

### Debunking Myths and Misconceptions

As a caregiver of a transgender youth, you have likely encountered many misconceptions and myths about trans\* identity due to the transphobia present in our society. Even if you know intuitively these things aren't true, it can be helpful to have language to share with others in your life.

### Here are some ways to debunk common some common myths and misconceptions:

### $\bigcirc$ Myth #1: Children aren't old enough to know their gender identity.

Children understand themselves and their gender better than adults think they do. Between the age of 2 and 3, children develop an understanding of gender. Furthermore, nobody questions a youth's gender identity when it is in-line with the sex assisgned on their birth certificate!

### $\bigcirc$ Myth # 2: Kids are becoming trans\*as a fad due to the media or influence by peers.

This is an incorrect belief that unfortunately has gained traction in recent years due to transphobic rhetoric being published in journals and books. Youth could be persuaded to dye their hair, dress in all black, take up smoking, but being influenced to change one's gender is an unlikely occurrence. Believe. Have Faith. Trust in the unknown. In the absence of belief, transgender people can feel invisible.

### ♦ Myth #3: Being transgender is a phase kids will grow out of.

Generally, if a youth has been persistent, consistent, and insistent, it is most likely not a phase. "Phase" usually implies a choice and being transgender is not a choice nor is it something that can be simply outgrown. Although this exploration is not necessarily a bad thing, it is often used as a barometer to measure how seriously to take a youth. One might unknowingly send messages that a youth is worthy of support and belief only when their identity is set in stone.

# Nyth #4: Hesitation, indecisiveness, backtracking, or changing one's mind are indications that a person is not transgender and their gender identity should not be taken too seriously.

Youth can change their minds and still be trans<sup>\*</sup>. They may take five steps forward and 20 back. They may retract and go back into the closet and this indecisiveness (or appearance of indecisiveness) is normal. Coming out to family is scary. Coming out to yourself can be scarier. Give them the gift of the space to discover without letting the non-linear timeline de-legitimize their process. According to the National Center for Transgender Equality, a survey of 28,000 people showed only 8% of respondents de-transitioning. Only 3% de-transitioned permanently. Less than 1% de-transitioned because they realized transitioning wasn't right for them.

## ♦ Myth #5: If my child changes their mind later in life, it means I made a mistake to let them transition.

A phase – a temporary process of discovery - can be a liberating period of one's life and lead to genuine growth. By honoring this growth, we allow youth a safe space to change their mind or change their identity without backlash or repercussion. By viewing change as a mistake, we might teach youth that identities must be set in stone and that gender must be permanent in order to be valid. This is a ton of pressure on a youth to expect them to know exactly who they are going to be for the rest of their life!

### ♦ Myth #6: There is a specific way to be trans.

There is no right or wrong way to be transgender, non-binary or gender non-conforming! For example, some youth come out early in life while other people discover their true gender identity much later. Some pursue medical or surgical intervention while others choose not to. People who are cisgender are not all the same when it comes to gender expression, personalities, or traits, so we shouldn't expect trans folks to fit one particular mold, either!

### ♦ Myth #7: Puberty blockers are dangerous.

Puberty blockers can be used to alleviate gender dysphoria and give children time to consider their future. They allow pre-teens and teens to avoid going through the wrong puberty. They are reversible. They have been used for years to address precocious puberty. Once they are stopped, puberty kicks back in.

### ♦ Myth #8: Hormone Replacement Therapy is inappropriate for minors.

After being on puberty blockers for a few years, teens need to go through puberty, either through the addition of testosterone or estrogen, or through the puberty they would have gone through had they never been on blockers. The initiation of hormone replacement therapy is carefully considered by the family, a trained medical provider, and often a social worker or other mental health professional.

### ♦ Myth #9: Trans-affirming care is equivalent to child abuse.

Trans-affirming parental and medical care are recommended by all credible medical organizations as the best means of addressing gender dysphoria. It reduces both anxiety and depression for children and teens, and lowers the rate of youth attempting to die by suicide.