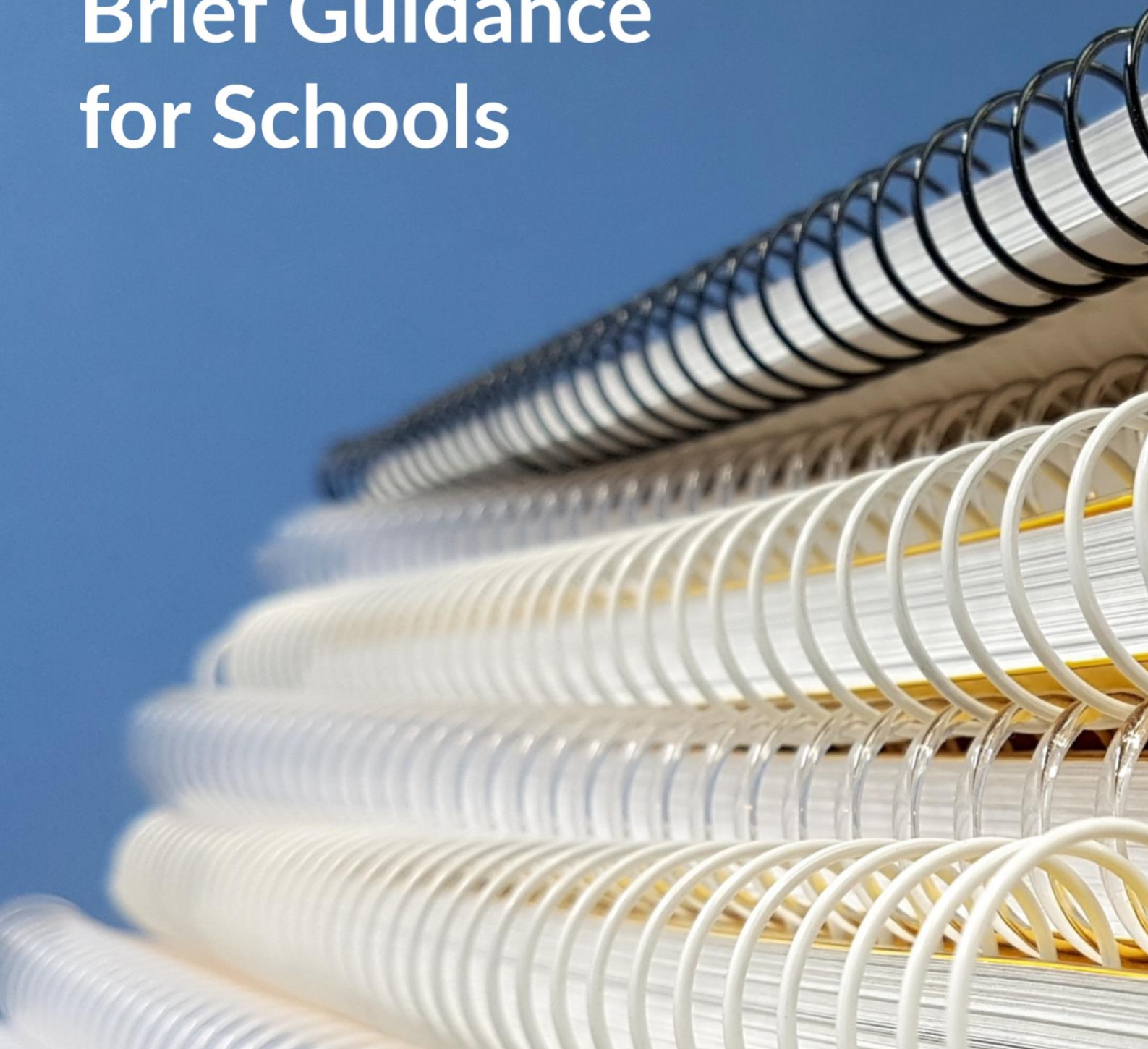




Brief Guidance for Schools



CELEBRATING DIVERSITY

Today's school communities include gender non-conforming students and students with different sexual orientations. This gives schools a wonderful opportunity to celebrate diversity and uniqueness, to empower young people to transcend stereotypes, and to encourage everyone to be themselves.

SEXUAL ORIENTATION AND GENDER IDENTITY

Sexual orientation refers to whether a person is romantically or sexually attracted to people of the same or the opposite biological sex. Sexual orientation describes how you feel about other people; for example whether you are heterosexual, gay, lesbian or bisexual – or even asexual.

Gender identity and gender expression refer to whether people feel that their birth sex aligns with stereotypically masculine or feminine traits and behaviors, and how they wish to express themselves and be seen in society. Gender identity describes how you feel about yourself – for example, whether you identify as transgender or non-binary.

Not everyone feels they have a gender identity, but we all seem to have a sexual orientation. Most of us discover this during adolescence, and it usually endures for the rest of our lives. It is important to note that some people have described how [they utilized their gender identity as a form of sexual repression](#), due to unacknowledged feelings of internalized homophobia.

SEX AND GENDER

Sex relates to biology and the two sexes: male and female. We all have chromosomes (XY for males and XX for females*) within [almost every cell of our bodies and our brains](#), determining our physical development along male or female pathways.

Sex differences are important, and are acknowledged within society, whether in single-sex toilets, changing-rooms and accommodation, or most sports. Within schools, sex is also significant in biology lessons and within curricular materials on sex education.

Gender relates to culturally influenced, masculine and feminine societal expectations of behavior, aptitudes and appearance based upon sex.

It is gender, not sex, which influences school policies regarding uniforms, hair-length, jewelry and make-up. Gender can also influence assumptions we make about what recreational activities boys or girls will prefer, and what academic strengths boys and girls will have.

*Although all people are born either male or female, some people have different chromosome combinations which, on very rare occasions, can make it more challenging to ascertain which sex they are at birth. People who are born with these differences are described under the umbrella term of Differences of Sexual Development (DSDs), previously known as "intersex". There are over 40 unique and rare medical conditions that can impact sex development in males and females. [Find out more.](#)

TRANSGENDER IDENTIFICATION AND GENDER DYSPHORIA

Many people who feel that their gender does not align with their sex identify as transgender or non-binary. Some people who identify as transgender or non-binary experience "[gender dysphoria](#)," a severe type of distress or impairment in functioning due to a feeling of misalignment between gender and sex.

There is no equivalent condition to gender dysphoria experienced in terms of sexual orientation. For example, there is no equivalent condition experience by people who are lesbian, gay or bisexual.

Historical evidence shows that when gender dysphoria presents in childhood, most cases resolve naturally, with [61%-98% of children reidentifying with their biological sex](#) during puberty. No studies to date have evaluated the natural course and rate of gender dysphoria resolution among the new cohort of adolescents presenting with adolescent-onset gender dysphoria.

In recent years, the number of young people being referred to specialist clinics for gender dysphoria has [increased dramatically](#). Many with gender dysphoria also have Autism Spectrum Disorder (ASD) or ADHD diagnoses. Other mental health diagnoses and childhood trauma also occur at [higher rates](#) among those with gender dysphoria. This is a significantly under-researched and fast-growing phenomenon; this is why we encourage a cautious and compassionate approach.

We believe that this new phenomenon of large numbers of young people questioning their gender is best described as [“Rapid Onset Gender Dysphoria”](#). This description, coined in 2018 by American public health researcher Lisa Littman, provides what we believe is the best account of the new cohort of gender-questioning adolescents. While it is not a diagnosis, this description factors in the strong role of social influence among these children, as well as the significant levels of comorbidities (co-occurring conditions and diagnoses).

While the term is not universally accepted, the research upon which it is based has stood the test of substantial academic scrutiny.

AFFIRMATION AND SOCIAL TRANSITION

Many transgender organizations advise schools to “affirm” students’ gender identities by using the names and pronouns students request, and letting students use the bathroom that matches their gender identity. This is known as social transition.

While well-intentioned, affirming a student’s gender identity or publicly celebrating a transgender student’s courage are [not neutral actions](#): they can [unintentionally influence](#) students’ identity formation. Identity formation is [an important psychosocial stage](#) of development for young people between 12 and 25 years old.

The role of the school is to foster a tolerant and caring approach to all students and to ensure that there is no bullying or hostility towards any student. It is not the role of the school to influence identity formation. Social transition is a powerful psychotherapeutic intervention and so it should not be carried out without clinical supervision.



There is no right or wrong way to be a boy or a girl.

AFFIRMATION AND THERAPY

We have serious concerns about affirmation-only therapy, which we believe forecloses other options for the therapeutic client. While it is important to affirm the depth of the young person's feelings, affirmation can stray into confirmation unless the therapist retains the ability to explore the whole picture. Affirmative-only therapists use a model which prevents them from taking a depth-perspective of the young person's feelings. This risks glossing over other factors which may be causing them to question their gender identity. We strongly believe that therapists' hands should not be tied in this way.

MEDICAL TRANSITION

Children and young people with gender dysphoria who socially transition are [more likely to continue](#) to feel unhappiness with their birth sex, and go on to medical interventions including puberty blockers, cross-sex hormones and surgery. As social transition is a therapeutic intervention that [increases the likelihood](#) of medical transition, schools must liaise with parents to ensure this is an appropriate step to take.

Over 95% of young people with gender issues who take medication to delay the progression of puberty of their birth sex [go on to take cross-sex hormones](#). Recent reviews of the latest research on medical interventions for gender-dysphoric youth in the [UK](#), [Finland](#) and [Sweden](#) found that the evidence of the benefits of these treatments did not outweigh their risks.

The gender identity affirmative approach is a new approach to gender, and is [not supported by any long-term evidence](#). Some people are very positive towards this approach; some are very negative. A [recent legal case](#) in the UK analyzed 3000 pages of evidence and found that puberty blockers should not be prescribed without considerable caution.

The sharp rises in the number of people detransitioning has not yet been analyzed. [A recent study](#) shows that the causes of gender distress may only become clear with the benefit of hindsight: factors such as trauma and unmetabolized grief may have profound effects on young minds.

[Research has found](#) that many patients with childhood-onset gender distress who are not treated with affirmative social transition or medical interventions grow up to be lesbian, gay or bisexual.

SUICIDE

Every suicide is a terrible tragedy.

Young people suffering from gender dysphoria are an extremely vulnerable group deserving of support. Although high suicide rates among people who identify as transgender are frequently mentioned, the [data](#) show that suicidality rate among young people referred for gender issues is about the same as those referred for other mental health difficulties. In other words, [suicide statistics are misused](#).

[There is currently no evidence](#) showing that social or medical transition reduces the risk of suicide among young people with gender dysphoria.

Young people are particularly susceptible to suicide contagion; the adults around them should therefore avoid any speculation about direct links to a single cause or "trigger" for a suicide. Speaking responsibly about suicide is an acquired skill. Teachers worried about this can complete suicide skills programs to ensure that they are well-equipped to deal appropriately with this complex matter.

WORKING WITH PARENTS AND GUARDIANS

Schools should work in partnership with parents and guardians. Gender dysphoria and trans-identification are complex phenomena beyond the remit and training of educators: schools should consult directly with the parents or guardians of any students experiencing these issues, to determine the appropriate support the school can provide. They should also consider the wider student population in the process of doing this.

Schools should also be aware of the role that online influencers can have in young people's lives. These influences, while they may seem positive to the young person, can often be pernicious, encouraging young people to seek short-term solutions for complex problems which deserve a more thoughtful analysis.

Take a wider look at gender, with the **Gender: A Wider Lens** podcast.

Click [here](#) to listen.



WHAT WE RECOMMEND

These recommendations list the steps we believe schools can take to ensure that they are dealing with issues of gender sensitively and equitably, without putting staff or students at undue risk.

It is important to note that this is a quickly developing area, and the suggestions below do not constitute a "code of conduct". School leaders must assure themselves that they can back up their policies with robust logic, and be sure that policies are **compliant with all local laws**.

- In all cases, we recommend that schools **develop a sex and gender policy**, so as not to end up creating policy "on the fly"; that schools carry out rigorous **risk assessments** relating to all sex and gender policies; and that schools also carry out **impact assessments** to ensure that all members of the school community are considered when policies are being drafted.
- We recommend an approach that seeks to avoid political or ideological positions, and instead focuses on the many psychological ways educators may positively use their unique skills when working with individuals with gender-related distress.
- Certain legal challenges to school policy have already taken place in countries around the world vis-à-vis names, toilets, uniforms, and sleeping arrangements for overnight visits. Schools need to prepare for these issues. It is recommended that a flexible approach is taken so as to avoid unnecessary, time-consuming challenges to policy.

- Toilets, changing rooms and sports activities can be very challenging. Menstruation anxiety causes [serious shame](#) for females, and so females often seek the privacy of the single-sex toilet. However, single-sex toilets cause serious anxiety for gender dysphoric youths. We recommend that schools should provide a single occupancy space for children with gender dysphoria. This is not necessarily easy, but some creative options can be explored to meet this issue.
- Uniforms can also cause distress, as students may request permission to wear opposite sex uniforms. We recommend that schools offer a flexible approach to uniforms.
- Activities which require students to sleep away from home can be fraught. It is recommended that residential dormitories remain single-sex; however, all students must be freely given a realistic option as to whether they wish to partake in these activities.
- Social transition is a powerful therapeutic intervention that should not be undertaken without clinical supervision. School authorities need to maintain professional records according to the legal requirements. This helps to avoid confusion in correspondence and communications. Names might be changed – students have used alternative names for generations – but this does not mean that educators are forced to accept these name changes. This is a matter between the educators, the parents, the relevant mental health professionals, and the student.
- Schools should liaise with parents before any social transition takes place, as this is an intervention with [far-reaching consequences](#).
- Pronouns have recently become a controversial issue. Schools have never before changed pronouns for students and the long-term impact of this policy remains unknown. Young people who are exploring their gender identity might be exploring their sexual orientation and their overall identity simultaneously. This is a period of flux and uncertainty for the young person, and it is seldom helpful for adults to concretize every idea and belief of the child.
- Educators should affirm students' emotions and beliefs, and it is certainly important to affirm and to support students to express themselves in an open-minded setting. However, affirming is not the same thing as confirming.
- Students' defenses can manifest through a fixation on language. This may require a robust but understanding and flexible approach from the educator.
- The language and terminology involved in gender-related issues is constantly changing, and this may lead educators to the mistaken belief that they do not understand the issues at hand. It is helpful to take some time to learn the language, terminology and acronyms, so these do not become superficial obstacles to the provision of appropriate support.
- [A cautious, least-invasive-first approach](#) is mirrored in general clinical best practice, and it is recommended that educators take a similarly cautious approach.
- Educators should be aware that [gender dysphoria is highly likely to occur with comorbidities](#), such as ASD, ADHD, anxiety and other conditions.
- Schools should provide suicide skills training so that educators do not inadvertently increase the risk of suicide.
- As teenagers experiencing gender dysphoria mature and progress through adolescence and into adulthood, the majority of them might be able to one day accept and happily live with their biological sex, adult body and sexual orientation. This is why we advocate for a cautious, non-interventionist approach for children.

Genspect offers a range of training programmes for schools, covering topics such as inclusivity, gender identity, sexual orientation, mental health, scientific research, and how to provide practical solutions to conflict.

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