

INTRODUCTION

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My colleague and friend Dr. Carolyn Wolf-Gould reminds me that parenting is a heroic act. Parents *are* heroes. Being a parent requires round-the-clock care for years on end, managing the micro issues of diapers, food preferences and allergies, chauffeuring, and sex education, as well as the macro issues of maintaining shelter, providing health care, and negotiating educational institutions. The job description is clear: protect them, nurture them, guide them. Yet almost all parents find the job far more complex than they imagined and discover they are even less well prepared than they feared.

Undoubtedly some parents are more prepared, better resourced, perhaps even more highly skilled, possibly because they were well-parented themselves. It is also true that some children are simply more challenging than others. That may be because they require more attention (psychologically, physically, or psychically) because of mental health struggles, physical challenges, or just the sheer force of their emotional being. And there is, of course, the issue of “fit”—an energetic, extroverted child might not be as well suited for a taciturn, bookish, reclusive parent than one better matched to their own temperament. Regardless of skill, education level, financial resources, or knowledge of developmental psychology, parenting—let alone parenting *well*—is a challenge of the heart.

Our children are unique, every single one, and they test us in ways we could not have predicted. The more children we have, the more this truth resonates, for the skills we learn parenting one child may or may not be useful for the others. There are the expected challenges—and others that completely astonish, even stun. Parenting gender nonconforming children and transgender youth is simply not what most parents have expected. There is *no* chapter in the iconic parenting book, *What to Expect When You're Expecting* (Murkoff, Eisenberg, & Hathaway, 2002), titled “Gender Diverse, Transgender, and Intersex Children.” And if there were, it would most likely be in the section under “Problems”: infertility, birth defects, stillbirths—the tragedies, horrors, nightmares all parents dread.

The challenges for these children and youth are different from those of adult transgender people. Indeed, it is not simply the challenges that gender diversity bestows within a gender-rigid culture, or the complex decisions about transition one faces, or the consequences coming out can have on one's family and loved ones. For children and youth, it is the reality of being a powerless,

protected class of humans, who are dependent on parents and caregivers to understand and advocate for their needs. In the past decade, advocating for trans children and adolescents has become a rallying cry from many professionals, transgender activists, and some in the LGBTQ communities. And like all movements for social justice, a backlash movement has developed, in this instance by a disparate coalition (which I'm tempted to qualify with the adjective "odd" or "motley") made up of religious fundamentalists, conservative politicians, professional conversion therapy proponents, gender-essentialist feminists, and frightened, resistant parents of gender diverse children.

As transgender issues become part of the mainstream media, the families of gender diverse and transgender children are too often caught in the cross-hairs. Parents are frequently isolated, frightened, and lacking both information and guidance; they may be confused about their child's gender expression, behavior, or stated identity. They are also tasked with protecting their child within a culture of rapidly changing mores regarding gender, and in which opposing positions flourish and dialogue is often vitriolic. Parents present in therapy offices embodying these extremes: some are resistant and even hostile to their children's gender expression, aggressively refusing an affirmative approach; others are supportive, fierce advocates of their child's expression, who sometimes becomes so caught up in their zeal for medical treatment that they cease listening to their child's goals and process. Although those extremes represent a minority of parents, all parents are caught in the middle, mediating their child's emerging identity while trying to assuage their own fears for their child's safety and well-being. Parents are charged with providing proper socialization for their children (and this typically means inculcating them with traditional gender roles), while they must also protect their children and nurture their uniquely emerging selves. These parents and caregivers need to negotiate complex societal institutions, familial and cultural expectations, their own confusion about what is "right," and their fears for their children's health and safety.

Parents have been forced to navigate complex social forces with minimal resources and support; they are blamed by some conservatives for "making" their child transgender, and by some liberals for reifying rigid gender norms rather than supporting broader gender expressions for both boys and girls; they are accused by activists on both sides of "child abuse" if they affirm their child's gender, or if they refuse to. These opposing opinions present a dilemma for parents and are a source of tension between those who share parenting; the process that ensues can cause a painful rift between parents and their children.

When families do seek help, they find few competent gender therapists available, even fewer who are also knowledgeable about child development, and still fewer trained in family therapy. They are vilified by some therapists for causing their children's gender "confusion" by not socializing their children correctly; they are vilified by other therapists for not immediately accepting their children and embracing them as transgender. They seek support from a burgeoning therapeutic community that lacks sufficient guidelines, has a paucity of training available, and has even less research on which to base clinical interventions.

As a family therapist who has worked with families of gender nonconforming and transgender children for decades, I find the stories told *about* them as well as the real stories told *by* them deeply compelling. The cultural narrative is slowly changing from one of tragedy to one of diversity and creativity. Research, clinical experience, and the lived lives of children and youth have proven that children do best when they are supported within their families and communities, and that is equally true for all children, regardless of their eventual identity. The stories of these children's lives are finally being told—often by the children and youth themselves, but also by parents, supportive therapists, and journalists. Brave families and youth have stepped forward to share their experiences on television and the Internet.

Parents' struggles are less well known. It is hard for parents to be fully revealing about their journey because their stories are intertwined with those of their children. So in order to tell their stories they are, to some extent, violating their children's right to author their own narratives. When parents do disclose, they are often criticized in the media for accepting the "transgender platform uncritically" or for "not setting proper limits for their child's behavior." None of these accusations could be further from the truth. Most of these families have accepted nothing "uncritically." They have spent many sleepless nights trying to be at peace with the consequences of their decisions; they have engaged deeply and thoughtfully with the nascent research, spent money they didn't have on consulting with professionals, and tried many different strategies to control, limit, explore, and understand their children. They have taken every decision seriously and tried to support their gender diverse children in every way possible—and still they are criticized by activists and often by therapists for "not moving fast enough," for "not being supportive," or for being "transphobic." Ultimately, many parents' views on what is best for their children have changed over time, and they have learned to trust their children's experiences, just as they trust their gender conforming and cisgender children's experiences.

I want this book to highlight the stories of parents and the collaborative work that therapists do with the families, to honor their journeys, to recognize the risks

they take, and to celebrate the forging of new paths that trans children have unwittingly brought into our lives. Most of the stories in this book are success stories: children who are thriving, parents who are supporting them, and therapists who figured out how to help. All stories are not success stories, however, and I want to highlight here one very public story in which a transgender teen died, her parents were vilified, and the therapy provided was proven harmful.

In December 2014 a 17-year-old trans girl named Leelah Alcorn completed suicide by stepping in front of a truck. According to her blog on Tumblr, she felt unsupported by her family because she was transgender, and she stated her parents made denigrating comments about her gender. Leelah had come out at age 14 and asked her parents to help her transition when she was 16, but they refused, then forced her to attend a Christian-based reparative therapy. When she revealed she was attracted to boys, they pulled her out of school and cut her off from all social media and from all her friends. Feeling alone and desperate, Leelah posted on Reddit, asking if her parent's behavior could be considered abuse (Death of Leelah Alcorn, n.d.).

Two months later she completed suicide. Her suicide note read: "My death needs to mean something. My death needs to be counted in the number of transgender people who commit suicide this year. I want someone to look at that number and say 'that's fucked up' and fix it. Fix society. Please." The social media response in the trans community following her death was widespread, culminating in a petition demanding a ban on conversion therapy called "Leelah's Law," which was the fastest-growing change.org petition in 2014. In response to the public outcry, President Obama called for an end to conversion therapy (Death of Leelah Alcorn, n.d.). Numerous people and groups on social media began to raise the same question Leelah had asked: Are parents who send their kids to reparative therapy practicing child abuse? Fallon Fox, a transgender athlete and activist, clearly answered "yes" in a *Time* magazine article (Fox, 2015). Indeed, a petition was started to charge Leelah's parents with child abuse. One of its 28 cosigners said, "Take away all their other kids and put them in jail" (Huxter, 2015)! Dan Savage, an American LGBT activist and advice columnist, argued that her parents should be prosecuted and that their actions essentially "threw her in front of that truck" (Death of Leelah Alcorn, n.d.). Following her death, Leelah's parents, despite repeatedly stating how much they loved their child, continued to refer to her as a boy and use a male name and male pronouns. This further infuriated many trans people and their allies, who felt this proved how abusive the parents were—even in her death they misgendered and mispronounced her; she died desperate to be seen as a girl, and in her parents' eyes she remained a boy.

In response to these accusations, her mother said she had actually never heard her child use the name Leelah and stated she had talked to her only once about being transgender (Fox, 2015). Could that be true? If it is true, how does it change the public narrative of Leelah's horrific death and her parents' alleged abuse?

I have thought about Leelah and her parents so many times over the intervening years. Many of the writers in this book wanted to use her story to illustrate what happens when trans youth are not supported. In some ways she is the perfect poster child for the effects on youth who are not respected for their authentic emerging identities. This narrative assumes, though, that Leelah was clearly articulating her identity to her parents as well as she was on social media and among her peers.

As a woman who has raised teens, and as a therapist who has worked with LGBTQ teens for decades, however, I know that often young people think they are saying things to their parents that are not being expressed in ways their parents can hear. They mumble, "I feel different" while watching a baseball game, and the parents think they are saying they have a bellyache, but the adolescent maintains they said, "I've always been gay." I have sat through so many therapy sessions over the years during which an angry child is telling the parents how they keep trying to communicate and feel they are not being listened to, and a confused parent responds, "Just tell me what you're feeling. I don't understand." Sometimes the child is not being clear; sometimes the parent is not listening well enough; sometimes we can miss each other very badly.

I know too well that the world is full of abusive parents, parents who do not or cannot listen to their children, parents who dismiss their children, reject their children, and beat their children. There are parents who will never accept a gender diverse child, a queer child, a nonbinary child, or a transgender child. The media report on fathers who beat and kill their sons because they "act gay" or are too feminine: children like 14-year-old Giovanni Melton, eight-year-old Gabriel Fernandez, and 17-month-old Roy Jones, whose mother's boyfriend said, "I was trying to make him act like a boy instead of a little girl" (Brammer, 2018; Einiger & Eyewitness News, 2010; Silva, 2017). There are too many parents who send their children to reparative therapy when the child deviates from expected gender expression and, if that fails, throw them out of the house. The streets are full of runaway and throwaway youth who are what a more affirming parent might call gender fabulous. Removing young people from these homes may be their only salvation; youth shelters and foster care may, sadly, be the best alternatives our broken society currently has to offer gender diverse and trans children and youth. Indeed, for the social worker who can facilitate the removal,

this may be akin to releasing prisoners of war from their captors. For youth workers and advocates this is often experienced as a liberatory process, and when this is negotiated outside traditional legal and judicial processes, it can be a metaphorical underground railroad. We cannot minimize the actual danger for trans children and youth, and the essential role of adult advocates in their protection.

Abusive and murderous parents, however, remain a small minority of parents of gender creative and trans children. Parents are often resistant, angry, protective, even adamant, stubborn, and controlling. They are frequently confused, in emotional pain, and lack education about transgender identities. Sometimes they are in need of more support than their children, who can be very clear about their gender and how they want to live. As one six-year-old child, whose parents had been in therapy with me for a few months, said when we first met, *"The reason I brought my parents here is because they are having a very hard time with my gender. I am hoping you can help them."* This child understood that, although the child was the focus of therapy, they were not really the one most in need of help.

Children and adolescents often feel powerless to communicate their experience to their parents, even when their parents *are* willing to listen. They may not have the language; they may be in fear of the consequences. Unlike adults, they can't simply leave and get their own apartment if the relationship becomes difficult or abusive. They are dependent on their parents, not just financially, but emotionally—children and young teens cannot yet imagine a world outside their parents let alone negotiate for their own independence. For those who run away, the streets can be harsh, and their lives difficult; although many are able to successfully mature and thrive, far too many cannot. The consequences of disclosure are not just daunting; they are often terrifying.

Parental concerns can be grossly misunderstood by youth who can be nearly paralyzed because of this fear of the consequences of disclosure. Sometimes the most affirming parents can state blatantly and clearly, "Let's go see a therapist who specializes in gender, and if the therapist says that hormones are the right decision, we will go ahead, okay?" And the adolescent may still hear, "You will NEVER get hormones while living under my roof." I once worked with an adolescent whose parents were, by any objective standards, affirming. The teen kept repeating over and over again, "I am afraid they will reject me," offering numerous examples of the ways that might play out, including being thrown out of the house, being denied hormones, or being mispronounced. None of these was actually happening. The opposite was happening: their parents were driving

them an hour back and forth to an alternative school to protect them from the bullying that went on at their local high school, providing them with access to hormone blockers, discussing the possibility of gender-affirming hormones, and always using their preferred pronoun. They had some awareness that their fears may have come from exposure to the Internet (YouTube and Tumblr)—reading accounts of horror stories about rejecting parents. I reminded them that people are often more compelled to tell horror stories publicly than to share positive stories (an awful meal will get a bad review on Yelp faster than a great meal); I reminded them of how loving and supportive their family was. I said, “Your parents allowed you to change schools, change your name, and start blockers.” But they kept repeating, “I am afraid they will reject me,” for weeks and months on end. They needed support to refocus their fears from stories of rejection and harm that they read online to the reality they were living that contradicted those fears—that their family was actively showing them love and support for who they were. The fear of rejection can be fierce for youth, even if there is little evidence of its likelihood.

Not all parents are able to be supportive, and some don’t realize the seriousness of their child’s attempts to communicate. One teen I worked with insisted, “I keep trying to tell them, but they keep dismissing me.” I spoke with the mother, who said, “He changes his mind about everything every day. Last year he thought he had a terminal illness and we spent months seeing medical specialists; six months ago he wanted to be a Buddhist monk. He gets very serious about each of these things. I had no idea this was different, and I’m still not sure it is.” Indeed, how could she be sure? How could anyone? It is easy to say that we should take all our children’s needs seriously, but in the busyness of life—work, housework, the needs of other children and aging parents—parents may sometimes be less attentive than they should be, than they want to be, and may miss important cues, especially if a child is less than direct or has a history of having many intense, insistent, and diverse needs.

On the one hand, gender identity and expression are not the same as dress styles, musical interests, or career choices; they are part of a deeply embedded sense of self that emerges in the crucible of one’s maturation. On the other hand, youthful experimentation with identity is developmentally appropriate, especially within a culture where gender norms are rapidly shifting and queer identities are proliferating. Even the most affirming, progressive parent might worry about introducing medical interventions when their adolescent affirms a gender identity different from the one they were assigned. After all, fluctuations in identity and experimentation with roles are a hallmark of youth. Gender

therapists are trained to sort out the many issues influencing gender identity development, but parents are often just baffled.

Young people often feel threatened by parental attempts to understand. Questions are perceived as attacks. "They keep challenging my identity," insisted a 15-year-old, who, in the course of six months, changed their clothing style from nerdy collegiate to punk grunge, dyed their hair bright green, put gauges in their earlobes, dropped out of two school clubs they used to love, spent many solitary hours on the computer in their bedroom, and received failing grades in two high school classes. The parents witnessed these changes, saw their child becoming more and more sullen, and were rightly concerned. But all attempts to ask questions, to connect, were met with anger and resistance. Of course, the parents were worried. When gender was finally revealed to be the core issue, the parents did not immediately embrace gender transition as a solution. In their viewpoint, there was no apparent history of gender exploration or dysphoria, and their concern was that their child's obsession with gender was *the cause* of their deterioration. The more questions the parents asked, the more the child felt interrogated and policed. The more concerned the parents became, the more the child felt disbelieved, attacked, and alone. Sometimes young people do not know how to express what they are feeling; sometimes they simply do not want to try.

And sometimes it appears to explode out of the blue. One father once told me that he called his 15-year-old son downstairs and asked him to clean up the living room. The son looked at him, screamed at the top of his lungs, "I'm queer," and ran out the front door. From the parents' perspective, this disclosure came out of nowhere. They had no time to respond. Their son left, and it took them three days to find him. (He had taken a bus to the house of a friend he met online.) The parents were frantic. After reuniting with them, the teen was surly and indignant, and he kept repeating, "Just throw me out of the house. I know you hate me." The parents didn't hate him or have any intention of throwing him out of the house. They were confused and wanted to talk—they had almost no idea what "queer" meant. Every question they asked him was met with irritation and silence, and "You'll never understand." When I sat with him a few weeks later, he said, "They are old. They can't understand." I reminded him that I understood and I was about 20 years older than his parents. "Maybe we need to give them a bit more credit," I suggested, an idea that had never crossed his mind.

Adolescence is a rough time. To be genderqueer or trans complicates the challenges of adolescence even more. Communication with parents is almost always strained during this period. There are (at least) two sides to every family's experiences. *If we are not listening to both sides of the family story, we are missing*

important information. I often think of all the runaway youth who tell “their side” of painful stories to youth workers about their rejecting and abusive parent, and I wonder about their parents: Are they the monsters they have been made out to be (they might be), or are they at home wringing their hands, worried about their child, who is out on the streets—alone and cold?

One story in my family that is now guaranteed to make us all laugh involves the time when my younger son yelled, phone in hand, “I’m going to call CVS and tell them about how abusive you are.” He, of course, meant CPS (Child Protective Services), not CVS, the pharmacy. I said, “You go ahead and call them and tell them your abusive mother won’t let you play a video game until you finish your homework.” This may seem silly now, but he was totally serious at the time. He was angry, frustrated, and feeling trapped—and my parental attempts to keep him focused on a task *felt* abusive to him. He can laugh about it today, but it was not funny at all at the time. Teenagers often feel stuck, overprotected, and unheard—they push for autonomy and seek independence. They experience their emotions intensely. The path to maturity is often bumpy, sometimes tumultuous. Theirs is only one side of the story, however—not the only one. Parents are also struggling to let go, to support their child’s growing independence, but parents also realize the world is so much more dangerous and complicated than most young people can even imagine. To understand the full story involves listening deeply to *both* sides. It is a tug-of-war and, in the end, youth (who survive) always win, but loving parents do not simply give up their end of the rope easily.

Conflicts between adolescents and their parents are exacerbated by the ways that sociocultural values can challenge religious values, especially fundamentalist ones (and it is not just Christianity that is to blame here, but all rigid and insular religious communities). If I believed there was a hell, I cannot imagine the pain it would cause me to think that my child was doing something that might cause them to go to hell. I cannot imagine any greater pain than believing that your child is on a path that will destroy them; I cannot imagine what it would take to step out of the beliefs of a religious system and challenge its basic tenets. I do not envy any parent faced with that.

Gene Robinson, former bishop of the Episcopal Church, wrote: “Leelah Alcorn’s parents loved her. . . . But their control over her outlived its usefulness” (Robinson, 2015). I would agree with him, but I write this as the mother of a 17-year-old: I am not sure how to know when my “control” will have “outlived its usefulness.” Is there some way to know when we have come too close to that edge? Or when our child is about to fall off a ledge? Remember the Alcorns’ claim that they heard Leelah talk about being transgender only once, and that

they were not aware she had a female name or identity? If that is true, their behavior seems less “controlling” and more benignly ignorant.

Their behavior was also consistent with the values within their Christian home. Andrew Solomon (2012) observes, “From the beginning, we tempt [our children] into imitation of us and long for what might be life’s most profound compliment: their choosing to live according to our own system of values” (p. 2). Many of us reading this might find it horrific when we think that families with religious values that conflict with our own would impose those values on their children, but a moment of silent reflection may reveal that the process of inculcating our own values in our children is one of all parents’ goals. Few Democrats want to raise Republicans; few scientists want to raise clergy; few vegetarians want to raise cattle farmers.

As parents we all realize at some point we will lose all control of how our children live and the value systems they will embrace. But it is a rare parent of a 17-year-old who is not still trying to direct them in ways they believe are healthier and will help them have a better future. The Alcorns cut Leelah off from social media because they thought those platforms posed a dangerous influence, not knowing they were, in all likelihood, her lifeline. Removing one’s child from social media is a common consequence that parents impose when kids play too many video games, or spend too much time on Instagram, or don’t do their homework. For that matter, we may be very critical of a family that didn’t try to “control” influences that ended up causing harm: a child who wanted to drop out of school, was doing drugs, or was spending 15 hours a day in their room on social media. Indeed, the Internet is known for having a potentially dangerous influence on youth, and we are incredibly judgmental of parents who do not put controls in place. I know few parents who have not had to intervene in their child’s online activities, and most of these involve their children joining “communities” perceived by the parents to be inappropriate or exploitive sexually or politically. For a religiously conservative Christian family like the Alcorns, I can well imagine online transgender communities fit that description.

Research shows that highly religious families are the most likely to use religious morals to reject their gay and trans children and the least likely to accept them (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Religious families often respond to LGBTQ teens by isolating them, preventing access to others, sending them to carefully picked like-minded clergy and reparative therapy practitioners, and using theological arguments to condemn and change (fix) their LGBTQ identity. In other words, the Alcorns acted within the parameters that were common and expected in their social world. Their decision, within their

religious framework, to send Leelah to reparative therapy came from the same loving place as my decision to send my child to drug and alcohol rehab. We try to inculcate our values to our children, with the best intentions, though not always the best outcomes.

Here's the rub: by the nature of living in a free society, we all get to raise our children within our own system of values—to be vegetarian or meat-eaters; to be Jewish, Muslim, Christian, or pagan; to embrace college education or to eschew higher education and work on the family farm. Of course, we may not succeed. Our children will become themselves—no matter what our goals or influence. At some point, we have to let go. But at what point? Solomon (2012) continues, "Though many of us take pride in how different we are from our parents, we are endlessly sad at how different our children are from us" (p. 2). Some of us reading this may flinch at the words *endlessly sad*, or we may believe that "we only want what is best for our children." But some children have a way of challenging us to reconsider our views on what is best for them. Many years ago I read an article about hippie parents who raised a child who became a pilot with the U.S. Air Force. They had spent their lives protesting war, and had a son who proudly wore a military uniform. It was hard for their son to become himself in that family, and the parents had to work to understand him and eventually share in his pride.

I believe that Leelah Alcorn's parents loved their child in the only way they knew how. There was much criticism that they "didn't love her," or "didn't love her enough," or "perhaps they loved her but they didn't support her," or "they didn't know what love is" (Death of Leelah Alcorn, n.d.; Robinson, 2015). I, however, don't doubt for a moment that they loved her. And as sad and outraged as our communities are about her death, I believe no one grieves her more every day than her parents, who must wonder what they could have done differently or how they could have listened more. I believe they are haunted daily by the cues they missed, what they could have done to keep their child alive. Leelah's life and death make for a rallying cry; she is prophetic poster child for a liberation movement, but for the Alcorns, there is an empty chair at their table and siblings who will mourn all their lives. The Alcorns acted within their worldview, in the only way they knew to save and protect their child. That was their way to prove their love. In the end, they lost their child, and whatever limitations they faced as parents of a trans child, they have paid the highest price imaginable.

There is an expression commonly iterated among parents of trans children: "When my child came out, I was faced with a decision: Do I want a happy daughter or a dead son?" The implication is that trans children who are not supported will become, like Leelah Alcorn, more suicide statistics. It is a frightening thought.

The first time I heard a parent say that, my breath caught in my throat. It has now become a mantra, one I hear nearly daily in my office and online.

The suicide statistics are indeed terrifying; however, they are often distorted. As I was reading Facebook the other night, someone posted about the need to support trans youth because “41% of trans children will commit suicide.” These statistics presumably refer to a 2011 study by the National Center for Transgender Equality that shows that 41% of transgender people have *attempted suicide* some time during their lives (Grant et al., 2011). Or perhaps it refers to their follow-up study in 2015, which showed a 40% rate of attempted suicide (James et al., 2016). Both studies included only people over 18 years old. To be clear, these are *not* completed suicides, but attempts—although still serious, a distortion of the research, which of course does not conclude that trans children *will* commit suicide. When Savin-Williams (2001) analyzed the data on suicidality among sexual-minority youth 17 years ago, he found that the research did not carefully distinguish suicidal *attempts* from suicidal *ideation*, a methodological problem that remains endemic. Sometimes people say they are suicidal—that is, they are thinking about suicide (fantasizing, wishing they were dead, but without a plan)—but don’t actually go the next step by making an attempt. Although suicidal ideation is extremely concerning, elevating feelings to the same level as behaviors is simply inaccurate, and very few surveys (often conducted online) carefully control for these differences. Indeed, it may be hard to control for the difference, since the memory of *feeling* suicidal and *being* suicidal might be lost in retrospective reports.

Savin-Williams (2001) also documented that many suicide attempts were not life-threatening, were not real attempts to die, but were, rather, a way to communicate pain. Young people know that declaring they are suicidal, making suicidal gestures or attempts, and having visible signs of self-harm will garner adult attention. Indeed, it should! Young people often ask me: “Do you think if I tell my mom I’m going to kill myself that she’ll let me start on hormones?” “The only reason I took those pills was because I knew that if I was admitted to the loony bin someone would see how serious I am.” “A friend online told me that a good way to get my parents to change their mind is to threaten to kill myself.” One young client said, “I knew I would not likely die, but I was playing at the edge; I was really in a lot of pain.”

I am not attempting to minimize the actual feelings of depression and despair that underlie suicidal ideation, the reality of suicidal attempts, or the very real fear of suicidal completion. We may never know how many completed suicides were by people struggling with gender. The accurate statistics are bad

enough without hyperbole and exaggeration. The Youth Suicide Prevention Program reported that over 30% of transgender youths attempt suicide at least once (Peterson, Matthews, Coppins-Smith, & Conard, 2016). Caitlin Ryan (2015), a social worker and founder of the Family Acceptance Project, studied LGBT adolescents who were rejected by their families and found that they were eight times more likely to attempt suicide than other youth. There is, undoubtedly, an increase in suicidality—ideation, attempts, and perhaps completion—for sex- and gender-minority youth; it is, however, also important to note that suicide statistics for all youth—not just trans or LGBTQ youth—are very high. Suicide is the second-leading cause of death among *all* young people ages 10 to 24, according to the CDC (n.d.).

We need to recognize the pain and desperation that may compel a young person to use suicidality as a way to move mountains that they believe might not otherwise be easily moved. One young trans boy said, “Did you see that website where they memorialize dead trans people? If I killed myself my name would be there FOREVER.” His eyes were dazed with joy. I reminded him he would be dead, unable to see his name in lights. “Yeah,” he admitted, “that’s the bad part.” The “good” part, of course, was finally being visible to the world.

We must not let the threat of suicidality be used as a weapon against parents and therapists. It cannot be held up to young people as a way to immortalize their existence. I implore therapists to be careful not to feed this monster. Suicidality among our youth is already too high, the despair and pain that lead to it all too common; threats of suicidality should not be bargaining chips to determine the outcome of clinical assessments and control family processes. We must dissuade young people from seeing it as an option to get recognition here or in the hereafter. Suicidal feelings, threats, attempts, and, sadly, even completions require clinical attention and broad societal responses. Suicidality can open up a conversation between the youth and their family, not derail it.

Once I sat with a 16-year-old trans girl who was expressing suicidal hopelessness. When I was able to secure eye contact, I said: “No one likes being 16. There is a not a person in the world who would change where they are to be 16 again. Not an 18-year-old; not an 80-year-old. It is a really hard transit for almost everyone on the planet.” I believe this is true, and it is exacerbated by being genderqueer in a less-than-accepting family. Her parents’ ways of addressing her gender were not optimal; this family was highly dysfunctional and rejecting in many other ways also. We worked together to manage the struggles of being 16 within a chaotic home, and to assist her gaining her independence once she turned 18. I continued to work with her parents on both stabilizing their family

life and supporting their trans daughter, who was finally able to fully embodying her identity. As she matured into her womanhood, she also began to address her traumatic upbringing. The more stable she became, the more supportive her family became, eventually paying for her gender-confirmation surgery. Our goal must be to assist youth in developing greater resilience, giving them a tool set that will serve them through all kinds of adversity.

I tell the youth I work with that if I were an adult in their lives who was resistant to their needs to transition, I would probably be swayed more by expressions of stability than by despairing threats of suicidality. I often talk with them about presenting with maturity and mental stability as a better negotiating tool than explosive threats. Our therapy together mirrors this process, as I am often the first adult who sees them and listens to them and validates them. I suggest they talk to their parents from the most solid and level-headed place they can find within. We work together to create and develop this place, where they are secure in their knowledge and identity. Parents need to witness (and ultimately reflect) their child's trans identity as healthy and genuine, a mature and well-adjusted part of their development. Interestingly enough, this often motivates parents to greater self-reflection. They are able to see their child more clearly, once the fighting and tension are lessened. For many families, the crisis of a child coming out is the first time that the youth has not only more information about their own identity, but also greater general knowledge about a topic (transgender, transition, medical treatment) than a parent does. It is an opportunity for older youth to face the parent as an emerging adult, and an opportunity for the parent to see their child as someone knowledgeable, capable of independence, and able to forge their own path—as all adults must do.

Research clearly shows that family rejection and lack of social supports increase suicidality and that family support significantly lowers it. Ryan and her colleagues (2010) found that LGBT youth who experience rejection from their families are at higher risk for suicide, depression, drug abuse, HIV, and other health-related concerns. Other research (Bauer, Scheim, Pyne, Travers, & Hammond, 2015) shows that parental support increases life satisfaction, positive mental health, and self-esteem and lowers suicidality. But even when parents *are* supportive, schools and communities may not be (Kovalanka, Weiner, & Mahan, 2014), which can leave the child still at risk.

Sadly, even when parental and community acceptance abounds, suicide completion can still happen, just as it does in the general population. It's too easy to simply "blame the parents." Youth live in a complex social world, and parents are only one influence. We need comprehensive plans that address the depth of

pain some trans youth are experiencing. We need to address the realities of suicidality, suicide attempts, and, sadly, suicide completions with compassion, advocacy, and understanding. We must remember that the parents of a child who completed suicide may need the most support.

Ryan (2015) did not recommend that Leelah Alcorn's parents be prosecuted for child abuse. She and her team at the San Francisco Family Acceptance Project suggested ways to support families like the Alcorns—first by starting where they are (the first tenet of all good social work)—and show them that “the behaviors they thought were helping their . . . child instead contribute to higher risks for health problems and family conflict.” This means that providers and therapists must recognize that rejection is often an attempt—even if misguided—to protect. Ryan observes, “Parents who reject their LGBT children are typically motivated by trying to help, not hurt, them.” Jean Malpas, director of the Gender Identity Project in New York City, substantiates the idea that we have to assist families in learning that what protects their child is acceptance—not rejection. Perhaps families like the Alcorns imagine that if they reject their child's emerging identity, the child will choose the safety of their family over their identity. They may be surprised to realize many will choose their identity over the family, though not without great pain and loss. Helping families understand that their rejection is causing many of their child's troubles and that acceptance could pave the way for a more successful future is a difficult task for many clinicians. But if we are to honor Leelah Alcorn's life by doing what she asked—“Fix society”—one of the places we can commit to fixing it is by working with parents who are rejecting of their gender creative and trans children.

As therapists, however, too often in our efforts to protect the children and youth we work with, we end up rejecting their families. I often consult with colleagues who are “burnt out,” “exhausted by,” and “frustrated with,” the parents of the gender diverse children in their offices. They are angry at the parents for not supporting their children, and yet they are struggling with supporting the parents, not seeing that their own struggles mirror the families' struggles—it's hard to support someone who is behaving in ways you don't understand, whose actions are prompted by values that you do not share or actively oppose. When we support only the child, we are feeding the problems, not solving them. We often needlessly alienate youth from those who could potentially be their most important allies. Parents are viewed as the “bad guys” who are endlessly hurting their children and need to be “convinced” to see the world as the child and the therapist do. The parents' concerns are seen as “irrelevant,” “damaging,” and “abusive.” Parents often do not feel listened to or heard or sup-

ported, because therapists are often not really witnessing and reflecting their fears and pain, concern and love for their children. Working compassionately with parents is one of the ways we can carry Leelah's memory forward—it is one way to “Fix society.”

In *The Shelter of Each Other*, Mary Pipher (1996) suggests that, before a therapist encourages a client to cut off a member of their own family, to remember that the therapist “will not be there for clients when they cannot come up with rent or car payment, or when they are sick or need someplace to go for Thanksgiving dinner” (p. 129). While the clients in my office struggle with parents who are less than supportive, I carefully filter my words, thinking, “Am I going to make a chocolate cake for their birthday?” We need to look cautiously at the suggestions we make to our clients, especially youth, in helping them cope with their family members’ anger, rejection, and ignorance. Unless we can replace all the ways that families nurture and support each other throughout the life cycle, we need to be vigilant not to encourage either side to see the other as dispensable. We enter into the lives of those we work with as a short chapter in a much larger story of their lives, no matter how influential or how powerful our interventions may be. Their relationships with their families—their parents and siblings—is (we hope) forever: the ground beneath their feet for the rest of their lives. Helping them get through what is often a crisis is best done by viewing the health of the family itself as being as important a goal as the authenticity of the child’s gender—indeed, they are intricately entwined.

In 2004 I published *Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families*. This was the first clinical book to suggest that transgender people should not be pathologized for simply being trans. And it was the first clinical book to look at the family relationships of trans people. I saw these two foci as interconnected. When I began working with transgender people, my review of the existing literature revealed that families of trans people were perceived as extraneous. The assumption was that families would reject their transgender loved one, and the most affirmative therapies offered were to help the person transition, deal with the grief and move on, to establish a new life in their new gender. I challenged that view. I said, to mostly disbelieving colleagues at the time, including many transgender friends, that marriages could survive, and that trans people could remain integrated within their families as lovers/spouses/partners and parents. Although this viewpoint is far from universal, time has proven its veracity.

In the past two decades, increasing numbers of young children and teens have come out, marveled at by an adult trans community that could barely have

imagined such a possibility when they were young. For so many adults these young people represent all they wish they could've had if the world had been more accepting when they were that age, as well as all they've lost living until adulthood in a gender that did not fit. Young gender nonconforming people represent a dream come true, civil rights long fought for, finally within reach.

Research shows that transgender youth who are supported by their families and make early gender transitions can have successful adult lives in terms of relationships, education, mental health, and overall stability (Cohen-Kettenis & van Goozen, 1997). Preliminary research on young social transitioners who have parental support for their affirmed gender show increased self-esteem and life satisfaction and no increase in depression when compared with non-trans children (Bauer et al., 2015; Olson, Durwood, DeMeules, & McLaughlin, 2016). Early transition means they would not need to develop a false self by assuming a gender identity and expression that feel inauthentic (Ehrensaft, 2012). Their socialization as boys or girls or nonbinary people would happen naturally during their pubescent years, so they would avoid the need to "unlearn" their original gender socialization, and then relearn a new one. This developmental process would ideally take place during the typical life-cycle stage for exploration of sexual and gender identity.

Parental authority and social mores are entwined in the minds of professionals as much as they are in young people themselves. Any resistance to complete autonomy is often challenged by adult activists who know the pain of living in oppressive homes as children. The desire to free children from their (perceived) oppressors reflects the memory of pain and the longing for freedom almost all of us remember who were also once young, yearning for independence and autonomy. All people who have experienced oppression identify, consciously or unconsciously, affirmatively or reactively, with the rallying cry of liberation.

Liberation cannot, however, become our only therapeutic tool. For adults, liberation does not solve the pain of losing custody of one's children, being unemployed, or separating from a spouse one adores. Living authentically can be a living hell when someone has lost everything. Sometimes there is no way to avoid this outcome. As clinicians supporting healthy transition processes, however, we can assist not just in the medical aspects of transition, but also in helping our clients prepare for and weather the social, familial, and work-related changes that may ensue. Our goal is to optimize the success of each person's gender-affirmation goals, which may involve advocacy, relationship counseling, using the weight of our professional licenses in the interests of policy changes, and enabling access to care.

Liberation as a therapeutic tool is even more precarious, dangerous even, when it is the only strategy for children and teens dependent on their parents for their food and shelter, not to mention their most intimate emotional needs. *Families are not extraneous.* They are integral to all of our well-being. The focus of our work should not be to save children and teens from oppressive parents, but, rather, to help families heal and integrate, to assist them in embracing their gender creative children, to move them from rejection as protection to acceptance as protection. I understand that not all parents can “come around,” but I believe most can and will.

The research of the Family Acceptance Project (Ryan et al., 2010) highlighted that even small changes in parental support can make huge differences in the mental health and physical well-being of sex- and gender-minority youth. Most parents will do anything for their children; they just have to understand what their children really need. Validating the identities of young trans people is essential for their well-being, and we professionals must expand our tool set to also include validating their parents, who can potentially be their children’s greatest allies.

Affirmative care for trans and gender nonconforming children and youth is still being defined, and it is important that part of the definition include family education and support as a foundation on which other supports and stability for youth can be based. Affirmation includes listening to and validating parental fears, as well as understanding that sometimes parents know their children in ways that therapists are not (yet) privy to.

Affirmative therapy recognizes that gender diverse children are having authentic experiences, and yet the outcome of those experiences—how they ultimately will come to see themselves—is not something that is yet knowable, not by professionals, parents, not even by the children and youth themselves. Adolescence is a time when young people should be exploring gender and sexuality. This process is dynamic and maturational and may continue to shift and change as they approach adulthood. Affirmative therapy asserts that whether a gender nonconforming child grows up to be gay, lesbian, or bisexual, socially transitions during prepuberty, transitions medically in adolescence, lives as nonbinary, transitions decades later, or identifies as heterosexual and cisgender as an adult, they deserve to be affirmed by their parents as being loved and valued. It is equally true that, regardless of the outcome for the child, the parent may need support in riding the waves of adolescent development and the process of evolution as gender identity emerges, sometimes changes, and then reemerges. Young people’s identities in all areas often shift as they mature, and few parents are prepared to manage these changes, especially when gender is a

major theme. This is when therapeutic work is most helpful—to assist parents in understanding why affirmation and acceptance *are* protective and to help them manage the intense storms that rearing a gender nonconforming or trans child may involve.

In closing, I want to discuss the emergence of three overlapping issues currently affecting the affirmative treatment of trans and gender nonconforming children and youth: the suggestion of social (peer) contagion, the proposal of a new diagnostic category, Rapid Onset Gender Dysphoria, and the emergence of detransitioners.

Affirmative care of gender diverse children is a relatively new sociocultural phenomenon and a burgeoning clinical specialty. It should not surprise us that there is cultural backlash. Anyone familiar with child and adolescent development, especially the maturational process of the frontal lobe, might be concerned about decisions young people make—especially when those involve permanent medical interventions. Of course, some parents express apprehension for their own child's future well-being. Opposition to trans people living their authentic lives is nothing new, and given the obvious vulnerability of children and youth in general, communities of concerned people have formed to challenge affirmative treatment of gender diverse children. I referred earlier to this coalition as “odd” and “motley,” which many colleagues suggested was judgmental language that I should remove, but this coalition is an extremely incongruent group of citizens, having little in common except their resistance to affirming gender diversity in children and adolescents. Conservative religious extremists have partnered with proponents of conversion and reparative therapies, and they have joined a group of gender-essentialists, mostly self-identified radical feminist women who believe that biological sex is innate and immutable and therefore deny transgender identities in adults and children. The only goal of this disparate partnership is to oppose the rights of gender diverse children to live authentic lives with parental and community support.

Online communities of parents, often influenced by gender-essentialist feminists who are specifically concerned with their daughters identifying as trans-masculine, have challenged the upsurge of young transitioners. Their concern is embedded in feminist ideals that girls should be able to be tomboys without being pressured into early medical treatment, an idea that no one disputes. They raise concern about hormone blockers that contradict current medical knowledge. They express concern for what they refer to as the “transgender trend,” the idea that transgenderism is a damaging ideology and experiment, a fad; they resist the development of policies that make schools safer for trans

and gender nonconforming children. Their vitriolic stance, which denies the authenticity of trans youth and attempts to block youth's access to medical care until they are adults, makes it difficult to hear the validity of any concerns they have without defensiveness.

A suggestion has recently emerged from this community for a new diagnosis called Rapid-Onset Gender Dysphoria (Littman, 2017), describing what appears to be the sudden formation of a transgender identity among teenagers. There is, of course, no such clinical entity; it is not recognized in any diagnostic manual used in psychology, social work, or medicine. Littman's published research has evoked much criticism from academics and researchers as illustrating a kind of junk science all too popular today. The study has numerous methodological flaws, including a biased sample: it presents the results of an online survey distributed on websites extremely critical of the concept of transgender children and includes only the parents' opinions of their children's experiences (Tannehill, 2018).

The study states that young people are identifying themselves as trans after becoming part of peer groups of other transgender teens (often online), suggesting (in their parents' view) a kind of contagion effect.

Marchiano (2017), a Jungian therapist, expresses concern that some young people will regret their transitions (and medical treatments). She describes Jung's theory of "psychic epidemics," suggesting that youth experiencing gender dysphoria are actually experiencing a social contagion, transmitted by peer interaction, particularly on the Internet. Indeed, the emergence of a vocal group of detransitioners, people who transitioned as teens and young adults who have now returned to living in their assigned gender (mostly those assigned female at birth), seems to bolster these concerns.

The increase of these critical voices is viewed by many trans activists and allies as a backlash to the gains of the transgender civil rights movement, and indeed they are. But I also think those of us who work with gender diverse children and trans teens need to take these concerns seriously and respond to them effectively.

Transgender adults often state that they were aware of their authentic gender identity from the time they were very young. This has been documented since Harry Benjamin began to assist people in transitioning in the 1960s. Young people today are maturing within a culture more open to discussing gender and gender dysphoria than at any other time in Western history. They are exposed to trans people on television living their authentic lives. They are able to explore their identities, including sexual orientation and gender expression, at younger ages, within communities of peers, online or otherwise. A little-known phenomenon

a few years ago, trans youth are now a visible community. It may appear to be a “rapid-onset gender dysphoria,” but perhaps it is only their coming-out to parents that is “rapid”; perhaps their evolution has been more internal. Some young people may have hidden their gender dysphoria. They may have had a difficult time naming or understanding what they were experiencing, and then read something or talked to someone and come to what appears to others to be a “rapid” realization. In actuality, it might have been a much longer process. It is certainly not new for parents to blame their children’s behavior and experience (especially when it contradicts their own values) on “peer influence.”

And it is possible it was a “rapid onset”; perhaps a young person who never knew the possibility of actualization existed, learned about it online, with friends, and “suddenly” understood something important and deep about who they really are. That is just one of the ways that some (including adults) arrive at their authentic identity. What many trans and nonbinary youth are experiencing is normal, healthy adolescent exploration, experimentation, and identity development. It is just taking place in a different cultural climate, where they are free to explore gender, and, yes, it is certainly influenced by social media. The onset is not so much “rapid” or “trending,” as it is emerging among youths in communities of like-minded individuals; are we confusing social contagion with social support?

Of course, this can frighten parents who worry about whether their child’s declarations about their identity are permanent or will ultimately be harmful for their child. When a teenager who never seems to have struggled with their gender suddenly discloses that they are trans or nonbinary, the parent may worry that this is peer influenced, that their teen wants to make a life-altering decision, one they may come to regret. It is normal for parents to be concerned, and grown-ups know that much will change for their children as they mature. The adolescent brain does not experience the world in the same way as the adult brain; young people “think” more with their amygdala than their frontal cortex—they experience their emotions intensely (Yurgelun-Todd, 2007). The adolescent years are often conflictual, and adding gender dysphoria (rapid or slow onset) to the picture can be destabilizing.

Young people often struggle with identity issues; they can change and shift as they sort through their potentialities. Not all influences, especially those online, seem healthy or in the youth’s best interests. It’s hard to navigate the vast changes that social media have brought to all our lives. Certainly support from peers may influence youth summoning the courage to come out. It is, however, unlikely that a young person would be drawn to these discourses online if they didn’t find something compelling about them, something that has spoken

to them. It is even more unlikely that peer influence would be enough to sustain their gender identity over time, and the vast majority of trans youth do not desist. Gender exploration is part of the social world of youth, and it is essential for parents to see not only the potential danger, but also the infinite possibilities. Youth, as we all know, are the harbingers of the future.

It is important to state that Rapid-Onset Gender Dysphoria is simply *not* a diagnosis. It is not recognized as a real clinical entity within any therapeutic system. It may describe a rare phenomenon by which some young people will be drawn to gender narratives and discussions online and see them as solutions to problems that may have little to do with gender—but that does not make it a diagnosis. Peer pressure can certainly be powerful. Gender exploration may, for some young people, seem like an answer to the complex challenges that all youth must navigate. This, of course, should be explored within families and by therapists as part of a comprehensive assessment before any medical interventions are provided.

In my own work, I help families and teens explore many aspects of identity and gender expression, talk about options for gender exploration, and, most important, help the family maintain stability and support through this sometimes challenging process. This includes exploring youth's online activities, their relationships with their peers, and the challenges they have sharing their lives with family members. It also includes listening to parents' honest concerns for their children and validating them as consultants on their child's journey. Encouraging supportive healthy dialogue between parent and child is essential to the clinical process. Social transitions are completely reversible, although potentially disruptive and confusing. Medical treatment for gender affirmation requires *consistent, insistent, and persistent* gender dysphoria, and, by definition, that assumes that time is a factor in the assessment process (i.e., it is not "rapid"). Of course, young people hate waiting. Patience is not a virtue of most maturing adolescents.

Will some people change their minds? Of course. There have always been adults who regret transition; they represent a small number of people who transition (1–4%). In the past few years, a group of young adults who transitioned during their teen years have transitioned back to their birth-assigned sex, the majority of them assigned female at birth. These detransitioners may represent not so much a newly emerging population as a younger cohort, those who transitioned as teens, and later came to transition back to their birth-assigned gender. To my knowledge, there are no detransitioners who socially transitioned as young children and received medical treatment as adolescents,

who then detransitioned as mature adults. Mostly, those who transition young appear to have stable, affirmed identities through their teen and adult years.

Detransitioners have compelling stories. They often describe unremitting gender dysphoria that transition did not cure. They are in emotional pain about the effects hormones and surgeries have had on their bodies. They raise challenging and critical questions about therapeutic assessments that lacked depth, particularly regarding previous trauma histories. They are sometimes a vocal, angry minority challenging the clinical community, believing they were not adequately evaluated by their therapists or were seduced by peer pressure (or both). Clinicians (and, yes, parents) would be fools not to listen carefully to these voices. Indeed, it should challenge us to ensure careful, holistic assessments, especially relating to issues involving sexual trauma and peer (especially social media) influence.

Detransitioners should not be seen as threats to the trans community or to those of us working in affirmative care. They represent a small number of people who are as deserving of our care as anyone else. It seems logical that as transgender people come out in larger numbers and as gender identities and expressions expand in possibilities, some people will find that decisions made earlier no longer relate to who they are. If people transition younger, they may come to realize this at younger ages than has previously been seen. Most admit to having had gender dysphoria, and many still do. Many found that transition did not fully address their gender dysphoria; that is, they remained uncomfortable with their bodies and their genders regardless of the gender affirmation treatments they accessed or how they modified their bodies and gender expressions. It does not necessarily mean they should have waited (waded) through their youth until they were “old enough” to know. How could they have known without the experiences that led to their current knowledge?

The presence of detransitioners reaffirms the reality that gender can be dynamic and fluid and that identities continue to evolve. Some regret having transitioned, and others view detransitioning more as an evolution, another step in their process of understanding themselves and how they can best live in the world. People who detransition also require support from family, friends, and professionals who serve the trans community. The last thing someone in pain needs is to feel judged and rejected by those who love them. People who are questioning their gender identity—including those who have transitioned—require the same respect and quality care as anyone else.

Young detransitioners raise important questions about the process of gender development, maturation of the adolescent brain, and identity exploration within

a culture of shifting social mores. I think we are wise to listen as carefully to their stories as we listen to affirmed youth. As therapists, we need to embrace the reality that “our clients” are not just children and youth with affirmed identities, but also their resistant (or sometimes overzealous) parents, and detransitioners, who also need our support.

Young people today have the potential to live authentic lives in ways transgender people never have before. This should be celebrated. Anyone who has known trans people who lived for decades with “slow-onset gender dysphoria,” a lifetime of hiding, shame, fear, and self-hatred, knows how important and exciting it is that another generation does not have to live that way. Affirmative therapists can facilitate this process and support all family members in successful transitions, as part of a healthy developmental trajectory. And this includes holding an open and compassionate heart to resistant parents, as well as those who find transition was not the right path for them.

We are witnessing a continuing emergence of gender identities and gender expressions and ways to live in the world that were not possible even a few decades ago. My nibling (both niece and nephew), AJ Rio-Glick, wrote a college thesis on butch identities and female masculinity. They asked: “If butch exists as a very real, yet socially constructed identity, can it exist without the society which constructed it? Or does it become reshaped as society changes over time?” Indeed, I speak with older butch women who say, “I might have transitioned if I were younger today, but the option didn’t exist.” And I speak with young nonbinary folk, whose description of their newly emerging neither/nor identities does not sound so different from the voices of nelly queens and stud bois of a generation before—although of course they are—different narratives and themes emerging in different times for a new generation.

Although I cannot know the outcome for any child or youth exploring their gender, I do believe that those who know the pain of gender dysphoria as well as the joy of gender euphoria are telling the truth about who they are to the best of their knowledge at a particular point in time. Young children who eschew established gender roles, four-year-olds who insist, “Stop saying I’m a boy, I’m a girl with a penis,” nonbinary preteens, trans boys and girls, are not on this journey because of peer pressure, though they may be under the influence of peer support. Most will persist, some might desist, all will continue to evolve. If we listen deeply, they can teach us a lot about gender diversity and the endurance of family.

AndreAs Neumann Mascis in this book writes: “For cisgender parents, gender identity congruence is an aspect of experience that exists like the functions of the autonomic nervous system, so innate and so easily taken for granted that

unless there is a problem, there is hardly reason to be made conscious of it.” Having gender nonconforming and trans children can be a consciousness-raising experience for those parents willing to walk that journey with their child.

As a family therapist, I often work with families on and off over long periods. Parents often seek me out when they recognize a young gender creative child. Sometimes I do not even meet the child for many years. Often the children are blissfully happy if their parents are supportive, at least until they enter school, or as they are becoming preteens and adolescents, entering puberty, and becoming more conscious of gender, the outside world, and their place in it—a time when gender dysphoria often increases and social and medical transitions become the focus of the family. I see this as ongoing clinical work over the course of childhood and through maturity. Although gender nonconforming children and youth may have many challenges, the more their families are supportive, the easier their journey will be.

Many years ago I worked with a conventional, traditional father who struggled with his female child’s decision to remove their breasts and have a male chest constructed. The dad was opposed to this for many reasons politically and religiously, but mostly he simply couldn’t understand why his “beautiful daughter, who loved hand-making her own dresses” would want to “mutilate her body.” Indeed, in the days before nonbinary identities were articulated, his child was a bit confusing clinically. Eschewing male *and* female pronouns, dressing very femininely, they were clear, “I have beautiful breasts; they just don’t belong on my body.” The father came into therapy with a copy of the book *GenderQueer: Voices from beyond the Sexual Binary* (Nestle, Howell, & Wilchins, 2002) under his arm, an odd juxtaposition with his conservative suit and tie. He struggled to understand his child: “How is she . . . I mean he . . . I mean they . . . going to have sex with her . . . his . . . their girlfriend? Their girlfriend is not a lesbian. I think she wants to be with a man. My daughter does not have that plumbing. I just don’t know what to do . . .” He was forlorn and confused, head held in his hands, embarrassed to be having this conversation, a crumbled mess sitting on my couch. I said, “Dad, you know, your kid is 19 years old. However they work out their sexuality is not really something you have to fix. It has nothing to do with their gender or plumbing . . . sex is just kind of a private adult thing.” He looked at me, with a glimmer of hope in his eyes, “You mean I don’t have to fix this . . . I can let go.” “Yes, Poppa, you can let go. They’ve got this.” I had no doubt that they did.

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