

THE INCLUSIVITY AND ACCEPTANCE OF GENDER DYSPHORIC CHILDREN- THE ROLE OF SOCIETY AND LAW IN CREATING AWARENESS TO GENDER EDUCATION

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(Assistant Professor, Marathwada Mitra Mandal's Shankarrao Chavan Law College, Pune)

Abuse of gender dysphoric children refers to gender-based discrimination that creates an unfriendly environment and may gravely impair the victim's well-being and functioning or ability to participate at work or in their educational institutions. Gender-non conforming children appear to experience excessive subjection to various forms of physical and mental abuse than those belonging to cisgender, the heterosexual majority. The children with gender incongruence face a lot of stigma and abuse which affects their self-esteem and the developmental milestones. The need of the hour is to impart gender education at educational institutes that's culturally responsive and inclusive, helps children develop the social and emotional skills, they need to become gentle and empathetic adults. This type of gender education which is given early and often, leads to appreciation of sexual diversity and development of healthy relationships, prevention of child sex abuse, and improved social - emotional learning. The researchers, through this chapter, wish to highlight the issues gender dysphoric children are highly prone to and addressing the required changes in the attitude and functioning of the society, in order to address their trauma and emphasise the role of gender education in creating awareness towards gender diversity as a prerequisite for a cultural change.

INTRODUCTION

Most cultures interpret sex as a binary notion, with two inflexibly fixed options: male or female, based on a person's reproductive anatomy and functions. But a binary view of sex fails to capture its complexity. Not only are female and male bodies more multifaceted than most realize, there are also bodies that fit neither type. While we are often taught that bodies have one of two forms of genitalia, which are classified as "female" or "male," there are Intersex traits that demonstrate that sex exists across a range of possibilities. This level of naturally occurring biological distinction by itself should be enough to dismiss the simplistic notion that there are just two sexes. The relationship between a person's gender and their body goes beyond one's reproductive functions. Research in neurology, endocrinology, and cellular biology points to a broader biological basis for an individual's experience of gender. In fact, research increasingly points to our brains as playing a key role in how we each experience our gender.

People tend to use the terms "sex" and "gender" interchangeably. But while connected, the two terms are not alike. Usually, we assign a new-born's sex as either male or female, based on the baby's genitals. Once a sex is assigned, we presume the child's gender. For some people, this is cause for little concern because their gender makes even with gender-related notions and conventions associated with their sex. However, while gender may begin with the assignment of our sex, it doesn't end there. A person's gender is the complex interrelationship between three dimensions: body, identity, and social gender.¹

Sex refers to a set of biological attributes in humans and animals. It is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function, and reproductive/sexual anatomy. Sex is usually categorized as female or male but there is variation in the biological attributes that comprise sex and how those attributes are expressed.

Gender refers to the socially constructed roles, behaviours, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and each other, how they act and interact, and the distribution of power and resources in society. Gender identity is not confined to a binary (girl/woman, boy/man) nor is it static; it exists along a continuum and can change over time. There is significant diversity in how individuals and groups understand, experience and express gender through the roles they take on, the expectations placed on them, relations with others and the complex ways that gender is institutionalized in society.²

For the first time in history, large portions of the world population are aware that gender diverse people exist. However, those who do not fit neatly into the gender binary are often marginalised and shunned from public society. Most cultures have little tolerance for individuals who do not follow general social gendered norms. This chapter aims to educate about gender incongruence, gender dysphoria and the fact that this is something absolutely natural to happen and one has no control over it. Because in the end, it is plain simple concept of 'human' rights and just by being born with chromosomes that does not fit the idea of our primitive society is no ground for denying the community of their human rights.

GENDER INCONGRUENCE AND GENDER DYSPHORIA

Gender incongruence (GI) is defined as a condition in which the gender identity of a person does not align with the gender assigned at birth. The newly revised ICD-11 (the International Statistical Classification of Diseases and Related Health Problems) codes include new changes to reflect modern understanding of sexual health and gender identity. CD-11 has redefined gender identity-related health, replacing outdated diagnostic categories like ICD-10's "transsexualism" and "gender identity disorder of children" with "gender incongruence of adolescence and adulthood" and "gender incongruence of childhood", respectively. gender incongruence was once treated as a mental illness which caused a lot of stigma and hence now it is referred to as a part of sexual health rather than mental illness. This change is intended to help increase their access to health care and destigmatize the condition.³

Gender dysphoria, on the other hand is a medical condition in which a person's sex assigned at birth (based on whether they have a penis or vagina) does not match their gender and that incongruity causes them excessive mental and emotional distress. GD is manifested by displaying at least two of the following characteristics -

1. A marked incongruence between one's experienced/expressed gender and primary/secondary sex characteristics.
2. A strong desire to get rid of one's primary sex characteristics because of a marked incongruence.
3. A strong desire to have the sex characteristics of the other gender.
4. A strong desire to be the other gender.

5. A strong desire to be treated as the other gender.
6. A strong conviction that one has the typical feelings and reactions of the other gender.

The causes of gender dysphoria are not fully clear. It was traditionally thought to be a psychiatric condition. Now there is evidence that it may not have origins in the brain alone. Studies suggest that gender dysphoria may have biological causes associated with the development of gender identity before birth. More research is needed before the causes of gender dysphoria can be fully understood. The condition however is associated with clinically significant distress or impairment in social, occupational or other important areas of functioning.

CAUSES OF GENDER DYSPHORIA

- Genetic causes of biological sex

Research points that growth that governs biological sex happens in the mother's womb. Anatomical sex is determined by chromosomes that contain the genes and DNA. Each person has two sex chromosomes. One of the chromosomes is from the father and the other from the mother. A normal man has an X and a Y sex chromosome and a normal woman has two X chromosomes. It is seen that during early pregnancy, all unborn babies are female because only the female sex chromosome (or the X chromosome) that is inherited from the mother being the active one.

After the eighth week of pregnancy, the chromosome from the father (an X for a female and a Y for the male), advances in activity. If the father's contribution is the

X chromosome the baby continues to develop as female with a surge of female hormones. This helps develop her female sex organs, reproductive organs and features. This makes her sex and gender female. If the inherited chromosome from the father is a Y there is a surge of testosterone and other male hormones that lead to development of male characteristics, such as testes. This makes the baby's sex and gender male. abnormal biological processes, including **mutations in certain genes**, can lead to abnormal gonadal development, causing some foetuses to present with indifferent gonads and to be reassigned at birth to the default female sex. This disparity in genetic influences relates to an increased likelihood of a diagnosis of GD.

- **Hormonal causes**

Hormones that trigger the development of sex and gender in the womb may not function adequately. For example, anatomical sex from the genitals may be male, while the gender identity that comes from the brain could be female. This may result from the excess female hormones from the mother's system or by the foetus's insensitivity to the hormones. The latter condition is called androgen insensitivity syndrome (AIS).

- **Exposure to progesterone or other estrogenic drugs**

Although there is no research that shows that males or females exposed to progesterone in the womb or other estrogenic drugs, such as diethylstilbestrol (DES) may have a raised risk of gender dysphoria; there may be an association in some atypical aspects of gender role behavior.

- **Rare conditions that may lead to gender dysphoria**

There may be rare conditions like congenital adrenal hyperplasia (CAH) and intersex conditions which may also result in gender dysphoria. In CAH a female foetus has adrenal glands (small caps of glands over the kidneys) that produce high level of male hormones. This enlarges the female genitals and the female baby may be confused with a male at birth. Intersex conditions mean babies may be born with the genitalia of both sexes. In these cases, the child is allowed to grow and choose his or her own before any surgery is carried out to confirm it.⁴

The causes stated here are evidence that this is natural, biological and in whose outcome, humans have less to no control or even a choice but to be more accepting and inclusive.

ROLE OF EDUCATION IN CREATING AWARENESS FOR GENDER INCLUSIVITY

An educational experience is intended to empower individual and foster development. For the advancement of a society, the positive effects of education must be experienced by all genders in an impartial manner. Gender education is a process that aims to eliminate the current reality of deeply ingrained gender-based discrimination in society, and create a safe and harmonious environment for all individuals and groups. It finds its basis in the constitutional values, particularly "equality" for all people, including women, transgender and other gender identities.

Revolutionizing a change in outlook towards gender binaries in educational spaces can set an example for other social institutions, and create a culture that enables us to

look beyond social structures of gender. Social relationships and the relationship dynamics will only be corroborated with this change in attitude, that inspires all individuals and groups to be reciprocally humble and kind. Gender education can be a catalyst for challenging the traditional norms.

With the understanding that “gender” is not a binary concept, and that it is a socially constructed notion, gender education must acknowledge and accommodate individuals who self-identify across the gender spectrum. Awareness of certain terminologies and concepts is necessary if we want to engage in gender education in a fair and respectful manner. For example, Sex, Gender, Sexuality, Sexuality Minorities, Femininity, Masculinity, Gender Equality, Gender Sensitivity and so on. We can see the usage of terms such as “transgender” or “third gender” in National Education Policy (NEP), 2020.

The NEP 2020 articulates that the purpose of the education system is to develop good human beings capable of rational thought and action, possessing compassion and empathy, courage and resilience, scientific temper and creative imagination with sound ethical values. It aims at producing engaged, productive and contributing citizens for building an equitable, inclusive and plural society as envisaged by our constitution. This principle stated in NEP has serious suggestions for gender education.

The experience of transgender people is rather unlike when compared to cisgender boys and girls. Transgender individuals are severely stigmatized and face many barriers in pursuing their education. Respectful inclusion of the transgender community does not occur in educational spaces and otherwise. During the

developing phase, many students experience confusion between their identity and the assigned sex. Most of the time they are bullied by others by being called ‘eunuchs’. They face difficulties in using washrooms in schools, which dampens their enthusiasm for continuing education. It has been observed via various research that many of such gender dysphoric children commit suicide owing to the frustrations and emotional chaos that comes from being stigmatized in the society.⁵ So, it is essential to treat them with respect and sensitivity, and assure them of their dignity, rights and freedoms at least in a teaching-learning environment.

When parents come across the truths of their children’s individuality being different from their assigned sex, they naturally find it hard to accept and accommodate into their family life. Instead, steps are taken to deter the child from exploring themselves and many opt for conversion therapies. Social institutions like family and school are a child’s key means of social contact and therefore it is important they are educated to be inclusive of transgender identities. Schools can play an important role to initiate the culture of inclusivity. The school culture must be sensitive to the reality, needs and desires of gender dysphoric children. Teachers must take parents into confidence to include their gender dysphoric child in schools and to deal with such instances, one needs to have special abilities as well as gender sensitivity which can be inculcated in two ways namely;

- **Gender sensitivity and Textbooks:** Textbooks are an important curricular medium and Gender-sensitive content in textbooks has been discussed for several years and has shown enhancement in its design. However, the organisation of the textbook, its content and graphics still include ideas that are associated with

preconceived notions about gender roles in the society, and reproduce what are falsely considered gender norms.

- **Gender Sensitivity, Pedagogic Approaches and School Culture:** Apart from the formal curriculum taught in schools, children pick up a lot of habits and ideas through other facets of the school environment. Children observe, perceive and unconsciously imbibe everyday experiences, happenings, behaviours, and conversations in the school. These are the unintended outcomes of any educational experience which we call as the 'hidden curriculum'. When examined with the gender lens, one can see how gender prejudices, gender discriminatory attitudes, gendered division of labour and gender-based roles are expressed through teaching-learning as well as other school activities, and perpetuate gender discriminatory attitudes.⁶

Gender education encompasses a cultural and perception shift. As the challenges pertaining to gender are universal in the actions of the society and mindset of an individual, school curriculum must be inclusive; this includes the daily teaching-learning textual content and pedagogy, school norms, events and other interactions that the school environment offers. The cognizance of gender identity, gender equality and mutual respect, along with compassion, acceptance, and tolerance should all be imparted as a belief and a cultural norm which is a precursor for initiating gender inclusivity. An eventual goal is to foster an atmosphere that normalizes ideas of non-binary identities and habits. Therefore, the duty of designing curriculum, syllabus, and textbooks must be done with great care. Gender education must be integrated into the curriculum in all the stages of formal education. Activities that allow children to express themselves openly on the issues around

gender and related concepts must be designed. Examples of ideals moving beyond the existing gender stereotypical framework should be incorporated in the subject matter.

The NEP 2020 has proactively taken a step to work for the gender inclusivity and that can be seen through its various principles. The educational institutions should take a due notice of the same and;

- Ensure that there is no deterioration in registration, no drop out at any stage and access to universal education for the girl child– inclusive of children of migrant labourers, girls with disabilities, transgenders (which includes all genders under the LGBTQIA+ umbrella)
- For realizing this, conducting research, and taking effective steps, providing basic services to all.
- Constituting a gender inclusion fund for providing qualitative education for children who identify from LGBTQIA+.
- Identifying gender sensitivity as a value and work towards creating respect for all, empathy, tolerance, human rights, gender equality, non-violence, universal citizenship – in school curriculum.
- Attending adolescence issues like substance abuse, violence, discrimination, and abuse; ensuring safety and rights of all children/adolescents, especially girls and other non-binary genders. Also, all the opportunities meant for Socio-Economically Disadvantaged Groups students in general should be available to transgender children.

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Inclusion of transgender in NEP is a positive development. One of the outstanding examples includes the state of Karnataka which passed Karnataka State Transgender Policy - 2017 and recognized that fundamental rights are available to all non-binary genders in the same manner as they are to males and females. The Court maintained that discrimination based on sexual orientation and gender identity is violation of fundamental rights. The matter of safety and security of children of all genders is a necessary precursor to their participation in educational activity. It mandated that every child in the State, irrespective of citizenship, religion, caste, or economic, social, political, cultural, or geographical background must have access to protection at all times, from all forms of violence, abuse, neglect and exploitation enables access to child protection services across all social sectors education, health, security and justice. The promotion of gender equality has been one of the main goals of inclusive education for several decades and hence experience with gender-inclusive pedagogy would help educators to create an environment for their classrooms that enables all students to develop their abilities and talents to the fullest.

THE NEED FOR LEGAL INTERVENTIONS

Legal system echoes all the energy of life within any society. Law has the intricate strength of a living organism. It is said that the rule of law is supreme and everyone is equal in the eyes of law but still we do see a lot of incongruity and discrimination in law when it comes to addressing the issues faced by the gender dysphoric people, in our case more specifically the children. Before we address further, it is significant

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to first understand why do we need law in the society and why does society rely on the legal system in order to enjoy their basic human rights.

Law is significant because it acts as a parameter as to what is accepted in the society. without law, there will be severe conflicts between social groups and communities. Law allows for an easy acceptance to changes that occurs in the society. To seek examples from the past, law certainly has acted as a catalytic agent in the process of social transformation of people with respect to the dilution of caste inequalities, protective measures for the weak and vulnerable sections, providing for the dignified existence of those living under unwholesome conditions etc.

Having said that law and society is highly interwoven and rest on each other. Social change involves an alteration of society; its values, beliefs, and its economic, political and social dimensions also undergo modification. However, sometimes certain law fails because the society could not accept it owing to their approach. Nonetheless, when law cannot bring about change without social support, it still can create certain preconditions for social change. Moreover, after independence, the Constitution of India provided far-reaching guidelines for change. Its directive principle suggested an outline for a new nation. The de-recognition of the caste system, equality before the law and equal opportunities for all in economic, political and social spheres were some of the high points of the Indian Constitution. It has the ability to create a fair and open structure for the civilized society and protection of vulnerable people's rights groups and hence voicing up for the marginalised section of the society, the researchers are highlighting the need for legal interventions to initiate a change.⁷

At presents the scenario in India is rather unsatisfactory. Although India has recognised the third gender and other gender non-conforming persons through the landmark judgement of **NALSA v. Union of India** and has enacted the **THE TRANSGENDER PERSONS (PROTECTION OF RIGHTS) ACT, 2019**, yet not much has changed when it comes to their social adaptivity and more so over the gender dysphoric children. India has yet not developed conviction for the cause and it is clearly depicted by the fact that we have no laws in place which comes to the rescue against the discrimination faced by the gender dysphoric children. Gender dysphoria can affect many aspects of life, including daily activities. People experiencing gender dysphoria might have difficulty in school due to pressure to dress in a way that's related with their sex assigned at birth or out of fear of being harassed or teased.

If gender dysphoria impairs the ability to function at school or at work, the result may be school dropout or unemployment. Relationship difficulties are common. Anxiety, depression, self-harm, eating disorders, substance misuse and other problems can occur. People who have gender dysphoria also often experience discrimination, resulting in stress. Accessing health services and mental health services can be difficult due to fear of stigma and a lack of experienced care providers. It is a help call in distress that asks the society for legal intervention.

At the tip of the iceberg stands the **Conversion Therapy** and minors are especially vulnerable as they are under the supervision of their primary caregiver. Conversion therapy can be defined as any pseudoscientific treatment that aims to change a person's sexual orientation or gender identity align with cisgender norms.

Some of the cruellest ways of conversion are psychotherapy medication, aversive treatments, electroshock therapy and even exorcism. This can lead to depression, anxiety, drug use, homelessness, and suicide.⁸

The World Health Organization declassified homosexuality as a pathology or disease in 1990 and transsexuality in 2019. In their 2020 report, the independent expert mandated by the United Nations Human Rights Council recommended that states ban conversion 'therapy'. The European Parliament has strongly condemned all forms of discrimination against LGBTQIA+ people, including LGBTQIA conversion 'therapies'. Within the European Union (EU), four Member States – Malta, Germany, France and Greece – have banned these practices, and many regions in Spain have placed administrative bans on them.⁹

Looking at the world, countries like California, Colorado, Connecticut, Delaware, Vermont, Washington, the District of Columbia and Puerto Rico and many more, all have laws or regulations protecting youth from this harmful practice.

India can also make laws which will make it a criminal offense to cause someone to undergo conversion therapy, receive financial or other material benefits from providing it, promote or advertise the practice and do anything for the purpose of removing a child from India with the intention of making them undergo conversion therapy in another country.

Currently, the use of such therapy by doctors can attract civil liability – a form of legal liability wherein compensation is to be paid in terms of money for damages

done, under medical negligence, as doctors have a duty to decide whether they should or should not take up the case. This was held by the Supreme Court of India in the *Laxman Balkrishna Joshi* case. Indian doctors should refuse to take up cases involving conversion therapy. If they fail to do so, then civil liability under medical negligence can be attributed to them. But civil liability only recognises monetary compensation and nothing more. Hence, ascribing civil liability in the instances of doctors unabashedly ignoring medical research is not sufficient to eliminate this practice completely. Therefore, a need for attributing criminal liability arises.

To attribute criminal liability for conversion therapy in India, two possible recourses can be explored.

Firstly, Section 319 of the Indian Penal Code (IPC) provides that causing infirmity will constitute the offence of "Hurt." Moreover, it was held in *Jashanmal Jhamatmal v. Brahmanand Sarupananda*, that infirmity of mind comes under the ambit of "Hurt." Hence, an inference can be made that the conversion therapy may fall under the ambit of "Hurt," due to sufficient evidence of mental infirmities like depression, anxiety, trauma, etc. caused by it.

Secondly, criminal liability for medical negligence is provided under Section 304-A of the IPC. However, the threshold of establishing the same is extremely high. It is a settled position in criminal law that for establishing criminal negligence or recklessness, the act must be of such a high degree as to be "gross," as held in the *Jacob Mathew case*. Consequently, due to the ambiguity and wide scope of the terms "high degree" and "gross," this gives a leeway to the medical practitioners to get away without any penal consequence.¹⁰

However, judicial precedents do not support the application of the aforesaid provisions to conversion therapy, which gives rise to a need for explicit criminal provision/statute addressing the same.

India needs to amend the criminal code and provide punitive actions for advertisements for conversion therapy. Anyone convicted of causing another person to undergo conversion therapy faces a prison term of up to minimum five years, while individuals who promote, advertise, or materially benefit from conversion therapy may face up to two years addressing the severity of the offence. India still has a long way to go before it plugs all the loopholes in the system and ban this detestable practice. The lawmakers need to not only lay out clear terms of restrictions but also set up a robust complaint mechanism to avoid any exploitation whatsoever.¹¹

Talking about the mental health of the gender dysphoric children, India does not have a legislation especially pertaining to the cause. However, India has enacted the Mental Health Care Act, 2017 which provides for generalised mental healthcare perspectives for children and adolescents. A novel aspect of the legislation is the decriminalization of suicidal behaviours. This is especially relevant in the case of adolescents who have high rates of self-harm and suicidal behaviours, which indicate the presence of serious psychological distress that requires urgent medical, including psychiatric, intervention. Till recently, the criminal perspective on and legal consequences of such behavior was a barrier to help-seeking.¹²

Law definitely has to do a lot of work yet in order to protect the rights of the gender dysphoric children and to ensure their equal participation and self determination in a safe environment and that can happen by changing the school curriculum to be more

inclusive, educating the educators and a dedicated law to address the concerns of gender dysphoric children.

CONCLUDING REMARKS AND SUGGESTIONS

Views and language about gender are changing rapidly. In addition, our children are encountering diverse presentations and experiences of gender almost everywhere they turn – among their classmates and friends, across social media, in popular culture, as they interact with the everyday world and increasingly in their own families. To not give them a way to make sense of that experience is to leave them unprepared to interact with the rest of the world. School is a place where children are taught to respect one another and to learn to work together regardless of their differences. Learning about gender diversity is part of that work. Our students are growing up in a world that is increasingly recognizing the diversity of gender. Creating a more tolerant, inclusive, and accepting school environment teaches all children to recognize and resist stereotypes. We teach children to stand up for others, to resist bullying, and to work together.

What can we do as a primary care giver of a gender dysphoric child?

- Work with the child and help yourself understand the child's experience and support your child
- Support your child to understand their gender identity
- Support your child to affirm their gender, where appropriate.
- Psychological support like psychotherapy to help your child explore their gender identity

- Family therapy to help you understand your child's experience.
- Support to help your child affirm their gender, where appropriate.
- Voice coaching and speech therapy to help your child communicate in a way that's consistent with their gender identity.

Children who want to affirm their gender identity need to have a comprehensive medical and mental health assessment before any medical treatment can be recommended. For some teenagers, medical treatment can help reduce the distress associated with physical aspects of their bodies.

The motive of learning about gender diversity is to validate that children are unique and that there is no single way to be a boy or a girl or any other gender. If a child does not agree with or understand another student's gender identity or expression, they do not have to change how they feel inside about it. Having said that, they also do not get to make fun of, harass, or harm other students whose gender identity or expression they don't understand or support. Gender inclusive education is about teaching students to live and work with others. You do not need to fully understand another person's experience to treat them appropriately. It comes down to the simple promise that all children must be treated with kindness and respect.

Transforming India to being a country that protects sexual and gender diversity will require action by multiple ministries and agencies at both the national and state levels. This includes modifying education laws to include a spectrum of gender – not just “male and female” students – and updating courses and syllabuses to make them inclusive of diverse gender and sexuality communities. There's always a hope for the better future.

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¹ Gender Spectrum, <https://genderspectrum.org/articles/understanding-gender> (last visited Dec. 3, 2022).

² Canadian Institutes of Health Research, <https://cihr-irsc.gc.ca/e/48642.html> (last visited Nov. 26, 2022).

³ World Health Organisation, Gender incongruence and transgender health in the ICD (who.int) (last visited Nov. 26, 2022).

⁴ Dr. Ananya Mandal, MD, *Causes of Gender Dysphoria*, News Medical Life sciences, <https://www.news-medical.net/health/Causes-of-Gender-Dysphoria.aspx> (Dec. 1, 2022, 10.30 AM).

⁵ Responding to Concerns: Teaching about Gender, Gender Spectrum, <https://genderspectrum.org/articles/responding-to-concerns-teaching> (Dec. 3, 5.00 PM).

⁶ Gender Identity, Gender Diversity and Gender Dysphoria: Children and Teenagers, (Nov. 28, 3.00 PM) Gender dysphoria & identity: kids & teens | Raising Children Network.

⁷ Ramendra Pratap Singh, *Importance of Law in society*, Vidhi.org, <https://vidhi.org/importance-of-law-in-society/> (Dec. 2, 3.30PM).

⁸ David De Groot, *Bans on 'conversion therapies' The situation in selected EU member states*, European Parliament Briefing

[https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/733521/EPRS_BRI\(2022\)733521_EN.pdf](https://www.europarl.europa.eu/RegData/etudes/BRIE/2022/733521/EPRS_BRI(2022)733521_EN.pdf) (Nov. 27, 10.20 AM).

⁹ *Id.* At 7

¹⁰ Winy Daigavane and Anubhav Das, *An analysis of conversion therapy in India: The need to outlaw and the allied socio-cultural concerns*, The London school of economics and political science, (Nov. 27, 3.00 PM) An analysis of conversion therapy in India: The need to outlaw and the allied socio-cultural concerns | Engenderings (lse.ac.uk).

¹¹ Vismitha Rathi, *'Conversion Therapy Banned in Canada: a wakeup call for others'* Oxford Human Rights Hub <https://ohrh.law.ox.ac.uk/conversion-therapy-banned-in-canada-a-wake-up-call-for-others/> (Nov. 28, 11.00AM).

¹² Sharma E, Kommu JV, *Mental Healthcare Act 2017, India: Child and adolescent perspectives* Indian J Psychiatry 2019, <https://www.indianjpsychiatry.org/article.asp?issn=0019-5545;year=2019;volume=61;issue=10;spage=756;epage=762;aulast=Sharma> (Nov. 28, 11.30 AM).