



**CATHOLIC
EDUCATION**
MELBOURNE

IDENTITY AND GROWTH

A Perspective for
Catholic Schools

Policy 2.31 |
Pastoral care for students
experiencing gender dysphoria

The mission, and privilege, of the Catholic school is to build a community where authentic relationships based on love provide the means and the support for all students to flourish and grow into the fullness of life. Every child is precious and we hold dear the dignity and possibility of each one.

(Most Rev. Denis Hart DD in CEM 2015, p. 1).

1. Rationale

Catholic Education Melbourne (CEM) is committed to providing learning environments that are safe, inclusive and affirming of the uniqueness of every child (CEM 2016a). Within Catholic school communities, all children and young people are welcomed and supported to grow and flourish into the fullness of life. In valuing the innate dignity and sacredness of the human person, all interactions in Catholic schools are grounded in the principles of care, compassion and respect.

This policy has been developed to assist Catholic schools to respond to the unique pastoral and learning needs of gender dysphoric children and young people. Gender dysphoria in individuals is characterised by a marked incongruence between the natal (birth) gender and the experienced/expressed gender of the person (APA 2013). Diagnostic criteria for gender dysphoria in children includes the possible distress arising from a sense of mismatch, or incongruence, that a person may have about their experienced gender versus their birth gender.

Gender dysphoria is a complex and sensitive topic to navigate. Noting that every child's circumstances will be different, a diagnosis of gender dysphoria must be managed on a case-by-case basis. Working with the child, parents/carers, gender dysphoria medical experts, other specialists and relevant governing authorities, responses must be informed by the mission and purpose of the Catholic school, relevant legislation and fundamental human rights and freedoms to ensure individual and family needs are balanced with those of the school community.

This policy complements guidelines documented in Catholic Education Melbourne's Foundation Statement and Policy 2.26: Pastoral Care in Catholic Schools (CEM 2016b).

2. Definitions

Sex:

a biological term dividing a species into male and female, usually based on physical, hormonal, chromosomal and genetic characteristics.

Intersex:

'the status of having physical, hormonal genetic or chromosomal features that are:

- (a) neither wholly female nor wholly male; (or)
- (b) a combination of female and male; (or)
- (c) neither female nor male' (*Sex Discrimination Act 1984* [Cth]).

Being intersex is about biological variations, not about a person's gender identity. People with intersex variations share the same range of sexual orientation and gender identities as people with no intersex variations.

Gender:

a person's identity as male or female, harmonious with one's biological sex upon birth (CCC 2333).

Gender identity:

one's own concept of self as male or female. The way in which individuals perceive and describe themselves. It is defined in the legislation as 'the gender-related identity, appearance or mannerisms or other gender-related characteristics of a person (whether by way of medical intervention or not) with or without regard to the person's designated sex at birth' (*Sex Discrimination Act 1984* [Cth]).

Gender dysphoria:

a marked incongruence between the natal (birth) gender and the experienced/expressed gender of the person (APA 2013).

Transgender:

a person whose gender identity is different to their biological sex.

Gender transitioning:

the process where a transgender person commences living as a member of another sex. This may occur through medical intervention, style of dressing, or anything else that indicates an intention to commence living permanently as a member of another sex.

3. Principles of decision making

The way a school responds to gender dysphoric students must be informed and guided by the mission of Jesus, who came 'that they may have life, and have it to the full'. Therefore the school has a serious duty of care for each of its students, which it interprets in light of Jesus' own ministry. In all circumstances the school will endeavour to ensure that all parties act truthfully, charitably, with good will, and with absolute respect for the human dignity of all parties (Parkinson, unpub, p. 23).

In responding to the unique learning and support needs of gender dysphoric children and young people in Catholic school settings, all decision making between the principal, parent/carers, child, gender dysphoria medical experts, treating specialist/s and relevant governing authorities should be guided by the principles of:

- a. inclusion, respect and dignity for the human person
- b. collaboration and open, constructive and non-judgmental dialogue
- c. active listening and cooperation
- d. discernment, objectivity and fairness.

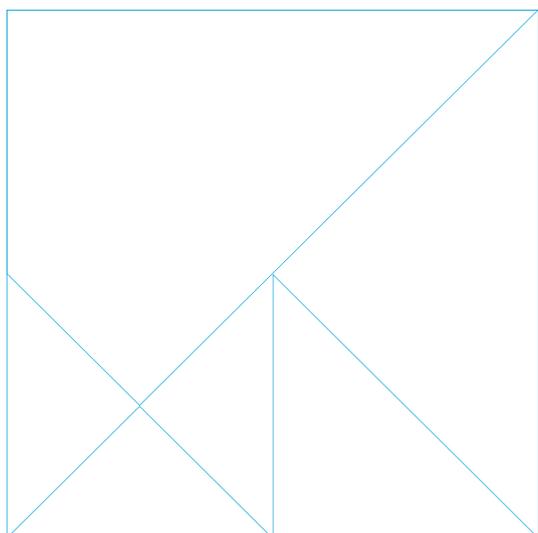
4. Procedural considerations

Catholic schools must exercise caution, prudence and sensitivity in establishing how best to respond to the unique pastoral and learning needs of gender dysphoric children and young people. It is the role of families, supported by the school, to accompany students on their growth into maturity and help them understand the changes that are taking place.

Those providing pastoral care in Catholic schools will not automatically simply affirm the student's self-perceived condition; rather, building on an authentically Christian vision of the human person, they will strive to establish a safe and trusting relationship with the student capable of sustaining a sensitive, mature and hope-filled exploration of all future possibilities for growth (Parkinson, unpub., p. 20).

Catholic schools are bound to provide a nurturing environment that frees students to discover who they are, to appreciate their significant relationships, and to know that they are loved.

Under state and federal laws, it is unlawful to discriminate against a person on the grounds of their gender, intersex status or sexual orientation. School communities are required to take reasonable and proportionate measures to eliminate bullying, harassment and discrimination. In actively promoting inclusive school environments, principals must work with the child and their parents/carers, gender dysphoria medical experts, other treating specialist/s and relevant governing authorities to develop a school management plan to support the pastoral and learning needs of the student.



Developing a school management plan: key considerations

The school management plan must distinguish between the physical, social, emotional, cognitive and spiritual development of primary and secondary-aged students and include the provision of specialist counselling.

Documented management plans identify and establish clear expectations, strategies and actions. They assist schools to discharge their duty of care to all students and members of the community. Management plans contribute to building respectful relationships and resilience. This enables students to feel safe, valued and connected to their school community so that they may effectively engage with their learning.

Provisions within the management plan should be reviewed periodically to ensure that they continue to meet and reflect the wellbeing and educational needs of the gender dysphoric student, their family and the school community.

In developing and enacting a school management plan for a student diagnosed with gender dysphoria, the principal should:

- a. Within the concept of 'community of care', engage in ongoing dialogue with the child and their parents/carers, gender dysphoria experts, other specialist/s and relevant governing authorities to identify strategies to assist the school to provide agreed pastoral and learning supports in accordance with their age, capability and maturity. This may include consulting on:
 - o the referencing of and recording of student's preferred name, gender identity, and preferred use of pronouns
 - o the use of toilets, showers and change rooms that meet the needs of the student
 - o the appropriate uniform that reflects the gender identity of the student and meets the school's dress or uniform code.
- b. Request relevant medical reports and supporting documentation from gender dysphoria medical experts and other treating specialist/s. Gender dysphoria experts for children and young people up to age 17 are available through Royal Children's Hospital, Parkville. Adolescents over the age of 17 can be referred to the Monash Gender Dysphoria Clinic, Hampton.
- c. Maintain privacy and confidentiality in accordance with relevant legislation. The sharing of information should only be communicated with those who have an appropriate reason to know in order to support the wellbeing and learning outcomes of the student.
- d. Ensure the student is not subject to bullying, harassment and/or discrimination either directly or indirectly.

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- e. Include the provision of relevant professional learning and information for staff, students and families within the school community to raise understanding of gender dysphoria within the context of Catholic teachings about human sexuality.
- f. Consider the pastoral and academic needs of all members of the school community with the individual needs of the child experiencing gender dysphoria and their family.
- g. Update school policies, where appropriate, to reflect arrangements for gender dysphoric students.

Principals should contact the Manager, Student Wellbeing Unit for additional advice and support.

The student may be a 'mature minor'

Catholic Education Melbourne recognises that parents and carers are significant and essential partners with schools in actively supporting and nurturing the educational and wellbeing outcomes of children and young people from early years through to adolescence. For this reason, schools continue to engage parents in schooling matters even after the student has turned 18 and are legally recognised as adults. Notwithstanding this, for a variety of reasons students under the age of 18 sometimes ask to make decisions on their own behalf as a 'mature minor', without involvement of their parents.

In such scenarios the principal should, in the first instance, seek advice from Catholic Education Melbourne's Legal Unit prior to determining whether a student is a 'mature minor'.

5. Supports

Catholic Education Melbourne: Student Wellbeing Unit – 03 9267 0228

Catholic Education Melbourne: Legal Unit – 03 9267 0228

Royal Children's Hospital Melbourne Gender Service – provides children and adolescents up to 17 years with a multidisciplinary approach to the assessment, care and treatment of gender dysphoria.

Monash Gender Dysphoria Clinic – adolescents over the age of 17.

Victorian Equal Opportunity & Human Rights Commission – educates people about the rights and responsibilities contained in the Charter and reports annually to the government about the operation of the Charter.

Kids Helpline 1800 55 1800

Lifeline 13 11 14

6. Resources

Bully Stoppers – supports students, parents, teachers and principals in working together to make sure schools are safe and supportive places, where everyone is empowered to help reduce the incidence of bullying.

National Safe Schools Framework – provides Australian schools with a vision and a set of guiding principles that assist school communities to develop positive and practical student safety and wellbeing policies.

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