

# APA RESOLUTION on Supporting Sexual/Gender Diverse Children and Adolescents in Schools

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**WHEREAS** people express and experience great diversity in sexual and gender identities and expression;

**WHEREAS** communities today are undergoing rapid social, cultural, and political change around the policies and practices that are pertinent to the well-being of sexual and gender diverse youth;

**WHEREAS** rapidly changing social, cultural and political climates have given rise to periodic conflicts between professional ethics and existing or developing policies, such as efforts to enact conscience or religious exemptions from provision of health care services, which can adversely impact sexual and gender diverse students in schools;

**WHEREAS** all persons, including children and adolescents who are diverse in their sexuality and gender identities, expression, and/or presentation, have the inherent human right to equal opportunity and a physically and psychologically safe environment within all institutions;

## SEXUAL AND GENDER DIVERSITY

**WHEREAS** sexuality is often conceptualized as encompassing romantic and/or physical attractions, sexual behaviors, and identities (American Psychological Association, 2013; Rosario, Schrimshaw, Hunter, & Braun, 2006);

**WHEREAS** many children and adolescents are aware of their diverse attractions and sexual behaviors, or of their identities by childhood and early adolescence (Remafedi, 1987; Savin-Williams, 1990; Savin-Williams & Diamond, 2000; Slater, 1988; Troiden, 1988); this awareness may vary by culture and by developmental stage (AAIDD, 2008; Morales, 1990; Rosario, Schrimshaw & Hunter, 2004);

**WHEREAS** gender is often conceptualized as a social construct encompassing identity and expression, and distinct from sex (Institute of Medicine, 2011);

**WHEREAS** a person's gender identity develops in early childhood and some children and adolescents may not identify with their assigned sex at birth (Brill & Pepper, 2008; Steensma et al., 2013; Zucker, 2004);

**WHEREAS** it may be medically and therapeutically indicated for some transgender and other gender diverse children and adolescents to transition from one gender to another using any of the following: change of name, pronouns, hairstyle, clothing, pubertal suppression, cross-sex hormone treatment, and surgical treatment (Coleman et al., 2011; Forcier & Johnson, 2012; Olson, Forbes, & Belzer, 2011);

**WHEREAS** some children and adolescents may undergo a long period of questioning their sexual orientations or gender identities, experiencing stress, confusion, fluidity or complexity in their feelings and social identities (Hollander, 2000; Remafedi, Resnick, Blum, & Harris, 1992);

**WHEREAS** there may be few resources and supportive adults available and little peer support individually or within student groups for gender and sexual diverse children and adolescents, particularly those residing in rural areas or small towns, (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Poon & Saewyc, 2009; Robinson & Espelage, 2011);

**WHEREAS** sexual orientation, sexual development, gender identity, and gender expression are distinct but related constructs, it is recognized that these aspects of typical human experience may vary and interact with each other (Bockting & Gray, 2004; Chivers & Bailey, 2000; Coleman, Bockting, & Gooren, 1993; Docter & Fleming, 2001; Docter & Prince, 1997);

## CONSEQUENCES OF STIGMA AND MINORITY STRESS

**WHEREAS** minority stress is recognized as a primary mechanism through which the notable burden of stigma and discrimination affects the physical and mental well-being of sexually and gender diverse persons (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Meyer, 2003; Meyer, Schwartz, & Frost, 2008; Mirowsky & Ross, 1989; Testa et al., 2015);

**WHEREAS** many sexual minority children and adolescents have reported higher rates of anxiety and depression, low self-esteem, self-injurious behaviors, suicidality, substance use, homelessness, and eating disorders among other adverse outcomes (Austin et al., 2009; Corliss, Goodenow, Nichols, & Austin, 2011; Gibson, 1989; Gipson, 2002; Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014; Gonsiorek, 1988; Grossman & D'Augelli, 2007; Harry, 1989; Hetrick & Martin, 1988; Marshal et al., 2016; Mustanski, Garofalo, & Emerson, 2010; Poteat,

Aragon, Espelage, & Koenig, 2009; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Dias, & Sanchez, 2010; Savin-Williams, 1990; Schutzmann, Brinkmann, Schacht, & Richter-Appelt, 2009);

**WHEREAS** transgender and gender diverse children and adolescents disproportionately experience elevated rates of depression, anxiety, self-harm, suicide, and other health risk behaviors (American Psychological Association, 2009; Coleman et al., 2011; Grossman, Park, & Russell, 2016; McGuire, Anderson, Toomey, & Russell, 2010; Veale, Watson, Peter, & Saewyc, 2017);

**WHEREAS** some gender and sexual orientation diverse adolescents are at an increased risk for pregnancy, due to efforts to cope with the stigma of sexual and gender diversity (Goodenow, Szalacha, Robin, & Westheimer, 2008; Russell et al., 2011; Ryan et al., 2010; Saewyc, Poon, Homma, & Skay, 2008; Saewyc, 2011; Savin-Williams, 1990);

**WHEREAS**, some gender and sexual diverse adolescent subpopulations, including young men who have sex with men, homeless adolescents, racial and ethnic minority adolescents, transgender women of color, and adolescents enrolled in alternative schools, are at heightened risk for sexually transmitted infections, including HIV (Center for Disease Control and Prevention, 2012; Markham et al., 2003), due to complex and interacting factors related to stigma, socioeconomic status and minority stress (Hatzenbuehler, Phelan & Link, 2013; Link & Phelan, 1995; Meyer, 2003; Phelan, Link, & Tehranifar, 2010);

**WHEREAS** some children and adolescents with intersex/differences in sexual development (DSD)<sup>1</sup> conditions report rates of self-harm and suicidality comparable to individuals who have experienced physical or sexual abuse (Schutzmann, et al., 2009);

**WHEREAS** individuals with intersex/DSD conditions often report a history of being silenced, stigmatized, and shamed regarding their bodies and the medical procedures imposed on them (MacKenzie, Huntington, & Gilmour, 2009; Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010);

**WHEREAS** invasive medical procedures that are not medically necessary in nature (e.g., genital surgery for purposes of ‘normalization’) continue to be recommended to parents of intersex/DSD children, often proceed without the affected individual’s assent, and lack research evidence on long-term quality of life, reproductive functioning, and body satisfaction (Wiesemann et al., 2010);

**WHEREAS** adults with intersex/DSD conditions report negative emotional, psychological and physical consequences that result from repeated and often questionable medical exams and procedures that lack research evidence to support their purported long-term reduction of distress (MacKenzie et al., 2009; Wiesemann et al., 2010);

**WHEREAS** sexual and gender diverse young people with intersecting identities may face additional challenges to their psychological well-being, but also access resources for resiliency in light of intersecting identities (Garnets & Kimmel, 1991; Herek, Gillis, & Cogan, 2009; Kosciw et al., 2016; Moradi et al., 2010; Poteat et al., 2009; Russell et al., 2011; Ryan et al., 2009; Singh, 2013; Szymanski & Gupta, 2009);

**WHEREAS** sexual and gender diverse children and adolescents who come from impoverished or low-income families may face additional risks of school dropout or lower academic achievement (Gipson, 2002; Gordon, Schroeder, & Abramo, 1990; Russell et al., 2011);

**WHEREAS** sexual and gender diverse children and adolescents in rural areas and small towns experience additional challenges, such as living in typically more conservative and homogenous communities (compared to those in urban settings) and having limited access to affirming community-based supports, which can lead to greater feelings of social isolation and stigmatization (Cohn & Leake, 2012; Daniels et al., 2019; Lyons, Hosking & Rozbroj, 2015; O’Connell, Atlas, Saunders, & Philbrick, 2010);

**WHEREAS** sexual and gender diverse children and adolescents with physical or mental disabilities are at increased risk of negative health outcomes due to the consequences of societal prejudice toward persons with mental and physical disabilities (Duke, 2011; Hingsburger & Griffiths, 1986; Pender & Hingsburger, 1991);

## CONCERNS AND ISSUES IN THE CONTEXT OF SCHOOLS

**WHEREAS** many sexual and gender diverse children and adolescents experience harassment, bullying, and physical violence in school environments (Brooks, 2000; Clark & Truong, 2018; Fineran, 2002; Greytak, Kosciw, & Diaz, 2009; Kosciw et al., 2010; Kosciw et al., 2018; McGuire et al., 2010; Poteat & Rivers, 2010; Russell, Franz, & Driscoll, 2001; Sausa, 2005);

<sup>1</sup> **Intersex** refers to a range of conditions associated with atypical development of physical sex characteristics (American Psychological Association, 2006). Intersex individuals may be born with chromosomes, genitals, and/or gonads that do not fit typical female or male presentations (Organization Intersex International in the United States of America, 2013). Since 2006, the medical and research community has used the term **Disorders of Sex Development**. This term refers to congenital conditions characterized by atypical development of chromosomal, gonadal, or anatomical sex (Houk, Hughes, Ahmed, Lee, & Writing Committee for the International Intersex Consensus Conference Participants, 2006). An alternate term — **Differences of Sex Development** — has been recommended to prevent a view of these conditions as diseased or pathological (Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010). In order to be inclusive of various terminology preferences, this document will use **intersex/DSD** when referring to individuals who are part of this community.

**WHEREAS** low numbers of school personnel intervene to stop harassment or bullying against transgender and other gender diverse students in school settings and may even participate in contributing intentionally or unintentionally to the harassment of transgender and gender diverse students (Greytak et al., 2009; McGuire et al., 2010; Sausa, 2005; Kosciw et al., 2018);

**WHEREAS** gender and sexual diverse children and adolescents who are victimized in school are at increased risk for mental health problems, suicidal ideation and attempts, substance use, high-risk sexual activity, and poor academic outcomes, such as high level of absenteeism, low grade point averages, and less interest in pursuing post-secondary education (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Kosciw et al., 2010; Kosciw et al., 2018; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004; Russell et al., 2011);

**WHEREAS** some studies suggest that transgender and other gender diverse students experience even poorer educational outcomes compared to lesbian, gay and bisexual students, including low achievement levels, higher likelihood of being "pushed out" of high school prior to graduation, low educational aspirations, and high incidences of truancy and weapons possession (Greytak et al., 2009; Pearson & Wilkinson, 2018; Toomey, Ryan, Diaz, Card, & Russell, 2010);

**WHEREAS** recent research has identified a number of school policies, programs, and practices that may help reduce risk and/or increase well-being for gender and sexual diverse children and adolescents (Blake et al 2001; Eisenberg & Resnick, 2006; Goodenow, Szalacha, & Westheimer, 2006; Graybill, Varjas, Meyers, & Watson, 2009; Heck, Flentje, & Cochran 2011; Murdock & Bolch, 2005; Szalacha, 2003; Toomey et al., 2010; Walls, Kane, & Wisneski, 2010; Watson, Varjas, Meyers, & Graybill, 2010; National Association of School Psychologists, 2017);

**WHEREAS** gender and sexual diverse students report increased school connectedness and school safety when school personnel intervene in the following ways: (1) addressing and stopping bullying and harassment, (2) developing administrative policies that prohibit discrimination based on sexual orientation, gender identities and gender expression, (3) supporting the use of affirming classroom activities and the establishment of gender and sexual diverse-affirming student groups, and (4) valuing education and training for students and staff on the needs of gender and sexual diverse students; (5) including positive representations of LGBTQ identities in curricula (Case & Meier, 2014; Greytak et al., 2009; Kosciw et al., 2010; Kosciw et al., 2018; McGuire et al., 2010; NASP, 2017; Sausa, 2005);

## THE ROLE OF MENTAL HEALTHCARE PROFESSIONALS IN SCHOOLS

**WHEREAS** school psychologists, school counselors, and school social workers advocate for inclusive policies, programs, and practices within educational environments, in collaboration with parents and families (NASP, 2010a; NASP 2010b; NASP, 2017);

**WHEREAS** the field of psychology promotes the individual's healthy development of personal identity, which includes sexual orientation, sexual development, gender identity, gender expression, and gender presentation of all individuals (APA, 2002; APA, 2012; Coleman et al., 2011; Harper et al., 2013; NASP, 2010a; NASP, 2017; Harper et al., 2013);

**THEREFORE, BE IT RESOLVED** that the American Psychological Association and the National Association of School Psychologists affirm that same-sex physical, sexual, and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists affirm that diverse gender expressions and presentations, regardless of gender identity, and diverse gender identities, beyond a binary classification, are normal and positive variations of the human experience;

## POLICIES

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists advocate for local, state, and federal policies and legislation that promote safe and positive school environments free of bullying, discrimination, and harassment for children and adolescents of all ages and in all school settings, specifically including gender and sexual diverse children and adolescents and those who are perceived to be gender or sexual diverse;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend schools develop policies that respect the right to privacy for students, parents, and colleagues with regard to sexual orientation, sexual development, gender expression, gender identity, and transgender status, and clearly state that school personnel will not share information with anyone about the sexual orientation, gender expression, gender identity, intersex/DSD condition, or transgender status of a student, parent, or school employee without that individual's informed consent;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that school administrations and mental health providers, in the context of schools, develop partnerships and

networks to promote cross-agency collaboration to create policies that directly improve, affirm, and support the health and wellbeing of gender and sexual diverse children and adolescents of all ages;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists strongly encourage state educational agencies to collect data on sexual orientation and gender identity (SOGI), taking care to ensure student anonymity, in order to better identify the size and scope of this population and to facilitate the development of effective public policy and funding allocations;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists affirm the importance of including questions pertaining to sexual orientation and gender identities on the Centers for Disease Control (CDC) Youth Risk Behavior Surveillance Survey (YRBSS), support the requirement of collection of data about sexual orientation and gender identity in federal surveys that gather other demographic data, and urge continued inclusion of sexual orientation questions and advocacy for a validated gender identity question on the YRBSS as part of efforts to monitor and study adolescents' risk behaviors;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that inclusive sexual orientation and gender identity data collection be incorporated into the Department of Education's Mandatory Civil Rights Data Collection, another important measurement of youth experiences in schools, to help inform effective interventions that support gender and sexual orientation diverse children and adolescents in schools;

## PROGRAMS AND INTERVENTIONS

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists support efforts to ensure the funding of basic and applied research, and scientific evaluations of interventions and programs, designed to address the issues of sexual and gender diverse children and adolescents in the schools;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that promote academic success and resiliency, that reduce bullying and harassment, and that foster safe and supportive school environments for sexual and gender diverse students;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that reduce risk for

sexually transmitted infections, that reduce risk for pregnancy among adolescents, that reduce risk for self-injurious behaviors, that reduce risk for substance abuse among sexual and gender diverse students;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that diversity among the population of gender and sexual diverse students be considered as part of the design and implementation of programs and interventions, with new interventions that incorporate the concerns of sexual minorities often overlooked or underserved, and the concerns of racial and ethnic minorities and immigrant children and adolescents who are also sexual and gender diverse students;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists support affirmative interventions with transgender and gender diverse children and adolescents that encourage self-exploration and self-acceptance rather than trying to shift gender identity and gender expression in any specific direction;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists support interventions and programs that include the roles of parents and families in facilitating school engagement, school belongingness, and facilitating the implementation of programs and interventions to support the psychological well-being of gender and sexual diverse students;

## TRAINING AND EDUCATION

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to advocate for efforts to educate and train school professionals and any and all school personnel, as well as students, about the full range of sex development, gender expression, gender identities, and sexual orientation;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will advocate for education, training, and professional development about the needs of sexual and gender diverse students for educators and trainers of school personnel, education and mental health trainees, school-based mental health professionals, administrators, and school staff; and advocate for training and education on how to support sexual and gender diverse students to all students, parents, and community members;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will encourage school-based mental health professionals to learn how strictly binary notions of sex and gender limit all

children from realizing their full potential, create conditions that exacerbate bullying, and prevent students from fully focusing on and investing in their own learning;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will support training and professional development for school-based mental health professionals to assess impacts of trauma and minority stress on sexual and gender diverse students; and promote in-service training for school-based mental health professionals to lower risks among sexual and gender diverse students for self-injurious behaviors, suicide, substance use, homelessness, and eating disorders among other adverse outcomes;

## PRACTICES

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will work with other professional and community-based organizations in efforts to improve the safety and health of sexual and gender diverse children and adolescents;

**BE IT FURTHER RESOLVED** that in keeping with principles for professional practice, the American Psychological Association and the National Association of School Psychologists encourage school psychologists to adhere to established ethical principles which support the physical and psychological safety of sexual and gender diverse children and adolescents when school/local policy is contrary to the best interests of children and adolescents (NASP, 2010a).

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to serve as allies and advocates for gender and sexual diverse children and adolescents in schools, including advocacy for the inclusion of gender identity, gender expression and sexual orientation in all relevant school district policies, especially anti-bullying, anti-harassment, and anti-discrimination policies;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists encourage school staff to honor self-determination by supporting the decisions of children, adolescents, and families regarding a student's gender identity or expression, including whether to seek treatments and interventions, and discourage school personnel from requiring proof of medical treatments as a prerequisite for such support;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that administrators create safer environments for gender diverse, transgender, and intersex/DSD students, allowing all students, staff, teachers and other school personnel

to have access to the gender-segregated facilities, activities, and programs that are consistent with their gender identity, including, but not limited to, bathrooms, locker rooms, sports teams, physical education, and classroom activities, and avoiding the use of gender segregation in school uniforms, school dances, and extracurricular activities, and providing gender neutral bathroom options for individuals who request or prefer them.

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