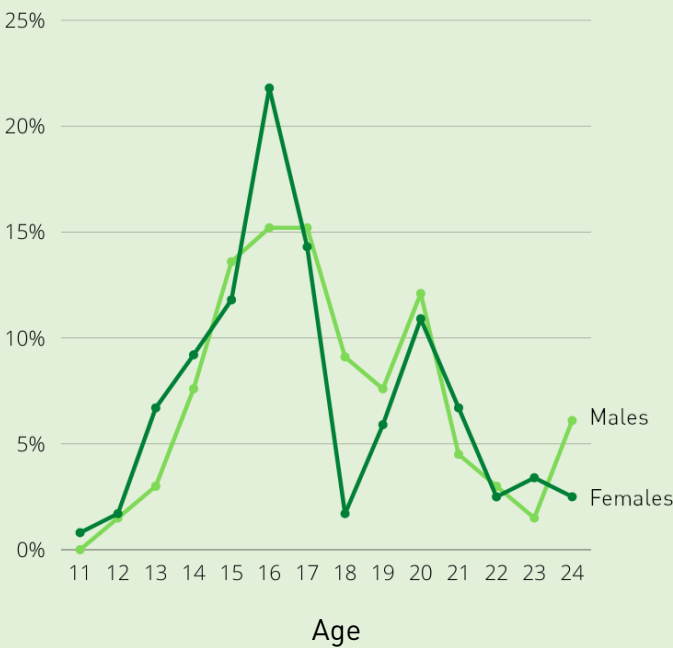
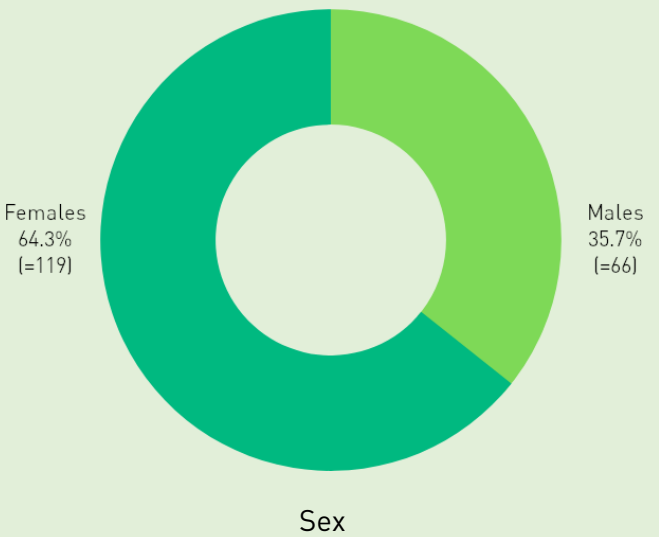


# GENDER IDENTITY CHANGES IN CHILDREN AND YOUNG ADULTS: A SURVEY FOR PARENTS

This exploratory survey was undertaken to investigate parents’ perspectives of gender identity changes among their sons and daughters, with a particular view to uncovering some of the differences between the two sexes in terms of the presentation of this phenomenon. The eligibility criteria excluded parents of those younger than 8 or older than 24. There were 185 responses<sup>1</sup>, the results of which I present below.

Parents were mainly contacted via [gendercriticalresources.com](https://gendercriticalresources.com), although some were contacted via word of mouth. No attempt was made to seek out the opinions of parents via other fora; as such, these results should not be taken as indicative of the general population of parents. This independent research was not conducted in affiliation with any institution and received no funding.

## 1 DEMOGRAPHICS OF CHILDREN WHOSE PARENTS PARTICIPATED



<sup>1</sup> In 2 cases, a respondent had pressed ‘submit’ twice; in each of these, I deleted the duplicate response. A further response was deleted as the respondent appeared to claim not to have a child who had changed gender identity, and indicated that s/he was participating in the survey out of curiosity about the way in which the questions would be posed.

The youngest child for whom data were entered was 11; the oldest was 24.

	All	Males	Females
Mean age	17.3	17.6	17.1
Median age	17	17	16

## 2 GENDER IDENTITIES & SEXUALITIES<sup>2</sup>

Parents were asked which of the following labels their children had used to describe themselves:

	All	Males	Females
Trans <sup>3</sup>	91.9%	92.4%	91.6%
Non-binary	34.1%	27.3%	37.8%
Gender fluid	15.1%	7.6%	19.3%
Queer	17.3%	10.6%	21.0%
Straight/heterosexual	21.1%	19.7%	21.8%
Bisexual	30.8%	27.3%	32.8%
Gay/lesbian/homosexual	34.1%	30.3%	36.1%
Pansexual	28.1%	15.2%	35.3%
Asexual	20.0%	10.6%	25.2%
Other <sup>4</sup>	3.2%	0.0%	5.0%

**Males are significantly less likely than females to describe themselves as pansexual, asexual or gender fluid<sup>5</sup>, or using 'neo-identities' in general<sup>6</sup>.**

## 3 PRONOUNS

Parents were asked whether their children had ever requested that they use different pronouns in relation to the change in gender identity. The results were as follows:

<sup>2</sup> Due to the ambiguity of the term 'queer' — which seems to function as a sexuality for some, a gender identity for others, and perhaps both in some cases — I did not separate out the labels which children have given themselves by gender identity vs. sexuality.

<sup>3</sup> Including transgender/transsexual/trans male/trans female.

<sup>4</sup> The 'Other' responses were 'omnisexual', 'questioning', 'FTM gay male', 'demiboy', 'aromantic' and 'agender'.

<sup>5</sup>  $p = 0.006$ ,  $p = 0.0288$  and  $p = 0.0492$  respectively.

<sup>6</sup> I use the term 'neo-identities' to unite non-binary, gender fluid, queer, pansexual and the responses given in 'other':  $p = 0.0152$ . If asexual is also included in this category,  $p = 0.029$ .

	All	Males	Females
Pronouns of the opposite sex	61.6%	50.0%	68.1%
Singular 'they'	29.2%	19.7%	34.5%
Neo-pronouns <sup>7</sup>	2.2%	1.6%	2.5%
Has made no such request	21.6%	28.8%	17.6%
Other responses <sup>8</sup>	9.7%	15.2%	6.7%

**Males are significantly less likely than females to ask their parents to refer to them using pronouns of the opposite sex<sup>9</sup>.**

#### 4 MEDICAL INTERVENTIONS

Parents were asked which medical interventions their children had undergone in relation to the change in gender identity, if any<sup>10</sup>:

	All	Males	Females
No medical interventions	73.5%	65.2%	78.2%
Puberty blockers	2.7%	6.1%	0.8%
Cross-sex hormones	25.4%	33.3%	21.0%
'Top surgery' (mastectomy, breast construction)	4.9%	1.5%	6.7%
'Bottom surgery' (phalloplasty, vaginoplasty)	0.5%	1.5%	0.0%

Most respondents' children had not undergone medical interventions; and, if they had, these were non-surgical. The low number of respondents whose children had undergone medical interventions means that there are no statistically significant trends.

Where medical interventions had been undertaken, parents were asked how they assessed the impact of these on their children's mental state. As well as allowing other responses (including 'I am not sure' and 'Other', where further detail could be provided), parents could report two phases in the response (e.g. a positive effect at first, but no effect in the long term; a negative effect at first, but a positive effect in the long term; etc.). Given how few respondents' children had undergone medical interventions other than cross-sex hormones, I restrict my analysis here to cross-sex hormones only, discarding the data on surgical interventions and puberty blockers. The data below thus represent a total of 47 respondents (22 parents of males, and 25 parents of females):

<sup>7</sup> The 'neo-pronouns' were 'zhe', 'zi', 'ET' and 'Like they/them but was different. I can't remember. It was like different language'.

<sup>8</sup> A substantial minority of respondents gave more complex answers. Most of these indicated that the child had asked others to use certain pronouns, but not broached the topic with his or her parents. In one case, a child had requested that the parent not use pronouns corresponding to biological sex but had not suggested replacements. Two responses indicated that the child had started to talk about pronouns, but the parent had terminated the conversation. This is not an exhaustive list of the more complex answers given.

<sup>9</sup>  $p = 0.0237$ .

<sup>10</sup> An option was also provided to indicate surgery pertaining to face shape, Adam's apple etc. No respondent selected this option. Also note that the only male who had undergone surgery had in fact had both breast construction and vaginoplasty; the 1.5% figure in 'Males' refers to the same person twice.

	All	Males	Females
A positive effect which seems to have lasted	8.5%	4.5%	12.0%
A positive effect at first, but no effect in the long term	4.3%	4.5%	4.0%
A positive effect at first, but a negative effect in the long term	10.6%	4.5%	16.0%
A negative effect which seems to have lasted	36.2%	40.9%	32.0%
A negative effect at first, but no effect in the long term	0.0%	0.0%	0.0%
A negative effect at first, but a positive effect in the long term	0.0%	0.0%	0.0%
No effect at all	4.3%	0.0%	8.0%
No effect at first, but a positive effect in the long term	0.0%	0.0%	0.0%
No effect at first, but a negative effect in the long term	2.1%	0.0%	4.0%
Other response <sup>11</sup>	31.9%	40.9%	24.0%

With such small numbers of respondents eligible, the percentages above do not provide statistically significant data.

## 5 MENTAL HEALTH

Parents were asked which (if any) of a number of statements pertaining to mental health applied to their children. The results were as follows:

	All	Males	Females
S/he has received counselling from mental health professionals	88.1%	83.3%	90.8%
S/he has been diagnosed with autism or Asperger syndrome	24.9%	43.9%	14.3%
S/he has been diagnosed with depression and/or anxiety	74.6%	68.2%	78.2%
S/he has been taken into in-patient or residential care due to mental health issues	17.3%	10.6%	21.0%
S/he has engaged in bodily self-harm (e.g. cutting)	43.2%	24.2%	53.8%
S/he has suffered from an eating disorder	20.5%	18.2%	21.8%
S/he has been the victim of sexual abuse	8.6%	3.0%	11.8%
S/he has attempted suicide	10.3%	7.6%	11.8%
None of the above	3.8%	3.0%	4.2%

<sup>11</sup> There was a relatively large number of 'Other' responses. The majority of these were 'I am not sure', which was provided as a separate option. However, in 7 cases, parents gave more complex answers, mostly indicating that they felt unable to make the judgement for reasons specific to their child's case.

It is clear from these data that the children in question have a greatly elevated presentation of mental health difficulties.

Males are significantly more likely than females to have been diagnosed with autism or Asperger syndrome, and significantly less likely than females to have engaged in bodily self-harm<sup>12</sup>. There is no statistically significant difference between males and females in the prevalence of eating disorders or sexual abuse<sup>13</sup>.

## 6 DYSPHORIC FEELINGS

Parents were asked whether their children had at any stage expressed negative feelings about the genitalia they were born with, or other features indicating biological sex at birth. The results were<sup>14</sup>:

	All	Males	Females
Primary genitalia <sup>15</sup>	24.3%	39.4%	16.0%
Breasts	n/a	n/a	79.8%
Facial hair	n/a	57.6%	n/a
Face shape (e.g. jaw, cheekbones)	14.6%	16.7%	13.4%
Body shape (e.g. hips, shoulders)	38.4%	34.8%	40.3%
Height	34.1%	31.8%	35.3%
Pitch of voice	34.6%	37.9%	32.8%
Body hair <sup>16</sup>	n/a	21.2%	n/a
Other <sup>17</sup>	5.9%	3.0%	7.6%
None of the above	10.8%	10.6%	10.9%

As a general pattern, there is no statistically significant difference between males and females in relation to most of the body parts and features mentioned. However, **males are significantly more likely than females to express dysphoric feelings about their primary genitalia to their parents<sup>18</sup>.**

**Young people who have described themselves as gay/lesbian/homosexual are significantly more likely to express dysphoric feelings about their primary genitalia than those who have not<sup>19</sup>.**

<sup>12</sup>  $p < 0.0001$  and  $p = 0.0002$  respectively.

<sup>13</sup>  $p = 0.6892$  and  $p = 0.0797$  respectively.

<sup>14</sup> In 4 cases, responses seemed to indicate that the respondent had misunderstood the question: parents of males selected 'breasts', or parents of females selected 'facial hair'. I took this to imply 'the absence of breasts' or 'the absence of facial hair' accordingly, and, as such, excluded these responses as they did not conform to the way in which the question was framed.

<sup>15</sup> Penis and/or testicles for males; vulva/vagina for females. These items were not combined in the survey but presented separately.

<sup>16</sup> This option was not provided separately — an error on my part. Given the frequency with which body hair was autonomously mentioned under 'Other' by parents, I have extrapolated it as a separate category here. It should be said that, had I included it as a specific option, more parents might have selected it when prompted.

<sup>17</sup> These included various body parts (hands, Adam's apple, nails, lips, eyelashes) as well as more complex answers which suggested that parents were not sure how to respond to this question. As noted above, body hair was removed from this category in the presentation of the results here.

<sup>18</sup>  $p = 0.0007$ . It is also true to say that young people whose parents believed them to be 'pre-gay' (i.e. less likely than average to grow up to be heterosexual) also reported significantly higher rates of dysphoric feelings about their primary genitalia ( $p = 0.0258$ ); however, this may simply be a function of the male skew in 'pre-gay' children.

<sup>19</sup>  $p = 0.0255$ .

## 7 EARLY YEARS PRESENTATION

Parents were asked whether their children's mannerisms and other outward characteristics were typical, atypical or hyper-typical for their gender in their early years. The results were as follows:

	All	Males	Females
Typical for his/her gender	78.4%	81.8%	76.5%
Atypical for his/her gender <sup>20</sup>	12.4%	12.1%	12.6%
Hyper-typical for his/her gender <sup>21</sup>	5.4%	0.0%	8.4%
I am not sure	0.5%	0.0%	0.8%
Other <sup>22</sup>	4.9%	9.1%	2.5%

As this exploratory research has no control group, it sheds no light on how these data would match up to data for the population of children at large. Nonetheless, it seems difficult to sustain an analysis that changes in gender identity primarily occur in children who are atypical in relation to biological sex — at least according to the data provided by this group of parents. It is also important to state that parents might not apply the same standards or criteria to males and females when it comes to conformity to sexual stereotypes or norms. Taking hyper-typicality in isolation, **parents of males are significantly less likely than parents of females to describe their children as having been hyper-typical in terms of gender presentation<sup>23</sup>.**

Parents were also asked whether they had ever had a particular sense that their children would be less likely than average to grow up to be heterosexual (what has often been termed 'pre-gay'). The results were as follows:

	All	Males	Females
Yes	8.6%	15.2%	5.0%
No <sup>24</sup>	89.7%	83.3%	93.3%
I am not sure	4.3%	6.1%	3.4%
Other <sup>25</sup>	2.7%	3.0%	2.5%

Excluding 'I am not sure' and 'Other' responses, **parents of males are significantly more likely than parents of females to have had a particular sense that their children were 'pre-gay'** (i.e. less likely than average to grow up to be heterosexual)<sup>26</sup>. However, it should not be assumed that nascent homosexuality/bisexuality is equally noticeable between the two sexes.

<sup>20</sup> E.g. a 'tomboyish girl' or an 'effeminate boy'.

<sup>21</sup> E.g. a 'very girly girl' or a 'real boy's boy'.

<sup>22</sup> In 2 cases, 'other' responses mentioned autism, suggesting that the parent in question thought this factor central to any assessment of the typicality of his/her child. The remaining 'other' responses mainly reported more complex situations, such as conflicting feelings, or a different development over time. One parent responded 'Just clueless' when asked to describe his or her child's mannerisms and outward characteristics in these terms.

<sup>23</sup> I.e. hyper-typical vs. a combination of typical and atypical, excluding 'I am not sure' and 'Other' responses.  $p = 0.0424$ .

<sup>24</sup> 2 'No' responses gave a qualified 'No' (i.e. they were entered as 'Other', and started 'No, but...') — one male, and one female.

<sup>25</sup> The 'Other' responses exhibited no particular pattern, tending to give detail on particular events but neither providing a 'Yes' or a 'No'.

<sup>26</sup>  $p = 0.0323$ . Where parents answered 'Yes' to this question, I asked for more detail. 17 responses were given, 11 of which suggested that gender non-conformity was the principal reason for the judgement in question. The remaining answers were mixed, although particular friendships figured rather strongly in a few cases (both males and females).

## 8 SEPARATION OF SEX AND ROMANTIC LOVE

Parents were asked whether they thought their child saw sex/sexual relations and romantic love as separate or even unrelated concepts. One of the options was 'I cannot make this judgement as my child is too young'. Those responses (11 in total) have been removed from the data, leaving the following results:

	All	Males	Females
Yes	27.6%	16.7%	33.6%
Somewhat	18.9%	15.2%	21.0%
No	17.8%	22.7%	15.1%
I cannot make this judgement for other reasons	22.2%	28.8%	18.5%
Other <sup>27</sup>	7.6%	13.6%	4.2%

If 'Yes' responses are contrasted with all other responses, **parents of males are significantly less likely than parents of females to believe that their children see sexual relations and love as separate/distinct concepts<sup>28</sup>.**

## 9 FRIENDSHIP GROUPS

Parents were asked about the balance of males vs. females in their children's friendship groups. The results were as follows:

	All	Males	Females
All or nearly all female	17.8%	7.6%	23.5%
Mostly female	32.4%	19.7%	39.5%
Half and half	17.8%	13.6%	20.2%
Mostly male	9.7%	19.7%	4.2%
All or nearly all male	5.9%	16.7%	0.0%
I cannot make this judgement as my child has too few friends	11.4%	16.7%	8.4%
I cannot make this judgement as I do not know enough about my child's friends	5.9%	7.6%	5.0%
I cannot make this judgement for other reasons	1.1%	0.0%	1.7%

<sup>27</sup> There was a large number of 'Other' responses, mostly for males. These were mainly along the lines of 'I don't know', 'I have no idea' and so forth; in 3 cases (2 male, 1 female), the child's asexuality was mentioned as the primary reason for not being able to answer.

<sup>28</sup> I.e. "non-yes" responses combine 'Somewhat', 'No', 'I cannot make this judgement for other reasons' and 'Other'.  $p = 0.0214$ .

Setting aside responses where parents felt unable to make a judgement, a clear pattern emerges: **males are significantly more likely to have female-dominated peer groups than females are to have male-dominated peer groups, according to their parents<sup>29</sup>.**

Parents were also asked about the proportion of their children's friendships which were formed online. It is important here to note the use of the word 'formed' in the question, as opposed to 'continued'. The results were as follows:

	All	Males	Females
All or nearly all of them	9.2%	15.2%	5.9%
Most of them	7.6%	4.5%	9.2%
About half of them	15.7%	9.1%	19.3%
A few of them	27.6%	24.2%	29.4%
None or barely any of them	27.6%	30.3%	26.1%
I cannot make this judgement as my child has too few friends	3.2%	4.5%	2.5%
I cannot make this judgement as I do not know enough about my child's friends	7.6%	10.6%	5.9%
I cannot make this judgement for other reasons	3.2%	3.0%	3.4%

Once 'I cannot make this judgement' responses are removed, **males are significantly more likely than females to have made all or nearly all of their friends online, according to their parents<sup>30</sup>.**

## 10 INFLUENCES

Parents were asked what they believed influenced their children's decisions to change gender identity. This long question is by far the most complex of the questions asked, and the influences suggested were both endogenous (i.e. internal 'push factors') and exogenous (i.e. external 'pull factors'). It should also be said that this endogenous/exogenous taxonomy is perhaps not clear cut, as some suggestions could be taken as partly endogenous and partly exogenous. The results were as follows:

	All	Males	Females
A belief that s/he was born in the wrong body	37.3%	33.3%	39.5%
A belief that s/he can become a member of the opposite sex	47.0%	50.0%	45.4%
A belief that his or her authentic self will be better expressed	44.3%	37.9%	47.9%
A desire to be more attractive	23.2%	28.8%	20.2%
A desire to stave off adulthood, or to avoid adult responsibilities	36.2%	31.8%	38.7%

<sup>29</sup> I.e. once 'I cannot make this judgement' responses are removed, a comparison between males whose peers are not predominantly male (46.0% of remaining males) and females whose peers are not predominantly female (72.2% of remaining females).  $p < 0.0001$ .

<sup>30</sup> I.e. once 'I cannot make this judgement' responses are removed, a comparison between 'All or nearly all of them' and all other responses.  $p = 0.0434$ .

A desire to be part of what s/he sees as a positive social movement	47.0%	39.4%	51.3%
A desire to get attention	44.9%	37.9%	48.7%
A desire to be free	14.6%	10.6%	16.8%
A fetishization of the idea of him/herself as a member of the opposite sex (termed autogynephilia/autoandrophilia)	10.3%	21.2%	4.2%
A sense of revulsion toward his or her genitalia, sexual features, or biological sex at birth more generally	27.6%	30.3%	26.1%
A sense of revulsion toward the concept of gender itself	8.1%	4.5%	10.1%
A person with whom s/he has had a romantic and/or sexual relationship	20.0%	18.2%	21.0%
A particular friend or friends who changed gender identity	49.2%	33.3%	58.0%
His or her wider friendship group, or peer pressure in general	48.6%	42.4%	52.1%
Social media	78.9%	62.1%	88.2%
Online gaming	33.5%	45.5%	26.9%
Pornography (including hentai and cartoon pornography)	22.2%	28.8%	18.5%
Spending too much time online in general	79.5%	72.7%	83.2%
Membership of a group based on sexuality and/or gender identity (e.g. an LGBT society)	45.9%	30.3%	54.6%
Counselling services	33.0%	27.3%	36.1%
Healthcare professionals	22.7%	21.2%	23.5%
The education system	33.5%	27.3%	37.0%
The wider culture (movies, music, celebrities, influencers, politicians etc.)	40.0%	37.9%	41.2%
I am not sure	3.2%	3.0%	3.4%
Other <sup>31</sup>	14.6%	15.2%	14.3%
[Left this question blank]	0.5%	0.0%	0.8%

<sup>31</sup> I have not reproduced the 'Other' responses *in toto* here. In some cases, they are somewhat personal, even containing specific details which might identify a particular child; in other cases, parents repeated or fleshed out some of the factors above. However, the 'Other' responses included certain themes:

- Males a desire for reinvention; a desire to be special/pampered; ADD; Asperger syndrome; not wanting to be a provider; not wanting to be a straight white man; online chat rooms
- Females a desire to feel safe from sexual harassment/expectations; an escape from female beauty standards; anxiety; confusing same sex attraction with being transgendered; getting more respect as a man; internalized misogyny; needing a purposeful cause to fight for, then becoming that cause; OCD; overcoming the pain of rejection; PCOS/high testosterone levels; regurgitating learned material; sexual assault
- Both Emotional immaturity; escaping from depression; internalized homophobia; trouble fitting in/forming relationships; wanting to be popular/have a community

There is much commonality between males and females here. The most commonly cited exogenous factors are social media and spending too much time online. There is less consensus on the topic of endogenous factors, where no one theme is dominant.

However, there are certain differences between the two sexes according to these data. **Parents of males are significantly more likely than parents of females to see their children as fetishizing the idea of being a member of the opposite sex<sup>32</sup>. In terms of social influence, they are also significantly more likely to believe that their children were influenced by online gaming<sup>33</sup>.**

On the other hand, there are certain types of social influence which parents suggest have less effect on males than on females. **Parents of males are significantly less likely than parents of females to believe that their children were influenced by a friend or friends who changed gender identity, by membership of a group based on sexuality and/or gender identity (e.g. an LGBT society), and especially by social media<sup>34</sup>.** This suggests a general trend that females are more sensitive to certain kinds of peer group — perhaps in line with the finding above, that males are significantly more likely to have female-dominated peer groups than females are to have male-dominated peer groups.

Counter to popular opinion, **parents report no statistical significance between males and females when it comes to the influence of pornography in forming new gender identities<sup>35</sup>.**

Finally, **parents of young people who have been diagnosed with autism or Asperger syndrome are significantly more likely than the other parents to think that their children believed they could become members of the opposite sex<sup>36</sup>.**

## SUMMARY OF FINDINGS

This research is exploratory. It seeks to identify further areas of research and should not be taken as a comprehensive survey of parents of trans-identifying children in general. Nonetheless, there are some interesting data which it throws up:

- Males are significantly less likely than females to describe themselves as pansexual, asexual or gender fluid, or using 'neo-identities' in general.
- Males are significantly less likely than females to ask their parents to refer to them using pronouns of the opposite sex.
- Males are significantly more likely than females to have been diagnosed with autism or Asperger syndrome, and significantly less likely than females to have engaged in bodily self-harm.
- There is no statistically significant difference between males and females in the prevalence of eating disorders or sexual abuse.
- Males are significantly more likely than females to express dysphoric feelings about their primary genitalia to their parents.
- Young people who have described themselves as gay/lesbian/homosexual are significantly more likely to express dysphoric feelings about their primary genitalia than those who have not.
- Parents of males are significantly less likely than parents of females to describe their children as having been hyper-typical in terms of gender presentation.
- Parents of males are significantly more likely than parents of females to have had a particular sense that their children were 'pre-gay' (i.e. less likely than average to grow up to be heterosexual).

---

<sup>32</sup>  $p = 0.0007$ .

<sup>33</sup>  $p = 0.0164$ .

<sup>34</sup>  $p = 0.0015$ ,  $p = 0.0017$  and  $p < 0.0001$  respectively.

<sup>35</sup>  $p = 0.1522$ .

<sup>36</sup>  $p = 0.0025$ . Despite the male skew in autism and Asperger syndrome diagnosis, this result cannot be attributable to sex difference (where  $p = 0.5023$ ).

- Parents of males are significantly less likely than parents of females to believe that their children see sexual relations and love as separate/distinct concepts.
- Males are significantly more likely to have female-dominated peer groups than females are to have male-dominated peer groups, according to their parents.
- Males are significantly more likely than females to have made all or nearly all of their friends online, according to their parents.
- Parents of males are significantly more likely than parents of females to see their children as fetishizing the idea of being a member of the opposite sex.
- They are also significantly more likely to believe that their children were influenced by online gaming.
- Parents of males are significantly less likely than parents of females to believe that their children were influenced by a friend or friends who changed gender identity, by membership of a group based on sexuality and/or gender identity (e.g. an LGBT society), and especially by social media.
- Parents report no statistical significance between males and females when it comes to the influence of pornography in forming new gender identities.
- Parents of young people who have been diagnosed with autism or Asperger syndrome are significantly more likely than the other parents to think that their children believed they could become members of the opposite sex.

For any questions, please contact [gcri@protonmail.com](mailto:gcri@protonmail.com).