The impact of bullying and harassment on the mental health of the transgender child: And what we can do about this

Every child needs a secure base, to develop and grow to their full potential. A secure base is formed when the child's basic needs for physical and emotional safety are met, through a secure attachment with a caregiver who is usually, although not necessarily, the mother in the first instance. As the child grows, this widens to include other close members of the family, teachers and friends. It is this secure 'felt experience,' during this important stage of early brain development, that will help the child make sense of the world and create a secure sense of self.

The sense of self can only be developed in the context of the 'other.' It is the sound and tone of a caregiver's voice, their expression and their behaviour in response to a child's needs that allows for the development of a healthy sense of self; of feeling valued, loved, nurtured and also feeling deserving of this. If, for any reason, this is not achieved, the child is likely to develop problems with self-worth, self-esteem and self-confidence, which create an innate vulnerability for the development of mental health difficulties in later years.

The sense of self is also shaped by the complex interplay between Nature (innate inborn traits) vs Nurture (the environment the child grows within). This environment is shaped by the quality and nature of caregiving. Gender forms part of an integral core of the self, but even before the child develops an internal awareness of this, the world, including parents/caregivers/doctors/nurses, begin to impose it upon the child, usually within a binary male/female construct. The parents impart this 'supposed fact' to the child, through the use of a male/female name, pronoun, dressing and play. Ordinarily, acceptance by the child of their assigned gender is influenced by many factors, including their own internal construct of gender together with the modelling/teaching given by caregivers. Where there is congruence between 'felt sense' of gender and assigned gender, we would not expect dissonance, but one can only imagine the confusion and distress for a child where this is not the case.

The perception of not quite 'fitting in' within the expected gender construct unsurprisingly leads to emotional distress, and because this is frequently associated with social rejection and 'non acceptance', the child's interactions with the world are perceived through a lens of feeling 'flawed/different.' We know that such hurtful and invalidating experiences occurring in a repeated and sustained manner over time, result in emotional trauma, which in turn have a profound impact on the developing brain and future learning.

The limbic brain, which houses, among other structures, the amygdala (the alarm centre) and hippocampus (stores autobiographical memories) are in particular affected, and in turn have an impact on pathways that serve to regulate emotional distress. When chronically stressed, the alarm centre becomes sensitised, sending out signals that trigger a 'survival response.' These are transmitted through the autonomic nervous system and lead to 'flight/fight' or 'freeze/submit'

responses. These are of course highly desirable when we are in danger, but when the autonomic system is persistently aroused, there are undesirable consequences to the mind and body, leading to physical ill health and emotional disturbance manifesting as depression, anxiety and post-traumatic stress disorder. This must be borne in mind when we think about the impact of bullying and harassment on transgender children.

It is important to remind ourselves that the behaviour of caregivers may well stem from a well-meaning and non-malevolent stance - with no intent to harm the child, but the dissonance caused by expectations from parents, that the child conform to their assigned gender, nonetheless leads to many of the difficulties I have described above. Although this may not ordinarily be labelled as 'bullying' or 'harassment', it has many features in common and would be perceived by the child as such. Not recognising that the child might not wish to conform is just the beginning of the problem between child and the caregiver, and over time may tragically progress to non-acceptance, ridicule, prejudice, humiliation, frank coercion and even outright abuse and rejection.

What can we then do to protect and nurture our transgender children?

1. Education: This is the cornerstone, from which all other progress can be made. We need to educate all layers of society, starting with doctors, nurses and all health workers who can begin to shape the belief systems of expectant parents, even before the birth of the child.
2. Acknowledgement of gender variability at birth: At birth, only the biological gender can be noted and there needs to be acceptance, that this may not be align with the child's internal representation of self.
3. Teaching in the school curriculum: Like teaching on sex education and sexual orientation, there should be modules incorporated in the school teaching programmes for gender identity & gender variation.
4. Normalisation of gender variation: This would involve all walks of society, but must start at home, moving on to preschool/school stage and continue into higher education and the workplace.
5. The presence of advocates for the child, role models and supportive adults and peers.
6. Protection in law: Freedom of choice for the individual to identify and live freely and safely in their chosen gender, should be enshrined in law and include all rights available to other citizens, including the right to work in their field of interest, marry and have children (biological or adopted).
7. Signposting to support groups.

Access and availability for assessment and treatment for those who wish to transition – medical and surgical, together with psychological help for the child/young adult, as well as their caregivers, if this is deemed to be appropriate, on a case by case basis.