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Puberty Blockers Are Necessary, but They Don't Prevent Homelessness: Caring for Transgender Youth by Supporting Unsupportive Parents

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In her article “Transgender Children and the Right to Transition,” Maura Priest argues in favor of legislation that would enshrine trans youth’s right to access puberty blockers without parental approval (Priest 2019). Taking note of the political context and reluctance which legislators may show in curtailing parental authority, she also acknowledges that such laws may only be politically feasible if they come with the requirement that parents be notified of their child’s attempt to receive a prescription for puberty blockers, medication that temporarily suspends puberty, granting youth more time to decide on whether they want to undergo hormone replacement therapy.

Hers is an important and timely proposal. However, I believe that her recommendations should be bolstered by publicly funding support and counseling for parents of trans youth. Accessing puberty blockers without parental approval can precipitate familial conflict and pose significant risks for trans youth. Measures of support geared toward promoting parent acceptance of their child’s gender identity are a reasonable addition to her proposal and would help curtail the damages of parental rejection.

PARENTAL REJECTION AND TRANS YOUTH WELL-BEING

Parental rejection is a serious problem for trans youth, who face inordinate rates of homelessness, harassment, and violence. According to Canadian research, strong parental support for gender is the single most significant predictor of low suicidality in trans people (Bauer et al. 2015). Although access to puberty blockers is of great

importance, measures that seek to promote access to puberty blockers should take into consideration their incidental impact on family dynamics and seek to minimize any potential negative impact.

Even if legislation following Priest’s suggestion were proposed without a notification requirement, many parents would be notified of their youth’s use of puberty blockers because of insurance. As I recently noted in the Canadian context, minors who are covered as dependents under their parental insurance plans are rarely able to hide their prescriptions, facing a choice between paying out of pocket, outing themselves to their parents, and forfeiting treatment (Ashley 2018a). Unsupportive parents who are informed of their child’s transitude—the state of being transgender—or of their initiation of puberty blockers are likely to react negatively, generating conflict and likely leading to deteriorated living conditions for the youth, up to and including homelessness.

Given the difficulties associated both with homelessness and foster homes—some of which are forced by the state to misgender youth (Sansfaçon et al. 2018, 192)—it is preferable to consider measures that would promote parental acceptance and support, enabling youth to live with their parents without or with significantly reduced conflict.

SUPERVISED SUPPORT GROUPS AND NARRATIVE COUNSELING

For many parents, rejection is a transitory state. As Shawn V. Giammattei remarks, “The experience of grief and loss a parent experiences when their child socially or

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medically transitions" is common regardless of parental support level (Giammattei 2015, 422).

The experience of grief can be understood as a result of narrative disruption. Much like diagnoses of severe illness, having a trans child can lead to a disruption of parents' vision of their future life and projects. Support for parents of trans youth who are dealing with a disruption of their life narrative is crucial to help them reconstruct a new, healthy narrative within which they are able to accept their child's gender identity. Rather than being secondary to caring for trans youth, support for unsupportive parents must be seen as one of the primary roles of therapeutic professions (Ashley 2019).

Recognizing that narrative disruption plays a significant role in the emergence of parental rejection of trans youth, narrative ethics can help us develop counseling approaches tailored to promoting acceptance. Howard Brody and Mark Clark note two methods of narrative ethics: keeping faith and trying on (Brody and Clark 2014, S7). In keeping faith, parents are encouraged to see how their established moral identity should lead them to accept their children's gender identity. In trying on, parents are encouraged to creatively explore the various possible futures that are open to them, inviting them to imagine how their relationship with their child could evolve, in the hopes that they realize that acceptance is the best way forward, however painful and difficult it can be.

In counseling parents while guided by narrative ethics, counselors should be particularly attentive to the need to avoid bad forms of narrative development. An example of bad narrative development is exemplified in parents' reacting to their child's transition by depicting it as a form of social contagion and adopting pseudo-scientific theories such as rapid-onset gender dysphoria (Ashley 2018b). The narrative development evidenced in patterns of rejection is an example of what Stern, Doolan, Staples, Szumukler, and Eisler called "chaotic and frozen narratives." Such narratives are stuck at the point of disruption and frequently do not feature clear coping strategies (Stern et al. 1999).

By contrast, narrative reconstruction moves beyond the point of disruption and reconstitutes a new life story that makes room for trans youth, both accommodating change and giving it meaning within the broader family narrative. Frequently, narrative reconstruction leads parents to engage in advocacy on the part of their youth, with some even changing fields to dedicate themselves to their child's identity (Manning et al. 2015).

Moving toward the goal of narrative reconstruction, the proliferation of support groups for parents of trans youth also makes sense. Trying on futures is a creative process that is best fostered by drawing on a wealth of inspirations. These groups provide not only information, understanding, and emotional support but also inspiration in the form of imaginable futures. Currently, many such groups are primarily filled by parents who have demonstrated some openness to accepting their child.

This is expected, given that the parents go to them voluntarily and given that they are frequently managed by activist parents, as is the case with Gender Creative Kids Canada. Greater supervision will be necessary for groups whose membership includes a significant portion of parents who are unsupportive of their child's gender identity.

PUBLICLY FUNDED, MANDATORY SUPPORT AND COUNSELING FOR PARENTS OF TRANS YOUTH

I am proposing that publicly funded support groups and narrative counseling be offered to unsupportive parents of trans youth who seek to transition socially and or medically, most notably by initiating puberty blockers—the primary target of Maura Priest's proposed legislation. Making use of support groups and narrative counseling should be to some extent mandatory, though how mandatory and mandatory for whom remain to be determined.

Plausibly, these provisions could be administered by child welfare agencies and in family court proceedings; this latter case may best apply when there custody is shared by separated parents. The ability of child welfare agencies to direct care and mandate parental counseling or support groups as a condition of retaining custody is well recognized. In cases where parental rejection is the highest, it may be appropriate to directly mandate both counseling and support group attendance. Where parental rejection is a smaller but nonetheless serious concern, counseling and support group attendance can be done on a mutual consent basis, but be very strongly suggested. As Priest's article anticipates, schools, school counselors, and health care providers will have to play a crucial and active role in ensuring that trans youth who seek puberty blockers are well taken care of (Priest 2019).

Although counseling and supervised support groups require additional public funding, the additional costs these add on top of Priest's proposal are not out of proportion. Counseling sessions cost a fraction of the monthly cost in the United States of leuprorelin, the most common puberty blocker, and group therapy and support groups are typically cheaper to run than counseling. The additional cost is likely to be negligible compared to the cost of homelessness, child welfare, and foster care services generated by parental rejection.

Promoting parental acceptance also solves some of the funding problems faced by Priest. Her proposal faces the difficulty that guaranteeing a right to access to puberty blockers does not guarantee effective access unless insurance coverage is available, whereas promoting healthy familial relations promises to facilitate insurance coverage of puberty blockers since trans youth are frequently covered as dependents under their parents' insurance plans. Parents whose plans do not cover puberty blockers but who are financially comfortable may also be able to pay out of pocket for their child's blockers.

Access to puberty blockers is important. However, it may be better fostered by promoting parental acceptance alongside the recognition of a right to puberty blockers without parental approval. Future legislation should consider maximizing access to puberty blockers by recognizing both a right to access without approval and the need for publicly funded, mandatory support groups and narrative counseling. ■

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