



# Gender Wars and Sexuality Education in 2021: History and Politics

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## Abstract

In 2020, the New Zealand Ministry of Education updated *Relationships and sexuality education: A guide for teachers, leaders and Boards of Trustees*. Rejecting reductive ‘sex education’ (which is limited to biology), sexuality education also attends to children’s changing sociocultural contexts. The *Guidelines* include a glossary of definitions in dictionary format, including sex, gender and gender identity. These are suggested as key learnings and topics for study across all curriculum subjects. While the dictionary format suggests that ‘sex’, ‘gender’ and ‘gender identity’ have agreed meanings, they are currently objects of bitter dispute across the western world – in health care, in academia, between activist groups, in sport, and in law reform. The *Guidelines* were released into the crossfire of the global ‘gender wars.’ How and why have the words ‘sex’, ‘gender’ and ‘gender identity’ recently become so contentious? And how might these debates affect schools? This paper embeds the *Guidelines’* definitions of these terms in international professional, academic and activist debates from the mid-twentieth century to the present. It falls into four parts. The first explores the history of the terms *sex*, *gender* and *gender identity*. The second, introduces contemporary *transsexual*, *queer* and *transgender* academic and activist arguments. Part Three outlines disputes between ‘gender critical’ feminists and radical transgender activists. In Part Four, I review research on how schools are being affected by the ‘gender wars.’ The Ministry requires each school to engage in ‘consultation with communities’ on its approach to the ‘sexuality and relationships’ curriculum. They have to decide whether to teach, what to teach, when to teach, how to (and how not to) teach these topics and to appraise any outside groups seeking to contribute. Understanding the historical, intellectual, professional and political battles in the ‘gender wars’ should help in these deliberations.

**Keywords** Gender identity · Feminism · Sexuality education · History of education · Education policy

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In 2020, the New Zealand Ministry of Education updated *Relationships and sexuality education: A guide for teachers, leaders and Boards of Trustees* [henceforth, *Guidelines*] (2020a, 2020b). These aim to help schools with the ‘relationships and sexuality education’ strand of the *Health and Physical Education* curriculum. The update was:

... informed by an awareness of changing family structures, shifting social norms in relation to gender and sexuality, the rise of social media, and the increased use of digital communications and devices. It acknowledges the increased calls for social inclusion and for the prevention of bullying, violence, and child abuse. It recognises the importance of social and emotional learning for healthy relationships (Ministry of Education, 2020a, p. 6).

Rejecting reductive ‘sex education’ (which is limited to biology), ‘sexuality and relationships’ education also attends to the sociocultural contexts in which ākonga (students) live. Sexuality education becomes ‘an area of study (rather than a health promotion intervention)’ (Fitzpatrick, 2018, p. 601).

The *Guidelines* include a glossary of definitions in dictionary format, including sex, gender and gender identity (Ministry of Education, 2020a, pp. 48–50). These underpin several of the ‘key learnings’ at suggested levels (Ibid, pp. 30–33). They are suggested as objects of study not only in Health and Physical Education, but also in Science, Technology, English, Social Science, Languages and Mathematics (Ibid, pp. 28–29). Across the curriculum, teachers are encouraged to ‘question gender stereotypes and assumptions about sexuality, including: gender norms, gender binaries, gender stereotypes, sex norms’ (Ibid, 2020a, p. 19).

While the dictionary format suggests that ‘sex’, ‘gender’ and ‘gender identity’ have agreed meanings, they are currently objects of bitter dispute across the western world – in health care, in academia, between activist groups, in sport, and in law reform. The *Guidelines* were released into the crossfire of the global ‘gender wars.’ How and why have the words ‘sex’, ‘gender’ and ‘gender identity’ recently become so contentious? And how might these debates affect schools? This paper embeds the *Guidelines’* definitions of these terms in international trends in professional, academic and activist ideas since the mid-twentieth century. It begins with *sex*, *gender* and *gender identity*. Second, it overviews *transsexual*, *queer* and *transgender* academic and activist perspectives. Part Three outlines disputes between ‘gender critical’ feminists and radical transgender activists. It concludes with how schools are affected by ‘gender wars.’

## Gender, Sex and Gender Identity

The *Guidelines* define sex as ‘bodily’:

**Sex:** The biological sex characteristics of an individual (male, female, inter-sex) (Ministry of Education, 2020a, p. 49).

In contrast, gender is defined as psychological – as an aspect of personal identity:

**Gender:** Gender is an individual identity related to a continuum of masculinities and femininities. A person’s gender is not fixed or immutable) (Ministry of Education, 2020a, p. 48).

Until recently, this psychological view of gender was not in everyday usage and it conflicts with its sociological meaning as ‘stereotyping’ and sex-roles. Where and how did this difference originate and what is its significance in 2021?

During the 1950–1960s, girls and boys were differentially schooled on the basis of (biological) sex. We encountered ‘gender’ only in grammar lessons: French nouns, both animate and inanimate, were ‘gendered’ as masculine or feminine. By 1980, when I entered academia, ‘gender’ had become a sociological concept (Middleton, 1984). Radical feminists studied how women as a ‘sex-class’ were dominated by men as a ‘sex-class.’ Socialist feminists researched what today would be termed the ‘intersection’ between socio-economic class and patriarchal relations under capitalism. Maori women critiqued these and wrote from ‘mana wāhine’ perspectives (Pere, 1988; Tuhiwai-Smith, 1992). In the social sciences, ‘gender’ was often assumed to be a feminist invention. It distinguished between (immutable) bodily ‘sex’ and the expectations a society imposed on its men (ie. males) and women (females). Unlike ‘sex’, ‘gender’ was changeable. Critiquing and overthrowing ‘gender’ was a feminist objective. In this sense, we were, in today’s terms, ‘gender critical.’ I had never heard ‘gender’ described in psychological terms, as an aspect of ‘personal identity.’ So ‘how did a term that pre-existed in grammar gain such strength within feminism?’ (Cortez et al, 2019). Its trajectory flowed from Linguistics into feminism via ‘biomedical science’ (Ibid, 2019).

In the 1950s, ‘gender’ was imported into medical terminology by New Zealand-born, Harvard-educated, Dr John Money. Based at Johns Hopkins University in Baltimore, his team treated over sixty genitally non-conforming (known then as ‘hermaphroditic’) patients, mainly children. The *Guidelines* use the modern term, intersex:

**Intersex:** This term covers a range of people born with physical or biological sex characteristics (such as sexual anatomy, reproductive organs, hormonal patterns and/ or chromosomal patterns) that are more diverse than stereotypical definitions for male or female bodies) (Ministry of Education, 2020a, p. 49).

How frequent are intersex conditions? A global survey of medical literature estimated the incidence of ‘true hermaphroditism’ – people with both ovarian and testicular tissue – to be 0.0117% of live births (Blackless et al, 2000, p. 161). Those with unusual genitalia or internal sexual organs, chromosomal, hormonal or other ‘deviations’ from the ‘Platonic ideal’ of the male or female body averaged around 1.7% (Ibid). In its psychological usage, ‘gender’ originated in the context of medical interventions on this small group.

In the post-World War Two western world, there was little tolerance for bodily deviation from the male–female templates. Non-conforming infant bodies were often surgically reconfigured. This was consistent with a wider political

and social-scientific conservatism across the western world, including New Zealand (Middleton, 1986). At Harvard, Money had been taught by Talcott Parsons, a ‘founding father’ of Functionalist sociology (Germon, 2010, p. 24). Functionalists conceptualised a society as analogous with a human body: like bodily organs, social institutions (the male-headed ‘nuclear family,’ the school and so on) must ‘function’ harmoniously to ensure social cohesion. Together, family and school ‘socialised’ boys and girls to perform their allocated ‘sex roles.’ ‘Deviant’ behaviours – including ‘juvenile delinquency’ and homosexuality – might be ‘corrected’ with Behavioural Psychology, aversion therapy or even electroconvulsive shock treatment (Glamuzina & Laurie, 1991). As Repo explains, ideas of behavioural conditioning, socialisation, and social order were ‘central to the biomedical invention of gender’ (2013, p. 231). Gender provided a rationale through which ‘the redisciplinisation of the material, sexually different, and reproductive body is established’ (Ibid). Money’s key question was, ‘To which sex should the infant be designated?’ (Green, 2010, p. 1462). Largely on the basis of genital inspection, they chose ‘a “best sex” rather than a “true sex”’ (Germon, 2010, p. 164). Sometimes they assigned an intersex baby to the female sex because it would be surgically easier (Gill-Peterson, 2018, p. 138).

Money insisted that a child’s sense of being a male or a female, their ‘psychological sex,’ would be consistent with any surgical reassignment, provided it was done in the first eighteen months of life. Richard Green, a protégé of Money’s, later wrote that he ‘showed that gender identity (not yet so named) followed the sex to which the infant was designated. This ascription would trump any biological variables’ (2010, p. 1462). Seeking a medical term for ‘psychological sex,’ Money ‘borrowed gender from linguistics’ (Germon, 2010, p. 32). He used ‘gender role’ to describe ‘all those things that a person does or says to disclose himself as having the status of a boy, or man, girl or woman’ (Ibid). In 1962, Robert Stoller—a psychiatrist at the UCLA Medical School—coined the term ‘gender identity, arguing that ‘sex and gender are not inevitably bound...each may go in its quite independent way’ (Stoller, cited in Green, 2010, p. 1457). In this vein, the *Guidelines* define:

**Sex assigned at birth:** All babies are assigned a sex at birth, usually determined by a visual observation of external genitalia. A person’s gender may or may not align with their sex assigned at birth (Ministry of Education, 2020a, p. 49).

As a psychiatrist, Stoller wanted to explore ‘a person’s self-image as a sexed being and leave aside issues pertaining to roles. The task of theorising gender at the level of social expectations was one that Stoller left to social researchers’ (Germon, 2010, p. 66).

By the early 1970s, ‘Baby Boom’ women were entering the academy in unprecedented numbers. Promised equality, they experienced inequality. Functionalist ‘sex role’ theory provided both a resource and an object of critique (Cortez et al., 2019). The first comprehensive feminist account of gender was Anne Oakley’s *Sex, gender and society* (1972). She reviewed Money’s and Stoller’s psychological theories of gender, then transformed it into a sociological category. Citing anthropological studies, she explained that every society had ‘rules about which activities are suitable for

males and which for females: but these rules vary a great deal from one society to another' (Ibid, p. 128). When Oakley wrote, 'A newborn baby is not only classified immediately by sex: it is also assigned a gender,' she was not referring to 'personal identity' but to social roles in a Parsonian sense (Ibid, p. 173). By the 1980s, in sociology, "'gender differences" came to be substituted for "sex roles" and "socialization"—terms that resonated with a latent functionalism and biologism' (Oakley, 1998, p. 135). Meanwhile, in sociology and, I suggest, also in everyday speech, Stoller's notion of a psychological 'gender identity slipped under the analytical radar' (Germon, 2010, p. 94). However, it simmered 'underground' in gender clinics and amongst intersex and transsexual populations.

## Transsexual, Queer and Transgender Perspectives

From the 1990s, the psychological model of gender gained visibility as people whose bodily and emotional 'selves' were in conflict formed advocacy groups. Objecting to childhood surgeries, intersex groups demanded the right to choose as adults whether or not to remain 'between' the binary sex categories (Germon, 2010). Transsexuals lobbied for easier access to surgical and/or hormonal treatments to address what, in Bates's study, they saw as 'a body-problem, not a gender problem' (2001, p. 29). Their desire was to 'move (within the existing sex/gender dichotomy) from the sexual phenotype of birth (body) to that of the other gender (mind)' (Ibid, p. 22). Although often 'passing' as the opposite sex, bodily 'sex change' was never complete. Biological markers of birth sex would always remain. Furthermore, the cultural 'gendering' of their birth sex left them with 'different histories, whether they choose to disclose them, or not' (Ibid, p. 291). Bates concluded that it was 'possible to be an *ordinary* woman/man without being a *real* woman/man' (Ibid, p. 247). The *Guidelines* define 'transsexual' as follows:

**Transsexual:** This term tends to be used by older generations and is generally considered by younger people to be outdated. It may refer to a person who has changed their body to affirm their gender or is in the process of doing so (Ministry of Education, 2020a, p. 50).

Why do the *Guidelines* suggest that young people see 'transsexual' identifications as 'out of date?' Since the turn of the millennium a new cluster of 'identity categories' has been created, influenced by activists, including academics in 'gender studies.'

Susan Stryker describes 'transgender' as 'a word that has come into widespread use only in the last couple of decades, and its meanings are still under construction' (2017: Kindle location [henceforth loc] 118). Katrina Roen explains that "'Transgender" agendas might prioritise the possibility of crossing without passing; of validating points of transition and gender fluidity' (1998, p. 162). The *Guidelines* define transgender as follows:

**Transgender (trans):** This term describes a wide variety of people whose gender is different from the sex they were assigned at birth. Transgender people may be binary or non-binary, and some opt for some form of medical inter-

vention (such as hormone therapy or surgery) (Ministry of Education, 2020a, p. 50).

Academic transgenderism draws heavily on ‘Queer Theory.’ Its focus is ‘the deconstruction and disruption of binary oppositions such as heterosexual/ homosexual, gender/sex, and man/woman’ (Johnston & Longhurst, 2010, p. 13). Radical transgender activists ‘refuse to identify as either male or female, they are visibly, vocally, loudly transsexual, and they challenge other transsexuals to “come out” as trans, rather than “passing” as male or female’ (Roen, 1998, p. 49). The *Guidelines* include:

**Queer:** A reclaimed word used in a positive sense to describe non-normative sexual or gender identities. Queer is sometimes used as an umbrella term for same-gender attraction and gender diversity (Ministry of Education, 2020a, p. 49).

Following Judith Butler, queer theorists sometimes quote a passage from Simone de Beauvoir’s *The Second Sex* (published in France in 1949): ‘One is not born, but rather becomes a woman’ (as cited by Butler, 1986, p. 35). Here, Butler argues, de Beauvoir ‘distinguishes sex from gender and suggests that gender is an aspect of identity gradually acquired’ (Ibid). She continues,

The presumption of a causal or mimetic relation between sex and gender is undermined. If being a woman is one cultural interpretation of being female, and if that interpretation is in no way connected with being female, then it appears that the female body is the arbitrary locus of the gender ‘woman’, and there is no reason to preclude the possibility of that body becoming the locus of other constructions of gender (Ibid).

The identity ‘woman’ can attach to a male body, ‘man’ to a female body and ‘other genders’ become possible. New questions arise: ‘How, for example, are we to understand the pregnant man?’ (Johnston & Longhurst, 2010, p. 13). Butler’s appropriation of de Beauvoir and other historical writings has been criticised from within and outside the trans movement. Noting the Parisian post-war setting in which de Beauvoir wrote, Repo writes: ‘we cannot examine the history of gender before gender itself came into existence’ (Repo, 2013, p. 229). Raewyn Connell (a trans woman) adds, when de Beauvoir wrote “‘One is not born, but rather becomes, a woman” she did not have trans women in mind’ (2021, p. 88).

To study how we become identified as men or women, Butler uses Althusser’s notion of ‘interpellation’ (Althusser, 1971). Even before children are born, their identities ‘exist’ in language and the objects chosen for them: names, clothes, toys and bedroom decor. She writes, ‘the pronouncement “It’s a girl” is “the initiary performative”’ (Butler, 1993, p. 232). She elaborates, ‘The “I” only comes into being through being called, named, interpellated’ (Ibid, p. 225). Butler continues:

I can only say ‘I’ to the extent that I have first been addressed, and that address has mobilised my place in speech; paradoxically, the discursive condition of social recognition precedes and conditions the formation of the

subject: recognition is not conferred on a subject, but forms that subject (Ibid, p. 225).

Althusser (1971) depicted being interpellated as being ‘hailed:’ ‘hey, you!’ Roen translates this as ‘recruited’ (1998, p. 245). Influenced by Foucault, Butler writes that the girl’ is compelled to “cite” the norm in order to qualify and remain a viable subject. Femininity is thus not the product of a choice, but the forcible citation of a norm, one whose complex historicity is indissociable from relations of discipline, regulation, punishment’ (Butler, 1993, p. 232). Gender is therefore ‘performative.’ However, this ‘recruitment’ is never complete. Here Butler uses the examples of drag queens: ‘In imitating gender, drag implicitly reveals the imitative structure of gender itself – as well as its contingency’ (Butler, 1990, p. 337).

Despite its popularity, Butler’s approach is criticised by more Marxist trans academics—including Raewyn Connell (2021) and Viviane Namaste (2009). They accuse Butler of using transsexuals ‘as tokens in theoretical projects that have little to do with furthering an understanding of the conditions of transsexual lives’ (Elliot, 2009, p. 14). They see queer theory as elitist in its use of obfuscatory language and assumption that transsexuals have ‘the luxury to take on the gender order’ (Ibid, p. 10). Namaste (2009) studies the dangerous working conditions of trans stage performers and sex workers in poor countries. Their sex work funds their surgery and medications: ‘It is in and through work that the gender of transsexual women is constituted (Namaste, 2009, p. 19). In Butler’s and similar approaches, ‘Labour is a missing category’ (Ibid). Radical transgender activists are also accused of denigrating ‘transsexuals who wish to live as ordinary women and men as gender conservatives’ (Elliot, 2009, p. 10). The definition of transsexual in the *Guidelines* as ‘old fashioned’ falls into this trap. Transsexuals still exist, but—seeking an ordinary life—many do not support ‘transgenderism:’ ‘Core gender is rigidly binary in nature and structurally “unsubvertible,” so the project of a “gender-fuck” is both superficial and ultimately futile’ (Bates, 2001, p. 25). So, in summary, transsexuality ‘is at once a psycho-medical phenomenon, an identity category, and a postmodern challenge to notions of gender and identity’ (Roen, 1998, p. 14).

The *Guidelines* note: ‘Families are now more diverse than ever before, and children and young people are questioning gender norms and binaries’ (Ministry of Education, 2020a, p. 12). British ethnographies illustrate how school students ‘draw on popular culture such as gender diverse public figures, celebrities and social media networks to find ways to describe themselves and others as “gender-fluid”, “agender” and other terms that locate gender identities on a continuum rather than fixed or binary’ (Bragg et al., 2018, p. 426). A New Zealand survey of trans people showed similar gender identifications amongst youth. ‘Non binary’ appealed to young females in particular (Veale et al., 2019). Accordingly, the *Guidelines* include the following definitions:

**Gender binary (male/female binary):** The (incorrect) assumption that there are only two genders (girl/boy or man/woman) (Ministry of Education, 2020a, p. 48).

**Gender diverse:** An umbrella term used to encompass people who do not necessarily identify with being transgender but don't feel their gender fits into the binary of male or female (Ibid).

**Gender fluid:** Describes a person whose gender changes over time and can go back and forth. The frequency of these changes depends on the individual (Ibid).

**Non-binary:** An umbrella term for gender identities outside the male/female binary (Ibid, p. 49).

An American transgender historian, writes: 'Generally speaking, gender is considered to be cultural, and sex, biological. It's usually a safe bet to use the words man and woman to refer to gender just as male and female are used to refer to sex' (Stryker, 2017: loc 308). Here a male bodied person can, in Butler's sense, 'cite the norms' of—and should be categorised as— 'woman' in all senses. As this view increasingly infiltrated public policy, some feminists became alarmed. The following section addresses their concerns.

## Gender Wars

Stryker writes: 'although it is true that sex typically is used to determine gender categorisation, it is also true that what counts as sex is a cultural belief' (Ibid loc 321). Previously, I addressed the 'cultural' aspects of biomedicine in the treatment of non-conforming infant bodies. I cited the incidence of physiological variations *within* the categories 'male' and 'female' and the tiny overlap between the categories. This does not support the view that we should, as Stryker advocates, 'understand sex being just as much a social construct as gender' (2017: loc 332). 'Gender critical' feminists refer to this as 'gender ideology' (Brunskell-Evans, 2020). Others such as Stock (2021) prefer 'gender identity theory' and, although refusing the label 'gender critical,' voice arguments consistent with this position. For my purposes, 'gc feminist' will suffice. This excludes neo-liberal so-called 'feminisms' that reduce social inequalities to personal problems (see Snyder, 2008). While agreeing with trans activists that gender is cultural, gc feminists view this in *sociological*, not *psychological*, terms: 'When some twentieth century feminists talked in de Beauvoir-esque vein about "becoming a woman", they meant having a set of social norms or expectations about femininity imposed upon you, not having an "inner" identity of a certain kind' (Stock, 2021, p. 22).

In the psycho- medical context in which it was coined, 'gender identity' named what was considered a 'disorder' of infant psychological development: a deeply felt and distressing misalignment of bodily and 'psychological' sex. In 1980, 'Gender Identity Disorder' (GID) first appeared in the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association (APA) (Gill-Peterson, 2018, p. 190). However, whether or not the vast majority of the human population 'have' a gender identity is a moot point. Stock writes: 'most non-trans people don't feel this strongly either way, so don't have gender identities at all: most



people don't have a strong psychological identification with either their own sex or the opposite one, or with androgyny' (2021, p. 120). The *Guidelines* suggest that to 'Understand the relationship between gender, identity, and wellbeing' be considered as a 'key learning' for children at Level 1 (around the age of five) (Ministry of Education, 2020a, p. 30).

In everyday life, we use 'feminine' and 'masculine' to describe a person's conformity or non-conformity with gender stereotypes: 'feminine' boys, 'masculine' women and so on. In clinical language, 'Gender non-conformity refers to behaviours and an appearance that are considered atypical of an individual's assigned gender' (Kaltiala-Heino et al., 2019, p. 31). 'Tomboys', 'butch' lesbians and 'effeminate' boys exemplify 'gender non-conformity,' but tomboys and butch lesbians are female, and effeminate boys are male. Gender critical feminists define 'woman' as an 'adult human female' and 'girl' as a 'juvenile human female.' While trans people may have won the (legal and cultural) right to appear and live *as if* they are the opposite sex, they can never completely erase birth sex (Bates, 2001). And birth sex matters for some (but by no means all) social, institutional and professional interactions. At present a person can change their 'legal sex' on a birth certificate and other identity documents. In law this has the status of a 'legal fiction' (as with the legal recognition of adoptive parents 'as if' they are a child's birth parents) (Markham, 2019). However, as Anne Oakley cautions, 'Sex may be socially constructed, like gender, but women's bodies are in some ways different from men's' (Oakley, 1998, p. 140).

The main battles in the international 'gender wars' are being fought over whether or not 'biological sex' should remain as a protected category in policy, in statistical records (Sullivan, 2020) and in law (Murray and Hunter, 2019). Stock writes (2021, p. 39): 'Gender identity theory doesn't just say that gender identity exists, is fundamental to human beings, and should be legally and politically protected. It also says that biological sex is irrelevant and needs no such legal protection'. At the time of writing (August 2021), members of the female *sex* are still protected under New Zealand Human Rights and related laws. Protected spaces 'include single-sex schools; women's refuges, counselling and health services; men's and women's prisons; religious orders and sporting competitions' (Crown Law Office, 2019). These protections are afforded 'on the ground of public decency or public safety' (New Zealand Government, 1993: Sect. 43). Radical advocates of 'gender ideology' dismiss these as based on 'reductive models of biology' (Hines, 2019, p. 154). Sally Hines rejects their defence 'through recourse to women's "safety"' (Ibid). Similarly, Westbrook and Schilt (2014, p. 32) see them as based on mere 'beliefs that women are inherently vulnerable and men are dangerous.' This, they say, is a construction that '*produces* "woman" as a "vulnerable subjecthood"' (Ibid, p. 46, emphasis mine).

Against this, gc feminists argue, are women's terrifying experiences of misogynous aggression, including voyeurism, exhibitionism, sexual harassment, rape and other violent assault. Younger women *fear* the possibility of being 'involuntarily impregnated not by an individual's identity, but by his penis' (Brunskell-Evans, 2020, p. 23). Hines accuses feminists of joining forces with conservatives 'with the aim of resurrecting gender binaries' (2020, p. 699). While religious and other

conservatives might indeed want to resurrect ‘gender’ (ie socio-cultural) binaries, feminists want to protect legal rights based on *sex*, while at the same time working to undermine ‘gender’ stereotypes.

Related disputes between feminists and trans activists centre on sexual orientation. Lesbians such as Stock insist that sexual orientation refers to the ‘bodies’ one is attracted to (Stock, 2021, pp. 78–85). A gay or lesbian sexual orientation refers to ‘same sex’, not ‘same gender’ attraction. Published texts and social media report instances of how, in ‘the alleged name of human rights, lesbians are told they are discriminatory and exclusionary not to desire “lady dick”’ (Brunskell-Evans, 2020, p. 29). Stock describes how ‘trans activism has given the world the fairly revolting image of the “cotton ceiling”’: riffing on the idea of a glass ceiling (...) but replacing glass with knickers to represent the “ceiling” that female-attracted trans women cannot get “past”’ (Stock, 2021, p. 84). The *Guidelines* promote the view that heterosexuals, gays and lesbians are attracted to people of the same ‘gender’:

**Heterosexual, straight:** A person who is sexually attracted to people of the other binary gender (Ministry of Education, 2020a, p. 49).

**Gay:** A person who is emotionally and sexually attracted to the same gender. This is more widely used by men than women and can be both a personal and community identity (Ibid, p. 48).

**Lesbian:** A woman who is emotionally and sexually attracted to other women. This is used as both a personal identity and a community identity (Ibid, p. 49)

Although the latter defines lesbians as attracted to women, given its embeddedness amongst the other definitions, one can assume that this includes male-to-female transsexuals.

As a result, the ‘gender wars’ are producing an Orwellian ‘New Speak’ (Orwell, 1949). Debra Soh summarises: ‘It is considered transphobic to say that women have vaginas, give birth, and have periods. Instead, a new set of language has been devised, including dystopian—sounding terms like “pregnant people,” “birthing parents,” “uterus—bearers,” and “menstruators”’ (2020, p. 196). When children’s author JK Rowling objected to such language, she was vilified as ‘transphobic’ (Rowling, 10 June, 2020). This provoked Debbie Hayton, a British trans woman and science teacher, to write:

The fury is unleashed because when women are defined by their biology, trans women are excluded from womanhood. To trans women, desperate to be validated as actual women, this is an existential rebuff. While it might be tempting to look the other way, for me this is personal. I am a trans woman, so it is my identity – supposedly – that is being denied. However, I am also a high school science teacher and I know magical thinking when I see it. *Trans women are male – I certainly am as I fathered three children – while women are female.* Male people are not female people and therefore trans women are not women. Whatever emotions might surround the debate, JK Rowling is correct (Hayton, Accessed July 25, 2020: emphasis in the original).

Like Hayton, many transsexuals support those feminists who, although supporting the legal and moral rights of males to live ‘as if’ they are women (changing ‘gender’), also fight to retain the legal and policy protections the female sex currently enjoy. In sport, health care, statistical records, prisons and scientific research, for example, ‘sex’ still matters. So how are the ‘gender wars’ affecting schooling?

## Teaching in the Crossfire

The *Guidelines* are allied with a wider democratic project to make schools fully ‘inclusive’ and welcoming places in which all children—including those who identify as transgender—can thrive, be accepted and understood. An online survey of over 1000 transgender adults and youth reported that a higher rate of bullying was experienced by school-age trans children than non-trans (‘cis-gender’) students and that 62% of those who had been bullied said ‘the bullying was because of their gender identity or expression’ (Veale et al., 2019, p. 62). Some schools have transgender teachers and some children have transgender parents, siblings and/or friends. Children may follow trans celebrities in the media. They share information and ask questions, some of which ‘may be difficult to answer’ and therefore ‘teachers may need further information’ (Ministry of Education, 2020a, p. 43). It is not the role of the teacher to question any medical or therapeutic interventions agreed by trans children, their families, and health professionals. However, it is useful to have background knowledge of research on children and ‘identity’, ‘transitioning’ and ‘stereotypes.’

‘Identity’ is a sophisticated psychological construct, largely developed by Erik Erikson, the psychoanalyst and child psychologist who pioneered longitudinal research on stages of life-long human development. With his wife Joan and others, he coined the term ‘identity crisis’ as a defining feature of adolescence (Erikson, 1959). ‘Identity’ was not the task of earlier stages of childhood development. As Finnish clinicians explain, ‘consolidation of identity development is a central developmental goal of adolescence, but we still do not know enough about how gender identity and gender variance actually evolve’ (Kaltiala-Heino et al., 2019, p. 31). So the suggestion in the *Guidelines* that a five-year old might ‘Understand the relationship between gender, identity, and wellbeing’ seems a bit far-fetched (Ministry of Education, 2020a, p. 30).

The topic of ‘transitioning’ is addressed in the *Guidelines*:

**Transitioning:** The process a transgender person may take to live in their gender identity. It may involve social, legal, and/or medical steps (Ministry of Education, 2020a, p. 50).

Although many assume that ‘transgender children’ are a new phenomenon, Jules Gill-Peterson’s archival research in mid-twentieth century American gender clinics challenged ‘the libel that they have no history’ (2018, p. 6). Children’s ‘trans lives,’ they write, ‘pre-existed any early twentieth-century medical discourse that could claim to know it’ (Ibid, p. 113). Children were dressing, and being treated at school ‘as if’ they were the opposite sex. Some even obtained access to hormones. In 1952,

newspaper headlines like ‘Ex-GI Becomes Blonde Beauty’ publicised Christine Jorgensen’s surgical transitioning. ‘Sex change’ surgeon Harry Benjamin’s collaboration with her attracted ‘a huge number of letters from trans writers, among whom were children as young as thirteen’ (Ibid, p. 174). Child letter-writers self-diagnosed their condition in the clinical vocabulary used in news media: ‘I have felt for a long time like a girl trapped in a boy’s body, trying to get out’ (Ibid, p. 174). They hoped that ‘their investment in medical narratives would be returned with help’ (Ibid, p. 176). In Butler’s (Althusserian) terms, they were ‘interpellated’ into medical discourse. If interpellation is ‘a process whereby the subject is “recruited” as, for instance, “transsexual”, then the process of diagnosis plays an important role in that interpellation’ (Roen, 1998, p. 245).

In the late twentieth century, medical language continued to classify trans identities and conditions as pathological: as ‘Gender Identity Disorder’ (GID). Trans advocates countered this ‘by positioning trans people as “healthy”’ (Ker et al., 2021, p. 32). They argued that trans people, including children, ‘know who they are’ and should therefore have easier access to ‘gender affirming’ healthcare, including cross-sex hormones and surgery (Ker et al., 2021; Oliphant, 2018). The current diagnostic category is ‘Gender Dysphoria’ (GD). The criteria for Gender Dysphoria in Children (GDC) are listed in the *Diagnostic and Statistical Manual of Mental Disorders (DSM–5)* (American Psychiatric Association, 2021). GDC is described ‘as a marked incongruence between one’s experienced/expressed gender and assigned gender, lasting at least 6 months.’ It must include: ‘A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender).’ The condition ‘must also be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.’ In addition, a child ‘must exhibit strong preferences for at least five of the following: clothes of the other gender, cross-gender roles in play, playmates and toys of the other gender, dislike of one’s sexual anatomy and a ‘strong desire for the physical sex characteristics that match one’s experienced gender’ As Lisa Davis observed, all of these except the last two are also ‘common for tomboys or gender non-conforming people’ (2020, p. 215). The origins of GDC continue to puzzle medical professionals: ‘Genetic, hormonal, psychological, and social factors may play a role, but the exact etiology of gender dysphoria remains unknown’ (Brik et al., 2020, p. 2611).

For over a decade, puberty blocking drugs such as Lupron have been prescribed as a means of opening up an ‘extended diagnostic phase’ to gain time for a child and their doctor to ‘consider further treatment wishes without distress caused by unwanted pubertal changes’ (Brik et al., 2020, p. 2611). Until around 2010 the majority of children referred to Gender Identity Services (GIDS) clinics were boys, whose gender dysphoria had started mainly in the preschool years. But from around 2012, the sex ratios reversed (Holt et al., 2016). Rapidly increasing numbers of teenage girls who had not previously shown symptoms of such a condition were referred to GIDS. This apparently new condition was termed Rapid Onset Gender Dysphoria (ROGD). A doctor surveyed ‘detransitioners’ and their parents who were speaking out on social media (Littman, 2018); a Jungian psychotherapist warned of a ‘psychic epidemic’ (Marchiano, 2017), and a journalist whipped up public outrage at

the ‘craze seducing our daughters’ (Shrier, 2020). Denying the existence of ROTG, transgender advocates retorted that improved access to medical services was making it easier to access treatment (Ashley, 2020). Bates’s Female to Male transsexual case studies highlighted how ‘menstruation, along with developing breasts brought the freedoms of a tomboyish childhood to an abrupt close’ with ‘tangible reminders of the realities of sexual embodiment’ (2001, p. 236). Gill-Peterson’s archival study also identified puberty as ‘a trigger for seeking out a doctor’s opinion’ (2018, p. 175).

Adolescent ‘transitioners’ usually proceed from puberty-blockers to cross-sex hormones. Female-to-male transitioners have undergone double mastectomies in their late teens (Royal Courts of Justice, 2020). Those who later had regrets and ‘de-transitioned’ had to face irreversible bodily changes including loss of fertility. Doctors have expressed ‘concerns about the physical, neurocognitive, and psychosocial effects of this treatment’ (Brik et al., 2020, p. 2611). In the UK and Scandinavia, use of puberty blockers is increasingly restricted (Royal Courts of Justice, 2020). Medical researchers have warned that ‘virtually nothing is known regarding adolescent -onset GD, its progression and factors that influence the completion of the developmental tasks of adolescence among young people with GD and/or trans identity’ (Kaltiala-Heino et al., 2019, p. 31). A British educationist describes the bodies of transgender adolescents as ‘hypervisible’ in schools ‘due to either the incongruity between identity and secondary sexual characteristics, or, when puberty hormones are delaying development, between age and expected stage of physical maturity’ (Paechter, 2020, p. 20). How might the ‘pausing’ of puberty ‘influence the completion of the developmental tasks of adolescence’? (Kaltiala-Heino et al., 2019, p. 31). It is therefore important for teachers to be aware of a child’s transitioning. As Paechter writes (2020, p. 3), ‘we need to take a both/and approach to the gender of trans children. A trans girl is a girl, but she also has a specifically trans history that is not shared with her female classmates, and a body configured differently from theirs’. The *Guidelines* suggest that science classes might discuss ‘variations in puberty, including the role of hormone blockers’ (Ministry of Education, 2020a, p. 28). Given current controversies, this should be treated with caution.

There is evidence that, ‘for 80% of children who meet the criteria for GDC, the GD recedes with puberty. Instead, many of these adolescents will identify as non-heterosexual’ (Kaltiala-Heino et al., 2019, p. 33). A study at Britain’s Tavistock Clinic showed high rates of same-sex attraction in both sexes: 88% of the girls ‘were either attracted to females or bisexual’ (Holt et al., 2016). Similarly, in Paechter’s ethnography, some schoolgirls ‘appeared to be in flight from masculinity, fearing a future butch or lesbian identity if they continued to be tomboys’ (2010, p. 232). Homophobia, then, may play a role in pressuring some adolescents to identify as the opposite sex: their sexual orientation would then appear to be heterosexual. As Shrier describes it, ‘Many of the girls now being cornered into a trans identity might, in an earlier era, have come out as gay’ (2020, p. 13). She worries that ‘the “new” idea is that lesbians do not exist; girls with more masculine presentations are “really” boys’ (Ibid 2020, p. 13).

The *Guidelines* suggest that at level 2 (ages 6–12) a child might be ‘able to identify gender stereotypes’ across the curriculum (Ministry of Education, 2020a, p. 31).

However, there can be pitfalls in teaching about stereotypes, especially with younger children, including those with GD. Youth populations with GD have above average rates of ‘neuro-diverse’ conditions such as an Autism Spectrum Condition (ASC) (Veale et al., 2019). A significant proportion of such cases have social and communication difficulties. As in the Tavistock study,

These young people may require support from more specialist services, and an understanding of how this may relate to their gender ID is important. For example, some young people with a comorbid diagnosis of GD and an ASC may hold more rigid views of what it is to be male or female. Helping them to explore gender in a less stereotyped way may alleviate some of their distress and may deconstruct the gender binary. Conversely, their perhaps more rigid views and more black and white style of thinking may make their gender identity less fluid and more fixed (Holt et al., 2016, p. 116).

However, in some countries asking questions to help a child sort out such confusion is being made increasingly difficult.

A clinician’s, a parent’s or a teacher’s failure to ‘affirm’ without question a child’s self-diagnosis as transgender is increasingly condemned as ‘Conversion Therapy’. Conversion Therapy was a brutal process of ‘aversion treatment’ often run by conservative churches to turn ‘gays’ straight. It is (rightfully) and increasingly banned. However, psychotherapists working with gender dysphoric children have argued that affirmation versus conversion is a false binary based on a misunderstanding of the complexity of psychotherapy: ‘it is not uncommon for agenda-free, neutral therapy interventions to be experienced by the subjects as non-affirmative. However, non-affirmative is not the same as “conversion,” as the latter implies a therapist agenda and an aim for a fixed outcome’ (D’Angelo et al., 2021, p. 10).

The new millennium has seen a widening and increasingly sexualised gender binary, described as the “pinkification” and “pornification” of culture’ (Brunskell-Evans, 2020, p. 43). Popular culture, including social media, increasingly ‘signifies to girls that to be female is to be an object of male desire and male entitlement’ (Ibid). As a gendered category, “girl” has now become so narrow, so pink-hued, heart-and-rainbow-slathered, and sparkly, that only a select few can fit inside it’ (Davis, 2020, p. 235). Are these the ‘stereotypes’ children are to be taught to identify? In the case of a child from a non-sexist or feminist household, ‘It isn’t hard to imagine that this might be the first time a young girl ever hears of these stereotypes’ (Shrier, 2020, p. 65). The British Government recently ruled that ‘Materials which suggest that non-conformity to gender stereotypes should be seen as synonymous with having a different gender identity should not be used and you should not work with external agencies or organisations that produce such material’ (Gov.UK, 2021).

Is the invention of new ‘genders’ simply a way of resisting ‘stereotypes?’ In a British ethnography, boys criticised how ‘the genders have been really rigidly defined. If you’re a man you must do this and if you’re a woman you must be this’ (Bragg et al., 2018, p. 426). Rather than widening the ‘boy’ category, they identified as ‘non-binary.’ Influenced by Butler and others, transgender activists view the language of gender identifications as independent of bodily sex: it is viewed ‘not simply as descriptor, but as actor’ (Pyne, 2014, p. 3). In this view, language

‘creates something qualitatively new. Change the language, change the meaning’ (Ibid). Transgenderism’s growing lexicon of ‘genders’ interpellates children. Giving up on the feminist project of widening what counts as ‘masculine’ and ‘feminine,’ transgenderists see their multiple identity categories (‘gender fluid,’ ‘non-binary’) as ‘an opening of new futures for young people to claim, including the potential of gender transition while young, as well as life outside of typical gender categories’ (Ibid).

In New Zealand, as in other ‘western’ jurisdictions, struggles over the meaning and relevance of sex, gender and gender identity are being played out in political decision-making. These all have implications for schools. The Ministry of Education requires each school to engage in ‘consultation with communities’ on its approach to the ‘sexuality and relationships’ strand of the curriculum (2020a, pp. 44–47). Teachers and Boards of Trustees have to decide whether to teach, what to teach, who will teach, when to teach, how to (and how not to) teach these topics and to appraise any outside groups seeking to contribute. Understanding the historical, intellectual, professional and political battles in the ‘gender wars’ should help in these deliberations. Future researchers might trace the routes and hubs through which the new terminology travelled and became absorbed into New Zealand education policy (Antic & Radacic, 2020).

## References

- Althusser, L. (1971). Ideology and ideological State Apparatuses. In L. Althusser (Ed.), *Lenin and Philosophy* (pp. 127–186). Monthly Review Press.
- American Psychiatric Association. (2021). *What is gender dysphoria?* Retrieved June 7, 2021 from <https://www.psychiatry.org/patients-families/gender-dysphoria/what-is-gender-dysphoria>.
- Antic, M., & Radacic, I. (2020). The evolving understanding of gender in international law and ‘gender ideology’ pushback 25 years since the Beijing conference on women. *Women’s Studies International Forum*, 83, 1–9.
- Ashley, F. (2020). A critical commentary on ‘rapid onset gender dysphoria’. *The Sociological Review Monographs*, 68, 779–799.
- Bates, D. (2001). *Someone else’s gender? Locating the transsexual narrative in the gendered landscape*, [Doctoral thesis, University of Waikato], The University of Waikato Research Commons. <https://researchcommons.waikato.ac.nz/handle/10289/14162>.
- Blackless, M., Charuvastra, A., Derryk, A., et al. (2000). How sexually dimorphic are we? Review and synthesis. *American Journal of Human Biology*, 12, 151–166.
- Bragg, S., Renold, E., Ringrose, J., et al. (2018). More than boy, girl, male, female’: Exploring young people’s views on gender diversity within and beyond school contexts. *Sex Education*, 18, 420–434.
- Brik, T., Lieke, J. V., de Vries, M., et al. (2020). Trajectories of adolescents treated with Gonadotropin-releasing hormone analogues for gender dysphoria. *Archives of Sexual Behaviour*, 49, 2611–2618.
- Brunskell-Evans, H. (2020). *Transgender body politics*. Spinifex.
- Butler, J. (1986). Sex and gender in Simone de Beauvoir’s *Second Sex*. *Yale French Studies*, 72, 35–49.
- Butler, J. (1990). Gender trouble, feminist theory and psychoanalytic discourse. In L. Nicolson (Ed.), *Feminism/Postmodernism* (pp. 324–340). Routledge.
- Butler, J. (1993). *Bodies that matter: On the discursive limits of sex*. Routledge.
- Connell, R. (2021). Transgender health on a world scale. *Health Sociology Review*, 30, 87–94.
- Cortez, M., Gaudenzi, P., & Maksud, I. (2019). Gender: Pathways and dialogues between feminist and biomedical studies from the 1950s to 1970s. *Physis*. <https://doi.org/10.1590/s0103-73312019290103>

- Crown Law Office. (2019, February 20) *Births, Death, Marriages and Relationship Registration Bill 2017 (296–2): Self-identification of sex Ref: ATT114/2011*. Retrieved August 14, 2021 from [https://www.beehive.govt.nz/sites/default/files/2019-02/Crown%20Law%20advice%20BDMRR%20Bill%20\\_0.pdf](https://www.beehive.govt.nz/sites/default/files/2019-02/Crown%20Law%20advice%20BDMRR%20Bill%20_0.pdf).
- D'Angelo, R., Syrulnik, E., Ayad, S., et al. (2021). One size does not fit all: In support of psychotherapy for gender dysphoria. *Archives of Sexual Behaviour*, *59*, 5–16.
- Davis, L. S. (2020). *Tomboy: The surprising history and future of girls who dare to be different*. Hachette.
- Elliot, P. (2009). Engaging trans debates on gender variance: A feminist analysis. *Sexualities*, *12*, 5–32.
- Erikson, E. H. (1959). *Identity and the life cycle*. Norton.
- Fitzpatrick, K. (2018). Sexuality education in New Zealand: A policy for social justice? *Sex Education*, *18*, 601–609.
- Germon, J. (2010). *Gender: A genealogy of an idea*. Palgrave Macmillan.
- Gill-Peterson, J. (2018). *Histories of the transgender child*. University of Minnesota Press.
- Glamuzina, J., & Laurie, A. (1991). *Parker and Hume: A lesbian view*. New Women's Press.
- Gov.UK. (2020, Sept 24). Plan your relationships, sex and health curriculum. Retrieved June 14, 2021 from <https://www.gov.uk/guidance/plan-your-relationships-sex-and-health-curriculum#ensuring-content-is-appropriate>.
- Green, R. (2010). Robert Stoller's sex and gender: 40 years on. *Archives of Sexual Behaviour*, *39*, 1457–1465.
- Hayton D. (2020, July 29). The word 'woman' is already taken. *Publico*. Retrieved August 28, 2021 from <https://debbiehayton.com/2020/07/29/the-word-woman-is-already-taken/>.
- Hines, S. (2019). The feminist frontier: On trans and feminism. *Journal of Gender Studies*, *28*, 145–157.
- Hines, S. (2020). Sex wars and (trans) gender panics: Identity and body politics in contemporary UK feminism. *The Sociological Review Monographs*, *68*, 699–717.
- Holt, V., Skagerberg, E., & Dunsford, M. (2016). Young people with features of gender dysphoria: Demographics and associated difficulties. *Clinical Child Psychology and Psychiatry*, *21*, 108–118.
- Johnston, L., & Longhurst, R. (2010). *Space, place and sex: geographies of sexuality*. Rowman and Littlefield.
- Kaltiala-Heino, R., Bergman, H., Tyolajarvi, M., et al. (2019). Gender dysphoria in adolescence: Current perspectives. *Adolescent Health, Medicine and Therapeutics*, *9*, 31–41.
- Ker, A., Fraser, G., Fleming, T., et al. (2021). A little bubble of utopia': Constructions of a primary care-based pilot clinic providing gender affirming hormone therapy. *Health Sociology Review*, *30*, 25–40.
- Littman, L. (2018). Parent reports of adolescents and young adults perceived to show signs of a rapid onset of gender dysphoria. *PLoS One*, *13*, 1–44.
- Marchiano, L. (2017). Outbreak: On transgender teens and psychic epidemics. *Psychological Perspectives*, *60*, 345–366.
- Markham, A. (2019). Transgender ideology and the law. *New Zealand Law Journal*, *2019*, 13–17.
- Middleton, S. (1984). The sociology of women's education as a field of academic study. *Discourse: Studies in the Cultural Politics of Education*, *5*, 43–62.
- Middleton, S. (1986). Workers and homemakers: Contradictions in the education of the New Zealand 'post-war woman'. *New Zealand Journal of Educational Studies*, *21*, 13–28.
- Ministry of Education. (2020a). Relationships and sexuality education: A guide for teachers, leaders and Boards of Trustees, Years (pp. 1–8). Wellington: Ministry of Education.
- Ministry of Education. (2020b). Relationships and sexuality education: A guide for teachers, leaders and Boards of Trustees, Years (pp. 9–13). Wellington: Ministry of Education.
- Murray, K., & Hunter, B. L. (2019). Losing sight of women's rights: The unregulated introduction of gender self-identification as a case study of policy capture in Scotland. *Scottish Affairs*, *28*, 262–289.
- Namaste, V. (2009). Undoing theory: The 'transgender question' and the epistemic violence of anglo-american feminist theory. *Hypatia Special Issue: Transgender Studies and Feminism: Theory, Politics and Gendered Realities*, *24*, 11–32.
- New Zealand Government. (1993). *Human Rights Act*. Retrieved June 13, 2021 from <https://www.legislation.govt.nz/act/public/1993/0082/latest/DLM304212.html>. Accessed 13 June 2021.
- Oakley, A. (1972). *Sex, gender and society*. Temple Smith.
- Oakley, A. (1998). Science, gender, and women's liberation: An argument against postmodernism. *Women's Studies International Forum*, *21*, 133–146.
- Oliphant, J. (2018). *Hauora Tāhine: Pathways to Transgender Health Services. Guidelines for Gender Affirming Healthcare for Transgender Children, Young People and Adults*: Northern Region Clinical



- and Consumer Advisory Group. Retrieved August 28, 2021 from <https://researchcommons.waikato.ac.nz/handle/10289/12160>.
- Orwell, G. (1949). 1984. Secker and Walburg.
- Paechter, C. (2010). Tomboys and girly-girls: Embodied femininities in primary schools. *Discourse: Studies in the cultural politics of education*, 31, 221–235.
- Paechter C. (2020). Implications for gender and education research arising out of changing ideas about gender. *Gender and education*, 21(2), 221–235.
- Pere, R. (1988). Te wheke: Whaia te maramatanga me te aroha. In S. Middleton (Ed.), *Women and education in Aotearoa* (Vol. 1, pp. 6–19). Port Nicholson Press.
- Pyne, J. (2014). Gender independent kids: A paradigm shift in approaches to gender non-conforming children. *Canadian Journal of Human Sexuality*, 23, 1–8.
- Repo, J. (2013). The biopolitical birth of gender: Social control, hermaphroditism, and the new sexual apparatus. *Alternatives: Global Local Political*, 38, 228–244.
- Roen, K. (1998). Constructing transsexuality: Discursive manoeuvres through psycho-medical, transgender and queer texts [Doctoral thesis: University of Canterbury] University of Canterbury Research Repository. <https://ir.canterbury.ac.nz/handle/10092/4636>.
- Rowling J. (2020, June 10). J.K Rowling speaks out about her reasons for speaking out about sex and gender issues. <https://www.jkrowling.com/opinions/j-k-rowling-writes-about-her-reasons-for-speaking-out-on-sex-and-gender-issues/>.
- Royal Courts of Justice. (2020, December 1). *Approved Judgment: Quincy Bell and Mrs A vs The Tavistock and Portman NHS Foundation Trust; Case No: CO/60/2020*. London: Royal Courts of Justice. Retrieved August 10, 2021 from <https://www.judiciary.uk/wp-content/uploads/2020/12/Bell-v-Tavistock-Judgment.pdf>.
- Shrier, A. (2020). *Irreversible Damage: The transgender craze seducing our daughters*. Renery Publishing.
- Snyder, C. (2008). What is third-wave feminism? A New Directions essay. *Signs: Journal of Women in Culture and Society*, 34, 175–196.
- Soh, D. (2020). *The end of gender: Debunking the myths about sex and gender in our society*. Simon and Shuster.
- Stock, K. (2021). *Material girls: Why reality matters for feminism*. Fleet.
- Stryker, S. (2017). *Transgender history (second edition) (Kindle IOS version)*. Seal.
- Sullivan, A. (2020). Sex and the census: Why surveys should not conflate sex and gender identity. *International Journal of Social Research Methodology*, 23, 517–524.
- Smith, L. T. (1992). Maori women: Discourses, projects and mana wahine. In S. Middleton & A. Jones (Eds.), *Women and education in Aotearoa 2* (pp. 22–51). Bridget Williams Books.
- Veale, J., Byre, J., Tan, K., et al. (2019). *The health and wellbeing of transgender and non-binary people in Aotearoa New Zealand*. University of Waikato.
- Westbrook, L., & Schilt, K. (2014). Doing gender, determining gender: Transgender people, gender panics, and the maintenance of the sex/gender/sexuality system. *Gender and Society*, 28, 31–57.

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