

Submission – Inquiry into state education in Victoria

Considering my own family's experience at Fitzroy High School and the social transitioning of my eldest son, I am very concerned with secret social transitioning of students classed as 'mature minors'. What this means is that a child over 16 may be known by a different name and pronouns and at school, playing sports with the opposite sex or using the toilets and changing rooms of the opposite sex and the parents may not be told. The student's legal name may remain on the students records and be used in communications with the parents, but the school will also keep a separate record of the student's preferred name.

The policy of non-disclosure is justified on the basis that they are necessary to protect a student's privacy, however, the legal position is not clear. Furthermore, current practices in schools go beyond simply protecting confidence. If a child simply discloses private thoughts about his or her gender identity, that conversation may be regarded as confidential. Gender-questioning children need to be able to decide when and to whom they will share their feelings. However, once the school begins to affirm a child's new identity with a new name and pronouns, it is no longer a matter of confidence. Instead, it becomes an open secret which is shared with all of the staff and students but withheld from parents.

Further, changing a child's name and pronouns is a major psychosocial intervention. Social transition tends to reinforce a gender-distressed child's discomfort with his or her body and increase the probability that he or she will proceed with medical transition.¹ My own son is now 19 and was able to access hormones within weeks of turning 18, no psychological assessment required. Teachers and school counsellors may not be aware of a student's entire mental health history and do not have the training necessary to deal with these complex conditions.

According to the Interim Report of the Cass Review, social transition "is an active intervention because it may have significant effects on the child or young person in terms of their psychological functioning."² The interim service specification recently issued by the U.K. National Health Services calls for a multi-disciplinary team to "engage children and young people and their families in an in-depth process of discussion and thinking around the decision of social transition."³

¹ Zucker, "The Myth of Persistence." [The myth of persistence: Response to "A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children" by Temple Newhook et al. \(2018\): International Journal of Transgenderism: Vol 19, No 2 \(tandfonline.com\)](#)

² Cass, "Independent Review of Gender Identity Services for Children and Young People: Interim Report." [Interim report – Cass Review](#)

³ NHS England, "Interim Service Specification for Specialist Gender Incongruence Services for Children and Young People." [NHS England » Interim service specification for specialist gender incongruence services for children and young people](#)

Dr. Riittakerttu Kaltiala is a leading expert on paediatric gender medicine and chief psychiatrist at Finland's largest gender, which she was appointed to establish. She believes that social transition tends to solidify a gender identity which might otherwise be transitory: Evidence from a combined 12 studies to date demonstrates that when children with cross-gender or gender variant behaviour are left to develop naturally, the vast majority—"four out of five," according to Kaltiala—come to terms with their bodies and learn to accept their sex. When they are socially transitioned, virtually none do.⁴

Dr. Erica Anderson is a clinical psychologist and transwoman who has been a board member of both the World Professional Association for Transgender Health and President of USPATH (the United States branch of WPATH). Although she is generally supportive of the affirming model of care for young people, she believes that social transition of children without a psychological assessment and parental involvement is irresponsible. She has submitted an affidavit in a Wisconsin lawsuit which challenges a school board policy permitting social transition without parental approval. The conclusion of this affidavit is:

78. A school policy that involves school adult personnel in socially transitioning a child or adolescent without the consent of parents or over their objection violates widely accepted mental health principles and practice.⁵

There is no clear research evidence that social transition has any real benefit for a child or adolescent's mental health.⁶ A German study found that peer relations and family functioning, not social transition, were the most important predictors of psychological functioning in children with gender dysphoria.⁷ Based on this study, if the welfare of the child is the primary goal, schools should, with the aid of appropriate personnel, support and facilitate communication with parents.

Social transition without the knowledge of a child's parents undermines the authority of parents by denying them vital information which they may need to supervise their child's medical and mental health care and protect their child. Parents who have known a child for his or her entire life are in a better position to make decisions about a child's best interests than school staff who see a child for a few hours each day.

⁴ Sapir, "Finland Takes Another Look at Youth Gender Medicine." [Finland Takes Another Look at Youth Gender Medicine - Tablet Magazine](#)

⁵ Erica Anderson, "Expert Affidavit of Erica-Anderson in B.F., T.F., P.W. and S.W. v. Kettle Moraine School District, State of Wisconsin Circuit Court," February 3, 2023, [2023.02.03 Anderson Expert Affidavit FINAL Notarized.pdf \(will-law.org\)](#)

⁶ Wylie C. Hembree et al., "Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline," *The Journal of Clinical Endocrinology & Metabolism* 102, no. 11 (November 1, 2017): 3869–3903, [Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society* Clinical Practice Guideline | The Journal of Clinical Endocrinology & Metabolism | Oxford Academic \(oup.com\)](#)

⁷ James S. Morandini et al., "Is Social Gender Transition Associated with Mental Health Status in Children and Adolescents with Gender Dysphoria?," *Archives of Sexual Behavior*, April 4, 2023 [Is Social Gender Transition Associated with Mental Health Status in Children and Adolescents with Gender Dysphoria? | Archives of Sexual Behavior \(springer.com\)](#)

I also have deep concerns about how transitioning is introduced and discussed in schools. Transitioning is presented as a completely positive experience, even perhaps as a solution to feelings of discomfort around puberty, this is despite investigations overseas, such as the Cass Review in the UK, showing that many children and teens had negative outcomes and that the evidence for this care was scarce and inconclusive.⁸ They also don't hear the stories of detransitioners, perhaps this is presented as a rare occurrence, despite the exact numbers being unknown.⁹ There is no discussion of the experimental nature of this treatment, what will be the long-term outcomes and the already known health issues, infertility, sexual dysfunction, incontinence and high surgical complications. Considering the disproportionately high numbers of autistic teens identifying as trans (observed in the Cass Review), we should be questioning the effect this type of instruction is having.

Looking specifically at the RRRR program 'gender identity' is presented as fact, although there is no evidence for this theory. Gender non-conformity is linked to being transgender or gay with no mention that autistic individuals are also often gender non-conforming and struggle with the changes to their bodies during puberty. Transgender is presented as a 'third gender', what is the evidence for this? Recorded behaviours, such as criminal activities, match that of natal sex.¹⁰ Early on the material makes a distinction between gender and sex, however later it seems to settle on gender as the default, although the evidence only demonstrates sex-based differences. Men are presented as powerful and violent, what is the impact of this representation on boys who feel themselves to be neither of these things, such as my extremely gentle son? Are we encouraging more sensitive boys to disconnect from this category entirely? Heterosexuality is also presented as more privileged, but is this still true? Many teens now describe heterosexuality as boring. Many young people now identify as LGBTQ+ but never actually engage in same-sex behaviours.

I don't believe any more Victorian families should be forced to experience what my family has.

I am happy to answer any questions you might have regarding this submission.

Regards,

Melanie Whyte

⁸ Cass, "Independent Review of Gender Identity Services for Children and Young People: Interim Report." [Interim report – Cass Review](#)

⁹ Vandenbussche, "Detransition-Related Needs and Support: A Cross-Sectional Online Survey" [Detransition-Related Needs and Support: A Cross-Sectional Online Survey \(tandfonline.com\)](#)

¹⁰ Freedman, Stock, Sullivan, "Evidence and Data on Trans Women's Offending Rates", [pdf \(parliament.uk\)](#)