

# Supporting gender **non-conforming** and **trans-identified** students in schools



A resource pack for schools

Transgender  
**TREND**  
Parents questioning the trans narrative

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## Introduction

We have developed this guidance in partnership with teachers and child welfare staff to help primary and secondary school professionals navigate the challenges raised by new transgender schools guidelines and to help teachers develop the confidence to manage these issues in day-to-day school life, so that all children feel supported and safe

The number of children who identify as transgender has risen exponentially over the last few years and this has left schools unprepared for the complex issues which may arise in an area in which most teachers will have had no previous professional experience. Advice given by transgender organisations is focused upon the transgender individual and may not look at the holistic duty of the school community as a whole.

All new transgender schools guidelines are written by transgender organisations and LGBT groups which present a one-sided view of how schools should support transgender students.

The issues can be confusing and bewildering for those new to the subject of transgender identities in children so schools may feel that they have no alternative but to go along with the guidelines available.

Our aim is to clarify the information contained within current schools resources and equip teachers to feel confident in their own professional judgement in critically appraising such materials.

We provide research-based evidence and alternative strategies which will help teachers to best support not only the child who identifies as transgender but all children who defy gender and sex-role stereotypes.

To enable teachers to confidently support all students in their learning and realisation of their potential we examine the areas of 'transgender rights' which may conflict with the rights of other students and encourage teachers towards workable and creative solutions in line with the Equality Act and Public Sector Equality Duty guidance for schools.

## Why is this needed?

Since children have been taught about 'gender identity,' calls to Childline from children worried about their gender have doubled to eight calls a day from children as young as

**11**

'Rapid onset gender dysphoria' is thought to be linked to internet use and social contagion

In a study of young women who regret their transition, 93% said they did not receive adequate counselling before starting a path of medical transition so underlying problems were not resolved

Nearly **70%** of referrals to the Tavistock gender clinic last year were girls and over 70% of adolescent referrals were girls

There has been a nearly **1,000%** increase in children referred to the Tavistock child and adolescent gender clinic over the past six years.

Most children who start puberty blockers progress to cross-sex hormones at age **16**, leaving them infertile; very few come off the path of increasingly invasive medical treatments once they start.

There is no research into the long-term effects of these treatments on children

Extreme gender non-conformity in childhood and adolescence is more predictive of gay or lesbian sexual orientation

Childhood gender dysphoria naturally resolves during adolescence in around **80%** of cases

Around **50%** of children referred to the Tavistock clinic have underlying mental health issues

Patients at gender clinics are **6x** more likely to be on the autistic spectrum than the general population

# 1

## Guidance for school leaders

### Context:

Schools are places of learning and adults working in them have a duty of care towards all students. Transgender children and adolescents are likely to be very vulnerable due to their personal circumstances. They have the same rights as all children to learn while feeling safe and to be free from bullying, harassment and discrimination.

Adults working in schools have considerable experience in working with children and young people, especially those facing critical situations such as loss and bereavement, mental health problems, serious illness and disabilities, bullying, self-harming behaviour as well as those who indulge in dangerous behaviour that puts them at risk of harm. Schools already have developed effective pastoral care and safeguarding systems and practices and must have the confidence to refer to these when dealing with issues relating to children and young people wishing to change their sex.

Much of the advice currently available for schools in working with children and families around transgender issues comes directly from organisations specifically set up to promote the political interests and needs of transgender people. Some of the advice given by these organisations fails to take account of the needs and rights of the whole school community as well as using questionable techniques and approaches in their training.

Schools should not feel pressurised into accepting interventions from political activist groups seeking to pursue their own agenda. Schools must be confident in their boundaries and not become unintentionally caught up in actively promoting particular lifestyles or ideologies.

The points below are to aid senior staff in balancing the advice given by special interest organisations alongside the needs and rights of the whole school community when responding to the transition of individual children. In particular, ensuring the rights of both sexes to privacy, dignity and safety are maintained.

### School leadership

These are challenging situations that need to be managed at a senior level to ensure discretion, sensitivity and an awareness of the complex issues that transgender children in a school can present.

- Ensure that all decisions taken adhere to the principle of 'reasonableness' as well as complying with equality law
- Manage the situation at senior level
- Identify a senior member of staff to lead and to research if necessary. Take advice before writing practice guidelines. If you use transgender activist organisations, then remember that while they have a specific (and laudable) aim of promoting the needs of transgender issues, their views and wishes may at times be in conflict with the school's duty of care to all children

- Hold the welfare of the individual child and all children at the centre of your decision making
- Ensure that staff maintain clear boundaries in their role as educators and use the school's established pastoral care and safeguarding policies as reference points

## Advice and training

Before inviting any external organisations to train staff ensure the following:

- All training allows for critical issues to be openly discussed with participants being encouraged to discuss difficult issues and not silenced by claims that asking challenging questions is transphobic
- Any statistics used must be fully evidenced from national peer-reviewed research
- All statistics about suicide must fully comply with advice from the Samaritans on reporting suicide and using suicide statistics
- Training should be objective and not evangelical in approach
- Schools should use their normal procedures when evaluating whether it is appropriate for any organisation to access their students in order to promote their particular views. This is particularly important in the light of recent evidence of a 'social contagion' factor with young people and transgender issues
- Language. Much of the terminology used can be confusing and opaque. Even the most basic of language used confuses words that have clear scientific and biological meanings i.e. sex, woman, man with other terms such as gender (a social construct). Often biological women and men are 'renamed' as 'cis' men and women. Schools should use scientifically and biologically accurate language

## Policy, good practice and school rules

- Policy development - ensure that your equality, anti-bullying and safeguarding policies reference the needs of transgender children. Given the proportionately tiny numbers of transgender children new policies may not be necessary. If you have separate discrimination/anti-bullying policies in support of other vulnerable groups, e.g. SEN children, traveller children, BAME children, gay and lesbian children then a separate policy may be appropriate. If not, then additions/amendments to the school's current policies should be sufficient
- All policies must be in line with a school's overarching safeguarding, equality and anti-bullying policies and in line with your Local Authority Safeguarding Children Board
- Schools should be cautious of giving a transgender child rights that are not afforded to other children. For example, the right to wear trousers for only girls who identify as boys or the right to wear make-up or high heels for self-identified girls where these things are prohibited for other girls
- School rules should adopt a consistent approach to interests and personal style (clothing, hairstyles, footwear) without having special rules for a transgender child



## Sex-segregated facilities

- There will be challenging decisions to be made about sex-segregated facilities, sports etc. Always bear in mind that the needs of a transgender child should not outweigh the needs of another group, e.g. the wishes of a biologically male teenager to access female changing rooms and toilets must not outweigh the rights of adolescent girls to dignity, privacy and safety as they use toilets and changing rooms when navigating their way through the complexities of puberty and periods
- Where sport is sex-segregated, it is essential to examine issues relating to sex differences in size and weight that would impinge on a girl's rights to safety and fairness when playing sport before allowing any transgender adolescents to take part in competition with students of the opposite sex. This is essential with contact sports

## School ethos

- Staff will have their own views in relation to transgender children and adolescents. Staff should be role models in demonstrating calm and accepting behaviour towards an individual transgender child and in promptly stopping and reporting any bullying or harassment
- In terms of support there should be a small number of adults who are 'authorised' to be the 'go to' members of staff for the child. It is important that a child undergoing such significant personal changes is not unwittingly exposed to the thoughts and beliefs of 'random' individuals. This can be particularly challenging in a large school where a young person might meet dozens of different adults on a daily basis so a managed approach is essential
- All staff in direct contact with any child undergoing transition must be reminded that their role with the child is to foster their learning and report any welfare concerns using the normal school policies. Adults in schools must maintain strict boundaries

## Influences

- Do not allow the school to be manipulated by individuals or agencies promoting their own agenda. Be wary of groups, families or individuals wishing to dictate school policy and practice in order to further any particular political/social cause
- Most schools will only discuss a student with parents/carers with parental responsibility
- Always plan for meetings with parents where there may be demands on the school to respond in particular ways. Always reserve the right to reflect and discuss with colleagues after a meeting before agreeing to any changes to school procedures and practices



- Do not encourage the child to be publicly celebrated in schools as 'brave and courageous'. Maintain a neutral stance of 'kind acceptance'. Children, and on occasions parents in this situation, will be looking for approval and validation. It is not the role of the school to provide that, just it is not the role of the school to be disapproving and unkind. There is evidence of 'social contagion' with transgender children and the school must be wary of fostering this. Focus on anti-bullying and a tolerant and kind approach

## Talking with other children

- The school should aim to avoid any transgender child becoming a 'cause celebre' through the actions of the school. Schools are a learning environment and for children experiencing emotionally challenging situations, routine and boundaries are important
- With young children it is a challenging task for a school to explain a biologically impossible situation (e.g. that a child has changed sex and is now a boy rather than a girl) to young children. To date there is no evidence as to the psychological impact on other children of presenting this confusion between sex and gender. The school should agree on as straightforward as possible an explanation, ideally in the form of a script, which must be shared with and used by all adults in a school
- Bear in mind a pupil may disclose to their peer group, if this happens schools may need to consider how to discuss the issue with small groups of peers and possibly the wider school community where appropriate

## Confidentiality

- Teachers are trained never to promise unconditional confidentiality to any child for safeguarding purposes. Always discuss confidentiality in relation to any disclosures about 'gender non-conformity'. There are two useful principles to bear in mind in relation to confidentiality:
- Need to know - who in a school community needs to know particular information about a child/family? Why, in terms of their role, do they need this information? How much information do they need/how comfortable is the child and their parents/carers with the information being shared?
- 2. Partnership with parents. If you are not going to share important information about a child with parents/carers are you clear on what basis the school has made the decision? Be wary of letting individual teachers make the decision alone. Always consider to what extent a parent may be restricted in protecting their child if information is withheld? Always seek advice in these challenging situations

## Attendance

- It is sometimes suggested that schools should be lenient and allow transgender children to miss school for meetings, mentoring and appointments. All children need maximum attendance at school to enable their learning. While it is right to ensure that children have access to specialist support such as an education psychologist, schools should be wary about sanctioning excessive absence for appointments which could be arranged after school or during holidays and which negatively impact on a child's learning

## Parents of adolescents

- Working with parents will demand varying skills
- Some parents will be frightened and alarmed at their child's choice. They may feel 'threatened' by their child or by activists online who often define parents who are not supportive of their child's decision as 'transphobic' and encourage children to dismiss their parents' authority. Parents may have read the (misleading) statistics about suicide and transgender children and believe that their only option is to support their child's decision. They may have great reservations about their child's ability to consent to drug treatments, breast binding and other aspects of transgender transition
- Schools can reassure parents by maintaining a clear focus on learning and the child's well being
- Parents can be directed to several online groups where they can access advice from parents in similar situations
  - <https://www.transgendertrend.com>
  - <https://4thwavenow.com>
  - <https://youthtranscriticalprofessionals.org>
  - <https://www.parentsofrogdkids.com>
- Some parents may be fully supportive of their child's decision and feel confident in their supportive role for their child
- Parents may be keen that the school 'validates' their child's decision by ensuring that their child has unfettered access to their chosen sex's facilities, sports etc. For the reasons mentioned above, schools will need to ensure all children's rights to personal safety, dignity and safety

## Parents of primary children

- Parents of young children may be at the forefront of a child's 'decision' to become transgender. Schools can reassure parents that it is normal for children to play with 'gender specific' toys and to try out different roles. This does not mean that the child is transgender
- Where a school is unsure about the capacity of the child to consent to such a life changing decision or any other aspect relating to the child's welfare, schools should always refer to their safeguarding procedures

## Mentoring

- A number of transgender organisations offer mentoring to transgender children and young people. It is not the role of the school to arrange or facilitate this. It is for parents to decide whether they wish for another adult to mentor their transitioning child. Given the life long impact of drug taking and surgery involved in changing sex it is essential that children and young people below the age of consent are protected from anyone who wishes to influence them into taking these life changing decisions
- Any mentoring that parents decide on should happen outside school learning time
- It is also imperative that any mentors of children should be properly trained and in possession of an enhanced DBS check. Parents may need advice from the school about this

## Conclusion

Responding to this unprecedented massive social change is a challenge for teachers and parents. At the heart of our discussions and decisions must be the welfare of the child. Where schools have any concerns about the ability of a child to fully comprehend and give active consent to issues, then safeguarding concerns must be raised in the way in the same way that they would be for any vulnerable child.

This is a very new phenomenon. Schools need to be aware that there is no long-term evidence base to support the 'transition' of children, including social transition. Therefore the school's role should be one of 'holding the space' for a child in order to allow freedom of development without undue influence or reinforcement of one set of ideas.

Schools have a long and honourable record of listening to vulnerable children and young people, collaborating with partner agencies and protecting and safeguarding them as they navigate sometimes troubled paths to adulthood. Every child is entitled to have access to adults in school who are vigilant about their safety and well - being. This duty of care extends to every single child and there must be no exceptions.

# 2

## Creating a school environment supportive of gender diversity and non-conformity

### Childhood gender non-conformity

Transgender organisations use the term ‘trans and gender non-conforming people’ as if those two things are synonymous. Extreme gender non-conformity in childhood is more predictive of gay or lesbian sexual orientation in adulthood, a transsexual outcome is much less likely.

There is now roughly an equal number of referrals of primary age boys and girls to gender clinics, although historically boys vastly outnumbered girls. This suggests that parents are beginning to see their little girls as ‘trans’ rather than ‘tomboys.’ The most likely outcome for these gender non-conforming primary age children is that they will either grow to accept and be happy as the sex they were born and /or become gay or lesbian as adults. Primary school teachers can play an important role in reassuring parents that ‘cross-sex’ preferences are normal in little children.

### Transgender, gay, lesbian, ASD or troubled teenager?

At secondary school age, teenage girls have overtaken and now vastly outnumber teenage boys (in referrals to gender clinics adolescent girls are the fastest growing group). This suggests that girls experience greater problems with adolescent changes than boys, which may be connected to discomfort with bodily functions like menstruation, sudden sexual attention, pressure to look ‘hot’ and the unrealistic expectations of girls due to a sexualised porn culture.

Secondary school teachers need to pay special attention to ‘humanising’ girls who are waking up to the fact that women are routinely objectified and dehumanised throughout the media. A unisex uniform of trousers for all may help take some pressure off girls of this age. Teachers should also be aware of the risk of ‘social contagion’ from celebrity trans internet vloggers who glamorise medical transition. Teenage girls are the biggest users of social media platforms online.

The majority of teenage girls identifying as ‘trans’ are lesbians. Children and adolescents of both sexes on the autism spectrum also tend towards gender non-conformity and are over-represented at gender clinics. These children are being encouraged to interpret their non-conformity as a sign that they are transgender.

Children who have troubled backgrounds, have suffered previous trauma or sexual abuse, have underlying mental health issues or are bullied and don’t ‘fit in’ are also vulnerable to interpreting these problems as due to ‘gender dysphoria.’

Staff must always consult with senior leadership and seek advice if they are worried about a child’s underlying motives for seeking irreversible medical treatments.

If schools can widen the space in which young people feel comfortable in their non-conformity, and all gender expressions are accepted then it may become clear that transition is not the only answer for all.



## Aims

- To establish a basis of factual understanding to support the school's ethos
- To clarify the difference between 'sex' and 'gender' as a foundation for school policies
- To build a positive whole-school ethos which challenges gender stereotypes whilst respecting sex-based differences between boys and girls
- To create a culture of respect for 'difference' which allows children to reject the gender stereotypes for their sex without feeling they must also reject their bodies in order to be their 'authentic selves'

## Understanding 'sex' and 'gender'

Children are confused by the conflation of the terms 'sex' and 'gender' which are used by transgender organisations as if they mean the same thing, or are inextricably linked. It is important to acknowledge the biological sex distinction between boys and girls but relax the divisions based on gender, both in practical school policies and in general school life, PSHE classes etc.

- **Sex: Male/Female** XY or XX chromosomes, biological sex and reproductive organs which cannot be changed (note: under 1% of children are born with a biological intersex condition, this is unrelated to transgender)

> Single-sex toilets, changing-rooms and some sports. Biology lessons. Health, sex and relationships education. Homosexuality. Feminism: sex-based discrimination against women and girls

- **Gender: Masculine/Feminine** Societal expectations of behaviour, aptitudes and appearance depending on sex, which change from culture to culture. Gender or sex-role stereotypes

> School uniforms. Policies on hair-length, jewellery and make-up. Toys, books and recreational activities. Assumption of curriculum subject strengths. Role models. Challenging media gender stereotypes

To believe that your 'authentic self' is split off from the body (in the form of a brain-based innate 'gender identity') results in a mind-body split which is recognised as an indication of mental ill-health. The body becomes the enemy. Good mental health is also characterised by the ability to accept reality. Encouraging children to feel comfortable in their own (sexed) bodies entails creating a culture of respect for the body and what it is capable of, respecting boundaries and differences and fostering bodily integrity. This is especially important in the teenage years when adolescents are developing sexually.

## Broadening gendered expectations and relaxing rules

- Offer a unisex school uniform of trousers or shorts for all *or* a choice of trousers or skirts for both girls and boys. Lift any hair-length restrictions which are for only boys. Explicitly apply jewellery, hair and make-up allowances and restrictions to both girls and boys equally.
- Get students to line up/sit in groups based on something other than their sex

- Provide storybooks and factual books about real people who challenge gender stereotypes
- Encourage both boys and girls to participate in non-stereotypical activities/sports/subject choices
- At primary level, provide times when *only* typical 'boys' toys' or 'girls' toys' are put out to play with so that children are not always pressured to follow members of their own sex in their choices
- Consciously try to acknowledge children for non-stereotypical attributes, eg praise a girl for being brave, compliment a boy on his gentleness; ask some "strong girls" to help move the table, ask some "caring boys" to look after a classroom pet
- Invite in adults to speak who defy gendered expectations in their professions eg. a female firefighter, a male nurse
- Notice and reinforce behaviours which go against stereotype, show approval to the confident girl who puts up her hand to speak and the thoughtful boy who sits and waits patiently for another child to finish speaking
- Watch out for, and gently challenge children when they say things like "you can't do ballet, you're a boy" or "girls are no good at maths"
- Allow boys to take the female part and girls to take the male part in plays and performances
- Be a role model
- Reference people who defied gender stereotypes throughout the curriculum, eg. in History, Science and Art lessons find the female pioneers and role models who are usually brushed out of history
- Teach gender and sex-role stereotyping directly, including media representation of men and women: equip young people to be critical media consumers
- Make challenging gender stereotypes an integral part of your school ethos from nursery upwards, as the basis of boys' and girls' ability to see each other (and themselves) as human beings first
- Have no tolerance of the words 'girl' or 'girly' used as insults or to imply weakness or lack of status
- Point out examples of sexism in storybooks/fairytales etc
- Teach children and adolescents the difference between the terms 'sex' and 'gender' and make sure you use the correct term when speaking about issues in PSHE classes, for example sexual orientation (heterosexual, homosexual, bi-sexual) is based on sex, not gender
- Teach brain science and dispel the myth of 'pink brains' and 'blue brains'
- Encourage questioning and critical thinking around cultural messages and societal expectations
- Teach children there is no such thing as 'girls' toys' and 'boys' toys, all toys are for everyone
- Find positive role models who are 'butch' or 'dyke' lesbians or 'effeminate' gay men to come in to talk to secondary school students

## Respecting the biological sex differences between boys and girls and encouraging bodily integrity

- Provide single-sex facilities to respect all pupils' rights to privacy, comfort, dignity and safety (including emotional and psychological safety)
- Make sports single-sex where males would have a physical advantage over females
- Teach children that the definition of the word 'boy' is 'young male' and the definition of 'girl' is 'young female' and that these words are not descriptors of personality
- Be aware of physical personal boundaries, and teach children to respect them; have a zero tolerance policy towards violation of personal boundaries, eg. unwanted touching, skirt lifting etc
- Recognise sexual harassment as a form of abuse which is based on sex, not gender, and tolerate no language which shames girls on the basis of their sex, eg. 'slut,' 'slag' etc or personal comments about a girl's body or body parts
- Recognise homophobic and lesbophobic bullying as abuse based on sex, not gender, and have zero tolerance for the use of the words "gay" or "lezzer" used as insults
- Teach 'consent' and the right to set personal boundaries as an important principle for everyone, not only in relation to sexual intercourse but in general as a component of respect and self-respect
- Teach the difference between girls' and boys' bodies and their functions; encourage children to understand and respect biological differences
- Encourage all children to respect their own bodies for what they can do, not how they look, and encourage physical activity for all children
- Teach bodily health and fitness, diet and sleep
- Name male and female body parts accurately and frankly without using euphemisms so children feel comfortable, unashamed and familiar with the language of sexed bodies
- Explain the differences between male and female developing bodies and their biological functions and the positive reasons for those changes so that they become demystified, and less secretive or shameful
- Encourage young children's curiosity about the human body and the miracle of how it works
- Acknowledge children's physical performance or fitness but don't make personal comments about the appearance of children's physical bodies
- When teaching children about sexual orientation, clarify that gay and lesbian people are same-sex attracted and not 'same gender' attracted, ie. a gay man is sexually attracted to males and a lesbian is sexually attracted to females

# 3

## Case study: Kate's story

I first heard the word 'trans' in 2008. I had moved away from home to attend university and, having grown up in a staunchly right-wing, misogynist and homophobic household, was eager to make the most of my new freedom.

I had long felt uncomfortable being perceived as female. As a child I was terrified of growing breasts, I climbed trees, loved the colour blue and for a period of several months refused to wear anything but my brother's Captain Scarlet uniform. At school I always wanted to play male characters in drama and told my classmates I wished I was a boy. I had no idea I was different.

That all changed when started attending an all-girls' grammar school. The autistic, gender non-conforming girl I was didn't go down well with the other girls, who bullied me relentlessly. This was when the self-hatred started. The self-harm didn't take long to follow.

At university, a recently out trans friend introduced me to the modern notion of 'queerness', and a short while later I was signed up to all of the transgender online forums I could find. Encouraged by the people I met there, at 23 I saw a gender specialist. My online friends assured me I was entitled to rapid intervention; after all, it was this or suicide they said. The doctor told me he was unwilling to prescribe hormones right away and I left his office in tears. Shortly thereafter I bought testosterone off the internet and started injecting. The forums were very supportive of this; not a single member tried to discourage or explore alternatives with me. 'Not treating you is a death sentence' they said. I was convinced I had no choice.

I was passionately convinced I was transgender. A belief only augmented by the discovery of words like 'non-binary' and 'genderfluid'. Clinging to this new lexicon like my life depended on it; I thought I'd finally discovered my true identity and was hostile to all who suggested otherwise. Whilst I was busy shrouding myself in trans rhetoric, I continued to inject testosterone. I damaged my voice and I grew a lot of very dark, coarse hair on my face that I now have to epilate regularly. I have no idea if I am now infertile.

When I told my Dad what I was doing his rather unsympathetic response was 'For God's sake, is this just another form of self-harm?' At the time I raged at this blatant transphobia. I never thought I would admit he was right.

Though I only took testosterone for a year, I bound my breasts and wore only men's clothes for considerably longer. I gave up binding 6 months ago and am cautiously exploring women's clothes. Though I'm sure I'm not trans, overcoming my fear of femininity is an ongoing process.

I know now that my belief I was transgender was largely due to internalised misogyny and homophobia. Once I realised the truth, my dysphoria all but disappeared and I feel much happier in myself.

**Kate**



## Case study: Paul's story

When I think about what led me to identify as trans and transition, I can identify two key factors. One was the lack of support to be myself during my childhood, and the second was the lack of exploration of the underlying issues that led to my trans identification during the therapeutic process I underwent prior to my gender transition.

Though I was not aware of it at the time, my gender issues originated with the childhood bullying that I received. I was an intellectually gifted, nerdy, socially awkward, sensitive child. This is actually a common profile for people who transition MTF. I was accelerated in maths and science, but always picked last for any sports teams. I also cried frequently and didn't engage well with "rough and tumble play." These traits made me a target of bullying, and particularly in middle school I suffered from some kind of violence daily. I had a sense that girls did not have to deal with this sort of thing and were free to be sensitive and soft as well as intellectual. It seemed like I could only fully be myself if I were female. Now, looking with my adult eye I know that none of this is true, but from my child perspective it made total sense.

At that time there was no possibility of transitioning during high school, however once I got to college and I was on my own I was free to pursue my goal of transition. At age 19, I saw a gender therapist and in just two sessions I was approved for hormones. There was no exploration of any underlying issues and even the possibility that underlying issues could relate to gender dysphoria was denied. I went through gender transition and I was happy for a time, but had ongoing difficulties with relationships and still feeling unsettled with my gender. Twenty years later I went to therapy, not with the intention of working on gender, but to deal with my other issues. It was a long process, but after 150 sessions of therapy, I came to understand the origins of my gender issues and then returned to living as a man. I feel strongly that these issues should have been explored at the time of my gender transition, and it took working with a skilled professional over a long period of time to resolve them.

I strongly support gender variant people of all kinds being free to be themselves free of bullying and violence. I think this is an important part of working with these children, and in fact one of the causes of my gender issues was that I was not in such an environment. However, I think particularly medical transition should be pursued with caution, and care should be taken to sort out other issues that relate to the desire to transition. It is a tricky question, because some people clearly benefit from transition, and hormone therapy does work better for younger people (particularly for MTFs). However, the current environment seems to promote the idea that affirmation of gender identity is all that is needed for trans people's well-being. At least in my case, being affirmed without question caused me significant harm.

'Paul' is a pseudonym. This person preferred to remain anonymous

## Case study: Gill's story

"From an early age, I was called a tomboy. I was an active child, getting involved in sport and running around. For the most part I was a happy and confident girl.

Everything changed as I reached the teenage years. My body changing caused me some distress, and I started thinking I would simply rather have the body of a boy. At this point I was aware of my attraction towards girls. The girls started to isolate me, as much as I isolated myself from them. At 15 I began a relationship with a girl, until her friends found out and she stopped speaking to me. Of course, I was heartbroken. Her brother in particular started to bully me. The bullying escalated to the point of me running at him one day, he charged back, punched and kicked me to the ground.

I lied to my mum at first about what happened, but I couldn't hide it for long. I broke down and told my mum everything and what was sometimes going through my mind - I didn't really feel like a real girl, I thought I was more like a boy. I was barely eating, and my mum saw that I had started to bind my breasts. My mum had to take me to the doctor. The doctor sent me to a psychiatrist, I described what had been going through my mind the past few years, and he thought it sounded as though it was gender identity disorder.

The problems I had as a teenager were never quite resolved, fear and shame around my sexuality turned inward which caused psychological and body problems. Over a period of weeks, after experiencing another lesbophobic physical attack in my twenties, I started going through the exact same steps as I did as a teenager - not eating, sleeping, having nightmares, sweating, shaking, and went into depression. The growing queer/trans community at the time didn't help, at this point I started surrounding myself with people who didn't question me. I see the way younger women now are involved with this, not entirely different from my situation only on a bigger scale now.

Whatever the reason, for almost 3 years I took testosterone, stopping for a month or two a couple of times because I was getting a sore head. I didn't get my breasts removed because I couldn't afford it, or I would have done straight away. Trans was my shield for a little while. I knew just below the surface what my problems really were, I never thought I was a man, and I didn't care about that. After a while I truly broke down. After a couple of years, I was lucky and built myself back up.

Transgender politics alone did not make me want to medically transition. Misogyny, homophobia, the medical profession I believe failed me, and I take some responsibility for my own actions. However, the current transgender movement along with those other aspects must be critiqued and questioned. The ideas and actions associated are regressive, homophobic, and reinforce sex stereotypes. We must question this as the primary solution for any problem a teenager or young woman has, regardless of what led up to the point of what is now called gender dysphoria."

**Gill**

## Case study: Jessie's story

"I thought I must be trans because of the way in which women are presented in the mainstream media and on social media, as I didn't see myself in any of them and instead, if anything, saw the way I behaved, dressed, and acted in a way that many of the men I looked up to in the media acted. When I realised I wasn't trans, I believe that most of it stemmed from the fact that I had began to make an effort to for instance watch TV shows with lesbian characters in them, and listen to more music by women. This helped as I began more and more to see myself in those women. It also helped that my mum had not immediately told me I was a boy, instead helping me to realise that I didn't have to be a boy to wear 'masculine' clothes or have short hair. What I would say to any girls reading this is that you don't have to change yourself to fit society's expectations of you, you can have short hair and like girls and wear traditionally masculine clothes and all that means is that you are a girl who doesn't buy into the repetitive opinions of society and the media."

Jessie, 17

# 4

## A teacher's testimony

I am a senior pastoral leader in a large comprehensive school. Until 2015, we did not have a single child who identified as transgender during their time in school. The first child who came out to me as transgender did so on the day that I had organised a workshop for young men on the topic of testicular cancer. This young person is biologically female and presents according to female gender stereotypes but told me that, as non-binary and because this was a day that they felt more male, they wished to attend the workshop. I allowed their inclusion but it was clear that it had an impact on the comfort of the male students. I later met with the young person and discussed how the school could meet their needs. I then made adjustments, amended records (three different names were used in the following two years) and school policy, talked to other senior leaders and designed lesson activities for use during PSHE days. I remember that the student was absolutely insistent that they should be allowed to attend lessons for children in younger years to talk about issues related to being transgender. I refused this but I did link the child in with a local support group and set up a LGBTQ group in school for them to attend.

Since that first young person, around fourteen young people in my school have 'come out' as trans according to this pattern: the children are very confident in their identity which often has complicated associated language and rules. None of these children are undertaking any medical or therapeutic interventions. Most of these young people are female and identify as trans or non-binary and present and dress in a near identical style. The children spend all of their social time together and generally do not mix outside of their peer group. Several much younger children have come out to me as trans, telling me that one individual, who is the oldest of the peer group by several years, has helped them to realise their gender identity.

I deal with incidents of bullying on a regular basis and I have noticed that there has been a significant increase in the use of sexist and homophobic language in school. Because of this, it has been a long time since a child came out to me in school that they are gay, lesbian or bisexual; these labels actually seem quite old-fashioned amongst the students now. Instead, children that I suspect might be LGB are most likely to come out as trans which is much more fashionable and means that they are far less likely to be victimised, as being trans carries so much power. Our transgender children are very confident when discussing issues related to their identity and challenging their peers and teachers.

Under the new guidelines these young people are entitled to access to the showers, dormitories and toilets of students of the opposite sex without any medical or psychiatric assessment according to their own definition as transgender. I am not allowed to talk to parents about any concerns or behaviours relating to trans issues because it could be potentially 'outing' and I am not allowed to discuss this with the children themselves because we are supposed to affirm their chosen gender. Policy and emerging legislation supports this. My school is very warm and caring and common-sense is usually applied but I am worried that I, or one of my colleagues who isn't as aware of the wider issues, might accidentally make a misstep and face disciplinary action. The Tavistock Clinic says that not all children who are referred to them will be put on a medical pathway, but we, as teachers, are supposed to treat all trans students as if their trans identity is legitimate.



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# Equality guidance to schools – sexism and homophobia; a statement by the Lesbian Rights Alliance

## Introduction

In our view schools should not be supporting the concept of gender identity or encouraging or supporting children to feel or believe they have a gender identity which is different from their biological sex. The concept of gender identity encourages children to believe that masculine and feminine gender stereotypes are innate, rather than socially constructed, despite the fact that neuro-science has demonstrated categorically that children are **not** born with 'pink' (feminine) or 'blue' (masculine) brains. These ideas of gender identity are having a very negative impact on equality between the sexes and in particular on girls. From early-years education onwards, schools should be encouraging children to play and undertake a variety of activities which challenge gender stereotypes, rather than reinforce them.

## Tomboys not allowed - the erasure of young lesbians in schools

Only a few years ago young girls were allowed to be 'tomboys' – have short hair, wear trousers, and undertake games and activities which traditionally have been considered the domain of boys, without being told that they had to change their sex. Many of these young girls defined as lesbians when they reached adolescence. This is no longer allowed. Transgender training given to schools is telling teachers that these girls are experiencing 'gender confusion' and should be assisted or supported to self-identify as boys.

Adolescent young lesbians in schools who do not want to conform to feminine stereotypes (sometimes also labelled as 'butch') are being bullied, stigmatised, isolated and pressurised to socially transition, since being a trans boy is now regarded as a more positive and fashionable identity. They may be encouraged by the school and their peers to wear breast binders, which can cause breathing difficulties and other ill effects. They may also be encouraged to seek medical transition, without consulting their parents.

Schools need to inform children and young people that lesbians exist and provide positive images of them from sports and culture. Some children will have lesbian parents and there needs to be school materials and books in classrooms for primary and secondary children that gives positive information about lesbian families.

## Inadequate programmes on homophobic bullying

Although teaching programmes now exist which challenge homophobic bullying in secondary schools, none of these materials represent young lesbians who reject femininity. The only lesbians shown are those who typically match a stereotypical feminine appearance and are depicted wearing make-up and having long hair.

## Lack of support

There is no acknowledgement or support for these young lesbians in schools and no funded youth groups for them outside of school, although there are many funded trans youth groups. We have been in contact with some of these young lesbians, who have told us about the pressures on them to define as men and who would have transitioned if they had not found lesbian feminist groups. We have also been contacted by female detransitioners who now define as lesbian. They deeply regret the harm to their bodies inflicted by sex hormones and having double mastectomies. They question how they were allowed to receive this medical treatment so young. They tell us if they had been supported in school or by lesbian youth groups they would never have transitioned. Research with young female to male trans has indicated that 95% are same sex attracted indicating the deep homophobia of the trans agenda. This must now be addressed in guidance to schools.<sup>1</sup>

1 <http://www.telegraph.co.uk/news/science/science-news/10684179/Men-and-women-do-not-have-different-brains-claims-neuroscientist.html>  
[http://www.cps.gov.uk/northwest/working\\_with\\_you/hate\\_crime\\_schools\\_project/schools\\_project\\_\\_\\_lgbt\\_hate\\_crime](http://www.cps.gov.uk/northwest/working_with_you/hate_crime_schools_project/schools_project___lgbt_hate_crime)  
Verite M (2016) 'The Surgical Suite: Modern- Day Closet for Today's Teen Lesbian' in Barrett, R (ed) Female Erasure. Tidal Tide Publishing LLC

# 6

## Communication

In this area, as with all sensitive issues, adults in schools need to be supported by a strong leadership team and effective guidelines. The issue of the trans-identified child in a school will raise a myriad of challenges and adults will be at the forefront of modelling to children how to respond and react with kindness, sensitivity and acceptance while maintaining the integrity of the school as a learning environment. At the heart of all school policy must be the welfare of each and every child.

Teachers and all adults in a school will have their own personal views which may be starkly opposed, ranging from disapproving religious judgments to the 'cheerleading' of transgender children and teenagers as a social justice issue. Teachers should not seek to influence children with their own strongly-held religious, political or ideological beliefs. The role of adults in schools is to support all children with fairness, kindness and professionalism and to maintain a neutral stance which neither condemns nor celebrates those who wish to transition.

It is for the school to establish the ground rules for any discussions, including when and where they take place. Discussion and critical thinking are important but need to be carefully managed by the school in line with school policies. The school is a place of learning and it may be decided that staff should not initiate discussions about this, merely answering questions from students with an agreed 'script' and the matter being discussed with children at an agreed time within a specific framework. No individual child should be the subject of whole school debate and students must be made aware that discussing another child personally is off-limits.

The trans-identified child may want and expect to be recognised and affirmed as a member of the opposite sex. This must be balanced with the school's role and responsibility to educate all children with facts about biology and biological sex differences between boys and girls.

Dishonesty comes across very clearly to children so it is important that teachers feel able to admit "I don't know the answer to that" while at the same time reinforcing the school approach without apology: "at our school we think it's important to recognise the difference between 'sex' and 'gender' and we try to be fair to all children and treat everyone with respect."

Teachers should not feel they need to have all the answers.

Empathy and understanding can be expressed through listening both to the child who identifies as transgender and to other children who may be confused or worried, and by acknowledging children's feelings without judgment. At the same time teachers need to be sensitive about the context of any conversations and make professional decisions about when to draw the line and when to seek advice.

### The trans-identified child

It is important to remember that at the heart of any policy and decision-making is a vulnerable child. Acceptance, understanding and prevention of bullying should be the guiding principles as with any other child who is vulnerable or 'different.'

The child who identifies as transgender should not be made to feel responsible for other children's confusion or distress, but they should be held to account, just as any other child would be, for any bullying behaviour or unkindness.

Teachers are important role models in being sensitive and accepting to a trans-identified child without pretending to believe an idea which contradicts material reality. A teacher does not have to agree that a boy is a girl in order to support a child experiencing gender dysphoria, but can still respond in a kind and compassionate way. A 'watchful waiting' approach which neither 'affirms' a child as the opposite sex, nor shames a child into changing their behaviour, gives a child the acceptance and the space to develop without undue influence from adults in either extreme direction.

It is important for teachers not to take on the trans-identified child's feelings and act as a 'rescuer.' Expressing compassion must be balanced with the professional approach a teacher would take in any other circumstances. Any political views about transgender rights must not intrude into the teacher's professional attitude and treatment of a child with gender dysphoria.

As with anything else, labelling a child can reinforce the child's perception of him/herself which may influence the outcome. It also may be used by the child as an excuse for bad behaviour or failing in class, or a pass to gaining special rights and exemptions not afforded to other children. It is important not to allow 'gender dysphoria' to define the child, but to focus on the child's learning, welfare and development in the same way as for every other child.

## Other children

A teacher does not need to assume responsibility for children's feelings or try to 'fix' them unless there is a clear situation of bullying or if a child is very upset and the teacher judges that they need adult help.

Explanations should be as simple and succinct as possible and all questions accepted and answered with respect. Silencing and censorship around the subject of transgender is endemic in society as a whole and children should not be made to feel that some questions cannot be asked or opinions expressed, as long as they are not deliberately intended to hurt.

The teacher's response will depend on the age of the child and the nature of the question. "Why is Billy now called Maria?" quietly asked by a 4 year-old is very different to the 14 year-old who marches in late to the Science class and calls out "Miss, did you know that Gemma is now David?" Teachers need a scripted redirecting / shutting down response "Thank you. Today we're going to discuss..." and permission to delay/not respond which does not allow a student to divert them with 'off task' questions.

Speaking to children in a calm matter-of-fact way and being sensible and non-judgmental helps to reassure all children that they are safe and protected.

## Primary school

If other children have been told that a child in their class is transgender, they may need explanations and reassurances. Primary age children generally ask a lot of questions which are sometimes difficult to answer and teachers should see the subject of transgender as no different to any other issue which is difficult to explain to children. Experience in dealing with such questions can be drawn on and used to explain complicated issues in simple terms.



- **Do** encourage children to be considerate and thoughtful towards a child who identifies as transgender and try to remember to use their preferred name if this has been agreed with parents
- **Don't** use long-winded, complicated or over-long explanations. Often a short, simple and matter-of-fact explanation is all a child is asking for
- **Do** explain in a way that is congruent, factual and simple to understand "Sometimes a boy feels inside that he's really a girl." "Sometimes a girl feels that she should have been born a boy"
- **Don't** use new terminology which is opaque, inaccurate or based on ideology, for example "she was assigned male at birth"
- **Do** use correct language based on facts and what is actually known "When a boy or a girl feels that they have been born in the wrong body it's called gender dysphoria. We don't know why some children feel like that but it can make you feel sad so it's important that we're kind"
- **Don't** dismiss other children's fears, show disapproval or make them feel that they are silly, bigoted or ignorant for asking questions or expressing worries
- **Do** take fears seriously and give simple reassurances "No, you won't turn into a boy. What you think or feel can't change you from a girl"
- **Don't** make the subject of language and pronouns a big issue, it is ultimately unhelpful for a child to be taught that his / her emerging sense of self is dependent on consistent validation from others
- **Do** leave it to the children to work things out for themselves as much as possible; children can often come to solutions and compromises if teachers are fairly relaxed and non-judgmental themselves
- **Don't** focus on political concepts such as **inclusion** when talking to children. Sex-based differences will sometimes necessitate **exclusion** so children should not view it as a necessarily negative word
- **Do** focus on acceptance of all people in line with a whole school policy which protects all non-conforming children and those who are 'different' including those with disabilities or children from different backgrounds, races, cultures and religions etc
- **Don't** fudge answers to direct questions such as "Is he really a girl?" out of sensitivity towards the transgender child which is well-intentioned but may result in stress and anxiety for the other child
- **Do** answer such questions directly with factual information while still showing compassion "You can't actually change from a boy to a girl, but he really feels like he is a girl and wants to be one"

## Secondary school

Towards the end of Primary school and into Secondary school and college, adolescents will be aware of transgender issues through the internet and through knowing young people who have 'transitioned' themselves. This is the age of passionate commitment to causes and social justice issues and teenagers may have very fixed political ideas which have been formed in a cultural climate of silencing and no-platforming.

The most vulnerable teenagers are especially susceptible to the influence of online trans culture in the search for their own identity, which is a crucial task of the teenage years.

In a large secondary school with sometimes hundreds of staff, it is worth considering whether specific members of staff should be identified as the 'go to' members of staff for an individual child with all staff being reminded that their role is to focus on the child's learning. All discussions with the child about identity issues must be referred to designated members of staff. If this strategy is used it should of course be discussed with the child and parents in advance.

Any concerns a teacher has about an individual student must be brought to the attention of senior leadership. It is the responsibility of school leaders to create a staff culture of openness and non-judgment so that teachers feel able to voice any concerns without the fear of being labelled transphobic or bigoted.

## Points for leaders to consider

- We would always protect a bullied child from the views of others. How do we balance the right not to be talked about /hurt by others' comments alongside the necessity of being open about this and challenging what students are reading and seeing online?
- We have a duty of protection towards students who are susceptible to the influence and ideas of strong or charismatic personalities/groups. How do we protect vulnerable teenagers from political ideology and social contagion if we can't have open discussion?
- In what ways can we show respect towards those students who identify themselves as transgender or non-binary at the same time as equipping teenagers with the ability to question and think critically about identity politics as we would any other issue?
- Some students will have very strong political views about transgender rights as a social justice cause. Other students, especially girls, may not speak up about their discomfort for fear of being ostracised from their peer group. How can school leadership facilitate a culture of mutual understanding and respect for the rights of all where these may be in conflict?

## Parents

Parents of primary age children are more likely to be supportive of, or instrumental in, their child's social and eventual medical transition. They may be supported by a transgender organisation or have seen such materials online, in which case they may have a genuine fear that their child will be distressed or even commit suicide if not supported to transition.

It is not unusual for some parents to become activists on behalf of their child, in which case both the parents and the child may be very aware of transgender rights and the child may view themselves as a pioneer and a campaigner on behalf of the whole transgender community.

Some parents of teenagers will feel the same but others will feel very strongly that their child should not be making life-changing decisions or taking irreversible medical treatments at this age. These parents will want to protect their child from

the ideology which has influenced them to identify as 'trans' and will expect the school to protect them too.

All parents at some point are likely to feel distressed and afraid. Parents from both sides have described their experience as feeling like 'a bereavement.'

Teachers may also face parents who are angry about the ideology their children are learning and want reassurance that at school their children will be taught facts and not beliefs.

It is important that parents are listened to and their feelings acknowledged without judgment. Any child protection or safe-guarding concerns should be dealt with in the normal way if teachers have a concern about a particular child.

It should be explained clearly to all parents that the school's policy is designed to protect all children. The following points should be considered:

- Social transition is a very new approach, based on social change and not research or evidence
- 'Watchful waiting' is the established clinical approach to children with gender dysphoria
- As child and adolescent identities are not fixed but developing, a neutral stance creates a 'holding space' for any child or adolescent with gender dysphoria, in other words the child is not influenced in any direction by the school
- 'Affirming' the child and facilitating social transition is likely to strongly influence the outcome. It is not the role of the school, nor the responsibility of teachers, to influence a child towards medical transition which the child may later regret
- All children should be accepted in their individual gender expression and presentation. Anti-bullying policies should include the shaming, belittling or ridiculing of any child's gender expression which goes against stereotype
- Social contagion and internet use are recognised factors in 'rapid onset' gender dysphoria in teenagers, especially girls. The school can be a neutral space away from internet influence rather than providing validation of ideas learned on Tumblr
- Sustained homophobic bullying and ridicule has been identified as a factor in young people's decision to 'transition'. The school can ensure that robust anti-bullying measures and policies to protect and promote understanding and acceptance of gay and lesbian students are in place as a matter of 'assertive action'
- The school has a responsibility for the well-being of all students, especially the most vulnerable who are most likely to self-diagnose as transgender
- The school has a responsibility to balance the rights of all students and facilitate a culture of respect

## Existing guidance

Schools will have their own established safeguarding policies which must be followed in all cases. Children who are worried about their gender non-conformity are entitled to the same level of pastoral care and safeguarding as any other child and should be supported with the same care that is shown to any other child experiencing emotional or mental health issues. Information must always be shared by adults in line with a school's safeguarding and pastoral care policies and confidentiality must never be promised by adults.

Parents must always be informed of critical information about the welfare of their child unless there is a formal inter-agency agreement that this would be detrimental to the child's safety.

Schools will be familiar with existing published guidance, parts of which may be in conflict with some of the transgender schools guidance. Established advice and principles are designed to protect all children and should be taken into account when devising any new policies.

### **Keeping Children Safe in Education DfE Statutory guidance for schools and colleges**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/550511/Keeping\\_children\\_safe\\_in\\_education.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/550511/Keeping_children_safe_in_education.pdf)

The section 'Types of Abuse and Neglect' includes in point 38 'Emotional Abuse' the duty to recognise what is inappropriate as beyond a child's developmental level of understanding:

- It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a child's developmental capability

### **Safe Practice in Physical Education and Sport Changing Provision**

[http://www.afpe.org.uk/physical-education/wp-content/uploads/Changing\\_provision\\_2012-1.pdf](http://www.afpe.org.uk/physical-education/wp-content/uploads/Changing_provision_2012-1.pdf)

- **2.3.66** This principle is about ensuring dignity, decency and privacy where needed, be it for reasons of physical development or other individual needs
- **2.3.67** Many primary schools lack changing rooms but find spaces where the sexes, individuals or small groups can change separately in the upper years

## UN Convention on the Rights of the Child

[https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC\\_summary-1.pdf?\\_ga=2.162162744.508748162.1511897076-206081940.1511897076](https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_summary-1.pdf?_ga=2.162162744.508748162.1511897076-206081940.1511897076)

### Article 3 (best interests of the child)

“The best interests of the child must be a top priority in all decisions and actions that affect children.”

Schools must decide if it is in children’s best interests to:

- Immediately affirm a child’s self-diagnosis without question (or a parent’s diagnosis of a younger child) especially when this might influence children towards a treatment pathway which would result in probable infertility and leave them medical patients for life
- Agree with and reinforce a child’s understanding of who they are when it contradicts material reality
- Teach children an ideology as fact, promoting language and concepts which are anti-science
- Force girls to share personal spaces with males and take away their rights to privacy and dignity as well as their right to assert their boundaries as a sex
- Take away children’s rights to name biological reality

### Article 8 (protection and preservation of identity)

“Every child has the right to an identity. Governments must respect and protect that right, and prevent the child’s name, nationality or family relationships from being changed unlawfully”

- This Article does not refer to ‘gender identity’ as some activists claim, but to national and cultural identity

### Article 13 (freedom of expression)

“Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law.”

- Protection of the idea of ‘gender identity’ ensures the denial of access to any other model of understanding of ‘gender’ and forces schools and organisations to teach children exclusively an ideology with no basis in science as ‘truth’
- Children are denied the freedom to express thoughts and opinions which contradict gender identity ideology, such as pointing out that someone is male or defining a girl correctly as a member of the female sex.



## Article 17 (access to information from the media)

“Every child has the right to reliable information from a variety of sources, and governments should encourage the media to provide information that children can understand. Governments must help protect children from materials that could harm them”

- Teaching ‘gender identity’ in schools as an issue of human rights or as part of an anti-bullying programme outlaws any challenge to this orthodoxy as ‘discrimination and bigotry’
- ‘Gender identity’ ideology is harmful to children as evidenced by the exponential rise in referrals to gender clinics, the doubling of the number of children contacting Childline with worries about their gender and the growth of the community of young adults who regret their decision to transition before they were mature enough to understand what they were really doing

## Article 36 (other forms of exploitation)

“Governments must protect children from all other forms of exploitation, for example the exploitation of children for political activities, by the media or for medical research.”

- Schools must be careful to ensure that children are not exploited by adult activists with a political agenda
- Children who are experiencing cross-sex confusion and adolescents expressing normal gender and sexual exploration are being used as ‘evidence’ of an incoherent, unscientific belief by transgender activists
- Children and adolescents are unknowingly taking part in an unacknowledged medical experiment through a non evidence-based treatment pathway for which there exists no long-term clinical research

# 8

## Sex and gender – legal guidance for schools and parents

### 1. Introduction

Resources available for schools and parents highlight that issues relating to the legal rights of students who identify as transgender can be unclear and unhelpful, particularly when it comes to the interacting legal rights of other protected groups. Schools have a duty of care towards all students and are required to balance the rights of different groups.

The Equality Act places specific duties on service providers and public bodies to consider the needs of particular groups of people who share ‘protected characteristics’. Some protected characteristics are universal (age, sex, race) whilst others (gender reassignment and disability) will only apply to a minority of pupils. In a very real sense however the Equality Act, if applied properly, provides a framework by which competing rights of different groups can be fairly balanced.

The Equality and Human Rights Commission (EHRC) is an independent statutory body established to ensure that the EqA is properly applied. There is at present a severely limited amount of guidance specifically for schools. The EHRC issued technical guidance on the basis of its powers to provide information and advice under the Equality Act 2006, the statute that was replaced by the EqA. The Technical Guidance covers discrimination in schools. The Guidance is not statutory code. Nowhere in the EHRC Technical Guidance for schools is the word ‘gender’ defined. The Guidance furthermore does not assist schools when dealing with potential conflicts between the rights of transgender pupils and female pupils.

Here we focus on a school’s legal duties to protect the health, safety and welfare of all pupils as set out by the Equality Act 2010 (“EqA”), the Technical Guidance referred to above and the Public Sector Equality Duty (“PSED”). This guidance is intended to enable decision makers to have confidence that they have complied with legal duties when the rights of particular groups of pupils appear to be in conflict, and to give all parents an outline guideline as to how equality law should be applied in schools.

### 2. Guide to The Equality Act 2010

#### 2.1 Prohibition of Discrimination

The Equality Act 2010 is the main statute dealing with discrimination law in England, Wales and Scotland. The Act differentiates between direct discrimination and indirect discrimination. Direct discrimination is defined as treating a person less favourably because that person has a ‘protected characteristic’ (section 13). Direct discrimination is unlawful.

Indirect discrimination is defined in the Act as the application of a ‘provision criterion or practice’ on a person which puts them at a particular disadvantage due to a protected characteristic when compared with persons who do not have that protected characteristic. Indirect discrimination focuses on the effect of the ‘provision, criterion or practice’ and not the intention of the person applying it.

Indirect discrimination is not unlawful if it can be shown that the application of the 'provision, criterion or practice is 'a proportionate means of achieving a legitimate aim', in other words a reasonable way of doing something lawful. The person applying the provision criterion or practice must be able to show that the reason for the discrimination is fairly balanced against the disadvantage suffered and that there was no way to achieve the end by less discriminatory means.

The protected characteristics are

- Age
- Disability
- Gender reassignment
- Race
- Religion or belief
- Sex
- Sexual orientation

The Act also outlaws harassment and victimisation that is motivated by the fact that the victim has or appears to have a protected characteristic

The EqA does not prohibit all discrimination however. There are certain exemptions to the general prohibition on both direct and indirect discrimination. These are usually framed as giving an institution the power to discriminate in certain specific circumstances rather than placing a duty on the institution to discriminate. However schools should bear in mind that a decision not to discriminate between different groups of pupils may itself amount to a breach of the EqA.

Schools covered by the EqA (by virtue of s.85(7)) are:

- All schools maintained by local authorities;
- Independent (private) educational institutions other than special schools;
- Alternative provision Academies (that are not independent institutions);
- Special schools not maintained by local authorities.

## 2.2 Public Sector Equality Duty 149

- Section 149 of the EA obliges all public bodies to have 'due regard' to the need to eliminate (unlawful) discrimination, victimisation and harassment, and to advance equality of opportunity between persons who have share a protected characteristic and those who do not
- What is Due Regard? Schools must consciously consider the need to remove or minimise disadvantages suffered by people with a protected characteristic, take steps to meet their particular needs and encourage persons with that protected characteristic to participate in activities in which participation by that group is disproportionately low
- The potential impact of a decision on people with different protected characteristics must always be taken into account as a mandatory relevant consideration

- Where large numbers of people with a protected characteristic are particularly affected by any school policy consideration of the matters set out in the duty must be very high
- The weight given to the aims of the duty is not necessarily less however when the number of people affected is small
- In order to comply with the PSED a school will have to show at the very least that it correctly identified any potential adverse consequences for female pupils of any proposed or existing policy relating to transgender inclusion and fairly balanced those consequences against any identified adverse consequences for transgender pupils of not implementing a given policy

## 2.3 Positive Action, Schedule 158

- Positive Action measures are allowed to alleviate disadvantage experienced by people who share a protected characteristic to reduce their under-representation in relation to certain activities which might otherwise be discriminatory
- This allows schools to take action to counter the effects of past or present discrimination experienced by groups of pupils who share a protected characteristic, for example to facilitate their participation in activities in which participation by members of their group is disproportionately low
- Measures that are permitted by the Act's positive action provisions are lawful even if they involve discrimination against members of other groups that might otherwise be unlawful under the Act
- If a school has positive action initiatives to tackle, for example, low numbers of girls in STEM curriculum areas, the school must consider whether the inclusion into such schemes of pupils who have not experienced the same disadvantages of female socialisation/discrimination/lack of role models etc is fair. Consideration should be given to whether achievements and awards gained by a male pupil may negatively affect the motivation of the girls the scheme is designed to advance

## 3. Definition of the protected characteristics

### 3.1 'Gender Reassignment'

**S.7(1) of the EqA** provides that a person has the protected characteristic of gender reassignment '*if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex*'.

This definition in **s.7** focuses on gender reassignment, not gender identity. The Government has not considered that a change from *reassignment to identity* is necessary. In its view, the protected characteristic of gender reassignment is compliant with the requirements of the **EU Equal Treatment Directive (No.2006/54)** and provides adequate protection to the wider trans community through the EqA's prohibition of discrimination and harassment based on perception. Some principles in the guidance on the law and the EHRC guidance are unclear when it comes to children who might identify as transgender. For example

the EqA refers to a 'transsexual' person, not a 'transgender' person (s.7(2)). The Technical Guidance also uses the term 'transsexual person' to refer to someone who has the protected characteristic of gender reassignment.

- **The protected characteristic 'gender reassignment'** is very broad and covers young children who 'socially transition'
- **The protected characteristic 'sex'** refers to a male or female of any age. A person who has the protected characteristic of sex is a man/boy or a woman/girl. Unless a man or woman has a Gender Recognition Certificate their legal sex is their birth sex
- A transsexual person does not require a gender recognition certificate under the Gender Recognition Act 2004 ("GRA") in order to benefit from protection from discrimination under s.7 EqA
- At present persons who define themselves as 'non binary' are not covered because they have not and are not proposing to undergo a process by of reassigning their physiological or other attributes of sex to that of the opposite sex

Therefore **Section 7 EqA** applies to anyone who is '*proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex*'. This includes children.

Gender reassignment is defined more loosely in the Technical Guidance as "*a personal process (rather than a medical process) that involves a person moving away from his or her birth sex to his or her preferred gender and thus expressing that gender in a way that differs from, or is inconsistent with, the physical sex with which he or she was born*" (5.112).

No physical intervention is required to have taken place before a person who proposes to undergo gender reassignment can be protected from discrimination in connection with the (proposed) gender reassignment.

This protected characteristic is defined in terms of a transition process, thus there is not necessarily a clear date when it can be said that a person acquires the protected characteristic in question. 'Proposing' nonetheless suggests 'a more definite decision point' than simply 'considering'.

### 3.2 'Sex'

The status of being male or female is protected under the protected characteristic 'sex.' This protected characteristic does *not* include gender reassignment. Therefore, taking the example of girls, the legal position for schools is this: girls are biological females, protected as girls under the category 'sex.'

Biologically male pupils, protected as transsexual persons under the category 'gender reassignment', must also, pursuant to the Technical Guidance, be referred to as 'girls' (see below). Their sex, however, is still recognised as their birth sex until they have a Gender Recognition Certificate (which can be issued no earlier than 18).

In other words, biologically female girls and male transsexual 'girls' have separate protected characteristics under the terms of the EqA. Any failure by an institution to recognise this fact risks failing to properly identify the specific issues which may affect female pupils when formulating transgender inclusion policies. One obvious arena where this may occur is sport.



## 4. General prohibition on discrimination

The EqA provides that the ‘responsible bodies’<sup>2</sup> of schools may not discriminate against or victimise any pupils or prospective pupils:

- In the arrangements made for determining admission;
- In the terms of admission;
- By refusing to admit a pupil;
- In the way in which education is provided to a pupil;
- By not providing education to a pupil;
- In the way in which a pupil is afforded access to a benefit, facility or service;
- By not providing access to a benefit, facility or service to a pupil;
- By excluding the pupil from the school;
- By subjecting the pupil to any other detriment

As set out above not all discrimination is unlawful. For example it is not unlawful discrimination to exclude pupils on the basis of sex difference. A number of lawful exemptions are set out in the EqA. A school may choose to invoke exemptions or not when formulating policies to accommodate transgender pupils but it has to assess the impact of such policies on both groups.

## 5. Legal protections for transgender pupils

A transsexual pupil is protected from discrimination if:

- he or she continues to dress, behave or live (full-time or part-time) according to the gender with which he or she identifies as a person
- he or she chooses to dress in a different way *as part of the personal process of change*. If a child ‘simply likes dressing as a member of the opposite sex’ (without this being part of the process of reassigning his or her sex) then he or she will not be covered by this protected characteristic (see ‘The Equality Bill — Government response to the Consultation’, July 2008 (Cm 7454), para 9.42)) Since transvestism does not entail a process of reassignment of gender through the changing of physiological or other attributes of sex, it does not meet the definition of gender reassignment in S.7 EqA. That said, if a child’s decision to cross-dress is part of the process of gender reassignment, then that child will be protected against any discrimination or harassment in relation to that decision. A child who is exhibiting transvestitism will be protected from direct discrimination and harassment if he or she is perceived – wrongly as it turns out – to be proposing to undergo gender reassignment
- he or she makes his or her intention known to someone, regardless of who this is (whether it is someone at school or at home or someone such as a doctor)
- he or she has proposed to undergo gender reassignment, even if he or she takes no further steps or decides to stop later on

<sup>2</sup> S.85(9) EqA – a responsible body for a school maintained by a local authority is the local authority or governing body, other than the proprietor.

- there is manifestation of an intention to undergo gender reassignment, even if he or she has not reached an irrevocable decision
- he or she has received gender recognition under the Gender Recognition Act 2004

In considering these points schools must be aware of the duty not to reinforce sex-stereotypes harmful to other students, especially girls, by promoting the idea that there is a correct way to 'dress, behave or live' for boys or for girls. Schools need to be aware that students who don't conform to gender and sex role stereotypes may be influenced to believe that gender non-conformity is synonymous with transsexuality. Gay and lesbian students may be especially at risk of mistakenly believing this idea as this group in particular tends to defy gender and sex role stereotypes.

Schools must consider the impact on other protected groups, in this case students protected under the characteristic 'sex' (primarily girls) and gay and lesbian students protected under the characteristic 'sexual orientation.'

There are only two pieces of specific advice for schools in the Technical Guidance:

**3.20** The way in which school facilities are provided can lead to discrimination. Example: A school fails to provide appropriate changing facilities for a transsexual pupil and insists that the pupil uses the boys' changing room even though she is now living as a girl. This could be indirect gender reassignment discrimination unless it can be objectively justified. A suitable alternative might be to allow the pupil to use private changing facilities, such as the staff changing room or another suitable space.

The guidance does not state that a transsexual pupil should be allowed access to the facilities of the opposite sex.

**3.35** On the subject of a female pupil who has started to 'live as a boy' and has adopted a male name. The Guidance advises

- Not using the pupil's chosen name merely because the pupil has changed gender "would be direct gender reassignment discrimination"
- Not referring to this pupil as a boy "would also result in direct gender reassignment discrimination"

The remainder of this guidance is based on the premise that the transgender pupil remains legally the sex that they were born. Few secondary school aged pupils will have legally changed sex due to the age restrictions currently in place. Schools should be aware however that it is possible to exclude persons with a gender recognition certificate from single sex facilities if to do so is a "proportionate means of achieving a legitimate aim".

## 6. When is it lawful to discriminate against a person with a protected characteristic?

### 6.1 School admissions

- It is lawful, under the EqA, for single-sex schools to refuse to admit pupils of the opposite sex, even if the school admits a small number of pupils of the opposite sex on an exceptional basis or in relation to particular courses or classes only

- Therefore, even where a child has the characteristic of gender reassignment, and they apply to a single sex school, the school is entitled not to admit that child entry, on the basis that they are not legally recognised as being of the same sex as other pupils at that school. The child is not eligible for a Gender Recognition Certificate, which would mean they were legally that sex, until the age of 18. This refusal to admit the child would be lawful sex discrimination

## 6.2 Communal accommodation

- Schedule 23 of the EqA allows for communal accommodation to be restricted to one sex only, as long as the accommodation is managed as fairly as possible for both men and women
- 'Communal accommodation' is residential accommodation that includes dormitories or other shared sleeping accommodation which, for reasons of privacy, should be used only by persons of the same sex
- It can also include residential accommodation that should be used only by persons of the same sex because of the nature of the sanitary facilities serving the accommodation
- In refusing to admit a pupil to communal accommodation because of gender reassignment, the school must also take account of whether this is a proportionate means of achieving a legitimate aim, or in other words if it's the least discriminatory way of achieving a reasonable and lawful outcome
- The needs of all pupils to privacy and dignity must be considered. We take the view that the protection of the dignity and privacy of girls is a legitimate aim. Further, requiring pupils to share communal accommodation with persons of the opposite sex raises specific issues for female pupils which will not be encountered by male pupils (embarrassment surrounding menstruation, risk of pregnancy). Any institution which fails to acknowledge and properly accommodate these issues when formulating policy risks breaching the EqA

## 6.3 Sports

- Section 195 of the EA 2010 makes it lawful to restrict participation of transsexual people in competitions where physical strength, stamina or physique are major factors in determining success or failure, if this is necessary to uphold fair competition, but not otherwise
- If the physical strength, stamina or physique of the average pupil of one sex would put him or her at an advantage compared to the average pupil of the other sex as a competitor in a sport, game or other competitive activity, it is not unlawful for those arranging the event to restrict participation in the activity to pupils of one sex. Sports which come under this heading are referred to in the Act as a 'Gendered Activity'
- It is also lawful to exclude a transgender pupil from a gendered activity if it is necessary to do so for safety reasons. Depending on the activity schools may be under a legal duty to exclude transgendered pupils from certain gendered activities if their participation might pose a risk to their safety or the safety of other participants due to inherent differences in the size and stamina of males and females. For example a decision to permit a teenage male transgender pupil to participate in a contact sport such as rugby or football with female

pupils would be difficult to justify in light of the public sector equality duty. Further if an increase in the risk of injury to a participant is a foreseeable consequence of permitting a transgender pupil to participate in a gendered activity such as contact sport, the school in question may find itself legally liable for any consequent injury

- It would not be acceptable to reduce or restrict the general levels of participation of female pupils in sports which are also gendered activities in order to facilitate the participation of male transgendered pupils on girls teams. For example it would not be lawful for a school to decide not to offer specific contact sports to girls on the grounds that transgendered pupils cannot safely or fairly also participate
- In considering whether separate events should be organised for boys and girls, the age and stage of development of the children competing should be taken into account. Therefore this exception is much less likely to apply to children of primary school age

## 6.4 Sanitary and changing facilities

- It is acknowledged in Section 29 of the Act that single-sex sanitary/personal hygiene facilities and single-sex changing-rooms are required for reasons of privacy and that these single-sex provisions are therefore lawful
- (13.54) Exemptions are lawful when the service is for, or is likely to be used by, more than one person at the same time and a woman might reasonably object to the presence of a man (or vice versa). Example: Separate male and female changing rooms or any service involving personal health or hygiene
- The Act permits the exclusion of transgender pupils from sanitary and changing facilities if there is no less discriminatory way of achieving a legitimate aim
- The protection of the safety and dignity of female pupils when in a state of full or partial undress is a legitimate aim. When considering whether to permit transgender pupils to use changing and bathroom facilities of the opposite sex, schools have a legal duty to consider the needs of teenage girls. This will include in particular and specifically menstruation as a factor in girls' need for private toilet facilities, rather than a 'gender neutral' layout where members of the opposite sex may observe the length of time a girl spends in the toilet or overhear a girl unwrapping sanitary products which may cause her embarrassment or humiliation. Girls may also need private facilities to clean up
- Schools must take into account the privacy and dignity of all pupils. However they must also consider girls' specific vulnerability to sexual harassment and assault. This will be particularly relevant when a school is considering the wholesale replacement of single sex toilets with gender neutral facilities

## 6.5 Conclusion - when can and should a school provide single sex facilities?

- In the areas of competitive sports and in situations where issues relating to personal hygiene/privacy arise it is lawful to base policies on biological sex differences so that the welfare of girls in particular is safeguarded. Any such policy has to be measured against the potential detriment to transgender pupils

of exclusion from single sex facilities and sport. Any school which is considering whether to permit transgender pupils to use single sex facilities and to participate in sport as the gender with which they identify are under a legal duty to consider the potential impact on other pupils, in particular female pupils. Any failure to do so may render such a decision unlawful and could expose the institution in question to legal action.

## 7. Enforcement

- 7.1. The Equality Act 2010 is not just a statutory code to assist public institutions and service providers; it gives rise to legally enforceable rights
- 7.2. The Equality and Human Rights Commission is the independent statutory body charged with monitoring the implementation and compliance with the EqA. It has wide powers of investigation. It has the power to investigate alleged breaches of the EqA if it has reason to suspect that a breach has been committed. If it finds that a person or institution has contravened the EqA it may take whatever action it deems appropriate, including conciliation, requiring the body or person to desist from further breaches or taking legal action
- 7.3. The Equality and Advisory Support Service 9 (EASS) is an advisory body set up by government to assist persons who think that their rights under the EqA may been infringed. It runs an advice line which can be accessed by members of the public by phone or email. The EASS is an easy first port of call for anyone who believes that their rights under the EqA has been infringed and needs guidance as to the most appropriate next steps
- 7.4. The County Courts have jurisdiction to entertain claims which are related to services, public functions and education. The remedies available include an injunction prohibiting any further breach, a declaration that the EqA has been breached, as well as financial compensation. There are time limits within which a claim can be brought, usually within 6 months of the contravention in question. Anyone considering a claim under the EqA will probably require specialist legal advice in all save the most straightforward of cases

## 8. Conclusion

It is possible under current legislation to maintain sex-based rights and protections for girls. In certain scenarios it may be unlawful to fail to do so. Schools must avoid treating those protected under the protected characteristic 'gender reassignment' in exactly the same way as those protected under the protected characteristic 'sex' as if they are the same category. A school acts with due regard to all pupils by recognising the protected characteristics 'gender reassignment' and 'sex' as distinct categories so that potential conflicts of rights are not concealed. Failure to do so may lead to a breach of equality law. Further, Equality law, if applied correctly, does not give rights to one protected group by taking them away from another protected group.

A school may need to be creative in shaping policies which meet the needs of pupils who identify as transgender, such as introducing some non-competitive or non-contact sports which are fair and safe for all, and designating a separate single stall toilet as a unisex toilet open to all pupils so that nobody feels singled out. The



priority must be in fostering an environment of mutual understanding and respect for different needs amongst all pupils.

All decisions should be guided by the overriding principle of reasonableness. Schools may need to justify their decisions in legal proceedings so it is important that these issues have been thought through in advance and recorded in minutes of meetings for example, so that the school is able to demonstrate that they have thoroughly considered a course of action and weighed up the issues in light of school policies, the law and impact on other children.

It is the duty of school leaders to ensure that all staff and governors are familiar with the legislation and feel confident in the policies decided by the school so that pupils themselves will feel confident in the authority of the school and all adults working there.

# 9

## Glossary of terms

Confusing terminology in published transgender schools guidance stems from the conflation of the words 'sex' and 'gender.' These words are increasingly being used interchangeably but have very different meanings.

### Sex

Male / Female. XY or XX chromosomes, biological sex and reproductive organs which cannot be changed. (note: under 1% of children are born with a biological intersex condition, this is unrelated to transgender).

Sex is not 'assigned at birth', but noted and recorded. The definitions of the words 'boy' and 'girl' are based on biological sex: a boy is a young human male and a girl is a young human female.

### Gender

Masculine / Feminine. Societal expectations of the behaviour, aptitudes and appearance of each sex, which change from culture to culture and through time. Gender is a social construct which denotes the accepted roles of each sex in a given society which are often deemed to be 'natural' but are also imposed from childhood. For example girls are socialised to be caring and passive and boys are socialised to be tough and not display feelings. This is how 'gender' is applied to the sexes.

### Gender identity

This word was previously used in child development texts to denote the child's understanding of being male or female. The current usage suggests an innate identity which is present from birth and immune to parental or societal influence. It is described as a pre-social deep inner sense of being a boy or a girl. There is no scientific evidence that we are born with an essential feminine or masculine essence or soul which exists independent of both gendered socialisation and biological sex. The idea of a 'female brain' in a boy's body is not supported by neuroscience research which shows that human brains are more of a mosaic of both 'feminine' and 'masculine' characteristics. Although there are differences between male and female brains the human brain is not sexually dimorphic as it is not a biological reproductive sex organ. Feminising or masculinising influences on the brain such as pre-natal hormone levels do not override and cannot change a person's biological sex.

### Gender Dysphoria

The feeling that you are the wrong sex, for example a boy who feels that he is or should be a girl or a girl who feels that she is or should be a boy. This can include hatred or rejection of the physical body and can cause great discomfort and distress.

## Transgender

The usual definition is someone whose gender identity does not match the gender/sex they were assigned at birth. This suggests that a person's sex is an idea which is imposed and gender identity is the real marker of whether someone is a boy or a girl. 'Transgender' or 'trans' is also used as an umbrella term for people with different gender identities, cross-dressers and transsexuals. A person who identifies as transgender does not necessarily suffer gender dysphoria.

## Cisgender

Cisgender or 'cis' is a word used politically in trans activism to describe people who are not trans. A 'cis woman' for example is a woman 'whose identity matches the gender they were assigned at birth.' Some people reject the label 'cis' for the reason that it imposes on them a gender identity they do not feel or agree with. In youth culture 'cis' has come to suggest conventional/conforming while 'trans' represents unconventional/subversive/edgy.

## Transsexual

This term is usually understood as someone who has had sex reassignment surgery.

## Non-binary

Someone who identifies as neither male nor female. This does not mean that the person is literally neither male nor female but because this ideology links the physical body to feelings in the head, young people may take cross-sex hormones and girls bind their breasts or feel they need a double mastectomy in order to create a 'non-binary' body. In reality nobody has exclusively 'feminine' traits or exclusively 'masculine' traits, we are all 'non-binary' to various degrees in our personalities.

## Gender fluid

Someone who identifies as a boy one day and a girl the next and may change their style of dress from stereotypically masculine to stereotypically feminine to reflect this. As with non-binary gender, the ideology suggests that identity equates to material reality but a person does not in fact become literally male or literally female on different days.

## Binders

Chest binders are used by teenage girls and girls starting puberty to strap down developing breasts in order to create a flat profile to look more like boys. These girls may identify as boys, trans boys, transmasculine or non-binary. Binders restrict breathing and have significant implications for health, including serious risks and side-effects, and should be considered as a form of self-harm. Binders are promoted by trans youth organisations such as Gendered Intelligence as important for the psychological health of girls suffering body-hatred.

# 10

## Implications of current transgender theory on children and young people

### Terms

While sex (male/female) is an immutable biological reality, gender (masculinity/femininity) is understood as a social construct which changes through history and according to societal norms. Conversely, the American Psychiatric Association (APA) who produce the guidance upon which NHS practice is based, describes gender identity as:

‘a category of social identity (that) refers to an individuals’ classification as male, female or occasionally some category other than male or female. It’s one’s deeply held sense of being male or female, some of both or neither, and does not always correspond to biological sex’<sup>1</sup>

As such according the APA & NHS gender identity is unverifiable and yet considered to exist independent of both gendered socialisation and biological sex.

### Diagnosis

Many people consider themselves to be transgender without a Gender Recognition Certificate and without undergoing legal, social or medical transition.<sup>2</sup>

The medical diagnosis of being transgender in adults and children is dependent upon not adhering to stereotypical gendered norms and/or a feeling of discomfort in one’s body.<sup>3</sup>

### Statistics

Historically children diagnosed with gender dysphoria were predominantly boys, consistent with the ratio for adult transsexuals which was 90% male in the late Sixties.<sup>4</sup> Referral numbers of children were very small until around 2009 when they began to rise. Over the past six years the referral rate has increased by almost 1,000% and girls have overtaken boys.<sup>5</sup>

- The Tavistock clinic for children and adolescents has seen referral increases of about 50% a year since 2010-11. In 2015 - 16 there was an unexpected and unprecedented increase of 100%
- 2,016 children and adolescents were referred to the Tavistock Clinic in 2016 - 17 (compared to 1,398 the previous year) and of that number 69% were girls, increasing to over 70% in the adolescent age group<sup>6</sup>
- It is estimated that 95% to 100% of girls who transition during adolescence would otherwise grow up to be lesbian<sup>7</sup>
- A disproportionate number of children on the autistic spectrum identify as transgender<sup>8</sup>

## Treatment history

The established clinical approach to children with gender dysphoria is 'watchful waiting', an approach based on 'developmentally informed therapy' (Zucker) which explores possible factors underlying a child's belief that they are the opposite sex and attempts to help a child resolve the disconnect between mind and body.<sup>9</sup>

'Affirmation of preferred gender' is a new approach associated with the full social transition of a child through name change and change of clothes etc. This approach is informed not by research or evidence but by social change.<sup>10</sup>

Social change has in large part been driven by the tactics of transgender activists to shut down debate<sup>11</sup> and silence those in disagreement.<sup>12</sup> The issue of 'transgender kids' has become a political social justice issue and anything other than affirmation of a child's 'gender identity' has been painted as 'conversion therapy' by health organisations pressured by activists.<sup>13</sup>

However there is no professional consensus on the 'affirmation' approach.<sup>14</sup> Clinicians and researchers in the field have cautioned against any treatment which is difficult to reverse, including social transition,<sup>15</sup> puberty blockers<sup>16</sup> and any irreversible hormonal treatments, until after a child's psycho-sexual development is complete.<sup>17</sup>

Nevertheless, activists have consistently promoted the message that if a child is prevented from medically transitioning they may attempt suicide<sup>18</sup> and that puberty blockers are a fully reversible and safe way to 'buy time' for a child to decide. 'Affirmation' can be seen as a commitment to this pathway.

## Effects of treatments

It is recognised that around 80% of children with gender dysphoria will come to accept and be happy as the sex they were born<sup>19</sup> and that the greatest likelihood is that these children will be gay or lesbian as adults.<sup>20</sup>

Children's identities are not fixed but developing, the construction of the Self is influenced by many factors including parents and environment. Daily affirmation by trusted adults that a boy is really a girl (or vice versa) is likely to have a self-fulfilling effect and create persistence of a child's belief, as children believe what adults tell them.<sup>21</sup> The created fear of a puberty the child now believes to be the 'wrong' one creates the need for puberty blockers.

If a child starts puberty blockers at Tanner stage 2 and subsequently progresses to cross-sex hormones at age sixteen as almost all children on this pathway do, permanent infertility will be the result as eggs or sperm will not have developed. These children will never experience full puberty as cross-sex hormones can only affect the development of secondary sex characteristics and not opposite-sex reproductive development.

The flood of sex hormones at puberty triggers the important changes and organisation of the teenage brain, a process which is not complete until the mid-twenties when the brain/personality is fully formed. The long-term effect on neurological development of blocking this crucial process is not known.

Androgen inhibitors have only recently been used for children with gender identity confusion. Licensed for use in the treatment of men with prostate cancer, studies have raised concerns about effects on short-term memory, language ability,



mental flexibility and inhibitory control.<sup>22</sup> Recent studies from the US indicate long-term serious health effects for some women who were administered blockers for precocious puberty, such as excruciating muscle and bone pain, depression, weakness and fatigue.<sup>23</sup>

There are no studies to show that blockers are truly 'reversible' when used to treat gender dysphoria as so few children come off them once they start that the number is too small to study. There are increasing concerns that their use may prevent the 'crisis in adolescence' necessary for stable identity formation.<sup>24</sup>

## Rapid Onset Gender Dysphoria

Although there exists plentiful research on the etiology of transsexualism in adult males,<sup>25</sup> there are no research studies on adults who underwent medical gender reassignment treatments in childhood as this is a new phenomenon.

Some professionals have noted a new presentation of gender dysphoria which appears after the start of puberty with no previous indication of gender confusion or unhappiness. This recent development has been termed Rapid Onset Gender Dysphoria and it affects mostly teenage girls.

The first study of this group<sup>26</sup> indicates a high incidence of internet and peer-group influence where a number of teenage girls within a friendship group 'come out' together as transgender. A high percentage of these girls report increased popularity although parents report worsening mental health and parent-child relationships. Typically these girls receive online advice, trust only transgender sources for information, retreat into transgender-only friendship groups and may mock those who are not transgender or LGBT.

Parents report that their teenager's sudden announcement that they are transgender typically follows their immersion in online transgender forums such as Reddit,<sup>27</sup> Tumblr and YouTube.

## Regret

The increasing number of social media accounts and online support forums for young people who regret their medical transition should give pause for thought. A recent survey of detransitioned young women suggests that exploration and therapeutic support should be the first step in treatment and a medical pathway seen as a last resort. Only 6% of those surveyed felt that they had received adequate counselling before making their decision to undergo medically invasive procedures which cannot be reversed.<sup>28</sup>

## Conclusion

Given the permanent and irreversible physical effects of medical gender reassignment treatments a more cautious approach is indicated in the treatment of children and adolescents with gender dysphoria.<sup>29</sup>

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## For More Information

'Transgender Children and Young People: Born in Your Own Body' Cambridge Scholars

[transgendertrend.com/brain-research](http://transgendertrend.com/brain-research)

[transgendertrend.com/children-change-minds](http://transgendertrend.com/children-change-minds)

[transgendertrend.com/child-transgender-gay-neither](http://transgendertrend.com/child-transgender-gay-neither)

[transgendertrend.com/the-suicide-myth](http://transgendertrend.com/the-suicide-myth)

[www.transgendertrend.com/professionals-questioning-medical-transition-children](http://www.transgendertrend.com/professionals-questioning-medical-transition-children)

[transgendertrend.com/puberty-blockers](http://transgendertrend.com/puberty-blockers)

[transgendertrend.com/social-transition-and-chest-binding](http://transgendertrend.com/social-transition-and-chest-binding)

[transgendertrend.com/sex-hormones-and-surgeries](http://transgendertrend.com/sex-hormones-and-surgeries)

[transgendertrend.com/detransition](http://transgendertrend.com/detransition)

[gids.nhs.uk/current-debates](http://gids.nhs.uk/current-debates)

## Staff Training and Development:

For staff training and development enquiries please contact Transgender Trend:

[transgendertrend.com/contact-form-general-messages](http://transgendertrend.com/contact-form-general-messages)



# Transgender TREND

Parents questioning the trans narrative

[www.transgendertrend.com](http://www.transgendertrend.com)