Submission No 171

INQUIRY INTO THE STATE EDUCATION SYSTEM IN VICTORIA

Organisation: Women's Rights Network Australia

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Submission to Victorian Parliamentary Legal and Social Issues Committee 'Inquiry into the state education system in Victoria'

In recent years, the Western world has witnessed a huge increase in the number of children and adolescents identifying as 'transgender'. Some of these young people wish to change their bodies to accord with their 'gender identity'. There has been an over 4000% increase in children seeking medical transition in Victoria and elsewhere in Australia, Canada, USA, UK and New Zealand, with the main cohort no longer males presenting in early childhood, but teenage females, most with no history of gender nonconformity. A high percentage of the current cohort are impacted by existing comorbidities, such as complex mental health issues, neurodevelopmental conditions such as autism and ADHD, or have trauma backgrounds, and family and social stress.[1] A large proportion of the cohort is also same-sex attracted (discussed below).

This cultural phenomenon, which has been described as a psychic epidemic[2], impacts schools, including Victorian state schools. Schools rightly want to protect and support all students in their communities and gender questioning students deserve respect and empathy. However, schools have a responsibility to provide factual and evidence-based education and to safeguard the wellbeing of the entire school cohort.

We are concerned that gender identity ideology is influencing policy and practice in Victorian state schools and that this brings risks to student learning and wellbeing (Terms of reference (2) and (3)).

We maintain that gender identity ideology is unscientific, based on a belief system and has no place in school curriculums or in Department of Education (DE) policy.

Gender identity ideology

Gender identity ideology is grounded in queer theory and is premised on the notion that everyone has a 'gender identity' that this is innate, immutable and separate to the social construct of 'gender', and that some children are born in the 'wrong body'. This belief system suggests to children and teenagers that students who do not conform to traditional masculine and feminine stereotypes may have a gender identity that does not match their 'sex assigned at birth' and if so, their bodies are 'wrong' for their gender identity. The theory prioritises gender identity over biological sex (a fixed

[1] See, for examp e: Koz owska, McC ure et a (2021), Austra an ch dren and ado escents w th gender dysphor a: c n ca presentat ons and cha enges exper ence by a mu t d sc p nary team and gender serv ce. https://journa s.sagepub.com/do /fu /10.1177/26344041211010777; L L ttman, *Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports',* PLoS ONE13(8):e0202330. https://do .org/10.1371/journa . pone.0202330; L sa March ano (2017) Outbreak: On Transgender Teens and Psych c Ep dem cs, Psycho og ca Perspect ves, 60:3, 345-366, DOI: 10.1080/00332925.2017.1350804 https://www.tandfon ne.com/do /fu /10.1080/00332925.2017.1350804?src=recsys; Ho t, V, Skagerberg, E, Dunsford, M. *Young people with features of gender dysphoria: demographics and associated difficulties,* C n Ch d Psycho Psych atry 2016; 21: 108–18.CrossRefGoog e Scho arPubMed. Th s ast study of ado escents treated n the UK Gender Ident ty D sorders c n c found that homosexua ty was part cu ar y common amongst b o og ca g r s who dent f ed as boys. On y 8.5% descr bed themse ves as pr mar y attracted to boys.

[2] L sa March ano (2017) Outbreak: On Transgender Teens and Psych c Ep dem cs, Psycho og ca Perspect ves, 60:3, 345-366, DOI: 10.1080/00332925.2017.1350804 https://www.tandfon ne.com/do /fu /10.1080/00332925.2017.1350804?src=recsys

scientific category) - thus the claims 'trans women are women', 'some women have penises', etc - and aims for the replacement of 'sex' with 'gender identity' in law and policy.

The claim that everyone has a 'soul-like' gender identity that is uncoupled from both biological sex and gendered socialisation is both unverifiable, unfalsifiable and lacks any evidence base. There is much research showing that identity in children and adolescents is not fixed or immutable, but rather fluid.[3]

The dangers of gender transition for children

The medicalisation pathway for gender non-conforming children carries a huge risk of iatrogenic harm. Potential side effects include infertility, inability to experience orgasm, bone density problems, cognitive issues and a range of other long term health impacts.

'Gender affirming care' emphasises the importance of affirming a person's stated gender identity and desire for social and medical transition (whatever their age). It has emerged in the past decade to replace the traditional exploratory (or watchful waiting) model of care for gender non-conforming children in western countries, including Australia. It is not, however, evidence-based. The adoption of the 'gender affirming care' model has led to increasing numbers of gender non-conforming children going down the medicalisation path - including puberty blockers, cross-sex hormones and in some cases surgery, with all the known and unknown risks those things bring. Increasing numbers of detransitioners are speaking up across the western world about the permanent and severe harm done to them under the 'gender affirming care' model.[4]

Several systematic reviews (the gold standard for medical treatment evaluations) have found that the evidence for the safety and efficacy of medical transition for children is low to very low, and based on this lack of evidence, many countries have moved away from medical transition for children and instead embraced a psychological approach as the first line of intervention.[5]

There is significant evidence that a large percentage of gender non-conforming children may be or become gay: studies of children treated under the traditional 'watchful waiting' model found that

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[3] Lev ne, S., B., & Abbruzzese, E., Current Concerns about Gender Aff rm ng Therapy n Ado escents, (2023) Current Sexua Hea th Reports 15, 113-123.

[4] See for examp e L ttman, L. (2021). Ind v dua s treated for gender dysphor a w th med ca and/or surg ca trans t on who subsequent y detrans t oned: A survey of 100 detrans t oners. *Archives of Sexual Behavior*, 50, 3353–3369. do :https://do .org/10.1007/s10508-021-02163-w [Crossref], [PubMed], [Web of Sc ence ®], [Goog e Scho ar]; Vandenbussche, E. (2021). Detrans t on-re ated needs and support: A cross-sect ona on ne survey. *Journal of Homosexuality*, 20, 1–19. do :https://do .org/10.1080/00918369.2021.1919479 [Tay or & Franc s On ne], [Goog e Scho ar]

[5] See for examp e Nat ona Inst tute for Hea th and Care Exce ence (NICE), (2020a) *Evidence review: Gonadotrophin releasing hormone analogues for children and adolescents with gender dysphoria* http://ev dence.nhs.uk; NICE, (2020b) *Evidence review: Gender affirming hormones for children and adolescents with gender dysphoria,* http://ev dence.nhs.uk; Cass, H., *Independent Review of Gender Identity Services for Children and Young People: Interim Report* (2020) UK https://cass. ndependent-rev ew.uk/pub cat ons/ nter m-report/; *Karolinska Policy Change K2021-3343 – Policy Change Regarding Hormonal Treatment of Minors with Gender Dysphoria at Tema Barn – Astrid Lindgren Children's Hospital, March 2021*; Recommendat on of the Counc for Cho ces n Hea th Care n F n and, *Medical Treatment Methods for Dysphoria Related to Gender Variance in Minors*, 2020. France's Nat ona Academy of Med c ne has a so recent y ca ed for 'great med ca caut on'.

approximately 80% of gender non-conforming children desist with their gender non-conformity at some stage during puberty.[6] Most of these children eventually come out as gay or bisexual during adolescence, thereby aligning with evidence that cross-sex identification in childhood is strongly associated with future homosexuality.[7] The LGB Alliance Australia understands this association, and works, amongst other things, to protect children from 'harmful, unscientific ideologies that may lead them to believe either their personality or their body is in need of changing.'[8]

There are other problematic assumptions surrounding the gender affirmation model relating to suicide risk and psychological difficulties. It has been found that psychological difficulties typically remain during and post medical transition and suicide risk is not mitigated by gender affirming care.[9]

Despite rising international alarm about the risks associated with the medical transition of gender non-conforming children and the lack of evidence of its safety and efficacy, Victoria forges ahead with a strongly 'gender affirmative' approach.

How gender identity ideology is influencing classroom teaching

Gender identity ideology is influencing classroom teaching and school culture through numerous sources, including the Respectful Relationships program and related policies and materials. In some cases, the concepts underpinning gender identity ideology are being taught through specific curriculum content, for example within the subject Health and Physical Education for secondary students, and also form part of initiatives by individual teachers and schools.

Many schools contract external providers to educate students on topics such as sexuality. Providers may conflate sexuality and sexual orientation with the concept of gender identity, when they are in fact very different concepts. School staff are unlikely to have the time or expertise to vet materials being provided to students by external providers.

The sources available to help teachers with lessons in sex and gender are often highly questionable and include anti-scientific content such as the 'gender unicorn'[10] or the 'genderbread person'. These

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[6] James M. Cantor (2020) Transgender and Gender D verse Ch dren and Ado escents: Fact-Check ng of AAP Po cy, Journa of Sex & Mar ta Therapy, 46:4, 307-313; R chards C, Maxwe J, McCune N, Use of puberty b ockers for gender dysphor a: a momentous step n the dark. *Archives of Disease in Childhood* Pub shed On ne F rst: 17 January. Note a so that the current DSM-V states: 'Rates of **persistence** of gender dysphor a from ch dhood nto ado escence or adu thood vary. In nata ma es, pers stence of GD has ranged from 2.2% to 30%. In nata fema es, pers stence has ranged from 12% to 50%' (Amer can Psych atr c Assoc at on 2013, p. 455). The 2020 F nn sh Gu de nes (d scussed ater) say: 'Cross-sex dent f cat on n ch dhood, even n extreme cases, genera y d sappears dur ng puberty.' See a so https://genspect.org/the-new-gay-convers on-a-psycho og sts-perspect ve/

[7] Korte, A., Goecker, D., Krude, H., Lehmkuh , U., Grüters-K es ch, A., & Be er, K. M. (2008), Gender dent ty d sorders n ch dhood and ado escence: Current y debated concepts and treatment strateg es. *Deutsches Ärzteblatt International*, *105*(48), 834–841. See a so Wa en et a , 'Psychosexua outcome of gender-dysphor c ch dren', J Am Acad Ch d Adoe scent Psych atry, Dec 2008, a Dutch study that a so found most ch dren w not rema n gender dysphor c after puberty and a most a of those w be gay.

[8] https://www. gba ance.org.au/object ves

[9] B ggs, M., Su c de by c n c referred transgender ado escents n the Un ted K ngdom, 51 Arch ves of Sexua Behav our, 685-690, 2022; Lev ne, S., B., & Abbruzzese, E., Current Concerns about Gender Aff rm ng Therapy n Ado escents, (2023) Current Sexua Hea th Reports 15, 113-123.

[10] https://transstudent.org/gender/

teach children that sex exists on a spectrum, when science tells us that human sex is dimorphic and that humans cannot change sex.

Ideological language such as 'sex assigned at birth' and 'cisgender' has become ubiquitous in schools, as has the insistence that a person's chosen pronouns be respected and used. This language flows from a belief system and should not be mandatory in state schools.

Parents have reported their children being taught that if a person does not appropriately conform to sex-based stereotypes – for example through their clothing, interests and general presentation – then they may be 'transgender'. This is sexist and deeply regressive. Gender non-conforming children are taught that their bodies are wrong, and that there are medical treatments to help them change their bodies to match their felt sense of gender identity. Parents have also reported being provided with links (through material from external 'sexuality' educators for example) to trans lobby groups and organisations that take an exclusively 'gender affirmative' approach to gender-questioning children.

Having concepts such as gender identity taught to Victorian students as 'fact' is doing a grave disservice to them. One of our major concerns is the potential to confuse to students through mixed messages and unscientific, ideological interpretations of gender, sex and gender roles, sexual reproduction, and relationships, which may not serve the best interests of students' overall wellbeing. Through this, schools may be unwittingly contributing to children making permanent, irreversible changes to their bodies that they may later come to regret.

Furthermore, we have significant concerns that gender identity is being given precedence in schools over other protected characteristics, in particular sex, and that this seriously disadvantages biological girls. When parents have questioned schools about the safety of allowing boys who identify as girls into girls' facilities, they are referred to DE policy, which is that students should be allowed to use the toilets and changerooms (and access sports teams) that accord with their gender identity.

Girls are entitled to privacy, dignity, and safety. During puberty they have the additional burden of managing menstruation (or in some cases pregnancy) and need sex-segregated spaces in which to manage this. They should not have to deal with the additional stress of male-bodied students in their private spaces. The strong emphasis in Victorian schools on ensuring that transgender students are 'included' and 'comfortable' completely disregards the needs of girls and is likely to discourage female students from speaking out about their concerns or asserting their boundaries (for fear of being labelled 'transphobic' or a 'bigot'). There have been reports of biological girls facing reprimand for asserting the material reality of sexed bodies.

DE seems to have forgotten that child safeguarding requirements extend also to biological girls. Including biological males in girls' toilets, change rooms, camp dormitories and sports teams ignores the sex-based needs of biological girls and sends the message that girls' privacy, dignity and safety are not important. DE policy on this is deeply flawed.

DE 'social transition' policy

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The gender identity belief system should not be informing Department of Education (DE) policy. DE's policy that allows schools to socially transition students who are considered to be 'mature minors' without the knowledge or consent of their parents[11] is wholly inappropriate and dangerous.

DE requires schools to support LGBTIQ students by:

- "providing a positive, supportive and respectful environment
- respecting privacy and confidentiality in relation to all students
- supporting students who want to affirm or transition gender identity at school"

Further:

> "There may be circumstances in which students wish or need to undertake gender transition without the consent of their parent/s (or carer/s), and/or without consulting medical practitioners.
>
> If no agreement can be reached between the student and the parent/s regarding the student's gender identity, or if the parent/s will not consent to the contents of a student support plan, it will be necessary for the school to consider whether the student is a mature minor.
>
> If a student is considered a mature minor* they can make decisions for themselves without parental consent and should be affirmed in their gender identity at school without a family representative/carer participating in formulating the school management plan."

Social transition is not a neutral intervention, but rather a serious psycho-social intervention that has the potential to lock a child into a particular identity and put them on the path to life-changing medical interventions.[12] Schools should not be engaging in this practice behind parents' backs.

Our recommendations for best practice (Terms of reference (5))

It is possible for schools to respond to social change and still have the educational and safeguarding needs of all students central to their decisions and the day-to-day running of schools. We make the following recommendations with that in mind.

- Schools should respect the biological sex-based differences between boys and girls and encourage bodily integrity, safety and fairness by providing sex-segregated facilities and sports. Where schools can, they should offer additional gender-neutral facilities so everyone has access to appropriate facilities whilst maintaining privacy, dignity and safety for all. DE should withdraw its policy that trans-identified students must be allowed to access facilities and sports teams that accord with their gender identity.
- DE should immediately withdraw its social transition policy. Schools should under no circumstances socially transition a child without the knowledge and consent of the child's parents.

[11] See https://www2.educat on.v c.gov.au/pa / gbt q-student-support/po cy;
https://www2.educat on.v c.gov.au/pa /mature-m nors-and-dec s on-mak ng/po cy
[12] See Cass, H., Inter m Report (2022), 62. https://cass. ndependent-rev ew.uk/pub cat ons/ nter m-report/

- Schools should not be teaching unscientific, ideological concepts such as those that form the basis of gender identity theory/ideology. And sexual orientation should never be conflated with gender identity.
- Schools should encourage students to challenge sex stereotypes rather than reinforcing these harmful sexist stereotypes through the teaching of gender identity ideology.
- Any discussion of gender identity concepts should make clear that some people believe in the idea of gender identity and others do not and should take place in the context of providing scientific, fact-based information about biological sex, human development and sexual orientation (as age appropriate).
- Schools that engage external providers for sexuality education and/or to deliver their Respectful Relationships content should have a responsibility to ensure that those providers are not teaching students ideological concepts such as those within gender identity ideology. If links to online resources are provided to students and/or parents, these resources should be grounded in science rather than ideology.[13]

[13] For examp e, Transgender Trend (https://www.transgendertrend.com/) s a UK organ sat on compr s ng parents, teach ng and safeguard ng profess ona s and academ cs w th no re g ous or po t ca aff at on, wh ch prov des a source of ev dence-based nformat on for parents concerned about the sudden phenomenon of the 'transgender ch d'. Genspect (https://genspect.org/) s an nternat ona organ sat on that nc udes profess ona s, trans peop e, detrans t oners and parent groups that a so prov des ev dence-based research and nformat on about gender d vers ty. The Soc ety for Ev dence Based Gender Med c ne (SEGM, segm.org) s an nternat ona organ sat on compr s ng over 100 c n c ans and researchers. It says on ts webs te that t a ms 'to promote safe, compass onate, eth ca and ev dence- nformed hea thcare for ch dren, ado escents, and young adu ts w th gender dysphor a.'