

April 14, 2014

Gwendolyn Puryear Keita, PhD
Public Interest Directorate, Executive Director
American Psychological Association

Re: Resolution on LGBTQI Children and Youth in Schools

Dear Dr. Keita:

As organizations dedicated to the rights of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) individuals and families, we thank the APA for its leadership in recognizing the important health and mental health concerns faced by LGBTQ children and youth, and for its commitment to policy change that will remedy the health disparities they experience.

As you know, the LGBTQ population experiences significant disparities in health indicators such as smoking, obesity, experiences of abuse and violence, mental and behavioral health concerns, and HIV infection. Although data on the prevalence of substance use disorders within the LGBTQ community is not yet robust, SAMHSA has reported that between 20 and 30 percent of LGB people may abuse substances,ⁱ as compared to 8.9 percent of the general population.ⁱⁱ

LGBTQ youth face increased rates of family rejection,ⁱⁱⁱ victimization in schools,^{iv} and criminalization.^v They are disproportionately represented in child welfare and juvenile justice systems,^{vi} and lack explicit protections against employment discrimination in a majority of states. As a result, LGBTQ youth represent as much as 40 percent of the homeless youth population. Surveys of LGB youth suggest that they are more likely to smoke cigarettes, drink alcohol, smoke marijuana, use cocaine, use inhalants, use ecstasy, use heroin, and use methamphetamines than their heterosexual peers.^{vii} These inequities may be even more pronounced for LGBTQ people who are also members of other groups that are disadvantaged on the basis of factors such as race, ethnicity, geography, or disability.

Suicide is a particularly critical issue for the LGBTQ youth population. Research has shown that LGB youth are four times more likely to attempt suicide as their straight peers, and questioning youth are three times more likely.^{viii} Nearly half of young transgender people have seriously thought about taking their lives and one quarter report having made a suicide attempt.^{ix} Of the 40 percent of homeless youth who are LGBTQ, as many as 62 percent are likely to attempt suicide as compared to 29 percent of their straight peers.^x

Supportive policy changes and recognition by national experts such as the APA are necessary to help remedy these disparities. **We fully support the draft Resolution on LGBTQI Children in Youth in Schools, and offer minor comments for potential improvements to the Resolution:**

- (Lines 202-03): “sexual identities or orientations” should be changed to “gender identities or sexual orientations.”
- (Lines 284-89): We encourage you to include transgender youth as an at-risk population here, particularly young transgender women of color. Although the research on transgender people generally, and transgender youth in particular, is not as robust as research on LGB populations due to a systemic lack of data collection on gender identity, there have been several studies that look at the risk factors that specifically put transgender youth at higher risk.^{xi}
- (Lines 375-80): We encourage you to specifically list the Student Non-Discrimination Act and the Safe Schools Improvement Act as federal legislation that would promote safe and positive

school environments free of bullying and harassment. In addition, we encourage you to call upon the U.S. Department of Education's Office for Civil Rights to issue guidance to school districts nationwide on the application of Title IX of the Education Amendments of 1972, which protects people from discrimination based on sex in education programs or activities that receive federal financial assistance, to transgender students.

- (Lines 385-69): We strongly support the APA's affirmation of the diversity and non-binary nature of gender identity and expression. We recommend the addition of language to clarify that diverse gender identities are normal and positive variations of the human experience when they differ from one's sex assigned at birth. Our recommended revision is as follows:

BE IT FURTHER RESOLVED that the American Psychological Association and the National Association of School Psychologists affirm that gender expression includes a diverse range regardless of gender identity, that gender identity includes a diverse range of identities beyond a binary classification, and that gender identity may differ from one's sex assigned at birth, and we further affirm that diverse gender expression and identities are normal and positive variations of the human experience.

- (Lines 394-97): The inclusion of sexual orientation, gender expression, and gender identity as items in the Youth Risk Behavior Surveillance Survey will provide vital health information about LGBTQ youth. We also encourage you to call for inclusive data collection on 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 LGBTQ children and youth in schools.
- (Lines 473-80): Above all else, transgender youth must be recognized in school in a manner that is consistent with their gender identity. As such, access to sex-segregated facilities, activities, and programs that is consistent with a student's gender identity is of paramount importance. Gender neutral options are important, but should be available as a matter of policy for *all* students, including transgender students who would feel safer using solitary spaces. We support this clause, and suggest it be revised as follows:

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. All students, staff, and teachers should have access to the sex-segregated facilities, activities, and programs that is consistent with their gender identity. These spaces include, but are not limited to, bathrooms, locker rooms, sports teams, and classroom activities. Schools should avoid the use of gender segregation in school uniforms, school dances, and extracurricular activities. In addition, schools should provide gender neutral bathroom options for individuals who would prefer to use them.

- (Lines 489-523): We encourage you to list the ACLU's LGBT Youth and Schools webpage (available at <https://www.aclu.org/lgbt-rights/lgbt-youth-schools>) in the Resources Section.
- (Lines 489-523): We encourage you to list NCLR's joint publication entitled *Beyond the Binary* (available at <http://www.nclrights.org/legal-help-resources/resource/beyond-the-binary-making-schools-safe-for-transgender-youth/>) and the book titled *Creating Safe and Supportive Learning Environments: A Guide for Working with Lesbian, Gay, Bisexual, Transgender, and Questioning Youth and Families* in the Resources Section.
- (Lines 489-523): We encourage you to cite to the Resolution Agreement reached by the United States Department of Education's Office of Civil Rights and Department of Justice in *Student v. Arcadia Unified School District* (available at <http://www.nclrights.org/cases-and-policy/cases-and-advocacy/student-v-arcadia-unified-school-district/>)

- (Lines 529-30): The link to the Model District Policy on Transgender and Gender-Nonconforming Students has changed, and should be updated to:
http://transequality.org/PDFs/Trans_ModelPolicy_2013.pdf
- (Line 532): We encourage you to list the transgender student policies adopted in other states. Some example of those policies are: Massachusetts (available at <http://www.doe.mass.edu/ssce/genderidentity.pdf>), Connecticut (http://www.ct.gov/chro/lib/chro/Guidelines_for_Schools_on_Gender_Identity_and_Expression_f inal_4-24-12.pdf), and the California School Boards Association (available at http://www.csba.org/Advocacy/~media/CSBA/Files/Advocacy/ELA/AB1266FinalGuidance_032014.ashx)
- Finally, we encourage you to ask your members to advocate for LGBTQ-inclusive school suicide prevention policies, such as the model policy recently developed by The Trevor Project, the National Association of School Psychologists, the American Foundation for Suicide Prevention, and the American School Counselor Association. This resource is available at:
<http://www.thetrevorproject.org/pages/modelschoolpolicy>.

We thank you again for your leadership on these issues, and look forward to collaborating with you to end the harassment, discrimination, and consequent health disparities faced by LGBTQ children and youth in schools. If you should have any questions about these comments, please contact Elliot Kennedy, Government Affairs Counsel at The Trevor Project, at 202-380-1181 or by email at Elliot.Kennedy@thetrevorproject.org.

Sincerely,

The Trevor Project

The American Civil Liberties Union
Gay, Lesbian, & Straight Education Network (GLSEN)
The National Center for Lesbian Rights
The National Center for Transgender Equality
The National Gay and Lesbian Task Force

ⁱ Office of Applied Studies (2010). OAS Data Spotlight, National Survey of Substance Abuse Treatment Services: *Substance Abuse Treatment Programs for Gays and Lesbians*. Available from <http://www.samhsa.gov/data/spotlight/Spotlight004GayLesbians.pdf>.

ⁱⁱ Substance Abuse and Mental Health Services Administration, Results from the 2010 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-41, HHS Publication No. (SMA) 11-4658. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011.

ⁱⁱⁱ Ryan, C., Russell, S.T., Huebner, D., Diaz, R. Sanchez, J. (2009). Family Rejection as a Predictor of Negative Health Outcomes in White and Latino Lesbian, Gay, and Bisexual Young Adults. *Journal of the American Academy of Pediatrics*, 123, 346-352. (Finding that LGB young adults who reported higher levels of family rejection during adolescence were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, 3.4 times more likely to report illegal drug use, and 3.4 times more likely to report having engaged in unprotected sexual intercourse, compared with peers from families with no or low levels of family rejection.) <http://pediatrics.aappublications.org/content/123/1/346.full.pdf+html>

^{iv} Kosciw, J. G., Greytak, E. A., Bartkiewicz, M. J., Boesen, M. J., & Palmer, N. A. (2012). The 2011 National School Climate Survey: The experiences of lesbian, gay, bisexual and transgender youth in our nation's schools. New York: GLSEN. (Finding that 63.5% of LGBTQ youth surveyed felt unsafe because of their sexual orientation, and 43.9% because of their gender expression.)

^v Katayoon Majd et al., "Hidden Injustice: Lesbian, Gay, Bisexual, and Transgender Youth in Juvenile Courts" (The Equity Project, 2009) (Finding that although LGBTQ youth only comprise about 5 to 7 percent of the nation's youth, 13 to 15 percent of youth in the juvenile justice system are LGBTQ).

^{vi} Id.

^{vii} Kann, *supra* n. vi.

^{viii} Kann, L, et al. 2011. "Sexual identity, sex of sexual contacts, and health-risk behaviors among students in grades 9-12 – Youth Risk Behavior Surveillance, selected sites, United States, 2001-2009." MMWR 60(SS07): 1-133. Available from <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6007a1.htm>

^{ix} Arnold H. Grossman & Anthony R. D'Augelli, *Transgender Youth and Life-Threatening Behaviors*, 37(5) SUICIDE LIFE THREAT BEHAV. 527 (2007).

^xJames M. Van Leeuwen et al., "Lesbian, Gay, and Bisexual Homeless Youth: An Eight City Public Health Perspective," *Child Welfare* 85 (2) (2005): 151-170

^{xi} For example, Garofalo, R., Deleon, J., Osmer, E., Doll, M., & Harper, G. W. (2006). Overlooked, misunderstood and at-risk: Exploring the lives and HIV risk of ethnic minority male-to-female transgender youth. *Journal of Adolescent Health*, 38, 230–236.