

INDEPENDENT NEW ZEALAND GUIDELINES ON SEX AND GENDER IN SCHOOLS



Responding to The Gender
Identity Issue

Compiled by WAAT & AWW Inc.

THE NEW ZEALAND NATIONAL GUIDELINES ON SEX AND GENDER IN SCHOOLS: SUMMARY

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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 sections from **“Social Transitioning in Schools – The Risks & Harms - WA”** in the appendix.

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The New Zealand National Guidelines on Sex and Gender in Schools

SECTION 1A: INTRODUCTION

We have developed this guidance to help New Zealand 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 a New Zealand-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](https://doi.org/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 as they have of what is meant by this term. In teaching curriculum that relates to sex and gender, avoid the use of new terms that do not have an established meaning.

Binder

A device used by young girls to strap down breasts to create a flatter physical profile². Some organisations continue to promote their use despite evidence that they cause physical harm³.

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.

Evidence-based care

Policies and practices that are based on and supported by up to date and reputable research.

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 sex⁴. 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.

² 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/>

³ 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>

⁴ World Health Organisation [WHO]. (2023). Gender and health: Overview. World Health Organisation. https://www.who.int/health-topics/gender#tab=tab_1

⁵ 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->

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 sex⁵. Only a psychiatrist or a psychologist can diagnose gender dysphoria.

Gender Identity

The idea that everyone has an internal feeling of masculinity or femininity (or neither) that exists independently of, and is more significant than, their biological sex. This idea is not supported by scientific consensus⁷.

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:

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

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 development⁸.

com.ezproxy.utas.edu.au/lib/utas/detail.action?docID=5341522. (chapter 17, pages 633 - 668).

⁶ 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.

⁷ 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/>

⁸ 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>.

Safe Schools Alliance UK. (n.d.). *Frequently Asked Questions*. <https://safeschoolsallianceuk.net/frequently-asked-questions/>

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.

Packing

Packing is the placing of a penile prosthesis in one's underwear, giving an outward appearance of having male genitalia.

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 incorrect⁹. In these Guidelines, we refer to GnHRa and similarly used drugs as 'pubertal suppressants'. Generally, from the age of 16, teenagers who've been on hormone blockers may be given **cross-sex hormones**, also known as 'gender-affirming' hormones.

These hormones cause some irreversible changes, such as:

- breast development (caused by taking oestrogen)
- breaking or deepening of the voice (caused by taking testosterone)
- Temporary or even permanent infertility.¹⁰

Rapid Onset Gender Dysphoria (ROGD)

"Rapid Onset Gender Dysphoria (ROGD) is a term coined by public health researcher Dr. Lisa Littman in response to an observed surge of adolescents, primarily girls, suddenly identifying as transgender without a prior history of gender dysphoria. This phenomenon was noted in various Western countries, with significant increases in girls presenting to gender clinics.

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 Cross-Sex Hormones, Mental Health & Surgery (Appendix; "Medical, Surgical & Social Risks of Social Transitioning")

¹¹ 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/>

¹² 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 language. *Frontiers in*

Sex

Refers to the biological sexual status of humans as female or male. Chromosomal differences are primarily responsible for sex determination in humans^{11,12}. 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 sex¹³. Children who socially transition almost always go on to medically and / or surgically transition¹⁴, while most gender-dysphoric children who do not socially transition simply 'grow out' of their feelings of gender dysphoria without any medical intervention¹⁵.

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 female minors.

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.

'Watchful Waiting' Model of Treatment [Psychotherapeutic model]

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

Global Women's Health, 3. <https://www.frontiersin.org/articles/10.3389/fgwh.2022.818856/full>

¹³ Minus 18 (2017, December 25). Your guide to socially transitioning. *Minus 18*. <https://www.minus18.org.au/articles/your-guide-to-socially-transitioning>

¹⁴ 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>

¹⁵ 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^{16, 17, 18}. More than 700 New Zealand children have been given pubertal suppressants in the last ten years, with an unknown number continuing on to opposite sex hormones, and to later have 'top surgery' (breast removal), and genital surgeries¹⁹.**
- 2. Young girls and minors with Autism Spectrum Disorder have shown the greatest increases in diagnosis^{20, 21}.**
- 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^{22, 23, 24, 25, 26},**
- 4. The treatment model which New Zealand uses for GD in minors is described as the 'gender affirmation model' [GAM]²⁷. This model promotes the unquestioning affirmation of a child's**

¹⁶ Respaat, 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/>

¹⁷ 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>

¹⁸ Kaltiala-Heino, R., Bergman, H., Työläljärvi, 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>

¹⁹ 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>

^{19a} Rivers, J (2023) Questions mount around the use of puberty blockers for children. *NZ Herald*. <https://www.nzherald.co.nz/nz/jan-rivers-questions-mount-around-the-use-of-puberty-blockers-for-children/JVKMNIUYUVBXDPCFPYSNZ34RWE/>

²⁰ 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>

²¹ 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>

²² Gender Resource Guide. (2019). *Minnesota Family Council*. <https://genderresourceguide.com/>

²³ 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.

²⁴ 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>

²⁵ Emmons, L. (2022, May 1). 'Gender affirming' surgeon admits children who undergo transition before puberty NEVER attain sexual satisfaction. *The Post Millennial*. <https://thepostmillennial.com/gender-affirming-surgeon-admits-children-who-undergo-transition-before-puberty-never-attain-sexual-satisfaction>

²⁶ 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>

²⁷ 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 Behaviour*, 52, 483 - 494. <https://doi.org/10.1007/s10508-022-02472-8>

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**²⁸. However, this model is not based on any clinical trial evidence and 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.^{28a}

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 suppressants²⁹, ³⁰.

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 practices³¹, ³². 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 dysphoria³³, and that there is **mounting evidence to suggest it is harmful to children**^{34, 34a}. 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.

²⁸ 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](https://doi.org/10.1001/jamapediatrics.2017.5440), 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](https://doi.org/10.1080/0092623X.2022.2160396)

^{28a} Kaitiala, Dr R (2023). Gender-affirming care is dangerous. I know because I helped pioneer it. *The Free Press*. https://www.thefp.com/p/gender-affirming-care-dangerous-finland-doctor?fbclid=IwAR1APBK_DTFzuCDKzB6dUMItKkJMWTFe0PotMPj8SDlejNZ4BhOpeq0Pq7w

²⁹ 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](https://doi.org/10.1080/0092623X.2022.2150346)

³⁰ 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 Millennial, News Analysis*. <https://thepostmillennial.com/maker-of-puberty-blockers-funded-original-study-that-led-to-gender-affirming-care-for-minors-dutch-investigative-report>

³¹ 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>

³² 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>

³³ (Levine and Abbruzzese 2023) <https://link.springer.com/article/10.1007/s11930-023-00358-x>

³⁴ J. Cohn (2023) Some Limitations of "Challenges in the Care of Transgender and Gender-Diverse Youth: An Endocrinologist's View", *Journal of Sex & Marital Therapy*, 49:6, 599-615, DOI: [10.1080/0092623X.2022.2160396](https://doi.org/10.1080/0092623X.2022.2160396), "Puberty Blockers are Experimental and Harmful": <https://www.aww.org.au/puberty-blockers-are-harmful>, "Medical Damages of Gender Affirming Care"

<https://www.aww.org.au/gacmedicaldamages>

^{34a} The Cass Review. <https://cass.independent-review.uk/home/publications/final-report/>

Gender Dysphoria Treatment: Gender Affirming versus Evidence-Based

| Area | Gender Affirming Care | Evidence Based Care |
|-----------------|---|--|
| Prevalence | Everyone has a 'gender identity', which may be different than their biological sex. Ideology promoted from 2010s onwards by Universities, Media and Lobbies. Note, there is no agreement on whether there are 2 genders, 112, or as many as there are people in the world. | Gender dysphoria is not an identity, it's a diagnosable mental condition. 'Gender identity' is a theoretical concept from the 1960s meant to explain gender dysphoria, but not everyone has a sense that their identity is separate from their biology, let alone race, family, age or life experiences. |
| Permanence | "Gender identity" is innate and largely unchangeable. | Children and youth can go through a series of 'identities' as they mature. Not every declaration children make is permanent. It's an authentic Identity until it's not. Growing up is a process of exploration, change and development. |
| Experience | A person whose gender identity differs from their biological sex was "born into the wrong body." | In 61-98% of cases, a person experiencing gender related distress will grow comfortable in their natal sex if they are allowed to undergo puberty. Over 60-98% of students with gender dysphoria often have autism, sexual assault, trauma, internalised homophobia & other undiagnosed conditions that present as 'gender dysphoria' they require professional evaluation and family support. |
| Support | The only appropriate solution to a person's gender distress is to immediately affirm their gender identity, including changing their names and pronouns, living as their gender identity, including opposite sex bathrooms, changing areas, overnight stays, and sports teams (i.e. social transitioning/ gender affirmation plan). | There are multiple pathways into and out of gender dysphoria, which warrants allowing a child to mature and providing support through open-ended psychological exploration rather than an affirmation plan. We should not concretise a phase they will grow out of by putting them on a linear pathway to medicalisation via social transitioning which is associated with permanent changes and iatrogenic harms. |
| Prejudice | Failure to affirm a minor's stated gender identity is transphobic and unacceptable. | Allowing a minor to develop without endorsing their current identity is not transphobic, but a prudent approach that recognises they are still in the process of identity formation. |
| Risks and Harms | Short and long term evidence-based harms, see Appendix. Claims of suicide probability without 'gender affirmation' disproven. | None. "Better a live son than a dead daughter' is a marketing myth. See Appendix. |
| Business | Life-long subscription based dependency on medial & pharmaceutical products. | One on one counselling, once resolved no further revenue stream. |

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 credentialed 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 critical³⁵. 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^{36 37 38}

3. The rights of all students must be supported equally regardless of sex, identity, or sexual orientation; schools must use relevant up to date evidence to inform their policies and balance the preferences of individuals against the holistic needs of everyone in the school.

³⁵ Australasian Teacher Regulatory Authorities [ATRA]. (2015). *Managing professional boundaries: Guidelines for teachers*. Melbourne: Australasian Teacher Regulatory Authorities.

³⁶ 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>

³⁷ 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>

³⁸ 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 2B: 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^{38a}, and may inadvertently cause harm to students.**

^{38a} The Cass Review. <https://cass.independent-review.uk/home/publications/final-report/>

SECTION 2C: 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 influenced towards a Gender Affirmation Model of treatment for their gender non-conformity ^{38b}.

2. Legal challenges 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.

^{38b} The Cass Review, Chapter 12 <https://cass.independent-review.uk/home/publications/final-report/>

SECTION 2.D: GUIDANCE FOR EDUCATORS

POLICY AND BALANCE

In their policy development, schools can remain committed to fairness, inclusivity, and safeguarding by using 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. For the safeguarding of all students and staff, disclosure to the principal of any change to a birth certificate since birth must be mandatory.**
- 3. Commit to drafting policy with clear and unambiguous language.** The ambiguous language which has developed around sex and gender is unhelpful and is discriminatory to people with language impairment, intellectual disability, atypical neurological profile, or those for whom English is an additional language^{39, 40, 41}.
- 4. 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^{42, 43, 44, 45, 46, 47}.

³⁹ Ibbotson, Paul. *Language Acquisition: The Basics*. Melbourne, VIC: Taylor & Francis Group.

⁴⁰ 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>

⁴¹ 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 language. *Frontiers in Global Women's Health*, <https://www.frontiersin.org/articles/10.3389/fgwh.2022.818856/full>

⁴² Faulkner, D. (2021, June 10). Maya Forstater: Woman wins tribunal appeal over transgender tweets. *BBC News*. <https://www.bbc.com/news/uk-57426579>

⁴³ Press United. (2022, July 4). University cancels lecture on biological gender. *The Press United*. <https://thepressunited.com/updates/university-cancels-lecture-on-biological-gender/>

⁴⁴ BBC News. (October 29, 2021). Kathleen Stock: University of Sussex free speech row professor quits. <https://www.bbc.com/news/uk-england-sussex-59084446>

⁴⁵ 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>

⁴⁶ 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>

⁴⁷ 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>

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.

SECTION 2.E: 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 national policy**. This is an issue schools need to examine with care, caution, and an awareness of **every student's sense of safety and privacy**. The NZ Ministry of Education requirements are that “Schools shall allocate the use of toilets acknowledging gender balance, student age, and cultural considerations.”⁴⁸
- 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^{48a, 49}.
- 3. Surveys have overwhelmingly shown that single-sex spaces are crucial to many individuals' senses of privacy, modesty, and safety**^{50, 51}.
- 4. Simply identifying as the opposite sex does not give a student the right to the single-sex spaces of the adopted sex. 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.

⁴⁸ NZ Government Ministry of Education (2017) Toilet Design: Requirements and Reference Design. (p5)

^{48a} 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/>

⁴⁹ 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/>

⁵⁰ 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>

⁵¹ 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 2F: 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'⁵²,⁵³,⁵⁴,⁵⁵. 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]⁵⁶,⁵⁷,⁵⁸). Schools are advised to become familiar with this emerging social phenomenon in order to provide the best possible safeguarding for learners.

⁵² 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/>

⁵³ Nunn, G. (February 15, 2018). The transgender teenager who helped change Australia. *BBC News*. <https://www.bbc.com/news/world-australia-42940411>

⁵⁴ Marton, H. (2016, August 15). About a girl ... who was a boy. *Marie Claire*. <https://www.marieclaire.com.au/transgender-teenager-on-australian-story>

⁵⁵ Genderqueer Australia. (2022). VIC: The dreamlife of Georgie Stone. *Genderqueer Australia*. <https://www.genderqueer.org.au/vic-the-dreamlife-of-georgie-stone-miff-shorts/>

⁵⁶ 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](https://www.jpeds.com/article/S0022-3476(22)00185-8/fulltext)

⁵⁷ 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>

⁵⁸ 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](https://doi.org/10.1177/0004867413502092)

SECTION 2G: GUIDANCE FOR EDUCATORS

CONFIDENTIALITY

1. Relationships between teachers and caregivers are vitally important for student achievement and wellbeing⁵⁹. **It contravenes the professional boundaries and responsibilities of teachers** if they 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^{60, 61, 62, 63, 64}.

⁵⁹ Code of Professional Responsibility and Standards for the Teaching Profession, Education Council, NZ. *Clause 3 – I will respect the vital role my learners' families and whānau play in supporting their children's learning.* <https://teachingcouncil.nz/assets/Files/Code-and-Standards/Our-Code-Our-Standards-Nga-Tikanga-Matatika-Nga-Paerewa.pdf>

⁶⁰ 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/>

⁶¹ 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/>

⁶² Houk, E., & Zewert, M. (2022, December 21). School committee hears comments about chest binder, transgender policy. *The Lincoln County News*. <https://lcme.com/school/school-committee-hears-comments-about-chest-binder-transgender-policy/>

⁶³ 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/>

⁶⁴ 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 2H: GUIDANCE FOR EDUCATORS **THE EARLY YEARS LEARNING FRAMEWORK**

- 1. *Te Whāriki – Early Childhood Curriculum* 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 identity⁶⁵.**
- 2. Early childhood educators, like all teachers, are not qualified to diagnose mental health concerns^{65a}. A child's preference for gender-stereotyped activities and behaviours more closely associated with children of the opposite sex 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.**

⁶⁵ NZ Government Ministry of Education. (2017) <https://tewhariki.s3.ap-southeast-2.amazonaws.com/public/Key-documents/Files/Te-Whariki-Early-Childhood-Curriculum.pdf#page=14>

^{65a} The Cass Review, p164. <https://cass.independent-review.uk/home/publications/final-report/>

SECTION 2I: GUIDANCE FOR EDUCATORS

PRIMARY

- 1. Students in primary education are still *developing their identities*^{66, 67}; 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.**

⁶⁶ 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>

⁶⁷ 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** and with the use of social media.

2. Young people approaching or experiencing puberty often experience stress or anxiety around their changing bodies⁶⁸. **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 ^{68a}.

⁶⁸ 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>

^{68a} The Cass Review, Chapter 12. <https://cass.independent-review.uk/home/publications/final-report/>

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^{69, 70}. 'Gender' describes the social roles assigned to each category within a society^{71, 72, 73}. 'Gender identity' refers to a person's sense of self in relation to both their sex and their society^{74, 75}. These definitions are enshrined by countless long-established conventions and agreements.

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.

⁶⁹ 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/>

⁷⁰ 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>

⁷¹ 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>

⁷² 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](https://doi.org/10.1016/S0277-5395(98)00005-3)

⁷³ World Health Organisation [WHO]. (2023). *Gender and health: Overview*. https://www.who.int/health-topics/gender#tab=tab_1

⁷⁴ 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>

⁷⁵ *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 aggressive⁷⁶. **These gender stereotypes**, regardless of the degree to which they have been internalised, **are limiting and harmful to everyone.**

3. Contrary to popular opinion⁷⁷, 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.

⁷⁶ 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/>

⁷⁷ 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

SEXUALITY AND IDENTITY

- 1. Most children grow out of gender dysphoria naturally** if they are not encouraged to socially transition⁷⁸, and **the majority** of children who are allowed to grow out of their gender dysphoria **identify as homosexual later in life**^{79, 80, 81}.
- 2. To prevent these young people from mistakenly identifying as the opposite sex in order to escape homophobia, schools are advised to ensure their anti-bullying policies adequately protect same-sex attracted students.**
- 3. While supporting all students, teachers are reminded that their own sexual orientations do not form part of the school curriculum.**

⁷⁸ 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>

⁷⁹ 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](https://www.jaacap.org/article/S0890-8567(08)60142-2/fulltext)

⁸⁰ 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>

⁸¹ 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^{82, 83, 84}.**
- 2. Some advocacy groups suggest a lack of positive, diverse lesbian representation may be driving this increase⁸⁵. One prominent gender advisory group has labelled lesbians who do not wish to date males as 'sexual racists' and 'transphobic'^{86, 87}**
- 3. There is growing concern that girls are undergoing 'top surgery' to escape being subject to harmful gender stereotypes⁸⁸.**

⁸² 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>

⁸³ 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 Behaviour*, 52, 483 - 494. <https://doi.org/10.1007/s10508-022-02472-8>

⁸⁴ 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/>

⁸⁵ 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>

⁸⁶ 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>

⁸⁷ 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>

⁸⁸ 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/>

4. 'Top surgery' is increasingly being portrayed positively in the social and mainstream media^{89, 90, 91, 92, 93, 94, 95, 96}.

Example One: Corporate endorsements



Example Two: Breast cutting celebrations



5. An additional factor may be that the 'tomboy' model, once admired in children's media, has now been subsumed by the 'transboy'^{97, 98}(17, 18).

Example Three: Celebrity Influencers



⁸⁹ 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>

⁹⁰ 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>

⁹¹ Ault, A. (2022, July 11). Gender surgeons on TikTok, Instagram: Appropriate or not? *Medscape Medical News*. <https://www.medscape.com/viewarticle/976863?src=rss>

⁹² 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>

⁹³ James, S. D. (2015, September 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>

⁹⁴ Mac, G. (Dec 20, 2021). My penis, myself. *One Great Story*. <https://nymag.com/intelligencer/article/gabriel-mac-essay.html>

⁹⁵ Esquire. (2022, June 1). The euphoria of Elliot Page. *Esquire*. <https://www.esquire.com/entertainment/tv/a40011366/elliott-page-umbrella-academy-euphoria/>

⁹⁶ 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>

⁹⁷ Power, N. (Jan 24, 2023). The trans war on tomboys. *Compact*. <https://compactmag.com/article/the-trans-war-on-tomboys>

⁹⁸ 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 reference to **changing legislation, a thorough knowledge of national policy, and sensitivity to the biological differences between the sexes.**
- 2. Sporting bodies are beginning to revert back to mandated sex-based divisions** instead of divisions based on 'gender identity' in order to **protect female athletes from serious physical harm and economic disadvantage**^{99, 100}.
- 3. New Zealand legislation already permits sex-based sports segregation for students** due to the different ways that puberty affects boys and girls^{101, 102}.
- 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^{103, 104}.
- 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.

⁹⁹ 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>

¹⁰⁰ 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>

¹⁰¹ 3. Human Rights Act 1993, Section 49. <https://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304627>.

¹⁰² 4. Department of Internal Affairs (2023). *The self-identification process should not affect how access to single sex spaces or sports is determined. Birth certificates are not usually used to determine a person's right to access single sex services or spaces.* <https://www.dia.govt.nz/bdmreview---Frequently-asked-questions>

¹⁰³ 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/>

¹⁰⁴ 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. Family Planning’s program ***Navigating the Journey*** has been instrumental in delivering the unscientific concept of ‘gender identity’ to thousands of schoolchildren¹⁰⁵.

3. Transgender lobby groups invited into schools (InsideOUT, RainbowYOUTH, Gender Minorities Aotearoa) repeatedly claim **that children who do not receive gender affirming care are at far higher risk of suicide** - a claim which has now been critically re-evaluated¹⁰⁶.

¹⁰⁵ Critique of *Navigating the Journey* (2023). <https://www.resistgendereducation.nz/information/navigating-the-journey>

¹⁰⁶ 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 be encouraged to brainstorm gender stereotypes they have observed in their own lives
- **Developing 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*'; *neo-pronouns zee/zer etc*
- **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 she really feels like she is a boy, 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. *For example, discrimination occurs when two equal entities are treated differently in a negative manner, such as treating a black woman differently from a white woman. However, it's not discrimination when two unequal entities are treated differently, even if it removes an advantage of one over another, like a heavyweight boxer is excluded from a fight with a lightweight boxer, as he is in a different weight class. Exclusion in this case is necessary for a fair fight.*

Encourage accurate, science-based language by:

- **Teaching students the difference between the medical term 'sex', the sociological term 'gender', and the psychosocial construct '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 New Zealand majority demographics.**

SECTION 4A: LEGAL GUIDANCE FOR EDUCATORS

ORIENTATION

In this section we have attempted to provide clarification on the status of GNC minors in relation to educational bodies through an examination of New Zealand 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 New Zealand law.

In terms of hierarchy, broadly speaking, international conventions shape legislation, and legislation governs policy. Where there is a conflict between an international convention, legislation, and policy, we recommend you seek legal advice about how this might impact on the particular situation.

This section will illuminate these terms, 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

OVERALL LEGISLATION AND POLICY

The main difference between legislation and policy is that legislation involves laws and rules the government creates and implements, whereas **school policy involves a course of action the organisation proposes or adopts in order to achieve rational goals.**

The repercussions for teachers in not following school policy can be employment consequences whereas not following legislation or legislative policies can have broader, legal consequences.

Relevant NZ Legislation

- The [Human Rights Act 1993](#), **Section 21**, prohibits discrimination on the grounds of sex, marital status, religious belief, ethical belief, colour, race, ethnic or national origins, disability, age, political opinion, employment status, family status, and sexual orientation.
- The [Births, Deaths, Marriages, and Relationships Registration Act 2021](#), (BDMRR) **Sections 23-28**, allows a person to change the registered sex marker on their birth certificate to either 'male', 'female' or 'another gender'. The nominated sex for a child under 16 can be changed by the child's guardian with the informed consent of the child and a letter of support from a qualified third party.
- The [Conversion Practices Prohibition Legislation Act \(2022\)](#) (CPPL) makes it an offence to carry out a "sustained effort or treatment" that "is done with the intention of changing or suppressing the individual's sexual orientation, gender identity, or gender expression."

In a recent [legal opinion, Nicolette Levy KC](#), states: "The Act places no obligation on a health professional or counsellor to affirm a child or young person asserting a transgender identity. In the absence of such an obligation, an exploratory approach would seem to be in keeping with the stated purpose of the Act, and not prohibited by it."

- The [Education and Training Act 2020](#) places a statutory duty on schools to consult with parents.
Section 51 allows parents to "ask the principal in writing to ensure that the student is released from tuition in specified parts of the health curriculum related to sexuality education."

Section 91 describes the requirement for the Board of a State school to consult its community once every two years about the delivery of the health curriculum.

Section 103(c) states that parents must be told about certain things: *“a parent of a student is told of matters that, in the principal’s opinion (i) are preventing or slowing the student’s progress through the school, or (ii) are harming the student’s relationships with teachers or other students.*

- Under [The Care of Children Act \(2004\)](#), a child’s upbringing is primarily the responsibility of their parents and the parents are to be consulted by any other parties involved in that child’s upbringing.

Section 5 – Principles relating to child’s welfare and best interests – states: *“a child’s care, development, and upbringing should be primarily the responsibility of his or her parents and guardians,”* and, *“a child’s care, development, and upbringing should be facilitated by ongoing consultation and co-operation between his or her parents, guardians, and any other person having a role in his or her care under a parenting or guardianship order.”*

- The [Privacy Act 2020](#), **Section 3**, states the purpose of the act is to promote and protect individual privacy, *“while recognising that other rights and interests may at times also need to be taken into account.”*

Section 24(2) states that *“An action taken by an agency does not breach IPPs* 1 to 5, 7 to 10, or 13 if the action is authorised or required by or under New Zealand law.”*

*Information privacy principles and codes of practice (IPPs).

- The [Bill of Rights Act 1990](#) provides every citizen with the right to freedom of belief and freedom of expression.

Section 13: *“Everyone has the right to freedom of thought, conscience, religion, and belief, including the right to adopt and to hold opinions without interference.”*

Section 14: *“Everyone has the right to freedom of expression, including the freedom to seek, receive, and impart information and opinions of any kind in any form.”*

The interactions of these different pieces of legislation raise issues about what policies can be implemented to do with sex, gender, and gender identity. We recommend that schools seek legal advice specific to their situations.

Contradictions in legislation:

- The BDMRR says that a person may apply to register a nominated sex and there is no limit to the number of times the sex marker on a birth certificate may be officially changed.
- The CPPL Act is predicated on the idea that gender identity is innate, only known to the individual, and cannot be changed.

Contradictions in polices:

- The [Department of Internal Affairs](#) advises that sex self-identification **does not affect how access to single sex spaces or sports is determined:**

The self-identification process should not affect how access to single sex spaces or sports is determined. Birth certificates are not usually used to determine a person's right to access single sex services or spaces.

*Organisations and individuals can continue to rely on their own policies rather than birth certificates. For example, it is still up to individual governing bodies to determine how sex and gender are determined in sport. **It is also still up to individual schools to discuss with learners, parents, caregivers and whānau what name and gender learners use, regardless of the details on their birth certificates.***

- The [Human Rights Commission](#) **advises the opposite**, but in its FAQ section states: *This guidance is intended to provide general information. **It is not legal advice and should not be relied on as such.** Human rights are a complex and evolving area of law, and some of the questions may be considered by the Human Rights Review Tribunal and courts in the future.*

It is as well that the HRC has provided this codicil, because some of the advice given in its FAQs contradicts the Human Rights Act, the Bill of Rights Act, the Care of Children Act, and the DIA interpretation of the BDMRR law.

For example, the HRC incorrectly states that *“The Human Rights Act makes it unlawful for places providing a service to the public to discriminate against people because they are transgender.”*

It also advises students, arguably in contradiction of the Care of Children Act, that *“Schools should not disclose your identity to your whanau, staff or other students. If your school outs you without your consent, this may be a breach of the Privacy Act.”*

- In the Ministry of Education's [Inclusive Education Guide to LGBTIQ+ Students](#) schools are urged both to show “respect for different cultural perspectives” and **to keep secrets from**

parents by “check[ing] with the student about the name and/or pronouns they want to be used in the records that parents or caregivers may see, as they might be different to the ones they use at school.”

This advice conflicts with Section 103(c) of the Education and Training Act, which provides a **statutory duty for parents to be informed** on matters relating to their children, and does not support a blanket ban on information. [In a legal opinion from 2021, Mai Chen](#) said **there is no case law** on the interpretation of this section, and: “*Whether the obligation in section 103(c) of the ETA to tell parents of certain matters is triggered will depend on the circumstances of the particular case.*”

There is currently no legislation covering public or private schools which mandates schools to support the ‘social transitioning’ of any student.

- [The Privacy Commissioner](#), in this response to a query in 2022, stated that the Privacy Act does not differentiate between children and adults – each individual has their own privacy rights, and accordingly, parents are not automatically allowed to receive information about their children.

“Our Office considers matters on a case-by-case basis, but generally speaking, a trans child has their own right to privacy. It’s up to them if they’re willing to share the information with a parent or guardian.*

The Care of Children Act doesn’t override the child’s right to privacy. Parents and guardians can still be informed about their child’s care and education, without needing to be informed of a trans child’s identity before they are willing or able to share that with them.*

- **Yet Section 24(2) of the Privacy Act says that information *can* be shared where it is required under NZ law, and the Education and Training Act gives principals the statutory duty of keeping parents informed.**

SECTION 4C: LEGAL GUIDANCE FOR EDUCATORS **NATIONAL AND INTERNATIONAL CONVENTIONS**

THE NATIONAL EDUCATION AND LEARNING PRIORITIES (NELPs)

In New Zealand, organisations where children and young people spend time are expected to comply with the *National Education and Learning Priorities*¹⁰⁷, which aim to “ensure the success and wellbeing of all learners.”

All places of learning are encouraged to focus on:

- *ensuring that they are safe and inclusive and free from racism, discrimination, and bullying.*
- *strengthening the quality of teaching our learners receive to give our learners the skills they need to succeed in education, work, and life.*
- *collaborating more with whānau, employers, industry, and communities*
- *taking account of learners’ needs, identities, languages, and cultures in their practice, and*
- *incorporating te reo Māori and tikanga Māori into everyday activities.*

In practice: We recommend that schools can abide by this framework by:

- centering 'children's safety and wellbeing'
- by declining to participate 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 [recommended actions for schools to take to implement the NELPs](#), these are the ones relevant to this document:

1. Ensure places of learning are safe, inclusive, and free from racism, discrimination, and bullying.

In practice: The material we have referenced says that transition practices in minors are not safe and do not promote wellbeing.

¹⁰⁷ NZ Ministry of Education (2023) <https://www.education.govt.nz/our-work/overall-strategies-and-policies/the-statement-of-national-education-and-learning-priorities-nelp-and-the-tertiary-education-strategy-tes/#objectives>

- 2. Create a safe and inclusive culture where diversity is valued and all learners/ākonga and staff, including those who identify as LGBTQIA+, are disabled, have learning support needs, are neurodiverse, or from diverse ethnic communities, feel they belong.**

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. Have high aspirations for every learner/ākonga, and support these by partnering with their whānau and communities to design and deliver education that responds to their needs, and sustains their identities, languages, and cultures.**

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.

- 4. Develop staff to strengthen teaching, leadership, and learner support capability across the education workforce.**

In practice: As described in Section 2A, school leaders 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.

- 5. Identify gaps in teaching capability and invest in opportunities for teachers/ kaiako and staff to strengthen teaching, leadership and learning support.**

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

THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD

In New Zealand, all children are protected by the *United Nations Convention on the Rights of the Child*¹⁰⁸. 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 or encourage 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 harm to a child's physical, sexual, social and psychological 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. This allows other children the right to privacy amongst others of their own 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

¹⁰⁸ United Nations Convention on the Rights of the Child.
<https://www.unicef.org.au/united-nations-convention-on-the-rights-of-the-child>

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.

SECTION 4D: LEGAL GUIDANCE FOR EDUCATORS

RECOMMENDATIONS FOR SCHOOL POLICIES

Policy that aims to guide schools, Principals, teachers and welfare staff in how to manage students presenting with gender dysphoria needs to be informed by a primary consideration for the current and longer-term health and wellbeing of all students, have a lack of bias, and be guided by the latest research findings.

M.o.E INCLUSIVE EDUCATION versus EVIDENCE-BASED POLICIES

| AREA | Ministry of Education LGBTQIA+ Inclusive Education Guide | 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. (no supporting legislation) | Parents consult health professionals, use traditional psychotherapy, exploratory individualized care, or watchful waiting School policies endorse the use of standard English pronouns and single-sex facilities and sports. Schools permit name and uniform flexibility and provide separate facilities, if required, for GNC students. |
| Toilets/Changing Areas | Based on gender identity* (no supporting legislation) | Based on biological sex |
| Overnight Stays | Based on gender identity*, (no supporting legislation) | Based on biological sex |
| Sports Participation | Based on gender identity*, (no supporting legislation) | Based on biological sex after age 12 |
| Breast Binders/Tucking | No prohibition on staff providing (<i>false</i>) understanding that there are ‘safe’ ways to tuck or bind. ¹⁰⁹ | Staff are prohibited from recommending or providing binders or other devices to change students’ physical appearance, due to harm. |
| Gender Identity Training | Recommends ideological based training with LGBTQIA third parties. | Recommend objective, scientific information to assist parents in choosing the approach to support their children. |

¹⁰⁹ See Appendix: “Medical, Surgical & Social Risks of Social Transitioning”

| | | |
|------------------|---|---|
| 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. |

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.

Recommendations

The following recommendations to assist schools to cater to the needs of all students **are based on current legislation, backed up by** the growing body of empirical evidence that social, medical and / or surgical transition in children can cause lasting physical and psychological harm:

- Decline to issue promotional material by any organisation which advocates that transition in minors is a safe or legitimised practice.
- 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 legal 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.
- Do not prioritise one student's stated 'gender identity' 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'.
- If 'gender identity' is operationalised as a desire to wear a school uniform traditionally reserved for the opposite sex, 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.

- **Avoid hyperbole or simplistic thinking with regard to the importance of pronouns, especially with regard to the risk of suicide.** Students do not have the right to require or force other students or teachers to refer to them by the pronoun of their choice. Apart from being disrespectful of the rights of other students, using 'preferred pronouns' has not been seen to reduce the risk of suicide for the gender-dysphoric student.¹¹⁰ The best research to date shows that the risk of suicidal thoughts due to gender dysphoria is about the same as depression and anxiety and lower than autism and eating disorder ^{110a}. **School policy should endorse the use of standard English for the benefit of all students and staff.**
- **Respecting Individual Choices:** If a teacher or a student does not use certain pronouns as requested by a student, this should not be immediately construed as transphobia. It could be a reflection of personal beliefs or concerns about the potential implications of supporting social transitioning. As such, it is essential for schools to distinguish between genuine prejudice and personal boundaries.
- Any consideration of social transition at school is a serious psychosocial intervention that should be undertaken only with in-depth family involvement and professional oversight.^{110a} There is no reliable medical evidence that gender social transition improves adolescent mental health outcomes.
- **Students are much more than their gender identities.** Ruminating about one's identity, especially a single aspect of one's identity, seldom improves mental health outcomes. Staff should encourage students to explore all their talents, personality, and character, and not engage in lessons or other discussions in which students are expected to place themselves in various "gender identity" boxes. **School staff should welcome everyone, avoid gender stereotypes, and project an attitude that there's no right or wrong way to be a boy or a girl.**
- **Understanding Personal Concerns:** Schools should recognize that some concerns, such as a female student's discomfort about a male student accessing female restrooms, **do**

¹¹⁰ Gender Identity Development Service (2021). Evidence base. <https://gids.nhs.uk/evidence-base>

^{110a} The Cass Review, Chapter 12. <https://cass.independent-review.uk/home/publications/final-report/>

not inherently signify transphobia. These concerns are rooted in personal safety and privacy perceptions and should be addressed without automatically labeling them as prejudiced.

In summary, schools have a dual responsibility: to promote gender inclusivity and to ensure that all students feel safe, heard, and respected. This must be done within the framework of relevant legislation. However, it's important to note that such legislation neither legislates nor mandates several specific actions. These include advocating for social transition without parental consent, introducing specific gender ideologies, mandating student gender transition plans, and referring students to gender-affirming practitioners.

No matter a student's age, schools need to consider that teaching novel cultural beliefs about gender may confuse students and contribute to their vulnerability and even identity crises. These risks are significant, especially when they are not supported by specific legislation or policies, and are combined with an affirmation-only school policy.¹¹¹

Schools' Role in Social Transitioning is arguably a breach of duty of care

Medical transitioning has significant risks¹¹². Medical evidence shows the effects of pubertal suppressants, cross-sex hormones and surgeries include irreversible body modifications, mental health issues, impaired sexual functions, sterilisation, and other complications including death. Furthermore there is little evidence to their benefit. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) has stated; *"There is limited high quality evidence to inform the provision or the withholding of medical interventions for gender affirmation of children and adolescents."*¹¹³ Schools might not directly facilitate medical transitioning, but their influence can guide students towards it by:

1. Advocating for social transition without parental consent.

¹¹¹ Zucker, K.J. (2020a) 'Debate: Different strokes for different folks', *Child and Adolescent Mental Health*, 25(1), pp. 36–37. Available at: <https://doi.org/10.1111/CAMH.12330>.

¹¹² [Medical, Surgical & Social Risks of Social Transitioning](#) (Appendix)

¹¹³ The role of psychiatrists in working with Trans and Gender Diverse people, <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/role-of-psychiatrists-working-with-trans-gender-diverse-people>

2. Introducing specific gender ideologies.
3. Mandating student gender transition plans.
4. Referring students to gender-affirming practitioners.

None of these interventions are currently legislated, mandated or supported by any New Zealand laws.

School's Duty Towards Student Well-being

The Ministry of Education National Curriculum values diversity and defines inclusive education as:

Children and young people learn best when they:

- *feel accepted.*
- *enjoy positive relationships with their fellow learners and teachers, and*
- *are able to be active, visible members of the learning community.*

We believe that each of these obligations can be met without engaging in any social transitioning or gender-affirming approaches. Rather, these obligations will be better met through considered and respectful approaches towards any students troubled by beliefs about 'being in the wrong body'. Refer to Section 3E for helpful suggestions and approaches.

The high prevalence of same-sex attracted and autistic children in the GNC cohort should be borne in mind with any approach.

Determining Gender dysphoria is not the professional expertise of teachers. It may be that some students (.01 %) will ultimately identify as transgender as adults, but neither child, parents, doctors or psychologists can predict that, certainly not teachers untrained in the health profession.

Schools must consider prioritising student safety and well-being, legally and ethically. Given the contentious nature of gender concept teaching and the push for social transitioning, there's a need for more transparent conversations, backed by evidence.

Some gender identity advocates claim that the risk of suicide increases without supporting a student's transition decision. However, the research challenges this assertion, suggesting that post-medical transition might present an elevated risk¹¹⁴.

For a comprehensive analysis, refer to our booklet "[Social Transitioning in Schools – The Risks & Harms](#)."¹¹⁵

¹¹⁴ [Is Child Suicide Risk Real Without Gender Affirmation?](#) (Appendix)

¹¹⁵ <https://indefenceofchildren.org/shool-resources>

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 politicisation¹¹⁶ schools are advised to use impartial and scientific language.

3. Many learners can be disproportionately negatively impacted by the use of unscientific terminology¹¹⁷. 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^{118, 119}

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 / trans masc, transphobic / transphobe / transphobia, two-spirit, uterus-havers

¹¹⁶ 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>

¹¹⁷ Ibbotson, Paul. *Language Acquisition: The Basics*. Melbourne, VIC: Taylor & Francis Group.

¹¹⁸ Fair Play for Women. (2023). *Female-only must always mean male-free*. [Menstruators? Uterus-havers? Language matters | Fair Play For Women](#)

¹¹⁹ 4. BBC Jersey. (2023, January 25). Jersey cervical screening post criticised over wording. *BBC News*. [Jersey cervical screening post criticised over wording - BBC News](#)

6. Language can act as a **safeguarding protocol**. Evidence from individuals who have transitioned as minors suggests that **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.

Schools should use students' legal names for all formal communications but may informally use another name or nickname chosen by the student, with the knowledge of the student's family. Using the chosen name should not be mandated, and not using it should not be immediately construed as transphobia.

SECTION 6: GUIDANCE FOR CAREGIVERS

RESOURCES

Active Watchful Waiting Australasia [AWWA] <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.

England Dept of Education Draft Guidelines for schools

- https://consult.education.gov.uk/equalities-political-impartiality-anti-bullying-team/gender-questioning-children-proposed-guidance/supporting_documents/Gender%20Questioning%20Children%20%20nonstatutory%20guidance.pdf

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

Resist Gender Education <https://www.resistgendereducation.nz/>

- a comprehensive New Zealand website run by educators, parents and concerned citizens, that contains information, research, and resources for parents and teachers, including alternative RSE lesson plans for the NZ curriculum.
- RGE advocates for the rights of children to reject gender stereotypes and be their authentic selves without discrimination, labelling, or medical intervention to 'fix' them.

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:

The following two sections are from “Social Transitioning in Schools – The Risks & Harms – (WA)”

This publication and future updates can be found in electronic format on the In Defence Of Children website at <https://InDefenceOfChildren.org/school-resources>, along with additional State specific guidelines:

1. Medical, Surgical & Social Risks of Social Transitioning

New Zealand is becoming more of an outlier to the Western world in our increasing use of puberty blocking hormones. In 2022, 416 young people aged 12-17 were taking puberty blocking hormones, compared to 48 in 2011, the first year of use for gender dysphoria. New Zealand has 11 times the rate of use as England: 110 per 100,000 versus 9 per 100,000. New Zealand also have no minimum age for prescribing. If puberty starts at 10 or 11, these children are eligible for blockers¹. As adults we must be aware of our responsibilities in understanding the harms, risks and social consequences to social transitioning, which are these:

Puberty Blockers²

- Detrimental impact of puberty blockers on IQ. ([The Impact of Suppressing Puberty on Neuropsychological Function](#), Sallie Baxendale)³
- 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 GnRHa 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.

Binding⁴

- Negative health effects from chest binding that [may not show for years⁵](#).
- 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.

Tucking⁶

- There are [case studies of both infertility and testicular torsion⁷](#) occurring from tucking.
- Itching, rash, testicular pain, penile pain, and skin infections.

Cross-Sex Hormones, Mental Health & Surgery⁸

- 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.⁹](#)
- Impaired sexual function from [surgeries, puberty blockers and hormones¹⁰](#)
- 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 [comorbidities¹¹](#) were not accurately assessed or responded to with appropriate therapies.
- Female-to-male genital reconstruction surgery that has a [high negative outcome rate¹²](#), including urethral compromise and worsened mental health.
- A range of negative health outcomes from transition surgeries is outlined [here¹³](#) and [here¹⁴](#).
- Sterilisation of LGB, autistic and troubled young people with issues of abuse, self-hate, trauma, internalised misogyny, and victims of [trans-indoctrination¹⁵](#) or [internalised homophobia¹⁶](#).

Cultivating a culture of Deceit and Parental Disrespect and removing child safeguarding¹⁷

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 is 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.

2. "Is Child Suicide Risk Real Without Gender Affirmation?"

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 [LGBTQIA lobbies that benefit in pushing medical transitions for children](#)¹⁸ 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](#)¹⁹

[Stats for Gender -Suicide](#)²⁰

[Time to put the mythology about suicide risks among trans into the dustbin of unscientific, transgender ideology](#), by Dr Michael Biggs²¹

[Suicide by Adolescents Referred to the World's Largest Pediatric Gender Clinic](#)²²

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](#)²³ results in [biased data](#).

Social Transitioning in Schools – The Risks & Harms – (NZ) This publication and future updates can be found in electronic format on In Defence Of Children website at <https://InDefenceOfChildren.org/school-resources>, along with additional country specific guidelines.

END NOTES

¹ **A terrible trap**, as more countries move to restrict the use of puberty blocking hormones for children with gender dysphoria, use in New Zealand continues to increase. Charlotte Paul says our health authorities must act.

<https://northandsouth.co.nz/2023/12/24/puberty-blockers-new-zealand/>

² <https://media.spinster.xyz/c4bf3420f2f7f427293e410453d266624b47b5d5b2490bd9d24c7a2f0837e697.pdf>

³ [https://www.authorea.com/users/713322/articles/697715-the-impact-of-suppressing-puberty-on-neuropsychological-](https://www.authorea.com/users/713322/articles/697715-the-impact-of-suppressing-puberty-on-neuropsychological-function)

<https://www.transgendertrend.com/teenage-brain/>

⁴ <https://janitorqueer.com/2016/06/21/28-risks-of-chest-binding/>

⁵ <https://www.statsforgender.org/medical-transition/>

⁶ <https://genspect.org/binding-and-tucking-self-harm-101/>

⁷ <https://www.statsforgender.org/tucking/>

⁸ <https://www.aww.org.au/gacmedicaldamages>

⁹ [https://www.dailymail.co.uk/news/article-3729822/Girl-15-breasts-removed-make-winning-sex-change-court-battle-](https://www.dailymail.co.uk/news/article-3729822/Girl-15-breasts-removed-make-winning-sex-change-court-battle-Australia.html)

[Australia.html](#)

¹⁰ <https://www.statsforgender.org/sexual-function/>

¹¹ <https://statsforgender.org/comorbidity/>

¹² <https://www.statsforgender.org/mental-health/>

¹³ <https://www.statsforgender.org/medical-transition/>

¹⁴ <https://www.spectator.co.uk/article/the-nhs-has-quietly-changed-its-trans-guidance-to-reflect-reality>

¹⁵ <https://www.indefenceofchildren.org/>

¹⁶ <https://www.aww.org.au/new-homophobia>

¹⁷ <https://abigailshrier.substack.com/p/should-public-schools-be-allowed>

¹⁸ <https://dailycaller.com/2022/03/06/transgender-activism-pharmaceutical-studies-children/>

¹⁹ <https://statsforgender.org/suicide/>

- <https://www.transgendertrend.com/wp-content/uploads/2020/11/Suicide-Facts-and-Myths-2.pdf>

²⁰ <https://statsforgender.org/suicide>

²¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8888486/>

²² https://segm.org/trans_youth_suicide_study

²³ <https://stoptransingkids.wordpress.com/2020/07/17/activist-driven-transgender-research-methods-are-reckless-and-will-lead-to-harms/>

- https://www.researchgate.net/publication/343039750_Activist-driven_transgender_research_methods_are_reckless_and_will_lead_to_harms
- <https://dailycaller.com/2022/03/06/transgender-activism-pharmaceutical-studies-children/>
- <https://www.tandfonline.com/doi/full/10.1080/0092623X.2022.2150346>