

When a child first tells their parents that they're transgender or nonbinary, their parents have questions—often these 10.

WHAT
PARENTS
OF

TRANS KIDS
WANT
TO KNOW

BY **DEVON FRYE** • PHOTOGRAPHY BY **KHOLOOD EID**

When Noah Stutman, now 15, first felt the pangs of gender incongruence, "It was really confusing," he recalls. "I wasn't quite sure what I was feeling, other than *this is not my body*." He grappled silently with his dysphoria, unsure what it signified—until he saw a presentation on gender fluidity as part of his school's Pride Day programming. "It opened my eyes."





His parents, Dana and Michael Stutman, have been supportive from the start. “But it’s been a new experience for all of us, and there’s been some trial and error,” Noah says—including some early instances of misgendering and misnaming that frustrated him. But these incidents have grown less frequent with time—and the changes Noah’s parents have seen since his coming out have been gratifying. Before, he was reticent, even shy, Dana says. “Now he’s happy—gregarious. He’s become a very confident, well-adjusted kid.”

“Is this real?”

That was the first thought to course through Dana Stutman’s mind when her youngest child, Noah, disclosed to his parents that he didn’t feel like a girl, though he was assigned female at birth.

Dana, the daughter of an endocrinologist, understood more than many that some people experience deep discomfort with the sex they were born as and seek treatment to rectify the disparity. Still, the incongruence experienced by her father’s patients felt abstract and unknowable—until she heard the child she’d spent nearly a dozen years raising express the same kind of distress. “Until you experience it personally, the reality of it is hard to grasp,” says Dana, who lives with her family in New York City. “Accepting it takes a leap of faith.”

In recent years, hundreds of thousands of children and teens in the U.S. alone have shared that their internal experience of their gender, known as gender identity, does not align neatly with the physical sex characteristics they were born with. Some, like Noah, are transgender: Their physical and felt genders do not match, and they take any of an array of steps to change their gender expression. Others are nonbinary: They don’t identify with either the male or female end of the gender spectrum. Still more are genderfluid: The gender with which they identify is flexible or changing.

Their parents, by and large, want to do right by their kids. They also want to protect them from a world that can be actively hostile to those who don't fit societal expectations of how men and women should look and behave—all while trying to make sense of a highly polarized public conversation around gender diversity and what gender-questioning kids do or do not need.

After speaking to pediatricians, endocrinologists, psychiatrists, and psychologists, those doing research and those on clinical front lines, *Psychology Today* has culled the most pressing questions parents have—and the experts' answers.

QUESTION 1:

Did we cause this?

OFTEN, EVEN THE MOST SUPPORTIVE parents can't shake a nagging question: *Was it something we did?* “Our unconditional answer is ‘absolutely not,’” says Daniel Shumer, a pediatric endocrinologist at Mott Children's Hospital and associate professor at the University of Michigan in Ann Arbor. “Gender identity is not something a parent can cause to be different or to change.”

A better question for parents to consider: *Why am I asking this?* At the question's root is often a desire to explain what feels, at a gut level, like an aberration, says psychologist Laura Anderson, who works with gender nonconforming kids in her Hawaii practice. “We cannot minimize the lifetime of conditioning against this,” emphasizes Ken Page, a New York-based psychotherapist.

Some parents thus probe their family structure or belief system in search of the one thing that lies at the root of their child's gender distress: a distant same-gender role model, perhaps, or previously unknown abuse, or overindulgence run rampant. “A lot of energy goes into ‘How do we explain what's wrong here?’” Anderson reports—a pursuit that can be hurtful to children, who desperately seek parental validation and are skilled at recognizing when they're not getting it.

It's also, ultimately, a pointless pursuit. There is no specific parental decision or behavior that leads a child to become transgender or nonbinary. “This is who

your child is as a person,” says Melissa Cyperski, a psychologist at Vanderbilt University Medical Center's Pediatric Transgender Clinic. “It's not something that *happened* to them.”

QUESTION 2:

What causes this?

IT MAY NOT SATISFY PARENTS to hear that the process underlying gender fluidity remains little understood, as do those underlying gender identity in general. Genetics are likely implicated, says Shumer, as well as hormonal exposure in the fetal environment. But ultimately, gender identity is “a characteristic that normally exists in a diverse way across the human condition.” Gender diversity has always existed; it shows up across cultures and is not unique to today's youth.

gender and sex assigned at birth may not correspond, and that one doesn't need to fit into a particular stereotype, is a much more dominant view now” than it was even a few years ago, she says. “This has caused a lot of people to pause and think more critically about who they are—not who they were told they are or who they think they should be.”

This more nuanced understanding has paralleled heightened visibility: TV shows; covers of *Time* magazine; congressional confirmation of the first openly transgender government official (Rachel Levine, U.S. assistant secretary for health). That representation, says Cyperski, helps create a sense of safety and confidence, and it can put language to a child's experience that they may not have had before.

The increased visibility has a down-

A deep knowledge
of what it feels like to be
gender diverse is not
a prerequisite for
supporting a child
through a transition.

Why, then, do gender nonconforming kids seem to be everywhere now? A recent report by UCLA's Williams Institute found that approximately 300,000 U.S. youth currently identify as transgender, nearly twice as many as previous estimates. That increase may be only apparent due to improved data-gathering, the report's authors suggest; the Centers for Disease Control began asking teens to report their gender identity only in 2017, as part of its Youth Risk Behavior Survey.

What has shifted is cultural perspective on gender identity, says psychologist Melina Wald, clinical director of the Gender Identity Program at Columbia University Medical Center. “The understanding that gender is on a spectrum, that one's

side—it has stimulated fears of contagion, that “transness” can spread from person to person and that teens are especially vulnerable. It's true that a child may see a trans or nonbinary peer and recognize something that resonates with them, Anderson says. But the idea “that social influence can make a child start a journey that was never going to be theirs—and *stay on it*—is a myth.” Wald notes: “The social contagion theory is not supported by scientific evidence.”

QUESTION 3:

Is it just a phase?

PROBABLY NOT. IN A SAMPLE OF more than 300 transgender youth, 94 percent continued to identify as transgender

after five years, according to a study published recently in *Pediatrics*. Just 2.5 percent had reverted to a cisgender identity; the remainder identified as nonbinary. It does seem to be more common for a child's gender identity to settle somewhere else on the spectrum than they originally thought than for a child to cease identifying as gender diverse altogether, Wald says, though more is currently known about younger children than older ones.

As for the handful who cease identifying as gender diverse, Anderson notes, adolescence will always be a time of trying on new selves. "There are kids for whom this gender question is part of identity-seeking. They're listening to peers' stories and wondering, 'Does this resonate with me?'" Teenage rebellion or familial power struggles may fuel a rare case.

Whatever the child's motive, a parent's approach should be basically the same: Get the help of an experienced professional, give the child time and space to explore their feelings, and keep up a dialogue. Wherever the child ends up on the gender spectrum, Anderson says, they'll be better off having had their parents' support and acceptance along the way.

QUESTION 4:

Why now?

THERE'S A WIDESPREAD MIS-conception that "legitimate" trans people always know—and express—their gender identity from the moment they can walk and talk, notes Cyperski. In reality, someone may realize or come to terms with their transgender or nonbinary identity at any point across the lifespan.

That said, clinicians do tend to see two broad peaks of gender exploration. One is indeed early childhood: "For some children who very strongly identify with the other gender, it becomes clear to them at a very young age and they're able to express that at 5 or 6 or 7 years old," Shumer explains. Such children may start dressing in the clothes of their preferred gender or using a different name—social transitioning—early on.

The second peak occurs around puberty. Someone born female may experience sharp psychological discomfort with their first period; someone born male may

struggle to reconcile their internal self with the first sprouts of facial hair. The propensity for puberty to trigger dysphoria is a key reason pubertal blockers are often a first-line treatment.

Family norms, gender expectations within a community or culture, religious conflicts, social stigma, or a fear of rejection could keep kids from confiding their gender distress until they are past puberty, Cyperski explains. Sometimes they don't have the terminology to describe their experience. Sometimes, it takes meeting another gender nonconforming person.

Noah, now 15, explored his gender surreptitiously at first, unsure where on the spectrum he fell. He tried out various pronouns among his friends—and when someone called him "he" for the first time, "it felt amazing," he says. Shortly after, on a family trip upstate, one of his parents called Noah by his female birth name.

name, clothes, or physical features.

Dysphoria can look like depression, anxiety, or anger, Shumer says, or may manifest as self-harm. Kids may struggle socially or academically. Dysphoria can also lead to increasing discomfort with the physical body; a child may become anxious about showering, for example, or start refusing to change for P.E.

Gender dysphoria is hard to describe, even for some people who experience it, and it can be especially challenging for cisgender parents to make sense of. To Wald, clients have described "a sense of being disconnected from their bodies" or "feeling as though the reflection in the mirror or what they see when they look down doesn't match who they are." The pain of such incongruence may be exacerbated by social interactions that further highlight it—and it's often soothed by taking steps toward transition, whether socially, by

Stay focused on your whole child, too, not just their gender. Otherwise the child ends up feeling as if their whole experience is reduced to being trans.

Hearing himself addressed like that "really didn't feel right. I realized then that I had to tell them that I was a boy."

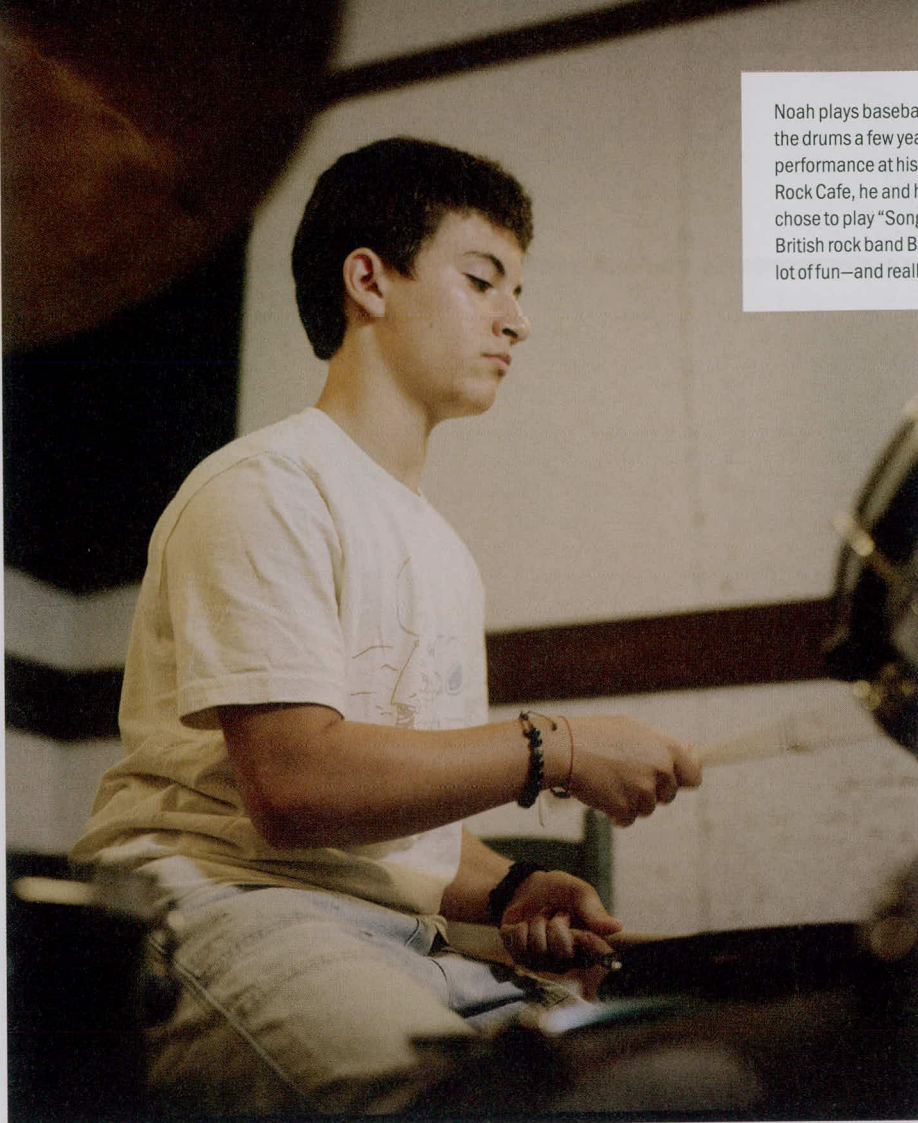
QUESTION 5:

What does this mean for my child's mental health?

CHILDREN WHOSE INTERNAL gender identity doesn't align with their assigned sex typically experience a pronounced feeling of discomfort or distress—what's known as gender dysphoria—combined with a desire to be rid of the characteristics that don't match what they feel inside, whether that's their

using a different name or pronouns, or medically, by taking gender-congruent hormones or pursuing surgery.

It's also not uncommon for transgender and nonbinary children to experience concurrent mental health problems, though not all of them do, notes developmental psychologist Sabra Katz-Wise, an assistant professor at Boston Children's Hospital, Harvard Medical School, and the Harvard T. H. Chan School of Public Health. "The research indicates that transgender and nonbinary youth have heightened risk of depression, anxiety, self-harm, suicidality, and PTSD."



Noah plays baseball and took up the drums a few years ago. In a recent performance at his summer camp's Rock Cafe, he and his bandmates chose to play "Song 2" by the British rock band Blur. "It was a lot of fun—and really, really loud."

When gender dysphoria co-occurs with another mental health condition, or other sources of distress like poor body image or low self-esteem, it can be hard for parents to tell which came first—and tempting to blame the former on the latter.

Their concern is understandable, says Anderson. Taking any steps toward transition can feel risky, especially to families in less accepting communities or those where seeking care may soon be illegal. If treating another mental health condition could resolve their child's gender-related distress—and avert the risks of transition—who wouldn't do so? "Most parents wouldn't choose for their kid to be the target of bigotry," she observes.

Just as there are kids who are exploring aspects of their identity but ultimately realize they're cisgender, she says, "there

have been kids [in my practice] who needed other things than gender transition in the long run." But they are a small subset. Teasing gender queries apart from other concerns requires a clinician who does an in-depth evaluation of the child's identity, experience, and mental health and helps them explore whether any physical discomfort is gender-specific or reflects broader teen angst with a changing body.

Taking steps toward social transition, like using a preferred name and pronouns, can help parents better understand the nuances of their child's distress, adds Laura Kuper, a child and adolescent psychologist in Dallas. "Do those changes seem as if they're helping with their mental health difficulties?" Kuper notes that while transitioning can't always be expected to resolve mental health con-

cerns, available data suggest that having pronouns respected dramatically reduces suicide risk among gender diverse youth.

QUESTION 6:

Does this mean my child will need surgery? Do we have to start hormones right away?

NOT NECESSARILY. "THERE'S not a one-size-fits-all treatment," says Shumer. "Each of these things—social transition, hormonal transition, and surgical transition—is just a tool in our toolkit that could be used in the treatment of gender dysphoria." Only a minority of transgender men, for example, opt for bottom surgery, surgery on their geni-

10 QUESTIONS *continued on page 44*

Why Some Personalities Stay Sharper

Knowing that personality affects fluid reasoning can help you pinpoint your own cognitive profile.

WE ALL ASPIRE TO HAVE, AND MAINTAIN, a sharp, quick, and accurate mind. The aspect of intelligence known as “fluid ability” reflects the capacity to generate a variety of ideas and find novel solutions to problems. For example, if asked to come up with as many words as possible that begin with the same letter, the more words you can generate, the more flexible your mind.

Psychologists typically perceive cognitive abilities as driving fluid intelligence, but recent research suggests that personality may also play an important role.

Angelina Sutin of Florida State University and her colleagues noted that aging typically brings on a decline in fluid intelligence, but that it’s not inevitable; in fact, personality might just be able to compensate for the decline.

People higher in the personality trait of conscientiousness, other research has shown, tend to perform better than others on memory tasks, at least partly because they’re more likely to be well-organized and hardworking. Meanwhile, people high in neuroticism may perform more poorly on cognitive tests because they are too anxious to fully focus. And people high in openness to experience may perform more strongly on tests that benefit from a creative and unconventional approach. Evidence is mixed or lacking on the traits of extraversion and agreeableness.

The research team proposed that verbal fluency should be supported by the personality traits of openness to experience, extraversion, and conscientiousness and hindered by neuroticism: If you enjoy playing with ideas, aren’t afraid to make a mistake, talk a lot, and are able to inhibit responses that don’t fit the category, you should score well

on verbal fluency. To the extent that these traits also benefit your overall health, all the better.

After examining reports from more than 90,000 international participants, the team found that, as they expected, verbal fluency was lower among those with high neuroticism scores and highest among individuals with greater openness to experience, conscientiousness, and extraversion. (Agreeableness was not consistently related to fluency.) The connection between openness and fluency held even after controlling for participants’ levels of education, the authors noted, suggesting to them that it reflected an association that began in childhood.

It would seem that, starting at an early age, highly open people spend more time reading, which benefits their lifelong fluency. As for extraverts, they tend to talk more, so when prompted, they don’t hold back on coming up with a slew of verbal associations. People high in neuroticism may use fewer words, in part because they worry more about being put on the spot.

These findings support the notion that personality can influence cognitive ability, and they emphasize the importance of considering personality as a key aspect of mental training as you age. Personality traits may seem resistant to change, but when you understand their potentially beneficial aspects—in the case of mental acuity, allowing your mind to wander, training it through reading, or just enjoying occasional flights of fancy—you can commit to working on them and, over time, become better able to maintain your mental muscles.

—Susan Krauss Whitbourne

talia. But for others, starting hormones or eventually embarking on a path to surgery effectively resolves dysphoria.

A child’s personal hopes for transition—a deeper voice, say, or a more feminine face—influence treatment choices and timing. But age and stage matter, too. “If a family is interested in pubertal blockers, we need to keep a close eye on when the child is entering puberty,” Cyperski says. “The sooner we catch early signs, like hair and breast growth, the more likely we are to prevent further development in the sex assigned at birth.”

At first, Noah and his parents didn’t see eye to eye on hormones. “I said, ‘You’re not going on testosterone until you’re 18,’” Dana recalls, not wanting to rush any medical decision. Noah pushed back: “To me, it felt like she needed to wait longer to make sure I was *actually* a guy.” He compiled research; they spoke to doctors. “But in the end, I think what convinced her is when I told her I could no longer shower with the lights on.” He began testosterone this summer.

A planned revision of the Standards of Care, treatment guidelines developed by the World Professional Association for Transgender Health, due out later this year, lowers the recommended minimum age for hormone treatments from 16 to 14. This is an acknowledgement, says Kuper, a contributor to the nonbinary chapter of the Standards, that “it can be really difficult to go through puberty out of sync with your peers.” Taking estrogen or testosterone can go a long way toward helping trans teens fit in.

One aspect of care that many clinicians consider nonnegotiable is therapy. “For a teen going through many changes and much complex thinking, having a neutral person to explore with can be extremely helpful,” Shumer says. A comprehensive mental health evaluation is a key component of the Standards of Care.

QUESTION 7:

What if my child changes their mind or has regrets?

BEHIND MANY PARENTS’ QUESTIONS is the concern: *What if my child re-*

gets this later? “Parents are reluctant to say no to too much because they know their child needs support,” Anderson says, “but they also don’t want to say yes too quickly” for fear that their child will change their mind in the future and end up harmed by their attempts to change gender. “They’re afraid that by saying yes to a name, a pronoun, or a new soccer team, they’re being sucked into a wind tunnel that always leads to medical intervention. It feels more protective to say no.”

No clinician, of course, can guarantee that a child won’t have regrets. “There isn’t ever going to be 100 percent certainty,” says Kuper; it’s the nature of almost any big decision. But available data suggest the odds of regret are low.

Most research on post-transition feelings has focused on adults. A 2021 meta-analysis published in the journal *Plastic and Reconstructive Surgery*, for example, found that just 1 percent of nearly 8,000 patients who were followed for up to nine years after gender-affirming surgery expressed regret. In the limited data on teens, a 2022 study examining more than 200 trans adolescents who underwent mastectomy found that fewer than 1 percent regretted doing so.

Data don’t always soothe a parent’s fears, but what may help is knowing that transitioning is not like flipping a switch. “It’s a gradual process, taken step by step,” says Kuper; treatment can be stopped at any time if the child no longer feels comfortable with the changes they’re seeing. Some medical changes, like vocal shifts resulting from testosterone treatment, are generally permanent, but plenty of others, like puberty or menstruation suppression, are reversible.

Still, embarking on a gender transition, especially one that involves medical intervention, requires parents to gracefully live with a certain amount of uncertainty—a monumental task for anyone. How can they do it? “The simplest answer, and the only answer: with support,” says Page. “We really emphasize the parent support group in our clinic,” Wald says. “It does wonders in helping parents be together in a community and learn from other families who are also trying to do what’s best for their child.”

QUESTION 8: Is it OK if I feel sad or confused?

UNEQUIVOCALLY, YES, ANDERSON says. “Many parents experience a deep sense of loss around their own expectations of who they thought their child would be.” Countless family and cultural traditions—quinceañeras, bar and bat mitzvahs—are inextricably tied to gender. Parents may have warm memories of spending time with their same-gender parent and imagine doing the same with their child; fathers picture walking daughters down the aisle. Coming to terms with a child’s gender identity often means letting those expectations go, a process akin to grieving and just as worthy of support.

“I don’t think we always realize how much into the future we project for our child.” Dana remembers confiding to a friend, “I saved my wedding dress for Noah because I thought he’d wear it when he was a she.” The friend laughed and said he probably wasn’t going to wear it anyway. “You’re just grieving your own idea of who the child is,” Dana says. “Noah’s still the same kid he always was. He’s just a better version of himself now.”

Parents often feel the need to shield their child from their own complex feelings, and it’s certainly wise that they not say hurtful things as they work through their own grief, says Cyperski. “But it’s also OK to let children know, ‘We may not understand yet, but we’re working on it.’” Emotional support and transparency underlie successful gender transitions.

QUESTION 9: When should I tell my child’s school or our family and friends?

WHETHER AND WITH WHOM parents share their child’s gender comes down to two factors, Cyperski says: the child’s comfort level and readiness for disclosing, and their safety. “I can’t emphasize enough the importance of collaborating with your child in all these decisions.”

When a child is ready to disclose, particularly at school, parents should be advocates, Katz-Wise says, ensuring that schools use the child’s preferred name and pronouns and allow for other needed ac-

commodations. A parent’s intervention can turn a dysphoric school setting into a comfortable one.

Especially in less accepting communities, respecting a child’s wishes might mean waiting to disclose, either briefly or indefinitely. If a child is bullied for their gender, that may change parental calculations. “But it’s still important to move forward in a way that respects a child’s wishes,” says Cyperski. Asking them who at school they feel safest with and developing a plan together gives kids an opportunity to stay involved and retain some control over the disclosure.

It’s equally important not to move too quickly, says Katz-Wise. Some parents jump to correct others who misgender their child, but “that may not feel supportive to a kid who doesn’t feel safe being outed” to that person. The goal of disclosure should be what’s best for the child, not what’s easiest for the parent.

QUESTION 10: What is the best way to help my child right now?

“IT REALLY COMES DOWN TO listening to your child,” says Katz-Wise, “and treating them as the expert of their own experience.” Wald also encourages parents to read accounts of dysphoria and transition written by trans people—but in the end, she says, it may be best to accept that there “may be parts of this experience that they’ll never fully understand.” A deep knowledge of what it feels like to be gender diverse is not a prerequisite for supporting a child through a transition.

Stay focused on your whole child, too, not just their gender. Talk about what they’re reading, or anything else they like to do, says Katz-Wise. Otherwise, “the child ends up feeling as if their whole experience is reduced to being trans.”

And don’t forget the joy. Beyond parental concerns and fears, a child’s gender transition can be an awakening; parents report learning things about their child that they didn’t know they didn’t know and watching them bloom in ways they never imagined. Says Wald: “It’s truly a magical thing when a child becomes who they’re meant to be and starts to be alive in a way they didn’t seem to be before.” ■

Copyright of Psychology Today is the property of Sussex Publishers LLC and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.