

Transgender Schools Guidance

Safeguarding Concerns



Transgender Schools Guidance Safeguarding Concerns

The Department for Education has failed in their responsibility to act with due diligence when funding and promoting political transgender pressure groups to schools. The following areas of concern need urgent review to safeguard the rights of all children and to ensure that school is a safe place for all.

- Promising confidentiality to a child
- Parental Alienation
- Promoting use of off label drugs and minimising harms
- Erosion of sexual boundaries

The following organisations have been endorsed by the Department for Education (DfE):

- Gender Identity Research and Education Society (GIRES). In the publication Equality Act 2010 and Schools (May 2014)¹ GIRES is referenced three times, including a link to their website.
- Intercom Trust. The same document provides a link to the Cornwall Schools Transgender Guidance written by the Intercom Trust.
- Stonewall. Awarded DfE funding in 2015 of £465,594 to “prevent and tackle homophobic, biphobic and transphobic bullying in schools.”
- Educate & Celebrate. Awarded DfE funding in 2015 of £214k.
- Mermaids. Awarded DfE funding in 2018 of £35k to go into schools and deliver training to teachers.

These organisations are political pressure groups that seek to influence public policy for their own particular cause, i.e. transgender rights. While this is a legitimate aim, the promotion of these groups to schools has raised serious concerns about their negative impact on the safeguarding of children. These groups advocate an adult approach to specific issues such as confidentiality, use of off label drugs, consent and working with parents. These approaches are inappropriate for children, are incompatible with Working Together to Safeguard Children 2018² and Keeping Children Safe in Education 2018³, and place children, especially girls and gender non-conforming children, at risk of significant harms.

1 The Equality Act and Schools (2014) Department for Education publication
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf

2 Working Together to Safeguard Children (2018) HM Government publication
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard-Children.pdf

3 Keeping Children Safe in Education (2018) Department for Education publication
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/741314/Keeping_Children_Safe_in_Education__3_September_2018_14.09.18.pdf

Promising Confidentiality to a Child

Working Together to Safeguard Children: Para 16. Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child's needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.

On the GIRES website their e-learning resource for professionals in health and education *Caring for gender non-conforming young people*⁴ uses two case scenarios in Module 2, one for a primary child and one for a 13 year-old, where the child discloses that they wish to change sex.

In the first exercise a primary child Maisie (possibly aged between 4 – 11) tells the adult that they are a boy. The 'correct' response is that Maisie **must** be agreed with: "You must not ignore, or correct, a child who gives you this personal information, and do take them seriously." There is no suggestion of a neutral response and no discussion of sharing the information with other colleagues or the need to follow safeguarding procedures.

The second case scenario, when Maisie is 13 and tells the teacher she wants to live as a boy, is even more concerning. In defiance of key safeguarding advice, the teacher is specifically informed that to tell the Head teacher is the **wrong** answer and the right answer is to "reassure her that she can talk to you in confidence." In the explanatory notes the teacher is advised: "Only in circumstances where the child is distressed or there is evidence of self-harm, should this be reported to others." GIRES advocates that a teacher acts alone despite having identified these children as a high-risk group:

"23% of gender dysphoric children aged 12 and over have engaged in self-harm and overdose" and "gender variant children can suffer from depression, anxiety, social isolation, exclusion, anger issues and bullying."

The Stonewall schools guide "An Introduction to Supporting LGBT Young People" (2015)⁵ provides similar advice: "When a young person comes out it is important to reinforce that they can be themselves and encourage them to feel positive about who they are" and that a teacher can support a child by "listening and reassuring them that their confidentiality will be respected" (p. 12) with the exception that "if a young person is at risk of significant harm in some other way staff have an obligation to disclose. It may constitute a safeguarding risk if: They're experiencing abuse at home or are at risk of homelessness." (p. 13)

Both examples misunderstand the role of individual teachers, both within safeguarding and pastoral care. Teachers must share pastoral and potential safeguarding information with the relevant safeguarding lead. Individual teachers do not have the professional skills to risk assess a child's levels of self-harm or distress, nor whether they are experiencing abuse at home or their risk of homelessness. Individual teachers are mandated to share "any concerns about a child's welfare" with the relevant safeguarding officer (Keeping Children Safe in Education 2018).

4 Caring for gender non-conforming young people e-learning resource, GIRES http://cs1.e-learningforhealthcare.org.uk/public/GEV/GEV_01_001/story_html5.html?lms=1

5 An Introduction to Supporting LGBT Young People, Stonewall (2015) https://www.stonewall.org.uk/system/files/an_introduction_to_supporting_lgbt_young_people_-_a_guide_for_schools_2015.pdf

It is a basic principle of child protection training in schools that an adult should never promise confidentiality to a child. Yet GIRES and Stonewall clearly state that confidentiality must be maintained and the child's thoughts must be immediately affirmed by the adult.

Every Serious Case Review into child deaths or abuse identifies a lack of information sharing, both within and between agencies, and schools' safeguarding systems are grounded in learning from previous errors. An individual teacher acting alone is in no position to judge if a child is at risk. Children with mental health problems often present in a quiet/calm manner and any teacher who chooses to keep this confidential could face a charge of gross misconduct for ignoring a school's safeguarding policy. The correct response in every case must be for the adult to share the information in line with the school's safeguarding procedures, thus enabling an informed judgment to be made about confidentiality and other issues.

Safeguarding rules are there to protect children and teachers know that by sharing information with the relevant safeguarding officer, the information can be seen in context and the level of risk to the child properly assessed.

This is especially important as the sudden development of a cross-sex identity in a child may be an indication of significant underlying issues. A study published by the British Psychological Society in 2016 identified gender dysphoric young people as "a psychologically vulnerable population," with over half the subjects of this study having six or more of the fifteen psychosocial/psychological vulnerability factors identified. 10% had a history of sexual abuse.⁶

The Tavistock website states: "Adolescents who present with gender dysphoria and cross-gender identification well after the onset of puberty, are more likely to also have significant psychopathology and broader identity confusion than gender identity issues alone."⁷ Globally, the very recent rise in referrals of teenage girls and autism spectrum children is unprecedented. In the study linked on the Tavistock website: "Natal girls were markedly overrepresented among applicants. Severe psychopathology preceding onset of gender dysphoria was common. Autism spectrum problems were very common."⁸

A recent study on parental reports of adolescents experiencing a sudden onset of gender dysphoria found that 82.8% were female (average age 15) and 62.5% had been diagnosed with at least one pre-existing mental health disorder or neurodevelopmental disability. Parents reported subjective declines in their teenager's mental health (47.2%) and in parent-child relationships (57.3%) since they "came out" as transgender. 86.7% of the parents reported that, along with the rapid onset of gender dysphoria, their child either had an increase in their social media/internet use, belonged to a friend group in which one or multiple friends became transgender-identified during a similar timeframe, or both.⁹

6 Bechard, M. et al Psychosocial and Psychological Vulnerability in Adolescents with Gender Dysphoria: A "Proof of Principle" Study, *Journal of Sex and Marital Therapy* (2016)
<https://www.tandfonline.com/doi/abs/10.1080/0092623X.2016.1232325>

7 Tavistock GIDS Evidence Base <http://gids.nhs.uk/evidence-base>

8 Kaltiala-Heino, R. et al, Two Years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development, *BMC Journal* (2015)
<https://capmh.biomedcentral.com/articles/10.1186/s13034-015-0042-y>

9 Littman, L. Parental reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria, *PLoS ONE* (2018) <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>

'Affirmation' of a child's identity and facilitation of a child's 'social transition' is a major intervention in the course of a child's identity development, which may influence and encourage the child towards life-changing medical treatment. This is a new and experimental approach towards children with gender dysphoria, which is likely to have a profound psychological impact on the child and alter the course of their development. Active validation from adults must be considered within the context of the associated highly intrusive medical pathway. The Tavistock is under pressure to fast track children onto medical treatment at ever earlier ages by the same transgender organisations providing guidance for schools.¹⁰

Why is the government allowing transgender organisations to openly flout safeguarding procedures and to deliberately place vulnerable children outside the protection of Working Together and other relevant safeguarding guidelines?

What action will the DfE take to ensure that organisations such as GIRES, Mermaids and Stonewall comply with national safeguarding principles and guidelines?

Parental Alienation

Working Together to Safeguard Children: Para 11. All practitioners should follow the principles of the Children Acts 1989 and 2004 - that state that the welfare of children is paramount and that they are best looked after within their families, with their parents playing a full part in their lives, unless compulsory intervention in family life is necessary.

The Cornwall Schools Transgender Guidance¹¹ linked on the DfE website recommends eroding or removing parental rights. This guidance invites an attitude of suspicion towards parents who are assumed to be "prejudiced" if they do not support their child in the correct way according to the opinion of the writers of this guidance, who are not educational or medical experts:

"It must be recognised that people have their own prejudices. A parent or guardian may not always be the most supportive or appropriate person to assist the young person through transitioning. It may not be necessary for a parent or guardian to provide permission for a Trans pupil or student to take steps to transition as there may be issues raised of Fraser competence if parents will not consent." (p. 18)

This advice is given despite the authors' recognition that gender dysphoria is a clinical condition which can only be diagnosed by experts:

"Gender Dysphoria (or Gender Identity Disorder) is a clinical condition that can present from as early as age two and can only be diagnosed by a medical and/or psychiatric expert. A person diagnosed with Gender Dysphoria may require treatment (e.g. hormone blockers) to ameliorate the symptoms associated with being Transgender." (p. 10)

10 Doctors at England's only NHS transgender clinic for children warn lobby groups and pushy parents are 'exposing young patients to long term damage' Daily Mail (2019) <https://www.dailymail.co.uk/news/article-6713887/NHS-transgender-clinic-warns-damage-young-patients.html>

11 Cornwall Schools Transgender Guidance (2015) https://www.cornwall.gov.uk/media/13620644/schools-transgender_guidance_booklet-2015.pdf

The Stonewall guidance also advises that “for staff to discuss this with parents/ carers without the young person’s consent would be a breach of confidentiality” (p. 13) and suggests that if parents are “unsupportive” (presumably based on the child’s report) the school should provide the child with access to “support from others.” (p. 14)

During a Mermaids teacher training session¹², in response to a teacher’s question “you’re saying that I could access the help for them but would I go through my safeguarding officer?” the trainer advises bypassing safeguarding systems and directly referring a child to the Tavistock clinic without the parents’ permission:

“ No. Ofsted are very clear that being LGBT is not a safeguarding issue. If they’re under 16, you need parental consent; if they’re over 16, you can do the referral.”

The Educate and Celebrate guide “How to Transform Your School into an LGBT+ Friendly Place” also advises teachers that the referral of a child to CAMHS or a GP “can be done without parental consent”¹³ specifying that “Some CAMHS are able to accept self-referrals, and 13- 16 year-olds have the same rights to confidentiality as adults when going to their GP.” Educate and Celebrate also reiterates the attitude of mistrust towards parents evidenced in the other guidance: “unfortunately there are times when parents or carers do not support their child’s explorations about their gender identity.”(p.118)

This places a group of very vulnerable children and adolescents isolated outside the protection of their family and potentially open to inappropriate external influences behind their parents’ backs. It also encourages schools to make decisions about the limitations of parental rights and responsibilities that they are not empowered to do. These decisions can only be made following due process in the courts.

No outside agency has the authority to advise on the best treatment pathway for an individual child, nor to advise schools to facilitate a particular pathway without informing parents. A teacher is not a medical expert and a school acting on the advice of this guidance would be going against the principle of working together with parents, fundamentally undermining the parents’ role in the care of their own child. A parent is the person with legal responsibility for a child. Putting the parents aside, not respecting parental choice and removing responsibility from parents goes against the key principles of standard UK legal practice for every agency working with children. Safeguarding legislation is predicated on working in partnership with parents.

What steps will the DfE take to ensure that transgender / gender non conforming children are not alienated from their parents without access to the courts or due legal process?

Will the DfE take any action to remind those writing policy/guidance that working in partnership with parents is the cornerstone of safeguarding in this country and that only the courts can remove parental responsibility?

¹² Mermaids training session

<https://docs.google.com/document/d/1NDOMlo2aEpBI2ySfKdEWCb1H94tZciKiqUffjH1ku0Y/edit>

¹³ How to Transform Your School into an LGBT+ Friendly Place, Barnes, E. (2018) p.118

<https://www.jkp.com/uk/how-to-transform-your-school-into-an-lgbt-friendly-place-1.html>

Promoting Off Label Drugs and Minimising Risks

GIRES in their online training for professionals in health and education promotes the use of ‘hormone blockers’ for children at the start of and during puberty, stressing the need to “ensure that this happens without delay, because the physiological treatment to suspend puberty is more effective if the child/adolescent is still in the early stages of pubertal development.” GIRES also normalises the use of cross-sex hormones:

“If a young person has been administered hormone blockers and has confirmed a wish to change their gender role permanently, cross-sex hormones may be offered. They should be given in accordance with individual need and on the basis of informed consent. The effects of cross-sex hormones are only partially reversible.”

NHS Tavistock treatment guidelines in fact specify that cross-sex hormones may only be accessed from the age of sixteen.¹⁴ GIRES as an organisation has no medical authority. The same e-learning resource for health and education professionals has been removed from the Royal College of General Practitioners website after members raised concerns about its content.¹⁵

The Mermaids trainer presents reassuring but inaccurate information for teachers, emphasising the positive benefits of puberty-blocking intervention:

“Now puberty blocker medication, or blockers as they are known, they don’t make any changes, so they’re completely reversible. What it does is put a pause button on the pituitary gland and it just freezes puberty where it is. Not growth, just puberty. Take the blockers away and biological puberty will recommence. .. it does provide immense relief from the dysphoria, it also prevents the secondary sex characteristics, meaning there’s less physical intervention in later life if they decide to go down that path.”

The trainer goes on to completely minimise the negative effects: “If they are on blockers alone, sometimes they can suffer from a lack of energy and some of our teens have had slight menopausal symptoms at first, but they tend to settle down.”

Educate and Celebrate also emphasises the safety of blockers and makes no mention of the risks: “The student may well take hormone blockers, which are a safe, reversible medical intervention that suspends puberty to save the student the distress of developing a body and/or characteristics they do not identify with.” (p. 120)

Stonewall’s guidance references hormone treatment as casually as changing clothes and pronouns:

“Most trans young people will want to take social steps to transition. A young person wanting to access hormone treatment as part of their transition will need to be referred to the gender identity development service” (p. 19)

“A trans young person may feel unhappy or distressed about living with a body they don’t feel reflects their gender identity. Some young people choose to make changes to their body through hormone treatment” (p. 21)

¹⁴ Tavistock GIDS Evidence Base <http://gids.nhs.uk/evidence-base>

¹⁵ RCGP drops course on trans health in response to members’ concerns, British Medical Journal (2019) <https://www.bmj.com/content/364/bmj.i573>

Having advised: “Don’t discuss a young person’s sexual orientation or gender identity with parents/carers without the young person’s permission” (p. 36) Stonewall subsequently advises teachers to actively encourage a child’s “transition” and help them to access information from outside agencies, unknown to the parents, in these three case scenarios:

“Yes, but they’re not supportive – my mum/dad/carer won’t speak to me about it.”

“Well we can try and help you with that. Is there anyone else in your family who you can talk to? There are organisations that can help – I can give you their details” (p. 38)

“I don’t know what I want to do – I need to think some more. I just know that I don’t feel happy and right the way I am at the moment. “

“That’s okay and it’s good to take some time to think things over. I will point you in the direction of some information that might be useful. Why don’t you come and talk to me once you’ve had a look?”

“I think I want to take steps to live as the gender I know I am but I’m worried about how it will work at school.”

“The school is here to make sure things feel right for you. We can arrange a time to sit down and talk through all the options and different ways a transition might work at school. What do you think? There are lots of people who have transitioned at school – it is possible!” (p. 40)

The Cornwall Transgender Schools Guidance normalises the practice of “chest binding” as if this is a healthy choice for pubescent girls who wish to flatten their developing breasts: “There might need to be some consideration in relation to FtoM pupils who are binding” (p. 21) The information about binding in the glossary clarifies the negative effects but minimises these compared to the ‘benefits’:

“Binding: a FtoM adolescent who is developing breasts may strap down their chest so that it is less obvious. This can be hot, uncomfortable and restrictive but very important to their psychological and emotional wellbeing. It might make certain PE lessons difficult for them to participate in and could sometimes lead to breathing difficulties, skeletal problems and fainting.” (p. 30)

All practices of self-harm could be described as “important” for a young person’s “psychological and emotional well-being” as the motivation for self-harm is the alleviation of psychological/emotional distress. This guidance suggests that teachers must treat binding the breasts differently to any other method of harm a child may inflict on their own body. In a 2016 published survey over 97% of subjects reported at least one of 28 negative outcomes attributed to binding.¹⁶

All these organisations promote the use of untested drugs on children that will have lifelong consequences for them. These children are not only minors but many will not be Gillick/Fraser guidelines competent. This advocacy serves to legitimise the use of hormone blockers for young children. It also erodes the potential of adults to recognise harm being done to a child by inappropriate drug use, as the act has now been ‘normalised’ by a supposed ‘expert’ group for gender non-conforming children.

¹⁶ Peitzmeier, S. et al, Health impact of chest binding among transgender adults: a community-engaged cross-sectional study, PubMed (2016) <https://www.ncbi.nlm.nih.gov/pubmed/27300085>

In the UK the use of hormone blockers at the start of normal puberty (Tanner stage 2) began as recently as 2010, as part of an experimental study which is ongoing. Professor Michael Biggs researched the study and found that unpublished results show three significant negative changes:¹⁷

“Natal girls showed a significant increase in behavioural and emotional problems’, according to their parents (also from the Child Behaviour Checklist, contradicting the only positive result). One dimension of the Health Related Quality of Life scale, completed by parents, ‘showed a significant decrease in Physical well-being of their child’. What is most disturbing is that after a year on blockers, ‘a significant increase was found in the first item “I deliberately try to hurt or kill self”’ (in the Youth Self Report questionnaire).”

Professor Carl Heneghan of Oxford University was commissioned by BBC Panorama to analyse all recent studies of hormonal treatments for children and adolescents.¹⁸ Professor Heneghan’s comprehensive review had the following conclusion:

“The development of these interventions should, therefore, occur in the context of research. Treatments for under 18 gender dysphoric children and adolescents remain largely experimental. There are a large number of unanswered questions that include the age at start, reversibility; adverse events, long term effects on mental health, quality of life, bone mineral density, osteoporosis in later life and cognition. We wonder whether off label use is appropriate and justified for drugs such as spironolactone which can cause substantial harms, including death. We are also ignorant of the long-term safety profiles of the different GAH regimens. The current evidence base does not support informed decision making and safe practice.”

It is therefore crucial that parents are included in any decision making process about appropriate care of their children in school and that no approach is commenced without full discussion with the parents or care-givers, based on all the available factual evidence. No approach must be undertaken without full parental permission. Gender dysphoric children should not be placed outside normal safeguarding policy in any school and no attempt should be made to separate children from their parents, leaving them unprotected against the influence of external lobby groups. The guidance cited above advises teachers and schools to determine matters well beyond their level of professional competence.

Is the DfE aware of the dangers for transgender children when they are set outside safeguarding rules and encouraged to reject their parents and put their trust in individuals and organisations instead?

The government has recently launched a campaign to promote awareness of the risks of breast ironing and identified it as a safeguarding issue. Will they identify the dangers of unregulated breast binding as a safeguarding matter as well?

In the light of the revelations about the lack of research and testing of the medication mentioned above, will the government advise the organisations that they fund and promote to schools - e.g. Stonewall and GIREs - that they must not promote the use of these drugs when working with children in schools?

¹⁷ Biggs, M. Tavistock’s Experimentation with Puberty Blockers: Scrutinizing the Evidence, Transgender Trend (2019) <https://www.transgendertrend.com/tavistock-experiment-puberty-blockers>

¹⁸ Heneghan, C. Gender Affirming Hormone in Children and Adolescents, British Medical Journal (2019) <https://blogs.bmj.com/bmjebmspotlight/2019/02/25/gender-affirming-hormone-in-children-and-adolescents-evidence-review>

Erosion of Sexual Boundaries

Gender Separation in Mixed Schools: Para 13. It is permissible for toilet and boarding accommodation facilities to be separate as they are captured under existing statutory exceptions. Separate toilet and washing facilities must be provided for boys and girls aged 8 years and over pursuant to Regulation 4 of the School Premises (England) Regulations 2012, which falls within the exemption provided for in Schedule 22 of the Equality Act 2010. With regards to boarding accommodation, Schedule 23 of the Equality Act 2010 allows for separation by sex providing the same standard of accommodation is provided for both boys and girls.¹⁹

Girls and boys in schools have the human right to privacy, comfort, dignity and bodily integrity in situations where they will be getting undressed and performing intimate bodily functions. Adolescents should not be forced to share these intimate spaces with members of the opposite sex, undermining the principle of consent and the right to have and to assert physical boundaries.

The following advice in guidance from organisations endorsed by the DfE is in breach of girls' right to say no to male pupils who wish to enter their private spaces where girls are especially vulnerable.

Stonewall: "A trans young person may wish to use the toilets and changing rooms of their self-identified gender rather than of their assigned sex. Schools should make sure that a trans student is supported to do so and be aware that this is a legal requirement under the Equality Act." (p. 21)

"Residential trips: Ensure trans young people are able to sleep in the room of their self-identified gender, or in a gender neutral dorm or private space if that's what would make them feel comfortable." (p. 21)

Mermaids: "So toilets, changing rooms, sports, residential, the Equality Act is unambiguous, it's crystal clear. Unisex and gender neutral facilities are absolutely fine but that is not a disabled toilet with a sticker on, yeah? But you can't prevent anyone from using the facilities of the gender with which they identify and are living as. If someone complains, you provide an alternative for the person complaining. OK, that is the law."

GIRES: "Toilet and changing facilities: These must be immediately available in line with the young person's affirmed gender and their wishes; the school may include unisex facilities, not for the child who transitions, but for others who don't want to share or who are non-binary and prefer these. Providing only unisex toilets with high level of privacy, is an option."²⁰

Educate and Celebrate: "Toilets often come up as a topic of concern among parents and carers, as well as among staff. Which ones should your trans student use? Well, the answer is that they should use whichever they feel more comfortable using. You are aiming to have provision for all genders." (p.119)

"Getting changed for PE is another concern. Teachers sometimes worry that the other students might tell their parents or carers that there is a trans person in their changing room. You should reassure them that your student should get changed wherever they feel comfortable." (p.120)

¹⁹ Gender Separation in Mixed Schools, Department for Education (2018) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719398/Gender-separation-guidance.pdf

²⁰ GIRES, Transition of a pupil in school (2017)

<https://www.gires.org.uk/wp-content/uploads/2017/08/Transition-of-Pupil-in-School.pdf>

Of these organisations only the Cornwall Transgender Schools Guidance does not suggest mixed-sex facilities, although the suggestion of re-naming facilities for the disabled “to reduce what is often perceived as the stigma of using toilets commonly identified as ‘Disabled Toilet’” raises its own issues about the rights of pupils who are not able-bodied.

Provision of sex-segregated facilities is essential to safeguard girls’ privacy, comfort and safety. Female- only spaces must be maintained in schools as a key element of safeguarding measures a school has a duty to implement to protect girls who are vulnerable to voyeurism, sexual harassment and assault, and pregnancy. It is essential to ensure the physical and emotional well-being of all pupils, which cannot be served if girls are embarrassed or afraid to use “gender neutral” toilets and changing-rooms.

By changing provision to be based on “gender identity” in place of sex, a school would be breaching statutory regulations that apply to schools in England to provide secure separate toilet and washing facilities for each sex. Erasure of sexual boundaries in schools at a time when sexual harassment and violence in schools is endemic, with girls overwhelmingly the victims and boys the perpetrators, would constitute a further serious failure to safeguard girls.

Department for Education guidance “Sexual violence and sexual harassment between children in schools and colleges”²¹ provides the following definition of sexual harassment:

“For the purpose of this advice, when referring to sexual harassment we mean ‘unwanted conduct of a sexual nature’ that can occur online and offline. When we reference sexual harassment, we do so in the context of child on child sexual harassment. Sexual harassment is likely to: violate a child’s dignity, and/or make them feel intimidated, degraded or humiliated and/or create a hostile, offensive or sexualised environment.”

By this definition, a girl being forced to undress in front of a boy, or to share a space with a boy who is getting undressed, would constitute another form of sexual harassment, not because the pupil is trans but because he is male. Denying this reality further compounds the blurring of the distinction between the sexes which puts girls at risk. Implementing an effective child protection policy, including preventive measures, to tackle sexual violence and harassment in schools cannot be achieved if the basic right to say no is eroded. The DfE guidance cited above states:

“Provisions within the Equality Act allow schools and colleges to take positive action, where it can be shown that it is proportionate, to deal with particular disadvantages affecting one group. A school or college, could, for example, consider taking positive action to support girls if there was evidence they were being disproportionately subjected to sexual violence or sexual harassment.”

Implementation of policies which take away single-sex spaces, in violation of girls’ boundaries without their consent, is incompatible with positive action to protect girls.

²¹ Sexual violence and sexual harassment between children in schools and colleges, Department for Education publication (2018)
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/719902/Sexual_violence_and_sexual_harassment_between_children_in_schools_and_colleges.pdf

The priority for toilets and changing rooms is not 'inclusiveness' – it is safety, privacy and dignity - the ability to undress, wash, toilet, deal with the impact of periods etc. free from sexual harassment and embarrassment. We cannot on one hand teach children about boundaries and the right to say no, while on the other hand insist that girls **must** undress in a changing room in front of a boy with a penis.

Schools should be especially aware that girls who have suffered sexual abuse may be suffering long-term post-traumatic stress disorder, self-harming behaviour or depression as a consequence of the abuse.

Schools need to be 'anticipatory' about making reasonable adjustments for this group and to ensure that an abused girl is not exposed to a naked male body and that they are not re-traumatised by having their boundaries breached and being exposed to a traumatic situation.

Has the DfE commissioned or conducted any equality impact assessments on the consequences of removing sex - segregated facilities from girls, from vulnerable groups or from any other protected groups?

If so, where have they been published?

What steps are the DfE taking to ensure that the legal rights of children from other protected characteristic groups, in particular girls and those with a religious belief, are not being removed by removing sex segregated facilities as identified by the Equality Act and other statutory regulations?

What steps is the DfE taking to ensure that girls who have been subjected to sexual abuse are not traumatised by being forced to undress, shower or use the toilets in front of boys in mixed sex facilities?

Conclusion

Endorsement by the Department for Education makes all the organisations listed above an authority on best practice in the eyes of teachers and schools.

In order to promote the idea of transgender as ‘born in the wrong body’ professionals are being taught that disclosures about this are of no concern and children **must** be immediately believed and affirmed. Current political aims of inclusion and diversity should not be used to obscure normal obligations towards vulnerable children. These are adult beliefs being imposed on vulnerable children/ young people with the safeguarding systems and structures that society has put in place for them being deliberately set aside.

Any group that attempts to place children and young people outside safeguarding is placing them in danger. Transgender groups are the only ones to recommend removing normal safeguarding and parental rights, thus leaving this group of vulnerable children alienated from their families and not safeguarded by their schools.

With the appalling rates of sexual harassment of girls in schools, it is unbelievable that this government is funding and recommending to schools groups that advocate the removal of sex segregated spaces and promote parental alienation. The fact that they are also reversing decades of safeguarding knowledge should make any responsible government take action to stop them.

Did the DfE consult with or seek advice from any other stakeholder groups (eg. parents, women’s groups) or any clinical or health professionals before endorsing the guidance from these transgender and LGBT organisations?

What steps did the DfE take to ensure that the training and guidance for schools being provided by DfE funded organisations such as Stonewall and GIREs is legally compliant with the terms of the Equality Act and government safeguarding legislation?

transgendertrend.com

