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WHAT HAPPENS WHEN YOUR SON TELLS YOU HE'S REALLY A GIRL

HOW PARENTS, KIDS,
TEACHERS AND DOCTORS
ARE NAVIGATING THE
NEW WORLD OF
GENDER FLUIDITY P.38



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Olie Pullen,
age 11

PARENTING

BOYS WILL BE GIRLS

Inside the growing movement of families and experts embracing gender fluidity.
By Cathy Gulli

SINCE THE SUMMER of 2012, Olie Pullen has kept in her bedroom closet a Wonder Woman costume, which she loves, but has struggled to actually wear. The plan had been to don it on Halloween two years ago, but when that day came, Olie, now 11, chose to be a vampire instead. Dressing up in the red and blue costume would have exposed her at school and around her Montreal neighbourhood in a way that didn't feel right yet: Olie was, after all, born a boy. Oliver.

When he was a toddler, at his own insistence and to the surprise of his parents, Oliver began playing with princess dresses and dolls. He wore skirts, first at home and then out, along with glittery shirts and skinny jeans, and eventually grew his blond hair long. Recently, Oliver started wearing a padded bra and taking hormone blockers to suppress male puberty. He had his name legally changed to Olie, and only responds to female pronouns. Oliver the boy is now Olie the girl. And for the first time ever, she's comfortable. "The best part is that I feel I'm in the right body," says Olie. "I feel like, well, I feel good."

So good, in fact, that Olie wore that Wonder Woman costume last Halloween, with her mother cheering, "You go for it, girl!" The symbolism of her son-turned-daughter as a superheroine is not lost on Annie Pullen Sansfaçon, a married mother of two. "I keep telling her, 'You are Wonder Woman to affirm yourself as you do.'" Olie, whose father and





sibling also accept her transition, puts it another way: “If my family didn’t support me, I wouldn’t be who I am.”

Olie and her parents are part of a small but growing number of families, researchers, educators and health care professionals embracing the concept of “gender variance,” which is also called gender creativity, independence, non-conformity or fluidity. In doing so, they are helping children gradually transition from their gender at birth based on anatomy to something else—male to female, female to male, or to a more ambiguous identity. This response marks a striking shift away from “reparative” treatments used in the past, which saw gender variance as a psychiatric problem that should be caught early and fixed permanently. It also stands in contrast to the view that children are too immature to really know who they are today, or who they’ll want to be in the future.

Unbeknownst to most people, over the last few years many organizations have transformed the rules, policies and practices pertaining to gender variance—in effect, mandating and legislating acceptance and accommodation. The Public Health Agency of Canada published comprehensive recommendations in 2010 for schools to support gender-variant students. Among them: “Ask them what name they would prefer to be called, who they would like help disclosing to” and “organize guest speakers who are gender variant.” The agency also encouraged “training sessions on gender identity issues for all staff” and “single-occupancy bathrooms and designated gender-neutral facilities including the creation of private showers in locker rooms with curtains or doors.” Many schools have obliged.

Meanwhile, several provincial governments have added “gender expression” to the list of prohibited grounds for discrimination. Human rights tribunals are loosening the criteria for changing gender designation on legal documents and ID cards, which has historically been permitted only after sex reassignment surgery. And in the latest psychiatric diagnostic manual, released last May, the controversial term “gender identity disorder,” which was introduced in 1980, was replaced with “gender dysphoria” to remove the “stigma” and “connotation” of mental illness.

But the real-life experiences of gender vari-

‘Gender expression’: *At the age of five, Mat Perrault cried, ‘I can’t live anymore as a boy’*

ant youth don’t always reflect these significant institutional changes. In 2012, an Ontario high school student who had transitioned from female-to-male was prohibited from using the boys’ washroom. In the fall, cafeteria workers at Dalhousie University in Halifax refused to serve a transgendered student and questioned whether her breasts were real. In Winnipeg, the provincial human rights commission ruled that staff at the University of Manitoba repeatedly ignored a transgendered student’s request to be referred to as male. In the U.S., some responses have been more extreme: a 13-year-old boy was suspended for carrying a purse; a male trans activist wearing a kilt was set on fire while riding a public bus; and a school board member called for the castration of male-to-female students wanting to use girls’ washrooms. It’s no surprise that these kids have among the highest rates of isolation, harassment, depression, addiction, self-mutilation and suicide of any

population.

The disconnect between public policy and public opinion in accepting gender variance can prove difficult to navigate for the children, of course, as well as their parents and the professionals they seek out for help.

The *Journal of Homosexuality* published a special issue in 2012 on gender dysphoria and gender variance in children and teens; which included a wide range of views. Some experts argue that parents who permit their children to transition before puberty are perpetuating gender variance, and increasing the chances of it persisting into adolescence and adulthood. They say that’s an “undesirable outcome”—dooming individuals to a lifetime of hormone therapy, surgeries and social ostracism.

But other medical professionals see gender variance as a natural characteristic of human diversity, similar to sexual preference, that should be accepted and even celebrated. Parents such as Pullen Sansfaçon say they aren’t just supporting their children’s gender choice; they are helping them choose to live long, healthy and happy lives. “When you look at the statistics . . . it takes me two minutes to think, Do you want to risk that, or do you want to just support her all the way?” says Pullen Sansfaçon. “It’s a no-brainer for me.” For many others, it’s more complicated.

WHEN AKIKO ASANO’S son Matthew Perrault was just six or seven months old, she had to lock away her makeup case to keep



him from playing with her cosmetics. “There was a distinct interest in all the girl stuff,” she recalls of those early years. “I just thought, ‘My son likes pretty things.’” As he got older, though, Matthew’s words and actions suggested more was happening. He had become “a really angry child.” Once, when Matthew was 2½, Asano praised him, “You’re such a good boy!” Matthew became enraged. “He screamed at me, ‘I’m not a boy, I’m a girl!’” says Asano. At five, Matthew cried, “I can’t live anymore as a boy. Why do people keep mixing me up? I’m a girl. I want to kill myself,” recalls Asano, a single mother.

Part of the challenge for Asano, at first, was figuring out, “Is this even possible? How can my child know?” she recalls thinking, as many parents do. “Because we have in our minds the older version of a man who is ready to transition [with sex reassignment surgery]. We don’t see that it exists with younger people.” She continually consulted doctors and other

parents about the best way to nurture her child—driving as far as Cleveland and Philadelphia to find supportive connections. The idea of “curing” Matthew was “instinctively not right” to Asano.

Not so long ago, many mental health professionals labelled children who insisted they were another gender as “deeply disturbed.” Their parents could be held responsible: some experts suggested that severe separation anxiety from the mother might cause boys to express femininity as a way of gaining maternal closeness. Often, gender-normative toys and activities were imposed on them, as well as psychotherapy or even medication.

Asano, who is now president of the advocacy organization Gender Creative Kids Canada, chose a different road. She helped Matthew begin transitioning at age three in the way he dressed, behaved and was known. The staff at his Montreal daycare and first school were understanding. Parents weren’t always:

one year they told the daycare director they were worried their children would be “contaminated.” By first grade, Matthew was officially called Mathéa, and she was “the most calm, patient and compassionate child ever,” says Asano. “There were no more temper tantrums. In that sense, when you look at the child’s behaviour, you know you’re doing the right thing.”

What constitutes gender-variant behaviour is a fraught question. Parents should “not presume that a love of trucks or pink means anything, unless your child says it does,” writes Jane Ward in *Chasing Rainbows: Exploring Gender Fluid Parenting Practices*, a new anthology of essays. “You only know your child is transgendered—or gendered at all—if they tell you so.” It’s the type of thinking that put Torontonians Kathy Witterick and David Stocker at the centre of an international controversy in 2011 for refusing to divulge the sex of their young child, Storm. “The gender-

THIS AND PREVIOUS SPREAD: PHOTOGRAPHS BY ROGER LEMOYNE; FOLLOWING SPREADS: PHOTOGRAPH BY ROGER LEMOYNE; JEFF MCINTOSH/OP; DARRYL DYCK/CP



'I feel good': *'The best part is that I feel I'm in the right body,' says 11-year-old Olie Pullen*

present at any age and to different degrees, experts suggest that between 0.5 and three per cent of people are affected. Hershel Russell, a Toronto researcher and counsellor who is himself transgendered, says, "There is unmistakable growth in the number of kids who are expressing very strongly, 'I'm not this gender, I'm that gender,' and, 'The whole boy-girl thing is really stupid, I'm neither.'"

For children who experience gender dysphoria, studies show it often ceases by puberty, according to the *Journal of Homosexuality*. Many of these children identify as gay rather than trans as they grow up, and a smaller proportion identify as heterosexual, note psychiatrists Jack Drescher and William Byne. But at present, they say "there is no way to predict in which children" gender dysphoria and gender variance will dissipate. That's why some clinicians encourage "watchful waiting," allowing kids to express their gender variance with restrictions—wearing cross-sex clothing only at home, and not changing their name or taking hormone blockers until puberty. Psychiatrist Annelou de Vries and psychologist Peggy Cohen-Kettenis developed this therapeutic method in the Netherlands (it's often called "the Dutch approach"), and say they want to "prevent youths with non-persisting gender dysphoria from having to make a complex change back to the role of their natal gender."

Toronto psychologist Kenneth Zucker notes in the *Journal of Homosexuality* that gender-variant kids are slower to develop a sense of gender as a fixed trait. He points to previous research showing that until children are between five and seven years old, "they often conflate gender identity with surface expressions of gender behaviours." That is to say, a girl in preschool may believe that wearing boy's clothing makes her a male; a boy may say he's a girl because girls often play with dolls, and he likes dolls. This kind of thinking may justify why some doctors and parents are exceedingly cautious with young children who insist they're gender variant more so than with teens. Zucker may suggest treatments including weekly psychotherapy for the child and parents, medication for psychiatric problems present in the child, and perhaps limiting a child's cross-sex activities or improving same-sex peer relations.

In every case of gender variance, figuring

out how to respond inevitably becomes a family affair. Most parents and siblings experience the same feelings as the children who identify with another gender: unsupported, misunderstood or ignored by others, according to a recent report, "Princess boys, trans girls, queer youth," on which Pullen Sansfaçon, a social work professor at Université de Montréal, was the principal author. (To avoid any conflict of interest, Pullen Sansfaçon's involvement was vetted by the school's ethics committee and her research assistants conducted the parent interviews.)

Pullen Sansfaçon recalls having to tell a close family member who was disapproving, "If you can't accept this, you won't be able to see Olie anymore." Green, whose now-adult son wore dresses as a child, recalls her mother phoning to say, "Can you make sure that Liam comes in shorts today?" Another mother whose child is gender variant but doesn't want to be named says that there has been "full-blown opposition" from her relatives to her son living as a girl, "to the point where there's major rifts, and it's really sad."

The desire of parents to be nurturing and protective can overwhelm them. "There were times in my life when I couldn't fight anymore, and it manifested in a physical way. I had two major depressions," admits Asano. "If you're going to support your child in their gender preference, are you ready as a parent to back them up?" she has asked herself and other families over the years. "Because it takes a lot of energy and strength, or a very big support system."

The onslaught of emotions is understandable, says May Friedman, professor of social work and a women's studies researcher at Ryerson

University in Toronto, and co-editor of *Chasing Rainbows*. As parents, "All we want to do is get it right, and we're terrified about whether we're going to harm our kids more by teaching them to conform" to gender norms, "or more by teach-

ing them to disobey," she says. "It's about fear and love and trying not to mess them up too badly."

ANNA, WHO PREFERS to use a pseudonym, lives in Montreal and adopted her son from South Korea when he was an infant. He's in Grade 6 now, and has wanted to live as a girl since he was a toddler. "What do you do when your child tells you, 'I'm not a boy?' What do you do?" Anna recalls asking countless times. Her first reaction was, "Yeah, you are."

less baby" was simultaneously hailed and rebuked as a counterculture exploit.

Neither Pullen Sansfaçon nor Asano expected their child would identify with a gender different from his natal sex; nor did they actively encourage it. "The gender binary of male and female in our society is so ingrained that, for most parents, it's shocking and bewildering" when their children express themselves differently, says Kimberley Manning, a political science professor and gender politics researcher at Concordia University, who has a gender-variant relative.

Gender variance in children is not new, says Fiona Joy Green, a professor of women's and gender studies at the University of Winnipeg and co-editor of *Chasing Rainbows*. "I'm the mother of a 25-year-old openly gay son who, as a child 23 years ago, was very interested in wearing dresses and growing his hair long." While it is impossible to say how common gender variance is since it can

OLIE'S MOTHER TOLD A FAMILY MEMBER, 'IF YOU CAN'T ACCEPT THIS, YOU WON'T BE ABLE TO SEE HER ANYMORE'

But deep down she sensed the situation was more complicated. “One day, my son came home and he said, ‘Look, I’m a girl, and I want a machine where I can go in it as a boy and come out a girl.’ I said, ‘What?! That’s when we went to the doctor.’”

They were referred to Shuvo Ghosh, a pediatrician specializing in developmental behaviour at the McGill University Health Centre and Montreal Children’s Hospital, where he has run the gender-variance clinic for 10 years. Anna remembers “being on the verge of tears,” as Ghosh explained gender variance and what it might mean in the future. “That kind of helped me, but it also scared me,” she admits. “Things became more complex—then I knew, ‘Okay, this is for real.’”

Doctors often confirm gender variance by considering the extent to which a child is “insistent, consistent and persistent” in identifying with another gender. That is, how often and emphatically does this come up? It’s a question Ghosh asks in one way or another every time he meets a family—with one additional component. “You want to see if this is starting to cause any kind of dysfunction. They’re not as happy as they used to be, they’ve stopped being interested in things they used to like,” he says. For these children, this is not “a phase or a whim or a game.”

Ghosh, who is also a professor at McGill, has seen hundreds of gender-variant children ranging in age from under two to 18, when they are eligible for sex-reassignment surgery. He usually follows individuals throughout childhood and adolescence. The appointments include routine medical exams, and Ghosh may monitor hormone levels either to check for any intersex conditions (such as both male and female organs being present externally or internally) or to have a baseline for prescribing blockers and hormones later on.

It’s been four years since Anna and her son, now 11, first met Ghosh, and the only times her son outwardly expresses himself as female is when he is on vacation or asleep. “He has girl underwear and he’ll wear a nightgown always,” says Anna. Fear has always thwarted transition. “My son said, ‘Too many kids know me [as male since kindergarten]. I don’t think I could handle it,’” says Anna, who imagines taunts such as, “‘So, what, you’re a girl with a penis?’” But next September, her son will start at a new school, and he will go as a female student. “I’m perplexed, I’m concerned, I’m disappointed, I’m scared, and sometimes I’m relieved,” she says. “I feel like, have I supported him enough? Am I advocating for him correctly?”

One of the most stressful events for fam-

ilies is telling teachers and students that a child is gender variant. When Mathéa, Asano’s child, transferred to a new school because of a learning disability, the fifth-grade teacher characterized Mathéa as a “dangerous” influence on other students. Mathéa and a boy in her class had become “boyfriend” and “girlfriend,” and the teacher “freaked. She was scared for the young boy, saying, ‘What if he finds out that Mathéa is a boy? He’ll be shocked because he is not gay,’” recalls Asano.

The reaction to allowances made for gender-variant children are wide-ranging, says Judy Malfara, communications officer at Kawartha Pine Ridge District School Board in Ontario. It was at the centre of controversy in 2012 when a 16-year-old student who had transitioned from female-to-male was restricted from using the boys’ washroom at school; he

Family support: *The idea of ‘curing’ Mat was ‘instinctively not right’ to his mother*

later gained access. “I certainly get inquiries from all ends of the spectrum. People who are totally supportive of the students, a lot of people saying, ‘Okay, what is really going on?’ And there are parents who might have concerns for reasons of personal faith or beliefs,” she says.

Mathéa was, for a time, forced by her school to use the nurse’s washroom, which could only be accessed by walking through the administrative office. She often ignored that rule, and used the girls’ washroom instead. Teachers would call Asano to report the disobedience, but she knew why Mathéa was reluctant to comply: Every time Mathéa used the nurse’s washroom, it drew attention to her being different. In a way, “You ‘out’ the child each time,” Asano says.

The greatest challenges often surface as puberty approaches. “Body image becomes even more stressful and the anxiety level augments highly, even if as a parent you’ve sup-



ported them,” says Asano, whose child is now 15. “A girl wants to have breasts and be like the other girls, so you have to find the clothing to make them appear. And then you have, ‘I want to wear nice skinny jeans but I can’t because I have a bulge that shows.’” This is also when families decide whether to allow their child to use hormone blockers. “That was a big one,” says Pullen Sansfaçon. “You pass from being a supportive and accepting parent to someone who is more active in giving your consent. We were stressed.”

Still, Olie’s parents were convinced that they had to be supportive. A recent study co-authored by Toronto counsellor Russell, and published in the *International Journal of Transgenderism*, concluded that parents who embraced their child’s gender variance were less likely to harm parent-child attachment or induce shame and depression than those who rejected their child’s expression or tried to suppress it. “I’ve had people come into my



office who grew up as children of that experience and are now adults trying to get over it,” says Russell.

“For transgender people, mental health outcomes are horrendous because of transphobia,” says one unnamed mother of a gender-variant child. For a time she wished her son was gay rather than trans because she believes that is more accepted. “What I try to do now is stay open and attentive to who she is as she continues to mature, and let go of ‘I wish things were different.’” It’s the same approach Anna is adopting since seeing the negative effects of denying her son’s gender variance. “It’s preventing him from growing, from interacting properly,” she says. “He’s so awkward because he’s not comfortable with who he is. He has no friends. He has no interests. He used to have tea parties when he was five or six. Now what can he do? His academics are not where they should be. His brain is full of other things.”

Anna knows others will judge her for approving of her son’s transition. “People tell me, ‘Who is the parent here?’ And I’ve said, ‘I’m the parent. And for the past decade I have been suppressing, I have been redirecting, I have tried everything that I can think of—and nothing has changed what he feels and what he has said to me,’” she says. “I now am going to let my child take the lead.”

AT GHOSH’S MONTREAL clinic, about half of his patients wind up taking hormone blockers, either in pill form or by injection, when puberty approaches. The blockers halt body or facial-hair growth, breast development, voice changes or menstruation. Later, patients may take hormones that actually facilitate a puberty that is different from the one that would occur naturally. In every case, Ghosh says “the goal is to depathologize gender variance as much as possible.” He doesn’t believe it is an illness to cure. “People have different gender identities than the classic ones we know. Maybe we need to expand our definition about what male and female and neither and other could be.”

Since Olie started seeing Ghosh several years ago, she has used percentages to explain her gender variance: “I feel 60 per cent girl,” she might say, “and 40 per cent boy,” recalls her mother. It’s not uncommon among gender-variant children, and an example of how “gender constancy”—the perception of one’s maleness or femaleness as a fixed characteristic—may take years to establish. With Olie, the ratios have changed with time, and recently she announced feeling fully female. At that point, hormone blockers seemed the

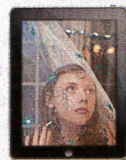
best next step. “I wanted to block everything,” says Olie, so she wouldn’t begin male puberty.

Asano’s child, now known as Mat, takes blockers, and says they “are the most genius thing ever.” Since last summer, Mat prefers gender-neutral pronouns such as “they” or “hir” and feels “androgynous, both in the way I dress and my personality.” Over time and in talking with others, Mat has moved away from wanting sex-reassignment surgery—“my organs work fine, I don’t need to modify them”—and relishes the freedom that androgyny offers. “I’m myself. I’m not defined by stereotypical roles,” says Mat. “I really enjoy being able to wear what I want. I’ll go to a girls’ store, and I’ll be like, ‘I can pull that shirt off,’ and then I’ll go to a guys’ store and get jeans, and I’m like, ‘Oh, this is perfect.’”

For Ghosh, one of the most fascinating aspects of children such as Mat and Olie being allowed to express themselves as gender variant early in life is imagining how, in the future, many of these individuals will be “unidentifiable” as transgendered or transsexuals because they won’t have experienced their “biological” puberty—a boy who transitioned at a young age to being a girl won’t ever have unwanted facial hair, for instance. “And in spite of the fact that she’s going to be able to hide it, she might still proudly be telling people, ‘Guess what? I’m trans. I was born a boy, and now I’m a girl.’”

The hope for Ghosh and others is that even as individuals become less detectable as transgendered, they will also become more vocal about their place in society. The acceptance of their parents will make that all the more likely. “If I didn’t have my mom’s support it wouldn’t stop me from being who I am, but I wouldn’t be as strong as I am,” says Mat. “I wouldn’t be as confident and proud.”

Olie has a message for other kids: “Follow who you want to be. Not in the sense of a job, like a millionaire or a firefighter. In the sense of if you want to be a girl, or known as queer or a lesbian, follow your heart. Don’t deny your identity.” She already has a future career in mind: “I want to be an astrophysicist,” she says. Her mother says Olie learned the planets in the solar system before the alphabet. “I like stars and the universe—because you can’t really expect what’s out there.”



To see childhood photos of Mat and Olie, and hear their mothers discuss gender transition, see this week’s iPad issue of *Maclean’s*