

Haverford school counsels transgender's classmates

Contributed by Patti Mengers
May 04, 2008

Third-graders get help in dealing with new identity of their schoolmate.

Two weeks after parents of Haverford School District third-graders learned that a guidance counselor would be talking to their children about a male classmate who is now living as a female, the transgender classmate is reportedly doing fine.

"The child is great," said Shannon Garcia, president of TransYouth Family Allies, a nonprofit organization that has been assisting the 9-year-old child's family and the school officials in addressing the matter.

In a letter dated April 21, the school's principal told the parents of the third-graders: "We recently became informed that one of our third-grade students is a transgender child. Transgender individuals have a biological gender that does not match their gender identity."

The principal stated that the staff was taking steps toward becoming educated about transgender children and that on April 23, the school counselor would be meeting with each third-grade class and its teachers "to explain and discuss how we need to help this student make a social transition in school." He noted that the counselor would use "developmentally appropriate language."

"What we know about your children is that they are remarkably kind, sensitive and accepting toward one another. We value your continued support in sustaining the positive climate that we have developed over the years here," the principal wrote.

Haverford School District spokeswoman Mary Beth Lauer said parents of only eight students asked that their children not be present when the counselor spoke to their classes about their transgender classmate.

"The Haverford School District will continue to work with the family and their experts," Lauer said on Monday. "We have no further comment at this time due to privacy issues."

Garcia said TransYouth Family

Allies works closely with school administrators and not all cases are handled the same in terms of how to educate parents and classmates about a transgender child. She said school officials determined it would be wise to inform parents about the counselor's planned meeting with their children ahead of time to avoid any trouble that might occur later.

She said the decision was made for the counselor to talk to the third-graders about their transgender classmate because of anticipated questions that would arise when the child arrived at school in girls' attire after previously dressing as a boy.

"It's fairly obvious someone who presents as a male one day then presents as a female the next is going to cause questions," said Garcia.

The children were simply told that sometimes a person is born in the body of one gender, but feels inside like he or she is the other gender, noted Garcia.

"There was no discussion about sexuality or sexual reassignment surgery. It was very simple, very basic so the children could get it. They're fine. It's the parents who have the issue," said Garcia.

She said the transgender children her Michigan-based organization has assisted make a "social transition" only in that they change their appearance and possibly their names. They do not undergo surgery or take hormones.

"There is no medical intervention at this time. Those decisions are made later only," said Garcia, who noted every family consults with a team of health care professionals.

She said people often confuse gender identity with sexual orientation.

"Gender identity is who you are. Sexual orientation is who you are attracted to," said Garcia.

The mother of an 8-year-old transgender daughter who was born a boy, Garcia co-founded TransYouth Family Allies in fall 2006. Since then the non-profit organization has provided educational and referral services to at least 65 families with children between the ages of 3 and 18 who have gender dysphoria; that is, they are uncomfortable with their gender.

“Typically the majority of families we are contacted by are in a state of distress,” said Garcia.

Since January, the group has assisted 50 families with gender dysphoric children mostly between the ages of 6 and 10.

“Ninety-nine percent of the families we work with state that the child has displayed atypical gender behavior since toddler-hood,” said Garcia.

She noted that her child, although born a boy, “wanted Barbies and baby dolls, not trucks, skirts rather than pants” from an early age.

According to a 1999 American Academy of Pediatrics publication, “Caring for Your School-Age Children: Ages 5-12,” “By age 4, children’s gender identity is stable and they know they will always be a boy or a girl.”

Garcia said parents of children who display gender dysphoria should consult with their family doctors or pediatricians, therapists trained in gender issues and endocrinologists to ensure there are no hormonal or intersex issues, such as hermaphroditism, at the source of their gender-atypical behavior.

Forcing a child with gender dysphoria into a behavior with which he or she is not comfortable can cause great psychological harm and lead to suicide, said Garcia. She noted that 50 percent of transgender youths have attempted or thought about suicide.

“This is not a choice a child makes. It is who they are,” said Garcia.