

# SUPPORTING TRANSGENDER AND TRANSSEXUAL STUDENTS IN K-12 SCHOOLS

A Guide for Educators



Canadian Teachers' Federation  
Fédération canadienne des enseignantes et des enseignants

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**Gayle Roberts** graduated from the University of Victoria where she was awarded the degrees of B.Sc. and M.Sc. In 1969, she began her teaching career in Vancouver as a male high school science teacher. During the 1995-96 school year, Gayle transitioned from male to female and then returned to her "old" school and resumed her positions as science teacher and department head until she retired in June 2002. Since her transition, Gayle has been very active in various "trans" communities. Currently, she is the chair of Vancouver Coastal Health's Advisory Group to the Trans Health Program and a co-chair of the Canadian Professional Association for Transgender Health's (CPATH's) Advocacy Committee.

**Carol Allan** is a PhD student working at the Institute for Sexual Minority Studies and Services, Faculty of Education, University of Alberta. She is a retired public school teacher, having taught 31 years for Edmonton Public Schools in various elementary and junior high schools. Carol taught for 12 years as a male before transitioning to become female during the summer of 1988. That summer was one of legal proceedings between lawyers for the district and those representing Carol. The final outcome was that she was able to continue teaching as a female for 19 more years before choosing to retire. Carol was most likely the first openly transgender teacher to publicly transition while teaching within the school district.

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# ABOUT

## Supporting Transgender and Transsexual Students in K-12 Schools

This Canadian Teachers' Federation resource addresses cogently what the authors describe as a "relatively new phenomenon for schools" and one with which many are unfamiliar or only beginning to understand. Students, parents, families, healthcare professionals, and caregivers are rendering visible the experiences of students who are transgender and transsexual. Current research has identified this population as particularly vulnerable and requiring our collective, considered, and timely response. This guidebook is a comprehensive, thoughtful, and practical resource for those who are interested in learning about what we might do, individually and collectively, to attend to every student, every day, no exceptions.

Dr. Dianne Roulson  
Diversity Manager, Learning Support  
Calgary Board of Education

This book offers a down-to-earth guide for understanding transgender and transsexual children and their development. Although the focus is on schools, it is remarkably holistic – it speaks to families as well as teachers and school administrators. But even more important is that it is practical: unlike any other book I know, it walks us through everyday strategies for creating families, schools, and communities that understand, support, and value transgender children. It will be an important resource for educators and families.

Dr. Stephen T. Russell  
Distinguished Professor, Fitch Nesbitt Endowed Chair  
Director, Frances McClelland Institute for Children, Youth, & Families, University of Arizona

*Supporting Transgender and Transsexual Students in K-12 Schools* is a smart and effective resource that demystifies gender variance and empowers teachers to create safe, supportive, and inclusive learning environments. This is a concise and easy to understand guide that covers a broad range of considerations for teachers, administrators, and parents. Students embark on a highly visible, yet deeply personal journey when they transition. Everyone who witnesses the change is affected and they will never forget the student who opened their eyes. Teachers, this is a profound opportunity to model respect, and nurture acceptance and understanding – and this book will show you how! A must read for school administrators and parents of trans-identified youth.

Cherie MacLeod  
Executive Director  
PFLAG Canada

This guidebook provides very needed information for educators in our K-12 school system. It would not be an exaggeration to say that the work that you have done in this guide has the potential to save lives. Every K-12 school should make this guide mandatory reading for all administrators, support staff, and teachers. I'd recommend that this resource also be made available to parents. Parents of trans and questioning kids will find great comfort in knowing that our schools actively care about *all* of the kids they serve.

Dr. Aaron H. Devor  
Fellow of the Society for the Scientific Study of Sexuality Professor  
Sociology Department, University of Victoria

*Supporting Transgender and Transsexual Students in K-12 Schools* is an immensely useful resource for understanding and addressing the needs of gender nonconforming youth. With greater access to information and support, a growing number of students are coming out as transgender or transsexual in elementary, middle, and high schools. Yet, until now, there has not been a published work that assists parents, teachers, and school administrators through the process of a student transitioning. This guidebook addresses this important need with skill and insight and should be on every K-12 administrator's bookshelf.

Dr. Genny Beemyn  
Director, the Stonewall Center, University of Massachusetts

This guidebook is long over due. Although progress has been made with regards to the acceptance of transgender and transsexual individuals in our society, there is still a long way to go and much work to be done. The impact of stigmatization and prejudice could be no greater than on gender variant children. Childhood and adolescence are critical developmental periods and often a time where children and youth want to blend in rather than stand out for their differences. It is well known that the rate of suicide attempts and suicide completions is much higher amongst gay, lesbian, and transgender youth. Changing attitudes in schools, with a document such as this one, will help to make a positive difference and may actually save lives. For the children and youth who are part of my professional practice, I intend to provide copies of this guidebook to their parents and the principals of their schools. It is my hope that this guidebook will be made available to all schools (private, public, and separate) and become mandatory reading for all teachers and staff.

Dr. Lorne Warneke, MD, FRCP(C) Psych  
Clinical Professor Psychiatry, University of Alberta  
Psychiatrist for Gender Services, Province of Alberta

As a psychologist and family therapist working closely with schools in implementing measures to counter sexism, homophobia and transphobia, I feel *Supporting Transgender and Transsexual Students in K-12 Schools* should be read by every administrator and teacher! More and more schools are facing the challenge of integrating kids who are exploring gender expression or going through the process of transitioning within the school setting. This up-to-date and very well documented guide is an invaluable resource for parents, youth workers, or schools wishing to create a safe and welcoming environment inclusive of all kids.

Françoise Susset, M.A.  
Psychologist and Couple and Family Therapist  
President of the Board of Canadian Professional Association for Transgender Health

The Canadian Teachers' Federation is to be congratulated on the production of this important and timely resource. The three co-authors have done a fine job of providing a thoughtful summary and analysis of the latest literature, research, and resources, as well as the perspectives of individuals with real-life experience of transsexuality. School administrators, teachers, and parents will find here ways to extend support to gender minority children and youth and specifically to transgender and transsexual individuals. Our goal to ensure that schools are safe, nurturing, and rewarding environments for all students is one step closer because of this new publication. We have a better understanding that accommodation of difference requires changes to our school policies, pedagogies, and practices. This guidebook will become required reading in the course I teach on "Schooling and Sexual and Gender Identities" in the Faculty of Education here at the University of Regina.

Dr. James McNinch  
Professor and Dean  
Faculty of Education, University of Regina

Gender variance and gender non-conformity in schools is not a recent phenomenon. However, today K-12 educators are becoming more aware—if not more sensitive—to this student population with an increasing number of parents now fully supporting their children to transition in schools. *Supporting Transgender and Transsexual Students in K-12 Schools* provides the data, resources, and personal stories that will help educational professionals to provide this much needed support and expert guidance. Specific strategies for creating more inclusive classrooms, plans for in-school student transitions, and suggestions for ways to support parents/guardians with transitioning children make this book essential reading for every school teacher, staff member, administrator, and school board member.

Dr. James T. Sears  
Editor, Journal of LGBT Youth

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We would also like to extend a special thank you to the many educators, researchers, and gender experts who have reviewed and generously endorsed and supported our work. Given the amazing generosity of their time and expertise, we fully accept that any errors, absences, or omissions found in this guidebook are solely the responsibility of the authors.

Lastly, we would like to thank the many transgender and transsexual educators, students, colleagues, and friends who have informed this work and enriched our schools and lives. It is your strength of character, resilience, and courage that led us to document the stories and strategies contained within this guidebook. We hope that by sharing our collective wisdom schools will become more compassionate and understanding places where all students, teachers, and families can find the support they so richly deserve.



Kristopher Wells, PhD



Gayle Roberts, MSc



Carol Allan, PhD Candidate



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The Canadian *Charter of Rights and Freedoms* mandates that all publicly funded schools must provide non-discriminatory educational environments. This legal responsibility includes offering non-discriminatory educational programs and services to all transgender, transsexual, and gender non-conforming students.

# FOREWORD

The Canadian Teachers' Federation continues to support the right of all students, teachers, and parents to a safe, inclusive, and welcoming school environment. The learning atmosphere of a school is dependent on a broad environment of social interaction within a diverse community of human potential, individual growth, and deep commitment to engaged citizenry.

Increasingly our pluralistic society recognizes that quality education requires more than mere tolerance. To move beyond tolerance, or the “putting up with difference”, we must engage our ethical, moral, and professional responsibilities in order to embrace and to learn from diversity and difference. We must see this as a critical opportunity for self and social improvement. This deep engagement ought to include a sustained conversation in our schools on issues related to human sexuality, gender equality, and non-discrimination on the basis of sexual orientation, gender identity, and gender expression. The stark reality is that there is still much work for us to do if we are to move beyond shallow notions of tolerance and envision the day in which we will build truly genuine school cultures based on respect and dignity that not only support, but also affirm and celebrate the full range of human potential and diversity.

This CTF publication is the fifth in an educational series designed for teachers, administrators, and counsellors who are seeking information and guidance on these complex and increasingly important social issues. This current guidebook is intended to increase professional knowledge, understanding, and sensitivity around transgender and transsexual students who research indicates are amongst the most at-risk groups of students for bullying, discrimination, and violence in our schools today. The authors write with great skill and compassion as they recognize the important and life-changing role that inclusive educational environments can play in building the personal resilience of transgender and transsexual students and their families. This guidebook is a ground-breaking, leading-edge, and timely resource for all who understand education as a critical means for raising the quality of life and potential for *all* students who walk through our school house doors. No child should go to school in fear. Wells, Roberts, and Allan compel us to question our taken-for-granted practices and to open up our hearts and minds to ensure that a truly inclusive education becomes a practice of freedom, liberation, and hope that we live out everyday in our classrooms and schools across the nation.



Paul Taillefer  
President  
Canadian Teachers' Federation

Gender variance in anyone – child, youth, or adult – exists along a continuum from none – the individual’s gender identity and biological (natal) sex match – to intense where the individual experiences extreme emotional pain or gender dysphoria due to the mismatch between his or her biological sex and gender identity.

# COMMONLY USED TERMS AND DEFINITIONS

## **ALLY**

A person, regardless of his or her sexual orientation or gender identity, who supports and stands up for the human and civil rights of sexual and gender minority people.

## **ASEXUAL**

A person whose interest in others does not include sexuality.

## **BISEXUAL**

A person who is attracted physically, sexually, and emotionally to persons of the same and opposite sex.

## **CISGENDER**

A non-transsexual person whose gender identity, gender expression, and natal (birth) sex align with conventional expectations of male or female.

## **CLOSET**

Hiding one's gender identity or sexual orientation from others in the workplace, at school, home, and/or with friends.

## **COMING OUT**

A process through which trans individuals disclose to others their gender variance and/or sexual orientation.

## **CROSS-DRESSER**

Cross-dressers, who were historically often referred to as transvestites, are men or women who enjoy dressing as the opposite sex. Most cross-dressers do not identify as transsexual, nor do they wish to use hormones or have sex reassignment surgery. Cross-dressing also occurs in the gay and lesbian culture where gay men dress and perform as drag queens and lesbians dress and perform as drag kings to deliberately exaggerate or parody gender stereotypes.

## **FTM OR F2M**

A person who is transitioning or has transitioned from female to male.

## **GENDER DYSPHORIA**

The emotional discomfort an individual experiences due to internalized conflicts arising from the incongruity between one's natal (birth) sex and one's sense of gender identity (a personal sense or feeling of maleness or femaleness).

## **GENDER EXPRESSION**

Gender expression is the manner in which individuals express their gender identity to others. A person's gender expression is often based on the binary model of gender, which is either stereotypically male or female. However, some individuals choose to express themselves in terms of a multiple model of gender, mixing both male and female expressions since they do not see themselves as being either stereotypically male or female, but possibly some combination of both or neither genders. Some individuals may receive aggressive reactions or violent responses from members of society who feel a woman is acting too

masculine or a man is acting too feminine. The majority of homophobic and transphobic bullying is often based upon the enforcement of rigid sex-role stereotypes, rather than a person's actual sexual orientation or gender identity.

### **GENDER IDENTITY**

Gender identity is a person's internal sense or feeling of maleness or femaleness. Gender identity relates to how a person views oneself and gender expression relates to how they may present his or her sense of gender, usually along stereotypical binary lines, to the larger society. Gender identity and gender expression are often closely linked with the terms transgender/trans-identified. While sexual orientation and gender identity are separate and distinct categories, "many transgender people seek support and acceptance from the gay and lesbian community, where gender norms are often more inclusive" (Ryan & Futterman, 1998, p. 48).

### **GENDER QUEER**

An umbrella word referring to gender identities other than male and female. Many youth prefer the fluidity of the term gender queer and reject the labels of transgender or transsexual as too limiting. For example, gender queer individuals may think of themselves as having both male and female gender identities, or as having neither male nor female gender identities, or many other possible gender identities not restricted to the traditional gender binary model.

### **GENDER REASSIGNMENT SURGERY (GRS)**

Sometimes used instead of "sex reassignment surgery".

### **GENDER ROLES**

The set of behaviours a person chooses or is expected to express as a man or a woman. These are the behaviours that Western society most often calls "masculine" or "feminine". Gender roles can change with time and may be different from one culture to another. For example, many Indigenous communities have rich histories of multiple gender traditions.

### **GENDER VARIANT/GENDER NONCONFORMING**

Gender-linked behaviours, which are different from those stereotypically expected of an individual's sex. Also used as a broad umbrella category for transgender, trans-identified, and transsexual identities.

### **GSA**

A school-based gay-straight student alliance found in some junior and senior high schools across North America. Gender variant students should be made to feel welcome and included as part of a school's GSA.

### **HETEROSEXISM**

The assumption that everyone is heterosexual and that this sexual orientation is superior. Heterosexism is often expressed in more subtle forms than homophobia or transphobia. For example, allowing students to only bring opposite gendered partners to school dances or events is a form of heterosexism often exhibited in schools.

### **HETEROSEXUAL**

A person who is physically, sexually, and emotionally attracted to someone of the opposite sex. Commonly referred to as "straight".

### **HOMOPHOBIA**

Fear and/or hatred of homosexuality, often exhibited by prejudice, discrimination, bullying, and/or acts of violence.

**HOMOSEXUAL**

A person who is physically, sexually, and emotionally attracted to someone of the same sex. Commonly referred to as “gay” or “lesbian”.

**INTERSEX**

A general umbrella term used for a variety of conditions in which a person is born with reproductive or sexual anatomy that does not seem to fit the stereotypical definitions of female or male. Historically, the medical community labeled intersex persons as hermaphrodites and often surgically assigned them a sex in early infancy. Contemporary perspectives have sought to question and challenge the arbitrary practice of sex assignment surgery as a form of compulsory identity and/or genital mutilation. Recently, some individuals have moved to eliminate the term “intersex” from medical usage, replacing it with “disorders of sex development” (DSD) in an effort to avoid conflating anatomy with gender identity. Others have suggested that “intersex” be changed to “variations of sex development” as a way to avoid pathologizing this condition. These decisions and suggestions are controversial and are not accepted by all intersex people or medical professionals.

**LGBTQ/GLBTQ**

Commonly used acronyms that are shorthand for lesbian, gay, bisexual, transgender, transsexual, two-spirit, queer, and questioning identities. Sexual and gender minorities is often used as an umbrella category to refer to these identities.

**MTF OR M2F**

Male to female. A person who is transitioning or has transitioned from male to female.

**NATAL SEX**

The sex a person is assigned at birth, which is often equated to one’s biological sex.

**PAN GENDER**

Individuals who consider themselves to be other than male or female, a combination of the two, or a third gender. Gender queer is a similar term.

**QUEER**

Historically, a negative term for homosexuality. More recently, LGBTQ communities have reclaimed the word and use it in a positive way to refer to themselves. Queer can also include anyone whose sexuality or gender identity is outside of heteronormative bounds.

**QUESTIONING**

A person who is unsure of his or her gender identity or sexual orientation.

**SEXUAL ORIENTATION**

Sexual orientation generally refers to feelings of attraction, behaviour, intimacy, and identification with persons of the same or opposite gender. These deeply held intrinsic personal, social, and emotional thoughts and behaviours direct individuals toward intimacy with others. These relationships may be gay, lesbian, bisexual, or heterosexual, or if an individual is not inclined to have sexual relationships with another person, he or she may be asexual. One’s sexual orientation may be known during childhood or adolescence, or it may take many adult years before an individual comes to terms with his or her sexual orientation.

**SEXUAL MINORITY**

An umbrella category for lesbian, gay, and bisexual identities.

**SEX REASSIGNMENT SURGERY (SRS)**

Also referred to as gender reassignment surgery (GRS), or sex change operation, sex reconstruction surgery, genital reconstruction surgery, gender confirmation surgery, and sex affirmation surgery.

**TRANSGENDER (TG), TRANS-IDENTIFIED, OR TRANS**

These terms refer to a person whose gender identity, outward appearance, or gender expression does not fit into conventional expectations of male or female. Also commonly used as an umbrella term referring to anyone who is gender variant. Transgender individuals normally identify with a gender that is different from the one they were assigned at birth. In this guidebook, we use the term transgender as an expansive and inclusive term to represent a wide range of gender identities and expressions.

**TRANSITION**

The process of changing from one's natal (birth) sex to that of the opposite sex. In many cases, this process is begun with hormone therapy, and often followed by sex reassignment surgery (SRS).

**TRANSSEXUAL (TS)**

An individual whose gender identity is not congruent with his or her natal sex. Many transsexual individuals frequently experience discomfort with the disparity between their physical body and sense of self (gender dysphoria) and, as a result, often begin transitioning with hormone therapy and may follow with surgery to make the body more closely align with their gender identity. All transsexual people are transgender, but not all transgender people are transsexual.

**TRANSMAN OR TRANSBOY**

A person who is transitioning or has transitioned from female to male (FTM).

**TRANSWOMAN OR TRANSGIRL**

A person who is transitioning or has transitioned from male to female (MTF).

**TRANSVESTITE (TV)**

See cross-dresser.

**TRANNY**

Sometimes used by non-transsexual people as a derogatory expression when referring to a transsexual individual. Also, used as a "reclaimed" word by transsexual individuals when talking amongst themselves. When used this way, it is often understood as a positive expression.

**TWO-SPIRITED**

Some Aboriginal people identify themselves as two-spirited rather than as lesbian, gay, bisexual, transgender, or transsexual persons. Historically, in many Aboriginal cultures, two-spirited persons were respected leaders and medicine people and were often accorded special status based on their unique abilities to understand both male and female perspectives.

Researchers suggest that a person's  
gender identity is set by age 3.

In keeping with the Canadian *Charter of Rights and Freedoms*, the Canadian Teachers' Federation opposes all forms of prejudice, bullying, and discrimination on the basis of a student or teacher's actual or perceived sexual orientation or gender identity. In 2004, the CTF adopted a comprehensive *Policy on Anti-Homophobia and Anti-Heterosexism* (see pp. 39-40), and committed to the development of a series of bisexual, gay, lesbian, transgender, and two-spirited (BGLTT) educational resources. These resources include the following publications:

- *Seeing the Rainbow: Teachers Talk About Bisexual, Gay, Lesbian, Transgender and Two-Spirited Realities*, 2003;
- *Lessons Learned: A Collection of Stories and Articles about Bisexual, Gay, Lesbian and Transgender Issues*, 2005;
- *Gay-Straight Student Alliance Handbook: A Comprehensive Resource for Canadian K-12 Teachers, Administrators, and School Counsellors*, 2006;
- *Challenging Silence, Challenging Censorship: Inclusive Resources, Strategies and Policy Directions for Addressing BGLTT Realities in School and Public Libraries*, 2007; and
- *Supporting Transgender and Transsexual Students in K-12 Schools: A Guide for Educators*, 2012.

Increasingly, provincial human rights statutes, professional codes of conduct, and school district policies across Canada now interpret and/or specifically include gender identity as a prohibited ground against discrimination. This guidebook has been written to help educators (teachers, administrators, counsellors, student support workers, and school district level personnel) to fulfill their legal, ethical, and professional duty to provide safe, equitable, and inclusive school environments for all students regardless of their actual or perceived differences. Accordingly, this guidebook is designed to help educators obtain evidence-informed information, reflect on emerging trends and issues, learn inclusive educational strategies, and develop policies and procedures to help transgender and transsexual students and their families to feel respected, welcomed, and included within all aspects of their school communities.

The recommended strategies and suggested protocols in this guidebook have been developed based on scientific evidence, reviews of contemporary research, and the authors' personal experiences working and transitioning in K-12 schools. The recommendations and strategies provided should not be construed as a rigid set of guidelines or expectations. Protocols and recommendations should always be adapted to address the best interests of the transgender or transsexual student and adjusted to respond to emerging issues and changing contexts. In addition, strategies should also be tailored, as much as possible, to a student's physical, emotional, mental, and psychological development as well as their unique community, cultural, and familial contexts.

Research demonstrates that transgender and transsexual people often experience higher levels of unemployment, homelessness, job discrimination, harassment, physical violence, and sexual assault than their cisgender peers (APA, 2008; Grossman & D'Augelli, 2006). Due to these experiences, many transgender and transsexual people may also succumb to negative health outcomes including drug and alcohol abuse, increased rates of sexually transmitted infections and HIV, and significantly higher rates of suicidal ideation and attempts (Grant et al., 2011). Transgender and transsexual youth are particularly at risk for some of the most severe forms of bullying and violence in our schools and communities (Taylor et

al., 2011). Importantly, these negative outcomes are not due to being a transgender or transsexual person; these acts of discrimination are the result of the damaging effects of discrimination, marginalization, and prejudice and, in turn, can lead to devastating experiences of stigmatization, isolation, alienation, and shame (Grossman, D'Augelli, & Frank, 2011).

Most transsexual individuals transition from presenting as their natal (birth) sex to that of the opposite sex when they are in their twenties or older. In many cases, this transition occurs while these individuals are employed or are attending a post-secondary institution. However, an increasing number of children and youth are now transitioning while enrolled in K-12 schools (Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008). In some cases, children in elementary schools have undergone social gender transitions, and youth as young as 16 years have begun medically supervised transitions, which include hormone therapies and/or puberty delaying medications. Not surprisingly, this is a relatively new social phenomenon and very few schools are familiar with the health, safety, and educational needs of transitioning students and have not yet developed policies and procedures to support these transitioning students or their families<sup>1</sup>. Understanding issues related to gender identity is critical in creating safe, caring, welcoming, and inclusive schools and is vital in supporting the health and well-being of transgender and transsexual students and their families.

Students, who experience discrimination, whether it is based on one's actual or perceived race, ethnicity, religion, language, gender, gender identity, sexual orientation, class, ability, and/or culture deserve to be protected in schools. The Canadian *Charter of Rights and Freedoms* mandates that all publicly funded schools must provide non-discriminatory educational environments. This legal responsibility includes offering non-discriminatory educational programs and services to all transgender, transsexual, and gender non-conforming students.

Accordingly, the Canadian Teachers' Federation believes that student health and safety are a priority and that students from same-gender parented families, sexual and gender minority youth, or those who are labeled as such, are among the most at-risk groups of students in schools. The CTF has developed this guide to help educators begin to think about ways to become sensitive to gender identity and gender expression and, in turn, to develop the professional skills and confidence necessary to address transphobia, homophobia, and heterosexism in K-12 schools.

Breaking down stereotypes and releasing students from their gender straightjackets is one critical way in which educators can open up space for all students who define themselves as outside of the mainstream to find support and to be valued for who they are and not for what society tells them they should be.

# BECOMING MANDY – A TRANS STORY<sup>ii</sup>

Mandy is her girl name, but his birth name was Jason.

School was becoming increasingly difficult for Jason to attend regularly. He found he could not focus on his courses as his mind was constantly preoccupied with the “secret” he felt compelled to hide from his peers because of fear and shame. Both his mom and dad were concerned that Jason was missing too much school and were alarmed at just how quiet and withdrawn Jason had become at home. He seemed depressed and often excused himself from family activities, instead choosing to be alone in his bedroom. On his most recent birthday, he remained in bed all day, much of the time with the sheets drawn over his head. His birthday cake was never cut and his presents remained unopened.

Jason’s mom and dad knew what was troubling him. Ever since he had been a small child, he had shown a preference for “girl things”. Shortly after he learned to talk, he told his mom and dad that he was not a boy, but a girl. At first, his parents were not too concerned about Jason’s insistence that he was a girl and allowed him to dress just like the other neighborhood girls. Jason’s parents thought of his feminine behaviour as a “phase”, something that he would “get over”, and eventually he would be happy being a boy.

As Jason grew older, his parents frequently discussed how they could best help Jason. They agreed that what Jason needed was “to get over” his fixation that he was a girl by having as many strong male role models in his life as possible. Jason’s dad spent many weekends doing traditionally “male things” in an attempt to bond with him. They joined the local recreational hockey team and went fishing and camping together – sometimes as a family and sometimes just the two of them. Jason’s parents also discussed “the problem” with their extended family who expressed little surprise when they were told, commenting that ever since Jason was a young boy they were aware of his preference for “girl things”. Everyone agreed to support Jason and to help him accept the fact that he was a boy. His uncles and both grandfathers included him in as many activities as they could, hoping that by being positive, strong male role models, Jason would eventually become happy being a boy. Despite all of their efforts, it made little difference to Jason’s sense of his gender identity and his self-esteem worsened.

Jason increasingly became more depressed and withdrawn as he grew older and his insistence that he really was a girl became stronger and louder. Jason’s parents wondered if it would be helpful if they allowed him to wear girl’s clothing around the house on weekends. Perhaps, they thought, if they allowed him to “experiment”, he would quickly grow tired of it and realize that he could be happy being just a boy. Jason’s mother took him shopping and together they bought a pair of girl’s jeans, a pretty top, and some glitter nail polish. Jason was happy when he dressed as a girl and told his mother that his girl-name was Mandy.

Whenever Jason was Mandy, she was bubbly and fun. It was as though she didn’t have a care in the world – she was finally happy. Over time, Mandy had even developed several friendships with girls who understood and accepted her, even though some of them still called her Jason. However, despite having these friends and the opportunity to occasionally present as Mandy, she still struggled in school. Always presenting as a boy was emotionally painful and he often skipped classes, rather than having to deal with the constant stares and barrage of hateful words from some of his fellow students.

What a courageous person Mandy was on the inside. She knew that being Mandy all the time would bring constant joy to her life. One day, Mandy asked her parents if she could always be Mandy and never live as Jason anymore. Mandy's parents wanted nothing more than happiness for Jason, but didn't know whether they should insist that he present as a boy all the time and forbid him from occasionally dressing as a girl and pursuing activities they saw as stereotypically feminine. They knew if they chose that option, Jason would withdraw into himself and become terribly depressed. They feared that one day Jason might kill himself rather than continue living as a boy. If, however, they helped Jason live as Mandy, they wondered whether she would be truly happy and safe. Could he really live and present as a girl all of the time? How would his friends and the school react to the change? How would their family, friends, and neighbours respond? Would he truly be happy if he was supported to transition and become a girl? What kind of future would such a change bring? Would he regret his decision to live as Mandy and blame them for allowing him to change? Would he tell them that they should have stood up to him and prevented him from making such a foolish decision about his life? Jason's parents knew that the family needed help to answer these questions and they needed professional guidance to support them in making the right decision.

Jason's parents visited their family physician and told him that Jason was becoming more and more depressed and that he only seemed happy on those occasions when he was presenting as Mandy. Their doctor told them he would set up an appointment for the family to meet with a psychiatrist from the local Children's Hospital who specialized in gender variance in children and adolescents. Together, with the psychiatrist, Jason and his parents explored the possibility of puberty delaying medications, of transitioning and living full-time as a girl and, if Jason wished, sex reassignment surgery when he was older. It was wonderful to see the joy in Mandy's eyes when she realized that there was actually a way to become the girl she always knew she was.

After many hours of consultation, Mandy, her parents, and the psychiatrist agreed that it was best if Mandy transitioned from male to female during the last two weeks of June while she was still attending school and had no examinations to distract her. The school agreed that if Mandy's transition occurred then, that when school started again in September, there would be less likelihood of disruptions and it would help facilitate a smoother transition. Mandy, her parents, and the school staff agreed to meet and develop a Transition Plan to support Mandy's decision to be herself all the time.

And that is exactly what happened. Although Mandy and her parents knew that the journey would not be easy, they also knew that they could face the challenges together. For the first time in her life, Mandy was truly happy and that September she was able to focus all of her energies on her school work. At last, she was fully becoming the girl who she knew she was all of the time.

Current scientific research  
suggests that transsexualism is a  
"neuro-developmental  
condition of the brain".

# UNDERSTANDING GENDER IDENTITY: BASIC MEDICAL AND SCIENTIFIC INFORMATION

Possibly, after reading Mandy's story, one is left wondering how typical are the experiences of Mandy and her parents when compared with other gender variant youth and their families. Gender variance in anyone – child, youth, or adult – exists along a continuum from none – the individual's gender identity and biological (natal) sex match – to intense where the individual experiences extreme emotional pain or gender dysphoria due to the mismatch between his or her biological sex and gender identity. A person's gender dysphoria can also vary in intensity from day to day and month to month.

## GENDER VARIANCE

**None** – Gender identity and biological sex match

**Low** – Some discomfort between one's gender identity and biological sex

**High** – Persistent, ongoing, and intense discomfort between one's gender identity and biological sex

In Mandy's case, her gender variance was so intense and continuous that it became obvious and was a concern to her parents from her early preschool years, which eventually resulted in her parents seeking help from medical professionals specially trained in gender variance of childhood and adolescence (transsexualism). Of all the youth who are gender variant, relatively few experience gender dysphoria as intensely as Mandy. However, it is these high intensity youth who are often at the greatest risk in schools. Mandy was very vocal in expressing to her parents the emotional pain she was experiencing and clearly articulated that she was really a girl. In addition, she overtly and frequently expressed her gender variance clearly and persistently enough for all her family to see. This is not always the case for all high intensity gender variant youth, many of whom are too afraid or ashamed to tell or reveal their inner being to anyone, including their parents, caregivers, or teachers. In such cases, these youth may become extremely depressed and withdrawn and even loving parents, guardians, and supportive teachers may be unable to determine the underlying reasons for their child or student's profound unhappiness.

With some young children, a secret second fantasy life may begin through very personal experimentation as a method to cope with their gender dysphoria. For example, they may stealthily copy feminine or masculine mannerisms (e.g., the way a woman or man sits, talks, walks, or otherwise behaves). If this happens during school, attention to classroom instruction may minimize as thoughts drift to fantasies of becoming the other gender. Some young children may wear the clothing of the other gender, when it is safe to do so, and may even risk dressing as the other gender in public, desiring so intensely to be accepted as the gender of their deep inner being. Others, if they choose to hide this intense and growing aspect of themselves from family and friends, may overcompensate in their expected gender role as a way to cover and make it appear that they truly are the gender of their birth. For example, a young male who desperately wishes to be female may act in a hyper-masculine manner in order to hide his true inner femininity. It is this psychological management that becomes harder and harder to maintain with time as an individual's gender dysphoria intensifies. Correspondingly, feelings of depression, despair, and suicide may be compounded. In a similar way, young girls who wish to be male may act in a hyper-feminine manner as a protection strategy to mask their true feelings.

One may also wonder what causes a child, youth, or adult to insist that he or she is transgender or transsexual. Possibly, one wonders whether Mandy's father and male relatives could have had greater influence if they had tried just a little harder and a little longer to make her happy being Jason. Should Mandy's parents have never allowed her to experiment with cross-dressing and completely forbid any expression of feminine behaviours? And, what about the psychiatrist who recommended that Jason transition and become Mandy? Was that the best advice? Could Jason have been "cured" and gone on to lead a happy life as a man? The answers to these questions are complex and often rely on varying educational, social, cultural, and religious factors. For example, some non-Western cultures such as in Iran fully support sex-reassignment surgery, yet criminalize homosexuality. In this case, one's intrinsic identity is not viewed as the problem. It is the expression of one's identity that needs to be corrected and restored to the "proper" alignment. Many traditional Indigenous cultures have taken a different approach and have strongly embraced gender variance. Some of these communities even had names for multiple forms of gender beyond the male/female binary. Historically, individuals who had access to both the masculine and feminine, or exhibited multiple expressions of gender, were often leaders, medicine people, or shamans. In other words, they were highly revered and respected in their communities. Once colonization occurred, many of these traditional teachings were lost and a strict dichotomous gender model was reinforced.

## WHAT DO WE KNOW ABOUT GENDER IDENTITY?

We know that like sexual orientation, everyone has a gender identity, which is described as a deep or intrinsic sense of being male or female. Researchers suggest that a person's gender identity is set by age 3 (Ryan, 2009). Some children describe how their internal sense of maleness or femaleness (their gender identity) is not the same or in alignment with their physical body. Gender identity is a very personal and complex experience. Some youth report feeling like they are *neither* male nor female, while others report that they feel like *both* male and female. Regardless of how a child identifies, it is critical for parents and educators to "protect and support the child's self-esteem, saying it is ok for the child to be who he or she is, and that it is ok to be different. Sometimes it is even wonderful to be different" (Samons, 2009, p. 136).

In 2008, the Gender Identity, Research and Education Society (GIRES) in the United Kingdom published an influential review paper outlining what current scientific research identifies as the causes/origins of gender identity. The 25 scientific and medical signatories of this paper describe gender variance, which they point out is sometimes referred to medically as gender identity disorder, as

...an inconsistency between the physical phenotype (appearance) and the gender identity, that is, the self identification as a man or as a woman. (GIRES, 2008, p. 2)

For some, when this dysphoria is extreme, it is diagnosed as transsexualism, and hormones and possibly surgery are prescribed as the course of treatment. A person experiencing this extreme condition is commonly referred to as transsexual. Likewise, as Samons (2009) indicates, "the longer and more persistently a child is adamant about feeling discomfort with his or her assigned gender, the more likely that the child is truly [transsexual]" (p. 140).

Current scientific research suggests that transsexualism is a "neuro-developmental condition of the brain" (GIRES, 2008, p. 2). It is hypothesized that sexual differentiation of the brain is related to the effects of hormones at critical periods of fetal development, birth, and post-natal growth. These hormonal influences may be attributable to genetic predispositions and influences, environmental conditions, stress, trauma, and potential exposure to medication during pregnancy (p. 3). Accordingly, there is no one direct known cause for transsexualism, rather like a person's sexual orientation, it is thought to be multifactorial. Regardless of the cause, a person's sexual orientation and gender identity are considered to be intrinsic and immutable characteristics of person. Just like a person's ethnicity, race, hair, and eye colour, one does not choose these essential characteristics of person.

Even if we assume that the underlying causes for transsexualism are most likely biological, what effect, if any, does the environment play in the development of gender identity? The signatories unanimously state that there is

no evidence that nurturing and socialization in contradiction to the phenotype can cause transsexualism, nor that nurture which is entirely consistent with the phenotype can prevent it.... (p. 4)

In other words, life experiences, such as parenting styles and family dynamics may affect the manifestation (or awareness) of transsexualism, but do not contribute to its existence. For example, children raised in an environment in which they are encouraged or allowed to experiment or play with gender roles may be more willing to express discomfort with their assigned gender, than those children who are expected to adhere to strict gender roles and associated behaviours. Children learn how they are expected to behave and perform their gender from their peers, parents, school, culture, and the media. Children who do not conform to these expressions are often labeled as “different” (e.g., gender variant or gender nonconforming) and may experience ridicule, isolation, and bullying.

**In March 2010, the Canadian Professional Association for Transgender Health passed a resolution stating:**

“Gender variance and gender non-conforming behavior in children and adults do not constitute a psychological disorder” (CPATH, 2010, p. 1).

Importantly, educators should be aware that not all children who display gender nonconforming behaviours will become transsexual adults. For the vast majority of children, there is no mismatch between their natal (birth) sex and their sense of gender identity and gender expression; however, as Mandy’s story highlights, this is not true for everyone. The World Professional Association for Transgender Health (WPATH)<sup>iii</sup> estimates that the incidence of transsexualism in adults is 1 in 11,900 to 1 in 45,000 for natal males and 1 in 30,400 to 1 in 200,000 for natal females<sup>iv</sup>.

Many individuals who transition from one sex to the other later in life report that their earliest memories are of either wishing or knowing they were the other sex. For example, one recent study involving 55 transgender youth found that these “youth reported feeling different at an average age of 7.5” years old (Grossman, D’Augelli, & Frank, 2011, p. 112). This mismatch between a child or youth’s natal sex and their gender identity is usually a source of intense emotional discomfort (gender dysphoria), which often intensifies as the individual ages. However, this is not always the case. For example, WPATH indicates that, “transsexualism in children and adolescents is different from that in adults and only a few gender-variant children become transsexual although many develop a homosexual orientation” (SOC, Version 6, 2001, pp. 8-9)<sup>v</sup>. Likewise, as Samons (2009) found in her clinical research, many “adults often wonder if a transgender child is gay well before they consider the possibility that the child could be transgender” (p. 135). The reason for this classic association lies in long-held stereotypes, which perpetuate the myth that gay and lesbian cross-gender expression is indicative of homosexuality. No current research supports this outdated perspective.

Of particular interest to educators, WPATH states, “intense distress is often experienced [by transsexual youth], particularly in adolescence, and there are frequently associated emotional and behavioral difficulties. There is greater fluidity and variability in outcomes, especially in pre-pubertal children” (SOC, Version 6, 2001, p. 8). In the most recent version of the Standards of Care, WPATH (2011) states “adolescents who experience their primary and/or secondary sex characteristics and their sex assigned at birth as inconsistent with their gender identity may be intensely distressed about it” (p. 12). For educators, it is also important to note that “it is more common for adolescents with gender dysphoria to have co-existing internalizing disorders such as anxiety and depression, and/or externalizing disorders such as oppositional defiant disorder” (SOC, Version 7, 2011, p. 13).

What this means for educators is that childhood and adolescence should be considered critical periods of identity formation in which gender and sexuality are understood as fluid and their accompanying expressions may change frequently. The problem is not this fluidity, nor the evolving nature of gender expression and sexual identity, rather the significant and pressing issue is the strict gender roles and sex role stereotyping that severely limits a child's natural gender expression. The more educators work to break down sex role stereotypes and gender policing behaviours, the more inclusive their classrooms will become for all students who are questioning their gender and exploring facets of their identity (Luecke, 2011). Breaking down stereotypes and releasing students from their gender straightjackets is one critical way in which educators can open up space for all students who define themselves as outside of the mainstream to find support and to be valued for who they are and not for what society tells them they should be.

For those children and youth, like Mandy, who experience ongoing and persistent cross-gender identification, they will need qualified medical support to help them with their transsexuality. The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (2000), which is the professional standard for diagnosis, identifies four criteria for a person to be diagnosed as being transsexual – or, to use current medical terminology, as having a Gender Identity Disorder (GID). They are:

1. A strong and persistent cross-gender identification.
2. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
3. The disturbance is not concurrent with a physical intersex condition.
4. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning<sup>vi, vii</sup>.

Accordingly, if the student and parents or guardians, in consultation with healthcare professionals, decide that transitioning is the best option, the student will be required to live and present full-time such that his or her gender expression matches his or her gender identity – this is referred to medically as the “real-life experience”. If the student is starting puberty, he or she may be prescribed puberty delaying hormones, which delay its onset and therefore the development of secondary sex characteristics. This procedure is fully reversible if the student later decides that he or she no longer wishes to continue the transition process. As Samons (2009) identifies, “by delaying these pubertal changes, we give the child time to mature mentally and emotionally, so that he or she can participate in decisions about physiological changes that will affect his or her entire future” (p. 137). At the age of sixteen, the student, normally with the permission of his or her parents, may start masculinizing or feminizing hormone therapy. This procedure is partially reversible but surgery may be required<sup>viii</sup>. Surgical procedures are irreversible and not usually recommended to be performed until adulthood, or until at least two years of real-life experience have been completed and the individual is at least eighteen years old<sup>ix</sup>.

Ultimately, regardless as to whether a student has started a physical transition process or not (e.g., puberty delaying interventions), educators should follow and respect the wishes of the student, his or her parents/guardians, and medical professionals when trying to accommodate the needs of transgender and transsexual students. Helping transgender and transsexual students is a multi-tiered approach involving social, medical, and educational collaboration, which includes

- supporting and enhancing a student's self-esteem;
- creating a gender neutral environment (as much as possible) in which the student is given the opportunity to work out his or her own gender identity;
- providing medical intervention and support for those who need it; and
- utilizing a student's preferred gendered pronouns, providing educational support via inclusive curriculum, changing school records to reflect the student's gender identity, making accommodations for bathroom use, and designating suitable locker or change room facilities that are in keeping with the student's consistently asserted gender identity.

# SIX COMMON MISCONCEPTIONS TO CONSIDER

## 1. WE KNOW WHAT CAUSES TRANSSEXUALISM

Like the factors that determine a person's sexual orientation, the exact causes of transsexualism are currently unknown. However, we do know that gender variance has existed throughout history in cultures around the world. Importantly, there is no scientific evidence linking parenting, child abuse, or other negative life experiences with transsexualism (Cohen-Kettenis, Delemarre-van de Waal, & Gooren, 2008; Ryan, 2009).

## 2. PEOPLE CHOOSE TO BE TRANSGENDER OR TRANSSEXUAL

The vast majority of transgender or transsexual people have grown up with heterosexual parents. An individual's gender identity is not a choice or caused by a lack of male or female role models or poor parenting (Cohen-Kettenis, et al., 2008), rather it is another variation of human diversity.

## 3. ALL TRANSGENDER INDIVIDUALS WANT TO CHANGE THEIR NATAL (BIRTH) SEX

Transgender is an umbrella term that encompasses a wide range of gender non-conforming identities. Transgender persons may be asexual, bisexual, lesbian, gay, or heterosexual. Not all transgender people experience intense gender dysphoria. However, some transsexual individuals who do experience extreme and persistent gender dysphoria may seek to alter their bodies through hormones and surgical intervention under the care of medical professionals. Some transsexual individuals who may wish to medically or surgically transition may be unable to do so because of the enormous costs associated with this course of treatment.

Regardless of their backgrounds, all transgender and transsexual individuals should have access to age-appropriate, non-judgmental information, and qualified health care. Depending on where a transsexual person lives, economic and social considerations can make medical intervention problematic. For example, each province and territory in Canada sets its own guidelines as to whether it will pay for some, all, or none of medically required sex reassignment surgery and/or hormone therapy. Denial of medical treatment places many youth at risk as they may seek to purchase illicit hormones on the street or through the Internet.

## 4. IT'S JUST A PHASE

Like sexual orientation, a person's gender identity is deeply personal and should not be considered a "phase" or "experiment". Many transgender or transsexual people report having felt a sense of being different from other children at a very early age (Grossman, D'Augelli, & Frank, 2011). When this difference persists into adolescence and adulthood they may be diagnosed as having gender dysphoria and seek appropriate medical treatment. Gender variance in children may vary from none to high intensity. In some cases, gender variance (especially if it is of low intensity) may resolve itself over time, or gender variant children may present in later life as lesbian, gay, or bisexual. In some cases, gender

variance may continue after puberty into adulthood. Assessing a child's gender variance is complex and requires the skills of healthcare professionals trained in issues of gender variance in childhood and adolescence. The role of school personnel should be one of implementing and supporting the medical decisions made by the gender variant child, his or her parents, and their healthcare professionals. School personnel should also demonstrate inclusive leadership by working towards breaking down gender stereotypes, using inclusive language, and actively intervening in any discrimination directed towards gender variant students, teachers, and families.

## 5. ALL CHILDREN WHO EXHIBIT CROSS-GENDER BEHAVIOUR ARE TRANSEXUALS

No. The vast majority (80% to 95%) of pre-pubertal children who exhibit cross-gender behaviours will no longer experience symptoms or characteristics of gender identity disorder in adolescence (Cohen-Kettenis et al., 2008). Experimentation with gender is a normal part of childhood and adolescent development. It is persistent cross-gender identification that represents the basis for a diagnosis of transsexualism.

## 6. TRANSEXUAL YOUTH CAN BE CURED

The medical community is divided as to whether or not gender variance in children should be or can be changed by psychological or psychiatric techniques (Vanderburgh, 2009). Some professionals believe it can be changed – albeit often with great emotional distress for the child (and his or her parents)<sup>x</sup>. Others believe attempting to change or correct a child's gender identity is a form of “reparative therapy” or “conversion therapy” not unlike attempts to “cure” homosexual people in the mid-twentieth century. WPATH (2011) clearly states that reparative therapy treatments are unethical<sup>xi</sup>.

Transgender and transsexual children are at much greater risk of depression and suicide than their peers. These children and their parents often face difficult and complex decisions attempting to determine what actions are best for their family. Educators should respect this and support the medical decisions made by each child, his or her parents/guardians, and their healthcare professionals. Transgender and transsexual children should never be considered by school officials to be “sick”, “mentally ill”, “needing to be cured”, or in some way “disordered”. Generally, educators should offer counseling, support, and access to age-appropriate resources to help a gender nonconforming youth clarify his or her feelings of identity (Ryan & Futterman, 1998; Vanderburgh, 2009). For example, some youth, due to cultural stereotypes, may mistakenly believe that being gay or lesbian means participating in cross-gender behaviour. Other transgender and transsexual youth may turn to drugs and alcohol as coping mechanisms and/or street involvement when caregivers are not supportive or accommodating of their gender identity (Ryan, 2009).

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# TRANSGENDER AND TRANSSEXUAL STUDENTS AT RISK

Research demonstrates that homophobia and transphobia are common in most schools in North America (Greytak, Kosciw, & Diaz, 2009; Taylor, Peter, et al., 2011). In 2011, Egale Canada released results from the first national school climate survey on homophobia, transphobia, and heterosexism in Canadian schools. This survey, conducted in 2009, involved over 3,700 youth from across Canada (with the exception of the province of Quebec). The average age of youth respondents was 17.4 years of age. Overall, 71% of the youth participants identified as heterosexual; 26% as lesbian, gay, bisexual, queer, or questioning; and 3% as transgender or two-spirit (Taylor et al., 2011).

Of the transgender youth surveyed:

- 79% reported feeling unsafe at school;
- 74% reported being verbally harassed because of their gender expression;
- 49% reported being sexually harassed at school at least once during the past year; and
- 37% reported being physically harassed or assaulted in their schools.

In addition to transgender youth, the lesbian, gay, and bisexual youth surveyed identified change rooms (49%), washrooms (43%), and hallways (43%) as unsafe spaces in their schools. On every measure of Egale's national climate survey, transgender youth reported the worst health, safety, and educational outcomes.

Likewise, as GLSEN, the largest LGBTQ educational organization in the United States, reports, "transgender students face much higher levels of harassment and violence than lesbian, gay, and bisexual students. And these high levels of victimization result in these students missing more school, receiving lower grades, and feeling isolated and not part of the school community" (Greytak, Kosciw, & Diaz 2009, p. vi). For example, in their most recent national school climate survey, GLSEN found that:

- 90% of transgender students experienced verbal harassment at school in the past year;
- More than 50% experienced physical harassment; and
- More than 25% were physically assaulted (Greytak, Kosciw, & Diaz 2009).

For transgender and transsexual youth, the coming out and coming-to-terms processes are complex and often fraught with physical, verbal, and symbolic violence. For example, Wyss's (2004) in-depth qualitative research study explored the lived experiences of 23 "out" transgender and gender queer high school students in the United States. Her research revealed that:

- 23 (which is *all* of the transgender youth surveyed) reported being victimized to varying degrees in their high school;
- 11 reported being "shoved, pushed, smacked, and/or kicked by others in school" (p. 716);
- 6 reported being sexually assaulted or raped;
- 7 reported dropping out of high school because of the violence and harassment they endured; and
- 3 youth reported being suicidal.

As Wyss relates, “these experiences, especially when coupled with a belief that one’s oppression is justified, often leads to low-self esteem, anxiety, rage, social withdrawal and depression, as well as to self-destructive behaviors like hitting or slashing one’s body, the abuse of prescription or illegal drugs, dropping out of school, unsafe sex and suicide” (p. 718).

Despite these risk factors, many transgender and transsexual youth learned to develop protective strategies and personal resiliency in the face of daily adversity. For example, Wyss reports that the transgender and transsexual youth she studied engaged in various coping mechanisms and defensive strategies, which included:

- Avoidance – staying away from students who threatened to assault them, cutting classes, and skipping school;
- Invisibility – hiding during lunch and breaks, arriving early, and leaving late after school;
- Hyper-masculinity – projecting dominance by acting tough and/or developing a reputation as fearless and mean;
- Vigilance – constantly monitoring the behaviours and actions of their peers and the imminent possibility of attack or danger; and
- Preparedness – wearing steel toe boots and chains, working out at the gym, using profanity, and threatening to counter attack as survival strategies to deal with impending violence that could not be prevented (pp. 720-721).

Once these youth had suffered an attack, they had to face the difficult decision to determine how best to deal with the trauma and its aftermath. For many, they internalized the victimization, remained silent, and withdrew inward. Often they felt as though they could not confide in their friends because they would not understand the level of brutality and violence they experienced as a direct result of the rampant homophobia and transphobia they experienced. Most were unwilling to confide in teachers or school staff, which further alienated them from crucial support systems. Some youth even went back into the closet by reverting back to gendered appearances that would most closely be associated with their natal (birth) sex. Many felt they had to act “hyper-straight”, overtly masculine/feminine, or “normal” to achieve some semblance of safety and security within their school environments (p. 723).

These experiences are not limited solely to high school students. Students in elementary and junior high school may also experience significant transphobia. For example, transgender children who have not had their gender issues cared for by significant adults in their lives may learn to hide their identity and live in, or escape to, an imaginary play land. These hidden gender issues can cause frustration, depression, and elevate the risk of suicide. The pre-pubescent and teenage years can be difficult for transgender children and youth as they increasingly sense their differences from their peers. As these children and youth grow older, many will try and fit into a traditional heterosexual mold and will marry and have children, hoping this will take away or alleviate their frustrating gender issues. Other children and youth may be so sure of whom they are that they begin to transition while in school (Luecke, 2011). The fortunate children and youth who have understanding parents/guardians and professional assistance may begin to live as the gender of their inner being while still in their school-aged years.

In the case of many older transsexual students, the most perilous time may be when they begin to present as the other gender without having had sufficient time on hormones, which may be necessary to physically appear or “pass” as the other gender. It is often at this time that many transsexual youth experience multiple forms of discrimination. For example, if a girl has a masculine gender expression, and is sexually attracted to other girls, she may experience transphobia and homophobia. Managing these differing aspects of identity can be complex for many youth, especially those youth from diverse ethnocultural, racialized, or religious backgrounds. These youth should be provided with supports that are culturally appropriate while recognizing the unique needs related to their gender identity.

Generally, however, once an individual has had sufficient time to learn the behaviours, actions, and speech patterns of their target sex, most transsexual individuals begin to blend into society. When transsexual individuals are comfortable and confident in their new gender roles, and “pass”, some individuals often stop referring to themselves as transsexual persons at all, rather stating their preference to be identified as men or women. It is at this time that transsexual persons often meld or blend into society and live more safely as men or women. Others prefer to continue to identify as a transgender person in an attempt to continue to question and challenge an enforced gender binary.

Results from these research studies and surveys are clear: Transgender and transsexual students face extremely hostile and discriminatory school environments. Across North America, transgender and transsexual students have poorer educational outcomes, report less attachment to their school environment, and identify far greater experiences of harassment, homelessness, discrimination, and verbal, physical, and sexual abuse and assault than *both* their heterosexual and sexual minority peers (Grossman, D’Augelli, & Frank, 2011; Marksamer, 2011). Educational interventions are needed to help these students move from feeling at-risk to developing the resilience necessary to adapt to often hostile and uninviting school, family, and community environments.

“A child’s experience at school can significantly enhance or undermine their sense of self. Furthermore, children need to feel emotionally safe in order to learn effectively. A welcoming and supportive school where bullying and teasing is not permitted and children are actively taught to report and celebrate difference is the ideal environment for all children.

This is especially true for gender-variant and transgender children, who frequently are the targets of teasing and bullying. A child cannot feel emotionally safe, and will most likely experience problems in learning, if they regularly experience discrimination at school”.

- Brill & Pepper, 2008, pp. 153-154

Ultimately, regardless as to whether a student has started a physical transition process or not (e.g., puberty delaying interventions), educators should follow and respect the wishes of the student, his or her parents/guardians, and medical professionals when trying to accommodate the needs of transgender and transsexual students.

Gender variance has existed throughout history in cultures around the world. Importantly, there is no scientific evidence linking parenting, child abuse, or other negative life experiences with transsexualism.

# SUPPORTING TRANSGENDER AND TRANSSEXUAL STUDENTS AND THEIR PARENTS/GUARDIANS

The reality of accepting a gender variant child is a different process for every family. Some families adapt and unconditionally accept their transgender child relatively quickly, while others go through a much longer and more difficult process, and still others never reach complete acceptance of their child. Empathy, knowledge, and understanding are critical in the processes of acceptance for parents, families, and educators. This awareness-building can happen through a process of self-education on gender issues, sex roles, and an understanding of the societal construction and regulation of compulsory gender and sexuality.

Hill and Menvielle (2009), in a recent research study, which involved 42 parents of gender variant children and teens, identified how parents had a number of fears for their child's personal safety, future happiness, and psychological adjustment. These fears were categorized into overarching themes, which were identified as:

## 1. SAFETY

Sixty percent (60%) of parents expressed fear that others would hurt their child. These fears included worries about being bullied, socially marginalized, and violently attacked. One parent stated, "The world isn't safe for gay kids, let alone gender nonconforming youth" (p. 259). The fears of parents were most pronounced at key school transition times such as moving from junior to senior high school. They often feared that schools would be intolerant and non-accepting and that their son or daughter would internalize these negative views regarding gender variance.

## 2. A HARDER LIFE

Forty percent (40%) of parents expressed concern that their child's life would be harder due to a lack of societal acceptance and understanding. They identified the need to prepare their children for how society might react to their gender difference.

## 3. HOMOSEXUALITY

Despite medical evidence to the contrary, 50% of parents still linked their child's gender variance with homosexuality. This connection indicates how strongly societal stereotypes are still held.

## 4. CONCERNS ABOUT BEING TRANSGENDER

Just over 50% of parents acknowledged the possibility of having a transgender child, which for many represented a new and very sobering experience. As one parent reported, "You can wrap your brain around just being a normal boy. You can wrap your brain around a gay male. But, transgender issues are just kind of the next level" (p. 262).

## 5. DRAWING THE LINE

While many parents expressed a growing understanding and increased support for their gender variant child, they also reported being worried about how to set limits for their child’s behaviour in an effort to protect their safety and well-being. Yet, at the same time, these parents also reported wanting to be supportive and validating as an important way to build their child’s self-esteem. Some parents may try to regulate or police their gender variant child’s behaviour by strongly emphasizing “gender appropriate behaviours”. However, as the parents who tried this strict gender approach indicated, “the results were unsuccessful and had a destructive impact” on their child. Another parent reported, “I think he was struggling so much inside that he was acting out terrible, terrible, terrible behaviours. And since we’ve actually started to give him this freedom to be himself within our family unit, he’s been a much, much, much happier little guy, and just a much more easy going kid” (p. 256).

## 6. CHILDREN TEACHING PARENTS

Forty percent (40%) of parents reported that their gender variant children had taught them important life lessons and had contributed to their growth as parents. One parent stated, “It made us get involved... more creative as parents... It made us step up to be better parents” (p. 263). Another parent suggested how their child “forced us all to grow. He really has... I mean its just made us all have to... look at the world differently, and be more tolerant and understanding... so he’s a gift” (p. 263). In speaking to other parents about their journey, one parent replied “... this may be something that will make your path harder, but will make you a better person” (p. 263).

Based on this research with parents, Hill and Menvielle (2009) challenge models or therapeutic or educational interventions designed to “repair” or change gender variant youth. Instead these researchers recommend a family-systems approach to help support a gender variant child adapt to a binary-gendered and often hostile societal culture.

### FAMILY EMERGENCE MODEL<sup>xii</sup>

- Stage 1** Discovery and disclosure of gender variance.
- Stage 2** Turmoil. A period often marked by parental disagreement on how to best support the child.
- Stage 3** Coming to terms. Normally, a period of turmoil, followed by negotiation to regulate cross-gender behaviour (e.g., Bargaining – Where is it ok? Who needs to know?)
- Stage 4** Final balance. Consolidation of the child’s needs and the larger family’s needs occur simultaneously.

According to clinical experience and research, families with a gender variant child often need:

- Assurance that they did not cause their child’s gender variance, which can help them to work through feelings of disappointment, fear, and anger.
- Support to learn how to build their child’s self-esteem and how to become advocates for their child’s welfare.

Ultimately, the focus is not on changing the child, but helping them to live within a binary world that recognizes one's biology as one's final gendered destiny. As much as a gender variant child is going through a dramatic change, educators also need to be mindful that parents are also going through a significant change process and will also need appropriate supports.

Based on this research, Hill and Menvielle (2009) recommend the following advice for parents of gender variant children:

- **Educate yourself**  
Become informed about transgender and transsexual issues. Read books, watch movies, visit websites, and perhaps most importantly, talk to other parents. Work to develop the knowledge and confidence to deconstruct gender stereotypes, resist rigid notions of conformity, and denounce those who condemn, ignore, or dismiss gender identity.
- **Examine your own beliefs and biases**  
As one parent powerfully stated, "You don't change anything... Your child doesn't change. You're the one who has to change" (p. 264). In addition to your immediate family, encourage extended family members to show respect for your child's gender expression by using preferred pronouns and your child's chosen name. Always work to advocate for your child's safety, emotional, and health needs.
- **Accept your child for who they are**  
Support and acceptance are critical in building your child's confidence and self-esteem. Support them and let them be unique. No matter what happens in school, or out in the world, they will always know that they can come home and find unconditional support. Never block access to age-appropriate resources, instead encourage open conversation that avoids blame, shame, or feelings of secrecy. If parents disagree on issues related to their child's gender variance or expression, try to negotiate these differences and focus on the best interests of the child.
- **Discuss safety strategies**  
Some parents used the "only at home rule" and set limits on where and when it would be appropriate to engage in cross-gender behaviour and interests. This approach can lead some youth to experience a "split life", which can manifest as a "family secret" (p. 266). Other parents attempt to portray a realistic picture for their children as to what might happen and how other students could be mean to them. Still, other parents rehearsed strategies with their children to help them deal with bullying or teasing at school. The key is to ensure that communication is open and ongoing. Revisit your plans frequently and be open to change to meet your child's immediate needs.

Regardless of the different knowledge levels or approaches taken, all parents wanted their schools to be involved by having support from school counsellors, teachers, and administrators who were aware and knowledgeable about gender identity issues. These parents also wanted schools to clearly include and provide education about gender issues as part of anti-bullying programs and/or diversity curricula<sup>xiii</sup>.

Today's schools and society are rapidly changing. As such, parents, children, and youth bring with them different social norms and diverse worldviews. Issues surrounding gender identity are complex and can be equated to how sexual orientation was understood some 30 years ago. Attitudes change, times change,

but the hopes, dreams, and fears of parents and students often remarkably remain the same. All parents want their children to feel safe at school, to graduate, and to grow up as healthy, happy, and productive adults. These are the same hopes and dreams for the parents of gender variant students. Parents, siblings, grandparents, friends, and teachers are all critical to a youth's positive adjustment and ought to be included in building an informed and supportive network to help these youth feel safe, valued, and ultimately to grow into resilience.

"Your child needs one thing in the world and one thing only, which is a supportive environment from their parents and their family, [and their school], who tells them that they're okay and there's nothing wrong with them. And everything else takes a back seat to that. And if you can't give them that you're not doing the right thing."

— *Parent of a gender variant child, Hill and Menvielle, 2009, p. 265*

An individual's gender identity is not a choice or caused by a lack of male or female role models or poor parenting (Cohen-Kettenis, et al., 2008), rather it is another variation of human diversity.

# STRATEGIES FOR A SUCCESSFUL TRANSITION OF A TRANSEXUAL CHILD

No two children will transition in exactly the same way. The following strategies are designed to provide practical suggestions to help parents/guardians and caregivers support a child through the in-school transition process. Consider how each strategy may be useful in your unique situation. Always keep in mind your child's immediate health, safety, and educational needs and make adjustments accordingly.

1. A parent/guardian and transitioning son or daughter must be flexible. This may be difficult if the child is very young, such as in early elementary. "Most transgender children still live in the shadows, hiding from a world that sees them as freaks of nature. Rejected by their families, many grow up hating their bodies, and fall victim to high rates of depression, drug abuse, violence and suicide" (Goldberg & Adriano, 2008, para 5). A plan should be formulated, but preparation should be made to change the plan if circumstances warrant it. This plan may include conversations with the school district, principal, and perhaps select teachers such as the school counsellor and/or physical education teacher. Work with your school to identify a list of "safe people" on staff to ensure that your child always has a support person available (Luecke, 2011).
2. Remember, transitioning genders is a public process and one that cannot be hidden. Accordingly, it may be difficult to keep the transition of your son or daughter a secret from others. Include this reality in planning for and with your child. Liaise with your school district's communications department, media, and legal specialists to ensure that your child's right to confidentiality is respected.
3. As a parent/guardian, you should be cautiously open with others regarding your child's transition. Parents should always choose allies carefully. As a parent/guardian, you may need to assist your child in finding his or her best allies. Your level of assistance may depend greatly upon your child's age.
4. Welcome questions about your child's transition and attempt to be patient with inquiries. Try to avoid angry or hostile responses. Be natural about your child's transition. Be neither apologetic, nor boastful. Remember, for many individuals, this will be their first exposure to issues of gender identity. Work with your child on how to answer questions that he or she may face. However, as Luecke (2011) suggests, "It shouldn't be the transgender child's responsibility to educate others" (p. 137). Encourage your school to provide professional development for staff, workshops for parents, and lessons for students on gender identity, variance, and expression.
5. You may wish to stress the medical aspects of your child's trans-identification as a way to help people understand gender identity. If you choose to take this approach, become knowledgeable about and be able to direct individuals to appropriate professional resources that briefly describe gender identity, gender dysphoria, and the possible causes of transsexualism. Work with your child in helping him or her understand and demystify the medical aspects of transsexualism. Encourage and/or work with your school to prepare a FAQ (frequently asked questions) list that can be shared with individuals seeking more information<sup>xiv</sup>.

6. Enlist the support of the district and/or school administration, counsellors, school social worker, and teachers. In some cases, you and your transitioning child may find minimal support. Be prepared to deal with the possibility that there may not be institutional experience or support for you or your transitioning child to rely on. Disclose information on a need-to-know basis with appropriate school personnel only.
7. Depending on the stage of your child's transition, he or she should dress appropriately in his or her gender role. Your child's transition may be easier if he or she avoids sending out "mixed messages" regarding gender presentation.
8. Underplay rather than overplay the "ordinariness" of your child's transition. Remember, it may be difficult for your child to immediately act "normal" and "appropriate" in his or her new gender. Voice, intonations, gestures, and actions may be overdone or underdone as your child reflects what he or she perceives to be within the "normal" gender range. Assist your son or daughter on this matter. Encourage them to practice gender roles and expected behaviours within a safe environment such as your home or among close friends.
9. Be aware that some students and parents may object to your child's transition and continued presence within the school or district. Have a plan to deal with this possible outcome. At times, a great inner strength will be necessary to maintain self-confidence. Assist your child in developing the self-esteem necessary to successfully move through this time of transition while maintaining their educational focus and personal well-being.
10. Consider scheduling the transition of your child, so he or she "presents" for the first time in his or her adopted gender either at the beginning of the school year or during the last week or two of the school year. The latter may facilitate a "smooth" start to the new school year the following September. A third strategy would be to request a placement in a different school or school district.

These suggestions are not hard and fast rules, but guidelines that should be adapted and modified by each particular family. It is also recommended that you work with qualified medical professionals and/or educational specialists who can help you develop a transition strategy to support your child at school.

"Look for the hidden blessings. The bad stuff is going to be easy to see. It's going to be right in your face. But there are blessings too. Amazing chances to love and to be loved. To see your child blossom. To find out about your own issues and find freedom from the dark places inside that you didn't even know were there. Look for those things".

— Parent, *Central Toronto Youth Services, 2008, p. 1.*

Transgender and transsexual children are at much  
greater risk of depression and suicide than their peers.

# DEVELOPING AN IN-SCHOOL TRANSITION PLAN: THE ROLE AND RESPONSIBILITIES OF THE SCHOOL

Most transsexual people transition when they have completed their public school education and are in an institute of higher learning or in the workforce. Most likely, only those students whose gender variance or transsexualism is very intense will transition in a K-12 school setting. These students are often at high risk for violence, depression, and suicide unless they transition. Usually, when supportive parents/guardians inform the school that their child is going to transition, many hours of consultation have taken place between the student, the parents, and a psychiatrist or other mental health professionals who specialize in gender variance of childhood and adolescence. The role of the school then becomes one of supporting the transitioning youth and parents under the guidance of qualified medical professionals. Additional supports may also be provided by educational professionals who specialize in sexual orientation and gender identity issues. These specialized professionals can serve as the “go-to” or resource persons and can help to coordinate the open communication that is critical to a successful school-based transition. Often principals and teachers do not have the time or specialized skills to play this important role. As a result, a supportive psychologist, social worker, school or community counsellor can serve in this role to ensure that accurate information is shared and a transition plan is in place.

School officials, once informed of a student’s decision to transition, should respond in much the same way as they would accommodate any student with specialized needs. In collaboration with the student, parents, healthcare, and other specialized educational professionals, school officials should devise and implement strategies that maximize the likelihood of a successful in-school transition for the student – in other words, develop a Transition Plan. Because each transitioning student is unique, as are his or her parents, and each school has its own distinct community culture, the Transition Plan developed for a particular student in a particular school will also need to be unique.

Normally, everyone’s medical history is considered highly confidential and others are informed only on a “need-to-know” basis. For a transitioning student choosing to remain in the same school, or transferring to another school within the same school district, the reality is that the “news” will likely disseminate quickly. This fact should be considered as the Transition Plan is developed. Attempts to maintain a student’s right to confidentiality should be strictly maintained at all times.

Before developing a Transition Plan, the transitioning student, his or her parents, and school administrators may wish to consider who will become involved in developing the plan. For example, should the student’s school counsellor, physical education instructor, and classroom teachers also participate in planning? Should representatives from the Students’ Council and the Parents’ Advisory Council also be asked to offer insights and advice from their perspectives?

During the planning process, it is natural for everyone’s attention to focus on the transitioning student in an effort to determine how to best support him or her. No less important, and easily overlooked, is the effect of the student’s transition on any other school-aged siblings. Do they attend the same school or a different one in the same district? How might they react to the imminent transition of their sibling? Are they at risk of bullying or harassment by other students? What should the parents and school officials do to support the siblings? Can siblings and allied students help support the transitioning student? Is there or should there be a supportive role for the peers of the transitioning student? Do these peers need specific training in how to best support a transitioning student<sup>xv</sup>? Are family members (including parents)

experiencing a sense of grief because of the apparent “loss” of the child whom they love? How can the school support family members when a child transitions? All of these questions are important to consider when helping to develop an effective and thoughtful transition plan.

As part of developing a school-based transition plan, consider the following guiding questions:

## **PRIOR TO TRANSITIONING**

1. Which of the following actions is in the best interest of the transitioning student: As near total confidentiality as possible, or complete disclosure to the entire school community (including all parents), or something in-between? Should all, some, or none of the following groups be informed: teaching staff, support staff, students, and parents? If so, how and when will this occur? What are the potential risks of disclosure? What are the potential risks of secrecy?
2. When does the student wish to transition? Is the desired date realistic? Will the student, his or her parents, and the school system be prepared by this date? Work to develop a transition timeline of “what is happening when” so that everyone involved knows what their expectations are and how they should be prepared (Luecke, 2011, p. 133).
3. Will suggestions on preparing for a successful transition be sought from:
  - Trans health programs or qualified health professionals?
  - Local LGBTQ youth or parental support groups or programs?
  - Provincial or territorial teachers’ association or union?
  - Educational and mental health professionals who specialize in gender identity issues?
  - Other schools or districts that have had experience with a transitioning student?
  - Other students who have transitioned or parents who have a child who has transitioned?
  - Knowledgeable transsexual individuals?
  - An “out” transsexual teacher working for the school board who is willing to help?
4. Is it necessary for the school or district to develop or expand school policies around homophobia, transphobia, gender identity, gender expression, and anti-bullying (including cyberbullying) to assist and protect a transitioning student?
5. Are the school and the district well informed as to their legal responsibilities and statutory obligations? For example, does the school have a legal duty to accommodate transitioning students?
6. What can school administrators, counsellors, classroom teachers, support staff, other students, and parents do to create a supportive environment for the transitioning student?
7. Will counsellors be available for students and staff who may experience difficulty adjusting to their own personal issues raised by a transitioning student?
8. Should all students be given trans-inclusive information by school counsellors and/or knowledgeable members of the medical and/or trans communities? If so, when? Will it occur during class time?
9. If some parents or the media raise questions or issues, who in the school or district will be responsible for addressing them? How will they be addressed? What should other staff do if approached by parents or the media?
10. Should professional development time be made available for in-service staff training?

11. Which bathroom(s) will the transitioning student use<sup>xvi</sup>? If these are separate bathrooms, how will access be granted? What are the safety and health implications?
12. Which facilities will the student use to change for athletic activities?
13. When will the school incorporate the student's new name in its informal and formal records? For example, when will class lists, seating plans, and report cards display a student's newly chosen name? Will existing records be changed? If so, when?
14. What actions will be taken if there is inadvertent incorrect pronoun usage, deliberate incorrect pronoun usage, blatant transphobia, and/or bullying (including cyberbullying)? Has the safety of the transitioning student (and his or her siblings and peers) been adequately addressed? Does everyone know school, district, and human rights policies and legislation? Is everyone aware that ongoing bullying could result in police intervention and/or human rights complaints?
15. Should parents and students receive a letter informing them of a student's transition? If so, what will be the content of the letter? Who will be involved in writing the letter? How will the student and family's confidentiality be protected? What happens if this letter is given to the media?
16. Is everyone aware that transsexuality is a normal variation of human development and that transitioning is the recommended course of action by healthcare professionals for some high intensity gender variant people?
17. Have the transitioning student, his or her parents, healthcare professionals, all school staff and students been informed of the school's policy or specified procedures for transitioning students? Was the policy or procedure development open and transparent? Did the student, his or her parents, healthcare professionals, school staff, students, and parents have input into the development of these policies and procedures? Is there consensus regarding these policies, procedures, and protocols? What will happen if these policies, procedures, and protocols are deliberately violated?
18. Is everyone aware of the Transition Plan, corresponding timelines, and does everyone understand his or her role in implementing it? Is the plan flexible and adaptable?

## **TRANSITION DAY**

1. Will this day be considered by everyone to be a "school-as-usual" day or will it be different in some way? If it will be different, in what ways will the day change? What will be the roles of the transitioning student, his or her parents, the administration, the student's counsellor, and other school staff?
2. Has everyone prepared for the possibility that the media or concerned parents may be present on the day of transition?

## **POST-TRANSITION DAY**

1. How often and when will meetings occur to review the effectiveness of the Transition Plan and possibly revise it?

When a student (or an adult within the school system) transitions there is natural curiosity about the individual's transition. Usually, this curiosity quickly subsides and within a few days or weeks, the "novelty" of the situation wears off, and the school environment returns to "normal". However, transgender and transsexual youth are at greater risk of bullying and violence when compared with their heterosexual and sexual minority peers. Ideally, all school community members will be sensitive to this, and will monitor the safety of the transitioning student and become supportive allies. Any negative issues should be promptly acted upon by the school administration. All students must clearly see that there are swift consequences for any transphobic bullying or prejudicial behaviour.

Transgender and transsexual children should never be considered by school officials to be "sick", "mentally ill", "needing to be cured", or in some way "disordered".

# WHAT CAN I DO TO CREATE AN INCLUSIVE CLASSROOM?

An inclusive classroom and school environment means that all students are made to feel safe, welcomed, and supported. Students need to know that there are adults in their school who will listen to and support them regardless of their actual or perceived differences. Think about the ways in which your understandings of gender may influence your teaching and the corresponding classroom environment (Rands, 2009). Ask yourself, how is gender represented in your classroom? How are these representations related to traditional social and cultural understandings of masculinity and femininity? How is gender represented and reinforced in your school and community? How do different cultural, ethnic, and faith-based contexts influence members of a gendered minority? What are the effects of these representations on youth who do not conform to traditional gender norms and sex role stereotypes?

The suggestions below represent a few important ways in which educators can signal their support for sexual and gender minority youth. While the strategies are not exhaustive, they represent a starting point from which educators can begin to challenge the rigid gender binary and the power of normalization within schools.

## 1. SIGNAL YOUR SUPPORT

Identify your classroom or office as a safe space to talk about issues related to sexual orientation and gender identity. Place a small rainbow flag on your desk, or post a pink triangle, gender symbol, or rainbow sticker in your office or on your filing cabinet. This will signal that you know and care about sexual and gender minority youth. Other ways to be inclusive include discussing current events involving issues around sexual orientation and gender identity in the media, on television, and in film. Identify a staff person or persons within your school, and at the school district level, who can serve as a safe contact, resource person, and ally for sexual minority, gender variant, and questioning youth.

## 2. CHALLENGE TRANSPHOBIC COMMENTS AND JOKES

Never laugh at an offending joke. Consider directly challenging all inappropriate comments, thereby signaling a caring attitude and identifying yourself as a safe person to talk to. Correspondingly, given the context, you may wish to challenge a comment in private, thereby providing opportunity for a more in-depth and nuanced discussion. A good class activity is to ask students to list all of the racist, sexist, homophobic, and transphobic terms they can think of and then discuss and demystify the messages and stereotypes they often convey.

## 3. IDENTIFY TRANSGENDER AND TRANSSEXUAL PEOPLE IN SOCIETY

- a. Help bring recognition to the lives of gender variant people. Following transition into their new gender, many individuals prefer to be identified as stereotypical men or women. Many transgender and transsexual individuals have provided important contributions to society through their careers and professions, but these contributions were often attributed to the men or women they became, rather than to the transsexual individuals they were prior to and during transition. Gender variant people have existed throughout history and in a wide variety of cultures, occupations, and religions around the world<sup>xvii</sup>.

- b. An example of such a hidden trans individual who was thought to be a normative man was Billy Tipton. Billy Tipton lived from 1914 to 1989, but was born as Dorothy Lucille Tipton. Dorothy was not allowed to become a professional musician because of her sex. When Dorothy became Billy, the musical stage was opened to him, along with the other talented male musicians of the time. Only at the time of Billy's death did his true sex come to public attention when medical personnel discovered that Billy was physically a woman. Was Billy a transgender or a transsexual individual? We do not know the actual gender identity of Billy Tipton. Most likely, Billy was transgender or transsexual because of his desire and ability to live successfully as a male although being born female. However, it is possible Billy decided to present as a man to achieve what he believed was impossible for him to achieve as a woman.
- c. One of the earliest accounts of a transsexual person in the modern era was Christine Jorgensen. Born George William Jorgensen, Jr., her sex reassignment was the first to be widely published in the United States media. Another example was Jan Morris (1974) who wrote a famous autobiography detailing her experiences entitled "Conundrum". How many transgender or transsexual role models do you know of?
- d. More recently, Chaz Bono publicly transitioned from female to male and is featured in the documentary film "Becoming Chaz". Chaz is a noted transgender advocate and is the son of celebrity couple Cher and Sonny Bono<sup>xviii</sup>.

As gender variant individuals become increasingly more visible and positively represented in society, there are fewer stigmas attached to being a transgender or transsexual person. However, it remains true that transsexual individuals often face less public scrutiny and/or ridicule if they appear to be normative females or males. In contrast, individuals who openly cross gender lines may face harsh criticism as well as psychological and/or physical abuse or assault.

Of the transgender youth surveyed,  
79% reported feeling unsafe at school.

# WHAT CAN THE SCHOOL DO?

All schools are required by law to provide non-discriminatory educational environments. For transgender and transsexual youth, schools are too often considered to be dangerous and risky spaces for their identities to be revealed. Most of the harassment and violence directed towards gender variant youth is premised on a rigid sex/gender binary, which presumes that there are only two sexes and only strictly male and female genders. Despite recent scientific evidence to the contrary, narrow identity constructions still operate overtly and covertly in schools to severely limit the creation of a truly inclusive and diverse school environment. Accordingly, schools should work to foster environments that challenge binary representations and, in turn, embrace the fluidity of sex, sexuality, and gender. Students learn more than just academic knowledge in their schools; they also learn governing norms, rules, and socially acceptable behaviours from observing the actions and non-actions of their peers and teachers (Wyss, 2004). What will students at your school learn? Will your school take the responsibility to develop an educational environment safe for *all* youth?

On the next two pages are a few suggestions describing how to help your school community become more inclusive of the needs of transgender and transsexual youth.

## 1. PROVIDE LEADERSHIP

Take the lead by providing comprehensive and age-appropriate training on gender identity issues for all staff, students, and members of the parent advisory council. Use teachable moments to discuss diversity and gender issues in the office, staffroom, and classroom. Demonstrate your support for staff that initiate and adopt inclusive behaviour. Remember, changes in attitude rarely occur overnight, and those who are exploring strategies and behaviours new to the school need to feel the administration's support, especially if others are to follow. The status quo may appear acceptable, but it also may be supporting a hurtful climate for an often silent and invisible gender minority.

## 2. ESTABLISH BASIC EXPECTATIONS IN YOUR SCHOOL CODE OF CONDUCT

Ensure that your school and district have clear non-discrimination policies and explicit codes of student conduct, which expressly prohibit harassment and discrimination on the basis of a student's actual or perceived gender identity or expression. Statements such as "tranny" should be clearly classed with derogatory racial and homophobic expressions. Demeaning racist, sexist, homophobic, and transphobic jokes and comments should always be challenged. Discuss how to challenge these remarks without being confrontational. For example, when someone uses these terms, follow up with a private conversation emphasizing the history and origins of the offending words and the damage putdowns can have on a student's self-esteem. Remember, students may also have gender variant family members and friends. Your silence signals your consent to the act of discrimination.

### **3. BE INCLUSIVE**

Consider finding role models for all minority groups in your school. Examples of role models could be female scientists and church leaders, Aboriginal authors and elders, transgender and transsexual athletes and business people, poverty activists and disabled professionals, or community leaders and politicians. Use these as examples in your discussions and make clear your admiration for their accomplishments, rather than their differences. Clearly define specialized or new terminology (e.g., transgender, transsexual, gender variant), and wherever possible encourage the use of gender inclusive language. For example, refer to partner, rather than husband or wife. Be respectful and supportive of diversity by modeling the language and pronouns that students use to describe their identities. On school forms and databases ensure that a student's preferred or chosen name can be accurately recorded on class lists, timetables, student files, etc.

### **4. CREATE INCLUSIVE AND USER-FRIENDLY LIBRARIES**

Ensure that your school library has the best and most up-to-date collection of age-appropriate books on sexual orientation and gender identity issues and topics (See Schrader & Wells, 2007; Wells, Pratch, Bewick, 2011). Examine the materials on gender identity that are currently available in your library and ask to have those with transphobic content reviewed for possible removal. Include a variety of novels, short-story collections, movies, and magazines for youth that are affirming of gender variance. Check to ensure your library or school is not using Internet software filters that block access to age-appropriate sites that contain information on sexual orientation and gender identity.

### **5. BE PREPARED AND PROACTIVE**

If your school suffers criticism from the local community because of a transitioning student, staff should be prepared to defend the rights of all students to a safe, welcoming, inclusive, and equitable educational environment. In your discussions, emphasize the health and safety concerns present and remember to protect a student and family's right to confidentiality at all times.

### **6. PROVIDE RESOURCES AND TRAINING FOR SCHOOL COUNSELLORS**

Counsellors are often considered a critical lifeline for students who may be experiencing difficulty at home or in the school. Ensure that your counsellor or school social worker has access to supportive reference materials and contacts for relevant trans-inclusive organizations. Encourage counsellors, social workers, and support personnel to attend sessions on sexual minority and gender identity issues at teachers' conventions or to organize a professional development in-service session for school and/or district staff. Ensure that all anti-bullying, mental health, and suicide prevention programs in your school are inclusive of the needs and realities of sexual and gender minority youth.

### **7. MAINTAIN CONFIDENTIALITY**

With issues of discipline, learning difficulties, and child abuse, the first adult in the school who is aware of a problem generally calls on the support of other adults, be they administrators, counsellors, parents, or the police. In the case of transgender and transsexual students, such a protocol may place the student at increased risk. Transgender and transsexual youth who are not "out" may have special confidentiality concerns. Telling even one person, without the student's permission, can leave him or her vulnerable to abuse within the school or at home. Some parents do not readily accept the news that their child may be gender variant and might go so far as to force their child out of the home. Of course, if a student discloses that they may be suicidal, suffering parental abuse, or at risk of hurting

themselves or others, you are legally required to report these incidents to the proper authorities. However, when reporting it is important to emphasize the student's need for confidentiality. Ensure that the student is referred to a supportive school counsellor or psychologist. The counsellor or psychologist will determine what further steps are necessary to protect and support the student.

## 8. UPDATE SCHOOL POLICIES AND PROCEDURES

Revisit your school dress code and ensure that it is flexible enough to allow a student to dress appropriately and in accordance with their gender identity. Create a school policy to ensure that all transsexual students can use the washroom that corresponds to their consistently asserted gender identity. If students do not feel safe using these washrooms, provide access to a private or staff washroom. Ensure locker room accessibility, which may include a separate or modified changing schedule or the use of a private changing area such as a washroom or staffroom or gym office (Y-Gap Project, 2009).

## 9. CONTINUE TO EDUCATE YOURSELF

Find people around you who are comfortable with gender identity issues and talk to them. Challenge your own assumptions and interrogate your own biases. Be open to making mistakes and learning from them. Remember what hurts more than being called names by students are the teachers who do nothing to help.

During the last several years, elementary, junior, and senior high schools have increasingly witnessed transsexual students who have decided, often with the full support of their parents and healthcare professionals, to transition from one gender to the other while attending school. This is a relatively new phenomenon for schools. Consequently, few schools have developed procedures and policies to support such in-school transitions. With a suitable team consisting of the transitioning student, his or her parents, school administrators, qualified educational professionals, and others in the school system, a Transition Plan can be developed that will maximize the likelihood of a successful in-school transition for the student and his or her family.

Results from these research studies  
and surveys are clear: Transgender and  
transsexual students face extremely hostile  
and discriminatory school environments.

All parents want their children to feel safe at school, to graduate, and to grow up as healthy, happy, and productive adults. These are the same hopes and dreams for the parents of gender variant students.

# A CHECKLIST FOR CREATING A SUPPORTIVE SCHOOL ENVIRONMENT FOR TRANSGENDER AND TRANSSEXUAL STUDENTS

- Develop explicit policies and student codes of conduct, which expressly prohibit discrimination on the basis of sexual orientation, gender identity, and gender expression.
- Provide professional development opportunities to further knowledge on sexual orientation and gender identity issues and concerns.
- Infuse sexual and gender minority perspectives in the curriculum, school, and classroom discussions.
- Develop inclusive library collections and open access to age-appropriate online information and community supports and services.
- Support and sustain gay-straight alliance (GSA) clubs in schools, which are inclusive of transgender and transsexual students (see Wells, 2006).
- Require all teachers and adults to intervene, prevent, and report harassment, bullying, and violence in schools.
- Designate and make gender-neutral bathrooms and change room facilities publicly available.
- Identify in-school allies, advocates, and mentors for transgender and transsexual students.
- Require all school staff, parents, and students to respect and use a student's preferred name and chosen pronouns.
- Ensure that a student's preferred or chosen name is used in all school records.
- Respect the confidentiality of all transgender and transsexual students and their families.
- Educate parent councils about sexual orientation and gender identity issues (McGuire & Conover-Williams, 2010).

In collaboration with the student, parents, healthcare, and other specialized educational professionals, school officials should devise and implement strategies that maximize the likelihood of a successful in-school transition for the student – in other words, develop a Transition Plan.

# CANADIAN TEACHERS' FEDERATION SEXUAL ORIENTATION AND GENDER IDENTITY POLICY

In Canada, school districts have been found by the Courts to be liable for failing to provide a discrimination-free environment for all students served by the school board. Correspondingly, parents of transgender and transsexual youth may file human rights complaints or negligence lawsuits because school districts and/or individual schools have failed to develop inclusive policies and procedures, failed to prevent verbal and physical harassment, and/or failed to appropriately discipline the perpetrators. All publicly-funded school boards in Canada have a legal, ethical, and professional responsibility to ensure that educational environments are safe for all students, regardless of their actual or perceived differences.

To help schools meet this mandated responsibility, in July 2004, the Canadian Teachers' Federation adopted a *Policy on Anti-Homophobia and Anti-Heterosexism*. This expansive policy includes a comprehensive vision of a curriculum-integrated, total-school working and learning environment that is “safe, welcoming, inclusive, and affirming for people of all sexual orientations and gender identities” (CTF, 2004, p. 4). The responsibility to create this safe and inclusive teaching and learning environment relies on foundational core values, which emphasize:

- the role of educators as critical agents in creating positive societal change that addresses the lived realities of sexual and gender minority people;
- how sexual and gender minorities are denied affirmation and accommodation when heterosexuality is assumed to be the only or preferred sexual orientation in the school system; and
- how the public education system has the responsibility to prepare young people “to develop open, pluralistic and democratic societies, free of discrimination or aggression based on sexual orientation and gender identity” (p. 4).

The CTF Policy identifies the responsibility of each educational stakeholder to:

## **EDUCATORS**

- take personal responsibility to educate themselves, model respect, understanding, and affirmation of diversity in the working and learning environment (Sections 4.1 and 4.2);
- ensure curriculum and classroom materials “contain positive images and accurate information about history and culture which reflects the accomplishments and contributions of BGLTT people” (Section 4.3); and
- develop an action plan for homophobic and transphobic incidents and make a commitment to confidentiality in the event of disclosure of a student or teacher’s sexual orientation or gender identity (Section 4.4).

## **COUNSELLORS**

- ensure that BGLTT students have access to counselling services that are affirming, supportive, and free from efforts to change a student’s sexual orientation or gender identity through the use of or referral to aversion, reparative, or conversion therapies (Section 4.6).

## SCHOOL BOARDS

- adopt anti-homophobia, anti-transphobia, and anti-heterosexism policies to protect persons who are or are perceived as being sexual or gender minorities, and to provide recourse and support for victims of harassment and discrimination (Section 4.5).

## PRE-SERVICE AND IN-SERVICE EDUCATION

- provide pre-service teachers with the knowledge, awareness, and affirming strategies, lesson plans, and curricula necessary to assist them in addressing sexual and gender minority educational issues (Section 4.7); and
- create professional development programs to address the diversity of sexual and gender minority issues in classrooms and schools (Section 4.8).

## MINISTRIES OF EDUCATION

- become visible advocates of anti-homophobia, anti-transphobia, and anti-heterosexism educational perspectives “through the provision of curriculum documents, training and directives” (Sections 5.0 and 5.1); and
- provide “sufficient resources to enable school systems to effect change” (Section 5.2).

This *Policy on Anti-Homophobia and Anti-Heterosexism* concludes with a recommendation for the CTF and Member organizations to review and revise their own policies to promote equity and inclusivity for all individuals in the workplace (Section 6.1), to recognize student and teacher diversity in the goals of all educational priorities and programs (Section 6.2), and to provide consistency in building awareness of the everyday realities of sexual and gender minority teachers, students, and same-sex parented families (Section 6.3). In addition, the CTF also outlines the need for Member organizations to develop public awareness programs that demonstrate the damaging effects that homophobia, transphobia, and heterosexism can have on all teachers, staff, students, and families in Canadian public schools (Sections 7.0, 7.1 and 7.2).

Ultimately, the focus is not on changing the child, but helping them to live within a binary world that recognizes one's biology as one's final gendered destiny.

# SAMPLE SCHOOL BOARD POLICY FOR GENDER IDENTITY AND GENDER EXPRESSION

All school district staff and students shall adhere to the following evidence-informed guidelines when addressing the safety, health, and educational needs of students and/or staff who identify as or are perceived to be transgender or transsexual persons<sup>xix</sup>.

## 1. PRIVACY AND CONFIDENTIALITY

Sexual and gender minority students and staff have the right to discuss their sexual orientation, gender identity, and gender expression openly and to decide when, with whom, and how much private information to share with others. District or school personnel should not disclose information that may reveal any individual's sexual orientation, transgender, or transsexual status to others, including parents and other District or school personnel, unless legally required to do so, or unless the individual has expressly authorized such disclosure.

## 2. NAMES AND PRONOUNS

A student or staff member has the right to be addressed by a name and pronoun that corresponds to his or her gender identity. A court-ordered name or gender change is not required, and the student does not need to change his or her official records for this right to be extended to them. The intentional or persistent refusal to respect a student's gender identity (for example, intentionally referring to the student by a name or pronoun that does not correspond to the student's gender identity) is a violation of this policy and may be considered a form of harassment.

## 3. OFFICIAL RECORDS AND COMMUNICATION

The District is required to maintain a mandatory Student Record that includes a student's legal name and the sex of a student. However, the District is **not required** to use a student's legal name (as registered under the *Vital Statistics Act*), sex, and gender on other school records or documents. When requested by the student or parent, the District will change a student's official record to reflect a change in legal and/or preferred name, sex, or gender upon receipt of legal or medical documentation. In situations where school staff or administrators are required by law to use or to report a transgender or transsexual student's legal name, sex, or gender, such as for purposes of standardized testing or attendance records, school staff and administrators shall adopt practices to avoid the inadvertent disclosure of such confidential information.

When contacting the parent or guardian of a transgender or transsexual student, school personnel should always use the student's legal name and the pronoun corresponding to the student's gender assigned at birth unless the student, parent, or guardian has specified otherwise. This is important to prevent accidental disclosure of a student's transgender or transsexual identity. In some cases, unwanted disclosure can place students at significant risk of harm, neglect, and abuse. In general, all school forms and databases should be updated to ensure that a student's preferred or chosen name can be accurately recorded on class lists, timetables, student files, identification cards, etc.

#### **4. TRANSFERRING A STUDENT TO ANOTHER SCHOOL**

Whenever possible, administration should aim to keep transgender and transsexual students at their original school site. School transfers should not be an administrator's first response to harassment and should only be considered when necessary for the protection or personal welfare of the transferred student, or when requested by the student or the student's parents. The student or the student's parents or guardians must consent to any such transfer. The problem is often not the transgender or transsexual student, but the culture of transphobia and ensuing harassment that must be addressed at the school level.

#### **5. GENDER-SEGREGATED ACTIVITIES**

To the greatest extent possible, schools should reduce or eliminate the practice of segregating students by gender. In situations where students are segregated by gender, such as for health education classes, all students should be given the option to be included in the group that corresponds to their consistently asserted gender identity.

#### **6. ATHLETICS, LOCKER ROOM, CHANGE ROOM ACCESS AND ACCOMMODATION**

All students, regardless of their gender identity or expression, should be able to participate in physical education classes and team sports in a safe, inclusive, affirming, and respectful environment. Accordingly, all schools should proactively review their student athletic policies to ensure they are inclusive of transgender and transsexual students.

Transgender and transsexual students shall not be asked or required to have physical education outside of assigned class time, and shall be permitted to participate in any gender-segregated activities in accordance with their consistently asserted gender identity, if they so choose. Students shall also be permitted to participate in any gender-segregated recreational and competitive athletic activities, which is consistent with their gender identity. However, due to issues of disclosure and safety, some students may wish to participate in a gender-segregated activity that does not traditionally align with their gender identity. All athletic policies and procedures should enable all student athletes, regardless of their gender identity or gender expression, to participate and compete in a safe, competitive, and respectful environment free of discrimination and harassment.

All students shall have access to locker room facilities that correspond to their consistently asserted gender identity. In locker rooms that require undressing in front of others, students who desire increased privacy, for any reason (e.g., medical, religious, cultural, gender identity, etc.) shall be provided with accommodations that best meet their individual needs and privacy concerns. Based on availability and the nature of the privacy concerns expressed, such accommodations could include, but are not limited to:

- Use of a private changing area such as a washroom, staffroom, nurse's or gym office.
- Development of a separate or modified changing schedule (e.g., using the locker room before or after other students).

#### **7. RESTROOM ACCESSIBILITY**

All students shall have access to the restroom that corresponds to their gender identity consistently asserted at school or during field trips. Any student who has a need or desire for increased privacy, regardless of the underlying reason(s), should be provided access to a single stall restroom, but no student shall be required to use such a restroom.

## 8. DRESS CODES

All students have the right to dress in a manner consistent with their gender identity or gender expression. In general, schools may not adopt dress codes that restrict students' clothing or appearance solely on the basis of their gender identity or gender expression, or other inalienable characteristics of person.

## 9. RESOLVING CONFLICT

If a dispute arises with regard to a transgender or transsexual student's participation in educational or athletic activities, the dispute shall be resolved in a manner that involves the transgender or transsexual student in the decision-making process. The principles of ensuring for reasonable accommodation, maximizing inclusiveness, and addressing the best interests of the student shall be the guiding framework used to assist in the collaborative decision-making process.

As one parent powerfully stated,  
"You don't change anything...  
Your child doesn't change.  
You're the one who  
has to change."

Is it necessary for the school or district to develop or expand school policies around homophobia, transphobia, gender identity, gender expression, and anti-bullying (including cyberbullying) to assist and protect a transitioning student?

# RESOURCES FOR FURTHER INQUIRY

## RESOURCES FOR YOUTH

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## RESOURCES FOR ELEMENTARY SCHOOL LIBRARIES

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Ewert, Marcus. 2008. *10,000 Dresses*. New York: Seven Stories Press.

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## RESOURCES FOR ADMINISTRATORS, SCHOOL COUNSELLORS, AND TEACHERS

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Gilley, Brian Joseph. 2006. *Becoming Two-Spirit: Gay Identity and Social Acceptance in Indian Country*. Lincoln, NE: University of Nebraska Press.

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## RESOURCES FOR PARENTS

Beam, Cris. 2007. *Transparent: Love, Family, and Living the T with Transgender Teenagers*. Orlando, FL: Harcourt.

Central Toronto Youth Services. 2008. *Families inTRANSition: A Resource Guide for Parents of Trans Youth*. Retrieved from: [http://www.ctys.org/about\\_CTYS/FamiliesInTransition.htm](http://www.ctys.org/about_CTYS/FamiliesInTransition.htm)

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## FILMS ON GENDER IDENTITY ISSUES

### **Becoming Me: The Gender Within** (2009)

What ultimately determines a person's gender? Is it chromosomes, hormones, genitals, or an innate sense of self? In this Telly Award-winning program, five transgender individuals between the ages of 20 and 50 speak openly about what it has meant to them to be transgender, exploring their first experiences of gender confusion, life after coming out, family responses, and other issues. This video will help educators understand the inner feelings of students and staff who may be transgender. The video contains some graphic footage of sex reassignment surgery. Advance previewing is recommended. The film can also be shown in short convenient sections and comes with an instructor's guide. 40 minutes. Available online: <http://digital.films.com/play/RHFWJ7>.

### **Girl Inside** (2007)

A Canadian documentary directed by Maya Gallus, which follows a 26-year-old trans woman during her three-year transition process. 78 minutes.

### **Ma Vie en Rose** (1997)

A major motion picture directed by Alain Berliner, which features the story of 7-year-old Ludovic, who was born a boy, but is convinced she was meant to be a girl. 88 minutes.

### **Red Without Blue** (2007)

Award-winning documentary featuring 20-something Mark and Clair, who are identical twins, one coming out as a gay man and the other as a trans woman. The film examines the family's transformation over a three-year period. 77 minutes.

### **Straightlaced: How Gender's Got Us All Tied Up** (2009)

A powerful examination of how popular pressures surrounding gender and sexuality are shaping the lives of teenagers. The film highlights the voices of more than 50 high school students from a variety of different communities, all of whom speak with breathtaking honesty, insight, and humor about gender roles and their struggles to be who they really are. 67 minutes.

## RECOMMENDED WEBSITES AND ONLINE VIDEOS

### Criteria for Diagnosis of Gender Identity Disorder (Transsexuality)

[www.behavenet.com/capsules/disorders/genderiddis.htm](http://www.behavenet.com/capsules/disorders/genderiddis.htm)

This website outlines the criteria required for a diagnosis of gender identity disorder as identified by the *Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> Edition, Text Revision, DSM–IV–TR.

### Gender Identity Research and Education Society

[www.gires.org.uk](http://www.gires.org.uk)

An important resource for gender variant people and their families, and the medical and other professionals who provide for their care.

### Gender Odyssey

[www.genderodyssey.org](http://www.genderodyssey.org)

Gender Odyssey is an international conference focused on the needs and interests of transgender and gender non-conforming people. Conferences are normally held in Seattle, Washington, over a long weekend in the summer. These conferences provide a powerful opportunity for gender non-conforming children and adolescents, along with their parents or guardians, to meet in person and share experiences and exchange knowledge.

### Gender Spectrum

[www.genderspectrum.org](http://www.genderspectrum.org)

Gender Spectrum provides education, training, and support to help create a gender-sensitive and inclusive environment for all children and teens.

### On the Male Side of Middle

[www.youtube.com/watch?v=UoljapEHmDA](http://www.youtube.com/watch?v=UoljapEHmDA)

An online video featuring a female-to-male transgender person successfully negotiating his position in a married relationship with a woman, and in his new male position within his family.

### PFLAG Canada

[www.pflagcanada.ca](http://www.pflagcanada.ca)

PFLAG is a registered charitable organization that provides support, education, and resources to anyone with questions or concerns about sexual orientation or gender identity. PFLAG Canada has chapters or contacts in more than 60 communities across Canada.

### Transgender Basics

[www.gaycenter.org/transgenderbasics](http://www.gaycenter.org/transgenderbasics)

A 20-minute educational film designed for service providers, which explains the concepts of gender and transgender people. Members of the transgender community share their experiences of being trans and gender queer.

### Transgender Child: A Parent's Difficult Choice

[www.youtube.com/watch?v=S5P9kUz0yO0](http://www.youtube.com/watch?v=S5P9kUz0yO0)

A powerful interview featuring parents coming to terms with their transgender child. First aired on the television program *Our America with Lisa Ling* on the Oprah Winfrey Network.

**TransActive Education and Advocacy**

[www.transactiveonline.org](http://www.transactiveonline.org)

TransActive Education and Advocacy is an organization based in Portland, Oregon. Canadian readers will most likely find this website useful for its resources and possibly – bearing in mind issues around safety – its online forum which states that it is “A place for general discussion about transgender and gender non-conforming children and youth. All are welcome to participate in this forum and posts are visible to everyone.”

**The Transgender Health Program (Vancouver)**

[www.vch.ca/transhealth](http://www.vch.ca/transhealth)

Launched by Vancouver Coastal Health in June 2003, this website brings together resources and individuals committed to working on improving transgender health services in British Columbia. The program welcomes anyone who has a transgender-related health question or concern.

**Trans Youth Family Allies**

[www.imatyfa.org](http://www.imatyfa.org)

Trans Youth Family Allies (TYFA) empowers children and families by partnering with educators, service providers, and communities to develop supportive environments in which gender may be expressed and respected.

**The World Professional Association for Transgender Health’s Standards of Care for Gender Identity Disorders**

[www.wpath.org/publications\\_standards.cfm](http://www.wpath.org/publications_standards.cfm)

Provides the most recent standards of care and professional consensus about the psychiatric, psychological, medical, and surgical management of gender identity variance/disorders.

Children need to feel emotionally  
safe in order to learn effectively.

Empathy, knowledge, and understanding are critical in the processes of acceptance for parents, families, and educators.

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Has the safety of the  
transitioning student (and his  
or her siblings and peers) been  
adequately addressed?

- i See Callender's (2007) reflections on counselling and supporting a transitioning high school student in his Toronto district high school.
- ii This story is based upon the real-life experiences of a sixteen-year-old transsexual girl and her parents. The names are fictitious.
- iii The World Professional Association for Transgender Health was formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIIGDA).
- iv WPATH (2011) cautions that these figures are "to be considered minimum estimates at best. The published figures are mostly derived from clinics where patients met criteria for severe gender dysphoria and had access to health care at those clinics.... By counting only those people who present at clinics for a specific type of treatment, an unspecified number of gender dysphoric individuals are overlooked" (p. 7).
- v In the latest version of the SOC (2011), researchers conclude that "gender dysphoria during childhood does not inevitably continue into adulthood" (p. 11). In several follow-up studies, boys were more "likely to identify as gay in adulthood than as transgender" (p. 11). In contrast to children, researchers indicate the "persistence of gender dysphoria into adulthood appears to be much higher for adolescents" (p. 11).
- vi *The Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> edition, text revision (DSM – IV – TR) diagnostic criteria for Gender Identity Disorder (GID), commonly referred to as transsexualism, are available at <http://www.behavenet.com/capsules/disorders/genderiddis.htm>
- vii Additional criteria must also be satisfied for an individual to be diagnosed as having a GID. These criteria are fully listed in DSM – IV – TR. In children, gender identity disorder is determined by the manifestation of four (or more) of the following: (1) Repeatedly stated desire to be, or insistence that he or she is, the other sex. (2) In boys, preference for cross-dressing or simulating female attire; in girls, insistence on wearing only stereotypical masculine clothing. (3) Strong and persistent preferences for cross-sex roles in make-believe play or persistent fantasies of being the other sex. (4) Intense desire to participate in the stereotypical games and pastimes of the other sex. (5) Strong preference for playmates of the other sex. In adolescents and adults, the disturbance is manifested by symptoms such as a stated desire to be the other sex, frequent passing as the other sex, desire to live or be treated as the other sex, or the conviction that he or she has the typical feelings and reactions of the other sex.
- viii Of concern is the non-reversibility of testosterone. Estrogen has greater reversibility.
- ix For further information, see SOC, Section V, Assessment of Children and Adolescents, pages 8-11.

- x For an introduction to the different opinions of some professionals regarding the transition of children and youths, see the *MacLean's* magazine article entitled, "When boys would rather not be boys". Retrieved from: <http://www2.macleans.ca/2011/08/12/when-boys-would-rather-not-be-boys>. This article also discusses the transition of a transsexual boy when he was in Grade 8.
- xi "Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success, particularly in the long term. Such treatment is no longer considered ethical.... Mental health professionals should not impose a binary view of gender. They should give ample room for clients to explore different options for gender expression. Hormonal or surgical interventions are appropriate for some adolescents, but not for others" (SOC, Version 7, p. 16).
- xii Adapted from Lev's (2004) guidelines for working with gender-variant people and their families.
- xiii The American Psychological Association recommends a number of articles, which discuss bullying – including some specifically written for educators. The list of articles is available at: <http://search.apa.org/?query=bullying>. They also discuss cyberbullying and provide a number of useful references in an article entitled "Research roundup: Cyberbullying" available at: <http://www.apapracticecentral.org/update/2010/03-31/cyberbullying.aspx>.
- xiv See the Public Health Agency of Canada's (2010) "Questions & Answers: Gender Identity in Schools" as one possible example.
- xv For an example of how students can become powerful allies for transgender and transsexual youth, see Luecke's (2011) discussion of working with transgender children and their classmates in pre-adolescence.
- xvi The question of which washroom(s) a transitioning student should use is a sensitive one. Some schools, in consultation with the student and his or her parents, designate one or more single occupancy washrooms (normally used exclusively by school staff) for the student's use. Other schools designate certain washrooms as "gender-neutral" and available to *all* students. Which washrooms are to be made available to a student in the context of human rights legislation has yet to be legally determined. For transitioning pre-operative transsexual adults living in British Columbia, the BC Human Rights Tribunal ruled, "Both the Harry Benjamin International Gender Dysphoria Association, Inc., and the medical profession in British Columbia require a transsexual, before sexual reassignment surgery, to live in the desired sex for a period of time. During this transition phase the individual is considered to be in the desired sex, rather than the physical sex assigned at birth. Part of living in the role of the desired sex is the use of the washroom of that sex." In addition the ruling states, "... [the respondents] testified that they had received complaints from female patrons about men using the women's washroom. However, the preference of patrons is not a defense to a complaint of discrimination..." (pp. 21-22). For more details, see *Sheridan v. Sanctuary Investments Ltd. doing business as "B.J.'s Lounge"*, retrieved from: [http://www.bchrt.bc.ca/decisions/1999/pdf/sheridan\\_vs\\_sanctuary\\_investments\\_ltd\\_dba\\_b.j.%27s\\_lounge\\_jan\\_8\\_99.pdf](http://www.bchrt.bc.ca/decisions/1999/pdf/sheridan_vs_sanctuary_investments_ltd_dba_b.j.%27s_lounge_jan_8_99.pdf).

Likewise, as Dr. Sheila Cavanagh (2010) states, "Security guards and patrons in general often assume the right to police gender in toilets despite the absence of laws governing the gender of washroom patrons in many American states and in Canada. For example, in Ontario, where the vast majority of interviewees in [her] study reside, people are protected under the Ontario *Human Rights Code*. It is illegal to discriminate against, or to harass, trans people by denying them access to public facilities, including public washrooms and fitness change rooms, on the basis of

gender” (p. 79). For more information, see Cavanagh’s research project, “Lesbian, Gay, Bisexual and Transgender Students and Bullying in High School Bathrooms” (<http://www.yorku.ca/yfile/archive/index.asp?Article=11087>), which suggests that “Lesbian, gay, bisexual and transgender (LGBT) students are building community in an unlikely place – the high school bathroom.... Scholars have identified the public toilet as a space in which hate crimes have been committed against gender, sexual and racial minorities. High school bathrooms can be particularly dangerous places – locations for bullying and sexual assaults”. Cavanagh suggests that bathrooms are spaces in which LGBT students build community away from the watchful eyes of authorities. She states, “They are spaces where students negotiate gender identifications and sexual desires in ways that are not always recognized and validated by teachers, administrators and curricular materials”. For more research on gender theory and the space, place, and usage of public bathrooms, see “Toilet: Public Restrooms and the Politics of Sharing” (2010), edited by Harvey Molotch and Laura Noren.

- <sup>xvii</sup> Wikipedia lists several hundred well-known transgender people. These listings identify the person’s nationality, occupation, and provide a brief biography (see: [http://en.wikipedia.org/wiki/List\\_of\\_transgender\\_people](http://en.wikipedia.org/wiki/List_of_transgender_people)). Also of interest will be profiles of everyday transgender people featured as part of an investigative report entitled “Breaking Boundaries” (see: <http://www.tnr.com/gallery/transgender>).
- <sup>xviii</sup> For more information on Chaz’ transition journey, see the excellent article in the *New York Times* entitled “The Reluctant Transgender Role Model”, May 6, 2011. Retrieved from: [http://www.nytimes.com/2011/05/08/fashion/08CHAZ.html?\\_r=2&pagewanted=1](http://www.nytimes.com/2011/05/08/fashion/08CHAZ.html?_r=2&pagewanted=1)
- <sup>xix</sup> This sample policy was adapted from policies developed by Lambda Legal and the National Youth Advocacy Coalition (2009), Toronto District School Board, Vancouver School Board, and Edmonton Public School Board.

All students must clearly see that  
there are swift consequences  
for any transphobic bullying  
or prejudicial behaviour.

An inclusive classroom and school environment means that all students are made to feel safe, welcomed, and supported.

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