

# Childhood and Gender Identity Development Repressive Abuse

## Repression of Questions about, Behaviour associated with, or Self-Identifying with a Transgender Identification

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**R**ecently I received correspondence from a transgender woman who is studying psychology. Her letter raised several interesting issues which I have not found generally included in information about gender identity issues. These include: "Is having a transgender identity or need to cross-dress caused by childhood abuse?", "Is it better to resolve childhood abuse issues before or after beginning to live in role and transitioning permanently?", "Does the stigma of childhood abuse carry over and prevent transgender individuals from obtaining hormones and surgery?"

***Many people ... accept society's stereotypes and truly believe that ... transgender identities are pathological ... rather than accepting human diversity as healthy.***

Childhood abuse is not a common subject in support groups, and is very seldom addressed in transgender press. Yet, like many persons in the general population, transgender men and women faced abuse and victimization during childhood. As a result, this is an issue which needs to be addressed because it is important to our wellbeing as individuals and as a community. However, before addressing questions and issues associated with this topic, we need to have an easy-to-understand description of what constitutes childhood abuse. Also, our focus on abuse needs to take into account the experiences of persons who are today transgender men and women.

In the broadest sense, childhood abuse is defined as the act of inflicting or allowing infliction of physical, sexual or emotional maltreatment or injury upon a child. Childhood abuse may be carried out by a parent, relative, family friend, teacher, or other adult. Abusive activities become possible when an adult misuses the power, trust and vulnerability that characterises child/adult relationships. In many circumstances the abusing adults may be so invested in getting their own needs met, or simply reacting to emotional situations, that they do not recognise their behaviour as causing pain, neglect and trauma.

Just as parents often do not see that their behaviour is abusive, large segments of adult society have difficulty acknowledging that child abuse exists. Adult 'survivors' of child abuse may be unaware that they were abused during childhood, and if they are aware, these individuals may prefer to ignore it and move on with their lives. Child abuse is also simply not a subject one casually discusses with family and friends. Very few people wish to take on the responsibility of addressing this issue. After all, if childhood abuse is as common as the experts say it is, then this means that you and I, as well as any of our adult friends and neighbours, may have been abused in the past or are potentially capable of abusing a child.

Another reason the topic of childhood abuse is so often avoided is that people are unaware of it or do not believe it to be that common. This is because the majority of childhood abuse cases go undetected. Generally, if a child is emotionally abused or receives a minimal amount of physical abuse, the abuse itself can be difficult to detect and is rarely reported. However, no matter how much abuse a child receives, there are always consequences. In most circumstances children develop a variety of coping mechanisms to deal with abusive situations. Regrettably, these coping mechanisms may not continue to be effective as the individual matures. In my experience, the denial, insecurity, addictions, unhealthy relationships, poor life choices and constant search for attention, which characterise many adult lives commonly has roots in unresolved childhood abuse issues.

One specific type of childhood abuse that commonly affects transgender persons is Gender Identity Developmental Repressive Abuse (G.I.D.R.A.). This is defined as abuse or actions which force children to repress healthy questions about gender identity, actual cross-gendered play-acting and behaviour, or from self-identifying with a transgender identification. Unlike abuse where the perpetrator randomly abuses for other reasons, G.I.D.R.A. is specifically carried out in an effort to force the child to adopt socially desirable behaviours, presentation and gender identification. However, like other forms of abuse, the effects of G.I.D.R.A. are insidious, deleteriously affecting not only gender identity development but also social and communication skills and other vital coping mechanisms.

In an informal assessment of seventy-two private practice counselling clients who self-identified as having a transgender identity and having lived 'in role' at least part-time for two years or longer as a member of the opposite gender, sixteen persons reported having received repetitive verbal as well as physical abuse during childhood because they were unable to conform to socially acceptable, non-transgender stereotypes. Among those assessed, forty-one stated that as children they expressed interest in cross-dressing or actually were discovered cross-dressed, and after verbal reproach made certain to never discuss cross-dressing or be caught again. Finally, fifteen individuals reported having been abused for reasons other than gender identity, or having not been abused at all.

As a care provider interested in the wellbeing of people, I must remind my readers that behind every statistic there are human beings with real experiences. While assessing clients and reviewing documentation I have heard incredible accounts of transgender men and women who were horribly abused during childhood over cross-gendered behaviour; yet as adults they moved on to establish successful, stable lives. Within my assessment well over half of the abused individuals maintain professional careers and quality personal relationships. The vast majority of transgender individuals who experienced G.I.D.R.A., were able to successfully transition despite the abuse as long as they maintained a support network, focused on building communication and presentation skills, and planned transition goals which accommodated their individual circumstances.

For every positive outcome, there are also transgender men and women who are suffering. Sometimes the abuse they suffered as children affects their arriving at stable gender presentations, However in most circumstances I have found that the person's coping mechanisms are often most affected. Coping mechanisms are the devices we use to respond to real life situations. As an example of the effects of G.I.D.R.A., one of the individuals assessed was continually punished by an abusive father for "spending too much time preening in front of a mirror such as a homosexual does." To this day, even though the individual has successfully lived in role over seven years as an attractive transgender woman, every time she looks in the mirror she still remembers the pain. Not surprisingly, until she confronted this issue and expressed her anger, she honestly believed that when people looked at her that they saw an ugly, repulsive person. Like this individual, other transgender men and women who experience G.I.D.R.A. also find themselves dealing with low self-esteem and compromised social and communication skills, both before and after transition until the issue of abuse is resolved.

Because people's social and communication skills directly affect their chances at successfully interacting with others while 'in role' or transitioning, this reintroduces questions as to whether abuse issues should be resolved before or after transition. In brief, the answer depends primarily on each individual and introduces more questions. Can the person maintain a consistent emotional state in social situations requiring a consistent presentation, such as in the workplace or in the general public? Is the person capable of separating his or her feelings about the abuse from present day circumstances? Does the person recognise that his or her coping skills may be compromised by past abuse, and such can these be redefined to meet today's needs?

No matter what type of abuse people experienced, if they can answer "yes" to the preceding questions, pursuing cross-dressing and transition goals under most circumstances would seem appropriate. However, if the individual finds that memories of the abuse continually recur and become disruptive, or if they find themselves having unresolvable social, communication or relationship difficulties, I strongly advise that person to discuss these issues with a therapist or counsellor familiar with both abuse and gender identity issues. Bringing cross-dressing out of the closet or following through with long-term transition goals is difficult enough without having one's coping skills compromised when they are needed most.

One of the concerns I hear most frequently from transgender men and women is they do not want unnecessary interference in their lives from care providers. As a consequence many transgender persons avoid mentioning that they were abused or that they are presently experiencing difficulties as a result of childhood abuse. They fear that primary therapists who serve in a 'gatekeeping' capacity, may withhold recommendations for hormones and surgeries. Because of this situation, withholding information that may suggest psychological instability often seems the best guarantee to receiving gender conformation recommendations. I suggest that if a person is having difficulties they cannot discuss with their primary therapist they engage a second therapist for the purpose of focusing on childhood abuse. Furthermore, if a care provider declines to provide services or approve recommendations solely because an individual was abused as a child, I strongly suggest that individual find a new care provider.

Does Gender Identity Developmental Repressive Abuse cause a person to have a transgender identity? In the vast majority of cases I do not believe so; after all G.I.D.R.A. is carried out in order to suppress and not support a child's natural question asking and gender identity exploration. Generally speaking, well over half of transgender men and women begin 're-experiencing' cross-gendered feelings after establishing productive lives as adults. If we take into account that G.I.D.R.A. is repressive in nature, unless an adult actually has a transgender identity, it would seem highly unlikely that they would wish to reintroduce unnecessary social turmoil or embarrassment such as they experienced during childhood.

Does 'forced' cross-dressing during childhood cause gender identity issues? This causality question is a little more difficult to answer. In most circumstances the answer is "no." Often this is only wishful thinking on the part of people who are more interested in defining a cause for gender identity issues rather than taking on the responsibility of understanding transgender needs. Additionally, it should be noted that in many circumstances, children who were cross-dressed by another child or a parent, often were willing participants in this common childhood "game." Over time, it only became a matter of circumstance that they wished to continue cross-dressing, but found it to be socially unacceptable as they matured from being children to adults.

In my experience, there are several circumstances where 'forced' cross-dressing during childhood may have carried over in some form into an adult's life. This can happen when cross-dressing was continuously or ritually used as a punishment to shame the child. In these circumstances these individuals develop an unpleasant compulsion to secretly cross-dress as a mechanism of self-punishment. However, unlike cross-dressers or other transgender persons, this type of individual gains no pleasure from the act and in no means gains any benefit from his or her behaviour.

When we look at the previous questions, it is important to recognise that people ask questions about causality for a variety of reasons. Many people, transgender and non-transgender alike, accept society's stereotypes and truly believe that cross-gendered behaviours and transgender identities are pathological, mentally disordered or medically diseased. As a result these individuals become driven into looking for causes and cures rather than accepting human diversity as healthy. Others may unknowingly wish to believe that their personal questions about gender identity were caused by G.I.D.R.A. so that they may assign blame for difficulties they have had or are currently experiencing. However, while it is appropriate to address blame when abuse affected an individual's wellbeing, I do not believe the abusive parties should be held responsible for the victim's gender identity. Doing so would be attributing extraordinary powers to the abuser which is neither merited nor realistic. This is evident in noting that well over half of today's transgender men and women hid their cross-gendered behaviour after several confrontations or were not abused at all.

With regard to dealing with personal issues of abuse, individuals must take responsibility for their own lives as adults. In doing so an individual can become his or her own present day parent. With self-parenting, ordinary people like you and I have the ability to heal inner wounds, and to learn or refine coping mechanisms. We also can set unhealthy abusive cycles into the past, by not repeating abusive behaviours. As adults capable of self-examination and acknowledging our power, mindfulness is called for in our interactions with those less capable of self-protection. These include our partners, children, elderly persons, pets, or a disadvantaged friends or strangers.

This article provides an introduction to Gender Identity Developmental Repressive Abuse (G.I.D.R.A.). As such, this is an opportunity for abused individuals to reflect whether their experience was consistently repressive to development of their gender identification. If you believe this is so for you, you may benefit from reading about similar types of abuses and issues. Regrettably, I was unable to locate any titles which specifically address transgender specific childhood abuses, however I found the following books presented issues that may be cross-applied as we try to understand G.I.D.R.A. and its effects.

## Further Reading:

Growing Up Gay in a Dysfunctional Family, Rik Isensee, Prentice Hall Trade (August 1992) I.S.B.N.-13 978 0671767631.

Recovery of Your Inner Child, Lucia Capaccione, Ph.D., Fireside (March 1991) I.S.B.N.-13 9780671701352.

Healing The Shame That Binds You, John Bradshaw, Health Communications (October 2005, Revised Edition), I.S.B.N.-13 978 0757303234.

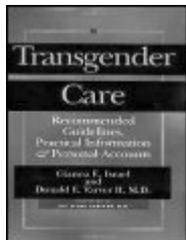
## Gianna E. Israel

**From Susan's Place:**  Gianna E. Israel was a therapist and author of many online articles regarding transsexuals and gender transition as well as the 1997 book *Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts*.



She also published numerous articles on transgender issues, including a regular column in the magazine, *Transgender Tapestry*, and a series of gender articles which are published on Usenet and in C.D.S. Publication's TG Forum. Her writings on gender issues had a significant impact on the field and had an enormous impact on many people's lives. She spent nearly 20 years providing gender-specialized counselling, evaluations, medical recommendations, and mental health services across the United States. She even offered appointments by telephone for individuals without local support or who found office visits difficult. She was a member of H.B.I.G.D.A. and worked with thousands of transpersons in all stages of transition. She passed away on 21 February 2006 after a long illness and is a sorely missed supporter of the trans community.

A full list of her essays on the "[Differently Gendered](#)"  website



**Transgender Care: Recommended Guidelines, Practical Information, and Personal Accounts**  
Author: Gianna E. Israel, Donald E. Tarver and Diane Shaffer  
Publisher: Temple University Press (1998)  
I.S.B.N.-13 978-1566398527.

**From Amazon Books:**  By empowering clients to be well-informed medical consumers and by delivering care providers from the straitjacket of inadequate diagnostic standards and stereotypes, this book sets out to transform the nature of transgender care. In an accessible style, the authors discuss the key mental health issues, with much attention to the vexed relationship between professionals and clients. They propose a new professional role; that of "Gender Specialist".

Chapters 3, 4, and 5 provide definitive information (in the context of consulting health professionals) on hormone administration, aesthetic surgery, and genital reassignment surgery. Chapter 6 takes up the little-examined issue of H.I.V. and AIDS among transgender people. There is also a chapter devoted to issues of transgender people of colour, as well as a chapter on transgender adolescents. The book contains a wealth of practical information and accounts of people's experiences about coming-out to one's employer or to one's friends or spouse. Several essays spell out the legal rights of transgender people with regard to insurance, work, marriage, and the use of rest rooms. The second part of the book consists of thirteen essays on a range of controversial topics.

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The Gender Centre is committed to developing and providing services and activities, which enhance the ability of people with gender issues to make informed choices. We offer a wide range of services to people with gender issues, their partners, family members and friends in New South Wales. We are an accommodation service and also act as an education, support, training and referral resource centre to other organisations and service providers. The Gender Centre is committed to educating the public and service providers about the needs of people with gender issues. We specifically aim to provide a high quality service, which acknowledges human rights and ensures respect and confidentiality.