Safe Schools for Transgender and Gender Diverse Students

The National Association of School Psychologists (NASP) supports efforts to ensure that schools are safe and inclusive learning environments for all students, family members, and school staff, including those who are transgender or gender diverse. NASP respects a person's right to express gender identity, and the right to modify gender expression when necessary for individual well-being. In addition, NASP supports all students' right to explore and question their gender identity. NASP is committed to a policy of nondiscrimination and the promotion of equal opportunity, fairness, justice, and respect for all persons (NASP, 2012).

NASP acknowledges that neither having a transgender identity nor being perceived as gender diverse is a disorder, and that efforts to change a person's gender identity are ineffective, harmful, and discriminatory. NASP works to ensure that settings in which school psychologists work are safe and welcoming and provide equal opportunity to all persons regardless of actual or perceived characteristics, including gender, gender identity, gender expression, sexual orientation, and any other personal identity or distinguishing characteristics (NASP, 2010). A glossary of terms may be found at the end of the statement.

NEEDS OF TRANSGENDER STUDENTS

In many communities, it is dangerous to be gender nonconforming or to be known as transgender. Many children, youth, and adults blend with their chosen gender, and are safe to the extent that their transgender status is hidden. Data concerning school-age transgender youth are limited, but what data are available suggest that more action by school officials is needed to ensure schools are settings in which students can thrive.

Because transgender youth are so hidden, it would be easy to believe that these students are extremely rare. It is extremely difficult to estimate the prevalence of transgender students in school (Meier & Labuski, 2013). One of the few large districts to gather data is San Francisco. In 2011, 0.5% of San Francisco high school students self-identified as transgender on the annual Youth Risk Behavioral Survey (Timothy Kordic, personal communication, December 20, 2013). The prevalence of self-identified transgender adults has been estimated as 0.3% of the U.S. general population (Gates, 2011).

The experiences that transgender students have at school appear to have effects on their well-being as adults. Toomey, Ryan, Diaz, Card, and Russell (2010) showed that while gender nonconformity alone had no direct effect on these outcomes, the *victimization* experienced at school associated with gender nonconformity had a lasting impact and put these children at risk for negative mental health outcomes in adulthood. Harassment and assault lead to anxiety about school, leading to missing days of school. Nearly half (46%) of transgender students reported missing at least one school day in the previous month because they felt unsafe (Greytak, Kosciw, & Diaz, 2009).

Research suggests that gender diverse children are at higher risk of physical, emotional, and sexual abuse and are at higher risk of posttraumatic stress disorder (PTSD) in adulthood, with about a third of the higher risk of PTSD accounted for by being abused as a child (Roberts, Rosario, Corliss, Koenen, & Austin, 2012). Coming out to family members often results in physical assault and expulsion from the family home (Ray, 2006). In one study, more than half of transgender youth reported initial parental reaction to coming out as negative or very negative (Grossman, D'Augelli, & Frank, 2011). Young adults who experience low family acceptance of identity are more likely to be at risk for depressive symptoms, substance use, and suicidal ideation and attempts (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). In addition to longitudinal outcome risks, transgender youth face immediate challenges during their school-age years. Transgender youth are often desperate to transition. However, even if they have medical insurance, the healthcare procedures necessary to transition are explicitly excluded from most health insurance plans. Psychotherapy for gender dysphoria is often excluded. Transgender youth may take hormones obtained on the street or through the internet without medical supervision, and take excessive doses. They may seek silicone injections at "pumping parties," resulting in severe disfigurement or death.

Despite these challenges, many transgender youth are resilient, and there are a number of factors that may help them guard against the worst outcomes. Resilience in children and youth appears to depend on personal characteristics like being outgoing, resourceful, and having a positive self-concept. In addition, social relationships, such as having an emotional bond with at least one adult over a period of time, and having a supportive community are associated with resilience (Werner, 1995). Specifically for transgender and gender diverse children, attention has been focused on *family acceptance* and *school acceptance*. LGBT youth from families rated high in acceptance (e.g., they discuss their child's gender identity or sexual orientation openly, integrate their child's LGBT friends into family activities, express appreciation for their child's clothing choices even if the clothing was gender nonconforming) reported better self-esteem, better health, lower levels of depression, lower rates of substance abuse, lower rates of suicide attempts, and lower rates of risky sexual behavior (Ryan, Russell, Huebner, Diaz, & Sanchez, 2010). These findings suggest that similar acceptance in school environments is recommended.

CONSIDERATIONS FOR PARENTS, PHYSICIANS, AND SCHOOLS

To adequately support their child's growth, parents must allow their child's personality to unfold while simultaneously protecting them from harm (Ehrensaft, 2011). Families go through a developmental process in accepting a transgender or gender diverse child. Much depends on a parent's beliefs and understanding of child development and of gender. Some children have unexpected gender behavior at an early age, which persists in spite of parent attempts to divert the child to gender conforming behavior. Parents may be embarrassed or ashamed of their child's behavior, depending on conformity pressures coming from extended family members, neighbors, clergy, daycare providers, and others. Parents may fear the future for their child, as well as their own future as they are judged by other adults. The parent who is the same sex as the child may question his or her own effectiveness as a role model. Children and youth are more likely to have successful outcomes if parents work to create safe and supportive spaces for their child within the home, require others to respect their child, and express love for their child (Brill & Pepper, 2008).

The World Professional Association for Transgender Health (WPATH) *Standards of Care* for the psychiatric, psychological, medical, and surgical management of gender transition note that "Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex

assigned at birth has been attempted in the past without success. Such treatment is no longer considered ethical" (Coleman, et al., 2011, p. 175).

Some students arrive at kindergarten already living in their asserted gender, while others express a desire to make a gender transition later in elementary or in secondary school. The majority of gender diverse children under age 9 who assert that they are a different gender than assigned at birth do not persist in asserting that gender in adolescence and early adulthood. By comparison, the majority of youth age 11 and older asserting a gender different than assigned at birth persist in that identity throughout adolescence and adulthood (Steensma, Biemond, de Boer, & Cohen-Kettenis, 2011). For children under age 9, only reversible social transitions are recommended (e.g., clothing, hair styles, activity preferences). For children age 11 or older, other treatments may be appropriate. A reversible medical treatment involving the administration of a gonadotropin-releasing hormone agonist (GnRH) in early puberty can put puberty on hold for several years, allowing the child time to mature and be ready for permanent changes. After puberty, youth can make more informed decisions regarding long-term treatment (Delemarre-van de Waal & Cohen-Kettenis, 2006; Spack et al., 2012).

Educational persistence of transgender and gender diverse students may depend on their sense of safety and belonging in the school environment. Title IX of the Education Amendment Act of 1972 prohibits harassment of students on the basis of gender expression. Schools have a duty to ensure that gender diverse and transgender students are included in all school infrastructure. For example, providing gender-neutral bathroom options and avoiding the use of gender segregation in practices such as school uniforms, school dances, and extracurricular activities are structural ways to provide safer school environments (Toomey et al., 2010). The presence of a Gay–Straight Alliance (GSA) in school can lead to greater feelings of safety and of belonging, better attendance, and lower rates of harassment. (Toomey, Ryan, Diaz, & Russell, 2011).

Comprehensive antiharassment policies that include protections for transgender and gender diverse students are helpful for all students. Adult intervention is helpful when homophobic or transphobic statements are heard (Case & Meier, 2014). Written policies and procedures addressing the needs of transgender and gender diverse students are helpful for staff and administrators and all students and families (e.g., Gay, Lesbian, and Straight Education Network/National Center for Transgender Equality, 2011; Massachusetts DOESE, 2012).

ROLE OF THE SCHOOL PSYCHOLOGIST

The school psychologist should be in tune with the needs of students and staff, and can provide evidence-based information about transgender issues. The school psychologist should be welcoming and supportive of transgender and gender diverse staff and parents, and he or she should be able to foster a climate of acceptance and security for all (Case & Meier, 2014). A student's transgender status or history must be kept confidential and within the student's control. In all cases school psychologists must be sensitive to the needs and welfare of all individuals at their school sites, including transgender and gender diverse students and staff. School psychologists must advocate for the civil rights of all students, including those who are transgender or gender diverse. This can be accomplished by:

- Advocating for gender neutral spaces and helping establish safe zones for transgender students
- Seeking additional training or supervision as needed regarding issues affecting transgender and gender diverse people

- Modeling acceptance and respect
- Providing staff training to increase awareness regarding transgender issues in the schools
- Responding to bullying, intimidation, and other harassment, whether perpetrated by students or staff
- Minimizing bias by using phrasing and pronouns that are not gender specific and by avoiding gender stereotypes
- Providing counseling and attending to the social–emotional needs of transgender and gender diverse students in school
- Acquiring and providing information on community agencies that provide services and supports to the transgender community
- Supporting or contributing to research regarding best practices for integrating transgender and gender diverse students in school

Gender diverse and transgender students might be referred to a school psychologist due to school victimization or bullying, suicidal ideation or attempts, nonsuicidal self-injury, sexual orientation instead of gender issues, social anxiety, and/or autism spectrum symptoms. School psychologists should be aware of resources for these children and their families. Transgender and gender diverse students may benefit from learning healthy coping skills and building resilience, but interventions for associated social–emotional problems should not attempt to enforce gender stereotypical behavior.

NASP's *Principles for Professional Ethics* (NASP, 2010) include provisions that pertain to gender diverse and transgender individuals, including the following:

- *Standard I.2.6:* School psychologists respect the right of privacy of students, parents, and colleagues with regard to sexual orientation, gender identity, or transgender status. They do not share information about the sexual orientation, gender identity, or transgender status of a student (including minors), parent, or school employee with anyone without that individual's permission.
- *Standard II.1.2:* Practitioners are obligated to pursue knowledge and understanding of the diverse cultural, linguistic, and experiential backgrounds of students, families, and other clients. When knowledge and understanding of diversity characteristics are essential to ensure competent assessment, intervention, or consultation, school psychologists have or obtain the training or supervision necessary to provide effective services, or they make appropriate referrals.
- *Principle I.3:* In their words and actions, school psychologists promote fairness and justice. They use their expertise to cultivate school climates that are safe and welcoming to all persons regardless of actual or perceived characteristics, including race, ethnicity, color, religion, ancestry, national origin, immigration status, socioeconomic status, primary language, gender, sexual orientation, gender identity, gender expression, disability, or any other distinguishing characteristic.

School psychologists should encourage schools to develop and implement policies and procedures to prevent harassment of gender diverse and transgender students in order to promote safe schools for all students. School psychologists can provide education about gender expression and LGBT issues to teachers, administrators, students, and staff (Toomey et al., 2010). School psychologists should encourage the formation of support or social groups for gender diverse and transgender students (Goodenow, Szalacha, & Westheimer, 2006; Toomey et al., 2010). School psychologists can work with teachers and administrators to serve as mentors for these students. Being accepted by even just one coach, teacher, or administrator can serve as a protective factor against negative psychosocial outcomes for these youth.

GLOSSARY

Language is evolving rapidly. Some terms that were considered acceptable in the past may be offensive in the present. Some previously offensive terms have been reclaimed by newer generations. We have attempted to use currently acceptable terms in this glossary. A glossary that is frequently updated is the *Media Reference Guide* available online from the Gay and Lesbian Alliance Against Defamation (GLAAD, 2010).

- **Asserted Gender.** *The* gender a person declares to be, verbally, nonverbally, covertly, or overtly. A transgender person's gender is usually affirmed insistently, consistently, and persistently over years. In transgender people, there is a difference between birth-assigned gender and affirmed gender. In *cisgender* people, affirmed gender aligns with birth-assigned gender. Depending on ecological safety, gender affirmation may be nonverbal and covert, or it may be a verbal declaration ("coming out") in a safe place.
- **Cisgender.** A person whose sex assigned at birth matches current gender identity. The opposite of *transgender.* "Nontransgender" is sometimes used, but implies that being transgender is not a normal variant of human difference.
- **Gender.** *Gender* implies the psychological, behavioral, social, and cultural aspects of being male or female (VandenBos, 2007). Gender refers to the socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for boys and men or for girls and women (APA, 2011). While sex is a biological construct, gender is a social construct. As most people's sex and gender align, the two terms are sometimes used interchangeably.
- **Gender Assignment.** *Gender assignment* is the classification of an infant at birth as either male or female (VandenBos, 2007); this assignment of a legal gender (sex) to a child triggers a variety of social events and developmental tasks related to gender role.
- **Gender Constancy.** *Gender constancy* is a child's emerging sense of the permanence of being a boy or a girl (VandenBos, 2007), an understanding that occurs in stages but is mostly complete by age 7. School entry presents greater pressure to conform to gender expectations. At this age, some children with a gender identity incongruent with their birth-assigned sex may experience distress if they are not permitted to express and be witnessed as their gender. At clinically significant levels, this is called *gender dysphoria* (VandenBos, 2007).
- **Gender Dysphoria.** Discontent with the physical or social aspects of one's own sex (VandenBos, 2007). The degree of distress can vary from mild to severe, and can be life long, although not all transgender people experience gender dysphoria. The child with gender dysphoria may demonstrate symptoms of depression, anxiety, self-harm, or oppositionality (APA, 2013).
- **Gender Diverse.** Someone is *gender diverse* if his or her *gender expression* does not match what is culturally expected for the sex assigned at birth (Gender Equity Resource Center, n.d.). Individuals may dress or act in ways that others believe are not feminine enough or not masculine enough. Gender expression has become one aspect of diversity in human resource practice and in civil rights law, including nondiscrimination laws. Gender diverse implies that all humans express gender, and that no gender expression is inherently better than another. Gender diverse is an alternative term for *gender nonconformity*, which implies that gender diverse people are violating rules for gender expression; it is also an alternative for *gender variant*, which implies difference from a norm. Other respectful terms for gender diversity include *gender creative* and *gender expansive.*
- **Gender Expression.** *Gender expression* refers to how a person represents or expresses gender identity to others, often through behavior, clothing, hairstyles, voice, or body characteristics

(NCTE, May 2009). Gender expression is visible, while gender identity is not. Being gender diverse means having an unexpected gender expression; being transgender means having an unexpected gender identity. Some transgender people do not appear gender diverse. Some people with diverse gender expression are happy with their sex assigned at birth and have no desire or intention to transition genders.

- **Gender Identity.** *Gender identity* is a person's internal sense of being male, female, both, or neither (APA 2011). This sense of maleness or femaleness typically develops from a combination of biological and psychic influences (VandenBos, 2007). Shortly after children begin to speak, most are able to state whether they are a boy or a girl, and this identity is stable and resistant to change. Gender identity typically forms between 2 and 5 years of age. For most people, gender identity is consistent with sex assigned at birth.
- **Genderqueer.** A person who defies or does not accept stereotypical gender roles and may choose to live outside expected gender norms may self-identify as *genderqueer.* (Center for Excellence in Transgender Health, April, 2011). Genderqueer people may or may not avail themselves of hormonal or surgical treatments.
- **Sex.** The term sex refers to a person's biological characteristics, including chromosomes, hormones, and anatomy (VandenBos, 2007).
- **Sexual Orientation.** A person's gender identity is distinct from sexual orientation. *Sexual orientation* refers to an enduring pattern of emotional, romantic, and/or sexual attractions to men, women, both sexes, transgender people, no one, or all genders (APA, 2008; VandenBos, 2007). A transgender adult may be attracted to women, to men, to both women and men (bisexual), to no one (asexual), and/or to other transgender people. One's sexual orientation identity label is typically derived from gender identity, and not birth assigned sex. For example, a female-to-male transgender man who is primarily attracted to other men is likely to self-identify as gay. A male-to-female transgender woman who is primarily attracted to men is likely to identify as straight. Transgender people are more likely to also identify as LGBQ than cisgender people.
- **Trans.** shorthand term for a variety of transgender identities. Also, trans people or transpeople (Center for Excellence in Transgender Health, April 2011). Because there are a variety of disputes about the terms *transgender* and *transsexual*, *trans* is seen as a more widely accepted and respectful term than transgender. There are other terms which are more universally perceived as offensive, such as "tranny." See the GLAAD *Media Reference Guide* (2010) for terms that are universally offensive.
- **Transgender.** *Transgender* refers to having a gender identity that differs from culturally determined gender roles and biological sex (VandenBos, 2007). It is an umbrella term which includes diverse identities and includes persons identifying as female-to-male, male-to-female, two-spirit, genderqueer, and other terms (APA, 2011). The transgender umbrella includes those assigned female at birth who are or who wish to be living as men (*transgender men*), and those assigned male at birth who are or who wish to be living as women (*transgender women*). Many transgender people appear indistinguishable from *cisgender* people. They may or may not desire body modifications to express their asserted gender. Body modifications may be temporary (e.g., shaving, changing hair style, binding, using hormone blockers) or permanent (e.g., hormones, electrolysis, surgeries; APA, 2011). Medical assistance can help transgender people live more comfortable lives as they may be better able to blend in as their affirmed gender. Transgender women typically identify as *women,* and transgender men typically identify as *men.*
- **Transition.** The process of changing gender expression from that of one gender to another is called *transition* (APA, 2011). *Social transition* may include changes in clothing, grooming, pronouns, names, and identity documents. Children, adolescents, and adults may undergo social transition at

any time. *Medical transition* may include hormones and surgeries. Surgeries are only available after age 18, after at least one year of living persistently and consistently as the desired gender. Youth who have lived persistently in their preferred gender and who have reached Tanner Stage 2 for their birth sex (around age 12 for female-born youth and about 14 for male-born youth) may be eligible for medication that can suppress puberty until they reach age 16 or older when they may be eligible to be treated with hormones appropriate to their desired gender, saving much of the expense, pain, and cost of medical transition for adults.

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Please cite this document as:
National Association of School Psychologists. (2014). *Safe schools for transgender and gender diverse students* [Position statement]. Bethesda, MD: Author.

Position Statement

Lesbian, Gay, Bisexual, Transgender, and Questioning Youth

The National Association of School Psychologists (NASP) supports that all youth have equal opportunities to participate in and benefit from educational and mental health services within schools regardless of sexual orientation, gender identity, or gender expression. Harassment, lack of equal support, and other discriminatory practices toward lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth violate their rights to receive equal educational opportunities, regardless of whether the discrimination takes the form of direct harassment of individuals or is directed at the entire group through hostile statements or biases. Failure to address discriminatory actions in the school setting compromises student development and achievement. NASP believes that school psychologists are ethically obligated to ensure that all students have an equal opportunity for the development and expression of their personal identity in a school climate that is safe, accepting, and respectful of all persons and free from discrimination, harassment, violence, and abuse. To achieve this goal, education and advocacy must be used to reduce discrimination and harassment against LGBTQ youth by students and staff and promote positive social–emotional and educational development.

When compared to youth who are heterosexual, youth who identify as LGBTQ or those who are gender nonconforming are more likely targeted for harassment and discrimination. For example, when over 7,000 LGBTQ students nationwide were surveyed regarding their school experiences, 84% reported being verbally harassed, 40% reported being physically harassed, and 18% reported being physically assaulted at school within the past year based on actual or perceived sexual orientation (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010). Of the students who reported harassment experiences to school staff, one third said no subsequent school action was taken. Additionally, LGBTQ students were four times more likely than heterosexual students to report skipping at least one day of school in the previous month because they felt unsafe or uncomfortable. While LGBTQ youth appear to experience higher levels of mental health and academic difficulties, school-based social situations like victimization and lack of support are frequently related to these heightened risk levels (Bontempo & D'Augelli., 2002; Goodenow, Szalacha, & Westheimer, 2006).

Whereas members of other minority groups likely share their unique identity with family members and a visible community, LGBTQ youth may have few to no opportunities to learn coping strategies related to dealing with anti-LGBTQ sentiments and behaviors from a family support network (Ryan & Futterman, 1998). Additionally, LGBTQ youth are at an increased risk for emotional and physical rejection by their families and may become homeless as a result of disclosing their sexual orientation or gender identity (Rivers & D'Augelli, 2001). Concealing one's LGBTQ identity may increase a youth's risk for anxiety, depression, hostility, demoralization, guilt, shame, social avoidance, isolation, and impaired relationships (Pachankis, 2007).

CREATING SAFE SCHOOLS FOR LGBTQ YOUTH

Individual and systems-level advocacy, education, and specific intervention efforts are needed to create safe and supportive schools for LGBTQ youth. These should include, but not be limited to, the following strategies.

Establish and enforce comprehensive nondiscrimination and antibullying policies that include LGBTQ issues. Many schools already have nondiscrimination policies, but these may not include reference to sexual orientation, gender identity, or gender expression. Explicitly including these characteristics in policy statements gives legitimacy to LGBTQ concerns and keeps schools accountable for enforcing nondiscrimination and antibullying standards. Explicit policies also support staff who may fear repercussions for openly intervening and advocating for LGBTQ youth.

Educate students and staff. NASP supports educating students and staff about LGBTQ youth and their needs through professional development about the range of normal human diversity that includes sexual orientation, gender identity, and gender expression. Professional development training can lead to immediate and maintained improvements in students' and educators' motivation to interrupt harassing remarks and increased awareness of LGBTQ issues and resources (Greytak & Kosciw, 2010). NASP also supports the provision of information and training about relevant research, the risks experienced by these youth, effective strategies for addressing harassment and discrimination directed toward any student, and improving the school climate (e.g., inservices, staff development, policy development, research briefs, and program implementation). In addition, creating an educational context that includes the broad array of human diversity can help demystify sexual orientation and gender identity, along with promoting a positive self-concept for LGBTQ youth. This can include infusing issues pertaining to sexual orientation and gender identity into the curriculum, which may decrease feelings of isolation and promote a more positive self-concept. Curricula may include presenting theories about the development of sexual orientation or gender identity in a science class; reading works of famous gay, lesbian, bisexual, or transgender authors in a literature class; discussing the LGBTQ rights movement in historical context with other civil rights movements in a social studies class; or including LGBTQ demographic statistics in math exercises. In addition, including LGBTQ issues in health education can increase decision-making skills for all youth, by preparing them to make positive choices and reducing unsafe behavior.

Intervene directly with perpetrators. As with any instance of school violence, harassment and discrimination against LGBTQ youth, or any gender nonconforming youth, should be addressed both through applying consequences and educating the perpetrator. Education should be provided to the perpetrator to help prevent future aggression. Interventions should emphasize that discrimination and harassment must be addressed regardless of the status of the perpetrator. Youth, teachers, support staff, and administrators must be educated to make policies effective.

Provide intervention and support for those students targeted for harassment and intimidation and those exploring their sexuality or gender identity. Up to one fourth of adolescents may question their sexual orientation or gender identity (Hollander, 2000). School personnel should make no assumptions about youth who may be questioning, but provide opportunities for students to develop healthy identities. In addition to sexual orientation, gender identity, and gender expression, other diversity characteristics (e.g., gender, ethnicity, socioeconomic status) may add additional challenges or serve as strengths toward positive mental health and academic development and should be considered.

Counseling and other supports should be made available for students who have been targets of harassment, for those who are questioning their sexual orientation or gender identity, for those who are perceived as LGBTQ by peers or others, and for those who may become targets of harassment in the future by disclosing their status as LGBTQ (e.g., Gay-Straight Alliance). Interventions should focus on strategies that allow students to experience safety and respect in the school environment, including empowerment of students to address harassment of students who are LBGTQ.

Promote societal and familial attitudes and behaviors that affirm the dignity and rights within educational environments of LGBTQ youth. Schools should promote awareness, acceptance, and accommodation of LGBTQ students and their needs in fair ways. Schools can promote attitudes that affirm the dignity and rights of LGBTQ youth by becoming aware of and eliminating biases from their own practice. They can model nondiscriminatory practice by providing services to all students regardless of sexual orientation, gender identity/expression, or other minority status. School psychologists can promote and model affirming attitudes, use language that is nondiscriminatory and inclusive, and educate students and staff. Moreover, schools can function as powerful agents of change when they actively address slurs and openly confront discrimination, and they can address the actions or statements of other school staff or administrators who neglect the needs of LGBTQ youth or who actively discriminate against them. School psychologists can provide information, expert opinions, and evidence-based strategies to ensure that effective policies and practices are adopted and enforced, increasing the acceptance and tolerance of differences in the school environment by supporting development of student groups that promote understanding and acceptance of human diversity. Gay-straight alliances (GSAs) have a positive impact on school climate (Kosciw, Diaz, Greytak, & Bartkiewicz, 2010) and should be supported by school psychologists. Students who reported having GSAs in their schools were less likely to feel unsafe, less likely to miss school, and were more likely to feel that they belonged at their school than students in school with no such clubs (Kosciw, et al.). Schools should also be informed about programs in the community that facilitate and support healthy development of LGBTQ youth and support their families, and be prepared to advise parents, school personnel, and youth about these resources.

Recognize strengths and resilience. While much of the research has focused on negative factors impacting the development of LGBTQ youth, there are strengths as well. Savin-Williams (2009) posits a developmental trajectory that can impact a student positively or negatively with regard to psychosocial and educational domains. Further review of the research indicates that LGBTQ youth are capable of developing methods to keep themselves safe and find support from their environment. School psychologists should work to identify and build strengths and resilience in LGBTQ youth.

ROLE OF THE SCHOOL PSYCHOLOGIST

School psychologists can function as role models of ethical practice and inform staff and students that they are available to all students regardless of sexual orientation or gender identity. School psychologists can address issues of sexual orientation and gender identity in inservice training with teachers and programming for parents, actively counter discriminatory practices, and utilize NASP and other resources to advocate for LGBTQ youth. On an individual level, in counseling sessions, school psychologists can be mindful that sexual orientation, gender identity, and gender expression encompass a broad spectrum, and that many students question their sexual orientation and gender identity or are gender nonconforming. School psychologists are also in a position to educate students about a number of issues related to high risk behaviors that are especially frequent among gay, lesbian, bisexual,

transgender, and questioning youth, creating a more inclusive and healthier environment for both the school population in general and LGBTQ youth in particular.

SUMMARY

NASP recognizes that students who identify as LGBTQ, or those who are gender nonconforming, may be at risk for experiencing harassment and discrimination, as well as risk factors for social, emotional, and academic problems related to psychosocial stressors (Bontempo & D'Augelli, 2002; D'Augelli, 2006; Ryan & Futterman 1998). A successful program to address these issues educates both those who discriminate and those who are discriminated against because of sexual orientation, gender identity, or gender nonconformity. School psychologists can participate in education and advocacy on a number of levels by promoting nondiscrimination policies; conducting school-wide inservice training; actively addressing discrimination and neglect of student needs; sharing information about human diversity and evidence-based practices to address student needs; and modeling ethical practice through accepting and affirming attitudes, language, and behaviors in daily interactions with all students and staff. In addition, school psychologists can provide intervention to individual students. Any program designed to address the needs of LGBTQ youth should also include efforts to educate and support parents and the community through collecting information about services and establishing involvement with other organizations committed to equal opportunity for education and mental health services for all youth. Schools can only be truly safe when every student, regardless of sexual orientation, gender identity, and gender expression is assured of access to an education without fear of harassment, discrimination, or violence.

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Adopted by the NASP Delegate Assembly on July 16, 2011.

Please cite this document as:

RESPECT OUR DIFFERENCES

Put Downs, Ethnic, Homophobic, Racial, and Sexist Remarks Are Not Accepted in Our School.

NASP
NATIONAL ASSOCIATION OF
School Psychologists

NASSP States Support for Rights of Transgender Students

May 10, 2016

Recommendations for School Leaders
• Familiarize yourself with the newly released Title IX guidance and state and district policies regarding transgender students and consult your school or district attorney should you have any questions or concerns.
• Advocate for school district policies that include protections for transgender students if those policies are not currently in place.
• Model and set expectations for students, staff, and parents about how to build a positive school culture where all students feel included and respected, regardless of their gender identity or gender expression.
• Provide training to student leaders so that they are able to communicate and model respect for the gender identity of all students.
• Support student clubs that promote gender inclusiveness and display supportive signs and posters in the school.
• Ensure that all incidents of discrimination, harassment or violence are thoroughly investigated and that appropriate actions are taken.
• Regularly administer a school climate survey of students, parents, and school personnel, and use the data to improve school conditions for all stakeholders.
• Remind your staff, students, parents and community members of the need to support the rights of all students-including transgender students-and that diminishing those rights runs contrary to the values of the school. A student's gender identity or expression is one such right, which should be respected-regardless of whether the student has begun the medical process of gender transition-especially in:

> ➢ Privacy: Unless the student chooses to disclose certain information, his or her transgender status, legal name or sex assigned at birth is confidential medical information and considered "personally identifiable information" under the Family Educational Rights Privacy Act (FERPA). Disclosure of that information to other school staff or parents could violate the school's obligations under FERPA or constitutional privacy protections.
> ➢ Name and pronouns: All school staff should use the student's preferred name and pronoun, which is a sign of respect to the student and affirms his or her gender identity. Documents with the student's birth name should not be circulated, and principals should follow the lead of other school districts that have found solutions to comply with recordkeeping and reporting requirements while also meeting their obligations to safeguard the student's privacy.
> ➢ Dress: Transgender students have the right to dress in a manner consistent with their gender identity or gender expression as long as it complies with the school or district dress code.
> ➢ Restrooms and locker rooms: Unless the student has a preference for another option, transgender students have the right to use the restroom and locker room consistent with their gender identity or gender expression. School leaders should do their best to address the needs of their school community and should provide a private facility, such as a single-occupancy restroom or changing station, or privacy curtains for any student who feels uncomfortable in the restroom or locker room.
> ➢ Physical education and interscholastic athletic activities: Unless your state athletics association has established other rules, transgender students should be allowed to participate in school sports, and health and physical education classes consistent with their gender identity. Enrolling them in the wrong class could disclose their transgender status and be a violation of their privacy.
> ➢ Overnight field trips: Transgender students should have the opportunity to room with peers that match their gender identity, and schools should try to pair the transgender student with peers with whom there is a mutual level of comfort. The school should also honor requests for alternative sleeping arrangements if that is the transgender student's preference.

School traditions: Transgender students should be allowed to participate in all school traditions, such as homecoming court, in the gender category that matches their gender identity or gender expression. If a student or his or her parent notifies the administration of the decision to transition during the school year, convene a meeting with the student and parents (if they are involved in the process) to discuss their preferences and any concerns to help find solutions that are in the best interest of the entire school community; develop a timeline for the transition in order to create conditions for a safe and supporting environment at the school; provide appropriate information and training for any educators that interact directly with the student on the transition plan, timelines for transition, and any relevant legal requirements; and develop a communications plan that outlines who needs to know what information, when, and how it will be communicated.

Unless the student, parent, or guardian has specified otherwise, use the student's legal name and the pronoun corresponding to the student's gender assigned at birth when contacting the parent or guardian of a transgender student. While it would be ideal for the parents or guardian to be supported and included in the transition process, school leaders must be mindful of protecting the student's privacy and not creating an unsafe home climate for the student. Ensure that the student and his or her parents, if appropriate, have access to counseling and other mental health services as needed.

Download Full Position Statement here: www.nassp.org/who-we-are/board-of-directors/position-statements/transgender-students

Schools In Transition
A Guide for Supporting Transgender Students in K-12 Schools

ACLU
AMERICAN CIVIL LIBERTIES UNION

genderspectrum

HUMAN RIGHTS CAMPAIGN
FOUNDATION

NCLR
NATIONAL CENTER FOR LESBIAN RIGHTS

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Great Public Schools for Every Student

DOWNLOAD: www.hrc.org/SchoolsInTransition

Transgender Students and School Bathrooms: Frequently Asked Questions
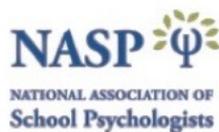
DOWNLOAD: www.genderspectrum.org/bathroomFAQ

WHAT DO YOU SAY TO 'THAT'S SO GAY'
& OTHER ANTI-LGBTQ* COMMENTS?

It doesn't matter if it is a first grader who might not know what the word "gay" means, a sixth grader trying to sound cool, or a tenth grader "teasing" a friend. All of these scenarios have the potential of creating an unsafe classroom or school environment and must be addressed. **So, what can caring adults do?**

STOP IT...

Keep it simple with quick responses:

- "Remember, we don't use put-downs in this class."

- "Do you know what 'gay' means?"

- "It's not OK at this school to use 'gay' disrespectfully to mean something is bad."

- "You may not have meant to be hurtful, but when you use the word 'gay' to mean something is bad or stupid, it is hurtful." Follow-up with, "Do you know why it is hurtful?"

- "Using the word 'homo' to tease someone is harassment and is unacceptable."

- "Even if you didn't mean to offend people who are gay, it is offensive to call this assignment gay (or queer); if you don't like something, then say you don't like it!"

- "It is never OK to say, 'you act like a girl (or look like a boy)' as a put-down."

- "Using the words 'queer', 'dyke' or 'fag' to joke around is not OK. These are hurtful words and can impact anyone who overhears them."

- "It doesn't matter who said it, I don't want to hear that kind of language again. Is that clear?"

DON'T IGNORE IT...

- Harassment does not go away on its own.

- Ignoring mean name-calling and hurtful teasing allows it to continue and possibly get worse.

- If other students do not see action, they get the message there is nothing wrong with it.

- Not speaking up teaches the student targeted, as well as anyone within hearing range, that they will not be protected from harassment.

- Almost any response is better than ignoring the situation. You may not know exactly what to say, but you must stop the harassment.

- Taking action reaffirms limits. Interrupting name-calling and harassment isn't always easy. With experience you will become more comfortable in handling it. Practice with colleagues.

- You can always go back to the student and say or do something else if you feel you did not respond well.

WHY STOP ANTI-LGBTQ COMMENTS?

"Middle-school students called anti-gay names report increased anxiety, depression, personal distress and a lower sense of school belonging regardless of their sexual orientation."
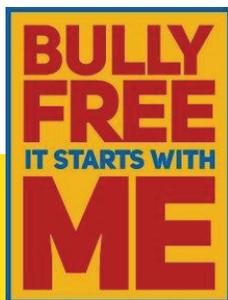
— V.P. Poteat and D.L. Espelage, 2007

"Both students who are targeted and students who exhibit bullying behavior have lower academic achievement in school."

— J. Juvonen, Y. Wang and G. Espinoza, 2011

"If name-calling or other discrimination happens at school and goes either unnoticed or is not discussed by adults, students infer that the behavior is widely accepted."

— F.E. Aboud, 2008

*LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer/Questioning

BULLY FREE IT STARTS WITH ME

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HUMAN RIGHTS CAMPAIGN FOUNDATION

Welcoming Schools

EDUCATE...

- If you have the time and opportunity to educate on the spot, do it. If you don't, make time later.

- If you have been hearing the phrase "That's gay" or "no homo," take time during class to make sure that your students know what "gay" means and know why it is hurtful to use as a comment or put-down.

- Be clear that using the word "gay" in a negative way is disrespectful. Be clear that using the phrase "That's gay" is hurtful to other students who may have family members and friends who are LGBTQ.

- Be prepared to provide accurate information. For the youngest students, keep it simple — for example, "The word 'gay' describes a man and a man or a woman and a woman who love each other." As students get older, they may want more explanations and discussion.

- In lessons on respect, prejudice or civil rights, include information about discrimination against LGBTQ people and the LGBTQ civil rights movement.

" I wish more teachers could elaborate on it [LGBTQ topics] and talk about it more, instead of like, two sentences and then dismiss the subject."

– Elaina in *What Do You Know? Six-to Twelve-Year Olds Talk About Gays and Lesbians* (A Welcoming Schools Film)

" A safe and welcoming school environment is essential for student success. **Educators are a critical component** in creating an environment that enables all students to thrive!"

— *Lily Eskelsen García, President, National Education Association*

BE PROACTIVE...

- Develop an environment of respect and caring for all students in your school and classroom using inclusive language, books and other materials.

- Establish clear schoolwide and classroom policies against hurtful teasing and bullying. Ensure that all members of the school community understand what the policies are and why they are important.

- Be explicit that rules against hurtful name-calling include "That's gay!" "Homo!" "Fag!" "Tranny!" "Sissy!" and other LGBTQ put-downs.

- Develop the capacity of students and educators to be allies that stand up for students who are harassed.

RESOURCES

Welcoming Schools
www.welcomingschools.org
K – 5 resources on gender, bullying & family inclusive of LGBTQ topics

NEA Bully Free Campaign
www.nea.org/bullyfree
Bullying prevention for educators

Time to THRIVE
www.timetothrive.org
Annual conference for youth-serving professionals focused on LGBTQ youth

PFLAG
www.pflag.org
Parents and allies of LGBTQ youth

The Trevor Project
www.thetrevorproject.org
Suicide prevention

GLSEN
www.glsen.org
Safe schools for LGBTQ youth

Gender Spectrum
www.genderspectrum.org
Gender identity and expression for youth of all ages

StopBullying.gov
Information and resources from various government agencies

BULLY FREE IT STARTS WITH ME

NATIONAL EDUCATION ASSOCIATION
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Welcoming Schools
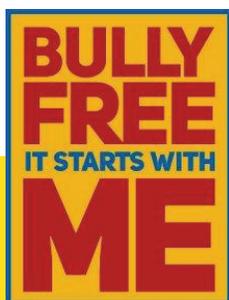
THIS IS A SAFE AND AFFIRMING SPACE FOR:
Lesbian, Gay, Bisexual, Transgender and Questioning Students and their Allies

BULLY FREE
IT STARTS WITH ME

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nea.org/bullyfree
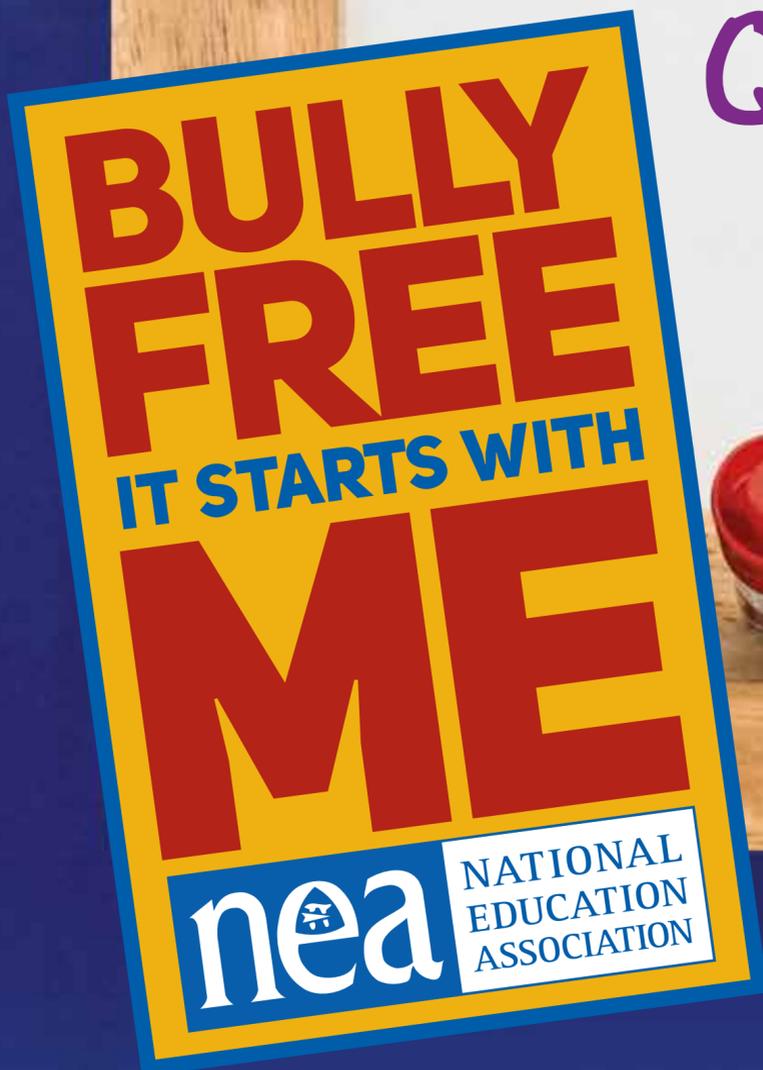
Parents' Influence on the Health of Lesbian, Gay, and Bisexual Teens: What Parents and Families Should Know

Overview

The teen years can be a challenging time for young people and their parents. This fact sheet provides information on how parents can promote positive health outcomes for their lesbian, gay, or bisexual (LGB) teen. The information is based on a review of published studies[1], which found that parents play an important role in shaping the health of their LGB teen.

When LGB teens share their sexual orientation[2] (or even if they choose not to share it), they may feel rejected by important people in their lives, including their parents. This rejection can negatively influence an LGB teen's overall well-being.

On the other hand, a positive family environment, with high levels of parental support and low levels of conflict, is associated with LGB youth who experience healthy emotional adjustment. These teens are less likely to engage in sexual risk behaviors and be involved in violence.

How Parents Make a Difference

Compared to heterosexual youth, LGB teens are more likely to experience bullying, physical violence, or rejection. As a result, LGB teens are at an increased risk for suicidal thoughts and behaviors and report higher rates of sexual risk behavior and substance abuse.

Research suggests that LGB teens experience better health outcomes when their parents support their sexual orientation in positive and affirming ways. Compared to teens who do not feel valued by their parents, LGB youth who feel valued by their parents are less likely to

- Experience depression
- Attempt suicide
- Use drugs and alcohol
- Become infected with sexually transmitted diseases

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[1] This fact sheet is based on the following publication: Bouris A., Guilamo-Ramos V, et al. A systematic review of parental influences on the health and well-being of lesbian, gay, and bisexual youth: Time for a new public health research and practice agenda. (2010). *Journal of Primary Prevention*; 31, 273–309. Because the systematic review focused on youth who identify as lesbian, gay, or bisexual and did not include research on gender identity, this fact sheet does not address transgender youth.

[2] Sexual orientation: a term frequently used to describe a person's romantic, emotional, or sexual attraction to another person.

In addition, research among young gay men has shown that having a positive relationship with their parents helped them decide to have safer sex (e.g., using a condom, not having sex with high-risk partners). Many also reported that having a positive parent-teen relationship created a sense of responsibility to avoid HIV infection.

Specific Actions for Parents

Research on parenting shows how important it is—regardless of their teen's sexual orientation—for parents to

- Have open, honest conversations with their teens about sex
- Know their teen's friends and know what their teen is doing
- Develop common goals with their teen, including being healthy and doing well in school

Although additional research is needed to better understand the associations between parenting and the health of LGB youth, the following are research-based action steps parents can take to support the health and well-being of their LGB teen and decrease the chances that their teen will engage in risky behaviors.

Talk and listen.

- Parents who talk with and listen to their teen in a way that invites an open discussion about sexual orientation can help their teen feel loved and supported.
- When their teen is ready, parents can brainstorm with him or her how to talk with others about the teen's sexual orientation.
- Parents can talk with their teen about how to avoid risky behavior and unsafe or high-risk situations.
- Parents can talk with their teen about the consequences of bullying. Parents (and their teen) should report any physical or verbal abuse that occurs at school to teachers and the school principal.

Provide support.

- Parents need to understand that teens find it very stressful to share their sexual orientation.
- Parents who take time to come to terms with how they feel about their teen's sexual orientation will be more able to respond calmly and use respectful language.
- Parents should discuss with their teen how to practice safe, healthy behaviors.

Stay involved.

- By continuing to include their teen in family events and activities, parents can help their teen feel supported.
- Parents can help their teen develop a plan for dealing with challenges, staying safe, and reducing risk.
- Parents who make an effort to know their teen's friends and romantic partners and know what their teen is doing can help their teen stay safe and feel cared about.
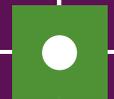
Be proactive.

- Parents who build positive relationships with their teen's teachers and school personnel can help ensure a safe and welcoming learning environment.
- If parents think their teen is depressed or needs other mental health support, they should speak with a school counselor, social worker, psychologist, or other health professional.
- Parents can access many organizations and online information resources to learn more about how they can support their LGB teen, other family members, and their teen's friends.
- Parents can help their teen find appropriate LGB organizations and go with their teen to events and activities that support LGB youth.

More Information

- Centers for Disease Control and Prevention:
  - Lesbian, Gay, Bisexual and Transgender Health
    www.cdc.gov/lgbthealth/youth.htm
  - Parental Monitoring
    www.cdc.gov/healthyyouth/adolescenthealth/monitoring.htm
- Advocates for Youth
  www.advocatesforyouth.org/parents-sex-ed-center-home
- American Psychological Association
  www.apa.org/topics/sexuality/orientation.aspx
- Family Acceptance Project
  http://familyproject.sfsu.edu
- Gender Spectrum Education and Training
  www.genderspectrum.org
- Parents, Families and Friends of Lesbians and Gays (PFLAG)
  www.pflag.org

November 2013

3

TIME TO THRIVE

PROMOTING SAFETY, INCLUSION AND WELL-BEING FOR **LGBTQ YOUTH**...EVERYWHERE!

SAVE THE DATE!

THE HUMAN RIGHTS CAMPAIGN FOUNDATION AND OUR CO-PRESENTING CONFERENCE PARTNERS ARE EXCITED TO PRESENT **TIME TO THRIVE, THE 5TH ANNUAL NATIONAL CONFERENCE** PROMOTING SAFETY, INCLUSION AND WELL-BEING FOR LGBTQ YOUTH ... EVERYWHERE!
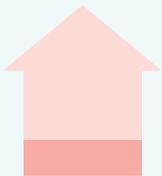
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Previous conference speakers and special guests
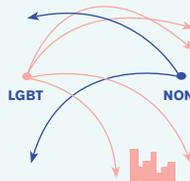
FACTS YOU SHOULD KNOW ABOUT LGBT YOUTH

Families Not Accepting

2X

LGBT   **NON**

HOME:
33% of LGBT youth say their family is not accepting of LGBT people.

SCHOOL:
LGBT youth are more than 2x as likely to be verbally harassed/called names at school.

COMMUNITY:
63% of LGBT youth say they will need to move to another part of the country to feel accepted.

The deck continues to be stacked against young people growing up LGBTQ in America. The impact of family rejection, bullying and daily concern for safety weigh heavily on our youth. By engaging a broad audience of youth-serving professionals, we can create a thriving LGBTQ youth population.

Time to THRIVE provides a "one-stop-shop" opportunity to build awareness and cultural competency, learn current and emerging best practices, and gather resources from leading experts and national organizations in the field. Exciting keynote speakers and special guests will be announced soon!

REGISTRATION OPENS SUMMER 2017 AT
WWW.TIMETOTHRIVE.ORG

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