

# RESPONDING TO THE TRANSGENDER ISSUE



PARENT

RESOURCE

GUIDE

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**FAMILY  
FIRST** NEW ZEALAND  
WHANAU TAHI AOTEAROA



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## INTRODUCTION

**Why is it that so many young people today are wondering if they were born in the wrong body?** With popular endorsements coming from the culture, law, and even the medical establishment, the transgender phenomenon has gone from idea to trend.

A compassionate and honest approach to such confusion would be to help children bring their feelings into accord with the reality of their bodies, but transgender activists are pushing an agenda that insists the body should be remade to conform with feelings. As such, the transgender trend spreads a confusing message to all kids, including those who struggle to accept their sex.

### This Parent Resource Guide will:

- Help you understand the basics of the transgender trend
- Consider the implications of transgender activism and “gender-inclusion” policies in schools
- Explain what your parental rights are and give you the tools to protect your child’s rights to privacy
- Encourage parents and school officials to work together to create a respectful school environment
- Help you communicate with your school and advocate for common sense policies that will respect the dignity of all students
- Give tips on creating community and support among like-minded parents

Regrettably, this trend is also taking root in some schools where policies and curriculum are being used to advance these radical ideas. Students as young as kindergarten are being taught that changing sex is as easy as changing clothes, teen girls are discovering that biological boys have free access to their changing rooms, and parents are kept in the dark when their child has decided to identify as transgender during the school day.

**A better approach would be for schools to create a climate that welcomes every student by making room for a greater diversity of personalities without negating the importance of bodily sex.** Most children’s personalities do not perfectly conform to the societal expectations for their sex and they should

not be led to fear that their unique expression or preferences indicate a need to change their identity or their bodies.

Schools facing this trend need to hear from the real stakeholders - parents. Parents who are informed about the facts and proactively engage with their school board of trustees, the principal, teachers, and other parents in the school community can play an integral role in creating an environment that respects the privacy, safety, and dignity of all students.

In this Parent Resource Guide, you will find definitions, resources, tips, talking points, and a vision for a respectful school climate that meets the needs of the entire school community. **It is our hope that this Guide will help you make a positive and effective case for policies that encourage acceptance and diversity in a way that communicates to every student they were born in the right body.**

*Schools facing this trend need to hear from the real stakeholders - parents.*

## GUIDING PRINCIPLES

**All parents can make use of this Parent Resource Guide, regardless of worldview or political stance. Science and reason informed the development of this Guide, both of which provide solid common ground among people of all ideologies and beliefs.**

- **Parents are the primary educators of their children.** Though they may choose to entrust their child to a school, parents are ultimately responsible for overseeing their child's education. Schools best serve students when they inform, involve, and respect parents. Parents who **proactively** and **positively** engage with school staff are best positioned to influence decision-makers. The best possible outcomes result from parents who are **already** involved in the school community.
- **Students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect.** Schools must adopt truthful, compassionate, common-sense policy solutions that do not threaten the privacy, safety, and dignity of any student.
- The goal of this Guide is to **protect students** from harm stemming from irreversible treatments, privacy violations, and compelled speech; to **educate parents** about the transgender issue; and to **equip parents** to advocate on their child's behalf.

## FAST FACTS

- One study showed that when a teen announced their transgender identity to their peer group, the number of friends who also became transgender-identified was **3.5** per group.<sup>1</sup>
- In just seven years, there has been a nearly **2,000% increase** in children seeking treatment for sexual identity confusion in the United Kingdom.<sup>2</sup>
- **Up to 98%** of children who struggle with their sex as a boy or a girl come to accept their sex by adulthood.<sup>3</sup>
- Identifying as transgender or non-binary may be linked to autism spectrum disorders. Children with autism spectrum disorders are **seven times** more likely to want to be the opposite sex than the general population.<sup>4</sup>
- After sex reassignment surgery, transgender-identified people are nearly **20 times more likely** to die from suicide than the general population.<sup>5</sup>
- Studies show that **100%** of children who use puberty blockers will go on to use cross-sex hormones, leaving them permanently sterile.<sup>6</sup>
- In the US, girls as young as **13**<sup>7</sup> are undergoing double mastectomies and boys as young as **17**<sup>8</sup> are undergoing full-genital sex reassignment surgeries.
- **The long-term effects** of puberty blockers and cross-sex hormones have not been studied.<sup>9</sup>
- Science demonstrates that there are **two** sex chromosomes – two X chromosomes in females or an X and a Y in males - *in nearly every single cell in our bodies.*<sup>10</sup>
- Some transgender-identified patients are being prescribed cross-sex hormones on their very **first** visit to a clinic.<sup>11</sup>

## CHAPTER 1 TERMINOLOGY

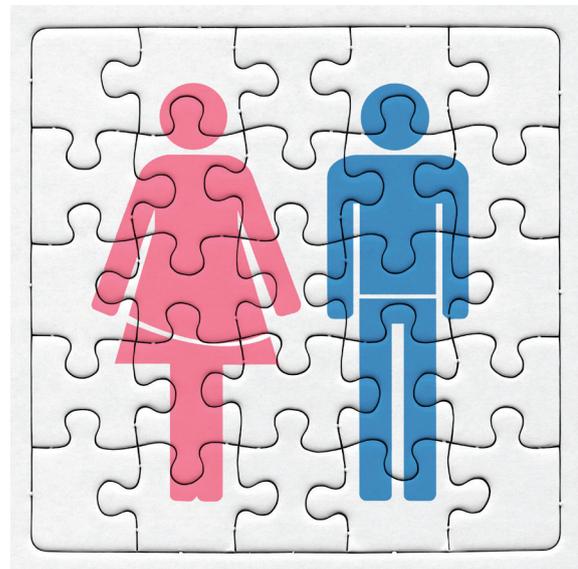
Becoming familiar with this vocabulary allows us to respond with accuracy, confidence, and truth.

**Gender** has four different definitions. Gender is used:

- as a synonym for sex
- as the name given to sex stereotypes
- to describe the socio-cultural and behavioural aspects of sex
- as the name of an ideology that claims bodily sex is irrelevant to human identity

In this guide, we use the fourth definition of gender (the theory that bodily sex is irrelevant), as this definition alone is the operating principle in school policies that refer to “gender” or “gender identity.”

Gender proposes a conception of human identity that is chosen, fluid, and not objectively verifiable. Gender can directly contradict sex, the observable and unchangeable biological status of being either male or female. A gender identity policy will, for example, typically allow students to enter toilets regardless of their sex, or how well a student adheres to stereotypes of the opposite sex, demonstrating that these policies do not consider gender to be either sex, sex stereotypes, or behavioral aspects of sex. To prevent confusion, avoid the term “gender” and use the term “sex” instead.



**Gender Dysphoria**<sup>12</sup> refers to the distress induced by a strong desire to identify as something other than one’s sex, preferring the typical dress and social activities of the opposite sex, or having a desire to change one’s body to appear to be the opposite sex (transition). Those who struggle with gender dysphoria should be aided by therapies that guide an individual to explore root causes of their distress and a healthy acceptance of their sex. A diagnosis of gender dysphoria does not justify the use of irreversible hormonal and surgical interventions which give false hope, promote a negative view of the body, and ignore mental health needs.

**Gender Fluidity** describes the nature of gender identity as a chosen state of mind that can fluctuate on a spectrum in the same way feelings can. Feelings are dynamic in adults, but in children they are even more likely to shift and are easily influenced by peers and their social environment.

**Gender Identity** is an individual’s self-perceived or desired status as male, female, both or neither. Gender identity is self-asserted, based on feelings, and is subject to change over time. It is important to note that gender identity is based entirely on subjective claims that do not depend on a physical or mental health diagnosis. Because gender identity is totally unrelated to sex, there are an infinite number of possible gender identities, such as “agender”, “non-binary”, and “genderqueer”. The concept of gender identity is used to justify as “medically necessary” the often irreversible body modifications known as “sex reassignment” in both children and adults. This concept also shapes “gender identity” laws, which grant individuals the unqualified right to assert themselves as the opposite sex or of no sex at all, regardless of how they dress or act.

**Gender-Inclusion Policies** are institutional practices which remove sex distinctions. Typical school gender-inclusion policies include provisions that allow students to access facilities like bathrooms, changing rooms, shower areas and overnight accommodations of the opposite sex, play on sports teams of the opposite sex, and wear uniforms of the opposite sex. These policies also commonly require students to use so-called ‘preferred pronouns’ for their classmates.

**Gender Nonconforming** is a term that describes self-expression that differs from the stereotypical norms for the sexes. **Non-binary** refers to people who identify themselves as transgender and who reject the labels “man” or “woman” for themselves.

**Intersex Conditions**, sometimes referred to as **Disorders of Sexual Development (DSDs)**, are exceedingly rare and medically identifiable anomalies in which either the sexual anatomy is inconsistent with the chromosomal sex (XX or XY) or the sexual anatomy is not clearly male or female. People who have DSDs are either male or female, but because of ambiguous sexual anatomy usually caused by hormonal and developmental abnormalities, medical science does not always identify their sex correctly at birth. Individuals with DSDs do not constitute a third sex.

**Sex** is the biological reality of being male or female. Sex is determined by the presence of XX (female) or XY (male) chromosomes at conception and then recognised via external genitalia at, or before, birth. Sex can also be recognised through a person’s reproductive organs and secondary sex characteristics. Because there are only two types of gamete - sperm or ova - we know that human sex is an objective, binary trait, and does not exist on a spectrum.

**Sex Reassignment Surgery**, also known as **Gender Confirmation Surgery**, describes cosmetic medical procedures meant to alter one’s appearance to mimic that of the opposite sex. Although medical technology has developed the means to reshape or remove sexual characteristics via hormones and surgery, these procedures cannot actually change a person’s sex.

**Social Transition** can refer to a change of haircut, clothing, grooming, and perhaps most significantly, a change of legal name and “preferred pronouns”. **Medical Transition** can refer to puberty blockers, cross-sex hormones, and/or surgery to imitate the appearance of the opposite sex.

**Transgender** is a term that refers to people who wish to determine their identity based on their feelings instead of their sex. People who identify as transgender may or may not be formally diagnosed with gender dysphoria, and they may or may not choose to transition. Transgender status is grounded entirely on self-declaration and feelings, and is not medically diagnosable, having no basis in observable medical or scientific fact. Individuals who identify as transgender do not represent a new sex category.

Note: In this Guide, we use the term “**transgender-identified**” to refer to people who feel that they are the opposite sex or another gender identity.

**Transition** describes the process by which a person makes an effort to be recognised as the opposite sex or another gender identity via social, legal, and/or medical means.

## CHAPTER 2 FREQUENTLY ASKED QUESTIONS

### 1. Is sex assigned at birth?

**No. Sex is determined at conception**, when the sperm carrying an X or Y chromosome unites with the egg which has an X chromosome, creating either a male (XY) or a female (XX).<sup>13</sup> Sex is then recognised during prenatal testing or at birth via observation of external genitalia. Biologically, males are defined as the sex that produces sperm, and females are defined as the sex that produces ova.<sup>14</sup>



### 2. Do 'sex' and 'gender identity' mean the same thing?

**No.** Sex is unchangeable and has natural limitations and advantages linked to one's status as male or female. Conversely, gender identity makes reference to a state of mind.

### 3. Is it possible to have a female brain in a male body, or vice versa?

**No.** Sex is not defined by the brain, but by the body's reproductive class. The brain is comprised of brain cells that have either male or female chromosomes and cannot possibly oversee the development of a body that is the opposite sex. There are two sex chromosomes - two X chromosomes in females or an X and a Y in males - in nearly every cell in our bodies.<sup>15</sup> Even hair follicles and teeth all have either male or female chromosomes that correspond with our biological sex.

### 4. Do school gender-inclusion policies affect only students who identify as transgender?

**No.** Everyone is affected by gender identity policies which negate sex-based protections by prioritising feelings over biology. For example, when a school passes a gender-inclusion policy, every single changing room and bathroom changes from a single-sex facility into a mixed-sex facility. Similarly, sports teams that were previously separated by sex will now force girls to compete against much faster and stronger boys. **Gender-inclusion policies affect 100% of the student body.**

### 5. Is denying kids access to the toilets of their choice a form of discrimination?

**No.** Discrimination is treating things that are the same differently. Boys and girls are not the same. **Bodily sex does not change according to how we identify and our anatomy clearly demonstrates that men and women are meaningfully different from one another.** Sex-specific toilets and changing rooms simply recognise these unchangeable physical differences and do not treat anyone as inferior. This is unlike racial discrimination addressed by the Human Rights Act 1993, which says that it is unlawful to discriminate on the ground of colour.<sup>16</sup> This was enacted to protect people from being treated as second-class citizens because of an unchosen, unchangeable, identifiable trait: the colour of their skin. In contrast to skin colour, gender identity is a subjective, unverifiable, and chosen identity. **It is not bigotry to acknowledge the biological differences between men and women.** (See further commentary – Chapter 4)

## 6. Is it fair for transgender-identified men and boys to compete with women and girls in sports competitions?

**No.** Because the average male is stronger than nearly all females, women and girls need female-only teams in order to excel at their sport.<sup>17</sup> Before puberty, boys and girls have roughly the same physical capabilities, but after puberty, boys race ahead of girls. Testosterone plays a key role in male puberty, when it contributes to their advantage over women in skeletal size, lung capacity, heart size, muscle mass, haemoglobin levels, and muscle memory.<sup>18</sup> When men's and women's testosterone levels are within a normal range, **male levels at their lowest are often still four times higher than a woman's levels of testosterone at their highest.**<sup>19</sup> These physical advantages mean that, among athletes, "*non-elite males routinely outperform the best elite females.*"<sup>20</sup> Testosterone suppression, though mandated by some professional sports governing bodies, does not change many of the effects testosterone has already had on a man's body, like height or lung capacity, and it is important to note that most high school sports policies do not require boys to lower their testosterone levels in order to compete on girls' teams.<sup>21 22</sup>

**Laws that protect women's and girls' equal access to sports programmes are based on the fact that they cannot simply identify out of the competitive disadvantages and risk of physical injury they face if forced to play against men.** Equal opportunities for women and girls in sports competitions are therefore largely dependent on competition categories based on sex, not gender.

## 7. How are transgender identities diagnosed?

Transgender status is self-declared; there is no test or scan that a medical professional can administer which can diagnose or even observe a gender identity.

## 8. Is transgender-identification being used to justify medical treatments in some children?

**Yes.** Though there is no objective biological criteria for diagnosing a transgender identity, and despite the fact that the majority of children identifying as transgender accept their sex by adulthood, medical interventions are promoted by transgender advocacy groups. A medical treatment protocol called the "gender-affirmative model" includes puberty blockers around age 10, cross-sex hormones at 14, and surgery anytime between 13 and 18. Known effects of the gender-affirmative model may include osteoporosis in early adulthood, life-threatening cardiovascular disease, and permanent sterility.<sup>23</sup>

## 9. Are puberty blockers and hormones totally reversible?

**No.** Puberty blockers are used to prevent secondary sex characteristics like breasts or facial hair from developing in children who are transgender-identified so they can successfully mimic the opposite sex later in adolescence. There are reasons to believe that puberty blockers are not reversible. Firstly, there are virtually no reports of adolescents withdrawing from puberty-suppressing drugs and resuming normal development for their sex, meaning that there are no data on whether puberty will proceed as normal if blockers are stopped. **There is data, however, showing that as many as 100% of children who use puberty blockers go on to use cross-sex hormones.**<sup>24</sup> Children who use cross-sex hormones following puberty blockers will be left infertile. Surgery to remove the testicles or ovaries will render them permanently sterile and will not be reversible.

Secondly, blocking puberty may *cement* persistent transgender feelings, instead of acting as a "pause button".<sup>25</sup> Undergoing natural puberty appears to offer children who identify as transgender a unique

opportunity to become comfortable with their body.<sup>26</sup> The consequences for children whose puberty has been suppressed and who later come to identify as their biological sex are unknown.

Thirdly, puberty blockers are associated with significant neurological and bodily harms. They have been observed to lower IQ<sup>27</sup>, to increase depression symptoms<sup>28</sup>, and to harm bone development.<sup>29</sup>

## 10. Are kids having transgender surgery?

**Not in New Zealand – yet** – but they are in some overseas countries. In the US, minors are increasingly approved for “gender reassignment” surgeries.<sup>30</sup> Girls as young as 13 have undergone cosmetic double mastectomies in their attempt to appear male,<sup>31</sup> and popular media like TLC’s ‘I am Jazz’<sup>32</sup>, National Geographic<sup>33</sup>, and the BBC<sup>34</sup> have all highlighted boys under the age of 18 who have gone through full-genital “gender-reassignment” surgeries.

## 11. Are doctors ignoring mental health issues in those who want to transition?

A significant number of youth who identify as transgender have a pre-existing psychiatric disorder, and mental health assessments are needed to ensure these conditions are not contributing to the desire to transition.<sup>35</sup> However, the standards of care promoted by transgender activists and many professional medical associations<sup>36</sup> claim that mental health problems in this population are a result of discrimination and are best solved by “affirming” a chosen gender identity.<sup>37</sup> Doctors are now under increasing pressure<sup>38</sup> to enable medical transition without questioning<sup>39</sup> the patient’s motivation for doing so, even when the patient is a child. Thus, children are being medicalised based on a self-diagnosis. As a result, some individuals<sup>40</sup> are reporting<sup>41</sup> that they were offered prescriptions for cross-sex hormones and referrals for surgery instead of appropriate psychological treatment.<sup>42</sup>

## 12. Do children who want to be the opposite sex grow out of it?

**Yes, in most cases.** According to all 11 published studies on this question, most young children who are diagnosed with gender dysphoria will not have that desire as adults if they are not given medical interventions such as puberty blockers and if they are not socially transitioned.<sup>43</sup> Nearly all will grow up to be adults who do not seek medical transition. In total, there have been three large studies and eight smaller ones. The number varies by study, but all agree that 61-98% of children with gender dysphoria (or gender identity disorder) will eventually accept their own bodies. Guidelines that support “gender affirmation” and medical procedures on children simply ignore the scientific consensus saying most children will naturally grow out of it, and are exposing children to serious, unnecessary, and irreversible medical harm. It is important to note that we are witnessing a new demographic of adolescents and young adults not captured in earlier studies who are *suddenly* identifying as transgender. Though there are few studies on this new presentation, there is increasing evidence of regret among teens who underwent medical transition.<sup>44</sup>

## 13. Doesn’t medical transition help transgender-identified people?

Short-term studies show that many transgender-identified people experience a brief “honeymoon period” of satisfaction after transitioning, but this result often doesn’t last. Long-term studies paint a different picture of the effects of transitioning, demonstrating that, in many cases, quality of life deteriorates significantly and suicide rates rise. “A recent large cohort study, which tracked nearly 4,000 transgender-identifying adults receiving hormone therapy for an average of eight years, found that women’s risk of heart attack tripled while men’s risk of developing venous thromboembolism became five times greater. The full extent of the medical harms of hormonal treatments – prescribed for lifetime usage – will not be realised for many years.”<sup>45</sup> **The best quality studies show that transitioning leads to negative outcomes.**<sup>46</sup>

#### 14. Are there more than two sexes?

No. There are only two sexes. Human sex is determined at conception by the sex chromosomes and their contents, which direct the development of either male or female anatomy. In 99.98% of births, a baby's sex is clearly male or female. However, in fewer than two out of every 10,000 births, a baby is born with ambiguous genitalia.<sup>47</sup> This is a disorder of sexual development (DSD), sometimes referred to as an intersex condition.<sup>48</sup> The majority of DSDs are sex-specific disorders, occurring in one sex or the other and are often the result of atypical chromosomes or hormonal irregularities that interfere with the development of sexual anatomy.<sup>49</sup>

It is often argued that individuals with DSDs represent a third sex, or prove the existence of a spectrum of sexes. In reality, they are individuals with conditions that prevent the normal development of either male or female reproductive structures. In the same way that those born with six fingers do not disprove the norm of five-fingered hands, DSDs do not disprove the norm of two sexes.

Furthermore, consider that conception is always the result of the uniting of two sex cells - an egg from a woman and a sperm from a man; there is no third sex cell. Nor is there a third type of gonad that plays a role in reproduction; eggs are only produced in ovaries and sperm are only produced in testes. **Sex is not a spectrum and congenital disorders are not additional sexes.**<sup>50</sup>

Finally, *“most people with a DSD do not identify as transgender, and most people who do identify as transgender do not have a DSD.”*<sup>51</sup> Transgender-identified people feel that they are something other than their sex, while typically possessing normal sex chromosomes and sexual anatomy.



## CHAPTER 3 CHILDREN AND THE TRANSGENDER TREND

Though the total number of transgender-identified young people is still quite small, recent data shows teenagers comprise the largest segment of the population who identify as transgender.<sup>52</sup> Stories about children as young as five<sup>53</sup> ‘coming out’ as transgender are, however, increasingly common. It is important to remember that transgender-identification is based on feelings and has no foundation in observable medical or scientific fact, but the negative health consequences of identifying as transgender are very real.

As well as the many adult stories, a seven-year-old’s story hit the headlines in New Zealand in 2013 after his parents made a controversial decision to start a process which would culminate in medically stopping the onset of female puberty.<sup>54</sup> “*Born into a girl’s body*”, at age six the little girl reportedly told her parents, “*I’m not a girl, I think I’m a boy.*”<sup>55</sup> Even Georgina Beyer – the world’s first openly transsexual Member of Parliament – questioned the wisdom of this decision, saying, “*I don’t think a seven-year-old has enough life experience to understand precisely what they’re doing.*”



Schools in New Zealand are installing toilets specifically for the benefit of transgender-identified students as young as six.<sup>56</sup> While the separate unisex toilet is a short-term solution, it ultimately fails to acknowledge the political ideology being pushed, the confusion it will cause to all children, and the long-term harm it will do to school communities.

What is most disturbing is that our state education system is pushing gender ideology and assuming that a six-year-old has the cognitive ability and maturity to somehow know that their biological sex is separate to their gender identity – a completely non-scientific construct.

Knowing that children and teens are surrounded by the transgender trend in culture, schools, and even their friend groups can help parents approach this conversation with care and understanding. Identifying as transgender is an increasingly easy and popular choice for teenagers, especially for those who have transgender-identified friends, those who do not conform to cultural sex stereotypes, or those who are already struggling with mental health issues.

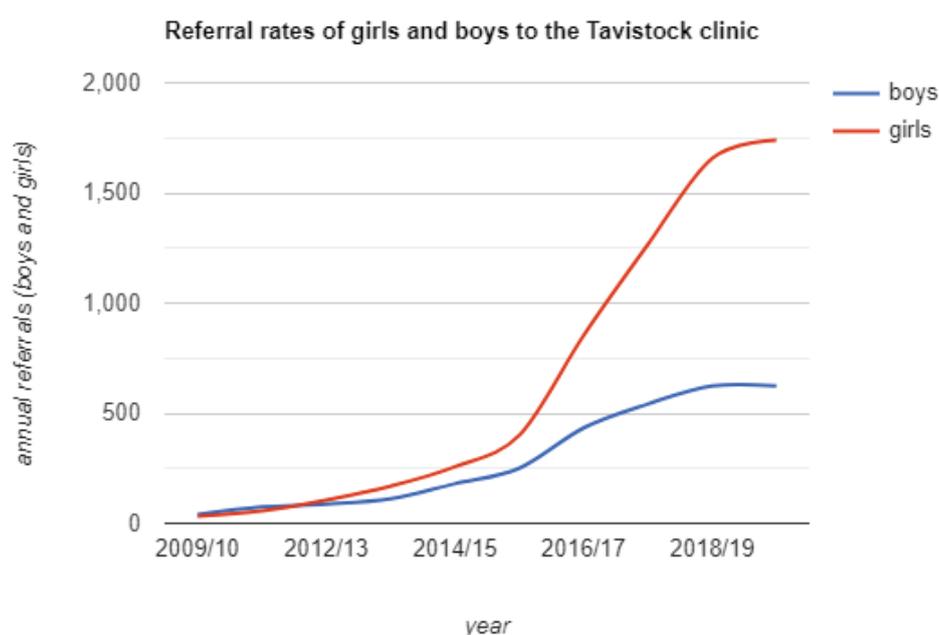
Parents should respond by taking positive actions like monitoring their child’s internet use, learning the health risks of affirming transgender identity, and having age-appropriate conversations with their children. Children who see that their parents are not afraid to talk about the transgender trend are more likely to feel comfortable asking questions and learn to think critically about the issue.

**The following section will cover some of the ways in which the transgender trend is directly affecting children, the ethical problems inherent in changing bodies to match minds, and the regret of adults who formerly identified as transgender.**

## A Rapidly Growing Trend

An increasing number of children and teens are struggling to accept their biological sex, and it is likely that a number of factors are contributing to the increase.

- According to the latest Ministry of Health data, the number of children (0-19 years) diagnosed with “Sexual/Gender Identity disorder” in New Zealand has almost doubled between 2012/2014 (30 cases) and 2014/2016 (58 cases). Of most concern is the dramatic rise in 10-14 year olds being diagnosed (a 500% increase between 2012 and 2016).<sup>57</sup>
- A study published in the *New Zealand Medical Journal* in 2018 found that 438 people had visited a Wellington clinic specialising in gender reassignment therapy between 1990 and 2016. There had been a particular increase in recent years with 92 people making at least one visit in 2016, compared to just 11 people in 2009.<sup>58</sup>



Data from the UK show a sharp increase of children seeking gender identity treatment.<sup>59</sup>

- In the **UK**, where data on paediatric patients of gender identity clinics is available, an exponential rise in cases can be seen. The Gender Identity Development Service in London - the Tavistock Centre - recorded the number of youngsters referred to its service rose from 94 in 2010 to 2,519 in 2018.<sup>60</sup> A similar trend has been observed in **Australia**.<sup>61</sup>
- In the **US**, the rise in the number of paediatric gender clinics indicates an increase in transgender-identified children. There are currently at least 48 clinics<sup>62</sup> across the US that specifically target transgender-identified children, an increase of 15 clinics since 2014.<sup>63</sup> Just one of these paediatric gender clinics, the Child and Adolescent Gender Center at UCSF, has seen nearly 700 patients ages three to 25 since its founding in 2012.<sup>64</sup>
- YouTube videos<sup>65</sup> featuring teens who identify as transgender documenting their physical transformations are incredibly popular, with some receiving millions of views. Parents of transgender-identified young people reported in a recent study that YouTube and Tumblr acted as a powerful influence on their child, and that their child had increased their use of social media just before announcing their transgender status.<sup>66</sup>

- Social contagion is the spread of a behaviour throughout a group, and it may play a role in transgender-identification among young people who are known to be vulnerable to peer influence.<sup>67</sup>
- Young people with Autism Spectrum Disorder (ASD), autistic traits, and ADHD are overrepresented at gender clinics. Nine large-scale studies have found that, “*Almost without exception, rates of ASD or autism traits range from 5% to 54% among those with gender dysphoria, significantly higher than among the general population.*”<sup>68</sup> It is estimated that roughly 1-2% of the general population meets the criteria for ASDs. Similarly, studies suggest that children with ADHD are six to seven times more likely to present with gender dysphoria than children without ADHD.<sup>69</sup>
- Many young people who identify as transgender have a serious coexisting mental health diagnosis that may be leading them to identify as such.<sup>70</sup> One study looked at mental health in 1,347 “*transgender and gender-nonconforming youth retrospectively between 2006 and 2014 and found that these youths had 3 to 13 times higher [rates of] mental health conditions*” compared to youth who do not identify as transgender or gender nonconforming.<sup>71</sup>
- Many transgender-identified young people have behaviours and preferences that do not conform with those typical of their sex. Sex stereotypes vary between cultures and historical eras, and conformity to them is not an accurate indication of one’s biological identity. Boys and girls have a wide variation of personality traits and preferences that in no way contradict their sex.

## Rapid Onset Gender Dysphoria (ROGD)

The growing phenomenon of teens *suddenly* identifying as transgender after exposure to the concept through peers and social media is described by some researchers as Rapid Onset Gender Dysphoria (ROGD). Though ROGD is poorly understood and under-researched, preliminary observations describe a sudden unhappiness with one’s sex that presents particularly in female adolescents who showed no signs of discomfort with their sex before puberty. Observational evidence and anecdotal reports show a similar pattern may be emerging in young male adults.

ROGD often involves a teen girl who has immersed herself in social media that promotes transitioning and has transgender-identified friends in her peer group. A 2016 study<sup>72</sup> of data from 164 parents whose children experienced ROGD “*demonstrates the current contagious nature of gender dysphoria among young women...[M]any of the parents in this survey said that multiple members of their child’s pre-existing friend group were also declaring themselves transgender. To be exact, 50 percent of a youth’s pre-existing friend group became transgender in close to 40 percent of the friend groups described in the study. The average number of friends becoming transgender was 3.5.*”<sup>73</sup>

Some professionals believe that adolescents with ROGD have peer groups that encourage “*each other to believe that all unhappiness, anxiety, and life problems are likely due to their being transgender, and that gender transition is the only solution.*”<sup>74</sup>

## The “Gender-Affirmative” Model

Parents are increasingly being told by medical<sup>75</sup> and mental health<sup>76</sup> professionals (including the Ministry of Health in New Zealand) that children who express discomfort with their biological sex are likely to be

transgender and should be assisted in making a social and medical transition to appear as the opposite sex to prevent self-harm or suicide. **Though this perspective runs counter to the many studies that demonstrate children, if left untreated, become comfortable in their biological sex after puberty,** it has nonetheless led to a method of treatment known as the “gender-affirmative” model in paediatric medicine. This harmful protocol recommends a “social transition” in early childhood, followed by puberty blockers in early adolescence, and cross-sex hormones (testosterone for girls and oestrogen for boys) around age 16.

“Puberty blockers are a medication that can be used to halt the physical changes of an unwanted puberty. Blockers are a safe and fully reversible medicine that may be used from early puberty through to later adolescence to help ease distress and allow time to fully explore gender health options.”

Ministry of Health 2017<sup>77</sup> (our emphasis added)

### THE GENDER AFFIRMATIVE MODEL

	Examples	Ages	Risks
<b>Social Transition</b>	Change hairstyle, clothing, name, pronouns, access restrooms of the opposite sex	Toddlers to adults	Increases likelihood of persistence
<b>Puberty Blockers</b>	Gonadotropin-releasing hormone analogs such as leuprolide and histrelin	Early puberty, around 9-11	Brittle bones, joint problems, impaired memory. Puberty blocked kids go on to use cross-sex hormones in nearly 100% of cases, which causes permanent sterility.
<b>Cross-Sex Hormones</b>	Testosterone for girls, Estrogen, plus androgen inhibitor for boys	Around 14 to adult	Sterility if used after puberty blockers. For women: lowered voice, weight gain, balding, possible cardiovascular disease, type 2 diabetes, bone density loss, and increased risk of cancers (breast, cervical, ovarian, and uterine). For men: breast growth, gallstones, weight gain, blood clots, sexual dysfunction, possible cardiovascular disease, type 2 diabetes, and breast cancer.
<b>Sex Reassignment Surgery</b>	“Top” surgery: Double mastectomy or breast implants; “bottom” surgery: Alterations to or removal of, genitalia or reproductive organs	Around 14 to adult	Loss of sensation, infections, irreversibility. Post-surgical complications to genital SRS are common in both men and women.
<b>Legal Document Changes</b>	Changing sex recorded on birth certificates, school records, or other official identification	Any age	Inaccurate recording of vital statistics; mistaken sex in medical care.

**It is important to remember that although medical technology has developed the means to hormonally and surgically alter the human body to mimic the opposite sex, it cannot actually *change* a person’s sex.**

- The “gender-affirmative” approach includes a “social transition” for children as young as two years old, which entails dressing them in clothing typical of the opposite sex, changing their hairstyle and name, and making use of opposite-sex toilets. When children socially transition, they end up on a fast-moving conveyor belt towards hormones and surgery and they are less likely to become comfortable living as their biological sex.<sup>78</sup> After social transition, the “gender-affirmative” model recommends the use of puberty blocking drugs in adolescence to prevent a gender-dysphoric child from seeing their body develop biologically-appropriate secondary sex characteristics.

- Despite the statement of the Ministry of Health in 2017 regarding puberty blockers (*previous page*), **the use of puberty-blocking drugs in otherwise healthy adolescents to delay a normal stage of development is relatively new and the long-term effects are unknown.** Adverse event reports filed with the FDA(US) by women who took puberty blockers as children to stop precocious puberty or to increase height describe effects like brittle bones and joint problems.<sup>79</sup> **It is currently unknown if puberty will proceed as normal if blockers are stopped or if they have any effect on the still-developing brain.**
- In older adolescents, cross-sex hormones (testosterone for girls and oestrogen for boys) are administered to cause development of opposite sex physical characteristics. Cross-sex hormones cause irreversible effects, including sterility if used after puberty blockers, the growth of breast tissue in males and a lowered voice in females. Cross-sex hormones may also cause serious adverse effects including cardiovascular and gynaecological risks, gallstones, blood clots, decreased bone mineral density, decreased insulin sensitivity, and cancer.<sup>80</sup>
- Surgery is the final step in the “gender-affirmative” model and a step that younger and younger teens are undergoing. In the US, minors are increasingly approved for “gender reassignment” surgeries. Girls as young as 13 are now being referred for double mastectomies<sup>81</sup> and teen boys are having their genitals permanently altered by “gender reassignment” surgeries.<sup>82</sup> In New Zealand, there have been reports of teenage girls being offered chest binders.<sup>83</sup>
- In the vast majority of cases, gender-dysphoric children come to accept their biological sex after naturally passing through puberty. Research shows that 80-90% of children who are gender-dysphoric eventually become comfortable living as their biological sex.<sup>84</sup>
- **Parents and medical professionals do not, for example, encourage an anorexic child to lose weight, even when she is insistent that she is overweight.** Instead, children “*need medical professionals who will help them mature in harmony with their bodies, rather than deploy experimental treatments to refashion their bodies.*”<sup>85</sup>



Because the vast majority of children find that their gender dysphoria subsides after puberty, it is evident there is a need for therapists who will patiently guide young people to mental congruence with their bodily sex. Sadly, some US states have banned therapeutic approaches that seek to help those with gender dysphoria live comfortably in their own bodies. These bans prevent gender-dysphoric children and adults from getting the help they need. *“In states that have therapy bans, many therapists are afraid, because of the law and legal counsel, to see sexual and gender variant individuals whose goal is change, so many now get no professional mental health services. Like other individuals who have sexual or gender variations, some are sexual abuse victims and are suicidal. Bans are harmful and unjust.”*<sup>86</sup> (There is currently a NZ Labour MP’s private member’s

*Research shows that 80-90% of children who are gender-dysphoric eventually become comfortable living as their biological sex.*

bill waiting to be drawn in the ballot which would criminalise those - including parents - who seek to help children with gender dysphoria live comfortably in their own bodies.<sup>87)</sup>

## Are We Sterilising Children?

The “gender-affirmative” model of medical treatment is new, poorly studied, and rife with ethical problems. Because this treatment protocol prevents the natural sexual maturation of a child’s reproductive organs, it often results in permanent sterility for the children to whom it is prescribed. Minor children cannot possibly consent to, or even understand, the risks inherent in this approach.

- Sex gametes (sperm<sup>88</sup> and ova<sup>89</sup>) require natural puberty to mature to the point that they are viable for reproduction. Administering cross-sex hormones in young children concurrently with, or immediately following, puberty blockers means that these reproductive cells will never mature and infertility is the result.<sup>90</sup>
- In addition to potentially causing sterilisation, cross-sex hormones (testosterone for girls and oestrogen for boys) come with permanent side-effects including the growth of breast tissue in males and a lowered voice in females.<sup>91</sup> Cross-sex hormones may also cause serious adverse effects including cardiovascular and gynaecological risks, gallstones, blood clots, decreased bone mineral density, decreased insulin sensitivity, and cancer.<sup>92</sup>
- Surgery used to remove or reshape body parts is always irreversible, and procedures that involve the removal of reproductive organs are necessarily sterilising.
- Parents can consent on behalf of their children to medically necessary treatments like chemotherapy that can cause permanent infertility as an unintended and unfortunate result, but “gender-affirming” treatments that are cosmetic in nature should never be misunderstood as medically necessary. A child or teen is not mature enough to consent to procedures that cause sterility. Sterilisation is not just an unfortunate and unintended result of “gender-affirming” procedures, it is a direct violation of a child’s human right to one day choose to procreate.
- Studies show that in many cases children diagnosed as gender-dysphoric will later experience same-sex attraction.<sup>93</sup> Same-sex attraction should in no way indicate the need for hormone treatments or surgical procedures on children and teens that could leave them permanently sterilised.

## Regret Is Real

Many transgender-identified people eventually discover transitioning does not solve the distress they feel about their bodies and they make the decision to return to identifying as their biological sex.<sup>94</sup> Describing themselves as “detransitioners,” they often explain they were never offered comprehensive psychological care before they were referred for hormonal and medical procedures that could not be rectified when they changed their minds.

- The proper response to gender dysphoria must never involve shaping the body to fit the mind.<sup>95</sup> Walt Heyer, a man who identified as a woman for nearly a decade, puts it this way, “*Many of us who have gone through this ‘transformation’ realised too late that it was not a medical*

*necessity or required treatment for our problems. At best, transition was a short-lived reprieve from the agony of feeling that one's biological sex is incorrect.*"<sup>96</sup>

- If allowed to experience natural puberty, the vast majority of children who experience gender dysphoria grow out of those feelings and eventually feel comfortable with their biological sex. Detransitioners are led to falsely believe that their transgender-identity is set in stone. As one detransitioner said, “I was told that my transgender feelings were permanent, immutable, physically deep-seated in my brain and could NEVER change, and that the only way I would ever find peace was to become female. The problem is, I don't have those feelings anymore.”<sup>97</sup>

*At best, transition was a short-lived reprieve from the agony of feeling that one's biological sex is incorrect.*

## Letting Kids Be Kids

- **Kids often have interests or behaviours that fall outside of what is considered stereotypically normal for their sex.** Some girls like to play rugby and some boys enjoy ballet, but these preferences do not indicate the need to identify as transgender. To the contrary, encouraging kids in their non-stereotypical interests may help them to understand that there is no wrong way to be a boy or a girl. Allowing kids to have some say in how they dress or style their hair, for example, allows them the freedom to express themselves and differentiate their interests from those of their parents - a common tactic among teens.
- **If children are being bullied at school because they don't conform to sex stereotypes, or have unusual interests as compared to their same-sex peers, schools should address this through their anti-bullying policies.** No child should be led to believe that their personality is inappropriate for their body or sex. Fostering “a culture of respect for difference”<sup>98</sup> will help kids to understand that they can “be themselves” without needing to reject their body through hormones and surgery.



## CHAPTER 4 THE TRANSGENDER TREND AND SCHOOLS

Though the number of students who identify as transgender are few in number, schools are finding themselves at the centre of a debate about how to create policies that respect the privacy, safety, and dignity of all the students under their care.

As a result, schools are receiving a strong message on multiple fronts that they must adopt “gender-inclusion” policies that replace all references to biological sex with the subjective concept of fluid “gender identity”. Once adopted, these policies mandate that schools treat boys who feel they are girls as if they really are girls, and vice versa, even if this means violating privacy, abandoning fair play in sports, or disregarding basic safety precautions. **Giving preferential status to a mental state while disregarding the body has serious implications.** In reality, affirming these ideas in policy only encourages more children to unnecessarily question whether they are a boy or a girl. This is harmful to young and impressionable children who trust the adults in their lives to teach them the truth about the world around them.



To be clear: Students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect and compassion. A compassionate response, however, should not mean institutionalising harmful policies in schools. Schools have a responsibility to teach children the truth about who they are as boys and girls, to reference scientific evidence when making claims about biology, and to consider the serious implications of codifying radical theories in practice and policy.

**The following sections will consider how gender ideology found its way into the classroom, how this will affect children, and then suggest practical steps for parents and schools to take in an effort to promote the privacy, safety, and dignity of every student.**

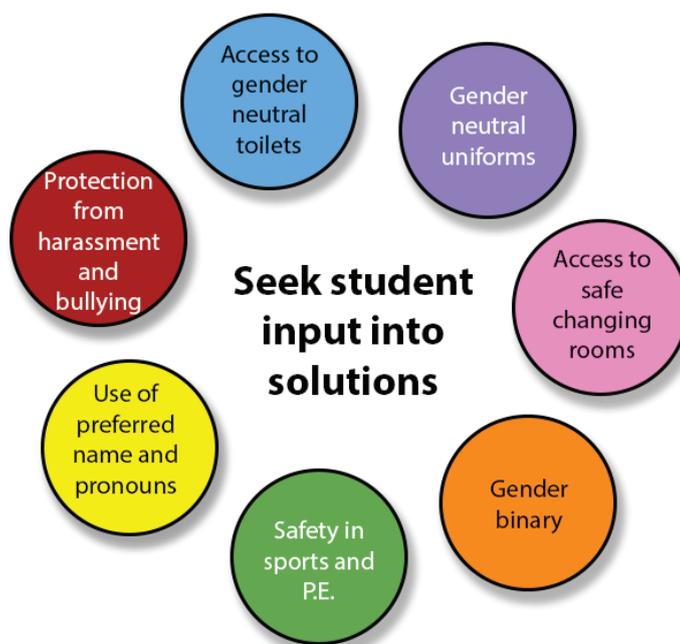
*To be clear: Students who identify as transgender deserve the same educational opportunities and resources as their peers and should be treated with respect and compassion.*

### How Many Children Think They're Transgender?

Prominence by transgender activists has been given to a cross-sectional questionnaire distributed to 8,166 adolescents in New Zealand (Youth '12) which reported 1.2% answered “Yes” to the question, “Do you think you are transgender? This references a girl who feels she should have been a boy, or a boy who feels he should have been a girl.” Of the rest, 94.7 per cent denied being transgender, 2.5 per cent replied they were “unsure”, and 1.7 per cent declared they “did not understand” the question.<sup>99 100</sup> Given that transgender ideas are ubiquitous in youth culture and that transgender identities are nothing more than self-perceived, it should come as no surprise that a number of young people included in this survey identified as transgender. Professor John Whitehall, who is Foundation Chair and Professor of Paediatrics and Child Health at the University of Western Sydney, says that results of such yes/no tick-in-the-box questionnaires are unreliable.<sup>101</sup>

## What Is The Ministry Of Education Telling Schools?

The Ministry has recommended that schools “normalise transgender identities”, “consider ways to increase the use of gender-diverse language” in the classroom, question gender stereotypes and norms for children as young as five years old, affirm “diversity”, and says that “using gendered language such as “girls and boys”, “ladies and gentlemen” can be alienating for gender non-conforming and gender diverse students.”<sup>102</sup>



SOURCE: Inclusive Education, Ministry of Education<sup>103</sup>

## Are Parents Being Excluded?

Teachers are encouraged by the Ministry to keep a child’s mental health issues secret from their parents by allowing the child to adopt a new persona whilst at school – including the use of preferred “pronouns”, without necessarily having to inform the parents that there are identity issues.<sup>104</sup>

The Ministry also recommends that schools consider setting up on-site health care services – including on-site health clinics, on-site nurse consultations and referral pathways for medical care.<sup>105</sup> Are parents involved in this process? Will they even be notified?

### Know how to address students

Respectfully and privately ask students:

- ✓ their preferred name
- ✓ which pronouns they would like you to use (he/him, she/her, they/them)
- ✓ how they would like their names displayed on the class roll or around the learning environment
- ✓ how they would like to be referred to when communicating with their family, as some young people may be out at school but not at home.

SOURCE: Inclusive Education, Ministry of Education<sup>106</sup>

## Activism In Schools

The PPTA has told secondary schools that “*Gender identity refers to what a person thinks of as their own gender, whether they think of themselves as a man or as a woman, irrespective of their biological sex*”.<sup>107</sup> In 2014, Auckland University’s Adolescent Health Research Group and RainbowYOUTH recommended to schools that:

- school sports teams allow for gender diversity
- changing rooms are ‘safe environments’
- formal written records reflect the gender *identity* of children
- school uniforms are flexible for gender *identity*<sup>108</sup>

Activists are using schools to normalise the transgender trend, which places children in harm’s way. True concern for student well-being would not manifest itself through the affirmation of false beliefs or by compromising children’s privacy, yet this is exactly what transgender activists are campaigning for in public schools across the country. School boards have the responsibility to ensure the privacy, safety, and dignity of the students they serve.

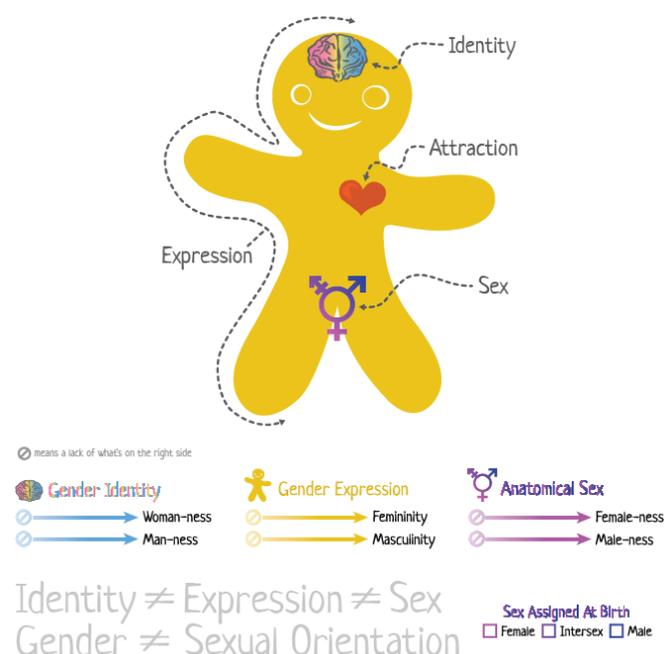
## Programmes In New Zealand Schools

### Mates & Dates

Mates & Dates is an ACC-designed government-funded secondary school programme which claims to tackle sexual and dating violence with an emphasis on consent.<sup>109</sup> However, there is a huge emphasis on gender theory:

- resources such as the “genderbread person”<sup>110</sup>, though not officially sanctioned by ACC, are being used by external facilitators who are not affiliated with the school (*shown right*)
- the programme is littered with gender ideology including statements such as:
  - “It’s important that you clearly promote gender as a continuum”<sup>111</sup>
  - “Often people talk about gender as if it is binary... One’s innermost concept of self as male or female or both or neither”<sup>112</sup>
- an activity for Year 9 students emphasises to students that *sex and gender are distinct* and we choose how to express our gender<sup>113</sup>

### The Genderbread Person v4 by its pronounced METROsexual.com



### InsideOut

This is a RainbowYOUTH programme funded by the Ministry of Social Development which is being pushed under the banner of ‘anti-bullying’, and aimed at children as young as Year 7. Our children are indoctrinated with the message “**Gender identity is a person’s own sense of identification as male, female, neither, both, or somewhere in between.** Sometimes people get confused about the difference between gender and sex. **Gender refers to the gender that someone identifies with, while sex is usually refers to the sex someone is assigned at birth.**”<sup>114</sup>



SOURCE: RainbowYOUTH Pamphlet<sup>115</sup>

### **Family Planning**

Programmes include “*Sexuality Road*”,<sup>116</sup> “*Navigating the journey Te takahi i te ara*”<sup>117</sup> and “*Affirming Diversity*”.<sup>118</sup> FPA believe that, “*Effective sexuality education programmes support and **acknowledge diverse genders, identities...** Stereotypes and assumptions are challenged with an emphasis on inclusiveness and the **right to self-expression**. Discrimination against those who identify as gender and identity diverse can be explored through contexts such as **toilet facilities, school balls and uniforms.**”*

### **“The Real Sex Talk”**

Funded by NZ On Air, this flawed 12-part web series is aimed at 13-18 year olds. The section on Gender Identity claims that “*Your sex is what your doctor assigned you at birth – so male, female or intersex. **Your gender is how you identify, so man, woman, or another term like gender-queer or non-binary...** Sex is what’s between your legs and gender is what’s in your head and heart.*”<sup>119</sup>

### **Health Curriculum**

Some schools are including gender theory into the standard health and physical education curriculum that all students participate in.<sup>120</sup> This may include aspects of the programmes referred to above.

## Gender-Inclusion Policies

Many schools are making the mistake of passing so-called “gender-inclusion” policies, billed as the only way to prevent discrimination of students who identify as transgender. In reality these policies put schools in the position of endorsing an ideology that rejects the scientific truth of human biology, making it all the more likely that even children who are not gender-dysphoric will become confused about what exactly determines their sex.

- Gender-inclusion policies are not required to prevent bullying. Schools are already required to adopt policies that prohibit bullying of any kind against any child for any reason. Bullying is always wrong regardless of why the victim is targeted. These policies also ignore the far greater proportion of students who are bullied for the more common reasons of body image, racial background, disabilities,<sup>121</sup> and academic success or failure, and of course the major prevalence of cyber-bullying.<sup>122</sup>

- Gender-inclusion policies institutionalise the idea that it is possible to have been born in the wrong body and typically recommend measures that facilitate social transition in children. Social transition often encourages persistence in gender dysphoria.<sup>123</sup> Schools should not foster identity confusion by applying pressure to socially transition.
- Gender-inclusion policies require students, administration, and staff to affirm the ideology of transgenderism in every aspect of student life: via the use of preferred pronouns, by mandating mixed-sex changing rooms, through allowing students to transition without the knowledge or consent of their parents, and by filling classrooms with books and lessons that explicitly confuse students about themselves. These measures conflict with a school's educational mission and undermine parents' and students' rights.
- Gender-inclusion policies disregard parents as irrelevant, not informing them when their child decides to identify as transgender during the school day.

## School Policies – Legal Obligations

Family First New Zealand obtained a legal opinion from Parry Field Lawyers (Christchurch) regarding the legal obligations of schools in this area.<sup>124</sup> The legal opinion (*December 2019*) examines the Education Act, Bill of Rights Act, Human Rights Act and case law. Parents and school leaders should read the full legal opinion, but below are extracts of crucial information which both schools and parents should be aware of (*our emphasis added*):



## 1. SUMMARY

- 1.1 Although discrimination on grounds of sex is, as a general principle, prohibited under the Human Rights Act 1993, it is commonplace in New Zealand (and many other countries) to limit access to shared toilets, showers and changing rooms on the basis of sex, and to limit participation in sports teams on the basis of sex.
- 1.2 Schools are required by the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993 to recognise the right to freedom from discrimination on the basis of sex.
- 1.3 Schools can adopt policies for participation in sports teams and use of shared toilets, showers and changing rooms that impose reasonable limitations on freedom from discrimination if those limitations can be demonstrably justified in a free and democratic society.
- 1.4 In setting such policies, schools must consider the rights recognised in the New Zealand Bill of Rights Act 1990 but will not be held to the same standard of decision making as would be required of higher level policy makers. Schools must make an attempt to balance any competing rights and interests and could consider the following questions:
- (a) What are the purposes of the policy?
  - (b) Does the policy discriminate between students on the basis of sex?
  - (c) If so:
    - (i) Do the purposes of the policy justify that discrimination?
    - (ii) Is the extent of the discrimination rational and proportionate having regard to the purposes of the policy?
    - (iii) Does the policy discriminate no more than is reasonably necessary to achieve its purposes?
- 1.5 Schools have a level of freedom in establishing their particular policies. Courts and tribunals should not intervene if a school's policy falls within a range of reasonable alternatives. The burden of proof as to reasonableness lies with the school.
- 1.6 Avoiding unfair competitive advantage is one example of a valid purpose which can justify limiting participation by transgender-identified students in sports teams that do not match their biological sex.
- 1.7 Schools are not legally compelled to allow transgender-identified students to have access to shared toilets, showers and changing rooms that do not match their biological sex provided they cater for transgender-identified students in a reasonable manner.
- 1.8 In setting policies for use of shared toilets, showers and changing rooms, one relevant consideration will be the requirement under NAG 5 (*National Administration Guideline*) to provide a safe physical and emotional environment for all students.<sup>125</sup>

## 7. What ends or purposes need justifiably to be considered?

7.2 Limiting access to shared toilets, showers and changing rooms based on sex, has long been considered appropriate given the need to provide a safe physical and emotional environment for students.

7.3 Limiting participation in sports teams on the basis of sex and age has likely been motivated by the goals of enabling all students to realise their full potential as individuals, achieving equality of educational opportunity, and again providing a safe physical environment (particularly in the contexts of sports that involve physical contact and a physical contest of strength).

Excerpt from: Parry Field Lawyers - Legal Opinion (December 2019)

## 11. Guidance Publications from Ministry of Education and HRC

11.2 An individual school can set a policy that is at odds with the Ministry of Education's stated interpretation as long as the school's decision is within the range of reasonable alternatives as discussed above.

11.3 In fact, there is limited commentary from the Ministry of Education on the issue of access to shared toilets, showers and changing rooms. The current version of the Sexuality Education guide – published in 2015 – does offer some brief comment, which is as follows:

### *4. Sexuality education in the wider school*

#### *... Leadership and school culture*

*Boards of trustees, principals, and senior and middle leaders all have a role to play in creating the cultural conditions in which sexuality education programmes are successfully implemented. Leaders set the tone of the school and contribute to building a positive and inclusive whole-school culture where diversity is valued and students feel supported, visible, and safe, regardless of their sexual and gender identity. This includes valuing the sexual and gender identities of school staff members and students, and valuing staff and student voices.*

*... Schools may also consider reviewing options around toilet facilities to ensure students have choices of safe spaces. Toilets can be unsafe environments for students who do not conform to gender norms. ...*

11.4 The Ministry's comments, set out above, are of a general nature as to how schools should accommodate transgender-identified students. This is appropriate given the discretion that is given to BoTs to set policies for their own schools.

## 12. Participation in Sports Teams

12.1 In respect of participation in sports teams, the Ministry's comments are brief and non-prescriptive but indicate that the Ministry believes participation of all students to be a key objective:

*Sports procedures and policies should be inclusive and ensure that all students can participate regardless of sexual orientation or gender identity. ... All school extra-curricular activities should be inclusive of all students and encourage diverse participation.*

Excerpt from: Parry Field Lawyers - Legal Opinion (December 2019)

## 13. Conclusion

13.1 Schools have discretion as to the precise form of the policies that they adopt with regard to access to shared toilets, showers and changing rooms and participation in sports teams. They must have regard to the interplay of their obligations under the Education Act and the national education guidelines as well as their obligations under the NZBORA and the HRA.

**13.2 It is overly simplistic and incorrect to say that schools are required by New Zealand law to give transgender-identified students access to shared toilets, showers and changing rooms, or that they must allow all transgender-identified students to participate in sports teams that do not match their biological sex.**

13.3 If discrimination on grounds of gender identity is generally prohibited under the HRA, there is still a range of possible forms that school policies can take to address this issue. The precise form of any particular school's policy will be affected by the circumstances and community background of the particular school.

Excerpt from: Parry Field Lawyers - Legal Opinion (December 2019)

It is important to note that in integrated schools, the school's proprietor has a statutory role in protecting the special character of the education at the school. This will have an impact on how integrated schools set their policies.

**READ THE FULL LEGAL OPINION** - [askmefirst.nz/wp-content/uploads/2019/12/Parry-Field-Legal-Opinion-2019.pdf](https://askmefirst.nz/wp-content/uploads/2019/12/Parry-Field-Legal-Opinion-2019.pdf) - or scan the QR-Code.



In 2009, the Human Rights Commission called for law changes to recognise the rights of children as young as five to change gender at school. The report said transgender-identified children should be able to play sport and use “appropriate” changing rooms and toilets without fear, humiliation or embarrassment.<sup>126</sup>

The legal opinion (*referred to on previous pages*) says: “*It is unclear whether the Human Rights Act prohibits discrimination on grounds of gender identity as such. This issue has not yet been tested in the New Zealand courts*”, and that “*the Human Rights Commission has expressed the view that the law on this point is unclear in New Zealand at present.*”<sup>127</sup>

Quoting again from the legal opinion (*our emphasis added*):

11.5 The Human Rights Commission (“HRC”) has also issued a publication entitled *Supporting trans students*, which considers policies that a school might adopt in relation to transgender students. The views expressed in the HRC publication are again not directly binding on a school, but give a clear indication of how the Human Rights Commission believes schools should address the rights of transgender students.

11.6 In respect of the issue of use of toilets and changing rooms, the HRC comments:

***What toilets should trans students use?***

*Trans students should have the choice of using a toilet that matches their gender identify. This can be an important way to support a trans student’s sense of identity and wellbeing. For example, fa’afafine, whakawāhine or male-to-female (MtF) trans girls identifying as female should be able to use the female toilets, if that is their preference.*

*A unisex or disability toilet can be a good alternative for a trans student. Other options include using toilets in a sick bay/health centre or the staff toilets.*

*Some other students may initially be uncomfortable sharing toilets with a trans person. It can help to explain that privacy and safety are important for all students when using bathroom facilities, and that any form of harassment will not be tolerated. If these students are still uncomfortable about using the same toilet blocks as trans students, they could also be offered the use of a unisex or disability toilet.*

***What changing area should trans students use?***

*Trans students should have the choice of using the changing area that matches their gender identify.*

*Many trans students will feel vulnerable having to change clothes in front of other students. Creating a private area in the changing rooms can be very useful for trans students. This might involve adding a curtain or a cubicle door. Other options include allowing trans students to use a unisex, disability or staff toilet as a changing area.*

***If trans students want to play sport which team should they play for?***

*Where possible, a trans girl should be able to play in a girls' team and a trans boy in a boys' team, wearing the appropriate uniform. This applies for any sport before a child turns 12; non-competitive events; and those sports where strength, stamina or physique do not give someone a competitive advantage.*

***Can trans girls still play competitively in girls' teams after puberty?***

*Once a trans girl reaches puberty her body's natural hormones will give her an unfair competitive advantage over other girls. This advantage would disappear if she is on hormone blockers or female hormones, enabling her to play as a female. If a trans girl is not on female hormones or hormone blockers, one option would be playing mixed competitive sport as a female, but being counted as one of the 'male' team members.*

*Increasingly some sports bodies are aware of the needs of trans students and are finding ways to encourage their participation. In some cases this has included allowing trans girls to play competitive sport as females, whether or not they are on female hormones or hormone blockers. At higher level competitive sports events, sport bodies may be bound by regulations set by their sporting code.*

***Can a trans boy play in competitive boys' teams?***

*A trans boy is able to play competitively against other boys (though he may have a competitive disadvantage, especially if he is not on male hormones). If a trans boy has been on full dose male hormones for over a year it is likely he would have a competitive advantage against girls.*

12.3 HRC's comments again recognise that there is a range of possible approaches to gender identity issues, and indicates that it considers that preventing giving any particular participant an unfair competitive advantage is a legitimate consideration in setting policies for participation in sports teams.

12.4 We agree that avoiding unfair competitive advantage is a legitimate consideration. This view is consistent with the emphasis in the national education guidelines on enabling all students to realise their full potential as individuals, achieving equality of educational opportunity. For this reason alone (and there may be others) it is not correct that schools must allow all transgender-identified students to participate in sports teams that do not match their biological sex.

Excerpt from: Parry Field Lawyers - Legal Opinion (December 2019)

## Privacy Concerns

Schools are responsible for protecting the privacy, safety, and dignity of *all* students during the school day and must craft policies that make sense for the entire student community.

- **Privacy is an important right in New Zealand.** It is protected by domestic legislation, common law and international law. New Zealand is a signatory to the Universal Declaration of Human Rights and the International Covenant on Civil and Political Rights, which both uphold

an individual's right to privacy. Schools should give weight to the privacy implications of introducing unisex changing rooms and toilets and respect a student's wish not to be seen by persons of the opposite sex when they are undressing.

*Gender ideology falsely labels cultural viewpoints and customs that are based on biological sex as bigoted and backwards.*

- Public schools are places that should respect the rich cultural diversity of the student community. Eradicating widely-held privacy protections in intimate spaces does exactly the opposite by excluding students who adhere to traditions that do not allow men and women to use the same areas for washing, toileting, and changing clothes. Gender ideology falsely labels cultural viewpoints and customs that are based on biological sex as bigoted and backwards. No student should be forced to trade their cultural traditions for an education.
- The demands of an outside activist organisation should never be allowed to outweigh the needs of students. **Privacy is a basic expectation that all students should have when using facilities like toilets and changing rooms, and parents should know that they can trust school authorities to ensure these protections.**
- **Good school policy will respect the physical differences between the sexes** without resorting to an unverifiable gender identity or sex stereotypes as the determination of who is a boy and who is a girl. For example, it makes no sense to determine who uses what bathroom based on feelings, hairstyles, and clothing preferences. Sex is a bodily reality that does not change according to how a student dresses and bodily sex does not simply change when a boy identifies as a girl and enters the girls' changing room. (See **Appendix 1** for a model Student Physical Privacy Policy.)
- Students are often coping with higher than normal levels of anxiety and shame about their bodies when they enter puberty. **Single-sex intimate spaces grant much-needed privacy to students when they are attending to bodily needs.** In New Zealand, a teenager spoke out about her girls-only school's decision to allow a transgender-identified student to use the girls' bathrooms,<sup>128</sup> saying it was made without consultation and that her rights were overlooked.<sup>129 130</sup>
- Girls often find that changing clothes in the changing room with other girls is an awkward experience - allowing boys into these spaces makes the situation even more awkward. In the US, a group of high school girls spoke out after their school district allowed a male student unlimited access to the girls' changing rooms. A 15-year-old girl stated, "*I have nothing against [the transgender-identified student]... but when it comes down to it, I don't feel right changing in the same room as a transgender student. The changing room is already filled with so much judgment, and I barely feel OK changing in front of my naturally born girl peers.*"<sup>131</sup>
- Girls need to know they have a right to set boundaries regarding their bodily privacy when they change clothes or shower in a school facility. **Policies that strip girls of their right to privacy reinforce the notion they are not in control of who can see their body when they use intimate facilities.** With concern about sexual assault at an all-time high, it makes no sense to tell young women to drop their guard.
- The schools which adopt gender-inclusion policies that allow biological boys who feel that they are female to use the girls' changing room are, in reality, eliminating privacy protections for all students – including those who identify as transgender.

## CHAPTER 5 PARENTS' AND STUDENTS' RIGHTS

School policies should never violate parents' and students' fundamental human rights.

What are parents' rights? What are students' rights? **What actions can parents and schools take together to ensure the privacy and dignity of all?** The following sections will give answers to these questions and practical steps parents can take in their own school.



### Parents' Rights

In New Zealand, key parental rights (and responsibilities) are covered by the Care of Children Act 2004 (*our emphasis added*).<sup>132</sup>

#### 16. Exercise of guardianship

1. The duties, powers, rights, and responsibilities of a guardian of a child include (without limitation) the guardian's —
  - (a) having the role of providing day-to-day care for the child (however, under section 26(5), no testamentary guardian of a child has that role just because of an appointment under section 26); and
  - (b) contributing to the child's intellectual, emotional, physical, social, cultural, and other personal development; and
  - (c) determining for or with the child, or helping the child to determine, questions about important matters affecting the child.
  
2. Important matters affecting the child include (without limitation)—
  - (a) the child's name (and any changes to it); and
  - (b) changes to the child's place of residence (including, without limitation, changes of that kind arising from travel by the child) that may affect the child's relationship with his or her parents and guardians; and
  - (c) medical treatment for the child (if that medical treatment is not routine in nature); and
  - (d) where, and how, the child is to be educated; and
  - (e) the child's culture, language, and religious denomination and practice.

In s 13(2)(b)(ii) of the Children's and Young People's Well-being Act 1989 (Oranga Tamariki Act 1989), the principle put forward is to "*recognise and promote mana tamaiti (tamariki) and the whakapapa of the child or young person and relevant whanaungatanga rights and responsibilities of their family, whānau, hapū, iwi, and family group.*"<sup>133</sup>

In the Preamble to the UN Convention on the Rights of the Child<sup>134</sup> (to which New Zealand is a signatory), it acknowledges that, "*the family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.*"

Article 3 states that child should be ensured “*such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her*”, and Article 5 says that the state should “*respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance.*”

In a significant case in 2000, the US Supreme Court found that parents have a fundamental right to control the upbringing and education of their children without undue intervention by the state.<sup>135</sup>

There are good grounds for considering that parents should have the right to control their child’s exposure to sensitive materials like transgender-themed books and curriculum in the classroom, and to teach their children that there is a difference between the sexes.

In New Zealand:

- **Parents have the right to review and have their child/ren opt-out of tuition in a particular class or subject because of sincerely held religious or cultural views.** Parents have the right to access information about the school’s sexuality education programme in order to determine the extent of their child’s participation.<sup>136</sup>
- If parents object to the content of instructional materials, they have the right to make reasonable arrangements with the school for alternative instruction. A school cannot impose a penalty on a student who is opted out.
- If the school has an assembly, classroom lesson, or reading that parents may object to, parents should not be afraid to take their child out of the class or assembly. Parents should inform other parents of these upcoming lessons.
- **See Appendix 2 for a Sample Opt-Out Form Letter and Notification Request you can use at your school.**

## New Zealand Law – Education Act 1989

The rights of parents are spelt out in the Education Act (*our emphasis added*):

### **25A Release from tuition on religious or cultural grounds<sup>137</sup>**

1. A student aged 16 and above, or the parent of a student aged under 16, may ask the principal to release the student from tuition in a particular class or subject.
  - (1A) A request under subsection (1) must be made in writing, and at least 24 hours before the start of the tuition.
  - (1B) This section applies only to students enrolled at a State school that is not a State integrated school.

2. Unless satisfied that—
- (a) the parent or student (as the case may be) has asked because of sincerely held religious or cultural views; and
  - (b) the student will be adequately supervised (whether within or outside the school) during the tuition,—
- the principal shall not release the student.
- (3) Upon receiving a request from a parent under subsection (1), the principal must, before agreeing to release the student, take all reasonable steps to find out the student’s views on the matter.
- (4) Subject to subsection (2), the principal shall release the student from the tuition and (if the student is to be supervised outside the school) let the student leave the school during the tuition unless satisfied, in the light of—
- (a) the student’s age, maturity, and ability to formulate and express views; and
  - (b) any views the student has expressed,—
- that it is inappropriate to do so.

#### **25AA Release from tuition in specified parts of health curriculum<sup>138</sup>**

- (1) The parent of a student enrolled at any State school may ask the principal in writing to ensure that the student is excluded from tuition in specified parts of the health curriculum related to sexuality education and, on receipt of such a request, the principal must ensure that—
- (a) the student is excluded from the relevant tuition; and
  - (b) the student is supervised during that tuition.
- (2) Nothing in subsection (1) requires a principal to ensure that a student who is to be excluded from tuition in specified parts of the health curriculum related to sexuality education is excluded at any other time while a teacher deals with a question raised by another student that relates to the specified part of the curriculum.

The most recent guidelines from the Ministry of Education state<sup>139</sup> (*our emphasis added*):

#### **The right to withdraw**

When the board of trustees has adopted the statement on the delivery of the health curriculum, the school does not need to seek parents’/caregivers’ permission for students to participate in the programme. According to the Education Act (1989; updated in 2001, section 25AA), parents/caregivers may write to the principal requesting to have their child excluded from any particular element of sexuality education in a health education programme. The principal is required to ensure that the student is excluded from the relevant tuition and that the student is supervised during that time.

**“Sexuality education: a guide for principals, board of Trustees, and teachers”**  
(Ministry of Education)

## Section 60B of the Education Act

Health education is the only part of the school’s curriculum for which the law specifically requires the board of trustees to consult with the school’s community. Section 60B of the Education Act 1989 (as amended in 2001) requires the board to consult with the school community **at least once every two years** on how the school will implement the health education component of the curriculum. The board is required to adopt a statement on the delivery of the health curriculum following this consultation.

**“Sexuality education: a guide for principals, board of Trustees, and teachers”**

(Ministry of Education)

## Students’ Rights

- As mentioned above, schools should have regard for a student’s right to privacy, as set out in domestic and international law. Students should have the choice to protect their modesty and control who sees them undressing in the changing rooms.
- Students have a human right to religious freedom and cannot be forced to engage in activities that violate their conscience.
- Students have a right to free speech. When a school requires a student to refer to a classmate using a pronoun that doesn’t match the classmate’s biological sex, the school is requiring the student to make a substantive statement about the nature of sex and gender identity that the student may find objectionable. The government should not force individuals to convey messages that they deem objectionable or punish them for refusing to do so.



## CHAPTER 6 PARENT INVOLVEMENT & COMMUNITY BUILDING

Parents have an important role to play in the creation of a respectful and inclusive school climate that balances the needs of students through compassionate, common sense policy solutions. When parents express their concerns about transgender ideas in the classroom, they are both inspiring other parents to get involved and helping to create an environment that ensures every student's rights, health, and safety are taken into account.



### Envisioning A Respectful School Environment

#### Climate

- Schools that foster a culture of respect for the body by protecting boundaries and teaching consent help students to feel safe at school. **Students, and especially female students, should know that the school cares about their bodily privacy enough to provide them with single-sex spaces.**
- A respectful school should be a place for open debate and free speech, a place where students of all faiths or no faith at all are welcome. To require students to profess belief in an ideological message with which they may have serious disagreement is to deny students their right to free speech.
- Schools should help children grow in appreciation for their body by learning about its amazing abilities. Science, physical education, and art classes, among others, can awaken wonder and respect for the human body. Students learn to value their body by **using** their body. Playing games in gym class, dancing, and offering ample recess time all help students interact with the world and other people.
- Teachers should use grammatically correct and scientifically accurate language to properly prepare students for mastery in all subject areas. By using the correct terminology, especially in disciplines like human biology, teachers give students a solid foundation for learning.
- Kids are kids; **their non-conformity to sex stereotypes is not a sign that they are transgender.** Children should not be made to feel that trying out toys or games that are stereotypically associated with the opposite sex makes them transgender.
- Social contagion plays a role in the transgender-identification of children. Parents and schools should work together to address and remedy underlying social conditions that may be contributing to student identity confusion. Schools that openly celebrate or even maintain a neutral stance on the transgender trend enable social contagion by sending a confusing message to the student community that it is possible to be born in the wrong body.

## Facilities

- Schools should recognise a duty to protect the privacy, safety, and dignity of all students and should accommodate students with different needs without compromising the rights of all students and their parents. Schools should grant private access to a facility to students who identify as transgender and any other student who prefers to use it.
- Student privacy rights are violated whenever intimate facilities are shared by students of the opposite biological sex. At no point should students have to worry that they will encounter someone of the opposite sex in their changing room, shower area, overnight accommodations, or toilets. These facilities **must** be separated only by sex, not gender identity.

*Schools should recognise a duty to protect the privacy, safety, and dignity of all students.*

## Policy

- Schools should adopt the Student Physical Privacy Policy (see **Appendix 1**), which recognises student physical privacy rights and the need to ensure student safety and maintain school discipline.
- Bullying and harassment of any student is never acceptable. Instead of creating new policies to address every possible bullying scenario, teachers and staff should be equipped to address all bullying, not only those scenarios that fit an activist agenda.
- Schools have the responsibility to research the priorities of the organisations they invite in for staff trainings and they should only accept those that present factual information in a balanced way.

## Notification

- It is very important that parents should be notified in advance when any lesson, book, or assembly that covers sexual education, transgender, or other family life issues will be presented to the students. When parents are made aware in advance of controversial classroom lessons and presentations, they have the time to decide whether their child will attend or opt-out. Parents should be able to trust that the school respects their right to present the material in accord with their family's values.
- Parents **must** always be made aware when their child is desiring to express a different identity at school. School staff, administrators, social workers, and psychologists serve students best when they make parents aware of a student's discomfort with his or her biological sex. Parents have the ultimate authority in determining the treatment of their child and should feel welcome to meet with school officials to discuss their child's situation.
- Schools should inform all parents when a transgender-identified student requests to make their identity public. Students, especially young students, are very confused by the concept of "changing sex" and parental notification gives families the opportunity to have this important conversation at home.

*It is very important that parents should be notified in advance when any lesson, book, or assembly that covers sexual education, transgender, or other family life issues will be presented to the students.*

## Sports

- Schools should not undermine girls' sports opportunities by adopting policies or practices that determine team eligibility by gender identity. Physical differences between the sexes become stark in high school, when boys tend to outgrow girls in height and strength. Girls' physical safety and athletic opportunities can only be ensured if teams are separated by sex.
- Parents must be notified if a student of the opposite sex will be competing on a team with their child. When teen girls and boys play on teams together or against each other, the risk of physical injury increases. When mixed-sex teams travel and make use of hotel accommodations, students will need to be granted single-sex rooming options. Changing room and toilet facilities should be made available for any team members who are uncomfortable using those areas with members of their own sex.

*Girls' physical safety and athletic opportunities can only be ensured if teams are separated by sex.*

## Be Informed And Be Proactive

This Parent Resource Guide is meant to equip you with the information needed to work **with** your child's school in a positive and constructive way. The following section offers tips you can use for practical engagement with your school.

- Being well-informed means you can confidently approach your principal and board of trustees members with good policy recommendations for all students. **Many school leaders and board of trustees members will benefit from having access to this resource guide.**
- **Share what you learn with like-minded parents and community members to help grow involvement at your school.** Use [social media](#)<sup>140</sup> and [email groups](#)<sup>141</sup> to communicate and plan more effectively.
- **Review the classroom curriculum that your child will be using for the year.** In particular, ask to see anything that pertains to gender, sexuality, family life issues, and bullying. Make sure you look at the library and classroom books available to your child.

*Members of the public can request official information from boards of trustees of state and state integrated schools under the Official Information Act.*

It is important to note that **members of the public can request official information from boards of trustees of state and state integrated schools under the Official Information Act in New Zealand.** To meet the requirements of the Official Information Act 1982 (OIA), boards must release information unless there is a good reason under the act for refusing to do so. A board has 20 working days to decide whether to grant the request and tell the requester their decision. If the board does not give its decision within 20 days, that is deemed to be a refusal. If the board refuses a request, it must give the reasons for its refusal and advise the applicant they have the right to make a complaint to the Office of the Ombudsman.<sup>142</sup>

- Ask the school if they will be holding any anti-bullying rallies or student assemblies on gender, sexuality, diversity, or family life issues. Let the appropriate school official and your child's teacher know that you expect to be informed ahead of time about any such events. **Remember: the New Zealand opt-out law is on your side.** Fill out our opt-out letter template found in **Appendix 2** and have your child's teacher, principal, and any other appropriate school staff members sign it and place it in your child's file. Follow up periodically to make sure that the school is aware that your child will be opting out of whatever content you have specified.

*It is very likely that your school's board of trustees needs to hear parents voice consistent support for good policies.*

- It is critical to **be proactive** to prevent bad policies and curricula from getting into the school in the first place. Do not wait until you get the bad news that your child has been exposed to inappropriate materials.
- **Promoting common sense policies** will proactively educate your school board about these issues and demonstrate your commitment to these issues. It is very likely that your school's board of trustees needs to hear parents voice consistent support for good policies that protect student privacy, safety, and dignity before they will consider adopting one.
- **Consider requesting notification when family life issues are going to be presented to your child.** Such a request may or may not be honoured. See **Appendix 2** for a sample notification request included in the opt-out letter.
- Inform school officials that you oppose gender-inclusion policies that allow mixed-sex access to intimate facilities. If your school is considering adopting such a policy, use the letter template in **Appendix 3** to inform school officials *respectfully* of your genuine concerns.

## Be Ready To Advocate For Your Kids

- **Make time to attend school board of trustees meetings.** Board of trustees meetings are where you can learn more about the plans your board members have for the school, how each member votes, and what issues are a priority. Your presence at these meetings demonstrates to the school board and the community that you care about the school. Invite a few friends to attend with you and consider hosting a debriefing session afterwards where you can socialise and strategise.

*The best results come about when schools and parents work together to develop solutions that best meet their particular school's needs.*

- **Remember, the school board works for you and for your children.** Hold them accountable in board elections by voting for members that support the privacy and dignity of all students. The best results come about when schools and parents work together to develop solutions that best meet their particular school's needs.

### Attendance of the general public

Board meetings are meetings held in public, they are not public meetings.

In respect of meetings of the board of trustees or committees of the board, members of the public are:

- entitled to know in advance when and where meetings are to be held
- entitled to copies of the agenda in advance of the meeting (this includes copies of all written reports and other documents that are relevant to matters to be discussed in open meeting)
- entitled to attend the meeting to watch and listen
- entitled to take notes
- not entitled to take part in the meeting by word or action (the board can resolve to grant a member of the public speaking rights)
- required to leave the meeting if the chairperson believes, on reasonable grounds, that the member of the public's behaviour is likely to prejudice the orderly conduct of the meeting
- required to leave the meeting room when the meeting goes "in committee"

Extracts from: **"Board Meetings" Governance support resources**  
- New Zealand School Trustees Association (NZSTA)<sup>143</sup>

- **Submit a request to the board chair (or board secretary) asking to have the issue included in the next board meeting's agenda**, and for you and your family/whanau to speak to the issue at the board meeting. You may be given permission to bring other concerned parents to support you.
- If you are not ready to speak out publicly right now, you can still **write a letter to your school board of trustees, local MPs and the Minister of Education** and encourage like-minded parents to do the same.
- **Write letters to the editor and opinion pieces for your local newspaper.** Your school board trustees read the newspaper.
- **Request meetings with your principal, senior teachers, head of the health department, board of trustees members, and your child's teachers to learn more about what is going on in the classrooms.** See *Appendix 5* for a list of questions you might want to ask. It's important that they hear your genuine concerns expressed in a respectful way.
- If your school board is considering passing a policy that threatens privacy, circulate a petition in your school community. Use word of mouth and social media to share a link to your petition.
- **Remember: organised parents are the most powerful force in your school.**

### Know Your Boundaries

- **Only you can know when a policy crosses the line.** Be sure to familiarise yourself with your school policies. No one can force you or your child to abandon your family's values.
- **If your rights are violated,** you may need to seek legal advice or even decide to leave the school. Family First NZ can connect you with the resources you need, including legal advice. Remember, you are the primary educator of your child.

## CONCLUSION

### Parents, You Can Make a Difference

How we approach the transgender trend in our schools will make all the difference in the lives of all kids, and especially those who are struggling to accept their bodies as male or female. Every child deserves to hear that there is nothing they need to change about their body in order to gain acceptance from their peers or the adults in their lives. Young people need to know they are beautiful just the way they are, and there is no one better positioned to bring this positive view of human identity to public schools than parents. You can make a difference, and the time to act is now.



By respectfully speaking out, you can help to ensure that school boards hear what the research makes clear: our sex does not change according to our feelings, and school policy which ignores that fact ends up hurting our kids. Many school boards are pressured by outside activist organisations to pass policies that treat bodily sex as irrelevant, but parents are the real stakeholders in a school, not activist groups. From loss of privacy to celebration of sexual identity confusion, these radical activist policies are not helpful or safe for kids. Communicating your well-founded concerns about transgender ideas to school officials is an important way of protecting all students.

*Resistance to this trend will be built one parent at a time, and it starts with you.*

Don't forget – your courage is contagious. Respectfully speaking out will have an inevitable and powerful influence on those who are not yet ready to make their voice heard. The transgender trend is based on irrational ideas that require people to stifle their very reasonable questions. When you voice your concerns publicly, you carve out a space for other parents to do the same. Resistance to this trend will be built one parent at a time, and it starts with you.

Take heart knowing that objections to the transgender trend are coming from people across the political spectrum. This is not a 'right' or 'left' issue. Joining together with parents of other political views will help to demonstrate that human sexual identity is a universal fact common to all of us. Recognising and acknowledging human biology is not ideological and it is not a form of bigotry.

*Recognising and acknowledging human biology is not ideological and it is not a form of bigotry.*

With full awareness of your rights and the ramifications of transgender ideas, you can make a difference in our public schools. Take courage, gather a community, and speak up - our children deserve nothing less.

### Student Physical Privacy Policy

Schools have a duty to protect the privacy, safety, and dignity of all students.

#### BACKGROUND

##### Toilets / Changing Rooms

- Schools should craft policies that are both respectful of the privacy concerns of all children and sensitive to the diverse needs of individual children.
- Any physical privacy policy should respect the needs of all children because every child matters. No policy should be tailored to a few students at the expense of every other student.
- Schools can accommodate a small number of students with different needs without compromising the rights of other children and their parents.
- No child should be forced into an intimate setting – like a toilet block or a changing room – with another child of the opposite sex.
- We sympathise with children who have difficult personal issues to work through. But a 16-year-old boy shouldn't be permitted to deal with those issues in intimate settings with a 13-year-old girl.
- Every student has a right to privacy and safety.

##### Sports Teams

- Allowing boys to play on girls' sports teams can be unfair and may pose great physical risk to girls, particularly at the high school level.
- A school's primary duty is to protect its students.
- Children and their parents need to know that they are safe in intimate settings especially while traveling for sports events.
- Allowing children to share toilets, showers, and even motel rooms with the opposite sex is an invasion of privacy for children who deserve to feel safe in intimate settings and away from home.
- The only sensible, objective, and enforceable policy is one that ensures single sex access to areas where children undress or engage in other activities that require privacy.

#### DRAFT POLICY

##### I. PURPOSE

In recognition of student physical privacy rights and the need to ensure student safety and maintain school discipline, this Policy is enacted to advise school staff regarding their duties in relation to student use of toilets, changing rooms, showers, and other school facilities where students may be in a state of undress in the presence of other students.

## **II. DEFINITIONS**

“Sex” means the biological condition of being male or female as determined at birth based on physical differences, or, when necessary, at the chromosomal level.

## **III. POLICY**

### **A. Use of School Facilities**

Notwithstanding any other board policy, student toilets, changing rooms, and showers that are designated for one sex shall only be used by members of that sex.

In any other school facilities or settings where a student may be in a state of undress in the presence of other students (e.g., changing costumes during school theatrical productions, etc.), school staff shall provide separate, private areas designated for use by students based on their sex.

### **B. (Option 1) Accommodation for Students Desiring Greater Privacy**

Students who, for any reason, desire greater privacy when using a facility described in subsection A may submit a request to the principal for access to alternative facilities. The principal shall evaluate these requests on a case-by-case basis and shall, to the extent reasonable, offer options for alternate facilities, which may include, but are not limited to: access to a single-stall toilet; access to a unisex toilet; or controlled use of an employee toilet, changing room, or shower. Under no circumstances shall the options offered involve use of a facility described in subsection A that is designated for use by members of the opposite sex.

### **C. (Option 2) Accommodation of Students Who Do Not Self-Identify With Their Sex**

Students that assert that their gender is different from their sex and request special accommodations regarding the facilities described in subsection A shall, to the extent reasonable, be provided with an available accommodation that meets their needs. Such accommodations may include, but are not limited to: access to a single-stall toilet; access to a unisex toilet; or controlled use of an employee toilet, changing room, or shower. In no event shall the accommodation be access to a facility described in subsection A that is designated for use by members of the opposite sex.

## Appendix 2

### Sample Opt-Out Form Letter And Notification Request

Dear \_\_\_\_\_,

This letter is to inform you that, pursuant to the Education Act 1989, our child(ren) \_\_\_\_\_, and \_\_\_\_\_, will not be participating in any curricula, lessons, assemblies, or any other presentations during the school day that include information on topics such as sex education, sexual orientation, gender identity, transgender identification, or any other subject matter related to diversity and sexuality.

Specifically, my child will not be attending \_\_\_\_\_, (Enter information here about any specific book, lesson, assembly, group (e.g. Family Planning) or other curricula that your child is not permitted to participate in).

This Act specifically states that our children shall not be penalised academically or otherwise for their failure to participate in curricula they have opted out of.

Before any family life issue (including, but not limited to sex education, sexual orientation, gender identity, transgender identification, or any other subject matter related to diversity and sexuality) is presented to my child, please notify me so that I may ascertain whether I will exercise my right to opt my child out of those specific lessons.

Thank you,

## Appendix 3

### Sample Letter Expressing Concern If A 'Gender-Inclusion' Policy Is Under Consideration By Your School

Date

**Attention: Chairperson  
Board of Trustees**

Dear Chairperson

We wish to make you aware of a legal opinion specifically written for schools in New Zealand. It says that schools are not required under the law to have to allow transgender-identified students access to shared toilets, showers and changing rooms, or allow transgender-identified students to participate in sports teams that do not match their biological sex.

The legal opinion (<http://askmefirst.nz/wp-content/uploads/2019/12/Parry-Field-Legal-Opinion-2019.pdf>) examines the Education Act, Bill of Rights Act, Human Rights Act and case law, and says that limiting access to shared toilets, showers and changing rooms based on sex has long been considered appropriate given the need to provide a safe physical and emotional environment for all students. Limiting participation in sports teams on the basis of sex has also been about providing a safe physical environment particularly in the contexts of sports that involve physical contact and a physical contest of strength. The opinion does however acknowledge that schools need to consider and address the needs of transgender-identified students in a reasonable manner.

We understand that schools are being pressured by government and advocacy groups into adopting policies around uniforms, toilets, changing rooms and showers, and sports teams. We hope that this legal opinion will give important information to enable the board to act in the best interests of the whole school community without fear of breaching the law.

We believe schools have a duty to protect the privacy, safety and dignity of all students. Students have a fundamental right to bodily privacy. We have male and female changing rooms because of biology, not because of "gender identity". Separate facilities reflect the fact that boys and girls have bodily differences; they are designed to protect privacy related to our bodies. Is it safe for a boy to be playing in the girls' rugby team?

As well as the legal opinion above, there is a proposed "**Student Physical Privacy Policy**" ([familyfirst.org.nz/wp-content/uploads/2016/03/Student-Physical-Privacy-Policy-2016-DRAFT.pdf](http://familyfirst.org.nz/wp-content/uploads/2016/03/Student-Physical-Privacy-Policy-2016-DRAFT.pdf)) relating to toilets, changing rooms, and sports teams which may be useful to you when considering this issue in our school. The suggested policy says that schools must be both respectful of the privacy concerns of all children *and* sensitive to the diverse needs of individual children, but that no child should be forced into an intimate setting – like a toilet block or a changing room – with another child of the opposite sex. The policy suggests that the principal may offer options for alternate facilities, which may be access to a single-stall toilet; access to a unisex toilet; or controlled use of a staff toilet, changing room, or shower.

Students with gender dissatisfaction must be given the very best support we can and handled with love and care, but ignoring biology is not a proper solution.

We trust that this information will be a valuable resource for both you and your board of trustees as you tackle this difficult issue. Thank you for your important leadership.

Yours sincerely,

## Appendix 4

### Sample Letter Expressing Concern Over 'Gender Identity' Programmes In Your School

Date

**Attention: Chairperson**  
**Board of Trustees**

Dear Chairperson

We would like to express our concern to you about sexuality programmes being presented in the school which promote gender ideology – often under the banner of 'anti-bullying' or 'gender stereotypes'.

We believe bullying in schools is an important issue and must be tackled, but there are significant concerns with "gender identity" programmes.

#### **"GENDER" CONFUSION**

Our children are being indoctrinated with the message, "Gender refers to how you identify; someone can identify as male, female, in between, both, or neither."

We believe schools are also being bullied by government and transgender advocacy groups in to adopting policies around uniforms, toilets, changing rooms and sports teams rather than heeding the warnings and research of leading scholars and clinicians.

The expectation of parents and the children themselves is to see students of the same sex in places like changing rooms and showers.

But among the implications of the proposals around so-called "gender" issues in schools is that sex-specific facilities, including changing rooms, showers, toilets or sports teams may no longer be directed on the basis of a child's actual biological sex. Students could pick the toilet or changing room or sports team or uniform of the gender with which they identify at that time.

This will simply lead to confusion in schools. Ignoring biology is not a proper solution. What children really need is affirmation of their unique personalities and appropriate treatment for any unhappiness and other presenting emotional issues. Most children with gender dysphoria will not remain gender-dysphoric after puberty.

Professor John Whitehall, who is Foundation Chair and Professor of Paediatrics and Child Health at the University of Western Sydney, says that numerous reviews reveal the majority of children confused about their sex also suffer from diagnosed mental disorders, such as depression and anxiety. Schools must take care not to place mentally vulnerable students at a higher risk for irreversible medical interventions, a pathway for which there is no supporting scientific evidence. To the contrary, there are multiple expressions of the need for evidence, and lamentations about its lack. Society and governments are being led by so-called 'expert opinion'. The medical pathway is based only on ideology, and claims of 'success' reflect beliefs, not science. Even worse, these beliefs are not negotiable: they have become coercive.

#### **BULLYING IN SCHOOL PROGRAMMES SHOULD TARGET ALL FORMS OF BULLYING**

Anti-bullying programmes that promote gender ideology are not inclusive, they are exclusive. They only focus on a very small group of students. This is not the best way to deal with bullying and mental health issues experienced by all school students. Schools are keen to deal with the bullying issue but need to take a full-school community approach.

In fact, curricula and policies that support the theory of gender identity may lead to a further victimisation of mentally vulnerable students, whom studies show are more likely to pursue medical transition than their peers.

The programmes also ignore the far greater proportion of students who are bullied for the more common reasons of body image, racial background, disabilities, and academic success or failure, and of course the major prevalence of cyber-bullying.

Unfortunately, overweight students, students with acne, a speech impediment, a physical disability, who are struggling academically, or from a different culture don't have a "lobby group". Yet depression and suicide are also associated with these types of bullying.

A large Australian study has called for a focus on the bully rather than the person being bullied. This is a more appropriate and effective approach. Bullies themselves often need help dealing with the causes of their depressive, aggressive and anti-social behaviours. Bullying by children is considered a stepping-stone for criminal behaviours, increasing the risk of police contact when they become adults by more than half. Children who bully also increase their risk of later depression by 30% and require greater support for behaviour change through targeted approaches.

Parental involvement is key, but these programmes focused on gender identity exclude parents from this process. That concerns us as parents with a vested interest – our children - and our connection to the wider school community.

Anti-bullying programmes that do work place the focus on zero tolerance for any reason, and target the bully.

Most ironic in all of this is that any student who doesn't buy in to the group-think that is expected and dictated, even if it doesn't affect the way they relate with other students, will immediately be bullied themselves with terms such as "homophobic", "transphobic", and "bigoted". This does not create a "safe" school.

Thank you for your consideration of these issues and the opportunity for us to present our genuine concerns.

Kind regards,

## Appendix 5

### Questions To Ask Of School Officials

A sample list of questions to use when you communicate with your school principal / teachers / board of trustees about the policies at your child's school.

1. Does our school allow students to use toilets, changing rooms, and overnight accommodations based on “gender identity”?
2. Will parents be informed if these facilities become available on a mixed-sex basis?
3. Does our school allow students to play in sports teams based on their “gender identity”?
4. Does the school have a Student Physical Privacy Policy that will ensure every student is protected and accommodated?
5. Will parents be notified if their own child wants to identify as something other than their biological sex during the school day?
6. Will parents be notified if their child has requested to change their sex on school documents?
7. Does the school's current sex education curricula cover gender identity or transgender identification at all? Can I review those materials?
8. Has our school brought in any outside organisations to lead student presentations on transgender issues? Who are they?
9. What discipline will students who don't comply with pronoun preferences be subjected to?
10. Are staff compelled by policy to comply with student requests for preferred pronouns?
11. In a **single sex school**, does allowing for gender identification that is not that of the school [and its name] change the character, history and future of the school's identity and reputation?
12. What would be the implications of changing the school name through the removal of “Boys” or “Girls” at a **single sex school**?

(Note that if the school refuses to respond to these questions directly, you can request the information under the Official Information Act. However, any initial refusal by the school to respond to these valid concerns indicates that your concerns *may* be justified.)

## REFERENCES

- 1 Lisa Littman, "Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports," *PLoS ONE* 13, no.8, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>.
- 2 Paul W. Hruz, et al, "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," *New Atlantis*, Spring 2017, <https://www.thenewatlantis.com/publications/growing-pains>, ("The Gender Identity Development Service in the United Kingdom, which treats only children under the age of 18, reports that it received 94 referrals of children in 2009/2010 and 1,986 referrals of children in 2016/2017 — a relative increase of 2,000%."); See also: "Big increase in hospital visits for children questioning their gender identity", *Radio Sweden*, October 16, 2015, <https://sverigesradio.se/sida/artikel.aspx?programid=2054&artikel=6280843>. See also: Kate Legge, "Transgender children: what's behind the spike in numbers?", *The Australian*, July 18, 2015, <https://www.theaustralian.com.au/life/weekend-australian-magazine/transgender-children-whats-behind-the-spike-in-numbers/news-story/10ccc515ef67b73a76e4e01aad92e54a>.
- 3 Michael K Laidlaw, et al. "Letter to the Editor: "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline," *The Journal of Clinical Endocrinology & Metabolism*, 104, no. 3 (March, 2019): 686–687, <https://doi.org/10.1210/jc.2018-01925> ("Children with GD will outgrow this condition in 61-98% of cases by adulthood.")
- 4 Zhana Vrangalova, "There's Growing Evidence For A Link Between Gender Dysphoria And Autism Spectrum Disorders," *Forbes*, November 15, 2017, <https://www.forbes.com/sites/zhanavrangalova/2017/11/15/growing-evidence-for-a-link-between-gender-dysphoria-and-autism-spectrum-disorders/#5e12ab90153e>.
- 5 Cecilia Dhejne, et al., "Long-Term Follow-Up of Transsexual Persons Undergoing Sex Reassignment Surgery: Cohort Study in Sweden," *PLoS One* 6, no. 2 (2011): e16885, <https://doi.org/10.1371/journal.pone.0016885>.
- 6 Norman P. Spack, et al, "Children and Adolescents With Gender Identity Disorder Referred to a Pediatric Medical Center," *Pediatrics*, 129, no. 3 (March, 2012), <http://pediatrics.aappublications.org/content/129/3/418.long>.
- 7 Johanna Olson-Kennedy, et al, "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts," *JAMA Pediatrics* 172, no. 5, (2018), <https://www.ncbi.nlm.nih.gov/pubmed/29507933>.
- 8 Korin Miller, "Jazz Jennings Says She Had A 'Complication' During Her Gender Confirmation Surgery," *Women's Health*, February 6, 2019, <https://www.womenshealthmag.com/health/a23828566/jazz-jennings-gender-confirmation-surgery-complication/>.
- 9 Paul W. Hruz, et al, "Growing Pains: Problems with Puberty Suppression in Treating Gender Dysphoria," *New Atlantis*, Spring 2017, <https://www.thenewatlantis.com/publications/growing-pains>, ("Whether puberty suppression is safe and effective when used for gender dysphoria remains unclear and unsupported by rigorous scientific evidence.") See also: Johanna Olson-Kennedy, et al., "Health considerations for gender non-conforming children and transgender adolescents," *UCSF Center of Excellence for Transgender Health*, accessed on February 21, 2019, <http://transhealth.ucsf.edu/tcoe?page=guidelines-youth>, ("While clinically becoming increasingly common, the impact of GnRH analogues administered to transgender youth in early puberty and <12 years of age has not been published.")
- 10 Kalpit Shah, Charles E. McCormack, and Neil A. Bradbury, "Do You Know The Sex Of Your Cells?" *American Journal of Physiology* 306, no. 1 (January, 2014), <https://doi.org/10.1152/ajpcell.00281.2013>.
- 11 "Transgender Healthcare," Planned Parenthood of Greater Texas, Inc., accessed on February 22, 2019, <https://www.plannedparenthood.org/planned-parenthood-greater-texas/patient-resources/transgender-healthcare>, ("If you are eligible, Planned Parenthood staff may be able to start hormone therapy as early as the first visit.")
- 12 William Malone, "Gender Dysphoria Resource for Providers 3rd Edition," <https://www.scribd.com/document/421298610/Gender-Dysphoria-Resource-for-Providers-3rd-Edition>; See also: "If Your Child Says S/he's Transgender," Arlington Parent Coalition, <https://arlingtonparentcoa.wixsite.com/arlingtonparentcoa/if-your-child-says-s-he-s-transgend>
- 13 Scott F Gilbert, *Developmental Biology*. 6th edition (Sunderland (MA): Sinauer Associates, 2000), <https://www.ncbi.nlm.nih.gov/books/NBK9967/>.
- 14 "Male", *Oxford Dictionaries*, <https://en.oxforddictionaries.com/definition/male>, ("Of or denoting the sex that produces gametes, especially spermatozoa, with which a female may be fertilized or inseminated to produce offspring"). See also: "Female," *Oxford Dictionaries*, <https://en.oxforddictionaries.com/definition/female>, ("Of or denoting the sex that can bear offspring or produce eggs, distinguished biologically by the production of gametes (ova) which can be fertilized by male gametes").
- 15 Michael K. Laidlaw, MD, "Gender Dysphoria and Children: An Endocrinologist's Evaluation of I am Jazz," *Public Discourse*, April 5, 2018, <https://www.thepublicdiscourse.com/2018/04/21220/>.
- 16 <http://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304475.html>
- 17 Tia Ghose, "Women in Combat: Physical Differences May Mean Uphill Battle," December 7, 2015, <https://www.livescience.com/52998-women-combat-gender-differences.html>.
- 18 Doriane Lambelet Coleman, "Sex, Sport, and Why Track and Field's New Rules on Intersex Athletes Are Essential," *New York Times*, April 30, 2018, <https://www.nytimes.com/2018/04/30/sports/track-gender-rules.html>. See also: Olivia Caldwell, "Professor of physiology says transgender athletes have advantage in speed, power," *Stuff*, December 3, 2017, <https://www.stuff.co.nz/sport/other-sports/99434993/professor-of-physiology-says-trans-athlete-has-advantage-in-speed-and-power>.
- 19 "Testosterone," *Allina Health*, accessed on February 28, 2019, <https://wellness.allinahealth.org/library/content/1/3707>.
- 20 Doriane Lambelet Coleman, "Sex in Sport," *Duke Law School Public Law & Legal Theory Series*, No. 2017-20, (March 6, 2017), [https://ssrn.com/abstract=2928106https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=2928106](https://ssrn.com/abstract=2928106https://papers.ssrn.com/sol3/papers.cfm?abstract_id=2928106).
- 21 "Researchers claim testosterone cap won't fix trans athletes' 'unfair advantage'", *Stuff*, 17 July, 2019, <https://www.stuff.co.nz/sport/other-sports/114291291/otago-university-researchers-call-for-new-sporting-categories-due-to-trans-athletes-unfair-advantage>
- 22 "All 50: The Transgender-Inclusive High School Sports and Activities Policy and Education Project: Proposed Model High School Policy," *National Center for Lesbian Rights*, <http://www.nclrights.org/wp-content/uploads/2016/05/All-50-Model-High-School-Policy.pdf>. See also: Lee Green, "Transgender Students: Participation in School Sports, Access to Facilities," *National Federation of State High School Associations*, February 11, 2017, <https://www.nfhs.org/articles/transgender-students-participation-in-school-sports-access-to-facilities/>.
- 23 Ana Sandoiu, "Gender transition drugs could be bad for the heart," *Medical News Today*, February 18, 2019, <https://www.medicalnewstoday.com/articles/jamp/324482?fbclid=IwAR3YPT3OJ8Nx4HOvdbjIIPuwZJAa2hDHCXWRxSL50cFnV1MjXhgOXckZg>.
- 24 AL de Vries, et al, "Puberty suppression in adolescents with gender identity disorder: a prospective follow-up study," *The Journal of Sexual Medicine*, Volume 8, Issue 8, (August 2011), ("The first 70 Dutch candidates treated with GnRH analogs between 2000 and 2008 showed improved psychological functioning. None opted to discontinue pubertal suppression and all eventually began cross-sex hormone treatment.") [https://www.jsm.jsexmed.org/article/S1743-6095\(15\)33617-1/fulltext](https://www.jsm.jsexmed.org/article/S1743-6095(15)33617-1/fulltext); See also: Polly Carmichael, et al, "Gender Dysphoria in Younger Children: Support and Care in an Evolving Context", 2016 WPATH Symposium Amsterdam, *World Professional Association for Transgender Health*, June 19, 2016, <http://wpath2016.conferencespot.org/62620-wpathv2-1.3138789/t001-1.3140111/f009a-1.3140266/0706-000523-1.3140268>, ("Persistence was strongly correlated with the commencement of physical interventions such as the hypothalamic blocker (t=.395, p=.007) and no patient within the sample desisted after having started on the hypothalamic blocker. 90.3% of young people who did not commence the blocker desisted.")
- 25 Michael Laidlaw, MD, "The Gender Identity Phantom," *Pediatric and Adolescent Gender Dysphoria Working Group*, October 24, 2018, <http://gdworkinggroup.org/2018/10/24/the-gender-identity-phantom/>.

- 26 "'They Look Normal' – The Case For Puberty Blockers", *Transgender Trend*, <https://www.transgendertrend.com/puberty-blockers-safe/>.
- 27 Maiko A Schneider, et al., "Brain Maturation, Cognition and Voice Pattern in a Gender Dysphoria Case under Pubertal Suppression" *Frontiers in human neuroscience*, vol. 11, 528, (November 14, 2017), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5694455/>.
- 28 J. Macoveanu, "Sex-Steroid Hormone Manipulation Reduces Brain Response to Reward," *Neuropsychopharmacology*, 41, no.4, (2016):1057-65, <https://www.ncbi.nlm.nih.gov/pubmed?Db=pubmed&Cmd=ShowDetailView&TermToSearch=26245498>.
- 29 Christina Jewett, "Women Fear Drug They Used To Halt Puberty Led To Health Problems," Kaiser Health News, February 2, 2017, <https://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/>.
- 30 Peter Rowe, "How a girl born at 2 pounds became a happy boy," *The San Diego Union-Tribune*, April 7, 2016, <https://www.sandiegouniontribune.com/lifestyle/people/sdut-transgender-teens-new-life-2016apr07-story.html>.
- 31 Johanna Olson-Kennedy, "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts," *Journal of the American Medical Association Pediatrics* 172 no. 5, (2018): 431–436, <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2674039>.
- 32 Natalie Stone, "Jazz Jennings Says She's 'Doing Great' After Undergoing Gender Confirmation Surgery," *People*, June 28, 2018, <https://people.com/tv/jazz-jennings-doing-great-after-gender-confirmation-surgery-photo/>.
- 33 Nina Stochlic, "In the Operating Room During Gender Reassignment Surgery," *National Geographic*, December 29, 2016, <https://news.nationalgeographic.com/2016/12/gender-confirmation-surgery-transition/>.
- 34 *Transgender Kids: Who Knows Best*. Directed by John Conroy. London: BBC Two, 2017. Retrieved from: <https://vimeo.com/247163584>.
- 35 Riittakerttu Kaltiala-Heino, et al, "Two years of gender identity service for minors: overrepresentation of natal girls with severe problems in adolescent development," *Child and Adolescent Psychiatry and Mental Health* 9, no. 9, (April, 2015), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4396787/>; See also: TA Becerra-Culqui, et al., "Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers," *Pediatrics*, 2018,141(5), <http://pediatrics.aappublications.org/content/141/5/e20173845>
- 36 "Medical Organization Statements," *Transcend Legal*, accessed December 20, 2018, <https://transcendlegal.org/medical-organization-statements>.
- 37 Jason Rafferty, et al, "Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents," *American Academy of Pediatrics* 142, no. 4, (October 2018), <http://pediatrics.aappublications.org/content/142/4/e20182162>; "Guidelines for Psychological Practice With Transgender and Gender Nonconforming People," *American Psychological Association* 70, no. 9, (2015), <https://www.apa.org/practice/guidelines/transgender.pdf>.
- 38 Jamie Doward, "Politicised trans groups put children at risk, says expert," *The Observer*, July 27, 2019, <https://www.theguardian.com/society/2019/jul/27/trans-lobby-pressure-pushing-young-people-to-transition>
- 39 Bob Withers, "In 20 years we'll look back on the rush to change our children's sex as one of the darkest chapters in medicine, says psychotherapist," *Daily Mail*, November 18, 2018, [https://www.dailymail.co.uk/debate/article-6402003/amp/Well-look-rush-change-childrens-sex-one-darkest-chapters-medicine.html?\\_twitter\\_impression=true](https://www.dailymail.co.uk/debate/article-6402003/amp/Well-look-rush-change-childrens-sex-one-darkest-chapters-medicine.html?_twitter_impression=true).
- 40 Olivia Loveridge-Greene, "'My biggest mistake' Transgender man regrets sex op 15 years ago," *Daily Star*, November 4, 2018, <https://www.dailystar.co.uk/real-life/transgender-regret-sex-operation-heartache-16815377.amp>.
- 41 "Female detransition and reidentification: Survey results and interpretation," *Guide on Raging Stars*, accessed on December 21, 2018, <http://guideonragingstars.tumblr.com/post/149877706175/female-detransition-and-reidentification-survey>.
- 42 Ryan Flanagan, "Ontario transgender care doctor no longer allowed to practise medicine," *CTVNews*, October 10, 2018, <https://www.ctvnews.ca/health/ont-transgender-care-doctor-no-longer-allowed-to-practise-medicine-1.4128071>.
- 43 [https://www.semanticscholar.org/paper/Fact-checking-Rafferty-\(2018\)-p.-1-Cantor-%2C-J.-Cantor/ea983ee6e03cdc29c75f78f29de97a52b350a0bc](https://www.semanticscholar.org/paper/Fact-checking-Rafferty-(2018)-p.-1-Cantor-%2C-J.-Cantor/ea983ee6e03cdc29c75f78f29de97a52b350a0bc)
- 44 "About", Pique Resilience Project, <https://www.piqueresproject.com/about.html>.
- 45 Kelsey Coalition, "Urgent Request to the US Surgeon General: Protect Young People from Irreversible Medical Harm," iPetitions, accessed on July 29, 2019, <https://www.ipetitions.com/petition/urgent-request-to-the-us-surgeon-general>.
- 46 Paul Dirks, "Transition as Treatment: The Best Studies Show the Worst Outcomes," *Woman Means Something*, <http://womanmeanssomething.com/transition-as-treatment-the-best-studies-show-the-worst-outcomes/>.
- 47 Leonard Sax, "How Common Is Intersex? A Response to Anne Fausto-Sterling," *The Journals of Sex Research* 39, no. 3, (August, 2002): 174-178, <https://www.leonardsax.com/how-common-is-intersex-a-response-to-anne-fausto-sterling/>.
- 48 DSDs may take the form of a mismatch between chromosomes and anatomy, such as an XX female with male-appearing anatomy and genitalia, or an XY male with female-appearing anatomy and genitalia. There are also very rare DSDs in which an individual has both male and female reproductive tissue, or in which different cells in the body have different sex chromosomes.
- 49 A L Ogilvy-Stuart, C E Brain, "Early assessment of ambiguous genitalia," *Archives of Disease in Childhood* 89, (2004): 401-407, (See table 2), <https://adc.bmj.com/content/89/5/40>
- 50 "Petition to Uphold the Scientific Definition of Sex in Federal Law and Policy," *iPetitions*, accessed on December 12, 2018, <https://www.ipetitions.com/petition/uphold-the-scientific-defintion-of-sex?fbclid=IwAR2MIWDXou8MetumAFq4jvxxJdbiNMS1ku6sxnOApOIhZ0eNtW5fxQxPPYk>.
- 51 Ryan T. Anderson, *When Harry Became Sally* (New York: Encounter Books, 2018), 92.
- 52 Jody L. Herman, et al., "Age of Individuals Who Identify as Transgender in the United States," *The Williams Institute* (January, 2017): <https://williamsinstitute.law.ucla.edu/wp-content/uploads/TransAgeReport.pdf>
- 53 Kelsey Harkness, "Kindergarten Students Forced to Confront Gender Identity," *The Daily Signal*, February 29, 2018, <https://www.dailysignal.com/2016/02/29/kindergarten-students-forced-to-confront-gender-identity/>
- 54 "Born in the wrong body", *Stuff*, 6 Oct 2013, <http://www.stuff.co.nz/national/health/9249148/Born-in-the-wrong-body>
- 55 "Transgender boy walks with pride", *NZ Herald*, 23 Feb 2014, [https://www.nzherald.co.nz/lifestyle/news/article.cfm?c\\_id=6&objectid=11208173](https://www.nzherald.co.nz/lifestyle/news/article.cfm?c_id=6&objectid=11208173)
- 56 "School installs toilet for transgender pupil, aged 6", *NZ Herald*, 15 April 2016, [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=11639240](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11639240)
- 57 <https://www.health.govt.nz/publication/mental-health-and-addiction-service-use-2015-16>
- 58 <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2018/vol-131-no-1468-19-january-2018/7463>
- 59 <https://www.transgendertrend.com/surge-referral-rates-girls-tavistock-continues-rise/bar-graph-2/>
- 60 <https://www.dailymail.co.uk/news/article-6897269/Workers-transgender-clinic-quit-concerns-unregulated-live-experiments-children.html?fbclid=IwAR0wtTaVlwIqybCpcZfEXLujZodchmugcMVnHLUwl2mHBimFKyQS4VWm6xxk>
- 61 James Hancock, "Childhood demand for gender transition treatment surges to record high," *ABC News Breakfast*, October 14, 2018, <https://mobile.abc.net.au/news/2018-09-20/childhood-demand-for-biological-sex-change-surges-to-record/10240480?pfmredir=sm>.
- 62 "Interactive Map: Clinical Care Programs for Gender Expansive Children and Adolescents," *Human Rights Campaign*, accessed March 1, 2018, <https://www.hrc.org/resources/interactive-map-clinical-care-programs-for-gender-nonconforming-childr>
- 63 Sam Hsieh, et al., "Resource List: Clinical Care Programs for Gender-Nonconforming Children and Adolescents," *Pediatric Annals* 43, no. 6, (June, 2014): <https://www.healio.com/pediatrics/journals/pedann/2014-6-43-6/%7Bf491520a-f29e-4193-afe9-da441ff757e7%7D/resource-list-clinical-care-programs-for-gender-nonconforming-children-and-adolescents>

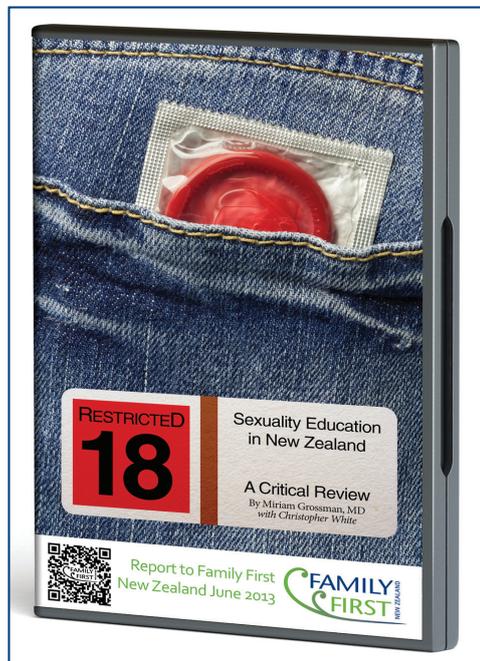
- 64 Sara Solovitch, "When Kids Come in Saying They Are Transgender (Or No Gender), These Doctors Try to Help," Washington Post, January 21, 2018, [https://www.washingtonpost.com/national/health-science/when-kids-come-in-saying-they-are-transgender-or-no-gender-these-doctors-try-to-help/2018/01/19/f635e5fa-dac0-11e7-a841-2066faf731ef\\_story.html?utm\\_term=.960628713eda](https://www.washingtonpost.com/national/health-science/when-kids-come-in-saying-they-are-transgender-or-no-gender-these-doctors-try-to-help/2018/01/19/f635e5fa-dac0-11e7-a841-2066faf731ef_story.html?utm_term=.960628713eda)
- 65 "Dear BuzzFeed: My Gender Transition from Female to Male," BuzzFeed Video, <https://www.youtube.com/watch?v=RYuipBRGu5s>
- 66 Lisa Littman, "Rapid-onset gender dysphoria in adolescents and young adults: A study of parental reports," *PLoS ONE* 13, no.8, (August, 2018) <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>.
- 67 Laurence Steinberg and Kathryn C. Monahan, "Age Differences in Resistance to Peer Influence," *Developmental Psychology*, 43, no.6 (2007): 1531-1543, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2779518/>.
- 68 Zhana Vrangalova, "There's Growing Evidence For A Link Between Gender Dysphoria And Autism Spectrum Disorders," Forbes, November 15, 2017, <https://www.forbes.com/sites/zhanavrangalova/2017/11/15/growing-evidence-for-a-link-between-gender-dysphoria-and-autism-spectrum-disorders/#5e12ab90153e>.
- 69 JF Strang, et al., "Increased gender variance in autism spectrum disorders and attention deficit hyperactivity disorder," *Archives of Sexual Behavior*, 52, no. 6, (November 2014):1525-33, <https://www.ncbi.nlm.nih.gov/pubmed/24619651>.
- 70 Riittakerttu Kaltiala-Heino, et al., "Gender dysphoria in adolescence: current perspectives. Adolescent health, medicine and therapeutics," *Adolescent Health, Medicine and Therapeutics* 9, (March, 2018): 31-41, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5841333/>
- 71 "Transgender Youth More Often Diagnosed With Mental Health Conditions," Kaiser Permanente, April 15, 2018, Print, <https://share.kaiserpermanente.org/article/transgender-youth-more-often-diagnosed-with-mental-health-conditions/>.
- 72 Lisa L. Littman, "Rapid Onset of Gender Dysphoria in Adolescents and Young Adults: A Descriptive Study," *Journal of Adolescent Health* 60, no. 2, (February, 2017): S95-S96 [https://www.jahonline.org/article/S1054-139X\(16\)30765-0/fulltext](https://www.jahonline.org/article/S1054-139X(16)30765-0/fulltext)
- 73 Susan Nagel, "Wanting to Protect My Daughter's Health Does Not Make Me a Bigot," 4th Wave Now, December 13, 2017, <https://4thwavenow.com/2017/12/13/wanting-to-protect-my-daughters-health-does-not-make-me-a-bigot/>
- 74 J. Michael Bailey, et al., "Gender Dysphoria is Not One Thing," 4th Wave Now, December 7, 2017, <https://4thwavenow.com/2017/12/07/gender-dysphoria-is-not-one-thing/>
- 75 "Transgender New Zealanders: Children and young people, Ministry of Health, <https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people>
- 76 "Resolution on Transgender, Gender Identity and Gender Expression Non-Discrimination," American Psychological Association, <https://www.apa.org/about/policy/transgender.aspx>
- 77 "Transgender New Zealanders: Children and young people, Ministry of Health, <https://www.health.govt.nz/your-health/healthy-living/transgender-new-zealanders/transgender-new-zealanders-children-and-young-people>
- 78 T.D. Steensma, et al., "Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study," *Clinical Child Psychology and Psychiatry* 16, no. 4 (2011): 499-516 <https://www.docdroid.net/5TJFLxG/steensma2011-desistance.pdf> ; See also, T.D. Steensma, et al., "Factors Associated With Desistence and Persistence of Childhood Gender Dysphoria: A Quantitative Follow-Up Study," *Journal of American Academic Child Adolescence Psychiatry* 52, no. 6, (June, 2013): 582-590 <https://www.ncbi.nlm.nih.gov/pubmed/?term=Factors+Associated+With+Desistence+and+Persistence+of+Childhood+Gender+Dysphoria%3A+A+Quantitative+Follow-Up+Study>
- 79 Christina Jewett, "Women Fear Drug They Used to Halt Puberty Led to Health Problems," Kaiser Health News, February 2, 2017, <https://khn.org/news/women-fear-drug-they-used-to-halt-puberty-led-to-health-problems/>
- 80 Eva Moore, et al., "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects," *The Journal of Clinical Endocrinology & Metabolism* 88, no. 1 (August, 2003): 3467-3473, <http://press.endocrine.org/doi/10.1210/jc.2002-021967>.
- 81 Johanna Olson-Kennedy, "Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults: Comparisons of Nonsurgical and Postsurgical Cohorts," *Journal of the American Medical Association Pediatrics* 172 no. 5, ( 2018): 431-436, <https://jamanetwork.com/journals/jamapediatrics/article-abstract/2674039>.
- 82 Nina Stročlic, "In the Operating Room During Gender Reassignment Surgery," *National Geographic*, December 29, 2016, <https://news.nationalgeographic.com/2016/12/gender-confirmation-surgery-transition/>.
- 83 <https://genderminorities.com/2017/11/24/binding-safely-ftm-trans-men-chest-binders-safety/>
- 84 American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Arlington, VA, American Psychiatric Association, 2013 (451-459). See page 455 re: rates of persistence of gender dysphoria.
- 85 Ryan T. Anderson, *When Harry Became Sally* (New York: Encounter Books, 2018), 144.
- 86 "What Happens When Therapy is Banned?" National Task Force for Therapy Equality, accessed March 5, 2018, <http://www.therapyequality.org/factsheet>
- 87 [https://www.parliament.nz/en/pb/bills-and-laws/proposed-members-bills/document/52HOH\\_MEMBILL124\\_1/prohibition-of-conversion-therapy-bill](https://www.parliament.nz/en/pb/bills-and-laws/proposed-members-bills/document/52HOH_MEMBILL124_1/prohibition-of-conversion-therapy-bill)
- 88 Howard E. Kulin, et al., "The Onset of Sperm Production in Pubertal Boys. Relationship to Gonadotropin Excretion," *American Journal of Diseases in Children* 143, no. 2 (March, 1989): 190-193, <https://www.ncbi.nlm.nih.gov/pubmed/2492750>
- 89 "Human Egg Cells," CK-12.org, accessed January 13, 2018, <https://www.ck12.org/biology/egg-cells/lesson/Human-Egg-Cells-MS-LS/>
- 90 Joanna Olson-Kennedy, et al., "Management of Gender Nonconformity in Children and Adolescents," UpToDate.com, December 6, 2017, ("Transgender youth who are treated with gonadotropin-releasing hormone (GnRH) analogs suppress endogenous puberty in Tanner stage 2 and then switched to gender-affirming hormones will not develop sperm or oocytes that are viable for reproduction.") <https://www.uptodate.com/contents/management-of-gender-nonconformity-in-children-and-adolescents> ; See also: Kuper, L.E., "Puberty Blocking Medications: Clinical review," IMPACT LGBT Health and Development Program, 2014, (Page 4: "If puberty blockers are taken for a period of time but then discontinued, they do not appear to impact future fertility (i.e. ability to conceive a child). However, for transgender individuals who do on to take cross-sex hormones, future fertility may be extremely difficult if not impossible."); See also: Priyanka Boghani, "When Transgender Kids Transition, Medical Risks Are Both Known and Unknown," June 30, 2015, ("...if a child goes from taking puberty blockers to taking hormones, they may no longer have viable eggs or sperm at the age when they decide they would like to have children. They do have the option to start their puberty and delay their treatment in order to store eggs or sperm, but some of them may not want to."), <https://www.pbs.org/wgbh/frontline/article/when-transgender-kids-transition-medical-risks-are-both-known-and-unknown/23/>
- 91 "Puberty and Physical Intervention," Gender Identity Development Service, accessed January 13, 2018, <http://gids.nhs.uk/puberty-and-physical-intervention>
- 92 Eva Moore, et al., "Endocrine Treatment of Transsexual People: A Review of Treatment Regimens, Outcomes, and Adverse Effects," *The Journal of Clinical Endocrinology & Metabolism* 88, no. 1 (August, 2003): 3467-3473 <http://press.endocrine.org/doi/10.1210/jc.2002-021967>
- 93 Alexander Korte, et al., "Gender Identity Disorders in Childhood Adolescence; Currently Debated Concepts and Treatment Strategies," *Deutsches Ärzteblatt International* 105, no. 48, (2008): 834-841 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2697020/> ; See also: Madeleine S.C. Wallien, et al., "Psychosexual Outcome of Gender-Dysmorphic Children," *Journal of the American Academy of Child and Adolescent Psychiatry* 47, no. 12 (December, 2008): 1413-1423 <https://www.ncbi.nlm.nih.gov/pubmed/18981931> ("With regard to sexual orientation, the most likely outcome of childhood GID is homosexuality or bisexuality.")
- 94 From girl to boy and back again, Zahra Cooper shares her journey: 'Everyone is different', - NZ Herald, 29 April 2017 [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=11847330](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11847330)
- 95 Anonymous, "Experience: I Regret Transitioning," *The Guardian*, February 3, 2017, <https://www.theguardian.com/lifeandstyle/2017/feb/03/experience-i-regret-transitioning>

- 96 Walt Heyer, "Transgender Identities Are Not Always Permanent," *The Public Discourse*, September 27, 2016, <http://www.thepublicdiscourse.com/2016/09/17753/>
- 97 Walt Heyer, "Pushing Kids into Transgenderism Is Medical Malpractice," *The Federalist*, September 21, 2016, <http://thefederalist.com/2016/09/21/pushing-kids-transgenderism-medical-malpractice/>
- 98 "Schools Resource Pack," *Transgender Trend*, accessed on January 4, 2019, <https://www.transgendertrend.com/transgender-schools-guidance/>.
- 99 Clark T, Lucassen M, Bullen P et al. The Health and Well-Being of Transgender High School Students: Results From the New Zealand Adolescent Health Survey (Youth'12). *J Adolescent Health*. 2014;55:93-99.
- 100 Clark TC, Fleming T, Bullen P, et al. Youth'12 prevalence tables: The health and wellbeing of New Zealand secondary school students in 2012. Auckland, New Zealand: University of Auckland; 2013.
- 101 "CHILDREN TRANSITIONING: Childhood Gender Dysphoria – A paediatrician's warning to New Zealand", Released 19 October 2018, <https://www.familyfirst.org.nz/children-transitioning-2018/>
- 102 <https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/>
- 103 <https://www.inclusive.tki.org.nz/assets/inclusive-education/example-images/Seek-input-into-student-solutions.png>
- 104 <https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/build-understanding-of-key-concepts-and-terms/downloadpdf?slide=3554>
- 105 <https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/provide-access-to-responsive-youth-friendly-health-care-services>
- 106 <https://www.inclusive.tki.org.nz/guides/supporting-lgbtiqa-students/build-understanding-of-key-concepts-and-terms#know-how-to-address-students-3554>
- 107 <https://www.google.com/url?client=internal-element-cse&cx=005938110761915974311:xbwrs71uats&q=https://www.ppta.org.nz/dmsdocumnt/228&sa=U&ved=2ahUKewissv3d5pfmAhWryTgGHYRPBccQFjAAegQIBRAB&usg=AOvVaw1F-VJannDgsCSO-362k2ZA>
- 108 [https://www.jahonline.org/article/S1054-139X\(13\)00753-2/pdf](https://www.jahonline.org/article/S1054-139X(13)00753-2/pdf)
- 109 <https://www.matesanddates.co.nz/>
- 110 <https://www.itspronouncedmetrosexual.com/2018/10/the-genderbread-person-v4/>
- 111 Mates&Dates Facilitator guide, Page 55 (Year 10)
- 112 Mates&Dates Facilitators guide, Pg17, Year9
- 113 Mates & Dates Facilitators Guide, Page 24, Year 9
- 114 <https://www.ry.org.nz/what-we-do/info/gender-identity-101>
- 115 <http://www.imlocal.co.nz/>
- 116 <https://www.familyfirst.org.nz/2016/11/family-plannings-sexuality-road-what-every-parent-should-be-aware-of/>
- 117 [https://www.familyplanning.org.nz/media/303622/fp\\_a-guide-for-yr1-10-resources\\_navigating-the-journey\\_2018.pdf](https://www.familyplanning.org.nz/media/303622/fp_a-guide-for-yr1-10-resources_navigating-the-journey_2018.pdf)
- 118 <https://www.familyplanning.org.nz/affirming-diversity-disc>
- 119 <https://www.villainesse.com/real-sex-talk/episode-8-gender-identity>
- 120 <http://seniorsecondary.tki.org.nz/Health-and-physical-education>
- 121 "Disabled students face bullying, violence – report", *NZ Herald*, 4 December 2012, [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=10851945](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=10851945)
- 122 <https://www.tdsb.on.ca/Portals/0/AboutUs/Research/2006StudentCensusSystemOverview1.pdf>
- 123 T.D. Steensma, et al., "Desisting and Persisting Gender Dysphoria After Childhood: A Qualitative Follow-Up Study," *Clinical Child Psychology and Psychiatry* 16, no. 4 (2011): 514, <https://drive.google.com/file/d/1j-9hp8qQN4znehugVtgyWkZUj7kcAuX/view>
- 124 <http://askmefirst.nz/wp-content/uploads/2019/12/Parry-Field-Legal-Opinion-2019.pdf>
- 125 See *Sexuality Education: A guide for principals, boards of Trustees, and teachers*, 2015, Ministry of Education, pg 30. [http://health.tki.org.nz/content/download/2817/26001/version/3/file/Sexuality%2BEducation%2BGuide\\_27%2BJuly%2B2016.pdf](http://health.tki.org.nz/content/download/2817/26001/version/3/file/Sexuality%2BEducation%2BGuide_27%2BJuly%2B2016.pdf)
- 126 "Schools 'should let' children change gender", *Stuff*, 31 January 2009, <http://www.stuff.co.nz/national/health/221359/Schools-should-let-children-change-gender>
- 127 *To Be Who I Am: Report of the Inquiry into Discrimination Experienced by Transgender People*, 2008, Human Rights Commission, pg 88ff.
- 128 "Marlborough transgender student's bathroom battle brings about change", *Stuff*, 1 July 2016, <https://www.stuff.co.nz/national/81590796/marlborough-girls-college-transgender-student-stefani-muollogray-to-use-girls-bathroom>
- 129 "Kiwi teen hits out in video over school's transgender toilet policy", *NZ Herald*, 22 February 2017, [https://www.nzherald.co.nz/nz/news/article.cfm?c\\_id=1&objectid=11804688](https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=11804688)
- 130 [https://www.youtube.com/watch?v=BLXj2vtLwkM&feature=emb\\_logo](https://www.youtube.com/watch?v=BLXj2vtLwkM&feature=emb_logo)
- 131 Kelsey Harkness, "Why These High School Girls Don't Want a Transgender Student in Their Changing Room," *Daily Signal*, December 21, 2015, <https://www.dailysignal.com/2015/12/21/why-these-high-school-girls-dont-want-transgender-student-a-in-their-changing-room/>
- 132 *Care of Children Act 2004*, s16 <http://www.legislation.govt.nz/act/public/2004/0090/67.0/DLM317414.html>
- 133 *Children's and Young People's Well-being Act 1989*, s13(b) <http://www.legislation.govt.nz/act/public/1989/0024/latest/DLM149454.html>
- 134 *Convention on the Rights of the Child*, Nov 1989 <https://www.ohchr.org/en/professionalinterest/pages/crc.aspx>
- 135 *Troxel v. Granville*, 530 U.S.57, 66 (2000), ("As our case law has developed, the custodial parent has a constitutional right to determine, without undue interference by the State, how to best raise, nurture, and educate the child."); See also *Wisconsin v. Yoder*, 406 U.S. 205, 233, (1972).
- 136 "Sexuality education: a guide for principals, boards of Trustees, and teachers" pg33 <https://health.tki.org.nz/Teaching-in-HPE/Policy-guidelines/Sexuality-education-a-guide-for-principals-boards-of-trustees-and-teachers>
- 137 <http://www.legislation.govt.nz/act/public/1989/0080/latest/DLM178242.html>
- 138 <http://www.legislation.govt.nz/act/public/1989/0080/latest/DLM178247.html>
- 139 "Sexuality education: a guide for principals, boards of Trustees, and teachers" pg33 [http://health.tki.org.nz/content/download/2817/26001/version/3/file/Sexuality%2BEducation%2BGuide\\_27%2BJuly%2B2016.pdf](http://health.tki.org.nz/content/download/2817/26001/version/3/file/Sexuality%2BEducation%2BGuide_27%2BJuly%2B2016.pdf)
- 140 "What are the privacy settings for groups?" Facebook Help Center, [https://www.facebook.com/help/220336891328465?helpref=faq\\_content](https://www.facebook.com/help/220336891328465?helpref=faq_content)
- 141 "Create a group & choose group settings," Google Groups Help, <https://support.google.com/groups/?hl=en#topic=9216>
- 142 <http://www.educationalleaders.govt.nz/Problem-solving/Education-and-the-law/Rights-and-responsibilities/Requests-for-official-information>
- 143 <https://www.nzsta.org.nz/assets/Governance-support-resources/Board-meetings.pdf>

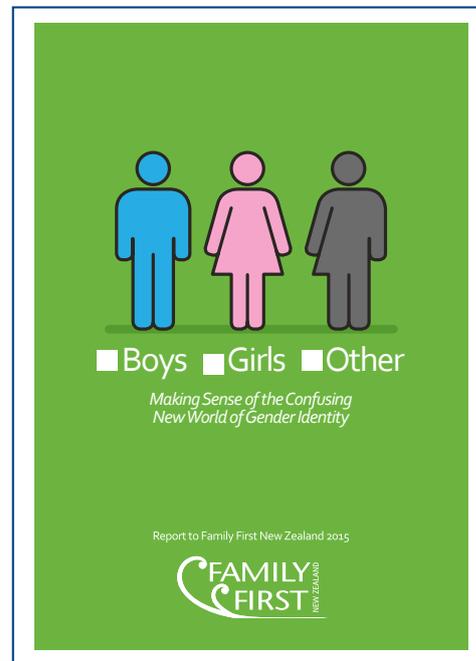


## ADDITIONAL READING:

These reports are available for free download at [familyfirst.org.nz/research](http://familyfirst.org.nz/research)



Sex Education  
2013



Gender Identity  
2015



Children Transitioning  
2018