

GENDER JOURNEY

Understanding

TRANSITION

Envisioning the Future
Support

Central Toronto Youth Services

FAMILIES
IN **TRANSITION**

WORKBOOK

FOR PARENTS & CAREGIVERS

FAMILIES IN TRANSITION
Workbook for Parents & Caregivers

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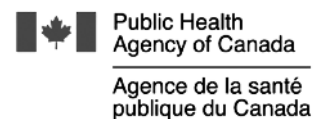
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And to all the youth, parents, and caregivers who have trusted us with their stories and journeys





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WELCOME

TO FAMILIES IN TRANSITION!

Dear Parents and Caregivers,

If you are reading this workbook, then it's likely that you are currently raising a young person who is trans and/or exploring their gender identity. Welcome to this journey! Supporting a youth through their process of gender exploration can be an incredibly rewarding and exciting experience. However, it can also be very stressful (as you may already know!), because most adults in our society have not been given very much good information or support when it comes to gender diversity and parenting.

Some of you may have never learned anything about trans or gender diverse people while you were growing up – and some of you may have only heard stereotypes or negative ideas about trans and gender diverse people. Even today, in a time when gender diversity is being represented more than ever in the media, there is a great deal of misinformation and fearmongering about what it means to be trans. It can feel overwhelming and isolating for parents and caregivers to sort through all of these social messages in order to understand how to best support their youth.

Families in Transition was created by Central Toronto Youth Services, an accredited children's mental health center in Toronto, to help parents and caregivers get the information and support they need. Our goal is to help you maintain a close, healthy relationship with your child, regardless of what path their gender development takes – because both science and common sense tell us that the most important factor in a young person's mental health is their relationship with their family.

This workbook was created to be used as a teaching tool as a part of the Families in Transition Group Program, and you'll likely get the most out of it by doing the exercises and readings with one of our groups. However, most of these activities can also be done alone, or with the guidance of a social worker, counselor, or other mental health provider. It's important to remember that if you have serious concerns about the mental health of your young person or anyone else in your family, it is best to seek professional support.

We believe that all trans and gender diverse young people are capable of living rich and meaningful lives – and also that they are capable of incredible achievements. This is especially true when their families take the steps necessary to provide them with supportive, loving environments. We hope that this workbook, and our program, will be of assistance to you as you continue to find the best ways of supporting and loving your own youth through all of the twists and turns that this journey may take. Thank you.

Sincerely,

The Families in Transition Team



WORKBOOK

USER GUIDE

This workbook is a teaching tool for the FIT Group Program, but it's also designed so that you can use it on your own. If you're not about to start the FIT Group, there are a couple of options that you could take:

1) You could do the activities in the workbook on your own. All of the readings and exercises can be done solo, at your own pace. The book follows a specific order of topics, but you can technically also pick and choose the exercises you want. (If you're a therapist or counselor reading this, then know that you can also select specific exercises/units for work with your clients!) If you find that the book is bringing up a lot of powerful feelings for you that you're having a hard time managing, we strongly recommend talking to a professional or adult you trust before continuing.

2) You can also do this book as part of a "DIY Families in Transition Program." This means that while you complete this workbook, your trans or gender questioning youth will be completing the FIT Workbook for Youth. Both of the books have 10 units each, so you should be working at relatively the same pace, i.e., you'll finish your Unit 1 at the same time as your youth finishes their Unit 1. Some of the units are very full, while others are lighter, so feel free to skip exercises here and there. At the end of each unit, discuss how things are going. We suggest 1-2 weeks per unit. Again, if it seems like there are strong feelings coming up that are difficult to manage, we suggest asking for the help of a therapist or counselor.

The graphic features a background of bare tree branches in shades of grey. Overlaid on this is a dark grey rounded rectangle containing the word "UNIT" in large, white, bold, sans-serif capital letters. To the right of "UNIT" is a dark grey circle containing the number "1" in white. Below this rectangle is a dark grey horizontal bar with the words "GETTING STARTED" in white, bold, sans-serif capital letters.

UNIT 1

GETTING STARTED

HOPES & FEARS

Here in the FIT Program, we have found that most of our first conversations with parents and caregivers involve hopes and fears – often with an emphasis on fears. We believe it’s important to acknowledge these worries and create a supportive framework for you to express them safely, *without your young person present*. However, it is also extremely important to create space for *hopes* and the many potential positive outcomes of your young person’s gender journey.

NORMALIZING WORRY

It is perfectly natural for to have worries or fears when your children or youth are going through a major change – what parent *wouldn’t* worry when their child was about to attend a new school, start a new romantic relationship, or make any other major life decision? Gender exploration and transition can involve some big decisions and changes, so these understandably bring up worries for some parents and caregivers. By understanding worry as a natural part of child-raising, we can allow these fears to exist without sensationalizing them or letting them take over the process.

SHINING A LIGHT ON HOPE

When we worry about a young person who is growing up and making changes in their life (as every young person eventually does), we usually also have a lot of hopes about that – we *want* young people to change and reach their full potential! Taking meaningful risks often comes with rewards. Unfortunately, when it comes to gender exploration and transition, our society often focuses only on the risks and potential negative outcomes – even though the majority of trans and gender diverse people describe their experiences as positive.

Some rewards associated with gender exploration and/or transition *may* include:

- Better self-understanding and self-expression
- Feeling more authentic about oneself and feeling more connected to others
- Reduced feelings of gender dysphoria (discomfort with one’s gender)
- Experience of gender euphoria (feeling good and happy about one’s gender)

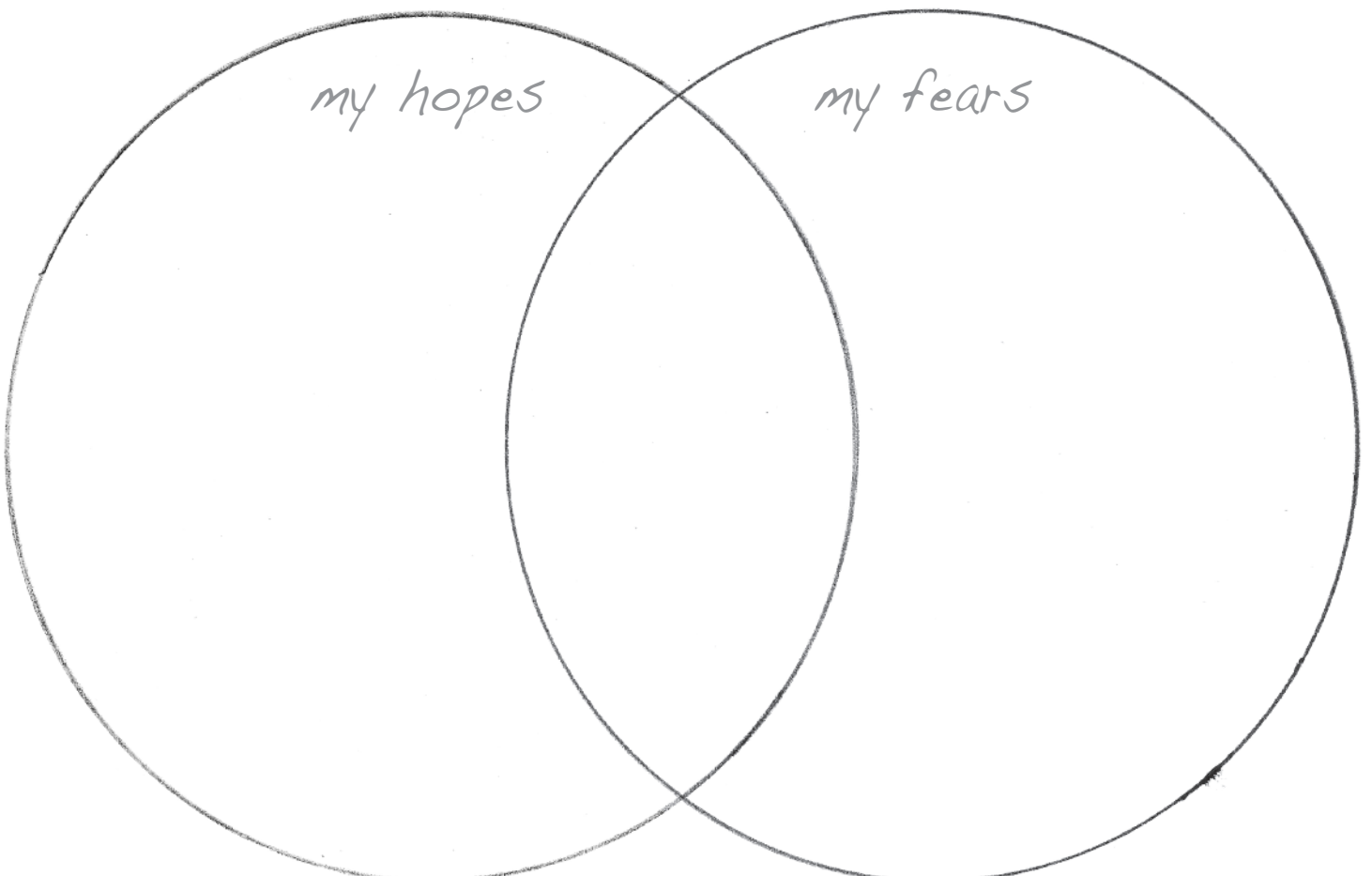
REMEMBERING THE PRESENT

It can be very easy to get lost in worries about the future – especially when social stigma and transphobia (negative social attitudes about transgender people) tell us that all trans and gender diverse people are unhappy (which is not true!) and that all trans people follow the same life path (also not true!). Parents and caregivers may have certain assumptions about what the future will look like for their young person, which can increase anxiety. Remembering to stay in the present can be helpful, as can remembering the following:

- Almost all young people explore their gender in some way (even if in very small ways), and this is natural and healthy
- Not all trans people want or need gender-affirming medical procedures, and the vast majority who do are satisfied with the results
- Exploring gender and/or transitioning does not mean that your young person will or won't have a romantic partner or children; not everyone wants or needs to have romantic partners or children to be happy; many trans people do have happy partnerships and children
- It's not possible to know or control your young person's future, but the most important thing for their mental health is to feel supported in their relationship with you, which is something you have (at least some) control over

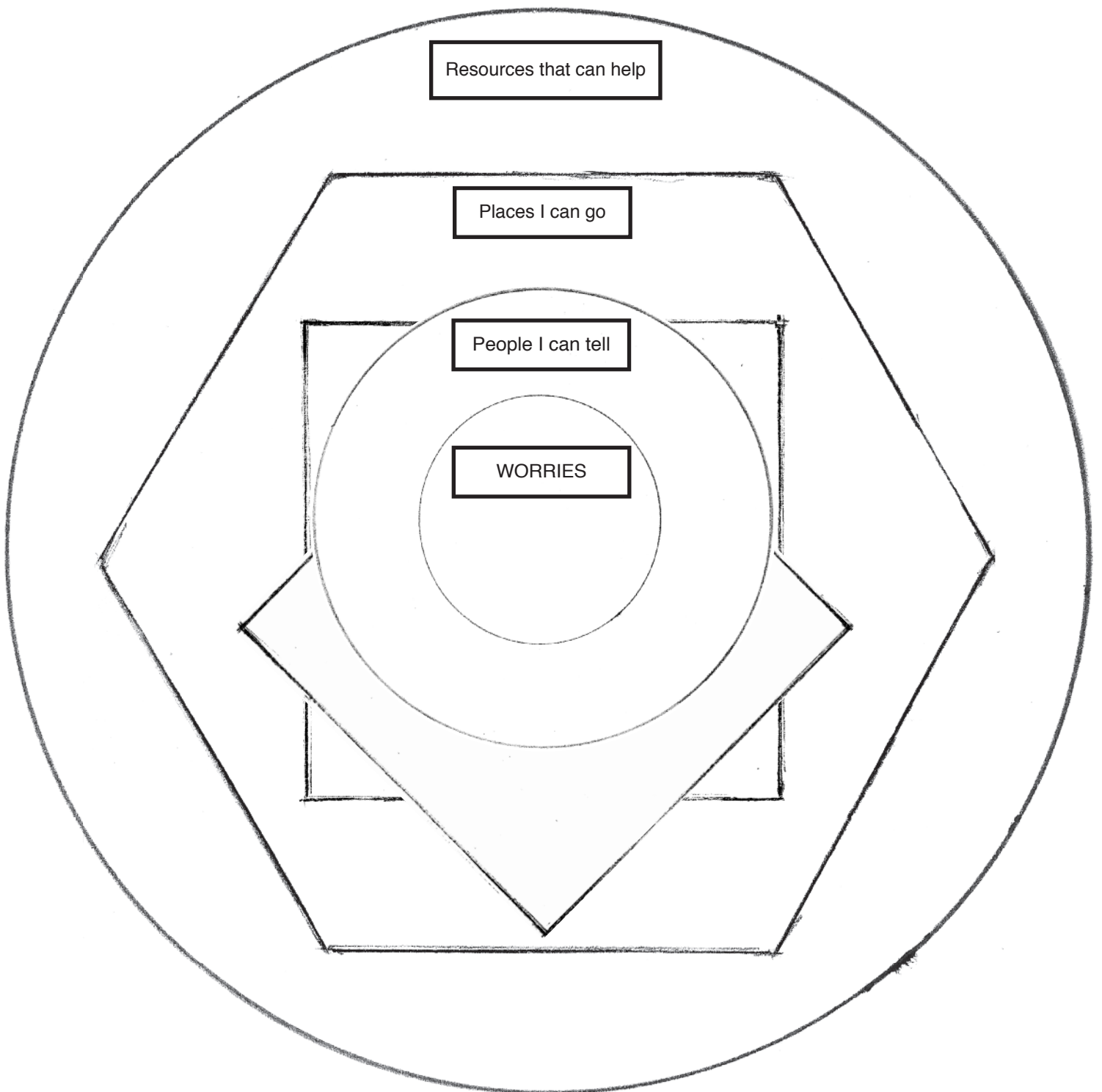
THE HOPES AND FEARS VENN DIAGRAM

What are your hopes and fears for your young person's gender journey? Take a moment to write them down in the circles below. Notice that the circles overlap. Are there fears that are also hopes? What do you need to turn your fears into hopes?



A SAFE PLACE FOR WORRIES

As parents and caregivers, you probably have been told before that you shouldn't pass on your worries, fears, and anxieties to your children. This is true, but it can also be a lot to ask in a society where most parents are overworked and under-supported! Worries often need to be shared so that they become lighter and easier to carry. Use the diagram below, or another method that feels best to you, to list some people, places, and resources that help you to manage worry. For example, close friends, therapists or counselors, place of worship (if you are religious), parks and other places where you can be in nature, helpful websites and online groups, etc.



THE ABCs OF SUPPORTING YOUR TRANS YOUTH

- 1. AFFIRM GENDER EXPLORATION: Gender exploration is a normal and healthy part of human development.** Almost all human beings will experience some amount of change in the way that they feel and express their gender over the course of their lives. Some people will shift their gender identity from one category to another, some will identify as non-binary or agender, some will experiment with a number of gender identities and expressions before returning to their “original” gender identity, and some will remain gender “fluid.” People can live happy, healthy lives no matter what shape their gender “journey” takes.
- 2. ACKNOWLEDGE TRANSPHOBIA & TRANSMISOGYNY: Transgender, non-binary, and gender nonconforming individuals experience discrimination and prejudice in society, which can cause mental health issues.** Historically, governments, medical systems, and individuals have perpetrated harmful laws, policies, and behaviors against people who did not conform to gender norms. This continues in some forms today, including discrimination in healthcare, housing services and employment. As a result, trans, non-binary, and gender nonconforming people as a community are more likely to experience mental health stress.
- 3. BE FULLY SUPPORTIVE: Parental support is the biggest factor in determining a trans young person’s mental health and quality of life outcomes.** Research shows us that when trans youth feel *fully* (rather than “somewhat” or “not at all”) supported in their gender exploration, identity, and expression by their parents, they are dramatically less likely to develop suicidal thoughts and other mental health issues. They are also more likely to have positive health and life outcomes in almost every aspect of life.
- 4. BUILD CLOSE RELATIONSHIPS: Developing a close relationship with your trans youth through being curious, open to change, and letting them direct their own gender journey is the best way to help them feel fully supported.** Parents don’t need to “know everything” about gender identity and gender transition in order to be supportive. The best way to make a trans young person feel supported is to be curious about their unique experience, to be open to changing your own behavior when they ask for it, and to make sure that their individual pace and choices are honored and respected.



- 5. BECOME AN ADVOCATE: While you can't always make sure that everyone will be understanding of your trans youth, you can help protect them by becoming an advocate for their rights at school, work, and in your community.** Parents can play a key role in improving their trans young person's experience by becoming an advocate for their rights. Parents may come to this role with their own experiences of discrimination, barriers, resilience and self-advocacy – and this is extremely valuable!
- 6. CARE FOR YOURSELF: Parents need to be aware of how their own emotions affect their relationship with their young person.** Stress, shame, anger, and worry can get in the way of parents being able to communicate effectively with their trans youth at a time when communication is essential to building a supportive relationship. Parents can avoid this by being self-reflective and kind to themselves, and by getting their own supports.
- 7. CREATE HEALING MOMENTS: Hurtful moments need to be addressed and repaired.** Coming out and transitioning can be a stressful time for the whole family, and sometimes parents do or say things that are unintentionally hurtful – for example, telling trans youth that they are not “really” trans, telling them to behave in a gender-conforming way, or repeatedly using the wrong names/pronouns. Avoiding the topic of a trans young person's gender and shutting down conversations can be equally hurtful. These moments “live on” in the hearts of trans young people, impacting their relationships with their parents and the world. Compassionate conversations that revisit these moments, validate the young person's feelings, and commit to change in the future can repair these emotional wounds.
- 8. CENTER INFORMED CONSENT: Medical transition is a big decision with potential benefits and risks that can be navigated through informed choice.** Young people need to make many big decisions with potentially permanent consequences as they grow up: choosing careers, entering romantic relationships, purchasing property, and having children are just a few examples. Medical transition is a similarly big choice. Young people need to be supported by parents and professionals who give them good information about the risks and benefits of each procedure and equip them to make their own decisions that they are happy with, free from external pressures.
- 9. CHOOSE “MEANINGFUL” OVER “EASY”:** Because of the society we live in, trans lives are not always easy ones. However, with strong family and community support, trans people can develop incredible resilience and creativity in order to lead rich and meaningful lives. Of course, most parents want to protect their young people from having to face hardship – this makes sense. However, living an easy life and a meaningful life are not the same thing. Trans people may not have the option of an easy life, but trans history, culture, and community demonstrate that resilience, creativity, and happiness with life can grow in adversity.



BINGO

We use this game as an “ice breaker” in the FIT Group Program. However, if you are working through this book outside of the program, we suggest finding a friend or family member you trust and going through all of the words in **BOLD** together. Do you know what they mean? Look up the ones you are not familiar with and discuss them together.

Find someone who...

Plays or used to play an instrument	Enjoys crafting and/or making art	Can define non-binary	Enjoys fitness and/or sports	Has watched a TV show with a transgender actor or character
Has ever worried about being a “good enough” parent	Can define cisgender	Has a child who uses “they/their” pronouns	Is an extrovert	Is an introvert
Has a child who deals with anxiety	Can define agender	Has ever been pleasantly surprised by something their child said or did (what was it?)	Likes dancing	Can identify this symbol: 
Can define transmisogyny	Participates in religious or spiritual community	Enjoys time in nature	Has a dog	Has a cat
Has had a moment where they were impressed by their child (what was it?)	Enjoys travelling	Can explain difference between sexual orientation and gender identity	Has ever had a frustrating moment with their child (what was it?)	Can explain the difference between gender identity and gender expression

GENDER UNIVERSITY: Sex, Sexuality & Gender 101

Welcome to “Gender University”! If your child has just come out as transgender, non-binary, or gender nonconforming and you are not very familiar with the trans community, then you might feel overwhelmed by all the ideas and terminology that are suddenly being discussed in your home. If so, you are not alone. Gender and sexuality are topics that could fill the curriculum of a university degree! (And indeed, there are university programs on sex and gender.)

Fortunately, you don’t need a diploma to become an expert in your child. Here is a basic explanation of some important concepts that may help you to have deeper, more useful conversations about gender and sexuality. To help keep you engaged, there are some --- blank lines --- that you will need to fill in as you go through!

It’s important to remember that ideas about sex and gender have changed enormously over the course of human history, and will likely continue to do so in the future. You and/or your child may disagree with some (or all) of the ideas presented here, and that is absolutely fine. The point of this document is to help you think about sex, gender, and sexuality in new ways, and to help you have important conversations with your child.

We encourage you and your child to think critically and work together at home to come to your own conclusions!

SEX

The term “sex” most often refers to a person’s biological attributes such as: chromosomes, genitalia (private parts), hormones, and secondary sex characteristics. The majority of human individuals fall into one of two sex categories (called male and female), which most of us have learned about in school. However, a significant number of individuals have biological traits that “do not fit the typical definitions for male or female bodies” (United Nations Office of the High Commissioner for Human Rights). For example, a person may have XXY chromosomes rather than the typical XX or XY. Or, a person may have genitalia that do not present as clearly a vulva or a penis. The preferred term for such persons is _____ and they may experience social and/or medical discrimination.

In the dominant North American culture (and most contemporary cultures worldwide), the medical establishment assigns a sex to individuals when they are born. A baby born with a penis is assigned _____, and a person with a vulva is assigned _____, and this is recorded on legal documents. Intersex individuals have historically been oppressed by this system, because a legal sex was (and often still is) imposed on them, sometimes with unwanted surgical or other medical interventions that have lifelong ramifications.

Your child may prefer you to use the terms **assigned male at birth** or **assigned female at birth** when referring to them rather than the terms “birth sex,” “original sex,” or other such terms. However, the best way to know which terms to use is to _____.

ANSWERS (DON'T CHEAT!):

intersex, male, female, ask your child to tell you themselves!

GENDER IDENTITY

Gender identity is the way we *feel* about who we are and how we relate to other people. Gender is a complex and culturally informed experience that is difficult to explain in scientific terms because it varies so much from person to person and place to place. In the dominant North American culture, there are two genders which are expected to align with our biological sex in a particular way: people with penises are expected to be boys/men, and people with vulvas are expected to be girls/women.

In the traditions of many cultures worldwide, there are more than two genders. European colonization has historically attempted to suppress these traditions.

_____ or _____ **people** are people whose gender identities do not align with their assigned sex in the ways expected by the dominant culture.

Cis or cisgender people are people whose gender identities do align with their assigned sex in the ways expected by the dominant culture (i.e., they are non-trans people).

Trans people may identify as women, men, non-binary (a mix of man and woman, or neither), agender, or some other form of gender identity. Being trans is a _____, _____ variation in human development.

The best way to know your child's gender identity is to _____
_____.

ANSWERS (DON'T CHEAT!):

Trans, transgender, natural, healthy, ask them and discuss it!

SEXUAL ORIENTATION

Sexual orientation refers to the people we are _____ or _____ attracted to. In the dominant North American culture, men are expected to be attracted to women and vice versa. Trans and non-binary people are not usually included in mainstream ideas about sexual orientation. However, individuals may be attracted to any number of genders and/or body types. For example, people may be: gay (men attracted to men), lesbian (women attracted to women), bisexual (attracted to two or more genders/body types), pansexual (attracted to all genders/body types), and many more. Sexuality may also be fluid and change over a person's lifetime. Exploration and changes in sexual orientation are a normal variation in human development.

Sexual orientation and gender identity are not necessarily linked. In the past, some theories held that trans identities were "extreme" versions of gay or lesbian sexual orientations, but we now know this is not true. Trans people have as wide a variety of sexual orientations as everyone else.

The best way to know your child's sexual orientation is to _____ (although it is also important to balance giving your child an appropriate amount of _____, _____, and _____ when it comes to sexuality!)

ANSWERS (DON'T CHEAT!):

*Sexually, romantically, ask them, education, guidance, privacy
(the last three answers may be adjusted according to your own parenting values)*

GENDER EXPRESSION

Gender expression refers to the way that we choose to present ourselves to the world: clothing, hair, make-up, and other forms of external presentation and behavior. Individuals may use gender expression to show their gender identity to the world, or they may use it to hide their gender identity for safety or other reasons (for example, someone **assigned male at birth** who identifies as a woman may express themselves in a typically “masculine” way in order to feel safe at school or work).

Gender expression is very socially regulated in the dominant North American culture. Men are pressured to express masculinity in a specific way, and women are expected to express femininity in a specific way. People with non-normative gender expressions can experience bullying, discrimination, and other forms of oppression.

Gender expression often shifts and changes over a person’s lifetime – even for **cisgender people**.

QUESTION FOR PARENTS: Has your gender expression changed at all over the course of your lifetime? Take some time to write down your answer below.

The best way to understand your child’s gender expression is to

ANSWERS (DON'T CHEAT!):

Ask them and discuss it. Note that a young person's gender expression may change over time, so it often is a good idea to have this conversation more than once.

WHAT DOES IT ALL MEAN?

An LGBTQ2S+ Glossary

Below is a list of terms related to gender and sexuality. It is not a comprehensive list - there are many other terms people use to describe their identities. Over time these definitions have shifted and changed as LGBTQ communities continue to grow and evolve. ***Keep in mind that your child may define each of these differently – it is less important to memorize these terms than to learn which are important to your youth, and your youth’s way of relating to these terms.***

Terms relating to Gender

Sex: The physiological make-up of a person, based on not only anatomical factors, but also genetic, hormonal, chromosomal, gonadal and biochemical factors that determine whether the person is biologically male, female or intersex. Biological sex is normally declared at or before birth as male or female, usually based on a simple viewing of the visible genitalia, which then typically determines the gender socialization of that individual.

Gender identity: One’s internal sense of one’s own gender, regardless of biological sex. Gender identity is experienced as a fundamental part of one’s core self and is self-identified, rather than diagnosed or prescribed. In contemporary western society, gender identity is presumed to agree with biological sex, and is “assigned” at or before birth. Gender is assumed to be either male or female, based on a “binary” system of polar opposites, with no other options, combinations or “middle-ground” possible. In reality, gender identity is a broad spectrum that includes, but is not limited to, male, female, some combination, or neither. One’s gender may not necessarily conform to one’s biological sex. Many people experience their gender identity to be congruent with their biological sex, but some people experience it as different.

Gender Expression/Presentation: How one expresses one’s gender – the clothing, mannerisms, behaviours and appearances through which a person expresses their internal gender, or the gender they want to be perceived as. Many gender independent children will naturally express gender in ways that may lead others to question the child’s gender and possibly impose rigid gender conformity. For example, effeminate boys who play with dolls and like to dress up in “girls” clothes often experience intense pressure to be more “masculine.”

Gender Binary: This is the classification of gender into two distinct and disconnected states of masculine and feminine. It describes a social boundary that discourages people from crossing or mixing gender roles.

Transgender or Trans: An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the trans umbrella may describe themselves using one or more of a wide variety of terms - including *transgender*. Some of those terms are defined below. Use the descriptive term preferred by the individual. Many trans people are prescribed hormones by their doctors to change their bodies. Some undergo surgery as well. But not all trans people can or will take those steps, and a trans identity is not dependent upon medical procedures.

Non Binary: An umbrella term used for gender identities that are not exclusively male or female and/or that are outside of the gender binary. People may identify as having no gender, being in-between genders, or have a gender that fluctuates or is fluid. Considered by many to be under the “transgender” umbrella.

Agender: Agender people may define their gender in a variety of ways. Some define their gender as being neither a man nor a woman while others understand themselves as having no gender at all. Agender people may or may not choose to transition physically, socially or legally. Generally, agender people consider themselves to be under the non-binary and/or transgender umbrellas.

Transsexual: An older term that originated in the medical and psychological communities, and is generally used less frequently by younger generations of trans people. It describes people who have permanently changed their bodies through medical interventions (including but not limited to hormones and/or surgeries).

Cisgender or Cis: A person who is not transgender: whose gender identity and gender expression are in harmony with what their culture expects from a person with their sex assigned at birth. The short form of this term is cis.

Crossdresser: Someone who occasionally dresses in the clothing of the “opposite” gender as part of their gender expression.

Drag King/Drag Queen: Someone who dresses up as the “opposite” gender for performance.

FtM /MtF: “Female to Male” / “Male to female” - Older terms that originated in the medical community, and as such are rarely used. More commonly used and widely accepted terms are: “Trans guy / Trans man” or “Trans girl / Trans woman.”

Gender Nonconforming: A person who doesn’t conform to society’s expectations of gender expression based on the gender binary, expectations of masculinity and femininity, or how they should identify their gender.

Genderqueer: A person whose gender identity is neither man nor woman, is between or beyond genders, or is some combination of genders. This identity can be related to or in reaction to the social construction of gender, gender stereotypes and the gender binary system. Some genderqueer people identify under the non-binary and/or transgender umbrellas while others do not.

Gender Fluid: A person whose gender identification and presentation shifts, whether within or outside of societal, gender-based expectations. Some gender fluid people identify under the nonbinary and/or transgender umbrellas.

Intersex: Individuals born with some combination of male and female physical sex characteristics and are not easily classified as male or female. Sex characteristics can include ambiguous genitalia, underdeveloped gonads, chromosomes, hormones. Intersex babies are often assigned a gender at birth and surgically altered, which may be kept secret, even from the person who was altered. The surgeries can be harmful, ineffective, traumatic, and sometimes the wrong gender is assigned.

Two Spirit: A term based on interpretation of words used in different Indigenous cultures to refer to a person having both a male and female spirit. It can include Anglo/North American ideas of both sexual orientation and gender identity (e.g., both a gay cisgender man and a trans man could claim the identity of Two Spirit man). It also includes significant spiritual and cultural layers.

Other Useful Terms related to Gender

AMAB – “Assigned Male at Birth”: The gender someone was “assigned” (most often based on their genitals) at birth. This term is often used when talking about people who experience a set of common issues based on their birth assignment. For example, “many AMAB people face high rates of harassment when outwardly expressing themselves in a ‘feminine’ manner.” AMAB is also used by many trans people to talk about their gender experience without having to use narratives about “what gender they used to be,” as many trans people never truly identified with their birth assigned gender.

AFAB – “Assigned Female at Birth”: The gender someone was “assigned” (most often based on their genitals) at birth. This term is often used when talking about people who experience a set of common issues based on their birth assignment. For example, “most AFAB people should get pap tests.” AFAB is also used by many trans people to talk about their gender experience without having to use narratives about “what gender they used to be,” as many trans people never truly identified with their birth assigned gender.

Gender Dysphoria/ Gender Euphoria: Gender dysphoria is a psychological term used to describe the distress that transgender people may feel towards body anatomy that may not align with their gender identity. Psychologists and psychiatrists use the term gender dysphoria as a way in which to diagnose trans people prior to prescribing hormones or having surgeries. Many transgender people have rejected this medical model and reclaimed this notion by speaking about feeling gender euphoria. This is defined as a feeling of euphoria when honoring their gender identity and having a feeling of being in the right body post transition.

Gender Affirmative Surgery / Transition-Related Surgery: Surgical procedures that change (affirm) one’s body to better reflect a person’s gender identity. This may include different procedures, including those sometimes also referred to as “top surgery” (breast augmentation or removal) or “bottom surgery” (altering genitals). Contrary to popular belief, there is not one surgery; in fact, there are many different surgeries. These surgeries are medically necessary for some people, however not all people want, need, or can have surgery as part of their transition. “Sex Change Surgery” and “Sex Reassignment Surgery” are considered derogatory terms by many.

Passing: Originally used in the context of race. In the context of gender, passing refers to a person’s ability to be regarded at a glance to be either a cisgender man or a cisgender woman. Typically, passing involves a mixture of physical gender cues (for example, hairstyle or clothing) as well as certain behavioral attributes that tend to be culturally associated with a particular gender. Passing is not a goal and/or not possible for many trans people. Many prefer the terms “blending in” or “being read as (a man/a woman)”, which do not have the racial history/connotations.

Stealth: A term used by some to describe when a trans person who is read as cis chooses not to be “out” about being trans in some or all of the realms of their life (for example, in friendships or with employers/colleagues) or in public.

Transition: The time when a person begins to take steps towards living as the gender with which they identify rather than the gender they were assigned at birth, which often includes changing one's first name and dressing and grooming differently (social transition). Transitioning may or may not also include medical aspects (medical/physical transition), including taking hormones, having surgery, or legal aspects (legal transition), including changing identity documents (for example, driver's license, health card etc.).

Transphobia: Fear, hatred or oppression of transgender people, which can be subtle, interpersonal, or systemic (woven into the very fabric of our society). Transphobia is manifested in a number of ways, including, but not limited to violence, harassment and discrimination. An example of transphobia is not having all-gender bathrooms available in schools, or when trans girls cannot attend Girl Guides.

Transmisogyny: The intersection of transphobia and misogyny. Misogyny, in its simplest form, is defined as the devaluing and denigration of women and femininity. Transmisogyny describes the unique discrimination faced by trans women and trans-feminine people expressed through discrimination, cultural hate/ridicule, and interpersonal and systemic violence. An example of transmisogyny is the assumption that trans girl must present in highly feminine ways in order to be considered a woman. It also speaks to the way that transphobia intensifies the misogyny faced by trans women and trans-feminine people, i.e., "asking for" sexual assault/violence if they express their femininity. This term was coined by Julia Serano. More information can be found here:

<https://www.juliaserano.com/av/TransmisogynyPrimer-Serano.pdf>

Cissexism: Structuring society based on cisgender people's needs; privileging of cis identities and the gender binary. Examples: gendered bathrooms; assuming that babies will be cisgender; trans people needing to "prove" they are trans.



Terms related to Sexual Orientation

Sexual Orientation: The direction of one's sexual or romantic attraction i.e. one's tendency to be primarily attracted to the same gender (lesbian or gay), other gender (heterosexual), both genders (bisexual – presuming only two genders), neither/no gender (asexual) or any gender (pansexual – acknowledging more than two genders). Some people experience it as a constant part of their essential nature; others experience it with more fluidity.

LGBTQ – also LGBTIQ2S, LGBTTTQI, etc: Various acronyms for Lesbian, Gay, Bisexual, Transgender, Two-Spirit, Queer, Questioning, Intersex.

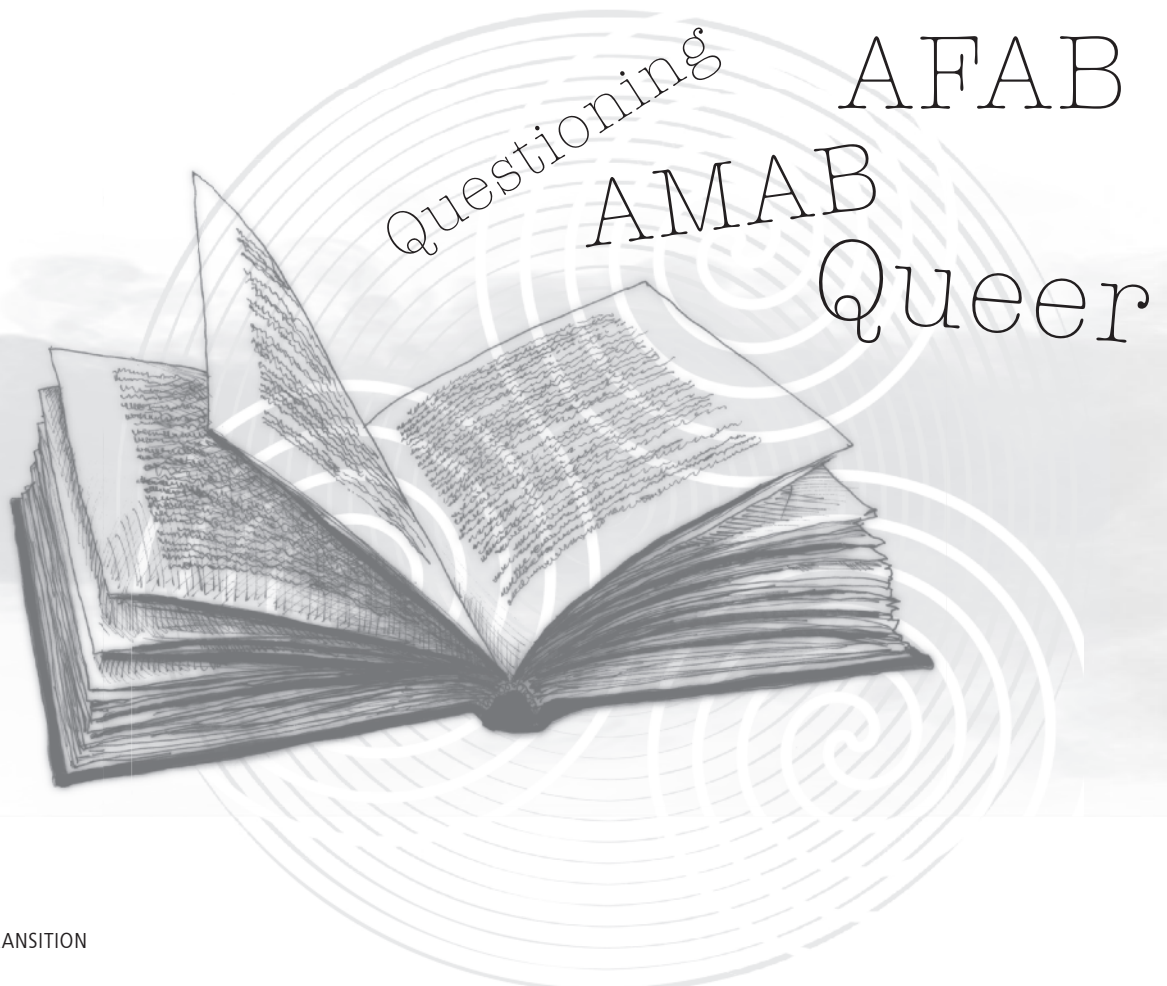
Gay: A (cis or trans) boy or man primarily attracted physically, sexually and/or emotionally to other men. "Homosexual" is also used, but this is a medicalized term that is less popular in the community. Sometimes used generically as an umbrella term for the lesbian, gay and bisexual community; this may feel exclusionary for some lesbians, bisexuals and queer people.

Lesbian: A (cis or trans) girl or woman primarily attracted physically, sexually and/or emotionally to other women.

Bisexual/Bi: A person who is attracted physically, sexually and/or emotionally to both genders (assuming only two genders).

Bi-Curious: Usually used self-referentially when one has natural but confusing feelings and interests in the same gender.

Heterosexual/Straight: A person who is primarily attracted physically, sexually and/or emotionally to the "opposite" gender (assuming only two genders).



Pansexual: A person who is attracted to any gender. This may be viewed as a broader term than “bisexual” as it includes people who do not fit into typical social definitions of male and female.

Queer: An umbrella term that includes non-heterosexual people, such as lesbians, gays, bisexuals, pansexuals, and others questioning their sexual orientation. May sometimes include trans, intersex, , gender independent and others who don’t conform to society’s expectations regarding sexual orientation or gender identity. However, usually the trans community prefers to be identified separately – a short, inclusive term could be “the queer and trans community.” Has been used traditionally as a derogatory insult against LGBTQ persons or anyone suspected of being LGBTQ, but has since been “reclaimed” by some members of the community as a positive and inclusive term. Is not accepted by all LGBTQ people, particularly those of an older generation, due to the derogatory connotations.

Questioning: Someone who is exploring or questioning his/her/their sexual orientation and/or gender identity. Some questioning people may experience confusion, anxiety and/or conflict, generally resulting from homophobia, biphobia, transphobia, transmisogyny and rigid gender expectations that emanate from the broader society.

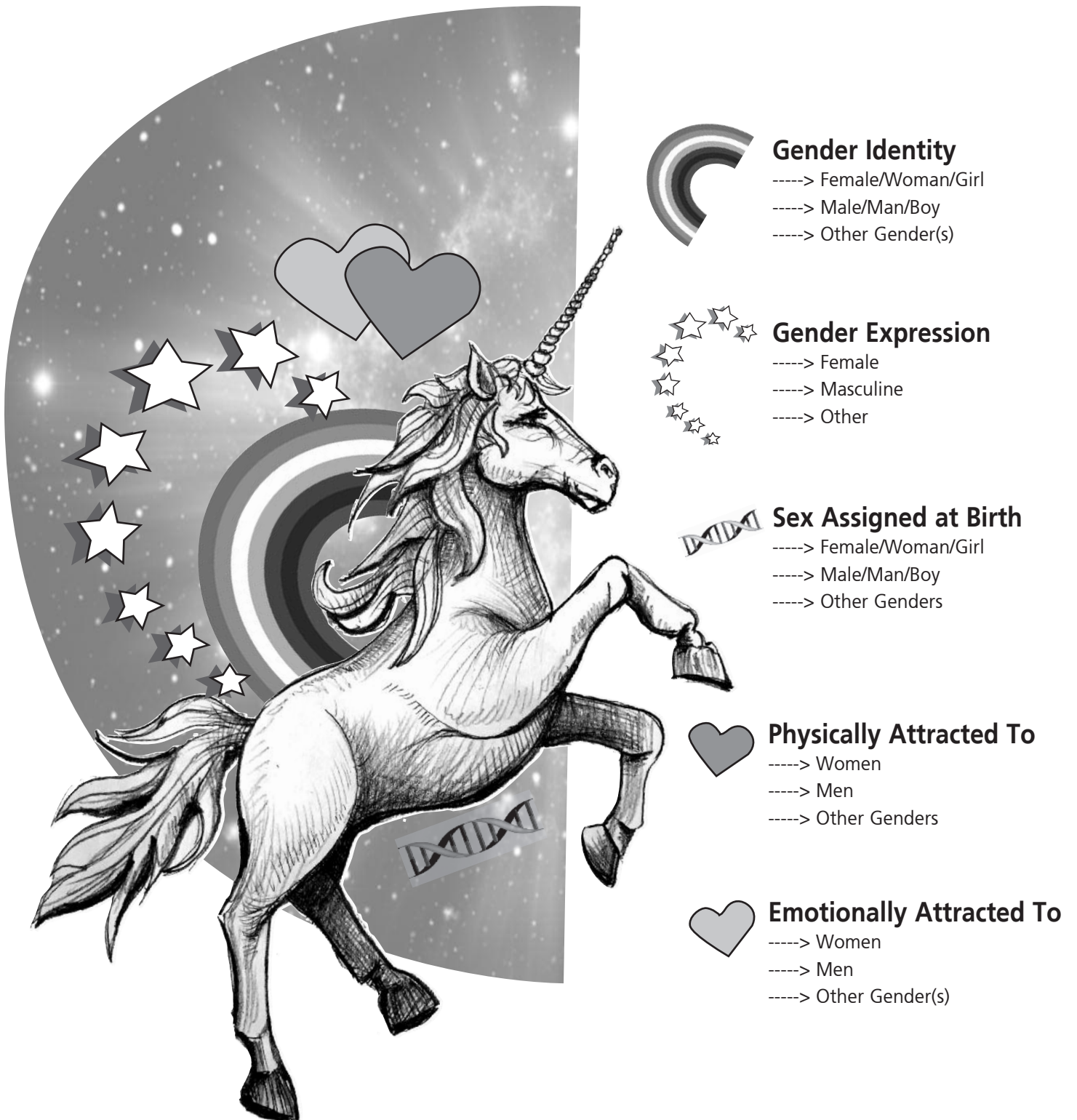
Internalized Homophobia/Biphobia/Transphobia: LGBTQ people may internalize negative beliefs about themselves as a result of discrimination, and subtle or overt messages from family, society, media. Can result in feelings of shame, low self-esteem and/or self-hatred, or come out against other members of their own communities (for example, a gay man not wanting to spend time with other gay men who are more “flamboyant”). Can intersect with other forms of internalized oppression (such as internalized racism, internalized sexism, etc.) in complicated ways.

Intersectionality: A person’s experience of being trans is shaped by their other social locations (such as race, sexuality, class, ability, ethnicity, immigration status, religion, etc.); a family’s experiences are shaped by the same forces. As such, trans people and their families may experience transmisogyny and transphobia very differently depending on the other forms of oppression they need to contend with.



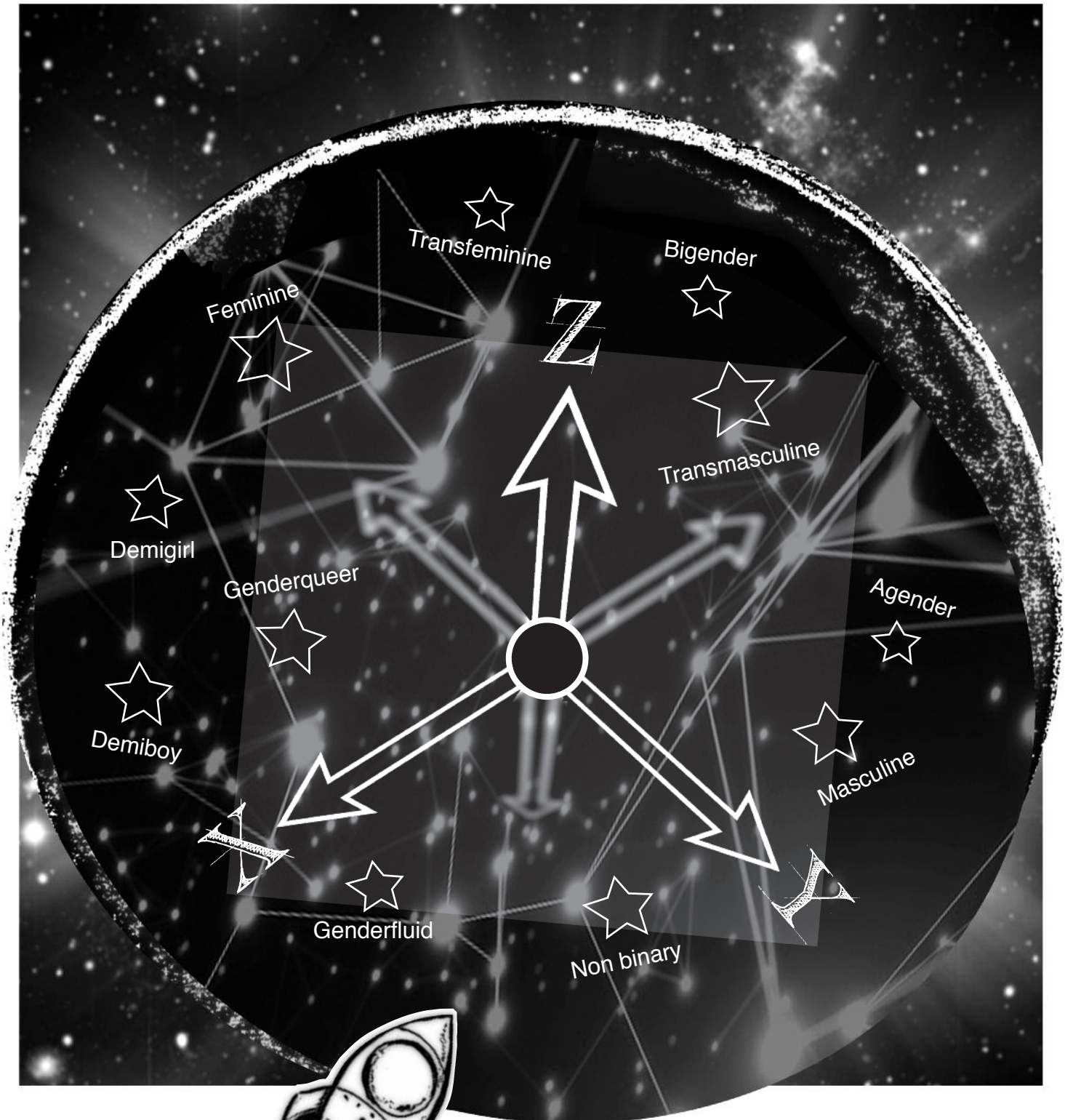
GENDER AS A SERIES OF INTERLINKED SPECTRUMS

This “gender unicorn” model is one way of understanding the distinctions between gender identity, gender expression, sexual orientation, and biological sex. There are many similar models out there today. The one in this book is an adaptation of a version created by the organization Trans Student Education Resources. We encourage you to check out their work at: <http://transstudent.org/about/>



GENDER AS A GALAXY

The Gender Galaxy is a different model of understanding gender that is more expansive and less reliant on the idea of binaries or spectrums - in the "galaxy," there are three dimensions, which indicates that gender is a fluid, moving journey moving through a potentially infinite number of identities and expressions. Each individual's gender journey creates a unique constellation.



fluidity
expression
movement
identities

UNIT 2

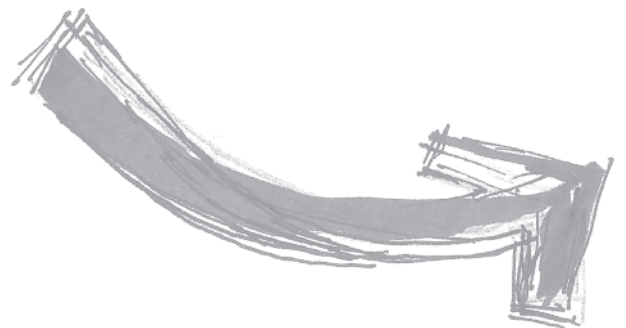
UNDERSTANDING TRANSPHOBIA & TRANSMISOGYNY

OLD LESSONS & NEW JOURNEYS: Understanding Discrimination

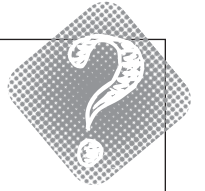
There is no “standardized” way of learning about gender and sexuality. Most of us start learning these concepts very early on in life, starting at about 2 or 3 years old, and we do so by absorbing the social messages around us. Unfortunately, for many people, these messages are not always very positive, and they can stick with us and influence our attitudes for a very long time.

The following exercise, along with the next one (“The Parenting Values Compass”) is intended to help you reflect on key messages you learned about gender and sexuality growing up, and how your understanding may have changed since starting this gender journey with your youth. We recommend that you do these two activities together.

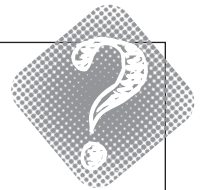
Write, draw, or otherwise represent your answers in the space below the following questions. Feel free to “go wild” – get artistic if you like!



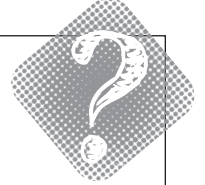
When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be a man?



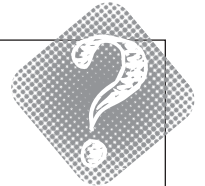
How has this changed since your youth started on their gender journey?



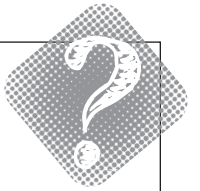
When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be a woman?



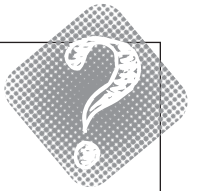
How has this changed since your youth started on their gender journey?



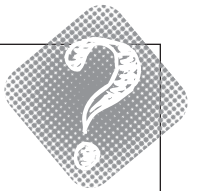
When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be lesbian, gay, or bisexual?



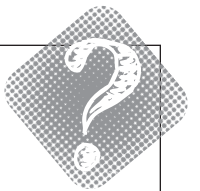
How has this changed since your youth started on their gender journey?



When you were growing up, what did you learn from your families/peers/the media/school/your religious or faith community about what it means to be trans? (Include concepts such as transsexual, transvestite, cross-dresser, etc)



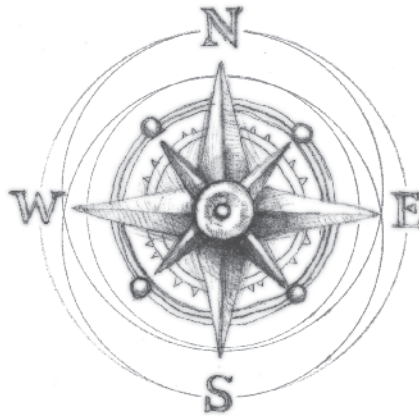
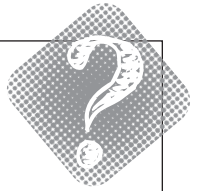
How has this changed since your youth started on their gender journey?



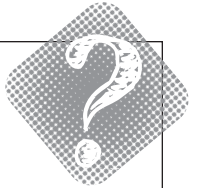
THE PARENTING VALUES COMPASS

Use the compass below or draw one of your own. Add words to the compass to answer the following question:

When you first became a parent, what values did you hope to teach your child?



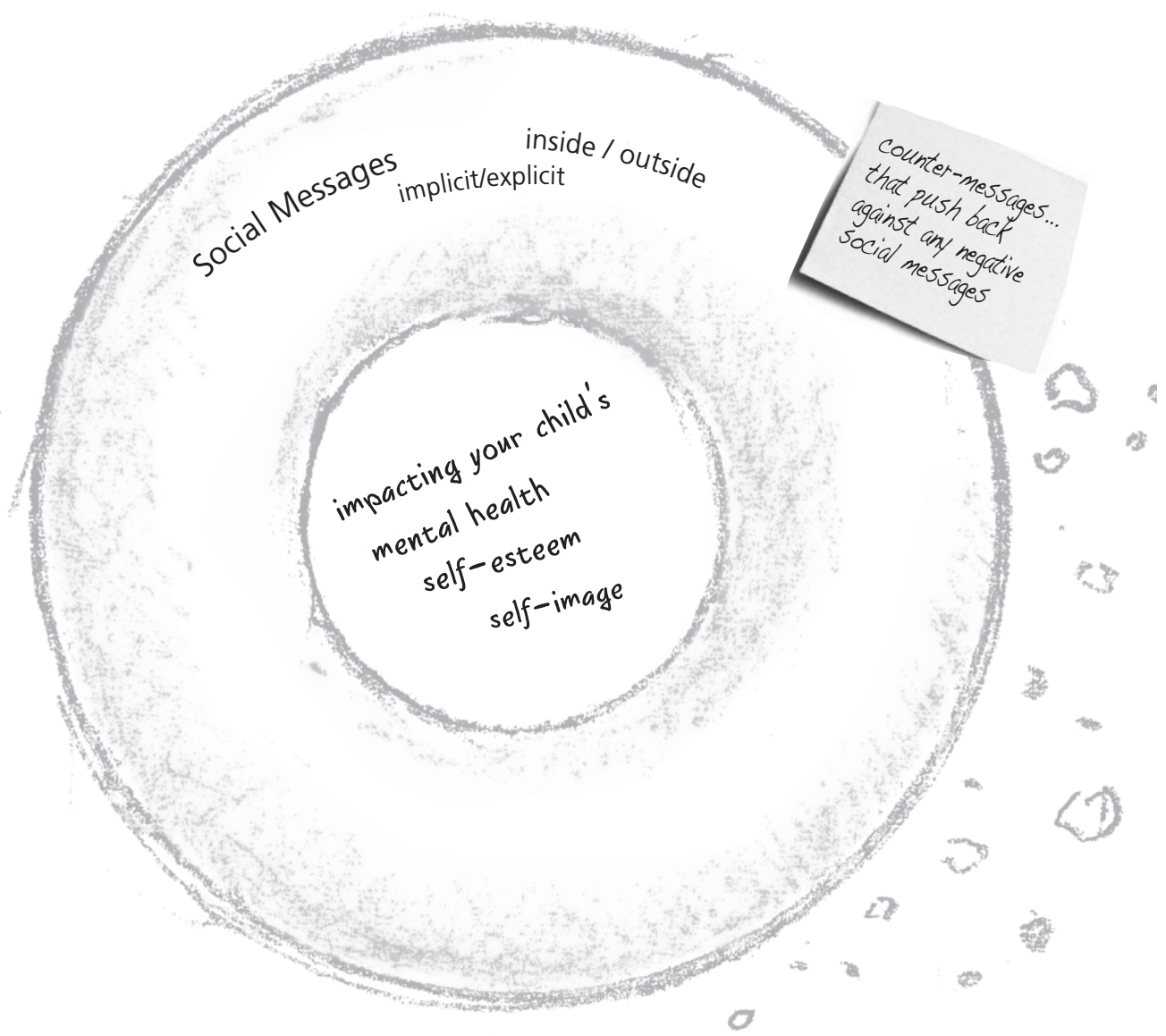
How can these values help you and your young person on their gender journey? (Write or draw your answer below)

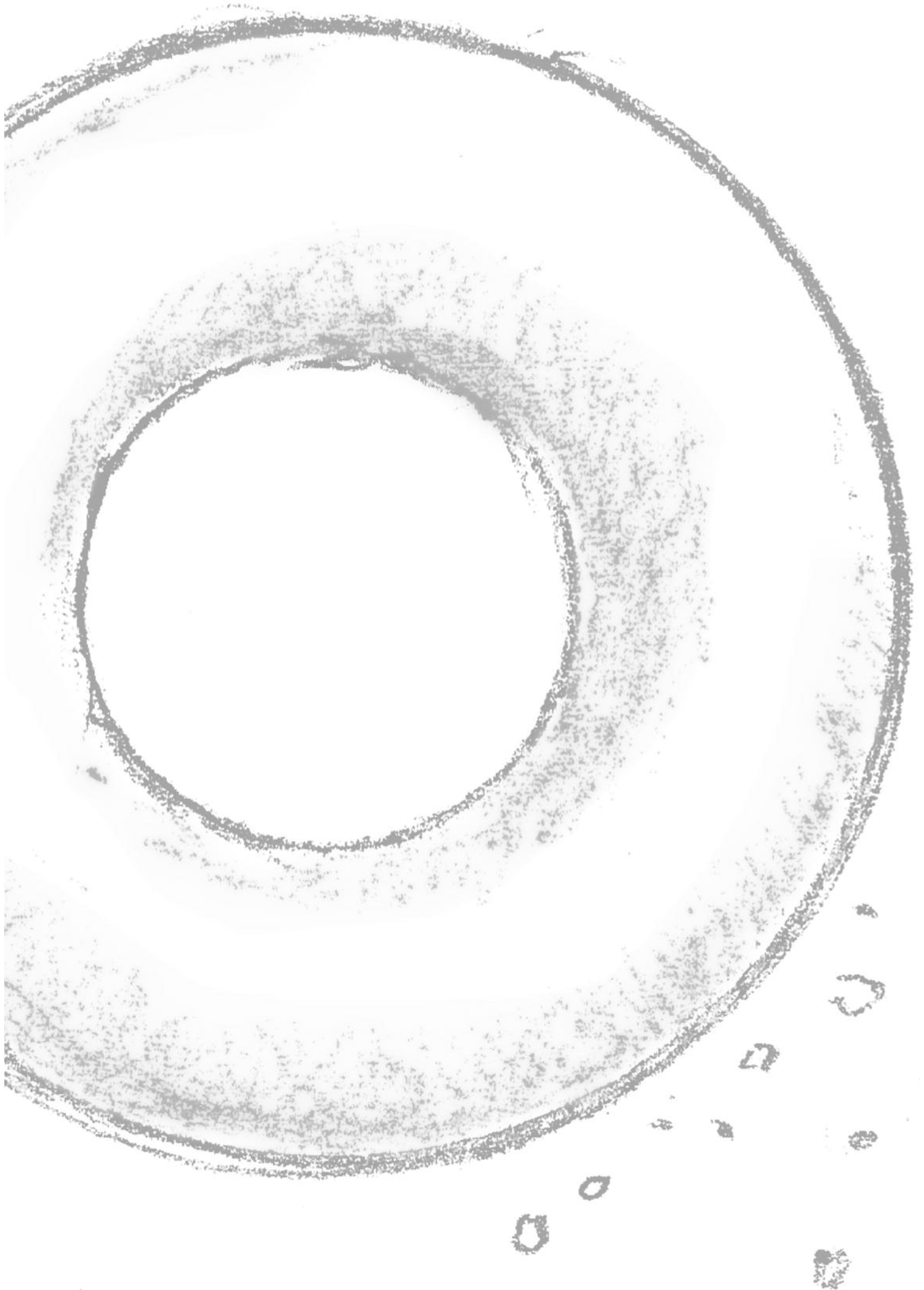


THE "DONUT" ACTIVITY

This activity has long been a favorite in the Families in Transition Program! Use the "donut" shape on the next page, or draw your own, to complete the following steps.

1. In the outer circle of the donut, write down the social messages that you think your child is receiving about being trans or gender questioning. These should include messages from **inside** your home as well as **outside** your home. Some social messages are **explicit**. For example, a news article saying that "trans people shouldn't be allowed to use their preferred washrooms" is explicit. However, messages can also be implicit. For example, if your young person has never learned anything about trans people in school, what message might that send?
2. In the inner circle, write down all the ways that you think these social messages might be impacting your child in terms of: mental health, self-esteem, self-image, thoughts about the future, and anything else that seems relevant.
3. Take some Post-it Notes and write down some "counter-messages" that **you as a parent** can give to your child that push back against any negative social messages you have written down in the outer circle. Stick these counter-messages directly on top of the negative messages.
Remember: parental support is the single most important factor in determining trans young people's mental health!
4. Take some time to discuss this activity with someone you trust, or journal about it below.
How did it feel to do this activity? What thoughts came up? What have you learned about the power of social messages and your role as a parent?





UNIT 3

SUPPORTING THE MENTAL HEALTH OF TRANS AND GENDER QUESTIONING YOUNG PEOPLE

SUPPORTING TRANS YOUTH MENTAL HEALTH – THE SCIENCE

Mental health is a complex topic, and each youth and family's mental health situation is unique. However, mental health research can provide us with an extremely valuable framework for understanding what tends to work best when it comes to supporting the healthy development of trans and gender questioning young people.

The Families in Transition Program is based on a wide range of mental health research and theory. However, we are very specifically influenced by two major bodies of research that we think are important to share with you. We will summarize the evidence that comes from them very (**very**) briefly below; however, we also encourage you to go directly to the source for more details if you are interested.

Additionally, it's always important to remember to think critically about any piece of scientific research, particularly when it comes to psychology or social issues! **You** are the expert in your own experience and your family.

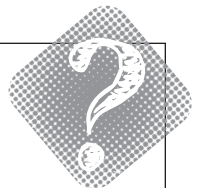
Trans PULSE – This is the largest and widest-ranging study of trans health in Canada, and one of the largest in the world, having a sample size of 433 trans identified people and conducted by a team of Canadian health care researchers. This study, which is currently in its second phase (as of the writing of this workbook), attempted to capture information about many different dimensions of transgender health.



For the purposes of FIT, we will share with you just a very few of its initial findings, which are summarized in the paper **Impacts of Strong Parental Support for Trans Youth**, which was prepared by some of the lead Trans PULSE Researchers in 2012 for the Children’s Aid Society of Toronto. The following findings come from an analysis of data provided by 84 trans youth:

- Trans youth who felt that they were **strongly supported** by their parents in their gender identity and expression reported better outcomes in **every measure of health and quality of life** than youth who felt they were either not supported or “somewhat” supported.
- Rates of depression and thoughts of suicide were uncommonly high in the research sample. **60 percent** of youth whose parents were “not supportive” or “somewhat supportive” reported having attempted suicide in the past, compared to **4 percent** of youth whose parents were **strongly supportive**. *This means that there was a 93 percent drop in suicide attempts for youth whose parents were strongly supportive.*
- There was not a significant difference in mental health outcomes between youth whose parents were **not supportive** versus “**somewhat**” supportive.

REFLECTION QUESTION: Why do you think youth whose parents were somewhat supportive of their gender identity and expression did not show significantly improved mental health outcomes compared to peers whose parents were not at all supportive? What does it mean to be “somewhat” supportive, and what message do you think that sends to youth?



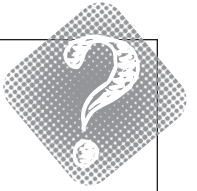
“Family Acceptance in Adolescence and the Health of LGBT Young Adults”

– This research article was published in 2010 by Caitlin Ryan, a clinical social worker. A good summary of it can be found in Stephanie Brill and Rachel Pepper’s chapter in the book *The Transgender Child*, which we recommend to parents and caregivers. Ryan’s work shows that **specific parental and caregiver behaviors** are protective against mental health issues such as depression, substance use, and suicidality in lesbian, gay, bisexual, and transgender (LGBT) youth.

It is important to note the difference between **behaviors** that are supportive and **feeling** supportive. This study found that **many parents who feel that they are supportive are not actually experienced as supportive by their LGBT children**. This is because these parents’ behaviors are actually reflecting ambivalence about LGBT identity, which contributes to health risks and diminished self-esteem.

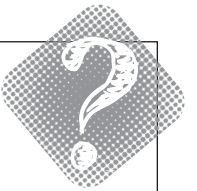
The following behaviors were shown to promote mental health in LGBTQ youth:

- Learning about your youth’s LGBTQ identity
- Supporting your youth to participate in LGBTQ support groups/ social events
- Talking with your child about LGBTQ identity, even if it is uncomfortable
- Welcoming LGBTQ friends to family events and activities
- Helping schools and congregations to be more welcoming
- Helping your youth find LGBTQ role-models
- Keep a log or journal to process your feelings apart from your child
- Require respect within the family
- Express love
- Express support for your child’s gender expression
- Support your youth’s choice of clothes
- Support your child’s behaviour as it relates to their gender identity
- How they act inside the house and outside the house should be congruent
- Support your child in their concern re. bathrooms
- Engage in open and supportive communication
- Express concern without expressing rejection



REFLECTION QUESTION: As mentioned above, many parents feel that they are supportive and accepting, but are actually behaving in ways that are experienced as unsupportive by their youth. An example of this might be a parent who tells their child that it's okay to be trans or gender questioning, but then consistently uses the wrong pronouns when talking about them. Why do you think this sort of thing happens?

Why do you think this sort of thing happens?



Do you think that you might have ever unknowingly sent your youth the message that you don't support their gender identity and expression? If so, a) Can you write yourself some words of compassion and self-forgiveness? b) Can you think of some ways to change this behavior in the future?

THE VOW OF PARENTAL ACCEPTANCE

The “Vow of Parental Acceptance” also comes from the work of clinical social worker Caitlin Ryan. Ryan developed the idea of the “Vow of Parental Acceptance” as a way for the parents of sexually and gender diverse young people to explicitly, actively commit to behaviors that support their children in concrete ways.

Caitlin Ryan’s research shows that even if parents are still struggling with their internal thoughts and feelings about parenting a gay, lesbian, bisexual, queer, and/or trans young person, it is their behaviors that matter most when it comes to those young people’s mental health outcomes.

The following “Vow of Parental Acceptance” is one that we have written as an example that speaks to common issues that are important to trans and gender questioning young people. Read it over, and then write one on the next page that is specifically addressed to your own child. Consider sharing it with them when the moment is right!

I start here, from wherever I am, and from this day forward I will

- *Commit to seeing you and celebrating you for the person you are, including and beyond your gender identity*
- *Use your chosen name and pronouns, however they may change*
- *Support you to get the healthcare you need to feel good in your own body*
- *Protect you and advocate for you at home, at school, in our extended family, and in our community*
- *Become an activist for your and other trans people’s rights until we live in a better world*
- *Acknowledge my mistakes and commit to doing better, as much as I can, however I can*
- *Love you and support you, no matter what*



My ^{KC}Vow ^{KC}
FONTS FONTS
of ^{KC}Parental ^{KC}
FONTS FONTS
Acceptance

Dear _____

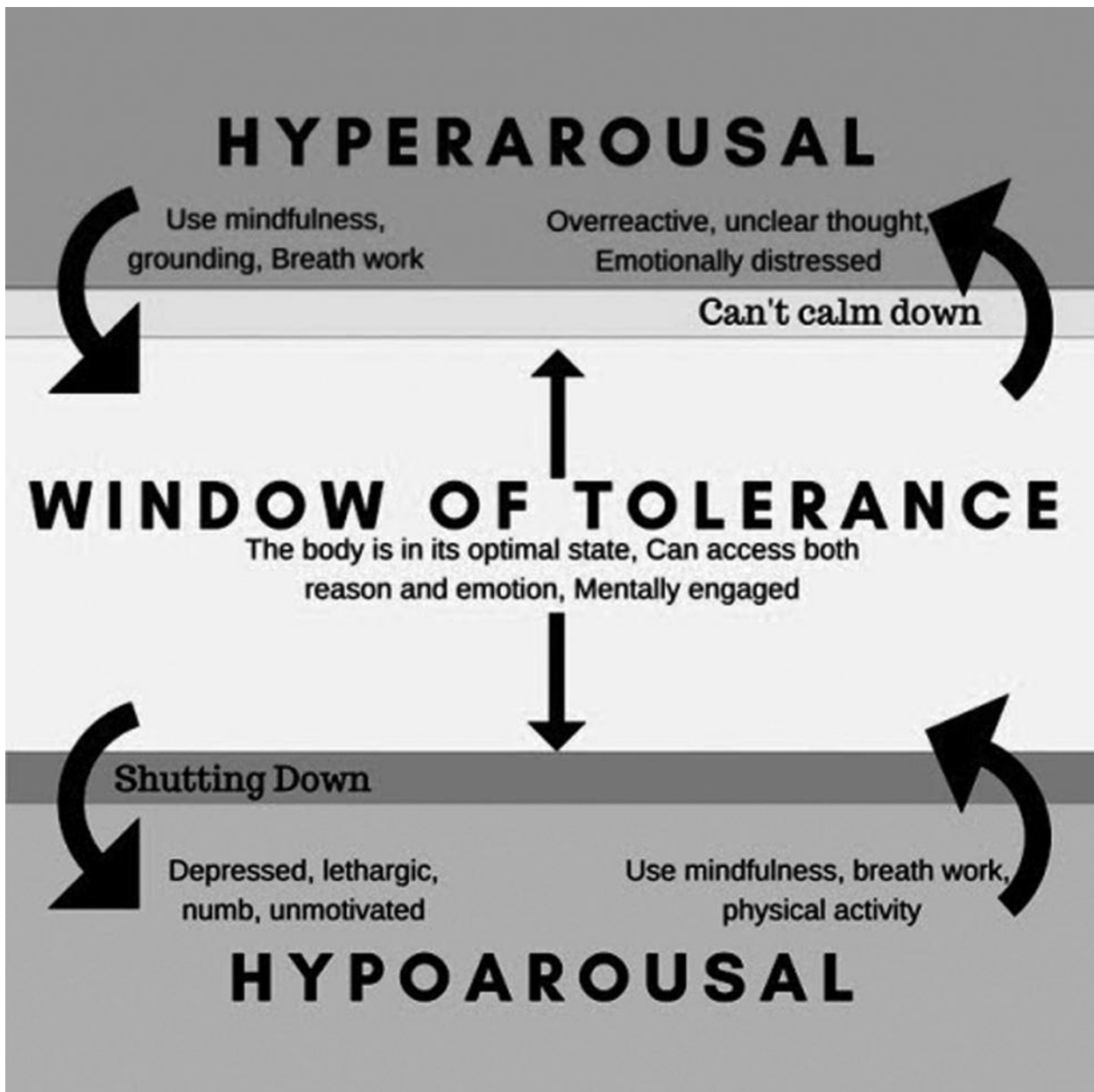
I start here, from wherever I am, and from this day forward I will

UNIT 4

THE WINDOW OF TOLERANCE

THE WINDOW OF TOLERANCE

The following article describes a model for understanding what happens to our bodies and minds when we experience stress. We encourage you to get familiar with it as a way of gaining insight into your own experiences with stressful conversations as a parent.



According to Dr Dan Siegel, MD and neurobiology expert, we all have a “Window of Tolerance” in which we are getting just the right amount of energy moving through our bodies – the type of energy we are talking about is called **nervous system activation** by scientists. In our Windows, we can feel all the different emotions, but we can also stay connected to our thoughts and to others. We feel connected to life when we are in our Windows.

Each person’s Window is different. For some people, sitting down and watching a documentary might be just the right amount of energy, and they can focus and get really into it. For others, that might be too little energy moving through the body. They might prefer to be playing hockey or dancing.

Sometimes when we are extremely stressed out, so much energy gets moving through our bodies that we leave our Windows. This is sometimes called **hyperarousal**. When we are hyperaroused, we can experience our hearts racing, sweating, shaking, and other physical sensations. We can feel panic or rage, and we might cry or scream or swear.

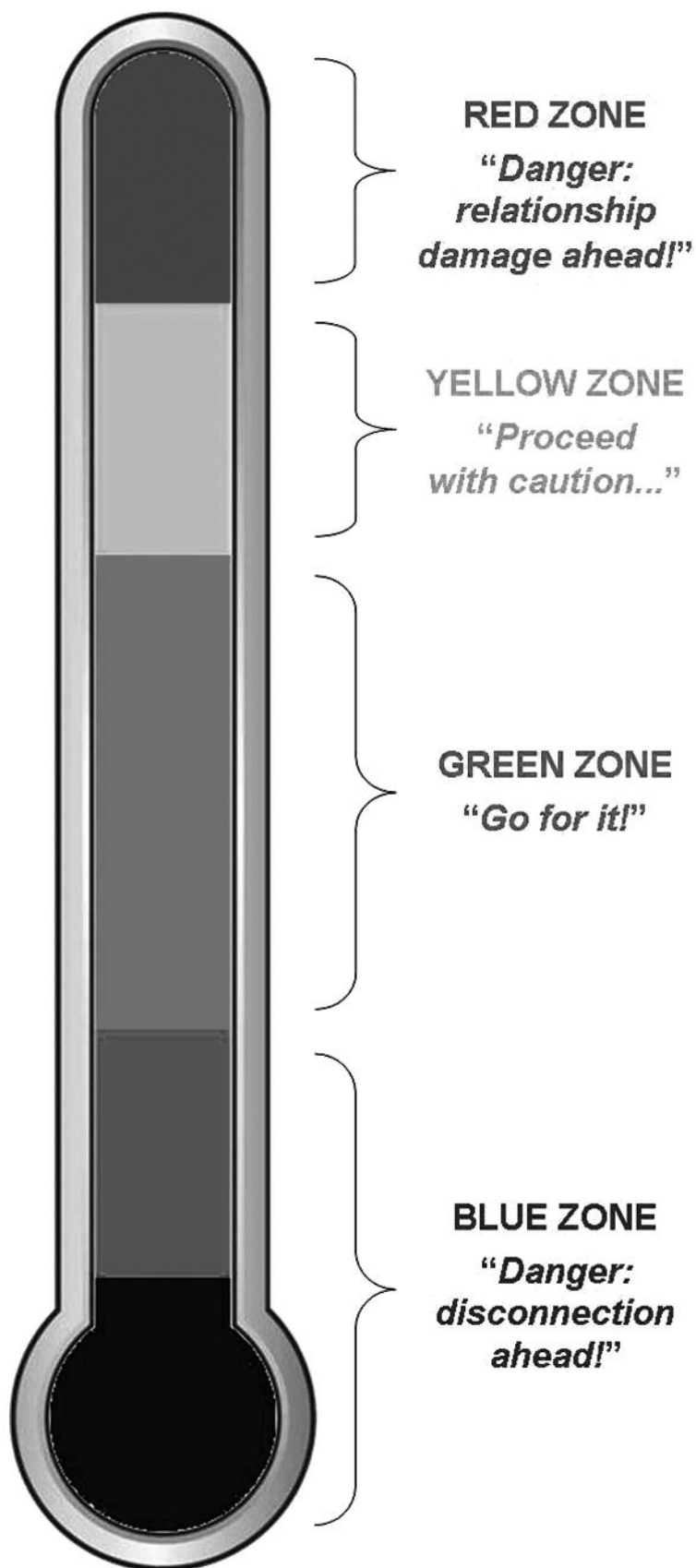
Hyperarousal is really useful in some situations – like maybe we’re getting attacked by a tiger and we need to run away! We need all that energy to get moving fast enough. But **hyperarousal** is not good if we feel it all the time because it burns us out. When we’re hyperaroused, we can really easily hurt other people’s feelings without meaning to.

Another response to extreme stress is when the energy in our bodies slows down, almost like a “freeze.” This can be called **hypoarousal**. When we are hypoaroused, or “frozen,” our heartbeat might slow down, we might feel very heavy or like it’s hard to move. We might feel “shut down” or numb. We might even feel bored or sleepy, like we don’t care about what’s going on – even though the world around us is really stressful!

Hypoarousal is like when someone is yelling at you, and you’re just like, “whatever dude.” Hypoarousal can be really good in some situations – like maybe the tiger from before is still chasing us, and so we need to hide and play dead so it will leave us alone. But hypoarousal is not good if we feel it all the time, because it disconnects us from others. When we’re hypoaroused, it might seem to people like we don’t care about them when we really do.

We can use activities like meditation and physical activity to help us slow down or speed up the energy in our nervous systems so we can get back into our Windows of Tolerance. It’s up to you to decide just how much speeding up or slowing down is right – it’s your Window.

What can also help us get back into our Windows is getting the right kind of support from others. But it has to be the right kind of support, because the wrong kind of support can make us feel worse. Has anyone ever told you to “just calm down!” when you’re really upset? Probably didn’t work! But maybe someone just listening to you with an open mind or giving really good advice or playing basketball with you has helped you calm down before. That’s the difference between the right and wrong kind of support. And everyone’s support needs are unique.



When discussing gender with your trans youth, note your own physical and emotional responses: Does your heart start to race? Do you suddenly feel cold and numb? Or do you feel warm, steady, and engaged?

Trying to parent when hypo-aroused (“Blue Zone/frozen”) can come off to young people as disconnected and uncaring.

Trying to parent when hyper-aroused (“Red Zone/hot”) can result in high conflict and saying regrettable things.

Parenting while in the Window of Tolerance (“Green zone/just right”) allows for authentic emotional expression, connection, and resolution. In the Green Zone, a parent feels curious, truly interested in understanding the fine details of the young person’s experience – rather than focused on their own agenda.

When parents are in their Window of Tolerance, young people can sense this, and it helps them to feel “emotionally regulated” (not necessarily calm, but safe enough to talk and open up) as well.

"SURVIVING TO THRIVING" RESOURCE LIST

When I am out of my Window of Tolerance, I have noticed that I tend to become:

Hyper-aroused

Hypo-aroused

Both

These are some resources I can use to help support myself:

Resource Type	Resource Activity	Effect on my emotion regulation ("up or down")
Relationships	ie "Talking to my best friend"	
Body	ie "Deep breathing," "Going for a walk/jog," "wrapping myself in a blanket"	
Emotional/Artistic	ie, "Looking at photographs in my family album," "drawing or painting"	
Mental	ie, "developing a strategy," "making a list of positive thoughts"	
Spiritual	ie, "going to church," "praying," "lighting incense or a candle"	
Nature	Ie, "going for a nature walk," "camping"	

Emotion Coaching

1. Am I aware of what my child is feeling?

- Do you know if your kid is sad? Angry? Confused? Frustrated? How do you know – what are the signs? How can you tell the difference between feelings? Is it possible that you are jumping to conclusions about your kid’s emotions?

2. Am I aware of what I am feeling?

- What is your own emotional reaction to your kid? Are you feeling irritated? Angry? Guilty? *Are you in your Window of Tolerance?*
- How can you take care of your own feelings so that your kid doesn’t have to?

3. Is my child able to name what they are feeling?

- Very often, kids (also adults!) don’t know what they are feeling, especially when they’re upset
- Give your kid examples of possible feelings words without prescribing - “Are you angry? Or is it more frustrated, or irritated? Am I totally off base here?”
- Let your kid know they are allowed to feel more than one feeling at once (and they often do), and that all feelings (not necessarily all behaviors) are allowed

4. What can these emotions teach us? Is there an opportunity to be close to my kid through these feelings?

- Kids need you most when they are frightened, angry, sad, or otherwise feeling upset
- The ability to soothe your kid can be one of the most validating experiences of parenting
- Talking about emotions shows your kids that emotions are okay and don’t have to be scary or overwhelming
- Kids learn how to deal with difficult emotions (self-soothe) by talking about them with you

5. How can I listen to and validate (if not necessarily agree with) my child’s feelings?

- Sit at their level, pay attention to their words and body language
- Reflect what you hear, ask if you are getting it right, and let them know that you take them seriously
- Resist the urge to “correct,” to “diagnose,” and to share your own perspective
- Try to see situations through your kid’s eyes

- Once your kid feels heard, they will be more able and willing to explore “other sides of the story”
- Try to avoid “why” questions – you can often get further with “what” and “how.” For example, instead of asking, “Why are you angry about that?” you can try, “What was that like for you?” or “What about that you mad?” or “How was it for you when that happened?”
- Validating is not the same thing as agreeing or condoning – you can validate while having a different point of view!

6. What can I find out about my child’s feelings? What are they like?

- Ask: “Tell me more.” “What did that make you think?” “What did that make you feel?” “How did that affect you?” “What does that mean to you?” “Is this feeling an old or new feeling?” “When do you usually feel it?”

7. Are we ready to problem solve now, or do we need to wait?

- Expressing and exploring emotions is an essential part of solving kids’ (and adults’!) social problems
- Once they know what is bothering them, kids can often find solutions of their own
- When kids feel that they are able to express emotions and be understood without having to defend themselves, they are more easily able to ask for the kinds of help they need

DO NOT EMOTION COACH WHEN:

1. There is no time. (You can come back to it later.)
2. There are others in the room/it’s too public.
3. When are too tired or upset to coach effectively.
4. When you are “triggered” (out of your Window of Tolerance).
5. When you are disciplining or addressing serious misbehavior.

Roadblocks to Emotion Coaching:

1. Discounting, invalidating, arguing about the facts or using logic to devalue what your kid is saying.
2. Getting defensive or bringing up past arguments in a discrediting way (for example, by stating, “That’s not what you said before...”)
3. Fixing the problem too quickly – sometimes just listening is the solution, and sometimes your kid will be able to solve their own problem after getting emotional support from you.

WHY YOUR FEELINGS MATTER

Here in the FIT Program, our goal is to make your relationships with your youth stronger and closer. **Your own feelings** and mental health are key to this process! The following exercise is intended to help you reflect on how your emotions may impact your conversations with your young person.

RELATIONSHIP GOALS – Write down 2-3 **goals** that you have for your relationship with your trans or gender questioning youth. These goals must be **relational** rather than **outcome** focused. This means they should be about the *quality or feeling* in the relationship, rather than “getting” your young person to do something differently. The goal should focus on **your own behavior** rather than your youth’s.

Examples of Outcome-Focused Goals	Examples of Relational Goals
<p>“I want my child to be more open and forthcoming with me about their transition.” (Focused on changing the child’s behavior.)</p>	<p>“I want to act in ways that help my child to feel more comfortable and trusting when it comes to talking about their gender.” (Focused on adapting the parent’s behavior.)</p>
<p>“I want my youth to be more responsible about their chores and respect my rules about screen time.” (Focused on changing the youth’s behavior and does not take into account the youth’s feelings.)</p>	<p>“I want to learn to set boundaries with my youth in away that lets them feel respected and like they can still talk to me about the things that are important.” (Focused on adapting the parent’s behavior and prioritizes the quality of the relationship)</p>

What gets ^{Kc}in ^{Kc}the ^{Kc}way? ^{Kc}

Write about what gets in the way of achieving your relationship goals with your youth. Focus on the barriers that come from **within you** (thoughts, emotions, etc) rather than on what your young person is doing or not doing. What do you notice?



UNIT 5

RELATIONSHIP RUPTURE & REPAIR

MOMENTS THAT STAY IN THE HEART

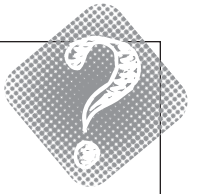
A **relationship rupture** is a painful moment in a relationship when trust is lost. One FIT facilitator, clinical social worker Lindsay Elin, refers to them as “ugly moments that last in the heart.” These ruptures can be very large, noticeable conflicts, but they can also be small moments that go by very quickly. One good example of this that is often brought up by the youth we work with in FIT is being **misgendered** by their families – often, parents and caregivers do not even notice when they use the wrong name or pronouns for their trans young people. However, the young person in question may feel very hurt by this.

Too many ruptures in a relationship can seriously damage the relationship. When ruptures happen between children and their parents, this can also impact how those children experience relationships in adulthood. LGBTQ2S+ youth, and especially trans youth, are known to be more likely to have negative relationships with, or even be estranged from, their families of origin. This is why we believe it is extremely important for the parents and caregivers in FIT to be aware of ruptures and how they occur.

That said, ruptures are a normal and unavoidable part of any relationship – we are only human, after all! **Fortunately, ruptures can be repaired.** This unit will explore the topic of rupture repair in detail.

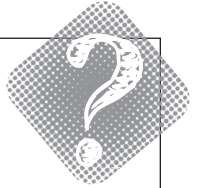
Remember that you do not need to be “perfect” when it comes to preventing and repairing ruptures! A famous early psychologist, D.W. Winnicott, pointed out that the “good enough” parent is better than the “perfect parent.” This is because the “good enough” parent who makes mistakes but then takes responsibility for them and repairs them shows their children how it is possible to live in an imperfect world and cope with normal human conflicts.

**WRITE DOWN SOME WAYS THAT YOU KNOW YOU ARE
A "GOOD ENOUGH" PARENT:**

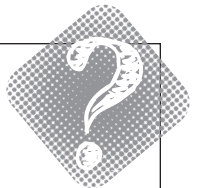


A series of horizontal dashed lines provided for writing answers to the prompt above.

Now check in with the sensations in your body. Where are you in relation to your Window of Tolerance?



What does this activity tell you about relationship ruptures?



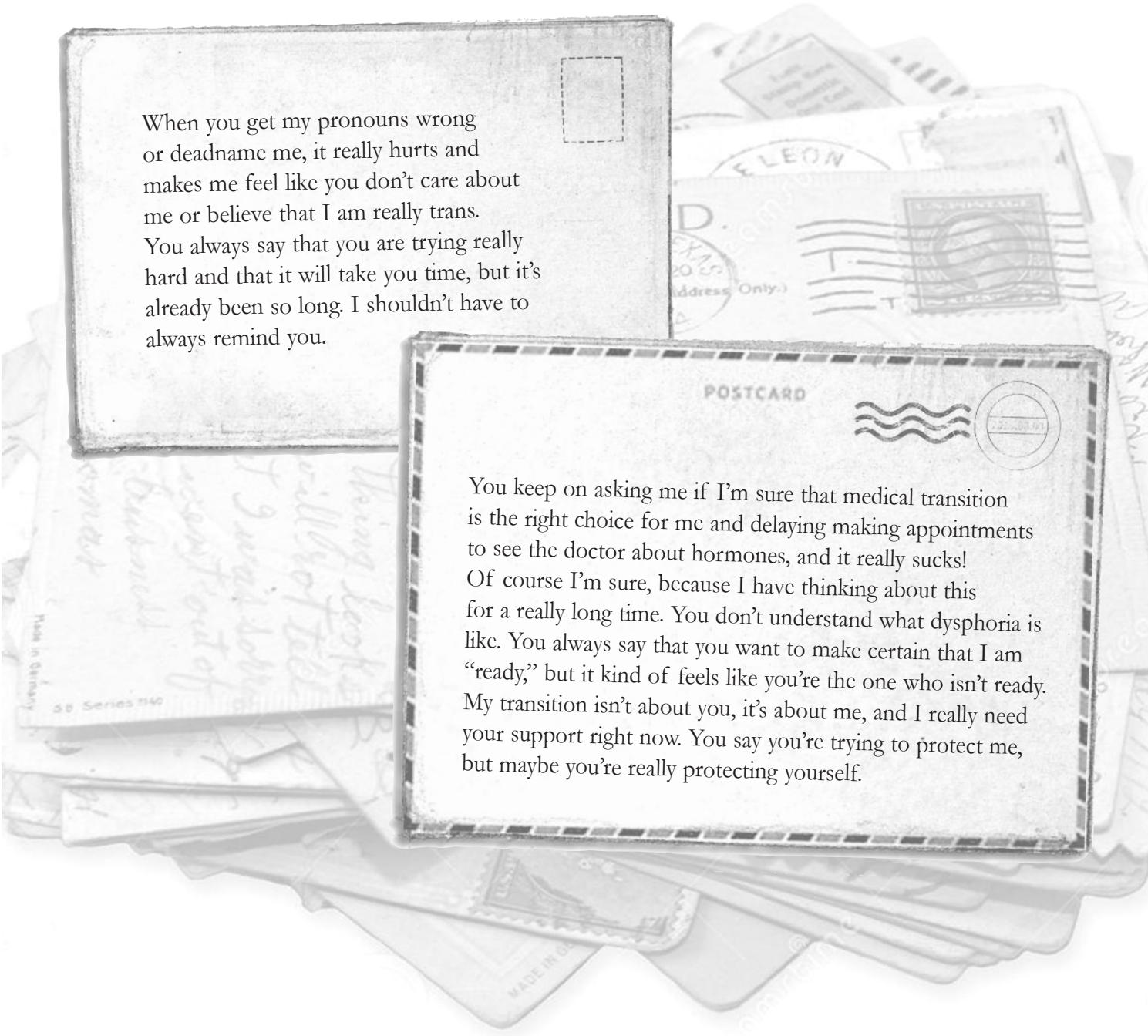
POSTCARDS FROM THE HEART

The following “postcards” are simulations of an art exercise that we have done with trans and gender questioning youth in earlier versions of the FIT Program. While these postcards are not real, they capture the language and feeling of real trans youth. Read through these postcards and take some time to think, feel, and take care of yourself.

What do these postcards show you about relationship ruptures?

How are the postcards relevant to your own parenting experience?

What thoughts, feelings, and sensations come up for you while reading them, and what kinds of supports/self-care would feel helpful if any of them are negative?



When you get my pronouns wrong or deadname me, it really hurts and makes me feel like you don't care about me or believe that I am really trans. You always say that you are trying really hard and that it will take you time, but it's already been so long. I shouldn't have to always remind you.

POSTCARD

You keep on asking me if I'm sure that medical transition is the right choice for me and delaying making appointments to see the doctor about hormones, and it really sucks! Of course I'm sure, because I have thinking about this for a really long time. You don't understand what dysphoria is like. You always say that you want to make certain that I am "ready," but it kind of feels like you're the one who isn't ready. My transition isn't about you, it's about me, and I really need your support right now. You say you're trying to protect me, but maybe you're really protecting yourself.

You've told me so many times that I need to think about fertility and having kids and banking my genetic material, and honestly, it's so awkward! I never know about what to say about any of that stuff! Like, I'm a kid, I don't want to talk about eggs and sperm (ew ew ew!!!!) and just like, whyyyyyyyyyyyyy???????????

When I came out to you, you barely reacted at all. Now, it feels like you avoid talking about gender with me even though I really want to share this part of my life with you. I don't understand. Why aren't you happy for me? Are you ashamed that I'm trans? This is such a big deal in my life and I wish it felt like you cared about it.

You always make such a big deal about how you're doing so much and working so hard to support me. You act like you're such a Supportive Parent™ when you're with other people, but it's not a contest! I hate feeling like you have to work really hard to love me. Why can't it be easy to love me? I'm not some special case. I just want to be a regular kid who happens to be trans with regular parents. Is that too much to ask?

I overheard you talking to Grandma the other day and she kept on using my deadname and you didn't correct her, but I could see how uncomfortable and embarrassed you felt. I just want you to know, it's okay. I know how hard my transition is for you, and it's okay if it takes you a really long time to get used to it, or even if you never get used to it. I'm still your kid and I still love you, even if it really hurts when you deadname me. I can handle it. Please, please, don't worry about anything. I hate seeing you worried about me. I promise I can take care of myself.

When you said that you were "grieving your daughter" in family therapy, I just felt so, so sad. I wish my transition didn't make you feel like I was dying. I hate hurting you like this. I hate that who I am hurts you so much. I wish so hard that I could change who I am so that you wouldn't have to deal with all this. And so that you could love the real me.

Whenever I talk to you about medical transition, you just start crying, and it makes me feel awful. I'm sorry for doing this to you. I never wanted to hurt you. I wish that me being me wasn't so scary to you.

TIPS FOR RUPTURE REPAIR

- Identify your emotion regulation level (where you are in relation to your Window of Tolerance) and find resources to help you return to or stay in your Window (take a break if necessary!)
- Remember that it is never too late to repair a rupture (try not to wait too long). However, late is always better than never when it comes to repair
- Awkward repair is better than no repair
- Offloading blame, resorting to “logical thinking,” or telling a young person that they are being too sensitive or need to compromise is not repair
- Get curious – really explore what is happening for your young person internally
- Ask questions about feelings and needs, as well as situation and goals/plans
- Emotion coaching: provide your kid with language to express themselves (don’t assume they already have it)
- Provide options for your young person. For example, you might ask, “Are you maybe feeling angry with me? Frustrated? Sad?”
- Let young people know that they can feel more than one emotion at a time. For example, you might say, “Maybe you really want to share how you feel with me, but it also feels like you can’t trust me”
- Linger in the feelings, positive AND negative; validate them
- Don’t jump too quickly to problem solving

RUPTURE REPAIR REHEARSAL

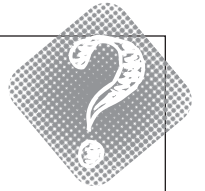
This activity is intended to help you prepare to notice and address ruptures with your trans or gender questioning young person. Use the “tips” on the previous page to help guide your answers.

This activity can be emotionally challenging, so please make sure to do it at a place and time where you feel able to do so!

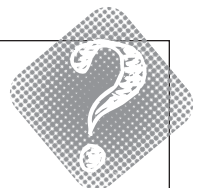


Think of a moment when you felt that you disappointed your trans or gender questioning young person. Describe that moment in words or pictures below.

What happened? Where were you? What thoughts, feelings, events, led up to this incident? How did you know that the rupture had happened? Where were you in relation to your Window of Tolerance?



Imagine repairing this rupture with your youth. How would you start? What time and place would you choose? What specific words could you use to help?



UNIT 6

YOUR OWN COMING OUT

YOUR OWN COMING OUT: A Guide for Parents

We often think that “coming out” only refers to what trans youth will be doing when they tell others about who they are; however, you are going through a “coming out” process of sorts as well. You will have many reasons to tell others:

- to obtain support for yourself
- to talk about your loved one using the right pronouns and name
- to get your youth the care they need
- to navigate systems such as schools, doctors etc.
- to help your child in telling extended family (if they want this support)

This process can cause a great deal of anxiety and stress. Here are a few things to think about before you begin telling others:

1. Examine your social context.

- What do you hope to accomplish by coming out about your youth?
- What are the values and beliefs of the people you are telling?
- How do you expect people will respond?
- Are there cultural and/or religious issues that will impact their reaction?
- What are the risks associated with telling them?
- Do the potential benefits outweigh the possible costs?

2. Where are you in terms of acceptance?

- How comfortable are you? The more accepting you are of your loved one’s gender identity, the better coming out will be. If you are still struggling, negative reactions from others may have a bigger, and possibly more destabilizing impact on you.
- Find the right time that honours your process. If you come out too soon, and share your own negative reactions, you might regret it later.

3. How much knowledge do you have regarding trans people?

- The more you understand about trans people, the better prepared you will be to answer questions and provide resources.
- How much do you know about how your youth feels? If there are areas that you have not talked about, it's important to gain a better understanding first. Try not to make assumptions when speaking to others.

4. Do you know how “out” your trans youth wants to be?

- Try not to assume that you have permission to share your youth's story – talk to them about it first!
- You may be at a different place than your loved one with regards to how “out” they want to be. You may be comfortable telling others, but they may not feel the same way.
- Be clear with boundaries around whose story gets shared and what details get shared. Often people ask very intrusive questions, and it's important that you know and respect your youth's limits regarding what information may be shared.
- If your child doesn't want anyone to know about their gender, but you feel the need to be able to talk with someone, make sure to negotiate this need. Take the time to consider the full implications in order to come to a compromise.

5. Develop a support system.

- Come out to those you believe will be the most supportive first. Rely on those supportive people when you are telling others who may have a more difficult reaction.
- Having one successful experience will give you confidence with the rest of the coming out process.
- Find allies to talk to who you know will support you.
- Connect with other families of trans people. They know what you are going through. Exchange coming out strategies.
- Identify people who can accompany when you are coming out. For example, sometimes, when there is a non-family member present, family members may keep transphobic responses to themselves.
- There is no need to share negative or transphobic responses with your trans youth. It will be important to turn to others for support instead of them.

6. Practice, Practice, Practice.

- Prepare by rehearsing what you want to say.
- Practice how you might respond to anticipated questions or negative reactions.
- Sometimes, it's appropriate to end the conversation when inappropriate things are said. Make sure you have a limit in your mind of when that is. It's okay to ask to talk another time when emotions are not running so high.

7. Choose language and terminology appropriate for the receiver of the news.

- Phrase coming out in positive terms rather than negative. This sets the tone for potentially positive responses.
- People might not understand certain terms, so part of the coming out process is to educate them.
- Bring information and resources that may help answer some of their questions in more general ways.

8. Select the method of delivery.

- Typical options are person-to-person, phone communication, social media and written letters/email.
- Benefits of coming out through a letter are: clear messages can be chosen thoughtfully; the recipient has time to have an emotional response without sharing it hurtfully; the recipient will have time to re-read the letter to reduce distortions of information.
- The drawback of coming out through a letter is that there may be misunderstandings, so it would be important to follow up with a person-to-person conversation.
- Another option is to have a third party present. It could be a friend/family member or a professional.

9. Prepare for the best-case scenario and the worst-case scenario.

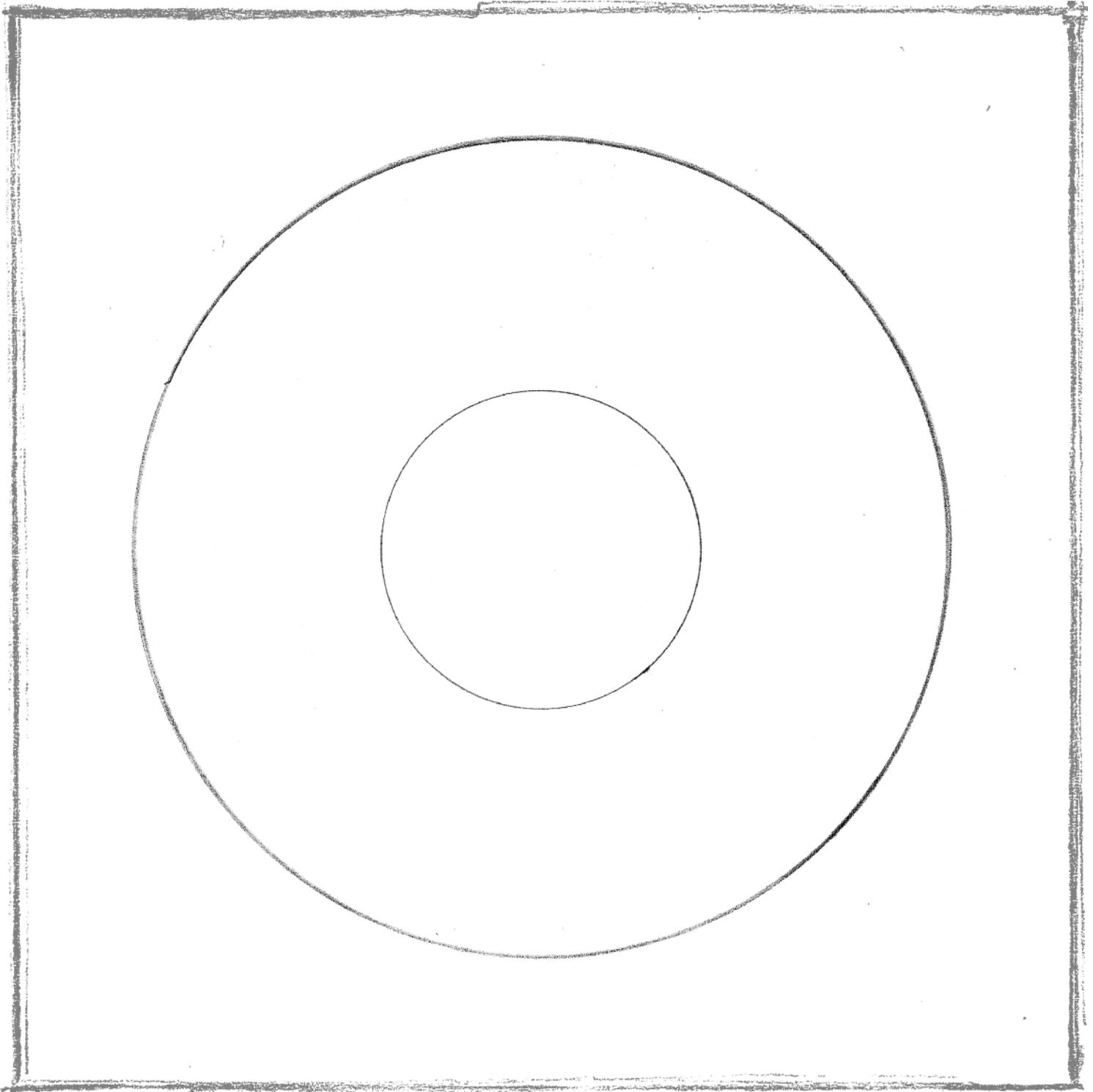
- Often, people can surprise us with their responses. Be open and cautiously optimistic.
- Have self-care in place. We live in a transphobic and transmisogynist society, and coming out can be stressful. Prepare a list of ways to take care of yourself after the event.
- Finally, find someone with whom you can debrief. It's important to get support.

10. Things to consider when coming out to children (such as siblings).

- Present the information in an age-appropriate and matter-of-fact way.
- Children will often react much better than you expect. They are often open-minded in ways that adults are not.
- The more comfortable you are with your youth's gender identity and trans issues, the better you will be able to respond to whatever reactions siblings have, and offer whatever support they may need.
- Find out how the child currently views gender. Developmental factors are at play during each age range. Generally speaking, the more rigid they are in their understanding of gender, the more difficult their reaction might be.
- Take the time to prepare the child by having open conversations that gently challenge different gender beliefs prior to telling them.
- Assist siblings in their own coming out strategies as needed. Often, this will mean establishing allies for them in their school and speaking with their friend's parents.
- Finally, it's your job to protect your trans youth in the family system. This means that if your other children are saying hurtful things to your trans youth, you will need to intervene in order to stop this.

THE COMING-OUT MAP

1. In the inner circle put the family living in their home.
2. Write down the people whom you feel are in your "inner circle" in life, and those who are in your "outer circle" (i.e., teachers, medical practitioners, hairdresser, co-workers, neighbors, casual friends, extended family). The space around the bigger circle is for acquaintances or strangers.

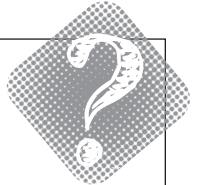


Look at your circles:

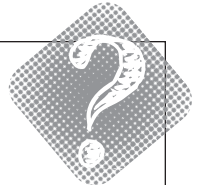
3. Circle who knows your child is trans; use arrows to show how disclosure went; did it bring that person closer to you or did it make you move away from that person?
4. Keeping boundaries in mind, use 3 different colours to identify who has not been told
 - a) who should know a lot about your child's transition
 - b) who only needs to know a bit
 - c) who doesn't need to know at all
5. Identify, with a star, which people are your "jobs" to tell as parents
6. Number people off for small group discussion – groups of 3 – 10 mins
Discuss: "Who are you struggling with telling and why?"

REFLECTION:

1. What did this exercise bring up for you?



**2. What has this exercise taught you, if anything?
About boundaries? About relationships?**



LETTERS TO EXTENDED FAMILY

At some point, a trans young person may decide that they want to come out to your extended family and friends. They might request that you send out a letter, email, or social media announcement helping them do so. Here is an example of such a letter that we have written for you. There are many more examples that can be found online. You may find it useful to practice writing such a letter for yourself – always remember, however, to consult with your youth and follow their lead when it comes to sending it!

Dear family and friends,

We are excited to share some important news with you! Jane, whom you have known up until now as Johnny, has let us know that she identifies as a non-binary girl. This was a good surprise, and we are very happy to have a non-binary daughter in the family.

Jane has asked us to tell you that all that they use the pronouns “they/them” and “she/her” interchangeably, as these feel the best for her. Please switch to using these pronouns when talking about Jane in the third person. Thank you in advance! Jane says that they feel better already just knowing that people will be referring to her in the correct way.

As of today, Jane has decided to be “out” at home, school, and everywhere else, so please feel free to use her new name and correct pronouns without worrying about “outing” her by accident.

We fully support Jane, and we’re feeling very lucky to have such a brave and awesome daughter. Please feel free to get in touch if you have any questions – or if you’d like to say congrats!

*Sincerely,
Jane’s Parents*

UNIT 7

SOCIAL TRANSITION

SOCIAL TRANSITION: Parent Mission Briefing

Social transition refers to the changes that a trans, non-binary, or gender nonconforming person may make in their **gender expression, social life, and legal identity** in order to feel most comfortable living in the world. Social transition often includes using a different name (either informally, legally, or both), using different pronouns, changing one's **legal sex designation**, changing one's hairstyle and/or clothing, and many other shifts in the way one presents oneself to others. However, **each individual's social transition is unique and no two social transitions look exactly alike.**

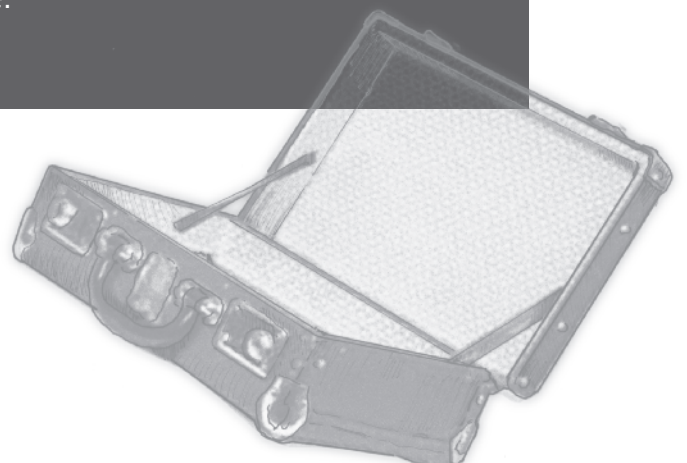
If your young person is going through a social transition, acting as their parent can be a daunting task. There are many different elements of social transition. Some involve legal paperwork, others involve coming out to family, classmates, and/or the general public. Your youth may also decide to change their mind or take a different path at any step of the way. You may encounter **transphobia** and **transmisogyny** from individuals and social systems.

Because of this, social transition can feel like an overwhelming obstacle course or impossible mission – there are simply so many hurdles to jump over and barriers to surmount. You may also have to deal with changes in your own feelings, beliefs, and values as you support your youth through the process.

ALL IS NOT LOST, INTREPID PARENTS!

YOUR MISSION, SHOULD YOU CHOOSE TO ACCEPT IT, is to channel your inner explorer, advocate, and champion. You are far more powerful, knowledgeable, and capable than you know.

Social transition may seem like a mission impossible, but it is also a hero's journey – and your young person is the hero. You are their wise guide, mentor, and protector. Your whole family can learn incredible things and make amazing discoveries on this adventure.





CHOOSING YOUR OWN ADVENTURE: Common Elements of Social Transition

Note: There is no specific order to any individual's social transition. Your young person may choose any of the following steps at any time. The most important thing is to let your young person guide the process at their own pace, in their own time.

Changing one's name

One of the most common ways that people socially transition is by changing their name. Your youth may try out several different names before finding one that suits them best.

Some people also use different names in different contexts. For example, they may use a preferred name with close friends and family, and a legal name with the general public. This can be a healthy part of identity exploration, and may also be a safety precaution. It is important to discuss name changes with your young person to get a good sense of which name(s) they would like you to use in private and in public.

Many trans people choose to change their **legal name(s)**, and many do not. The procedure for changing one's legal name varies enormously from province to province (or state to state). **Indigenous individuals and migrants may also need to follow different legal pathways for changing their names.**

Changing one's pronouns

Your young person may ask you to use different pronouns than you are used to when referring to them in the third person. As with names, it is common for trans and non-binary individuals to "try out" using various pronouns, and sometimes different pronouns for different contexts will be used. It is important to discuss your young person's pronouns with them to get a good sense for which ones they would like you to use in public and private, as well as how they would like you to support them if someone uses the wrong pronouns for them.

Commonly used pronouns are "he/him" and "she/her," which you already know. The singular gender neutral pronoun "they/them" may be less familiar to some people. There are also other gender neutral pronouns such as "zie/zir," which may take some practice getting used to.



Changing one's legal sex designation

Some trans and non-binary people may choose to change their legal sex marker or **legal sex designation**. This means that they are applying to the government to have the sex on their identification documents (ID) changed, or in some cases hidden. Government-issued ID is usually marked "M" for male or "F" for female, in correspondence with the individual's **assigned sex at birth**. Some jurisdictions, such as Ontario, Canada, now also allow ID to be marked with an "X" in the sex category.

The legal process for changing your legal sex marker can range from simple to very complicated, depending on where you live and what your legal status is (i.e., Citizen, Permanent Resident, migrant worker, etc.). Youth under 18 will usually need their legal guardian's permission to change their legal sex designation. Some jurisdictions will require a letter from a doctor or psychologist as part of a name change application. Others, such as Quebec, Canada, will allow a sex designation change based solely on self-identification and a sworn witness.

You will likely need to do some research and/or get professional advice in order to become familiar with the legal sex designation change process in the place where you live.

Changing one's style of appearance

One element of social transition that can be both fun and stressful is changing one's personal style: hair, clothing, make-up, and other aspects of beauty and grooming. This aspect of **gender expression** can be one of the most creative and fulfilling parts of social transition for some individuals – for others, it can be the most stressful! It all depends on our relationship to fashion.

Your young person may wish to start (or they might have already started) wearing clothing that is more aligned with their gender identity, but atypical for their assigned sex. Finding clothes (especially very gendered clothing such as shoes and swimsuits) of the right size and shape can sometimes pose a challenge. Finding stores and other clothing outlets that are trans-friendly may also be difficult. As a parent and advocate for your young person, helping them navigate these challenges may be one of the most important parts of your role – especially while your youth is in the earlier parts of adolescence and young adulthood.

Hair, including facial and body hair, can play a major role in social transition. Your young person may wish to cut their hair or grow it out, depending on how they feel about their gender journey. Finding the right, trans-friendly hairstylist is very important. Some trans youth, especially transfeminine youth, may also want to undergo **laser hair removal** or **electrolysis** to reduce facial and body hair. Because these processes can be very personal, finding a trans-friendly esthetician is essential.

Gender-affirming gear are pieces of clothing or equipment that help to modify the appearance of the body without the use of medical interventions. Your youth may want to use gender-affirming gear such as:

Chest binders

– tight garments that wrap around the upper body, giving the appearance of a flat chest

Packers

– a hard or padded object that is worn in the front of the pants or underwear to give the appearance of a "bulge"

Gaffs

– a piece of fabric, usually elastic, that is designed to hide or minimize external genitalia

Breast forms

– usually made of silicone, these devices are made to be worn inside a bra, giving the appearance of augmented breast tissue

...**and more!** These can be obtained in some specialty shops as well as online.

Coming Out

Your youth may choose to “come out”: disclosing that they are trans to family, friends, teachers, coworkers, even the entire world!

Other youth may also prefer to wait to come out, and some may not come out. For example, some trans and non-binary young people may move to a new city or town for post-secondary education before expressing their gender identity. However, some form of coming out will likely be necessary for most trans people at the level of close family or friends.

Coming out at school may involve letting teachers, principals, and other professionals know which name and pronouns your youth prefers. In many school districts, trans and non-binary students have the right to be referred to by their chosen names and pronouns even if their legal documentation has not yet been changed. School professionals may also be able to assist you and your young person with dealing with any mental health or social issues that come up during the coming out process.

However, some school professionals may not be up to date or well trained in working with trans and non-binary students. This is where your role as an advocate for your youth comes in!

Coming out at work may involve letting employers and coworkers know about which name and pronouns your youth identifies with. Not all workplaces are supportive of trans people; however, **gender identity is a protected category in the Canadian Charter of Rights and Freedoms, and workplace discrimination based on gender identity is illegal**. Some companies and employers now have HR policies specifically written to address the rights, safety, and wellbeing of trans people at work.

Connecting with LGBTQ+Q+ Community

Social transitioning can involve reaching out and building relationships with other members of trans positive LGBTQ+ communities – it’s important to know that there are multiple LGBTQ+ communities, and some spaces that are more traditionally for cisgender “Gays and Lesbians” may not be trans-positive. In many places, LGBTQ+ community groups and programs play an active role in supporting people who are transitioning – and there are often support groups for parents and families of trans people as well. You can search online or ask a trusted health or social service professional for help connecting with such groups if you don’t know where to start.

LGBTQ+ community can be an enormously important resource for your young person. They will likely want to meet peers and friends who are going through similar life experiences. LGBTQ+ community can also be a place to find role models and mentors.

If your trans, non-binary, or questioning young person is racialized or Indigenous, connecting with LGBTQ+ peers and older people of the same background can be extremely meaningful.

It is important to remember to let your young person **move at their own pace** when it comes to making community connections!

SOCIAL TRANSITION SCAVENGER HUNT!

Because social transition can involve many different steps – some of them involving a lot of paperwork and bureaucratic processes – it can often feel intimidating, or even like a long series of chores. In the FIT Group Program, we use a scavenger hunt to illustrate two key points:

- 1) Navigating social transition is much easier and more pleasant when done with support, and
- 2) Social transition is also an opportunity for you and your young person to get connected to a broader community of trans people and their allies!

You can use the “scavenger hunt” spreadsheet below to help you plan for your young person’s social transition (if they intend to go through one – they may not want or need to!). The first step is discussing it with them – ask what social transition processes they might want to take. Work with them to create a plan and find out what steps and resources you’ll need. Friends, family, and professional social service providers may also be able to help.

PROCESS	TASKS	RESOURCES/STEPS
LEGAL NAME CHANGE	Birth Certificate Driver’s License/Photo ID Healthcare Passport Indigenous ID Others:	
LEGAL GENDER MARKER CHANGE	Birth Certificate Driver’s License/Photo ID Healthcare Passport Indigenous ID Others:	

continued on next page...

PROCESS	TASKS	RESOURCES/STEPS
CHANGES TO NAME & GENDER MARKER AT SCHOOL AND/OR WORK		
CLOTHES & SWIMWEAR		
TRANS-FRIENDLY HAIRDRESSING & HAIR REMOVAL SERVICES		
MENTAL HEALTH		
COMMUNITY GROUPS		

UNIT 8

MEDICAL TRANSITION

NAVIGATING MEDICAL TRANSITION: THE ROLE OF A PARENT

Medical transition refers to the steps that a person may take to physically alter their body so that it is more aligned with their **gender identity**. For example, some trans people undergo **hormone therapy** (sometimes referred to as cross-hormone therapy, hormone replacement therapy, or HRT). Others may choose to undergo surgeries, sometimes called **gender affirming surgery** or **gender reassignment surgery**. Young trans and gender questioning individuals who need more time to consolidate their identity and make an **informed choice** about medical transition may sometimes be prescribed **hormone blockers**, which temporarily delay the onset of puberty and the development of secondary sex characteristics.

The legal requirement for young people to obtain **parental consent** for medical transition differs depending on the age of the young person in question, as well as the province/state/country where they live. However, research shows that trans youth do best when they have supportive parents involved in their transition process.

Medical transitioning is **one of the most sensationalized aspects of gender transition** – this is why people sometimes ask trans individuals if they “have had the surgery” before even getting to know them! Would it be considered polite to ask a cisgender person such a personal question about their body simply out of curiosity?

Sometimes, medical transition can seem like the “only way” for trans individuals to become fully “passable” or look “normal.” However, **many trans people choose not to undergo any medical transition at all, and live very happy lives**. We encourage you to support your youth in doing what feels right for them, even when this goes against social stereotypes about what a man or woman “should” look like.

Medical transition for young people is also often debated in the media, and the **discussion can become very emotionally and politically charged**. Medical facts and statistics can become distorted on all sides of the debate. This is why it is important for parents and young people to get **good supports and professional advice, and to develop good critical thinking skills around this topic**. While we can never be “one hundred percent certain” about the outcome of any medical intervention, we can strengthen a young person’s capacity to make decisions based on **informed consent**.

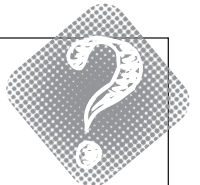
CHANNELING THE “WISE GUIDE”

There is no one way to medically transition. Some youth will be very clear about a desire to “fully transition” and will seek out everything they have access to. Other youth find that they only need to change one aspect of their bodies, or need no medical interventions at all. There are many youth who choose to go through a social transition, but have no need for hormones and surgeries. Whatever the case, we advise you to:

- Ask questions, and listen to your youth
- follow your youth’s lead, and let them set the pace
- stay open to the multiple possibilities and trajectories for transition
- avoid projecting your own agenda on to your youth
- keep the communication channels open

When thinking about how to understand your role as a parent in regards to your youth’s medical transition, it may be helpful to return to the archetypal “hero’s journey.” Your young person is the “hero” of their transition process, navigating the challenges and triumphs of their gender journey. Your role could be considered similar to that of a “wise guide” and “protector” (for example, Yoda in *Star Wars*, or Gandalf and Galadriel in *The Lord of the Rings*). While your youth will, sooner or later, need to become responsible for their own decisions (medical and otherwise), **you can help them clarify their feelings and intentions and prepare them to make the choices that are right for them.**

QUESTION FOR PARENTS: When you were an adolescent or young adult, did you ever have to make a big life decision that would have potential consequences? What would you have found more helpful: to be told what to do, or to be supported in making your own decision? What kind of support would have felt good to you?



THE GUIDE VS. THE GATEKEEPER

It may be tempting, especially when your youth is in the earlier stages of adolescence, to try to shield them from any possible risks or consequences. When it comes to medical transition, this can sometimes look like exerting control over your young person's choices (or in some cases, preventing them from accessing medical transition at all).

This impulse is understandable – of course parents want to protect their children! – and in some provinces/states, parents also have the legal authority and responsibility to have the “final say” about their children's medical care up to a certain age. However, it is also not helpful to enter into an antagonistic dynamic or power struggle with your young person.

It is an adolescent's “developmental task” to start to make their own choices and develop personal agency. This means that they have need to feel that their words and actions have a real impact on their world, especially when it comes to something as important as gender transition. Refusing to recognize a young person's agency in this area can lead to major conflict, disappointment, and in the worst cases, mental health issues, as we discussed in the unit on promoting mental health (FIT Session 3).

Though you must of course sometimes exercise parental authority, we encourage you to take the role of the “**wise guide**” rather than that of the “**gatekeeper**” whenever possible. To return to the metaphor of the hero's journey, the gatekeeper or overly possessive guardian is a character whose protection makes the hero feel trapped (for example, Rapunzel's stepmother, who keeps her trapped in a tower). In such stories, the “hero” struggles to escape the gatekeeper and claim their freedom – which is likely the opposite of the dynamic you want to have with your youth.

EXAMINING THE EVIDENCE

Medical transition involves some major life decisions, and as such, there are consequences - **many of the interventions are reversible, but some are permanent.** However, study after study show that:

- Gender affirming treatment such as surgeries and hormones (in those who choose them) produce positive results, and significantly outweigh any negative or non-desired effects.
- A majority of people who transition have no regrets and are happier.
- The majority of people who transition are no longer in body distress.
- People who transition generally function better “psychologically, socially and sexually” in their post-treatment lives.
- People who undergo transition at younger ages do better than people who transition later in their lives.
- There are also potential consequences to NOT moving forward. For example, puberty may be creating permanent undesired changes for your youth, and the situation may feel intolerable, putting your youth at greater risk for mental health issues or potentially more invasive medical interventions later on. These situations may call for involving professionals early and advocating with medical professionals to get what your youth needs.

Be sure to **listen to what your youth has to say**. If your youth has a consistent pattern of changing their mind or being impulsive, greater caution may be called for when making these major decisions. However, it's worth noting that in our experience, youth who have reached the stage of seriously considering transition have already thought the decision through quite carefully.

HORMONE BLOCKERS

Hormone blockers (gonadotropin-releasing hormone agonists) are a class of medications that work by decreasing the amount of the specific hormones that lead to the release of estrogen and testosterone. They are frequently used in conditions such as endometriosis and prostate cancer. Studies have shown the safety and efficacy of these medications in younger children with central precocious puberty (early puberty) as well as in adolescents with gender dysphoria. **Hormone blockers essentially put puberty “on pause.”**

For pre-pubescent youth who identify as transgender, youth who are unsure of their gender, or youth who do not fit the binary of male-female, hormone-blockers or “puberty blockers” can allow more breathing room for youth to consolidate their gender identity, and for youth and their families to access mental health resources as needed. Even if a youth has completed puberty, they may benefit from hormone blockers by having the effects of secondary sex characteristics decreased.

Studies have shown the benefits of hormone blockers for transgender adolescents in the reduction of anxiety and depressive symptoms and in greater psychological functioning. However, it is important to note that **hormone blockers should not necessarily be seen as a step towards medical transitioning.** The time that a youth is on hormone blockers should instead be seen as valuable time for youth and their families to seek out resources and to gather information to make longer-term decisions about transitioning. Seeking out a strong support network of medical professionals, mental health professionals, and community services is an essential part of this process.

Hormone blockers are usually injections given every 1-3 months, and a youth could be on hormone blockers for several years. During this time, a medical professional will meet regularly with the youth to check-in, talk about the effects of the medications, and work with youth and family to access resources, as needed, in addition to performing physical examinations and ordering lab work.

Hormone blockers alone cannot be used as a lifelong solution. A youth may decide to stop taking the blockers, and, because the effects are largely reversible, they would continue along puberty from where it was paused. Those who had already completed puberty when starting hormone blockers will have those changes come back. **However, the long-term effects of hormone blockers may depend on your youth’s unique situation – age, medical conditions, and other factors may play a role.** You should consult with your medical professional(s), as well as your youth, in order to make the best decision.



HORMONE THERAPY

Hormone therapies are medically recognized treatments that present an effective solution for persistent gender-related distress. Even in the absence of distress, it can also be something that greatly enhances one's life. Open the conversation about hormones with your youth by asking them about what physical changes they want, if any, to affirm their gender identity.

NOTE ON LANGUAGE: While we have used the terms "masculinizing" and "feminizing" for the sake of clarity for those less familiar with trans experiences, it is important to remember that these terms do not feel comfortable for everyone. For example, a non-binary person who was assigned female at birth may choose to receive testosterone therapy without considering themselves to be masculine.

Masculinizing Hormones:

Testosterone ("T") can be administered in a number of ways:

- An intramuscular injection with a syringe (testosterone cypionate and testosterone enanthate) usually into the glutes or thigh. Given 1 – 4 times per month depending on dose
- A gel – administered to the skin every day
- A patch – administered to the skin every day

Changes will occur cumulatively over a period of up to five years (as in puberty) beginning in the first few months. Although each person reacts differently to hormones depending on hormone receptors in body, genetics, type of "T" administration and dose, here's some of what might be expected:

Permanent changes:

- Deepening of the voice
- Facial and body hair development
- Enlargement of clitoris
- Male pattern baldness

Reversible changes:

- Muscle development
- Increased libido
- Redistribution of body fat
- Cessation of ovulation and menstruation
- Increased sweat
- Changes in body odour
- Acne
- Elevated blood lipids
- Increased red blood cell count

Feminizing Hormones:

Typically, feminizing hormones involve the administration of estrogen (the main “feminizing” hormone), anti-androgens (medication to block testosterone), or a combination of the two.

Estrogen:

Estrogen works directly on body tissues in your body (for example, breast growth), and indirectly suppresses testosterone.

Estrogen can be taken in different ways:

- pill (oral application)
- skin patch or gel (transdermal application)
- injection (intramuscular application)

Although each person reacts differently to hormone therapy, some physical changes that estrogen will promote include:

- softening of skin
- decrease in muscle mass
- redistribution of body fat to hips
- breast growth
- decreased fertility
- decreased growth of facial and body hair

Anti-androgens:

Anti-androgen drugs work by blocking the effects of testosterone. This reduces “masculine” physical traits and has a mildly “feminizing” effect. Anti-androgen effects are relatively mild by themselves, but stronger when combined with estrogen. Anti-androgens are generally administered as a pill, most commonly spironolactone and/or finasteride.

Again, physical changes that will occur with anti-androgens will be different for each person, but typical changes will include:

- decreased libido
- possible loss of fertility (reversible).
- slower growth of facial body hair
- lessened balding patterns.

GENDER AFFIRMING SURGERIES

There is no one path that people take when they are medically transitioning, and there are many different surgeries available. Some surgeries are covered by local health care plans, and some are not. Some surgeries require approval processes in order to be financially covered. This process is often changing, so please check our website to see up to date information for Ontario.

For those assigned female at birth some surgical options include:	For those assigned male at birth some surgical options include:
Breast reduction or chest reconstruction	Removing the testicles (orchiectomy)
Hysterectomy and removing fallopian tubes and ovaries	Removing the penis (penectomy)
Enlarging clitoris to create a small penis (metaidoioplasty)	Creating a vagina (vaginoplasty)
Creating a penis from body tissue (phalloplasty)	Adding labia around the vagina (labiaplasty)
Extending the urine tract into a new penis (urethroplasty)	Breast augmentation (breast implants)
Creating a scrotum (scrotoplasty)	Feminizing of facial features
	Tracheal Shave (Chondrolaryngoplasty, reducing the size of the Adam's apple)

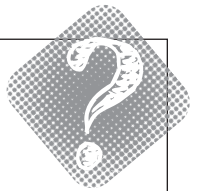
FERTILITY

Families sometimes worry about their transgender youth's ability to have children after a medical transition. However, many trans people have children and start families of their own. There are many options open to trans people that are the same as cisgender people, such as adoption, surrogacy, fertility donations, and giving birth themselves. Thinking about these choices prior to medical interventions such as hormones and especially surgery is important.

This can be a difficult conversation to have with your youth especially if they are young. It might be hard for them to imagine having children in the future at all because they are focused on their present situation. **Some transgender people choose to bank eggs or sperm prior to taking hormones – however, it is important to remember that these options may be expensive and/or invasive.**

Some transgender people stop taking hormones and have found that their eggs or sperm are still fertile. More longitudinal **research is needed to accurately determine how hormones affect long-term fertility – however, there are many children born to trans people.**

QUESTIONS FOR PARENTS



After reading through the above section, do you have any questions left about medical transition and what it might look like for your young person? If yes, where might you be able to find some answers from trained professionals?

Do you know if your youth is interested in medical transition? How do you know? If they are interested, what have they said they might like to do?

Do you have any dreams/expectations about having grandchildren? What are they?

Are your dreams about this potentially different from your youth's dreams about having kids of their own? If yes, how might this impact you? (for instance, would you be disappointed if they decided not to have children?)

If it happened that your dreams turned out to be very different from your young person's in this area, what are some things you could do to take care of yourself?

MAKING GOOD DECISIONS: An Informed Consent Primer

One very common worry that parents and caregivers have about medical transition is whether their child will come to regret any medical decisions that they make. Sometimes, parents and caregivers (and also health professionals) will try to alleviate this by looking for some kind of sign that medical transition is the “right” decision for the youth in question – often, this comes down to trying to figure out if someone is “really” trans or not.

Unfortunately, the decision-making process isn’t as simple as “right or wrong.” Every transition process is unique, and trying fit a young person into a certain box or set of criteria can backfire by making that youth feel disbelieved or misunderstood, which can sometimes create relationship and mental health problems. This is why many health care professionals today use an “informed consent” model when it comes to medical transition.

The following is a description of informed consent and how you can use this concept to have discussions with your youth to help them make decisions that are grounded in careful thought and reflection.

The Key Elements of Informed Consent

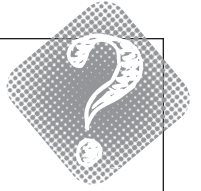
- 1) Information about the potential risks and benefits of a medical procedure (also includes understanding what risks and benefits *are not* possible – some hopes and fears are unrealistic or highly unlikely to come to fruition. For example, hormone therapy cannot alter existing bone structure or completely alter a patient’s personality.)
- 2) Capacity to understand the information – consider the developmental age and level of the person in question
- 3) Freedom from coercion when making the decision whether or not to move forward

Informed consent is more than a one-time decision – it is a process of thinking about choice with the right amount of support and information. Human beings develop the ability to make informed consent-based choices over time as their brains, bodies, and personalities grow. In other words, the ability to use informed consent is a part of becoming mature. Parents can help this maturity grow by having conversations with their children and letting them practice decision-making at a level of responsibility that is appropriate for their age.

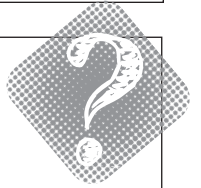


Age of Consent

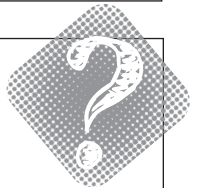
The age of informed consent for medical treatment varies by jurisdiction. This is because there isn't widespread agreement about how old someone needs to be in order to be considered capable of informed consent. Of course, capacity will vary by individual too, depending on their abilities and life experiences. In some countries/regions, the legal and medical systems consider it very important for young people to be able to make their own healthcare choices independently of their parents. Can you think of some reasons why this might be?



In other countries/regions, the legal and medical systems consider it more important for parents to be able to make healthcare choices on behalf of their children. What are some reasons that this might be the case?



What is the age at which a person can make their own medical decisions where you live?





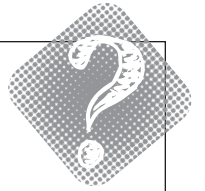
SCENARIO:

CAL

Cal is a 16 year old

young person who was assigned female at birth. At 14 years old, he came out as as a trans male. At that time, he was struggling in school and with his peers. He expressed having symptoms of depression and anxiety. He spent a lot of time researching trans blogs and video blogs online. When he first came out, he was insistent that he needed to have access to "T" (testosterone) right away, as he was worried that he was getting "too old to pass." He was also insistent that he wanted to have top surgery as soon as possible, and bottom surgery (phalloplasty) as soon as he turned 18. He hoped that after a year on "T" and getting top surgery, could move to a new school and start a "totally new life" where no one knew he was trans. He felt that medical transition would give him a chance "to be actually be happy for once."

Now, Cal seems less sure about what he wants from medical transition. He has been taking testosterone at a low dose for about six months, and while he is happy with the changes he has been experiencing, he says he is not certain he wants to continue with it "forever," since he would "maybe like to have kids someday." He also has some concerns about losing his hair. Cal says that he is still considering top surgery, but says he is a little "worried" about it. He says he is not really considering phalloplasty anymore at the moment.

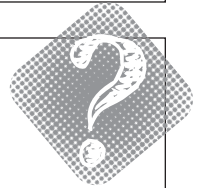


1. Reading this scenario, what are your initial reactions? Consider your:

a. Initial sensations (what happens in your body?)

b. Emotions (what are you feeling?)

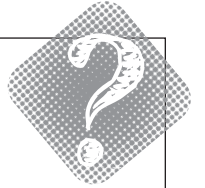
c. Thoughts (what thoughts come to mind?)



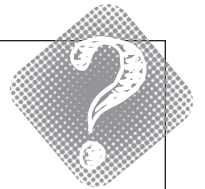
2. Do you have any worries, anxieties, or concerns about Cal? What are they?

Bonus: If Cal's parents were feeling some of the same worries, what supports might be helpful for them?

3. Do you have any hopes, excitements, positive anticipations about Cal? What are they?

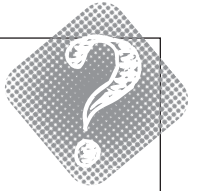


4. a. If you are not trans yourself, it is likely that you cannot relate to exactly what Cal is going through. However, you probably have made some very large decisions in your life before – for example, moving to a new city, getting married, purchasing a home, etc. How did making that decision feel? Were there positive feelings, negative feelings, confusion? Did the way you felt about this decision change over time?

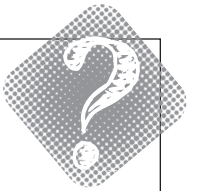


b. How could you use this experience to connect with what Cal is going through? Do you think you could offer any perspective or advice to Cal based on this?

5. What are some supportive things that a parent, guardian, or other trusted adult could say to Cal from a **gender affirming** perspective?



6. Bearing in mind that Cal is growing his ability to make decisions based on **informed consent**, how could his parents or other trusted adults support his development in this area?



THE GENDER TRANSITION TIMELINE

In the FIT Program, we often hear parents and caregivers say that transition is one of the most intimidating aspects of supporting a trans or gender nonconforming young person – often, there are many steps and decisions to made, each of which comes with specific hopes and fears. This activity is meant to help you clarify the “timeline” of your young person’s transition or gender exploration process, so that you can proactively identify the supports you and your family will need along the way.

Remember, this is a “living” timeline. It’s very possible that the plan will change along the way – and that’s all right! What’s most important is to stay connected with your youth and allow them to inform the process.

Directions:

Use the template on the next page, or if you need more space, get a larger piece of poster paper or Bristol board to draw your timeline on.

If you’re not using the template, copy it onto your poster paper by drawing two horizontal lines in the middle of the paper to create a section to record transition actions

Identify the practical transition actions/interventions your youth is planning on taking in the middle section (for example, getting a doctor, getting blood tests done, going on hormones, applying for a name change, changing ID with each institution/department, coming out to co-workers, etc.)

Write or draw your fears about each of these milestones in the bottom section. In the top section, draw your hopes for each of these transition interventions/actions.

Place words and symbols around where you and your youth will need the most support and identify what kind.

Use pictures, symbols, messages to yourself, Post-it Notes, stickers, or whatever else feels right to celebrate your youth’s and your own accomplishments in regards to their transition! Remember to be kind to yourself!

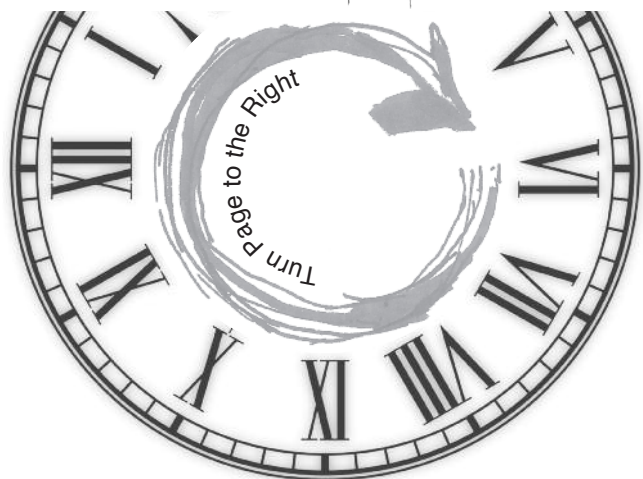
Regularly check in with your youth about their transition plan to ensure your timeline remains accurate and up to date.

If there are places that they feel are stuck and not moving forward creatively, engage them in ideas that can move it forward. Identify where they need more support, where you can take an advocacy role, and places where they can engage in activism.

HOPES

TRANSITION
ACTIONS

FEARS



UNIT 9

ENVISIONING THE FUTURE

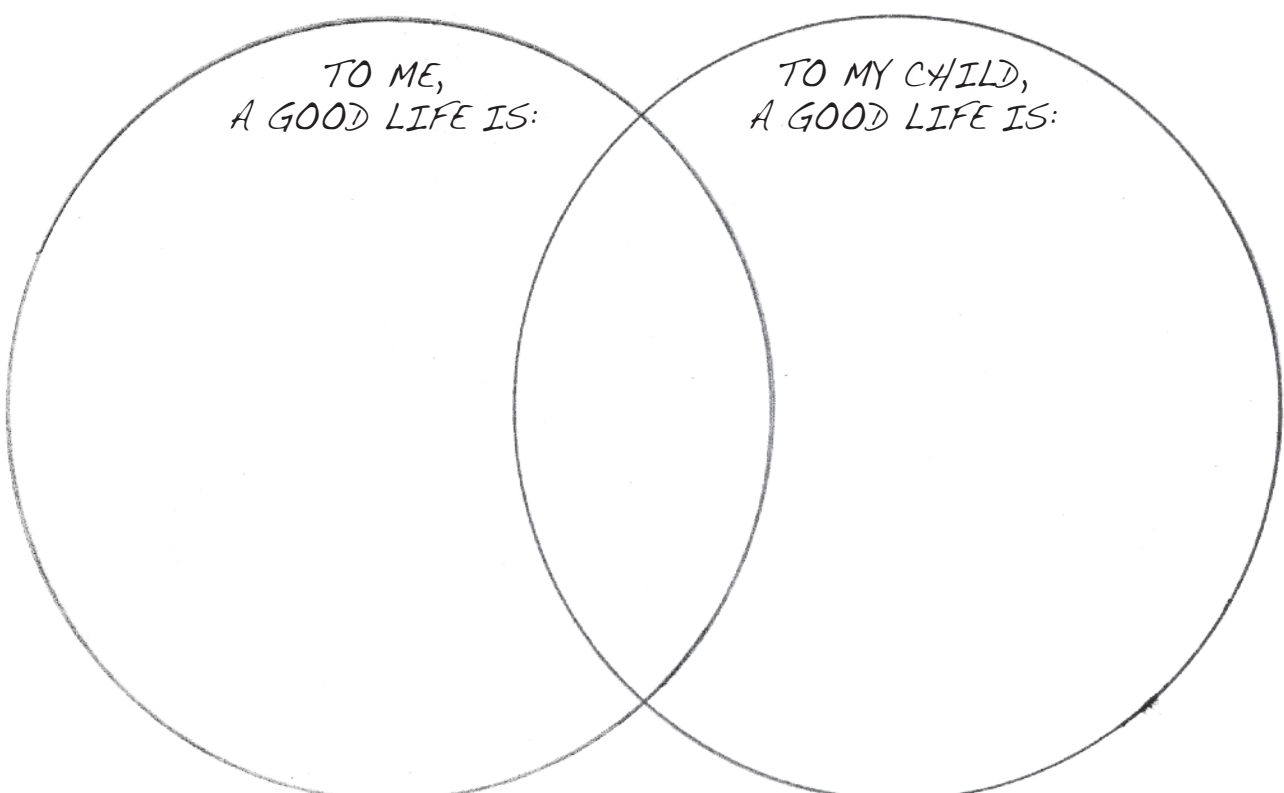
ENVISIONING THE FUTURE: Making Meaningful & Happy Lives

Perhaps at this point in the program/workbook, you feel more confident now when it comes to supporting your trans or gender questioning youth in the present. But what about their future? Are you wondering about whether your young person will be able to pursue school, career goals, relationships, making families?

If so, you are not alone – many parents we have participated in the FIT Program over the years had never met any trans adults (that they knew of) before. Many trans youth today do not see themselves in any role models - or, as trans actress Laverne Cox says, "possibility models"- that show them how trans people can live long, happy, healthy lives. This unit will help you explore those possibilities, which are essential to creating hope and resilience.

Before we get started, it may be helpful to do a quick check-in with yourself and your child. Remember that your idea of a happy and meaningful life may actually be quite different from **their** idea of what that might be. After all, were your life goals exactly the same as the ones your parents had for you?

Fill in the diagram below to compare your idea of a "good life" with your young person's (you may have to ask them about this!).



POSSIBILITY MODEL PROJECT

Using the information from the Venn Diagram on the previous page to guide you, conduct an Internet and/or library search for trans and gender nonconforming “possibility models” whose lives seem to match part or all of your and your youth’s ideas about what a “good life” is. Use the space below or a larger piece of paper or cardboard to create a collage or “mood board” that features these “possibility models” – you can cut-and-paste, write, draw, or do whatever else feels right to you. Get creative! To help you get started, we have created a list of famous and well-known trans people on the next page.



A collection of black and white stars of various sizes scattered around the top of the page.

FAMOUS AND WELL-KNOWN TRANS PEOPLE

Performers, Actors, Models:

Laverne Cox, Michael D. Cohen, Alok Vaid-Menon, Chaz Bono, Ryan Cassata, Trace Lysette, Hari Nef, Harisu, Myo Ko Ko San, Candis Cayne, Hunter Schafer, Andreja Pejic, Alexis Arquette, Gigi Gorgeous, Nina Arsenault...

A few black and white stars of various sizes.


Athletes

Thomas Beattie, Renee Richards, Veronica Ivy, Caitlyn Jenner, Fallon Fox, Mack Beggs, Patricio Manuel, Feagaiga Stowers, Schuyler Bailar, Parinya Charoenphol...

A few black and white stars of various sizes.

Writers, Artists, Filmmakers, Scholars:

Aiyana Maracle, Awaeke Emezi, Chase Joynt, Leslie Feinberg, Meredith Talusan, Janet Mock, The Lady Chablis, Jordy Rosenberg, Smokii Sumac, Lindsay Nixon, Jack Halberstam, Lana Wachowski, Lilly Wachowski, Casey Plett, Ryka Aoki...


A few black and white stars of various sizes.

Inventors, Scientists, and Doctors

Lynn Conway, Ben Barres, Deirdre McCloskey, Julia Serano, Audrey Tang, Rebecca Allison, Joan Roughgarden, Marci Bowers...

Political Figures

Victoria Kolakowski, Lauren Scott, Morgan Oger, Jamie Lee Hamilton, Tomoyo Hisoda, Dean Spade, Chelsea Manning, La Don Henry, Geraldine Roman, Michelle Suarez...

A few black and white stars of various sizes.

FACING FEARS: ROLE MODELING FOR YOUR YOUTH

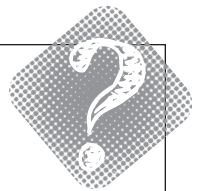
Many parents and caregivers we've worked with ask about the possibility of discrimination, and life opportunities that they fear their trans and gender diverse youth might miss out on. It's true that discrimination exists, and that your young person might experience this from time to time. However, experience has shown us that trans and gender diverse people are extraordinarily resilient, and that with the support of family and community, they are able to rise to great heights.

You can have a direct impact on your young person's resilience simply by loving them for who they are. You can also teach them the skills you have learned in a lifetime of dealing with life's challenges.

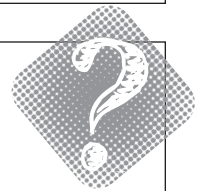
FIT and other programs like it are not only about helping parents and caregivers learn how to support trans and gender questioning youth at home. Part of our role is also to help create a community of **advocates** and **defenders** of your children.

We live in a world where not only trans people but many other groups face discrimination: women, Black, Indigenous, and People of Colour, disabled people/people with disabilities, and many more. Perhaps you yourself are a member of one of these groups. Communities that experience discrimination and oppression have always found strength, resilience, and joy in gathering together to fight for their rights.

What are some ways that you can become an advocate and ally for trans people in your community?



If you have experienced discrimination, oppression, or similar barriers in the past, how did you deal with them? What lessons can you pass on to your trans or gender questioning child?



UNIT 10

REFLECTING & THE JOURNEY AHEAD

OH, THE PLACES YOU'LL GO

Congratulations! You've made it to the final unit in your workbook, which is no small feat. Thank you for your dedication to learning how to support your youth. We hope that the information and exercises in this book have been helpful to you.

Take some time to revisit the hopes and fears you wrote down in the first unit. Have these hopes and fears changed at all in the time it took to get here? Write down your reflections below.

my hopes

my fears

Now, revisit the relationship goals that you set in Unit 4. How are you doing in terms of those goals? What progress have you made? Do they still feel important to you?

goals

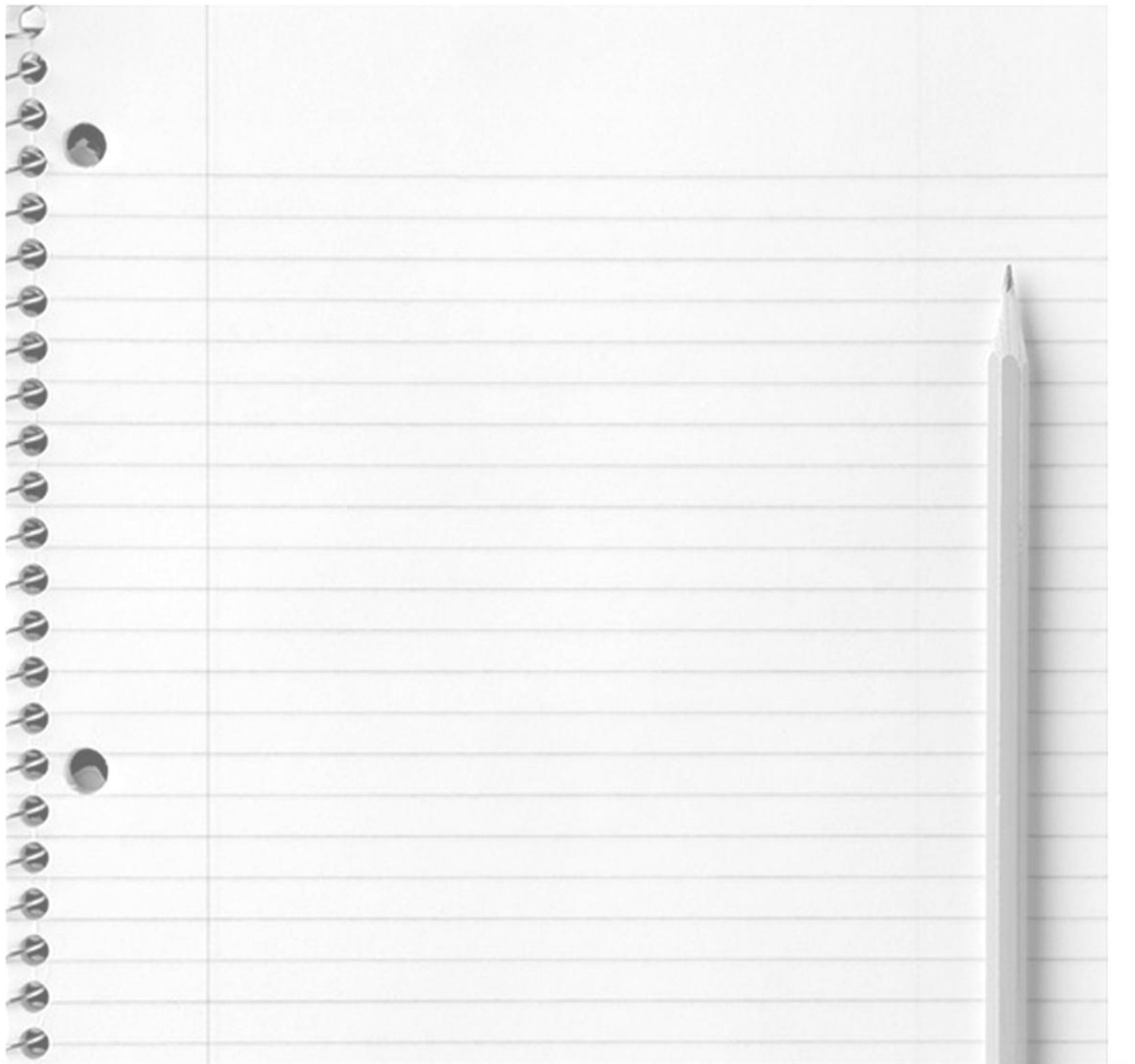
What are some new goals that you might like to set for yourself now? How will you know when you have accomplished them?

new goals

LETTER TO MY FUTURE SELF

**Write a letter to yourself SIX MONTHS FROM NOW.
Consider the following:**


1. Where you were when your youth first started on their gender journey: What thoughts, feelings, sensations characterized this time? What questions or anxieties did you have? What feels different now, having gone through the program?
2. What challenges remain for the future? What worries might you have left? And what will help you overcome future barriers and challenges?
3. Write a letter to yourself six months in the future: be sure to include encouragements, resources, challenges, and goals. What does your future self need to hear about being the parent and advocate of a trans young person?





ENVISIONING THE FUTURE

One last exercise: Draw a picture or describe the moment when your trans or gender questioning youth came into your life and you first fell in love with them. Use images, words, symbols, and/or colours, to show how you felt.



images words symbols colours

Now, draw or describe an imaginary moment that you hope to share with your trans or gender questioning youth at some point in the future, a moment when they are happy and confident in who they are. Use images, words, symbols, and/or colours to show how this moment feels.

images words
symbols colours

HOPE



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