

Gender Ideology in the Schools: Who Should Be Held Accountable?

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The gender ideology taught in schools is irreversibly harming our children. Those responsible for advancing this agenda must be exposed and held accountable for the damage they have inflicted.

Gender dysphoria is the term used to describe the mental distress a person experiences as a result of an incongruence between that individual's biological sex and the gender they internally feel they are. This is the term used by the current Diagnostic and Statistical Manual of Mental Disorders (DSM-V). One way of viewing gender dysphoria, asserted by Dr. Paul McHugh, is as a disorder of assumption, similar to other disorders familiar to the world of psychologists, like anorexia.⁽¹⁾ The disordered assumption in gender dysphoria is that something is "wrong" with the individual's body (i.e they were born into the wrong sex). In reality, there is rarely any disorder of the gender dysphoric person's body as it relates to sexual characteristics. The assumption, or thought, that something is wrong with the body is the disorder. Let's play this out further using a fictitious example of a young girl with anorexia.

Tara is a 13-year-old female involved with drama club at school. At the first rehearsal for the school musical a teacher serving as the costume designer measures Tara for her costume. At 5'4, Tara is a healthy 130 pounds. Two months later Tara tries on her costume for dress rehearsal and the teacher realizes that Tara has lost a significant amount of weight. She knows Tara was facing stress at home as her parents are in the process of divorcing. The teacher asks the lunch monitor about Tara, who reports that Tara reads during lunch hour, but typically doesn't eat. The teacher then informs the school social worker, who meets with Tara. Tara opens up to the school social worker about wanting to be thinner and her goal to weigh 90 pounds. She says she doesn't like her body and feels like she doesn't belong in it, but knows she will feel better if she were thinner. Tara explains she doesn't want to tell her parents because they wouldn't understand or support her decision to lose weight. The social worker affirms Tara, telling her she is the one who knows herself best and that she ought to lose weight to feel better in her body. The social worker tells all school staff to support Tara in losing weight but to ensure they don't notify Tara's parents about this. Another teacher runs a health and weight loss club and invites Tara to join. The school nurse provides her with information about community resources regarding losing weight, such as clinics where she can get bariatric surgery to help her reach her goal. The principal wants to help Tara

feel accepted at her new low weight, so he invites a speaker to discuss anorexia with the entire student body. The speaker highlights the dramatic weight loss potential of anorexia and encourages all students to embrace whatever weight they want to be, regardless of any other factors like their height or what their parents think about it.

In this fictitious scenario, if Tara suffered long-term consequences from her anorexia, who should be held accountable? If, after the school assembly on the topic, another student develops an eating disorder, should anyone be held responsible then?

This fictitious scenario about Tara likely sounds both absurd and disturbing. Shockingly, however, very similar scenarios have been playing out across the country. Rather than with students suffering from anorexia, this situation is occurring with students experiencing gender identity confusion. In the name of acceptance, schools are affirming the choices made by the student which are based on a disorder. Children are changing their preferred names and genders at school. School records are updated without any legal proof of name change and teachers are expected to use preferred names and pronouns in class, even if they change from day to day. Children are being allowed to use restrooms and private spaces corresponding to their preferred identity rather than biological sex and to room with students of any sex on school trips. Children are being encouraged in any chosen identities without regard for other mental health issues. Furthermore, they are being heralded as brave and invited to pride clubs and affirmed in their decisions, regardless of the circumstances or reasons the child is announcing a new trans identity. They are being referred to gender clinics to obtain hormones and discuss “gender affirmative” sex reassignment surgery. Parents are not necessarily informed of their child’s new identity, especially if the child indicates their parents will not be supportive of their change. School staff are specifically deceiving parents regarding their child’s transgender identity because they believe a lack of affirmation could be a safety risk to the child.

The currently promoted treatment for transgender and gender non-conforming (TGNC) people is the gender-affirmative model. ⁽²⁾ Rather than assessing the true mental health issues that an individual is facing or seeking out the root cause of distress, this model dictates that any person identifying as TGNC be affirmed in their belief and any associated behaviors. The gender-affirmative model has risen to popularity because of activism rather than science. Trans activism focuses on normalizing and celebrating transgenderism rather than finding treatments that would help improve the person’s mental health and well-being. This model fails to consider the vital fact that 60-100% (depending on the study) of children experiencing gender dysphoria will come to accept their biological sex by adulthood if they are not affirmed.⁽³⁾ The gender-affirmative model reinforces false and negative beliefs these individuals have about their body:

that their body isn't "right" the way it is, that they were born in the wrong body, and that they will be happier if they radically change their body through drugs and surgeries. Instead, TGNC individuals should be treated with compassion and patience. They should be given care that addresses underlying mental health conditions or past abuse rather than affirmed in their disordered assumption.

This gender affirmative model is even recommended for children, who are developmentally incapable of fully understanding the implications of their desires and actions. While they cannot yet legally purchase cigarettes or alcohol, or even be trusted to legally drive a car, they can permanently sterilize themselves by choosing to take puberty-blocking drugs followed by cross-sex hormones. This is established to the extent that many states even ban what is being termed, "conversion therapy," for any LGBTQ+ youth under 18. Conversion therapy is any counseling or psychiatric treatment intended to change an individual's stated gender identity or sexual orientation. This means that counselors and social workers are in jeopardy of losing their license if they counsel a child experiencing gender confusion toward embracing their biological sex. The gender affirmative model, itself, appears to be a form of conversion therapy. Nevertheless, this is put forth as the standard of care.

How widespread is this problem?

One study showed over 1 in 4 teenagers are gender non-conforming. ⁽⁴⁾ In 2007, there was only 1 gender clinic serving youth in the United States. Today, there are hundreds. A study conducted by the American College Health Association in 2008 revealed 1 in 2,000 biological females indicated they were transgender. In 2021, just 13 years later, this ratio is 1 in 20. ⁽⁵⁾

The number of children and adolescents struggling with their gender identity is rapidly increasing. For example, in the UK, where this data is tracked nationally, referrals to gender identity clinics have increased dramatically over the past decade. See Figure 1 below for details.

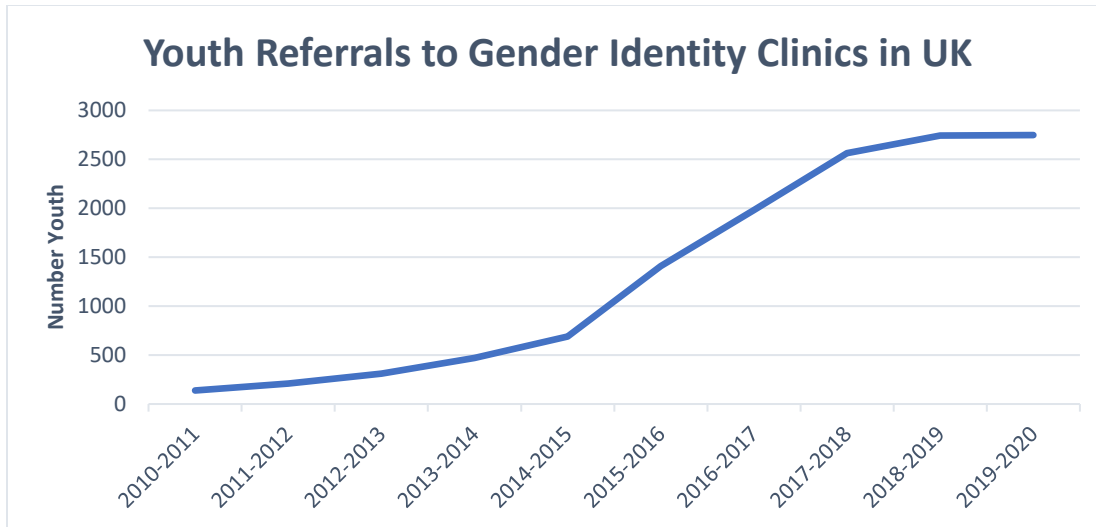


Figure 1: Youth Referrals to Gender Identity Clinics in UK ⁽⁶⁾

The Influences: What factors could be influencing this trend?

While this complicated issue cannot be pinpointed to exact causes, there are certainly identifiable factors of influence. The first factor is school. Schools begin teaching children as early as 4 years old to question their gender identity rather than to embrace and care for the body they have. Children are told that sex is “assigned at birth” based on the way their body looks, rather than the truth that sex is determined at conception and is present in every single viable cell in our bodies, including our brain. Children are taught throughout their schooling that gender is a spectrum and that they are the only ones who know their real identity based on how they feel inside. They are introduced to terms including genderqueer, trans, two-spirit, queer, intersex, gender nonconforming, gender expansive, cisgender, androgeous, and more in early elementary school and are consistently reminded throughout the remainder of their school years. They are pressured to celebrate LGBTQ+ culture and advocate for the cause. Yes, advocacy efforts are included in expected learning standards. Starting in elementary school and continuing throughout high school, children are told they can be born in the wrong body and taught about options to take hormones and change their physical sex characteristics. ⁽⁷⁾ Gender confusion and varied gender identities are systematically normalized throughout the schooling years with books, posters, shared language, drag queens reading to children in libraries, and transgender guest speakers. ⁽⁸⁾

Second, TGNC children often have other struggles they are facing. Being a teenager is emotional and complex, and latching onto a new gender identity provides a concrete explanation for the distress they are experiencing. It can seem like an answer to a myriad of problems, including why they feel uncomfortable in their changing pubescent bodies. It can also present a pinnacle

at which they will feel better: transition. TGNC youth struggle with much higher rates of most mental health disorders. A 2018 study found 49-62% of TGNC youth had depressive disorders. ⁽⁹⁾ Children with Autism Spectrum Disorder (ASD) are 8 times more likely to present with gender dysphoria. Children with Attention Deficit/Hyperactivity Disorder (ADHD) are 7 times more likely to present with gender dysphoria. ⁽¹⁰⁾

Third, there are immense social pressures and social rewards for adopting a TGNC identity. There are four major tasks with which all adolescents are consumed: standing out by creating an identity, fitting in by gaining acceptance with a peer group, developing competence, and making commitments to particular goals or beliefs. ⁽¹¹⁾ Identifying as TGNC, or anywhere on the LGBTQ+ spectrum, provides adolescents an instant means of reaching these key tasks of adolescence. A trans teen stands out and has an identity. They have an immediate peer group at most school and college campuses through a local pride club and online with the wider LGBTQ+ pride community ever present on all forms of social media. A trans teen develops competence and a sense of achievement as they make changes to their clothes, hair, and bodies and move toward medical transition. They also make commitments to both goals of transitioning and a clear set of beliefs that are held by their LGBTQ+ community. One study found that when a youth identifies as transgender, an average of 3.5 friends in that peer group will also “come out” as TGNC. Similarly, the study found that the majority of children appeared to gain popularity upon announcing their new identity. Also, most of the children who came out as transgender were part of peer groups that tended to mock people who were not LGBT identified. ⁽¹²⁾

Stories abound to confirm these influences. A young girl never indicating any hint of gender dysphoria comes home from sleepaway camp after being cabined with a group of girls transitioning to be boys, with a new vocabulary and decision to also identify as male. A young girl with high functioning autism decides to transition after two of her closest friends come out as transgender. A third young girl who had always displayed posters declaring her girl power and loved feminine activities gets into a friend group intent on outdoing each other’s “brokenness” – anxiety, depression, etc. She decides to identify as a male and changes her name and pronouns in school against her parent’s wishes. She receives “lavish praise” among her peers and teachers for being brave. ⁽¹³⁾

So, who should be held accountable?

Teaching this ideology, affirming children’s transgender declarations regardless of other information, and heralding these individuals as brave, if not superior, is causing emotional distress and leading to gender confusion. This culminates in lasting lifelong physical

consequences such as sterility, double mastectomies, irreversibly changed voices, and increased long-term health risks from the medicines. Children are not expected to make life-altering decisions for themselves in all other areas of their lives, yet if they declare themselves to be TGNC, somehow the standard of care became the gender affirmative model, which promotes social transition, puberty blocking, cross-sex hormones, and “gender affirming” sex reassignment surgeries. Children need our compassion as they struggle with confusion. They need love and even professional support, but not affirmation in their beliefs.

It seems apparent that doctors and therapists should be held accountable for converting children to this ideology and promoting medical intervention. However, another arena that is just beginning to be explored is the accountability of school districts for their contribution to the suffering of these children. In embracing the gender affirmative model, school districts are well outside the realm of their responsibility to educate students. **Schools are promoting a worldview contrary to that which parents would approve and utilizing an unproven model of medical care that causes harm to children.** School curricula and policies encourage gender identity confusion and reinforce gender identity issues among students who are beginning to question their gender. We contend that school districts, and possibly specific school employees, should be held accountable for the emotional distress and lifelong physical consequences that gender confused children are experiencing as a result of their specific influence.

Is there any precedent for this?

This is a new and burgeoning issue that is laden with activism and subject to today’s cancel culture, yet there are a few relevant lawsuits. Parents are beginning to act. The most recent and relevant case is in Florida where a family has sued their child’s school district for disregarding parental rights by concealing children’s gender confusion. This was announced in October, 2021. ⁽¹⁴⁾ There is another case in Wisconsin where parents have sued the school district over their gender-affirming policies that omit parent consent. ⁽¹⁵⁾ Another set of parents in Colorado have sued their school district over gender ideology lessons that the parents disagreed with on religious grounds. ⁽¹⁶⁾ Another key case in the UK is ongoing, and involves Keira Bell, who had been given puberty blocking medication as a teenager and has since de-transitioned. In a high court ruling last year, the judges determined that children under 16 are not mature enough to give informed consent to medical interventions for gender transition, given the potential for long-term consequences. Unfortunately, this ruling was recently overturned. Keira has indicated she will be appealing to ensure children are protected from life-altering medications and surgeries before their brains are developed enough to consent to such decisions. ⁽¹⁷⁾

In conclusion:

Parents have long trusted schools with the care and education of their children. It has become shockingly apparent that school is no longer a safe place. Schools shamelessly circumvent the will of parents and subvert the healthy development of their children with systemic gender focused programming. If we hope to protect our children, this radical agenda must be identified, exposed, and eliminated from our schools. Schools must begin to take responsibility for the damages caused by the gender ideology they are teaching our children. Schools embrace an unproven medical model of affirmation well outside the scope of a public educational institution. Are schools prepared to be held accountable for the lifelong consequences children are experiencing as a result?

References

- (1) <https://couragerc.org/wpcontent/uploads/2018/02/TransgenderSurgery.pdf>).
- (2) <https://www.apa.org/practice/guidelines/transgender.pdf>
- (3) <https://childparentrights.org/school-resource-guide/>
- (4) <https://www.educationviews.org/new-study-27-of-teens-are-gender-nonconforming/>
- (5) <https://www.christianpost.com/news/trans-doctor-warns-against-puberty-blockers-for-kids.html>, https://www.acha.org/documents/ncha/NCHA-III_SPRING-2021_UNDERGRADUATE_REFERENCE_GROUP_DATA_REPORT.pdf
- (6) <https://gids.nhs.uk/number-referrals>
- (7) <https://advocatesforyouth.org/wp-content/uploads/2020/03/NSES-2020-web.pdf>
- (8) (<https://www.cde.ca.gov/ci/he/cf/>, ch. 3 p. 46)
- (9) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5914494/>
- (10) (<https://www.psypost.org/2014/03/study-finds-increased-gender-variance-in-children-with-autism-and-adhd-23640>)
- (11) The Science of Adolescent Risk-Taking; 2011. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK53420/>
- (12) <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0202330>
- (13) These stories and more can be found at: <https://www.thepublicdiscourse.com/2019/02/49686/> and <https://www.parentsofrogdkids.com/what-we-do>.
- (14) <https://genspect.org/breaking-news-florida-parents-sue-school-for-hiding-childs-trans-identification/>
- (15) <https://will-law.org/judge-issues-injunction-madison-schools-staff-cannot-lie-or-deceive-parents-about-gender-transitions-at-school/>
- (16) <https://www.breitbart.com/politics/2020/11/18/parents-sue-school-district-transgender-lessons-bullying-family-following-religious-convictions/>
- (17) (<https://www.theguardian.com/society/2021/sep/17/appeal-court-overturms-uk-puberty-blockers-ruling-for-under-16s-tavistock-keira-bell>)