

TRANSADVOCATE

Study: Trans kid's gender implicit; govt report condemns conversion therapy

By Cristan Williams

Published October 17, 2015 | Updated March 31, 2026

https://www.transadvocate.com/study-trans-kids-gender-implicit-govt-report-condemns-conversion-therapy_n_15446.htm

Abstract

A recent study found that the gender identity of trans children is as implicit as the gender identity of cis children. A study with 32 transgender children, ages 5 to 12, indicates that the gender identity of these children is deeply held and is not the result of confusion about gender identity or pretense. The study, [...]

Article



A recent study found that the gender identity of trans children is as implicit as the gender identity of cis children. A study with 32 transgender children, ages 5 to 12, indicates that the gender identity of these children is deeply held and is not the result of confusion about gender identity or pretense. The study, led by psychological scientist Kristina Olson of the University of Washington, is one of the first to explore gender identity in transgender children using implicit measures that operate outside conscious awareness and are, therefore, less susceptible to modification than self-report measures and older studies by researchers who conflated trans and gender diverse children. The findings will be published in *Psychological Science*, a journal of the Association for Psychological Science.

I interviewed Olson about the study's findings:

Cristan Williams: How was it that you became interested in working with trans children?

Kristina Olson: My area of expertise is understanding how children think about social groups, including race, gender, social class, etc, so I've always wanted to better understand a variety of children's experiences. Transgender children are an especially interesting group because they are one of the only cases where a child is claiming an identity, that everyone doesn't believe that child has. I was interested in understanding how children think about this group membership, how they do (or don't) convince others of that identity, and what the implication are for their understanding of gender more broadly. In addition, a friend's child was socially transitioning and I was learning just how little psychologists understood about transgender children's development, yet this is clearly an important and timely topic to study. My hope then became that I could contribute both to scientific understanding of gender identity, and to the broader public's understanding of the experiences and needs of transgender children.

Williams: A Fox News pundit compared kids who are trans to kids who think they're dogs and cats saying, "You know, look, at a point when I was a child, I thought I was a cocker spaniel... And there's a point when we have these fantasies where we think we're Superman, where we can fly, where we're the cat." Would you please explain the difference between a trans kid and a kid who thinks they're Superman and why do you think the children in your study aren't just confused?

Olson: We have now used a wide range of measures to assess transgender children's gender identities. We use some measures--ones we call explicit measures--where we directly ask children about their identities. We also use more indirect measures--what are called 'implicit' measures to assess identity. The latter are tests that are hard, if not impossible, for young children to fake. Most of the kids don't even realize that we are assessing identity, nor that we are measuring their response speed. These tasks measure children's associations between their view of themselves and their gender. Using both kinds of measures, we find the same conclusion--the these prepubescent, socially-transitioned, transgender kids who say they are girls, look like girls on all types of measures; the kids who say they are boys, look like boys on all types of measures. Therefore, we can conclude that these kids are not just pretending or playing around (as a child might pretend to be a Superman), rather, deep down, they appear to think of themselves as a girl (or a boy), just as much as any other girl (or boy).

Williams: The New York Times recently cited The Sissy Boy Syndrome (1987) to claim that most "gender dysphoric" children are not trans. In fact, the research published in that book looked at gender-expansive children, not trans children. In other words, the study merely looked at boys who were deemed to behave in a "feminine" manner. Would you please explain the difference between a gender-expansive child (such as a tomboy) and a gender dysphoric child (such as Jazz Jennings)? Also, would you please comment on why conflating "trans kids" with "gender-expansive" kids can be problematic to research?

Olson: At the moment, my research group is examining the differences in experiences of what might be called "transgender children" (those who claim a male/female identity that is not the one assumed by their sex announced at birth) and what I often call "gender nonconforming children". One of the problems of the Sissy Boy Syndrome study and many of the other longitudinal studies, is that they did

not distinguish children based on their claimed identity, for example, conflating children who claim to be versus claim they wish they were a particular gender. There is already a bit of published data suggesting that of the larger group of gender diverse children, the ones who actually claim to be a member of the “other” gender (i.e., those who say I AM a girl!) are the ones who will likely identify as transgender adults, while those who do not make this identity claim (those who say, for example, I wish I was a girl because then kids at school would say it was ok to wear dresses) will not. One of our goals is to recruit groups of children who claim a transgender identity or not and to track them across development. Only with this careful prospective work will this question be able to be definitively answered, but right now it sure looks like one of the biggest mis-statements out there is that these old studies are relevant to discussions of transgender children when in fact, most of those children, it appears, were never transgender to begin with.

Williams: Unfortunately, some hate groups draw upon media tropes casting trans people as predators to support attacking equal rights for trans children. Have you found anything in your own (or another's) research that suggests that being trans predisposes children to predatory behaviors?

Olson: Nothing I've studied is relevant at all to this question, nor have I read any work linking transgender people to predatory behaviors.

Williams: I've noticed that sometimes people can talk past each other when we use terms like “gender identity” or “gender role”. Within trans discourse, “gender identity” can mean any one of three things:

- A.) One's subjective experience of one's own sexed body attributes;
- B.) One's sexed persona within the context of a social grouping; or,
- C.) Both A and B.

Outside of trans discourse, some claim that “gender identity” is the experience of one's gender role, which is problematic from a trans perspective since we tend to view “gender role” as a particularly pernicious aspect of sexism. Within trans discourse, one's gender role refers to one's cultural gender function. In sexism, “gender roles” function to promote a culturally perceived sex-segregated society. Being placed in a role is something that is done to people and in this sense, nobody can choose to live in a gender role. Should society deem that one is a male, that person will be placed into a male role by culture; should society deem that one is female, that person will be placed into a female role by culture. Since it is society and not personal agency that is the proscriptive agent, gender roles aren't chosen and much of trans discourse is situated around ways of challenging and undermining these culturally constructed functions.

Within trans discourse, when one conflates gender identity with gender role, one is making the argument the trans women transitioned because they wanted to function as part of an oppressed class and trans men transitioned because they wanted to function as part of an oppressor class. In reality, we trans people experience anything from significant annoyance to crippling debilitation connected with Categories A and/or B, as defined above.

In order for trans people to better understand what you as a researcher mean when you talk about the “gender identity” of trans children, what was your operating definition for “gender identity” for your study?

Olson: In our study, we defined “gender identity” as the identity the child claims in everyday life. In our sample, it happens that the group we worked with claimed the binary ends of the gender identity spectrum, so all of our children claimed a male or female identity in their everyday life. However, you may have seen in the paper that when we follow-up and give kids more possible answers e.g., “boy, girl, both, neither, it changes over time, or I don’t know”, a few kids, both in our transgender group and our controls groups, give non-binary answers. We’ll be curious, as we follow these and now a much larger group of children into the future, whether the identity they claimed early in childhood is or is not related to their identity claims later in life.

Williams: You used implicit testing to understand the automatic - and therefore, unconscious - awareness of trans children’s gender identity. In her book, *Delusions of Gender*, Cordelia Fine wrote:

[Implicit tests] connect representations of objects, people, concepts, feelings, your own self, goals, motives and behaviors with one another. The strength of each of these connections depends on your past experiences (and also, interestingly, the current context): how often those two objects, say, or that person and that feeling, or that object and a certain behavior have gone together in the past.

When you measured the gender identities of the children in your study, you found that transgender children showed a strong implicit identification with their expressed gender. In other words, when you looked at the data from trans girls, their implicit gender showed the same pattern as the data from cis girls and the data from trans boys showed the same pattern as data from cis boys.

Are you merely saying that cis and trans girls like dollies or are you speaking to something much deeper than toy preferences?

Olson: To be clear, the implicit measure is not about toy preferences--it’s literally an association between concepts like me, my, and mine, with either photos of boys or photos of girls. That is, the implicit measure merely associates the speed with which they associate themselves with the concept of males or the concept of females. And yes, we did find that cis girls and trans girls associated themselves with female to an equal extent.

As to the question of toy preferences, we did also assess their preferences for peers and for toys associated with each of the two binary ends of the gender spectrum and again found similarity between cis and trans girls and between cis and trans boys. As you pointed out, these were just example items--we might have selected any number of different items that are culturally associated with gender. These ones just happen to have been the focus of previous work on gender development. We do not think that there’s something special about dolls or trucks, and we certainly know that culture and socialization determine which colors or clothes or toys are associated with each gender, so our primary conclusion is that across lots of measures of gender development, socially-transitioned, prepubescent transgender girls looks just like other (cisgender) girls, and the same for boys.

Williams: I understand that you are considering doing a larger study. Can you talk about why you want to expand your research?

Olson: We are currently recruiting a sample of what we hope will be more than 200 transgender and gender non-conforming kids all over the United States and Canada. To date we’ve worked with more than 150 of them. Our goal is to track these kids from prepubescence through adulthood, to shed some light

on the similarities and unique paths of the development, and to answer some age-old questions--are there aspects of identity, preferences, etc that help predict adult identification? What role does early parental support and/or social transitions play in determining mental health, well-being, and identity?

Williams: What are the possible implications of your work for so-called "reparative" or "conversion" therapies that seek to convert trans children into cis children?

Olson: I am not currently working with any children in either type of therapy, and these therapies are increasingly outlawed in many states and provinces. However, my reading of the literature is that these therapies, much like gay conversion therapy are not, and have not been "successful" (in quotes because that's from the perspective of the people doing the therapy--it's clearly controversial what success would really mean). Because we don't focus on those kids in our current work, we can't ever make conclusions about the impact of those therapies on those kids. What we will be able to say is the opposite--what is the impact of support as we do have children in our study who have a diverse history of levels of support from their families and communities. We think by focusing on children who are receiving support we might be able to understand some of the factors that might contribute to good health, happiness, and well-being amongst transgender and gender diverse children. Our hope would be that 10 years from now, our studies will be helpful to parents of tomorrow's 5-year-old transgender children, allowing them to make an informed decision about supporting their child's identity.

Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth

As Olson notes, trying to force transgender children into becoming cisgender children is becoming increasingly outlawed. In fact, the text in New Jersey's law banning LGBT conversion therapy notes that the American School Counselor Association, American Psychoanalytic Association and the American Academy of Child and Adolescent Psychiatry all condemn ex-trans therapy.

American School Counselor Association:

It is not the role of the professional school counselor to attempt to change a student's sexual orientation/gender identity but instead to provide support to LGBTQ students to promote student achievement and personal well-being. Recognizing that sexual orientation is not an illness and does not require treatment, professional school counselors may provide individual student planning or responsive services to LGBTQ students to promote self-acceptance, deal with social acceptance, understand issues related to coming out, including issues that families may face when a student goes through this process and identify appropriate community resources.

American Psychoanalytic Association:

As with any societal prejudice, bias against individuals based on actual or perceived sexual orientation, gender identity or gender expression negatively affects mental health, contributing to an enduring sense of stigma and pervasive self-criticism through the internalization of such prejudice; and psychoanalytic technique does not encompass purposeful attempts to 'convert,' 'repair,' change or shift an individual's sexual orientation, gender identity or gender expression. Such directed efforts are against fundamental principles of psychoanalytic treatment and often result in substantial psychological pain by reinforcing damaging internalized attitudes.

American Academy of Child and Adolescent Psychiatry:

Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful. There is no empirical evidence adult homosexuality can be prevented if gender nonconforming children are influenced to be more gender conforming. Indeed, there is no medically valid basis for attempting to prevent homosexuality, which is not an illness. On the contrary, such efforts may encourage family rejection and undermine self-esteem, connectedness and caring, important protective factors against suicidal ideation and attempts. Given that there is no evidence that efforts to alter sexual orientation are effective, beneficial or necessary, and the possibility that they carry the risk of significant harm, such interventions are contraindicated.

Coming on the heels of Olson's study, the Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services, published a report condemning "conversion" or "reparative" therapies. As part of its report, SAMHSA released the following professional consensus on gender identity and gender expression in youth:

Consensus on Efforts to Change Gender Identity

- There is a lack of published research on efforts to change gender identity among children and adolescents; no existing research supports that mental health and behavioral interventions with children and adolescents alter gender identity.
- It is clinically inappropriate for behavioral health professionals to have a prescriptive goal related to gender identity, gender expression, or sexual orientation for the ultimate developmental outcome of a child's or adolescent's gender identity or gender expression.
- Mental health and behavioral interventions aimed at achieving a fixed outcome, such as gender conformity, including those aimed at changing gender identity or gender expression, are coercive, can be harmful, and should not be part of treatment. Directing the child or adolescent to conform to any particular gender expression or identity, or directing parents and guardians to place pressure on the child or adolescent to conform to specific gender expressions and/or identities, is inappropriate and reinforces harmful gender stereotypes.

While the report notes that there are studies that claim that most gender-nonconforming children do not transition when they grow older, the report also notes that those studies, "were based on clinical samples of youth and many of the researchers categorized youth no longer attending the clinics (whose gender identity may be unknown) as no longer gender dysphoric, and so this research likely underestimates the percentage of youth." Moreover, the report notes that these studies often conflate gender nonconforming children with trans children and thus suggests, "that the inclusion in study samples of many children with diverse gender expressions who may not have gender dysphoria" seems to explain the discrepancy between older studies (such as the one the NY Times cited) and newer research with modern distinctions between gender diverse and trans children. The SAMHSA report notes that implicit gender indicators, such as those used in Olson's research, are likely effective in differentiating between gender diverse and trans youth.

Importantly, the report goes on to note that non-binary children should be able to embrace emerging non-binary gendered identities. "Transgender identities and diverse gender expressions do not constitute a mental disorder, [and] variations in gender identity and expression are normal aspects of

human diversity, and binary definitions of gender may not reflect emerging gender identities.”

The report hits home just how dangerous it is to force trans adolescents into conversion therapy. “Because there is scientific consensus that gender dysphoria in adolescence is unlikely to remit without medical intervention, even those who support gender identity change efforts with pre-pubertal children generally do not attempt such efforts with adolescents experiencing gender dysphoria.” The report notes that there is no proof that conversion therapy works on trans youth, “No research has been published in the peer-reviewed literature that demonstrates the efficacy of conversion therapy efforts with gender minority youth, nor any benefits of such interventions to children and their families.”

Even right wingers at this year's Southern Baptist Conference made the news when they publicly acknowledged that conversion therapy doesn't work. Even so, the Conference still maintained that being anything other than heteronormatively straight is sinful and that all LGBT people should ritualize repression as part of their faith.

Suggested citation

Cristan Williams. "Study: Trans kid's gender implicit; govt report condemns conversion therapy." TransAdvocate, October 17, 2015.

https://www.transadvocate.com/study-trans-kids-gender-implicit-govt-report-condemns-conversion-therapy_n_15446.htm