

DIVERSITY AND MARGINALISATION IN CHILDHOOD

7

GENDER DEVELOPMENT AND IDENTITIES: INTERSEX AND TRANSGENDER CHILDREN

CONTENTS

Gender development, identity, stereotypes and binaries	122
Intersex/DSD children.....	129
Transgender children.....	131
Promoting gender equity in schools.....	134
Key points	137
Further reading.....	138
Useful websites.....	138



CHAPTER OVERVIEW

This chapter explores the development of gender identity and problematises gender binaries and stereotypes, which restrict and oppress individuals within societies. It discusses the issues faced and experiences encountered by gender variant, intersex and transsexual children. Consideration is given to how children from these groups can be supported in early years settings and schools, and the role child practitioners can play in counteracting dominant gender discourses and prejudice.

This chapter considers:

- 1 The development of gender identity, stereotypes and binaries.
- 2 Terms and concepts.
- 3 Issues faced by intersex children.
- 4 Issues encountered by gender variant and transgender children.
- 5 How intersex, gender variant and transgender children can be supported in early years settings and schools, including strategies for challenging dominant gender discourses, stigma and prejudice.

GENDER DEVELOPMENT, IDENTITY, STEREOTYPES AND BINARIES

When the child emerges into the world, every physical movement and spoken word, every toy touched and game imagined, are coloured by the power of gender role expectations. (Burke 1996: 3)

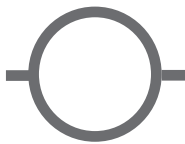
Many cultures and societies are systematised by gender. Gender binaries, stereotypes and power relations are at the core of most societal structures, with binary gender norms so embedded in Western cultures that they are internalised as ‘natural’ (Sweeting et al. 2017). Cultural binaries pervade modern life, defining ‘masculinity’ and ‘femininity’ (also ‘heterosexuality’ and ‘homosexuality’) in opposition through everyday language, policies and practices, restricting and marginalising the lives of some individuals, while empowering others. However, in some cultures and different historical periods, more than two sex categories are, or have been, recognised. Infants born intersex demonstrates that there is a natural area between complete ‘maleness’ and complete ‘femaleness’ (Sweeting et al. 2017).

Forming a positive sense of self is a fundamental aspect of a child’s development. Unfortunately, despite increased legal protection in the UK for people who identify as lesbian, gay, bisexual, transsexual, queer or questioning, intersex and asexual/ally (henceforth LGBTQIA+), social acceptance often lags behind. Individuals who challenge gendered expectations of their birth (natal) sex, as well as those who fail to

conform to heterosexual norms, frequently face stigma and prejudice. Early years settings and schools are not gender-neutral places, as children and practitioners bring with them firmly established gender roles and behaviours: gender atypical behaviour is often noticed and strictly regulated (Smith and Chambers 2016). An important responsibility of a child practitioner is to promote social equity: a central aspect of this is to problematise restrictive binaries. However, it is not uncommon for practitioners to fall short of this task by introducing gender binaries and stereotypes through the language and resources they use, the activities and subjects they encourage pupils to partake in, and how staff interact with, and have different expectations of, boys and girls (Hamilton and Roberts 2017).

Terms and concepts

Gender identity is complex and multifaceted. Gender can be best understood as a spectrum rather than being restrictive binary categories of masculine and feminine (Brighton and Hove City Council Education Team [BHCCET] 2018). Confusion often exists around the concepts of sex, gender and sexual orientation. There are numerous terms connected to these (see 'Trans Inclusion Schools Toolkit', BHCCET 2018); as names, pronouns and terminology vary widely, it is important that children and young people are given opportunities to voice how they identify or describe themselves rather than labels being ascribed to them.



TERMINOLOGY

Sex represents physiological characteristics (hormones, chromosomes and the appearance of external genitalia) used to categorise humans as either female or male. For many people their sex will also be the gender they assign themselves to. However, this is not always straightforward as some individuals are born intersex.

Gender refers to the social construction of masculinity and femininity. Gender is about how individuals are positioned in society and the relationships they have that result from their birth or chosen gender. These are not only the relationships they decide to have, but also how other people view and treat them because of the gender they portray (Knowles 2018b). Gender concerns the internal sense of self; there is much diversity in how people feel about and express their gender identity.

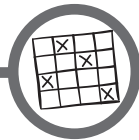
People whose gender identity corresponds with their natal sex are known as *cisgender*. *Gender variant* individuals consider their gender identity to be fluid and may describe themselves as non-binary, gender diverse or agender. Aligning one's self to a binary category of either female or male carries certain behaviours which society expects from that gender: how one should look, attitudes that should be held and social roles which should be undertaken. However, gender is not fixed, so what is expected of females and males varies geographically and across time.

Sexual orientation is concerned with whom someone is romantically or sexually attracted to (BHCCET 2018). Sexual orientation is complex and may change over time. Although some young people with gender identity issues will later identify as LGBTQIA+, this is not always the case (Grossman and D'Augelli 2007). Just like cisgender people, transgender people can have any sexual orientation as it is independent from gender identity.

LGBT, an acronym for lesbian, gay, bisexual and transgender, emerged in the 1980s when it replaced the term 'gay' to create a blanket term for referring to individuals who did not identify as heterosexual (Lesbian & Gay Community Services Center 2020). With increased awareness about the spectrum of sexuality and gender identities, additional letters have since been added, for example, LGBTQIA+ (lesbian, gay, bisexual, transgender, queer or questioning, intersex and asexual/ally) or LGTBQ+ (the '+' represents all other subgroups) (Lesbian & Gay Community Services Center 2020). Throughout this chapter the term LGBTQIA+ is used, other than where primary source documents have undertaken research or produced statistics relating to specific sub-groups of this community.

Theoretical explanations of gender identity

There are numerous theoretical accounts and long-contested debate as to how children develop gender-related identities, attitudes and behaviours. The dichotomy as to what extent a child's genetic heritage is the major influence, compared to the impact of the social environment in which they have been raised, is referred to as 'nature or nurture' (Knowles 2018b).



ACTIVITY

Gender fortunes

In a recent poll, 1,000 members of the general public were asked to name:

- 1 Two of the most popular toys bought for 'girls' and 'boys'
- 2 Two personality traits associated with 'girls' and 'boys'
- 3 Two professions undertaken by 'women' and 'men'

Record what first comes to mind. Then, share your ideas with a group of peers. Are answers stereotypical? What might the impact be if gender-typing is left unchecked? Can you identify any connections between the categories?

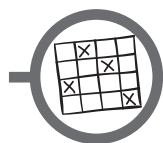
Biological determinist explanations, used heavily until the mid-twentieth century in the UK, have dominated understandings of gender identity, leaving an imprint which is difficult to shift. Biological theories assert that physiological sex characteristics determine an individual's interests, personality traits, roles, skills and abilities. This dominant discourse is used in many societies to normalise power relations between

men and women, and because of this, there persist many disparities in aspects of daily life (family, social, economic, political).

Feminist writers such as Oakley (1975) argue that biological accounts, which perpetuate a myth of male superiority, are part of male social control (Bartlett and Burton 2016). Harber (2014) explains how some dominant traits of male identity maintain patriarchal power and privilege, reinforcing male dominance and female subordination and oppression. This can be seen globally, with females in some societies and cultural groups facing significant barriers in accessing equality in education and employment, and with issues regarding their safety and welfare.

Neuroscience examines how hormones and chromosomes explain differences in brain development and function, resulting in oppositional patterns of behaviour, skills and cognitive abilities in women and men. It is argued that the female brain and male brain are wired differently; girls and boys have preferred learning styles (Gurian 2011) and their hormonal make-up causes them to behave differently (Featherstone and Bayley 2010). Females are said to be genetically positioned to be nurturing and caring, while physicality and competitiveness are traits typically assigned to males. Neuroscience has served as the basis for the implementation of many contemporary 'brain-based learning' and educational initiatives (Griffin 2018).

Biological theories are strongly contested, with critics arguing that they fail to acknowledge the diversity among women and men across history and societies (Marchbank and Letherby 2014) and the intersectionality of ethnicity, class, religion and sexuality. Essentialist ideology, based on inconclusive facts (Fine 2010, 2017), needs to be problematised as it adds strength to the polarised dualism of masculinity and femininity, reinforcing cultural sexist beliefs about gender and restrictive ways of 'doing' gender (Hamilton and Roberts 2017). Fine (2010, 2017) asserts that there are studies which indicate that neurological differences in gender can be shaped by environmental factors, thus challenging the concept of 'hard wiring'. She presents examples of how biological differences between male and female animals have no impact on parenting roles, such as male rats who will 'mother' their offspring if left without a female, and where male macaque monkeys in different parts of a continent engage in different levels of paternal care (Griffin 2018).



ACTIVITY

The influence of adults on children's play in the early years

Watch the BBC clip 'Girl toys vs boy toys: The experiment', and consider why adults make gender stereotypical assumptions and the impact that this might have on children.

www.youtube.com/watch?v=nWu44AqF0il

Social constructivist theories maintain that men and women, and notions of masculinity and femininity, are essentially products of culture and society. Cognitive social learning theorists (Bussey and Bandura 1999, 2004) propose that social agents deliver and encourage models of gender-normative behaviour for children to observe and imitate, thereby shaping and reinforcing gender role attitudes and behaviour (Spinner et al. 2018). According to gender schema theory (Bem 1981, 1983), deeply embedded gender binaries in cultural discourse and social structures promote the growth of gender-based schemas in young children, where children evaluate, organise and filter information in terms of what it means to be masculine or feminine (Spinner et al. 2018). Cultivation theory argues that media represent a powerful socialising agent as they constantly convey cultural definitions of gender normativity in numerous contexts (Spinner et al. 2018).

Although gender identity is initiated at 24 months (Kohlberg 1966), it is from approximately the age of five years that children begin to enforce gender conformity with zeal (Devarakonda 2013). Children look to significant others (parents, teachers, siblings, peers) and the media for guidance, picking up on explicit rules and implicit cues as to what it means to be a 'proper' girl or boy (Soylemez 2010). Fearful of straying from gender outlines, some children strictly regulate each other about what they can and cannot do (Bloom 2014). This 'policing' process is a regular feature in pre-school. Children new to early years and school settings quickly establish how to become accepted members in a community of masculinity or femininity by observing the behaviour of other children, particularly during free play when children typically segregate into groups of boys and girls (Martin 2011). Martin claims that established children patrol play borders by telling other children when they are doing something unacceptable for their gender, with only the more confident child able to cross enforced gender boundaries.

Critics of early socialisation theories warn against accepting a simplistic view of social learning and assert that a more dynamic conceptualisation is required of the way gender identity is learned and (re)produced (Robinson and Jones Diaz 2006; Francis et al. 2008).

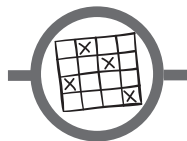
Poststructuralist theory perspectives propose that increased attention needs to be given to power relations, the fluidity of identity, children's agency and intersectionality, as gender cannot be experienced or performed separately from other social contexts and aspects of individual identity. Children are known to be active agents in the construction of their own gendered identities. Although many children adopt behaviour that reinforces traditional gender norms, some ignore or reject certain discourses of masculinities or femininities. Not all children identify with, and choose to model, a same-sex parent or friend (Ryle 2015). Griffin (2018: 34) claims that children 'don't just soak up their identity from people and institutions'; instead they form and reshape their gendered identities as they interact within different social settings, where they may hear diverse and contradictory messages.

Traditionally, early years practitioners and teachers have focused on challenging gender binaries by expanding children's views about non-traditional gender roles, play and occupations. However, simplistic sex-role-theory approaches have had limited success (Skelton 2002). Instead, a more critical style of thinking is required, where children are introduced to the concept of power relations (Robinson and Jones Diaz 2006) and are encouraged to dismantle stereotypes, polarised concepts and oversimplified explanations (Norwich 2013) associated to gender. Practitioners should also appreciate the influence of 'stereotype threat' and subtle messages in the environment which promote a negative stereotype about one's group (Griffin 2018). For example, the absence of one's own gender in a subject or occupation, such as nurses or engineers within story books or television programmes, has been shown to affect both self-belief and the ability to do or achieve something.

Gender, colour and toys

Children's play is a critical site for learning their birth sex, gender and sexual construction, with colours and toys having a significant impact on brain development, how children see themselves and what skills they learn – later influencing subject choices and career pathways. Gender-related knowledge is acquired early in childhood, highly embedded and difficult to change (Banse et al. 2010).

Developmental research indicates that by the age of two most children know whether they are a girl or a boy (Grossman and D'Augelli 2007). It is from this age that children start to build gender stereotypes typical of their culture, using this knowledge in an increasingly rigid manner until they are 6 years old (Spinner et al. 2018). After that, the use of gender stereotypes becomes increasingly flexible and children may adopt a more open-minded attitude around gender roles (Spinner et al. 2018). However, although there is increasing effort to counteract gender stereotypes in early settings, many children continue to express stereotypical ideas about what each sex should feel, wear and do.



ACTIVITY

Gender and play

- 1 Do adults engage differently in their play with girls and boys?
- 2 How influential are gendered toys on children's lives?
- 3 Do children 'police' each other on the grounds of gender? If so, in what way?
- 4 What are your own memories of playing? Who did you play with and what games did you play? How gendered was your playing? Have expectations changed?

Children as young as 2 years old can have gender stereotypical preferences for objects, colour and people (Banse et al. 2010; Fast and Olson 2018). Between three and five years of age, children draw upon higher levels of gender stereotypical knowledge to guide their own toy choices (Wong and Hines 2015), outfit choices (Halim et al. 2014), colour preferences (Wong and Hines 2015) and expectations of others' appearances and activities (Grossman and D'Augelli 2007). By the age of six, many children will have developed a strong preference for playing with children of the same gender, further promoting gender-typed behaviour (Spinner et al. 2018).

Children tend to play with gender-typed toys and generally avoid toys associated with the 'other' gender; by the ages four and five, children know that girls usually play with dolls and boys with contact sports (Grossman and D'Augelli 2007). Gendered marketing of toys drives gender stereotypes. From 18 months, toys are increasingly presented as 'for boys' or 'for girls', directly through words used on labelling or indirectly through the sex of the child shown playing with the toy, or the colour of the product or packaging (Fine and Rush 2018). Colour is the main factor influencing children's classification of ambiguous toys as being more appropriate for one gender than the other (Karniol 2011); boys' toys are often manufactured coloured blue and girls' toys are typically coloured pink (Wong and Hines 2015).

Critics argue that the toys and activities provided to young children contribute to social and economic inequalities between men and women later in life. 'Boy toys' (action, transportation, construction, technology) elicit physicality, dominance and spatial and problem skills, while 'girl toys' (dolls, arts and crafts, domestic-themed, beauty) facilitate nurturance, domesticity, verbal and social skills, fine motor skills and concern with appearance (Fine and Rush 2018). Toys, co-varied with colour, can lead to children gender-typing traits and occupations, with children aged 3 to 6 years old associating different adjectives ('gentle'/'strong') and professions ('nurse'/'firefighter') to dolls on the basis of the colour of clothing (Karniol 2011). The development of different sets of knowledge and skills may partly explain men's reluctance to seek support with mental ill-health and their dominance in highly paid science, technology, engineering and mathematics (STEM) occupations. Children need the chance to foster growth in all aspects of development. However, although there is generally more acceptance for girls to engage in 'typical boy' activities, boys are frequently stigmatised for crossing gender binaries (Spinner et al. 2018).

Enforced heterosexuality has also traditionally been manifested in the socialisation of children's play, through the messages delivered to young children via books, toys and the media (Kilvington and Wood 2016). One way to understand the impact of heteronormativity is to consider the relationships which are commonly represented in children's play (mummies and daddies in the home corner, rehearsing weddings, princess stories, kiss-catch), where girls and boys are expected to fall in love with someone of the opposite sex; by contrast, queer instances of sexuality emerge

as off-limits (Morgan and Taylor 2019). Children who do not readily identify with heterosexual norms may view their alternative sexualities and genders as socially unacceptable, which can lead to confusion, anxiety and isolation.

INTERSEX/DSD CHILDREN

Gender is important; the first question typically asked of expectant parents is 'Is it a boy or a girl?' This cannot always be easily answered, as some individuals are born with ambiguous external and/or internal genitalia. The term 'intersex' refers to people whose biological attributes cannot be clearly classified as one or the other sex. Intersex results from congenital conditions in which the development of chromosomal, hormonal or anatomic sex is atypical. The term is not applicable to individuals who have deliberately changed their own anatomical characteristics (Organisation Intersex International United Kingdom 2012). Intersex characteristics may appear as genitalia that are not exclusively male or female; internal sex organs that do not match the external sex characteristics; varied chromosomes (XXY, XYY); hormone levels that are unusual for the assigned sex at birth; or having both testicular and ovarian tissues (OutLife 2018). Tests are normally undertaken shortly after birth to determine which condition a baby has (Griffiths 2015). However, some individuals do not discover their condition until adolescence. For example, a child born with complete androgen insensitivity syndrome (CAIS) is genetically male but the external appearance of their genitals looks entirely female; CAIS is usually only discovered when a female's menstrual cycle does not commence.

The language used to describe intersex individuals is contested. The term 'intersex', introduced in the early twentieth century, is supported by many intersex people as it highlights the ability of the body to cross rigid social boundaries (Danon and Kramer 2017). In contrast, individuals with a preference for Disorders of Sexual Development (DSD) believe it to be less stigmatising as it emphasises biological factors (Sweeting et al. 2017). Those who reject the pathologising 'disorder' label suggest 'Differences' or 'Divergences' (of Sex Development) be used instead (Sweeting et al. 2017).

Statistics published for the number of intersex/DSD babies born globally differ but it is considered to be about 1 in 1,500 or 2,000 births (Intersex Human Rights Australia 2013). Reasons for a lack of reliable data include variations in what counts as intersex/DSD; subtle forms of sex anatomy variations not becoming apparent until later in life; and underreporting due to the stigma of having an intersex infant. It is thought that around 130–150 intersex/DSD babies are born in the UK each year (Griffiths 2015; Dsdfamilies 2020).

Before the twentieth century there was no medical management of intersex/DSD. In the 1950s, psychologist John Money and colleagues introduced the biomedical

system 'optimal gender policy' (OGP) to 'correct' intersex bodies (Danon and Kramer 2017). The OGP was based on the belief that infants are born psychosexually neutral and can be directed to a binary gender if guided before the age of two (Sweeting et al. 2017). Under the OGP, babies born with intersex bodies were considered a medical and social emergency, to be assessed by a clinical team who would determine the child's sex based on genital examinations (presumed future fertility, endocrine function and pubertal development) (Sweeting et al. 2017). Intersex infants younger than 18 months underwent, and in many countries still undergo, surgery to external and internal sexual organs to normalise their bodies to either one or the other binaries, 'female' or 'male' (Danon and Kramer 2017).

The case of David Reimer (1965–2004) demonstrates the limitations of, and potential damage caused by, the OGP. In 1966 at the age of seven months, John, one of a set of twin boys, suffered serious burning to his penis during surgery. After consulting with John Money, the child's parents consented to their son's reassignment. At 20 months the infant had his penis removed, was renamed Joan and socialised as a female. 'Joan' experienced significant psychological difficulties being raised as a female. At age 14, after discovering the truth of his birth gender, he assumed a male identity, calling himself David, and underwent reversal surgery. There is much interest in this case because having had surgery at such a young age, Reimer had little/no recollection of gender differentiation prior to reassignment, thus potentially promoting understanding as to whether gender is largely the result of biological factors or social learning.

In the 1990s there was growing activism of intersex/DSD people who challenged the need for surgery on infants, highlighting the psycho-social-physical damage caused by medical interventions (Danon and Kramer 2017). These (often irreversible) procedures performed during infancy without the informed consent of the individual can cause infertility, incontinence, loss of sexual sensation, painful scarring and long-term mental health issues (United Nations Free and Equal [UNFE] 2017). Many intersex/DSD adults exposed to such surgery as children discuss the stigma associated with attempts to 'fix' their intersex traits, with some feeling forced into sex and gender categories they do not associate with (UNFE 2017).

According to Danon and Kramer (2017: 1563), parents of intersex/DSD children remain 'problematically positioned between their children's need for care and wellbeing and the social-medical forces that aim to "normalize" them'. Due to fear of stigma, many parents of intersex/DSD infants isolate themselves from family and friends. Often unfamiliar with the complex concept of intersexuality, parents rely on medical professionals to guide them to make the 'best choice' for their child's future physical, psychological and social welfare (Danon and Kramer 2017). However, information provided from a medical perspective typically pathologises intersex/DSD conditions, leading to parents agreeing to early

surgical interventions to ‘fix’ their children’s bodies. Without conclusive research for or against early surgery, there is a risk of submitting children to multiple surgeries, genital examinations and treatment, resulting in irreversible damage (Danon and Kramer 2017).

In 2013, Germany was the first country in Europe to pass legislation to allow intersex/DSD infants to be registered as ‘intermediate sex’, and in 2015 Malta passed a law to prohibit surgery and treatment on the sex characteristics of children without informed consent. In the absence of legislation, the UK Intersex Association (2011) recommends a staged approach to diagnosis, treatment and long-term support, of both the child and their family. There continues to be much controversy regarding the diagnosis and surgical intervention of intersex/DSD infants.

TRANSGENDER CHILDREN

Gender dysphoria describes the discomfort or distress caused by the mismatch between an individual’s birth sex/anatomical body and their gender identity. Transsexualism is an extreme form of gender dysphoria and may be so intense that an individual undergoes a transition from male to female (trans woman/girl) or female to male (trans man/boy) in order to be accepted as a member of a sex other than that assigned at birth. Some individuals regard themselves as non-gender or elsewhere on the gender spectrum. Although listed within the *International Classification of Diseases (ICD-10)*, a document published by the WHO containing morbidity and mortality statistics, gender dysphoria and transsexualism are not considered to be forms of mental illness (Ahmad et al. 2013). However, issues stemming from unmanaged dysphoria and the stigma attached to transition may result in psychological problems (Ahmad et al. 2013).

Transition describes the steps (social and/or medical) that an individual takes to live in the gender they associate with. It is reported that approximately 40% of young trans people realised that they were trans when they were aged 11 or under (Metro Youth Chances 2014 cited in BHCCET 2018). With increased social understanding, more children are now socially transitioning while at primary school (Women and Equalities Committee [WEC] 2016). Of the few studies involving trans children in the early years, gender development is identified as being similar to that of gender-typical children. Fast and Olson (2018) note the key difference among transgender children, aged 3–5 years, to be that these children were less likely to believe that their birth gender matched their current gender or that their birth gender was stable across time. The social transition that children make is reversible and usually involves changing names, pronouns, dressing differently and using toilets and changing rooms appropriate to their gender identity. Not all children who wear clothes associated with a gender different to that they were assigned at birth will be questioning their gender identity. For example, a young

boy who likes wearing dresses will not necessarily be experiencing gender dysphoria or transsexualism (BHCCET 2018). For many children their gender dysphoria will not continue into adulthood; however, as some young people approach puberty, they may proceed with medical transition to physically alter their body. This is often contentious.

There is no accurate record of numbers of trans children in the UK. However, the Tavistock Centre (Gender Identity Development Service [GIDS] 2020), a specialist service for young people presenting with gender identity difficulties, reported 2,470 referrals for children aged between 3 and 17 in 2018–19. While most referrals involve young people aged between 12 and 16, the number of pre-pubertal children accessing the service is increasing; 128 children aged 3–8 years were referred in 2018–19 (GIDS 2020). Each child has an individual plan, and treatment is only provided after a long period of assessment. Although GIDS does not provide any form of surgical intervention, hormone-blocking medication is available from the onset of puberty (regardless of chronological age) (WEC 2016). This delays puberty, allowing the young person the chance to consider their gender identity issues. Cross-sex hormone therapy is available from the age of 16, but only after 12 months of hormone-blocking treatment. Some of the changes brought about by cross-sex hormone treatment and surgery are difficult to reverse (WEC 2016). Media report high rates of regret among young people who have had irreversible treatments or reconstructive surgeries. However, the World Professional Association for Transgender Health (WPATH) assert that strict protocols are followed, and that only 1–3% of individuals who undergo gender transition which involves irreversible procedures regret doing so (WPATH 2020). They claim that regrets are usually due to the individual's lack of support or acceptance from their family, social groups or work (WPATH 2020). The Gender Recognition Act 2004 (GRA) enables individuals who can evidence a diagnosis of persistent gender dysphoria and who have taken steps to live in the new gender role for the rest of their lives to be formally recognised as their chosen gender. The GRA 2004 does not require that sex change surgery has taken place for a Gender Recognition Certificate to be issued (Knowles 2018b).



CASE STUDY

Transgender children – Henry

Henry is 10. At an early age, he had strong male gender preferences in toys, clothing, sports and books. He refused to wear dresses, would not play with girls and rejected stereotypical 'girl toys'. Initially his parents thought he was a tomboy but, after talking to the early years team at his school, and noticing increasing signs of distress, they realised it was something more. He used to tell them that he felt he was 'born in the wrong body'. After getting some advice, at the age of five, his parents made the decision to have him

socially transition and live as a boy. Since then Henry has legally changed his name and his birth certificate and is in the process of getting a hormone-blocker.

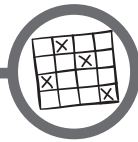
Questions

- 1 Why do you think the number of young children with gender dysphoria who are socially transitioning is increasing?
- 2 Should pre-pubertal children be prescribed hormone-blockers?
- 3 What are some of the challenges faced by gender variant and trans children?
- 4 What concerns might cis children and their parents have about gender variant and transgender children in early years settings and primary schools?
- 5 How can gender variant and trans children be supported in early years settings and primary schools?

Although many gender variant and trans children face different challenges in their lives, problems are often exacerbated because of the prejudice (transphobia) they encounter. Transphobia is the fear, abuse or dislike of trans people and of those who do not conform to traditional gender norms, and is often linked to sexist and stereotypical ideas (BHCCET 2018). Transgender children may experience negative reactions from family members and peers. Stonewall (2017) identified that 51% of young trans people are bullied at school for being trans, 58% are not allowed to access the toilets they feel comfortable using and 33% are not able to be known by their preferred name at school. Forms of discrimination encountered at school include verbal bullying (61%), physical bullying (13%), death threats (9%) and sexual assault (6%) (Stonewall 2017). The report claims that despite an increasing number of schools supporting trans pupils, there are many that fail to do so. Due to victimisation and rejection, young transgender people are at increased risk of disrupted education, homelessness, high risk behaviours and mental health disorders, including depression, self-harm and suicide (Grossman and D'Augelli 2007; Stonewall 2017; Mangin 2018). According to Stonewall (2017), 45% of young trans people and 35% of young non-binary people have attempted to take their own life.

In 2010, the Trans Media Watch's survey 'How Transgender People Experience the Media' revealed that 70% of transgender respondents thought representation of trans people in the media was negative (Liu 2017). The 2017 survey (Liu 2017) reported an encouraging change, as over 70% of transgender respondents claimed that media representation of trans people in the UK has become more positive. However, Liu warned that prejudice has shifted onto non-binary individuals and the negative media coverage of trans children and their families. Of the 48.5% of transgender respondents considering media portrayal of trans people to be negative, 78% felt angry, 69% felt unhappy, 69% felt bad about society, 49% felt excluded and 41% felt frightened (Liu 2017). The report highlighted the negative impact of the media on trans people's well-being. Mermaids (2019) also asserts that articles based

on anecdotal claims made by a minority – using emotive and sensational language such as ‘Hundreds of transgender youths who had gender reassignment surgery wish they hadn’t ...’ (*Daily Mail* 5th October 2019) and ‘Girls skipping school to avoid sharing gender neutral toilets with boys as they feel unsafe and ashamed ...’ (*The Sun* 6th October 2019) – are misleading and serve to undermine, frighten and demonise transgender children and their families.



ACTIVITY

Media portrayal of gender variant and trans children

Undertake a media search to examine news stories about gender variant and trans children.

Questions

- 1 What are the main messages being delivered? Are the messages mainly positive or mainly negative?
- 2 What impact might prejudicial messages have on gender variant and trans children and their families?
- 3 How can early years practitioners and teachers support these children through policy and the curriculum?

PROMOTING GENDER EQUITY IN SCHOOLS

Schools have a duty to raise awareness of and support children and young people with issues relating to gender and sexuality, and to prevent sexist, transphobic and homophobic bullying, under both the Equality Act 2010 and the national curriculum. The Relationships Education, Relationships and Sex Education (RSE) and Health Education (England) Regulations 2019 (DfE 2019a) make Relationships Education compulsory for all primary school pupils, and RSE compulsory for all pupils receiving secondary education. They also make Health Education compulsory in all schools except independent schools. All schools must have in place a written policy for Relationships Education/RSE which is shared with parents. Parents/carers can request their child to be withdrawn from sex education delivered in primary schools but not Relationships Education or Health Education. With regard to reference to gender, gender identity and sexual orientation the following general guidance, for primary and secondary education, is given (DfE 2019a: 14–15):

31. Schools should be alive to issues such as everyday sexism, misogyny, homophobia and gender stereotypes and take positive action to build a culture

where these are not tolerated, and any occurrences are identified and tackled. Staff have an important role to play in modelling positive behaviours ...

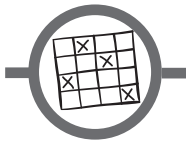
36. In teaching Relationships Education and RSE, all pupils should understand the importance of equality and respect. Schools must ensure that they comply with the relevant provisions of the Equality Act 2010, under which sexual orientation and gender reassignment are amongst the protected characteristics.

37. Schools should ensure that all of teaching is sensitive and age appropriate in approach and content. At the point at which schools consider it appropriate to teach pupils about LGBT, they should ensure that this content is fully integrated into their programmes of study for this area of the curriculum rather than delivered as a stand-alone unit or lesson. ... Schools are free to determine how they do this, and we expect all pupils to have been taught LGBT content at a timely point as part of this area of the curriculum.

Under the theme ‘respectful relationships’, primary and secondary pupils learn about the impact of bullying and the consequence of detrimental stereotypes. Additionally, secondary pupils should examine how ‘stereotypes based on sex, gender, race, religion, sexual orientation or disability can cause damage (e.g. how they might normalise non-consensual behaviour or encourage prejudice)’ (DfE 2019a: 28). Although there is no direct mention of these concepts within the themes listed for primary education, the guidelines suggest that LGBT parents could be one of the diverse family forms that children are introduced to. Schools are asked to pay careful consideration to the religious background of pupils when planning teaching, to ensure that topics are appropriately handled (DfE 2019a). However, the looseness of terminology within the guidelines should be noted, as the phrases ‘Schools are free to determine how they do this’ and ‘we expect all pupils to have been taught LGBT content at a timely point’ create a gloss that can have multiple interpretations (Morgan and Taylor 2019), which might mean that LGBTQIA+ issues go unaddressed.

Tackling gender identity and sexuality with children are controversial topics and, because of potential conflict, there is often a reluctance to approach them (Leadley-Meade 2018). Morgan and Taylor (2019) discuss how attempts to cover LGBTQIA+ issues within primary schools have resulted in a backlash of criticism. In 2016, the press presented negative coverage of a transgender equalities initiative that was to take place in a primary school in East Sussex. Sensationalist headlines from the period include ‘Parents pull children out of primary school in outrage at planned “transgender day” for children as young as FOUR’ (*Daily Mail* 16th March 2016). Then in 2019, school gate protests were heavily televised, with parent activists objecting to the delivery of

the 'No Outsiders' programme, concerned that it conflicted with their religious beliefs (Haynes 2019). The programme, created by Andrew Moffat, aims to teach young children about all characteristics protected by the Equality Act 2010, including issues around gender stereotyping and LGBTQIA+ families, using age-appropriate resources.



ACTIVITY

Evaluating resources

- 1 Undertake a web search on books available for young children involving LGBTQIA+ characters and same-sex parent families.
- 2 Access resources available for young children from Stonewall, Mermaids or the 'No Outsiders' programme.

What messages are contained within these resources? What is the value of using these resources with young children? What concerns might there be about using them?

The resistance to exposing children to gender variant and transgender education is framed by conceptions of childhood 'innocence' and the protection of a 'natural' state of cisgenderedness (Morgan and Taylor 2019). In the case of sex education, there is a discourse around the need to 'protect' children from adult information. Morgan and Taylor (2019) explain that while transgender is not linked to any sexual orientation, it creates ideas of the sexed body and is often associated with queer sexual perversions. Coverage of transgender issues for children may be viewed as 'ridiculous' owing to the presumption that pre-pubertal children are too young to identify as trans and 'dangerous' because it has the potential to corrupt children's minds or wrongly pigeon-hole them as trans (Morgan and Taylor 2019).

Many gender variant and transgender children do not feel included in the typical 'male'/'female' and heterosexual normativity of their classrooms and frequently encounter prejudice (Mangin 2018). Addressing gender equality, gender variance and trans issues via a whole school approach, in line with the Equality Act 2010 and Relationships Education, will help children (or their family members) whose gender expression and sexual orientation are diverse to feel acknowledged and safe in their social and learning spaces. Furthermore, laying the foundations of positive, age-appropriate understanding in the early years will ensure that gender variant children have the vocabulary to voice their needs, feelings and identities. Table 7.1 presents an overview of a whole school approach to these issues.

Table 7.1 A whole setting approach to gender equity and trans inclusion

<i>Policy</i>	A clear gender equity and transgender policy should sit within the general equality and inclusion framework. Reference should be made to intersectional issues, for example, the needs of Black and ethnic minority children and young people or those with SEND who are also transgender. Effective anti-bullying and equality policies are required which record and challenge all forms of prejudicial incidents.
<i>Senior staff</i>	Supportive head teachers/managers are central to creating an inclusive culture. Head teachers can establish links with specialist organisations which will facilitate opportunities for staff, pupils and parents to learn about gender variant and transgender children. Difficult decisions may have to be made to ensure that the rights of gender variant children are met without compromising the rights of other children.
<i>Training</i>	Practitioners need to be provided with equality training which will develop confidence in understanding gender and trans presentation and terminology. Practitioners can create gender-inclusive cultures by changing their language, using non-gendered terms and non-gendered ways to manage the classroom, for example forming groups in accord with children's favourite foods.
<i>Curriculum</i>	Resources, and teaching and learning approaches, should be closely monitored to ensure inclusive practice that challenges gender stereotypes, sexism and transphobia. As well as providing age-appropriate resources through continuous provision, practitioners should design specific activities which go beyond cisgender identities and binary categories, and which expand children's critical thinking. Parents/carers should be kept informed of the work that children will be covering.
<i>Collaboration</i>	Schools and early years settings are encouraged to support gender variant and trans children and their families. Positive relationships include listening and responding to individual needs and preferences and sign-posting children and families to specialist agencies for guidance. Confidential information must not be shared with parents/carers without the child's permission unless there are safeguarding reasons for doing so.

(Adapted from BHCCET 2018; Mangin 2018)



REFLECTION

Too much, too soon?

Now that you have come to the end of the chapter, do you think young children should learn about gender stereotypes, gender identity and age-appropriate messages regarding sexuality? Please justify your answers.

KEY POINTS

- Gender-related binaries, stereotypes and power relations are at the core of societal structures, marginalising some individuals, while empowering others.
- Early years settings and schools are not gender-neutral places; gender atypical behaviour is often strictly regulated and non-conforming individuals risk prejudice.

- There is a long-contested debate as to how children develop gender and sexual identities, attitudes and behaviours, based on biological determinist, social constructivist and poststructuralist explanations.
 - Children's play is a critical site for learning natal gender and sexual construction.
 - Intersex, gender variant and trans children show the complexity and fluidity of gender identity.
 - Early years settings and schools have a legal duty under equality legislation and the national curriculum to promote awareness of gender and sexuality and to prevent sexist, transphobic and homophobic bullying. However, addressing these topics with children is often contentious.
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FURTHER READING

Brighton and Hove City Council Education Team (2018) *Trans Inclusion Schools Toolkit*. Available at: <https://mermaidsuk.org.uk>

Provides information and guidance to schools on how to effectively support trans and gender-questioning pupils and prevent transphobia.

Griffin, H. (2018) *Gender Equality in Primary Schools: A Guide for Teachers*. London: Jessica Kingsley.

Comprehensive text for primary school teachers providing guidance on how to challenge gender stereotypes and implement gender equality in all areas of school life.

Knowles, G. (2018) Gender and inclusion. In Knowles, G. (ed.) *Supporting Inclusive Practice and Ensuring Opportunity is Equal for All*. Third edition. pp. 22–36.

Abingdon: Routledge.

Provides a detailed account of the development of gender roles, identity and transgender children, and children's experiences of gender in educational settings.

USEFUL WEBSITES

Gender Identity Development Service: <http://gids.nhs.uk>

Gendered Intelligence: www.genderedintelligence.co.uk

Mermaids: <https://mermaidsuk.org.uk>

Stonewall: www.stonewall.org.uk