The Illinois Safe Schools Alliance presents:

Supporting LGBTQ+ and Gender Expansive Youth

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Curriculum & Professional Development Director
Pronouns: they/them/their
The mission of the Alliance is to promote safety, support and healthy development for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth, in Illinois schools and communities, through advocacy, education, youth organizing and research.
Become familiar with affirming language and terminology used by transgender and gender expansive young people

Identify concrete ways school based health care providers can support LGBTQ+ youth

Review best practices for supporting transgender and gender expansive students
**Sex** is a biological construct that refers to our physical attributes and our genetic make up. This includes:

<table>
<thead>
<tr>
<th>Physical Attributes:</th>
<th>Genetic Make-Up:</th>
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<tbody>
<tr>
<td>• Internal Reproductive Organs</td>
<td>• Hormones</td>
</tr>
<tr>
<td>• Genitalia</td>
<td>• Sex Chromosomes (XX or XY or a different pattern such as XXX or XXY)</td>
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<tr>
<td>• Secondary Sex Characteristics</td>
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</table>

Male, Female, Intersex are words that are commonly used to describe and individual’s sex.
**GENDER** is a social construct, most often operating in a binary system, that refers to roles, behaviors, activities, and attributes that a given society considers appropriate for boys/men or for girls/women.

Includes the:
- Psychological
- Behavioral
- Social
- Cultural aspects of being masculine or feminine

Gender expectations are often:
- Culturally specific
- Vary throughout time
- Passed on both implicitly and explicitly

Man, Woman, Both, Neither are words are commonly used to describe and individual’s gender
COMPONENTS OF GENDER

For individuals, gender is about the interrelationship of three things:

- Sex Assigned at Birth
- Gender Identity
- Gender Expression
Gender identity refers to an individual’s internal sense of gender. A person’s gender identity may be different from or the same as the person’s sex assigned at birth.
**TERMINOLOGY:**

**Transgender/Trans:** “is an umbrella term that may be used to describe people whose gender expression does not conform to cultural norms and/or whose gender identity is different from their sex assigned at birth. Transgender is a self-identity, and some gender nonconforming people do not identify with this term” (Trans Bodies, Trans Selves pg. 620)

**Cisgender/Cis:** is an umbrella term for people whose gender identity aligns with the sex they were assigned at birth and is a privileged identity

Gender is less like this:

And more like this:
**Gender Expansive:** Refers to a wider, more flexible range of gender identities or expressions than those typically associated with the binary gender system. (Sometimes referred to as Gender Nonconforming, Gender Creative, etc.)

**Non-Binary:** An umbrella term that reflects gender identities that don’t fit within the “expected” binary of male and female. Individuals can feel they are both genders, neither or some mixture thereof. (Identities that might fall under this umbrella: Genderqueer, Gender Fluid, Agender, Bigender, etc.)

http://queerascat.tumblr.com/image/52988070477
What is a transition?

There is no one way to be trans; therefore, no one way to transition.

**Legal**
Changing gender marker on legal documents like driver’s license, passport, social security card, birth certificate, and/or legal name change.

**Medical**
Gender affirming care may or may not include hormonal therapy and/or surgical treatments.

**Social**
Name and pronoun use, accessing facilities based on gender identity.
SEXUALITY AND GENDER ARE INDEPENDENT OF ONE ANOTHER:

SEXUAL ORIENTATION is about who you are attracted to romantically, emotionally, spiritually, physically, and/or sexually.

GENDER IDENTITY is about how you understand your own gender.

GENDER EXPRESSION refers to how you outwardly express your own gender.

Sexuality
(who you love)

Gender Identity
(who you are)
<table>
<thead>
<tr>
<th>SEX ASSIGNED AT BIRTH</th>
<th>GENDER IDENTITY</th>
<th>GENDER EXPRESSION</th>
<th>SEXUAL ORIENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>Agender</td>
<td>Androgynous</td>
<td>Asexual</td>
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<tr>
<td></td>
<td>Bigender</td>
<td>Butch</td>
<td>Bisexual</td>
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<tr>
<td></td>
<td>Cisgender (cis)</td>
<td>Feminine</td>
<td>Gay</td>
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<td></td>
<td>Gender Fluid</td>
<td>Femme</td>
<td>Heterosexual</td>
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<td></td>
<td>Gender Nonconforming (GNC)</td>
<td>Fluid</td>
<td>Lesbian</td>
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<td></td>
<td>Genderqueer</td>
<td>Masculine</td>
<td>Pansexual</td>
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<tr>
<td></td>
<td>Man/Boy/Male</td>
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<td>Queer</td>
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<tr>
<td></td>
<td>Nonbinary</td>
<td></td>
<td>Questioning</td>
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<td>Questioning</td>
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<td></td>
<td>Transgender (trans)</td>
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<td></td>
<td>Transfeminine</td>
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<td>Trans masculine</td>
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<td>Two-Spirit</td>
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<td>Woman/Girl/Female</td>
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<td></td>
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<td>Questioning</td>
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<td>Intersex</td>
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This is not an exhaustive list!
SYSTEMIC BARRIERS

HEALTH CHALLENGES

CHALLENGES AT HOME

CHALLENGES AT SCHOOL
HEALTH CHALLENGES

- Limited access to culturally sensitive and trans-competent health care providers
- Higher rates of tobacco and drug use
- Lack of affirming, comprehensive sex education in schools
- Steroid or hormone use independent from medical providers
- High rates of suicidal ideation, suicide attempts, and completed suicides
- The 2009 IYRBS reported that LBTQ+ youth experience depression at twice the rate of their straight peers
HEALTH AND WELLNESS
BE FLEXIBLE WITH LANGUAGE USED TO DESCRIBE ANATOMY

Listen carefully to language an individual uses to describe their own anatomy and mirror it back to them.
“TRANS BROKEN-ARM SYNDROME”

A term coined by Naith Payton to describe when:
• “healthcare providers assume that all medical issues are a result of a person being trans. Everything – from mental health problems to, yes, broken arms.”

When health care providers focus on someone’s trans identity instead of the reason they are in for care, barriers are created to providing effective care.
IS BEING TRANSGENDER AN ILLNESS?

Short Answer: No

- Transgender people, while recognized and celebrated in some cultures, have historically been pathologized in the U.S.
- Currently, the Diagnostic and Statistical Manual of Mental Disorders (DSM 5) lists the condition of “Gender Dysphoria” which is no longer a disorder.
- Gender Dysphoria and its treatment in children, adolescents, and adults has an international standard of care created by the World Professional Association of Transgender Health (www.wpath.org).
SCHOOL BASED HEALTH CARE PROVIDERS SHOULDBE AWARE:

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<td>lack of acceptance</td>
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<tr>
<td>violence</td>
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<tr>
<td>bullying</td>
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<tr>
<td>sexually transmitted infections</td>
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<tr>
<td>unintended pregnancies</td>
</tr>
<tr>
<td>substance abuse</td>
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The CDC, SAMHSA, and the American Academy of Pediatrics identify that LGBTQ+ youth are at an increased risk for things like:
Some health providers are moving toward informed consent models of trans healthcare such as the Howard Brown Health Center’s “Trans Hormone Informed Consent (THInC) Protocol”
The 40 to None Project reports that half of all teens get a negative reaction from their parents when they come out.

Family conflict is the most common cause of all youth homelessness.

Gay and transgender youth also face significant challenges in foster care and the juvenile justice system.

42% of homeless agencies do not address LGBTQ+ issues despite these elevated rates of homelessness.

From True Colors Fund https://truecolorsfund.org/our-issue/
UP TO 40% HOMELESS YOUTH POPULATION

UP TO 7% GENERAL YOUTH POPULATION

LGBT
NOT LGBT

TRUE COLORS FUND

www.illinoissafeschools.org
LGBTQ+ youth rarely see themselves reflected in curriculum, including sexual health curriculum.
WHAT ARE COMMON NEEDS OF TRANSGENDER AND GENDER EXPANSIVE STUDENTS?

“This is not a story about being born in the wrong body, it's the story of being born in the wrong world.”

– Alok Vaid-Menon
Maslow’s hierarchy of needs

IN ORDER FOR A STUDENT TO BE AVAILABLE FOR LEARNING, THEIR BASIC PHYSIOLOGICAL NEEDS MUST BE MET.
BEST PRACTICE:

As you are thinking through how to structure the school environment, keep in mind that the goal is for students to move through their school day in accordance with their gender identity.

Every student deserves a Safe Space
Transitioning is a personal and private matter

Think about the questions you may ask and the impact they may have BEFORE asking them
RESTROOM AND LOCKER ROOM ACCESSIBILITY

• Students can access the restroom and locker room that correspond with their gender identity

• The single user bathroom **may not** be given as the **only** option for transgender or gender nonconforming students

Any student who has a need or desire for increased privacy has the right to access a single-user restroom.
NAMES AND PRONOUNS

Schools do not need a student to provide “proof” of a medical or legal transition in order to access aspects of a social transition at school (such as using a different name and/or pronouns or accessing facilities based on gender identity.)
UNDERSTANDING PRONOUNS:
PRONOUN ACTIVITY

https://www.good.is/articles/gender-pronoun-stickers
WHAT IS GENDERED LANGUAGE??

- Mom/Dad
- Sister/Brother
- Grandma/Grandpa
- Aunt/Uncle
- Niece/Nephew
- Boyfriend/Girlfriend
- Husband/Wife
- Sir/Ma’am
- Ladies/Gentlemen
- Miss/Ms./Mrs./Mr.

http://www.mostinterestingproject.net/tag/hand-drying/
CONFIDENTIALITY

The school has the responsibility to keep information about a student’s transgender status, legal name, or biological sex assigned at birth confidential.

Disclosing this information may violate privacy laws such as:

- Federal Family Educational Rights and Privacy Act (FERPA),
- The Illinois School Student Records Act (ISSRA),
FOLLOW THE LEAD OF THE YOUNG PERSON ABOUT WHEN AND WITH WHOM THEY WOULD LIKE TO SHARE THEIR IDENTITY WITH

Transgender and Gender Expansive students have the right to openly discuss their gender identity and expression.

Transgender and Gender Expansive young people also have the right to privacy around whether or not they would like to discuss or disclose information about their identity.
PROFESSIONAL ORGANIZATIONS WITH AFFIRMING TRANSGENDER POLICY STATEMENTS

- American Medical Association
- American Psychological Association
- American Psychiatric Association
- National Association of Social Workers
- American Academy of Child and Adolescent Psychiatry
- The American College of Nurse-Midwives
- The Pediatric Endocrinology Nursing Society
- National Association of Pediatric Nurse Practitioners
- The National Association of School Psychologists
- American College of Obstetrics and Gynecology
- World Professional Association for Transgender Health
- American Academy of Physicians Assistants
- American Academy of Family Physicians
- Association of Title IX Administrators
- National Council of Teachers of English
- Veterans For Peace
- The Canadian Psychiatric Association
- American College of Physicians
- American School Counselor Association
- American Geriatrics Society
- National Association of School Nurses
- American Academy of Pediatrics
- American Public Health Association
- National Commission on Correctional Health Care
REFERENCES AND RESOURCES

- Chicago Women's Health Center
- ACLU: American Civil Liberties Union
- TSER: Trans Student Educational Resources
- The Alliance
- The Trevor Project
- TransYouth Family Allies
- Ann & Robert H. Lurie Children's Hospital of Chicago™ Gender & Sex Development Program
- 360 Youth Services™
- GLSEN
- Gender Spectrum
- YouthOutlook
- Family Acceptance Project
- Lambda Legal
- National Center for Transgender Equality
- PFLAG
Care to continue the conversation?

aj@illinoissafeschools.org