

Six Common Misconceptions About Gender Identity¹

1. We know what causes transgenderism or transsexualism.

Like the factors that determine a person's sexual orientation, the exact causes of transgenderism or transsexualism are currently unknown. However, we do know that gender variance has existed throughout history in cultures around the world. Importantly, there is scientific research linking it with the neuro-development of the brain prior to birth and no scientific evidence linking child abuse or other negative life experiences with transgenderism or transsexualism (Reed, et al., 2008).

2. People choose to be transgendered or transsexual.

The most current gender identity research indicates that the vast majority of trans-identified or transsexual people have grown up with heterosexual parents. Transgenderism or transsexualism is not a choice or caused by a lack of male or female role models or poor parenting (Reed, et al., 2008), rather it is another variation of human diversity.

3. All trans-identified individuals want to change their natal (birth) sex.

Transgender and trans-identified are umbrella terms that encompasses a wide range of gender non-conforming identities. Transgendered persons may be asexual, bisexual, lesbian, gay, intersexual, or heterosexual. Not all transgendered people experience extreme gender dysphoria. However, transsexual individuals who have extreme gender dysphoria may seek to alter their bodies through hormones and often, surgical intervention because of the intense gender dysphoria they experience.

4. It's just a phase.

Like sexual orientation, a person's gender identity is deeply personal and should not be considered a "phase" or "experiment". The American Psychological Association, in its most recent policy statement, calls for the "appropriate treatment in institutional settings for people of all gender identities and expressions, including access to appropriate health care services including gender transition therapies" (2008, p. 3). The APA also "calls upon psychologists in their professional roles to provide appropriate, nondiscriminatory treatment to transgender and gender variant individuals and encourages psychologists to take a leadership role in working against discrimination towards transgender and gender variant individuals" (p. 3).

Many transgendered or transsexual people report having felt a sense of difference from other children at a very early age. When this difference persists into adolescence and adulthood they may be diagnosed as having gender dysphoria and seek appropriate medical treatment. Gender variance in children may vary from none to high intensity. It may also vary in intensity from day-to-day and month-to-month. In some cases, gender variance (especially if it is of low intensity) may resolve itself over time, or gender variant children may present in later life as lesbian, gay, or bisexual. In some cases,

¹ Excerpted from Alan, C., Roberts, G., & Wells, K. (forthcoming). *Safe, caring, and inclusive schools for transsexual and gender variant students: A guide for teachers*. Edmonton, AB: Society for Safe and Caring Schools and Communities.

gender variance may continue after puberty into adulthood. Assessing a child's gender variance is complex and requires the skills of a healthcare professional trained in gender identity disorders of childhood. The role of school personnel should be one of implementing and supporting the medical decisions made by the gender variant child, his or her parents, and their healthcare professionals. School personnel should also demonstrate inclusive leadership by working towards reducing discrimination towards transgender and gender variant students, teachers, and families.

5. All children who exhibit cross-gender behaviour are transsexuals.

No. The vast majority (80% to 95%) of prepubertal children who exhibit cross gender behaviours will no longer experience symptoms or characteristics of gender identity disorder in adolescence (Reed, et al., 2008). Experimentation with gender is a normal part of childhood and adolescent development. It is persistent cross-gender identification that represents the basis for a diagnosis of transsexualism.

6. Transsexual youth can be cured.

The medical community is divided as to whether or not gender variance in children should be or can be changed by psychological or psychiatric techniques. Some professionals believe it can be – albeit often with great emotional distress for the child (and his or her parents). Others believe attempting to change a child's gender variance is a form of “reparative therapy” or “conversion therapy” not unlike attempts to “cure” homosexual people in the mid-twentieth century. Gender variant children are at much greater risk of depression and suicide than their peers. Gender variant children and their parents face difficult and complex decisions attempting to determine what actions are best. Educators should respect this and support the medical decisions made by each gender variant child, his or her parents, and their healthcare professionals. Gender variant children should never be considered by school officials to be “sick,” “mentally ill,” “needing to be cured,” or in some way “disordered.” Generally, educators should offer counseling, support, and access to age-appropriate resources to help trans-identified and gender variant youth clarify his or her feelings of identity (Ryan & Futterman, 1998). For example, some youth, due to cultural stereotypes, may mistakenly believe that being gay or lesbian means participating in cross-gender behaviour. Other trans-identified youth, may turn to illegal drugs, illicit hormones, or street involvement when caregivers are not supportive or accommodating of their gender identity.