

# TRANSGENDER KIDS: HOW YOUNG IS TOO YOUNG FOR A SEX CHANGE?

Delving into the often tumultuous worlds of transgender youth

By Erin Carlyle

**ON HER THIRD** birthday, Sarah Barnett tore open a package from her grandmother that would delight most girls her age. Gently folded on a pillow of tissue paper lay a frilly, ruffled dress. Sarah looked up at her mother, Kathy, perplexed.

"Mom, why did Grandma give me a dress?" she asked.

A perfectly reasonable question, since Sarah had refused to wear girls' clothing as soon as she knew the difference. Kathy explained that Grandma was just trying to be nice—Sarah didn't have to wear the dress.

"Why don't you tell Grandma that I'm a boy?" Sarah asked.

Kathy marveled at her child's logic. The mother chalked the child's comment up to the imaginative reasoning of a toddler.

A few weeks later, Sarah asked her Sunday school teacher to label her nametag "Steven." Soon, she was insisting that her parents call her Steven and refer to her as "he." Kathy and her husband, Joe (names have been changed), gently explained to their daughter that she was a girl, not a boy. But the toddler became so upset that they eventually conceded to calling her Steven at home.

Her behavior and tastes, too, were more like those of a stereotypical boy. She preferred active, rough-and-tumble play. At Christmas, she'd gaze forlornly at dolls she received, clearly preferring her older brother's train sets. At the pool, she insisted on wearing swim trunks instead of a one-piece girl's bathing suit. At age four, Sarah gave all her dresses away to a neighbor girl. She wanted a little suit—like Daddy's.

Kathy had gone to college during the early feminist movement, and believed that gender was a social construct. What was she doing wrong that her fabulous little girl seemed to think it was better to be a boy?

Kathy consulted a therapist, who told her not to worry, the phase would pass. Another therapist said Sarah would probably grow up to be lesbian. That didn't seem like the right diagnosis to Kathy. Still, the mother pulled her children along in a little red wagon at the Twin Cities' gay pride parades, wanting to show them all the different ways to be a woman.

By first grade, Sarah's insistence that she was a boy had grown so intense—and her distress at being called a girl so great—that Kathy sent her daughter to a new school and persuaded the teacher to call her child Steven. The other children, though, peppered Steven with questions. "Are you a boy or a girl?" they'd ask. One morning, the principal pulled Steven out of class and took him outside for a walk.

"Would you like the questions to stop?" she asked.

"Yes," Steven told her, feeling scared.

The principal explained that she planned to hold a school-wide assembly the next day. The topic: telling

everyone once and for all that Steven was a girl.

The child looked up at her, horrified.

"Why don't you tell them I'm a boy?"

**WALTER BOCKTING** crosses one gray wool pants-clad leg over the other and leans forward in his chair in his office at the Center for Sexual Health at the University of Minnesota. Bockting is president-elect of the World Professional Association for Transgender Health, the group that sets standards of care for people with gender identity disorders. His bright blue eyes emanate an intense kindness that suggests if you tell him all your secrets, he'll understand.

In his clinical practice, Bockting works with children and adults who are uncomfortable with their physical sex. About eight years ago, he noticed an uptick in the number of children and adolescents coming to him—kids now make up about 20 percent of his clientele. Helping an adult is more straightforward, he says. Children present a special challenge.

"Gender identity is set by age 2.5," Bockting explains. "Yet you cannot ask a three-year-old, 'What's your gender identity?'"

The term "gender identity" refers to an individual's innate sense of gender, regardless of physical sex characteristics. It first came into use in the 1960s, through the work of John Money, the Johns Hopkins University psychologist famous for his role in the case of "John/Joan"—a male child surgically altered to live as a girl after a botched circumcision. Money theorized that gender identity is fluid at birth, but consolidates at a young age.

In 1980, the term "gender identity disorder" debuted in the *Diagnostic and Statistical Manual of Mental Disorders*, the psychologist's bible. Since then, the definition has been revised and become increasingly controversial. Now, mere mention of the term can set off activists, who say that like homosexuality, gender *variance*, as they prefer to call it, is simply a variation within the human range of normal.

So far, researchers haven't found a biological silver bullet to explain why some people's gender identities don't match their bodies. For Bockting, the real question is how to help kids who suffer from the condition. Most children grow out of gender identity disorder by their teens. As adults, many are gay, some are heterosexual, but only a few become transsexuals. Because the diagnosis usually goes away, psychologists rarely recommend that a child with gender identity disorder live as the other sex. But in some cases, when young children are extremely depressed, even suicidal, an early switch may be the best option, Bockting says.

Recently, clinics in North America and Europe that specialize in children with gender identity disorder have begun recommending puberty-blocking hormones as early as age 12, and cross-sex hormone treatment as early as 16. The puberty-blockers prevent breast growth in biological girls, and keep boys from developing a booming baritone and facial hair. In a world where trans people have been murdered simply for crossing the gender line, the safety of being covert has appeal.

Puberty-blockers can also reduce the need for expensive surgeries down the road—biological women won't need mastectomies; biological men won't need surgeries to shave down masculine facial structures and Adam's apples. Transgender adults who never go through their bodies' natural puberty will be able to pass more easily.

But not everyone agrees that hormone therapy is appropriate for kids. Taken long enough, puberty-blockers can create real hazards, including increased risk of certain kinds of cancer and reduction in bone density. And the changes from cross-sex hormones—including broadened shoulders, deeper voices, and facial hair in transgender men, and breast growth and body fat redistribution in women—are permanent.

"Families and people who encourage young people to take hormones are, in my opinion, hurting that child, and not helping them see the reality of this world," says Paul McHugh, a physician at Johns Hopkins and an outspoken critic of sexual reassignment surgery. "Your sex is in your cells—every cell in your body has either two X chromosomes or an X and Y chromosome."

And allowing a child to live as the other gender?

"Well, that's terrible," he says. "That's a form of child abuse."

**WHEN MELISSA SIWEK** was growing up, being transgender—or even gay—was not an option. One of a family of five, Melissa attended Catholic school in Shakopee. Before ninth grade, she'd never heard of a lesbian. She certainly hadn't heard about anyone being transgender.

Melissa had always been a tomboy. She liked to imitate her older brother. She kept her hair shaved short like a boy's and dressed like a skater, in masculine clothes—oversize T-shirts and baggy jeans. In junior high, she hung out at a skate park near her house. She couldn't keep her eyes off a confident, older, butch-looking girl with a board tucked under her arm. Around that time, her family began pressuring her to be more girl-like. Wanting to please them, Melissa tried, starting with growing out her hair.

Then she got bacterial meningitis. The illness was so severe that 13-year-old Melissa was in the hospital for two months, and she almost died. When she awoke from a month-long coma, her fingers and toes were gone, and her body was badly scarred. At that point, pleasing her parents was the last thing on her mind. "I was deformed," she says. "I couldn't care what people thought about me. I had to become okay with myself as a disabled kid."

In 10th grade, Melissa befriended a group of girls at school who dressed like her. They were lesbians, and they were fine with it, and so were a lot of their parents. Melissa had never met anyone who thought being gay was normal. Through them, Melissa found [Outminds.com](http://Outminds.com). "It was like the gay MySpace," she says. She started chatting with a trans guy, who offered to bring her to District 202 in Minneapolis. The more they chatted, the more Melissa became convinced that she, too, was transgender. Her friends picked a new name for her, and in Minneapolis at least, Melissa became Julian.

Julian knew that coming out to his family wouldn't be easy. His father owned a lumberyard and was exactly the kind of guy you'd picture—Julian knew he wouldn't approve. His mother might be more accepting, but Julian couldn't figure out how to tell her.

Then his twin sister did it. It happened when they were arguing. They'd gotten into a fight in their parents' room, within their earshot. Julian blurted out something he knew would get his sister in trouble.

"Well, at least I don't want to be a boy," she retorted.

"My parents were like, 'What?'" he remembers. "I explained it to them. My mom said, 'No, you wouldn't do that to us.' My dad was like, 'That's the stupidest thing I've ever heard.'"

At school, Julian still went by "Melissa," mostly to avoid more trouble. In 11th grade, Julian told the girls on his hockey team that he was a guy. Shortly after that, he arrived to practice a little early one day, as the boys' team was coming off the rink. They accused him of hitting on their girlfriends. They punched him in the stomach and tried to pull down his pants. The next year, Julian didn't play hockey.

By the time he graduated from high school, Julian couldn't wait to get out of Shakopee and live in Minneapolis as a guy. He moved into an apartment with his twin sister. Their father paid their bills.

Julian and his dad mostly avoided talking about him being transgender. But a couple of weeks before Julian turned 19, they had a significant conversation about taking testosterone. "He knew it was something I wanted to do," Julian remembers. "He said, 'If you go any further with you wanting to be a boy, then you're going to be cut off.'"

Julian started the treatments anyway, and his father kept his word. Julian slept on a friend's couch for three months, then got housing through Avenues for Homeless Youth's GLBT Home Host Program.

Julian is five foot one, and dresses preppy—baggy jeans, gray argyle sweater vest over white collared shirt, black Ed Hardy baseball cap. A shadow of a moustache hovers over his upper lip, and a silver barbell pierces his left eyebrow. He has a girlfriend now, and he splits his time working at District 202 and serving as an aide for mentally disabled adults. Two months ago, he started a chest-binder exchange—trans men who've had top surgery and no longer need the tight spandex compressors give them to pre-ops who still have breasts.

The shots of testosterone have given Julian more hair on his legs, arms, and stomach. Eventually, Julian plans on top surgery—a double mastectomy. He wishes he would have started taking T earlier, because he would have liked to be a little taller. "I think it would have helped a lot in the process," he says. "I'm just short, and guys aren't short."

But Julian tries not to let his breasts and vagina make him feel like any less of a man. Someday, he hopes, he'll be able to afford to change his body to match his heart.

**THAT AFTERNOON,** Kathy got a call. The principal had been so affected by Steven's response—"Why don't you tell them I'm a boy?"—that she had decided to cancel the school-wide assembly.

Kathy felt intense relief. Slowly, things started to get easier for her son. Steven played on boys' sports teams, won the school record for pull-ups and sit-ups, and palled around with other boys his age. In school photos, he was a cute, toothy kid. Sometimes, it seemed that the whole world had forgotten that Steven had been born a girl.

But there were always reminders. Kids would whisper to him on the bus or in the front yard, "I know you're a girl." At the pool, a boy once covered his eyes at the sight of Steven's bare chest. "Disgusting!" he squawked.

By the time that her child was in third grade, Kathy was pretty sure that Sarah's transformation into Steven was permanent. She'd come to accept the loss of her daughter, the addition of a son. But she worried about

the looming clouds of puberty. How would her little boy deal with growing breasts and getting a period?

Kathy called Parents, Families and Friends of Lesbians and Gays for help. But in 1995, PFLAG didn't have services for transgender adults, let alone for kids. So the mother turned to the internet, where she found moms across the country with children like hers. Together, they pushed PFLAG to add transgender issues to its mission statement in 1998. Kathy became a PFLAG speaker, and a well-known advocate for the transgender community.

But as his mom talked about his life (always using a pseudonym), Steven was in hiding. He slept in three layers of clothing.

Kathy searched for a pediatric endocrinologist willing to prescribe puberty-blockers and prayed that Steven wouldn't start his period early. A few days after his 11th birthday, Steven got his first puberty-delaying injection. Ten days before he turned 14, Steven started testosterone treatments. His voice squeaked and then dropped, right along with those of his friends. He grew facial hair and his shoulders broadened.

"He looked like an ordinary guy," Kathy says. "No one would ever guess."

**FOUR YEARS AGO**, Will (names have been changed) pressed a photocopied letter into two neat folds and stuffed it in an envelope. He tucked a photo inside. In it he is smiling, his arms crossed over his green checkered shirt, his mother at his side. She points at him with an expression of delight, as if to say, "Look how proud I am of my son!"

This is the letter Will sent to his friends and family to tell them that he was transgender.

Will was born a girl. Her name was Beth, and she came out as gay—she never liked the word "lesbian"—when she was 15. Beth's mother couldn't have been more accepting and supportive. She went to PFLAG with her daughter, noticing when Beth's eyes lingered on a cross-dressing man. "You know, I really admire him," Beth told her mom. When she was 18, Beth decided she might be transgender.

Through PFLAG, Beth and her mom met Kathy. By then, Kathy's son Steven was in high school, and she had accumulated an encyclopedic knowledge of the Twin Cities' trans resources. Kathy told Beth about a support group for female-to-male transsexuals, and Beth began researching how to make a gender switch. She found a therapist who diagnosed her with gender identity disorder. She had a hysterectomy and double mastectomy, started taking testosterone, and changed her name.

For the first few months, the testosterone made Will a little crazy—he calls it his "steroid rage." After his mastectomy, one of his drainage tubes clogged, causing one side of his chest to fill with blood. The doctor had to lance the hematoma, Will says, "like popping a zit." Now his pectoral muscles lie flat and smooth beneath his nipples, but a scar shaped like the lower contours of a woman's breasts stretches across them. He plans to cover over that with a tattoo.



<http://www.citypages.com/2009-03-04/news/transgender-kids-how-young-is-too-young-for-a-sex-change/1>