

Practice guide



Gender identity and safeguarding

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It is important at the outset to state that, in this leaflet, we are giving safeguarding practice guidance on issues that relate to Gender and Sexuality in children, young people and adults with care and support needs. This is not a statement on our theological position on this subject.

Any sources listed in the footnotes of this document are for information purposes only and do not represent the views of CCPAS as an organisation.

Definitions – knowing what we're talking about

There are a number of terms that describe different identities and issues that people face when it comes to matters of sexual and gender identity. These can be found below:

Gender Dysphoria: Refers to the sense of dissonance transsexual people experience between their gender identity and their biological sex, which is usually in conflict with their perceived gender and their social gender as well. The hostility or resistance that transsexual people

can encounter when they attempt to dress or behave in ways appropriate to their internal gender identity often intensifies their distress at being treated as someone they are not. The conventions of perceived gender are such that, in most cases, people can only be themselves if they transition.

Transition: Refers to the process by which a transsexual person seeks to align their biological sex, perceived gender and social gender with their gender identity, usually, but not always, by means of medical intervention...

Trans men: Refers to Female to Male transsexual people, i.e. those whose birth sex is perceived to be female but whose gender identity is male.

Trans women: Refers to Male to Female transsexual people, i.e. those whose birth sex is perceived to be male but whose gender identity is female. Generally, transsexual people prefer the terms 'trans men' and 'trans women'.

The use of the single word 'transsexual' as a noun is always discouraged nowadays because of its tendency to reduce people to their medical condition: the correct usage would be transsexual person or transsexual people.

Real Life Experience: (RLE) refers to the period – usually one to two years – during which the transsexual person begins to transition fully. It normally commences when the person legally assumes a first name to match their gender identity and arranges for all their documents (passport, driving licence etc. but not the birth certificate at this stage) to be altered accordingly. However, the process may well have begun much earlier. (1)

Gender Identity: A person's internal sense of their own gender, whether male, female or something else.

Intersex: A term used to describe a person who may have the biological attributes of both sexes or whose biological attributes do not fit with societal assumptions about what

constitutes male or female. Intersex people can identify as male, female or non-binary.

Non-Binary: An umbrella term for a person who not identify as male or female.

Queer: In the past a derogatory term for LGBT individuals. The term has now been reclaimed by LGBT young people in particular who don't identify with traditional categories around gender identity and sexual orientation but is still viewed as derogatory by some. (2)

Summary of the main issues for children and young people

Regardless of your church or organisational stance, you may well come across children or young people who are experiencing what is known as Gender Dysphoria as described above.

In doing so, they may be at different stages of a journey that may or may not end up with them transitioning from their birth gender to the gender they most identify with.

Children cannot undergo a physical transition until they are at least 18, however, they may be undergoing treatment that is both psychological and hormonal, normally from the age of 16, depending on the diagnosis

or pending a diagnosis. Younger children can be prescribed 'hormone blockers' which prevent the onset of puberty. This can only be done with a parent's consent.

"Most treatments offered at this stage are psychological, rather than medical or surgical. This is because the majority of children with suspected gender dysphoria don't have the condition once they reach puberty. Psychological support offers young people and their families a chance to discuss their thoughts and receive support to help them cope with the emotional distress of the condition, without rushing into more drastic treatments." (3)

Therefore, any child or young person you encounter who is experiencing Gender Dysphoria will not have gone through a physical change except for some cases where before the age of 16 they are given hormone drugs to prevent the onset of their birth gender development in puberty.

During this time there are both practical issues that can present in church groups and organisations and also pastoral care issues which need to be thought through in order to fulfil our mandate to good safeguarding.

Practical issues

Toilet and changing facilities

It would be inappropriate for someone who has not undergone gender reassignment surgery to use changing rooms of the opposite sex to their birth gender where there is an open area for dressing/undressing.

Where possible individual rooms/cubicles should be provided. For example, many swimming facilities now have mixed gender changing areas with individual lockable cubicles.

If you are planning sports activities that require changing, it may be helpful to plan this advance to avoid the need for changing in church facilities which are not designed for individual privacy.

Where a church provides toilets that have a specific male/female designation, it would be useful to make sure that an individual unisex accessible toilet is available too.

If a smaller church has individual toilets then making them unisex is also a positive idea to remove any issues that may arise.

Even though your church or organisation may want to promote equality and provide facilities which

match the gender a young person identifies with, their peers may be less accepting and this can cause more anxiety for the person involved.

On the other hand, you may feel strongly that no other provision be made and that they should use the facilities of their birth gender. This could be deemed discriminatory as well as potentially harming the mental and emotional health of the young person.

Residential trips

As with changing facilities, there are often concerns as to how to arrange accommodation when organising residential trips which include a child or young person with Gender Dysphoria.

Advice from the 'Schools Transgender Guidance' publication from Cornwall Council suggests, "The sleeping arrangements will need to be thought about before a trip is undertaken; it is possible that the student would prefer to have a separate room for example. Each individual case and trip needs to be thought of separately and in depth discussions should happen well in advance with any and all appropriate bodies." (4)

A risk assessment will need to be done in advance which takes into account the fact that you

have someone experiencing Gender Dysphoria.

Again, it would not be suitable to place someone in a position where they are physically exposing themselves to peers of the opposite physical gender.

Pastoral issues

It is evident that the struggle for children and young people experiencing Gender Dysphoria can highly impact their emotional health. "In some cases, there are also issues such as social withdrawal, anxiety, low mood, self-harm and suicidal thoughts." (5)

Despite the prominence given to this issue in the press, the reality is that the numbers affected are relatively low. For example, about 1 in 10,000 children and young people get referred to the Tavistock and Portman NHS Trust for Gender Dysphoria. Out of this number around 80% change their minds and do not want to transition to the opposite sex by the onset of puberty. (6)

During this time it is essential that the child or young person receive pastoral support without it having an agenda to change or promote their choices either way.

Here are some helpful pointers to navigate pastoral needs with someone who shares with you that they're struggling with their identity:

- Confidentiality is paramount. We must not encourage discrimination by making it known that a child or young person is experiencing gender dysphoria.
- Keep a record of your conversation with a child and any advice given.
- Always follow our guidance on speaking and interacting with children or young people for any reason.
- Encourage them to speak to their parents, if they haven't already done so.
- If their parents are aware, make contact to share with them that their child has confided in you.
- Think about the practical advice above to help minimise any social anxiety around activities.
- Pastoral care is mainly about giving time and a safe space to listen. Expressing personal views, for or against, should only ever be done at the invitation of the young person whilst always encouraging them to seek parental support.

- Should they express thoughts of self-harm or suicide, make contact with your safeguarding coordinator.

Safeguarding matters to keep in mind

- Bullying is never acceptable regardless of beliefs or values. Should a child or young person with Gender Dysphoria experience bullying it should be dealt with in accordance with your organisation's behaviour policy.
- Parental pressure – where a child discloses that their parent/s are becoming abusive in their attitude toward their gender identity you must follow your safeguarding procedure to report your concern.
- Spiritual abuse – see our InFocus document on 'Praying for Children and Young People' in Standard 8 in our members area.

Source

1. www.lgbtac.org.uk/resources/SuA0110c%20The%20Transexual%20Person%20is%20my%20Neighbour%202007.pdf
2. *Transgender*, Roberts, Vaughn. (The Good Book Company, 2016) p22-23.
3. www.nhs.uk/Conditions/Gender-dysphoria/Pages/Treatment.aspx
4. www.cornwall.gov.uk/community-and-living/equality-and-diversity/cornwall-schools-transgender-guidance
5. tavistockandportman.nhs.uk/about-us/news/stories/gender-variant-children-and-young-people-need-access-to-specialist-services
6. *Louise Jackson*. The Times Magazine. 5th November 2016. p16.

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