



Bord Oideachais & Oiliúna
LUIMNIGH & AN CHLÁIR

LIMERICK & CLARE

Education & Training Board

Schools Division

Guidelines on Supporting Students with Gender

Introduction	2
Rationale	2
Aims and Objectives of these Guidelines	2
Current Terminology	9
Planning	10
Privacy, Confidentiality and Working with Parents and Guardians	10
Records	10
School Infrastructure	10
Social Transition (Clothing Guidelines, Use of Names & Pronouns)	Error! Bookmark not defined.
Uniform, jewellery and Hair	Error! Bookmark not defined.
Name Change Requests	12
Pronouns	12
“Misgendering”	12

Toilets and Changing Rooms	12
Sporting Activities	13
'Binding and Tucking'	13
Medical Transition	14
Medical and /or Legal Transition	14
References	18
Definitions	22

Introduction

These guidelines were formulated and reviewed through a collaborative process (Advisory Group of Limerick and Clare Education and Training Board Schools Division) and ratified by the Board of Management (BOM). The guidelines may be viewed by parents/guardians in the administration office or on the school website at: [WEBSITE](#).

Rationale

Schools are responding to an increasing awareness regarding gender diversity and gender questioning and/or transitioning in recent years. This requires an appropriate and supportive response from the school, colleagues and peers.

These guidelines have been drafted in accordance with our values of respect & inclusion and reflect current best professional practices. They are written in the context of relevant government legislation and circulars and are a working document that will be reviewed regularly. The following points underpin our rationale to promote and protect the well-being of everyone in our school.

- We seek to act justly and promote fairness for all. These guidelines ensure that all students and staff experience a positive, tolerant, supportive and inclusive school that recognises and respects a person's developing awareness of their sexual orientation and gender expression.
- We stand in solidarity with those who are at risk of being marginalised. Persons who are gender nonconforming may be at risk of being marginalised – our school works against this through education, care and the promotion of individual rights and responsibilities.
- We wish to protect the wellbeing of our students and staff so that they can be open about their sexual orientation and/or gender expression if they wish, without fear of negative consequences, discrimination or bullying.
- We acknowledge and respect the dignity of everyone.
- We acknowledge the primary role of parents and guardians in the growth and development of their children.
- We acknowledge a young person's development is a process and seek to avoid definitions that limit the exploratory nature of psycho-social development.

Aims and Objectives of these Guidelines

The aims and objectives of the guidelines can be summarised as follows:

Aims

- To respond to the needs of students who are becoming aware of their developing sexuality.
- To provide appropriate support for gender nonconforming students when required.
- To provide appropriate support to students who identify as gay, lesbian, bisexual and/or transgender.

- To provide a safe and professional school atmosphere that promotes acceptance of diverse expressions of sexuality and gender.
- To develop a school culture in which harassment, or bullying of individuals is not acceptable on any basis.
- To engage collaboratively with parents and guardians, as the primary educators, in the best interests of students.
- To provide links to relevant external agencies for parents and guardians requesting professional support for their children or their families.
- To equip staff with the necessary skills and understanding to respond appropriately to any issues related to sexual orientation and/or gender identity of students.

Objectives

- To develop a whole school approach that respects the needs and dignity of those who are gender diverse, gay, lesbian and/or bisexual.
- To educate students on the nature of sexuality and gender.
- To protect the privacy and confidentiality of personal records.
- To provide staff training on sexuality and gender and appropriate professional behaviour.
- To put in place reasonable practical accommodations, where possible, to meet the needs of vulnerable students and/or staff.
- To adopt fair and reasonable ways to deal with sexual orientation and gender diversity in school communication.
- To encourage and foster positive and collaborative partnerships with parents and guardians.
- In the rare instances when an individual is undergoing medical and/or legal transition, to ensure the appropriate educational supports are available and to involve all those who need to know.

Scope of the Guidelines

The guidelines apply to all students in Limerick and Clare Education and Training Board (LCETB) schools and all staff who are employed by the LCETB.

In tandem with school policies and legislation, our school takes a holistic approach to education, keeping in mind our knowledge of adolescent development, identity formation, mental health perspectives, and the individual's search for meaning.

The guidelines take account of the following:

- The Gender Recognition Act, 2015
- The Employment & Equality Act, 1998 - 2011
- The Equal Status Acts 2000 - 2018
- The IHREC Act 2014
- General Data Protection Regulation (EU) 2016
- The Education Act 1998
- The Education for Persons with Special Education Needs Act 2004

This document is neither a prescribed nor a comprehensive resource and should also be read in conjunction with the school's policies such as:

- Code of Behaviour Policy
- Anti-Bullying Policy
- Acceptable Internet Use Policy
- Social Media Policy for Staff
- Dignity in the Workplace Policy
- Data Protection Policy
- Child Safeguarding Policy
- Enrolment/Admissions Policy
- Equalities Objectives Policy
- Whole School Guidance Plan

The following resources were used in the development of this policy:

1. [Education \(Student and Parent\) Charter Bill \(2019\)](#)
2. Online resources at www.genspect.org and www.segm.org and www.can-sg.org and www.nationalgenderserviceireland.com
3. [Growing up Lesbian, Gay, Bisexual and Transgender: A Resource for RSE and SPHE \(DES\)](#)
4. [DES Action Plan on Bullying](#) (2013)

Identity Formation

Identity formation, including awareness of sexual orientation, is an important psychosocial stage of development for young people, usually between 12 and 25 years old (Arnett, 2000; Erikson, 1968). It is not helpful for schools to concretise a young person's identity while they are in the midst of identity formation as this can foreclose opportunities for ambiguity and future change. Schools can best respect their students' search for meaning and personal identity by creating space for uncertainty and exploration and remaining supportively neutral as to outcome or direction.

Sexual Orientation

Sexual orientation is an enduring pattern of romantic or sexual attraction to persons of the opposite sex, the same sex, or to both sexes, i.e. heterosexual, gay, lesbian or bisexual. Puberty can be particularly difficult for gay, lesbian or bisexual young people. Peer-reviewed research shows that many children who are gender nonconforming before or during puberty later on become same-sex attracted – for example, in a 20-year follow-up of children, it was found that adulthood homosexuality was 8 to 15 times higher for participants with a history of gender nonconforming behaviour (Steensma et al., 2013).

Sexual orientation identified during adolescence tends to remain stable throughout life however social prejudice around sexual orientation is common in families and in society and this may be problematic for many young people. Issues such as internalised homophobia, externalised homophobia, and homophobic bullying can be discussed in the classroom environment and this helps to ensure the school environment is supportive and accepting.

Internalised homophobia is especially pernicious; in recent a study of 100 detransitioners (Littman, 2021) “homophobia or difficulty accepting themselves as lesbian, gay, or bisexual was expressed by 23.0% as a reason for transition and subsequent detransition” (Littman, 2021). The SPHE/RSE Curricula can incorporate references to gender diversity and sexual orientation, appropriate to the age group in question and may prompt classroom discussions and encourage self-acceptance. Prescribed material provides opportunities for learning about sexual orientation and gender nonconformity, taking into consideration age, maturity, cognitive development and SEN of the student.

Gender Identity

Gender identity relates to culturally influenced, societal expectations of behaviour, aptitudes and appearance based upon masculine or feminine stereotypes prevalent in various cultures. Gender identity is said to refer to internal feelings - how you feel about yourself (for example, whether you identify as transgender or non-binary) – while sexual orientation describes your affectionate or erotic response to other people (for example, whether you are heterosexual, homosexual or bisexual).

Gender identity theory posits that we all have a gender identity somewhere within us and that some of us have been born in a body that is not matched with our gender identity. Many people do not subscribe to this belief, and argue instead that we are simply born in — and as — bodies, and that we are influenced by gender roles during our development (for example, as a result of our hormones and societal expectations)

This has become a heightened and controversial issue and it is imperative that our school continues to offer the most appropriate support available by acknowledging the gaps in the current knowledge-base and cautiously relying upon the existing best quality evidence to shape our understanding of this issue. All theories that are supported by good evidence should be heard, studied and debated in a respectful manner in educational settings and our school supports diversity of opinion and promotes tolerance towards other people’s beliefs.

Gender Expression

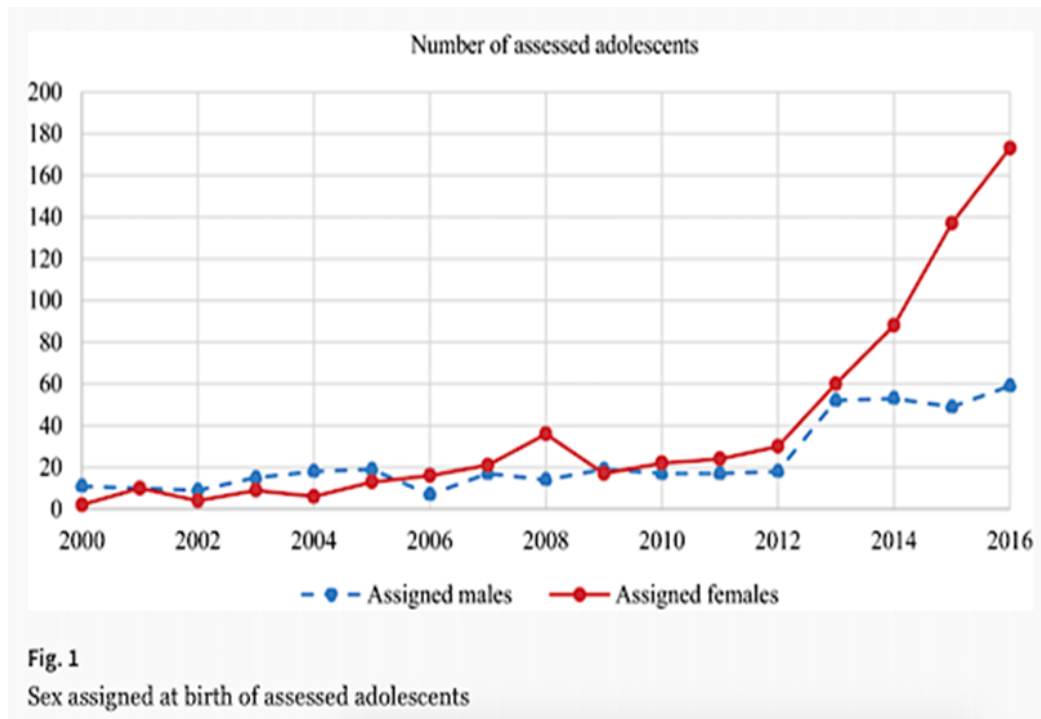
Gender expression refers to outward behaviour, for example, mannerisms, grooming, preference for colours or types of toys or sports, social interactions and speech patterns. Some people describe these cues as masculine or feminine, although what is considered masculine or feminine changes over time and varies by culture. Other people simply describe this as a person’s sense of style.

Gender expression is primarily impacted by personality, fashion, individuality and cultural context. For some children with gender dysphoria (see below) gendered uniforms can cause distress, and students may request permission to wear opposite-sex uniforms. Some schools choose to offer a flexible approach in order to accommodate distressed students, for example, having rules around make-up, jewellery or hairstyle that are free from gender expectations and so either everybody can wear certain styles or nobody can.

Gender Dysphoria

Gender dysphoria is the distress caused by a discrepancy between an individual's sense of their gender and the primary or secondary sex characteristics of their bodies. In its capitalised form, "Gender Dysphoria" is a psychiatric diagnostic category in the DSM-5, that is defined by specific sets of criteria that refers to clinical and significant psychological gender-related distress.

Recently, unaccountably, there has been a 2100% increase among Irish children (under 18s) presenting to clinics with gender-related distress (Bowers, 2018). There has also been a sudden switch in the sex of referrals with a 4000% increase has been recorded among UK females under 18s (Grew, 2018) and similar increases in referrals of young females also happening in Ireland (Keena, 2021).



(Arnoldson et al., 2020)

This is a new cohort and there is no long-term research available on this population, however in a recent interim report from a UK Independent Review of Gender Identity Services for Children and Young People, Dr Hilary Cass found that adolescents with gender dysphoria have been identified as a particularly vulnerable cohort:

"The mix of young people presenting to the service is more complex than seen previously, with many being neurodiverse and/or having a wide range of psychosocial and mental health needs." (Cass, 2022).

Until very recently gender-distressed Irish children were treated by the Gender Identity Development Service (GIDS) at the Tavistock and Portman and a recent study from GIDS (Clarke and Spiliadis, 2019) found that 48% of children and young people who presented to a UK gender clinic scored in the mild to severe range for Autistic Spectrum Disorder (ASD). A recent Sunday Independent interview with Dr Paul Moran, consultant psychiatrist from the

National Gender Services (NGS), explained how the recent surge in numbers has been caused by a huge increase in people with autism seeking medical transition – five years ago roughly 20% of NGS cases involved people with autism five years ago, however this number is now approaching 90% (Tighe, 2022).

Gender Dysphoria is also closely linked with ADHD (Strang et al., 2014) and Obsessive Compulsive Disorder (OCD), depression and/or anxiety (Becerra-Culqui et al., 2018). A peer-reviewed study of 256 parents of gender-distressed young people (Littman, 2018) showed that 63% had other diagnoses such as a psychiatric disorder or a neurodevelopmental disability, this study also noted the impact of social contagion among gender-distressed children and young people and so schools need to be alive to the issues pertaining to social contagion in schools.

LGBT+ Bullying

The LGBT Ireland Report found that 50% of the lesbian, gay, bisexual or transgender (LGBT+) people who participated in the survey had been bullied in school (Higgins et al, 2016). It is important to recognise that bullying is a very complex issue; a 2021 peer reviewed study from Finland found that having a transgender or non-binary identity is associated not only with being bullied but also with being the perpetrator of bullying (Heino et al., 2021).

It is also important to note that the LGBT Ireland study also found many positives: most participants rated their school as 'somewhat' LGBTI+-friendly and 72% felt a sense of belonging in the school (20.3% reported that they felt they 'completely belonged' while 52% said that they 'somewhat belonged') (Higgins et al., 2016). A recent scoping review produced by the Health Promotion Research Centre, National University of Ireland Galway and published by the Department of Equality, Disability, Integration and Youth studied research on LGBT+ youth across Europe since 2000 and found that:

"Despite the overarching victimisation and at-risk narratives, there are many LGBTI+ young people who live in warm and caring families, have supportive social networks, attend a school where they feel safe, and in general have a happy and fulfilling life". (Költő, 2021)

Our school continues to ensure that all uninvited and undesired attention or bullying will be addressed in line with the guidelines of directives and schools anti-bullying policies.

Desistance and detransition

The term "transition" has been applied to the process of shifting from one gender expression or identity to another. "Social transition" involves changes in gender expression socially while "medical transition" involves prescribed medicines and surgical procedures. Desistance is the process of reversing a transition which was only social (e.g. by reverting to the original name and pronoun). Desistance typically implies that an individual who was once seeking medical transition is no longer doing so. Because gender expression is such a public phenomenon, schools need to be sensitive to any individual who may wish to desist. This can often be a deeply private and distressing process, it can involve both a loss of community and a loss of a set of beliefs and the young person may not want excessive attention brought to this. Children are exquisitely sensitive to the reactions and behaviour of

their peers, and while transitioning is described in books and media that children may have seen, desisting has not been widely publicised. Thus other students may not understand an individual's returning to a previous name or style of presentation.

Detransition occurs when a person reverts his or her gender presentation back to his or her biological sex, by stopping medical procedures of transition and undertaking additional medical steps as needed. The individual may require a significant level of professional support as this can be a prolonged and traumatic process (Littman, 2021).

Current Terminology

In recent years the language and acronyms around Sexual Orientation and Gender Identity have evolved and because they continue to do so, the language and definitions in policies will need continued attention.

- **Sex** : Sex refers to either of the two main categories (male and female) into which humans are divided on the basis of their physiology. Sex relates to biology, especially to genetics (XY for males and XX for females³) within every cell of our bodies and our brains that, determine our physical development along male or female pathways. Physical sex differences are important, and are acknowledged within society, whether in single-sex toilets, changing-rooms and accommodation, or most sports. Within schools, sex is also significant in biology lessons and within curricular materials on sex education.
- **Gender**: The range of characteristics pertaining to femininity and masculinity and the differentiation between them; this construct refers to social and cultural similarities and differences rather than biological or medical ones
- **Gender Fluid**: Gender identity or expression that varies over time
- **Transgender**: An umbrella term which refers to any person who identifies as transgender, this can be used when a person's gender identity and/or gender expression differs from their biological sex.
- **Non Binary** : A gender identity where an individual's sense of self is neither male nor female as it falls outside of the binary of boy or girl; man or woman
- **Social transition**: The process of changing your name, within a social context. Social transition can include asking people to use different pronouns, different names and/or different gender expression (such as clothing or hairstyle) in order to present as a different gender.
- **Legal transition**: The process of changing your name, within a legal context. Legal transition requires changes made on legal documents such as birth certificates, passports etc.

- **Medical transition:** A range of medical interventions (such as hormones and surgeries) undertaken in order to physically present as a different gender.

Planning

It is important that issues related to sexual orientation and gender diversity are addressed on a whole-school basis, involving students, staff, parents, guardians, relevant professionals and the Board of Management. The statutory responsibilities of the Board of Management are important with regards to governance and whistle-blowing policies in terms of school culture and practices. Teachers may require further information and training to ensure competent and confident responses by school personnel and it is essential that schools review their policies as often as necessary. Some specific guidelines below are outlined as a way to help schools to develop and review their own policies and procedures and are not meant to be either prescriptive or exhaustive. We are conscious this is an area currently in flux and await further research and more definitive guidelines from the Department of Education.

Privacy, Confidentiality and Working with Parents and Guardians

Everyone has a right to privacy and confidential information should only be disclosed with the person's prior consent, schools should however collaborate with parents and guardians for the best possible outcomes. Gender Dysphoria is a complex phenomenon that is beyond the remit and training of educators which is why schools should consult directly with the parents and guardians of any affected students to determine the most appropriate support the school can provide. Social services must be involved if the school believes a child is unsafe.

Records

School authorities need to maintain professional records according to the legal requirements and retain records in the legal name/pronoun of the individual. This helps to avoid confusion in correspondence and communications. If a person wishes, the school will change an individual's official records to reflect a change in name/gender upon receipt of official relevant documentation.

School Infrastructure

The school infrastructure includes the school environment, policies, procedures, guidelines, surveillance cameras, online presence and facilities such as toilets and changing rooms. It is recommended that a full audit of the school's facilities is undertaken along with a Risk Assessment and Impact Assessment with input from students, staff, ancillary staff, parents, guardians and the Board of Management.

Social Transition (Clothing Guidelines, Use of Names & Preferred Pronouns)

Social transition is the term used to describe the process where an individual decides to change their social identity. It is a new psychosocial intervention that has become very popular in recent years among gender non-conforming young people. Social transition often includes a change of name and a change of pronouns (for example; she/her,

he/him, they/them or ze/zir) that the individual believes better matches their inner sense of self.

Each school has the right to operate according to their own ethos and so social transition is a matter between the student, the school, the parents, the guardians and the relevant mental health professionals. However, in light of the recent Cass Review (2022), schools need to be aware that social transition is not a neutral act and that teachers are not qualified to carry out this “active intervention”. For this reason, it is recommended that schools ensure there is clinical supervision in the form of a mental health professional who is willing to oversee the social transitioning process.

This is a significant decision and so it should only be undertaken with parental agreement and full agreement from the relevant school staff that it is appropriate for both the student and the school body. As the Cass Review (2022) states: “it is important to view it as an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning. There are different views on the benefits versus the harms of early social transition. Whatever position one takes, it is important to acknowledge that it is not a neutral act, and better information is needed about outcomes.” (p62-63)

When carrying out an impact assessment, staff need to take into account the needs of the individual and balance this with the needs of other students as well as that of the school staff. Schools should also consider how often or how many social transitions an individual student can undertake within the school year as a number of changes can cause confusion to other students and/or school staff. When changes to name or pronouns are requested by a student, individuals should be asked to provide the legal documentation necessary for changing official records such as those for SEC/DES purposes.

Name Change Requests

It is well-documented that young people often change their names and use nicknames during the process of identity exploration that occurs between the ages of roughly 12-25 years. Now that there is often less formality between teachers and students, many teachers choose to use their students’ preferred names.

However, teachers and other school staff should acknowledge the responsibility of their position, and be careful not to give an official imprimatur on any given name: this may inadvertently foreclose further exploration of a vulnerable student’s identity exploration.

Some gender non-conforming young people go through a series of different names, so it might not be helpful to concretise a current chosen name. If parents have concerns about the name that a child is going by in school, these should take precedence over the child’s desires, and parents should not be cut out. It is important to note that a child cannot change his/her legal name without parental consent in most jurisdictions. Further, any name change after the age of 18 may cause issues when applying for jobs if qualifications are awarded in a different name.

Our schools will retain students' official names on all official documents, and exercise caution with regard to teachers' use of students' new names.

We caution against allowing students to adopt new names against their parents' will, or allow a student's new name to be interpreted as the official imprimatur of a student's gender identity.

Pronouns

Our schools will retain the use of biologically accurate pronouns.

We caution against allowing students to dictate other people's use of language when it comes to pronouns. While friends and peers may choose to use a requested pronoun if they wish, it is not acceptable to act as though it is an act of hostility to use the biologically correct pronoun.

"Misgendering"

Our schools will use biologically accurate language in all cases.

We caution against equating "misgendering" with violence, or making other hyperbolic comparisons. Unless a wider pattern of bullying or other malicious behavior is taking place, "misgendering" should not be punishable.

Toilets and Changing Rooms

Our schools will maintain single-sex spaces, and that a third space is provided where single-occupancy toilets and changing rooms are available, allowing those who wish to use a gender neutral space to do so. This ensures the safety and privacy of all pupils. We caution against removing single-sex spaces.

Sporting Activities

Our school will endeavour to create viable alternative options and activities for students who do not want to engage in single-sex sports. If the decision to allow mixed-sex sports is made, a full risk and impact assessment should be conducted and documented according to the relevant protocols, looking at the impact not just on the individual concerned but on the wider student population .

We caution against placing girls and young women at risk by removing single-sex sporting activities. Not only is there a safety risk in doing so, competing without the prospect of winning is demoralising.

Sports Teams

Schools work extremely hard to provide opportunities for students to take part in team sports. We are keenly aware that this is a sensitive and challenging area for students in the wider LGBTQ+ community and will continue to work with those impacted, providing support to ensure their ongoing involvement with requests to play on teams according to their gender identity rather than their biological sex at birth.

Recent peer-reviewed research provides evidence that there are physical differences between those people whose sex was assigned as male and those as female at birth, and advantages in strength, stamina and physique brought about by male puberty are significant and retained even after hormone suppression.

These guidelines, which are in line with other sporting governing bodies, mean that contact sport for players in the female category is limited to those whose sex was recorded as female at birth and vice versa. In addition, where possible, opportunities are offered for everyone to join the mixed-sex sports teams.

Residential Stays and Dormitories

Our school will retain single-sex residential stays and dormitories, while offering a viable alternative option for students who may find staying overnight with students of the same sex difficult.

'Binding and Tucking'

Our schools does not allow binding and tucking on safety grounds, especially during sports activities. We caution against allowing concerns about appearance to override serious health concerns.

Medical Transition

Our schools recognise the legal rights of students who have undergone medical or legal transition. Aforementioned single occupancy toilets and changing rooms should be helpful in this regard, as there also remains the obligation to safeguard those under 18 through the provision of single-sex facilities. Students who have medically transitioned are required to follow the school rules in the same way as any other student, so as to retain a sense of equality and fairness within the student community.

Medical and /or Legal Transition

When students are undergoing the process of medical and/or legal transition, the school's response will be caring and inclusive with the student at the centre of its response. Each student will be provided with the appropriate support and the school will endeavour to make reasonable arrangements and accommodations for such students. Continued collaboration between students, parents, guardians, school staff, and involved mental health professionals is recommended..

Facilities and extra-curricular activities

The issue of facilities such as changing rooms/toilets/bedrooms on school tours may need to be both risk addressed and impact assessed for students undergoing medical and/or legal transition. Extra-curricular activities, visits to other schools, domestic and/or foreign residential tours and any students' Special Educational Needs need to be carefully risk assessed, impact assessed and reviewed.

Within the context of its existing constraints, our school will endeavour to put in place practical arrangements to facilitate students to use facilities in ways that respect everybody's dignity and need for privacy. This may involve the provision of single-occupancy toilets, single-occupancy changing rooms and private cubicles. Any redevelopment of schools will present an opportunity to make such provision where possible.

Puberty is difficult for many adolescents. This may be due to difficulties they encounter relating to menstruation and puberty as well as gender. In other words, it is not just gender non-conforming students who should be borne in mind when it comes to the provision of toilets and changing rooms and single-sex spaces are essential for more vulnerable students who require further privacy. To ensure the safety and privacy of all pupils, a third space should be provided to allow those who wish to use this gender neutral, single-occupancy provision.

Bullying/Harassment/Discrimination

Our school is committed to a policy of non-discrimination and promotes respect for sexual orientation and gender identity among staff and students. Any issues that arise in relation to bullying in this context, will be dealt with under the schools existing policies and existing legislation.

Curriculum

The curriculum should include opportunities to discuss LGBT+ issues in a way that provides students and teachers with knowledge and skills and the capacity to discuss beliefs in a safe and respectful manner. In this way, the curriculum promotes respect and dignity for all.

SPHE/RSE Education

The SPHE/RSE Curricula will incorporate references to gender diversity and sexual orientation, appropriate to the age group in question. Our school may choose to incorporate explicit references to issues of sexuality and gender appropriate to the age group in question in the curriculum.

Physical Education

The safety of everyone needs to be considered with regard to physical education. This should be assessed with a Risk Assessment and an Impact Assessment so the school can decide upon the most appropriate protocol.

Social groups and awareness campaigns within schools

LGBTQ clubs can be student-driven, student-organised clubs that are designed to create a safe, welcoming and inclusive environment. While it can be productive for students to self-organise and this should not be impeded, on the other hand, it is equally important that a good deal of forethought and analysis is given to any groups organised or involving school staff.

For example, a "diversity, inclusion and equality group that promotes fairness, understanding and humanity" could be more helpful and inclusive than an LGBTQ club. It is arguably more valuable to provide opportunities for students to bond over qualities such as

common humanity, decency, moral courage and contributions towards a better society. It is an underacknowledged fact that altruism can be very positive for our sense of wellbeing. Clubs that are focused on public service such as helping disadvantaged people or even animal care sanctuaries would be helpful for teenagers who are in the midst of developing their sense of personal identity and thereby becoming aware of societal values and social responsibilities. This can be a good deal more beneficial than continued self-orientation as focusing on the self seldom improves mental wellbeing and often leads to further unanticipated challenges to their mental health.

As the teen is in the process of identity formation they often seek occupational and vocational roles and clubs that offer exposure to potential future careers such as those concerning climate change, sanitation, seed preservation, forest reclamation or other focused projects can work towards helping to develop the humanitarian and spiritual side of students' identities.

Another option for schools are "pro-social clubs"; a prosocial club promotes behaviour that helps other people. These clubs are characterised by a concern for the rights, feelings, and welfare of other people. This includes having respect and tolerance and feeling empathy and concern for others. This can be very productive and also appropriate for teenagers who are seeking a meaningful set of values as they form their personal identities.

BERT groups offer a similar ethos. BERT stands for Belonging, Empathy, Respect, and Trust. This group could incorporate the qualities of a LGBTQ group however the focus would be wider and more inclusive so it wouldn't only be students who are concerned with their sexual orientation or gender identity who would be minded to join.

Likewise, while specifically targeted weeks such as Stand Up Awareness Week aim to take a stand against homophobic, biphobic and transphobic bullying, it is arguably more inclusive and fairer for a school to have an "Upstanders Week" where everyone is encouraged to be an upstander to everyone who is vulnerable to bullying. Many schools do anti-bullying weeks and mental health awareness weeks, however a pro-social awareness week might also be valuable? Well-being weeks can be equally positive.

It is important that schools don't choose to focus on the needs of one section of the student body while others, who feel equally ill at ease and face similarly difficult challenges for various reasons, don't receive similar attention. For this reason, more comprehensive clubs and awareness weeks can be more beneficial to schools than LGBTQ Awareness Week and LGBTQ clubs.

External support

Schools may need to bring to the attention of their students and families the wide range of supports that are available from external agencies. A full list of the supports available in the school's local community should be compiled and made available to the school community. There is a diversity of approaches in relation to sexual orientation and gender identity and the ways that these phenomena interact. We advise that schools consult with various organisations and resources with a view to understanding these different approaches so that recommendations are only made from an informed viewpoint. The school may on occasion caution against organisation where there are concerns about the best interests of the child being appropriately served.

- www.nationalgenderserviceireland.com
- www.genspect.org
- www.genderdysphoriasupportnetwork.com
- www.goshh.ie
- www.teni.ie
- www.jigsaw.ie

References

- Arnett, J. J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5), 469–480. <https://doi.org/10.1037/0003-066X.55.5.469>
- Arnoldussen, M., Steensma, T.D., Popma, A. et al. (202). Re-evaluation of the Dutch approach: are recently referred transgender youth different compared to earlier referrals?. *Eur Child Adolesc Psychiatry* 29, 803–811.
- Becerra-Culqui, T.A. Liu, Y., Nash, R., Cromwell, L., Flanders, W.D., Getahun, D. Giammattei, S.V., Hunkeler, E.M., Lash, T.L., Millman, A., Quinn, V.P., Robinson, B., Roblin, D., Sandberg, D.E., Silverberg, M.J.,
- Tangpricha, V. & Goodman, M. (2018). 'Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics* 141(5).
- Biggs, M. (2022). Suicide by Clinic-Referred Transgender Adolescents in the United Kingdom. *Arch Sex Behav*. <https://doi.org/10.1007/s10508-022-02287-7>
- Bowers, F. Six One News. (2018). Expert reports dramatic increase in gender dysphoria cases. RTÉ, <https://www.rte.ie/news/health/2018/1113/1010640-gender-dysphoria/>
- Bränström, R., & Pachankis, J. E. (2020). Reduction in mental health treatment utilization among transgender individuals after gender-affirming surgeries: A total population study. *American Journal of Psychiatry*, 177(8), 727–734. <https://doi.org/10.1176/appi.ajp.2019.19010080>
- Cass, H. (2022). Independent review of gender identity services for children and young people: Interim report. Cass Review. <https://cass.independent-review.uk/publications/interim-report/>
- Churcher Clarke, A. & Spiliadis, A. (2019). 'Taking the lid off the box': The value of extended clinical assessment for adolescents presenting with gender identity difficulties. *Clin Child Psychol Psychiatry* 24 (2): 338-352
- Department of Education and Skills, (2013). Action Plan on Bullying. Report of the Anti-Bullying Working Group to the Minister for Education and Skills. <https://assets.gov.ie/24758/0966ef74d92c4af3b50d64d286ce67d0.pdf>
- Dhejne C, Lichtenstein P, Boman M, Johansson ALV, Långström N, Landén M (2011) Long-Term Follow-Up of

Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden. *PLoS ONE* 6(2):

e16885. <https://doi.org/10.1371/journal.pone.0016885>

Erikson, E. (1968). *Identity, youth and crisis*. New York: W. W. Norton Company.

Grew, T. (2018). Inquiry into surge in gender treatment ordered by Penny Mordaunt. *The Sunday*

Times, September 16, 2018.

<https://www.thetimes.co.uk/article/inquiry-into-surge-in-gender-treatment-ordered-by-penny-mordaunt-b2ftz9hfn>

Heino, E. Ellonen, N., Kaltiala, R. (2021). Transgender Identity Is Associated With Bullying Involvement Among

Finnish Adolescents. *Front. Psychol.*, <https://doi.org/10.3389/fpsyg.2020.612424>

Higgins, A., Doyle, L., Downes, C., Murphy, R., Sharek, D., Devries, J., Begley, T., Mccann, E., Sheerin, F., &

Smyth, S. (2016). The LGBT Ireland Report: national study of the mental health and wellbeing of lesbian,

gay, bisexual, transgender and intersex people in Ireland.

https://www.hse.ie/eng/services/list/4/Mental_Health_Services/connecting-for-life/publications/LGBT-Ireland-pdf.pdf

Keena, C. (2021). Gender distress treatment in young people: a highly charged debate. Jun 26 2021, *The*

Irish Times.

<https://www.irishtimes.com/life-and-style/health-family/gender-distress-treatment-in-young-people-a-highly-charged-debate-1.4602455>

Kelly, C., Gavin, A., Molcho, M. & NicGabhainn, S. (2012). The Irish Health Behaviour in School-aged Young

Children (HBSC) Study 2010. Department of Health and National University of Ireland, Galway.

Költő, A., Vaughan, E., O'Sullivan, L., Kelly, C., Saewyc, E. M., & Nic Gabhainn, S. (2021). LGBTI+ Youth in Ireland

and across Europe: A two-phased landscape and research gap analysis. Dublin: Department of Children,

Equality, Disability, Integration and Youth.

Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of

gender dysphoria. *PLOS ONE* 14(3): e0214157.

<https://doi.org/10.1371/journal.pone.0214157>

Littman, L. (2021). Individuals Treated for Gender Dysphoria with Medical and/or Surgical Transition Who

Subsequently Detransitioned: A Survey of 100 Detransitioners. *Arch Sex Behav* 50, 3353–3369.

<https://doi.org/10.1007/s10508-021-02163-w>

Neff, K. (2022). The function, demand, limits and future of the National Gender Service, *The Irish Times*,

<https://www.irishtimes.com/life-and-style/health-family/the-function-demand-limits-and-future-of-the-national-gender-service-1.4755189>

Safer, D., Bullock, K. & Safer, J. (2016). Obsessive-Compulsive Disorder Presenting as Gender Dysphoria/Gender

Incongruence: A Case Report and Literature Review. *AACE Clinical Case Reports* 2.

Socialstyrelsen. (2020). Utvecklingen av diagnosen könsdysfori [The evolution of the diagnosis of gender

dysphoria]. [https://www.socialstyrelsen.se/globalassets/sharepoint-](https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2020-2-6600.pdf)

[dokument/artikelkatalog/ovrigt/2020-2-6600.pdf](https://www.socialstyrelsen.se/globalassets/sharepoint-dokument/artikelkatalog/ovrigt/2020-2-6600.pdf)

Steensma, T.D., van der Ende, J., Verhulst, F.C. & Cohen-Kettenis, P.T. (2013).

Gender Variance in Childhood and

Sexual Orientation in Adulthood: A Prospective Study. *J Sex Med* 10 (11):

2723-2733.

Strang, J.F., Kenworthy, L., Dominska, A., Sokoloff, J., Kenealy, L.E., Berl, M., Walsh, K., Menvielle, E.,

Slesaransky-Poe, G., Kim, K.E., Luong-Tran, C., Meagher, H. & Wallace, G.L. (2014)

Increased gender

variance in autism spectrum disorders and attention deficit hyperactivity disorder.

Arch Sex Behav 43

(8): 1525-33.

Tighe, M. (2022). Unquestioned, unproven, unsafe: HSE must learn from Britain's

Tavistock gender clinic

debacle, says expert. *Sunday Independent*.

<https://www.independent.ie/irish-news/health/unquestioned-unproven-unsafe-hse-must-learn-from-britains-tavistock-gender-clinic-debacle-says-expert-41894871.html>

VanderLaan, D.P., Postema, L., Wood, H., Singh, D., Fantus, S., Hyun, J., Leef, J., Bradley, S.J. & Zucker, K.J..

(2015). Do children with gender dysphoria have intense/obsessional interests? *J Sex Res.* 52 (2): 213-9.

Wold, A. (2020). Gender-Corrective Surgery Promoting Mental Health in Persons With Gender Dysphoria Not

Supported by Data Presented in Article. *American Journal of Psychiatry*.

<https://doi.org/10.1176/appi.ajp.2020.19111165>

Zucker, K.J., Nabbijohn, A.N., Santarossa, A., Wood, H., Bradley, S.J., Matthews, J., & VanderLaan, D.P. (2017).

Intense/obsessional interests in children with gender dysphoria: a cross-validation study using the

Teacher's Report Form. *Child and adolescent psychiatry and mental health* 11, 51.

Post, S. (2014). It's Good To Be Good: 2014 Biennial Scientific Report on Health, Happiness, Longevity, and Helping Others. *Int J Pers Cent Med.* 2:1–53.

Brown, K.M., Hoyer, R., Nicholson, M. (2012). Self-Esteem, Self-Efficacy, and Social Connectedness as Mediators of the Relationship Between Volunteering and Well-Being. *J Soc Serv Res.* 38(4):468–83.

Definitions

In recent years the language around Gender Identity and Gender Expression has evolved and continues to do so. Therefore, the language and definitions in this policy are neither absolute nor timeless and will be updated as appropriate. For the purpose of this policy, the definitions of Sex, Gender Identity, Gender Expression, Transgender, Non Binary, Transitioning provided, are those available from the Transgender Equality Network Ireland (TENI).

Sex

The designation of a person at birth as male or female based on their anatomy (genitalia and/or reproductive organs) or biology (chromosomes and/or hormones). The phrase “sex assigned at birth” is more accurate and respectful than the phrase “biological sex” as it acknowledges the reliance on external anatomy. Additionally, in the case of intersex individuals it is not always possible to assign this at birth. Assigned sex may differ from gender identity.

Gender Identity

Your deeply-felt sense of your own gender – for example, the knowledge that you are a man, a woman, or some other gender.

A person’s gender may or may not correspond to the sex they were assigned at birth. Unlike gender expression, gender identity is not visible to others.

Gender Expression

The external manifestation of a person’s gender identity. Gender can be expressed through mannerisms, grooming, physical characteristics, social interactions and speech patterns.

Society identifies these cues as masculine or feminine, although what is considered masculine or feminine changes over time and varies by culture.

Transgender

An umbrella term, which refers to any person, whose gender identity and/or gender expression differs from the sex assigned to them at birth. This includes non-binary identities.

Non Binary Identities

Gender identities that fall outside of the binary of man or woman and thus do not conform to traditional gender roles.

Transitioning

A process through which some transgender people begin to live as the gender with which they identify, rather than the one assigned to them at birth. Transition can include social, physical and/or legal changes such as coming out; changing one's gender expression; changing one's name, pronoun and sex designation on legal documents; and medical intervention via hormones and/or surgeries.