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,
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 sub-populations, 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) 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);

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 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, & Hersberger, 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 (YRBSSS), 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 YRBSSS 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;

PROGRAAMS 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 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 in keeping with principles for professional practice, the American Psychological Association and the National Association of School Psychologists encourage school psychologists to support the decisions of children, adolescents, and families regarding a student’s gender identity or expression, including advocacy for the inclusion of gender identity, gender expression and sexual orientation in all relevant school district policies, especially 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.

**REFERENCES**


male transsexuals: A 1615 comparison of homosexual and non-
homosexual types. Archives of Sexual Behavior, 29, 1616-259-278.
doi:10.1023/A:1001915530479

Cohn, T. J., & Leake, V. S. (2012). Affective distress among adolescents
who endorse same-sex sexual attraction: Urban versus rural
differences and the role of protective factors. Journal of Gay & Lesbian
Mental Health, 16 (4), 291-305. doi:10.1080/19359705.2012.690931

Coleman, E., Beckting, W., Botzer, M., Cohen-Kettenis, P., DeCuyper,
of transsexual, transgender, and gender nonconforming people, 7th
0/15532739.2011.700873

Coleman, E., Beckting, W. O., & Gooren, L. (1993). Hormosexual and
bisexual identity in sex-reassigned female-to-male transsexuals.
Archives of Sexual Behavior, 22 (1), 37-50. doi:10.1007/bf01552911

of homelessness among sexual minority adolescents: Findings from a
representative Massachusetts high school sample. American Journal of

Daniels, J., Struthers, H., Maleke, K., Catabay, C., Lane, T., McIntyre, J., &
Coates, T. (2019). Rural school experiences of south african gay and
transgender youth. Journal of LGBT Youth, doi:10.1080/19361653.201
9.1578323

mental health impact of sexual orientation victimization of lesbian,
gay, and bisexual youths in high school. School Psychology Quarterly, 17,
148-167. doi:10.1521/sqp2.17.148.20854


cross-dressers. Archives of Sexual Behavior, 26 (6), 589-605.
doi:10.1023/a:1024572209266

1080/19361653.2011.519181

gay, lesbian, bisexual, and transgender youth. American Journal of
Public Health, 96 (4), 570-584. doi:10.2105/AJPH.2005.080531

Dimensions of sexual orientation and HIV-related risk among

strategies to advocate for lesbian, gay, bisexual, and
transgender youth: An exploratory study. School Psychology Review, 38
(4), 570-584.

experiences of transgender youth in our nation’s schools. New York, NY:
Gay, Lesbian, and Straight Education Network.

threatening behaviors. Suicide and Life-Threatening Behavior, 37 (5),
527-537. doi:10.1521/suli.2007.37.5.527

suicidal behaviors: Applying the interpersonal psychological
theory of suicide. Journal of gay & lesbian mental health, 20(4), 329-
349. doi:10.1080/19359705.2016.1207581

Harper, A., Finnerty, P., Martinez, M., Brace, A., Cretar, H. C., Loos, B.,...
ALGBTIC LGBQIA Competencies Taskforce. (2013). Association
for lesbian, gay, bisexual, and transgender issues in counseling
competencies for counseling with lesbian, gay, bisexual, queer,
questioning, intersex, and ally individuals. Journal of LGBT Issues in
Counseling, 7(1), 2-43. doi:10.1080/19538605.2013.755444

of the Secretary’s Task Force on Youth Suicide (Vol. 2, pp. 131-142).

fundamental cause of population health inequalities. American Journal of
Public Health, 103 (5), 813-821. doi:10.2105/AJPH.2012.301069

Minority stress predictors of HIV risk behavior, substance use, and
depressive symptoms: Results from a prospective study of bereaved
gay men. Health Psychology, 27, 455-462.

gay-straight alliances and lesbian, gay, bisexual, and transgender
(LGBT) youth. School Psychology Quarterly, 26 (2), 161-174. doi:
org/10.1037/a0023226

among sexual minority adults: Insights from a social psychological
org/10.1037/a0014672

Hetrick, E. S., & Martin, A. D. (1988). Developmental issues and
their resolution for gay and lesbian adolescents. In E. Coleman (Ed.),
Integrated identity for gay men and lesbians: Psychotherapeutic
approaches for emotional wellbeing (pp. 25-43). Binghamton, NY:
Harrington Park Press.

Hingsburger, D., & Griffiths, D. (1986). Dealing with sexuality in
a community residential service. Psychiatric Aspects of Mental
Retardation Reviews, 5 (12), 63-67.


