a person's transgender journey can last anywhere from nine months to nine years or longer.



**If you're dealing with a teen or tween,
remember that your child
still loves and needs you...**

...even if it seems like s/he hates you and wants nothing more than to get away from you. [Adolescence](#) is a challenging time even under the best of circumstances. It is the time in life when a child's focus shifts from the family to the outside world. The child is making a necessary transition from the "den" to the "forest". Our job as parents is to work ourselves out of a job. We want our children to grow into independent adults who can provide for themselves and make a meaningful contribution to the world. Adolescence represents a seismic shift in the child's personhood and worldview.

Your child is pushing the boundaries to find out where your power ends and his/her power begins. That's good and necessary, but it's a very literal power struggle between the two of you. Ideally the child practices exerting power, learns from successes and failures, is guided by your example and wisdom, and begins to earn more power as you back off on yours.

And finally:

Know that you're not alone. With currently [2% of American high school students](#) self-identifying as transgender, you're one parent of one of over one million U.S. students who have made this determination. There are almost certainly other parents in your school, as well as in your social circles who are dealing with this.

We're sorry that you are. Some of us at the Arlington Parent Coalition are too. Don't hesitate to reach out to APC with any questions, thoughts, or needs. We're all in this together.

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RESPONDING TO THE TRANSGENDER ISSUE

PARENT RESOURCE GUIDE

"This exceptionally well thought out and professional guide serves to educate parents and guardians about the true medical and biological facts of the transgender identification trend that is sweeping the nation. Children and adolescents are being permanently damaged by hormones and surgery. Parents are being coerced to follow an unscientific "gender" paradigm which leads to this harm. Use this guide to educate yourself and others about the true medical facts of this dangerous social contagion."

Michael K. Laidlaw, MD
*Board Certified in Endocrinology, Diabetes,
and Metabolism*
*Author of "Gender Dysphoria and Children: An
Endocrinologist's Evaluation of 'I Am Jazz'"*