Families in TRANSition

A Resource Guide for Parents of Trans Youth

This comprehensive, insightful and empowering guide provides encouragement and hope as we parents take a deep breath and accompany our gender-variant children on the shared journey to full acceptance, dignity and celebration.

~ Joan Wiley, TransParent Canada

This guide is an easy to read, informative, and reassuring document for trans youth, their parents, guardians, family members and the community. As a parent and member of PFLAG, I highly recommend it.

~ Simonne LeBreton, Board Member and Parent, PFLAG Toronto

I gave it a good read. Finally, a sensitive well-written support resource for parents of transgendered kids that's local and up-to-date. Where can I get copies?

~ Dr. Syndey Tam, Physician, Sherbourne Health Centre
Established in 1983, Pride & Prejudice was the first program to offer counselling and support to lesbian, gay, bisexual, transsexual and transgender (LGBTT) teens and young adults in Toronto. Pride & Prejudice serves queer and trans youth age 25 and under through individual and group counselling, research and community development. We have produced several research-based and community resources about LGBTT youth, and we are pleased to present Families in TRANSition as our most recent of these.

Pride & Prejudice has actively participated in initiatives to support clients and community partners by sponsoring LGBTT youth conferences, the Toronto Youth Coalition for Lesbian, Gay and Bisexual Youth, and by developing the Supporting Our Youth program. Most recently, we partnered in a community-based research project called The Youth Gender Action Project (Y-GAP), to identify gaps in knowledge about the counselling and social service needs of trans youth. Continually reshaping our work to meet the needs and difficulties presented by the youth we serve, CTYS aims to be up-to-date on emerging youth issues.

What parents or other loved ones have to say

“Look for the hidden blessings. The bad stuff is going to be easy to see. It’s going to be right in your face. But there are blessings there too. Amazing chances to love and be loved. To see your child blossom. To find out about your own issues and find freedom from the dark places inside that you didn’t even know were there. Look for those things.”

“I always thought my partner’s transitioning from female to male was a good idea... I felt quite strongly at times that his transitioning was choosing life over death, and by death I mean in a broader, metaphorical sense – the death of not being who you are, the death of living a lie... He had severe gender dysphoria that needed fixing.”

“One morning you’ll get up and find that your head is no longer exploding. That the sun is still rising, that people are going about their day-to-day lives just as they were before. And, miraculously, you’ll find that you can too. And so can your child.”

“You will experience extraordinary kindness and acceptance from people from whom you’d never have expected it. And you might suffer let down and ignorance from people you thought you could count on. But that’s important to know. Who it’s worth spending your time and love on.”
# In This Guide

**About Your Child**
- Taking a moment to breathe .................................. 3
- What other parents want you to know ..................... 4
- Questions you may have ........................................ 6

**About You**
- What you can do for you ..................................... 11
- Potential questions to ask your child ....................... 13
- What you can do for your child ............................. 15
- Adapting to pronoun and name changes .................. 17

**Moving Forward**
- Telling other people in your circle ......................... 21
- Helping your child make decisions .......................... 22
- Information about hormones ............................... 23
- Information about surgery ................................... 26
- Information about legal sex and name changes .......... 27
- More questions .................................................. 29

**Resources**
- Live support for parents of trans youth in Toronto .... 32
- On-line resources for parents ................................ 32
- Standards of care ............................................... 33
- Reading material for parents ................................ 33
- Films about trans youth and their families ............... 34
- Support for trans youth in Toronto ......................... 35
- Reading material for trans youth .......................... 35
- Trans-positive medical care in Toronto .................. 35
- References ...................................................... 37
- Endnotes .......................................................... 39
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- Nicola Brown, Ph.D., C. Psych., Researcher and lead author, Pride & Prejudice

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And of course…

...all the trans youth and parents of trans youth who shared their struggles and triumphs.

Note: The experiences of intersex individuals are beyond the scope of this guide. For information and resources specific to this community, visit the Intersex Society of North America website at www.isna.org.

As per our agency mandate, this guide is relevant to the experience of youth, typically adolescents and young adults.

For information on gender-variant children, visit The Children’s National Medical Center at www.dcchildrens.com/gendervariance.

This information is current at the time of publication. Understanding, expertise, and resources continue to change and evolve. Please check with your local doctor and/or therapist for the most up-to-date information.
About Your Child

Taking a moment to breathe

If you have this guide in hand, your child may have just come out as trans – transgender or transsexual. This is big news, and you are likely feeling some of the common feelings parents initially report: shock, disbelief, fear, grief, anger, or shame. You might feel like your world has been turned upside down. You might feel very alone. You might have a lot of questions. That’s why we wrote this guide.

In the following pages, we share experiences of other parents, answer commonly asked questions, suggest questions to help you and your child talk further, offer ways in which you can help your child, and point you towards additional sources of information.

The most important thing you can do for yourself and your child right now is to take a breath, and continue reading. The more you know and understand, the better able you will be to move forward.
What other parents want you to know

Other parents who have been there really want you to know...

1. You and your child are not alone

Although there are no solid statistics, researchers estimate one in 1000 people are born feeling that the gender of his or her body (how it looks on the outside) and spirit (how he or she feels on the inside) are different.1

2. Being trans is not the same as being gay

The word “transsexuality” sounds like something related to sexuality, but it’s not. Sexual orientation and sexual identity are terms used to describe who we are attracted to and who we love.

Heterosexual, gay, lesbian, and bisexual are words you are probably familiar with. They describe sexual orientations. We all have a sexual orientation, trans people included.

We all also have a gender identity – the inner feeling that we are a man or a woman, that we are masculine or feminine, or perhaps somewhere on a “continuum” between masculine and feminine.

Being transgendered or transsexual is about gender identity. For trans people, their bodies do not match their inner experience of gender. We explain more about this later.

3. Parents don’t “make” a child trans

That’s not how it works. Be proud your child is brave and honest enough to embark on this scary and necessary process – and trusts you enough to tell you about it. You have done well. Your relationship with your child has an opportunity to be more close, trusting, and loving through this process.

4. Allow your child to set the pace

Your child likely waited a long time before telling you about this. They* may have done so now because the need to live how they truly are has become too difficult to hide. There won’t ever be a “perfect” time for your child to come out publicly. So, as much as possible, let your child set the pace.

5. Listen to your child

Trans youth are often afraid too – of rejection or how their lives might change. But they have ideas about what makes them comfortable, how they want to look, and what they want to be called. They may open themselves up to a parent when still deciding things for themselves. Listen to what your child says about their own needs. Be careful not to make assumptions or decisions about who your child will become or what steps they’ll take. There are no rules – every child is different.

6. Don’t let fear hold you or your child back

All your child’s dreams are still possible – finishing school, getting a good job, finding someone to love, having a family. Some extra planning or precautions may be necessary, but anything is possible.

7. Your child is taking important steps toward being happier and healthier

You may not notice it right away, but as time passes you will see your child become happier, more comfortable, more at ease. Life is much more difficult and stressful when pretending to be someone you’re not. The serious distress many trans youth feel about

* Although “he” or “she” would be grammatically correct in this instance, these gendered pronouns exclude youth who may not strictly identify with either. Our solution is to use “they.” In the absence of a well recognized alternative, we’d rather be inclusive.
their bodies begins to resolve itself during transition. It might seem a bit unrealistic right now, but down the road you may even appreciate this experience. You may learn more about your child, about gender, and about the world. You may meet other families struggling with these same issues, and create deep bonds with them. Few things bring us as close as being “outsiders” together. No doubt some of what you learn will anger or sadden you – but some will be illuminating and perhaps even inspiring.

8. Your struggles are different from your child’s struggles, but your struggles are real too

The child you know is still with you, but different. You may need to grieve the loss of a son or daughter before you can truly welcome a new daughter or son into your life. Let yourself do this. It’s also possible your child does not clearly identify as female or male, and that can be confusing and disorienting in its own right. These feelings are natural. Be patient with yourself as you move through them. Your child will be aware this is how you are feeling even though you will seldom say so directly. Pretending otherwise neither helps nor builds trust.

Whatever reassurance you can honestly offer your child will help both of you. “This is a lot for me to take in, but I know we can get through this together. I love you no matter what” might be enough. Try not to overwhelm your child with negative feelings. Whenever you can, share any hurt, fear, or disappointment with other adults, especially those who are going through similar experiences. Reassure your child (and yourself) that you will eventually find your way through to loving your new daughter or son with all your heart.

9. Know that the world isn’t going to end

Life goes on. What may seem like an end of one kind can also be the beginning of another. You and your child will find that a lot of life continues the same. While some people may be judgmental, you will also find support in unexpected places. There is acceptance in the world that you might not have known about before.

10. You’ll find helpful information and support

In addition to this guide, which includes a resource section at the end, there are many wonderful people and sources of information that can support you and your child as you come to understand more about this issue. Hundreds of websites are dedicated to assisting trans youth and adults, and most major cities have groups that meet regularly.

If you’re feeling overwhelmed right now, that’s understandable. Don’t push yourself to continue reading if you don’t feel ready.

There’s nothing “special” you need to do right now. Besides, by reading on at your own pace you’ll probably get more out of it.
Questions you may have

What is trans?

Trans is an umbrella term often used to describe anyone who transcends gender in some way. The term can include many different groups of people who have different experiences and needs. Many trans communities make distinctions between groups, although a lot of the information you may come across in books, on websites, and in other resources will make no distinction at all. For this reason, umbrella terms can be confusing and, as much as we can, we refer to these community groups separately.

Sex has to do with how your body is understood as male or female.

Gender has to do with how you fit into (or don’t fit into) typical social expectations and roles set out for women and for men.

What are the differences between groups?

Transgender is an umbrella term typically used to describe people who do not conform to socially expected gender roles or presentation. Some people feel that they are not really either gender, or that they exist psychologically between genders. People who feel this way might call themselves androgynous, genderqueer, gender-neutral, or a number of other terms. Some people feel that they have strong aspects of both genders, and tend to move between presenting as primarily masculine and presenting as primarily feminine. People who feel this way might call themselves bigendered, genderfluid, or a number of other terms. They may prefer to be referred to by gender-neutral pronouns (e.g., “zie”, “hir”) or by both genders interchangeably.

Some people express their gender by choosing to dress or look a particular way but choose not to take hormones. This may or may not be an indication of someone identifying as trans(gendered); it really depends on the person.

Some people choose hormone therapy or have surgery to help change their bodies. People who desire and undergo these changes often identify as transsexual. Trans(sexual) girls are youth who are born male but who, in spirit, are truly girls and trans(sexual) boys are youth who are born female but who actually feel like boys on the inside. Transsexual youth typically feel a mismatch between their anatomical appearance (their bodies) and their gender or spirit. This mismatch causes them profound distress. The medical community calls this kind of distress gender dysphoria. Although the acute distress is very real, some trans people have said it feels more like body dysphoria. Trans boys and girls are usually quite certain about and content with their gender—it’s their bodies they need to bring in alignment with their gender. Because of the specific changes they need to make, transsexual youth must often interact with medical, psychiatric, and legal systems in ways that transgender youth may not.

Trans youth are typically interested in living in the gender role opposite to the one assigned to them at birth. This process of making changes to live in their chosen gender is called transitioning. Transitioning can include both social and physical changes, such as a name change, a change in clothing or hairstyle, electrolysis, hormones, or surgery. Trans girls/women should be referred to using female pronouns, while trans boys/men should be referred to using male pronouns. After time, many trans girls and boys just identify as ‘girls’ or ‘boys’. This often happens because being trans may become less important as they finish transitioning and move on with their lives.

Just like any other girl or boy growing up, trans girls and boys will need time to find out who they are. Because every child is different, this also...
means that each transition is different for each child (if there is one at all). Transitioning can be faster for some and slower for others, and not everyone follows the same path or goes through the same steps. Some people feel quite sure about their identity while others may need space and time to figure out which of these labels best reflects their experience. Sometimes, the categories themselves are not so neat and tidy. For example, some transsexual youth choose not to have any medical procedures, and some transgendered youth choose to alter their bodies without choosing to live as the “other” gender.

It is important to know that sexual orientation or sexual identity (whom we are attracted to and whom we love) is different from gender identity (the feeling that we are a man or a woman). Just like the rest of us, trans people can be of any sexual orientation – heterosexual, gay, lesbian, or bisexual. At first this may seem terribly confusing. For example, let’s say your child is male-to-female (MTF) and is attracted to other women – she might identify as lesbian. She may be trans and lesbian; they’re not the same thing. But say your child is female-to-male (FTM), likes women, and lived as a lesbian before he figured out he was a trans boy. As a parent, you might wonder, “Why can’t she just stay a girl and be lesbian?” The answer is that your child is trans and not gay. He doesn’t feel like or want to be a woman, and relating to women sexually as a woman doesn’t work or feel right for him. He might identify as heterosexual – he wants to be sexual with women as the man he feels he is.

What causes transsexuality?

The short answer is we don’t know. For many years, researchers have looked at multiple biological, psychological, and social causes, none of which seem to provide consistent or convincing explanations. The truth is we don’t really know what causes any gender identity – including yours. The best scientific answer for the moment is that gender identity development (including transsexuality) is multi-determined, meaning there are many factors involved.

You may be asking yourself, “Is it my fault? Did I do something wrong in my pregnancy? I let him play with dolls or I let her be a tomboy.” No, it’s not your fault. There is no compelling evidence to suggest that parenting contributes to children becoming transsexual. More importantly, the questions you are asking yourself come from the idea that there is something wrong with your child. There is nothing wrong.

Transsexuality is part of the enormous diversity that exists in the world. Your child experiences his or her gender as surely as you experience yours. You are just fortunate enough to have a body that reflects your experience.

There is nothing wrong. This news might be in conflict with deeply held values and beliefs. We want you to know that trans people have existed throughout time and across all cultures. Being trans is not a new, white, or western concept. There is nothing to be ashamed of. In fact, in a number of cultures, gender variant and trans people are honoured as having sacred powers or assume roles as spiritual leaders. Whether you fully understand all that being trans means right now does not matter. Your child will do better with your love and support.
Will my child grow out of this?

You might be thinking, “I’m not even sure I have to worry about this. Kids go through so many changes and phases at this time in their lives. There’s a good chance this is something my child will grow out of.” While possible, the chances your child will grow out of this are very small.

What we know from the most up-to-date research is that “gender identity seems to be fixed in most individuals after puberty, and psychological treatments are not particularly successful in changing gender identity once it is consolidated... making bodily interventions the ‘treatment of choice’ for transsexuals.”3

In fact, the most recent research about the experiences of trans youth found that trans girls began self-identifying on average at age 13 and trans boys at age 15, suggesting that gender identity corresponds closely to puberty and consolidates at ages even earlier than previously thought.4

Many trans people report early signs of feeling different from their peers and of preferring toys, clothing, friends, and activities typically associated with the opposite sex. Of course, not every child with this kind of history grows up to be trans. Not all parents will notice differences, and not every child will admit to feeling different (playground teasing for being “different” from other children can be frightening and shaming).

Many trans youth remember trying hard to act “normal” and meet the expectations for their birth sex so as to not stand out.5 Some feel so afraid they take fitting in to an extreme, behaving in stereotypical “masculine” or “feminine” ways. They may even lead the bullying of other visibly gender non-conforming children.

Trans people often describe puberty, the point at which their bodies begin to change and visibly betray their inner experience, as traumatizing – “nature’s cruel trick” – and a time of true despair.6 It is a time when feelings of depression or thoughts of suicide may emerge or worsen. If this is the case now, please help your child find professional help promptly (see “Resources”).

Isn’t my child’s life going to be more difficult as a transgendered/transsexual person?

The short answer is yes and no. Your child’s life has probably already been challenging in many ways – feeling different from others, getting teased. And yes, your child’s life will be more difficult in the sense that they will likely have to deal with discriminatory attitudes in employment and housing, and laws that do not adequately protect their human rights. Often there are also barriers to social services, many of which are gender-based and lack clear policies, so that even using public washrooms can be an ordeal.

Because trans people face obstacles in getting some of their needs met, the more support and advocacy they have, the better. One of the ways parents show support to their trans children is by challenging transphobia when and where they are comfortable doing so.

But no, your child’s life will not be more difficult in the sense that many trans people report feeling more comfortable, confident, and happy as they find an identity that fits with who they are. Life is much more difficult and stressful pretending to be someone you’re not.

Being trans is neither a choice, nor a lifestyle. If your child could live happily with the way things were, they would. Chances are, they have really tried to do this for a long time, and it continues to not work and cause a lot of unhappiness. The good news is that the process of transition typically resolves a lot of the distress, and many trans youth go on to live happy, fulfilling lives.

Everything you hoped for your child is still possible. Many supported trans youth are doing well in school, and go on to have good jobs, successful careers, and meaningful relationships. Your child can still have children, if he or she would like to (see “Information about hormones,” page 23).
Transition isn’t magic. It won’t solve any pre-existing problems that were not gender-related, and in some ways it may introduce new challenges. However, these challenges are more easily taken on from an authentic and supported place.

Be proud.  
Your child is strong and brave.

Words from a Parent...

The feelings and emotions are so many, it is overwhelming, so give it up.

Just focus on the child/adult in front of you.

Stand by and be a Listener.

What an Older Trans Youth Has to Say

“I’m healthier and happier now. Important people around me say I have more self-esteem and am more outgoing. Everybody’s noticed the difference in me. I know transition was definitely the right thing.”

What about me? What can I anticipate?

There is no question that things will change and be different. From where you are standing now, there are many unknowns along this journey, which can be frightening and emotionally exhausting.

Chances are, you have faced trying times before in your life and have that capacity and those resources to draw on again.

It is important to take good care of yourself. You are in transition too.
A Professional’s Story

Shawn has just started first-year university with a full scholarship he won for his outstanding grades and leadership contribution to the community. He has great friends, a positive relationship, and he feels proud of who he is. This was not always the case with Shawn. When he came to CTYS for his first session of counselling in the Pride & Prejudice program 2 years ago, he was depressed, isolated and had just started cutting himself.

Shawn was born a biological girl named Sarah. Sarah had everything going for her, she was very smart, had loving supportive parents, and was well liked by her peers. She was enrolled in a school for advanced children and excelled in learning and in sports. For the most part, she remembers being happy. All that changed when puberty hit. Sarah felt that her body betrayed her and she no longer felt safe being herself. When her body began to change, so did the expectations of those around her. She felt it was no longer acceptable to be dressing like a boy and behaving in a “tomboy” fashion. Peers began to question her lack of femininity and pressed her to change, but she couldn’t shake the feeling that she felt more like a boy than a girl. Although she had always been very close to her parents, she stopped talking to them. She also disconnected from her friends and her grades began to significantly drop. In order to cope with her feelings, Sarah isolated herself in her room and began to cut herself with a razor. That’s when Sarah’s mom sought help and brought her to CTYS.

When Sarah first started individual counselling, she would not talk. She later disclosed that she did not want anyone to see that there was “something really wrong” with her. She carried great feelings of shame about who she was, and was terrified to acknowledge these doubts to another human being. This belief was rooted very deeply in Sarah and only when she joined Gender Play, an expressive arts therapy-based group for youth questioning their gender identity, did this begin to shift.

Due to feeling accepted and understood by the group, Sarah felt comfortable enough asking Gender Play members to call him Shawn and refer to him using male pronouns. Shawn courageously spoke about his inner-most thoughts and feelings and found commonalities with others. Instead of hiding who he was, Shawn began to celebrate his differences. Along with the other youth Shawn shared his stories and wrote a play about his experiences. Shawn slowly started coming out to his school peers and teachers, and was surprised to find more acceptance than rejection.

Not only did Shawn begin to talk to his counsellor, parents and peers, through the Gender Play project he found the courage to tell his story in front of an audience. Over these last two years there have been many changes in Shawn. Not only has his body transitioned from female to male, his sense of self has transitioned from one of shame to one of pride.

LeeAndra Miller is a counsellor and Expressive Arts Therapist in the Pride & Prejudice program of CTYS and is the co-founder of Gender Play, a theatre based group for queer and trans youth designed to explore the complexities of gender identity. Gender Play was the 2008 recipient of the prestigious Vital Ideas Grant from The Toronto Community Foundation.
About You

What you can do for you

1. Be aware of your feelings

Some parents take news of a child’s gender identity in stride. For others, it can be overwhelming and confusing when your child comes out as trans. You may feel shock (“I didn’t see this coming”), hope it isn’t true, or feel feelings of shame, blame, betrayal (“I thought I knew my child. How could they not tell me?”), grief, or loss. All of these are common initial reactions to having a loved one “come out” as trans, especially given society’s negative attitudes towards trans people. It’s important to be honest with yourself and acknowledge what it is you’re feeling, even if you wish you didn’t have those feelings, even if you don’t think it’s “politically correct” to have those feelings. Ignoring feelings doesn’t make them go away. Not being honest with yourself only delays the process of acceptance. Try to approach your feelings with curiosity.
As a side note, when we say it’s important to be honest with yourself, that’s what we mean. Think about what you share with your child before you share it. You can never take something back, and words can be hurtful. Many people think and feel things they later realize aren’t true, or simply shift over time. You are allowed to have a private process. In the beginning, when you may have the least support and your feelings are the strongest, it may be tempting to use your child as someone to help you work out your feelings. We recommend seeking support from other parents who have had similar experiences instead. We think your relationship with your child will be better off for it.

One Parent’s Comment

“Disappointment, fear, embarrassment – those are your issues. Don’t tell them to your child. Tell them only love, acceptance, belief in their ability to get and have and be whatever they want. Tell them they’re the most wonderful, beautiful being that ever existed – because they are. They don’t need your disappointment, fear and embarrassment. Those are your issues. You deal with them.”

While it’s important to be honest with yourself about your feelings, letting yourself stay stuck in those feelings is not productive. You love your child, and you owe it to your child and yourself to move forward. The only way out of your feelings is through them, and that usually means hard work.

“Okay, but how do I get through them? What helps?”

2. Get accurate information about transsexual and/or transgender issues

There are a lot of stereotypes and misinformation about trans people out there, which can fuel any fears and anxieties you may have. Reading and learning more about trans issues from accurate and trustworthy sources is an important start. Starting on page 31, we list a number of resources as places you might begin. Feel free to ask your child questions too, but always ask permission first, and try to do some of your own work ahead of time. It can be exhausting and burdensome for children to educate the loved ones in their lives. (See “Potential questions to ask your child.”)

3. Get some support for yourself

You are not the only parent with a trans child, even though it may feel that way. Meeting up with other parents to get support, or maybe to give support, can be relieving and a great place to share information. However, not everyone’s ready to take that step. If this feels like too much at this stage, you may want to think about talking to a therapist knowledgeable about trans issues if you don’t already have one, and consider a group at a later time.

4. Know that it’s a process (and not a linear one)

Gender therapist Ari Istar Lev has worked with many families who have a trans family member. In her years of experience, she’s seen a pattern of how families cope over time. She assumes everyone in the family system is affected somehow; not everyone travels through the stages in the same way or at the same pace; and people may skip, or move back and forth between stages.
She sees that family members typically go through 4 different stages:

1. **Discovery and disclosure.** When a family member first tells other family members about being trans, they often initially feel shocked, confused, betrayed, overwhelmed.

2. **Turmoil.** This can be a time of great stress, conflict, and chaos in the family. This may look like many things – a feeling of crisis, as well as aloneness; having many questions and worries, including a “searching” for “what else” you don’t know about your loved one; fears about being exposed or stigmatized (both for yourself and your child); pretending nothing has happened.

3. **Negotiation.** This is the point at which families realize this issue is not going away and must be dealt with. Negotiation is always ongoing, but families begin sorting out compromises that everyone can live with (e.g., wearing androgynous clothing for important family events).

4. **Finding balance.** This stage does not mean everything is resolved. It does mean that your trans child is not a secret, and that the family is no longer in turmoil. This stage is also about being ready to accept your trans child as a trans child back into the family system. Some people have marked this time by holding a celebration or ritual, such as a “reintroduction” party. Educating friends or schools may be part of the work in this stage, but daily life does not revolve so much around trans issues and “normal” routines are taken up again.

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**Potential questions to ask your child**

It may be hard to know where to begin. Here are some ideas to get an open conversation going, remembering that you may not get all the answers you want in the first conversation:

- How long have you been thinking about this?
- What started you thinking about it?
- How do you see your gender?
- Where did you learn about transgender/transsexual people? What did you learn?
- How do you feel about yourself?
- How do you feel about your body?
- Are there people you can talk to about these feelings?
- Does anyone harass you about your gender?
- What do you think I need to get more information about?
- Are you thinking of changing your name, and the pronouns people use to refer to you?
- What’s helping you in this process? What’s not helping you?
- How can I help?

Be thoughtful about the questions you ask, and know why it is you are asking them. A quick check on whether a question may feel invasive to your child is to turn the question around. “Is this a question I would be prepared to answer myself? Is this a question that I would reasonably ask a non-trans person?” You might also ask your child if they would allow you to speak with their therapist or physician so that you can ask specific questions about the care your child is receiving. Be prepared that they may not be comfortable with this suggestion. In that case, try to find other ways to stay engaged with, and informed about, their care.

We encourage you to pace your questions, for both your sakes. One piece of advice that’s always stayed with one of us is, “Don’t ask a question if you’re not prepared to hear the answer.”
What Therapists Have to Say

All youth need people who love, accept, and understand them. You may be one of the few people who respects and supports your child, so it’s important to offer this.

Make your home a safe and supportive environment. Trans youth are often at greater risk for social isolation and targeted bullying. Your child may face painful discrimination and barriers in the broader community. Make sure your home is a haven from such discrimination.

Communicate that you love and support your child no matter what. Encourage your child to be him/herself in your home so he/she experiences at least one place of safety. Help your child find other trans-positive places so he or she feels a sense of belonging.

If your child encounters discrimination, be an advocate! Your role may be to educate extended family, teachers, and communities to prevent further barriers. Show your child you are on his/her side.

Help your child research the impact of the many choices involved in transitioning. It is okay to have concerns and doubts about the choices your child is making. A supportive way of expressing these thoughts is to assist your child in thoroughly researching all possible choices like hormones and surgery. Together you can look at the pros and cons of each decision.

The best way to help your child is to find a place for yourself to get support during this process. While it is crucial to be honest and authentic about your thoughts and feelings, it is even more important that your child is not the person with whom you process these things.

- LeeAndra Miller, M.A., Coordinator, Counselling Services, Pride & Prejudice/CTYS

It’s hard to hear that your son or daughter isn’t who you thought they were. It may take quite some time to get your head around it. Listening to your child is the main thing. Counselling may be helpful too if you can find someone who is knowledgeable about trans issues. But there is no substitute for spending time with other parents of trans children. They will understand better than anyone else what you are going through. If you can’t find anyone where you live, find a bulletin board or list serve on the internet.

As a counsellor, I do worry a bit about parents who seem very accepting right away. I often hear stories like this: “One of my parents was terrifically accepting right off the bat. It meant so much to me at the time. The other parent was awful – we fought for months and months. But you know, that’s the parent I’m really close to now – they really get it!”

Take your time. Be real. In the long run you will see what a difference it makes to your child to be true to himself or herself, despite the discrimination he or she will face.

- Hershel Russell, M.A., trans man, Psychotherapist

Some parents need to grieve the “loss” of their son/daughter before going on to accept the transperson in his or her new gender identity/role. Be mindful that although understanding is beneficial and facilitates the process of acceptance, it is not absolutely necessary for acceptance. The more one understands, however, the easier it is to accept in a deeper sense.

The best way for parents to support their trans child is to express their love and support unconditionally and to offer to travel along the “gender journey” in the way most beneficial to him or her. Parents should ask specifically how their son or daughter would like to be supported. It may be helpful to find a qualified, transpositive therapist to support both the trans child and his or her family through the transitioning process, to help the trans child maintain hope, and to help develop resilience, positive coping skills, and strategies to stay safe.

- Rupert Raj, M.A., Counsellor, LGBTT Program, Sherbourne Health Centre
What you can do for your child

1. Reassure your child

In the aftermath of “coming out,” your child may be feeling vulnerable, or even afraid of your rejection. Let your child know how much you love and care for them. A top priority is ensuring home is a safe and respectful environment. This means using your child’s choice of name and pronoun while respecting any agreed on privacy limits. It means giving your child, not just a chance to explore who they are, but a positive sense of self. This active step may (or may not) also involve some aspect of repair to your past relationship. The majority of trans youth interviewed in a recent study showed that many trans women and men remember as children being “told by their parents to stop being a ‘sissy’ or ‘tomboy,’ respectively... thereby being taught to feel fear and shame about who they are.”

2. Help your child connect with an age-appropriate community

There are visible trans communities, but many are adult-focused, sometimes leaving few age-appropriate activities and spaces for youth to connect. The experience of being young and trans is quite different from that of adults. Trans youth may also not have had a regular peer social group (either because they have been socially excluded by others, or because they felt they didn’t ‘fit in’ and withdrew themselves). Because of this, finding a welcoming and nurturing space with other youth who have had similar experiences can be very important. Some of the benefits of groups include support, community, and just ‘normalizing’ the experience of being young and trans. In Toronto, we are fortunate enough to have some opportunities for trans youth to connect with one another, and also meet positive community role models (see “Support for trans youth in Toronto” under “Resources”). Because youth have fewer resources available to them, online communities are also especially important for them to affirm and validate their experiences and cultivate a sense of collective identity. This will be particularly important for youth outside the GTA who may not have access to in-person resources.

3. Prepare your child to deal with harassment

Schools have been notoriously difficult places for trans youth, a disproportionate number of whom face serious verbal and physical harassment from peers, and receive limited protection from staff. Many of these youth do not feel safe in school, and may drop out.

Parents’ Supportiveness Matters

> 18% of trans youth in a Chicago study were homeless.

> 50% of trans youth in a New York study, where the average age of participants was 16, did not live with family.
Toronto offers The Triangle Program, an LGBT school that provides a safe environment to earn academic credits. Other high schools can and have responded sensitively to trans youth, and successfully helped youth transition (see Dale Callender's “When Matt became Jade,” “Online resources for parents of trans youth,” under “Resources for parents”).

The Toronto District School Board’s equity policies are in place to ensure the “needs and safety” of all – transsexual, transgendered, and 2-spirit students are specifically named and included in these policies (see Section 3 of the policy). Schools are mandated to “respond effectively” when and where necessary, and teachers are bound, as Board employees, to support trans students to the best of their abilities. While these policies are in place, staff may vary in their knowledge of trans issues as well as their responsiveness to incidents. Even with supportive people, it can be difficult for staff and administrators to address everything that happens there.

More importantly, school is just one venue. Ultimately, you cannot protect your child from the harassment they may face in the world. What you can do is anticipate these challenges with your child, and help them strategize about, or role-play, how to deal with them. Since physical safety can be a concern, some trans youth carry cell phones to access help quickly if need be.

4. Advocate for your child

Where you can help, help. Maybe it means sitting down with the principal or teacher(s) and explaining trans issues and what your child is going through. It may mean insisting that they use your child’s chosen name and correct pronouns, ensuring that he or she can use the correct washroom or, if there is a dress code, that reasonable accommodations are made. Maybe it means following up with the school if your child is being bullied, and making sure the school is taking a zero tolerance approach and dealing with the issue responsibly. In other contexts like health care, for example, advocating for your child may mean ensuring that your child is receiving timely, comprehensive, trans-positive health care.

It is always difficult as a parent to figure out when and how best to intervene on behalf of a child. It depends on the situation, the child’s age, and what the potential consequences of intervening (or not) may be. An advocacy guide for trans people and loved ones (see “Vancouver Coastal Health...” under “Online resources for parents of trans youth”) gives a comprehensive overview of general advocacy tips and strategies, as well as many trans-specific examples and possible helpful interventions.

5. Get active in helping to lobby for social change

Active lobby groups in Canada, such as EGALE and the Rainbow Health Network’s Trans Health Lobby Group, are working on enhancing human rights for trans people by lobbying government to include ‘gender identity’ in protective legislation and to re-institute health care coverage for transition-
related expenses. Some workplace unions are working to put protections in place for trans people. These initiatives need the support of allies.

Find out how you can help by visiting the websites of, or phoning, lobby groups addressing your particular concerns (see “Live support” and “Online resources” under “Resources for Parents”).

Adapting to pronoun and name changes

Learning to call a child by a new name and appropriate pronouns is a hard thing for many parents. You’ve been using their birth name for years, and because you chose it, you likely have some emotional attachment to it.

In the absence of physical changes, your child may not look much different to you in the beginning. Know that you are bound to make many slip-ups. Practice, apologize when you make a mistake, and take comfort in knowing it will get easier with time.

If your child is presenting in public as their chosen gender, keep in mind that by not following their lead you could undermine others’ acceptance of the change or, worse, place your child at risk of harassment.

If you are not ready to use a new name or different pronoun, try a temporary compromise of not using a name or pronoun at all in public.

“My mom’s probably the biggest adult ally that I have. She doesn’t always know what I’m talking about, but she tries really hard, and has done really well with the learning curve.”
Hi Patricia,

I would first like to thank you for inviting and accepting us into the parent support group last evening. Everyone is so very nice and open. It was good to be able to talk to other parents about our journey and hear about theirs. I have been going through the handouts from last evening.

I was wondering if you can reflect on your own experience for me as I am feeling very stuck in a few areas. For example, I still feel so very sad about losing my son. We are extremely close emotionally and have always spent a lot of time together. I know the logical things to tell myself about getting past the grief of the loss – but I seem stuck here. It must be because I still don’t want to accept this. I still feel an enormous amount of guilt. How could I not have known about this when he was younger? If we were so very close – how could I have missed any signs of unhappiness? The answer logically comes back – there were no signs of unhappiness. John was always a happy child. So how could this be so prominent, and why would he want to follow through with such a massive life change? This brings me to my next confusion where I feel stuck... it is so very illogical. Both John and I share the same thought pattern – everything is logical. I cannot understand something that just does not have a reason. It is very frustrating for me. In some of my readings, one suggestion is it is genetic. The only other suggestion is there is no reason... it just is.

So Patricia, what did you do to get past these feelings (which I am sure you also experienced)? Did a light go on one day and you just decided, “Okay, I am going to accept this”? Was it easier to be part of the transition process so you could join in the experience and plow through the “stuck” feelings? I would truly appreciate if you would give me any feedback.

I truly love my son, unconditionally, and I do want to get to the point of acceptance, because I know ultimately I just want my son to be happy inside. I just need some help.

Thanks again,

Linda
Hi Linda,

I’m glad that you were able to share your story with other parents. It has been five years since I began the process with Anna... and I have reflected, briefly, on the journey as I see it today. Please understand that the process of acceptance varies from parent to parent. We all come with our own belief systems and personal histories. I’ve learned that while we may not understand why things happen the way they do, our children need our love, approval and acceptance in order to reach their full potential as adults.

As I was reading your email, I was thinking that I could have authored it. The feelings you are expressing were very similar to my own. I use past tense, because over the past 5 years I have replaced feelings of self-blame and frustration with a drive to normalize Anna’s gender transformation. My energies have moved from seeking out the “whys” to how I can best support her so that she can live a healthy life.

As a teacher, I am expected to modify my lessons to meet the needs of various [students’] learning exceptionalities. I guess you could say that Anna has a “gender” exceptionality. Rather than “deny” this exceptionality, I need to be an advocate for Anna to ensure that her transition is a safe one. In many ways she is wise beyond her years (since I can remember).

Moreover, she has gone through her transition with grace and dignity. I accepted her feelings the minute she disclosed them to me at age 15. I felt great empathy for her. My immediate reaction was, “How long have you felt this way?” Inside, I wondered how could I not have known. How could I have missed this? Anna and I were (and continue to be) very close; I was a stay-at-home mom. I breast-fed her for close to two years (here’s the guilt seeping in...). I wanted someone to fix her, to make these acutely painful feelings she was having, go away.

After talking to professionals, and reading about transsexuality, and reaching out to trans youth in the community, I realized that I had no choice but to accept her transition and make it as safe for her as possible. No “expert” could tell me this was “fixable,” on a psychological level. While I had difficulty understanding why she was feeling this way, I always trusted her feelings.

Anna feels that she is a woman... trapped inside a man’s body. What other choice did I have? Anna’s acute determination and persistence to change a fundamental right that the rest of us take for granted is what continues to drive me today. As time goes by, I find myself thinking of Anna more as a person than a particular gender. And, it is Anna, (not the he or she), that I love so much.

Patricia
A Mother’s Story

What’s in a name? Should a mom feel differently about a child whose name does not remain the same as the name given at birth? I did feel differently, at least in the beginning. At 20, my daughter changed her name... and her gender. I experienced denial, panic, fear, admittance, guilt and finally acceptance and support.

It started in the spring of 2003 when my daughter attempted to be a lesbian. This wasn’t really a shock to me: She had always been boyish. But I was completely unaware that Jen had to make quite an effort to fit into this new role.

Later that summer, I came home from work to find her watching Oprah. It was a show about transsexual people. Each guest was a male-to-female transgender, meaning that each was born with a male body but felt, in heart and soul, like a woman inside.

Oprah’s guests had all started hormone therapy to make their faces more feminine, reduce their body hair and begin the growth of breasts. I knew cosmetic surgery was common to improve facial features or increase breast size, but I squirmed in my chair as they described their other surgical ordeals. They had all suffered through so much, and not just physical pain. Each of their lives had been bruised by the effects of being ridiculed. They had lost jobs and been abandoned by colleagues, friends, family, even parents.

Jen decided this was the time. She looked at me apprehensively, and quietly said, “Mom, I think that is what I am.” It came like a blow that knocked the wind out of me. All I could think was, “Oh my God, how could you want a life like that, honey? ” A life filled with prejudice. The answer was simple. She didn’t “want” this life – it isn’t a choice. I couldn’t see that at the time… I thought about the impact of her getting a sex change. She would be judged by everyone in our hometown. How could I tell people that my daughter had become a man? Even worse, how would we tell my very Catholic family? My instinct was to try to convince my daughter that she was wrong. I desperately tried to make her believe she was just a little uncomfortable about being a lesbian because it was new to her. With hurt in her eyes, my daughter sheepishly began to tell me how she knew she wasn’t a lesbian. A few dates that summer had been enough to prove that. She couldn’t relax while someone touched the parts of her body that repulsed her. It was in no way enjoyable – it made her feel sick. She couldn’t stand the thought of a girl, or anyone for that matter, touching “this” body, the wrong body.

She wanted to be a boy. She was a boy. And she wanted the body that she should have been born with… I tried to imagine how I would feel if I woke up the next morning with a penis, no breasts and a body covered with hair… I would still be me on the inside. It would only be my packaging that had changed.

Could I fit into the role of this foreign body even though I still felt like a woman inside? Could I just make that work? Of course not. So, at 20, my daughter became my son. Acceptance didn’t happen overnight. Jen’s stepdad, however, took the news with incredible grace and his reaction gave me strength. I slowly began to tell people, my friends at first, my family, and eventually everyone. The first time I tried to talk about it with a friend, I opened my mouth but the words held back. I pushed out the beginning, “Jen wants to be... “ I forced myself to finish: “a boy.” And then the tears started. My friend reacted with kindness and encouragement. Other people’s responses varied. Some gave me a warm hug. A few even thanked me for sharing such personal information. Others said nothing; they did not seem to be able to find the right words.

I struggled with my new son’s name change; he cringed every time I got it wrong. Even more challenging was that stupid little three-letter word: she. Try changing to he after 20 years with your daughter. It took practice, but everything worthwhile takes time. Now, five years later, thanks to hormone therapy and surgery, I have an amazing son complete with facial hair, flat chest and the letter M ticked off on his identification.

I have been asked by friends if I miss Jen, if I had to grieve the death of my daughter. I have always answered no. But that’s not the whole truth. Like any parent, I miss the days when my son was younger. I miss getting hugs and kisses as I tucked Jen into bed. I miss taking her to the beach on hot summer afternoons.

Yes, I miss those days, but no differently than any parent who thinks back on fond memories. Do I want Jen back now? I can honestly say no. I haven’t lost a daughter. I have gained a confident, strong, level-headed son of whom I am immensely proud.

J. Wilson lives in Amprior, Ont. This story was printed in the Globe & Mail and is reprinted with permission from the author, who is writing a book about her experiences.
Moving Forward

Telling other people in your circle

“The first time I told someone, I gave them way too much information. What I learned afterwards from another parent was to keep it simple. You don’t owe anyone a big explanation.”

We suggest reaching out to other parents of trans children and establishing some ready support for yourself before or as you take this on. Other parents may have helpful suggestions, or just be able to be there for you. Chances are, you will encounter both positive and disappointing or difficult reactions from people in your circle.

Telling others involves, just as it has for your child, asking yourself what you are fearful and concerned about, and taking some calculated risks. It may be easier to start with the people you think will be the most supportive. This may help build your support base as you tell others whose reactions are less certain.
Remember that, once you tell others, you no longer have total control over the flow of information. People may gossip or pass along misunderstanding or misinformation; people may be upset that someone else was told before they were. For these reasons, it may be easier to tell everyone at once. Some parents send out a letter to all their family and neighbours so that everyone hears it from them “first.” The possible risk is that you will be called on to answer people’s questions or hear about people’s differing reactions all in a short time frame, which could be overwhelming. Each decision has potential pros and cons. Do your best to anticipate what these may be. Only you can decide what makes the most sense for you in your unique situation.

“Be available and give people time and space. Try not to take negative reactions personally.”

Just as you will have your own process of acceptance, others will too. Anticipate what you can. It might help to have information on hand to answer people’s questions. If you can, and the relationship is important to you, try to match the content of any literature you give them with the kind of priorities or concerns (e.g., scientific, religious) they have.

As much as possible, set the pace of disclosure according to your child’s needs. Talk with your child about their comfort level. Both of you need some control over the disclosure process. Some decisions may be dictated by circumstances, especially if your child is transsexual and is physically transitioning. There will be undeniable visual changes that will be confusing to others if they don’t know. This is not fair to your child or to others. See the following section for more information on making decisions.

Helping your child make decisions

Your trans child may appreciate help in searching for suitable clothes, or choosing a new name. They might also need reassurance about how they look or sound. Steer away from false compliments or over-criticism. Tactful honesty is the way to go.17

Your child might also need help telling other family, finding a therapist, or navigating next steps, or they may appreciate supportive accompaniment at various appointments. They might need none of this, or all of this and more. Ask your child how you can be most helpful.

Asking how you can be helpful and being prepared to do what is asked of you are different things. There may be many important decisions ahead. If your child is under 18, they require your permission to legally change their name or to access certain medical interventions. Some decisions, such as a name change, are reversible; others, like surgery, are not. Still other decisions, such as starting hormone therapy (described in the next section), have reversible and permanent effects. As a parent, you are used to making major decisions for your child that influence their life direction. We encourage you to consider both what you think is best for your child and to hear what your child has to say. Both are important.

Some decisions may involve weighing many complex factors. Have a full conversation about what you and your child could live with as consequences of taking or not taking a particular step. If your child has a consistent pattern of changing his or her mind, greater caution may be called for when making major decisions. It’s worth noting that
• in our clinical experience youth who have reached the stage of seriously considering medical transition have already thought the decision through quite carefully.
• youth who have not yet turned of age may face possible risks in waiting until that time. Puberty may be marching on, creating increasingly permanent undesired changes. The situation may feel intolerable, and your child may be at greater risk of depression, or suicidal feelings. These situations may call for involving professionals early.

Your child may ask for your support in making decisions about medical interventions, or ask for your support in decisions he or she wants to move forward with. Some youth are clear that their survival depends on fully transitioning from one gender to another. Other youth find that they only need to change one aspect of their bodies, or need no medical interventions at all but rather wish to express their unique gender identity through clothing and behaviour. Whatever the case, these needs come from inside the child and, for better or worse, are unlikely to be changed by pressure or persuasion. (See “Information about hormones and surgery” for further considerations in decision-making.)

**Information about hormones**

Not everyone will need the following overview, or at least right now. Feel free to read it as needed.

Hormone therapy and surgery are legitimate, medically-recognized treatments that present an effective solution for persistent gender-related body dysphoria. Some medical professionals may say those who meet this description suffer from “Gender Identity Disorder,” a diagnosis found in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) published by the American Psychiatric Association. While the diagnosis is controversial for its conceptualization of transsexuality as a “disorder,” your child will likely need to have this diagnosis confirmed by a medical professional before gaining access to appropriate medical treatment.

Although there may be controversy over defining transsexuality as a disorder, there is little debate about the usefulness of the treatment. Study after study shows that sex reassignment surgery (SRS), also referred to as sex realignment surgery within trans communities, produces positive, desired results that repeatedly and significantly outweigh any negative or non-desired effects. Studies show that an overwhelming majority of people who transition have no regrets, and are happier, no longer gender-dysphoric, and functioning better “psychologically, socially and sexually” in their post-treatment lives. The small amount of research literature looking exclusively at adolescents shows this to be true as well. Furthermore, evidence suggests that people who undergo transition at younger ages do better than people who transition later in their lives.

What follows is an overview of hormone therapy, and a few general recommendations when considering any trans-related medical intervention.
Hormones that delay puberty (i.e., puberty suppressants or blockers) have been prescribed to youth as young as 13. For youth born male, pubertal-delay hormones would block the production of testosterone to stop the development of secondary sex characteristics; for youth born female, they would stop the body from producing estrogen for the same reasons. These hormones are an easily reversible intervention. Once you go off them, your body begins producing the hormone again. Whether these hormones cause any lasting medical side-effects is not fully known at this time. Some studies have shown that they can weaken bone density, while other studies have not. Questions have arisen about how the blockers may influence brain development and affect fertility. The blockers have not been submitted for US Federal Drug Administration (FDA) approval for the purpose of gender-variance, but “the FDA has noted no serious side effects in the nearly 20 years hormone blockers have been used in the US to treat early-onset puberty in the short term.” Best care practices suggest involving an endocrinologist. This type of treatment is not common, can be expensive, and requires a lengthy evaluation and multidisciplinary care providers.

The benefits of delaying puberty can be many, including:

- extra time for your child to explore his or her gender before making any big decisions, while freeing your child from the stress and fear of further physical development. It also offers the opportunity to see if your child’s distress significantly lessens in response. If it does, this is usually taken as a sign that further treatment would help. The most important reason to consider intervening early in someone’s life is that it prevents the development of secondary sex characteristics, which are very expensive (and sometimes impossible) to correct, as well as the lifelong psychological suffering this can cause.

- a longer period of socialization in their gender role. This may help them along with developing peer and romantic relationships, which a number of trans youth report feeling “behind” in because they’ve avoided them.

Cross-sex hormones are different. Rather than block a hormone, they introduce a hormone in much greater amounts than naturally exist in the body (Remember, everybody has both estrogen and testosterone in their bodies. It’s all about the amounts of each). Female-to-males would take testosterone, and male-to-females would take estrogen (usually, along with a testosterone-blocker) to help them develop a body that’s more in line with their gender. Cross-sex hormones are only partially reversible in their effects: some effects are reversed when people stop taking them, and some are permanent, even if people stop taking them. Although each person reacts differently to hormones, here’s some of what hormones will generally do:
For trans men, testosterone will

- deepen the voice (a permanent change that begins in the first 3-6 months)
- redistribute body fat (not permanent), and promote increased facial and body hair growth (most of which is permanent, including male pattern baldness which may develop over the course of a number of years).
- likely cause acne, especially in the first few months.
- enlarge the clitoris (permanent); sex drive usually increases.
- lessen periods, which will stop within 1-6 months (not necessarily permanent).
- produce changes in fertility. For this reason, reproductive counselling is recommended, particularly for youth, so that they understand the implications before these effects take place. For example, trans men may have adoptive children, or raise children from previous relationships. Trans men may also have biological children through technological advances that allow them (at a cost) to freeze their eggs before starting testosterone, or may carry their own children by stopping hormones, provided their menstrual cycle returns. Related to issues of fertility, trans men may choose to, or may be recommended to, have a hysterectomy to reduce possible health risks later in life. There is a need for more research in this area; some studies show hysterectomies may carry their own health risks. This is a big surgery to consider and we recommend carefully weighing the medical evidence for, and the risks of, having the surgery in consultation with your local doctor and/or a counsellor who specializes in working with trans clients.

For trans women, estrogen will

- redistribute body fat (takes up to 6 months, not permanent), and promote the development/enlargening of breasts (takes up to 2 years; permanent).
- not change the voice, but trans women can train their voices in higher registers (and some get coaching to help them do this).
- not reverse existing facial hair, although its growth slows and becomes more fine over time; shaving or electrolisis is needed.
- reduce fertility (decrease spontaneous erections, shrink testes, reduce ejaculate, and lower sperm count and motility). Because this effect may or may not be permanent, reproductive counselling is recommended, particularly for youth, in order to maximize their choices before these effects take place. For example, trans women may have adoptive children, raise children from previous relationships, or have biological children through technological advances that allow them (at a cost) to bank their sperm before starting estrogen.

For a more complete list of effects, see the pamphlets put out by Sherbourne Health Centre (www.sherbourne.on.ca), or visit www.vch.ca/transhealth/resources/library/tcpdocs/guidelines-endocrine.pdf, from which this information is taken.
At this time, there are no comprehensive outcome studies on the long-term effects of hormone use. However, we do know that cross-sex hormones do put people at increased risk for certain conditions. The health information website lgbthealthchannel (www.lgbthealthchannel.com/transgender/ht.shtml) notes that risks associated with hormone therapy include the following:

- benign pituitary tumors
- gallbladder disease
- hypertension (high blood pressure)
- hypothyroidism
- liver disease
- migraine headache
- tendency for blood to clot, possibly causing related conditions of varying severity: aneurysm, Deep vein thrombosis (DVT), or Pulmonary embolism
- weight gain
- worsening of depression (if present); increased sensitivity to stress

Smoking and alcohol use further increase the risk of possible negative side effects.

Although these risks may be alarming, the better informed people are, the better prepared they can be to protect their health. Most trans people who want hormones are willing to take these potential risks for the benefits of a much improved quality of life.

To minimize any risks, make sure that the doctor responsible for the hormone therapy takes *baseline and then regular blood draws* to monitor hormone levels and any changes in levels, and then adjusts doses accordingly.

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### Information about surgery

Not all trans people are interested in, or can afford, surgeries. They are often multiple, complex and expensive. Even for families who wish to show financial support to their trans child, the costs may be beyond what the families can reasonably manage. At this time, these surgeries are covered only by a few provinces. Trans surgeries were delisted from the Ontario Health Insurance Plan (OHIP) Schedule of Benefits in 1998, against the recommendations of many experts. This means that Ontario residents must pay out of pocket for these surgeries. International experts largely agree that sex reassignment surgery (SRS) is often *medically necessary* for transsexuals’ emotional well-being, but Canadian health care systems are at different stages of responding to this increasing consensus.

For some trans people, certain surgeries are more important than others. “Top” surgeries (breast enlargement for trans women or chest masculinization for trans men) are less expensive and more common than “bottom” surgeries, which can run in the tens of thousands of dollars and are more varied in their level of technological advancement.

Space limitations do not permit us to provide much of a discussion of the different kinds of available surgery. We chose instead to prioritize information about hormones, since they are more common for youth than surgeries. However, there are many websites dedicated to the topic of available transsexual surgeries.

We also defer the surgery details because surgery is not something everyone can obtain, or obtain quickly. Your child will likely have to live every day in his or her desired gender and be assessed by a recognized therapist (often a psychologist or psychiatrist) for an extended period of time as part of the *real life experience* required by many surgeons before they will
perform surgery. Many surgeons will not perform surgery on trans youth, waiting instead until prospective candidates reach adulthood.

At this stage in your child’s life, we have two recommendations for him or her when considering any trans-related medical intervention:

1. Secure a good doctor who will complete a thorough health history and physical exam before making any recommendations. This doctor should be familiar with the World Professional Association for Transgender Health’s Standards of Care. The Standards of Care are a set of internationally agreed-upon professional standards for best care practices with transsexual clients (see “Standard of care issues” under “Resources”). You have the right to ask how many transsexual youth the doctor has seen and cared for in the past, and this may or may not inform a decision on your part.

2. Consider the timing of any medical intervention in line with other medical or identification change plans he or she may have. Sometimes one decision can have other, unintended consequences. As one of many examples, your child may have his or her name officially changed, which is a separate and less restrictive process than changing the sex indicated on identity documents. For the period of time in between, your child may be more vulnerable at travel borders or have more difficulty with official paperwork that shows an apparent discrepancy between the legal name and sex. Encourage your child to consult with his or her doctor and/or a counsellor who specializes in this area. Knowledgeable professionals can help generate possible decisions, anticipate possible consequences, and rehearse potential strategies with your child.

**Information about legal sex and name changes**

Although rules vary from province to province, in Ontario, you must have a letter from a surgeon confirming the completion of a sex reassignment surgery (with some flexibility about the nature of the surgery) in order to legally change your sex on identification and documentation through the Office of the Registrar General, Ministry of Government Services. This is a different process than getting a name change, which is relatively easy. Completed through the same office, recent regulations allow for trans people to possibly receive an exemption from having their name change published in The Ontario Gazette, as is standard practice. A signed letter to the Office indicating the request for privacy based on gender identity is required to be considered for the exemption. See their website for details. See also the table on the next page, which shows how these processes for legal name and sex change are different.

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2 WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association.
Change to identification
Office of the Registrar General, Ministry of Government Services

Legal name change
(can be done anytime; a reversible step that requires your permission if your child is under 18)

Legal sex change
on identification
(post-surgery)

**Driver’s License**

**Requires:** A letter from the person requesting the change. A letter from your child’s surgeon confirming the completion of a ‘sex reassignment surgery’ and that the gender designation change is appropriate.

**Visit:** Ministry of Transportation, driver licensing
http://www.mto.gov.on.ca/english/dandv/driver/genderchange.htm

**Birth Certificate**

**Requires:** An application to the Registrar General. A certificate from your child’s surgeon confirming the completion of a ‘sex reassignment surgery’ or from a medical practitioner who did not perform the surgery, but who has directly examined your child and can verify the completion of the surgery; and supporting that the gender designation change is appropriate.

**Health Card**

**Requires:** Change of Information (Form 0280-82), Section C and supporting documentation (i.e., new birth certificate).

**Visit:** Ministry of Health and Long-Term Care
http://www.health.gov.on.ca

**Visit:** Vital Statistics Act, 1990, V.4 (see #36; Changes resulting from transsexual surgery)
http://www.e-laws.gov.on.ca/Download?dID=314157#BK50

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**Change to identification**

**Office of the Registrar General, Ministry of Government Services**

**Legal name change**
(can be done anytime; a reversible step that requires your permission if your child is under 18)

**Prerequisites:**
Has lived in Ontario for at least 1 year

**Requires:** Application form (20 pages), including guarantor’s statement

**Fee:** $137.00

**Timeline:** 6 to 8 weeks

**Other:** Include a request for privacy based on gender identity.

Youth who are 16 and 17 can apply as adults, as long as they have your written consent.

**Issued:**
- A Change of Name Certificate.
- A new birth certificate (if born in Ontario).
- If born outside of Ontario, you must apply for a new birth certificate with your home province, territory, or country.

**Visit:** www.gov.on.ca

**Legal sex change on identification**
(post-surgery)

**Prerequisites:**
Has lived in Ontario for at least 1 year

**Requires:** Application form

**Fee:** $137.00

**Timeline:** 6 to 8 weeks

**Other:** Must be completed by parents or legal guardians.

**Issued:**
- A Change of Name Certificate.
- A new birth certificate (if born in Ontario).
- If born outside of Ontario, you must apply for a new birth certificate with your home province, territory, or country.

**Visit:** www.gov.on.ca
More questions?

If you still have questions that this guide has not addressed, please get in touch with us and we’ll do our best to be of help. The staff at Pride & Prejudice are available for free, confidential, and professional consultations with you and your family.

We wish you and your family all the best on what is sure to be a challenging, courageous, and ultimately rewarding journey. We leave you with one parent’s story about her family’s journey.

A parent’s story

Before our child came out to us as trans, we as his parents knew that something was deeply troubling him, but our attempts to discover what it was were met with resistance.

When he said finally the words that have been repeated in many homes — “Mom, there’s something I need to tell you” — our lives changed forever. And for the better.

It was not easy at first. We had to educate ourselves before telling others, and it was difficult asking our son questions without invading his privacy. We did not know of any other parents walking our walk. My mantra in those early days, as it became apparent we would have to eventually tell family and friends about our new family dynamics, became: “This is not about me, this is not about me, this is not about me.” In time, the anxiety and fear I felt for our son has been replaced with an overwhelming sense of celebration as he hurtles towards a happy, fulfilling and authentic life.

While I know my son may face difficulties (housing and job discrimination, medical and legal hurdles, and so on), I know for certain that the confidence and happiness he has gained by being allowed and encouraged to be who he is eclipse any hardships that might occur in the future.

He is an amazingly courageous person and we as his parents are privileged and honoured that he trusted and respected us enough to invite us to share this odyssey of discovery. We are also profoundly grateful to his young friends who loved, accepted and encouraged him when our son thought we would not.

As we tell anyone who will listen, our son is the same gift to the world he has always been, just wrapped up in a different ribbon.

— Proud mom of an FTM child

Central Toronto Youth Services

65 Wellesley St. East, 3rd floor
Toronto, Ontario M4Y 1G7

Phone: (416) 924-2100
Website: www.ctys.org
Resources
Appearing below are sample lists of resources that are current as of December 2007. These lists are not intended to be exhaustive. Entries appear in alphabetical order.

### Live support for parents of trans youth in Toronto

**PFLAG Toronto chapter:**
115 Simpson Ave, Suite 105
Toronto, ON M4K 1A1

**Support line:** (416) 406-6378  
**Administrative line:** (416) 406-1727  
*(Tuesday, Wednesday, Thursday only)*  
**Email:** toronto@pflag.ca  
**Web:** www.pflagcanada.ca/chapters/Toronto/html/home.htm

**Transceptance:** a Toronto-based peer-support group for parents of transsexual and transgendered children. The group currently meets monthly at the Sherbourne Health Center to provide support, reduce isolation and stress, share information, and among other things aid with disclosure strategies. For more information, email transceptance_group@yahoo.ca or visit [www.sherbourne.on.ca/PDFs/Broch-Transceptance-06.pdf](http://www.sherbourne.on.ca/PDFs/Broch-Transceptance-06.pdf). There is also a similar group in the Niagara region: transparent@hotmail.com.

**Annual Events:** Sherbourne Health Centre’s Trans Pride Day, usually held the 2nd Thursday in May, and Trans Day of Remembrance, November 20, put on by Trans Programmes at the 519 Church Street Community Centre to “mark various forms of oppression that increase violence and limit protections” for trans community members.

**Ontario Rainbow Health Resource Centre:**  
A Sherbourne Health Centre and Rainbow Health Network partnership that will offer information and consultation to the public on issues of sexual and gender minority communities.

### On-line resources for parents

(* denotes availability of on-line communication among parents)

- *Families in TRANSition*: a Yahoo group for parents, and also grandparents, siblings, family members, friends, supporters and allies of youth and young people who are transsexual, transitioning or transitioned: [http://groups.yahoo.com/group/familiesintransition/](http://groups.yahoo.com/group/familiesintransition/)

• **PFLAG’s Transgender Network (TNET)**: provides support, education and advocacy for trans people and their families and loved ones: http://pflag.org/TNET.tnet.0.html. The network also puts out a popular American publication, *Our Trans Children* (2001), which gives loved ones an introduction to trans issues: www.transproud.com/pdf/transkids.pdf.


• **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.

• **TransFamily**: American support group for transgendered and transsexual people, their parents, partners, children, other family members, friends, and supportive others. Referrals, literature, over-the-phone information on trans issues, and discussion list-serve for parents: www.transfamily.org.


• **TransProud**: OutProud’s website for transgender youth. Headline news, links to other sites for trans youth, resources and information, stories of other transgender teens, message boards, as well as resources for parents of transgender children: www.transproud.com.

### Standards of care


### Reading material for parents


• (Just) Evelyn Mom, I need to be a girl (online versions available in Arabic, English French, German, Portuguese and Spanish: http://ai.eecs.umich.edu/people/conway/TS/Evelyn/Evelyn.html.
• The Pride Library: a unique collection of books, journals, and videos covering key issues affecting families with LGBT kids. Housed at the University of Western Ontario in London, (519) 661-2111, ext. 85828: www.uwo.ca/pridelib/familypride.html.
• The Toronto Women’s Bookstore: a Toronto bookstore that carries many trans resources, 73 Harbord St., (416) 922-8744 or 1-800-861-8233: www.womensbookstore.com.
• Transgender Issues in Books for Youth, Children and Their Allies (multi-page listing), compiled by Nancy Silverrod, Librarian, San Francisco Public Library, nsilverrod@sfpl.org.

Films and documentaries about trans youth or young adults and their families

• Girl Inside (2007), a Canadian documentary directed by Maya Gallus that follows Madison, a 26-year-old trans woman, over her three-year transition. Focuses on family relationships. 78 mins.
• Just Call me Kade (2002), a documentary directed by Sam Zolten about 14-year-old Kade Farlow Collins, a trans boy living with his understanding family in Tucson, Arizona. 26 mins.
• Ma Vie en Rose (1997), directed by Alain Berliner. A fictional story of 7-year-old Ludovic, born a boy, who is convinced she was meant to be a girl. Wide-release.
• Middle C (2007), produced by Carma Jolly and Tristan Whiston for CBC Radio One (Outfront). A multiple award-winning two-part radio documentary of Tristan Whiston’s story of female-to-male transition, including family discussion and perspectives.
• Red Without Blue (2007), a multiple award-winning American documentary directed by Brooke Sebold, Benita Sills and Todd Sills. Shot over 3 years, this is a poignant and compelling story of 20-something Mark and Clair, born identical twins, coming out as a gay man and a trans woman, respectively. Featuring candid interview material with family members, the film examines a family’s transformation over time. 77 minutes. www.redwithoutblue.com.
• The Day I Decided…to be Nina (2000), a documentary directed by Ingeborg Jansen from the Netherlands, featuring 11 year old Guido, born male, who, with family support, is now living part-time as the girl she’s always wanted to be. English subtitles, 15 mins.
Support for trans youth in Toronto

- **Central Toronto Youth Services (CTYS):** Pride & Prejudice Program (for queer and trans youth aged 25 and under), 65 Wellesley St. East, Suite 300 in Toronto. (416) 924-2100 x245. Offers free individual and group counseling, www.ctys.org/programs/prideprejudice.htm.

- **Lesbian Gay Bi Trans Youth Line:** (416) 962-9688 GTA, or Toll Free (Ontario-wide) 1-800-268-9688. TTY services available. A free peer support phone line for lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer and questioning youth. Sunday to Friday, 4:00 to 9:30 p.m. www.youthline.ca/.

- **Supporting Our Youth (SOY) of Sherbourne Health Services:** houses many youth groups, all of which welcome trans and 2-spirit youth. Trans_Fusion_Crew (TFC) is a social space dedicated for TG/TS/genderqueer/gender-questioning youth. Every other Thursday 6:00-9:00 p.m., Contact: (416) 324-5078, tfc@sherbourne.on.ca.

- **Trans Youth Toronto!** one of the many offerings through Trans Programmes at the 519 Church St. Community Center. TYT is a drop-in for transsexual and transgendered youth aged 26 and under. Social space, access resources, information and referrals. Wednesdays 5:00-9:00 p.m. Contact: (416) 392-6878, x331, www.the519.org/programs/trans/tyt.shtml.

- **The Triangle Program:** a safe, harassment-free, equity-based environment where Lesbian, Gay, Bisexual and Trans (LGBT) youth can learn and earn academic credits. Contact: (416) 406-6228 x169, http://schools.tdsb.on.ca/triangle.

Reading material for trans youth

- **Bending the mold: An action kit for transgender youth.** A joint publication by Lambda Legal and the National Youth Advocacy Coalition (NYAC), available on line: www.nyacyouth.org/nyac/Bending%20the%20Mold-final.pdf


Trans-positive medical care in Toronto

- **Hassle Free:** 66 Gerrard St. East, 2nd floor—offers free STI and anonymous HIV testing, and sexual health counselling. TG and TS folks welcome at both the women’s (416) 922-0566 and men’s clinics (416) 922-0603. No one refused services without a health card. Wheelchair accessible. www.hasslefreeclinic.org.

- **Health Centre at 410 (St. Michael’s Hospital):** 410 Sherbourne Street, (416) 867-3728—has been working well with trans people for years. www.stmichaelshospital.com

- **Sherbourne Health Centre:** 333 Sherbourne Street, (416) 324-4180 —has worked hard to consult with trans communities, and has several trans people on staff, including receptionists, counsellors, and doctors. Wheelchair accessible. www.sherbourne.on.ca.
• **The House (Planned Parenthood of Toronto):** 36B Prince Arthur Avenue. (416) 961-0113—offers interdisciplinary health care to youth ages 29 and under. www.ppt.on.ca

• **The SHOUT Clinic:** 467 Jarvis St. (416) 927-8553—a trans-positive medical drop-in, catering to (but not exclusively for) street-involved and homeless youth ages 25 and under where you can get services, even if you are undocumented and/or don’t have a health card. Lift to the main floor, barrier-free bathrooms. www.ctchc.com.
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Endnotes

2 Feinberg, 1996.
7 Istar Lev, 2004
8 Grossman, D’Augelli, Howell, & Hubbard, 2005
10 Garfalo, Deleon, Osmer, Doll & Harper, 2006
12 Lepischak, 2004
13 Mermaids
14 Shapiro, 2004
15 Sausa, 2003
16 Wyss, 2004
17 Mermaids, n.d.
18 HBIGDA, 2001
19 Smith, van Goozen, Kuiper & Cohen-Kettenis, 2004, p. 89
20 Pfäfflin & Junge, 1998
22 for a review, see Cohen-Kittenis & Gooren, 1999
23 Cohen-Kittenis & van Goozen, 1998
26 Pazos, 1999
“This comprehensive, insightful and empowering guide provides encouragement and hope as we parents take a deep breath and accompany our gender-variant children on the shared journey to full acceptance, dignity and celebration.”
~ Joan Wiley,
TransParent Canada

“This guide is an easy to read, informative, and reassuring document for trans youth, their parents, guardians, family members and the community. As a parent and member of PFLAG, I highly recommend it.”
~ Simonne LeBreton,
Board Member and Parent, PFLAG Toronto

“I gave it a good read. Finally, a sensitive well-written support resource for parents of transgendered kids that’s local and up-to-date. Where can I get copies?”
~ Dr. Syndey Tam,
Physician, Sherbourne Health Centre

Special thanks to: