RECORDING OF DR. WALLACE WONG

ORIGINAL

Mary Catherine McNeely / Charest Reporting Inc.
Vancouver Office: #1650 – 885 W. Georgia Street, Vancouver, B.C. V6C 3E8
Phone: 604-669-6449 Fax: 604-629-2377

1 [DR. WALLACE WONG RECORDING]

2 [BEGINNING OF AUDIO]

3 DR. WONG: -- relatives or someone that you know happen to
4 be on the gender spectrum, just a raise a hand.
5 Okay. So quite an inventory. And how many just
6 curious and want to learn more about this today?
7 Okay. Great. Okay. Good.

8 So I think that -- that when I got into this
9 field, being, like, my residency, [indiscernible]
10 1996. So -- so I -- that was my first practice
11 [indiscernible]. I was working in the Gay and
12 Lesbian Centre. So even working by the early
13 '90s, that was the very -- a big thing going on
14 is HIV and AIDS, right? So I was working in the
15 AIDS Foundation Program, in which I was assigned
16 to do therapy with the LGBTQ population. So what
17 my role is, I will provide counselling for them
18 and all those people who are HIV positive. So
19 what's very interesting is the way I would see
20 them, like, this week; a couple weeks later, I
21 would not see them because they died.

22 So among those people I see, the gay and
23 lesbian -- I mean, lesbian is not really the big
24 an epidemic -- the gay male, and in terms of,
25 like, their family disown them, they won't go see

1 them. So it's quite, quite traumatic that
2 they're dying alone, right? But on top of that,
3 I saw the worst group of population that were
4 really dying in the hospital bed, and nobody will
5 bother to go see them. And that is the
6 transgender population. And being the naïve,
7 green, and don't know better, so I asked my
8 supervisor, What's going on? What's going on
9 with this population? There are so many people
10 just like that. And then that is how I got my
11 interest to get to work with this population to
12 develop my curiosity and doing my research with
13 this population.
14 And if you asked me 20 years ago, who would
15 come see me who is transgendered, I would say it
16 would be, like, 90 percent would be adults. So
17 adult come see me, they would say, You know what,
18 Dr. Wong, I need to transition. I need to
19 have -- I need surgery and the hormones, all
20 those things. Eventually, then I see the second
21 wave. Then I see the older adolescents; they
22 want to see me for transition. So they want to
23 have -- go for, like, hormone. They want to go
24 for surgery, different things.
25 Then I see the mid-adolescents. Then I'm

1 talking about maybe someone that is, like, 14,
2 15, 16 to come see me. So there's a third wave I
3 see.
4 And then after that, I see even younger now.
5 Then I would say that a lot more people coming to
6 see me, they are, like, right about puberty or
7 pre-puberty group come see me.
8 And then after that, and I thought that
9 should be enough. Then I see the younger kids.
10 So the younger kid come see me as young as 3
11 years old. They will come see me. So I was
12 like --
13 So you can see that it's all happening since
14 1996 to now. It's really about 20 years we're
15 talking about, right? So it's really happening
16 very fast. And the [indiscernible] in academic
17 area, you know when you have to do the research,
18 by the time you write the paper, you publish it,
19 it takes time, right? So -- so the research is
20 not keeping up with this, because things are
21 happening so fast.
22 So once there, we thought, Okay. We kind of
23 get a hint of what's going on with this group of
24 kids. Then now, we have another group of kids
25 coming that's called gender non-binary. That

1 means those would be all around the continuum,
2 they would be somewhere. They become more
3 sophisticated to -- and I pointed to them that,
4 You know what? Gender is not just about male or
5 female. There's a lot of gray area here. And
6 what does that make me if I have feelings that is
7 in the middle here? Because we all know that if
8 you have the feeling, there's no name for that,
9 those feelings are invalidated, right? It
10 doesn't exist.
11 So a lot of times, the a kids now, they will
12 come up with different names to describe where
13 they are on the spectrum, such as gender queer,
14 gender non-binary, third gender, A-gender,
15 demi-boy, demi-girl, and the list goes on.
16 And I think it's very interesting to find
17 out about a definition about how they identify on
18 that spectrum. And why that matters, we will
19 talk about that later. So enough about me.
20 So I think let's start with the young kids
21 that I'm working with, and hopefully I will have
22 enough time to talk about other things. And I
23 think what is happening, more younger children
24 present with gender dysphoria and gender identify
25 concern. And parents are also -- take a more

1 active role in seeking appropriate care for their
2 child with gender dysphoria.
3 Let's see -- I'm not good with technology at
4 all. Okay. No. Okay. I got it. Okay. I got
5 it. Did I get it? Okay. Good. So we're
6 looking for, like, what would be the possible
7 reason, and this is what we know so far. So we
8 think with the available information through the
9 media and social media have created a big -- an
10 education and information bank. And I think it's
11 good and bad.
12 Best thing about it that way, when a kid
13 that, they know they have this kind of feelings,
14 and they will come and tell me and say, Well, I
15 Googled those feelings, and bam, I go to that
16 website and realize that I'm not alone. Yeah, a
17 group of kids just like how I feel. And I think
18 that is great. I think that's great because they
19 know how they feel.
20 But the down side of it is, like, sometimes
21 the kid, they will, Oh, this is how I feel. And
22 the kids will start encouraging each other. Hey,
23 look at my chest surgery, looks so good. That
24 will be something that you should get too. And
25 the kids will usually take on that, Hey, I should

1 get too. They will get the surgeon name and tell
2 me, Dr. Wong, I want to have chest surgery, and
3 this is the doctor I want to have in Florida. I
4 want you to send them a letter, all those things.
5 So it's good and bad, because I think that
6 for information-wise, they got to know more,
7 right? But at the same time, sometimes, some of
8 the kids, they are somewhere on the spectrum.
9 They can be easily encouraged to one way or the
10 other. That may not be where they're supposed to
11 be. Does that make sense, right? Especially
12 younger kids, right?
13 Because, like, we -- keep in mind, we live
14 in a gender binary system. We only have two
15 gender in this world. In the old days, that's
16 how it was, right? If I don't feel like a boy,
17 the only options that I have is a girl. And
18 society has a way, in my unconscious mind,
19 conditioning me, telling me what a girl is
20 supposed to be.
21 So for a young kid, if I don't feel like a
22 boy, I feel like a girl, there's only one way for
23 me to know. I need to look like this. This is
24 what I need to go after. So let's assume this is
25 a model from Victoria's Secret. So I want to

1 look like her. I need to be lush hair. I want
2 to have like, I don't know, B-cup breasts, my
3 waist probably as skinny as possible. And I need
4 to be thick hairs. That will be good.
5 So they will idolizing the body image that
6 they want to be, to be ideal -- ideal female.
7 At the same time, they also know that being
8 transgender is -- many of them, they have kind of
9 like, I feel I'm second class because I'm not
10 natural birth female.
11 So what they say is, like, I want to be
12 loved. I want to be wanted. I want to be
13 accepted. I want to be able the same opportunity
14 to be pursued by the people I love, just like
15 this model, Victoria's Secret. So what should I
16 do? I go after someone just like that.
17 So sometimes a kid will come tell me, when
18 we're talking about the ideal body image, they
19 will tell me the image that is so unnatural and
20 obtainable [sic]. But for them, that will be a
21 real man, or a real woman look like in their mind
22 [sic]. Does that make sense?
23 So -- and then, I think also we have more
24 open discussion about this population across
25 the -- open the newspaper, the magazine, and

1 they're already talking about this. It's
2 something that they -- they will open talking
3 about it, so I think because they hear about
4 this. And I think that's good, that they're
5 hearing.
6 But I think for parents to be mindful how
7 your comment is when you see things like this on
8 the news. Because a lot of times, the kids will
9 come tell me, it's like, Oh, yeah, I don't tell
10 my parents. I don't want to tell them. I hide
11 my feelings because I heard them, the negative
12 comment that they make when they saw some news
13 about transgender people.
14 So kids, they do eardrop [sic], and we don't
15 know which one of our kids will happen to be
16 transgender. We have no control over that. We
17 don't know which one of our kids will turn out to
18 be LGBT. I mean, they're still lovely kids, but
19 we need to be mindful of the words that we say,
20 our conversation at home.
21 And then also learning that there's a way to
22 change, and I think that is really interesting.
23 Many of the youth that I did assessment back then
24 is, like, I've just depressed, I've been
25 suicidal, because I think there's no way to

1 change. Now, I have access to the internet. I
2 know there's a way to change. I know there's
3 steps for me to change. Of course, we're talking
4 about -- they will say, Oh I want hormone
5 blocker. I want hormone -- maybe that is for
6 some, but that may not be for everyone.
7 So, and that -- they also -- there's a
8 change of social norm. I think with the society
9 more open about this, we are more accepting
10 people. We're about diversity. We're -- and the
11 LGBTQ population, I think the kids, they feel
12 more comfortable and safer, and more support to
13 come out.
14 So of course another one is available --
15 able to identify early on what the feeling was.
16 I think back then, I have those feelings, but I
17 don't know what that means. I don't have the
18 language for it.
19 Okay. There we go. So I think the outcome,
20 what we see is children who surface is getting
21 younger and younger, and the rate is increasing
22 very fast. So the youngest patient that I have
23 is two-and-three-quarters year old. So you can
24 imagine, in someone that is just learning how to
25 walk and learning how to talk, the first thing is

1 not, Mommy, I love you. They say, Mommy, I'm not
2 a boy; Mommy, I'm not a girl.
3 So I think that -- you can imagine how
4 distressful that can be for the parents, was What
5 are you going on? But the funny thing is, what
6 research telling us, by three years old, we learn
7 about the gender identity. So that's something
8 that we know more recently. They know about,
9 Hey, actually, they do know about the gender
10 identity. They may not have the sophistication
11 of language to explain this to us, but they will
12 express it through their behaviour, through being
13 difficult, they don't want to wear the dresses
14 they're supposed to. They want to play the toy
15 they're supposed to [sic]. The kid going, Mom,
16 you shouldn't call me a girl; I'm a boy. That
17 kind of thing.
18 So in our Gender Health Clinic, we start in
19 two thousand -- after 2010. So back then, we
20 started with four clients at the Ministry. But
21 now, we have more than 500 kids, and just the
22 Ministry alone. If I'm talking about my private
23 practice altogether, we have -- I see more than
24 1,000. 1,000. So that's quite significant.
25 So in this 500 of them, so we're talking

1 about in just, like, within ten years, that's 125
2 times increase. So we can imagine the demand of
3 service is soaring. But for training
4 professionals, it takes time, right? Between a
5 resident, it takes a couple of years to do it.
6 The research, we're trying to keep up the pace,
7 but the phenomenon is happening a lot faster
8 than -- than we expected.
9 So -- and as -- so I'm not going to take
10 this again, promise. All right. So what we see,
11 is we noticed children, they may push for earlier
12 medication, transition. Parents, they feel
13 pressure to act because their kid is so
14 distressed. And professional also sometimes they
15 feel pressure to make decisions that they may not
16 feel comfortable with. For example, with
17 [indiscernible], her son's doctor, they feel
18 like, Oh, they keep coming. So I just need to
19 give them what they need, but they did not do a
20 thorough, detailed assessment, what's going on.
21 So we also noticed that the parents also
22 feel that, Hey, I need to get help soon. What
23 should I do? I have no idea what to do.
24 So I think it's -- before we go any further,
25 let's talk the current diagnosis of DSM on

1 someone who we consider they have gender
2 dysphoria. And this one, we don't look -- the
3 DSM-5 recently, it's what psychologists,
4 psychiatrists would use to make a diagnosis for a
5 kid with gender dysphoria. So keep in mind, this
6 one is just for children; this one is not for
7 youth or adults, okay? So they have a different
8 one.
9 So let's look at a category that they have.
10 So in order for someone to make the diagnosis,
11 the person need to have mild incongruence between
12 his or her experience, expressed gender, assigned
13 gender, lasted for at least six months duration,
14 and manifests in six of the following.
15 The first one is, they need to have a strong
16 desire to be other gender and insisting that they
17 have the other gender. So they say, I'm not a
18 boy; I'm a girl. Or I'm not a girl; I'm a boy.
19 And they also need to have a strong
20 preference for cross-dressing or simulating the
21 opposite gender. So they don't want to wear
22 dresses; they don't want to wear boy clothes,
23 that kind of thing.
24 They have to also present a strong
25 preference of cross-gender roles. What that

1 means is that they want to be like -- they will
2 want to look like that. I want to be a boy. I
3 want to be Daddy; I don't want to be Mommy, that
4 kind of thing.
5 They need to have a strong preference for
6 the toys and games and activity and stereotypical
7 youth or engage in or by other gender. So that
8 means they -- they like to play games, activities
9 of the opposite gender.
10 And they also need to have a strong
11 preference of play of the other gender. What
12 that means is, like, the boys prefer to play with
13 girls, and vice versa.
14 And then number six is, for boys, they need
15 to have a strong rejection of typical masculine
16 toys, games, and activities, and a strong
17 avoidance of rough and tumble play. And in
18 girls, they have a strong rejection of typical
19 feminine toys, games, and activities.
20 And seven, and they need to have a strong
21 dislike of their sexual anatomic things like, I
22 don't have a breasts, I don't have a penis, I
23 don't like my vagina, that kind of thing.
24 Number eight is a strong desire for the
25 primary or secondary characteristics that match

1 the gender that they identify with.

2 So for someone who met six of eight, then

3 the kid will make the diagnosis of gender

4 dysphoria. So I want to see a raise of hands

5 here. How many of you have at least one of

6 this -- meet those criteria? Let's see. Okay.

7 How many of you have growing up with two of

8 those? How many of you met three of those? How

9 many of you met five of those? How many of you

10 met six of those?

11 So I think that's interesting, because,

12 like -- and I think so, what that means is what

13 we are doing here, is in order to make the

14 diagnosis, is we look for signs for children.

15 But we look for sign that is not so much about

16 gender identity. What are we looking for here?

17 We're looking for gender role and gender

18 expressions.

19 So in this room, many of us have some sign

20 of pathology here, more or less. You -- you --

21 don't put make up on. You wear jeans. Check.

22 So you wear black, and you have shoes that is not

23 high heels. Check. So all of a sudden, see what

24 we are doing here? We are looking for -- the

25 problem with this, we look at gender role and

1 gender expression to make the diagnosis of
2 someone who may be, or who is, a transgender kid.
3 But what we do here, is we can make a lot of
4 mistakes along this road.
5 Why? Because that -- because, like, I can
6 easily fit into this. And in fact, I fit all
7 eight of them when I was a kid, but I'm not
8 transgender; I just happen to be gay. Think
9 about it. I mean, I don't want to have my penis
10 cut off. But at that time, when I was young, I
11 did want to look like a girl. I did admire to be
12 a girl. I did feel like I would like to be a
13 girl. I liked to play with girls. I liked to
14 play with Barbie dolls. But that doesn't make
15 me -- but I don't have that language, right? But
16 I can easily say, Hey, it's a transgender that
17 has the feelings that I feel. I can easily be
18 misguide [sic] for that. Does that make sense?
19 So that makes sense.
20 So that is the flaw of the DSM-5. For the
21 youth and adult, it's a lot better. Because what
22 they are looking for, they're looking for the
23 distress. They're looking for the distress
24 between your affirmed gender, and your birth
25 gender. How they con -- [indiscernible] between

1 those two, how significant that is, how much that
2 affect your mood, your -- your emotion, your
3 mental health. That is much better way of doing
4 it. But unfortunately, DSM-5 the most current
5 one, we're still using this.
6 So what happened is DSM is assuming
7 clear-cut differences in proper male and female
8 gender dysphoria. So all of a sudden, a typical
9 male [indiscernible] young children becomes signs
10 of pathology. And the gender vary can easily be
11 interpreted as pathological. So we assume that
12 boys and girls should wear different clothes, and
13 a strong desire to wear clothes of the opposite
14 gender are signs of pathology.
15 And play, all it says, what you like to play
16 is even a sign of pathology. If you're a boy and
17 you want to play with Barbie dolls, that is a
18 sign of pathology, because you're supposed to
19 play with them [sic]. Because according to DSM,
20 that is one sign of pathology.
21 So therefore, you can imagine the number of
22 boys referred to us for treatment in the
23 early-on, it's like, nine boys to one girl,
24 especially in the beginning.
25 Why is it the case? Anybody want to try?

1 Why would that be the case? Yes.

2 AUDIENCE MEMBER: Because male roles were more tightly

3 defined?

4 DR. WONG: Yes. Uh-huh. So you think about, like, when you

5 have a kid, two, three, four years old, they want

6 to dress as a boy, they want to dress as a girl,

7 which is fine, which is cute, you know, laugh

8 about it, doing it, take a picture, post it on

9 Facebook and everything. But if tomorrow is

10 kindergarten, tomorrow it is. So all of a

11 sudden, Little Johnny, we need to bury all your

12 pink dresses, the fairy wings, the sparkly

13 things. Tomorrow, you'll be a typical boy to go

14 to school. And if the kid happy -- just happy to

15 be who I am, or have pretty things, how will you

16 think the kid will act on this? They will fight

17 you tooth and nails, right? It's like, why do I

18 need to do this? I'm comfortable to be who I am.

19 I just want to be who I am. But all of a sudden,

20 we're introducing the ridged gender binary system

21 on the kid, and the kid has to abide for them

22 [sic].

23 And very early on, they learn about the

24 shame and guilt. Something wrong about me.

25 Something really off about me, something that I

1 shouldn't be doing in public, something that I
2 should hide it and only do it in my room.
3 So -- and the funny thing is, when they get
4 older, like in our program right now, then we get
5 the reverse number. I would say more -- almost
6 like, nine to one is girl to boys in the
7 adolescents. And I think that will be something
8 that we -- we -- with some research, we found out
9 is I think a lot of the time that girls --
10 because boys, like you said, we would expect the
11 ridged gender role and gender expression from
12 them. But girls can be tomboy for a long time.
13 You can be a masculine girl, you can be an
14 androgenous girl, you can be a strong girl for a
15 long time. So until later on, they feel like,
16 you know what? Just being a strong girl is more
17 than I want. It's not enough for me. Then they
18 let the parents know what's going on, they refer
19 to us. So we tend to see, like, female to male
20 referred to us a lot later than boys to girls.
21 So I think that the question doesn't always
22 ask so who are the apples? Who are the orange,
23 right? So imagine apples is the one who
24 persists, go on to be transgender. And what
25 about the orange? How many of them they desist?

1 And there's the new one is about both. Like, a
2 fruit salad or something. So I like that -- that
3 school. There's a well-known [indiscernible]
4 Einstein who come up with the fruit salad too.
5 So I think let's look at the early study
6 here. So the early study here, they say, like,
7 let's do a study. We may be randomly choosing,
8 let's say 50 transgender kids. So we follow
9 them. And then we, like, maybe when they turn
10 adult, 19 years old, we want to know how many of
11 them will persist to be continue to be a
12 transgender kid. And how many of them will be
13 desist [sic]. So those are early study that they
14 did.
15 So what they do is -- so Green did a study,
16 and said, You know what? Only 2 percent of them
17 will continue on to be transgender. That means
18 if you have 100 transgender kids in the sample,
19 only 2 of them will be continue to be
20 transgender. 98 of them will be gay or feminine
21 male, masculine female, but they cisgender. And
22 then Sucker and Brightly [phonetic] say, Hey,
23 it's 20 percent. 20 percent meaning that, Hey,
24 80 of them, they grow up, they grow out of it.
25 And then -- so similar. I think the most

1 important number is 20 percent, because this is
2 the one that always being used in code, in many
3 places, in things like this.
4 So and there's time to watch a video. And
5 see if we can get the video here. Good. So the
6 sound is not that good, but let's do this.
7 [VIDEO PLAYING]
8 VIDEO: When my three-year-old son told me that he was
9 actually a girl, I had no idea what to make of
10 it. But then I thought, Okay, so he likes pink
11 and pretty things, no problem. I can go with
12 this. I figured the girl-thing must be a phase,
13 but I was worried, and my child seemed so sad.
14 So I went to a psychologist. She said that I was
15 right, it probably was a phase. She told me that
16 80 percent of kids like mine didn't end up being
17 transgender. 80 percent, that's a lot. I told
18 my family and friends not to worry.
19 But what about the other 20 percent? I
20 didn't know anything about it. What was this
21 transgender thing? I think I saw something about
22 it once on Jerry Springer. That certainly didn't
23 seem like a healthy option for my sweet child.
24 I went to conference about gender. And a
25 doctor who works with transgender kids said

1 something really interesting. She said that that
2 80 percent number was bunk. She said that
3 statistic came in part from a study at a clinic
4 for transgender kids in the Netherlands.
5 Apparently, when the kids stopped going to the
6 clinic, the clinic assumed they weren't
7 transgender anymore, but nobody checked up on
8 them to make sure this was true. Maybe they
9 found another doctor. Maybe their parents
10 weren't okay with them being transgender. Maybe
11 they moved. But we don't know, because nobody
12 checked.
13 There have been some other studies in the
14 United States. These studies happened in the
15 1950s up through the 1970s. They studied lots of
16 boys who were considered too feminine for the
17 time. The studies found that most of these boys
18 grew up to be gay men and only a few them ended
19 up being transgender. But they didn't
20 distinguish between effeminate little boys and
21 boys who actually said they were girls. What
22 about those kids? What about the ones like mine,
23 who insist they are another gender?
24 Today, there's a gender clinic in Toronto
25 that works with transgender kids. Their goal has

1 been to prevent kids from turning out to be
2 transgender. This clinic claims that 80 percent
3 of their patients get cured. And they have a
4 long history of telling parents that kids like
5 mine shouldn't be allowed to play with girl
6 stuff.
7 Apparently, a lot of the problem is the
8 mothers. So the mom's get lots of therapy too.
9 I tried a little bit of this method with my own
10 kid. Her last Christmas as a boy was horrible.
11 After that, I stopped fighting my kid. I
12 finally let her start living as the girl she'd
13 been saying she was.
14 In 2013, a new study began at the University
15 of Washington in Seattle. They're interviewing
16 kids like mine, starting at age 3, and they're
17 planning to interview them every year as they
18 grow up to get some real research on these kids.
19 Unlike the older studies, all the kids in this
20 study say they are a different gender. Will they
21 still say this when they're older, or is it true
22 that 80 percent of them will change their minds?
23 We're just going to have to wait and see.
24 So what about my child? Well, I actually
25 already have a statistic for her. She's 100

1 percent amazing.

2 DR. WONG: I love this video. It's just right to the point.

3 So easy, right, to digest what's going on.

4 Okay. So you can see, like, if -- and I

5 think that is the reason, early days, that the

6 professional people like myself -- and then they

7 say, like, Hey, if only 20 percent growing up to

8 be transgender, why should I help the kid's

9 social transition? Why should I help the kid to

10 learn about themselves, because chances are, they

11 will grow out of it, right?

12 Think about it. I mean, if you go to the

13 doctor saying that, Hey, I want to quit smoking.

14 I say, you know what, there's only 20 percent or

15 2 percent you'll get lung cancer. Knock yourself

16 out, right? So why bother? The odd is there.

17 And as a result, I think they are psychologist,

18 or doctor, they think, You know what? We may be

19 doing the parents a good deed. Just help the

20 kids. Say, Your kid will grow out of it anyway.

21 Why bother to change? Because changing is

22 difficult, changing back can be even more

23 challenging. Let me save you a problem. Let me

24 help your kid to un-tran [sic] your kid, right?

25 So that is how that happened.

1 But think about it this way, because this is
2 DSM-5, and we are still doing this. So those
3 studies during the '80s and '90s, so they're
4 talking about DSM-4, DSM-3. So that same
5 category is from DSM-3, 4, 5, and they're still
6 using it.
7 So I want to do a study, and I want to know
8 how many kids grow out [sic] to be transgender, I
9 need to -- first of all, I need to find
10 transgender kid. I need to find transgender kid.
11 I need to make sure that transgender kid make the
12 diagnosis here. So I need to look for a lot of
13 sissy boys, or girls that they're tomboy, right?
14 So as a result, of course, I have 100 kids
15 like this. How many of them would turn out to be
16 transgender? Many of them just turn out to be
17 like Dr. Wong, right? Very far [indiscernible].
18 So you can the flaw of this, because we need
19 to have subject to do it. We need to have this
20 diagnosis. So they make this diagnosis, but we,
21 because we're using gender role and gender
22 expression to make a diagnosis, all of a sudden,
23 the sample is not what it's supposed to be. Does
24 that make sense to everyone?
25 VARIOUS SPEAKERS: Yes.

1 DR. WONG: So gender varying children, I think it's very
2 important for us to know it's a very heterogenous
3 group in the gender identity continuum. So they
4 may come in very rigidly saying to you, I'm a
5 boy, I'm a girl, and this is exactly who I am.
6 Which is, I think, many of them, the feeling is
7 genuine. But at the same time, we also
8 understand gender is a spectrum. Your kids can
9 be anywhere on the spectrum here. And there's
10 little research and study done on the gender
11 varying children and the way they may become as
12 an adult.
13 So range from cisgender, LGBT, gender fluid,
14 transgender, or anywhere along the gender
15 identity. So as they get closer to puberty,
16 like -- or just random, put in 10 and 13. Of
17 course boys and girls are a little bit different.
18 They tend to have more clear sense of their
19 gender identity. Because why? Because they're
20 exposed to different social environments. So
21 they're testing out, they see different gender
22 norms, gender -- gender -- people with different
23 gender identity there.
24 And I think the second one is they're more
25 mature. They know more about their sense of

1 self. They're more aware of their body. They
2 have the knowledge about -- about what is going
3 on, what is transgender, what is other things.
4 And then there is also more exposure to the
5 media, to the people they happen [sic] on the
6 LGBT group, and also to other people who are
7 educating them about those things.
8 And then they -- also the next thing is
9 physical change. If the kid, they indeed happen
10 to be on the high-end of the spectrum of gender
11 identity, they will say, like, I don't like my
12 physical change. Why? Because I don't want to
13 go through the puberty that I don't identify
14 with. And then at the same time, they're
15 emerging of their sexuality. So they can't [sic]
16 able to distinguish the way they know about what
17 is sexual orientation, what is gender role,
18 gender identity, versus what will be other
19 sexuality issues.
20 So number five, they will come across more
21 different sexual diverse individual. And I think
22 that is very, very important too. Because when
23 they -- like I mentioned earlier, because the
24 kid, they only see two. And so in our -- in our
25 play group that we have, all the kids, they are

1 all along the spectrum. And then they come to
2 the play group. We don't encourage them to one
3 gender ID or the other, but we do play and add
4 therapy together, help them to learn about
5 themselves. So they happily build a
6 [indiscernible]. But the thing about it, is they
7 see other kids, Hmm, how come little Johnny see
8 themselves as a girl, but can present in very
9 masculine way? How come little -- little Mary
10 see herself as a boy, but little Mary can be in a
11 way that don't quite match as boy? I think that
12 is good for the kids to learn, how other kids
13 along the continuum may look like. Because then,
14 all of a sudden, they learn about, Hey, gender is
15 more than black and white. Gender is indeed a
16 continuum.
17 So -- and then in -- because kids are so
18 young, we don't give them any medical
19 intervention at that point, but we -- there are
20 things that we can do to help the kids to be
21 able to feel -- to -- to work through these
22 feelings.
23 So we -- the five here says the first thing
24 is validating. I think it's very important for
25 parents, for schools, for grandparents, for

1 relatives, friends, validating their feelings,
2 you know? Their feelings is genuine. How they
3 feel is really how they feel. And they may not
4 be what they interpret. An interpretation of the
5 feeling may not be what it is, but we need to let
6 them know, Hey, how you feel is important, and I
7 respect your feelings.
8 Next one is support. I think the support --
9 we need to able to provide support, allow them
10 to, like -- able to, like, explore, give them
11 support and create opportunity for them to, like,
12 learn about themselves, give them information
13 that they need. In this way, then the kid will
14 feel safe to learn more about who am I and what
15 am I?
16 So advocating. A lot of the times that you
17 may have to -- if the kid feels so dysphoric to a
18 point that I need to -- I cannot just live a
19 double life. I need to live a boy or girl
20 outside of my home, then you may need to
21 advocate. Hey, let's see how we can do this at
22 school in a safe way. How can I advocate for
23 you, people will respect you. How can I advocate
24 for you if bullying happens or harassment
25 happens?

1 And then education. I think that for kids,
2 we have a lot of children books here, and the
3 video, and also conversation with the kid.
4 Communicating with them is very important.
5 And the last one is accommodating. And this
6 will be the one that I really want to focus on
7 more, and what we do accommodating.
8 So -- okay. So accommodating, more or less,
9 that we're talking about a social transition.
10 Because that is that -- we have found this very
11 successful to help the kid to learn about who
12 they are, to feel comfortable about who they are,
13 and to be who they are.
14 So since gender varying kids are too young
15 to consider any medical transition and outcome
16 can be different, so social transition is a very
17 good option to accommodating that. So social
18 transition, meaning a change in social gender
19 role. It may include all of the above, or some
20 of them: Change of clothing; names; appearance;
21 and pronouns. And I think many of you that you
22 have some -- come across some kid who are
23 transgender, you will see, like, the clothing is
24 a big thing for them because they want to pass
25 well. And then the name, they will likely try

1 different names -- oh, that's a funny thing
2 too -- and they will pick a name that fit the
3 affirmed gender. And sometimes, because now, if
4 they have a chance to choose their name, they may
5 choose the most wacko name you can think of. And
6 it's likely they change it 20 times.
7 So I have a kid, and it's a boy to girl, and
8 she would like to try out all the princess --
9 Disney princess names. And you can imagine,
10 every two weeks, I'm Jasmine to Mulan to -- and
11 so on. So I think the parent, you can set some
12 limit. I mean, supporting your kid doesn't mean
13 you don't set limit. You can, like -- let's just
14 drop down to, like, five or six names, and we'll
15 try in a significant period of time, rather than
16 just, like, two weeks, you know? And I think
17 they can get, like, Oh, that doesn't feel right
18 when people call me that. And I think it's
19 important for them to have choices, but -- but
20 let's have some limit. Doesn't mean that you
21 just let them take the ball and run.
22 And then appearance. So many of them, they
23 would like to pass well in the gender that they
24 identify with. So the girls, they may cut their
25 hair shorter, they want to wear blue jeans.

1 And then the pronouns. The pronouns, for
2 young kid, they're still quite binary. So if I
3 see myself like a girl, just use female to
4 describe me until they get older. If they are
5 somewhere on the continuum, they may use
6 different pronoun to describe them.
7 So I think there's one video I wanted to
8 show is this [sic]. So we always talk about, Hey
9 when kids this way, because -- before we
10 accommodate with the kid, I'm up here, they want
11 to know, okay, so maybe I am the bad parents who
12 make this happen. When I allow my kid to social
13 transition, my relatives, my in-laws, or other
14 friends, they challenge me, that I'm too liberal.
15 I'm doing something that will damage my kids.
16 So half the time, they feel torn in doing
17 this or not. So I think that -- I think -- we
18 always talk about nature and nurture. I think
19 this will be a good video to talk about.
20 [VIDEO PLAYING]
21 VOICE ONE: With the wonderful Laverne Cox rising to fame,
22 Bruce Jenner's groundbreaking interview,
23 transgender issues are finally making it
24 mainstream.
25 VOICE TWO: So naturally, we're going to science this up.

1 VOICE ONE: Hi, everyone, Julia and Julian here from Day
2 News. Transgender means a person identifies as a
3 gender other than what they were assigned at
4 birth.
5 VOICE TWO: Cisgender, on the other hand, are those who
6 identify as the same gender they were assigned at
7 birth. Unfortunately, being trans is a much more
8 difficult path than being Cis.
9 VOICE ONE: Transgender individuals face a world filled with
10 violence, erasure, and ignorance. But by being
11 true to themselves, they open up a road for so
12 many others of follow. Still, why would anyone
13 purposefully subject themselves to a life of
14 difficulty? Well, it's not a choice, it's who
15 they are, and science can back that up.
16 VOICE TWO: One study published in the *Journal of*
17 *Neuroscience*, identified networks in the brain
18 associated with gender. Using diffusion-based
19 magnetic resonance tomography imaging, the
20 researchers looked at the brains of people who
21 are transgender, as well as female and male
22 controls.
23 VOICE ONE: They found microstructures or connections in the
24 brain that differed significantly between the
25 male and female subjects. However, the networks

1 in the brains of those who identified as
2 transgender seemed to take up a middle position.
3 VOICE TWO: The researchers also found a link between these
4 networks and the amount of testosterone in the
5 bloodstream, suggesting that sex hormones affect
6 how these structures form in the brain, which is
7 supported by earlier research.
8 VOICE ONE: Right. Some regions of the brain show a
9 difference based on gender. In one study
10 published in the *Journal of Psychiatric Research,*
11 scientists used MRI techniques to scan the brains
12 of 18 people who were assigned female, but
13 identify as male, and 24 male and 19 female
14 heterosexual controls.
15 The researchers found that the white matter
16 of female to male individuals who received no
17 hormone therapy, more closely resembled the
18 brains of the male subjects than the female
19 subjects.
20 VOICE TWO: Another study by that same research group, also
21 published in the *Journal of Psychiatric Research,*
22 focused on those who were assigned male at birth,
23 but identified female. The researchers used
24 similar techniques as the other study, and found
25 that their white matter microstructures fell

1 between the measurements of male and female
2 subjects. One of the authors of the study
3 concluded, Their brains are not completely
4 masculinized and not completely feminized, but
5 they still feel female.
6 VOICE ONE: And if it's a matter of brain wiring, a lot of
7 kids would know early, and they do. In one study
8 published in the *Graduate Journal of Social*
9 *Science,* found that 76 percent of participants
10 knew they were transgender before they left
11 elementary school.
12 VOICE TWO: A small study published in the *Journal of*
13 *Psychological Science* found that kids as young as
14 five, who identify as trans, showed a consistence
15 in gender identity across various measures. I
16 actually saw Laverne Cox speak at an event at
17 Rutgers, and she said exactly the same thing.
18 The researches asked 32 transgender kids, age 5
19 to 12, questions about gender, and under the
20 implicit association test, to see how kids
21 identify with various things.
22 Using the IAT, the researchers could see how
23 quickly the kids associated gender with the
24 concepts of "me" and "not me". It's a fast test,
25 so they don't have a lot of time to think about

1 it, they just respond.

2 VOICE ONE: The researchers found that the kids' responses

3 were indistinguishable from their cisgendered

4 peers. The transgender girls responded the same

5 as the cisgender girls, and the transgender boys

6 responded just like the cisgender boys. The

7 researchers concluded that their study provided

8 clear evidence to support that transgender

9 children are not confused, delayed, pretending or

10 oppositional. They instead share responses

11 entirely typical and expected for children with

12 their gender identity.

13 VOICE TWO: We know that gender is a complex and varied

14 issue, even Facebook recognized that reality. To

15 learn more about that, check out this video right

16 here.

17 VOICE ONE: So in addition to --

18 DR. WONG: So I think that's very interesting. I think that

19 some of the science telling us that, like, how

20 the brain really affects how they know about

21 themselves. And I think that's very true. When

22 we do a mental assessment, a lot of the time the

23 kid will say, like, I just know it. My brain

24 just telling me that I'm not a boy, I'm a girl,

25 but somehow my body is the other way. And that

1 is very interesting. That's exactly how -- how
2 the brain is different than the body is -- appear
3 to be.
4 So -- and I think while we're talking about
5 social transition, I think that it's important
6 not every kid need to be just, go out to public
7 and say Viola, I'm a boy, I'm a girl. And I
8 think that is -- there is some symptomatic way
9 that we can do, depends on where you are, the
10 family comfort level, and the support level that
11 you can get.
12 So a lot of time, we really encourage the
13 family too, if they are really knew to this,
14 maybe they can start from the micro area, and
15 gradually expand into the macro area. So maybe
16 you can try social transition part-time within
17 the family. So some of the example is some of
18 the parents, they will do, Hey, why don't you,
19 like, every night, since you would like to be a
20 girl, dinner time, you can be Cinderella. You
21 can dress up as a girl, we can call you
22 Cinderella. You can be a girl. And then we see
23 how comfortable you feel.
24 If the kid says, You know what, I'm old
25 enough to be Cinderella, and I want to be

1 Cinderella passed 12:00 o'clock. I would like to
2 do it full-time. So then Cinderella, so with the
3 parents, say, Okay, now we can be able to have
4 you do it in the family full-time, then you can
5 be Cinderella.
6 So after a while, let's assume Cinderella
7 said that, Hey, full-time is good, but I want to
8 be -- the whole village to know that I am
9 Cinderella. Then we can talk about, Okay, how we
10 can expand the social transition gradually to the
11 next one, and how we can develop a safety plan
12 and support for this kid, such as in school, in
13 family gathering, or church, or shopping mall,
14 things like that.
15 So social transition began within the micro
16 system, and you can gradually expand into the
17 macro system. It really depends where's the
18 development stage, where they are, the support
19 that you are, and where you are. Because, like,
20 I think doing social transition in Vancouver is
21 relatively easy, versus you live in Quesnel, or
22 Prince George, right, or some really remote area,
23 everybody knows your past, right? So it doesn't
24 matter what school you change, people still know
25 that you were once little Johnny, right? So it's

1 really different; then more challenges that we
2 have.
3 And the condition may require you to take on
4 an active role to how initiate and facilitate the
5 social transition, especially if it's going to
6 expand to the school setting. What we do, if the
7 kid is transferring from the family system to the
8 school system, a lot of the time we will go to
9 the school and talk to the school principal, the
10 teacher, and the school counsellor. Then we sit
11 down and have a school meeting. We talk about
12 how do we develop a safety plan for this kid.
13 What if bullying happened, what can we do?
14 What if the kid -- because sometimes, the
15 kid isn't being -- they don't want to be mean,
16 but they are curious. They will ask the funny
17 questions, Hey, Johnny, are you a girl or a boy?
18 So how will the teacher deal with this, right?
19 Just question like this.
20 What about other parents if they complain?
21 How will the school deal with this? So those are
22 the meeting that we go to and help them to
23 develop some safety plan and back up plans, so
24 that the school feels like they have some tools
25 for this.

1 The child may want to begin the social
2 transition full-time right away. And then if
3 that's the case, then we help them to develop the
4 risks and benefits of doing it. We also develop
5 the safety so that we now have a development plan
6 to support the kid. And the child may want to
7 switch back and forth from full-time social
8 transition to part-time, and based on their
9 comfort level and life circumstances.
10 And I think this one is very, very important
11 for all of us to remember here. The kid -- if --
12 I'm really saying that gender is a spectrum here.
13 So if I identify this way, I go to it this way; I
14 go all the way here. And then I say, You know
15 what? That is way too feminine. I need to tone
16 it down a little bit, right? So the kid will do
17 that. And I think the parent will need to be
18 sensitive to that, and give them room to do it
19 without questioning them, right?
20 So what we do with some of the parents, if
21 it's -- like, for example, one parent is like, Do
22 you have a female -- a male to female? So they
23 want to be a female. So they, at that time, the
24 girl want to have make up, dresses, and all those
25 things and put it on all the time. After, a year

1 later, and oh, you see, this girl is wearing
2 sweatpants. So the parents think, If you want to
3 be a girl so bad, why do you want to wear sweat
4 pants all the time?
5 What's wrong with this message? Very wrong
6 now, because you're in this class, right? But
7 when you're not here, you would make that mistake
8 too. Because sometimes we -- it's just how we
9 think, right? So I just tell the parent, No, no,
10 because who on earth would put on makeup, look
11 like Barbie doll to go to school all the time?
12 It's tiring. Nobody want to do that. And you
13 shouldn't be enforcing the extreme gender role
14 onto your kid. But they think this way. If
15 you're girl, you want to be a girl so bad, why --
16 you need to be that, right? And the kid, they
17 will do that in the beginning, because why?
18 Because they try to convince us that they're
19 truly a boy, truly a girl.
20 So they, what society, what a girl is
21 supposed to be, they will have everything put on
22 them to look like a girl. What a boy supposed to
23 be, they will have everything that make them look
24 like a boy. But then later on, they realize they
25 will take off some of the things that doesn't

1 fit, right? And that is the thing that we need
2 to see. That doesn't mean that they are not
3 transgender anything, that means they are
4 adjusting and modifying where they are on the
5 continuum.
6 So -- and also unpleasant experience such as
7 bullying, harassment, sometimes can make the kids
8 regress, and at times, stop the social transition
9 altogether. And we have this happen in the past.
10 So I think we need to be mindful about that too.
11 So social transitions should be done jointly
12 with the kid and the parents, and also with
13 professional together, and also extended families
14 together. And I think the key is help them to
15 lead, and follow. What that means, is we don't
16 have to get too far ahead of the kid. That means
17 we don't have to tell the kids, like, Oh, you're
18 transgender. Well, Mommy will make sure that you
19 will be able to live as a girl. I will make sure
20 at what age you will have blocker. I will make
21 sure that you will hormone at one age. I will
22 make sure that you will have surgery. So let's
23 not get ahead of them. I think help them to
24 lead. Because if it's not enough, not
25 comfortable in their skin, they will let us know

1 one way or the other, they will. Through their
2 emotional, through behaviour, they will let us
3 know.
4 I think the key is seeing where they are,
5 and then we'll just accommodate them. So we
6 place close attention to what they communicate
7 with us about their needs, and observe any signs
8 of distress. And then we can modify the plan.
9 Think ahead about what they may need in the
10 next development stage, because new -- in the new
11 development stage, they will have a new set of
12 challenges. For example, like, they are able to
13 go to school as little Mary, which is good, but
14 at some point, I want to have a sleep over,
15 right? How would we navigate that? At some
16 point, I want to go to summer camp as a girl with
17 all other girls. So how do we navigate that?
18 So when they get older, they will have new
19 challenges and new development needs. So that
20 social transitional plan need to be modified to
21 meet their developmental needs, regardless if
22 they're boys and girls or transgender kids. So
23 we modify those five keys, and then should be the
24 regular basis on developmental -- development
25 stages.

1 So of course we always discuss the pros and
2 cons in terms of the social transition so that
3 they will be able to make the best decision on
4 that. And then we would like to communicate
5 regularly and clearly with the kid, and the
6 family, and the support system, so that the kid
7 has the freedom to reverse back at any time.
8 Remember, the adjustment, right, it's very
9 important. Of course, we need more research on
10 this.
11 So what we see the advantage of doing social
12 transition, is when you allow the kid to explore
13 their -- the desired gender, a gender role or
14 gender identity, they do better. Their emotion
15 get better. They tend to be less depressed, less
16 anxious. They have less mental health symptoms,
17 and be able to have social interaction with their
18 peers. And I think that is very important.
19 When -- many of the kids, they will not want
20 to play with the peers that they want to play
21 with, because they feel like I'm out of --
22 because when you're five, six years old, the
23 other five, six years old kid, they're gender
24 [indiscernible]. They will say, You are not a
25 boy, go back to play with the girl. I don't want

1 to play with you, right? So very fast they tell
2 you this.
3 So I think the social transition allow them
4 to live as a boy or as a girl. They are able to
5 play with the peers that they want to play with.
6 Be able to take on the activity that they want
7 without fear of being ostracized. So again, so
8 sometimes, like, I remember this when I was a
9 kid, that I would like to play with girls, play
10 Barbie dolls together. So for the transgender
11 kid, if they're like, Hey, I see myself as a
12 girl, and be able to pass well as a girl, then
13 all of a sudden, I can play with other kids.
14 The point is not so much about my kid is a
15 boy or a girl. I think the kid is -- my kid can
16 be able to have the same opportunity to meet his
17 or her developmental needs. My kid be able to be
18 a happy and successful kid. My kid be able to go
19 through school and make friends. And that is
20 what we want for our kids, regardless the kid is
21 a boy or girl or transgender kids.
22 So -- and then we also found out that the
23 kid is easy to blend in, so they feel more
24 confident, they feel more outgoing, more positive
25 family relationship comes into action. And I

1 think that's very true, because all of sudden,
2 you don't have the fighting over what clothes to
3 wear. You don't have the fighting about the
4 pronouns anymore. Because at that time, when
5 their early on, your relationship with the kid is
6 building positive attachment. If you're just
7 fighting over things like this, it's not the way
8 to build a positive attachment.
9 So I think that we need to know, Hey, what
10 you want to wear, we can accommodate that.
11 What's more important, is how we can build
12 positive relationship.
13 So -- and then there's a lesser chance of
14 bullying. Why that's the case? Because they
15 pass well. When you're a young kid, you look --
16 once I cut my hair short from a girl, I look like
17 a boy, right, and everybody complain. Can vice
18 versa, if a boy grow the hair long, very easy to
19 pass as a girl, because at that time, all the
20 kids look asexual at that point.
21 So we also lessen the stress, have a chance
22 to attend other development tasks. They feel
23 safe when they can go to school. They feel safe
24 to go to a volleyball game. They feel safe to go
25 to the pool to go swimming, different things.

1 More likely to attend school, which is very true.
2 So -- and working with the gender varying
3 kids, we really encourage to have a wrap-around
4 approach. So we encourage to have a team to
5 support the kid, like, maybe including a
6 psychiatrist, psychologist, mental health
7 therapist, family therapist, pediatrician,
8 endocrinologist, social workers, parents,
9 extended family, school staff, and even church
10 members, sometimes. If they have -- or your own
11 ethnic elders.
12 So -- and I think I will pass the time to my
13 resident, talking about a surface model that we
14 do, and why we think this is the best practice
15 and the way to help our kids. So I pass it to
16 Maronique [phonetic] for a couple minutes.
17 RESIDENT: Jump in if you --
18 DR. WONG: Yeah, jump in.
19 RESIDENT: -- if you have anything.
20 Hi, I'm Maronique, I'm currently working
21 with Dr. Wong. This is very -- a really great
22 opportunity to get into this field and learn and
23 hopefully support more transgender children in --
24 in -- through this process. At the Gender Health
25 Clinic right now, we use a two-tier model. So --

1 which incorporates a clinician after -- within
2 the first tier where they -- and they -- with
3 the -- in tier two, we -- involves the
4 specialists, so the assessments and everything,
5 as well as other professionals involved, like --
6 and -- organizations such as hospitals, schools,
7 and interventions.
8 So in the first tier, where we involve more
9 of the -- more of the -- so in the first tier,
10 the youth or the child will work with the
11 clinician, where they focus more on exploration,
12 education, answering any questions where they
13 have the opportunity to explore, and the process.
14 So any questions on -- that's where they get
15 answered.
16 So we want to make sure that what they're
17 experiencing is true, if it's -- rule out any
18 mental health concerns, whether what they're
19 processing is due to mental health, or any other
20 factors that are not related to them, the
21 transgender piece. So we want to have a
22 clinician involved at that level to kind of act
23 as the first level or support.
24 So it's -- and an important piece of that
25 is -- that we talked about, is exploration,

1 challenging, making sure that what they're
2 experiencing, thinking is true, is not because of
3 any transphobia or anything involved like that.
4 Reality checks addressing impact -- so a lot of
5 times what -- experience of just conversations
6 with these youth and the children, is a lot of
7 mental health distress, the bullying. So those
8 are opportunities to address some of those
9 challenges as well with the clinician. As well
10 as providing opportunities for people around who
11 work with the child: The parents; the school
12 teams; providing supports, which Dr. Wong talked
13 about; and family counselling might be needed.
14 Helping them prepare for the -- any assessments
15 that they go through in the tier two process,
16 like the hormone readiness, any surgery
17 readiness, the diagnosis, dealing with any crisis
18 interventions if they might express any suicidal
19 thoughts, and that kind of thing.
20 So in this tier two level, this is where --
21 what we do in the clinic, is we do a lot of
22 assessments, which is very comprehensive. We see
23 the child or youth through several sessions
24 through looking and ruling out any mental health
25 concerns, ruling -- looking at their self

1 concepts, whether it -- so just to make --
2 what -- to confirm a diagnosis of whether they
3 have gender dysphoria or not. And through that,
4 they -- we also do additional assessments
5 depending on their need, to see that -- whether
6 they're actually ready for hormones, based on the
7 assessments, what kind of recommendations are
8 appropriate.
9 We don't -- some things we're doing is with
10 hormone readiness and learning that, Yes, you
11 might be ready for hormones, but where do we
12 start? Do we give you the whole dose right away,
13 or should we just start -- depending on where
14 they're at, do we start at the minimal level?
15 And this is done in consultation with -- we --
16 with the parents, the child, and working together
17 with their medical professionals who are involved
18 in the hospitals.
19 So it's not a one-day process, but
20 it's through several consultations and
21 assessments, and they -- to make sure that what
22 we're confirming is true. So the assessors try
23 not to play a role -- like, so we want to be --
24 because we want to be objective, we do -- we're
25 not -- we're not involved in tier one. So

1 that's -- we try to follow best practices, which
2 is -- also aligns with what they're doing in
3 Australia and the standards best practices that
4 is presented in the field.
5 So we separate -- the assessors try to
6 separate themselves from the clinician role so
7 they can see the child in a more objective way.
8 So by providing convergent evidence to, yes,
9 multiple layers are -- are confirming that, what
10 the child is truly experiencing.
11 So in the tier two level, the assessors hold
12 the responsibilities and liabilities, and that's
13 why we want to make sure everything is done in
14 those multi-disciplinary level --
15 multi-disciplinary ways. We also provide the
16 recommendations of the assessments following the
17 assess -- the assessment completed, and we have
18 meetings to share the results with the youth or
19 child and the parents, as well as any other
20 people who might want -- they might want to be
21 involved, like the schools and professionals.
22 DR. WONG: Thank you. So that -- that model that we're using
23 is in the Ministry. So that, the program that's
24 starting in 2011, like I said. So now, we have
25 about more than 500 kids in the program working

1 on it. So that -- that program is good. If you
2 live in the area, that is Surrey, Langley, or
3 Delta, so your -- your kid can enroll in that
4 program. If you live in Vancouver,
5 unfortunately, we need to let Coastal Health know
6 that they need a program like this.
7 So -- but nevertheless, I think that our
8 work is not -- our child is not -- the parents
9 are in a lot of anguish when they come to family
10 work. They're talking about like, My -- they
11 say, Oh, my child is not really transgender.
12 They may say that's just a sign of mental health.
13 They're just confused. They learn from the trans
14 peers. That happens quite a bit the parents
15 claim that. Or it's the internet's fault because
16 they go on the internet all the time, that's why
17 they become transgender.
18 So I think -- I -- the assessment will of
19 course look into that, but I think that what I
20 see is a lot of time, the kid, they go on the
21 internet a lot, is because they want to find out
22 what my feeling is out there [sic]? Who has
23 similar feelings as I do? And they feel
24 ostracized, right, by their peers. They want to
25 find friends with similar feelings who can

1 support them. More than because I find out
2 there's a transgender kid and you make me trans.
3 And there's no research supporting that at all.
4 And so I think that's something we need to
5 keep in mind. And the parents may be, like,
6 embracing transgender identity will lead to
7 harassment and physical harm. And so they're
8 really worried about their kid will be bullied or
9 mistreated. And I think that's the reason why
10 they work with professional together. Have an
11 advocate with the school, with the other system
12 so that their kid will be protected.
13 So -- Our child will have an unhappy future,
14 that my child have no job, no friends, and no
15 love relationship. And I think this is also is
16 not true. Not with the 1,000 kids that I see.
17 Many of them, they find love. Many of them, they
18 find happiness. Many of them, they find job.
19 And so our society in Canada or in Vancouver is a
20 lot different than other society. But
21 definitely, many of them, they grow up to be
22 independent, and just as a productive citizen as
23 other people.
24 This is happening way too fast. So what
25 they mean is, like, She just came out to us, and

1 they want everything. And I think that's kind of
2 good to find professional help. How we can help
3 this kid. What is needed. What we can wait for
4 later. What is not needed.
5 So what we do wrong? And I think that is
6 very maybe parent [indiscernible]. I mean, when
7 I -- not so much in this year, but a couple years
8 ago, every time when I tell the parents after the
9 report is, You know, very likely your kid happen
10 to be authentically transgender kid. And this is
11 what we can do, and many parent, they just start
12 to cry. And I can see the worry, the concern
13 that they have, because the love that they have
14 for their kids. And they all say, Oh, maybe I do
15 something wrong. Maybe because I was taking
16 anti-depressant when I was pregnant with him, or
17 of maybe this. And I think there is -- they
18 blame, and overwhelming the parents, the loss,
19 and the grief that they have is quite important
20 to address.
21 And I -- on top of this, I think that
22 sometimes they -- the kid, they may not see that.
23 They -- a lot of times, I would tell the kid is
24 like, Your mom and dad is not fully onboard.
25 It's not because they don't support you, because

1 they're just knew on this. They're still going
2 through the grief and the loss. You take you
3 three years to learn who you are; your mom just
4 learned last Tuesday when you came out, right?
5 You need to give your mom some time to learn
6 about this. And then what your mom learn through
7 the TV, is that all the transgender people have a
8 negative ending. Of course they worry about you,
9 right?
10 So -- and -- so they think -- some parents
11 say, Oh, this is very embarrassing. How am I
12 going to explain this to the family? And I don't
13 want people to think, What kind of parent would
14 say this? And -- and I don't want to undermine
15 the difficulty they go through. Some parents,
16 they really feel this, especially for ethnic
17 minority group, because so tightly connected.
18 Like, I mean, it's like for immigrant, myself,
19 you know? So when -- I remember when I go on TV
20 and talking about transgender thing, and I'm
21 talking proud. When I go back to Richmond, the
22 dim sum lady [indiscernible] You pro trans.
23 Shame on you.
24 I go -- my mom go to the butcher, the
25 butcher is like, Your son on TV. Oh, I can't

1 believe your son support those sickened things.
2 So think about it. It's so tight -- I'm not
3 saying right or wrong, but when it's so tightly
4 connected, it's very difficult for the parents.
5 It's not -- I'm not even grieving about losing my
6 kid become a boy or girl. I -- if I support you,
7 I have to abandon my entire community. And that
8 is not easy. Imagine the loss. Imagine that you
9 support your kid, you have to move to Korea.
10 Think about that. How are you going to live,
11 right? Who is going to understand you? Who is
12 going to see a doctor who will speak your
13 language and be able to treat you, right? So I
14 think we need to think about that.
15 It's so easy to judge. But what they go
16 through, and the complexity of our society, we
17 need to be more empathic and understanding. What
18 would the neighbour -- other thing, this is the
19 loss of us.
20 So again, I think parent would go through a
21 significant loss and grief. And they may go
22 through, like, Our child is too young. She'll
23 regret this later when she's older. They're
24 worried the child is just being impulsive and
25 it's a phase. And I think if we have doubt like

1 this, let's have an assessment done. Let's talk
2 to professional about it. If you don't think
3 this one is really able to address your concern,
4 find another specialist to do it. Get a second
5 opinion.
6 So this is our numbers. Any questions that
7 you have, feel free to call. That's our clinic.
8 And we leave some time for anybody to have
9 questions for us. And again, we appreciate the
10 opportunity to talk about this. It's a topic
11 that everybody is thinking about, right? Okay.
12 Thank you.
13 Okay. Questions. Yes?
14 Q So the assessment that you showed us for young
15 children is very much about the binary; are you
16 male, are you female? But if some -- do younger
17 children talk about non-binary, or is that
18 something that something that [indiscernible].
19 A Not so -- based on the age. Based on the age. I
20 think more sophisticated, more mature they are,
21 they will talk about it. I don't see --
22 sometimes they will say, I feel sometimes a boy,
23 sometimes a girl. They may not have the
24 vocabulary to say I'm a demi-boy, I'm a
25 demi-girl. They may not have that. But they

1 will say, Hey, sometimes I feel like a boy. Or I
2 feel like a boy, but I still want to keep my
3 vagina. Something like that, they will say that.
4 I think the assessment is not so much about
5 binary. With assessment, we try to rule out,
6 because when a kid come to us, we want to know
7 the feelings that they have, what are the
8 contributing factors? We want to know what
9 contributing factors are affecting the kids'
10 interpretation of their gender identity. So we
11 want to look into -- it may be due to mental
12 health, may be due to the kid confusion of the
13 gender role, gender expression, or gender
14 identity. Maybe the kids have some confusion
15 with the sexual orientation identity, may be due
16 to the kids have body image, may be due to
17 trauma. So we rule out one factor at a time,
18 because there's no test or blood test to say, You
19 are transgender, right? There's no test like
20 that. But we can go the other way. We can look
21 in different factor. Do they play a significant
22 factor? If they're all negative, negative,
23 negative, negative, then I'm confident to say,
24 Hey, I look into everything. There's nothing
25 explaining. So I'm more confident to say, Your

1 kid likely to be authentically a transgender kid.
2 So that's how we go about doing the assessment,
3 instead of just, like, are you a boy or a girl?
4 Okay. Yes?
5 Q How do you sort of temper the child's
6 expectations? Because sort of the example you
7 gave earlier was, say for example, you have a boy
8 who wants to transition to a girl, and he expects
9 to like a Victoria's Secret model afterwards. I
10 mean, I'd love to look like a GQ model, but it
11 isn't going to happen.
12 So the question I have, is that when the
13 kids do the internet research and look up
14 everything, they sort of -- they're smart, but
15 they don't have wisdom.
16 A Yes.
17 Q They know -- they know what it is they need to do
18 in order to get where they want to go, and they
19 have the expectation at the end, I'm going to
20 look like this beautiful -- but how do you sort
21 of bring them back to earth and --
22 A In a more realistic way.
23 Q -- everything that you transition completely,
24 you're not going to look like the Victoria's
25 Secret model if you're starting at five years

1 old.

2 A And I think that's where the tier one comes in.

3 Because I think that they -- even though we

4 finished assessment, that you happen to be a

5 transgender kid, but we still would like -- some

6 of the time, they need some support on this.

7 Because we need to, like, kind of gear you about

8 what would be a realistic expectation. Are there

9 any unrealistic, over-idolizing? And that would

10 be a good place in session with a counsellor

11 talking about this. Because a lot of times, some

12 of the times, the kid is like, All you need is

13 put me on hormone, then I will be a boy or a

14 girl. Voila, I am. Which is not true, because

15 there is a process. We don't give you full dose

16 hormone right away. We give you small doses and

17 see how you're doing, and gradually increasing

18 it. So that means it's a journey. There's a

19 process for you to be who you are, right?

20 So how are you going to deal with in

21 between? It's a journey. So I think that they

22 need to -- we need to have a support for them to

23 support the social/emotional adjustment while

24 they're going through the social transition or

25 medical transition. So that they know, Hey, what

1 if I -- let's assume I'm on hormone, I start
2 growing a beard, but I still have a D cup breast,
3 right? They don't think about that. They think,
4 I'm on hormone. I have beard. I look like a
5 dude. I'll be good. But no, there's -- it
6 doesn't go away overnight. I'm wishing I could
7 do that, but no.
8 How are we going to have beauty adjusted to
9 feel comfortable, to still go to school, to have
10 friends. And that is where the tier one comes
11 in. Does that make sense? Thanks.
12 Any other -- yes?
13 Q What would you say when sexual education would be
14 as provided, you know? Would you feel that that
15 would be independent of a parent, for example, I
16 guess, like in a school setting? Would that be
17 more effective?
18 A I don't think there's one way to do it, because I
19 think every family is a bit different. And I
20 think definitely, I highly encourage the parent
21 to have an active role during that. But having
22 said that, there are things that kids, they don't
23 like talking to parents about those things. So
24 that's the point, I think, is also having maybe
25 someone they feel comfortable talking with. So

1 that can be a sex educator, or it can be a
2 counsellor, it can be -- it can be even a priest,
3 or -- depends what they feel comfortable with.
4 So I think don't rely on one source. And I
5 think more multiple level, I think that's good.
6 But having said that, regardless what that is, I
7 prefer the parent to take an active role in this
8 process.
9 Q So with the assessor -- assessor part and the
10 clinician part, does some of that take place at
11 the same time, or is it sort of a different time
12 line or, how does that work?
13 A It really depends. Because, like, in our
14 program, a lot time, once they come to the
15 program, we assign them a clinician, right away.
16 Sometimes they don't really have anything going
17 on. They're just like, Just give me hormone.
18 Give me something. I will be fine. Which is
19 great, but sometimes, some of them, they would
20 like us to give them some education, give them
21 some help. So it can be happen simultaneously,
22 it can be happen one after the other, or kind of
23 like this. So it really depends the individual,
24 the family, where the kid is. And that will be
25 the key. So we don't really have one set of how

1 that happens. We don't have a sequence or A, B,
2 C, D. It's really dependant on the individual.
3 But I think that would be the best approach
4 because that's a more individualized approach
5 with flexibility based on the family and the
6 individual needs.
7 Yes?
8 Q So not necessarily a clinician, is what you're
9 saying?
10 A No, not necessarily. It can be a school
11 counsellor doing the tier one work. And then the
12 school counsellor, Hey, I did all this already.
13 I think this kid need to have an assessment done.
14 And they refer to us. Then we do the tier two
15 work. And then we work with the school
16 counsellor together and let them know what's
17 going on, how you can continue to support the
18 kid. Definitely.
19 Yes?
20 Q So I was wondering, on the DSM information, it's
21 stated that there should be a period of at least
22 six months for the child to --
23 A M'mm-hmm.
24 Q -- [indiscernible] gender dysphoria. So I was
25 wondering what are your thoughts about should

1 there be, like, certain period of time between
2 the moment that the child first says, I'm not a
3 boy, I'm a girl, and until the social transition?
4 Because as you said, like, there are benefits and
5 drawbacks for the social transition process.
6 A So I'll see if I understand you correctly. So
7 when the kid start making those statements,
8 should I wait for six months and do something
9 about it?
10 Q Yeah, how long until your first start --
11 A I think that -- depends on my role. If I'm a
12 parent, and the kid said, You know what, I want
13 to try, like, a Pinterest. I say, Okay, let's
14 get you Pinterest. Just make sure that you're
15 safe, that you will be in a place that I can
16 support you.
17 So I wouldn't wait to six months, because
18 like, because you need -- the thing is, it's the
19 subtle message that you're telling the kid. If
20 the kid telling me we want to wear pretty things,
21 I say, you know what? Let's wait six month if
22 that's real, right? What is the message I'm
23 telling the kid? Something is really wrong with
24 your desire, right?
25 So what we want is to support our kid. Say,

1 Okay, if you want to do it, let's try it out.
2 But of course, we need to think about safety,
3 right? So let's think about how we can try it
4 out to support you in a safe way.
5 Q So what happens if my child says, Oh, I want to
6 go, because you've spoken about it before, that
7 the child wants [indiscernible] everything --
8 A Yeah. And I think that I would set limit with
9 the kid, how can we do it in a sequential way?
10 If the kid's parents say, I feel kind of lost
11 along the way, then find a specialist to come in.
12 Hey, how do we lay this out for the kid? And a
13 lot of time, the kid, they really want to be
14 there, the gender they see in their mind. And if
15 they know there's a road map to help them to get
16 there, they're willing to try it, I think. So
17 having someone to help them develop the road map
18 is important.
19 Yes?
20 Q I appreciate that a lot of study still needs to
21 happen, but I wonder if, with the children that
22 you've seen, that you work with, if you've
23 noticed any correlation at all between
24 expressions of gender versus expressions of
25 sexuality?

1 A M'mm-hmm.

2 Q In our instance, you know, we have a child that
3 is decidedly moving from one place on the gender
4 spectrum to another, but I'm wondering what to
5 expect, if anything, in terms of expressions of
6 sexuality that go along with it. I'm not 100
7 percent sure if my child has decided where they
8 want to go in terms of -- I'm not sure that
9 they're actually reaching out to other people to
10 express, you know, emotions of sexuality and
11 attraction, anything like that.

12 Has it been your experience that transgender
13 children kind of withdraw in terms of seeking out
14 sexuality, affection, that kind of thing, or...

15 A I think I understand part of it. I try to answer
16 and see if I get it right, if not you can --

17 Q I'm struggling to get the question.

18 A Okay. So -- no. No. So you have something to
19 add on? Okay. Okay. So I think that we think
20 gender is a spectrum. I think that sometimes the
21 kid, they really like to try things out, moving
22 around quite a bit, and I think that is
23 important. Having said that, I think there is --
24 in the younger kids, there they are -- sometimes,
25 they will be like -- since I like pretty things,

1 that's more sexual general role, gender
2 expression, but, Oh, I must be a girl. There are
3 some kids, they feel this way.
4 And so that is through the assessment. It's
5 like, You know what? Let's try you -- get you
6 all the pretty things first before we do anything
7 about it, right?
8 So I think that having a professional, you
9 know, and some specialist to go look into it and
10 kind of dissect it, what are we talking about
11 here? Because what they present to us is lump
12 sum of things, all mixed together. Who I like,
13 what I want to dress, who I am, all those
14 sexuality things mixed together. How are we
15 teasing out what is what? And then we can, Okay,
16 what are we dealing with here? I think that will
17 be, based on what -- my interpretation of --
18 that's what I would have done.
19 Okay. Yes. Any other -- yes?
20 Q You mentioned that your quadrant was specific to
21 the Delta, Surrey region?
22 A And Langley.
23 Q And Langley. Where would you direct people that
24 are in Vancouver? What direction would they
25 take?

1 A Oh, [indiscernible]?

2 Q None?

3 A You just have to find someone privately to do it.

4 Q Okay.

5 A And that is where you need to advocate to the
6 government. That is where -- even the Ministry
7 right now that we are doing this, and we just
8 doing it in a way volunteer doing it. Since we
9 volunteer doing it, they have us volunteer for,
10 like, eight years doing it. And so the cases
11 kept piling up and up and up, and Oh,
12 [indiscernible].

13 So I think that the government, if we don't
14 advocate for this, it will never happen, right?
15 So why would I give you funding when there's no
16 need for it? Why don't I just give it to
17 somebody else for something else, right? I think
18 that as a community, if we think this is what you
19 need, go talk to your politician in your area.
20 It's that, You know what? That is, yes, how come
21 my kid need this and I don't have support for
22 this? How come I have to go all the way to
23 Langley to a children group for transgender
24 children group? And why -- I should have
25 something here. How come I don't have it, right?

1 I think -- I think in a way, that is up to us as
2 advocates, otherwise, it will never happen.
3 Yes?
4 Q If you live in Surrey, how do we get involved in
5 the program?
6 A If you live in Surrey, that is another thing. So
7 if you live in Surrey, definitely you will need
8 to open a file with [indiscernible] Mental Health
9 in your local office. And then your kid, as long
10 as is younger than 19, then your kid be able to
11 refer to our program.
12 Q Okay.
13 A But having said that, because, again, the limit
14 of money and funding. So they try to, like, if
15 your kid is sick enough, they will, like, No,
16 we're not taking it.
17 So I don't know how to say it, but I'd say
18 it in a way that you let them know how urgent,
19 how important that is. Otherwise, they just --
20 Q And what is the name of the program? What is it?
21 A The Gender Health Program.
22 Q Gender Health, okay.
23 A Yeah, Gender Health Program. You should say, I
24 talked to Dr. Wong. I live in that area --
25 Q Yeah.

1 A -- I would like to be referred to him, he keep
2 saying this, right? But in a way, I really
3 think -- I truly believe in preventive care.
4 Because, like, I think what the government --
5 okay. Okay. Don't tape me on this one, I really
6 think the government is doing reactive care.
7 VARIOUS SPEAKERS: Yeah. M'mm-hmm.
8 DR. WONG: What they do is, like, We are so short of that.
9 We'll wait till your kid is sick enough,
10 suicidal, running away, cutting, then we take
11 you.
12 VARIOUS SPEAKERS: Yeah. Yeah.
13 DR. WONG: I mean, so and this way -- I -- I remember the
14 first time I went to the transgender kid -- the
15 meeting for a transgender kid. There was like 20
16 professional sitting there from the hospital to
17 the community, school, everybody, because this
18 kid is suicidal. Nobody know what to do at that
19 time. But if we can give this kid early on
20 preventive care, give them what they need, know
21 what risk level they will work themselves into,
22 we can prevent a lot. We can --
23 Because in a way, we're teaching the kid,
24 You need to be sick enough, then we will give you
25 what you need. So what you need is, you know

1 what? Pull a stunt. Suicide, every time, they
2 will give you what you need. They learn that.
3 They learn it very fast, right? If I want and
4 need this, I just need to, Hey, Mom, right?
5 So I think that even the government is,
6 like, telling the kids, Hey, wait till you're
7 sick enough. Don't do -- we do reactive care
8 here. We don't do preventive care.
9 Yes?
10 Q So kind of following on from that, did you say
11 you had 1,000 patients in all. And what area are
12 you drawing from? Is that just Richmond --
13 A The 501 is from the Surrey, Langley, Delta.
14 Q Okay.
15 A The other 500 is my practice.
16 Q And so is that all across the province?
17 A All across the province. Some of them across
18 different provinces, and different countries too.
19 Yeah.
20 Q Okay. So I guess what I'm really asking is, is
21 what -- what's your guess as to the percentage or
22 the number of folks in 1,000 --
23 A They talk about like, 1 in -- like, 1 in 10,000.
24 But now, the way it comes, we think it's a lot
25 more. And I think that back then, they do that

1 statistic, is they say, Okay -- because the
2 reason, the only way you can track it is when you
3 come see me, then I can report to the health
4 authority, right? But if you don't see me, if
5 you live so far away, you are not being counted.
6 If you -- like, some of the transgender kid, in
7 youth, they kill themselves; you are not being
8 counted. And you're so closeted, going in the
9 closet, you're not being counted. So that number
10 is not really accurate, but it's about 1 to
11 10,000 at this time.
12 Q But that's not your guess.
13 A No. No.
14 Q Your guess would be 1 in 1,000?
15 A I don't know. I would say -- I don't know. It's
16 a lot more. But I -- But I think the 80 percent
17 number, like, 80 percent they grow out of it, if
18 that is right, I'm so blessed that I'm seeing all
19 the 20 percent. I am just so lucky. Just so
20 lucky. So that, I can answer you, now.
21 Yes?
22 Q And what about young adults who are just sort of
23 coming out? What's ...
24 A Well, young adult is a different development
25 stage, definitely. So they have -- they're more

1 mature, they have -- regular individual I'm
2 talking about. And then they will be, kind of
3 like, knowing the risk and benefit. They can
4 consent themselves.
5 So a lot of the time, the treatment is
6 really depends on any significant issues that we
7 mention in the tier one here. If they don't have
8 that, then the way they move forward will be a
9 lot faster than the younger kids or adolescences,
10 right? Because they're adults, they are -- the
11 doctor will assume they know the risk and
12 benefit. You work with any of these issues
13 presented. And they will work through to get
14 what they want, to be the way that make them feel
15 gender confident. So it can be, like, medical
16 treatment. Can be hormone. Can be a combination
17 of medical treatment and counselling. It really
18 depends. But normally, the process will be
19 faster than a younger youth and children.
20 Yes?
21 Q Hi. I'm a sexual health educator who works
22 predominantly with folks who are [indiscernible].
23 And so I know that the research is showing that
24 there's an occurrence of autism and gender
25 variance. So I just wanted to [indiscernible]

1 your experiences?

2 A And I think that's very true. Because, like,
3 back then, we saw that, but the research is not
4 there. So now, the research is telling us up to
5 20 percent of the transgender kid will also have
6 high-functioning autism. And I think in a way,
7 that really tell us by [indiscernible] they're
8 born this way, because they just happened to
9 be -- come with it.

10 And -- but having said that, a lot of times
11 when we detect there is some signs that he kid
12 may be autism related also on top of those, and
13 we will always, in our clinic, we will do the
14 autism assessment too. But if it's not in our
15 clinic, we will encourage the parent to find
16 someone to get that done. Because if it's 20
17 percent, up to 20 percent, I think it's quite
18 significant. And majority of them we see is
19 high-functioning autism. So what that means is
20 they have some subtle sign. And a lot of time
21 they go through the radar, and parent and the
22 school didn't detect it until too much later.

23 Yes?

24 Q So in the tier one that you talked about
25 assessing the things like depression

1 [indiscernible] health disorders, are you able to
2 tangle out, because transgender people can have
3 those disorders because they're stuck being who
4 they're not.
5 A Yeah, definitely.
6 Q Are you able to tangle out what is -- like, to be
7 able to support that child either way so they can
8 be who they are?
9 A Yeah. I think definitely. I mean, there's a
10 couple possibility here. Some of the kids can
11 be, like, genuine, just depressed, but nothing
12 related to being transgender. Or the kid, like
13 you say, is depressed because I'm trapped in this
14 body. That is gender related. Or the kid can
15 be, like, I'm depressed trapped in this body, but
16 I also have concurrent depression going on.
17 So all three can happen. I think that is
18 assessment that will really determine what that
19 is. Because sometime when we do the assessment,
20 the test is telling us that the kid is in the
21 clinical range of the depression, so we will be
22 full of, Hey, we want to know what are the
23 contributing factors to your depression? Are we
24 talking about just depression? Are we talking
25 about because of gender incongruence? Or are we

1 talking about a combination of both? So that
2 would be something to look into.
3 Yes? Yes?
4 Q So I was wondering, because you imply that there
5 is there is something or the videos
6 [indiscernible] and implying that there is
7 something in the wiring in the brain that
8 children from a very age know about
9 [indiscernible]. So I was wondering from your
10 experience, are there cases of young adults or,
11 yeah, even like, 20s or 30s, that they're only
12 now beginning to have these thoughts and having
13 doubts of it?
14 A Yeah. I think that's a good question. Because,
15 like, I think that we -- I don't know if it's a
16 curse or blessing, having a young kid come up so
17 early, 3 years old, I'm not a boy, I'm not a
18 girl. I think that's good and bad, verses
19 someone that have no sign, and then come out when
20 they're 15 or 16, Viola, Mom, I'm a boy, I'm a
21 girl. That kind of thing.
22 And it's interesting enough, 40 percent of
23 my client, we call it silencer. That means the
24 parent, no clue. No indication. The kid didn't
25 show them any sign. But that doesn't mean they

1 don't have the feelings. Many of them, they have
2 the feelings early on. They thought they would
3 go away, so they try to ignore it. Many of them,
4 they have the feelings, they were so ashamed of
5 it, so they try to repress as much as they can.
6 Many of them, they have those feelings, but they
7 don't know what that is all about until they
8 learn something in later life. So I think that
9 is assessment is all about.
10 The funny thing is, even though those
11 silencers, we are always able to find out there
12 is some indication, but maybe the kid just don't
13 able to connect the dots together. And then we
14 will present it to the parent, Hey, this is
15 what's going on.
16 Anybody? Okay.
17 So thank you so much for coming. Okay.
18 Okay. One more. One more, yes.
19 Q So from your experience, like, wee young kids
20 that they, like, identify themselves as, like --
21 like, so as a girl I'm saying, I'm a boy, like,
22 what kind of, like, themes or indicators, like,
23 this really young kid is giving, like, I'm going
24 to play -- so, like, I'm a girl, but I want to
25 play with, like, boys toys? Or, like, what kind

1 of, like, indicators --

2 A I think that's a good question. If I'm looking

3 for indicator, I prefer not to looking at because

4 my boys like to play with girl toys and vice

5 versa, because again, that's gender role, gender

6 expression.

7 I more listen to them. Because that's the

8 thing, that I want to be a girl, verses saying

9 that I am a girl. There's a big difference. We

10 look for the intensity. How consistent? We look

11 at persistent, consistent, insistent. And that

12 is a much better indicator than looking for what

13 toys you play, who you're friends with, and you

14 like playing with sparkly things or not.

15 So I would look for the consistent,

16 persistent, insistent. That is a lot better

17 indicator than looking for those.

18 DR. WONG: So thank you so much for coming and --

19 UNIDENTIFIED SPEAKER: So as I mentioned on the way in, we

20 have some handouts at the front here if anyone is

21 interested. I noticed the anxiety and fear gone.

22 So [indiscernible] you can contact our office or

23 have [indiscernible].

24 **[END OF AUDIO]**

25

1 Reporter Certification

2

3 I, Mary Catherine McNeely, Official

4 Reporter in the Province of British Columbia,

5 Canada, do hereby certify:

6

7 That the proceedings were transcribed

8 by me from audiotapes provided of taped

9 proceedings, and the same is a true and

10 correct and complete transcript of said

11 recording to the best of my skill and

12 ability.

13

14 IN WITNESS WHEREOF, I have hereunto

15 subscribed my name this ^ day of ^ , 2018.

16

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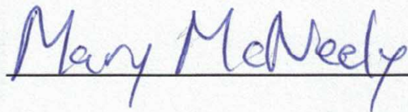
18 

19 Mary Catherine McNeely

20 Official Reporter

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