INDEPENDENT AUSTRALIAN GUIDELINES ON SEX AND GENDER IN SCHOOLS

Responding to The Gender Identity Issue

Compiled by WAAT & AWW Inc.

THE AUSTRALIAN NATIONAL GUIDELINES ON SEX AND GENDER IN SCHOOLS: SUMMARY

SECTION 1: INTRODUCTION

1a. Introduction

1b. Glossary of key terms

1c. A summary of recent developments

SECTION 2: GUIDANCE FOR EDUCATORS

2a. Leadership

2b. Professional development

2c. Allied health professionals in schools

2d. Policy and balance

2e. Single-sex spaces

2f. Student-peer relationships

2g. Confidentiality

2h. Early Years Learning Framework

2i. Primary

2j. Adolescence

SECTION 3: INCLUSION, DIVERSITY, AND RESILIENCE

3a. Sex and gender

3b. Gender stereotypes

3c. Sexuality and identity

3d. Why are girls particularly affected?

3e Safety in sports

3f. Programs to support resilience and healthy relationships

3g. Pedagogy in practice

SECTION 4: SEX AND GENDER - LEGAL GUIDANCE FOR CAREGIVERS AND EDUCATIONAL SETTINGS

4a. Orientation

4b. Policies

4c. Legislation

4d. National and International conventions

SECTION 5: WHAT DO I SAY?

5. The value of language

SECTION 6: GUIDANCE FOR CAREGIVERS

6. Resources

APPENDIX – 'Social Transitioning in Schools – The Risks & Harms' – (Tasmania)

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WAAT in colloboration with AWW encourages the dissemination and exchange of information presented in this publication: **Independent Australian Guidelines for Sex and Gender in Schools,** and the **Tasmanian specific guide** in the appendix on **"Social Transitioning in Schools – The Risks & Harms – (Tasmania)"**

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The Australian National Guidelines on Sex and Gender in Schools

SECTION 1A: INTRODUCTION

We have developed this guidance to help Australian educators develop an understanding of new developments in sex, gender, and identity, to ensure that all students are safe at school. We present research-based evidence and compassionate, field-tested strategies to support students who are engaging with new ideas around sex, gender, identity, and gender stereotypes.

A growing number of children now identify as 'gender non-conforming' [GNC], leaving some schools and educators unprepared for the complex issues that can arise in an area many teachers have little experience in. The rate of increase in minors who are considered to have gender dysphoria has been described as 'epidemic-like' (1). While many organisations offer support and advice for young people and their caregivers, their advice may not take into consideration the holistic duties that schools have to their communities. Some of these organisations provide information that is factually inaccurate and harmful to children.

It is our goal to provide information, resources, talking points, perspectives, and a roadmap for the development of an Australia-wide respectful school climate that meets the needs of its diverse community in alignment with globally-recognised best practice and pedagogy.

1. Cohn, J. (2022). Some limitations of 'Challenges in the care of transgender and gender-diverse youth: An endocrinologist's view'. *Journal of Sex and Marital Therapy.* DOI: 10.1080/0092623X.2022.2160396

SECTION 1B: GLOSSARY OF KEY TERMS

Productive conversations with young people, caregivers, and other educators rely upon shared understanding of the words in use. For example, a student may describe themselves as 'transmasculine', without being sure that their conversational partner has the same understanding of what is meant by this term as they have. In teaching curriculum that relates to sex and gender, avoid the use of new terms that do not have an established meaning.

'Watchful Waiting' Model of Treatment **[AWW model]**

The model of treatment that includes therapeutic monitoring, robust screening for underlying issues, and a non-promotion of childhood transitioning in any form.

Binder

A device used by young girls to strap down breasts to create a flatter physical profile (1). Some organisations continue to promote their use despite evidence that they cause physical harm (2).

Duty of Care

A common-law concept that describes the responsibility of adults to provide young people in their care with an adequate degree of protection against physical or psychological harm.

Gender

A term that refers to the roles, behaviours, activities, and characteristics that a society typically considers appropriate for men and women, based on their sex (3). Although recently used to connote 'gender identity', we use the term 'gender' only to refer to social expectations surrounding sex.

Gender Affirmation Model of Treatment **[GAM]**

The model of treatment which promotes the use of pubertal suppressants, social transitioning, and frequently continues on to medical and / or surgical transitioning.

Gender Dysphoria

A clinically diagnostic term within the psychiatric and medical communities. It is a disorder where individuals feel intense and abiding discomfort with their sex (6). Only a psychiatrist or a psychologist can diagnose gender dysphoria.

Gender Identity

Describes the sense of one's self as either male or female, formed in early childhood and considered irreversible by age four (7). Current usage suggesting that everyone has a 'gender identity' that exists independently of biological sex. All evidence points to the concept of gender identity or transgender identity as a **belief** supported by no empirical evidence (8).

***Gender Non-Conforming* [GNC]**

We use the term 'gender non-conforming' or GNC to describe students who are using new or unfamiliar terms to describe their sense of self in relation to their sex. 'Gender non-conforming' is not a designation of a 'gender identity'. Students may describe themselves, or be described by others, as one or more of the following:

Agender | *Androgynous*
Assigned female at birth (AFAB) | *Assigned male at birth (AMAB)*
Bigender or multigender | *Demi-boy or demi-girl*
Genderfluid | *Genderqueer*
Non-binary | *Trans, trans-identifying, or transgender*
Transmasculine / transmasc | *Transfeminine / transfemme / transfem*
Two-spirit

All such students are referred to in these Guidelines as 'gender non-conforming' or GNC.

Gender Stereotypes

Describe ways in which assertions that 'some personality traits, characteristics, interests or hobbies' are typical of only one sex, can be limiting and harmful to children's development (4, 5).

Non-Binary

A person who describes themselves as 'non-binary' is signalling that they do not feel comfortable with gender stereotypes. In contemporary media, 'non-binary' is considered to denote someone whose 'gender identity' is 'neither male nor female'. However, nobody

displays only 'masculine' or only 'feminine' traits or behaviours; in real life, we are all 'non-binary' to varying degrees.

Puberty Blockers / Pubertal Suppressants / Hormone Therapy

The synthetic hormone analogue GnHRa (short for gonadotropin-releasing hormone agonist) is administered off-label in Australia to disrupt healthy pubertal development in minors. Popular claims that pubertal suppressants are 'safe and reversible' are incorrect (9). In these Guidelines, we refer to GnHRa and similarly used drugs as 'pubertal suppressants'.

Sex

Refers to the biological sexual status of humans as female or male. Chromosomal differences are primarily responsible for sex determination in humans (10, 11). No human has ever been able to change their sex.

Social Transition

A process in which gender non-conforming individuals change their gendered social presentation. May include: changing their name; changing their pronouns; dressing differently; adopting or discontinuing practices such as makeup use; breast-binding, or 'packing'; or seeking to use single-sex spaces designated for the opposite sex (12). Children who socially transition almost always go on to medically and / or surgically transition (13), while most gender-dysphoric children who do not socially transition simply 'grow out' of their feelings of gender dysphoria without any medical intervention (14).

Top Surgery

A euphemistic, non-clinical term for double mastectomy for non-medically-necessary reasons, carried out as part of the 'gender affirmation model'. It is a drastic and irreversible surgery which has been carried out on an unknown number of children in Australia.

Transgender

Commonly used to describe individuals who believe their 'gender identity' is not in alignment with their sex, this term does not necessarily denote a clinical diagnosis of gender dysphoria and is frequently used as an 'umbrella term' to describe anyone who is gender non-conforming. As this term is not a clinical designation, it is not used in these Guidelines.

1. Transgender Trend UK. (2019, September 9). What questions should a school be asking about Mermaids training for teachers? https://www.transgendertrend.com/questions-school-mermaids-training-teachers/ 2. Peitzmeier, S. M., Silberholz, J., Gardner, I. H., Weinand, J., & Acevedo, K. (2021). Time to first onset of chest binding-related symptoms in transgender youth. *Pediatrics*, *147*(3). https://doi-org.ezproxy.utas.edu.au/10.1542/PEDS.2020-0728 3. World Health Organisation [WHO]. (2023). Gender and health: Overview. World Health Organisation. https://www.who.int/health-topics/gender#tab=tab_1 4. Meadows, Sara. *Understanding Child Development : Psychological Perspectives and Applications*, Taylor & Francis Group, 2017. *ProQuest Ebook Central*, https://ebookcentral-proquest-com.ezproxy.utas.edu.au/lib/utas/detail.action?docID=5152914. 5. Safe Schools Alliance UK. (n.d.). *Frequently Asked Questions*. https://safeschoolsallianceuk.net/frequently-asked-questions/
6. Lawrence, A. A. (2018). Gender Dysphoria. Cited in Hersen, Michel, *Adult Psychopathology and Diagnosis*, edited by Deborah C. Beidel, and B. Christopher Frueh, John Wiley & Sons, Incorporated, 2018. *ProQuest Ebook Central*, https://ebookcentral-proquest-com.ezproxy.utas.edu.au/lib/utas/detail.action?docID=5341522. (chapter 17, pages 633 - 668). 7. Hine, F. R., Carson, R. C., Maddox, G. L., Thompson, R. J., & Williams, R. B. (2012). *Introduction to Behavioural Science in Medicine*. Springer Science and Business Media, Springer. 8. Nota, N. M., den Heijer, M., & Gooren, L. J. (2019). Evaluation and treatment of gender-dysphoric / gender incongruent adults. In: Feingold KR, Anawalt B, Boyce A, et al., editors, *National Library of Medicine*. https://www.ncbi.nlm.nih.gov/books/NBK544426/ No Biological Evidence For 'Gender Identity' Exists, Group Of Scientists, Researchers Says By Christina Buttons, https://archive.md/yUcpT 9. Smith, K. (2022, November 15). New studies prove puberty blockers are not reversible. *Binary*. https://www.binary.org.au/new_studies_prove_puberty_blockers_are_not_reversible#:~:text=It%20has%20become%20increasingly%20clearer,a%20lifetime%20of%20bone%20health. 10. Hake, L. & O'Connor, C. (2008) Genetic mechanisms of sex determination. *Nature Education* 1(1):25 https://www.nature.com/scitable/topicpage/genetic-mechanisms-of-sex-determination-314/ 11. Gribble, K. D., Bewley S,, Bartick, M. C., Mathisen, R., Walker, S., Gamble, J., Bergman, N. J., Gupta, A., Hocking, J. J., Dahlen, H. G. (2022). Effective communication about pregnancy, birth, lactation, breastfeeding and newborn care: The Importance of sexed sanguage. *Frontiers in Global Women's Health, 3*. https://www.frontiersin.org/articles/10.3389/fgwh.2022.818856/full 12. Minus 18 (2017, December 25). Your guide to socially transitioning. *Minus 18.* https://www.minus18.org.au/articles/your-guide-to-socially-transitioning 13. Society for Evidence-based Gender Medicine. (2022, May 6). Early social transition in children is associated with high rates of transgender identity in early adolescence. https://segm.org/early-social-gender-transition-persistence 14. Ristori, J., & Steensma, T. D. (2016). Gender dysphoria in childhood. *International Review of Psychiatry (Abingdon, England)*, *28*(1), 13–20. https://doi-org.ezproxy.utas.edu.au/10.3109/09540261.2015.1115754

SECTION 1C: A SUMMARY OF RECENT DEVELOPMENTS

1. The **numbers of children receiving a diagnosis of gender dysphoria [GD] in developed nations has grown by 300% - 4,400% over the last five years** (1, 2, 3.). Hundreds of Australian children are now being given pubertal suppressants, many have had 'top surgery', and some have had genital surgeries (4).

2. Young girls and **minors with Autism Spectrum Disorder** have shown the **greatest increases in diagnosis** (5, 6, 7).

3. The **common statement that pubertal suppressants are 'safe and reversible' has been shown to be false**. Suppressants, and cross-sex hormones given to young people, have been shown to have many dangerous effects which are still being discovered and studied (8, 9, 10, 11, 12).

4. The **treatment model which Australia uses for GD in minors is described as the 'gender affirmation model' [GAM]** (12). This model promotes the unquestioning **affirmation** of a child's self-described, opposite-sex 'gender identity', the use of **social transitioning**, and the later use of **pubertal suppressants, cross-sex hormones, and / or surgical transition** (1, 13). However, there is **no evidence** to suggest that this model represents best practice in medicine, or to indicate that it is associated with improved health outcomes in young people.

5. The **Dutch studies that have been used to support the GAM** for years have recently been criticised for **poor methodology, bias, and questions about their funding** by a manufacturer of pubertal suppressants (14, 15).

6. The **alternative model is described as 'Watchful Waiting' [WW]**. This model is based on the fact that **most children grow out of their feelings of gender dysphoria** when they are not encouraged to adopt any transition practices (16, 17). A legally-recognised organisation in Australia called *Active Watchful Waiting Australasia* exists to promote awareness of these facts.

7. Schools are advised to **remain aware that there is no long-term scientific evidence to support the GAM of treatment for gender dysphoria**, and that there is **mounting evidence to suggest it is harmful to children**. Our recommendations are therefore that schools 'hold the space' for students without introducing or reinforcing any single perspective on the issues of gender dysphoria and transitioning, in order to do no harm.

1. Respaut, R., & Terhune, C. (2022, October 6). Putting numbers on the rise in children seeking gender care. *Reuters Investigates: Youth in Transition.* https://www.reuters.com/investigates/special-report/usa-transyouth-data/ 2. Butler, G., De Graaf, N., Wren, B., & Carmichael, P. (2018). Assessment and support of children and adolescents with gender dysphoria. *Archives of Diseases in Childhood, 103*(7), 631-636. doi: 10.1136/archdischild-2018-314992. https://adc.bmj.com/content/103/7/631 3. Kaltiala-Heino, R., Bergman, H., Työläjärvi, M., & Frisén, L. (2018). Gender dysphoria in adolescence: Current perspectives. *Adolescent Health, Medicine and Therapeutics, 9*, 31–41. https://doi.org/10.2147/AHMT.S135432 4. Kenney, D. (2019). *Children and young people seeking and obtaining treatment for gender dysphoria in Australia: Trends by state over time (2014 - 2018)*. Paper presented at the Forum on Transgender Children and Adolescents at the Parliament of NSW, 2 July, 2019. https://www.diannakenny.com.au/k-blog/item/12-children-and-young-people-seeking-and-obtaining-treatment-for-gender-dysphoria-in-australia-trends-by-state-over-time-2014-2018.html 5. Sanchez, R. R. (2022, September 1). How can we explain rising gender dysphoria among girls? *Newsweek: Opinion*. https://www.newsweek.com/how-can-we-explain-rising-gender-dysphoria-among-girls-opinion-1738260 6. Heylens, G., Aspeslagh, L., Dierickx, J. *et al.* The co-occurrence of gender dysphoria and Autism Spectrum Disorder in adults: An analysis of cross-sectional and clinical chart data. *Journal of Autism and Developmental Disorders, 48,* 2217 2223 https://doi.org/10.1007/s10803-018-3480-6 7. Gender Resource Guide. (2019). *Minnesota Family Council*. https://genderresourceguide.com/

8. Chew, D., Anderson, J., Williams, K., May, T., & Pang, K. (2018). Hormonal treatment in young people with gender dysphoria: A systematic review. *Pediatrics, 141*(4) doi: 10.1542/peds.2017-3742. 9. Society for Evidence-Based Gender Medicine [SEGM]. (2023, January 1). *2022 Year-End-Summary: A remarkable year for safeguarding of vulnerable youth.* https://segm.org/gender-medicine-developments-2022-summary 10. Emmons, L. (2022, May 1). 'Gender affirming' surgeon admits children who undergo transition before puberty NEVER attain sexual satisfaction. *The Post Milennial*. https://thepostmillennial.com/gender-affirming-surgeon-admits-children-who-undergo-transition-before-puberty-never-attain-sexual-satisfaction 11. Wilson, D. (2022, May 16.) *An open letter to Australia's doctors.* Dr. Dylan Wilson, Pediatrician. https://drdylanwilson.substack.com/p/an-open-letter-to-australias-doctors 12. Clayton, A. (2022). Gender-affirming treatment of gender dysphoria in youth: A perfect storm environment for the placebo effect—the implications for research and clinical practice. *Archives of Sexual Behavaviour, 52*, 483 - 494. https://doi.org/10.1007/s10508-022-02472-8 13. Olson-Kennedy, J., Warus, J., Okonta, V., Belzer, M., & Clark, L.F. (2018). Chest reconstruction and chest dysphoria in transmasculine minors and young adults: Comparisons of nonsurgical and postsurgical cohorts. *JAMA Pediatrics, 72*(5), 431-436. doi: 10.1001/jamapediatrics.2017.5440 14. Abbruzzese, E., Levine, S. B., & Mason, J. W. (2023) The myth of "reliable research" in pediatric gender medicine: A critical evaluation of the Dutch Studies—and research that has followed. *Journal of Sex & Marital Therapy, 49*. doi: 10.1080/0092623X.2022.2150346 15. Ashton, M. (2023, January 5). Maker of puberty blockers funded original study that led to 'gender-affirming care' for minors: Dutch investigative report. *The Post Milennial, News Analysis.* https://thepostmillennial.com/maker-of-puberty-blockers-funded-original-study-that-led-to-gender-affirming-care-for-minors-dutch-investigative-report 16.D'Angelo, R., Syrulnik, E., Ayad, S., Marchiano, L., Kenny, D. T., & Clarke, P. (2021). One size does not fit all: In support of psychotherapy for gender dysphoria [Letter to the Editor]. *Archives of Sexual Behavior, 50*(1), 7–16. https://doi.org/10.1007/s10508-020-01844-2 17. Society for Evidence-based Gender Medicine. (2022, May 6). Early social transition in children is associated with high rates of transgender identity in early adolescence. https://segm.org/early-social-gender-transition-persistence

SECTION 2A: GUIDANCE FOR EDUCATORS

LEADERSHIP

1. Issues related to sex and gender are complex, multi-faceted, and can present challenges for schools. It is recommended that **one senior staff member, or a small team, is designated as the main point of contact for teachers and caregivers** on how to manage these issues, and that **these educator/s are supported to carry out thorough, unbiased research** from a wide range of credentialled professionals.

2. In supporting students who may be expressing concern or discomfort with their sex or with gendered stereotypes, the **maintenance of proper professional boundaries is** critical (1). Legal actions have taken place in several countries where teachers have not maintained professional relationships with students who have expressed their concerns about their sex or identity (2, 3, 4).

3. The rights of all students must be supported equally regardless of sex, identity, or sexual orientation; **schools must balance the preferences of individuals against the holistic needs of the school**, with relevant, to up-to-date legislation.

1. Australasian Teacher Regulatory Authorities [ATRA]. (2015). *Managing professional boundaries: Guidelines for teachers*. Melbourne: Australasian Teacher Regulatory Authorities. 2. Baker, K. J. M. (2023, January 22). When students change gender identity, and parents don't know. *New York Times.* https://www.nytimes.com/2023/01/22/us/gender-identity-students-parents.html 3. Warren, S. (2022, February 25). CA public school bypasses parents with 'transition closet' for teens who want to cross-dress in class. *CBN News.* https://www1.cbn.com/cbnnews/us/2022/february/ca-public-school-bypasses-parents-with-transition-closet-for-teens-who-want-to-cross-dress-in-class 4. Alma, Y. (2023, January 26). Trans-identified male teacher removed from middle school after encouraging 6th graders to follow his tiktok. *Reduxx*. https://reduxx.info/trans-identified-male-teacher-removed-from-middle-school-after-encouraging-6th-graders-to-follow-his-tiktok/

SECTION 2C: GUIDANCE FOR EDUCATORS

PROFESSIONAL DEVELOPMENT

1. Many **new organisations have developed recently to provide advice and support to GNC minors** and their families. However, some of these promote factually inaccurate information, and **some pose serious safeguarding risks for students**. Schools need to rigorously examine any external service providers they are bringing into schools and ensure there is **complete transparency between the school, the provider, and caregivers**.

2. Organisations which actively promote the **Gender Affirmation Model of treatment** for GNC minors are not following the most recent evidence, and **may inadvertently cause harm to students**.

SECTION 2D: GUIDANCE FOR EDUCATORS

ALLIED HEALTH PROFESSIONALS IN SCHOOLS

1. Allied professionals in schools including **social workers, psychologists, and chaplains** can play a **pivotal role in child safeguarding in relation to sex and gender**. It is important that schools maintain good communication with these professionals to ensure that no child is inadvertently influenced towards a Gender Affirmation Model of treatment for their gender non-conformity.

2. Legal actions have taken place in various countries where **caregivers have felt that they were not adequately informed of their child's concerns**, with parents stating that **counsellors or social workers have encouraged their child to begin socially transitioning** without parental knowledge or consent.

SECTION 2E: GUIDANCE FOR EDUCATORS

POLICY AND BALANCE

In their policy development, schools can remain committed to fairness, inclusivity, and safeguarding by committing to the following guiding principles:

1. When drafting policy and generating student files and databases, record all **student-based data with accurate reference to their sex**. Schools may elect to record a student's 'preferred gender identity' in addition to their sex at the discretion of school leadership.

2. Commit to **drafting policy with clear and unambiguous language.** The ambiguous language which has developed around sex and gender is discriminatory to people with language impairment, intellectual disability, atypical neurological profile, or those for whom English is an additional language (1, 2, 3).

3. Commit to an **open and fair dialogue** regarding discussions around sex and gender within the workplace culture of the school. Many people have lost jobs, status, and opportunities after raising safeguarding concerns resulting from recent policy developments (4, 5, 6, 7, 8, 9). **A healthy school culture does not dismiss or penalise those who seek to raise alternative views or approaches**.

4. Ensure that all policies can be safely generalised to all students, with the exception of specific, interdepartmental advice regarding the wellbeing of specific individuals which has come from a qualified source such as a psychologist or child safety officer.

1. Ibbotson, Paul. *Language Acquisition : The Basics.* Melbourne, VIC: Taylor & Francis Group. 2. Tuohy, W. (2022, January 29). Inclusive language risks 'dehumanising women', top researchers argue. *Sydney Morning Herald*. https://www.smh.com.au/national/inclusive-language-

risks-dehumanising-women-top-researchers-argue-20220126-p59red.html 3. Gribble, K. D., Bewley S,, Bartick, M. C., Mathisen, R., Walker, S., Gamble, J., Bergman, N. J., Gupta, A., Hocking, J. J., Dahlen, H. G. (2022). Effective communication about pregnancy, birth, lactation, breastfeeding and newborn care: The Importance of sexed sanguage. *Frontiers in Global Women's Health, 3*. https://www.frontiersin.org/articles/10.3389/fgwh.2022.818856/full 4. Faulkner, D. (2021, June 10). Maya Forstater: Woman wins tribunal appeal over transgender tweets. *BBC News*. https://www.bbc.com/news/uk-57426579 5. Press United. (2022, July 4). University cancels lecture on biological gender. *The Press United.* https://thepressunited.com/updates/university-cancels-lecture-on-biological-gender/ 6. BBC News. (October 29, 2021). Kathleen Stock: University of Sussex free speech row professor quits. https://www.bbc.com/news/uk-england-sussex-59084446 7. Moorhead, J. (2021, May 22). Kathleen Stock: Taboo around gender identity has chilling effect on academics. *The Guardian: Higher Education Interview.* https://www.theguardian.com/education/2021/may/22/kathleen-stock-taboo-around-gender-identity-chilling-effect-on-academics 8. Suissa, J., & Sullivan, A. (2022). How can universities promote academic freedom? *Impact, 27,* 2 - 61. https://onlinelibrary.wiley.com/doi/full/10.1111/2048-416X.2022.12007.x 9. Shaw, N. (2022, October 26). Teacher fired for refusing to call transgender pupil boy's name goes to court. *Wales Online*. https://www.walesonline.co.uk/news/uk-news/teacher-fired-refusing-call-transgender-25356020

SECTION 2F: GUIDANCE FOR EDUCATORS

SINGLE-SEX SPACES

1. The **legal obligations of schools** in relation to the **provision of single-sex spaces** allow for **localised interpretation of state-based policy**. This is an issue schools need to examine with care, caution, and an awareness of **every student's sense of safety and privacy**.

2. In places where policy and guidelines have encouraged schools to allow GNC students to use single-sex spaces designated for the opposite sex, **serious problems including legal challenges, psychological distress, and physical harms to students, have occurred** after the implementation of such policies (1, 2).

3. Surveys have overwhelmingly shown that **single-sex spaces are crucial to many individuals' senses of privacy, modesty, and safety** (3, 4).

4. Schools are strongly advised to actively solicit **specific legal guidance** and **whole-community consultation** before permitting students to use bathrooms, changing rooms, dormitories, sporting activities, etc designated for the opposite sex, and prepare to fully justify their position.

1. Naysmith, S. (2019. January 30). Trans guidance for Scottish schools breaches 11 children's rights, campaigners warn. *Herald Scotland.* https://www.heraldscotland.com/news/17393697.trans-guidance-scottish-schools-breaches-11-childrens-rights-campaigners-warn/ 2. Downey, C. (2022, December 6). 'They failed at every juncture': Loudoun County mishandled bathroom sex assault, Grand Jury finds. *National Review*. https://www.nationalreview.com/news/they-failed-at-every-juncture-loudoun-county-mishandled-bathroom-sex-assault-grand-jury-finds/ 3. Sex Matters. (2023). *Why single-sex services matter: Privacy, dignity, safety and choice*. https://sex-matters.org/wp-content/uploads/2022/07/Single-sex-services-key-findings.pdf 4. Walsh, M. (2023, January 2). School district policy basing restroom access on 'biological sex' upheld by Appeals Court. *Education Week: Law and Courts.* https://www.edweek.org/policy-politics/school-district-policy-basing-restroom-access-on-biological-sex-upheld-by-appeals-court/2023/01

SECTION 2G: GUIDANCE FOR EDUCATORS

STUDENT-PEER RELATIONSHIPS

1. Portrayals of **gender-nonconformity in the media often present a glamorous, celebratory narrative** of young people who have undergone social, medical, and / or surgical transition, which correlates with **higher numbers of minors presenting at specialised 'gender clinics'** (1, 2, 3, 4). In contrast, **minors who have experienced worse health outcomes**, or who have regretted their transition, **are rarely discussed**.

2. Schools are advised to **avoid allowing GNC students to become a 'cause celebre'** in their school. It is not a school's place to celebrate medicalised gender non-conformity, or to **inadvertently risk promoting a model of medical treatment that is established to cause harm,** to its students.

3. A growing awareness of the manner in which **potentially harmful GNC behaviours appear to 'spread' amongst peer groups** (particularly among young girls) is described as **Rapid Onset Gender Dysphoria [ROGD]** (5, 6, 7). Schools are advised to become familiar with this emerging social phenomenon in order to provide the best possible safeguarding for learners.

1. Pang et al. (2020). Association of media coverage of transgender and gender diverse issues with rates of referral of transgender children and adolescents to specialist gender clinics in the UK and Australia. *Journal of the American Medical Association, 3*(7). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7388018/ 2. Nunn, G. (February 15, 2018). The transgender teenager who helped change Australia. *BBC News*. https://www.bbc.com/news/world-australia-42940411 3. Marton, H. (2016, August 15). About a girl ... who was a boy. *Marie Claire.* https://www.marieclaire.com.au/transgender-teenager-on-australian-story 4. Genderqueer Australia. (2022). VIC: The dreamlife of Georgie Stone. *Genderqueer Australia.* https://www.genderqueer.org.au/vic-the-dreamlife-of-georgie-stone-miff-shorts/ 5. Sinai, J. (2022). Rapid onset gender dysphoria as a distinct clinical phenomenon. *Journal of Pediatrics, 245*, 250. https://www.jpeds.com/article/S0022-3476(22)00185-8/fulltext 6. Littman, L. (2019). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLOS ONE 14*(3). https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330 7. Allison, S., Warin, M., & Bastiampillai, T. (2014). Anorexia nervosa and social contagion: Clinical implications. *Australian & New Zealand Journal of Psychiatry, 48*(2), 116-120. doi:10.1177/0004867413502092

SECTION 2H: GUIDANCE FOR EDUCATORS

CONFIDENTIALITY

1. Relationships between teachers and caregivers are vitally important for student achievement and wellbeing (1). **Teachers do not have the authority to withhold information** about a student's physical or mental health from their caregivers, who retain the ultimate right to make decisions for their children. **Teachers must not promise to 'keep secrets' at a student's request**, nor should senior staff allow or facilitate confidentiality of this nature.

2. Schools may not facilitate a student's 'social transition', which has been shown to place children at significant risk of medical and / or surgical harm in later years, without caregiver knowledge and consent. Legal actions remain ongoing in relation to schools which have facilitated 'social transitioning' of students without caregiver consultation (2, 3, 4, 5).

3. It **contravenes guidance regarding the professional boundary obligations of teachers to** promise a student that a teacher will **'keep secrets'** for them from their caregivers, and to do so places the school, the teacher, and the student at risk (6).

1. Australian Government Department of Education and Training. (2016). *Quality Schools, Quality Outcomes.* file:///C:/Users/VShom/Downloads/quality_schools_acc.pdf 2. St George, D. (2022, July 18). Gender transitions at school spur debate over when, or if, parents are told. *The Washington* Post. https://www.washingtonpost.com/education/2022/07/18/gender-transition-school-parent-notification/ 3. Keck, J. (2019, August 12). My daughter thinks she's transgender; her public school undermined my efforts to help her. *USA Today*. https://www.usatoday.com/story/opinion/voices/2019/08/12/transgender-daughter-school-undermines-parents-column/1546527001/
4. Houk, E., & Zewert, M. (2022, December 21). School committee hears comments about chest binder, transgender policy. *The Lincoln County News*. https://lcnme.com/school/school-committee-hears-comments-about-chest-binder-transgender-policy/
5. Skelding, C. (2022, April 16). Ludlow Public Schools secretly promoted our kids' gender transition, parents allege. *New York Post.* https://nypost.com/2022/04/16/ludlow-public-schools-secretly-promoted-our-kids-gender-transition-parents/ 6. Baker, C. (2019, June 18). How to talk to your child about secret keeping. *Wellbeing.* https://www.wellbeing.com.au/kinship/parenting/secret-keeping.html

SECTION 2I: GUIDANCE FOR EDUCATORS

THE EARLY YEARS LEARNING FRAMEWORK

1. *The Early Years Learning Framework* [EYLF] guides and structures **educational care for preschoolers**. One of its primary outcomes is to direct educators on how they can **support learners to develop their own identity** (1).

2. Early childhood educators, like all teachers, **are unable to diagnose mental health concerns**. **A child's preference** for gender-stereotyped activities and behaviours **does not constitute evidence of gender dysphoria**.

3. Educators in this field are advised to take extra caution to **make sure they are not projecting their own opinions or perspectives regarding sex and gender** onto those in their care.

1. Australian Government Department of Education and Training. (2019). *Belonging, Being, Becoming: The EYLF*. https://www.education.gov.au/child-care-package/resources/belonging-being-becoming-early-years-learning-framework-australia

SECTION 2J: GUIDANCE FOR EDUCATORS

PRIMARY

1. Students in primary education are still **developing their identities** (1, 2); **the role of schools is to neutrally 'hold space'** so as not to influence a child towards a medicalised pathway that has been shown to cause harm.

2. All learners should be **supported in their individual self-expression** without educators making assumptions based on a student's preferred modes of dress, choice of activities, etc.

3. Educators may encounter **parents who express a belief that their child may be showing symptoms of gender dysphoria**. Schools can best support these families by suggesting any of the resources we have shared in *Section 6.*

4. Use **clear and brief explanations when students have questions**, avoiding unclear and unscientific terminology.

1. Bronfenbrenner, U. (1994). Ecological models of human development. In *International Encyclopedia of Education, 3*. Oxford: Elsevier. https://www.ncj.nl/wp-content/uploads/media-import/docs/6a45c1a4-82ad-4f69-957e-1c76966678e2.pdf 2. Meadows, S. *Understanding Child Development : Psychological Perspectives and Applications.* Melbourne, VIC: Taylor & Francis Group.

SECTION 2J: GUIDANCE FOR EDUCATORS

SECONDARY

1. Students in secondary education are more likely to be aware of recent developments in sex and gender. They tend to be **more aware of 'social justice' issues** and are **actively refining their identities**, often **through peer collaboration**.

2. Young people approaching or experiencing puberty often experience stress or anxiety around their changing bodies (1). **The normal discomfort of puberty is not an indication of gender dysphoria**.

3. Caregivers of secondary students may be keen that schools facilitate 'social transitioning'. This process has **not been shown to improve the health or wellbeing of young people** in any way when long-term studies are considered.

1. Griffin, L., Clyde, K., Byng, R., & Bewley, S. (2021). Sex, gender and gender identity: A re-evaluation of the evidence. *BJPsych Bulletin, 45*(5), 291-299. https://www.cambridge.org/core/journals/bjpsych-bulletin/article/sex-gender-and-gender-identity-a-reevaluation-of-the-evidence/76A3DC54F3BD91E8D631B93397698B1A

SECTION 3A: INCLUSION, DIVERSITY, AND RESILIENCE

SEX AND GENDER

1. The terms **'sex' and 'gender' are not synonyms**. The terms **'gender' and 'gender identity' are not synonyms**. However, in many places they are used as if they are. This can confuse or mislead students.

2. 'Sex' is a binary biological category (1, 2) **. 'Gender' describes the social roles assigned to each category within a society** (3, 4, 5). . **'Gender identity'** refers to **a person's sense of self in relation to both their sex and their society** (6, 7). These definitions are enshrined by countless long-established professions and organisations.

3. There is **no purely biological basis for a person's gender identity**. Claims that a child is '*born in the wrong body*' are **unscientific and harmful** to young people.

1. Kashimada, K., & Koopman, P. (2010). Sry: The master switch in mammalian sex determination. *Development, 137*(23), 3921 - 3930. https://pubmed.ncbi.nlm.nih.gov/21062860/
2. Sobel, V., Zhu, Y.-S., & Julianne, I.-M. (2004). Fetal hormones and sexual differentiation. *Obstetrics and Gynecology Clinics, 31*(4), 837–856. https://doi.org/10.1016/j.ogc.2004.08.005
3. Scott, J. W. (1986). Gender: A useful category of historical analysis. *The American Historical Review, 91*(5), 1053–1075. https://doi.org/10.2307/1864376 4. Oakley, A. (1998). Science, gender, and women's liberation: An argument against postmodernism. *Women's Studies International Forum, 21*(2), 133–146. https://doi.org/10.1016/S0277-5395(98)00005-3 5. World Health Organisation [WHO]. (2023). *Gender and health: Overview*. https://www.who.int/health-topics/gender#tab=tab_1 6. Sullivan, A. (2020). Sex and the census: why surveys should not conflate sex and gender identity. *International Journal of Social Research Methodology, 10.* https://xyonline.net/sites/xyonline.net/files/2020-08/Sullivan%2C%20Sex%20and%20the%20census%20-%20why%20surveys%20should%20not%20conflate%20sex%20and%20gender%20identity%202020.pdf
7. *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* [DSM-V] (2013). American Psychiatric Publishing. Washington, DC.

SECTION 3B: INCLUSION, DIVERSITY, AND RESILIENCE

GENDER STEREOTYPES

1. 'Gender stereotypes' are sociocultural beliefs about which activities and behaviours are considered appropriate for individuals based on their sex. **Children learn gender stereotypes** by interaction with their family, society, and culture. **They are not innate**.

2. By the age of ten, most children have typically internalised at least four globally-recognised gender stereotypes which cast girls as passive and sexually available, and boys as active and sexually aggressive (1). **These gender stereotypes**, regardless of the degree to which they have been internalised, **are harmful to everyone**.

3. Contrary to popular opinion (2, 3), **a child who does not conform to gender stereotypes is not necessarily displaying symptoms of gender dysphoria**. A girl who dresses as a boy and has a short haircut does not automatically wish to BE a boy, or to be perceived as male. She is a girl with short hair.

4. Schools serve students best when they **actively challenge harmful gender stereotypes** and **provide supportive spaces for all students to express their emerging sense of self** in any way that is safe, respectful, and appropriate within the culture of the school.

1. Blum, R. W., Mmari, K., & Moreau, C. (2017). It begins at 10: How gender expectations shape early adolescence around the world. *Journal of Adolescent Health, 61*(4). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5612023/ 2. Marton, H. (2016, August 15). About a girl ... who was a boy. *Marie Claire.* https://www.marieclaire.com.au/transgender-teenager-on-australian-story

SECTION 3C: INCLUSION, DIVERSITY, AND RESILIENCE

<u>SEXUALITY AND IDENTITY</u>

1. Most children grow out of gender dysphoria naturally if they are not encouraged to socially transition (1), and **the majority** of children who are allowed to grow out of their gender dysphoria **identify as homosexual later in life** (2, 3, 4).

2. Schools are advised to **ensure their anti-bullying policies adequately protect same-sex attracted students** to prevent these young people from mistakenly identifying as the opposite sex in order to escape homophobia.

3. While supporting all students, **teachers are reminded that their own sexual orientations do not form part of the school curriculum**.

1. Singh, D., Bradley, S. J., & Zucker, K. J. (2021). A follow-up study of boys with gender identity disorder. (2021). *Frontiers in Psychiatry, 12*. https://www.frontiersin.org/articles/10.3389/fpsyt.2021.632784/full#note4 2. Wallien, M. S. C., & Cohen-Kettenis, P. T. (2008). Psychosexual outcomes of gender-dysphoric children. *Journal of the American Academy of Child and Adolescent Psychology, 47* (12). https://www.jaacap.org/article/S0890-8567(08)60142-2/fulltext 3. Ristori, J., & Steensma, T. D. (2016). Gender dysphoria in childhood. *International Review of Psychiatry (Abingdon, England)*, *28*(1), 13–20. https://doi-org.ezproxy.utas.edu.au/10.3109/09540261.2015.1115754 4. Griffin, L., Clyde, K., Byng, R., & Bewley, S. (2021). Sex, gender and gender identity: A re-evaluation of the evidence. *BJPsych Bulletin, 45*(5), 291-299. https://www.cambridge.org/core/journals/bjpsych-bulletin/article/sex-gender-and-gender-identity-a-reevaluation-of-the-evidence/76A3DC54F3BD91E8D631B93397698B1A

SECTION 3D: INCLUSION, DIVERSITY, AND RESILIENCE

WHY ARE GIRLS PARTICULARLY AFFECTED?

1. The **numbers of girls receiving a diagnosis of gender dysphoria has risen by an estimated 4,400%** in some countries over the last several years (1, 2, 3).

2. Some advocacy groups suggest **a lack of positive, diverse lesbian representation** may be driving this increase (4). One prominent gender advisory group has labelled lesbians who do not wish to date males as 'sexual racists' and 'transphobic' (5, 6, 7).

3. 'Top surgery' is increasingly being **portrayed positively in the media** (8, 9, 10, 11, 12, 13, 14, 15).

4. There is growing concern that **girls are undergoing 'top surgery' to escape being subject to harmful gender stereotypes** (16).

5. An additional factor may be that **the 'tomboy' model**, once admired in children's media, **has now been subsumed by the 'transboy'** (17, 18).

1. Sanchez, R. R. (2022, September 1). How can we explain rising gender dysphoria among girls? *Newsweek: Opinion*. https://www.newsweek.com/how-can-we-explain-rising-gender-dysphoria-among-girls-opinion-1738260
2. Clayton, A. (2022). Gender-affirming treatment of gender dysphoria in youth: A perfect storm environment for the placebo effect—the implications for research and clinical practice. *Archives of Sexual Behavaviour, 52*, 483 - 494. https://doi.org/10.1007/s10508-022-02472-8
3. 1. Respaut, R., & Terhune, C. (2022, October 6). Putting numbers on the rise in children seeking gender care. *Reuters Investigates: Youth in Transition.* https://www.reuters.com/investigates/special-report/usa-transyouth-data/ 4. Salam, M. (2021, December 3). At long last, onscreen portrayals of lesbian relationships are getting complex. *The New York Times Style Magazine.* https://www.nytimes.com/2021/12/03/t-magazine/lesbian-representation-tv-film.html?login=smartlock&auth=login-smartlock 5. Siddique, H. (2021, June 5). Stonewall is at the centre of a toxic debate on trans rights and gender identity. *The Guardian.* https://www.theguardian.com/society/2021/jun/05/stonewall-trans-debate-toxic-gender-identity
6. Sen, S. (2021, November 21). Stonewall calls lesbians 'sexual racists' for refusing trans women as their partners. *Meaww.* https://meaww.com/stonewall-labels-lesbians-sexual-racists-for-refusing-trans-women-as-their-partners 7. Sodha, S. (6 Jun, 2021). Stonewall risks all it has fought for in accusing those who disagree with it of hate speech. *The Guardian.* https://www.theguardian.com/commentisfree/2021/jun/06/stonewall-risks-all-it-has-fought-for-in-accusing-those-who-disagree-with-it-of-hate-speech 8. Ascha, M., Sasson, D.C., Sood, R., et al. (2022). Top surgery and chest dysphoria among transmasculine and nonbinary adolescents and young adults. *JAMA Pediatrics, 176*(11):1115–1122. https://jamanetwork.com/journals/jamapediatrics/article-abstract/2796426 9. Soh, D. (2022, October 3). Why are we normalising double mastectomy in girls? *Washington Examiner.* https://www.msn.com/en-us/health/medical/why-are-we-normalizing-double-mastectomies-in-

girls/ar-AA12wtHp 10. Ault, A. (2022, July 11). Gender surgeons on TikTok, Instagram: Appropriate or not? *Medscape Medical News.* https://www.medscape.com/viewarticle/976863?src=rss 11. Eckhardt, A. (2016, March 17). Model Ben Melzer is making history in Europe as first transgender model on men's health cover. *NBC News*. https://www.nbcnews.com/news/world/model-ben-melzer-making-history-europe-first-transgender-model-men-n540186 12. James, S. D. (2015, Septermber 16). Transgender model: Men's Health cover should show a 'different version of a man'. *Today*. https://www.today.com/health/transgender-model-mens-health-cover-should-show-different-version-man-t41901 13. Mac, G. (Dec 20, 2021). My penis, myself. *One Great Story.* https://nymag.com/intelligencer/article/gabriel-mac-essay.html 14. Esquire. (2022, June 1). The euphoria of Elliot Page. *Esquire*. https://www.esquire.com/entertainment/tv/a40011366/elliot-page-umbrella-academy-euphoria/ 15. Turner, A. (2023, January 27). Burberry's gender neutral ad featuring model with scars from a double mastectomy sparks outrage for 'glamourising girls having healthy breasts removed'. *Daily Mail Australia*. https://www.dailymail.co.uk/femail/article-11679351/Burberry-ad-featuring-model-double-mastectomy-sparks-outrage.html 16. Blum, R. W., Mmari, K., & Moreau, C. (2017). It begins at 10: How gender expectations shape early adolescence around the world. *Journal of Adolescent Health, 61*(4). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5612023/ 17. Power, N. (Jan 24, 2023). The trans war on tomboys. *Compact.* https://compactmag.com/article/the-trans-war-on-tomboys 18. Davis, L. S. (2017). My daughter is not transgender. She's a tomboy. *The New York Times*. https://www.nytimes.com/2017/04/18/opinion/my-daughter-is-not-transgender-shes-a-tomboy.html

SECTION 3E: INCLUSION, DIVERSITY, AND RESILIENCE

SAFETY IN SPORTS

1. Like single-sex restrooms, **sports in schools is a flashpoint issue** that requires careful management with constant relevance to **changing legislation, a thorough knowledge of state policy, and sensitivity to the biological differences between the sexes**.

2. Sporting bodies are beginning to mandate sex-based divisions instead of divisions based on 'gender identity' in order **to protect female athletes from serious physical harm and economic disadvantage** (1, 2).

3. Australian **legislation already permits sex-based sports segregation for students aged 12 and over** due to the different ways that puberty affects boys and girls (3, 4).

4. As with restrooms, **female students can be subjected to intense feelings of anxiety when schools allow males to access their single-sex changing rooms** for sports, leading to **legal action** in other countries (5, 6).

5. The **preferences of the individual learner must be balanced with the holistic well-being of all students, particularly girls**, who are at the greater risk of harm or disadvantage when males are included in their sports and spaces.

1. Handelsman, D. J. (2017). Sex differences in athletic performance emerge coinciding with the onset of male puberty. *Clinical Endocrinology, 87*(1), 68 - 72. https://onlinelibrary.wiley.com/doi/10.1111/cen.13350 2. Chen, D. W. (2022, May 24). Transgender athletes face bans from girls' sports in 10 U.S. States. *The New York Times.* https://www.nytimes.com/article/transgender-athlete-ban.html 3. Justice Connect Australia. (2019). Fact sheet: Your legal rights at school. https://justiceconnect.org.au/wp-content/uploads/2019/03/Fact-sheet-Your-legal-rights-at-school-WA-1.pdf 4. Australian Human Rights Commission [AHRC]. (2019). *Guidelines for the inclusion of transgender and gender diverse people in sport. https://www.sportaus.gov.au/__data/assets/pdf_file/0008/706184/Trans_and_Gender_Diverse_Guidelines_2019.pdf* 5.CBS News Chicago. (2019). Parents drop lawsuit over transgender locker room access at Palatine District 211. https://www.cbsnews.com/chicago/news/palatine-school-district-211-transgender-locker-room-restroom-policy-lawsuit-dropped/ 6. Gerstmann, E. (2019). Do students have a right not to be seen naked by someone of (anatomically speaking) the other sex? *Forbes Education*. https://www.forbes.com/sites/evangerstmann/2019/04/09/do-students-have-a-right-not-to-be-seen-naked-by-someone-of-anatomically-speaking-the-other-sex/?sh=12a84d092d54

SECTION 3E: INCLUSION, DIVERSITY, AND RESILIENCE

PROGRAMS TO SUPPORT RESILIENCE AND HEALTHY RELATIONSHIPS

1. Schools are advised to **carefully examine programs** available for their use to **ensure they present a scientific, unbiased, and politically neutral perspective** about sex, gender, and gender identity.

2. An **earlier program in Australia's history** titled '*Safe Schools Program*' **was endorsed by the former head of a specialist 'gender clinic' for children** which has been instrumental in delivering the Gender Affirmation Model [GAM] of treatment to hundreds, if not thousands, of minors (1).

3. The **program was criticised for** (among other things) **its unquestioning promotion of the falsehood that children who do not receive gender affirming care are at far higher risk of suicide** - a claim which has now been critically re-evaluated (2).

4. Many diverse programs exist to foster critical thinking, develop cognitive-behavioural skills, and support valid challenges to harmful gender stereotypes, **without promoting the GAM** which as we have demonstrated earlier may seriously jeopardise a school's obligation to safeguard its students. A selection of these programs is described in the *Australian National Guidelines on Sex and Gender in Schools: Expanded Version*.

1. Shaw, R. (2016, February 11). There is no such thing as a 'gay manual', but I wish I'd had this when I was a child. *The Guardian*. https://www.theguardian.com/commentisfree/2016/feb/11/there-is-no-such-thing-as-a-gay-manual-but-i-wish-id-had-this-when-i-was-a-child
2. Biggs, M. (2022). Suicide by clinic-referred transgender adolescents in the United Kingdom. *Archives of Sexual Behaviour, 51,* 685–690. https://doi.org/10.1007/s10508-022-02287-7

SECTION 3E: INCLUSION, DIVERSITY, AND RESILIENCE

PEDAGOGY IN PRACTICE

In this section, we offer **simple and practical suggestions** on **how to implement the many ideas we have raised in these Guidelines**. We have drawn these suggestions from a wide range of sources including Guidelines available in other countries, our knowledge of teaching pedagogy, an understanding of human development across the lifespan, and our primary focus on the need to provide safe, supportive learning environments for all.

Challenge gender stereotypes and broaden gendered expectations by:

- Providing books and other content about **real people who have challenged gender stereotypes** (women in science, men in ballet, etc); actively celebrating individuals who have succeeded in fields of endeavour historically limited to the opposite sex
- Supporting all students to participate in non-stereotypical activities
- Consciously seeking to **acknowledge students for counter-stereotypical attributes**, i.e. acknowledge a girl's courage, a boy's gentleness
- Inviting adults to speak who are in non-stereotypical professions, i.e. male nurses, women firefighters
- Gently drawing attention to language such as *'you can't do dance, you're a boy*', or, '*girls are worse at sports than boys*'
- Equipping students to **think critically about media representations of sex and gender**
- Drawing attention to examples of sexism when it comes up in texts of all types
- **Offering a unisex school uniform**, of trousers / shorts for all, or a choice of trousers / skirts for all regardless of sex
- Gently challenging the notion of 'non-binary' by observing the many ways that all people can feel pressured by gender stereotypes, and that all boys and girls already do lots of things that weren't historically considered appropriate for their sex; **when everyone is already 'non-binary', no-one is.**
- Supporting students to **develop an understanding of what gender stereotypes are**, and how they can be limiting; older students can encouraged to brainstorm gender stereotypes they have observed in their own lives

- **Develop an awareness of the recency of women's inclusion in civil arenas** such as the right to vote, to study, and to work for equal pay outside of the home

Become more inclusive by:

- Delivering lessons on body confidence which include a range of body types for both males and females
- **Avoiding long-winded or complex explanations when a simple and concise one would do**, bearing in mind that we are a culturally diverse country and many learners speak English as an additional language
- **Avoiding confusing terminology**, i.e. '*he was assigned male at birth*'
- **Answering questions directly with factual terms and language** while still demonstrating compassion, i.e., '*People can't change from being girls to being boys, but he really feels like he is a girl, so we need to be understanding*'

Respect biological, sex-based differences by:

- **Providing single-sex spaces to respect the rights of all students to privacy, comfort, dignity, and safety**
- **Making sports single-sex when males would have a physical advantage** or when girls would be at greater risk of harm or inability to achieve
- Encouraging students to value their bodies for what they can do, not how they look
- Naming female and male body parts accurately without euphemisms, so children can feel unashamed and familiar with the language of sexed bodies, and empowered to assert their own bodily autonomy in difficult situations
- **Explaining the changes all bodies go through during the lifespan, and the biological functions and positive reasons for these changes** so that they become a matter-of-fact element of life rather than something secretive or mystifying
- **Avoid forcing 'inclusion' without consideration for the fact that sex-based differences can sometimes necessitate exclusion**; children should not see either term as automatically positive or negative

Encourage accurate, science-based language by:

- **Teaching students the difference between the medical term 'sex', the sociological term 'gender', and the psychosocial belief 'gender identity'**
- Ensuring all educators use the scientific terms in HPE subjects; for example, size differences between human skeletons is related to sex, not gender
- Teaching the basics of neuroscience and challenging the myth of '*boy brains*' and '*girl brains*'
- Teaching that 'boy' is the term for a young male, and 'girl' is the term for a young female; **these words are descriptions of sex, not of personality or identity**
- Keeping explanations simple and neutral, i.e. '*sometimes a boy or girl has the feeling that their body should be the opposite sex; we don't know why, but it can make them feel sad, and it's called gender dysphoria*'

Support all students by:

- Teaching students to respect physical boundaries at all times, and maintaining a zero-tolerance policy towards unwanted touching
- Being alert to homophobic bullying, and disallowing terms like *'gay*' to be used as insults
- Teaching consent and the right of every individual to set personal boundaries for themselves
- Acknowledging students' physical performance and effort rather than their appearance
- Taking students' concerns seriously and providing factual reassurance to younger students, i.e. '*No, you can't change into a boy. What you think or feel doesn't change your sex*'.
- **Avoiding making language or pronouns a big deal; it can encourage students to believe that their identity requires validation from others. It doesn't.**
- **Using clear, direct language that learners of all abilities and cultures can understand easily**, and remaining aware that some groups such as students with ASD can take language very literally
- Encouraging acceptance of all learners in alignment with a whole-school **policy that protects students who are not part of Australian majority demographics**

SECTION 4A: LEGAL GUIDANCE FOR EDUCATORS

ORIENTATION

Tasmanian law regarding gender non-conformity in children is both complex and vague. In this section we have attempted to provide clarification on the status of GNC minors in relation to educational bodies through an examination of Tasmanian policy, legislation, and the conventions to which our country is signatory. Our recommendation is always that schools consult with legal professionals when creating policy on this matter in order to ensure that they are in compliance with State and Federal law.

In terms of hierarchy, broadly speaking, international conventions shape legislation, and legislation govens policy. Where a policy contravenes or inaccurately applies legislation, it should be treated with caution and viewed as guidance. Where a legislation contravenes or inaccurately applies international convention, individuals should act with extreme caution with the overriding principal of 'Do No Harm', and seek specific legal guidance independently.

Tasmania is subject to policy which uses loose interpretations of terms which are not well defined in legislation. Some activist groups interpret these terms to further their own goals of promoting a particular policital agenda. This document will bring these terms to light, connect them in policy to legislation and international convention, and provide our own guidance on the best course of action for school leadership on how to navigate these fields in a way that protects them as legal entities while also maintaining the highest possible degree of child safeguarding.

SECTION 4B: LEGAL GUIDANCE FOR EDUCATORS

POLICY

Two key policy documents concerning GNC students are produced by the Tasmanian Department for Education, Children and Young People [DECYP]. These comprise *LGBTIQ+ Equality and Inclusion in Schools* (1), produced by the Department's 'LGBTIQ+ Strategic Issues in Education Working Group', and the *Supporting Sexuality, Sex, and Gender Diversity in Schools Policy* (2).

The *LGBTIQ+ Equality and Inclusion in Schools* (1) states the following:

That the Department is 'committed to providing a **safe** [...] **learning environment** for all students and staff. This includes people who are [...] gender diverse'.

> ***In practice***: In light of the growing body of empirical evidence that social, medical and / or surgical transition in children can cause lasting physical and psychological harm, our recommendation is that schools can best abide by the above injunction by: declining to participate in the transitioning of minors unless they have been issued specific guidance for individual students by a psychologist or psychiatrist; declining to issue promotional material by any organisation which advocates that transition in minors is a safe or legitimised practice.

That the Department's '2018–2021 Department of Education Strategic Plan, *Learners First: Every Learner, Every Day*, [...] includes explicit reference to the *United Nations Convention on the Rights of the Child'*

> ***In practice***: The *United Nations Convention on the Rights of the Child* contains at least six Articles which support students' rights to be kept safe from harm in schools. It may therefore be argued - and has been argued - that schools which promote or endorse social, medical and / or surgical transition practices in minors, are not acting in accordance with the Convention. This is elaborated more clearly in Section 4C.

That the Department must respect 'the individual wishes and needs of people, including LGBTIQ+ staff, students, and **families**'

> ***In practice***: We recommend that schools may interpret this guidance to communicate clearly and promptly with the families of students who indicate that they are experiencing distress in relation to their sexed bodies and sense of self. In the absence of specific indepartmental guidance such as a child protection order, schools must not seek to withhold important medical information about a student unless it can be clearly demonstrated that the student would be at risk of harm from their caregivers under such circumstances.

The *Supporting Sexuality, Sex, and Gender Diversity in Schools Policy* (2) states the following:

That the Department supports 'all children and young people to have equal opportunities for learning and wellbeing outcomes, regardless of [...] **gender diversity** [...] in accordance with their legislative requirements'

> ***In practice***: We recommend that schools do not prioritise one student's stated 'gender diversity' over the needs of the school as a whole, i.e. by giving a male student access to female-only spaces and activities. The majority of students do not experience distress in relation to their sexed bodies and sense of identity; their right to participate fully with a reasonable expectation of safety must not be discounted to unfairly privilege a student who states that they are 'gender diverse'.
>
> ***In practice:*** We have found it difficult to locate a clear legal definition of what it means to be 'gender diverse'. If 'gender diversity' is operationalised as a desire to wear a school uniform traditionally reserved for the opposite sex, our recommendation as detailed in 3E is that this approach would be a safe way to break down needless sex-based stereotypes. Schools should however be cautious of according privileges to a student based on their 'gender diversity' such as allowing males to wear makeup in a school where makeup is not permitted for all female students.

That the policy seeks to ensure that 'all students receive a quality education in a safe, supportive and inclusive environment, free from discrimination, bullying and harassment regardless of [...] **gender identity**'

> ***In practice***: The hidden premise that a 'gender identity' exists in conflict with biological sex, is an unproven hypothesis. To date, there is no medical evidence that such a phenomenon has any basis in biology. If a student has been diagnosed with the condition of Gender Dysphoria by a psychiatrist or psychologist, and that professional has advised a school that that student must be provided with an individual learning plan which takes this condition into consideration in the school environment, at that point schools may create conditions for that student which aims to participate in treatment of their diagnosed Gender Dysphoria. Neither students, nor teachers, nor external groups without medical accreditation, have the ability to make a medical diagnosis, and to create conditions which seek to accord unusual privileges to a student based only on that student's self-identification into a different sex class, is an unreasonable and potentially risky course of action for schools.

The guidelines presume that the law 'officially acknowledges the gender identities of trans and gender diverse individuals in Tasmania' and 'outlaws discrimination against someone due to their gender identity, including during the use of bathrooms.'

> ***In practice***: The specific acts that may be classified as 'discrimination' in this context heavily rely on the situation at hand. We advise such schools to involve community consultation and stand ready to justify their stance, initially referring to Section 27 of the Tasmanian Anti-Discrimination Act (ADA), which allows discrimination in facility usage. As per the Tasmanian Anti-Discrimination Act 1998 (ADA), current version as of 5th November 2021, Section 27. Gender,
>
> *(1) A person is allowed to discriminate against another on the basis of gender -*
> *(a) within a religious institution, if it is mandated by the institution's religious doctrines; or*
> *(b) in education, if it is for the purpose of admission in single-gender schools or hostels; or ...*

*(f) in the allocation or use of facilities, **if these facilities are reasonably required to be used by persons of one gender only.***

Secondly, we encourage them to invoke the community's sense of justice to consider issues such as the safety of girls, the cultural sensitivities of students from diverse ethnic or religious backgrounds, and the vulnerabilities of students with neurodivergence or learning disabilities. The third point is that, whether in schools or other areas, when considering a student with special needs, reasonable provisions should be ensured, but not if it means compromising the welfare of the other students.

That 'schools must support [...] gender diversity by [...] challenging all forms of [...] **transphobia** [...] to prevent discrimination and bullying', describing 'transphobia' as ' any action, attitude, or behaviour that has the potential to limit people because of their gender identity ... [used] to describe a whole range of negative feelings or behaviours towards anyone who is **transgender** or gender diverse'.

In practice: We recommend that schools very carefully consider their interpretation of what actions may constitute 'any action, attitude, [,] negative feelings or behaviours towards anyone who is transgender or gender diverse'. Individuals are currently entitled to hold 'negative feelings' towards other individuals, as this is a personal cognition beyond the control of the Department. If a female student raises concerns about their sense of safety or privacy because a male student has been granted access to female restrooms, current social discourse argues that that female student is exhibiting 'transphobia'. Our recommendation is that such a female student is entitled to a sense of safety at school, and that her right to express herself in a respectful and appropriate manner does not constitute 'transphobia'. A teacher who declines to use opposite-sex pronouns at a student's request is not exhibiting 'transphobia' - they are declining to participate in the significant psychoscocial intervention of social transitioning of a minor, and acting in accordance with established principles of child safeguarding.

In practice: The term 'transgender' is not a medical term. It has no set or legally recognised meaning, but is rather used as a catchall to denote anyone who describes

themselves in a myriad of different ways. Schools need to ensure that they are drating internal policy using accurate terminology with incontestable meaning, rather than using terms which rely on context and which differ in different settings.

This policy also cites its adherence to 'the *National Principles for Child Safe Organisations* [which is] now a requirement of all Commonwealth entities and sets an expectation for all organisations where children and young people spend time'. We examine these Principles in more detail in Section 4C.

It cites a definition of '**gender identity**' as 'part of how you understand who you are and how you interact with other people. Many people understand their gender as being female or male. Some people understand their gender as a combination of these or neither. Gender can be expressed in different ways, such as through behaviour or physical appearance. Gender identity is an inner sense of oneself as man, woman, masculine, feminine, neither, both, or moving around freely between or outside of the gender binary'.

In practice: This operationalisation of the term 'gender identity' has been formed outside of the spheres of psychology and medicine. A student who describes their 'inner sense of self' as 'neither, both, or moving freely between or outside of the gender binary' does not merit special privileges, nor do teachers have the capacity to diagnose such a student as having the condition of gender dysphoria. Our recommendation is that schools refrain from taking an active part in what is currently an ideological movement and instead focus on delivering curriculum and structure based on medical evidence, which continues to assert that there are two biological sexes and that no human can change their sex.

1. Tasmanian Department for Education, Children and Young People [DECYP]. (n.d.). *LGBTIQ+ Equality and Inclusion in Schools*. https://www.decyp.tas.gov.au/students/lesbian-gay-bisexual-transgender-intersex/ 2. DECYP. (2022). *Supporting Sexuality, Sex, and Gender Diversity in Schools Policy*. https://publicdocumentcentre.education.tas.gov.au/library/Document%20Centre/Support-Sexuality-Sex-and-Gender-Diversity-in-Schools-Policy.pdf.

SECTION 4C: LEGAL GUIDANCE FOR EDUCATORS

LEGISLATIONS

The ***Anti-Discrimination Act 1998*** (1) prohibits 'discrimination, incitement to hatred and offensive conduct on the basis of [...] gender identity'.

> ***In practice***: 'Gender identity' as already noted is an extremely elastic and variable term. It is not a medical or scientific term and as such, can be effectively discounted until operationalised. It is to be assumed that all Tasmanian schools already have strong policies in places to prevent discrimination, incitement to hatred and offensive conduct towards all students regardless of their sense of self in relation to their bodies, therefore it is unlikely that any schools can be found to be in violation of this act so long as they are maintaining existing safeguarding protocols.

Amendments to the ***Births, Deaths and Marriages Registration Act 1999*** (2) gender reforms and ***Justice and Related Legislation (Marriage and Gender Amendments) Act 2019*** (3) legally recognise the 'gender identities of trans and gender diverse Tasmanians'.

> ***In practice***: 'Trans' as already observed is not a medical or scientific term, nor is 'gender diverse'. We recommend that schools continue to address students by their original first names and correct sex-based pronouns. The school should not engage in socially transitioning a student. If a student's legal birth certificate states that their sex is male, that student should be referred to using masculine pronouns, and vice versa.

The ***Sex Discrimination Act 1984*** (4) prohibits discrimination against someone because of their sex [or] gender identity [...] including when accessing bathrooms.

> ***In practice***: If a student has a diagnosis of gender dysphoria provided by a psychologist or psychiatrist that states that their perceived 'gender identity' is

fundamentally at odds with their sex, and that therefore the student should be entitled to access the single-sex spaces designated for the opposite sex as part of their treatment plan, then we recommend that failure to do so *under these circumstances* may constitute discrimination on the basis of 'gender identity'.

In addition, it may be seen as discrimination on the basis of sex if, for example, a male student is given access to female-only spaces, as young girls - particularly those going through puberty - are likely to feel unsafe or uncomfortable if expected to disrobe or attend to their personal needs in the presence of males. This may represent discrimination against girls and young women, whose needs are being ignored.

1. *Anti-Discrimination Act 1998* (Tas). https://www.legislation.tas.gov.au/view/html/inforce/current/act-1998-046 2. Amendments to the *Births, Deaths and Marriages Registration Act 1999* (Tas). https://www.legislation.tas.gov.au/view/html/inforce/current/act-1999-058 3. *Justice and Related Legislation (Marriage and Gender Amendments) Act 2019* (Tas). https://www.legislation.tas.gov.au/view/pdf/asmade/act-2019-007 4. *Sex Discrimination Act 1984* (Cth). https://www.legislation.gov.au/Details/C2014C00002

Legalities around requests for children to be treated as the opposite sex.

The table below presents a comparison between practices influenced by ideology and practices supported by empirical evidence, all guided by an ethical principle of avoiding harm. For example, it explores the contrast between Gender Identity ideology (GII) and recommendations grounded in up-to-date research. Afterward, there is an explanation of the existing laws pertaining to the inclusion of transgender or gender identity ideology.

Please see our Appendix on 'Social transitioning in Schools – The Risks & Harms'.

Area	GII Ideological Practices	Recommendation
Parental Notification of social transition of child	Optional, determined based on the child's preferences.	Guaranteed, unless parents found unfit through formal proceedings with a child protective service.
Social transitioning of child to the appearance and gender norms & roles of the opposite sex.	Schools affirm child gender choice (changing name and pronouns, uniform, binders, or tuckers); no other options are provided.	Parents consult health professionals, traditional psychotherapy, exploratory individualized care, or no intervention. Any conversion therapy of any kind that conforms the child to the appearance of the opposite sex, not allowed, even with parental consent.
Toilets/Changing Areas	Based on gender identity*	Based on biological sex and law.
Overnight Stays	Based on gender identity*	Based on biological sex and law.
Sports Participation	Based on gender identity*	Based on biological sex after age 12, according to law.
Breast Binders/Tucking	No prohibition on staff providing (*false*) understanding that there are 'safe' ways to tuck or bind.	Staff are prohibited from providing binders or other devices to change students' physical appearance, due to harm.
Gender Dysphoria Information Packet	Usually engage in ideological based training with LGBQTIA third parties.	Recommend objective, scientific information to assist parents in choosing the approach to support their children.
Scientific Basis	No research cited. Gender dysphoria or Social Contagion usually not mentioned at all.	Follow evidence-based research free of activist bias. Gender dysphoria, Social Contagion thoroughly discussed.

Language	Redefine same sex attraction as same gender identity attraction.	Do not redefine same sex attraction as a gender identity attraction, do not stigmatize or make homosexuality invisible.

Explainer:

***** The initial intention of the Federal Sex Discrimination Act (SDA) was to cease discriminatory practices against women in public domains. However, when the federal government included 'gender identity' in the SDA in 2013, they overlooked potential complications between 'sex' and 'gender identity'.

This includes instances where an individual with male biological characteristics identifies as a woman, or vice versa. Consequently, the SDA that was initially instituted to safeguard women has potentially allowed males (boys & men) to access female-specific spaces, services, and protections in the name of protection against discrimination based on gender.

The 2013 revisions to the Sex Discrimination Act have subsequently introduced a substantial problem, as they establish a direct confrontation between 'sex' and 'gender identity'. 'Sex' is a concept more firmly supported by stipulations such as the UN Convention to Eliminate Discrimination Against Women. Nonetheless, this vagueness has provoked complications.

For instance, when schools prioritise 'Gender Identity' and disregard 'sex', it results in a significant disagreement of legal principles and a clash of human rights between, for example, the rights of girls for safeguarding, privacy, and fair sports competition, which are backed by CEDAW, versus the rights a boy might claim if he identifies as a girl. This involves the asserted 'right' to receive the same treatment as a biological, legally recognised female, including access to female-only services, spaces, and provisions.

Schools are strongly advised to actively solicit specific legal guidance and whole-community consultation before permitting students to use bathrooms, changing rooms, dormitories, sporting activities, etc. designated for the opposite sex, and prepare to fully justify their position.

Nevertheless, it's worth noting that one could make a case for exclusion based on sex, citing reasons related to fairness, safety measures, and privacy given the following acts:

a) With regards to sport:
Tasmanian Anti-Discrimination Act 1998, Version current from 5 November 2021,
29. Sport

"A person may discriminate against another person in a competitive sporting activity by restricting participation to persons of one gender of 12 years of age or more."

Also Section 42 of the SDA provides that (1) Nothing in Division 1 or 2 renders it unlawful to

discriminate on the ground of sex, gender identity or intersex status by excluding persons from participation in any competitive sporting activity in which the strength, stamina or physique of competitors is relevant. Section 10 of the SDA saves state laws which can operate concurrently with the Commonwealth law. However, there is an argument that the SDA exemption here is wider than the Tasmanian Anti-Discrimination Act and so (so far as it applies to Tasmanian schools) overrules it.

Further given there is a clash between sex and gender and in allowing natal males into female sport, there is an argument that this discrimination against natal females.

b) With regards to toilets, changing areas and overnight stays:

Tasmanian Anti-Discrimination Act 1998 (ADA), Version current from 5 November 2021,
27. Gender
(1) A person may discriminate against another person on the ground of gender –

(a) in a religious institution, if it is required by the doctrines of the religion of the institution; or

(b) in education, if it is for the purpose of enrolment in one-gender schools or hostels; or …

(f) in the provision or use of facilities, if those facilities are reasonably required for use by persons of one gender only.

Section 34 of the Sex Discrimination Act (SDA) states that the ban on discrimination in the educational sector does not apply when accommodation is arranged for students of one sex at an educational institution. As a result, in these situations, discrimination on the basis of gender identity also falls outside the purview of the SDA. However, it's important to recall that Section 10 of the SDA upholds state laws to the extent they can coexist with Federal laws, raising a significant question about whether the SDA applies to state schools in Tasmania.

The consequence of these factors is that the most explicit stipulation is Section 27 of the Anti-Discrimination Act (ADA), which permits discrimination in the usage of facilities.

SECTION 4D: LEGAL GUIDANCE FOR EDUCATORS

NATIONAL AND INTERNATIONAL CONVENTIONS

THE NATIONAL PRINCIPLES FOR CHILD SAFE ORGANISATIONS

In Tasmania, organisations where children and young people spend time are expected to comply with the *National Principles for Child Safe Organisations* (1), which aim to embed 'child safe cultures' in schools.

'A child safe organisation consciously and systematically: creates an environment where ***children's safety and wellbeing is the centre of thought****; values and actions places emphasis on genuine engagement with, and valuing of children*; ***creates conditions that reduce the likelihood of harm to children and young people***; *creates conditions that increase the likelihood of identifying any harm*; ***responds to any concerns, disclosures****, allegations or suspicions'* (1).

> ***In practice***: We recommend that schools can abide by this framework by centering 'children's safety and wellbeing' by declining to partipate in transition practices in minors, by carefully considering the use of promotional materials that imply that transition practices in minors are safe or reversible, and by accurately communicating with caregivers if a student expresses discomfort in relation to their sexed body and sense of self.

Of the ten principles, we consider the following to be most relevant here:

1. ***Child safety and wellbeing is embedded in organisational leadership, governance and culture*.**

> ***In practice***: As we have stated repeatedly, transition practices in minors are not safe and do not promote wellbeing.

2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.

In practice: All students have the right to have their views respectfully considered if a school intends to make single-sex spaces available to students and / or adult staff members of the opposite sex.

3. Families and communities are informed and involved in promoting child safety and wellbeing.

In practice: Schools are advised to undertake whole-community consultation in developing policy regarding GNC students; schools do not have the right to withhold information about a student's psychological health and wellbeing from caregivers.

5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.

In practice: Schools are advised to carefully vet external agencies to exclude those which promote transition in minors as 'safe and / or reversible'.

7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

In practice: As described in Section 2A, staff are under an ethical obligation to thoroughly research the growing body of empirical evidence related to childhood transition, using a wide range of peer-reviewed research.

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

In Australia, all children are protected by the *United Nations Convention on the Rights of the Child* (2). Of the Convention's 54 Articles, we consider the most salient to be the following:

Article 5: Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

In practice: Teachers do not have the authority to facilitate childhood transition of

students against the wishes of the student's family.

Article 6: Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

In practice: Schools should not facilitate childhood transition which has been shown to cause lasting harm and prevent healthy development.

Article 16: Children have the right to privacy.

***In practice**:* Individual children should not be permitted to negotiate access to facilities for the opposite sex. The impact of males in girls' toilets and changing areas impact girls school attendance due to privacy needs around menstruation, urination, and vulnerability while in a state of undress. Where possible, a gender-neutral toilet should be provided in addition to single sex toilets.

Article 29: Education should develop each child's personality and talents to the fullest. It should encourage children to respect their parents, their cultures, and other cultures.

***In practice**:* Schools should refrain from promoting harmful sex-based stereotypes. They can do this by accepting that students are free to express themselves in ways that are not typically associated with their sex. A student's preference for dress, habits, activities or behaviours that are not in alignment with rigid, sex-based stereotypes does not connote the presence of gender dysphoria.

Article 36: Children should be protected from any activities that could harm their development.

***In practice**:* Schools should decline to participate in childhood transitioning unless there is specific advice from that student's psychologist or psychiatrist.

1. Australian Human Rights Commission. (2018). *National Principles for Child Safe Organisations*. https://childsafe.humanrights.gov.au/sites/default/files/2019-02/National_Principles_for_Child_Safe_Organisations2019.pdf 2. United Nations Convention on the Rights of the Child.

SECTION 5: WHAT DO I SAY?

THE VALUE OF LANGUAGE

1. Much of the **new terminology around sex and gender is confusing to children** and its use can be detrimental to their learning.

2. Language can be subject to politicisation (1); schools are advised to use impartial and scientific language.

3. Many **learners can be disproportionately negatively impacted** by the use of unscientific terminology (2). Students for whom **English is an additional language**, students with an **intellectual disability**, or students from **certain cultures**, may find the current terminology especially **challenging or even discriminatory**.

4. Some language that is intended to 'inclusive' can have the opposite effect, excluding key groups from knowledge and understanding (3, 4)

5. We suggest **some terms to avoid** in favour of clearer, less politically charged language:

> *abrosexual, 'assigned female / male at birth', 'assigned gender at birth', 'assigned sex at birth', birthing people, chest-feeding, cis, cisgender, cisnormativity, deadname, demigirl / demiboy, demisexual, enby, gender euphoria, genderfluid, genderqueer, gendersex, menstruators, misgendering, neo-pronoun, non-binary, nounself, omnigender, penised people, queer, sex change, skoliosexual, TERF, transfeminine / transfemme, transgender, transmasculine / transmasc, transphobic / transphobe / transphobia, two-spirit, uterus-havers*

6. Language can act as a **safeguarding protocol**. Evidence from individuals who have transitioned as minors suggests that **widespread use of a new name as part of social transition can make it harder for a student to desist** in the event that their perceived gender dysphoria abates with time, effectively 'locking them in' to an opposite-sex identity that no longer meets their needs. In the absence of specific clinical guidance from a psychologist or psychiatrist, regarding an individual student whom they are actively treating, we advise the following; that children if they ask to be called by a different first name than that in their official records (for example a familiar or shorter version, a middle name, or a complete change of first name, including a name associated with the opposite sex). Pupils who want to change the name they go by in daily use can do so by filling in a form available at student services, and this will be added to the register alongside their legal name. A confirmation will be sent to their parents. If a child's name is legally changed by deed poll, parents should bring this information to the school office and records will be updated.

1. Enfield, N. (2019, June 11). Cited in *Talking bots, taboo words and political slogans*. *Opinion: University of Sydney*. https://www.sydney.edu.au/news-opinion/news/2019/06/11/talking-bots-taboo-words-and-political-slogans.html 2. Ibbotson, Paul. *Language Acquisition : The Basics.* Melbourne, VIC: Taylor & Francis Group.
3. Fair Play for Women. (2023). *Female-only must always mean male-free.* Menstruators? Uterus-havers? Language matters | Fair Play For Women 4. BBC Jersey. (2023,January 25). Jersey cervical screening post criticised over wording. *BBC News.* Jersey cervical screening post criticised over wording - BBC News

SECTION 6: GUIDANCE FOR CAREGIVERS

RESOURCES

Active Watchful Waiting Inc. [AWW] https://www.aww.org.au

- online community of 'parents, teachers, health professionals, LGB, transexuals and detransitioners'
- connects individuals, groups and families around Australia who seek support in safeguarding children
    - Sub-Committee is "In Defence of Children" https://indefenceofchildren.org that exposes the pipelining of children into the gender clinics and the hypersexualisation of the school curriculum.

Detrans Foundation https://www.detransfoundation.com/

- homepage of Dr. Kirsty Entwistle, instrumental in the initiation of the Cass Report, and former Clinical Psychologist at the Tavistock Centre's Gender Identity Service [GIDS]
- offers concise, clear information regarding sex and gender in children

Fair Play for Women https://fairplayforwomen.com/children/

- founded by Dr. Nicola Williams, PhD Biochemistry / Molecular Biology
- provides free, online resources with particular attention to the safeguarding of women and children

Genspect https://genspect.org

- international alliance of professionals, trans people, detransitioners, and parent groups
- unites 25 organisations across 23 countries
- offers extensive professional and personal resources from a range of professional fields

Minnesota Family Council Gender Resource Guide https://genderresourceguide.com/

- endorsements include the founder of the Toronto Gender Identity Clinic for Children and Adolescents, board-certified endocrinologist Michael K. Laidlaw, the Executive Director of the American College of Pediatricians (as of 2019), and the founder of *Let All Play* Jennifer S. Bryson
- MFC's *Gender Resource Guide* is free to download globally

Parents of ROGD Kids https://www.parentsofrogdkids.com/support-groups

- supports caregivers who are concerned that their child may have Rapid Onset Gender Dysphoria [ROGD]. It is important to remember that at this time, ROGD is not a clinical or diagnostic term; rather it is considered to be a potential theoretical subtype of gender dysphoria.

PITT https://pitt.substack.com/

- blog for caregivers whose children have undergone social, medical and / or surgical transition. While we cannot endorse every testimony it contains, it offers a nuanced and in-depth understanding of how concerns around gender and sex can affect families

Safe Schools Alliance UK [SSAUK] https://safeschoolsallianceuk.net/

- grassroots organisation which campaigns to uphold child safeguarding in schools
- professional backgrounds include teaching, nursing, and child safeguarding
- works with schools and educators to ensure that school policies 'meet the safeguarding needs of all students'.
- provides evidence-based factsheets, letter templates, and recommended websites

Sex Matters https://sex-matters.org/

- founded by a solicitor, a barrister, a developmental biologist, and an academic researcher
- aims to clarify language in law

- campaigns for policies that '*enable people to live as they choose in relation to gender expression and beliefs about gender identity*'

Society for Evidence-Based Gender Medicine [SEGM] https://segm.org/

- international organisation of 'over 100 clinicians and researchers' concerned about the paucity of quality evidence to support medical and surgical interventions for minors
- registered nonprofit led by a board-certified endocrinologist, a board-certified pediatrician and Fellow of the American Academy of pediatrics, a former clinical director at Tavistock, and others including professionals based in Australia and New Zealand
- provides medical and methodological appraisals of both the AWW and the GAM models of treatment
- provides links to studies, a FAQ section, and an invitation to make contact

Transgender Trend UK [TT UK] https://www.transgendertrend.com/

- parents, academics and childcare professionals
- offers free, downloadable guides including the '*Inclusive Relationships and Sex Education in Schools Statutory Guidance Pack*', and the '*Supporting Gender Non-Confirming and Trans-Identified Students in Schools*' pack. For this work, TT UK's founder and Director, Stephanie Davies-Arai, was shortlisted for the John Maddox Prize in 2018, an award which recognises the '*work of individuals who promote sound science and evidence on a matter of public interest, facing difficulty or hostility for doing so*'

Our Duty https://ourduty.group/australia/

- hub for those seeking help to support their GNC children
- connects over 900 caregivers in 17 countries with similar experiences
- assists caregivers to find professional help in their local area

APPENDIX:

Social Transitioning in Schools: The Risks & Harms.

LEGAL, PHYSICAL AND PYSCHOSOCIAL IMPLICATIONS OF GENDER IDENTITY IDEOLOGY IN SCHOOLS

Social Transitioning in Schools: The Risks & Harms.

Contents

Social Transitioning in Schools: The Risks & Harms. 53
Introduction 54
1. Student Duty of Care 54
2. Social transitioning is not a neutral act with regards to identity outcomes. 55
3. Social Transitioning a 'conveyor belt' to Medical Transitioning 56
4. Assessment of a 'mature minor' is not the school's expertise. 57
5. Medical, Surgical & Social Risks 57
6. Do the benefits of youth gender transitions outweigh the risks of harm? 59
7. Disruption of natural maturation process of youth 61
8. The Autistic, Same-Sex Attracted and/or Abused Child 61
9. The influence of Social Influence, Gender Ideation or Social Contagion on girls 62
10. The Ideological vs Evidence based approach. 63
Table: Overview of the Gender Affirmation vs Individually centred Perspectives. 64
11. The threat of child suicide in the absence of gender affirmation – is this real? 65
12. What should we do to prevent harm to LGB, and children who identify as 'transgender'? 66
3. Harms to LGB youth. 69
14. The Legal Risk 70
15. Policy Recommendations 74

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Introduction

There is now compelling evidence suggesting that socially transitioning a child is a “conveyor belt” to medical transition, and that medical transition can cause catastrophic and irreversible damage to a child. Therefore, schools that actively engage in instructing and reinforcing gender ideology to their students may find themselves liable in negligence for breach of duty of care.

Schools principally exist as establishments for imparting education and fostering learning. Presenting 'gender identity' as an undeniable fact does not constitute education, but rather indoctrination into a contested belief system, given that it is a concept that cannot be empirically proven.

Schools seem to have taken it upon themselves to teach gender ideology and to also initiate and foster social transitioning. Instruction in gender ideology and also social transitioning are the key commencing components of the 'gender affirmative approach', a therapeutic model used to address gender dysphoria, and which has been shown to catastrophically and irreversibly damage children.

It's crucial to understand that gender dysphoria is a diagnosable mental health condition, not an identity. As such, we contend that addressing gender dysphoria or incongruence falls beyond the professional expertise of educators. And it should be noted, despite the promise that gender transition is key to ameliorating the suffering of gender-dysphoric youth, systematic reviews of evidence failed to find trustworthy evidence of such improvements.

This piece delves into the potential dangers, misconceptions, and damaging effects associated with the social transitioning process for children experiencing dysphoria. It also explores the resultant implications/infringement upon the rights of their peers, safeguarding risks and the potential legal ramifications for schools.

We advocate for the acceptance of all children’s individuality and affirm their worth, while also ensuring that all children are protected from discrimination or interference based on their gender non-conforming appearance, self-expression or behaviour.

1. Student Duty of Care

Our goal is for each student to cultivate their adult personalities, and to live freely, visibly, and openly in society. We do this by providing a school environment that is supportive of students’ identity exploration and is neutral with regard to identity outcomes.

In doing so, we need to consider the legal principle of negligence and the duty of care owed by schools to students that arises from this principle. This principle states that schools are obligated to take suitable precautions to safeguard students from potential harm (see our section below entitled “**The Legal Risk**”). This principle is a fundamental aspect of school

management and adherence to regulations, and most staff members have likely discussed it extensively in relation to matters such as accidents, allergies, field trips, bullying, and occupational health and safety.
As we contemplate this duty of care in relation to LGB students or those identified as transgender, it becomes an area filled with considerable potential for harm. This is a fairly complex domain, which pertains to the psychological and medical care of children.

Currently in this era of gender affirmation, schools are taking an active role in *socially transitioning* children by encouraging (among other things) the changing of names to the opposite sex, pronouns, uniform and allowing them to enter single sex spaces and sports of the opposite sex, often without the parents' knowledge or permission. This violates a parents' right to know their child has gender dysphoria, which is a diagnosable mental condition, not an identity. It also violates Article 5 of the United Nations Convention on the Rights of the Child (to which Australia became a signatory in 1990); 'Governments should respect the rights and responsibilities of families to guide their children…'

2. Social transitioning is not a neutral act with regards to identity outcomes.

We must acknowledge the statement by Dr. Steven Levine[1] that "*social transition is a significant procedure with deep implications for a child's long-term physical and mental health*."

There's room for debate whether the school, in transitioning a child, is confirming an existing 'transgender identity' or, for most youngsters, is in fact creating a transgender identity. Absent such intervention, up to 80-98%[2] of children experiencing body-gender dissonance are likely to reconcile these feelings once they have completed puberty.

All evidence points to the concept of gender identity or transgender identity **as a belief supported by no empirical evidence**. First, the concept of gender identity was born of a disproven original theory popularised by John Money in the 1960's and famously proven wrong when he attempted to raise a boy who had been accidentally castrated from a botched circumcision as a girl. Money believed that gender identity was socially constructed and therefore, after being raised as a girl for the first 30 months of life the boy would continue to identify as a girl. That didn't work, and the boy now known as David Reimer eventually reclaimed his birth sex, but sadly committed suicide as an adult.

Secondly, those who believe in the concept of '*gender identity'* have no settled definition on what that is, and how that can be rationally applied. The "essentialist" camp believes everyone has an internal sense of gender identity, but there is no agreement on whether there are 2 genders, 112, or as many as there are people in the world. The "performance" camp advocated by Judith Butler (an advocate of post-modern queer theory) says gender identity is something we choose to perform. [3]

Prior to 2010, and for the larger Australian population today, the vast majority of people do

not have an internal sense that they have a gender identity that is separate from their physical body, and don't subscribe to any concept of gender identity.

Last, empirically speaking, a collective of over 100 clinicians and researchers[4] globally have expressed that there is no scientific proof backing the concept of "gender identity,"[5] nor is there any lab test or diagnostic technique that can conclusively distinguish between a person identifying as transgender and one who does not. A person's transgender status can be self-asserted or encouraged by schools, parents, or online LGBQTIA youth communities; however, there's no medical scan or test that can definitively diagnose or detect a *gender identity*.

Any method that isn't backed by evidence doesn't align with the instructions stipulated by the national "Inclusion Support Program Guidelines" from the Commonwealth Department of Education. The positive education, mental health, and wellbeing of students hinges on "implementing Evidence-Based models for an all-encompassing school approach". Among the two models extensively adopted in Tasmanian government schools is the "School-Wide Positive Behaviour Support" (SWPBS) Framework, which strongly recommends concentrating on evidence-based decision making.[6]

3. Social Transitioning a 'conveyor belt' to Medical Transitioning

Dr Levine has testified in many court cases relating to transgender rights, both in the United States and abroad. Dr Levine has strongly advocated against allowing social transition for gender-dysphoric youth, describing it as setting them on a 'conveyor belt' to medical transition.[7],[8],[9] He has also advocated against access to gender affirming medical care, most notably testifying in the case Bell v Tavistock[10],[11],[12] and has likened it to the medical experimentation[13] performed by Nazi Germany[14] during the Holocaust[15].

The evidence supports his stance. As a result of the systematic review of the evidence over the last 3 years, reversals in the practice of "gender-affirming" interventions for youth are already underway in Finland[16], Sweden[17], England, the UK[18], and most recently in the state of Florida, and 18 of the 50 states in USA. The Royal Australian and New Zealand College of Psychiatrists (RANZCP)[19] no longer privileges the gender affirmation approach. NAAP's Guidelines[20], and GETA's Clinical Guide for Therapists working with gender-questioning youth[21] call for psychotherapy to be the first line of treatment for youth who are uncomfortable in their body.

In addition, Australia's largest medical insurance provider, MDA National, in recognising the risks of 'gender affirming care' for minors, has recently released this statement:

"In response to the high risk of claims arising from irreversible treatments provided to those who medically and surgically transition as children and adolescents, MDA National is restricting cover for practitioners in private practice. From 1 July 2023, MDA National will introduce the following exclusion in your Professional Indemnity Insurance Policy.

We will not cover you or make a payment when the claim against you arises in any way out of:
• your assessment that a patient under the age of 18 years is suitable for gender transition; or
• you initiating prescribing of gender affirming hormones for any patient under the age of 18 years
We consider it appropriate that the assessment and initial prescribing for patients transitioning under the age of 18 years occurs with the support and management of a multi-disciplinary team, in a hospital setting."[22]

School administrators and institutions should be aware that directing children towards social transition almost always leading to *medical or surgical pathways of 'gender-affirming care'*[23], carrying serious risks and implications (i.e. promoting social contagion and exposing schools to legal action). Furthermore, there is limited evidence that medical transition leads to positive outcomes.[24]

4. Assessment of a 'mature minor' is not the school's expertise.

If a school references the 'mature minor' concept, suggesting that a child might have adequate Gillick competence to consent or comprehend the implications of social, medical, or surgical transitioning, to then justify putting them on the transition pathway. First, the 'mature minor' concept is traditionally evaluated in a clinical setting by trained healthcare professionals. It is not assessed by K1-K12 teachers based on gender non-conforming behaviors, non-compliance to gender stereotypes and vulnerabilities, or phases children might be going through due to societal influences or contagion.[25] Secondly, children and adolescents are too young to assume their current gender identity is permanent. Adults should know that young people's sexual orientations and gender identities fluctuate as they gain more life experiences.[26]

Regarding an in depth discussion of Gillick competence please examine: Section E: "**The Current State of the Law in Australia**" from Barrister Belle Lane's "Paper for the Family Law Profession Gender Identity in children and adolescents"[27]

5. Medical, Surgical & Social Risks

As adults we must be aware of our responsibilities in understanding the harms, risks and social consequences to social transitioning, which are these:

Puberty Blockers[28]

- Short term: headaches, hot flushes, weight gain, tiredness, low mood and anxiety, reduction in bone density, bone fractures, blurred vision, vision loss.
- The Karolinska Institute (Sweden) has also reported liver damage, unexplained weight gains, mental health problems, spinal fractures, osteopenia, and failure to grow.
- Increase in behavioural and emotional problems in girls, including an increase in wanting to "deliberately try to hurt or kill self."
- Loss of fertility/sterilisation as gametes won't develop.

- Loss of sexual function and capacity to orgasm: young people given GrNHa at tanner Stage 2 who go onto cross-sex hormones will remain 'orgasmically naïve' which may impact their ability to enjoy intimate relationships.
- Level of puberty resumption after GnRHa use is stopped: unknown.
- Effects on brain development: unknown. Concerns raised about negative impact on IQ, long-term spatial awareness, reaction time and missing out on a window for critical cognitive development.
- Impact on the growth of all major organs; heart, lungs etc.
- June 2022 the FDA received 60,400 reports of adverse reactions to common GnRH agonists, (puberty blockers), including over 7,900 deaths.

Binding[29]

- Negative health effects from chest binding that may not show for years[30].
- 97.2% of respondents reported at least one negative outcome from binding. The most common symptoms were: 1. back pain (53.8%), 2. overheating (53.3%), 3. chest pain (48.8%), 4. shortness of breath ((46.6%), 5. itching (44.9%), 6. bad posture (40.3%), 7. shoulder pain (38.9)
- Additional symptoms include; rib fractures, rib or spine changes, shoulder joint "popping", muscle, wasting, numbness, headache, fatigue, weakness, light-headedness/dizziness, cough, respiratory infections, heartburn, abdominal pain, digestive issues, breast changes, breast tenderness, scarring, swelling, acne, skin changes, skin infections.

Tucking[31]

- There are case studies of both infertility and testicular torsion[32] occurring from tucking.
- Itching, rash, testicular pain, penile pain, and skin infections.

Cross-Sex Hormones, Mental Health & Surgery[33]

- Surgical removal of breasts; denying girls full sexual pleasure in adulthood, as well as the ability to breastfeed should they become mothers. In Australia, girls as young as 15 years old have had their breasts removed.[34]
- Impaired sexual function from surgeries, puberty blockers and hormones[35]
- Surgical removal of reproductive and sexual organs, and erogenous zones initiated for children as young as 9 to 13 years old who are not mature enough to give meaningful informed consent.
- Irreversible body modification such as facial hair, male-pattern baldness, permanently deepened voice and enlarged clitorises in women.
- Years spent suffering depression and mental health problems because comorbidities[36] were not accurately assessed or responded to with appropriate therapies.
- Female-to-male genital reconstruction surgery that has a high negative outcome rate[37],

including urethral compromise and worsened mental health.
- A range of negative health outcomes from transition surgeries is outlined here[38] and here[39].
- Sterilisation of LGB, autistic and troubled young people with issues of abuse, self-hate, trauma, internalised misogyny, and victims of trans-indoctrination[40] or internalised homophobia[41].

Cultivating a culture of Deceit and Parental Disrespect and removing child safeguarding[42]

Apart from physical harm, promoting a culture of dishonesty is unacceptable. If a school encourages children to conceal or misrepresent their social transitioning to their parents, it is fostering a culture of deceit. This demonstrates a lack of respect for the family unit and presumes that the teacher is more capable of guiding the child's future than their own family. Schools should not encourage dishonesty or deception among staff or students.

Furthermore, there's a child protection concern when adults advise children to withhold information from their parents; typically, adults who do this are exposing children to potential harm. We remain unaware of the potential damage that could result from a school encouraging individual students to disregard the biological truths and act as if they don't exist. Additionally, we are uninformed about the psychological repercussions on children who are asked to assist in the social transitioning of a classmate; the impacts of this have yet to be assessed. As per Dr. Hillary Cass's assertion, children are not developmentally prepared to shoulder such a responsibility, and it's not suitable to impose this upon them.

6. Do the benefits of youth gender transitions outweigh the risks of harm? [43]

The argument that gender activists acting as third party advisors to schools have made, supported by activist driven research, is that gender/sex incongruence creates such suffering that social, medical and surgical transitioning is "lifesaving", despite the risks, and that schools and parents need to align children to their 'authentic selves' to alleviate that suffering. However, systematic reviews failed to find trustworthy evidence of any such improvements. Nor can it be claimed to be "lifesaving" when we are seeing an alarming 19 fold increase of suicide after transitioning as compared to the general public.

In Dr Steven Levine's article "Current Concerns About Gender-Affirming Therapy in Adolescents[44]", he concludes that medical and surgical gender transition has not resulted in credible mental health improvements. He examined the effectiveness and potential risks of medical gender transition treatments, such as puberty blockers and cross-sex hormones, for gender-dysphoric youth. Despite the promise by activists that gender transition is key to ameliorating the suffering of gender-dysphoric youth, systematic reviews of evidence failed to find trustworthy evidence of such improvements.

I have summarised the main points:

i. Systematic reviews of evidence, including those conducted by the National Institute for Health and Care Excellence (NICE) and various health authorities around the world, found little to no evidence that these treatments improve key areas of mental health for youth undergoing gender transition.

ii. For puberty blockers, the studies that reported positive outcomes were deemed unreliable due to poor methodology. Most studies suggest little change in critical outcomes like gender dysphoria, mental health, body image, and psychosocial impact.

iii. For cross-sex hormones, the potential improvements in mental health were uncertain and had to be weighed against the risks of hormonal interventions. Some health authorities concluded that for most adolescents, the risks of hormones outweigh the benefits.

iv. Reviews are limited by short-term follow-up due to the relatively recent scaling of gender-transitioning youth practices (since about 2015). However, long-term studies of adults who transitioned years ago do not show lasting mental health improvements, with some suggesting potential treatment-associated harms.

v. The article cites a 30-year Swedish study that found notably high rates of suicide and elevated all-cause morbidity and mortality among transitioned adults compared to peers. Other long-term studies also failed to find improved mental health outcomes with hormones or surgery.

vi. Similarly, a Dutch study found higher suicide death risk in transitioned individuals at every stage of transitioning.

vii. Two US-based studies indicated high rates of mental health problems, including depression, anxiety, substance abuse disorder, suicidality, and physical health issues among adults who identify as transgender. The cause of these health disparities is often attributed to minority stress, discrimination, and barriers to healthcare.

viii. The possibility that the mental health of some trans persons may be inherently compromised is not often discussed. Some gender specialists expressed concern in 2022 about the quick diagnosis and rush to irreversible body-modifying interventions for trans-identifying adolescents.

7. Disruption of natural maturation process of youth

Answering the question; "Who am I?" is the central objective of an adolescent's developmental process[45]. It does not assist a youth's maturation process. If we take an approach of a one-size fits all 'gender affirmation', we disrupt the natural course of individual identity exploration.

While respecting young people's views about their gender identity, one needs to acknowledge that childhood and adolescence is a time of rapid physical and psycho-social growth and profound personal development, during which young people may question their identity, sexual orientation, and gender.

It is important to understand that children and adolescents are not mature enough to assert that their current gender identity is fixed. It should be acknowledged by adults that the sexual orientations and gender identities of young people are prone to changes and evolution as they accumulate more experiences in life.[46]

As the child matures and progresses through puberty this questioning usually transforms and resolves, and the young person, in the majority of cases, up to 98%, accepts his/her biological sex and adult body. Social and medical transitioning, however, concretises what could otherwise be a transient and relatively harmless process of identification to explore, or gain attention or popularity beneath the broad transgender umbrella.

8. The Autistic, Same-Sex Attracted and/or Abused Child

Evidence is emerging that the majority of children presenting to gender clinics fit one or more of the following categories:

- have Autism Spectrum Disorder;
- are same sex attracted;
- have been subject to childhood maltreatment and abuse.

For each of these categories, social and medical transition is not an appropriate response to treating the discomfort and distress of these children.

For the autistic child, it is the autism that is causing them to feel different. This child needs specialist autism treatment to assist the child to understand this. That child can then become settled in their body. The rates of suspected autism for minors with gender dysphoria have ranged from 20% to 50%. For example, the Gender Development Identity Service at Tavistock, UK (now closed down) estimates that as many as 35% of its gender patients had autism. This is alarming given that less than 2% of children in the UK are thought to have an autism spectrum disorder. Certain countries and States in the United States have banned gender affirming care for minors. Missouri, a State in the US, has also banned gender

affirming care for all autistic people (both adults and minors).

For the same sex attracted child, an "active watchful waiting" treatment is required. This is because more than two thirds of those youth who would normally grow out of this will grow up to be gay or bisexual, as there is a high correlation[47] with gender non-conformance, homosexuality, and bisexuality. What children are typically told if they are gender nonconforming is they are 'born in the wrong body' because they have a "gender identity" that does not match the gender norms or behaviour expected of their sex. In line with this idea, a female child more likely to grow up lesbian is expected to present as a (trans) boy, and a gender non-conforming male child is expected to identify as a (trans) girl. This in effect communicates to a homosexual child that it is not normal or acceptable to be homosexual and they need to conform to a heterosexual norm. (This is reiterated when school definitions of 'lesbian' or 'gay' do not acknowledge that these children are 'same sex' attracted and instead, define them as 'same gender identity' attracted.)

For the abused child, intense therapy is required to help the child recover from their trauma. In this case, telling a child that medical transition will cure their distress is clearly preposterous and no doubt negligent. For an example of the evidence for this, a gender service situated in The Children's Hospital at Westmead, NSW, Australia examined the clinical characteristics of children presenting with gender dysphoria. This study[48] found that the developmental stories told by the children and their families highlighted high rates of adverse childhood experiences, with family conflict (65.8%), parental mental illness (63.3%), loss of important figures via separation (59.5%), and bullying (54.4%) being most common. A history of maltreatment was also common (39.2%).

While it is popular at this time for teachers to assume they are *affirming* an existing 'transgender identity' it is for most proto-homosexual, Autistic and vulnerable youth[49] *creating*[50] a transgender identity. Because without this type of interference up to 80-98% of children that have an incongruence or disconnect with their body will grow out of it once through puberty.

9. The influence of Social Influence, Gender Ideation or Social Contagion on girls

It should be noted that before 2012, gender dysphoria almost exclusively occurred in boys (roughly .01% of the population)[51]. But girls[52] are now the majority of children who are transitioning, and this is more to do with gender ideation; a fixation on a gender identity, through social influence[53] and contagion. (There are more than 95[54] gender identities thus far.) In research these girls are commonly referred to though as having ROGD[55], *rapid onset gender dysphoria.*

i) Social Influence[56]:

- In one study, almost 9 in 10 young people questioning their gender seemed to be subject to

social influence.
- In one study, two-thirds of trans-identifying young people had one or more friends who were also trans.
- One study showed that, in 36.8% of trans-identifying young people's friendship groups, the majority of members identified as trans.
- One study found that, in almost two-thirds of cases, internet and social media usage seemed to go up just before a young person came out as trans.
- The madness of crowds': The social contagion of gender dysphoria in adolescents, governments and professional bodies.pdf by Diana Kenny, expert on Social Contagion.
- In one study of detransitioners, around half originally believed that transition would lead them to be "treated better" if they were "perceived as the target gender".
- There has been a roughly twenty-fold rise in the number of people seeking transition, with teenagers hugely over-represented.

10. The Ideological vs Evidence based approach.

Gender identity ideology has over the last 10 or so years been taught in universities and shared via diversity and inclusion audits through state and government corporations. Broadly speaking there are two major positions on gender affirmation which have significant consequences on the type of risks children may face, whether they are gender non-conforming, proto-homosexual, bisexual children, children vulnerable to social influence or with a history of maltreatment and trauma.

1. The gender identity affirmative approach takes a 'one size fits all' approach of affirmation based on the ideology that everyone has a 'gender identity', a recent ideology, and disproven theory propagated in the early 1960s in psychology.
2. The individually centered approach places an emphasis on biology and material evidence, and involves parents, qualified psycho-therapists, psychological and psychiatric professionals. **The gender identity affirmative approach carries with it a greater risk of harm.**

Table: Overview of the Gender Affirmation vs Individually centred Perspectives.

Full table here: https://bit.ly/3paMLlN By Catherine Karena & "Nancy Wake" (anonymous).

GENDER IDENTITY AFFIRMATION	INDIVIDUALLY CENTRED
ASSOCIATED BELIEFS & PERSPECTIVES (Emphasis on ideology)	ASSOCIATED BELIEFS & PERSPECTIVES (Emphasis on biology & material evidence)
• People can literally be born into the "wrong" body". • Gender is innate and sex is socially constructed. Gender is more important than sex in all instances. • Gender is determined by feelings and doesn't require verification by science. • Rights should be determined by gender identity. • Social/medical/surgical alignment is an unquestionable human right and essential for individuals of all ages if desired. • People of all ages can never be incorrect about their gendered identity including if it changes. • Disagreement with these beliefs is bigoted, phobic and abusive and constitutes actual violence.	• Some people believe that you can literally be born into the "wrong" body". All individuals have the right to have differing beliefs but not all beliefs are true, correct or helpful. • Transgender identities may reflect an underlying mental illness/mental health condition. • Both sex and gender expression are both important. Individual contexts will determine which is more important. • Rights may reflect both sex and gender but when in conflict sex takes priority as a biological entity with the more robust evidence base. • Social/medical/surgical interventions may be helpful and appropriate for some individuals, but developmental ability, mental health and other relevant issues must be factored into decision making. • Beliefs often change, particularly with age, including about gendered identity so caution should be given to all forms of transition. • Multiple factors contribute to gendered identity just like all other identities. • Disagreement and debate is necessary to advance knowledge.
Therapeutic Implications:	**Therapeutic Implications:**
• Aways affirm the individuals' beliefs and their desired actions related to gendered identity. Other beliefs and actions can be challenged as per usual practice. • Being TGD is not a mental illness or something to be treated or cured. • Advocate and facilitate policy and practice based on the above at all levels of influence. • Assessment, diagnosis and case formulation are helpful in identifying and treating mental health issues however these should not preclude transition. • The benefits of transition outweigh any potential negative effects. • Challenging or exploration of beliefs about gendered identity is unacceptable, abusive and constitutes conversion therapy.[57]	• Always affirm the individual but not all their beliefs and desired actions, similar to other forms of therapy. • Assessment, diagnosis, and case formulation are essential to understanding the individual and their gender identity. • All forms of affirmation constitute an intervention and intervention should be reserved until assessment and treatment of other significant issues are resolved and stabilized. • Challenging beliefs is a necessary and normal part of therapy. • Transition may be appropriate and helpful for some individuals but may be harmful and unhelpful for others. • All forms of transition have known and as yet unknown iatrogenic effects that must be considered and explored in decision making and therapy.

11. The threat of child suicide in the absence of gender affirmation – is this real?

Importantly, there are numerous false statistics being used that promote the idea that regardless of the harm of 'gender affirming care', the consequence will be suicide if the child is not affirmed. These are being cited by a number of LGBQTIA lobbies that benefit in pushing medical transitions for children[58] that depend on the suicide myth: "Trans children will kill themselves if they do not receive gender affirming care."

There is no significant risk of self-harm or suicide if puberty blockers, hormone treatment or gender surgery are not given to young people to transition to the appearance of the opposite sex.

Many parents have been told if they do not comply with 'gender affirmation care', '*better a live son than a dead daughter*'. Parents report this as emotional blackmail used to pressure them into compliance with drugs, hormones or surgery by Gender Clinics or Trans lobbies. However, in effect no parent will end up with a son from a daughter through body modification. Nor will they retain a fully functional daughter or son. What transition creates is a chemically altered child mimicking old-fashioned ideas of masculinity or femininity. We say this is reckless, children deserve safety and ethical care.

This trans rights narrative, while causing deep concern, is not supported by facts. Every suicide is a tragedy, and one suicide is a suicide too many. However, with such a serious issue, accuracy is critical. **Please refer to the following resources:**

Suicide Facts and Myths[59]
Stats for Gender -Suicide[60]
Time to put the mythology about suicide risks among trans into the dustbin of unscientific, transgender ideology, by Dr Michael Biggs[61]
Suicide by Adolescents Referred to the World's Largest Pediatric Gender Clinic[62]

In particular make note of the three false statistics that are frequently cited in support of high suicide rates:

41% by the National Transgender Discrimination Survey
45% by the Centre for Family Research at the University of Cambridge, commissioned by Stonewall.
48% by the LGBT charity PACE, led by Dr Nuno Nodin from the Royal Holloway University of London

The key takeaways of the resources and articles are:

- There is no high quality evidence to suggest that the overall attempted suicide rate of transgender youth is 41, 45 or 48 percent.
- People with psychiatric conditions – and sometimes neurodiverse conditions – are much

more likely to die by suicide than gender dysphoric people.

- Suicide rarely has one cause: it is difficult for statistical studies on suicide to extricate gender dysphoria from other factors.
- Advocacy run research[63] results in biased data[64].

12. What should we do to prevent harm to LGB, and children who identify as ‘transgender’?

The table below presents a comparison between current school practices influenced by ideology and practices we recommend supported by up-to-date research. Followed by a general explainer of the existing federal laws pertaining to the inclusion of transgender or gender identity ideology, and state laws specific to Tasmania supporting sex-based rights.

Table comparing current practices in Tasmania and Recommendation[65]

Area	GII Ideological Practices	Recommendation
Parental Notification of social transition of child	Optional, determined based on the child’s preferences.	Guaranteed, unless parents found unfit through formal proceedings with a child protective service.
Social transitioning of child to the appearance and gender norms & roles of the opposite sex.	Schools affirm child gender choice (changing name and pronouns, uniform, binders, or tuckers); no other options are provided.	Parents consult health professionals, traditional psychotherapy, exploratory individualized care, or no intervention. Any conversion therapy of any kind that conforms the child to the appearance of the opposite sex, not allowed, even with parental consent.
Toilets/Changing Areas	Based on gender identity*	Based on biological sex and law.
Overnight Stays	Based on gender identity*	Based on biological sex and law.
Sports Participation	Based on gender identity*	Based on biological sex after age 12, according to law.
Breast Binders/Tucking	No prohibition on staff providing (*false*) understanding that there are ‘safe’ ways to tuck or bind.	Staff are prohibited from providing binders or other devices to change students’ physical appearance, due to harm.
Gender Dysphoria Information Packet	Usually engage in ideological based training with LGBQTIA third parties.[66]	Recommend objective, scientific information to assist parents in choosing the approach to support their children.

Scientific Basis	No research cited. Gender dysphoria or Social Contagion usually not mentioned at all.	Follow evidence-based research removed from activist bias. Gender dysphoria, Social Contagion thoroughly discussed.
Language	Redefine same sex attraction as same gender identity attraction.	Do not redefine same sex attraction as a gender identity attraction, do not stigmatize or make homosexuality invisible.

Explainer:

* The initial intention of the Federal Sex Discrimination Act (SDA) was to cease discriminatory practices against women in public domains. However, when the federal government included 'gender identity' in the SDA in 2013, they overlooked potential complications between 'sex' and 'gender identity'. This includes instances where an individual with male biological characteristics identifies as a woman, or vice versa. Consequently, the SDA that was initially instituted to safeguard women has potentially allowed men to access women-specific spaces, services, and protections in the name of protection against discrimination based on sex.

The 2013 revisions to the Sex Discrimination Act have subsequently introduced a substantial problem, as they establish a direct confrontation between 'sex' and 'gender identity'. 'Sex' is a concept more firmly supported by stipulations such as the UN Convention to Eliminate Discrimination Against Women. Nonetheless, this vagueness has provoked complications. For instance, when schools prioritise 'Gender Identity' and disregard 'sex', it results in a significant disagreement of legal principles and a clash of human rights between, for example, the rights of girls for safeguarding, privacy, and fair sports competition, which are backed by CEDAW, versus the rights a boy might claim if he identifies as a girl. This involves the asserted 'right' to receive the same treatment as a biological, legally recognised female, including access to female-only services, spaces, and provisions.

Schools are strongly advised to actively solicit specific legal guidance and whole-community consultation before permitting students to use bathrooms, changing rooms, dormitories, sporting activities, etc. designated for the opposite sex, and prepare to fully justify their position.

Nevertheless, it's worth noting that one could make a case for exclusion based on sex, citing reasons related to fairness, safety measures, and privacy given the following acts:

a) With regards to sport:
Tasmanian Anti-Discrimination Act 1998, Version current from 5 November 2021, 29. Sport

"A person may discriminate against another person in a competitive sporting activity by restricting participation to persons of one gender of 12 years of age or more."

Also Section 42 of the SDA provides that (1) Nothing in Division 1 or 2 renders it unlawful to discriminate on the ground of sex, gender identity or intersex status by excluding persons from participation in any competitive sporting activity in which the strength, stamina or physique of competitors is relevant. Section 10 of the SDA saves state laws which can operate concurrently with the Commonwealth law. However, there is an argument that the SDA exemption here is wider than the Tasmanian Anti-Discrimination Act and so (so far as it applies to Tasmanian schools) overrules it.

Further given there is a clash between sex and gender and in allowing natal males into female sport, there is an argument that this discrimination against natal females.

b) With regards to toilets, changing areas and overnight stays:

Tasmanian Anti-Discrimination Act 1998 (ADA), Version current from 5 November 2021, 27. Gender
(1) A person may discriminate against another person on the ground of gender –

(a) in a religious institution, if it is required by the doctrines of the religion of the institution; or

(b) in education, if it is for the purpose of enrolment in one-gender schools or hostels; or …

(f) in the provision or use of facilities, if those facilities are reasonably required for use by persons of one gender only.

Section 34 of the Sex Discrimination Act (SDA) states that the ban on discrimination in the educational sector does not apply when accommodation is arranged for students of one sex at an educational institution. As a result, in these situations, discrimination on the basis of gender identity also falls outside the purview of the SDA. However, it's important to recall that Section 10 of the SDA upholds state laws to the extent they can coexist with Federal laws, raising a significant question about whether the SDA applies to state schools in Tasmania.

The consequence of these factors is that the most explicit stipulation is Section 27 of the Anti-Discrimination Act (ADA), which permits discrimination in the usage of facilities.

We should take an approach that avoids political, social, religious, and ideological positions and does not single children out as a special class. We should aim to protect and safeguard the health, safety, and welfare of all children. Our national guidelines should prioritise the best interests of the child in accordance with human rights obligations under the United Nations Convention on the Rights of the Child [3].

The school should value all its students and staff and aim to create an inclusive culture, workplace and learning environment that protects everyone from unjust or unfair treatment based on age, sex, race, disability, religion and belief, pregnancy and maternity, sexual orientation, gender reassignment or marriage and civil partnership.

We should affirm all children as worthy of acceptance and love, while ensuring all children protection from discrimination or interference based on their gender non-conforming appearance or behaviour.
Every child should be free to express their identity, but expressing an alternative gender identity or proposing to transition does not change a child's sex. We should not be encouraging youth to reject or hate their bodies. Just as we would not affirm anorexia with gastric binding, we should not be preparing girls to cut off healthy breasts by encouraging the use of harmful chest binders. Nor should we approve of the future removal of a boys healthy testicles by encouraging tucking.

The school should seek to establish and maintain an environment where all children feel secure, are encouraged to talk, and are listened to when they have a worry or concern. The school should aim to respond to children with complex needs, or who are going

through a difficult period in their life, and to support their health, wellbeing, and educational attainment.

The school should aim to treat all pupils with dignity and respect.

The school should not support stereotypes about the appearance, behaviour or interests expected of girls and boys, or women and men.

The school should do no harm. The consequences of **'gender-affirming care' or interventions** violate the legal responsibility of the school to protect students from risks of harm. This is because social transition is the gateway to irreversible medical transition.

As children grow and mature in their thinking, the consequences of sterility, loss of sexual function and various other health comorbidities associated with castration drugs (puberty blockers) and synthetic hormones, will very likely cause them much emotional, psychological, and physical suffering. Given that this harm could be seen as a clear extension of the school's interventions, it may open the school to litigation.

The school could be found negligent in its duty of care, for encouraging youth on a medical pathway when they are too young to consent, when their prefrontal cortex, responsible for decision-making, problem-solving, and understanding consequences is undeveloped such that they are unlikely to grasp the long-term consequences of transitioning by teachers with no remit or skills to advise.

Transitioning is an extreme course, that not only requires resilience and maturity, but which also can have significant unintended social implications. A child might face bullying, discrimination, or rejection from peers or family. It can be argued that it might be better to wait until the child is older and more equipped to handle these challenges.

Ultimately, decisions about transitioning are highly personal and should be made with the support and guidance of medical professionals, therapists, and supportive family members. It's essential to respect each individual's journey and self-identification, while also considering the potential risks and consequences.

13. Harms to LGB youth.

We must not conflate 'gay' with 'transgender' in language. The Child Family Community Australia (CFCA) Resource Sheet: LGBTIQA+ communities – a glossary of common terms, which is part of the materials for the 10 National Principles of Child Safe[67] Organisations, omits the definitions of same-sex attraction for Lesbian and Gay children. According to the resource sheet:

"Gay: refers to a person who identifies as a man and is sexually and/or romantically attracted to others who identify as men. The term 'gay' can also be used for women who

are sexually and romantically attracted to other women.

Lesbian: refers to a person who identifies as a woman and is sexually and/or romantically attracted to others who identify as women."

While the Department for Education, Children and Young people's LGBTIQ+ Equality and Inclusion in Education, Relationships Act 2003 (Tas)[68] and the Same-Sex Relationships (Equal Treatment in Commonwealth Laws – Superannuation) Act 2008 (Cth)[69] acknowledge same-sex attraction, this resource sheet, provided by LGBQTIA advocacy groups, does not. The definitions merge 'gender identity' with biological sex. The redefinition of lesbian and gay children to those who identify as such, rather than those with a same-sex orientation, mislabels gay children as 'transgender' within a 'Child Safe' school context. It often takes puberty and time, sometimes involving a journey through gender dysphoria, for gay children to understand their sexual orientation.

As observed, once a gay child is identified as trans, state education policies[70] may mandate schools to adhere to a "gender affirming" process. This might guide children towards seeking puberty blockers, cross-sex hormones, and sometimes surgery to modify their bodies and socially present as "straight." Denying the reality of same-sex attraction predisposes these youths to internalised homophobia and the notion that to be accepted or considered valid in a community, they must adhere to heterosexual norms.

This approach leads to situations where a female child, who is more likely to identify as a lesbian when she grows up, is expected to present as a (trans) boy, and a gender non-conforming male child is expected to identify as a (trans) girl. In a very tangible way, this can be seen as a form of *conversion therapy through gender identity.*

"*It is vital for young people who identify as gay or lesbian to experience acceptance for who they are. Recognising that their sexual orientation is a normal aspect of human diversity allows them to seek out and connect with role models who are also gay, who maintain healthy same-sex relationships, and who challenge traditional gender norms. Having access to positive representations of gay women and men empowers these young individuals, helping them understand that they can defy gender stereotypes and still lead successful and fulfilled lives. They learn that happiness and achievement aren't tied to being of a certain sex, but rather embrace their nature. Being gay is perfectly alright."* (LGB Defence).

14. The Legal Risk

A duty of care that arises out of the legal principle of negligence is the legal obligation to take care to avoid harming others. The courts have held that the relationship of teacher/student has an automatic and undeniable duty of care. The courts have also held that this duty of care is non-delegable. Due to the concept of vicarious liability, this means that the school itself is liable for a breach of this duty by a teacher. Hence,

schools have a duty of care to avoid their students being harmed. It is a distinct possibility that schools may be in breach of this duty of care by teaching gender ideology to, and allowing the social transition of, its students.

The argument for "gender affirming care" put forward by the proponents of gender affirming care and medical transition (**Trans Industry)**[71] is that the child will commit suicide if he/she is not allowed to transition to the opposite sex. In other words, the Trans Industry contends that suicide is the "harm" that medical transition is trying to stop. The Trans Industry regularly cites various statistics to support this proposal. In our review of these statistics, (see **11. The threat of child suicide in the absence of gender affirmation – is this real?** above), it is clear that these are categorically false statistics and there is no additional suicide risk to these students if they are not socially or medically transitioned. In fact, evidence is emerging that suicide risk increases AFTER medical transition[72].

What is becoming very clear is that the real "harm" being done to these students is medical transition. As evidenced above, particularly in point **5. Medical, Surgical & Social Risks,** medically transitioning a child harms that child in very significant and permanent ways.

Whilst the teachers and the schools themselves are not clinically involved in medically transitioning children, there are a number of ways that teachers and schools are involved in the process:

- Socially transitioning a student almost always leads to medical transition (see **2. Social Transitioning is not a neutral act.** above). The schools that encourage students to transition, particularly without consent from the parents, arguably are actively guiding the students toward harmful medical procedures. If these schools did not allow social transition, it is likely, in the average case, that the student would not proceed to medical transition and then avoid being harmed.

- A student may wish to socially transition once he/she has become aware of gender ideology. A school that teaches and/or encourages gender ideology may be responsible for the student having a desire to transition, particularly in cases of social contagion.

- Overtly displaying trans/pride flags, forcing students to use pronouns different to the biological sex of another student, forcing students to use gender neutral toilets, allowing boys to play on girls sports teams and be involved in girls activities (and vice versa), and all other gender ideology reinforcing policies, can impact a student's mental state regarding gender.

- In some cases, school counsellors refer students to gender affirming practitioners[73], where the outcome is almost always medical transition. This is

> because in the "gender affirming care" approach, the practitioner does not undertake investigations or analysis as to whether the child has gender dysphoria or other comorbidities. Instead, it is the child who is the arbiter of whether he/she has gender dysphoria, and the practitioner merely facilitates the medical transition. In all other areas of medicine, the idea that any doctor would allow children to diagnose the cause of their own distress and then prescribe their own treatment, is not only unheard of, but would ordinarily be considered tantamount to medical malpractice.

The question of whether the school has breached its duty of care to its students is determined by examining whether:

1. there is a **duty of care**;
2. there was a **breach** of the duty of care;
3. the breach of duty **caused** the damage or injury.

1. Duty of Care

As mentioned above, the courts have held that the relationship of teacher/student has an automatic and undeniable duty of care. Accordingly, this element is satisfied.

2. Breach of Duty of Care

The question of whether the school has breached its duty of care to its students is determined by examining whether:

- there was a reasonable foreseeability of risk;

There is now a significant body of evidence that demonstrates that medical transition can cause catastrophic and irreversible damage to a child - See **5. Medical, Surgical & Social Risks** above. Additionally, many countries and states around the world are stopping or restricting medical transition of minors due to such damage. Accordingly, a teacher who instructs on this topic would become aware of the controversy surrounding this subject and the emerging body of evidence if the teacher undertook some basic research, a task that would necessarily be a part of their job. There is a strong argument that such a teacher ought reasonably to have foreseen the risk of harm.

- the risk was not insignificant; and

Whilst each case will be considered on its own facts, the elements of whether the risk was "not insignificant" may be easily satisfied given the emerging evidence mentioned above (see **5. Medical, Surgical & Social Risks** above) and also given the nature of "gender affirming care".

The “gender affirming care” model prescribes that the medical practitioner merely “affirms” the patient’s decision that they have gender dysphoria and provides the necessary medications and surgeries that the patient would like to achieve medical transition. Thus, there is clearly a “not insignificant risk” that a child who decides that they are “trans” due to gender ideology instruction and social transition at school, will most likely demand and receive the necessary medical intervention to enable transition.

- In the circumstances, a reasonable person, in the same circumstances, would have taken precautions against the risk.

The question is whether a reasonable person would have taken precautions against the risk by ensuring that students were **not** instructed in the concepts of gender ideology at the school and also that students were **refused** the ability to socially transition in the school environment. Each case will be decided on its facts, but given schools have control over their policies of instruction and behaviour of students and that it is, in fact, a school’s job to teach students in a safe manner, it would be hard to argue that a reasonable person would not take such precautions.

In deciding this issue, the court is required to consider certain things, including the probability that the harm would occur if care were not taken, the likely seriousness of the harm, the burden of taking precautions to avoid the risk of harm, and the potential net benefit of the activity that exposes others to the risk of harm. Again, given the evidence showing that social transition is a direct pathway to medical transition and evidence demonstrating the catastrophic and irreversible damage that a child will suffer on that pathway, it is likely that these elements would be satisfactorily satisfied.

3. Causation

Prerequisites for a decision that a breach of duty caused particular harm are as follows:

- the breach of duty was a necessary element of the occurrence of the harm;
- it is appropriate for the scope of the liability of the person in breach to extend to the harm so caused.

Schools that instruct students in gender ideology and/or allow students to socially transition during school are leading those students down a path that inevitably results in medical transition. As discussed above, there is now compelling evidence suggesting that socially transitioning a child is a “conveyor belt” to medical transition. This leads to the conclusion that permitting social transition is a necessary element of medical transition. Students spend a significant proportion of their time at school. There is a very strong argument that if social transition was prohibited by schools, the students would not be put on this pathway to harm.

The reason that social transition leads to medical transition[74] is nature of “gender

affirming care" itself. Such a student, having decided that they are "trans", will then usually seek medical advice in order to facilitate medical transition. Inexplicably, the "gender affirming care" model prohibits medical practitioners from investigating whether a patient actually has gender dysphoria. In practice, the patient tells the practitioner that they have gender dysphoria, and the practitioner merely medically facilitates the transition. There would be a strong legal argument that, in some cases, the cause of a child's desire to transition and the harm that eventuates is due to the introduction to gender ideology at school and/or the encouragement by the school of their social transition.

Accordingly, this element may not be difficult to satisfy.

That schools have been negligent in exposing children to gender ideology is currently being considered in the UK, the jurisdiction from which Australian negligence law derives. For example, parents are bringing a joint claim in negligence against the UK Department for Education for a failure to act on the foreseeable harms caused to children by gender ideology. (see Link Here). We suspect this will be the start of many negligence cases against schools and against Departments of Education in jurisdictions that have such a duty of care.

Please examine an in depth discussion on "The Current State of the Law in Australia" from Barrister Belle Lane's "Paper for the Family Law Profession Gender Identity in children and adolescents"[75]

15. Policy Recommendations

The consistency of Tasmanian laws and policies is questionable, especially when they hinge on the belief system of gender identity ideology rather than on tangible, objective evidence. It's essential to consider that prioritising 'gender identity' over 'sex' does not adversely impact the privacy, safety, and psychological and physical health of the child concerned and their classmates. The necessity for privacy, dignity, and protection, especially among girls, is frequently dismissed as simple 'discomfort,' yet it can lead to physical and psychological damage, including bullying, intimidation, and sexual harassment by males. It's important that policies consider the needs of *all* children, rather than favoring the needs of one child over others.

We propose the following to discourage stereotypes, embrace gender non-conformity, and motivate children to understand that being male or female is not confined by a strict set of expectations. There are many ways to express boyhood or girlhood, and individuality should be celebrated.

We recommend:

Gender Ideology
There be a prohibition on teaching any form of gender identity ideology at schools.

Uniform
All items of school uniform and dress code apply equally to children of either sex. Any item that can be worn by a boy can also be worn by a girl, and vice versa.

Clothing requirements are based on sex only where this is needed for health, safety, and dignity, such as athletic protectors for boys and appropriate coverage of swimwear for girls.

Names and pronouns
Children may ask to be called by a different first name than that in their official records (for example a familiar or shorter version, a middle name, or a complete change of first name, including a name associated with the opposite sex).

Pupils who want to change the name they go by in daily use can do so by filling in a form available at student services, and this will be added to the register alongside their legal name. A confirmation will be sent to their parents.

If a child's name is legally changed by deed poll, parents should bring this information to the school office and records will be updated.

Pronouns are words that other people use to refer to a person (he/him or she/her). It is important for everyone to use accurate sex-based pronouns, the choice of "preferred pronouns" is not optional.

For two reasons, first, to avoid situations where popular students can enforce compliance upon less popular students, thus ensuring that no opportunities for bullying arise regarding how individuals wish to be perceived.

Second, enabling a single child to dictate the language used by other children is impractical; implementing a "preferred pronouns" policy discriminates against individuals who are neurodiverse, have learning disabilities, struggle with speech and language, or hold protected beliefs. It is also forcing them to lie about the sex of the child making the demand. The school will not agree to use different pronouns when talking about a child to their parents and during the school day.

Sports
Not all sporting activities at school are segregated by sex, but where they are this is for safety and fairness, particularly of female participants, or for "positive action" (such as encouraging girls to take up football).
In considering whether a sport, game or other activity should be offered separately to girls and

boys, we consider the age and stage of development of the year group, not of each individual.

Where sports are organised separately for girls and boys, this is by sex, not gender identity.

All pupils are welcome to play in mixed sports and in sports with others of the same sex.

Trips away

Trips away are an important enrichment of school life. They should be planned with full risk assessment and seek to make them accessible to all. Children and parents with any concerns or anxiety about trips away should contact the organiser in advance to discuss particular needs. Sleeping arrangements are organised by sex, not gender identity.

Toilets and changing rooms.

Single-sex facilities are the simplest way of providing privacy for girls and boys over the age of eight.

Toilets and changing rooms should be segregated by sex, not gender identity.

All pupils are welcome to use the single-sex facilities that correspond with their sex. When single sex toilets are not provided for girls, girls stay home when menstruating, or reduce going to toilet when needed or engaging in sports for fear of harm, loss of privacy and discomfort. The needs of all students should not be abandoned for the desires of one. This creates in a child a sense of entitlement, that their wants trump the needs of many.

We however recognise that some children will not feel comfortable in single-sex facilities and will endeavour to provide alternatives for those who would feel more comfortable with greater privacy (such as single-occupancy unisex facilities).

Advocate Sex-Based Inclusion -rather than impoverishing a sex class by removing diversity.

Excluding that child from their sex-based class impoverishes that sex class from the greater diversity of expression that that child represents. When it is suggested that a child should belong to the opposite sex due to their gender non-conformity, or that they are 'born in the wrong body', the diversity of that class is diminished. It restricts a student's individual behaviour and freedoms to outdated gender norms, reiterates gender stereotypes, and limits the full range of individual expression.

The implementation of gender affirmation not only politicises the child grappling with gender distress, but also impacts every other student in the school. As soon as one boy is labeled a 'transgender girl' by the school, all other girls are automatically categorized as 'cisgender girls'. This model indirectly pressures any girl who doesn't fit neatly into traditional feminine stereotypes to identify as non-binary. Under the framework of the gender identity model, there is no recognition or representation for girls or boys who don't adhere to stereotypical gender roles.

APPENDIX 2:

A. Resources:
https://segm.org – Society for Evidence Based Gender Medicine
https://Sex-Matters.org – Sex Matters is a UK-based not-for-profit organisation. They campaign, advocate, and produce resources to promote clarity about sex in public policy, law, and culture in the UK.
https://genspect.org/ Genspect is an international alliance of professionals, trans people, detransitioners, parent groups and others who seek high-quality care for gender-related distress.
https://www.transgendertrend.com/ An organisation of parents, professionals and academics based in the UK who are concerned about the current trend to diagnose children as transgender.
Melbourne Declaration on Educational Goals for Young Australians National agreement between all state education departments on education goals Australia wide.
Respectful Schools Respectful Behaviour: Building Inclusive Practice in Schools
Inclusion Support Program Guidelines Version 2.4 September 2022

B. Human Rights Act Articles referenced for this article:

Article 9: Freedom of thought, belief, and religion

Article 9 protects freedom of thought or belief, whether religious or secular.

- *The concept of 'gender identity' is a belief. Children and adults should not be compelled to accept a belief, in practice this means they do not have to believe, or act as if males or females can be of the opposite sex.*

Article 10: Freedom of expression

Article 10 protects your right to hold your own opinions and to express them freely without government interference.

- These rights are also enshrined in international law for children:

C. UN Convention on the Rights of the Child referenced for this article:

In Australia, all children are protected by the *United Nations Convention on the Rights of the Child*[76] (2). Of the Convention's 54 Articles, we consider the most salient to be the following:

Article 3: 'The best interests of the child must be a top priority in all decisions and actions that affect children.'

In practice: *Schools must decide if it is in children's best interests to:*

- *Teach children an ideology as fact, promoting language and concepts which are scientifically questionable and take away a child's right to understand biological facts.*
- *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 5: Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

***In practice**: Teachers do not have the authority to facilitate childhood transition of students against the wishes of the student's family.*

Article 6: Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

***In practice**: Schools should not facilitate childhood transition which has been shown to cause lasting harm and prevent healthy development.*

Article 13: '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.'

***In practice:** Children should not be compelled to use pronouns or view other students as having a 'gender identity'.*

Article 16: Children have the right to privacy.

***In practice:** Excluding children from facilities for the opposite sex is not bullying. Expectations will be stated clearly and respectfully by the school. Individual children will not be permitted to negotiate access to facilities for the opposite sex. The impact of males in girls' toilets and changing areas impact girls school attendance due to privacy needs around menstruation, urination, and vulnerability while in a state of undress. Where possible a gender-neutral toilet should be provided in addition to single sex toilets.*

Article 18: Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

In practice: *Teachers should not usurp the rights of the parent to guide the child.*

Article 29: Education should develop each child's personality and talents to the fullest. It should encourage children to respect their parents, their cultures, and other cultures.

In practice: *We should not be boxing children's individual personalities into prescribed gender identities.*

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.'

In practice: Schools must be careful to ensure that children are not exploited by adult activists with a political or financial agenda. See 'The Business Model of Youth Transitioning'[77].

D. The applicable laws of Tasmania and existing legal guidance

The key documents concerning transgender diverse students are:

1. https://www.decyp.tas.gov.au/students/lesbian-gay-bisexual-transgender-intersex/

2. https://publicdocumentcentre.education.tas.gov.au/library/Document%20Centre/Support-Sexuality-Sex-and-Gender-Diversity-in-Schools-Policy.pdf

3. National Principles for Child Safe Organisations (principle 4)

4. the *Anti-Discrimination Act 1998* (Tasmania)

5. the *Sex Discrimination Act 1984* (Cth)

Much of what the Department of Education references, is not relevant to K1-K12 schools, however the Department of Education states it complies with legislative requirements pursuant to the national and state laws that require schools to take reasonable and proportionate measures to promote an LGBTIQ+ inclusive environment, including:

- the *Anti-Discrimination Act 1998* (Tas) which prohibits discrimination, incitement to hatred and offensive conduct on the basis of sexual orientation, gender identity, intersex status and relationship status
  - **Division 2 - Exceptions relating to certain attributes.**
    - 27. Gender
    - (f) in the provision or use of facilities if those facilities are *reasonably required* for use by persons of one gender only.
- the amendments to the *Births, Deaths and Marriages Registration Act 1999* (Tas) gender reforms and *Justice and Related Legislation (Marriage and Gender Amendments) Act 2019* (Tas) that legally recognise the gender identities of trans and gender diverse Tasmanians
- the *Relationships Act 2003* (Tas) which recognise a wide range of significant personal relationships including same-sex relationships.
- the *Same-Sex Relationships (Equal Treatment in Commonwealth Laws – Superannuation) Act 2008* (Cth) under which the existing definition of "de facto relationship" was expanded to include de facto same- sex relationships. This applies in all areas of federal law including superannuation, immigration, health care, public sector entitlements and family law.
- the *Sex Discrimination Act 1984* (Cth) which prohibits discrimination against someone because of their sex, sexual orientation, gender identity or intersex status, including when accessing bathrooms.
- the *State Service Act 2000* (Tas) establishes standards for personal behaviour and for

the conduct of relationships with the Government and Parliament, within State Service workplaces, and with the Tasmanian community (section 7, *State Service Act 2000*)

- the Work Health and Safety Act 2012 (Tas) establishes general health and safety duties that are expected of persons at Tasmanian workplaces.
    - organisations where children and young people spend time comply with the National Principles for Child Safe Organisations. These principles include:
    - Standard 4: Equity is upheld, and diverse needs respected in policy and practice.

END NOTES

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WAAT in collaboration with AWW encourages the dissemination and exchange of information presented in this publication: **Independent Australian Guidelines for Sex and Gender in Schools,** and the Tasmanian specific guide in the appendix on **"Social Transitioning in Schools – The Risks & Harms – (Tasmania)"**

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