



SCHOOLS WORKING WITH GENDER VARIANT CHILDREN

What is gender variance

Natally assigned sex is primarily based upon the presence of either a vagina or penis. Gender variance refers to when an individual's gender identity (male or female) differs from that normatively expected of their natally assigned sex (where people with a penis are presumed to be male and people with a vagina are presumed to be female).

Gender identity is different to sexual orientation. Gender variant people may identify as asexual, homosexual, bisexual or heterosexual. There is as much diversity in terms of sexual orientation amongst gender variant people as there is amongst non-gender variant people.

Clinical responses

Gender variance is typically understood in two ways: as a natural variation, or as a disorder of development. The former approach affirms the person's own gender identity as they experience it. The latter attempts to 'correct' the person's gender identity so that it conforms to that expected of their natally assigned sex.

Research evidence suggests that an affirmative approach (which acknowledges, respects, and supports gender variant people's own sense of their gender identity) is the least damaging to gender variant children. Approaching gender variance as pathology can result in increased distress for the child, and has been linked to higher rates of self-harm and suicidality amongst gender variant people.

Sitting in between these two approaches is the current diagnosis of 'gender dysphoria' (previously known as 'gender identity disorder'). The diagnosis emphasizes the distress that arises from living in a world where one's gender identity is presumed to conform to that expected of one's natally assigned sex. A diagnosis is primarily given when such distress is evident. Some gender variant people may not experience distress and thus a diagnosis may not be appropriate.

A diagnosis, however, may be useful for some people as it means that access to healthcare may be covered by Medicare. Importantly, however, a diagnosis is no longer required to change federal documentation (i.e., passports) to reflect an individual's felt gender identity. Research also suggests that for some people a diagnosis results in greater acceptance, as non-gender variant people may be more likely to understand and accept gender variance when it is explained



within a medical framework. Such acceptance, however, ultimately only serves to reinforce the assumption that gender identity should normatively follow from assigned sex, and that variance from such a norm is only acceptable if accompanied by a diagnosis.

Some people who are gender variant may express a desire for procedures that allow their bodies to normatively align with their gender identity. For children this may initially involve puberty suppressants, so that they do not experience the puberty expected of their natally assigned sex. The timing of such medication is vital as puberty suppressants inhibit physical growth. Puberty suppressants are reversible, in that a child will enter into the puberty expected of their natally assigned sex if they cease taking the medication.

For people who are older (typically 16 and above), other procedures are available. These include hormone therapy (to assist in the development of physical characteristics indicative of the person's gender identity) and surgery (to transform a vagina or penis, to remove testicles, ovaries, uterus, and breasts if these have developed). Importantly, not all gender variant people may choose to undertake such procedures.

Prevalence

As federal statistics have not to date been collected about gender variance, estimates are unclear. At present gender variance, with reference to diagnosis rates of gender dysphoria, are between 0.005% and 0.014% of people assigned male at birth, and between 0.002% and 0.003% for people assigned female at birth. Importantly, these statistics only reflect the predicted rates of clinical diagnosis, and are based on people who present to a practitioner as gender variant and where a record of that is available in the determination of prevalence rates. Actual prevalence rates of gender variance are likely much higher.

Research evidence suggests that whilst some children who are gender variant go on to live as the gender identity normatively expected of their natally assigned sex, many will grow up to live as their preferred gender identity.

Language

Speaking with children about gender variance does not need to be difficult. The most useful way to discuss gender variance is to share some of the information above with an emphasis on conditionality. For example, using words such as 'most', 'some', and 'often' can be useful for helping children to understand a spectrum of gender experiences:



- Most females have a vagina, some do not
- Most males have a penis, some do not
- Most of the time when a baby is born with a penis they will be a boy. Sometimes they will not
- Most of the time when a baby is born with a vagina, they will be a girl. Sometimes they will not.

Children are actually quite adept at understanding shades of grey, and if information is provided in a matter of fact fashion by an authority figure they will typically accept new information with little concern.

Some non-gender variant children may ask questions about what these types of conditional statements mean for their own bodies. It can be very useful to distinguish between 'dressing up' (which everyone does, and is about play), and being male or female. The conditional statements above decouple assigned sex from gender identity, and instead encourage an emphasis upon who the person says they are. So for a non-gender variant child, responses to questions about their own bodies might include:

- Do you think you are a boy or a girl? Well then that's what you are.

One way to ensure that children understand what it means to be gender variant is to avoid words such as 'change', 'turn into', and 'convert'. Generally speaking, gender variant people report that their gender identity (which differs from that normatively expected of their natively assigned sex) has been the same since their earliest memories. In other words, they have not changed from one gender to another, rather there was a misattribution made about them.

We would, however, typically avoid words such as 'mistake' or 'being wrong' when it comes to talking about sex assignment with children. Whilst for gender variant people the assignment was indeed wrong, the language of 'mistake' can be concerning for non-gender variant children who might fear a similar mistake was made about them. Other ways of expressing this to children might be:

- Because s/he couldn't speak when s/he was born, s/he couldn't tell the doctor she was a girl/boy, but now s/he can and so we know who s/he is
- Sometimes a doctor might not know how to tell whether someone is a boy or a girl, but doctors can always tell once a person can say whether they are a boy or a girl

These types of statements describe sex assignment to children in relatively simple ways, and emphasise that what is important is not assignment, but rather how the gender variant person experiences their gender.



Pronouns

It is never appropriate to use the pronoun relevant to a gender variant child's naturally assigned sex if they are presenting in their preferred gender. If a child has presented at school as their naturally assigned sex but then begins presenting as their preferred gender, referring to their past should be done in gender neutral ways:

- When you were little (rather than when you were a little boy/girl)

Of course if a gender variant person prefers to refer to themselves retrospectively by their preferred gender, then this is what you should do.

It is appropriate to use the child's preferred gender in all references to them. This is conducive to seeing the child as their preferred gender, as cognitively it can be difficult for people to switch between genders when describing a person. Ultimately this should be done without hesitation. Gender variant people become very adept at reading subtle cues that might suggest another person is questioning or unaccepting of their gender identity.

Talking about bodies

As per the information above about language, this can be applied to talking about bodies and sexuality to young people. This is especially important when a class involves gender variant children, as some children may express distress about their genitalia if it does not normatively align with their own gender identity. One way to address this in discussions about bodies is to separate out function from feeling. So, for example, we can say:

- Most people have one part of their body that they use to wee from. This is called a urethra. For some people it looks like this [show image], and for other people it looks like this [show image].
- Our bodies help us do lots of things. They help us to walk around, to hug people, to eat food, and to talk. They can also feel nice for us to touch. Different parts of the body feel nice for different people.

These types of discussions do two things for gender variant children. They separate out functionality from identity (so having a urethra in a penis does not necessarily make a person a male), and they also acknowledge that it is okay for bodies to feel nice, regardless of gender identity. This can be important for gender variant children who may dislike their genitalia if it has come to



represent their assigned sex, but their genitalia may nonetheless feel nice for them to touch.

It is important to acknowledge that gender variant children have the same right as all children to enjoy their own bodies. This can be facilitated by de-gendering genitalia (or discussing them using conditional terms), and instead focusing on function as different to feeling as different to gender identity.

While teachers are not expected to discuss the concept of surgery for gender variant people, it may arise in conversation. Importantly, a gender variant person is no more or no less their preferred gender if they have or haven't had surgery. It is also important to dispel myths about 'cutting off' body parts. A more productive way to discuss genitalia, and in contrast to the information above in regards to talking about gender identity, can be to use the language of 'change' or 'become'.

- A penis can become a vagina
- A clitoris can become a penis
- A scrotum can become a vulva
- A vulva can become a scrotum

This type of information can also be framed in terms of biology. Embryos are not sex-differentiated in terms of physical structures in the early weeks of development, and masculinisation does not occur until around week 10. What this emphasizes is that whilst gender identities don't typically change (so a non-gender variant child is unlikely to wake up one day and identify as gender variant), bodies do and can change, albeit once a person is born this typically only happens if the person opts to do so (i.e., unless they are involved in an accident, or if having a disease requires that parts of their body are removed).

Responding to other families

It must be acknowledged that some people may struggle with accepting gender variant people. Such struggles can be acknowledged, and information provided (such as this information sheet) to increase their knowledge. Concessions, however, should not be made to allow certain people to use the incorrect pronouns or names. Whilst some people may struggle to understand gender variance, or whilst accepting it may be counter to the beliefs of their faith or culture, such struggle is unlikely to be so psychologically distressing as to be debilitating for the non-gender variant person. A lack of acceptance and inclusion for gender variant people, however, has been clearly linked to increased rates of self-harm and suicidality, social isolation and disengagement, and poor mental health outcomes.



A unified approach

Schools supporting gender variant children need to ensure they have a calm, clear and consistent approach to answering questions from students and families. Students will naturally pick up on the tone and language used and will therefore take direction on whether gender variance is okay from the ways teachers talk about it.

Unfortunately some parents may have concerns when they learn of a gender variant student at the school. Leadership must be well prepared for how to respond to such concerns in a way that is positive and informed. Schools should not allow the misinformation or fear of some parents to influence the gender variant student's right to a safe and supportive education. As per above, this is vital as gender variant people are at risk from psychological and physical harm if they are not supported or provided a safe environment.

Some suggestions for developing a unified approach to issues of gender variance:

- Provide all staff with relevant information/training.
- Create a safe open channel for staff to ask questions or raise concerns.
- In consultation with the family and staff, develop collective responses to questions such as "why is s/he now a boy/girl".
- Ensure all communication is positive.
- Ensure a clear and consistent approach to bullying and harassment in line with current school policies.
- Ensure that the anonymity and privacy of gender variant children and their families is respected at all times. If information does not need to be shared (and in most instances it does not), then it should not be shared beyond school leadership and relevant teachers.

Recommended reading for teachers and parents

Stephanie Brill and Rachel Pepper, *The Transgender Child: A Handbook for Families and Professionals*

Jennifer Bryan, *From the Dress-Up Corner to the Senior Prom: Navigating Gender and Sexuality Diversity in PreK-12*

Elizabeth Meyer, *Gender and Sexual Diversity in Schools*



Recommended reading for children

Amy Fabrikant, *When Kayla was Kyle*

Marcus Ewert, *10, 000 Dresses*

Jennifer Carr, *Be Who You Are*

Hazel Edwards and Ryan Kennedy, *f2m: The boy within*

Julie Anne Peters, *Luna*

Shimura Takako, *Wondering Son* series

Brian Catcher, *Almost Perfect*

Ellen Wittlinger, *Parrotfish*

Recommended Videos

<http://youtu.be/MDuVbsg0eMo>

<http://www.youtube.com/watch?v=IxzKIPVceWg>

By Damien Riggs and Natalya Giffney