

Gender Creative Parenting:

An Educational Curriculum for Parents of Transgender
and Gender Nonconforming Youth

Kathleen Murphy Pantoja

University of Washington, Tacoma
Winter 2016

Contents

I.	Acknowledgements	Page 4
II.	Abstract.....	Page 5
III.	Problem Map.....	Page 6
IV.	Force Field Analysis.....	Page 7
V.	Information Paper -- Parenting a Gender Creative Young Person	Page 8
	a. Information Paper References.....	Page 23
	b. Appendix: Support Needs of Parents of Gender Variant Adolescents.....	Page 26
VI.	Logic Model.....	Page 46
VII.	Data Collection Worksheet.....	Page 47
VIII.	Project Proposal.....	Page 48
IX.	Intervention -- Gender Creative Parenting: An Educational Workshop Series.....	Page 51
	a. Introduction.....	Page 52
	b. Parent Co-Facilitation.....	Page 55
	c. Group Participant Recruitment.....	Page 56
	d. Initial and Ongoing Assessment.....	Page 56
	e. Curriculum	
	i. Module 1: Getting Acquainted.....	Page 58
	ii. Module 2: Culture and Language Matter.....	Page 62
	iii. Module 3: Youth and Family Resiliency.....	Page 70
	iv. Module 4: Nurturing Identity Development.....	Page 75
	v. Module 5: Behavioral Health.....	Page 78

vi. Module 6: Privilege and Allyship.....Page 81

vii. Module 7: Trans* rights and Advocacy.....Page 85

viii. Module 8: Utilizing Natural Supports.....Page 89

X. Curriculum References.....Page 93

XI. Curriculum Appendices.....Page 97

XII. Contact information.....Page 175

Copyright and Permission Information

The Gender Creative Parenting Curriculum in its entirety is the intellectual property of Kathleen Murphy Pantoja. For permission to copy or reproduce this curriculum please email murphk5@uw.edu.

Acknowledgements

I would like to thank the parents who graciously shared their experience of parenting a trans* child with me, the professionals who served as key informants, and the youth who inspired this work. Special acknowledgements go to George Kukacka, a parent who voluntarily provided curriculum consultation, and Jay Simpson, graphic designer who donated the Gender Creative Parenting logo. I also owe tremendous gratitude to my family and my professors at University of Washington, Tacoma for believing in my ability and encouraging me every step of the way.

The logo for *Gender Creative Parenting* was designed by Jay Simpson who is a small-town designer with a big heart and even bigger ideas. With a focus on illustration, they strive to put concepts to both paper and screens. Their portfolio is more than just a collection of case-studies of design projects; it is instead brimming with the stories of causes furthered through collaboration. Jay can be reached by email at thevirtualideaengine@gmail.com

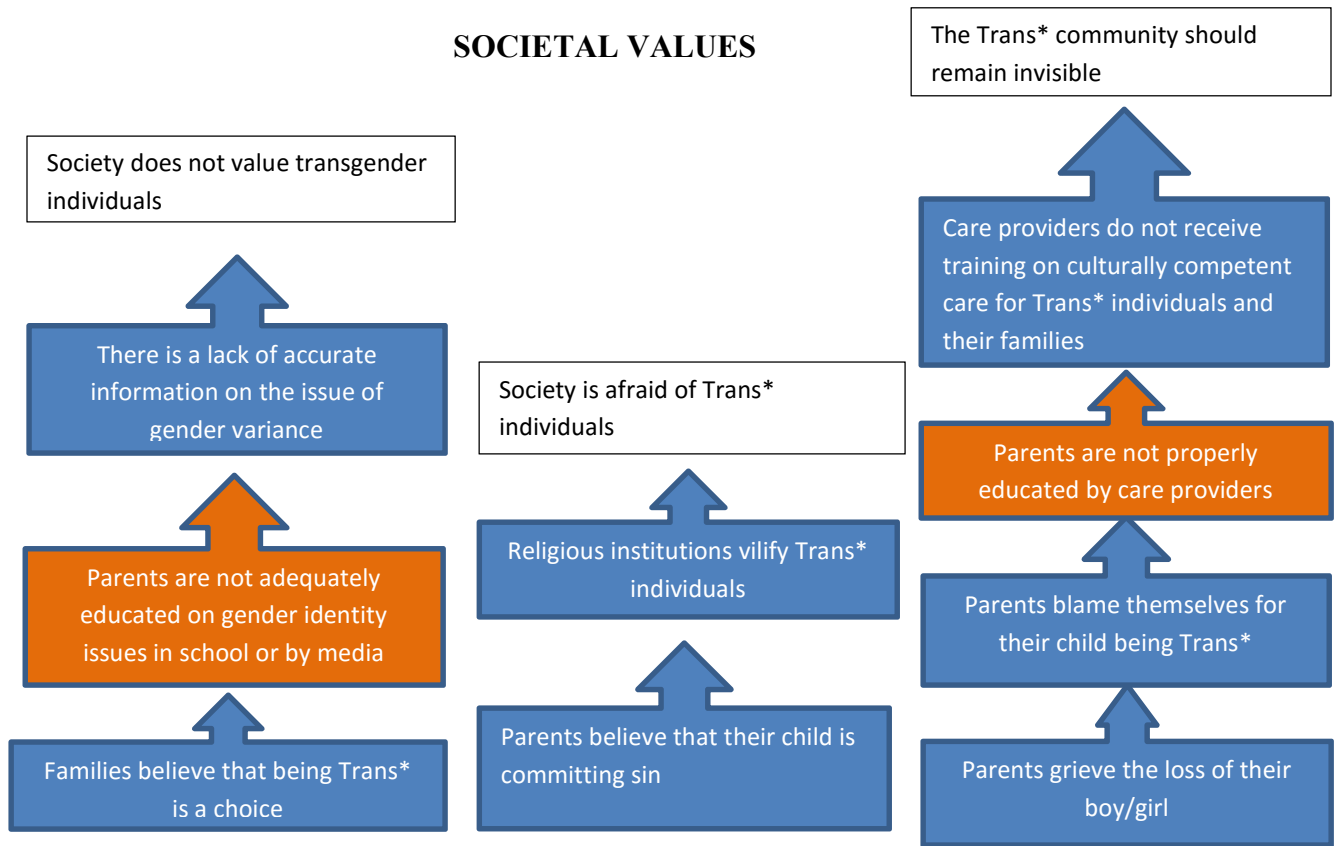
Abstract

Parental acceptance is a protective factor against negative health outcomes for transgender and gender nonconforming young people. Qualitative research suggests parents just learning of their child's gender variance have a need for education, peer support, and access to culturally responsive care providers in order to accept and affirm their trans* child. Gender Creative Parenting, an educational group curriculum firmly grounded in social work values, addresses these needs. A thorough literature review and findings from key informant interviews led to the selection of chaos theory as a guiding framework for intervention development. Emerging best practices for working with trans* youth within a family and community context have been integrated into this 8-module curriculum facilitated by a Master's level social worker and parent co-facilitator. A logic-model guides implementation of the Gender Creative Parenting intervention with the goal of normalizing the experience of parenting a trans* child, facilitating healthy youth identity development, promoting the use of formal and informal supports, and encouraging advocacy efforts toward creating safe and supportive communities where trans* young people thrive.

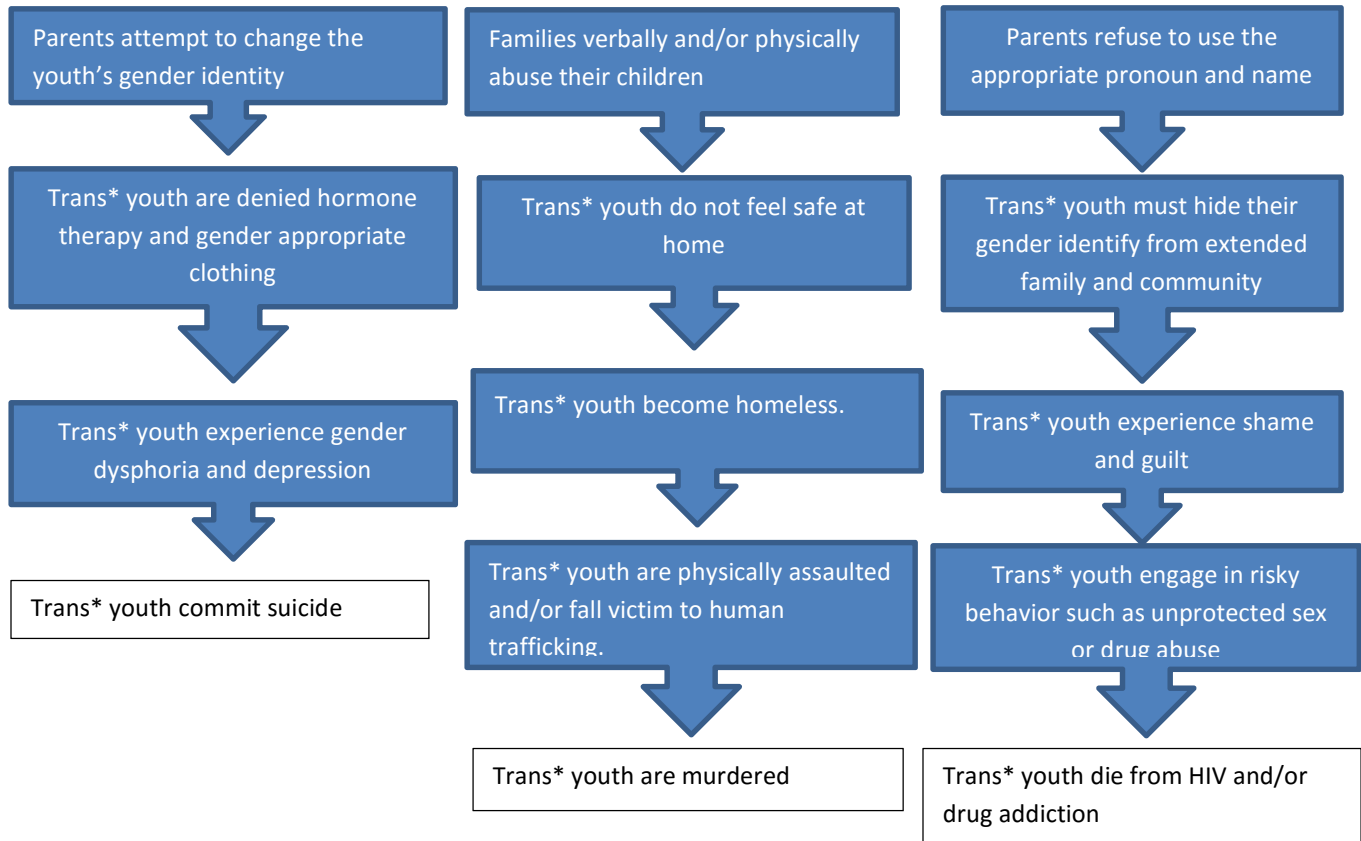
Keywords: *transgender; gender nonconforming; trans*; gender creative; youth; family; community; curriculum; education; peer support*

Problem Map

SOCIETAL VALUES



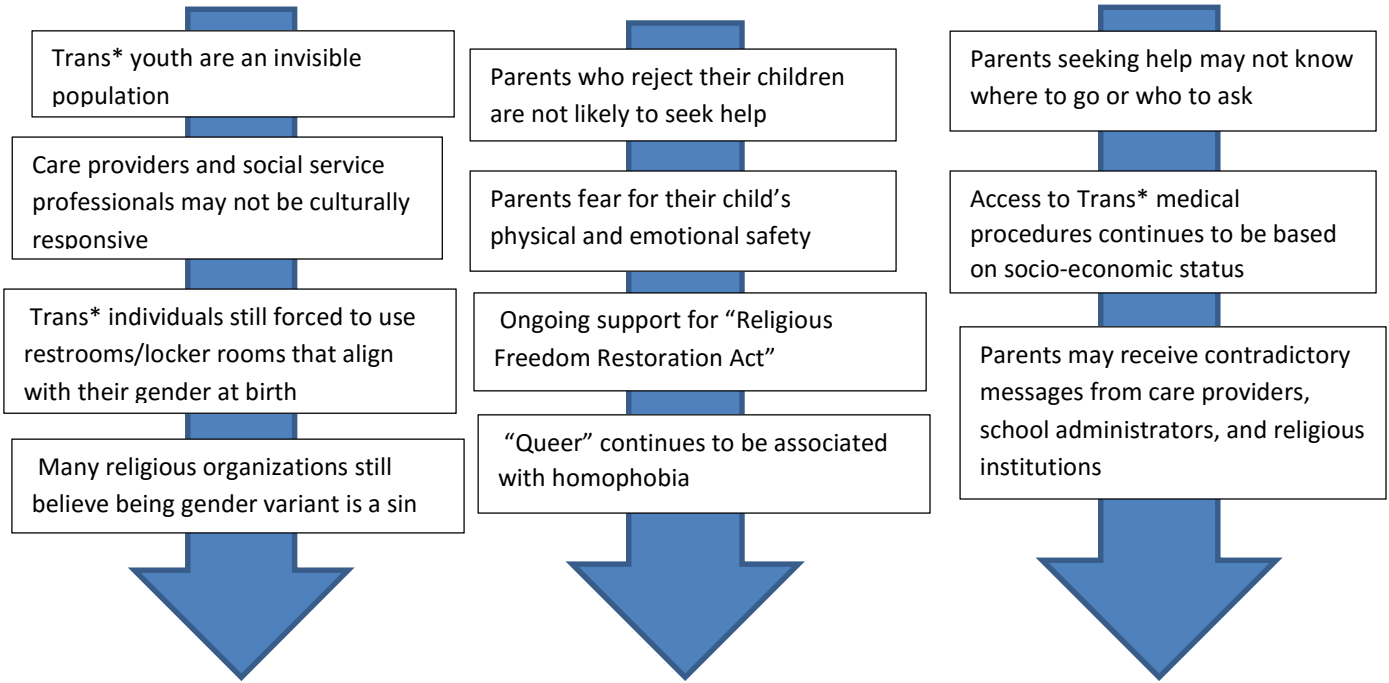
Problem statement: Parental rejection contributes to negative outcomes for gender variant (Trans*) youth.



SOCIETAL CONSEQUENCES

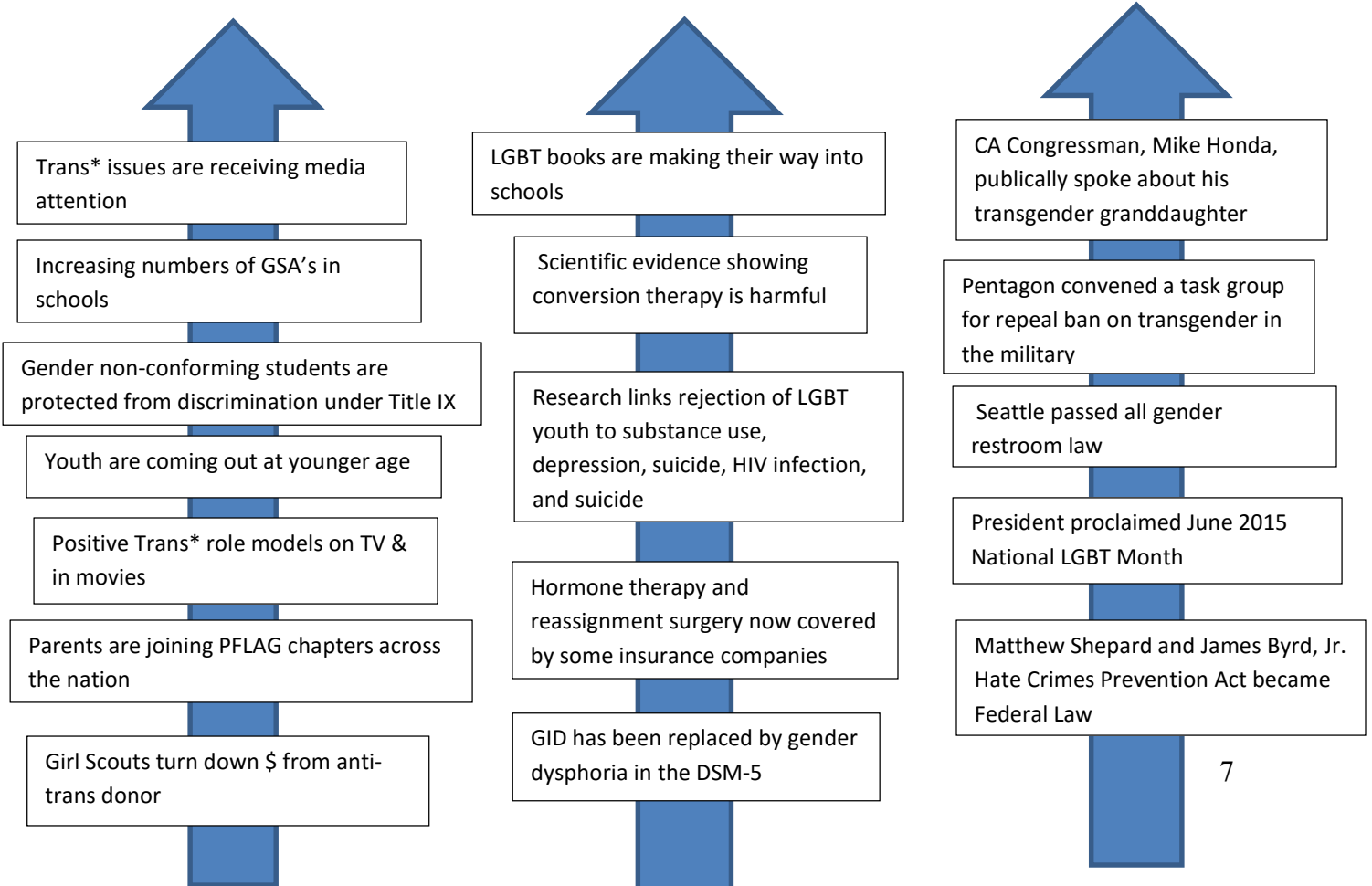
Force Field Analysis

RESTRAINING FORCES



Goal Statement: Parents of gender variant youth become Trans* literate.

DRIVING FORCES



Parenting a Gender Creative Young Person:

An Information Report

Kathleen Murphy Pantoja

University of Washington, Tacoma

Teresa Holt-Schaad, MSW, LICSW

TSOCW 532: Advanced Integrative Practice I

December 13, 2015

Introduction

When a child expresses or discloses gender variance, parents are propelled into uncharted territory and are presented with a host of significant challenges that need to be navigated. This writer will frame lack of support for parents of gender variant youth as a social issue requiring social work intervention. Relevant literature and results from key informant interviews will provide social, cultural, and developmental context that will ultimately guide the future design of a community based social work intervention for these parents. Theoretical perspectives and existing interventions will be identified and will be followed by a discussion of next steps in the project development process.

Historical Understanding and Current Understanding

Any discussion of historical and current understanding of parenting gender variant young people would not be complete without addressing language. Throughout this report, this writer uses the term *gender creative* with the intent of presenting a positive view of gender identities along a continuum. The gender creative term encompasses identities such as transgender, transsexual, gender nonconforming, two-spirit, gender fluid, gender expansive, and gender queer. Gender creativity was introduced by Ehrensaft (2011) as a means of denoting transcendence beyond the culture's normative definitions of female and male. In the LBGTQ community, gender creativity aligns with the umbrella term *trans**, with the asterisk indicating inclusivity. For the remainder of this paper, gender creative and *trans** will be used interchangeably with the exception of specific terminology used by cited sources.

While gender has always been an organizing feature of society, the way in which it is organized differ dramatically over time (Ehrensaft, 2015). Between the late 18th and early 20th century it was not uncommon to see young boys and girls fashionably undifferentiated as

evidenced by artwork of the time (Ehrensaft, 2015). This is in stark contrast to the current day practice of parents dressing young boys in blue and young girls in pink. The binary gender construct is predominant in modern day western society and any deviation from the strict binary system is, for the most part, deemed pathological. In fact, it wasn't until 2013 that gender identify disorder was removed from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and replaced with gender dysphoria. This controversial change reflects the reconceptualization that it is only the individual's affective or cognitive discontent with their assigned gender that makes gender incongruence diagnostically significant (American Psychiatric Association, 2013).

To this day, some researchers and clinicians view parental pathology and dysfunction as the source of childhood gender deviation (Hill & Menvielle, 2009). Rekers, Mead, Rosen, and Brigham (1983) performed a retrospective study in which they concluded that gender disturbance among biologically male children can be attributed to maternal psychological disturbance and physical or emotional paternal deprivation. This deficit based theory continues to influence therapeutic interventions with gender creative young people and their parents.

Given the predominant gender binary narrative and society's propensity for parental shaming (Wallace & Russell, 2013), it is not surprising that some parents reject their child upon learning of their gender variance. Some parents also seek reparative therapy for their child in a desperate attempt to force their child to conform to societal norms and stabilize the family system. According to Rosenberg (2002), attempts to help these young people accept their biological gender can exacerbate gender dysphoria and associated anxiety, attention problems, defiance, and depression. Key informants (A. Key, personal communication, November 22, 2015; B. Mendoza, personal communication, November 27, 2015) agree that reparative therapy

attempts can have devastating consequences for trans* youth and the practice has been deemed unethical by the World Professional Association of Transgender Health (Coleman et al., 2011).

Until recently, very few studies explored the relationship between family reactions to trans* youth and emergence of physical and mental health issues. A study by Ryan, Russel, Huebner, Diaz, and Sanchez (2010), found that high levels of family acceptance served as a protective factor for depression, substance abuse, and suicidal ideation and attempts among Lesbian, Gay, Bisexual, and Transgender (LGBT) young adults. Additionally, LGBT young adults with low levels of family support were more than three times as likely to report both suicidal ideation and suicide attempts (Ryan, Huebner, Diaz, & Sanchez, 2009). These findings have significant implications for the use of strengths-based intervention for parents of gender creative children and adolescents.

The historical lack of attention to transgender issues in family literature is troubling considering transgender youth are at increased risk for relationship issues, substance abuse, mental health problems, suicide, and hate crimes (Institute of Medicine, 2011 as cited in Wahlig, 2015). Lev (2004) identified a four stage emergence model of family acceptance of a gender variant child: discovery, turmoil, negotiation, and finding balance. Wahlig (2015) points out that a deep sense of grief and loss about a child's gender identity is embedded within the family turmoil stage. As the current day zeitgeist shifts toward greater trans* visibility, this writer hopes parents of gender creative youth will seek help from appropriately trained professionals for resolving their own turmoil rather than seeking dangerous reparative therapy for their children.

Impact of Economics, Difference, and Diversity

Contemporary literature on parents of gender creative young people rarely reflect the socioeconomic diversity of the United States nor does it adequately address gender's intersection with family dynamics and geographic location. In this writer's qualitative study on the support needs of parents of gender variant adolescents (Pantoja, 2015), only parents of higher socioeconomic status were able to access therapists and medical professionals that specialize in gender issues. Underinsured and uninsured parents of trans* youth are unlikely to receive support from culturally competent medical and mental health professionals.

Menvielle and Tuerk (2002) noted that half of the parents that attended their support group for parents of gender-nonconforming boys were adoptive parents. This speaks to the need to consider unique family dynamics when conceptualizing support services for parents of gender creative young people. Examples of unique family dynamics include but are not limited to single parent families, cross-generational families, never married families, adoptive/foster families, blended families, grandparent as parent families, and same-sex parent families. Each family has a unique composition that transcends being a parents of gender creative children.

Just as there are wide variations in family composition, parents of trans* young people have varying degrees of access to support services. A theme that emerged in this writer's previous qualitative research was geographic barriers to support. Parents with limited access to other parents of gender creative children experienced a profound sense of isolation that inhibited the acceptance process (Pantoja, 2015).

In a key informant interview, E. Heintzeman (personal communication, November 18, 2015) mentioned how fortunate she is to live in a part of Washington state with a large trans* specific support network. Parents living in rural communities rarely have access to such

supports so the internet is likely their only source of critical information and support (Pantoja, 2015). While this writer is of the opinion that internet supports do not supplant professional intervention and mutual self-help groups, parents of trans* youth can benefit from accessing valuable information from websites such as Gender Diversity <http://www.genderdiversity.org/>, Family Acceptance Project <http://familyproject.sfsu.edu/>, Trans Youth Family Allies <http://www.imatyfa.org/>, Gender Spectrum <https://www.genderspectrum.org/>, and PFLAG <http://www.pflag.org>.

Impact of Relevant Developmental Stages

Parents face vastly different challenges based on the age of their gender creative child. Ehrensaft (2015) points out that gender nonconformity may emerge any time between early childhood and adolescence with no consistent developmental trajectory. Giammattei (2015) explains that young trans* children rarely experience distress with their gender expression while trans* adolescents may experience exacerbated gender dysphoria with the onset of puberty. Additionally, a trans* adolescent that hides their gender identity or experiences gender shaming may end up in therapy with seemingly unrelated issues including risky behavior, school truancy, oppositional behavior, and drug use (Ehrensaft, 2011).

While parents of trans* children and adolescent may have similar difficulty understanding their child's gender identity, parents of adolescents may experience more confusion for not having recognized gender nonconforming behaviors sooner (Giammattei, 2015). A. Key (personal communication, November 22, 2015) emphasized how important it is for parents of gender nonconforming youth to explore puberty blocking hormones as soon as possible. Key further explains that when trans* adolescents take hormone blockers they will likely experience psychological relief and gain time to further explore their gender identity.

When a trans* young person begins taking puberty blocking hormones their parents may benefit indirectly by having more time to resolve some of their own fears and anxiety. Some parents have concerns about the side effects of hormone treatment (Ehrensaft, 2011) but B. Mendoza emphasized the importance of parents weighing the risks of hormone side effects against a trans* youth's increased risk of suicide (personal communication, November 27, 2015).

Cultural, Systemic, and Global Influences

There are a myriad of ways that gender identity and expression vary culturally. Ehrensaft (2015) presents an anthropological perspective of Native American tribal acceptance of a third gender. Among some Native American tribes, a naturally occurring and celebrated third gender exists to this day and is called two-spirit (Ehrensaft, 2015). Ehrensaft (2015) notes that two-spirit berdaches embody both female and male spirits and their parents do not try to change their orientation. Biological males that exhibit feminine mannerisms within Samoan society also constitute a third gender, fa'afafine, which is accepted by families (Padawer, 2012). However, this is not the case for third gender hijra in India who are relegated to segregated communities (Ehrensaft, 2015).

Because modern day western culture only recognizes two genders, individuals that falls between these extremes becomes marginalized and at risk for discriminations and victimization. Ryan et al. (2010) found that Latino, immigrant, religious, and low socioeconomic status families were less accepting, on average, of LGBT adolescents. One study of transgender adults by Riley, Clemson, and Sitharthan (2013) reveals a clear need for parents to transcend religious beliefs, familial influences, and cultural heritage as they try to make meaning of their child's gender variance.

It appears that some culturally diverse parents of trans* youth may not seek professional intervention unless their child becomes dangerously suicidal. E. Heintzelman (personal communication, November 18, 2015) stated that families of gender nonconforming youth that choose to access her services are rarely people of color or of low socioeconomic status. B. Mendoza (personal communication, November 27, 2015) adds that ethnically diverse and immigrant families that may not otherwise seek services are sometimes forced into her office when their trans* child experiences a mental health crisis. It is clear that additional research is needed to help practitioners understand how race and class intersect with the experience of parenting a gender variant youth.

NASW Ethical Practice Guidelines

Professional social work practice is guided by the values and standards outlined in the National Association of Social Work (NASW) Code of Ethics. The prevailing social work values that emerge in the literature on parenting trans* youth include social justice, dignity and worth of the client, importance of human relationships, and competence (NASW, 2008). As practitioners working with marginalized families of gender creative young people, social workers have an ethical obligation to ensure that parents have access to needed information and services, work toward strengthening families and the communities in which they live, and share critical information with multidisciplinary practitioners who may have little or no experience working this population (NASW, 2008)

Because of the high rates of victimization among trans* youth, it is foreseeable that a social worker will encounter reports of abuse and neglect of gender creative children and adolescents. Despite an ethical responsibility to maintain confidentiality, it is imperative that social workers provide parents and youth with information on the limitations of confidentiality,

know the legal requirements for reporting child abuse in the state in which they practice, and act accordingly (NASW, 2008). Also, given the high rates of suicide attempts among trans* youth, social workers should, whenever possible, conduct or recommend a comprehensive diagnostic evaluation and assessment of the trans* young person in the family system.

In addition to drawing from ethical practice guidelines from NASW, it is important to integrate best clinical practices for vulnerable gender creative young people and their parents. Aside from incorporating evaluation and assessment of the trans* young person and upholding confidentiality within the limits of mandatory reporting, the American Academy of Child and Adolescents Psychiatry Committee on Quality Issues recommends the following practices: explore family dynamics pertinent to gender identity, foster healthy psychosexual development, inform parents of empirical research that will guides clinical intervention, liaise with school, community agencies, and health care providers, and refer families to relevant professional and community resources (Adelson, 2012).

The Role of Theory

Several organizing theories dominated the literature explored for this information report. Constructivism emerged as a theory that can challenge the socially constructed notion of a gender binary. Queer, psychodynamic, and family systems theories also materialized in the literature. Despite being a proponent of queer theory, this writer hesitates to draw upon queer theory in the development of a parental intervention. The word *queer* continues to have negative connotations among older generations making it a questionable framework for a parental intervention. This writer quickly disregarded psychodynamic theory as it is traditionally grounded in the deficit-based medical model that has the potential of shaming gender creative young people and their parents. Drawing from a theoretical perspective that assumes

dysfunction is out of alignment with this writer's values and commitment to strengths-based practice.

Family systems theory holds potential for the development of a parental intervention but seems insufficient given the enormous societal influence of traditional male/female gender constructs. From a family systems perspective, a family with a trans* identifying child may become socially isolated and evolve into a closed system at risk of collapse. It is conceivable that a parental intervention guided by family systems theory could be effective in stabilizing a family. However, this writer believes that fully supporting a gender creative young person requires active participation in the construction of safe and affirming communities. Therefore, the ideal social work intervention for parents of gender creative children would also empower them to become advocates for cultural and systemic changes in support of their children.

Quite surprisingly, chaos theory appears to be the ideal organizing framework for the development of a strengths-based intervention for parents of gender creative young people. When applied to social work practice, this postmodern theory offers help in understanding human relationships and demands that social workers abandon the desire to control outcomes (Campbell, 2011). The strength of chaos theory as a guiding framework is the idea that creative ideas emerge from chaos (Gleick, 1987, as cited in Campbell, 2011). Assuming instability and lack of control are normal, Bussolari and Goodell (2009) argue that incorporating chaos theory into counseling has the potential for teaching clients to construct new narratives that emphasize growth and transformation.

Reflecting upon this writer's previous qualitative research, there is evidence that parents of trans* youth can transcend their fears by creating a new narrative of healthy emotional growth and empowerment (Pantoja, 2015). Building upon this idea, a parental intervention grounded in

a chaos theory has the potential to normalize the experience of parenting a trans* young person, foster creative parenting approaches, facilitate personal growth, and empower parents to advocate for safe and supportive communities where trans* youth thrive. (Lee, 2008 as cited in Campbell, 2011)

Identified Needs

This writer interviewed four key informants to further assess the needs of parents of gender creative youth from a professional perspective. Each of the key informants had substantial experience worked with trans* youth and/or their parents in the greater Puget Sound region. All of the informants recognize that parents experience significant anxiety and fear when their child expresses or discloses gender variance. Themes that emerged from the key informant interviews include parents of trans* youth supporting other parents, the proper use of a gender creative child's preferred pronouns, referral to medical professionals and mental health providers who are trans* allies, parent education on puberty suppressing hormone treatment, and development of advocacy skills.

Key informants identified several needs that should be considered when developing a social work intervention for parents of gender creative youth. These needs include: (1) help parents understand the meaning of gender identity and define their own relationship with gender, (2) provide safe environments where parents can freely express their feelings without fear of hurting their child, (3) teach advocacy skills that will help change the environments their children spend time in, and (4) work with members of the trans* community in developing an intervention.

A. Key (personal communication, November 22, 2015) also highlighted that specialists serving the transgender community are in limited supply and they simply “can’t do enough fast

enough.” This writer reasons that parents of gender creative youth, experts by virtue of lived experience, can provide supplemental support in order to help professionals meet the ever increasing demand for services.

Contributing Research Interventions

This writer will draw from existing interventions in the literature that show promise when developing an intervention grounded in chaos theory. Three of the interventions can be directly applied to parents of gender creative youth while a fourth intervention would require adaptation to this population.

Harvey and Stone Fish’s (2015) foster trans* youth and family resilience in their three stage family therapy model informed by queer theory. Critical components of this model include creating refuge through therapeutic compassion, asking powerful questions to increase tolerance of difficult dialogs, and expanding the family’s worldview by nurturing queerness (Harvy & Stone Fish, 2015).

Rosenberg’s (2002) takes an individual and group treatment approach for parents of children and adolescents with clinically significant gender identity issues. The educational component of their treatment includes providing parents with relevant literature and referrals, school advocacy coaching, and a support group where parents can talk openly about their fears (Rosenberg, 2002)

Menvielle and Tuerk (2002) utilized a parental support group model with the intent of promoting less punitive parenting of gender non-conforming boys between the age of 3 and 11. The clinician facilitated group explored topics such as grief, communicating acceptance, creating safe limits, and disclosure (Menvielle & Tuerk, 2002).

Because there is little evidence supporting the aforementioned interventions, it is necessary to explore evidence-based interventions that may be adapted to meet the unique needs of parents of gender creative young people. One example is the psychoeducation approach to family services for adults of severe mental illness. Core principles of this model that could be adapted to parents of trans* youth include: providing families with education, helping families expand their social support network, developing crisis prevention plans, and exploring the family's expectations (Jewell, McFarlane, Dixon, and Miklowitz, 2005).

Potential Micro, Mezzo, and Macro Level Interventions

Exploring potential interventions from a chaos theory perspective will lay the framework for next steps in project development. Potential micro level interventions include a clinical assessment of the gender creative young person and their family and parental grief counseling. The goal of clinical assessment would be to identify a family or youth in crisis and immediately intervene. The goal of parental grief counseling would be to help the parents creatively reframe their grief narrative to enhance family resiliency.

A mezzo level intervention may include engaging parents in support groups co-facilitated by a clinician and a parent peer partner. By attending regular group meetings parents increase the likelihood of identifying creative solutions to their unique set of circumstances. Group meetings could normalize the experience of parenting a gender creative young person, create much needed community, and serve as a place to exchanging novel ideas and valuable resources.

A macro level intervention would likely focus on parents of trans* youth developing advocacy skills, identifying trans* discriminatory policies, and participating in the process of creating systemic change. This type of macro intervention would be highly dependent on the stage of acceptance the parent is in and their commitment for social justice.

Identified Ideas for Consideration

As a result of this literature review and key informant input, this writer envisions a community based organization that provides parents of gender creative young people with the following services: a clinical assessment of the family, a semi-structured monthly parent/clinician co-facilitated support group with educational and social components, ongoing individualized therapy or formal peer support, a parent operated warm-line, and information and referral to trans* allied professionals and community organizations.

Given the scope and timeline for this project, this writer believes the most effective and viable idea for intervention is the development of parent peer support training, a support group curriculum with an educational component, and an outcome measurement tool. As a cis-gendered social worker, it is critically important to involve parents, trans* adults, and gender creative youth in the process of developing a parent peer support training and support group curriculum. This model has the potential for addressing several previously identified needs including: fostering supportive relationships, reducing isolation, increasing flexibility within the family system, exploring gender construction, developing advocacy skills, and empowering parents to take a lead role in creating safe and supportive environments for gender creative young people to live, learn, and thrive in. Additionally, this model would provide parents of trans* young people a peer support model that can be adapted to meet the unique of their community and enhance the work being done by specialized professionals serving this population.

The main challenge with this family peer support model is meeting the needs of parents with support group access barriers. It is unlikely this writer can sufficiently address this issue

but it may be possible to discuss parent-to-parent phone support and virtual support group options in the parent peer support training.

Another challenge that would need to be addressed is how to adequately incorporate the voice of parents, trans* adults, and gender creative youth into the parent peer training and support group curriculums. This writer plans to explore this further with the course instructor and community mentor for this project.

In order to proceed with this project, this writer needs to more adequately research hormone therapy and advocacy as topics that will likely be incorporated into the support group curriculum. Additionally, evidence supporting peer delivered services will need to be identified and peer training and support group curriculums will need to be explored for possible adaption to parents of gender creative young people.

Conclusion

This information paper has explored the historical and current understanding of gender identity and discussed the impact of child development, economics, culture, family dynamics, and systemic factors on the experience of parenting a gender creative child. Having made a case for the need of a social work intervention, a review of existing research and literature led to the selection of chaos theory as a guiding framework. Paying particular attention to NASW ethical practice guidelines this writer hopes to advance the development of a parent peer support training and support group curriculum as an intervention that will empower parents to develop novel approaches to parenting a trans* child and ultimately create supportive communities for gender creative young people to thrive. While there are still challenges that need to be addressed, this writer is optimistic about this projects potential for addressing this critical social need.

References

- Adelson, S.L. (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry, 51*(9), 957–974. doi: 10.1016/j.jaac.2012.07.004
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychiatric Publishing.
- Bussolari, C.J., & Goodell, J.A. (2009). Chaos theory as a model for life transitions counseling: Nonlinear dynamics and Life's Changes. *Journal of Counseling & Development, 87*(1), 98-107.
- Campbell, S.L. (2011). General systems theory: Chaos theory and social work treatment. In F.J. Turner (Ed.), *Social work treatment: Interlocking theoretical approaches* (5th ed., pp. 48-57). New York: Oxford University Press.
- Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ...Zuker, K. (2011). Standards of care of the health of transsexual, transgender, and gender-nonconforming people (7th version). *International Journal of Transgenderism, 13*(4), 165-232. doi:10/1080/15532739.2011.700873
- Giammattei, S.V. (2015). Beyond the binary: Trans-negotiations in couple and family therapy. *Family Process, 54*(3), 418-434. doi:10.1111/famp.12167
- Ehrensaft, D. (2011). *Gender born, gender made: Raising healthy gender-nonconforming children*. New York: Experiment.
- Ehrensaft, D. (2015). Listening and learning from gender-nonconforming children. *The Psychoanalytic Study of the Child, 68*, 28-56. Retrieved from <http://www.psotc.com>

- Harvey, R.G., & Stone Fish, L. (2015). Queer youth in family therapy. *Family Process, 54*(3), 396-417. doi:10.1111/famp.12170
- Hill, D.B., & Menvielle, E. (2009). “You have to give them a place where they feel protected and safe and loved”: The views of parents who have gender-variant children and adolescents. *Journal of LGBT Youth, 6*(2-3), 243-271. doi:10.1080/19361650903013527
- Jewell, T.C., McFarlane, W.R., Dixon, L., & Milowitz, D.J. (2005). Evidence-based family services for adults with severe mental illness. In C.E Stout, & R.A. Hayes (Eds.), *The evidence-based practice: Methods, models and tools for mental health professionals* (pp. 56-84). Hoboken, New Jersey: Wiley
- Lev, A.I. (2004). *Transgender emergence: Therapeutic guidelines for working with gender-variant people and their families*. Binghamton, NY: Haworth.
- Menvielle, E.J., & Tuerk, C. (2002). A support group for parents of gender-nonconforming boys. *Journal of the American Academy of Child & Adolescent Psychiatry, 41*(8), 1010-1013. doi:10.1097/00004583-200208000-00021
- National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers* [Brochure]. Washington, DC: Author.
- Padawer, R. (2012, August 8). What’s so bad about a boy that wants to wear a dress?. *The New York Times*.
- Pantoja, K. (2015). *Support needs of parents of gender variant adolescents*. Unpublished manuscript.
- Rekers, G.A., Mead, S.L., Rosen, A.C., & Brigham, S.L. (1983). Family correlates of male childhood gender disturbance. *Journal of Genetic Psychology, 142*(1), 31-42. doi:10.1080/00221325.1983.10533493

- Riley, E.A., Clemson, L., & Sitharthan, G. (2013). Surviving a gender-variant childhood: The views of transgender adults on the needs of gender-variant youth and their parents. *Journal of Sex & Marital Therapy*, 39(3), 241-263. doi:10.1080/0092623X.2011.628439
- Rosenberg, Miriam. (2002). Children with gender identity issues and their parents in individual and group treatment. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(5), 619-621. doi:10.1097/00004583-200205000-00020
- Ryan, C, Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352. doi:10.1542/peds.2007-3524.
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child & Adolescent Psychiatric Nursing*, 23(4), 205-213. doi:10.1111/j.1744-6171.2010.00246.x
- Wahlig, J.L. (2015). Losing the child they thought they had: Therapeutic suggestions for an ambiguous loss perspective with parents of a transgender child. *Journal of GLBT Family Studies*, 11(4), 305-326. doi:10.1080/1550428X.2014.945676
- Wallace, R., & Russell, H. (2013). Attachment and shame in gender-nonconforming children and their families: Toward a theoretical framework for evaluating clinical interventions. *International Journal of Transgenderism*, 14(3), 113-126. doi:10.1080/15532739.2013.824845

Appendix

Support Needs of Parents of Gender Variant Adolescents

Kathleen Murphy Pantoja

University of Washington, Tacoma

Charles Emlet, MSW, PhD

TSOCW 505A: Foundations of Social Welfare Research

June 2, 2015

Abstract

Parental acceptance is a protective factor against negative health outcomes for gender variant youth. There is very little known about the support parents of youth who disclose gender variance during adolescence. With more knowledge on parental support needs, social workers can provide more effective micro, mezzo, and macro assessments and interventions. Findings from this study indicate that parents benefit from education, family communication, a parental support group, affirming professionals, and cultural shifts with regard to policy.

Keywords: *gender variance; parent; support group; cultural competency; advocacy*

Introduction

Gender variant and sexual minority youth are at risk of victimization, depression, homelessness, substance abuse, sexually transmitted diseases, and suicide (Gamache & Lazear, 2009; Lamda Legal, 2012; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). Research by Ryan et al. (2009) found that family rejection is a contributing factor in negative health outcomes for these youth. From a strengths-based perspective, there is also evidence that family acceptance behavior has a dramatic and lasting protective influence for gender variant youth (Ryan et al., 2010). These findings point to a need to identify practices and programs that specifically help parents of transgender adolescents accept their children.

For the most part, gender variant youth are considered an invisible population because transphobia increases their risk of harassment and victimization in the home, school, and community at large. Brill and Pepper (2008) report that the prevalence of gender variant identity ranges from 1 in 20,000 to 1 in 500. According to the American Psychiatric Association (2013), these figures are highly disputed because measures of prevalence depend on individuals seeking professional intervention. Therefore, transgender activists point out that these numbers bear little relevance with regard to gender variant youth (Brill & Pepper, 2008).

There is very little literature on parental support of gender variant children and an even smaller number of studies that focus on parent-adolescent relationships. For the purpose of this paper, I focus on parents of gender variant adolescents between the age of 12 and 18. It is during this developmental stage that hormonal and physical changes can create increasing distress for youth who exhibit behaviors and identities outside of what is considered normal for their assigned biological gender (Brill & Pepper, 2008).

The overall aim of this qualitative study is to contribute to the knowledge of how to support parents of gender variant adolescents and prevent debilitating health outcomes associated with family rejection. For the purpose of this paper, the term *support* is inclusive of practices and services provided by mental health and medical professionals, school administrators and educators, social service organizations, policy makers, and informal natural support networks. Additionally, the term *gender variant* is used to be inclusive of individuals who question their gender identity or identify as transgender, transsexual, gender non-conforming, two-spirit, or genderqueer. In the LGBTQ community, gender variance is often referred to by the umbrella term trans*, with the asterisk indicating inclusivity.

Literature Review

Gender variant youth often have a strong urge to “come out” and communicate their distress to parents when body changes associated with puberty move them farther away from their true gender identity (Brill & Pepper, 2008). One quantitative study by Grossman, D’Augelli, Howell, and Hubbard (2008) found that early adolescence is often the time when youth first tell someone about their transgender identity. Expressions of gender variance during adolescents can be a significant source of parental conflict between a parent and child (Malpas, 2011). Therefore, parents of gender variant adolescents are tasked with constructing meanings of gender variance that will either hinder or facilitate acceptance of their child’s gender identity.

Initial Parental Crisis

There is evidence in the literature that suggests that parental needs vary over time depending on their level of knowledge and how recent their child disclosed their gender identity to their parent (Riley, Clemson, & Sitharthan, 2013). A parent can experience a personal, internal crisis, when their child first announces their gender variance. Brill and Pepper (2008)

describe this crisis as “a profound sense of devastation, loss, shock, confusion, anger, fear, shame, and grief” (p. 39). The grieving process is more pronounced when a child discloses their gender variance after many years of living according to their biologically assigned gender (Riley, Sitharthan, Clemson, & Diamond, 2011). Malpas (2011) outlines a multi-dimensional family approach (MDFA) that can help parents of prepubescent gender variant children move through their grief toward acceptance. However, there is no evidence that this clinical intervention is effective with parents of gender variant adolescents.

Lack of knowledge about issues surrounding gender variance in childhood can hinder a family’s ability to accept their child’s gender identity (Riley, Sitharthan, Clemson, & Diamond, 2013). In one qualitative study, mothers of transgender children (age 8-11) reported a need for improved access to information about trans-identity (Kusalanka, Weiner, & Mahan, 2014). Parents surveyed by Riley et al. (2011) also expressed an initial need for access to information about gender variance in prepubescent children. Another international survey of transgender adults revealed the importance of parents transcending religious beliefs, familial influences, and cultural heritage (Riley, Clemson, & Sitharthan, 2013). These tasks may be facilitated by having access to books on and about gender variance, parenting guidelines, and up-to-date research published in the general media (Riley et al., 2011).

Parental Meaning Making

Norwood (2013) identified three social constructions of gender variance: a biomedical condition, a natural nuance of gender identity, and an imprudent lifestyle choice. The majority of family members in this qualitative study saw gender variance as a biomedical condition that served as a protective factor to rejection of their loved one. All of the family members who believed their loved one exhibited a naturally occurring nuance of gender identity reported being

fully supportive of their family member. However, those family members that felt gender variance was a lifestyle choice reported some level of relationship dissolution. These findings have clinical practice implications in terms of helping parents reframe their experiences to facilitate acceptance of their child's gender variance.

There are a growing number of professionals that do not view gender variance as pathological. In the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) "Gender Identity Disorder" has been replaced with "Gender Dysphoria" (APA, 2013). The latter is a less stigmatizing diagnosis of emotional distress which no longer implies there is something clinically wrong with individuals who do not conform to their assigned gender (Cameron, 2012). This transition illustrates the restructuring of cultural notions of gender in an effort to decrease stigma and ease challenges faced by individuals who identify as transgender or gender non-conforming (Kovalanka et al., 2014). It is important to note that there are still controversial treatment approaches for adolescents with gender dysphoria that raise significant ethical dilemmas (Riley et al., 2011).

Informal Social Support

Kovalanka et al. (2014) found that some mothers reported feeling judged by family members but found comfort among other parents of gender variant youth. Parental peer support can be beneficial with regard to issues of disclosure, grief, and navigating embarrassing situations (Menvielle & Tuerk, 2002). Support groups such as local chapters of Parents, Families, and Friends of Lesbians and Gays (PFLAG, n.d.) can provide parents an opportunity to learn from peers who have disclosed their loved ones gender variance to extended family members, friends, and social contacts. It appears that some parents may also benefit from

religious support (Riley et al., 2011; Riley, Sitharthan et al., 2013; Ryan et al., 2009) and access to transgender adult role models (Riley, Sitharthan et al., 2013; Wells et al., 2013).

Access to Informed Professionals

Kuvalanka et al. (2014) found that some parents encountered mental health counselors and school personnel who provided advice that conflicted with their instinct to accept their child. This finding illustrates the urgent need to train professionals on best practices for providing services to gender variant children and their parents (Brown et al., 2013; Coleman et al., 2011 as cited in Kuvalanka et al., 2014). There is also evidence in the literature that some social service professional in healthcare centers, housing facilities, and drug treatment programs are ill prepared to work with gender variant youth in an affirming manner (Haymes, 2005 as cited in Grossman et al., 2008).

Additionally, the literature shows that some parents moved to communities with better access to culturally competent care (Kuvalanka et al., 2014). This is particularly important to parents who seek access to puberty-delaying hormones for their gender variant children (Riley, Sitharthan et al., 2013). Transgender adults and professionals surveyed by Riley, Sitharthan et al. (2013) shared feelings of misery and extreme gender dysphoria during puberty without access to these hormones. Parents and transgender adults also reported a need to have policy makers address the disproportionate rates of discrimination and victimization of their gender variant children.

There are several themes that have emerged in this literature review with regard to parental needs: information on gender variance, formal and informal emotional support, and access to culturally competent professionals that employ best practices in serving gender variant youth. Most of the literature on parental support needs is qualitative in nature and relates only to

prepubescent gender variant children. The research I have presented is also limited in that parents who reject their child based on gender identity are not likely to participate in such studies. Additionally, it is clear that the literature on parental needs of gender variant youth is not representative of racial and ethnic diversity. Despite these shortcomings and the inability to make generalizations based on qualitative analysis, there is a continued need to increase understanding of the challenges faced by parents of gender variant adolescents.

This exploratory qualitative study aimed to broadly characterize the support needs of parents whose children disclose gender variance during adolescence. More specifically, this study was designed to answer the following question: **Based on lived experience, what type of formal and informal supports do parents need in order to accept and affirm their adolescent's disclosure of gender variance?**

Methods

For this qualitative study, I utilized a phenomenological design. I planned to interview 3-5 biological or adoptive parents of youth who disclosed gender variance between the age of 12 and 18. Participants who lived outside of the south Puget Sound area needed to have access to the internet for data collection purposes. Parents whose children were older than 18 at the time of the study still met participation criteria and were asked to share their experience retrospectively. Study exclusion criteria included being non-English speaking.

In order to access a sufficient number of study participants, I engaged in recruitment efforts nationwide. I used a purposeful sampling technique (Padgett, 2008) and sent study recruitment materials to over 50 Parents, Families and Friends of Lesbians and Gays (PFLAG) support group chapters. Because the initial response rate was poor, I also sent recruitment materials to TransYouth Family Allies (TYFA), the Parents of Transgender Kids Facebook page,

and a professor at the Center for the Study of Biological Complexity at Virginia Commonwealth University. Because parents of transgender youth are an invisible population, I also implemented a snowball sampling technique and asked each contact person to share my recruitment materials with parents they felt might be interested in participating in this study.

After establishing eligibility criteria, all study participants were given an informed consent form outlining the purpose, procedure, risks, and benefits of the study. I answered all questions potential participants had about the study and ensured they understand that they could refuse to answer any question. Once the informed consent form was signed, I provided the participant a copy of the signed consent form and scheduled an interview.

Because qualitative research is subjective in nature, I took steps to increase the study's trustworthiness. As the data collection and analysis instrument, my goal was to reduce bias rather than remove myself from the process. I attempted to reduce respondent and researcher bias (Padgett, 2008) by building rapport with participants. I casually conversed with each parent by phone prior to the actual interview. I also engaged in reflexive journaling throughout the interviewing process. This helped me explore my assumptions about the experience of parenting a gender variant adolescent and suspend judgment (Lichtman, 2014).

Face-to-face interviews were not possible with this sample due to geographical distance. I interviewed participants over the internet utilizing Skype, Google Hang Outs, and Apple FaceTime. During the interview, I took some written notes and audio taped the interview if participants have given written consent to do so. Immediately after each interview, I wrote up relevant observation data that may not show up in the audio recording.

In addition to gathering basic demographic information, I asked seven semi-structured interview questions designed to gather information on the types of formal and informal supports

parents received after their child disclosed their gender variance. The questions addressed (1) educational resources accessed, (2) support from family and friends, (3) support from professionals, (4) peer support from other parents, and (5) how these supports changed parent's feelings about their child's gender variance over time. I also utilized probing questions designed to help participants expand upon their spontaneous answers (Padgett, 2008).

Findings

Sample Characteristics

I interviewed 5 biological parents of gender variant youth. At the time of their child's disclosure, two of the mothers lived in California and the other mothers lived in Arizona and New Jersey. One father from Minnesota was also interviewed. Three of the parents lived in liberal urban communities, one parent lived in a conservative suburban city, and the last parent lived in a very conservative rural town. With the exception of one mother all of the parents were married. Sample Characteristics at the time of youth disclosure are illustrated in Table 1.

Table 1. Sample Characteristics at the time of youth disclosure

Parent Name, Relationship, and Race	Child Characteristics	Family Context	Community Context
Drew Mother; Caucasian	Female to Male; 12	2 parent household with 2 children	CA; Urban; liberal
DJ Mother; Caucasian	Female to Male; 17	2 parent (separated) with 2 children	NJ; Urban; liberal
Lexi Mother; Caucasian	Male to Female; 16	Single parent with only child	CA; Urban; liberal
Randy Father; Caucasian	Gender Nonconforming; 15	2 parent household with 2 children	MN; Rural; very conservative
Tanya Mother; Caucasian	Female to Male; 13	2 parents with 2 children	AZ; Suburban; conservative

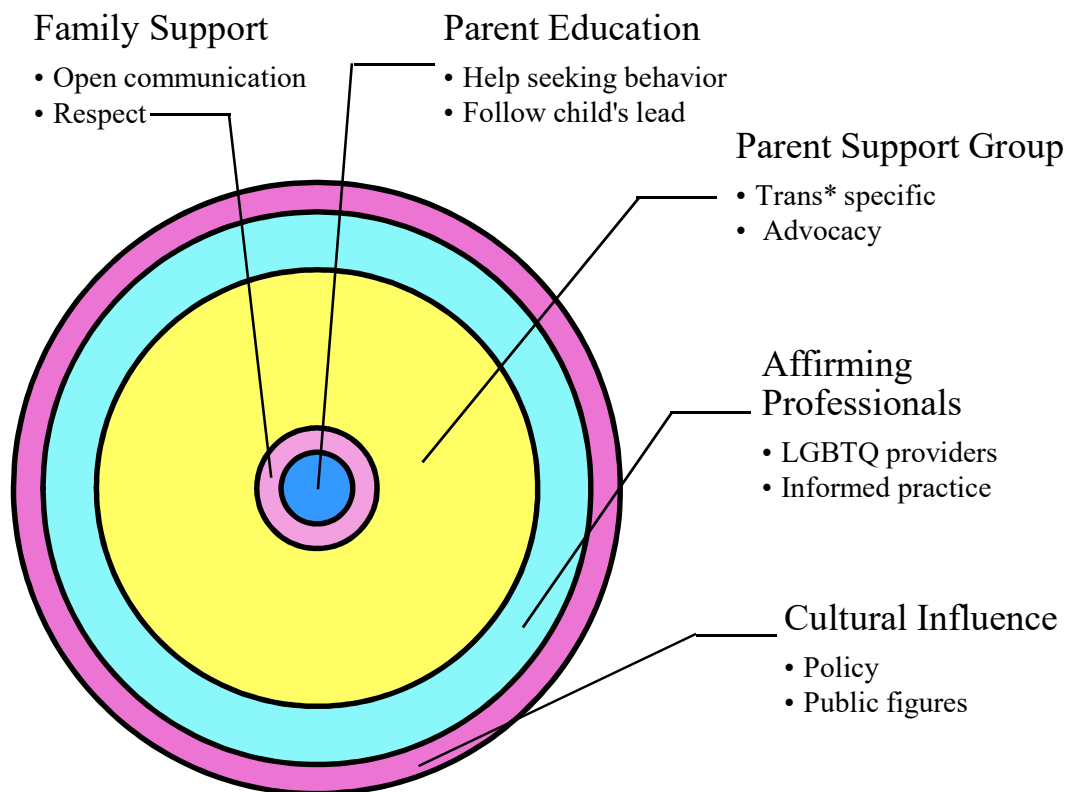
Note: Parents were given pseudonyms to protect identity

*SES-Socioeconomic status

Data Analysis

I transcribed each interview verbatim. Considering the sensitizing concept of parental support needs, I reviewed the five transcripts individually and labeled them with open codes. I then sorted the open codes and arranged them into what Padgett (2008) calls meaning units. Through this inductive process, five themes emerged as supports that help parents accept and affirm their gender variant adolescent: parent education, family support, parental support group, affirming professionals, and cultural influences. These themes yielded evidence of some data convergence and a potential framework for theory development (Padgett, 2008). Figure 2 provides a visual representation of parental support need themes.

Figure 2. Visual representation of parental support needs



Parent education. All of the parents I spoke with defined acceptance as a learning process or evolution. Several parents pointed out that understanding gender identity was secondary to learning what gender meant to their child. DJ explains that for her it was not a quest for book knowledge:

“Immediately, I needed to follow her lead. It was more of an immediate need to support her in her emotional journey...really exploring her interior as much as possible.”

Parents also reported learning from the internet, some books, professionals that specialize in working with transgender populations, and other parents.

Regardless of where each parent was in the acceptance journey, they all understood how using their child’s preferred pronoun and name benefitted their relationship with their child.

Lexi describes a critical point in her educational process:

“One of the defining statements he [the psychologist] made to me was, ‘You have got to change how you refer to your child in terms of pronoun. When you say the wrong pronoun to a trans* person, it is like calling a black person the n-word.’...Changing the pronoun to their preferred pronoun is critical. In fact it is a matter of life and death.”

Parents are also responsible for privately seeking help from counselors or parent peers. DJ shared:

“It is not your child’s responsibility to handle your experience. It is your responsibility to get help...It took 8 years for me to get the help I needed...I didn’t reach out. In hindsight, I think I was too afraid to have any sort of emotional reaction that might upset my daughter.”

Family support. Open communication with immediate and extended family helps parents feel supported. DJ talked about how isolating it was for her to not be able to share her child's secret:

“We didn't even tell Dad for 3 months. That was really hard on me. Having this secret and not even being able to let Sam's* younger brother in on it.”

Lexi made an attempt to inform her brother of what was going on with her child.

“I wrote him [my brother] a long email and didn't hear anything back... I really needed him to say something. I just figure he didn't know how to respond.”

This lack of response from family members was not unique to Lexi. Drew said:

“My husband's older brothers are religious but they didn't say anything negative. They didn't say anything positive either.”

Parents also spoke of how important it is for family members to use the child's chosen name and pronoun in order to demonstrate respect.

“I haven't talked to some of the family. A part of me doesn't want to share with them...My husband's parents ignored the name change. That's what hurts my child the most.”

Parent support group. The most potent support need expressed by parents was the need to talk with other parents of gender variant youth. When Lexi spoke of how alone she felt, she said:

“I think what was missing for me was another parent to talk to, that was going through the same thing.”

Other parents normalize the experience of parenting a gender variant child. Parent peers have a wealth of information to share with parents who are learning how to support their child. Randy talks about the role a parent support group played in his acceptance process:

“Because of the difficulty of my wife and I understanding this, we ended up starting a support group...We ended up forming this cool little family.”

It was very clear that parents have a need for a trans* specific parent support group. Lexi spoke of her first support group meeting:

“When I went to the support group, there weren’t any parents dealing with transgender. I left that disappointed.”

Tanya also shared this need.

“We have grouped transgender with gay and bisexual. It is not the same...I think it needs to be separated out.”

Parent support groups also provide parents an opportunity to give back and advocate for change in their communities. DJ speaks proudly of her transgender family support group:

“We are so well received wherever we go in the LGBTQ community because we represent love and support that a lot of people have not had. It is the most beautiful experience to represent that. “

When members of Randy’s support group learned of the bullying going on in his child’s school, “we decided we wanted to make a difference.” Lexi also had a need to support other parents. “I have been able to give back. I needed that so badly.”

Affirming professionals. Parents benefit from access to LGBT professionals and culturally competent practices. Parents of higher socioeconomic status had access to psychologists and surgeons who specialized in gender issues. Even if parents could not access

specialists, they spoke of benefitting from working with professionals who identified as being gay, lesbian, or transgender. Drew said, “His pediatrician is a lesbian. His principal at the middle school is a lesbian.” And Randy spoke highly of his child’s counselor: “She sees a lesbian counselor who is amazing.” Randy also pointed out that a transgender doctor at their local hospital spoke to members of his parent support group.

Two parents had very different experiences with pediatricians. Tanya spoke about the pediatrician her and her child had for several years:

“The pediatrician said, ‘but you are a girl. I don’t believe in transgender.’”

On the other hand, DJ’s pediatrician was very supportive.

“I alerted the pediatricians office of what was happening. They were lovely. They wrapped her up in a gown like any other girl. I choke up just thinking about it.”

Cultural influences. Parents benefit from insurance coverage for counseling, hormone blockers, and transition surgeries. Tanya explains:

“I wish we had money to see the therapist...It could save lives if it were accessible.”

Lexi spoke of her child’s phalloplasty as a lifesaving procedure for her child.

“One of my biggest stresses was how am I going to pay for a \$150,000 phalloplasty? I was blessed that Kaiser had a change and they paid for this surgery.”

Public figures who come out as transgender or speak out in support of transgender rights provide parents hope for a safe future for their child. Lexi illustrates this:

“Like our US Congressman Mike Honda, coming out with his granddaughter being transgender. I think parents now, because these stories are coming out, will be more aware.”

Parents also spoke of the need for transgender rights and policy changes. Randy shares:

“When someone asks you are you a boy or a girl, it’s like, does that really make a difference? I am human. If you are human, you should be treated like a human.”

And, Tanya spoke of the need to help her child feel more comfortable in public:

“The whole bathroom situations needs to be changed in this country. My child doesn’t want to use public bathrooms anymore.”

Discussion

Results from this study are congruent with what has been found in the literature with regard to parental support needs. Information on gender variance is critical, but parents of gender variant adolescents have a specific need to understand what this means for their child in particular. Emotional support needs are also consistent with what can be found in the literature. However, in this study, parents’ need to be supported by other parents was weighted more heavily. Parent peer interactions help parents learn about gender variance and the implications it has for their child and their family. Parent support also gives parents hope for their child’s future and powerful advocacy skills. Social workers should encourage parents of gender variant youth to connect with other parents and start trans* specific support groups were none exist.

Also consistent with established literature is the critical need for culturally competent care and informed practices. Social workers can provide cultural competency trainings for medical professionals, educators, and social service organizations.

Findings unique to this study include the need for immediate and extended family to maintain open communication with the parent. Social workers may be able to provide literature to families on how to be supportive of the parent after an adolescent discloses gender variance. When counseling families, social workers should also emphasize the importance of using the proper pronoun and encourage ongoing help-seeking behavior

Because transgender individuals experience oppression and discrimination, social workers have a responsibility to advocate for just policies for them and their families. Social workers can advocate for transgender rights, insurance coverage, and policies that enhance their ability to live safely with dignity and respect.

The research I have presented has similar limitations to other studies on this topic. This study has a small sample size and is not representative of racial and ethnic diversity. Data from parents of low socioeconomic status are also missing. Despite these shortcomings and the inability to make generalizations based on qualitative analysis, these findings increase the knowledge base of parental support needs.

Conclusion

Findings from this phenomenological study provide social workers information that may enhance our ability to support parents adjusting to their child's disclosure of gender variance. Such knowledge may guide culturally competent individual, community-based, and macro interventions that may facilitate parental acceptance and improve health outcomes for gender variant adolescents.

References

- American Psychiatric Association. (2013). Gender dysphoria. In American Psychiatric Associations (Ed.), *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (pp. 451-459). Arlington, VA: American Psychiatric Association.
- Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. San Francisco, CA: Cleis Press.
- Cameron, E. (2012). *APA to Remove "Gender Identity Disorder" from DSM-5*. Retrieved from <http://www.hrc.org/blog/entry/apa-to-remove-gender-identity-disorder-from-dsm-5>
- Gamache, P., & Lazear, K. J. (2009). *Asset-based approaches for lesbian, gay, bisexual, transgender, questioning, intersex, two-spirit (LGBTQI2-S) youth and families in systems of care*. Tampa, FL: University of South Florida, College of Behavioral and Community Sciences, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health.
- Grossman, A., D'Augelli, A., Howell, T., & Hubbard, S. (2008). Parents' reactions to transgender youths' gender nonconforming expression and identity. *Journal of Gay & Lesbian Social Services, 18*(1), 3-16. doi:10.1300/J041v18n01_02
- Kuvalanka, K.A., Weiner, J.L., & Mahan, D. (2014). Child, family, and community transformations: Findings from interviews with mothers of transgender girls. *Journal of GLBT Family Studies, 10*(4), 354-379. doi:10.1080/1550428X.2013.834529
- Lambda Legal. (2012). *Getting down to basics: Tools to support LGBTQ youth in care*. [PDF format]. Retrieved from <http://www.lambdalegal.org/publications/getting-down-to-basics>
- Lichtman, M. (2014). *Qualitative research for the social sciences*. Thousand Oaks, CA: Sage Publications.

- Malpas, J. (2011). Between pink and blue: A multi-dimensional family approach to gender nonconforming children and their families. *Family Process*, 50(4), 453-470.
doi:10.1111/j.1545-5300.2011.01371.x
- Menvielle, E.J., & Tuerk, C. (2002). A support group for parents of gender-nonconforming boys. *Journal of the American Academy of Child & Adolescent Psychiatry*, 41(8), 1010-1013.
doi:10.1097/00004583-200208000-00021
- Norwood, K. (2013). Meaning matters: Framing trans identity in the context of family relationships. *Journal of GLBT Family Studies*, 9(2), 152-178.
doi:10.1080/1550428X.2013.765262
- Padgett, D.K. (2008). *Qualitative methods in social work research* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Parents, Families and Friends of Lesbians and Gays. (n.d.). *Welcoming our transgender family and friends: A support guide for families and friends of transgender and gender non-conforming people* [Brochure]. Washington, DC: Author.
- Riley, E.A., Clemson, L., & Sitharthan, G. (2013). Surviving a gender-variant childhood: The views of transgender adults on the needs of gender-variant youth and their parents. *Journal of Sex & Marital Therapy*, (39)3, 241-263. doi:10.1080/0092623X.2011.628439
- Riley, E.A., Sitharthan, G., Clemson, L., & Diamond, M. (2011). The needs of gender-variant children and their parents: A parent survey. *International Journal of Sexual Health*, 23(3), 181-195. doi:10.1080/19317611.2011.593932
- Riley, E.A., Sitharthan, G., Clemson, L., & Diamond, M. (2013). Recognising the needs of gender-variant children and their parents. *Sex Education*, 13(6), 644-659.
doi:10.1080/14681811.2013.796287

- Ryan, C., Huebner, D., Diaz, R., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, *123*(1), 346-352. doi:10.1542/peds.2007-3524
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child & Adolescent Psychiatric Nursing*, *23*(4), 205-213. doi:10.1111/j.1744-6171.2010.00246.x
- Wells, E., Asakura, K., Hoppe, M., Balsam, K., Morrison, D., & Beadnell, B. (2013). Social services for sexual minority youth: Preferences for what, where, and how services are delivered. *Children and Youth Services Review*, *35*(2), 312-320.
doi: 10.1016/j.childyouth.2012.11.011

**Logic Model
Gender Creative Parenting**

Pantoja 2016

Needs Statement: Parents of trans* youth need access to peer support and education from other parents of trans* young people in order to decrease isolation and learn gender creative parenting techniques.						
Theory & Key Assumptions	Resources	Activities	Outputs *	Outcomes	Outcome Indicators*	Long Term Goal
<p>Constructivism- assumes the gender binary concept is socially constructed</p> <p>Chaos Theory- assumes small changes in parenting techniques can be transformative</p> <p>Social learning theory- assumes learning takes place in a social context and can occur through observations or direct instruction</p> <p>Resilience theory- assumes familial and community support can reduce risk factors and increase resiliency</p>	<p>Existing resources:</p> <ul style="list-style-type: none"> • Qualitative research • Information report • 8 module curriculum • Data collection worksheet • Outcome measurement tool • Commissioned logo <p>Needed resources:</p> <ul style="list-style-type: none"> • Social worker • Private space for family assessment • Locked cabinet for confidential records • Phone • Laptop • Overhead projector with bulbs • Printer with ink • Copy machine • Paper • Marketing materials • Group referral sources • Group meeting space • Parent peer co-facilitators • Name tags • Pens and markers • Light refreshments • Community resource brochures or guest speakers 	<p>These activities will be accomplished:</p> <ul style="list-style-type: none"> • Assess family needs • Refer parents and youth to needed professional care providers • Create a safe & supportive learning environment • Provide parents educational classes and learning material • Connect parents and youth to community resources • Facilitate the development of parent peer relationships • Train parent peer co-facilitators 	<p>Evidence of progress:</p> <ul style="list-style-type: none"> • The curriculum will be marketed to at least 12 potential referrals sources every year • Each parent will be provided 8 hours of instruction and 4 hours of informal peer support • The curriculum will be offered at least 3 times a year • At least 24 parents will attend the workshop series each year • A minimum of 2 peer co-facilitators will be identified and trained annually • A minimum of 10 trans* allied professional care providers will be identified for parent and youth referral • Parents will receive information on at least 4 community resources 	<p>Short term goals:</p> <p>Outcome 1: Improved knowledge of community resources</p> <p>Outcome 2: Improved positive interaction between parent and child</p>	<p>Evidence that changes have occurred:</p> <p>Outcome indicator 1a: Knows how to access services to meet family's needs</p> <p>Outcome indicator 1b: Recognizes need for services</p> <p>Outcome indicator 2a: Facilitates child's development</p> <p>Outcome indicator 2b: Participates in child's daily activities</p>	<p>Larger community goal:</p> <p>Through education, peer support, and community engagement parents will:</p> <ul style="list-style-type: none"> • affirm their trans* youth, • promote trans* inclusionary practices, and • <u>reduce</u> negative outcomes for trans* youth (e.g. substance use, STI's, homelessness, victimization, depression, and suicide attempts).

Student Name: Kathleen Pantoja
Program Name: Gender Creative Parenting

Data Collection Worksheet

OUTCOMES/CRITERIA	TOOLS	DATA COLLECTION PROCESS	DATA COLLECTION METHOD	VALIDITY
<p>Outcome 1: Improved knowledge of community resources Criteria to achieve outcome 1: Achieve indicator 1a and 1b.</p> <p>Indicator 1a: Knows how to access services to meet family's needs Criteria to achieve indicator 1a: On the post course survey question #2, the parent will list at least one community organization or professional they might contact for family support services.</p> <p>Indicator 1b: Recognizes need for services Criteria to achieve indicator 1b: On post course survey question #1, the parent will identify two or more situations that would lead them to seek services for a family member or themselves.</p> <p>Outcome 2: Improved positive interactions between parent and child Criteria to achieve outcome 2: Achieve indicator 2a or 2b.</p> <p>Indicator 2a: Facilitates child's development Criteria to achieve indicator 2a: On post course survey question #3, the parent will indicate they strongly agree, agree, or somewhat agree with the statement.</p> <p>Indicator 2b: Participates in child's daily activities Criteria to achieve indicator 2b: On post course survey question #4, the parent will indicate one or more daily activities.</p>	<p>Please attach copy of current tools.</p> <p>Outcome 1: Post-Course Survey Tool</p> <p>Outcome 2: Post-Course Survey Tool</p>	<p>Process used to collect data</p> <p>Who -- The social worker or parent peer facilitator will administer the survey</p> <p>When -- The survey will be administered before beginning the course and after completing the course.</p>	<p>Do you gather data on ALL Clients?</p> <p>YES</p> <p>What is your RATIONALE for using the identified strategy?</p> <p>In order to maximize the data sample size, all parents will be surveyed.</p>	<p>Identify step(s) to ensure (List the most important - at least one step for each tool)</p> <p>The validity of the pre- and post- course survey tool was tested by focus group.</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">RELIABILITY</div> <p>Identify step(s) to ensure reliability</p> <p>Parents will complete the pre-course survey and a post-course survey to ensure reliability.</p>

Proposal for Gender Creative Parenting: An educational workshop series

There are several non-profit organizations in Pierce County that could benefit from the Gender Creative Parenting program. This workshop series could potentially help the following local organizations achieve their intended missions: YMCA, Planned Parenthood, The Rainbow Center, The Pierce County Aids Foundation, Oasis Youth Center, MultiCare, The Tacoma-Pierce County Health Department, and Community Healthcare.

Populations Served

The Gender Creative Parenting program targets parents and guardians with a desire to prevent negative health outcomes for their trans* child. The intervention is appropriate for parents of trans* children between the ages of 3 and 24 and is designed to provide parents fundamental education and support needed to begin their journey toward accepting and affirming their child's identity. While the intervention directly targets parents of trans* young people, the long-term outcome indirectly benefits trans* youth with the intention of decreasing negative outcomes. Note: Trans* is an umbrella term that encompasses non-binary gender identities such as transgender, gender nonconforming, two-spirit, gender fluid, gender expansive, and gender queer.

Theoretical Orientation

Gender Creative Parenting incorporates micro, mezzo, and macro level components and is grounded within a chaos theory framework. A parental intervention grounded in a chaos theory has the potential to normalize the experience of parenting a trans* young person, foster creative parenting approaches, facilitate personal growth, and empower parents to advocate for safe and supportive communities where trans* youth thrive. Gender Creative Parenting also draws from social learning theory, constructivism, and resilience theory. The curriculum integrates parent peer support to enhance learning, challenges the predominant gender binary concept, and promotes a positive parent/child relationship that serves as a protective factor for trans* young people.

Ethical Considerations

Gender Creative Parenting is firmly grounded within the social work values of social justice, dignity and worth of the client, importance of human relationships, and cultural competence. It also incorporates emerging best practices for working with trans* youth within a family and community context.

Intervention Introduction

Gender Creative Parenting is an 8-module educational curriculum co-facilitated by a Masters level social worker and a volunteer parent peer. The program will be marketed to potential referral sources in the community and parents referred to the program will be assessed by the social worker prior to participation. The assessment will focus on identifying families and/or youth in crisis, providing appropriate intervention through a referral process, and clarifying each family's unique challenges and strengths.

The workshop series will be offered to groups composed of 8-15 parents committed to active participation. Gender Creative Parenting can be offered once a week for 8 weeks or over the

course of a weekend. The weekend options may be ideal for parents that need to travel long-distance to participate in the workshops. Each module is 90-minutes in length with 60-minutes dedicated to participatory learning and an additional 30-minutes devoted to engaging in informal peer support and socialization. Topics include historical and cultural perspectives on gender, risk and protective factors, identity development, the power of language, behavioral health, the social transition of coming out, advocacy, and maintaining a natural support network.

Background

Trans* youth are at increased risk of victimization, substance abuse, depression, homelessness, and suicide. Not only are the shocking statistics well documented, the creator of Gender Creative Parenting has observed these negative health outcomes while working with trans* young people at a local youth center.

Family acceptance has been shown to protect trans* youth from negative health outcomes and improve resiliency. However, parents often experience tremendous grief and fear when they learn of their child's gender variance. They get thrust into a world they know very little about and the resulting anxiety can lead parents to exhibit behaviors their trans* child may interpret as rejection.

Over the past decade parents of trans* young people have benefitted from accessing valuable information from the internet but many parents seek support from trans* allied professionals and mutual self-help groups specific to parenting a trans* child. These resources are in short supply and Gender Creative Parenting helps fill that gap.

Research literature reveals that parents of young trans* children have a need to understand gender issues, receive peer support from other parents, and access affirming professionals. Through qualitative research, the creator of Gender Creative Parenting identified that parents of trans* adolescents have similar needs. In fact, one of the parents interviewed for the qualitative study provided consultation services during the development of the Gender Creative Parenting curriculum.

Key informants recommendations were also integrated into the curriculum. The intervention helps parents understand their own relationship with gender, provides a safe non-judgmental environment for parents to express their feelings, and teaches basic advocacy skills to help parents create supportive environments for their children to thrive in.

Project Benefits

Gender Creative Parenting can benefit organizations that value cultural diversity, positive health outcomes, family, respect, and community. The workshop series is specifically designed to improve health outcomes for trans* youth and empower parents to work toward healthier communities for trans* young people.

There are several potential funding streams that may provide financial capital for implementing and sustaining Gender Creative Parenting. On a Federal level, there is potential for accessing Federal Substance Abuse Prevention and Treatment and/or Community Mental Health Services Block Grant funding which are accessible through WA State Behavioral Health Organizations

(previously known as Regional Support Networks). On a state level, a suggested funding stream exists through the Seattle-based Pride Foundation with their emphasis on addressing the needs of LGBTQ youth and families. For services provided in Tacoma, the City of Tacoma would be a potential funder under the strategic priority of preparing children and youth for success. *Funders for LGBT Issues* provides organizations excellent tools and resources for pursuing and securing foundation funding. Additionally, fundraising events, private donations, and fee-for-service models could be explored as potential funding sources. Gender Creative Parenting has a high potential for sustained funding as evidenced by securing in-kind donations of curriculum consultation services and program logo design.

Implementation Feasibility

Gender Creative Parenting is highly feasible given the minimal startup expenses, emphasis on preventive services, and promotion of help seeking behavior from formal and informal supports in the community. While initial startup is depended upon community referrals, strategies for establishing and maintaining referral sources have been built into the program's logic model. Program flexibility has intentionally been integrated into Gender Creative Parenting to help eliminate access barriers such as transportation and employment commitments. Additionally, parents will be encouraged to work together to overcome any other participation barriers.

Liabilities

During the initial family assessment, the social worker may identify potential safety issues including suicidal ideation, substance abuse, self-harm behavior, untreated health issues, or abuse in the home. Families will receive appropriate referrals based on their need but in some cases the social worker performing the assessment may need to initiate immediate crisis intervention services and/or report suspected abuse to Child Protective Services. The social worker will also continue to assess and intervene on any safety issues that emerge during the course of the program. For these reasons, it is recommended that liability insurance be secured for Creative Gender Parenting.

Political Climate

The current day zeitgeist is shifting toward greater trans* visibility and with it comes the battle over civil rights. Trans* issues have recently received significant media attention in Pierce County, WA State, and across the nation. Recently, the YMCA of Pierce and Kitsap Counties took a positive step toward trans* equality by protecting the right to access restrooms that align with an individual's gender identity. The WA State Legislature also recently introduced six anti-transgender bills that are being challenged by the WA Safe Alliance and their coalition partners across the state. This holds particular significance for parents of trans* youth who often fear for their child's safety and covet their privacy to prevent the devastating consequences of trans* phobia, discrimination, and victimization. For this reason, it is highly recommended that parents participating in Gender Creative Parenting meet in a neutral, safe location that protects anonymity. Additionally, parents should receive a copy of the hosting organization's non-discrimination policy and grievance procedure.

Gender Creative Parenting: An Educational Workshop Series

Kathleen Murphy Pantoja

University of Washington, Tacoma

Teresa Holt-Schaad, MSW, LICSW

TSOCW 533: Advanced Integrative Practice II

March 13, 2016

Intervention Introduction

Target Population

The Gender Creative Parenting program was developed for parents and guardians with a desire to prevent negative health outcomes for their trans* child. The intervention is appropriate for parents of trans* children between the ages of 3 and 24 and is designed to provide parents fundamental education and support needed to begin their journey toward accepting and affirming their child's identity. While Gender Creative Parenting is designed for parents of trans* young people, the long-term outcome indirectly benefits trans* youth. The intended long-term goals of the program includes decreasing substance use, sexually transmitted infections, depression, homelessness, and suicide among trans* youth. Note: Trans* is an umbrella term that encompasses non-binary gender identities such as transgender, gender nonconforming, two-spirit, gender fluid, gender expansive, and gender queer.

Needs Statement

Research suggests that parents of trans* youth need access to peer support and education from other parents of trans* young people in order to decrease isolation and learn gender creative parenting techniques.

NASW Guidelines

Gender Creative Parenting is firmly grounded within the social work values of social justice, dignity and worth of the client, importance of human relationships, and cultural competence (NASW, 2008). The social worker that co-facilitates the workshop series has an ethical obligation to ensure that parents have access to needed information and services, work toward strengthening families and the communities in which they live, and share critical information with multidisciplinary practitioners who may have little or no experience working

this trans* youth. Additionally, the social worker maintains participant confidentiality, with the exception of reporting suspected child abuse or situations in which someone is in eminent risk of harming themselves or someone else. Given the high rates of suicide attempts among trans* youth, the social worker may also recommend a comprehensive diagnostic evaluation of the trans* young person in the family system.

Gender Creative Parenting incorporates emerging best practices for working with trans* youth within a family and community context. The curriculum integrates several recommendations from the American Academy of Child and Adolescents Psychiatry Committee on Quality Issues including exploring family dynamics pertinent to gender identity, informing parents of research that guides intervention, liaising with community agencies, and referring families to appropriate care providers (Adelson, 2012).

Theoretical Framework

The ideal social work intervention for parents of gender creative children emphasizes protective factors for trans* youth, promotes help seeking behaviors, and empowers parents to become advocates for cultural and systemic changes in support of their children. Chaos theory is the organizing framework for Gender Creative Parenting as it has the potential for teaching parents to construct new narratives that emphasize family strengths, growth, and transformation (Bussolari & Goodell, 2009).

Gender Creative Parenting also draws from constructivism, social learning theory, and resilience theory. Constructivism assumes that the gender binary is socially constructed. Social learning theory assumes that learning occurs in a social context through observation and direct instruction. And lastly, resilience theory assumes family and community support can provide youth lasting protective factors to negative health outcomes. Parent peer support is a key

component of Gender Creative Parenting and the curriculum promotes positive youth identity development and healthy parent/child relationships.

Intervention Type

Gender Creative Parenting is an 8-module educational curriculum co-facilitated by a Masters level social worker and a volunteer parent peer. The social worker's role includes providing initial and ongoing assessment of each family's needs, making appropriate referrals, maintaining a safe, confidential learning environment, co-facilitating workshops, providing program oversight, and mentoring the parent peer. The designated parent peer co-facilitates workshops, shares their lived experience of parenting a trans* child, provides other parents with supportive listening and validation, and models utilizing formal and informal supports.

The workshop series is offered to groups composed of 8-15 parents committed to active participation. Gender Creative Parenting can be offered once a week for 8-weeks or over the course of a weekend. The weekend option is ideal for parents needing to travel long-distance to participate. Each module is 90-minutes in length with 60-minutes dedicated to participatory learning and an additional 30-minutes devoted to engaging in informal peer support and socialization. The curriculum is structured but the co-facilitators may make minor adjustments to the curriculum in order to best meet the needs of each group.

Changes Intended as a Result of Intervention Implementation

As a result of participating in Gender Creative Parenting, parents will show improved positive interactions with their trans* child. This includes learning to facilitate their child's positive identity development and actively participating in their child's daily activities. Parents will also have improved knowledge of community resources. As a result of participating in

Gender Creative Parenting, parents will learn how to recognize a need for professional support services, know how to access services, and where to access them from.

Ultimately, parents will learn to affirm their trans* child, promote trans* inclusionary practices in the community, and reduce negative outcomes for trans* youth (e.g. substance use, sexually transmitted infections, victimization, depression, and suicide) through education, peer support, and community engagement.

Parent Co-Facilitation

Prior to recruiting group participants for Gender Creative Parenting, the social worker recruits and trains one or more parent co-facilitators. Recruitment of parent co-facilitators requires reaching out to parents of trans* young people in the community. Recruitment efforts can include presenting at local support groups and community organizations that provide support services to parents. Co-facilitator recruitment brochures can be given to members of LGBTQ coalitions and allied professionals to encourage them to refer potential parent co-facilitators. Recruitment efforts may also include publicizing in newspapers or online media (International Planned Parenthood Federation [IPPF], 2004).

Ideal candidates for the parent co-facilitator role are committed to the goals of Gender Creative Parenting and have an interest in helping other parents of trans* youth work toward accepting and affirming their child. Parent co-facilitators should be respectful of diverse viewpoints, highly motivated, and discreet. Additionally parent co-facilitators need to be willing and able to make a time commitment for the entirety of the workshop series (IPPF, 2004).

Once co-facilitators have been identified, the social worker should train them on the curriculum and facilitation skills. The parent co-facilitators should also become comfortable sharing their personal story of parenting a trans* young person with group participants. Parents

should read Sam Killermann and Meg Bolger’s book entitled “Unlocking the Magic of Facilitation” (appendix A). The book can be purchased on the Safe Zone Project website at <http://thesafezoneproject.com/>. The social worker should review the books material with parent co-facilitators and answer any questions they have about group facilitation.

Ongoing parent co-facilitator support is critical to the success of the program. The social worker provides the parent co-facilitator with up to date information, constructive feedback, encouragement, and emotional support. In addition to debriefing with the parent co-facilitator after each module, the social worker may set up periodic meetings to keep facilitation skills fresh and help parent co-facilitators practice new facilitation skills.

Group Participant Recruitment

The social worker overseeing the workshop series regularly markets Gender Creative Parenting to community organizations and healthcare providers. Potential referral sources include behavioral health providers, primary care physicians, school counselors, faith leaders, and organizations serving the LGBTQ community. The social worker also functions as a community liaison and is responsible for providing parents with accurate information and referrals. Additionally, parent co-facilitators are powerful participant recruiters and should regularly encourage help seeking behavior among their parent peers.

Initial and Ongoing Assessment

When a parent gets referred to Gender Creative Parenting, the social worker schedules an individual parent assessment. The social worker briefly explains the goals of the Gender Creative Parenting program and defines their role. The social worker provides initial and ongoing family assessment but does not make mental health diagnoses or provide individual or

family counseling. If parents or family members are in need of professional support services, the social worker will make appropriate referrals.

During the initial assessment, the social worker will assess family strengths, current stressors, and coping strategies. The social worker will pay particular attention to cultural issues and family relationships. The social worker will document the assessment and may complete a family genogram. Parents should receive the social workers professional disclosure statement, notification of the limits of confidentiality, and the hosting organization's notice of client rights and grievance procedure if applicable. Finally, parents will complete the pre-course survey (appendix B) to assist with outcome measurement.

Module 1: Getting Acquainted

Learning Objectives:

- Introduce co-facilitators to parents
- Review curriculum goals
- Increase trust level by establishing guidelines
- Introduce the group members to each other

Materials Needed:

- Name tags
- List of suggested guidelines (appendix C)
- Large self-stick easel pad
- Markers
- Kleenex

Outline

1. Welcome (8 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly and provide them with a name tag.
 - b. The social worker begins the workshop by providing parents a brief reintroduction and explains the co-facilitated group format.
 - c. The social worker reviews the 8-module curriculum and goals.
 - d. The social worker introduced the benefits of parent peer support and parent co-facilitation.
2. Parent Co-facilitator Introduction (12 minutes)
 - a. The parent co-facilitator introduces themselves to the participants.

- i. The introduction should include their lived experience as a parent of a trans* youth. This includes their initial reaction to their child's disclosure of trans* identity and important components of their acceptance journey.
 - b. The parent co-facilitator explains the benefits of peer support and clarifies their co-facilitation role.
3. Establishing Group Guidelines (10 minutes)
 - a. Provide parents a list of suggested guidelines
 - b. Encourage parents to contribute to the group guidelines by making other suggestions to consider. Write down suggested guidelines on the large easel paper for group consideration.
 - c. Ensure that all parents feel comfortable with the guidelines and let them know that the guidelines can be reviewed and modified throughout the workshop series as needed.

Note Keep the large easel paper with group guidelines and bring it to the each workshop for posting.
4. Parent Introductions (25 minutes)
 - a. The social worker will facilitate parent introductions.
 - b. Invite each parent to introduce themselves by answering the following:
 - i. Your first name
 - ii. Your child's biological gender and current gender preference
 - iii. What you are hoping to get out of participating in the workshop series

- c. The parent co-facilitator should take note of what parents are hoping to get out of the workshop series. This information should be considered throughout the workshop series.
5. Closing (5 minutes)
 - a. The parent co-facilitator thanks participants for sharing a bit of themselves with the group.
 - b. The parent co-facilitator lets parents know that a community resource will be featured at all future workshops and encourages them to share their knowledge of community resources as well.
 - c. Invite parents to use the next 30 minutes socializing with one another.

Note Consider having light refreshments available for parents.
6. Socializing (30 minutes)
 - a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation.

Note For the weekend workshop series format, socializing can be broken up into larger blocks of time.
7. Co-facilitator debrief (15 minutes)
 - a. The social worker and parent co-facilitator should discuss facilitation challenges and successes. What worked well and what could be improved upon? (Appendix D)
 - b. Review and discuss parent responses to what they are hoping to get out of participating in the workshop series.

- c. Additionally, the parent co-facilitator may need to process any triggering content with the social worker. Should a new group guideline be considered?

Challenges that May Arise

- Because this is the first session, some parents may be anxious and guarded. If someone chooses to not share their child's gender preference or what they are hoping to get out of the workshop series, it is best to simply move on rather than push for an answer.
- If a parent becomes emotional while sharing or while another participant is sharing, remind them that this is a supportive environment where emotions can be shared safely and confidentially.
- Some parents may want to socialize past the allotted 30 minutes. Simply remind them that the co-facilitators need to secure the meeting space and encourage them to connect outside of group or at next week's workshop.

Note Some parents may want to share contact information with one another. To ensure a safe environment, consider reminding parents that sharing contact information is optional.

Module 2: Culture and Language Matter

Learning Objectives:

- Distinguish between sex, gender identity, gender expression, and attraction
- Learn the ways in which our beliefs about what it means to be male, female, or “in the middle” are shaped by our culture

Materials Needed:

- Group guidelines
- LGBTQ Umbrella Handout (appendix F)
- Genderbread Person v 3.3 handout (appendix G)
- Laptop and overhead projector
- Wi-Fi connection
- *A Place in the Middle* movie (appendix H)
- Aloha Pledge handout (appendix I)
- Kleenex

Outline

1. Welcome (5 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly.
 - b. The social worker begins the workshop by welcoming everyone back.
 - c. The social worker reviews the objectives for Module 2.
 - d. The social worker reviews the group guidelines and asks if there are any new suggestions for consideration.
2. LGBTQ Umbrella and Genderbread Person (15 minutes)

Note This section of the module has been adapted from an educational activity included in the *Safe Zone Workshop* by Sam Killerman and Meg Bolger (appendix E).

The non-copyrighted activity can be downloaded from <http://thesafezoneproject.com/>

- a. The parent co-facilitator explains the umbrella handout to address the difference between the LGB and T highlighting how the LGB represent marginalized sexuality while the T represents marginalized gender identities
- b. The parent co-facilitator then walks the participants through the Genderbread handout using gender identity, expression, and sex continua and proper labels.
 - i. Explain gender identity, expression and sex and how each aspect of gender is independent of one another.
 - ii. Move on to talking about sexual and romantic attraction.

Introduction Example:

We want to spend some time on separating some commonly conflated terms, the most common being gender and sex. We also want to talk about how gender presentation, sex, and gender identity can all exist in different ways and may have no bearing on someone's attraction to other individuals.

Lecture Example:

If you could all turn to the page with the umbrella image on it we want to spend a little time discussing what these common LGBTQ letters mean and how they refer to different identities. When we discuss LGBTQ people, we generally forget to make clear what exactly those letters mean. For example, there is no such thing as an LGBTQ person. Lesbian, gay, bisexual, transgender and queer are all different labels representing different identities. Some individuals identify with a couple of those labels (e.g. gay and transgender), or even several (e.g.

lesbian, gay, queer, and transgender). We may be getting ahead of ourselves, so let's start with the basics.

LGB all represent sexual identities and the T represents a gender identity as well as an umbrella term for many gender identities. Queer means different things to different people, for some it describes sexuality, for others their gender, for others both.

When we say “sexual identities or sexual orientations” what we are talking about are the ways we categorize and define who we are attracted to, romantically, sexually, or otherwise. When we say “gender identities” we are talking about the ways we can categorize and define our genders.

It is important to note that while we may hear mention of the LGBTQ community often, there are many times that we are not referring to gender identity or trans issues, but referring to sexuality, and it is important to note the difference there.*

Moving into the Genderbread handout we want to focus on the distinctions between gender, sex, and attraction. Traditionally, we use the word “gender” to simply mean either “man” or “woman”. We describe this as the “gender binary”, meaning just two options. But in reality, the way folks experience gender is far more complex than that. We call this a “non-binary” understanding of gender. But the binary terms and general ideas they evoke – the idea of “man” and what that means, and the idea of “woman” and what that means – are helpful in understanding the more diverse ways folks experience and make sense of gender.

A simple way to think about non-binary gender is with a scale that goes from man-to-woman, where folks could plot how they identify somewhere along the line. Someone may feel they fall close to the “man” end if they strongly identify as “man”, close to the “woman” end if they strongly identify as “woman”, or somewhere in between if they identify as gender queer,

gender expansive, gender nonconforming, or another one of the non-binary gender identity labels we have.

The problem with this depiction of gender is that it implies that the more “man” someone is, the less “woman” they are. Our gut reaction is that this is accurate, but when you dissect gender into its component parts, you’ll see this isn’t necessarily true.

Gender is best understood when broken up into three parts: gender identity (how you, in your head, define and understand your gender based on the options for gender you know to exist), gender expression (the ways you demonstrate gender through your dress, actions, and demeanor), and biological sex (the physical parts of your body that we think of as either male or female. Let’s talk about these one-by-one.

Gender can be thought of as the aspects of man-ness and woman-ness you either do or don’t align with. In this case, we are talking about the norms (social expectations), and roles (ways we fulfill or act out those expectations) placed upon “men” and “women” in a society. A few typical norms of man-ness might be “strong-willed, logical, athletic” and roles of “leader, builder, protector.” For woman-ness, we might think of the norms “empathetic, sensitive, caring” and roles “teacher, caretaker, supporter.” Some folks identify with neither “man-ness” nor “woman-ness” but a third gender all together. Some folks identify with aspects of both, and might use the label “genderqueer” to describe their identity.

Gender expression can be thought of as the aspects of masculinity and femininity you display in your clothing, grooming, speech, actions, demeanor, and more. As examples, masculine dress might be considered baggy, unprimed, or functional. Feminine dress may be more-fitting, colorful, and frivolous. The terms “androgynous” is used to describe gender expression that is both masculine and feminine.

Biological sex can be thought of as the aspects of “male-ness” or “female-ness” you embody in your physical self. Examples of “male-ness” are primary traits like “penis, testicles” as well as secondary traits (which are developed during puberty) like “course body hair, wide shoulders.” Examples of “female-ness” are primary traits like “vagina, ovaries” and secondary traits like “breasts, wide hips.” Some folks are predominantly male or female, while others are intersex. There are multiple reasons and ways that our bodies look the way they do or are the way they are. Cancers, other illnesses, and hormone imbalances can also play a role in the type of sexed body that we have.

And all of this we have been talking about, remember, is related to gender, which is distinct from sexuality. With sexuality, we often subtly reinforce a different binary, thinking people are “gay or straight.” There are far more ways folks identify and experience sexuality, so a helpful way to think about that is to distinguish between our romantic and sexual attraction. Some folks experience both, some experience one more than the other, and some folks experience little to none of either. Many of us experience sexual attraction and romantic attraction at about the same levels, and to the same genders, and therefore may not feel a big difference between the two. However others, like people who are asexual but who are not aromantic, may experience romantic attraction (wanting to go on dates, have intimate conversations, etc.) without experiencing sexual attraction. For example, there are some celebrities that I find very sexually attractive but have no desire to wine and dine them. Then there are other celebrities I might go a date with but experience no sexual attraction toward them.

- c. At this point, the parent co-facilitator should pause for participant questions and reflection on this exercise.
 - i. How do you make sense of this for yourself and for others?
 - ii. Does it change how you think or consider your attraction or gender?
- 3. Viewing and discussion of *A Place in the Middle* (35 minutes)
 - *Note* *A Place in the Middle* and the accompanying discussion guide can be downloaded from <http://aplaceinthemiddle.org/>
 - a. The social worker introduces the video. *A Place in the Middle* is the true story of a young Hawaiian girl who dreams of leading her schools all-male hula troupe, and of an inspiring teacher who uses traditional culture to empower her.
 - i. Consider writing the definition to key words in the film on the white board or easel paper.
 1. Aloha – Love, honor and respect; hello, goodbye
 2. Kāne – Man, boy, masculine
 3. Kāne-Wahine – girl-boys
 4. Māhū – People with both feminine and masculine traits
 5. Wahine – Woman, girl, feminine
 6. Wahine-Kāne – boy-girls
 - b. After viewing the video, the social worker leads the parents in a discussion. The discussion guide contains suggested discussion prompts. Some examples include:
 - i. Describe a moment in the film that inspired, confused, or “spoke truth” to you. What was it about the scene that was especially memorable?

- ii. What single word best describes how the film made you feel? What made you feel that way?
 - iii. Kumu Hina and her school teach that Native Hawaiian culture is one in which identity is fluid, and where every place on the continuum is valued. What would change in your life or community if everyone adopted this model?
 - c. Invite parents to sign a “Pledge of Aloha”.
- 4. Closing (5 minutes)
 - a. The parent co-facilitator thanks the parents for contributing to these valuable discussions.
 - b. The parent co-facilitator then briefly introduces the featured community resource and provides participants with the organizations brochure or contact information.
 - c. Invite parents to socialize with one another over the next 30 minutes.
- 5. Socializing (30 minutes)
 - a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation and be available for questions.
- 6. Co-facilitator debrief (15 minutes)
 - a. The social worker and parent co-facilitator should discuss facilitation challenges and successes. What worked well and what could be improved upon?
 - b. Additionally, the parent co-facilitator may need to process any triggering content with the social worker. Should a new group guideline be considered?

Challenges that May Arise

- The Genderbread person handout can be very confusing for those who are not familiar with the concept of a gender spectrum. Study the handout very well to prepare for questions from parents.
- It is suggested that you test your overhead projector and audio equipment before the workshop begins. Additionally, you should ensure that you can access the video online. You may want to consider buying the *A Place in the Middle* on DVD for additional viewing options.
- There is very little time for questions during this workshop. You may want to create a parking lot for questions that you don't have time to answer. Attempt to answer these questions in coming workshops.

Module 3: Youth and Family Resiliency

Learning Objectives:

- Understand the risk factors associated with being trans*
- Recognize that family acceptance is critical to reducing negative health outcomes for trans* youth
- Learn behaviors that can support well-being of trans* young people

Materials Needed:

- Group guidelines
- List of supportive behaviors (appendix J)
- Laptop and overhead projector
- Wi-Fi connection
- *Emma-A Family in Transition* YouTube video (appendix K)
- Kleenex

Outline

1. Welcome (5 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly.
 - b. The social worker begins the workshop by welcoming everyone back.
 - c. Review the objectives for Module 3.
 - i. Review the group guidelines and asks if there are any new suggestions for consideration
2. Negative health outcome statistics (15 minutes)
 - a. The parent co-facilitator shares LGBT and trans* specific negative health outcome statistics.

- i. According to the National Coalition for the Homeless 20% of homeless youth are LGBT.
 1. LGBT youth typically experience severe family conflict as the primary reason for their homelessness.
 2. 58.7% of homeless LGBT youth have been sexually victimized.
 3. 62% of homeless LGBT youth commit suicide
 - ii. The 2011 National Transgender Discrimination Survey found that 78% transgender and gender non-conforming youth in K-12 learning environments reported being harassed, 35% reported being physically assaulted, and 12% reported being the victim of sexual violence.
 - iii. According to the Williams Institute at UCLA, 45% of transgender and gender non-conforming youth between the age of 18 and 24 have attempted suicide.
- b. The parent co-facilitator then shares how these statistics impacted them and the role this knowledge played in their journey of accepting their child's gender identity.
 - c. Validate parent's fears but let them know there is hope.
3. Protective factors (10 minutes)
 - a. The social worker hands out the list of Supportive Behaviors that Promote Well-Being and shares the research findings from Ryan, Russell, Huebner, Diaz, and Sanchez (2010) quantitative study.
 - i. Family acceptance predicts greater self-esteem, social support, and general health status for LGBT young adults. Family acceptance was also found

to protect against depression, substance abuse, and suicidal ideation and behaviors.

- ii. Ask for a participant to read the list of supportive behaviors for the group.
 1. Talk with your child about their gender identity.
 2. Support your child's gender identity even though you may feel uncomfortable.
 3. Advocate for your child when they are mistreated because of their gender identity.
 4. Require that other family members respect your child's gender identity.
 5. Bring your child to LGBTQ organizations and events.
 6. Connect your child with a trans* adult role model to show them options for the future.
 7. Work to make your faith community supportive of the trans* community or find a supportive faith community that welcomes your family and child.
 8. Welcome your child's LGBTQ friends to your home and to family events and activities.
 9. Support your child's gender expression.
 10. Believe your child can have a happy future as a trans* adult.
- iii. After the list has been read, emphasize that supportive parental behaviors can help prevent suicide among trans* young people.

4. Viewing and discussion of *Emma-A Family in Transition* (25 minutes)

Note *Emma-A Family in Transition* can be accessed by from the Trans Youth Family Allies website <http://www.imatyfa.org/>

- a. The parent co-facilitator introduces the video. The television show 60 Minutes Australia profiles affirmed female Emma Hayes and her family, who have supported and assisted her social transition at school.
 - b. Following the video, engage parents in a discussion of what they learned from Emma and her family. Possible discussion questions include:
 - i. Was there anything in the video that you could relate to personally? If so, what?
 - ii. What if anything surprised you about Emma and her family's journey?
5. Closing (5 minutes)
- a. The parent co-facilitator thanks the parents for contributing to these valuable discussions.
 - b. The parent co-facilitator then briefly introduces the featured community resource and provides participants with the organizations brochure or contact information.
 - c. Invite parents to socialize with one another over the next 30 minutes.
6. Socializing (30 minutes)
- a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation and be available for questions.
7. Co-facilitator debrief (15 minutes)
- a. The social worker and parent co-facilitator should discuss facilitation challenges and successes. What worked well and what could be improved upon?

- b. Additionally, the parent co-facilitator may need to process any triggering content with the social worker. Should a new group guideline be considered?

Challenges that May Arise

- It is suggested that you test your overhead projector and audio equipment before the workshop begins. Additionally, you should ensure that you can access the video online.
- The content in this module is emotionally charged. Some parents may benefit from a one-on-one supportive conversation with the parent peer or social worker during or after the workshop. As much as possible, encourage parents to remain engaged and seek support from other group participants. This is an excellent opportunity for parents to practice having difficult conversations and utilizing their natural support network.

Module 4: Nurturing Identity Development

Learning Objectives:

- Understand the psychosocial developmental stages of childhood and adolescence
- Learn how gender identity develops in each of these stages
- Recognize the socially constructed component of the traditional gender binary

Materials Needed:

- Group guidelines
- Laptop and overhead projector
- Identity Development PowerPoint presentation (appendix L)
- Wi-Fi connection
- *Beyond the Gender Binary* TEDx Video (appendix M)
- Kleenex

Outline

1. Welcome (5 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly.
 - b. The social worker begins the workshop by welcoming everyone back.
 - c. Review the objectives for Module 4.
 - d. Review the group guidelines and asks if there are any new suggestions for consideration.
2. Identity Development Presentation and Discussion (20 minutes)
 - a. The social worker leads the parent participants through the PowerPoint entitled Identity Development.

- b. After the PowerPoint, the social worker invites parents to ask questions and discuss their learnings.
3. TEDx Video Viewing and Discussion of *Beyond the Gender Binary* (30 minutes)
 - a. The parent co-facilitator should introduce Dr. Margaret Nichols' TEDx video.
 - i. Dr. Margaret Nichols is a psychotherapist and founder of the Institute for Personal Growth.
 - ii. Prior to viewing the video the parent co-facilitator should encourage parents to look for content that relates to things they have learned this far in the program. In particular, look for content related to the culture of gender, unique gender related language, the role parents play in the lives of trans* youth, and components of gender identity development.
 - b. The parent co-facilitator leads the participants in a discussion of what they learned in Dr. Nichols video.
4. Closing (5 minutes)
 - a. The parent co-facilitator thanks the parents for contributing to these valuable discussions.
 - b. The parent co-facilitator then briefly introduces the featured community resource and provides participants with the organizations brochure or contact information.
 - c. Invite parents to socialize with one another over the next 30 minutes.
5. Socializing (30 minutes)
 - a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation and be available for questions.

6. Co-facilitator debrief (15 minutes)
 - a. The social worker and parent co-facilitator should discuss facilitation challenges and successes. What worked well and what could be improved upon?
 - b. Additionally, the parent co-facilitator may need to process any triggering content with the social worker. Should a new group guideline be considered?

Challenges that May Arise

- It is suggested that you test your overhead projector and audio equipment before the workshop begins. Additionally, you should ensure that you can access the video online.
- Keep in mind that you may be challenging deeply held cultural beliefs and values in this module. It is important to validate parents if they experience frustration and/or discomfort. Encourage parents to be patient with themselves and others.
- If there are any parents that struggle to understand concepts in the PowerPoint presentation, encourage other group participants to share how they understood the information. This will help parents seek knowledge from each other and increase trust between them.

Module 5: Behavioral Health

Learning Objectives:

- Debunk the myth of transgender as mental illness
- Identify how minority stress affects trans* young people
- Learn suicide risk factors
- Understand the role hormone therapy can play in improving the mental health of trans* youth

Materials Needed:

- Group guidelines
- Laptop and overhead projector
- Behavioral Health PowerPoint presentation (appendix N)
- Wi-Fi connection
- Norman Spack TEDx Video (appendix O)
- Kleenex

Outline

1. Welcome (5 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly.
 - b. The social worker begins the workshop by welcoming everyone back.
 - c. Review the objectives for Module 5.
 - i. Review the group guidelines and asks if there are any new suggestions for consideration.
2. Behavioral Health Presentation and Discussion (20 minutes)

- a. The social worker leads the parent participants through the PowerPoint entitled Behavioral Health.
 - b. After the PowerPoint, the social worker invites parents to ask questions and discuss their learnings.
3. TEDx Video Viewing and Discussion of *Norman Spack: How I help transgender teens* (30 minutes)
 - a. The parent co-facilitator should introduce Norman Spack's TEDx video.
 - i. Dr. Norman Spack is an American pediatric endocrinologist at Boston Children's Hospital and is an internationally known specialist in treatment for trans* youth.
 - ii. Prior to viewing the video the parent co-facilitator should encourage parents to look for content that relates to things they have learned this far in the program. In particular, look for content related to the culture of gender, unique gender related language, the role parents play in the lives of trans* youth, and components of gender identity development.
 - b. The parent co-facilitator leads the participants in a discussion of what they learned in Dr. Spacks' video.
 - c. The parent co-facilitator shares their lived experience of supporting their trans* child's mental health.
4. Closing (5 minutes)
 - a. The social worker then briefly introduces the featured community resource and provides participants with the organizations brochure or contact information.
 - b. Invite parents to socialize with one another over the next 30 minutes.

5. Socializing (30 minutes)

- a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation and be available for questions.

6. Co-facilitator debrief (15 minutes)

- a. The social worker and parent co-facilitator should discuss facilitation challenges and successes. What worked well and what could be improved upon?
- b. Additionally, the parent co-facilitator may need to process any triggering content with the social worker. Should a new group guideline be considered?

Challenges that May Arise

- It is suggested that you test your overhead projector and audio equipment before the workshop begins. Additionally, you should ensure that you can access the video online.
- Parents may ask questions that lie outside the scope of the social worker and parent co-facilitator's scope. Group participants should be encouraged to ask qualified trans* allied professionals questions. This will promote help seeking behavior from culturally responsive professionals who serve trans* youth.

Module 6: Privilege and Allyship

Learning Objectives:

- Acknowledge and investigate cisgender privilege
- Understand legal, political, social, and interpersonal “rights” not extended to the transgender community
- Learn how to be a trans* positive ally

Materials Needed:

- Group guidelines
- Privileges for Sale handout (appendix P)
- Scrap paper
- How to be Trans* Positive Ally handout (appendix Q)
- Any fiction book with pronoun rich narrative
- Kleenex

Outline

1. Welcome (5 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly.
 - b. The social worker begins the workshop by welcoming everyone back.
 - c. Review the objectives for Module 6.
 - i. Review the group guidelines and asks if there are any new suggestions for consideration.
2. “Privilege for Sale” Activity (25 minutes)
 - a. Break the group into smaller groups. Groups of 3 people are idea.
 - b. The parent co-facilitator explains how the activity works.

i. *Refer to the list of privileges on the handout. For the purpose of this activity, we will assume that we live in a world without these privileges. You and your group are going to have to buy specific privileges from the co-facilitators. You will each receive money to buy privileges and each privilege costs \$100. As a group you must decide which privileges to buy. Then we will come back together as a large group to share and discuss.*

- c. Write down dollar amounts for the different groups on scrap paper. Vary the amounts given to each group from \$100-\$800. Pass out the pieces of paper to each group indicated the amount of money they have.
- d. Allow each group approximately 10 minutes to discuss and decide which privileges they would like to buy.
- e. Debrief the activity as a whole with the group.
- i. Guiding questions for the debrief
1. How did this activity make your feel?
 2. Was it difficult to pick out the privileges?
 3. What on the list surprised you?
 4. Were there any items on the list that you don't quite understand?
 5. What have you learned from this activity?
3. How to be a Trans* Positive Ally (15 minutes)
- a. Provide each parent a copy of the How to be a Trans* Positive Ally handout.
 - b. Ask for volunteers to read each of the ally tips for the group and discuss as needed.

4. Pronoun Challenge (10 minutes)

- a. The social worker informs parents that some trans* identified individuals use singular gender neutral pronouns. Clarify that there are number of singular gender neutral pronouns but for the purpose of this exercise the focus will be on they/them/theirs.
- b. Remind parents that using their child's preferred pronouns helps with positive identity development. Remind them that using an individuals preferred pronouns is helpful as a trans* ally.
- c. Ask one or two parent volunteers to read a section of a fiction book aloud for the group.
 - i. Instruct the parent to change all gendered pronouns (she/her/hers and he/him/his) to gender neutral pronouns (they/them/theirs).
 - ii. Using singular gender neutral pronouns can be very challenging so encourage the group to provide positive feedback to the parent reader(s) and thank the reader(s) for stepping out of their comfort zone.

5. Closing (5 minutes)

- a. The parent co-facilitator then briefly introduces the featured community resource and provides participants with the organizations brochure or contact information.
- b. Invite parents to socialize with one another over the next 30 minutes.

6. Socializing (30 minutes)

- a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation and be available for questions.

7. Co-facilitator debrief (15 minutes)

- a. The social worker and parent co-facilitator should discuss facilitation challenges and successes. What worked well and what could be improved upon?
- b. Additionally, the parent co-facilitator may need to process any triggering content with the social worker. Should a new group guideline be considered?

Challenges that May Arise

- The privilege exercise can challenge participants deeply held beliefs so parents should be given ample time to debrief. Participants should be encouraged to support one another if the material challenges them.
- It is possible that some parents are not ready for trans* allyship. Remind participants that each person in the group is accepted wherever they are on this journey. It may help to ask if there are any other participants in the group who have experience with successfully challenging long held beliefs in support of their child.
- Some parents may not feel comfortable reading in front of others and it is best to respect each participant's preference. The co-facilitators should provide ample time for a volunteer reader to step up. If no one volunteers to read, the co-facilitators should alternate reading for the group.

Module 7: Trans* Rights and Advocacy

Learning Objectives:

- Gain an understanding of the rights of transgender individuals in Washington State
- Learn about local advocacy efforts that protect and support inclusive practices for trans* young people
- Understand how a safe folder can help you advocate for your child

Materials Needed:

- Group guidelines
- Several copies of The Rights of Transgender People in Washington State (appendix R)
- Large self-stick easel pad
- Markers
- Laptop
- Overhead projector
- *Gender Nonconforming & Transgender Children* YouTube Video (appendix S)
- Kleenex

Outline

1. Welcome (5 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly.
 - b. The social worker begins the workshop by welcoming everyone back.
 - c. Review the objectives for Module 7.
 - i. Review the group guidelines and asks if there are any new suggestions for consideration.
2. Rights of Transgender Individuals in Washington State (25 minutes)

- a. The parent co-facilitator asks the group to break up into three smaller groups.
 - b. Provide each group a section of The Rights of Transgender People in Washington State: Discrimination laws, identity documents, and health care coverage. This document can be downloaded from <https://aclu-wa.org/sites/default/files/attachments/Transgender%20Guide%202015.pdf>
 - i. Instruct each small group to read through and discuss their assigned section with each other.
 - ii. Each group should highlight their learnings by writing them on a large self-stick easel pad.
 - c. Members of the each small group should post their learnings on the wall and share what they learned with the larger group.
3. Viewing of *Gender Nonconforming & Transgender Children-Gender Diversity Education and Support Services* YouTube video (15 minutes)
- a. The social worker introduces parent to Gender Diversity by showing them the website and viewing their video. <http://www.genderodyssey.org/about/>
 - b. Following the video, guide parents through a discussion about ways that Gender Diversity uses advocacy to create safe supportive communities for trans* youth.
4. Creating a Safe Folder (10 minutes)
- a. Using the internet, the parent co-facilitator pulls up the Trans Youth Family Allies website and shares suggestions for developing a safe folder. (Appendix T)
<http://www.imatyfa.org/resources/parents/creating-a-safe-folder/>

5. Closing (5 minutes)
 - a. The parent co-facilitator then briefly introduces the featured community resource and provides participants with the organizations brochure or contact information.
 - b. Invite parents to socialize with one another over the next 30 minutes.
6. Socializing (30 minutes)
 - a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation and be available for questions.
7. Co-facilitator debrief (15 minutes)
 - a. The social worker and parent co-facilitator should discuss facilitation challenges and successes. What worked well and what could be improved upon?
 - b. Additionally, the parent co-facilitator may need to process any triggering content with the social worker. Should a new group guideline be considered?

Challenges that May Arise

- Some parents may not feel comfortable speaking in front of others and it is best to respect each participant's preference. Encourage members of each small group to support one another in learning and sharing the material.
- It is suggested that you test your overhead projector and audio equipment before the workshop begins. Additionally, you should ensure that you can access the video online.
- Parents may ask questions that lie outside the scope of the social work and parent co-facilitators scope. Group participants should be encouraged to ask qualified trans* allied professionals questions. This will promote help seeking behavior from culturally responsive professionals who serve trans* youth.

- For the Safe Folder exercise, remind parents that not every trans* child experiences gender dysphoria. Encourage parents to engage their children in the development of a Safe Folder to ensure that their child's voice is adequately and accurately depicted.

Module 8: Utilizing Natural Supports

Learning Objectives:

- Reflect upon workshop learnings
- Explore possibilities for continued involvement in peer support
- Express appreciation for fellow group participants and practice providing strengths-based feedback

Materials Needed:

- Laptop
- Overhead projector
- Peer Support Groups PowerPoint presentation (appendix U)
- Scratch paper
- Pens
- Hat
- Post-course surveys (appendix V)
- Kleenex

Outline

1. Welcome (5 minutes)
 - a. The social worker and parent co-facilitator greet each participant warmly.
 - b. The social worker begins the workshop by welcoming everyone back.
 - c. Review the objectives for Module 8.
2. Learnings Reflection (15 minutes)
 - a. The parent co-facilitator invites parents to share what they learned from the workshop series.

- i. What impacted you the most?
- ii. What aspect of the workshop challenged you the most?
- iii. Has Gender Creative Parenting changed how you will approach parenting a trans* young person?

3. Peer Support Presentation (10 minutes)

- a. The social worker walks parents through the Peer Support PowerPoint.
- b. After the presentation, invite parents to discuss ways that they can remain connected with other participants and meet other parents of trans* kids.
 - i. If parents need ideas, mention possibilities such as:
 1. Play dates
 2. Holiday meals together
 3. Coffee dates
 4. Social activities
 5. Advocacy events

4. Reflection Exercise (20 minutes)

- a. The parent co-facilitator leads the group in expressing appreciations for each member of the group.
 - i. Write each participants name down on a piece of paper and put them in a hat.
 - ii. Pass the hat around the room and have each parent draw one name.
 - iii. Instruct parents to spend approximately 2 minutes verbally affirming the person. Examples include:
 1. The person's strengths

2. Ways you have seen the person grow
 - ii. The parent co-facilitator and social worker should give participants example by affirming one another.
1. Outcome Survey (5 minutes)
 - a. Provide each member of the group the post workshop survey and a pen.
 - b. Instruct parents to complete the survey and tell them that their feedback will help improve the group for future participants.
2. Closing (5 minutes)
 - a. The parent co-facilitator thanks the parents for participating in Gender Creative Parenting.
 - b. The parent co-facilitator then briefly introduces the featured community resource and provides participants with the organization's brochure or contact information.
 - c. Invite parents to socialize with one another over the next 30 minutes.
7. Socializing (30 minutes)
 - a. The parent co-facilitator and social worker should attempt to engage each parent in casual conversation and be available for questions.

Note Since this is the last session, this may be an ideal time to have a potluck.
 - b. If there are parents in the group that would be ideal co-facilitators for future groups invite them to consider the possibility.
8. Co-facilitator debrief (15 minutes)

- a. The social worker and parent co-facilitator should discuss challenges and successes over the past 8 sessions. What worked well and what could be improved upon?

Challenges that May Arise

- Because this is the last session, some parents may express sadness about not meeting again. Validate that endings can be difficult for many people and remind them that they can continue to nurture relationships with other parents in the future.
- It is possible that there may be tension between some parents. This may make the affirmations exercise challenging. Remind parents that this exercise will help bring closure and it is an excellent opportunity to practice affirming their child.

References

- American Civil Liberties Union of Washington Foundation. (2015). *The rights of transgender people in Washington State*. [PDF format]. Retrieved from <https://aclu-wa.org/>
- Adelson, S.L. (2012). Practice parameter on gay, lesbian, or bisexual sexual orientation, gender nonconformity, and gender discordance in children and adolescents. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(9), 957–974. doi: 10.1016/j.jaac.2012.07.004
- American Psychiatric Association. (2013). *Gender dysphoria*. [Fact sheet]. Retrieved from <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>
- Bussolari, C.J., & Goodell, J.A. (2009). Chaos theory as a model for life transitions counseling: Nonlinear dynamics and life's changes. *Journal of Counseling & Development*, 87(1), 98-107. doi:10.1002/j.1556-6678.2009.tb00555.x
- Charlesworth, L., Wood, J., & Viggiani, P. (2011). Middle childhood. In K. Graves, et al. (Eds.), *Dimensions of human behavior: The changing life course perspective* (4th ed.; pp. 175-219). Los Angeles: Sage.
- Community Tool Box. (2015). *Creating and facilitating peer support groups*. Retrieved from <http://ctb.ku.edu/en/table-of-contents/implement/enhancing-support/peer-support-groups/main>
- Gender Alliance of the South Sound. (n.d.) *GASS local resource guide*. [PDF format]. Retrieved from <http://www.southsoundgender.com/resources.html>
- Gender Diversity. (2014, June 3). *Gender-nonconforming & transgender children*. *Gender Diversity education and support services* [Video file]. Retrieved from <http://www.genderdiversity.org/>

- Gender Diversity. (2016). *Family support groups*. Retrieved from <http://www.genderdiversity.org/family-support-groups/>
- Gender Spectrum. (2015). *The Lounge*. Retrieved from <https://genderspectrum.org/lounge/>
- Grossman, A. H. & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, 51(1), 111-128. doi:10.1300/J082v51n01_06
- Hamer, D. (Producer), & Wilson, J. (Director). (2015). *A place in the middle*. [Video file]. US: PBS Learning Media.
- Ingersoll Gender Center. (2014). *Database of medical providers*. Retrieved from <http://ingersollgendercenter.org/providers>
- International Planned Parenthood Federation. (2004). *Peer to peer: Creating successful peer education programs*. [PDF format]. Retrieved from http://www.iwtc.org/ideas/16_peer.pdf
- Jackson, S, & Howes, L. (Producers). (2013). *Emma*. [Video file]. New South Wales, AU: 60 Minutes
- Kaplan, A.B. (n.d.). Basic issues in transgender mental health. [Blog post]. Retrieved from <http://tgmentalhealth.com/basic-issues-in-transgender-mental-health/>
- Killermann, S. & Bolger, M. (n.d.). *The safe zone workshop facilitator guide*. [Non-copyrighted material]. Retrieved from <http://thesafezoneproject.com/>
- National Association of Social Workers. (2008). *Code of ethics of the National Association of Social Workers* [Brochure]. Washington, DC: Author.
- Pardo, S.T. (2008). *Growing up transgender: Research and theory*. [PDF format]. Retrieved from <http://www.actforyouth.net/>

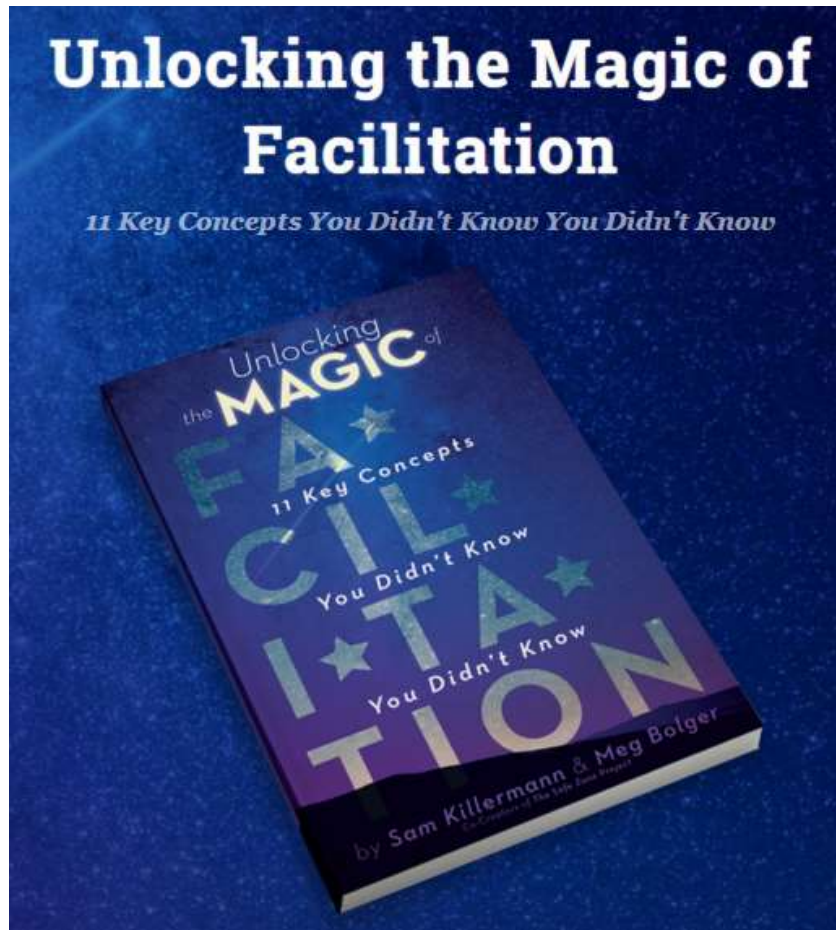
- Parents, Families and Friends of Lesbians and Gays Tacoma Washington Chapter. (2015). *Meetings*. Retrieved from <http://www.pflagtacoma.org/>
- Rogow, F. (2015). *A place in the middle: Discussion and activity guide*. [PDF format]. Retrieved from <http://aplaceinthemiddle.org/>
- Ryan, C., Russell, S.T., Huebner, D., Diaz, R., & Sanchez, J. (2010). Family acceptance in adolescence and the health of LGBT young adults. *Journal of Child & Adolescent Psychiatric Nursing*, 23(4), 205-213. doi:10.1111/j.1744-6171.2010.00246.x
- Scutti, S. (2013). *Transgender people more likely to develop depression and anxiety*. Retrieved from <http://www.medicaldaily.com/transgender-people-more-likely-develop-depression-and-anxiety-247044>
- Substance Abuse and Mental Health Services Administration. (2013). *Family therapy can help*. [Brochure]. Retrieved from <http://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784>
- TEDx Talk. (2014, April 16). *Norman Spack: How I help transgender teens become who they want to be* [Video file]. Retrieved from <https://www.youtube.com/watch?v=rzbtSeVZeEE>
- TEDx Talk. (2015, March 30). *Beyond the gender binary: Understanding transgender youth* [Video file]. Retrieved from <https://www.youtube.com/watch?v=4MUIYlaWVUk>
- TransYouth Family Allies. (2013). *Creating a safe folder*. Retrieved from <http://www.imatyfa.org/>
- Trevor Project. (2016). *Risk factors*. Retrieved from <http://www.thetrevorproject.org/pages/risk-factors>

Woody, D.J. (2011). Infancy and toddlerhood. In K. Graves, et al. (Eds.), *Dimensions of human behavior: The changing life course perspective* (4th ed.; pp. 94-135). Los Angeles: Sage.

Woody, D.J., & Woddy, D. (2011). Early childhood. In K. Graves, et al. (Eds.), *Dimensions of human behavior: The changing life course perspective* (4th ed.; pp. 136- 174). Los Angeles: Sage.

Appendices

Appendix A



In this book, co-authors and social justice facilitators Sam Killermann and Meg Bolger teach you how to perform the favorite tricks they keep up their sleeve. It's the learning they've accumulated from thousands of hours of facilitating, debriefing, challenging, and failing; it's the lessons from their mentors, channeled through their experience; it's the magician's secrets, revealed to the public, because it's about time folks have the privilege of looking behind the curtain of facilitation and thinking of course that's how it's done.

This book introduces and explains 11 key concepts every facilitator should know, that most facilitators don't even know they should know. They are sometimes-tiny things that show up huge in facilitation. It's a book for facilitators of all stripes, goals, backgrounds, and settings – and the digestible, enjoyable, actionable lessons would benefit anyone who is responsible for engaging a group of people in learning.

Gender Creative Parenting
Pre Course Survey

Date _____

1. Which of the following situations would lead you to seek community services for yourself or a family member: (circle all that apply)
- a. Frequent verbal arguments
 - b. Excessive use of drugs or alcohol
 - c. Social isolation
 - d. Talk of hurting oneself or someone else
 - e. Dramatic changes in appearance or behavior
 - f. Physical abuse
 - g. An obvious decline in work or school performance
 - h. Other:

- i. None of the above

2. Give one or more examples of a community organization or professional you might contact in order to meet your family's needs.

3. I will attempt to use my child's preferred name and pronoun in order to support their identity development?

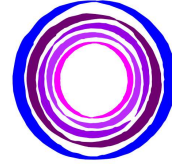
Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree

4. I engage in the following daily activities with my child. (Check all that apply)

- Eating meals
- Watching television/movies
- Casual conversation
- Playing board games or video games
- Outings
- Exercise/Sports
- Shopping
- Other _____

DOB ___/___/___

Suggested Group Guidelines



1. No Phones

No matter how good you are at multi-tasking, we ask you to put away your phone and resist texting. If you are expecting a phone call you cannot miss we will not judge!

2. Questions

Please feel free to ask questions during the training. If the facilitators are unable to answer your question they will refer you to someone who can.

3. Confidentiality

What is said here stays here and what is learned here should leave here. We respectfully request that you take away the message from others' shares and not their names.

4. Safe Space for Emotional Release

These educational workshops may create strong emotional reactions in some participants. This is a safe place to express feelings in a respectful manner.

5. Share the Airtime

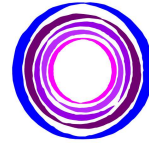
If you are someone who is really comfortable talking-do it. We ask that you try to remain aware of your participation and after you've shared a few times to leave space for other people to also put their ideas out there. If you usually wait to share-jump in!

6. Reserve the Right to Change Your Mind

This a safe space to say something and then later disagree with yourself. We encourage gaining new perspectives.

7. What else?

Self-Evaluation/Debriefing Form



1. What went well?

2. What activity should I do differently and how?

3. What activity elicited the best conversations?

4. What would I do differently in general throughout the workshop series?

5. What were the questions, if any, that I didn't know how to answer or wasn't prepared to answer?

6. General thoughts about the training:

7. Important people to follow up with:

8. Thoughts for next time:

Appendix E



- [Activities](#)
- [About](#)
- [Blog](#)
- [Online Trainings](#)
- [★ All-Star Series](#)
- [Services](#)
- [✉](#)
- [Resources](#)
- [Get our Book](#)

Uncopyright

Everything on this site, unless otherwise noted, including the activities, curriculum, articles, and blog posts are uncopyrighted.

What this means: we wish everything we've created here to be part of the public domain, there is no need to ask permission to use any of it – it is yours to do as you please. While we appreciate attribution, shout outs, head nods as much as the next, citing us and how you use the work we're publishing here (unless otherwise noted) it is entirely up to you.

We want people to use this stuff and we feel the best way to do that is to do what we can to remove barriers. We believe that much of the material that we've contributed to this site is hardly "ours" — but our take on work that belongs to the community of social justice folks that have helped shape us and our experiences and understandings. This compels us not to claim any of this as our intellectual property.

The idea of uncopyrighting is not our original idea; we are, in the spirit of it, using an idea established on other sites including Zen Habits and It's Pronounced Metrosexual, as well as many philosophies found in Charles Eisenstein's Sacred Economics.

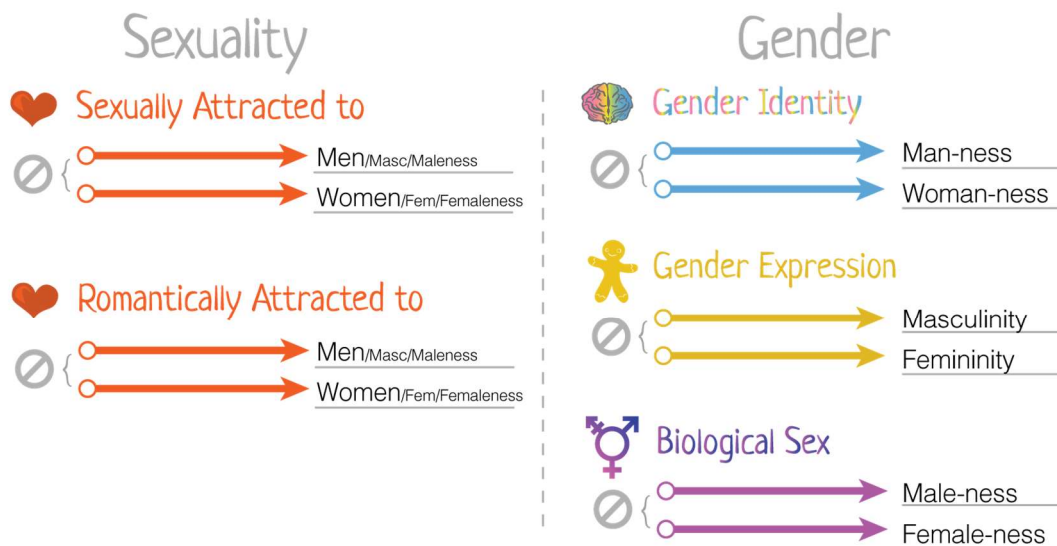
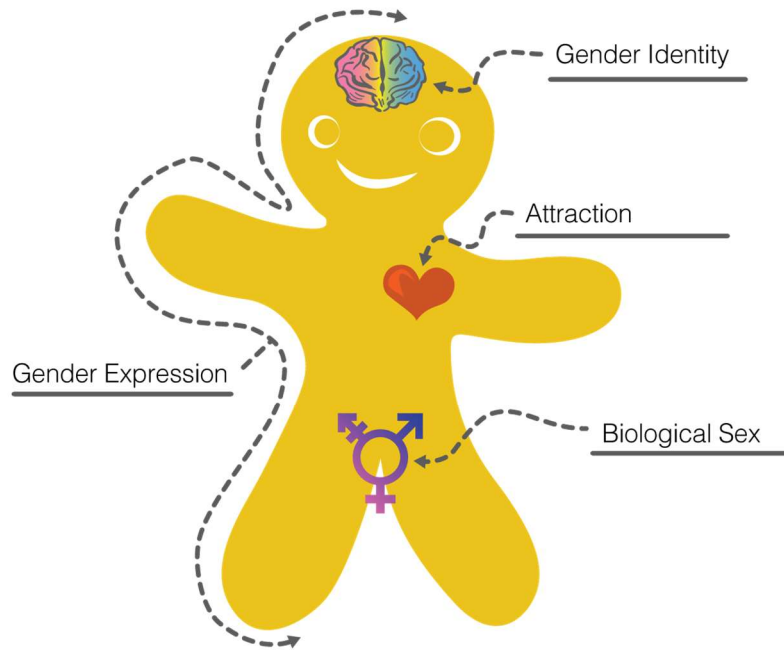
LGBTQ is an acronym

meant to encompass a whole bunch of diverse **sexualities** and **genders**. Folks often refer to the Q (standing for “queer”*) as an **umbrella term**, under which live a whole bunch of identities. This is helpful because **lesbian, gay,** and **bisexual** aren’t the only marginalized sexualities, and **transgender*** isn’t the only gender identity. In fact, there are many more of both!



* The “Q” sometimes stands for “questioning” and “transgender” is often thought of as an umbrella term itself (sometimes abbreviated “trans”; or “trans*” in writing). Lots of asterisks, lots of exceptions, because hey – we’re talking about **lots** of different folks with different lived experiences to be inclusive of.

The Genderbread Person v3.3



Adapted from *The Safe Zone Workshop Facilitator Guide* with permission

Appendix H

A Place in the Middle

A Strength-based Approach to Gender Diversity & Inclusion



HOME ABOUT NEWS VIDEOS RESOURCES SCREENINGS PLEDGE OF ALOHA HAWAII EDUCATORS CONTACT  

ABOUT

Directed and Produced by Emmy Award-winners Dean Hamer and Joe Wilson, A PLACE IN THE MIDDLE brings an enlightened Hawaiian perspective to efforts to create welcoming and inclusive schools and communities for children of all ages. This 25 minute film, adapted from the PBS Independent Lens feature documentary *KUMU HINA*, approaches diversity and cultural preservation in a kid-friendly way by telling the story through the youth's own point of view and colorful animation.



Retrieved from <http://aplaceinthemiddle.org/>

Pledge of Aloha

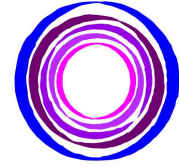
I believe that every person has a role in society, and deserves to be included and treated with respect in their family, school, and community.

I believe that every person should be free to express what is truly in their heart and mind, whether male, female, or in the middle.

I believe that every person should be able to practice their cultural traditions, and to know and perpetuate the wisdom of their ancestors for future generations.

I believe these values are embodied in aloha:
love, honor and respect for all.

Therefore, I pledge to live aloha in everything I do, and to inspire people of all ages to do the same.



Supportive Behaviors that Promote Well-being

1. Talk with your child about their gender identity.
2. Support your child's gender identity even though you may feel uncomfortable.
3. Advocate for your child when they are mistreated because of their gender identity.
4. Require that other family members respect your child's gender identity.
5. Bring your child to LGBTQ organizations and events.
6. Connect your child with a trans* adult role model to show them options for the future.
7. Work to make your faith community supportive of the trans* community or find a supportive faith community that welcomes your family and child.
8. Welcome your child's LGBTQ friends to your home and to family events and activities.
9. Support your child's gender expression.
10. Believe your child can have a happy future as a trans* adult.

Appendix K

Emma – A Family in Transition



Reporter: Karl Stefanovic

Producers: Steve Jackson, Lincoln Howes

It's the most exciting day in a parent's life - finding out whether their baby is a boy or a girl.

But for some, the answer is not always clear-cut.

Emma Hayes was just five years old when she told her parents that despite being born a boy she wanted to live and dress as a girl.

Diagnosed with gender dysphoria, Emma is among a growing number of children across the country who insist they're trapped in the wrong body.

Now, Emma's parents have agreed to let her live as a girl and have re-enrolled her at the same school as a female.

Emma and her family share their story in the hope they'll create awareness and acceptance.

Slide 1


MODULE 4: IDENTITY DEVELOPMENT

GENDER CREATIVE PARENTING
BY KATHLEEN MURPHY PANTOJA




TRANSGENDER IDENTITY DEVELOPMENT

- Research is only beginning to tell the story
- Feelings of difference may begin in early childhood
 - As early as age 3
- Other children experience mind body discord as late as age 12 or 13
 - Due to unwanted physical changes during puberty

Pardo (2008) 

- Research is only beginning to tell the story of what it's like growing up transgender
- Feelings of difference may begin in early childhood; some as early as age three.
- Other children experience mind body discord as late as age 12 or 13. This is believed to be prompted by unwanted physical changes during puberty.

PSYCHOSOCIAL DEVELOPMENT	
Age	Developmental Task
3-5 (early childhood)	Develop a growing capacity to plan and initiate actions or they may feel guilt about their taking initiative
6-11 (middle childhood)	Develop a sense of competence to master and complete tasks or they learn to feel inferior or incompetent
12-18 (adolescence)	Develop a sense of who they are and where they are going in life or they become confused about their identity

Woody (2011) 

According to Erik Erikson's Theory of Psychosocial Developmental Stages, successful completion of each stage results in a healthy personality.

During early childhood

- Children begin to plan and initiate activities.
- If given this opportunity, children develop a sense of initiative, and feel secure in their ability to lead others and make decisions.
- If this tendency is squelched, either through criticism or control, children develop a sense of guilt.
- They may feel like a nuisance to others and will therefore remain followers, lacking in self-initiative.

During middle childhood


- A child's peer group will gain greater significance and will become a major source of the child's self esteem.
- If the child cannot develop the specific skill they feel society is demanding then they may develop a sense of inferiority

During adolescence

- A youth will re-examine his identity and try to find out exactly who they are.
- During this stage the body image of the adolescent changes.
- An identity crisis during adolescent may lead to experimenting with different lifestyles. Also pressuring a young person into an identity can result in rebellion and a feeling of unhappiness.

GENDER IDENTITY IN EARLY CHILDHOOD

- Gender is an important dimension of how children understand themselves.
- By age 2 children understand male and female based on appearance.
- Sometime between age 4 and 7 children understand that a girl dressed as a boy is still a girl.
- Cultural standards are built into adult interactions with young children.

Woody & Woody (2011) 

During early childhood, gender becomes an important dimension of how children understand themselves.

- By age 2 children can usually identify others as male or female based on their appearance.
- Young children continue to think that girls can turn into boys and boys into girls by changing appearance
 - For example, a 3 year old given a picture of a girl is able to identify the person as a girl. If that same girl is shown in another picture dressed as a boy, the 3 year old will label the girl as a boy.
 - Sometime between age 4 and 7 children understand that a girl dressed as a boy is still a girl.
- Gender constancy is thought to be associated with an understanding of the relationship between gender and genitals.
- Cultural standards are built into adult interactions with young children.
 - Research evidence indicates that parents begin to gender stereotype to respond to their children from the time of their birth.
 - For example, parents often cuddle more with infant girls and play more actively with infant boys.

GENDER IDENTITY IN MIDDLE CHILDHOOD

- Boys' identification with "masculine" role attributes often increases.
- Girls' identification with "feminine" role attributes decreases.
- In the US, typically, cross-gender behavior in girls is more socially acceptable.
- A traditionally masculine identity is associated with a higher sense of competence and better academic performance.

Charlesworth, Wood, & Viggiani (2011)



- During middle childhood, often boys' identification with "masculine" role attributes increases while girls' identification with "feminine" role attributes decreases.
 - For example, boys are more likely than girls to label a chore as a "girls job" or a boys job."
 - As adults, females are the more androgynous of the two genders, and this movement toward androgyny appears to begin in middle childhood.
- In the United States, typically, cross-gender behavior in girls is more socially acceptable than such behavior among boys.
- Research suggests that for both genders, a traditionally masculine identity is associated with a higher sense of competence and better academic performance.
 - Culture plays an enormous role in this relationship.
 - Traits associated with male, or for girls, "tomboy" status are those traits most valued in many communities.
 - These traits include athleticism, assertiveness, and confidence.
 - Communities with more entrenched ideologies of gender traits are those in which boys exhibiting "feminine" behaviors are likely to suffer.

IDENTITY EXPLORATION IN ADOLESCENCE

- Identity confusion is not uncommon
- Youth are tasked with developing a sense of true self while balancing:
 - feelings of guilt and shame,
 - pressures to conform, and
 - the need for secrecy
- Appearance, cross gender pronouns, or gender-neutral names may be explored.
- Identity development is successful when the individual achieves a stable, healthy sense of self.

Grossman & D'Augelli (2006)



- Adolescence is a time of significant gender identification and identity confusion is not uncommon
 - As we have seen, socially constructed gender plays a large role in this process.
 - There is growing scientific evidence that that genetic, chromosomal, anatomical, and hormonal aspects of gender are not always aligned.
- Gender variant adolescents are tasked with developing a sense of true self while balancing feelings of guilt and shame, pressures to conform, and the need for secrecy.
- It is during this time that some youth disclose their alternative gender identity, change their appearance, use cross gender pronouns, and explore gender-neutral names.
- For trans* youth, gender identity development is successful when they achieve a stable, healthy sense of self.

Slide 7

BEYOND THE GENDER BINARY



<https://www.youtube.com/watch?v=4MUIYlaWVUk>

REFERENCES

- Charlesworth, L., Wood, J., & Viggiani, P. (2011). Middle childhood. In K. Graves, et al. (Eds.), *Dimensions of human behavior: The changing life course perspective* (4th ed.; pp. 175- 219). Los Angeles: Sage.
- Grossman, A. H. & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of Homosexuality*, 51(1), 111-128. doi:10.1300/J082v51n01_06
- Pardo, S.T. (2008). *Growing up transgender: Research and theory*. [PDF format]. Retrieved from <http://www.actforyouth.net/>
- TEDx Talk. (2015, March 30). *Beyond the gender binary: Understanding transgender youth* [Video file]. Retrieved from <https://www.youtube.com/watch?v=4MUIYlaWVUk>
- Woody, D.J. (2011). Infancy and toddlerhood. In K. Graves, et al. (Eds.), *Dimensions of human behavior: The changing life course perspective* (4th ed.; pp. 94-135). Los Angeles: Sage.
- Woody, D.J., & Woody, D. (2011). Early childhood. In K. Graves, et al. (Eds.), *Dimensions of human behavior: The changing life course perspective* (4th ed.; pp. 136- 174). Los Angeles: Sage.



Appendix M



Published on Mar 30, 2015

Not long ago children who insisted they were the ‘other’ sex were so rare that they were known only to a few clinics around the world specializing in childhood ‘Gender Identity Disorder.’ Now, they are in the news regularly, supported by their parents and winning law suits against school districts to use the bathroom of their choice. In this talk I explain the difference between transgender children and those who are gender nonconforming or gender fluid, why we’re seeing so many of them now, and the changes they are making in our culture. Finally, I’ll describe why we all should care, not only for the sake of these children – but for the sake of ALL our children. All those who care about gender equality and freedom of self-expression need to become allies and advocates for transgender kids.

Margaret Nichols, Ph.D. is a psychologist, sex therapist, and Executive Director of the Institute for Personal Growth, a psychotherapy organization she founded in 1983 with offices in Jersey City, Highland Park, and Freehold New Jersey. Among many other specialties, IPG has always worked with sex and gender diverse people, including the LGBT community. Dr. Nichols has been active in community mental health for many years, helping to start one of the first shelters for victims of domestic violence in the 1970’s and the Hyacinth Foundation, New Jersey’s largest HIV support and service agency, in 1985. She is a frequent speaker on LGBT issues and author of many articles and papers on LGBT sexuality. Her current primary clinical areas of interest include transgender and gender nonconforming young people.

MODULE 5: BEHAVIORAL HEALTH

GENDER CREATIVE PARENTING
BY KATHLEEN MURPHY PANTOJA



MEDICAL MODEL: TRANSGENDER AS DISORDER

- Traditional medical approach recognizes sex and gender within a binary construct
- Medical model focuses on sexual reassignment surgery (Pardo, 2008)
- Prior to 2013, transgender individuals were considered to have a mental disorder called Gender Identity Disorder.
- A clinical diagnosis facilitates insurance coverage and clinical care but has a devastating stigmatizing effect (APA, 2013)



- Despite research demonstrating a range of gender identities and expressions the traditional medical approach recognizes sex within a binary construct of male or female, and gender within a linear binary: men are masculine, women are feminine.
- This model focused on sexual reassignment surgery and does not leave room for a broader range of healthy transgender identities
- Until recently, being transgender was considered a mental disorder by the American Psychiatric Association.
- While diagnostic terms facilitate clinical care and access to insurance coverage, a mental health diagnosis has a devastating stigmatizing effect.

GENDER DYSPHORIA

- The newest Diagnostic Statistical Manual aims to avoid stigmatizing trans* individuals while ensuring access to clinical care
- It is important to note that gender nonconformity is not in itself a mental disorder.
- The critical element of gender dysphoria is the presence of significant distress associated with the condition.
- Despite popular belief, there are gender nonconforming individuals who do not find their gender identity distressing.

APA (2013)



- The newest Diagnostic Statistical Manual aims to avoid stigmatizing trans* individuals while ensuring access to clinical care
- It is important to note that gender nonconformity is not in itself a mental disorder.
- The critical element of gender dysphoria is the presence of significant distress associated with the condition.
- Despite popular belief, there are gender nonconforming individuals who do not find their gender identity distressing.

GENDER DYSPHORIA CHARACTERISTICS

- A marked difference between experienced gender and assigned gender
- Functional impairment
- A strong desire to be treated as another gender or removal of sex characteristics
- Treatment include counseling, puberty blocking hormones, cross-sex hormones, gender reassignment surgery, and/or a social and legal transition


APA (2013)



- For a person to be diagnosed with gender dysphoria, there must be a marked difference between the individual's experienced gender and the gender others would assign him or her.
- Gender dysphoria indicates functional impairment (most notably social impairment)
- Gender dysphoria includes a strong desire to be treated as another gender or be rid of one's sex characteristics.
- Treatment options include counseling, puberty blocking treatment, cross-sex hormones, gender reassignment surgery, and social and legal transition to the desired gender.

DYSPHORIA'S SOCIAL COMPONENT


- Early and middle childhood
 - Trans* kids begin to feel there is a part of themselves they must hide
- Puberty
 - Trans* young people may grow increasingly uncomfortable with their changing bodies
 - Parents can help them access services to minimize gender dysphoria

Kaplan (n.d.) 

- Gender Dysphoria creates a social predicament.
 - Essentially everyone expects the child to be and act like a boy/girl, when they feel inside to be a girl/boy.
- During **early childhood**, trans* young people get cues from parents about appropriate behavior, and internalize them. Kids of this age start to get the idea that there is a part of themselves that must remain hidden.
- **Puberty** is a particularly hard age for trans* kids. Their body begins to exhibit gender specific features (breasts, changes in genitals, menses, deeper voice, etc.).
 - Many trans* individuals are aware of their issue by this age, but lack the means and agency to effect any change.
 - This has been changing in recent years where some transgender youth are more “out”, have supportive families and are able to access services.

MINORITY STRESS


- In general, society views trans* people as non-conforming to a natural identity.
 - “Minority stress” results in stigma, prejudice, rejection, harassment, discrimination, victimization, and internalized transphobia.
 - Minority stress assumes that stressors are unique, chronic, and socially-based.
 - NAMI suggests that “minority stress” explains why trans* people are prone to depression, anxiety, and suicide.

Scutti (2013) 

- Trans* people are often seen by others as non-conforming to a natural or inherited identity.
 - Because of this trans* youth experience “minority stress” which often results in stigma, prejudice, rejection, harassment, discrimination, victimization, and internalized transphobia.
 - The concept of minority stress assumes that stressors are unique (not experienced by other populations), chronic (related to social and cultural structures) and socially-based (embedded within institutions and structures as well as processes).
- The National Alliance on Mental Illness suggests that minority stress explains why trans* people are prone to depression, anxiety, and suicide (Scutti, 2013).

SUICIDE RISKS FACTORS

<p>MIND & BODY FACTORS</p> <ul style="list-style-type: none">➤ History of abuse➤ History of self-injury➤ Tendency to be impulsive➤ Major physical illness➤ Substance abuse➤ Previous suicide attempts	<p>ENVIRONMENTAL FACTORS</p> <ul style="list-style-type: none">➤ Lack of community support➤ A death or relationship breakup➤ High stress family environment➤ Academic or family crisis➤ Easy access to lethal materials➤ Bullying, including cyber bullying
---	---

Trevor Project (2016) 

- **Mind and body factors:**
 - History of being abused
 - History of self-injury
 - Tendency to be impulsive
 - Major physical illness
 - Substance abuse
 - Previous suicide attempt(s)
- **Environmental factors:**
 - Lack of community support
 - A death or relationship breakup
 - High stress family environment
 - Academic or family crisis
 - Easy access to lethal materials
 - Bullying including cyber bullying

TREATMENT-INDIVIDUAL & FAMILY THERAPY

- Depending on the level of distress, a trans* youth may benefit from individual counseling
- Family system can heal through family therapy
 - All members make specific, positive changes
 - Goal is to strengthen the whole family's emotional health
 - Family members learn to communicate better and practice new ways of relating and behaving


SAMHSA (2013)



- If a trans* youth begins to experience anxiety or depression to the point that they have difficulty functioning, individual counseling or crisis intervention may be called for.
- Family therapy can help the family as a whole recover and heal.
- It can help all members of the family make specific, positive changes.
- The main goal of family therapy is to strengthen the whole family's emotional health, so everyone can thrive.
- The whole family learns how to better communicate with each other and practice new ways of relating and behaving.


CULTURALLY RESPONSIVE PROVIDERS

- Ingersoll Gender Center, Seattle
 - <http://ingersollgendercenter.org/resources>
- Gender Alliance of the South Sound
 - <http://www.southsoundgender.com/resources.html>




- The Ingersoll Gender Center is a Seattle based organization that supports transgender and gender variant people.
 - On their website they have a provider database.
- The Gender Alliance of the South Sound also has a list of trans* competent providers.

TREATMENT-HORMONE THERAPY



<https://www.youtube.com/watch?v=rzbtSeVZeEE>



Dr. Norman Spack is an American pediatric endocrinologist at Boston Children's Hospital where he co-founded the hospital's Gender Management Service (GeMS) clinic in 2007. GeMS is America's first clinic to treat transgender children. Dr. Spack is an internationally known specialist in treatment for trans* youth.

REFERENCES

- American Psychiatric Association. (2013). Gender dysphoria. [Fact sheet]. Retrieved from <http://www.dsm5.org/documents/gender%20dysphoria%20fact%20sheet.pdf>
- Kaplan, A.B. (n.d.). Basic issues in transgender mental health. [Blog post]. Retrieved from <http://tgmentalhealth.com/basic-issues-in-transgender-mental-health/>
- Pardo, S.T. (2008). *Growing up transgender: Research and theory*. [PDF format]. Retrieved from <http://www.actforyouth.net/>
- Scutti, S. (2013). *Transgender people more likely to develop depression and anxiety*. Retrieved from <http://www.medicaldaily.com/transgender-people-more-likely-develop-depression-and-anxiety-247044>
- Substance Abuse and Mental Health Services Administration. (2013). *Family therapy can help*. [Brochure]. Retrieved from <http://store.samhsa.gov/product/Family-Therapy-Can-Help-For-People-in-Recovery-From-Mental-Illness-or-Addiction/SMA15-4784>
- TEDx Talk. (2014, April 16). *Norman Spack: How I help transgender teens become who they want to be* [Video file]. Retrieved from <https://www.youtube.com/watch?v=rzbtSeVZeEE>
- Trevor Project. (2016). *Risk factors*. Retrieved from <http://www.thetrevorproject.org/pages/risk-factors>



Appendix O

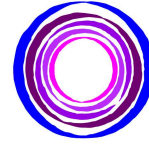


Norman Spack: How I help transgender teens become who they want to be

Published on Apr 16, 2014

Puberty is an awkward time for just about everybody, but for transgender teens it can be a nightmare, as they grow overnight into bodies they aren't comfortable with. In a heartfelt talk, endocrinologist Norman Spack tells a personal story of how he became one of the few doctors in the US to treat minors with hormone replacement therapy. By staving off the effects of puberty, Spack gives trans teens the time they need.

Privileges for Sale



Please look at the following list of privileges. Each privilege costs \$100 to purchase. As a group, please purchase as many privileges as your money allows.

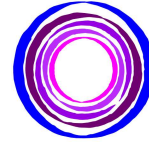
1. Use public restrooms without fear of verbal abuse, physical intimidations, or arrest.
2. Use public facilities such as gym locker rooms and store changing rooms without fear, stares, or anxiety.
3. Strangers don't assume they can ask you what your genitals look like and how you have sex.
4. Your validity as a man/woman/human is not based on how much surgery you've had or how well you "pass" as non-transgender.
5. You have the ability to walk through the world and generally blend-in, not being constantly stared or gawked at, whispered about, pointed at, or laughed at because of your gender expression.
6. You can access gender exclusive spaces and not be excluded due to your trans* status.
7. Strangers call you by the name you provide, and don't ask what your "real name" [birth name] is and then assume that they have a right to call you by that name.
8. You can reasonably assume that your ability to acquire a job, rent an apartment, or secure a loan will not be denied on the basis of your gender identity/expression.
9. You have the ability to engage in courtship or form a relationship and not fear that your biological status may be cause for rejection or attack, nor will it cause your partner to question their sexual orientation.
10. If you end up in the emergency room, you do not have to worry that your gender will keep you from receiving appropriate treatment, or that all of your medical issues will be seen as a result of your gender.
11. Your identity is not considered a mental pathology ("gender dysphoria" in the DSM-5) by the psychological and medical establishments.
12. You have the ability to not worry about being placed in a sex-segregated detention center, holding facility, or jail that is incongruent with your identity.
13. You have the ability to not be profiled on the street as a sex worker because of your gender expression.

14. You are not required to undergo an extensive psychological evaluation in order to receive basic medical care.
15. You do not have to defend your right to be part of the “queer” and gays and lesbians will not try to exclude you from “their” equal rights movement because of your gender identity (or any equality movement, including feminist rights.)
16. If you are murdered (or have any crime committed against you), your gender expression will not be used as a justification for your murder (“gay panic”) nor as a reason to coddle the perpetrators.
17. You can easily find role models and mentors to emulate who share your identity.
18. Hollywood accurately depicts people of your gender in films and television, and does not solely make your identity the focus of a dramatic storyline, or the punchline of a joke.
19. Be able to assume that everyone you encounter will understand your identity and not think you’re confused, misled, or hell-bound when you reveal it to them.
20. Being able to purchase clothes that match your gender identity without being refused service/mockered by staff or questioned on your genitals.
21. Being able to purchase shoes that match your gender identity without having to order them in special sizes or asking someone to custom-make them.
22. No stranger checking your identification or driver’s license will ever insult or glare at you because your name or sex does not match the sex they believed you to be based on your gender expression.
23. You can reasonably assume that you will not be denied services at a hospital, bank, or other institutions because the staff does not believe the gender marker on your ID card to match your gender identity.
24. Having your gender as an option on a form.
25. Being able to mark a box on a form without someone disagreeing, and telling you not to lie.
Yes, this happens.
26. Not fearing interactions with police officers due to your gender identity.
27. Being able to go to places with friends on a whim knowing there will be bathrooms there you can use.
28. You don’t have to deal with old photographs that did not reflect who you truly are.

29. Knowing that if you're dating someone they aren't just looking to satisfy a curiosity or kink pertaining to your gender identity.
30. Being able to pretend that anatomy and gender are irrevocably entwined with having the "boy parts and girl parts" talk with children, instead of explaining the actual complexity of the situation.

Adapted from *The Safe Zone Workshop Facilitator Guide* with permission

How to be a Trans* Positive Ally



Being a trans* ally is more than just saying you are an ally. Below are some guidelines that will help you be the best ally possible.

Be an ally 24 hours a day, 7 days a week, 365 days a year.

Being an ally isn't something you can turn on and off when it's convenient or comfortable for you. If you take on the ally role, you're signing up to be an ally at all times. Nothing will destroy your ally credibility like someone seeing you take off your ally cap. This means you won't consent to transphobic language when you think "no trans* people are around."

Be willing to ask questions, admit you're wrong, and keep learning.

You have been learning to be an ally in this workshop but you should do your best to keep your knowledge current. Continue learning how to be comfortable admitting you don't know something, or that you're wrong. And never stop asking questions!

Amplify the voice of individuals who identify as trans* but don't speak on their behalf.

No one person can speak for an entire group of people, so try your best not to. Use phrases like "in many cases" or "a lot of the time" instead of "all" or "every trans* person." A great saying to keep in mind is that a good ally is like a really expansive sound system: they amplify the voices of marginalized people without distorting them.

Understand when trans* people are comfortable with you.

As an ally you should do your best to support queer spaces and events, but know that you shouldn't feel entitled to be there, or to be *every* trans* identified persons ally. Some people have had terrible experiences with cis people, so respect that and be understanding.

Be conscious of your own privilege, prejudice, and dispositions.

You were socialized to have gender based biases. Make sure you're cognizant of these things, and do your best to address them over time. You will be less likely to inadvertently color your experiences or negatively influence your interactions with members of certain groups.

Respect someone's gender identity.

Address the person as they wish to be addressed, using the name and the pronouns they prefer. Also remember that not all gender non-conforming people identify as transgender, some may identify as gender queer, androgynous, or other labels—respect their choice. If you make a name or pronoun mistake, don't over apologize; just follow the mistake with the correct name or pronoun and move on.

Adapted from *The Safe Zone Workshop Facilitator Guide* with permission

THE RIGHTS OF
TRANSGENDER
PEOPLE
IN
WASHINGTON STATE



ACLU of Washington Foundation
901 Fifth Avenue #630, Seattle, WA 98164
www.aclu-wa.org

This guide is designed to help transgender individuals understand their legal rights in Washington State.

It is not meant to provide legal advice.

The current legal system assumes individuals identify as one gender, either male or female. While this guide provides an understanding of the current legal system, the ACLU recognizes that many people do not identify as male or female. A person may identify or express as a specific gender, both genders, or neither gender.

March 2015

DISCRIMINATION & HARASSMENT

Are there laws that clearly prohibit discrimination against transgender people?

Yes. Our state antidiscrimination law, known as the Washington Law Against Discrimination (WLAD), clearly prohibits discrimination because of “gender expression or identity.”

The WLAD protects people from discrimination based on gender expression or actual or perceived gender identity in the following areas:

- Public accommodations (i.e., places that serve the public), including restaurants, hotels, and public schools;
- Housing, including the renting, buying, and selling of homes;
- Employment in public workplaces and private workplaces with eight or more employees;
- Credit transactions, including loans and credit cards; and
- Insurance transactions, including health insurance.

State law also protects transgender people from:

- Violence and threats motivated by gender expression or actual or perceived gender identity, and
- Student-on-student harassment, intimidation, and bullying motivated by gender expression or actual or perceived gender identity in public schools.

Further, at least five cities and one county in Washington have passed their own laws prohibiting discrimination based on gender expression or identity, including:

- Burien (barring discrimination in places of public accommodation, housing, and employment);
- Olympia (barring discrimination in housing);
- Seattle (barring discrimination in places of public accommodation, housing, and employment);

- Tacoma (barring discrimination in places of public accommodation, housing, employment, and education); and
- King County (barring discrimination in places of public accommodation, housing, employment, and education).

In 2009, President Obama signed the Matthew Shepard and James Byrd, Jr. Hate Crimes Prevention Act into federal law. This law allows the federal government to assist state and local authorities in the investigation and prosecution of hate crimes motivated by bias against a person's gender identity or expression.

What does "gender expression or identity" mean under the law?

As defined in the WLAD, "gender expression or identity" means "having or being perceived as having a gender identity, self-image, appearance, behavior, or expression, whether or not that gender identity, self-image, appearance, behavior, or expression is different from that traditionally associated with the sex assigned to that person at birth."¹ Under this definition, transgender individuals are protected by the WLAD from discrimination based on their transgender status.

Charged with enforcing the WLAD, the Washington State Human Rights Commission (HRC) works to prevent and eliminate discrimination by investigating civil rights complaints and providing education and training opportunities throughout Washington. For information on how to file a formal complaint with the HRC, call 1-800-233-3247 or visit www.hum.wa.gov/ComplaintProcess/Index.html.

Do laws prohibiting discrimination based on "sex" protect transgender people?

Yes. The U.S. Ninth Circuit Court of Appeals – whose jurisdiction includes Washington – has made clear that transgender people are protected from sexual harassment and discrimination based on their gender expression or identity under the federal Title VII law, which prohibits discrimination in employment.

Several federal agencies have expanded protections for transgender people across the nation. In 2012, the Equal Employment Opportunity

Commission (EEOC) – the agency responsible for enforcing anti-discrimination provisions under Title VII – held that federal law prohibits discrimination against transgender employees. In 2014, the U.S. Department of Justice (DOJ) also announced that Title VII protects people from discrimination based on gender identity, including transgender status. The U.S. Department of Housing and Urban Development (HUD) declared in 2012 that housing discrimination based on gender nonconformity violates the federal Fair Housing Act, and adopted regulations prohibiting discrimination on the basis of gender expression or identity in federally funded housing programs. Under the federal Title IX education law, the U.S. Department of Education (ED) affirmed in 2012 that public and private schools receiving federal funding may not discriminate against transgender students.

Does the U.S. Constitution protect transgender people from discrimination?

Although the ACLU thinks the answer should be yes, the U.S. Supreme Court has never considered this question. In 2011, the U.S. Court of Appeals for the Eleventh Circuit became the first federal court to recognize that discrimination on the basis of transgender identity violates the Equal Protection Clause of the Fourteenth Amendment. This ruling reflected the court's belief that sex discrimination encompasses discrimination on the basis of gender identity or expression. Despite this case, the current reality is that equality protections for transgender people under the federal Constitution are not yet nearly as strong as those for people of color and women. It is important to remember that the Constitution only covers discrimination or mistreatment by the government, not by private entities – unlike the WLAD, which contains broader protections.

The ACLU believes the U.S. Constitution's guarantee of equality should protect individuals from being treated differently (i.e., discriminated against or mistreated) because of their gender expression or identity. Further, we believe the First Amendment, which bars the government from censoring speech or expression, should protect people's right to dress (an important form of personal expression) in a way that is consistent with

their gender identity. Finally, we believe the Due Process Clause should recognize and protect individuals' interests in determining and expressing their gender through personal appearance and mannerisms. However, the U.S. Supreme Court has not yet ruled on these issues.

Does the law protect a transgender person's right to use the restroom consistent with their gender identity?

It remains somewhat unclear. Under the WLAD, we now have state law that specifically protects against discrimination in employment and places of public accommodation, including public schools, based on one's gender expression or identity. The Washington State Human Rights Commission (HRC) – the agency responsible for enforcing the WLAD – publicly supports the right of transgender individuals to use restrooms consistent with their gender identity.

Additional support for the rights of transgender students in public schools to use restrooms consistent with their gender identity may be found in the Office of Superintendent of Public Instruction (OSPI) guidelines to school districts. These guidelines, which relate to the elimination of discrimination in public schools, state that school districts should allow students to use the restrooms consistent with their gender identity consistently asserted at school. The guidelines also state that any student who has a need or desire for increased privacy should be provided access to an alternative restroom, such as a staff or health office restroom, but that no student should be required to use an alternative restroom just because they are transgender or gender nonconforming.

Are there laws that specifically protect transgender students from discrimination?

Yes. Washington law protects transgender students in public schools from discrimination, intimidation, bullying, and harassment. Since provisions of the WLAD took effect in 2006, the nondiscrimination policies of Washington public schools have included gender expression and identity. In 2010, the Washington Legislature passed a law requiring that public

school policies protect transgender students from bullying and harassment.

Additionally, the WLAD and the Office of Superintendent of Public Instruction (OSPI) require public school officials to allow transgender students to wear clothing that matches their gender identity (including at prom), call transgender students by the appropriate name and pronoun, provide transgender students with access to a safe and appropriate restrooms and locker rooms (or appropriate alternative places in which to change for gym class), and accommodate transgender athletes. For transgender students participating in interscholastic athletics in public schools, OSPI regulations direct school districts to follow policies set forth by the Washington Interscholastic Activities Association (WIAA), which state that students should be allowed to participate in physical education and athletic activities in a manner that is consistent with their gender identity.²

If you are being harassed, intimidated, or bullied in school, keep a record of each incident and report them to your principal or counselor. To talk to someone outside of your school or to get more information on strategies to stop harassment, call the Safe Schools Coalition at 1-877-723-3723 or visit www.safeschoolscoalition.org/help_harassed.html.

Further, the U.S. Department of Education clarified in 2012 that under Title IX of the Education Amendments of 1972, public schools and private schools that receive federal funding may not discriminate against transgender students on the basis of their gender expression or identity. The ACLU also believes that discrimination or harassment directed at transgender students in public schools may violate the Equal Protection Clause of the federal Constitution, under which we think schools should be held responsible for protecting transgender students from harassment on an equal basis with all other students; the First Amendment, which we think should protect the right of students to dress in accordance with their gender expression or identity; and the Due Process Clause, which we think should protect students' liberty interest in their personal appearance.

IDENTITY DOCUMENTS

Can a person change their name to reflect their gender identity?

Yes. In Washington, any person over the age of 18 can choose and use any name they wish, as long as the purpose of the name change is not to commit fraud. Through what is called a "common law name change," a person may simply change their name by using a new name consistently and exclusively for all purposes. This method is free and easy, but because many government institutions require documentation proving that a valid name change has been made, it may not create the kind of solid paper trail needed to change important identifying documents.

The other way a person can change their name is by court order, which requires the filing of a Petition for Name Change by the requesting individual and the signing of an Order for Name Change by a judge. This process is uniform among Washington counties, the only difference being the filing fee. To obtain the needed forms, an individual must contact the District Court in the county where they reside. After filing, the court clerk will schedule a date when the person seeking the name change can appear before a judge or a court commissioner. Most judges will allow a name change as long as they are convinced that the purpose of the change is not to evade debts or the authorities. After the judge signs the Order, the individual must pay a recording fee to record the name change with the county auditor. Note that recording fees increased across the state in June 2014. As a result, in most counties, the total cost for completing a name change ranges from \$145 to \$165.³

Can a person get their name and gender marker changed on their birth certificate?

Yes. Washington State Department of Health (DOH) Center for Health Statistics has adopted new procedures for amending birth certificates, effective January 2015. To change the name on a birth certificate, a

person must submit a certified copy of a court-ordered name change and a completed Court Order Legal Name Change Request Form to the DOH. To change the gender marker on a birth certificate, a person must submit the following documents to the Washington DOH:

- A letter from the requestor stating the following information, as listed on the current birth certificate: name, date of birth, place of birth, names of parents, and contact information, and
- Either one of the following:
 - A certified copy of a court order that states the person's name, date of birth, gender currently listed on birth record, and new gender, or
 - A letter from the person's physician stating that the person has received the appropriate clinical treatment and the person's new gender.

Name and gender marker changes may be requested together (note that a certified copy of a court-ordered name change is required in these cases). To obtain certified copies of the amended birth certificate, a person must also submit a personal check or money order of \$20 for each certified copy, and either a completed Birth Certificate Mail Order Form or a certified copy of the birth certificate for replacement.

For people younger than 18, name and gender marker changes on birth certificates require parental authorization. Under new DOH regulations, minors must submit an Affidavit of Correction signed by both parents, along with supporting documents.⁴

If the DOH denies the request to change gender designation, its decision can be appealed to a court.

Can a person get their name and gender marker changed on their driver license or state issued identification card?

Yes. To change the name on a Washington driver license or identification card, a person must submit a written request to the Department of Licensing (DOL) accompanied by an original or certified copy of a court-ordered name change and payment. With the exception of enhanced driver

licenses and enhanced ID cards, an individual may also apply for name changes in person at a driver licensing office with proof of a court-ordered name change. The fee for changing one's name on a driver license is \$10.

To change the gender marker on a Washington driver license or identification card, a person must mail a written request to the Washington DOL. To make this request, a person must:

- Complete a "Change of Gender Designation Request" form (available for download on the Washington State Department of Licensing website) by:
 - Filling out the "Applicant" section of the form, and
 - Having a treating physician⁵ fill out the "physician" section of the form
- Mail all of the following to the address on the form:
 - The completed request form, and
 - A copy of any one of the following: the person's valid Washington State driver license/ID card, enhanced driver license or enhanced ID card, or instruction permit

Upon receipt of these documents, the DOL will send the individual a letter authorizing that person to get a new license or identification card online or in person at a driver licensing office.⁶ The fee for changing one's gender designation on a driver license is \$10 in person, or \$20 online.

Does changing the gender marker on one's birth certificate legally change one's gender?

It is unclear because Washington courts have not expressly addressed this issue. Although changing the gender marker on one's birth certificate should put to rest once and for all the question of one's legal gender, courts outside of Washington have, in certain circumstances, ignored the corrected birth certificate. To deal with this potential problem, some individuals obtain a court order declaring a legal change of gender. (To save time and money, some advocates recommend doing this when petitioning for a court-ordered name change.) The advantage of a court order is that

unlike a birth certificate or other identity document, courts and agencies in other states are supposed to follow it.

Can a person change their name and gender marker with the Social Security Administration (SSA)?

Yes. To change one's name, a person needs to provide proof of a court-ordered name change, U.S. citizenship, and identity.

As of June 2013, the SSA no longer requires certification from a physician in order to update social security records to reflect a gender change. To change the gender marker on a social security card, a person may now submit to the SSA acceptable government-issued documentation reflecting a gender change, which includes a U.S. passport showing the correct gender, a birth certificate showing the correct gender, or a court order recognizing the correct gender. Alternatively, a person may also submit a signed letter from a licensed physician confirming that the person has had appropriate clinical treatment for gender transition, which does not have to mean surgery.⁷

Is it advisable to change one's name and gender with the SSA?

Yes. Ensuring that the SSA's record of one's gender is consistent with the gender marker on other identity documents will help avoid problems.

The risk of problems caused by not changing SSA records is particularly high in the work context. The SSA sometimes contacts an employer when it notices that the personal information it has about a social security number (usually name, but sometimes gender) does not match the information being reported by the employer. These so-called "No-Match" letters often end up "outing" transgender employees at work.⁸

Additionally, the possibility that a federal identification card system will be developed increases the likelihood that, in the near future, a person's SSA gender marker will be considered the last word on the person's gender.

Can a person change their name and gender on their U.S. passport?

Yes. To change their name, a person must apply for a new passport by submitting to the U.S. Department of State a completed Form DS-5504, "Application for a US Passport Name (Change, Data Correction, and Limited Passport Book Replacement)," along with a copy of a court-ordered name change. Procedures and costs vary depending on how long it has been since the person's last passport was issued. If more than one year has passed since one's passport was issued and one is eligible to renew by mail, one must submit a completed Form DS-82, a copy of a court-ordered name change, and appropriate fees.

To change the gender marker on one's passport, a person must apply for a new passport in person at a passport acceptance facility with a completed Form DS-11, appropriate fees, and documents showing that the person has undergone the clinical treatment appropriate to facilitate gender transition, as certified by a licensed physician who is familiar with the person's transition-related treatment. Certification from the treating physician must include both the physician's license or certificate number and Drug Enforcement Agency Registration number. No specific treatment is required, and the details of an individual's treatment (e.g., details about surgery, hormone treatment) need not be included in the letter. Note that the State Department will only issue a limited, two-year passport with an updated gender marker if the physician's letter states that the individual is in the process of transitioning.⁹

Can a veteran change their name on military records, including the DD Form 214?

Depending on the military branch, transgender veterans who have legally changed their name after discharge may be able to correct the name on their DD Form 214. Known as the Certificate of Release or Discharge from Active Duty, the DD 214 contains a record of a veteran's military service, discharge status, awards and medals, and other pertinent information. The DD 214 is a critical document used to determine

eligibility for veteran benefits and legal protections tied to military service. Veterans need this document to engage in many spheres of public life, including healthcare, employment, and credit transactions.

Federal law authorizes Boards for Corrections of Military Records (BCMR) to review applications for changes and amend records when necessary to correct an error or remove an injustice. Each branch of the military has its own BCMR and its own procedures for changing records. Applicants may request changes to their DD Form 214 by submitting DD Form 149, Application for Correction of Military Records, to their department's BCMR. Although Boards have historically refused to grant name changes for transgender veterans, several individuals have successfully amended their DD Form 214 in recent years through the Army, Air Force, and Navy BCMRs.¹⁰

FAMILY MATTERS

If a married spouse transitions to their affirmed gender expression or identity during the marriage, is the couple still legally married?

As of 2012, Washington State recognizes marriage for same-sex couples, including marriages between same-sex couples performed in other states. Therefore, under state law, a marriage continues to be valid regardless of whether either one or both of the spouses transitions during the marriage—even if either one or both of the spouses transitioned at a time and place when marriages between same-sex couples were not recognized. Currently, however, there is no case law directly addressing this issue in Washington. Moreover, courts in different states have reached varying conclusions in these situations, and not all states recognize marriage between same-sex couples or honor marriage between same-sex couples performed in other states. This means that same-sex couples, although their marriage is legally recognized in Washington, may not receive legal recognition when they cross state lines.

In 2013, the U.S. Supreme Court invalidated the Defense of Marriage Act, a federal law that restricted the meaning of "marriage" and "spouse" to heterosexual couples. As a result of this ruling, same-sex couples married in states that recognize marriage between same-sex couples now receive the same federal benefits as different-sex couples, including tax, military, employment (for employees of the federal government), immigration, family medical leave, social security, and veterans benefits. Same-sex couples also now receive recognition in federal legal matters, such as survivor benefits and spousal evidentiary privileges in criminal prosecutions. Married same-sex couples are entitled to these federal benefits even if they reside in states that do not recognize same-sex marriage.

Can a person who has transitioned to their affirmed gender identity legally marry a person of a different gender identity?

Yes. As discussed above, Washington State now recognizes marriage without regard to the gender identities of the spouses. This means that two people can legally marry in Washington State regardless of whether either one or both of the spouses has transitioned prior to the marriage, and regardless of whether the legal gender identities of the spouses are different or the same.

Does undergoing gender confirmation surgery during marriage affect parental rights?

Not necessarily. Many transgender parents retain custody of their children, and Washington courts have indicated that a trial court cannot restrict a parent's rights based on the fact that the person is transgender. However, transgender parents sometimes may fare poorly in custody and visitation disputes, where judges base their decisions on what they believe to be in the children's best interest. At least one Washington court has upheld a trial court's consideration of the impact of a parent's impending gender transition in determining primary residency.¹¹

HEALTH CARE COVERAGE

Are there laws that protect transgender people from discrimination in health care and health insurance?

The WLAD prohibits discrimination against transgender people in places of public accommodation, which includes hospitals. Thus, under Washington law, hospitals may not refuse to treat or otherwise treat transgender patients differently from other patients because of their gender expression or identity. The WLAD also prohibits discrimination against transgender people in insurance transactions. It follows that, under Washington law, health care insurers may not refuse to issue health insurance coverage, decline to renew health insurance coverage, cancel health insurance coverage, or specify different benefits, terms, rates, conditions, or types of health insurance coverage on the basis of a person's gender expression or identity. The Office of Insurance Commissioner's directive, discussed below, affirms that such discrimination by insurance providers is illegal under Washington law. It is important to note that the WLAD's prohibitions against health care discrimination relate to the provision of routine medical services generally, but do not necessarily guarantee coverage for transgender-specific care.

Transgender discrimination in health care is also illegal under the federal Patient Protection and Affordable Care Act (ACA). Section 1557 of the ACA prohibits discrimination on the basis of sex by any health program receiving federal assistance, as well as within any state Health Insurance Marketplace established under the ACA. HHS has explicitly stated that "sex discrimination" for purposes of Section 1557 includes discrimination on the basis of gender expression or identity. Thus, under federal law, it is illegal for any federally-funded health program in Washington or any health insurance plan sold on Washington's Health Insurance Marketplace – known as Washington Health Plan Finder – to discriminate against transgender people. Although case law under Section 1557 is developing, HHS' current position is that Section 1557 does not require health insurers to cover transition-related surgical care.

Do any government health care programs cover surgical or nonsurgical transition-related medical treatment?

Coverage for transition-related care varies among government health care programs. Under Medicare, a federal program for individuals over 65 and individuals who are disabled, insurance coverage for surgical and nonsurgical transition-related procedures is available. In May 2014, the U.S. Department of Health and Human Services (HHS) ended its outdated policy of categorically excluding Medicare coverage for transition-related surgery. As a result, decisions about coverage for transition-related care will now be made on an individual basis like all other services under Medicare. This does not necessarily mean that Medicare will cover gender confirmation surgery for all patients, but it does mean that Medicare will no longer automatically deny claims for transition-related medical procedures.

Coverage under Medicaid, a joint federal and state program for individuals and families with limited resources, is determined by individual states. The HHS ruling on Medicare does not apply to Medicaid. Washington State's Medicaid program is known as Washington Apple Health. The Office of Insurance Commissioner (OIC) now prohibits most private health care plans sold in Washington from denying coverage for transition-related benefits if those same benefits are covered for other purposes; however, this rule does not apply to Washington Medicaid because Medicaid is regulated by a different state agency, the Health Care Authority (HCA). Currently, Washington State Medicaid covers hormone treatment and other nonsurgical transition-related treatments for gender dysphoria; coverage may also be available for gender confirmation surgery through individual exceptions to the rules.¹²

For public employees of Washington State, the Public Employee Benefits Board (PEBB) offers coverage for surgical and nonsurgical transition-related care, including hormones and gender confirmation surgery.

For active duty and retired armed forces members under the federal TRICARE program (formerly known as the Civilian Health and Medical

Program of the Uniformed Services), only coverage for nonsurgical transition-related care is available. Thus, coverage includes hormones and mental health services, but not gender confirmation surgery.

Does private health insurance cover transition-related surgery or other transition-related medical treatment?

In June 2014, Washington's Office of Insurance Commissioner stated that transgender discrimination in private health insurance plans is illegal under the WLAD and the federal Affordable Care Act. As a result, most private health insurance plans sold in Washington State must provide health care coverage to transgender policyholders on terms equal to coverage provided to non-transgender policyholders.

For example, if an insurer covers breast reduction surgery to lessen back pain, that insurer could not deny breast reduction surgery for transition purposes if the provider deemed the treatment to be medically necessary.

Private health plans that are "self-funded" are not subject to the OIC's directive requiring equality in health insurance coverage for transgender

individuals. Self-funded plans are private health insurance plans for employees that are fully insured by the employer rather than by an outside insurance company, meaning the employer plays the insurance claims. Because self-funded plans often rely on outside insurance companies for administrative support, it is often difficult for employees to know whether or not their plan is self-funded. Self-funded plans are primarily offered by very large employers with more than 500 employees. Unfortunately, these plans may continue to exclude coverage for transgender-specific care under Washington law because they are governed exclusively by the federal Employee Retirement Income Security Act (ERISA).

The Washington State Office of Insurance Commissioner (OIC) encourages transgender individuals who have experienced discriminatory exclusions or denials of service in private health insurance plans to file a complaint for investigation. For information on filing a complaint with the OIC, visit www.insurance.wa.gov/complaints-and-fraud/file-a-complaint or call 1-800-562-6900.

RIGHTS IN JAILS & PRISONS

Are there laws that protect transgender individuals from discrimination and violence in jails and prisons?

Yes. The Eighth Amendment of the U.S. Constitution, which guarantees an individual's right to be free from cruel and unusual punishment, requires prison and jail officials to protect all prisoners from violence by other inmates and staff. Prison officials violate the Eighth Amendment if they know of a substantial risk of harm to a prisoner and fail to take reasonable steps to reduce the risk. For instance, the U.S. Supreme Court held that prison officials violated the Eighth Amendment where officials showed "deliberate indifference" to ongoing physical and sexual violence against a transgender prisoner by other prisoners. The U.S. Court of Appeals for the Ninth Circuit held that prison officials also violate the Eighth Amendment when officials commit acts of violence against transgender prisoners. In practice, this means that transgender prisoners should report to prison officials, in writing, about any risks or concerns they have that could lead to violence or harm.

The ACLU also believes that prisons and jails may also violate the constitutional rights of transgender prisoners under the Equal Protection Clause of the Fourteenth Amendment if prison officials deny transgender individuals services or benefits because of their transgender status, when those services and benefits are provided to other prisoners for non-transition purposes.

Furthermore, the Prison Rape Elimination Act (PREA), a federal law that aims to combat sexual assault and harassment in prisons, jails, police lockups, community confinement, and juvenile facilities provides additional support for the protection of transgender inmates. In 2012, the U.S. Department of Justice (DOJ) issued final regulations for implementing PREA across the country. These DOJ regulations, known as the "PREA Standards," contain specific protections for transgender prisoners in federal, state, and local correctional facilities.¹³

Following guidance from the DOJ, the Washington State Department of Corrections (DOC) adopted revised regulations to enforce the PREA Standards in Washington.

As a result, state DOC rules now require prisons and jails in Washington to conduct an initial screening of all prisoners within 72 hours of intake to assess their risk for sexual victimization and abuse, as well as a follow-up assessment within 30 days of arrival. These assessments must take into account whether the prisoner is or is perceived to be LGBT or gender non-conforming. Furthermore, facilities must consider initial screening results when making housing and program assignments to protect vulnerable prisoners from abuse. Facilities must also provide accommodations for transgender individuals who wish to shower separately from other inmates. Finally, jails and prisons are required to provide training to correctional staff that specifically addresses safety concerns for transgender and gender nonconforming prisoners.

Under the Prison Rape Elimination Act (PREA), the Washington State Department of Corrections (DOC) must investigate all reports of sexual harassment, assault, and abuse against prisoners. To report sexual misconduct against an individual in DOC custody or supervision, call the PREA Hotline at 1-800-586-9431 (0-800-586-9431 from a prison facility) or send a written report to the PREA Unit at P.O. Box 41131, Olympia, WA 98504. Prisoners may also report PREA violations by submitting a kite or grievance, telling a trusted staff member, or asking a family member or friend to call the hotline. For more information about PREA reports, visit <http://www.doc.wa.gov/prea.asp>

A growing number of local correctional systems are developing more respectful policies for transgender individuals. For example, the King County Correctional Facility—the largest correctional facility in Washington State—adopted specific guidelines in 2006 to protect the rights of transgender inmates. King County’s jail policies establish additional protections for transgender individuals beyond those adopted by the state. Under King County’s explicit anti-harassment and discrimination policy, correctional staff are prohibited from making derogatory or hurtful comments about transgender or gender non-

conforming individuals, talking about or ridiculing transgender or gender non-conforming individuals to the larger inmate population, and asking inmates personal questions about their gender identity or expression. Further, staff must allow transgender inmates to access gender-congruent commissary items, such as bras for transgender women and shirts large enough to fit loosely over the chest area for transgender men. King County's policies also require housing arrangements for transgender inmates to be based on the individual's safety and security needs and be the least restrictive option. The county also provides for separate shower accommodations upon request and PREA training for staff.

Are jail and prison officials required to place a transgender individual in the facility that matches the inmate's gender expression or identity?

As discussed above, Washington's Department of Corrections (DOC) has adopted regulations pursuant to federal law to protect transgender individuals from sexual assault and violence in prison. The state's DOC's regulations establish specific protocols for housing incarcerated transgender, intersex, and gender nonconforming inmates. According to these regulations, housing assignments for transgender and intersex individuals must take into account the individual's initial risk assessment, potential and identified risks of each housing option, the individual's own view of personal safety within each housing option, and the extent to which the individual physically resembles the gender with which they identify. Housing determinations for transgender, intersex, and gender nonconforming individuals will be reviewed every six months to assess any threats to the individual's safety. DOC policies also prohibit facilities from segregating transgender inmates from the general population, except when requested by the individual or in limited circumstances when necessary to protect the individual from harm. When placed in protective custody, facilities must ensure that transgender individuals retain access to the same programs afforded to general population inmates of the same security level.

King County requires housing assignments for transgender and gender non-conforming inmates consider on a case-by-case basis which placement option would best ensure the individual's health and safety. The county's housing policy explicitly states that an inmate's own views with respect to personal safety must be given serious consideration in this process. Housing assignments must be reviewed at least every six months, and must be reviewed earlier if an inmate expresses fear about threats to their safety. Like the DOC policy, King County's policy prohibits housing transgender and gender non-conforming inmates in isolation or segregation solely because of their gender identity or expression. Decisions to place an inmate in administrative segregation must be based on objective criteria without regard to gender identity, such as an inmate's propensity for violence, history of victimizing others, or severe mental or physical illness; furthermore, the county's policy specifically states that the status of being transgender cannot be considered a mental or physical illness for these purposes. Transgender and gender non-conforming individuals placed in protective custody must have access to the same programs afforded to general population inmates of the same security level.

Are transgender individuals protected from invasive physical examinations by jail and prison officials?

Yes. Washington's DOC regulations explicitly state that jail staff may not search or physically examine a transgender or intersex inmates for the sole purpose of determining the individual's genital status. To further protect transgender individuals from invasive and discriminatory searches, the regulations provide that determinations about an individual's genital status may be made by a health care provider based on conversations with the individual or through a review of medical records. Prison and jails may only determine genital status through physical examination when the examination is part of a broader medical examination necessary for some other purpose and is conducted in private by a health care practitioner.

Similarly, King County's policies prohibit correctional staff from searching or physically examining transgender or intersex individuals for the sole purpose of determining genital status. These policies further require that strip searches of transgender and gender non-conforming inmates be authorized by the duty Sergeant or higher authority before proceeding. The authorizing staff must consider the inmate's preference to be searched by an officer of a particular gender. Staff must document both the reason for the strip search and the basis for the decision about which officer(s) will conduct the search.

Do transgender prisoners have a right to receive transition-related health care services such as hormones and gender confirmation surgery?

Although the ACLU thinks the answer should be yes, there is no definitive answer yet. Under the Eighth Amendment of the U.S. Constitution, prisons and jails must provide adequate health care for prisoners' serious medical needs. Prison officials violate a prisoner's constitutional right to care when they cause significant injury, inflict unnecessary and excessive pain, or create a substantial risk of future harm through the denial of medical treatment, or through the provision of treatment so inadequate that it amounts to no care at all. This means that decisions about treatment for transgender prisoners must be based on individualized medical considerations, not financial, political, or other reasons, and should be consistent with generally accepted medical standards of care. A growing number of courts across the country have concluded that gender dysphoria constitutes a serious medical need under the Eighth Amendment. However, the Constitution does not guarantee a prisoner's choice of medical treatment for any condition, and judgment is often in the hands of prison medical staff. As a result, transition-related care remains inaccessible to many transgender people in prison who struggle to obtain a diagnosis or authorization for specific treatment from facility providers.

The U.S. Court of Appeals for the Ninth Circuit has indicated that blanket denials of hormone treatment for transition-related purposes constitute deliberate indifference to the serious medical needs of prisoners. In other words, correctional officials may not automatically deny a transgender person's requests for hormones on the grounds that gender dysphoria cannot qualify as a medical need. Such blanket rules against transition-related care are unconstitutional because they are not based on individualized medical evaluations.

The Ninth Circuit has also indicated that if an individual was already receiving transition-related hormone treatment prior to entering the facility, abrupt termination of hormones may be unconstitutional. This suggests that once a course of hormone treatment has begun, prisons and jails must provide some short-term continuing care. At the very least, hormone therapy should only be terminated gradually in accordance with medical judgment, not peremptorily cut off. In 2011, the U.S. Bureau of Prisons (BOP) ended its discriminatory "freeze-frame" policy, which "froze" treatment for any person diagnosed with gender dysphoria at the level of treatment that was provided to them at the time they entered prison. Individuals incarcerated in federal prisons may now receive hormone therapy based on medical need.

Washington State's current health policy for inmates, which went into effect in December 2014, states that transition-related treatment qualifies as medically necessary care in certain circumstances. Once a medical diagnosis is made, transgender individuals may access transition-related services, such as hormones, pursuant to DOC health care protocol. Transition-related surgical procedures, however, are explicitly excluded from coverage.

King County's policy requires that transgender individuals be provided medical and mental health care like all other inmates. Furthermore, after a review of their medical records, transgender individuals may also access necessary continuing care items, such as stents and other post-operative supplies.

IMMIGRATION

May a transgender immigrant be granted asylum in the United States because of anti-transgender harassment in the individual's country of origin?

Yes. More and more transgender immigrants are being granted asylum after making the case that they have been persecuted at home because of their failure to conform to cultural gender roles and/or sexual orientation.

Although many of the courts addressing the issue confuse sexual orientation with gender identity or expression, it is clear that transgender people are a "particular social group" entitled to the protection of asylum laws.

To qualify for asylum in the U.S. on these grounds, a person must show that they are transgender, that they faced persecution at home because they are transgender, and that their government either persecuted them or refused to do anything to protect them from persecution by others.

NOTES ON WORDS & PHRASES USED

Terminology used to discuss gender expression and identity varies within transgender communities and has changed over time. To respect every individual's right to self-identify as they choose, the term(s) preferred by an individual should always be used. To avoid confusion, here is a general list of common words and phrases:

Transgender: A broad term for people whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth. Some people prefer the term "trans," an abbreviation for "transgender." Note: "Transgender" is correctly used as an adjective, not a noun—thus, "transgender people" is appropriate, but "transgenders" is often viewed as disrespectful. Use of the term as a past-tense verb—for instance, "transgendered"—is also often viewed as disrespectful. "Transsexual" is an older term for people whose gender identity is different from their assigned sex at birth and who seek to transition from male to female or female to male. Many people do not use or prefer the term "transsexual" because of its overly clinical association.

Gender Expression: The way a person represents or expresses one's gender identity to others, often through behavior, clothing, hairstyle, and/or voice or body characteristics.

Gender Identity: A person's internal sense of being male, female, or something else. Note: Because gender identity is internal, a person's gender identity is not necessarily visible to others.

Sex: The classification of people as male or female based on a combination of bodily characteristics, including chromosomes, hormones, internal and external reproductive organs, and features that appear during puberty.

Gender Non-Conforming: A term for individuals whose gender expression is different from social expectations of masculinity and femininity. Note: Not all gender non-conforming people identify as transgender, and not all transgender people are gender non-conforming. This term is not a synonym for "transgender."

Gender Transition: The time when a person begins 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, using new pronouns, and dressing and grooming differently. Transitioning may or may not also include medical and legal aspects, such as changing official documents (e.g., driver's license) to reflect one's gender identity, taking hormones, or having surgery. The exact steps involved in transition vary from person to person.

Sex or Gender Confirmation Surgery: Surgical procedures that may be part of gender transition. Gender confirmation surgery may involve a wide variety of different procedures, including those sometimes referred to as "top surgery" (breast augmentation or removal) and "bottom surgery" (genital alteration). These surgeries are medically necessary for some people, but not all people want, need, or can have surgery as part of their transition. Note: This term is preferable to the commonly used phrase "sex reassignment surgery," which incorrectly suggests that all transgender people need surgery to "reassign" their sex before their gender identity can be respected. Many people consider "sex change surgery" and "sex change operation" to be derogatory terms.

Gender Dysphoria: The formal medical diagnosis given to transgender individuals as a prerequisite for certain types of transition-related medical care. Note: Formerly known as "Gender Identity Disorder," this diagnostic term was revised to better characterize the experiences of transgender individuals and remove the negative connotations of "disorder."

Transgender Woman: A transgender person who currently identifies as a woman (see also "MTF").

MTF: A person who transitions from "male-to-female," meaning a person who was assigned male at birth, but identifies and lives as a female (see also "Transgender Woman").

Transgender Man: A transgender person who currently identifies as a man (see also "FTM").

FTM: A person who transitions from "female-to-male," meaning a person who was assigned female at birth, but identifies and lives as a male (see also "Transgender Man").

Queer: A term used to refer to lesbian, gay, bisexual, and often also transgender people. Some use queer as an alternative to “gay” in an effort to be more inclusive. Depending on the user, the term has either a derogatory or an affirming connotation, as many have sought to reclaim the term that was once widely used in a negative way.

Genderqueer: A term used by some people who identify as neither entirely male nor entirely female. Note: This term is not a synonym for “transgender.”

Two-Spirit: A term that refers to historical and current First Nations people whose bodies simultaneously manifest both masculine and feminine spirits. This term is used by some people in Native American LGBT communities to honor their heritage and provide an alternative to Western labels of gay, lesbian, bisexual, or transgender.

ACLU OF WASHINGTON

The American Civil Liberties Union of Washington is a nonprofit, nonpartisan membership organization devoted to protecting the civil liberties of all people in Washington and extending rights to groups that historically have been denied equal treatment.

As one of the ACLU’s more than 50 local affiliates around the U.S., the ACLU of Washington works for equal rights and legal protections against discrimination and harassment for the LGBT community through litigation and legal advocacy, through lobbying at the state legislature and local governments, and by public education. The ACLU of Washington does not handle matters that arise outside of the state of Washington.

The ACLU of Washington offers information in response to specific inquiries or concerns and advice on how to assert individual rights and engage in advocacy; provides referrals to other organizations better able to offer such information or advice in specific situations; and undertakes impact litigation (i.e., pursues lawsuits that will defend or extend fundamental civil liberties and civil rights that will affect a large number of people).

If you feel you have been the victim of discrimination based on your gender expression or identity, please consider contacting the ACLU of Washington in one of the following ways:

- Online: Submit a request for help online by visiting www.aclu-wa.org/how-get-legal-help-aclu.
- By phone: Call the ACLU of Washington's Intake and Referral Line at 206.624.2180 (open Monday through Thursday, 10:00am – 2:00pm).
- By mail: Write to American Civil Liberties Union of Washington, 901 Fifth Avenue, Suite 630, Seattle, WA 98164 and provide the following information: your name, mailing address, telephone number and e-mail address (if available); a brief description of the problem or issue about which you are contacting the ACLU of Washington, including any relevant dates and the names of any individuals or organizations involved; a description or copy of any relevant documentation; whether you are presently represented by an attorney in the matter you are writing about; whether you have taken any steps to resolve the matter you are writing about and, if so, a description of these steps; and a description of what you would like the ACLU of Washington to do concerning this matter.

ADDITIONAL RESOURCES

For additional resources and information about transgender rights in Washington, see:

- Ingersoll Gender Center (www.ingersollcenter.org)
- Gender Justice League (www.genderjusticeleague.org)
- Washington State Human Rights Commission (www.hum.wa.gov)

ENDNOTES

¹RCW 49.60.040(2G).

²For more information about transgender student rights, see Office of Superintendent of Pub. Instruction, *Prohibiting Discrimination in Washington Public Schools: Guidelines for School Districts to Implement Chapters 28A.640 and 28A.642 RCW and Chapter 392-190 WAC* (Feb. 2012), available for download at www.k12.wa.us/equity/pubdocs/ProhibitingDiscriminationInPublicSchools.pdf, and *2014-2015 Washington Interscholastic Activities Association Handbook* (May 8, 2014), available for download at www.wiaa.com/subcontent.aspx?SecID=350.

³For more information about Petitions and Orders for Name Changes, visit the Washington State Courts website, “Name Changes,” at <https://www.courts.wa.gov/forms/?fa=forms.static&staticID=13>.

⁴For more information about name and gender marker changes to birth certificates, visit the Washington State Department of Health website, “Correcting Birth Certificates” (Jan. 2015), at www.doh.wa.gov/LicensesPermitsandCertificates/BirthDeathMarriageandDivorce/CertificateCorrection/Birth.

⁵“Physician” includes: medical physician, internist, endocrinologist, gynecologist, urologist, osteopathic physician, psychiatrist, psychologist, Washington State licensed naturopathic physician, Washington State licensed advanced registered nurse practitioner, Washington State licensed physician assistant, and Washington State licensed certified osteopathic physician assistant.

⁶For more information about name and gender marker changes on drivers licenses and state ID cards, visit the Washington State Department of Licensing website, “Update Your Driver License or ID Card” (2015), at www.dol.wa.gov/driverslicense/change.html.

⁷For more information about name and gender marker changes with the Social Security Administration, see National Center for Transgender Equality, *Transgender People and the Social Security Administration* (June 2013), available for download at www.transequality.org/Resources/SSAResource_June2013.pdf.

⁸For more information about “No-Match” letters, see National Center for Transgender Equality, *Social Security Gender No-Match Letters and Transgender Employees* (Feb. 2011), available for download at www.transequality.org/Resources/NCTE_SSA_2011.pdf.

⁹For more information about name and gender marker changes on U.S. passports, including a model certification letter, see National Center for Transgender Equality, *Understanding The New Passport Gender Change Policy* (Jan. 2012), available for download at www.transequality.org/Resources/passports_2012.pdf.

¹⁰For more information or assistance on applications to change military service records, contact the ACLU of Washington.

¹¹For more information about the rights of transgender parents, see American Civil Liberties Union & National Center for Transgender Equality, *Protecting the Rights of Transgender Parents and Their Children: A Guide For Parents and Lawyers* (March 2013), available for download at www.aclu.org/transgender-parent-guide.

¹²For more information about transgender rights and discrimination in health care and health plans, contact the ACLU of Washington.

¹³For more information about national protections for transgender prisoners under the Constitution and PREA Standards, see American Civil Liberties Union & National Center for Lesbian Rights, *Know Your Rights: Laws, Court Decisions, and Advocacy Tips to Protect Transgender Prisoners* (Dec. 1, 2014), available for download at www.aclu.org/sites/default/files/assets/121414-aclu-prea-kyrs-1_copy.pdf.

The American Civil Liberties Union of Washington Foundation is the legal, research, and educational arm of the American Civil Liberties Union of Washington, a nonprofit, nonpartisan membership organization devoted to protecting the civil liberties of all people in Washington and extending rights to groups that historically have been denied equal treatment.

AMERICAN CIVIL LIBERTIES UNION OF WASHINGTON FOUNDATION
901 FIFTH AVENUE #630, SEATTLE, WA 98164
WWW.ACLU-WA.ORG
3/2015

Appendix S



Gender-nonconforming & Transgender Children - Gender Diversity Education & Support Services

Published on Jun 3, 2014

<http://www.genderdiversity.org/>

Gender Diversity increases the awareness and understanding of the wide range of gender variations in children, adolescents, and adults by providing family support, building community, increasing societal awareness, and improving the well-being for people of all gender identities and expressions. Our services include:

- Providing support to families raising transgender and gender-nonconforming children and teens
- Working with public and private schools K-12 to create gender-inclusive learning environments, identify measures to decrease bullying, and provide assistance with gender-transitioning students or employees
- Increasing the understanding of transgender and other gender diversity issues for organizations, agencies, providers and professionals through group or individualized trainings
- Developing or modifying policy to include gender diversity and expression and determining the applications and implementation of such policies
- Providing referral services for additional resources
- Understanding and meeting legal nondiscrimination requirements regarding transgender and gender-nonconforming populations

Appendix T



[Home](#) [Resources »](#) [Services](#) [About Us](#) [News](#) [Media](#) [You Can Help](#)

[Home](#) [Creating a Safe Folder](#)

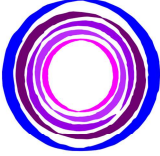

Creating a Safe Folder

Search for:


Recent Posts

Appendix U

Slide 1



MODULE 8: PEER SUPPORT GROUPS
GENDER CREATIVE PARENTING
KATHLEEN MURPHY PANTOJA



CHARACTERISTICS OF A SUPPORT GROUP

- Support groups are made up of people who have similar experiences who come together to talk and share practical insights
- Characteristics of a support group include
 - Made up of peers affected by a particular circumstance
 - They usually have a volunteer discussion leader or facilitator
 - They tend to be small in size to allow everyone a chance to talk
 - Attendance is voluntary


Community Tool Box (2015)



- Support groups are made up of people who have similar experiences and come together to talk and share practical insights
- Characteristics of a support group include
 - Made up of peers affected by a particular circumstance
 - They usually have a volunteer discussion leader or facilitator
 - They tend to be small in size to allow everyone a chance to talk
 - Attendance is voluntary

EXISTING SUPPORT GROUPS

- PFLAG Tacoma <http://www.pflagtacoma.org/>
- Gender Diversity Affiliated Support Groups <http://www.genderdiversity.org/family-support-groups/#pierce>
- Gender Spectrum's Online Lounge <https://genderspectrum.org/lounge/>



- You may be able to join with existing support groups. Some examples include:
 - PFLAG Tacoma
 - PFLAG is a volunteer organization with locations throughout the USA and other parts of the world. They promote the health and well-being of gay, lesbian, bisexual, transgender and questioning persons, their families and friends.
 - They recently added a new support group to directly help transgender families at chapter meetings.
 - Gender Diversity is promoting a new support group in Pierce County for parents of transgender and gender non-conforming youth that begins in April 2016
 - Gender Spectrum has an online lounge where teens, parents, and professionals can connect with one another. Members can form their own groups and participate in our broader online community.

BENEFITS OF A SUPPORT GROUP

- Provide companionship and decreases isolation
- Inexpensive
- Empower people to work to solve problems
- Sharing of up to date information
- A safe space to talk about struggles
- Talking in a peer group reduces anxiety

Community Tool Box (2015)



- When someone doesn't know many people who are going through what she/he is coping with, they can feel isolated and stigmatized.
- Support groups don't cost much money and most expenses can be covered by donations.
- Members of support groups empower each other to make lasting changes in their lives
- Members keep one another up to date on news of interest to them.
- A support group is a safe place for someone who needs to talk about intensely personal issues, experiences, struggles, and thoughts.
- Talking to peers in a group setting can reduce anxiety, improve self-esteem, and increase members' sense of well-being.

CREATING A SUPPORT GROUP

- What are you hoping to achieve?
- Are there other groups you can join that have a similar purpose?
- How long do you want your meetings to be?
- What time will meetings start and where will they be located?
- Who will facilitate the meetings?
- How will you recruit new members?

Community Tool Box (2015) 

- If you choose to create a support group, you will want to decide what your group's purpose will be and who you want to reach.
 - Are you interested in starting a regional support group for parent of trans* kids? Do you want to focus on children or adolescents or both?
 - Would you like to extend your support group to include an online option for people who live too far away for a face-to-face meeting?
 - Do you only want to meet a few times a year for potlucks and socializing?
- You may find that there are existing National, regional, or local groups your group can be involved with. There are benefits to setting up your support group under the auspices of a larger organization.
 - A larger organization can often offer resources and assistance in setting up a new support group.
 - The name recognition that comes with affiliating with a big, well-known organization can give your group more credibility.
 - It can also make it easier for people who need your support group services to find you.
 - Finally, working with a larger organization keeps you from having to "reinvent the wheel" in deciding how the group will operate - you can take advantage of a tried and true model.
- Then there are the logistical details such as:
 - How long will your meetings be?
 - What time of day will you hold meetings and where will they be located?
 - Who will facilitate your meetings?
 - How will you recruit new members?

REFERENCES

- Community Tool Box. (2015). *Creating and facilitating peer support groups*. Retrieved from <http://ctb.ku.edu/en/table-of-contents/implement/enhancing-support/peer-support-groups/main>
- Gender Diversity. (2016). *Family support groups*. Retrieved from <http://www.genderdiversity.org/family-support-groups/>
- Gender Spectrum. (2015). *The Lounge*. Retrieved from <https://genderspectrum.org/lounge/>
- Parents, Families and Friends of Lesbians and Gays Tacoma Washington Chapter. (2015). *Meetings*. Retrieved from <http://www.pflagtacoma.org/>

Gender Creative Parenting

Date _____

Post Course Survey

1. Which of the following situations would lead you to seek community services for yourself or a family member: (circle all that apply)
 - a. Frequent verbal arguments
 - b. Excessive use of drugs or alcohol
 - c. Social isolation
 - d. Talk of hurting oneself or someone else
 - e. Dramatic changes in appearance or behavior
 - f. Physical abuse
 - g. An obvious decline in work or school performance
 - h. Other: _____
 - i. None of the above

2. Give one or more examples of a community organization or professional you might contact in order to meet your family's needs.

3. I will attempt to use my child's preferred name and pronoun in order to support their identity development?

Strongly agree	Agree	Somewhat agree	Somewhat disagree	Disagree	Strongly disagree

4. I engage in the following daily activities with my child. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Eating meals | <input type="checkbox"/> Watching television/movies |
| <input type="checkbox"/> Casual conversation | <input type="checkbox"/> Playing board games or video games |
| <input type="checkbox"/> Outings | <input type="checkbox"/> Exercise/Sports |
| <input type="checkbox"/> Shopping | <input type="checkbox"/> Other _____ |

DOB ___/___/___

Contact Information

For more information about Gender Creative Parenting, please contact:

Kathleen Murphy Pantoja

murphk5@uw.edu