



***Resolution on Gender and Sexual Orientation Diversity
in Children and Adolescents in Schools***

About the Resolution

The *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools* is a joint resolution adopted by the American Psychological Association (APA) and the National Association of School Psychologists (NASP). The resolution was a collaborative project developed by APA's Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues (Division 44); the Division of School Psychology (Division 16); the Committee on Children, Youth, and Families; the Committee on Lesbian, Gay, Bisexual, and Transgender Concerns; and NASP. It updates the resolution, *Lesbian, Gay, and Bisexual Youth in Schools*, which was adopted by APA and NASP in 1993.

The *Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools* was adopted by the American Psychological Association's Council of Representatives on August 6 & 8, 2014; and by the National Association of School Psychologists' Leadership Assembly on July 11, 2014.

Suggested citation

American Psychological Association & National Association of School Psychologists. (2015). *Resolution on gender and sexual orientation diversity in children and adolescents in schools*. Retrieved from http://www.nasponline.org/about_nasp/resolution/gender_sexual_orientation_diversity.pdf

Available with additional supporting information and materials at:
<http://www.apa.org/about/policy/orientation-diversity.pdf>

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Resolution on Gender and Sexual Orientation Diversity in Children and Adolescents in Schools

WHEREAS people express and experience great diversity in sexual orientation and gender identity and expression;

WHEREAS communities today are undergoing rapid cultural and political change around the treatment of sexual minorities and gender diversity;

WHEREAS all persons, including those who are sexual or gender minority children and adolescents, or those who are questioning their gender identities or sexual orientations, have the right to equal opportunity and a safe environment within all public educational institutions;

Sexual Orientation and Gender Identity

WHEREAS some children and adolescents are aware of their attraction to members of the same gender or of their status as lesbian, gay, or bisexual persons by early adolescence (Remafedi, 1987; Savin-Williams, 1990; Slater, 1988; Troiden, 1988), although this awareness may vary by culture and acculturation (Morales, 1990; Rosario, Schrimshaw & Hunter, 2004);

WHEREAS sexual orientation and gender identity are separate, but related, aspects of the human experience (Bockting & Gray, 2004; Chivers & Bailey, 2000; Coleman, Bockting, & Gooren, 1993; Docter & Fleming, 2001; Docter & Prince, 1997);

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

Gender Diversity

WHEREAS a person's gender identity develops in early childhood and some young children may not identify with the gender assigned to them at birth (Brill & Pepper, 2008; 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, pronoun, hairstyle, clothing, pubertal suppression, cross-sex hormone treatment, and surgical treatment (Coleman et al., 2011; Forcier & Johnson, 2012; Olson, Forbes, & Belzer, 2011);

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 minority persons' health and well-being and generates health

disparities (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Meyer, 2003; Meyer, Schwartz, & Frost, 2008; Mirowsky & Ross, 1989);

WHEREAS many gender and sexual orientation diverse children and adolescents have reported higher rates of anxiety and depression, low self-esteem, engaging in self-injurious behaviors, suicide, substance use, homelessness, and eating disorders among other adverse outcomes (Austin et al., 2009; Corliss, Goodenow, Nichols, & Austin, 2011; Gibson, 1989; Gipson, 2002; Gonsiorek, 1988; Grossman & D'Augelli, 2007; Harry, 1989; Hetrick & Martin, 1988; 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 many transgender and gender diverse children and adolescents experience elevated rates of depression, anxiety, self-harm, and other health risk behaviors (American Psychological Association, 2009; Coleman et al., 2011; McGuire, Anderson, Toomey, & Russell, 2010);

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

WHEREAS, some gender and sexual orientation diverse adolescent sub-populations, including young men who have sex with men, homeless adolescents, racial/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 class and minority stress (Hatzenbuehler, Phelan & Link, 2013; Link & Phelan, 1995; Meyer, 2003; Phelan, Link, & Tehranifar, 2010);

WHEREAS some children and adolescents with intersex/DSD¹ 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 silence, stigma, and shame regarding their bodies and medical procedures imposed on them (MacKenzie, Huntington, & Gilmour, 2009; Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010);

¹ **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 (Wisemann, 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 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 gender and sexual orientation diverse young people with intersecting identities face additional challenges to their psychological well-being as a result of the negative consequences of discrimination based on sexual orientation and ethnic/racial minority status, religious identity, and country of origin, among other characteristics (Garnets & Kimmel, 1991; Herek, Gillis, & Cogan, 2009; Moradi et al., 2010; Poteat et al., 2009; Russell et al., 2011; Ryan et al., 2009; Szymanski & Gupta, 2009);

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

WHEREAS gender and sexual orientation diverse children and adolescents in rural areas and small towns experience additional challenges, such as living in typically more conservative and less diverse 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 (Cohn & Leake, 2012; O'Connell, Atlas, Saunders, & Philbrick, 2010);

WHEREAS gender and sexual orientation 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; Pendler & Hingsburger, 1991);

Concerns and Issues in the Context of Schools

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

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 harassment of transgender and gender diverse students (Greytak et al., 2009; McGuire et al., 2010; Sausa, 2005);

WHEREAS gender and sexual orientation 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 low interest in pursuing post-secondary education (Birkett, Espelage, & Koenig, 2009);

Bontempo & D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Kosciw et al., 2010; 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; 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 orientation 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);

WHEREAS gender and sexual orientation 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 identity and gender expression, (3) supporting the use of affirming classroom activities and the establishment of gender and sexual orientation diverse-affirming student groups, and (4) valuing education and training for students and staff on the needs of gender and sexual orientation diverse students (Case & Meier, 2014; Greytak et al., 2009; Kosciw et al., 2010; McGuire et al., 2010; National Association of School Psychologists, 2011; 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 (NASP, 2010a; NASP 2010b; NASP, 2011), and

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

THEREFORE BE IT RESOLVED that the American Psychological Association and the National Association of School Psychologists affirm that same-sex 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, 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 will advocate for local, state and federal policies and legislation that promote safe and positive school environments free of bullying and harassment for all children and adolescents, including gender and sexual orientation diverse children and adolescents and those who are perceived to be lesbian, gay, bisexual, transgender or gender 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, gender identity, or transgender status, and that clearly state that school personnel will not share information with anyone about the sexual orientation, gender identity, intersex/DSD condition, or transgender status of a student, parent, or school employee without that individual's permission;

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 affect the health and wellbeing of gender and sexual orientation diverse adolescents and children;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage state educational agencies to collect data on sexual orientation, taking care to ensure student anonymity, as part of efforts to monitor and study adolescents risk behaviors in the CDC Youth Risk Behavior Survey, and to develop and validate measures of gender identity for inclusion in the Youth Risk Behavior Survey, as well;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that inclusive data collection be incorporated into the Department of Education's Mandatory Civil Rights Data Collection, another important measurement of youth experiences in schools that could help inform effective interventions to better 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 gender and sexual orientation 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, that reduce risk for sexually transmitted infections, that reduce risk for pregnancy among adolescents, that reduce risk for self-injurious behaviors, and that foster safe and supportive school environments for gender and sexual orientation diverse students;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists recommend that special sensitivity be given to the diversity within the population of gender and sexual orientation diverse students, with new interventions that incorporate the concerns of sexual minorities often overlooked or underserved, and the concerns of racial/ethnic minorities and recently immigrant children and adolescents who are also gender and sexual orientation 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 encourage school-based mental health professionals to advocate for efforts to educate and train school professionals about the full range of sex development, gender expression, gender identity, and sexual orientation;

Training and Education

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will encourage education, training, and ongoing professional development about the needs and the supports for gender and sexual orientation diverse students for educators and trainers of school personnel, education and mental health trainees, school-based mental health professionals, administrators, and school staff, and such training and education should be available to 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, sex development and gender limit all children from realizing their full potential, create conditions that exacerbate bullying, and prevent many students from fully focusing on and investing in their own learning;

Practices

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 orientation 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 and anti-discrimination policies;

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists encourage school staff to support 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, and teachers to have access to the sex-segregated facilities, activities, and programs that are consistent with their gender identity, including, but not limited to, bathrooms, locker rooms, sports teams, 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 would prefer to use them; and

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists will work with other organizations in efforts to accomplish these ends.

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