

---

PUBERTY BLOCKERS ARE NECESSARY, BUT THEY DON'T PREVENT  
HOMELESSNESS: CARING FOR TRANSGENDER YOUTH BY SUPPORTING  
UNSUPPORTIVE PARENTS

---

(2019). *THE AMERICAN JOURNAL OF BIOETHICS*, 19(2), pp. 87–89

by Florence Ashley\*

In her article, Maura Priest argues in favour of legislation which would enshrine trans youth's right to access puberty blockers without parental approval. In so arguing, she acknowledges the unlikelihood that such laws would be passed without a requirement that parents be notified. In this peer commentary, I argue that the proposed legislation should include measures for publicly-funded education and counselling of parents of trans youth. Although access to puberty blockers is necessary, it can also precipitate conflict within families, especially if notification is required. Given the disastrous impact of parental rejection and youth homelessness, any measures seeking to promote access to puberty blockers must be accompanied by harm-reduction measures targeting parents of trans youth who have difficulty accepting their child's gender identity and transition.

In her article "Transgender Children and the Right to Transition", Maura Priest argues in favour of legislation which 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 be only politically feasible if they came with the requirement that parents be notified of their child's attempt to receive a prescription for puberty blockers, medication which 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 counselling 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 towards 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 WELLBEING

---

\* LL.M. Candidate at McGill University Faculty of Law, Fellow of the McGill Research Group on Health and Law.

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, Scheim, Pyne, Travers, & Hammond, 2015). Although access to puberty blockers is of great importance, measures which seek to promote access to puberty blockers should take into consideration their incidental impact on family dynamics and seek to minimise 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 for 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, p. 192)—it is preferable to consider measures which would promote parental acceptance and support, enabling youth to live with their parents without or with significantly reduced conflict.

## SUPERVISED SUPPORT GROUPS AND NARRATIVE COUNSELLING

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 medically transitions” is common regardless of parental support level (Giammattei, 2015, p. 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).

Recognising that narrative disruption plays a significant role in the emergence of parental rejection of trans youth, narrative ethics can help us develop counselling approaches tailored to promoting acceptance. Howard Brody and Mark Clark note two methods of narrative ethics: keeping faith and trying on (Brody & Clark, 2014, p. 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 realise that acceptance is the best way forward, however painful and difficult it can be.

In counselling parents guided by narrative ethics, counsellors 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 are an example of what Stern, Doolan, Staples, Szmukler 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, Doolan, Staples, Szmukler, & Eisler, 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, Holmes, Pullen Sansfacon, Temple Newhook, & Travers, 2015).

Moved 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 which 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 COUNSELLING FOR PARENTS OF TRANS YOUTH

I am proposing that publicly-funded support groups and narrative counselling 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 counselling should be to some extent mandatory, though how mandatory and mandatory for whom remains 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 is share custody by separated parents. The ability of child welfare agencies to direct care and mandate parental counselling or support groups as a condition of retaining custody is well-recognised. In cases where parental rejection is the highest, it may be appropriate to directly mandate both counselling and support group attendance. Where parental rejection

is a smaller but nonetheless serious concern, counselling and support group attendance can be done on a mutual consent basis, but very strongly suggested. As Priest's paper anticipates, schools, school counsellors, and healthcare 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)<sup>†</sup>.

Although counselling and supervised support groups require additional public funding, the additional costs it adds on top of Priest's proposal are not out of proportions. Counselling sessions cost a fraction of the monthly cost of leuprorelin in the United States, the most common puberty blocker, and group therapy and support groups are typically cheaper to run than counselling. 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. Whereas her proposal faces the difficulty that guaranteeing a right to access to puberty blockers does not guarantee effective access unless insurance coverage is available, promoting healthy familial relations promises to facilitate insurance coverage of puberty blockers since trans youth are frequently covered as dependents under their parents' insurance plan. 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 than by the recognition of a right to puberty blockers without parental approval. Future legislation should consider maximising access to puberty blockers both by recognising a right to access without approval as well as the need for publicly-funded, mandatory support groups and narrative counselling.

## REFERENCES

- Ashley, F. (2018a, July 19). Ford's Drug Plan Changes Will Out Many Young Adults' Private Lives To Parents. *Huffington Post Canada*. Retrieved from [https://www.huffingtonpost.ca/florence-ashley/doug-ford-ohip-women-transgender\\_a\\_23484108/](https://www.huffingtonpost.ca/florence-ashley/doug-ford-ohip-women-transgender_a_23484108/)
- Ashley, F. (2018b, September 21). Rapid-Onset Gender Dysphoria: A Parental Epidemic? Retrieved from <https://impactethics.ca/2018/09/21/rapid-onset-gender-dysphoria-a-parental-epidemic/>
- Ashley, F. (2019). Thinking an Ethics of Gender Exploration: Rethinking Transition for Transgender and Gender Variant Youth. *Clinical Child Psychology and Psychiatry*, ??(??), (under review).

---

<sup>†</sup> Page number should be for paragraph that begins with "For children who lack supportive homes, a lesson at school is not enough."

- Bauer, G. R., Scheim, A. I., Pyne, J., Travers, R., & Hammond, R. (2015). Intervenable factors associated with suicide risk in transgender persons: a respondent driven sampling study in Ontario, Canada. *BMC Public Health*, 15(1). <https://doi.org/10.1186/s12889-015-1867-2>
- Brody, H., & Clark, M. (2014). Narrative Ethics: A Narrative. *Hastings Center Report*, 44(s1), S7–S11. <https://doi.org/10.1002/hast.261>
- Giammattei, S. V. (2015). Beyond the Binary: Trans-Negotiations in Couple and Family Therapy. *Family Process*, 54(3), 418–434. <https://doi.org/10.1111/famp.12167>
- Manning, K., Holmes, C., Pullen Sansfaçon, A., Temple Newhook, J., & Travers, A. (2015). Fighting for Trans\* Kids: Academic Parent Activism in the 21st Century. *Studies in Social Justice*, 9(1), 118. <https://doi.org/10.26522/ssj.v9i1.1143>
- Priest, M. (2019). Transgender Children and the Right to Transition: Medical Ethics when Parents Mean Well but Cause Harm. *American Journal of Bioethics*.
- Sansfaçon, A. P., Hébert, W., Lee, E. O. J., Faddoul, M., Tourki, D., & Bellot, C. (2018). Digging beneath the surface: Results from stage one of a qualitative analysis of factors influencing the well-being of trans youth in Quebec. *International Journal of Transgenderism*, 19(2), 184–202. <https://doi.org/10.1080/15532739.2018.1446066>
- Stern, S., Doolan, M., Staples, E., Szmukler, G. L., & Eisler, I. (1999). Disruption and Reconstruction: Narrative Insights into the Experience of Family Members Caring for a Relative Diagnosed with Serious Mental Illness. *Family Process*, 38(3), 353–369. <https://doi.org/10.1111/j.1545-5300.1999.00353.x>