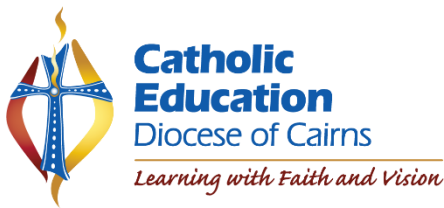


# Policy



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## Supporting students with Gender Dysphoria or who wish to affirm their gender

### Purpose

This policy provides context, guidance and direction to school communities in engaging with students with Gender Dysphoria and their families in a manner that is both legally compliant and consistent with the inclusive values of the Catholic faith.

### Policy

In engaging with children with Gender Dysphoria in our schools, Catholic Education will be aware of both our legal obligations under anti-discrimination legislation as well as the established principles, protocols and practices that are authentic to the Catholic faith and their expression in our schools.

Gender Dysphoria is a recognised medical condition that requires medical support and intervention. In schools, the preferred response would be to work from a medical diagnosis and the subsequent recommendations towards implementing appropriate intervention and support for a child with additional needs. But the absence of a provided medical diagnosis should not prevent schools responding sensitively and constructively to families whose children are experiencing gender dysphoria or who wish to affirm a particular gender.

Care should be taken to ensure the medical advice sought or provided relates to accommodating the needs of the child in the school's setting and does not include sensitive information that might be distressing to the child or their family. This is consistent with obligations under the Privacy Act.

Children with a diagnosis of Gender Dysphoria or who have otherwise affirmed they wish to live as a member of the opposite or particular sex, are thus to be supported in appropriate ways as determined in consultation between the school, the parents and the child, and informed by recommendations from an appropriate medical authority/doctor. This approach follows the usual processes and protocols regarding support for students with additional needs.

Catholic schools exist in the context of parish communities within a diocese. In order to optimise the successful integration and support of students with Gender Dysphoria within the community, the support of the Parish Priest and the Bishop should be sought by the Principal and Catholic Education Services.

In engaging with the needs of students with Gender Dysphoria our schools will seek opportunities for the school community to grow in knowledge, understanding and acceptance.

### Rationale

## Defining Gender Dysphoria

**Gender Dysphoria** is a general descriptive term that refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available ... the focus is placed on the dysphoria as the clinical problem, not identity per se. (DSM5, 2013) People with Gender Dysphoria are also known as 'transgender'.

**Transition** is "commonly understood to mean moving from one thing to another (e.g. childhood to adulthood), the process of transition suggests a journey where a person leaves one situation (e.g. set of physical attributes, name, pronoun, etc) and arrives at another. [Transgender students describe] transition as becoming or affirming the gender that they always knew they were on the inside ..." (Smith et al, 2014, p. 39)

**Gender identity** in the Queensland Anti-Discrimination act 1991 refers to a person who:

- (a) identifies, or has identified, as a member of the opposite sex by living or seeking to live as a member of that sex; or
- (b) is of indeterminate sex and seeks to live as a member of a particular sex."

The Commonwealth Sex Discrimination Act 1984 defines **inter-sex status** as "the status of having physical, hormonal or genetic features that are:

- (a) neither wholly female nor wholly male; or
- (b) a combination of female and male; or
- (c) neither female nor male."

## The state of current research and understanding

Current research, though limited, has examined this growing understanding of children with gender dysphoria, and identified appropriate ways of supporting them. "Gender-variant children's needs were ... to talk about their feelings and be accepted, respected and given information. Following this, they then needed to be supported to express their gender, to meet gender-variant peers, to have strategies for bullying, and to be advocated for, protected, and treated as equals" (Riley et al, 2011, p. 192).

"Although children have no choice but to live in the world that is made available to them, society does have a choice about how to treat them. With respect to gender variance, we may ask: can society, professionals and schools facilitate a child's self-identification instead of policing conformity to gender norms? Can the stigma of gender variance be eliminated so that children whose behaviour harms no-one can live in peace, while embracing their differences?" (Riley et al, 2013, p. 13)

## Legal obligations and context

**The Queensland Anti-Discrimination Act 1991** specifically identifies that it is unlawful for a person to be discriminated against because of their transgender status:

*'Discrimination on the basis of sex, relationship status, pregnancy, parental status, breastfeeding, race, age, impairment, religious belief or religious activity, political belief or activity, trade union activity, lawful sexual activity, gender identity, sexuality, family responsibilities, and association with or in relation to a person who has any of the above attributes. Sexual harassment and vilification on the basis of race, religion, sexuality or gender identity are also prohibited under this Act.'*

It is not necessary that a person has undergone a sex change, hormone treatment or other surgery, to bring a complaint of gender identity discrimination, as long as they fit the definition of gender identity.

While the Commonwealth Sex Discrimination Act 1984 provides a number of exemptions for educational institutions established for religious purposes or on the basis of gender for single sex schools, there is no exemption for discrimination on the grounds of inter-sex status.

Generally sexual reassignment surgery is not available until the person is aged 18 although the earlier stages of gender re-assignment may begin at an earlier age. This may include the use of puberty blockers and the

administration of cross-sex hormone therapy. The application of medical interventions is a rigorous process involving a number of medical disciplines and usually proceeds with the consent of the family, and where possible the informed consent of the child (through the application of the Gillick competence test where the child understands the nature of the treatment and the consequences that flow from it).

## Faith perspectives

As Christians, we believe that we are all made in the image and likeness of God, and thus we must also embrace the notion that our diversity of physical, psychological and spiritual conformations is also in God's image. The observant adult, watching a child grow and develop, wonders at how each individual child is different in so many ways from any other child. Those God-created differences make each child unique. Often those differences are what we love most about each child.

- *"The gospel tells us to constantly run the risk of a face to face encounter with others, with their physical presence which challenges us, with their pain and their pleas, with their joy which infects us in our close and continuous interaction"* (Francis 1, 2013, p. 71)
- Jesus is our guide in all our actions: in his own community, he not only acknowledged those on the margins of society – he embraced them and drew them to himself (Zacchaeus, the woman at the well, the leper). He included them in his community. Jesus said: "Let the children come to me – for of such is the Kingdom of heaven" (Mtt.25:40) *"This reminds us Christians that we are called to care for the vulnerable of the earth."* (Francis 1, 2013, p. 155)
- We work towards achieving schools that are inclusive of all and which cater for diversity in all its forms. *"In its ecclesial dimension another characteristic of the Catholic school has its root: it is a school for all, with special attention to those who are weakest. ... respond[ing] to the needs of the socially and economically disadvantaged."* (Congregation for Catholic Education, 1997, para 15)

## Consequences

Matters relating to inter-sex status and gender identity convey a range of considerations and support processes that are determined by the particular needs and wishes of the person concerned. This is particularly the case for children where an understanding of the implications is emergent and the possible options require considerable reflection. Distress may or may not occur, and decisions regarding transitioning a child's gender are often delayed (often this involves legal considerations) until the young person is in a position to give informed consent. Transitioning may not be a preferred or recommended option. Often the medical advice is to delay non-reversible treatments until at least the age of 18 years but to put in place a supportive treatment, as and if required, until the child reaches adulthood.

As a result Principals will likely encounter children and their families on a journey of unfolding discovery, uncertainty and in many cases, angst. The support mechanisms around the young person and their family are critical to their wellbeing. This policy affirms the values and principles that are critical for the support of the young person and their family. Respect for the dignity and worth of the child should be the priority at all times and this directs a loving, non-judgmental and supportive approach, aimed at the child's wellbeing.

## Guidelines for Decision Making

- Supporting student wellbeing is the priority
- Ensure respectful arrangements are made that consider the needs of all students
- Implement strategies to ensure the student is not discriminated against, either directly or indirectly
- Maintain privacy and confidentiality of student information, including information about education adjustments (consider who and what information needs to be known about the student)
- Ensure consent is obtained, as required, if student information needs to be shared
- Discuss with students/carers any considerations regarding the sharing of information (including self-disclosure).

(QLD Department of Education, Training and Employment)

## Process

The following process should be followed.

1. The Principal will consult with the Director Wellbeing and Diversity to identify key stakeholders and establish a communication strategy to ensure ongoing dialogue and consultation.

Key stakeholders should/could include the following:

- a. The child
- b. Parents of the child
- c. Executive Director
- d. CES Professional Staff, Wellbeing and Diversity
- e. Parish Priest and/or Bishop
- f. School Counsellor and other appropriate school staff

Consulting with stakeholders throughout the process would normally occur through the Principal and the Director Wellbeing and Diversity. The process to be engaged upon would be time-framed to

- determine the desirability and/or feasibility of transition, and
- work towards an agreed outcome.

All stakeholders will be kept informed of progress as the issues are worked through.

2. The Principal will meet with the parents and in most circumstances, the child, to gather information about the child's situation. The following information should be sought:
  - a. Medical reports. A report from the child's GP and/or paediatrician is highly desirable in order to help frame the school's response strategy. Other medical reports might also be sought: e.g. Psychologist, Psychiatrist
  - b. Any other formal information or reports: e.g. Court Orders
  - c. Current stage of child's living in his/her affirmed gender
  - d. Family circumstances (e.g. siblings who may also attend the school)

In the first instance, the Principal might meet with parents and the child on his/her own. At subsequent meetings, the Principal might include other stakeholders as appropriate, for example, the Director Wellbeing and Diversity or an expert in the issues under deliberation. The Principal should explain the process that needs to be followed at school, before transition is approved and commenced. Parents and the child should be reassured that although this may take some time, the goal is to achieve a successful and supportive result for the child concerned.

3. Based on the information obtained in 2., and with the support of the stakeholders, the Principal may enter into a good faith arrangement with the parents and the child to establish a transition plan which should include:
  - a. Strategies to support child at school
  - b. Strategies to support any siblings
  - c. Protocols for child's intimate needs at school and as part of school functions
  - d. Staging an information/education session for school personnel prior to transition. Provision of expert information and advice should be sought.
  - e. Consideration of types of information/education to be made available to the parent community (e.g., Letter from Principal, information session ...)
  - f. Consideration of the types of information/education appropriate for the student body, especially the child's class group: for example, a review of the school's Anti-Bullying Policy, or using Harmony Day to celebrate diversity and difference.

Depending on the school context, there may be other elements to be included in this process. At all stages, through the Principal and the Assistant Director Wellbeing and Diversity, stakeholders will be kept informed of the process. Sensitivity for the wellbeing of the child and family, and the needs of the school staff and students, should guide the process.

4. In the event that the transition of the child to his/her affirmed gender is not supported by one or some of the stakeholders, the matter would need to be referred to the CES Executive Director who would consult with the Bishop to determine the outcome. At all times, the pastoral care of the child would be of paramount consideration.

## Reflection

### References

Congregation for Catholic Education (1997). *The Catholic School on the Threshold of the Third Millennium*. Sydney (2002): St Paul's Publications.

Diagnostic and Statistical Manual of Mental Disorders 5<sup>th</sup> ed (DSM5) (2013), American Psychiatric Association.

Francis 1. (2013). *Encyclical Letter of Pope Francis: Evangelii Gaudium*. Sydney: St Paul's Publications.

Myors, B., Assistant Director of Schools, Catholic Schools Office Diocese of Maitland Newcastle

Riley, E., Sitharthan, G., Clemson, L. & Diamond, M. (2011). The Needs of Gender-Variant Children and Their Parents: A Parent Survey. *International Journal of Sexual Health*, 2011(September), 181-195.

Riley, E., Sitharthan, G., Clemson, L. & Diamond, M. (2013). Recognising the needs of gender-variant children and their parents. *Sex Education: Sexuality, Society and Learning*, 2013 (May) 1-16.

Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A. & Hillier, L. (2014). *From Blues to Rainbows: the mental health and well-being of gender diverse and transgender young people in Australia*. Melbourne: La Trobe University Press.

QLD Department of Education, Training and Employment – 'Diversity in Queensland Schools'

## See also (Related Policies and Guidelines)