



## **SERVICE PROVIDER PACKET**

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All Rainbow and Allied Youth, Inc.

## ***Service Provider Packet***

In the first years of building All Rainbow and Allied Youth Inc., we found that people want to be as inclusive and loving as possible, but often lack the tools and knowledge to do so. This Service Provider Packet (SPP) is a first step in disseminating essential best practices for serving lesbian, gay, bisexual, transgender, queer, and plus (LGBTQ+) youth clients. Adherence to these inclusive practices makes for a safer, healthier, and more caring environment for all. While elements of our SPP can be useful for a wide variety of professionals, the sections of this SPP are targeted primarily towards mental and physical healthcare providers, and school administrators, teachers, and staff.

To provide the best and most up-to-date information possible, we compiled articles, infographics, and resources from some of the leaders in LGBTQ+ advocacy, including GLSEN, HRC, Interact, and TSER. While the SPP is a great addition to your toolkit, the SPP is not all-encompassing, and should be seen as supplementary to best-practices sensitivity training.

If these and other best practices are followed, you will take on a positive and potentially life-saving role for LGBTQ+ kids. These simple steps can be the difference between watching our youth continue to struggle, or helping these kids to be the incredible people we know them to be.

Questions may arise as you read this SPP, and we encourage them! Please contact [Hal@AllRainbowandAlliedYouth.org](mailto:Hal@AllRainbowandAlliedYouth.org) for any questions that may arise.

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# ***How to be LGBTQ+ Inclusive***

## ***Don't Assume***

Strive never to assume someone's sexuality or gender identity. Understand that an array of sexualities and gender identities exist, and respect clients by advocating for them regardless of their identity.

## ***Pronouns***

The Merriam-Webster dictionary defines pronouns as “any of a small set of words in a language that are used as substitutes for nouns or noun phrases and whose referents are named or understood in the context.” An example of pronouns in action would be changing “**Sarah** went to the store,” to “**She** went to the store.” Some examples of pronouns are **she/her/hers**, **he/him/his**, and **they/them/theirs**, but many other pronouns exist.

## ***Misgendering***

Sometimes an incorrect pronoun is used. This is called “misgendering,” in other words, saying someone is a gender they are not. Misgendering can be very traumatic, and it should be avoided. Misgendering can also include any statements or assumptions about someone's gender that are incorrect.

Example: Z identifies as a woman and uses she/her/hers pronouns, and her friend Domonique says “Z, He's a cool guy.” Using the correct pronouns and gender language can help you gain the trust of those you serve, and is an essential step towards respecting your clients.

If you struggle to use a client's correct pronouns, try to change your assumptions about your client. Do your best to begin thinking of them as the gender they identify as, and pronouns will become easier to use in time.

## ***How to Avoid Misgendering***

Practice introducing yourself with not only your name, but your pronouns too. For example: “Hi, my name is Karen, and my pronouns are she/her/hers.” This can show that you're an ally to the LGBTQ+ community, and can comfort transgender or gender nonconforming clients.

It's okay to ask what someone's pronouns are, do that after first introducing yourself with your own pronouns. Feel comfortable in asking how someone wants to be addressed, including their name, and pronouns. It's better to ask than assume!

## ***Respectful Phrases\****

Disrespectful	Respectful
“Were you born a woman?”	“What gender were you assigned at birth?”
“What is your biological sex?”	“What gender marker is on your birth certificate/driver’s license?”
“What is your real gender?”	“What is your gender identity?”
“What is your real name?”	“What is the name on your driver’s license?”

**\*If asking these questions, first ask yourself if it’s absolutely essential to know the answer. Unless you’re a medical professional, these questions are typically unnecessary.**

## ***General Gendering***

Don’t Use	Do Use
Gender Neutral	All Gender/Gender Inclusive
He/she	They
(S)he	They
Men and Women	People/Individuals/Humans

## ***Quick notes***

- Gender identity does not necessarily say anything about an individual’s sexuality, for example a transgender woman can still be attracted to men, women, nonbinary people, etc.
- Just like sexuality, gender identity is not a choice or a lifestyle, it is biologically determined from a young age.
- Use the language that your client uses for themselves.
- Only ask about the gender or name that was assigned at birth for necessary documentation, always refer to the client as they would like to be referred to.

## ***Terminology***

**Cisgender:** Identifying with the gender one was assigned at birth.

**Transgender:** Identifying with a gender other than the one assigned at birth.

**Nonbinary:** Identifying with a gender outside of the binary of male and female.

**Gender Fluid:** Fluid between the gender binary of male and female, or other genders.

**Transvestite/Transsexual:** Terms used before the popularity of the term “transgender,” these terms can be seen as a slur, but may be used by some as a valid form of self-identification. Only use these terms if the client uses them.

# Gender Pronouns

Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

 [transstudent.tumblr.com](https://transstudent.tumblr.com)  
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 [twitter.com/transstudent](https://twitter.com/transstudent)

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For more information,  
go to [transstudent.org/graphics](https://transstudent.org/graphics)

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# Gender Grammar

Problem	Correction	Reason
"transgendered" (adjective)	transgender	Only adjectives that are derived from nouns and/or verbs (unlike transgender) end in "ed."
"intersexed"	intersex	Only adjectives that are derived from nouns and/or verbs (unlike intersex) end in "ed."
"transgendered" (verb)	transition	Only verbs can have "ed" added onto the end of the word to become a participle. Transgender is an adjective, not a verb. One does not "transgender," they transition.
"a transgender," "transgenders"	a transgender person, transgender people	Transgender is not a noun. "Jake is a transgender" is not only grammatically incorrect, but can be offensive.
"sex change," "sex reassignment surgery," "gender reassignment surgery"	gender affirming surgery, genital reconstruction surgery, genital reassignment surgery	Surgery does not change one's sex or gender, only genitalia.

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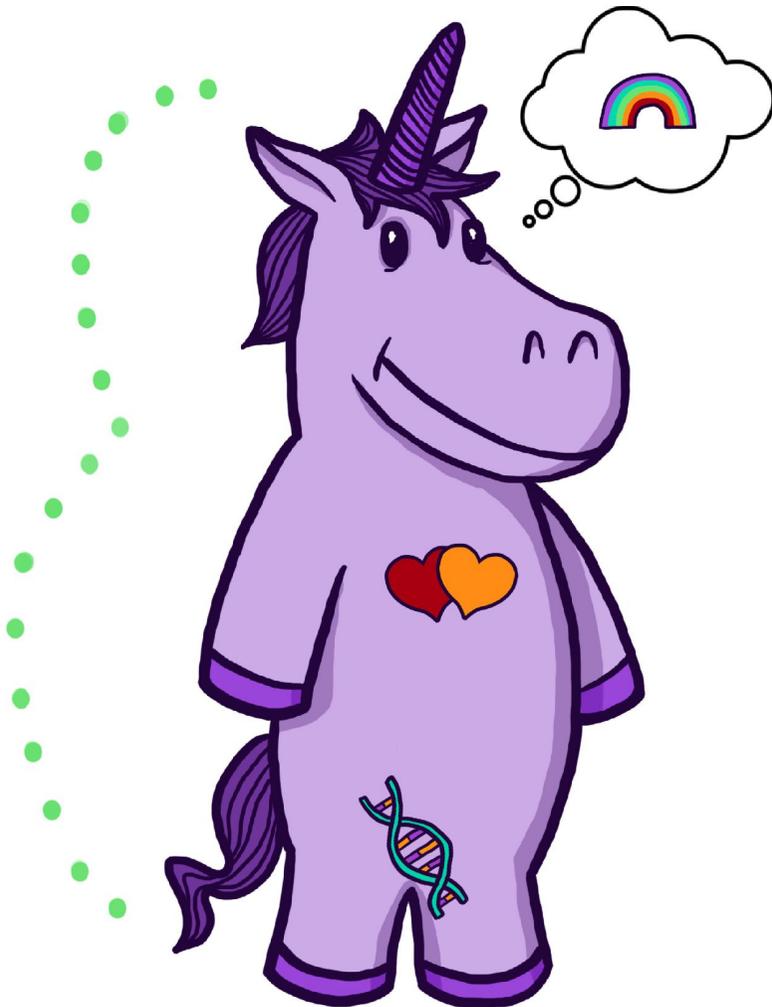
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# The Gender Unicorn

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## Gender Identity

-  Female / Woman / Girl
-  Male / Man / Boy
-  Other Gender(s)

## Gender Expression

-  Feminine
-  Masculine
-  Other

## Sex Assigned at Birth

-  Female
-  Male
-  Other / Intersex

## Physically Attracted to

-  Women
-  Men
-  Other Gender(s)

## Emotionally Attracted to

-  Women
-  Men
-  Other Gender(s)

To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

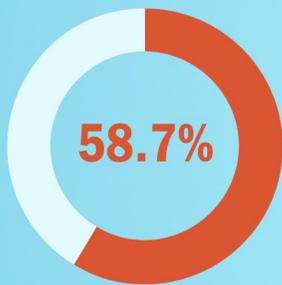
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# WHY TRANS PEOPLE NEED MORE VISIBILITY

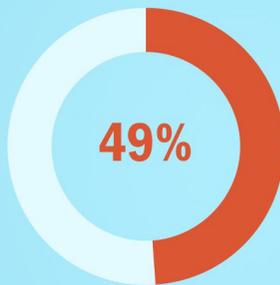
With more visibility comes more understanding. These statistics can and will get better as trans people become more visible in our society.



**80%** of trans students feel unsafe at school because of their gender expression



of gender non-conforming students have experienced verbal harassment in the past year because of their gender expression, compared to 29% of their peers



of trans people reported physical abuse in a 2007 survey

The Gender, Violence, and Resource Access Survey found that



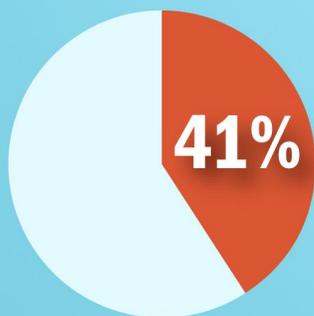
of trans people have been raped or assaulted by a romantic partner

Trans people of color are...

**6X**



more likely to experience physical violence when interacting with the police than white cisgender survivors of violence



of trans people have attempted suicide



**1 in 5** transgender people have experienced homelessness at some point in their lives



**1 in 8** have been evicted due to being transgender

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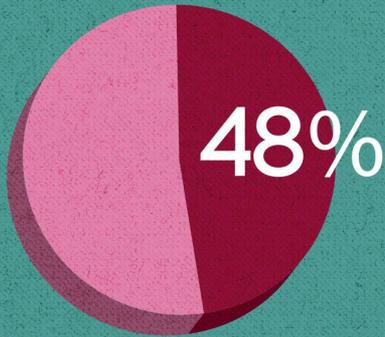
For more information,  
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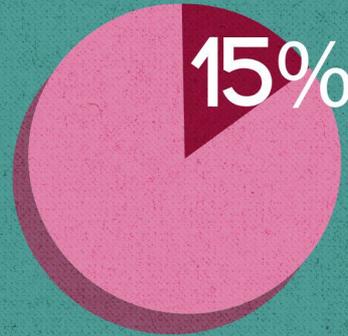
Infographic Design by Landyn Pan

# QUEER YOUTH OF COLOR

1 IN 3 LGBTQ PEOPLE IDENTIFY THEMSELVES AS PEOPLE OF COLOR.



OF LGBTQ STUDENTS OF COLOR EXPERIENCED VERBAL HARASSMENT BECAUSE OF BOTH THEIR SEXUAL ORIENTATION AND THEIR RACE OR ETHNICITY.

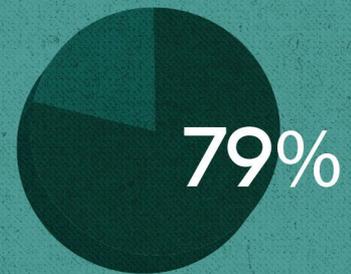


HAVE BEEN PHYSICALLY HARASSED OR ASSAULTED BASED ON BOTH OF THESE ASPECTS OF THEIR IDENTITY.

13%

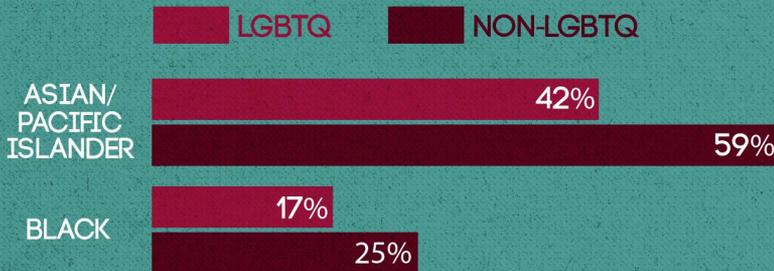
MORE LIKELY FOR BLACK LGBTQ YOUTH TO BE SENT TO DETENTION OR SUSPENDED, THAN NON-BLACK LGBTQ YOUTH

IN THEIR MIDDLE OR HIGH SCHOOL YEARS...



OF LGBTQ YOUTH OF COLOR REPORTED THAT THEY HAD INTERACTIONS WITH SECURITY OR LAW ENFORCEMENT, COMPARED TO 63% OF WHITE LGBTQ YOUTH.

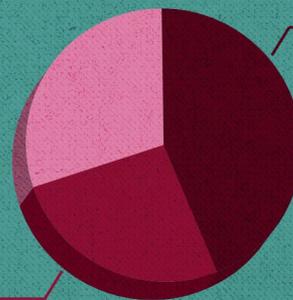
## COLLEGE COMPLETION RATES



20-40% OF ALL HOMELESS YOUTH ARE LGBTQ

AMONG THEM...

26% IDENTIFY AS LATINO



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FOR MORE INFORMATION, GO TO [TRANSSTUDENT.ORG/GRAPHICS](http://TRANSSTUDENT.ORG/GRAPHICS)

MAP

movement advancement project

TSER  
Trans Student Educational Resources

INFOGRAPHIC BY LANDYN PAN

SOURCES: GALLUP.COM, GLSEN, LAMBDA LEGAL, THE WILLIAMS INSTITUTE, AND CENTER FOR AMERICAN PROGRESS

# HOMELESS LGBTQ YOUTH

An estimated **320,000 to 400,000** LGBTQ youth face homelessness in the United States each year.

LGBTQ youth experience many hardships, but perhaps one of the biggest is homelessness.

**40%**

of homeless youth are LGBTQ.

**42%**

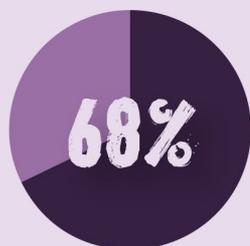
of homeless agencies do not address LGBTQ issues despite these elevated rates of homelessness.

**14.4**

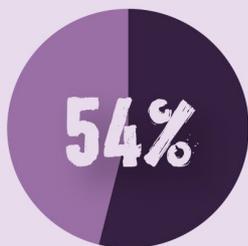
The average age that lesbian and gay youth in New York become homeless.

**13.5**

The average age that transgender youth in New York become homeless.



of homeless LGBTQ youth have experienced family rejection.



have experienced family abuse.



Nearly 1 in 3 transgender people have been turned away from shelters.

**\$53,665**

The estimated cost to incarcerate a youth for one year.



**\$5,887**

The estimated cost to permanently move a homeless youth off the streets and prevent them from becoming incarcerated.



**15%**

of homeless shelters reported that helping homeless LGBTQ youth is "not central to their mission."

 [transstudent.tumblr.com](https://transstudent.tumblr.com)

 [facebook.com/transstudent](https://facebook.com/transstudent)

 [twitter.com/transstudent](https://twitter.com/transstudent)

Take action at:  
[transstudent.org/  
homelessness](https://transstudent.org/homelessness)

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**“Intersex” refers to people who are born with any of a range of characteristics that may not fit traditional conceptions about male or female bodies.**

The term **intersex** is an umbrella term that refers to people who have one or more of a range of variations in sex characteristics that fall outside of traditional conceptions of male or female bodies. For example, intersex people may have variations in their chromosomes, genitals, or internal organs like testes or ovaries. Some intersex characteristics are identified at birth, while other people may not discover they have intersex traits until puberty or later in life. People with intersex traits have always existed, but there is more awareness now about the diversity of human bodies. People with intersex bodies, like anyone who may be seen as different, sometimes face discrimination, including in healthcare settings (as early as infancy).

**People who are intersex are more common than you think!** Experts estimate that as many as 1.7% of people are born with intersex traits – that’s about the same number of people who are born with red hair. People with intersex traits aren’t all the same, and some people may not even know they are intersex unless they receive genetic testing (this may happen, for example, with athletes). Intersex people are not that uncommon — they just have been mostly invisible. But that is changing.

**Many intersex children undergo unnecessary and irreversible surgeries — without consent.**

For many years, the medical establishment has viewed babies born with atypical sex characteristics as having bodies that need to be “fixed.” As many as 1/2000 are faced with unnecessary medical intervention at an early age. Some intersex babies and older youth have undergone extensive, involuntary surgeries for no other reason than to make their bodies conform to traditional notions of what it means to be male or female. The vast majority of these surgeries are not medically necessary when performed on young children and could instead be delayed until the intersex individual can decide whether surgery is right for them. In some instances, intersex individuals grow up without ever having known about the medical procedures they underwent as children. Others report being told that surgery was necessary only to find out later that this was not the case.

Evidence is increasingly showing the harms of these surgeries when performed without informed consent, which can include physical pain, loss of genital sensitivity, scarring, and even sterilization, as well as significant psychological consequences and the risk that the sex assigned will not match the individual’s gender identity. Because of these risks, intersex genital surgeries are now considered human rights abuses by groups like the [United Nations](#), the [World Health Organization](#), and the [Gay and Lesbian Medical Association](#), the world’s largest and oldest association of LGBT healthcare professionals. While this has led some countries, such as Malta, to outlaw non-consensual medical interventions to modify sex anatomy, such procedures are not directly addressed by any law in the United States and are still performed by a small group of specialists across the country.

Intersex people should enjoy autonomy over their bodies. Unfortunately, parents may feel pressured into making irreversible decisions about their children’s bodies before the child can meaningfully participate and choose what, if any, medical procedures they desire.

**Most intersex people experience many different harms.** Many intersex youth and adults today talk about the consequences suffered as a result of unwanted surgeries, including poor self-esteem,

depression, anxiety, and issues with trust and intimacy in relationships. While parents and doctors may act with the best intentions, rushing to "fix" a child's bodily difference most often does much more harm than good.

Most people think biological sex is either "male" or "female," but it can actually be more complicated. This misunderstanding makes intersex people feel alone and unnecessarily ashamed of their bodies.

### **Don't make assumptions and let people share their own stories.**

If you meet someone who you think may be intersex or who has shared they are intersex, let them share the information they wish to share. Don't ask about their bodies or what procedures they've undergone. Respect their privacy!

Intersex people may identify as men, women, genderfluid, no gender, multiple genders, and many more—and they may outwardly express their gender in different ways. Similarly, intersex people, like all people, may be straight, gay, lesbian, bisexual, asexual, or identify in another way.

Some (but not all) intersex people may choose to use gender pronouns other than "he" or "she," like "they" or "zie." Always allow intersex people to identify what pronouns they'd like you to use.

### **Being intersex is not the same as being transgender.**

A person who is intersex was born with a variation in their internal or external sex characteristics; a person who is transgender identifies with a different gender than they were assumed to be at birth. Intersex people and transgender people may face similar barriers to accessing appropriate medical care and may experience similar discrimination based on their gender identity and expression. Both communities have a shared interest in autonomy and grapple with the loss of decision-making authority over their own bodies.

While intersex individuals are frequently forced to undergo unwanted and unnecessary surgeries during infancy, transgender individuals are often denied necessary medical treatment in adolescence and beyond. Transgender people may also be required to undergo surgery they *don't* want in order to update the gender marker on their identity documents.

By better understanding the similarities and differences between these communities, we can be better allies to both!

### **There are many ways to be an ally.**

- Helping educate friends and family about intersex people through social media. [Follow us on facebook for some shareable posts!](#)
- Opposing unnecessary and non-consensual surgeries on intersex babies and children.
- Supporting nondiscrimination protections that include intersex people.
- Opposing laws that make it illegal for people to use restrooms that don't match the gender marker on their birth certificate, which can create serious issues for intersex as well as transgender people.
- Supporting changing regulations and laws around identification so that not every adult intersex person has to choose a male or female gender marker.
- Treating intersex people with respect by not asking invasive questions and using their preferred pronouns.
- [Donating to interAct today!](#)



*"I go to a conservative school where being a lesbian is frowned upon. I don't want them to send me to something like conversion therapy if I talk about being a part of the LGBTQ community."*

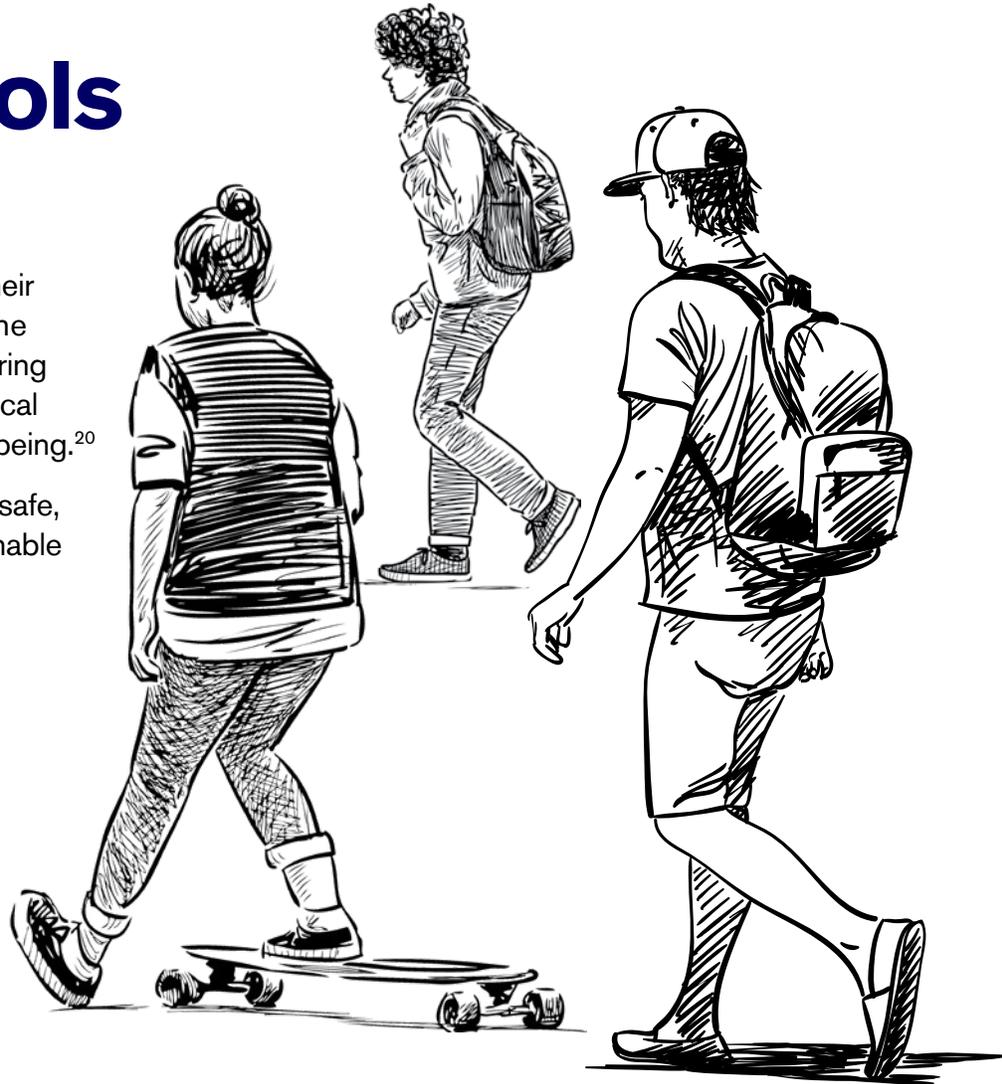
## When Schools Fall Short

Because youth spend the majority of their time in school, their experiences in the classroom, in the halls, at lunch and during extracurricular activities can have a critical impact on their overall health and well-being.<sup>20</sup>

For some LGBTQ youth, schools offer safe, supportive and affirming spaces that enable them to realize their full potential.

**The majority of LGBTQ youth, however, still experience negative and even hostile school environments.**

*"At my school LGBTQ topics aren't really discussed. Ever. I wish they were but they're usually avoided."*



*"I am a peer educator for Planned Parenthood. There, LGBTQ topics are discussed respectfully and enthusiastically!"*

*In my public school education, however, it was quite the opposite. My teacher brought up the LGBTQ community once or twice, just in context of HIV/AIDS."*

ONLY

**27%**

OF LGBTQ YOUTH CAN "DEFINITELY" BE THEMSELVES IN SCHOOL AS AN LGBTQ PERSON<sup>21</sup>

ONLY

**13%**

OF LGBTQ YOUTH REPORT HEARING POSITIVE MESSAGES ABOUT BEING LGBTQ IN SCHOOL<sup>22</sup>

↓  
ONLY **12%**

received information about safe sex that was relevant to them as an LGBTQ person<sup>23</sup>

ONLY

**26%**

OF LGBTQ YOUTH REPORT THAT THEY ALWAYS FEEL SAFE IN THE CLASSROOM<sup>24</sup>

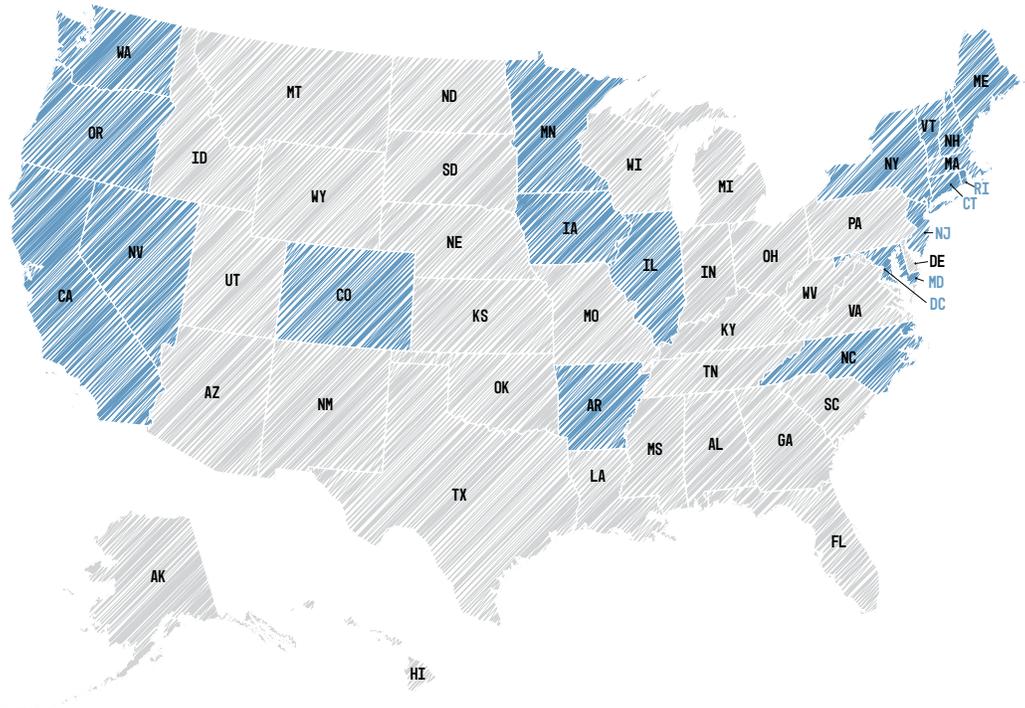


## States That Have Enacted Anti-Bullying Laws to Protect LGBTQ Students

To date, only 19 states and the District of Columbia have enacted anti-bullying laws to protect LGBTQ students from being bullied by students, teachers and school staff on the basis of sexual orientation and gender identity.

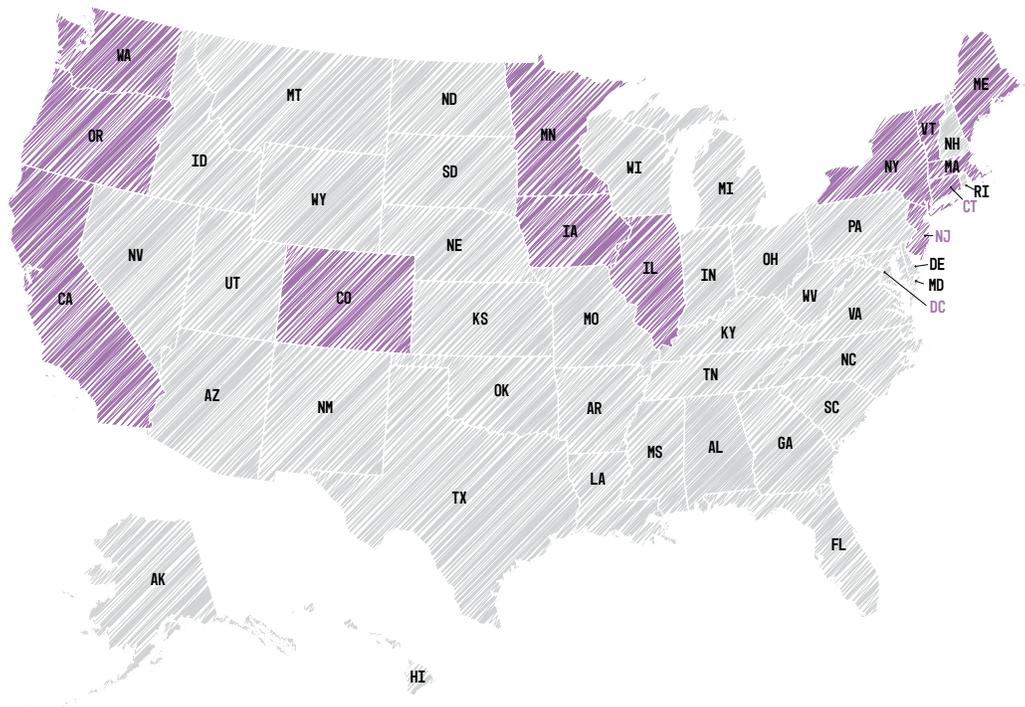
Meanwhile, just 13 states and the District of Columbia have passed school non-discrimination laws and state-wide regulations to protect LGBTQ students from discrimination in schools on the basis of sexual orientation and gender identity, including being unfairly denied access to facilities, sports teams and clubs.

**Without such policies in place nationwide, the majority of LGBTQ youth remain vulnerable to discrimination, harassment and bullying from peers, teachers and administrators.**



*“At school, I have been bullied and called slurs by other students. When I asked the principal to help my situation, he laughed at me and told me I was overreacting. I’ve also had teachers look me in my eyes and tell me they do not support same-sex marriage and transgender people, so I find it extremely hard to trust the adults at my school because they more than likely share the same opinions.”*

## States That Have Passed Non-Discrimination Laws and State-Wide Regulations to Protect LGBTQ Students





***“I overhear anti-LGBTQ slurs on the bus every single school day.”***

While these laws and policies provide critically important legal protections — and legal recourse if needed — they alone are not enough to solve the problem of anti-LGBTQ bullying and harassment. There is wide variation on the extent to which school administrators and other key leaders enforce and implement LGBTQ-inclusive policies. Schools must be intentional about creating a welcoming, safe environment for LGBTQ students. First steps can include providing professional development opportunities, LGBTQ-inclusive anti-bias programs and ongoing monitoring of policy compliance.

LGBTQ youth who attend schools with Gay-Straight Alliances or Gender/Sexuality Alliances (GSAs) or other LGBTQ student clubs have found that these formal systems of support can mitigate negative experiences, reduce risky behaviors and lower distress. Further, the presence of a GSA or other LGBTQ student club has been found to have a positive impact on the perceptions LGBTQ youth have of their school experiences: they help students identify teachers and staff who are affirming and supportive and promote LGBTQ advocacy among students.<sup>25</sup>

**3 IN 5** students have access to a GSA or similar support group<sup>26</sup>

LGBTQ youth continue to experience bullying because of their actual or perceived LGBTQ identity

**73%**

**OF LGBTQ YOUTH HAVE EXPERIENCED VERBAL THREATS BECAUSE OF THEIR ACTUAL OR PERCEIVED LGBTQ IDENTITY<sup>27</sup>**

**18%**

were bullied because someone thought they were LGBTQ<sup>28</sup>

**3 IN 10**

have received physical threats due to their LGBTQ identity<sup>29</sup>

**50%**

of transgender girls have been physically threatened<sup>30</sup>

**70%**

**HAVE BEEN BULLIED AT SCHOOL BECAUSE OF THEIR SEXUAL ORIENTATION<sup>31</sup>**

**43%**

**HAVE BEEN BULLIED ON SCHOOL PROPERTY IN THE PAST 12 MONTHS<sup>32</sup>**

***“I am the president of my school’s GSA and am looked to as a role model for younger students, so I try to talk to adults frequently about my sexual orientation and experience [as an LGBTQ person].”***

***“I know my school is generally accepting. The GSA gave out safe space stickers to all teachers and most of them put them up, so I know that I won’t be judged for talking about my identity.”***

## When a Student Comes Out to You...

When a student comes out to you and tells you they are lesbian, gay, bisexual or transgender (LGBT) your initial response is important. The student has likely spent time in advance thinking about whether or not to tell you, and when and how to tell you. Here are some tips to help you support them.

▼ **Offer support but don't assume a student needs any help.** The student may be completely comfortable with their sexual orientation or gender identity and may not need help dealing with it or be in need of any support. It may be that the student just wanted to tell someone, or just simply to tell you so you might know them better. Offer and be available to support your students as they come out to others.

▼ **Be a role model of acceptance.** Always model good behavior by using inclusive language and setting an accepting environment by not making assumptions about people's sexual orientation or gender identity. Addressing other's (adults and students) biased language and addressing stereotypes and myths about lesbian, gay, bisexual and transgender (LGBT) people also position you as a positive role model. By demonstrating that you are respectful of LGBT people and intolerant of homophobia and transphobia, LGBT students are more likely to see you as a supportive educator.

▼ **Appreciate the student's courage.** There is often a risk in telling someone something personal, especially sharing for the first time one's sexual orientation or gender identity, when it is generally not considered the norm. Consider someone's coming out a gift and thank them for giving that gift to you. Sharing this personal information with you means that the student respects and trusts you.

▼ **Listen, listen, listen.** One of the best ways to support a student is to hear them out and let the student know you are there to listen. Coming out is a long process, and chances are you'll be approached again to discuss this process, the challenges and the joys of being out at school.

▼ **Assure and respect confidentiality.** The student told you and may or may not be ready to tell others. Let the student know that the conversation is confidential and that you won't share the information with anyone else, unless they ask for your help. If they want others to know, doing it in their own way with their own timing is important. Respect their privacy.

▼ **Ask questions that demonstrate understanding, acceptance and compassion.** Some suggestions are:

- Have you been able to tell anyone else?
- Has this been a secret you have had to keep from others or have you told other people?
- Do you feel safe in school? Supported by the adults in your life?
- Do you need any help of any kind? Resources or someone to listen?
- Have I ever offended you unknowingly?

▼ **Remember that the student has not changed.** They are still the same person you knew before the disclosure; you just have more information about them, which might improve your relationship. Let the student know that you feel the same way about them as you always have and that they are still the same person. If you are shocked, try not to let the surprise lead you to view or treat the student any differently.

▼ **Challenge traditional norms.** You may need to consider your own beliefs about sexual orientation, gender identity and gender roles. Do not expect people to conform to societal norms about gender or sexual orientation.

▼ **Be prepared to give a referral.** If there are questions you can't answer, or if the student does need some emotional support, be prepared to refer them to a sympathetic counselor, a hotline, your school's GSA or an LGBT youth group or community center.

### **SOME ADDITIONAL THINGS TO KEEP IN MIND WHEN A STUDENT COMES OUT TO YOU AS TRANSGENDER:**

▼ **Validate the person's gender identity and expression.** It is important to use the pronoun and name appropriate to the gender presented or that the person requests — this is showing respect. In other words, if someone identifies as female, then refer to the person as she; if they identify as male, refer to the person as he. Or use gender neutral language. Never use the word "it" when referring to a person, to do so is insulting and disrespectful.

▼ **Remember that gender identity is separate from sexual orientation.**

Knowing someone is transgender does not provide you with any information about their sexual orientation.

### **WHAT NOT TO SAY WHEN SOMEONE COMES OUT TO YOU:**

▼ **"I knew it!"** This makes the disclosure about you and not the student, and you might have been making an assumption based on stereotypes.

▼ **"Are you sure?" "You're just confused." "It's just a phase — it will pass."** This suggests that the student doesn't know who they are.

▼ **"You just haven't found a good woman yet" said to a male or "a good man yet" said to a female.** This assumes that everyone is straight or should be.

▼ **"Shhh, don't tell anyone."** This implies that there is something wrong and that being LGBT must be kept hidden. If you have real reason to believe that disclosing this information will cause the student harm, then make it clear that is your concern. Say, "Thanks for telling me. We should talk about how tolerant our school and community is. You may want to consider how this may affect your decision about who to come out to."

▼ **"You can't be gay — you've had relationships with people of the opposite sex."** This refers only to behavior, while sexual orientation is about inner feelings.

# Know Your Rights!

## A Guide for LGBT High School Students



Lesbian, gay, bisexual, and transgender (LGBT) students face discrimination and harassment at school all too often. Unfortunately, many school officials know very little about how the law requires them to protect LGBT students. And sometimes they do know that they're breaking the law, but they think that students won't question their actions. That's why it's important for you to learn about your rights and what you can do if your school isn't treating you fairly!

### Harassment

Anti-LGBT harassment is one of the most pervasive, frightening, and potentially damaging threats LGBT students face in our public schools. If you're being bullied, called names, threatened, or physically harmed at your school because of your sexual orientation, you don't have to take it!

Under the U.S. Constitution, public schools have to address any harassment against LGBT students the same way they would address harassment against any other student. And a federal education law called Title IX bars public schools from ignoring harassment based on gender stereotyping. What this all means is that public schools can't ignore harassment based on appearance or behavior that doesn't "match" your gender: boys who wear makeup, girls who dress "like a boy," or students who are transgender. Nor can school officials tell you that you have to change who you are or that the harassment is your fault because of how you dress or act.

If anyone at school is harassing or threatening you, it's crucial that you report it to a principal or counselor. Then the school has been put on notice and can be held legally responsible for protecting you. And keep notes about all incidents of harassment and interactions with the school about it. There are tips on how to effectively do this at the end of this handout.

If you've reported harassment to your school and they've done little or nothing to stop it, contact your local ACLU affiliate or the ACLU LGBT Project.

### Privacy

Your school does NOT have the right to "out" you to anyone without your permission, even if you're out to other people at school.

Doing this to a young person can have tragic consequences, such as when police officers in 1997 told a young man in Pennsylvania that they were going to tell his family he was gay. He committed suicide rather than face what he feared would be rejection from his family. His mother sued, and a federal appeals court has held that threatening to disclose private information violated the teenager's Constitutional right to privacy. This applies to schools, too.

If a teacher, counselor, or any other school official threatens to tell your parents or anyone else that you're gay and you don't want them to, make it clear that this is against your wishes. If they still do it or threaten to do so, you should contact your local ACLU affiliate or the ACLU LGBT Project.

### Freedom of Speech

Sometimes schools try to silence students who are open about their sexual orientation. But you have a Constitutional right to be out of the closet at school if you want to be. Sometimes schools punish students for talking about being gay. Sometimes schools censor students for wearing gay-themed t-shirts, even when the shirts aren't obscene and other students are allowed to wear t-shirts expressing their views on political or cultural issues.

In *Tinker v. Des Moines*, over 40 years ago, the U.S. Supreme Court ruled that

students don't "shed their constitutional rights to freedom of speech at the schoolhouse gate." The only time a school can legally restrict a student's speech is when it causes significant disruption in the classroom. And while schools often use disruption as an excuse to censor student speech, there are clear legal guidelines about disruption really is. It's not just whenever a school administrator says something is disruptive. For example, yelling, "I'm gay!" in the middle of English class isn't okay, but talking about being gay with other students between classes or at lunch is. Nor is your speech disruptive just because someone else might not like it. And if your school's dress code allows other students to wear t-shirts about their beliefs, then it's illegal for them to ask you to take off your t-shirt just because it has a rainbow or says something about gay pride.

If your school is trying to keep you from talking about your sexual orientation or expressing your beliefs about it, you should contact your local ACLU affiliate or the ACLU LGBT Project.

### Transgender and Gender Nonconforming Students

Everyone has the right to be themselves in school — including you! Your gender expression is protected by the U.S. Constitution, Title IX, and any state or local law that bans discrimination based on gender identity. This right to free expression includes your choice of clothes. As long as what you want to wear would be appropriate if worn by other students — a skirt, for example, or a

## Know Your Rights! A Guide for LGBT High School Students

tuxedo — then you should be able to wear that clothing even if it isn't stereotypically associated with your gender.

Your right to be yourself in school includes the right to be transgender or to transition your gender in school. Unfortunately, there aren't yet clear rules in most places about how schools should accommodate students when they transition. There are often many obstacles to deal with, including restroom and locker room accessibility, your name and what pronouns to use when talking about you, and how official records classify you. Call your local ACLU affiliate or the ACLU LGBT Project if you want help making sure your school treats you with respect and keeps you safe.

### Gay-Straight Alliances

Gay-Straight Alliances (GSAs) are student clubs, just like Drama Club or Key Club, that allow students with a common interest to get together and have discussions or activities about that interest. GSAs are made up of students of any sexual orientation or gender identity, not just gay students. They can be support groups, social groups, or they can be activist organizations dedicated to making school safer for all students, or some combination of any of those.

The federal Equal Access Act says that if a public school permits any noncurricular clubs, then it must allow students to form a GSA if they want to, and the school can't treat it differently from other noncurricular clubs. Noncurricular clubs are groups

that aren't directly related to classes taught in the school. For example, Math Club is curricular but Chess Club isn't.

Starting a GSA is like starting any other club! Find out your school's rules for forming an official student organization (like getting a faculty sponsor if one is required, etc.) and then follow those rules carefully. And document everything just in case the school gives you a hard time about your GSA. There are tips on how to do this at the end of this handout.

We've found that school officials often don't know much about the law or think they can find some way to get around it. Blocking a GSA from forming or treating it differently from other noncurricular clubs is against the law, and if your school does it you should contact your local ACLU affiliate or the ACLU LGBT Project.

### Prom, Homecoming, and other School Events

If you're a girl, can you go to homecoming with another girl? If you're a boy, can you run for Prom Queen? Yes! The First Amendment and your right to equal protection guarantee you the right to express yourself by bringing a same-sex date to the prom or homecoming. Similar protections should apply if you are a boy and want to run for Prom Queen or if you're a girl and want to run for Prom King.

If you go to a public school and school officials try to tell you that you can't bring a same-sex date to prom, you

can contact your local ACLU affiliate or the ACLU LGBT Project.

### General Tips

If you ever suspect that your school is treating you wrong because of your sexual orientation or gender identity:

*Be respectful and follow the rules*

Don't give your school any excuses for treating you badly by behaving badly or losing your temper.

*Document everything*

Keep detailed notes about everything: dates, where things happened, who was there, who said or did what, and any other details that might come in handy. If the school gives you anything in writing or if you submit anything in writing yourself, keep copies. If you have to fill out any forms or submit anything in writing, keep copies of those things. The more you document what you're going through, the better your chances of getting it addressed.

*Get support*

There are groups all over the country for LGBT youth, and if you live somewhere that doesn't have one, you can probably find an online discussion forum where you can be yourself and get reassurance that you're not alone.

*Don't just believe what school officials tell you*

A lot of the time, school officials either don't know what the law requires them to do or they're just betting that you won't question what they say. Don't take their word for it!

### Want to know more?

Has something happened at your school that you think may have violated your rights? Do you want to talk with someone about what you can do about it? Contact us at [ACLU.org/safeschools](http://ACLU.org/safeschools)! We won't ever talk to your school or anyone else without your okay, and any communication between you and the ACLU will be kept private.



# ACLU

AMERICAN CIVIL LIBERTIES UNION

The American Civil Liberties Union  
Lesbian, Gay, Bisexual, Transgender Project  
125 Broad St., 18th Floor  
New York, NY 10004  
212-549-2673  
[ACLU.org/safeschools](http://ACLU.org/safeschools)

## WHY IS LGBT HEALTH IMPORTANT?

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Clinicians must be informed about LGBT health for two reasons. First, there is a long history of anti-LGBT bias in healthcare which continues to shape health-seeking behavior and access to care for LGBT individuals, despite increasing social acceptance. Until 1973, homosexuality was listed as a disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM), and transgender identity still is (Potter 2008). In keeping with a pathologic understanding of homosexuality and transgender identity, many LGBT individuals were subjected to treatments such as electroshock therapy or castration in the past (Context 2011). Such treatments have now fallen from favor in the medical community and been formally disavowed by many medical and professional societies, but some

clinicians continue to harbor anti-LGBT attitudes. As recently as the 1990s, nearly one-fifth of physicians in a California survey endorsed homophobic viewpoints, and 18% reported feeling uncomfortable treating gay or lesbian patients (Smith 2007). Attitudes have improved, but in a national survey in 2002, 6% of United States physicians still reported discomfort caring for LGBT patients (Kaiser 2002). Because of prior experiences of bias or the expectation of poor treatment, many LGBT patients report reluctance to reveal their sexual orientation or gender identity to their providers, despite the importance of such information for their health care (Eliason 2001).

## LGBT HEALTH DISPARITIES

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Second, although there are no LGBT-specific diseases, clinicians must also be informed about LGBT health because of numerous health disparities which affect members of this population. Both a recent Institute of Medicine Report and the Department of Health and Human Services Healthy People 2020 initiative have highlighted these disparities and called for steps to address them (IOM 2011, Lesbian 2012). These disparities stem from structural and legal factors, social discrimination, and a lack of culturally-competent health care.

Members of the LGBT community are more likely than their heterosexual counterparts to experience

difficulty accessing health care. Individuals in same-sex relationships are significantly less likely than others to have health insurance, are more likely to report unmet health needs, and, for women, are less likely to have had a recent mammogram or Papanicolaou test (Buchmueller 2010). These differences result, at least in part, from decreased access to employer-sponsored health insurance benefits for same-sex partners and spouses (Mayer 2008).

Sexually transmitted infections, including human immunodeficiency virus (HIV), are major concerns in some LGBT groups, particularly MSM and male-to-female transgender persons. MSM account for nearly half of all people living with HIV in the United States, despite making up approximately 2% of the general population (CDC 2010). In addition, they accounted for almost two-thirds of new cases of HIV in 2009, the last year for which such data are available. In urban areas, the HIV prevalence among MSM exceeds the general population prevalence in many sub-Saharan African countries where HIV is widely perceived as a public health emergency (WHO 2008). Young, black MSM, in particular, represent the only demographic

group in which the incidence of HIV is increasing, with an increase of 50% from 2006 to 2009 (Prejean 2011). Overall, black and other non-white MSM are more disproportionately affected by HIV than white MSM; among black, urban MSM, the HIV prevalence is estimated at 28%, versus 18% for Hispanic and 16% for white MSM (CDC 2010). The racial disparities in HIV do not appear to be due to differences in unsafe sexual behavior but rather other factors, such as decreased access to antiretroviral therapy in non-white communities (Oster 2011). Data on HIV rates in transgender persons are sparse, but a recent systematic review estimated an HIV prevalence of approximately 28% in male-to-female transgender persons in the United States (Herbst 2008). Aside from HIV, MSM account for 63% of reported syphilis infections and more than one-third of gonorrhea infections (CDC 2007, Mark 2004). Antibiotic-resistant gonorrhea is also more prevalent in MSM than other groups (Bauer 2005). Finally, rates of human papilloma virus-associated anal cancers among MSM are seventeen times those of heterosexual men, with even higher rates among individuals concurrently infected with HIV (CDC 2012).

Several other diseases and conditions are differentially distributed between LGBT and non-LGBT groups. Compared to heterosexual women, lesbians are more likely to be overweight or obese (Boehmer 2007). In addition, eating disorders and body image disorders may be more common among gay and bisexual than heterosexual men (Ruble 2008), and high school students of both sexes who have same-sex sexual partners more commonly engage in unhealthy eating behaviors than those with only opposite-sex sexual partners (Robin 2002). There is little data on cancer rates among LGBT individuals,



LGBT INDIVIDUALS FACE UNIQUE CHALLENGES AS THEY AGE. THE CURRENT COHORT OF LGBT SENIORS GREW UP IN PERIODS OF LESS SOCIAL ACCEPTANCE OF LGBT LIFESTYLES AND THUS MAY HARBOR GREATER FEARS OF STIGMA AND DISCRIMINATION THAN THEIR YOUNGER COUNTERPARTS.

but some evidence suggests higher rates of breast and cervical cancer among lesbian and bisexual versus heterosexual women (Valanis 2000). If true, whether such differences stem from lower rates of screening, greater nulliparity or other factors is unknown.

LGBT and non-LGBT groups also differ with regard to the prevalence of substance abuse and mental disorders. Members of the LGBT population are approximately twice as likely to smoke as the general population (Lee 2009); indeed, they have some of the highest smoking rates of any sub-population (Tobacco 2008). In addition to tobacco abuse, alcohol and other drug abuse may be more common among LGBT than heterosexual men and women, although studies on this subject have been conflicting and some have been

prone to methodological problems (Song 2008). In some LGBT sub-populations, such as gay men and male-to-female transgender persons, drug use is associated with unsafe sex and the transmission of infections, including HIV (Mayer 2008). Several studies have also suggested higher rates of depression, anxiety, and suicidal ideation among gay, lesbian, and bisexual individuals (Ruble 2008). Although attributed to the pathology of homosexuality or non-standard gender identity in the past, the higher rate of substance abuse and mental disorders in LGBT patients is now theorized to result from “minority stress,” in which real or expected prejudicial experiences result in internalized homophobia, depression, and anxiety (Meyer 2003). For many LGBT individuals, the minority stress they experience on the basis of sexual orientation and gender identity intersects with inequalities associated with race, ethnicity, and social class (IOM 2011).



*“Because of the way many LGBTQ+ people are treated, many of us suffer from a range of mental illnesses, myself included.”*



# The Burden of Rejection

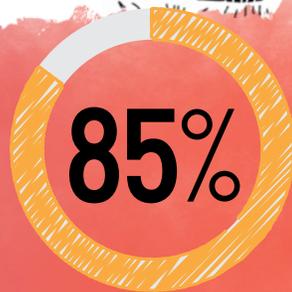
The mental health disparities between LGBTQ youth and non-LGBTQ youth continue to be an alarming trend. Today’s LGBTQ youth face a variety of stressors — harassment, family and peer rejection, bullying from their peers, isolation and a lack of a sense of belonging — that have a major impact on their overall well-being. Studies have shown that, compared to their non-LGBTQ peers, LGBTQ youth report much higher rates of depression, anxiety, alcohol and drug use, and lower self-esteem.<sup>10</sup>

*“My fear keeps me from seeing a counselor about things like my anxiety and depression. I don’t know how they might react [to my LGBTQ identity], so I’d rather go online or talk to my other queer friends about it.”*

**95%**  
OF LGBTQ YOUTH REPORT  
THEY HAVE TROUBLE GETTING  
TO SLEEP AT NIGHT<sup>11</sup>

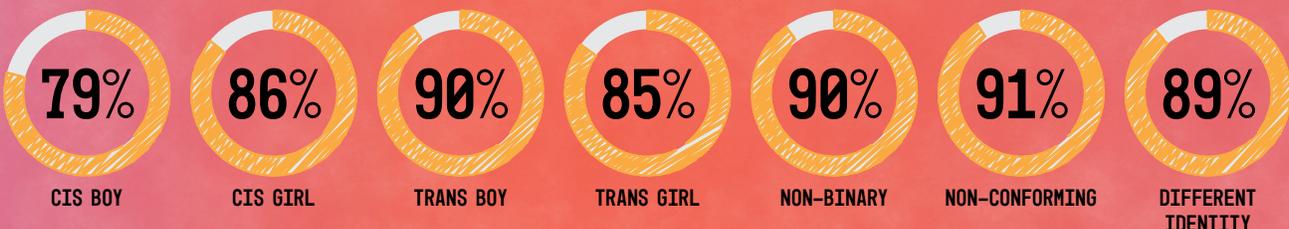


**STRESS**



OF LGBTQ YOUTH RATE THEIR AVERAGE STRESS LEVEL AS '5' OR HIGHER ON A 1-10 SCALE<sup>12</sup>

PERCENTAGE OF YOUTH WHO RATE THEIR AVERAGE STRESS LEVEL AS '5' OR HIGHER BY GENDER IDENTITY:





## ADDRESSING SEXUAL VIOLENCE

LGBTQ young people may be at an increased risk of sexual violence, which can be particularly problematic given the lack of resources, family support and community support that too many continue to face due to their identities.

# 11%

OF LGBTQ YOUTH REPORT THAT THEY HAVE BEEN SEXUALLY ATTACKED OR RAPED BECAUSE OF THEIR ACTUAL OR ASSUMED LGBTQ IDENTITY<sup>13</sup>

# 77%

OF LGBTQ YOUTH REPORT RECEIVING UNWANTED SEXUAL COMMENTS, JOKES AND GESTURES IN THE PAST YEAR<sup>14</sup>

# 20%

OF LGBTQ YOUTH REPORT THAT THEY WERE FORCED TO DO SEXUAL THINGS THEY DID NOT WANT TO DO IN THE PAST YEAR<sup>15</sup>

While research on this sensitive topic is understandably limited and difficult to conduct, one thing is certain: we must continue to do better to support LGBTQ young people in the face of sexual violence and intimate partner violence. These efforts go hand in hand with accepting and affirming LGBTQ youth for who they are, establishing safe spaces and communities, as well as ensuring that all youth have access to fully inclusive physical and mental health resources.

*“A stranger, even a school counselor, is very dangerous to LGBTQ+ people and children. They can ruin your entire life, get you kicked out of your home by your parents, or make other teachers treat you awfully and make your school experience miserable. They can even get you killed by outing you without your permission, which they are usually ‘expected’ to do.”*

LGBTQ youth also face challenges to accessing affirming and supportive counseling services.<sup>16</sup> In particular, the youth in our survey report a scarcity of service providers whom they trust to be equipped to address LGBTQ-specific issues or relate to their life experiences.

**Seventy-seven percent** of LGBTQ youth surveyed report that on average they had felt down or depressed in the past week.<sup>17</sup> Alarming, only 41 percent had received psychological or emotional counseling to address these issues in the past 12 months.<sup>18</sup> LGBTQ youth of color face even greater challenges in accessing counseling services, with large disparities and an average of 37 percent of respondents having received psychological or emotional counseling in the past 12 months.<sup>19</sup> Importantly, youth who had received counseling reported better mental health outcomes.

Access to culturally competent, LGBTQ-affirming mental health providers, both within schools and in the broader health care system, is essential to the well-being of LGBTQ teens. There are many learning opportunities available to professional counselors and therapists who wish to enhance their skills and knowledge for effectively working with LGBTQ youth, from web-based learning modules to large-scale conferences dedicated solely to this topic.

*“In freshman year I spoke to one of my counselors about my depression and anxiety, but I don’t think they’re trained in helping LGBTQ+ kids.”*

*“The counselors at my school have never said whether we can come to them about LGBTQ subjects or not. So you really don’t know if they are well educated about the LGBTQ community.”*



July 23, 2018 8:00AM EDT

Available In English 日本語 Español

# US: LGBT People Face Healthcare Barriers

## Trump Administration Set to Erode Existing Protections



Dr. Brittany Brooks meets with a patient at Open Arms Healthcare Center, a clinic in Jackson, MS, that focuses on alleviating healthcare disparities for underserved populations, with a particular focus on LGBT people.

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The Trump administration is considering regulatory changes that would worsen barriers many lesbian, gay, bisexual, and transgender (LGBT) people in the [United States](#) face in obtaining health care, Human Rights Watch said in a report released today. The US Department of Health and Human Services (HHS) should reconsider those changes, which would leave LGBT people more vulnerable to discrimination.

The 34-page report, “[You Don’t Want Second Best’: Anti-LGBT Discrimination in US Health Care](#),” documents some of the obstacles that LGBT people face when seeking mental and physical healthcare services. Many LGBT people are unable to find services in their area, encounter discrimination or refusals of service in healthcare settings, or delay or forego care because of concerns of mistreatment.

“Discrimination puts LGBT people at heightened risk for a range of health issues, from depression and addiction to cancer and chronic conditions,” said [Ryan Thoreson](#), an LGBT rights researcher at Human Rights Watch. “Instead of treating those disparities as a public health issue, HHS is developing politicized rules that will make them much worse.”

Two upcoming regulatory changes are likely to worsen these barriers, Human Rights Watch said. In January 2018, HHS issued a proposed rule that would broaden existing religious exemptions in healthcare law, giving sweeping discretion to insurers and providers to deny service to patients because of their moral or religious beliefs. In April 2018, the Trump administration announced plans to roll back a regulation that clarifies that federal law prohibits healthcare discrimination based on gender identity. If finalized, these changes would further undermine the limited antidiscrimination protections that currently exist for LGBT people.

Human Rights Watch interviewed 81 people for the report, including providers and individuals who said they had experienced discrimination in healthcare settings.



July 23, 2018 | Report

## “You Don’t Want Second Best”

Anti-LGBT Discrimination in US Health Care

[Download the full report in English](#)

Existing protections for LGBT people in health care are uneven. In 2016, the Obama administration issued a regulation clarifying that Section 1557 of the Affordable Care Act, which prohibits sex discrimination in health care, also prohibits discrimination against transgender people. Eight states and religious healthcare providers challenged the regulation in court, and the Trump administration has signaled it plans to roll it back.

Protections at the state level are lacking. As of July 2018, 37 states [do not expressly ban health insurance discrimination](#) based on sexual orientation or gender identity. New Jersey prohibits discrimination based on gender identity but not sexual orientation. In 10 US states, transition-related health care is expressly excluded from Medicaid coverage, limiting options for low-income transgender people.

LGBT people interviewed for the report described difficulty finding hormone replacement therapy, HIV prevention and treatment options, fertility and reproductive services, and even just welcoming primary care services. Judith N., a transgender woman in East Tennessee, said, “I spent years looking for access to therapy and hormones and I just couldn’t find it.”

Others described discriminatory treatment by providers. Trevor L., a gay man in Memphis, recalled an incident when he took an HIV test at his annual checkup in 2016: “and they sat down and started preaching to me – not biblical things, but saying, you know this is not appropriate, I can help you with counseling, and I was like, oh, thank you, I’ve been out for 20 years and I think I’m okay. It’s almost like they feel they have the right to tell you that it’s wrong.”

In addition to discrimination, many LGBT people are refused services outright because of their sexual orientation or gender identity. In a nationally representative survey conducted by the Center for American Progress in 2017, 8 percent of lesbian, gay, and bisexual respondents and 29 percent of transgender respondents reported that a [healthcare provider had refused to see them because of their sexual orientation or gender identity](#) in the past year. Interviewees described being denied counseling and therapy, refused fertility treatments, denied a checkup or other primary care services, and in one instance, told that a pediatrician’s religious beliefs precluded her from evaluating a same-sex couple’s 6-day-old child.

Both providers and LGBT people noted that concerns about discrimination and mistreatment led LGBT people to delay or forego care. A 2015 survey of almost 28,000 transgender people found that, in the year preceding the survey, [23 percent did not seek care they needed because of concern about mistreatment based on gender identity](#).

Many interviewees expressed concern that laws permitting providers to refuse service on moral or religious grounds would make care even harder to obtain. Persephone Webb, a transgender activist in Knoxville, Tennessee, said that “[i]t tells people who are prone to being bigoted to be a little braver, and a little braver. And we see through this – we know this is an attack on LGBT people.”

Instead of finalizing the proposed changes, HHS should preserve antidiscrimination protections and withdraw sweeping exemptions that put patients at risk, Human Rights Watch said. Lawmakers at the state and federal level should prohibit discrimination in health care on the basis of sexual orientation and gender identity, and should repeal exemptions that allow providers to refuse to serve patients because of their sexual orientation or gender identity.

“When LGBT people seek medical care, the oath to do no harm too often gives way to judgment and discrimination,” Thoreson said. “Lawmakers need to make clear that patients come first, regardless of their sexual orientation or gender identity.”

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# What You Can Do

Every adult can play a role in changing the landscape for LGBTQ youth, sometimes simply through small actions that help to reinforce inclusive, supportive and loving environments in homes and communities.

However, it is also imperative that we address discrimination, bias and institutional obstacles that threaten the potential of LGBTQ youth to thrive and achieve their full potential.



## Parents & Family Members

- ✓ Learn the facts and be informed about issues that impact LGBTQ youth
- ✓ Be aware of the LGBTQ inclusion policies that impact LGBTQ youth — in your state, city and local school district
- ✓ Advocate for LGBTQ-inclusive curriculums, programming and clubs
- ✓ Watch for signs of bullying
- ✓ Get involved with local LGBTQ organizations
- ✓ Make your home a safe and affirming space for LGBTQ youth — whether or not you have openly LGBTQ children

## School Administrators & Teachers

- ✓ Establish clear and inclusive policies to support LGBTQ youth
- ✓ Provide annual LGBTQ-inclusive training for all school staff
- ✓ Be intentional about creating safe spaces for LGBTQ youth
- ✓ Be a visible advocate for LGBTQ inclusion and equality
- ✓ Provide educational resources for teachers, parents and students

Continued on next page





Continued from  
previous page

## Mental Health & Medical Professionals

- ✓ Be open to discussing sexual orientation and gender identity
- ✓ Seek additional training to increase proficiency in LGBTQ issues
- ✓ Be an advocate for LGBTQ youth at all levels of health care
- ✓ Provide educational resources for teachers, parents and students

## Policy Makers & Advocacy Leaders

- ✓ Enact LGBTQ non-discrimination laws at the national, state and local level
- ✓ Advocate for LGBTQ-inclusive anti-bullying laws and policies in schools
- ✓ Support prohibitions on outdated and harmful practices such as conversion therapy
- ✓ Promote protections in areas where LGBTQ youth are over-represented, including youth homelessness services, foster care and the juvenile justice system



**For more information  
and resources about how  
you can support LGBTQ  
youth, please visit:**

**[www.hrc.org/youth](http://www.hrc.org/youth)**

# ACCEPTANCE IS PROTECTION

## Why Family Matters?

We first learn about gender through our family's gender roles and expectations. Research indicates that children identify their own gender expansiveness as young as three years old.<sup>1</sup> Family acceptance is the single most predictive factor when we consider safety, self-acceptance, and optimal wellbeing of transgender or gender expansive children.<sup>2,3,4,5</sup>

### Tips for parents:

- You can't make or break a child's gender identity
- Gender diversity is not contagious
- Listen to your child's self-affirmed gender identity
- Allow for questions and exploration
- Remember that you are your child's most important ally

## Why Community Matters?

When a child transitions, the entire community transitions along with them. Everyone needs a new understanding of gender, including the complexities of gender development and the best way to show acceptance and respect.<sup>6,7</sup>

### Tips for community leaders:

- Include gender diverse material, programs and resources
- Lead by example and have a gender diverse leadership
- Enlist partnerships and education on gender diversity
- Promote transgender rights as human rights
- Take responsibility for your own education

## Why School Matters?

Messaging from teachers and peers play an important role in developing our gender identity. Ensuring a gender inclusive place of learning is particularly critical for transgender and gender expansive youth. More than half of transgender students reported being physically assaulted at school and skipping class as a result of bullying.<sup>8,9,10</sup>

### Tips for schools:

- Have gender neutral bathrooms and changing facilities
- Have a GSA or gender-inclusive student alliance
- Include preferred name and gender pronouns in admission forms
- Have a zero tolerance policy on gender based discrimination
- Include gender diversity in curricula and class options

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the ACKERMAN INSTITUTE'S  
**Gender & Family Project**

The Gender & Family Project (GFP) empowers youth, families and communities by providing gender affirmative services, training and research.

Ackerman.org/gfp | GFP@ackerman.org | 212.879.4900 ext. 150

**TRANS**  
LIFELINE  
877-565-8860

## ***Additional Resources***

### ***Education Professionals***

**Human Rights Campaign 2018 LGBTQ Youth Report**

<https://www.hrc.org/resources/2018-lgbtq-youth-report>

**GLSEN Professional Development**

<https://www.glsen.org/educate/professional-development/toolkits>

**Trans Student Education Resources**

<http://www.transstudent.org/>

**The Trevor Project**

<https://www.thetrevorproject.org/>

**Trans Lifeline**

<https://www.translifeline.org/>

### ***Medical Professionals***

**Human Rights Campaign 2018 LGBTQ Youth Report**

<https://www.hrc.org/resources/2018-lgbtq-youth-report>

**Center of Excellence for Trans Health Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People**

<http://transhealth.ucsf.edu/trans?page=guidelines-home>

**The World Professional Association for Transgender Health Standards of Care**

<https://www.wpath.org/>

**Human Rights Watch “You Don’t Want Second Best: Anti-LGBT Discrimination in US Health Care”**

<https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care>

**The Trevor Project**

<https://www.thetrevorproject.org/>

**Trans Lifeline**

<https://www.translifeline.org/>

*Thank you for viewing ARAY’s Service Provider Packet  
Please contact Hal@AllRainbowandAlliedYouth.org for more information*