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REVIEW ARTICLE

The Role of Educational Therapists in Supporting Children and Youth with Gender Dysphoria

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ABSTRACT

This article examines the role of educational therapy in supporting children and youth with gender dysphoria in school environments. Gender dysphoria, characterised by incongruence between assigned and experienced gender, often co-exists with other developmental challenges. Through the lens of educational therapy, this paper offers personalised strategies for navigating the academic, emotional, and social challenges faced by children and youth with gender dysphoria, focusing on collaborative efforts between therapists, parents and educators to affirm their identities and create a supportive environment.

Keywords: Educational therapy, Gender dysphoria, Inclusive education

1. INTRODUCTION

In recent years, there has been an increase in awareness and understanding of gender dysphoria (GenD), a condition characterised by a discrepancy between one's assigned gender at birth and their true gender identity, as highlighted in reports from the Singapore media (Oh, 2021). Symptoms of the condition, as defined by the DSM-5 (American Psychiatric Association/APA, 2013) and in the DSM-5-TR (APA, 2022), include a marked incongruence between the experienced and assigned gender, accompanied by a persistent desire to be recognised as the opposite gender. Studies estimate that 0.5% to 1.3% of children, adolescents, and adults identify as transgender individuals (Zucker, 2017; Zucker & Lawrence, 2009). Children and youth living with GenD often encounter challenges related to self-esteem, peer bullying, concentration difficulties, anxiety, and reduced feelings of school belonging. These emotional struggles can lead to increased stress and negatively impact school attendance and educational performance (Aragon et al., 2014).

In supporting children and youth with GenD, educational therapists play a crucial role in fostering inclusivity within school environments. Through their specialised training and expertise, educational therapists focus on providing tailored support and resources to help children navigate their gender identity in a supportive and understanding educational setting. By working with teachers to create a nurturing and empathetic educational setting, educational therapists empower children to explore and navigate their gender identity with confidence and resilience. Their efforts contribute significantly to cultivating a school environment where every student feels embraced, understood, and supported in their journey of self-discovery and personal growth, thereby fostering a culture of acceptance and inclusivity.

2. WHAT IS GENDER DYSPHORIA (GEND)?

Gender dysphoria (GenD) is a psychological condition where an individual's self-identified gender differs from their biological sex, leading to significant social and functional challenges (APA, 2013; De Vries et al., 2011; Smith & Matthews, 2015). Formerly termed gender identity disorder (GID), it is now officially known as gender dysphoria (GenD) in DSM-5 (APA, 2013) as well as DSM-5-TR (APA, 2022), and as gender incongruence in the International Classification of Diseases-11th Edition (ICD-11; World Health Organization/WHO, 2019/2020) - "adopted by the 72nd World Health Assembly (WHA 72.15) in 2019 and came into effect on 1st January 2022", listed in ICD-11 (WHO, 2024, para. 2).

For children diagnosed with GenD, criteria include a strong identification with the opposite gender and discomfort with one's biological sex characteristics. Symptoms can manifest as early as two years old, with some persisting into adolescence and adulthood (Cohen-Kettenis et al., 2002; Drummond et al., 2008). Prevalence rates are estimated to be around 0.01% of natal males and 0.003% of natal females, with increasing referrals, especially among children (American Psychiatric Association, 2013).

In recent studies done by van der Miesen et al. (2018) and de Vries et al. (2012), they pointed to an increase in symptoms of autism spectrum disorder (ASD) among individuals with GenD, suggesting ASD as a possible common co-occurring condition. Notably, the core symptoms of GenD in childhood often occur alongside other psychosocial stressors and psychiatric disorders, rather than in isolation (Vrouenraets et al., 2015). Apart from ASD, children and youth with GenD frequently experience psychiatric comorbidities, such as anxiety and depressive disorders (Holt et al., 2014), eating disorders (Russell & Keel, 2002), self-harm, and suicidality (Reisner et al., 2015) as well as psychosis and post-traumatic stress disorder (PTSD; Coleman et al., 2012). These findings underscore the complex nature of GenD and the importance of comprehensive assessment and support for affected individuals.

Children and youth with GenD often rely on caregivers and health professionals to make treatment decisions on their behalf, sparking debates over parental authority and access to medical interventions (Drescher et al., 2016; Priest, 2019) as the legal age of such interventions are recommended as above 21 years old. Gender clinics around the world have different ways of assessing and treating children with gender dysphoria. Some clinics strongly disagree with any medical intervention prior to adulthood and instead focus on psychological treatment for both the family and the child (De Vries & Cohen-Kettenis, 2012; Steensma et al., 2013). Other treatment models include a social role transition to the affirmed gender, which is seen as a reversible means of managing the child's distress until it is known whether GenD is persisting into adolescence (Steensma et al., 2013). Understanding and addressing the needs of children with gender dysphoria requires careful consideration of psychological, social, and ethical factors, highlighting the importance of comprehensive support and interdisciplinary collaboration in their care (Kruekels & Cohen-Kettenis, 2011).

3. EDUCATIONAL THERAPY IN SUPPORTING CHILDREN AND YOUTH WITH GENDER DYSPHORIA

Educational therapy, according to Chua and Xie (2024), is described as a personalised and targeted approach aimed at supporting children and adolescents facing learning difficulties or special needs. Its primary focus lies in addressing academic challenges, nurturing cognitive skills, and improving overall educational performance. Fogelson, Slucki, and Werbach (1994) further refined this definition in their article

“The Parameters of Educational Therapy”, published in *The Educational Therapist*. They define educational therapy as serving a population of young children, adolescents, and adults who seek evaluation and remediation for various learning problems. These may include dyslexia, poor academic performance, test anxiety, reading/writing/language/math difficulties, attention deficit disorder, and challenges related to school placement (as cited in Mosk, 2004). Additionally, Werbach (2002) characterises educational therapy as the clinical aspect of special needs education, encompassing assessment, intervention, and correction of learning difficulties.

However, when working with children and youth experiencing gender dysphoria, educational therapists have to take a very different approach to address both their educational and gender-related needs. Students with gender dysphoria have unique educational and gender-related needs that require understanding and support from their family members, classmates, teachers and school administrators. Supportive environments and access to appropriate services improve students’ connectedness, lower victimisation rates, and enhance mental health outcomes for students with Gen D (Coleman et al., 2022; Kaczowski et al., 2022; Suarez et al., 2024). The following are key considerations for affirming practice.

i. *Inclusive Environment*: Creating an inclusive and supportive environment where students feel safe expressing their gender identity is crucial, as these are protective factors (Suarez et al., 2024) for students with gender dysphoria. This includes providing gender-neutral facilities and addressing any instances of bullying or discrimination promptly.

ii. *Respect for Identity*: Educators should respect the students’ gender identity and ensure that they are treated with dignity and respect. Using students’ preferred name and pronouns across school contexts leads to better mental health outcomes (Pollitt et al., 2019). Sequeira et al. (2020) also noted that gender diverse youth prefer official documentation of affirmed names/pronouns as part of affirming practices that can also be implemented in school. This may involve staff training on gender diversity and sensitivity, as well as professional guidance and practices that align with Standards of Care, version 8 (SOC-8), emphasising individualised, affirming care (Coleman et al., 2022).

iii. *Access to Resources*: Providing access to resources and support services such as counselling, support groups, gender affirming sports clubs and LGBTQ+ organisations can help students navigate their gender identity and address any challenges they may face. Inclusive school health infrastructure links to better psychosocial outcomes (Kaczowski et al., 2022) and allowing participation in team sports and school clubs is associated with lower depression risk for students with gender dysphoria (LaRocca et al., 2023), as there is a sense of belonging.

iv. *Flexible Policies*: Schools may need to adapt policies related to dress codes, sports participation, and restroom facilities to accommodate the needs of students with GenD. Bathroom discrimination is associated with substantially higher depressive symptoms and suicidality for youth living with GenD (Price-Feeney, Green, & Dorison, 2021). Flexibility and understanding are key in ensuring that all students feel included and supported, and to promote better mental health in students (LaRocca et al., 2023)

v. *Education and Awareness*: Educating both students and staff about gender diversity and the experiences of individuals with GenD can foster empathy, understanding, and acceptance within the school community. There is also a need to integrate gender-diversity content into school curricula to help school members understand the existence and needs of such students. This will help to lower the victimisation rate and improve mental health (Proulx et al., 2019).

vi. *Supportive Peer Relationships*: Encouraging positive peer relationships and fostering a culture of respect and acceptance among students can help create a supportive social environment for students with gender dysphoria. Peer-support participation relates to improved well-being and lowers incidences of bullying for gender diverse students (Baams et al., 2021).

vii. *Individualised Support Plans (ISP)*: Developing individualised support plans in collaboration with the student, their family, and relevant professionals can address specific educational and emotional needs,

ensuring that the student can thrive academically and emotionally. ISP should specify classroom accommodations (e.g., preferred name/pronoun use), safety strategies in case the student has difficulty coping with their dysphoria, crisis protocols in case of bullying incidents, and referral pathways to see a gender affirming practitioner to help with emotional or environmental crisis. These approaches are aligned to the SOC-8 guidelines, which also help to reduce anxiety for students with gender dysphoria (Coleman et al., 2022; Tordoff et al., 2022).

By addressing these educational and gender-related needs, schools can create a more inclusive and supportive environment where students with GenD can learn and grow with confidence. Radecki (1984) highlights the diverse skill set required for educational therapists, which ranges from academic tutoring to psychotherapy. However, the educational therapists' breadth of skills and techniques is unique in managing both learning and behaviour that occurs in an educational setting in comparison to traditional teaching or psychotherapeutic approaches. Educational therapists supporting children with gender dysphoria offer personalised assistance to help them navigate academic, emotional, and social challenges in school. By tailoring strategies and interventions to each child's unique needs, educational therapists help them develop coping mechanisms, enhance self-esteem, and cultivate a sense of belonging within the school community.

In 1985, the AET Executive Committee approved and published a *Code of Ethics and Standards for Professional Practice*, which emphasises the primary aim of educational therapy as optimising learning and school adaptation, acknowledging the interconnection of emotional, behavioural, and learning challenges. For children and youth with gender dysphoria, this would also mean creating a safe and supportive environment where they can explore and express their gender identity comfortably.

Educational therapists are proficient in various areas, including formal and informal educational assessment, synthesizing information from various sources including specialists and parents, designing and implementing tailored remedial programs for academic and behavioural issues, addressing social and emotional dimensions of learning challenges, fostering supportive relationships with individuals and stakeholders involved in their educational journey, and facilitating effective communication among individuals, families, schools, and professionals (AET, 1985). This involves working closely with educators, school counsellors, and parents to implement inclusive policies and practices that affirm the gender diversity of all students. By promoting understanding and acceptance, educational therapists help mitigate the stigma and discrimination often faced by children with gender dysphoria, fostering a more inclusive school culture.

4. ROLE OF EDUCATIONAL THERAPY IN BUILDING INCLUSIVE SCHOOL ENVIRONMENTS

Educational therapy plays a crucial role in building inclusivity within school environments by promoting empathy, respect, and acceptance among students, teachers, and staff. By incorporating diverse perspectives and experiences into the curriculum, educational therapists help create a learning environment that celebrates individual differences and promotes mutual understanding. Furthermore, educational therapists equip educators with the knowledge and skills needed to support children with GenD effectively. Training sessions and professional development opportunities empower teachers to create gender-affirming classrooms where all students feel valued and respected. In Singapore, there has been a collective call from over 300 teachers, counsellors, and social workers for the Ministry of Education to implement clear policies supporting students with gender dysphoria (Lim, 2021). By fostering open communication and collaboration, educational therapy fosters a culture of inclusivity that extends beyond the classroom walls.

4.1 Impact of External Factors Children and Youth with Gender Dysphoria:

While educational therapy is important, external factors like societal attitudes, cultural norms, and institutional barriers can significantly worsen emotional difficulties for children with GenD in schools. These factors add to the challenges already faced internally, making it harder for them to cope. Stigma, discrimination, and limited resources can also make it difficult for these children to access quality educational therapy services, further worsening their academic and emotional struggles. Let us explore their impact in more detail:

i. Stigma and Discrimination:

- Children and youth with GenD often face stigma and discrimination from peers, educators, and even family members due to prevailing societal attitudes and misconceptions about gender diversity. This can lead to feelings of shame, isolation, and low self-esteem, exacerbating emotional distress.
- Discriminatory behaviours such as bullying, harassment, and exclusion can further isolate children with gender dysphoria, making it difficult for them to feel safe and accepted in the school environment. Persistent discrimination can have long-lasting effects on their mental health and well-being. Discriminatory behaviours correlate with increased absenteeism, as students fear ridicule or violence, disrupting their learning and perpetuating disengagement from the educational system.
- Experiences of victimisation, reduced feelings of school belonging, and emotional distress can negatively affect school attendance and educational performance (Aragon et al., 2014). It takes an emotional toll, diminishing students' motivation to learn and participate in classroom activities. This leads to academic decline and further exacerbates feelings of isolation and inadequacy, posing significant barriers to educational success.

ii. Lack of Support Systems:

- Many children and youth with GenD lack adequate support systems both at home and in school. Without supportive family members or friends who understand and affirm their gender identity, they may feel misunderstood and unsupported, leading to feelings of loneliness and alienation.
- Family support also helps them navigate this complex issue and access necessary medical care. Unfortunately, when families are unsupportive or refuse to acknowledge their child's gender identity, it can lead to feelings of isolation and distress. This lack of support often results in barriers to accessing important treatments like hormone replacement therapy (HRT), which is vital for alleviating gender dysphoria symptoms and affirming one's gender identity. Research by Oh (2021) highlights that some young people with gender dysphoria face difficulties starting HRT due to a lack of support from their families.
- In schools where educators and administrators are not trained to address the needs of gender-diverse students, children with gender dysphoria may struggle to find allies or mentors who can provide guidance and support (Oh, 2021). This lack of support can compound their emotional difficulties and hinder their academic success.

iii. Cultural Norms and Expectations:

- Cultural norms and expectations surrounding gender roles and identities can exacerbate pressure and stress for children with gender dysphoria. In societies where deviation from traditional gender norms is stigmatised, these children may face heightened scrutiny and judgment from peers and communities. Some may feel compelled to conform to cisgender norms to fit in (VanderLaan et al., 2015).
- Traditional gender norms may also limit access to gender-affirming resources and support services, forcing children to suppress or hide their true identities out of fear of rejection or reprisal. This can lead to internalised shame and self-denial, further exacerbating emotional distress.

iv. Institutional Barriers:

- Schools may lack inclusive policies and resources to support children with gender dysphoria effectively. Limited access to gender-neutral restrooms, changing facilities, and dress code accommodations can create practical challenges for gender-diverse students and contribute to feelings of marginalisation (Oh, 2021).

- Additionally, outdated or discriminatory policies related to student records, enrolment forms, and identification documents may force children to disclose their gender identity against their wishes or face administrative hurdles. This lack of institutional support can increase stress and anxiety for children with gender dysphoria and undermine their sense of safety and belonging in school.

4.2 How Educational Therapy Helps Children and Youth with Gender Dysphoria

Educational therapy for children with GenD is instrumental in addressing both emotional struggles and academic challenges they may encounter within the school environment.

i. Supporting emotional well-being:

- *Validation and Affirmation:* Educational therapists provide a safe and nonjudgmental space where children can explore and express their feelings about their gender identity. Techniques such as journaling help them document and express how they feel about their stressors at home or in school. By validating their experiences and affirming their identities, therapists help alleviate
- *Coping Strategies:* Children with GenD may experience heightened levels of anxiety, depression, and dysphoria. Educational therapists teach coping strategies such as mindfulness, relaxation techniques, and cognitive-behavioural strategies to help children manage their emotions and respond to challenging situations effectively.
- *Building Self-Esteem:* Gender dysphoria can take a toll on a child's self-esteem and sense of self-worth. Through targeted interventions and activities, educational therapists help children develop a positive self-image and build confidence in themselves and their abilities.

ii. Addressing learning differences (Ficksman & Adelizzi, 2010; Marshall & Rotter, 2023):

- The recent studies conducted by van der Miesen et al. (2018) and de Vries et al. (2012) have revealed a significant overlap between children with gender dysphoria and those experiencing other developmental challenges, such as autism spectrum disorder (ASD). This underscores the complexity of addressing the needs of children and youth with GenD, as they may require specialised support tailored to their unique circumstances. Educational therapists, equipped with an understanding of the diverse learning styles and needs of children and youth with co-morbidities, play a crucial role in providing targeted interventions and strategies to accommodate these complexities. By leveraging specialised techniques, educational therapists can effectively address the educational and developmental needs of children and youth with GenD, ensuring they receive the support necessary to thrive academically and emotionally.

iii. Academic Support:

- *Individualised Education Plan (Kaganoff, 2019; Marshall & Rotter, 2023):* Educational therapists play a pivotal role in designing personalised learning plans that address the specific strengths and challenges of each child, aiding them in overcoming obstacles in their educational journey. Working closely with teachers, these therapists develop individualised education plans (IEPs) tailored to the unique needs and strengths of children experiencing gender dysphoria. IEPs serve as valuable tools for promoting awareness and understanding of gender diversity among both teachers and peers. Through collaboration with educators, educational therapists identify areas where children may need additional assistance or accommodations in their learning environment, ensuring they receive the support necessary to thrive academically and emotionally. Accommodations within IEPs may include:
 - *Extended Time on Assignments:* Recognising that children with gender dysphoria may face added stress or distractions due to their condition, ILPs may allow for extended time on assignments to alleviate pressure and promote a more relaxed learning environment.

- *Modified Assignments*: Educational therapists may work with teachers to adapt assignments to better suit the needs of children with gender dysphoria. This could involve simplifying tasks, providing additional resources, or adjusting expectations to ensure they are both challenging and attainable, bearing in mind that they may have issues with concentration and memory when they experience stress and/or anxiety, especially when experiencing situations that exacerbate their dysphoria.
- *Skills development* (Ficksman & Adelizzi, 2010; Marshall & Rotter, 2023): Children and youth experiencing GenD may encounter challenges with concentration, motivation, and organisational skills, often stemming from emotional distress or hormonal changes. In response, educational therapists provide targeted support by teaching study skills, time management techniques, and organisational strategies. These interventions aim to help children maintain focus and achieve academic success. Through educational therapy, children are guided to develop specific academic, social, and emotional skills. This personalised approach allows them to build competencies at a pace that suits their individual needs, ultimately fostering confidence and independence in their educational journey.

iv. Collaboration and Advocacy (Ficksman & Adelizzi, 2010; Marshall & Rotter, 2023):

Educational therapists play a crucial role in advocating for the educational rights and accommodations of children with GenD, ensuring they have the necessary resources and support to excel academically. They collaborate closely with school administrators, teachers, and support staff to establish an inclusive learning environment where all students feel respected and supported. Furthermore, educational therapists work alongside educators, parents, and other professionals to provide comprehensive support for children with special educational needs. They advocate for inclusive educational practices and resources, benefiting not only individual students but also promoting a more inclusive educational system.

By addressing both emotional struggles and academic challenges, educational therapy empowers children with gender dysphoria to reach their full potential and succeed in school. Through a combination of emotional support, skill-building, and advocacy, educational therapists play a crucial role in fostering resilience, confidence, and academic achievement in children with gender dysphoria. Advocacy efforts and policy initiatives are essential to ensure equitable access to educational services for all students, regardless of their gender identity. In Singapore, Education Minister Lawrence Wong emphasised the importance of schools being flexible and making practical arrangements for students with gender dysphoria, primarily when supported by valid medical reasons.

Advocacy efforts and policy initiatives are crucial to ensuring equitable access to educational services for all students, regardless of gender identity. In Singapore, Education Minister Lawrence Wong stressed the importance of schools being flexible and accommodating for students with gender dysphoria, particularly with valid medical reasons (Lim, 2021). Collaborative partnerships between schools, mental health professionals, and community organisations are essential for bridging service gaps and driving systemic change. By recognising the unique needs of each student with gender dysphoria and working closely with medical professionals, students, and parents to develop individualised education plans and accommodations, schools can create a supportive environment for academic and social success. Education Minister Lawrence Wong emphasised the “principles of dignity and respect in supporting these students, noting that gender identity issues should not become divisive cultural battlegrounds as seen in some Western societies”. (Lim, 2021)

5. CONCLUSION

In conclusion, educational therapy plays a vital role in supporting children with gender dysphoria and promoting inclusivity in school environments. By providing tailored support, fostering understanding, and advocating for systemic change, educational therapists contribute to creating safe and affirming spaces where all students can learn and grow. To create more inclusive spaces, continued efforts to raise awareness, promote acceptance, and advocate for policy change are essential to ensure that every child receives the support they need to succeed, regardless of their gender identity.

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The author has declared that no competing interests exist.

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