

Growing up in chiaroscuro

For transgendered children, the process of reaching adulthood is riven with bullying and misunderstanding: it could be different

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Transgendered children are one of the most isolated and misunderstood groups in our society. Yet the means to address their plight is in the hands of everyone, especially those in charge of health and education.

Chiaroscuros are wonderful images produced by artists such as Rembrandt, Baglione, Caravaggio and Raphael, which use extremes of light and dark as integral to their composition. Chiaroscuro painting has influenced movie classics such as Sin City and Ivan the Terrible. Now imagine living in a world, like a chiaroscuro, where everything is either black or white, but you are a subtle shade of grey. For transgendered people our world, with its insistence on categorising everyone as either male or female, like living in a chiaroscuro, can be difficult and confusing.

Now imagine that you are a child who is transgendered. Suddenly this difficult and confusing world seems terrifying and lonely. You feel you are the only shade of grey in a world of darkness and light.

Dr Simona Giordano of the University of Manchester school of law has criticised the UK medical establishment for failing transgendered children. In her research, published last month, she compared growing up transgendered as akin to living in a chiaroscuro. Stating "lives are certainly at risk", she criticised the medical establishment for simply leaving transgendered children to suffer alone, of depriving them of the relief they need from their suffering. She also suggested that GPs are not aware of how to identify transgendered children and where they should be referred. I am sure Giordano could not have imagined that her points would have been so vividly and tragically illustrated so soon.

The news item appeared in the South Yorkshire Star on St Valentine's Day. It was the story of a transgendered 10-year-old Cameron McWilliams who had hanged himself. My thoughts are with Cameron's

family as, like most transgendered people, I was once in that lonely, isolated and terrifying world. This sad and distressing story however, highlights the plight of a section of the population described as the most isolated, bullied and misunderstood group in our society; transgendered children.

Some surveys have found that 90% of lesbian, gay, bisexual and transgendered young people are bullied in school, sometimes even by school staff, a situation reportedly even worse in religious schools. According to one US survey, transgendered children and teenagers are three times more likely to commit suicide than others. Other surveys have found that 25% of transgendered children have attempted suicide and that most leave school at the earliest possible opportunity. Yet in the government's recently published 120-page guidance to schools on homophobic bullying, only one short paragraph dealt with transgendered children. Most transgendered adults would probably agree that they are more likely to be verbally abused in the street by children than anyone else. For us, unless we have to get a bus at around 3.45pm in the afternoon, this is a passing annoyance. Transgendered children, however, are suffering this all day every day.

There are two things that the educational and medical establishments need to do. First, they need to make sure that when children are identified as transgendered they are supported, they are protected from bullying and isolation, and given the chance to discuss their feelings with professionals. Their parents are also likely to need support. To ensure this happens, GPs and schools need to know how to identify transgendered children and where to direct their parents. Yet it seems that rather than do this, the Department of Health and the Department for Schools Children and Families simply seem to think that the problem of transgendered children will go away if they ignore it for long enough. As a former primary school teacher who has dealt with transgendered children in schools, I know that it is not beyond the ability of teachers and heads to prevent transphobic bullying.

Second, hormone blockers should be made available to those children who need them. These drugs, the effects of which are easily reversed, stop the onset of puberty. Regularly prescribed in the US and Holland, they mean that transgendered children do not need to experience growing into a body that is alien for them and also that possible subsequent gender reassignment surgery is far less invasive. Additionally the children are given a break from the ravages of

puberty during which time they can decide their future. Many UK children, whose parents are able to afford it, are currently taken abroad for this treatment.

This is not to suggest that there is any substitute for professionals in contact with transgendered children; teachers, healthcare professionals and others, working to make sure these children do not have to suffer in silence and isolation. Hormone blockers are not appropriate for all transgendered children, particularly those who genuinely are a shade of grey in between male and female. What is needed for these children is understanding and the provision of support within the health and education systems. The Mermaid organisation already provides this kind of valuable help and support.

But also as I have said before, all of us in society need to come to accept and include transgendered people. This is the only way to prevent the tragic isolation of these children. We all need to learn that life is not a chiaroscuro but has infinite shades and hues like the paintings of Turner or Monet.

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