



Board of Education Ad Hoc Gender Inclusion Committee Update

*October 2, 2018*

Administration Building  
7776 Lake Street  
River Forest, Illinois 60305



River Forest Public Schools

Tel: 708-771-8282  
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# River Forest Public Schools

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## Committee Membership

Rich Moore, Board Vice President  
Barb Hickey, Board Secretary  
Casey Godfrey, LES Principal  
Mandy Ross, RMS Social Worker  
Victoria Bynum, WES Teacher  
Marisa Green, D90 Parent  
Stephanie Schrodt, RF Community Member  
Ed Condon, Superintendent

“ To inspire a love of learning and ensure educational excellence for every child ”



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## Essential Basis for the Work

River Forest District 90 "Vision for Equity:"

*To ensure that every student feels empowered to achieve to his or her (their) full potential, we commit to provide equitable opportunities for all learners, grow an inclusive school community, and demonstrate we value diversity.*

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## Committee Charge

The Ad Hoc Gender Inclusion Committee is tasked with:

- *Investigating best practices to support the needs of all students, including gender non-conforming, gender variant, and transgender students*
- *Ensuring that Board policies and administrative procedures reflect the District's vision, mission, and culture of inclusiveness*
- *Ensuring that Board policies and administrative procedures are in compliance with all applicable laws*

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## D90 Governing Policies

- 2:20 Powers and Duties of the Board of Education: Indemnification
- 2:260 Uniform Grievance Procedure
- 5:10 Equal Employment Opportunity and Minority Recruitment
- 5:20 Workplace Harassment Prohibited
- 6:60 Curriculum Content
- 6:65 Student Social and Emotional Development
- 7:10 Equal Educational Opportunities**
- 7:10-E Equal Educational Opportunities Within the School Community
- 7:20 Harassment of Students Prohibited
- 7:130 Student Rights and Responsibilities
- 7:180 Prevention of and Response to Bullying, Intimidation, and Harassment

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## Key Committee Actions

- Formation, April 2018
- Identified Committee purpose (charge)
- Reviewed guiding D90 principles and documents
- Established shared aspirations for Committee work
- Read and discussed National School Board Association “2016 *Transgender Students in Schools Guide*” (Version 9.0)
- Viewed and discussed documentary film “**Gender Revolution, A Journey with Katie Couric**” (National Geographic Films)

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## Key Committee Actions (Con't.)

- Read and discussed *“Examples of Policies and Emerging Practices for Supporting Transgender Students,”* A Report from the U.S. Department of Education, Office of Elementary and Secondary Education, May 2016.
- Reviewed and considered OPRFHS Policy 7:10 (Equal Educational Opportunities) and related administrative procedures
- Hosted Dr. Joylynn Pruitt-Adams, OPRFHS Superintendent, to discuss process and outcomes from recent District 200 review
- Shared progress with community at COW Meeting, garnered community feedback

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## Faculty and Staff Gender Inclusion Training

- Faculty and staff reading of *“Gender Insights Coming to Your Classroom”* (*Instructional Leadership*, November 2016).
- Formal training provided on February 13 by Lurie Children’s Hospital of Chicago (Jennifer Leininger, M.Ed.)
- Training program entitled *“Gender in Schools: Beyond Binary”* (provided for all certified staff members)

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## Faculty and Staff Gender Inclusion Training (Con't.)

- Training objectives:
  - Provide an overview of key concepts and terms related to gender
  - Provide an outline of gender inclusive schools and tactics to personally implement inclusivity
  - Discuss how to talk about gender diversity with students, parents and the school community

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## Next Steps

- Committee shares progress, garners community feedback
- In partnership with District attorney, Committee determines suggested policy language revisions, as necessary
- Identify possible policy revisions and submit to Board of Education for consideration (1st reading)
- Policy revisions re-submitted for possible approval (2nd reading)
- Committee solicits feedback, identifies “best practices” to inform decision-making
- Committee develops applicable administrative procedures (AP) to support policy directive
- Communications shared with community throughout
- Ongoing training and information provided for staff/community

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**Thank you!**

***Questions?***



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## Section 7 - STUDENTS

### **7:10 Equal Educational Opportunities**

Equal educational and extracurricular opportunities shall be available for all students without regard to color, race, nationality, religion, sex, sexual orientation, ancestry, age, physical or mental disability, gender identity, status of being homeless, immigration status, order of protection status, actual or potential marital or parental status, including pregnancy. Further, the District will not knowingly enter into agreements with any entity or any individual that discriminates against students on the basis of sex or any other protected status, except that the District remains viewpoint neutral when granting access to school facilities under Board policy 8:20, *Community Use of School Facilities*.

#### Sex Equity

No student shall, based on sex, sexual orientation, or gender identity be denied equal access to programs, activities, services, or benefits or be limited in the exercise of any right, privilege, advantage, or denied equal access to educational and extracurricular programs and activities.

Any student may file a sex equity complaint by using the Uniform Grievance Procedure. A student may appeal the Board of Education's resolution of the complaint to the appropriate Intermediate Service Center (pursuant to 105 ILCS 5/3-10 of the School Code) and, thereafter, to the State Superintendent of Education (pursuant to 105 ILCS 5/2-3.8 of the School Code).

#### Administrative Implementation

The Superintendent shall appoint a Nondiscrimination Coordinator. The Superintendent and Building Principal shall use reasonable measures to inform staff members and students of this policy and grievance procedure. Any student may file a discrimination grievance by using the Uniform Grievance Procedure.

#### LEGAL REF.:

20 U.S.C. §1681 *et seq.*, Title IX of the Education Amendments of 1972, implemented by 34 C.F.R. Part 106.

29 U.S.C. §791 *et seq.*, Rehabilitation Act of 1973.

42 U.S.C. §11431 *et seq.*, McKinney-Vento Homeless Assistance Act.

Good News Club v. Milford Central Sch., 533 U.S. 98 (2001).

Ill. Constitution, Art. I, §18.

105 ILCS 5/3.25b, 5/3.25d(b), 5/10-20.12, 5/10-20.60 (P.A.s 100-29 and 100-163, final citations pending), 5/10-22.5, and 5/27-1.

775 ILCS 5/1-101 *et seq.*, Illinois Human Rights Act.

775 ILCS 35/5, Religious Freedom Restoration Act.

23 Ill.Admin.Code §1.240 and Part 200.

CROSS REF.: 2:260 (Uniform Grievance Procedure), 6:65 (Student Social and Emotional Development), 6:220 (Instructional Materials Selection and Adoption), 7:20 (Harassment of Students Prohibited), 7:50 (School Admissions and Student Transfers To and From Non-District Schools), 7:60 (Residence), 7:130 (Student Rights and Responsibilities), 7:160 (Student Appearance), 7:165 (Student Uniforms), 7:180 (Prevention of and Response to Bullying, Intimidation, and Harassment), 7:250 (Student Support Services), 7:340 (Student Records), 8:20 (Community Use of School Facilities)

ADOPTED: February 19, 2018

**River Forest Public Schools District 90**

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## Recommended Gender Inclusion Resources

Gender Revolution – National Geographic film (Netflix)

Human Rights Campaign

<https://www.hrc.org/explore/topic/transgender-children-youth>

Gender Spectrum

<https://www.genderspectrum.org/quick-links/understanding-gender/>

Gay & Lesbian Alliance Against Defamation

<https://www.glaad.org/transgender/resources>

Trans Youth Family Allies: <http://www.imatyfa.org/>

PFLAG: [www.pflag.org](http://www.pflag.org) (Parent, Families and Friends of Lesbians and Gays)

Chicago Tribune Article: <http://www.chicagotribune.com/lifestyles/stevens/ct-life-stevens-tuesday-transgender-policy-statement-0918-story.html>

Policy Statement from the American Academy of Pediatrics:

<http://pediatrics.aappublications.org/content/early/2018/09/13/peds.2018-2162>




## Gender in Schools: Beyond Binary

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Children's Hospital of Chicago™  
Gender & Sex Development Program

**Jennifer Leininger, M.Ed.**  
Program Manager

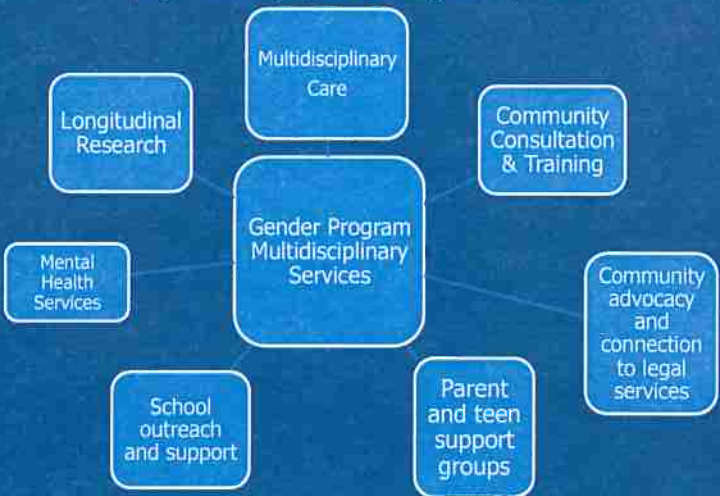
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## Lurie Gender & Sex Development Program

Ann & Robert H. Lurie  
Children's Hospital of Chicago™  
Gender & Sex Development Program

*We support the physical, mental and social health of patients and their families as youth progress through gender identity development.*

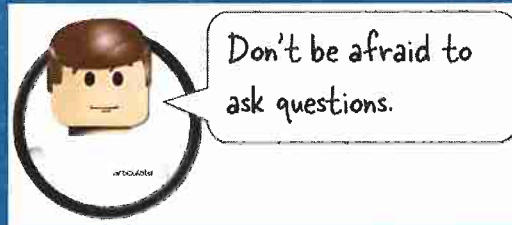


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graph TD; A[Gender Program Multidisciplinary Services] --- B[Longitudinal Research]; A --- C[Multidisciplinary Care]; A --- D[Community Consultation & Training]; A --- E[Community advocacy and connection to legal services]; A --- F[Parent and teen support groups]; A --- G[School outreach and support]; A --- H[Mental Health Services];
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## Guidelines

- No right or wrong questions
- Confidential
- Use respectful language
- Share and allow others to share
- Shape this discussion to fit your needs
- Introduction



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## Objectives

- To provide an overview of key terms and concepts related to gender
- To provide an outline of gender inclusive schools and tactics to personally implement inclusivity
- Discuss how to talk about gender diversity with students, parents, and the school community

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## My Gender Journey



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## Personal

- Growing up did you think of yourself as a boy, girl, or something else? How did you come to that conclusion?
- What messages did you receive from others about your gender? Did those messages make sense to you?
- What is your first memory of gender impacting you/your life?
- Have you ever been confused by someone's gender? How did that make you feel? Why do you think you may have felt that way?
- Have you ever been confused by your own gender?
- If you were to describe your gender without discussing how you look, what would you say?

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## Professional

- What is your comfort level discussing gender with your colleagues?
- How might your experience with gender impact your work?
- How would you categorize your school's overall acceptance of gender diversity?
- What professional training have you received regarding gender? Was it useful?
- Have you had any experiences that significantly impacted the way you view the role of gender in your workplace?

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## Key Terminology

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**Sex (assigned at birth)**

**Intersex**

**Gender Identity**  
*Raise your hand if you have a gender identity*

**Gender Expression**

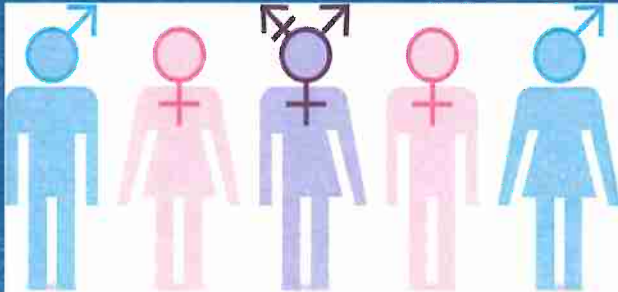
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**Key Terminology**

**Gender Expansive (Nonconforming/Creative)**

- Long-standing occurrence (e.g., 6 months or more) – not a fleeting curiosity or interest
- Gender nonconformity is a normative variation of human diversity



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# Key Terminology

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## Sexual Orientation

Cisgender (*cis*-“same side as”)

Sexuality  
(who you love)

Gender Identity  
(who you are)

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# Key Terminology

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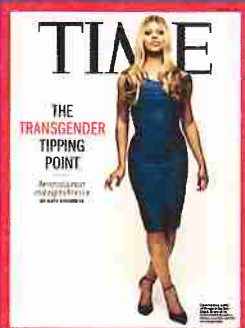
## Transgender or Trans

- Applies to identity not body parts

## Non-Binary Gender

An adjective, not a noun or a verb

- Incorrect as noun: “She’s a transgender.”
- Incorrect as verb: “That person is transgendered.”
- Incorrect: “A transgendered person.”
- Correct: “A transgender student/male/female”**



**Trans\* Umbrella**

**Trans\*/Transgender**  
Someone who does not identify with their sex assigned at birth

**Transfeminine/Transmasculine**  
Someone who identifies more female than male or more male than female

**Trans Man/Trans Woman**  
Someone who was female at birth but identifies as male/someone who was male at birth but identifies as female

**Agender**  
Someone who does not identify with a gender

**Two-Spirit**  
Someone who fills one of the many mixed-gender roles prevalent in Native American communities

**Multigender**  
Someone who identifies with more than one gender (e.g. bigender)

**Gender Fluid**  
Someone whose gender changes

**Genderqueer**  
Someone who does not identify within the gender binary

**There is no ONE way to be trans.**

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## Key Terminology

**Pronouns**

- It's okay to ask people what pronouns they use
  - She/her/hers
  - He/him/his
  - They/Them/Theirs
  - Other pronouns

Quick Activity!  
Turn to your neighbor and discuss what you did over the weekend without using any gendered language.

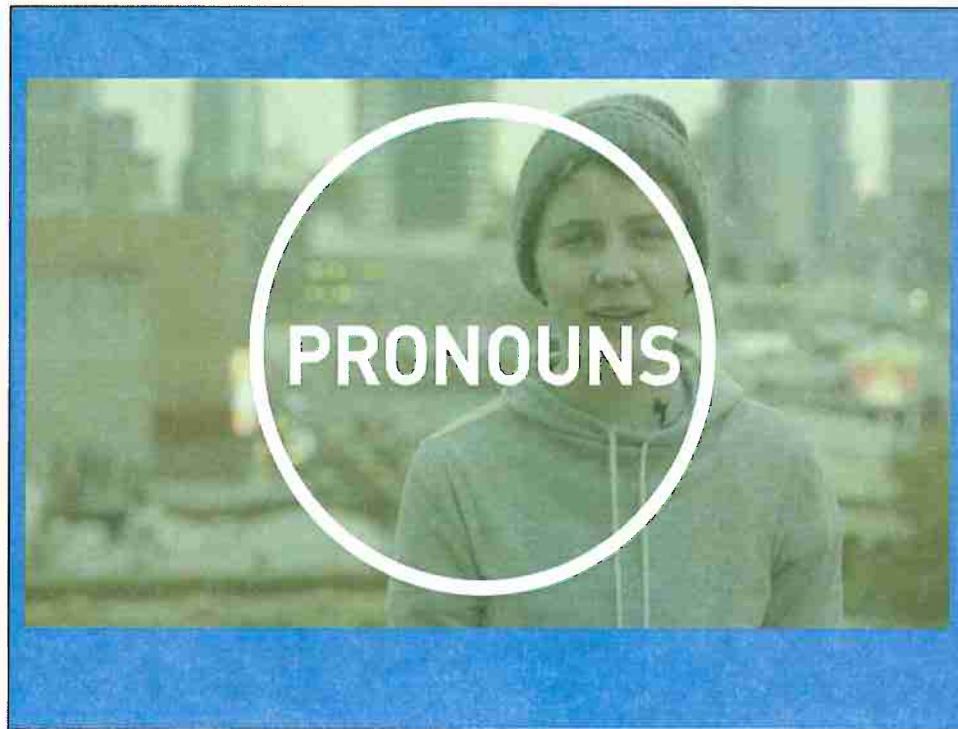
my pronouns are:  
they / them

my pronouns are:  
he / him

my pronouns are:  
she / her

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Identity

Attraction

Sex

Expression

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

Design by Landyn Pan and Anna Moore

© Heather Walter

The diagram consists of two parts. On the left, a white human silhouette is set against a blue background. A large white bracket on the left side of the figure is labeled "Expression". Three dotted lines point from text labels to parts of the figure: "Identity" points to a rainbow-colored brain icon in the head; "Attraction" points to a red heart icon on the chest; "Sex" points to a yellow transgender symbol icon on the lower torso. On the right, a purple cartoon unicorn with a purple mane and tail is shown. It has two hearts (one red, one yellow) on its chest and a DNA double helix on its side. A thought bubble above its head contains a rainbow. A dotted green line curves around the unicorn. At the bottom of this section, there is text providing a website link and design credits.



## What is the role of schools?

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“When someone with the authority of a teacher, say, describes the world and you are not in it, there is a moment of psychic disequilibrium, as if you looked in the mirror and saw nothing.”


– Adrienne Rich, poet



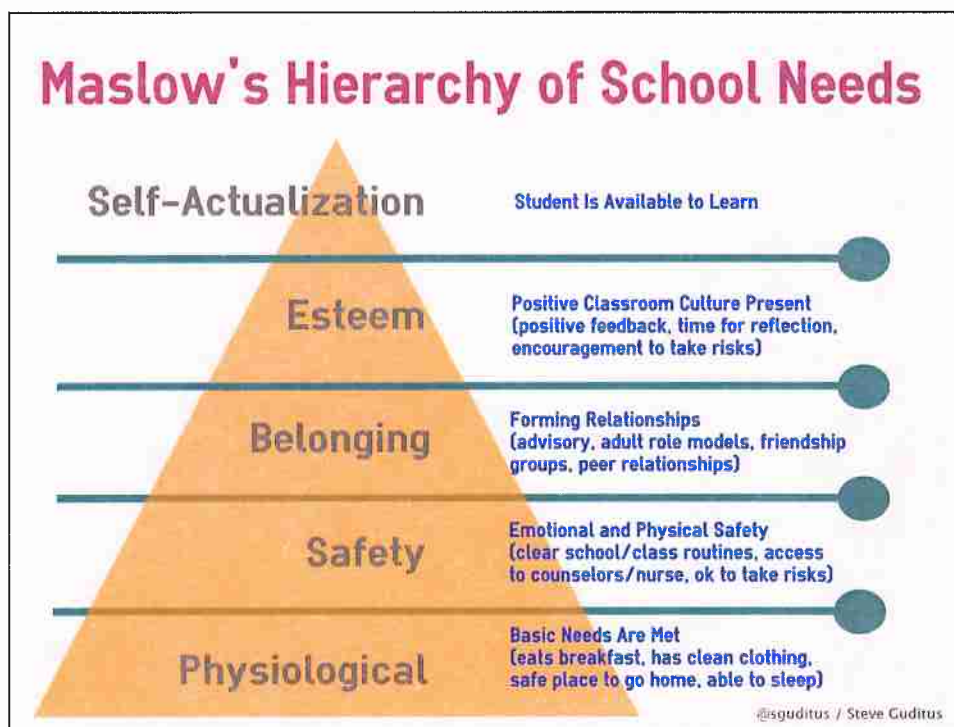
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# Working With Students & Families



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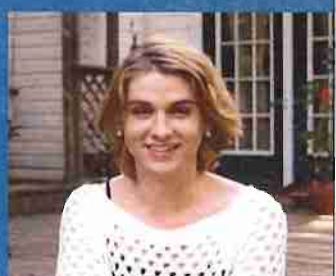


# Gender Stereotypes

## Gender Impacts Everyone

- 50% of elementary bullying is based on gender and/or sexual orientation slurs (Holt, M., & Espelage, D., 2013)
- More than 50% report school as an unsafe environment for "not being as masculine as other guys or as feminine as other girls" (Holt, M., & Espelage, D., 2013)

What gender stereotypes have you heard in your work in schools?



## Cultural Norms

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"The generally accepted rule is pink for boys, and blue for the girls. The reason is that pink, being a more decided and stronger color, is more suitable for the boy, while blue, which is more delicate and dainty, is prettier for the girl."

*-1918 article Earnshaw's Infants' Department trade publication*



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## Cultural Norms

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<u><i>Feminine</i></u>	<u><i>Masculine</i></u>
<i>Not aggressive.</i>	<i>Aggressive.</i>
<i>Dependent.</i>	<i>Independent.</i>
<i>Easily influenced.</i>	<i>Not easily influenced.</i>
<i>Submissive.</i>	<i>Dominant.</i>
<i>Passive.</i>	<i>Active.</i>
<i>Home-oriented.</i>	<i>Worldly.</i>
<i>Easily hurt emotionally.</i>	<i>Not easily hurt emotionally.</i>
<i>Indecisive.</i>	<i>Decisive.</i>
<i>Talkative.</i>	<i>Not at all talkative.</i>
<i>Gentle.</i>	<i>Tough.</i>
<i>Sensitive to other's feelings.</i>	<i>Less sensitive to other's feelings.</i>
<i>Very desirous of security.</i>	<i>Not very desirous of security.</i>
<i>Cries a lot.</i>	<i>Rarely cries.</i>
<i>Emotional.</i>	<i>Logical.</i>
<i>Verbal.</i>	<i>Analytical.</i>
<i>Kind.</i>	<i>Cruel.</i>
<i>Tactful.</i>	<i>Blunt.</i>
<i>Nurturing.</i>	<i>Not nurturing.</i>

**Gender roles examined**






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**How can you integrate discussions of diversity into your school?**

Gender diversity, cultural diversity, diverse families and family structures  
Others?

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## Supporting Trans and Gender Expansive Students

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## What is Transphobia?

**You've just met Liz**

*You wouldn't ask her about her genitals...*

*...so why would you if you knew she was transgender?*



**END TRANSPHOBIA**

- ❖ Also described as cissexism
- ❖ Discriminatory acts directed toward trans people.
- ❖ Because gender is a deeply rooted concept in our society, reactions to those who do not conform female/male binary can be extremely severe.
- ❖ Systems of oppression and intersecting identities

**What are some ways that this manifests itself in schools?**

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## Health Risks

### Outcomes Tied to Rejection and Acceptance



- Students that are not supported are at increased risk of:
  - Depressive symptoms, low life satisfaction, self-harm, isolation, posttraumatic stress, incarceration, homelessness, and suicidality
- Students that are supported are tied to the following traits:
  - Positive self-esteem, high social support, positive mental health, less depressive symptoms, greater self-esteem, greater life satisfaction (compared with youth whose families were non-supportive)

(D' Augelli Grossman, & Starks, 2006; Garofalo, Deleon, Osmer, Doll, & Harper, 2006; Hill, Menvielle, Sica, & Johnson, 2010; Roberts, Rosario, Corliss, Koenen, & Bryn Austin, 2012; Skidmore, Linsemeier, & Bailey, 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010; Travers et al., 2012)

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## Why Support for Trans Youth Matters

Trans Youth WITH Supportive Parents	Trans Youth WITH Non-supportive Parents
 <p><b>Reported Life Satisfaction</b></p> <p><b>72%</b>   <b>33%</b></p>	 <p><b>Reported High Self-Esteem</b></p> <p><b>64%</b>   <b>13%</b></p>
 <p><b>Described Mental Health As "Very Good" or "Excellent"</b></p> <p><b>70%</b>   <b>15%</b></p>	 <p><b>Faced Housing Problems</b></p> <p><b>0%</b>   <b>55%</b></p>
 <p><b>Suffered Depression</b></p> <p><b>23%</b>   <b>75%</b></p>	 <p><b>Attempted Suicide</b></p> <p><b>4%</b>   <b>57%</b></p>

Travers, B., Bauer, G., Page, J., Bradley, K., for the Trans PULSE Project, Gafu, L., Papadimitriou, H. Impacts of Strong Parental Support for Trans Youth: A Report Prepared for Children's Aid Society of Toronto and Delta Youth Services, 2 October, 2012.

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## Affirming vs. Accepting

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The word 'affirm' is used to acknowledge the identity of an individual.



How can we create an affirming environment for a trans student?

**AFFIRM** *diversity*

## Transition

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**What do you think of when you hear the word transition in relation to gender expansive individuals?**

- Process by which an individual begins living in their affirmed gender
  - Social
  - Medical
  - Legal
- May or may not include hormonal and/or surgical treatment
- **No one way to be trans; therefore, no one way to transition.**





## Discussing Transitions

1. Support the transgender student—this is their story
2. Keep language simple and affirming
3. Don't be afraid of questions!

## Professional Organizations with Affirming Transgender Policy Statements

- American Psychological Association • Association of Title IX

Creating an affirming and supportive environment for transgender youth is about creating an inclusive school climate for everyone.

- Nurse Practitioners
- The National Association of School Psychologists
- American Geriatrics Society
- National Association of School Nurses
- Ann & Robert H. Lurie Children's Hospital of Chicago

Transgender children are already at increased risk for violence, bullying, harassment and suicide. They may be more prone to depression and engaging in self-harm.

**These children need acceptance and affirmation, not stigmatization.**

As a result of last night's action by the Departments of Justice and Education, the simple act of using the restroom may subject transgender students to further harm.

**Policies excluding transgender youth from facilities consistent with their gender identity have detrimental effects on their physical and mental health, safety and well-being. No child deserves to feel this way, especially within the walls of their own school.**



Excerpted from AAP Statement on Protecting Transgender Youth  
2/23/2017 by: *Fernando Stein, MD, FAAP, President, American Academy of Pediatrics*

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**Best Practices for Creating a  
Supportive School  
Gender-Inclusive Culture**

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- Avoid gender segregation
- Restroom and locker room accessibility
- Respect name and gender pronoun (including forms)
- Ensure that all students are allowed to participate in activities/events in accordance with their gender identity
- Inclusive dress code



The flowchart consists of four overlapping circles connected by arrows pointing from left to right. The circles are labeled: 'Everyday Dress', 'Special Events', 'School Uniforms', and 'Extra Curricular Activities'.





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Northwestern University students will elect one Homecoming Wildcat from a court of 12 people

- Respect Student Privacy and Confidentiality
- Implement nondiscriminatory policies and comprehensive policy for bullying and discrimination (explicitly include gender identity)
- Ensure that resources and support are easy for parents and students to locate
- Celebrate ALL different types diversity with curricular inclusion



<h3>Current Events</h3>	<p>Quando Messia</p> <p>Legislation (i.e. North Carolina's HB2)</p> <p>Legalization of Gay Marriage</p>	
<h3>Historical Events</h3>	<p>Stonewall Riots</p> <p>HIV/AIDS Epidemic</p> <p>Kinsey Scale</p>	
<h3>Popular Culture Figures</h3>	<p>Ellen DeGeneres</p> <p>Frank Ocean</p> <p>Sir Ian McKellen</p> <p>Anderson Cooper</p>	
<h3>Historical Figures</h3>	<p>Bayard Rustin</p> <p>Jane Addams</p> <p>Walt Whitman</p> <p>Alan Turing</p> <p>Eleanor Roosevelt</p>	
<h3>Art</h3>	<p>Books</p> <p>Films</p> <p>Photography</p>	

**GLSEN**  
GAY, LESBIAN & STRAIGHT  
EDUCATION NETWORK

gender  
**spectrum**

**TEACHING TOLERANCE**  
A PROJECT OF THE SOUTHERN POVERTY LAW CENTER


**Welcoming Schools**  
A PROJECT OF THE HUMAN RIGHTS CAMPAIGN FOUNDATION

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**Institutional Inclusion:  
Policies and Procedures**

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- Berwyn South School District 100
  - K-8
  - Gender Support Team
  - Parental notification for student under 13 for name change in SIS
- Harlem District 122 (Rockford)
  - K-12
  - Roster change form (parent notification needed if under 18)
- Williamsville CUSD 15
  - Administrative Procedure adopted through an IDHR Complaint
  - No parent notification required
- Lurie Children's Hospital Model Policy

## 7:10 Board Policies

7:10 board policies that include gender identity and gender expression as a protected class with AP to support policy.

- Districts D65, D112, and D113
  - Included public hearings
  - These policies do not yet clearly state that all students be given access to gender affirming facilities → public hearings made it clear in the hearings that that would be the practice implemented as part of their AP

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## Illinois School Association Athletic Policy

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Children's Hospital of Chicago  
Gender & Sex Development Program

- The student and/or parents shall contact the school administrator or athletic director. The school shall collect the following for the participation ruling:
  - a. Gender identity used for school registration records
  - b. Medical documentation (hormonal treatments, sexual re-assignment surgery, counseling, medical personnel, etc.)
  - c. Gender Identity related advantages for approved participation
- Once the student is approved, participation is granted through the duration of their high school career, it does not need to be annually renewed.

\*\*\*\***Privacy Statement:** All discussions and documents at all levels of the process either by a member school, appeals panel, and/or IHSA shall be kept confidential unless specifically requested by the student and family.

## Becoming an Ally

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1. Ask what the student needs
2. Take the student's gender identity and expression seriously
3. Acknowledge mistakes (own them → practice to correct the behavior)
4. Respect the student's name/pronoun (even if you are not in their presence).
5. Do not out ANYONE (or allow anyone else to do so) without their consent.
6. Treat trans people as members of their gender identity
7. Provide resources and support



## Gender Inclusive Schools

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Gender & Sex Development Program

- Personal**
  - Focus on educator's understandings of gender and building foundation to build inclusive practices
- Interpersonal**
  - The various ways we communicate (verbal and nonverbal) and reinforce the school's commitment to gender inclusion
- Structural**
  - Institutional steps that create a foundation for gender inclusive practices
- Instructional**
  - Specific ways in which teaching and learning are used to instill greater awareness of gender diversity

© Gender Spectrum 11/1/2016

## Supporting Parents: Talking to Children About Gender Identity

It is important to respect differences.

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**Let the child/adolescent guide the conversation.  
What specifically are they trying to understand?**

- Elementary school: Keep information and explanation basic
- Middle school: Keep information basic but add more detail to the explanation
- High school and beyond: Be clear in explanation but also ensure that you understand *what* specific questions your adolescent has. Are the questions about gender? Transitioning?

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1. Books
2. Discuss the importance of respect  
Names & pronoun
3. Remind youth that it's OK to be curious but it's not  
OK to ask overly personal questions

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"I don't think that it's OK to be gay or trans and I don't want my child to think that it's an OK option for them."

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## Responding to religious questions/objections

- The role of schools is not to get everyone to agree but to foster a climate where there is respect for the diversity of beliefs and families within a community.
- Respect is built by acknowledging the diversity in the community, promoting opportunities for community dialogue and allowing the diversity of families to be visible within the school. Most people can agree that it is appropriate for schools to teach kindness and mutual respect for everyone's beliefs.

**Importance of Gender Inclusivity**

Ann & Robert H. Lurie  
Children's Hospital of Chicago  
Gender & Sex Development Program

Gender diverse students indicate their **schools** as the most common place where they **first encountered physical abuse**.

The National School Climate Survey indicated that **89.5% of transgender students do not feel safe in their schools**

Nearly **half of transgender students report regularly skipping school because of safety concerns**

**Nearly one in six (15%)** of transgender and gender non-conforming students face harassment so severe that they **drop out of school**

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Children's Hospital of Chicago  
Gender & Sex Development Program

**School Scenarios**

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1. Nick identifies as male and would like to use the male restroom at his school. He expresses a male identity in and outside of school and uses he/him pronouns. When Nick goes to use the boy's restroom another student stops him from entering and tells him, "you're really a girl." A staff member is notified and asks Nick to use the nurse's bathroom.

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2. A parent of a cisgender student calls you to ask about their child's transgender classmate. This parent states, "I don't want my daughter using the restroom with a boy. I believe that this is inappropriate and unsafe."

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"I can assure you that the safety, well-being and education of all students remain our highest priorities."

"Of course I can't talk about any individual student, just as I would never talk about your child."

"I know this is new territory for many of us. Sometimes change is really challenging. Perhaps I can share some information with you about gender identity and transgender people?"

Source: "Schools in Transition" 2015

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3. A student at your school has asked to be called a name and pronoun, different from what is on their birth certificate. One of your colleagues continues to refer to the student by their legal name and doesn't use their preferred pronouns.

What might you say to this staff member?

How would you respond if it was one of your other students using a classmate's previous name/ pronoun?

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4. Robert, wore a dress to school. Many students had questions about his outfit and the teacher felt that this was distracting. She sent him to the principal's office with the request that he be sent home to change his clothes.

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5. A student is overheard calling another student a transphobic slur

What are some ways that you could handle that conversation? Should the guardians be notified?

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6. Students are going on an overnight trip. Melissa, a transgender female student would like to share a room with her peers. Should you notify parents? How might you handle overnight trips for transgender students?

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**Reflection**

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## Creating a Gender-Inclusive School Environment

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Gender & Sex Development Program

1. Reflect on your experiences and feelings about gender.
2. What systems are in place for gender diverse youth at my school?
3. Is there LGBT curriculum inclusion at my school?
4. Do I communicate a non-binary understanding of gender to my students through the visuals on my classroom walls, the books on the shelves and the language I use?
5. How do I ensure the safety of gender expansive students?

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## Thank You!

Jennifer Leininger, M.Ed.  
Program Manager, Gender and Sex Development  
Program

[Jleininger@Luriechildrens.org](mailto:Jleininger@Luriechildrens.org)

773-303-6056

Ann & Robert H. Lurie  
Children's Hospital of Chicago  
Gender & Sex Development Program

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# References and Resources

**TSER**  
Trans Student Educational Resources

YOUTHOUTLOOK

ACLU  
AMERICAN CIVIL LIBERTIES UNION

TFA TransYouth Family Allies

National Center for TRANSGENDER EQUALITY

360 Youth Services

Ann & Robert H. Lurie Children's Hospital of Chicago Gender & Sex Development Program

Lambda Legal  
making the case for equality

GLSEN  
GAYS, LESBIANS & STRAIGHT ALLIES  
EDUCATION NETWORK

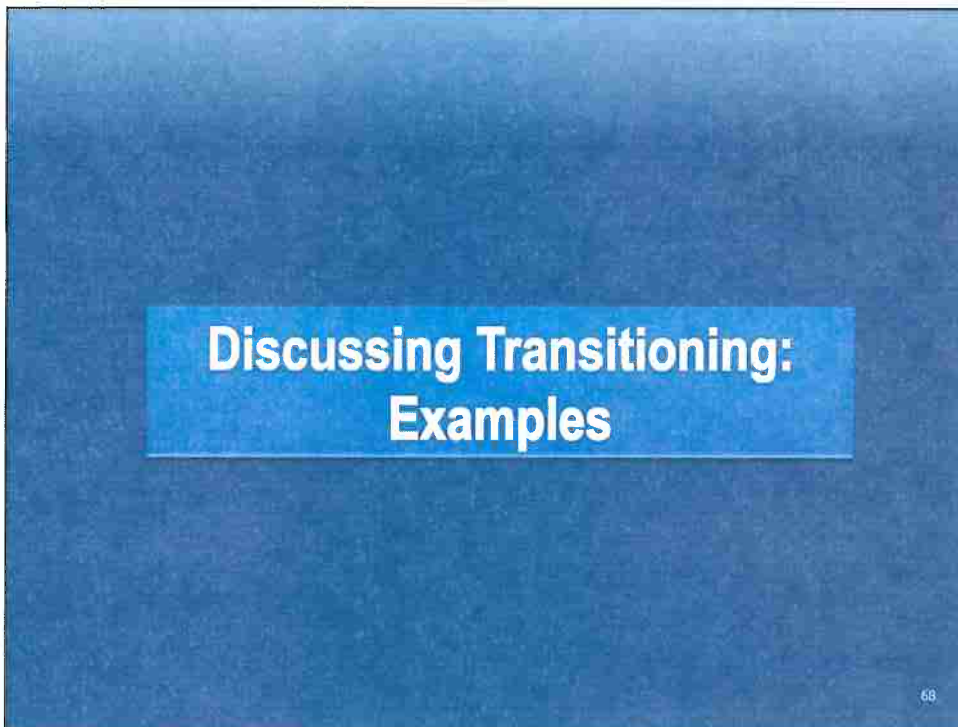
gender spectrum

PFLAG  
Parents, Families and Friends of Lesbians and Gays

# Resources

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Organizations providing support to transgender individuals	Resources for Parents, Educators, and Allies
<p>Illinois</p> <ul style="list-style-type: none"> <li>• <a href="#">Illinois Safe Schools Alliance</a></li> <li>• <a href="#">Ann &amp; Robert H. Lurie Children's Hospital Gender Program</a></li> <li>• <a href="#">Howard Brown Health Center</a></li> <li>• <a href="#">Center on Halsted</a></li> <li>• <a href="#">Youth Outlook</a></li> </ul> <p>National</p> <ul style="list-style-type: none"> <li>• <a href="#">GLSEN</a> (The Gay, Lesbian, Straight Education Network)</li> <li>• <a href="#">The Trevor Project</a> (crisis and suicide prevention)</li> </ul>	<ul style="list-style-type: none"> <li>• <a href="#">Gender Spectrum</a></li> <li>• <a href="#">Families in TRANSition: A Resource Guide for Parents of Trans Youth</a></li> <li>• <a href="#">Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools</a></li> <li>• <a href="#">Welcoming Schools</a></li> <li>• <a href="#">American Psychological Association</a> (q&amp; a packet)</li> <li>• <a href="#">A Guide For Parents</a></li> <li>• <a href="#">Trans Youth Family Allies (TYFA)</a></li> <li>• <a href="#">Lambda Legal: Working With Transgender and Gender-Nonconforming Youth</a></li> <li>• <a href="#">Gender Creative Kids Resource Library</a></li> </ul>



-Karen identifies female, is female and will be **treated as a girl in every way**. Karen wants us to use she/her pronouns and to be called Karen consistently by all staff and students. We will respect Karen and continue to use this name and female pronouns.

-Your classmate **feels like a boy and he is boy**. He has asked us to support him by calling him Bob and use he/him. This is just like how you like for us to call you Marco and use he/him.

-Sam doesn't feel like a boy or girl and **would like to be called they they/them** pronouns because that makes them feel good. We want to support everyone at the school by being respectful of names and pronouns.

-While you may have known Jim as Jackie last year he feels like a boy and identifies as male. We will **show Jim support and respect by calling him Jim and using he/him pronouns consistently**. Calling Jim by any other name or pronoun will not be tolerated.

## Additional Information/Resources

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**Illinois Safe Schools Alliance**  
[www.illinoissafeschools.org](http://www.illinoissafeschools.org)

**National Center for Transgender Equality:**  
[www.NCTE.org](http://www.NCTE.org)

**GLSEN (Gay, Lesbian and Straight Education Network) National:** [www.glsen.org](http://www.glsen.org)

**Gender Spectrum:** [www.genderspectrum.org](http://www.genderspectrum.org)

**Welcoming Schools:** [www.welcomingschools.org](http://www.welcomingschools.org)

Ann & Robert H. Lurie  
Children's Hospital of Chicago  
Gender & Sex Development Program

## Community Resources

**Center on Halsted**  
Where: 3656 Halsted,  
Chicago  
When: Everyday, 8:00 –  
9:00pm  
Contact: (773) 472-6469

**VIDA/SIDA**  
Where: 2703 W Division St.  
Chicago, IL 60622  
773.278.6737 (phone)  
<http://www.sidsida.org/gidm/ifa>

**Project VIDA**  
2659 South Kedvale Avenue  
Chicago, IL 60623  
Phone: (773) 277-2291  
Fax: (773) 277-3543

**Lurie Children's Gender  
& Sex Development  
Program**  
Jennifer Leichter  
773-303-6056  
<http://luriechildrens.org/child/gidm>  
ms

**Broadway Youth Center**  
Contact: (773) 935-3151  
[trans@broadwayyouth.org](mailto:trans@broadwayyouth.org)

**TYRA: Transgender Youth  
Resource and Advocacy  
Group**  
At BYC- Wellington  
For T/GE youth under 24  
615 W. Wellington  
Wednesdays, 5-7p  
[blue@howardbrown.org](mailto:blue@howardbrown.org)

**Illinois Safe Schools  
Alliance,**  
[illinoisafeschools.org](http://illinoisafeschools.org)  
-Youth Committee  
-GSA Network  
-Action Camp  
-Statewide Advocacy

**Youth Outlook**  
-Drop In Centers in  
Naperville, Aurora, DeKalb  
and Sterling  
-Transcend program  
specifically for trans youth  
ages 13-21  
-Parent Group  
[youth-outlook.org](http://youth-outlook.org)

**Pinwheels,** [http://  
www.meetup.com/  
Pinwheels/](http://www.meetup.com/Pinwheels/)  
-playgroup for trans and  
gender expansive youth  
-meets monthly in Palatine

**Angles Pride Youth  
Program**  
-Drop In Centers in northern  
suburbs

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Gender & Sex Development Program

## Mental Health Resources

**IntraSpectrum Counseling, Ltd.**  
180 N Michigan Ave, Suite 1040  
Chicago, IL 60601  
(847) 363-5088  
[www.intraspectrum-chicago.com](http://www.intraspectrum-chicago.com)

**Live Oak Chicago**  
1300 W Belmont Ave, Suite 400  
Chicago, IL 60657  
(773) 880-1310  
[www.liveoakchicago.org](http://www.liveoakchicago.org)

**Lurie Children's Gender & Sex  
Development Program (Drs.  
Hidalgo, Chen, Coyne, Leibowitz)**

**Valeo Pride Extensive  
Outpatient Program**  
Chicago Lakeshore Hospital  
Intake: (800) 888-0560

**Other therapists**  
-Deb Brozewski  
-Jamie Pagano  
-Deb Wilke  
-Barb Getz



## Health Resources

- Gender and Sex Development Program and Lurie Children's, 773-303-6056
- Howard Brown Health Center, howardbrown.org
- Country Care Options, Stroger's Same Gender Loving Clinic
- Open Door Clinic in Aurora/Elgin, opendoorclinic.org
- Association of Gay and Lesbian Psychiatrists, aglp.org
- WPATH (World Professional Association for Transgender Health), wpath.org
- Philadelphia Trans Health Conference, trans-health.org



## Legal Resources

- National Center for Lesbian Rights (NCLR), nclrights.org
- Lambda Legal, lambdalegal.org
- Human Rights Watch, hrw.org
- National Center for Transgender Equality, transequality.org
- Transgender Law Center, transgenderlawcenter.org
- American Civil Liberties Union (ACLU) aclu.org/issues/lgbt-rights/transgender-rights

### Local:

- The Transformative Justice Law Project of Illinois**  
Phone: (773) 272-1822  
Email: info@tjlp.org  
Website: http://tjlp.org
- TJLP Name Change Mobilization**  
Where: 12th floor of the Daley Center  
Room 1202 50 W. Washington  
Chicago, IL  
When: Last Friday of every month  
9:00AM-3:00PM  
Contact: namechange@tjlp.org
- TransLife Center: TransLegal**  
Phone: 773.248.5200 Ext. 414
- Jill Metz & Associates--Carol Jones**  
(Chicago)
- Emma Vosicky, [evosicky@flgdlc.com](mailto:evosicky@flgdlc.com)**  
(Chicago)

Ann & Robert H. Lurie  
Children's Hospital of Chicago  
Gender & Sex Development Program

## Housing Resources

**El Rescate – VIDA/SIDA**  
2703 W Division St.  
Chicago, IL 60622  
773.278.6737 (phone)  
<http://grcc-chgo.org/vidasida>

**The Crib**  
835 W. Addison  
Chicago, IL 60613  
Phone: 773-549-4158  
thenightministry.org

**TransLife Center at Chicago House**  
<http://www.chicagohouse.org/post-causes/translife-center>

- Teen Living Programs (more than one program) Ages 14-24

**360 Youth Services**  
Transitional Housing Program for 18-24 year old experiencing homelessness  
To refer a potential resident, call 331-215-7388  
[360youthservices.org](http://360youthservices.org)

Open Door Shelter (night ministry)  
1110 n Noble street  
773 506 4100 or 877 286 2523 (toll free)  
Ages 14-20 interim housing with max 4 month stay. LGBT youth welcome.  
Best times to call are before 9am

Ann & Robert H. Lurie  
Children's Hospital of Chicago  
Gender & Sex Development Program

## Individual and Family Support/ Helplines:

- Parents, Families and Friends of Lesbians and Gay/ Parents of Transgender Individuals
  - 2 Illinois Chapters of PTI
  - Chicago group: Arlene Collins
  - McHenry group: Toni Weaver
- Trans Lifeline, [translifeline.org](http://translifeline.org)
  - 877-565-8860
- The Trevor Project, [thetrevorproject.org](http://thetrevorproject.org)
  - 24/7 Suicide Hotline
  - 866-488-7386
- RAD Database, [radremedy.org](http://radremedy.org)
- It Gets Better Project, [itgetsbetter.org](http://itgetsbetter.org)
- Gender Spectrum, [genderspectrum.org](http://genderspectrum.org)
- Trans Youth Family Allies (TYFA), [imatyfa.org](http://imatyfa.org)
- Family Acceptance Project, [familyproject.sfsu.org](http://familyproject.sfsu.org)
- Inter/Act Youth, <http://interactyouth.org/>



## Chicago Resources Support/ Social Groups

**PFLAG –Parents of Transgender Individuals**  
Where: Center on Halsted, 3656 Halsted, Chicago  
When: 2<sup>nd</sup> Thursday 7p.m. – 9p.m.  
Contact: [ptchicago1@gmail.com](mailto:ptchicago1@gmail.com)

**PFLAG Metro Chicago (LGBT)**  
Where: Center on Halsted Senior Room Location  
3656 N Halsted, Chicago  
When: 3<sup>rd</sup> Sunday, 2 p.m. – 4:15 p.m.  
Contact: [pflagchiagometro@pflagillinois.org](mailto:pflagchiagometro@pflagillinois.org)

**Broadway Youth Center-TYRA**  
When: Thursdays, 6-8 PM  
Contact: Baylie Roth 773-299-7604  
[BaylieR@howardbrown.org](mailto:BaylieR@howardbrown.org)

**Meet Up Group-Pinwheels**  
Where: <http://www.meetup.com/Pinwheels/>  
When: Monthly  
Contact: [livethetruth@gmail.com](mailto:livethetruth@gmail.com)

**Youth Outlook**  
Transcend (ages 14-20)  
Where: West Chicago, IL  
When: 2nd and 4th Wednesday

Transcend 2 (ages 18-25)  
Where: Naperville  
When: 3rd Wednesday  
Contact: [nancy.mullen@youth-outlook.org](mailto:nancy.mullen@youth-outlook.org)

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# Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents

Jason Rafferty, MD, MPH, EdM, FAAP, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE, SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS

As a traditionally underserved population that faces numerous health disparities, youth who identify as transgender and gender diverse (TGD) and their families are increasingly presenting to pediatric providers for education, care, and referrals. The need for more formal training, standardized treatment, and research on safety and medical outcomes often leaves providers feeling ill equipped to support and care for patients that identify as TGD and families. In this policy statement, we review relevant concepts and challenges and provide suggestions for pediatric providers that are focused on promoting the health and positive development of youth that identify as TGD while eliminating discrimination and stigma.

## INTRODUCTION

In its dedication to the health of all children, the American Academy of Pediatrics (AAP) strives to improve health care access and eliminate disparities for children and teenagers who identify as lesbian, gay, bisexual, transgender, or questioning (LGBTQ) of their sexual or gender identity.<sup>1,2</sup> Despite some advances in public awareness and legal protections, youth who identify as LGBTQ continue to face disparities that stem from multiple sources, including inequitable laws and policies, societal discrimination, and a lack of access to quality health care, including mental health care. Such challenges are often more intense for youth who do not conform to social expectations and norms regarding gender. Pediatric providers are increasingly encountering such youth and their families, who seek medical advice and interventions, yet they may lack the formal training to care for youth that identify as transgender and gender diverse (TGD) and their families.<sup>3</sup>

This policy statement is focused specifically on children and youth that identify as TGD rather than the larger LGBTQ population, providing brief, relevant background on the basis of current available research

## abstract



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*Dr Rafferty conceptualized the statement, drafted the initial manuscript, reviewed and revised the manuscript, approved the final manuscript as submitted, and agrees to be accountable for all aspects of the work.*

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*The guidance in this statement does not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.*

*All policy statements from the American Academy of Pediatrics automatically expire 5 years after publication unless reaffirmed, revised, or retired at or before that time.*

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**TABLE 1** Relevant Terms and Definitions Related to Gender Care

Term	Definition
Sex	An assignment that is made at birth, usually male or female, typically on the basis of external genital anatomy but sometimes on the basis of internal gonads, chromosomes, or hormone levels
Gender identity	A person's deep internal sense of being female, male, a combination of both, somewhere in between, or neither; resulting from a multifaceted interaction of biological traits, environmental factors, self-understanding, and cultural expectations
Gender expression	The external way a person expresses their gender; such as with clothing, hair, mannerisms, activities, or social roles
Gender perception	The way others interpret a person's gender expression
Gender diverse	A term that is used to describe people with gender behaviors, appearances, or identities that are incongruent with those culturally assigned to their birth sex; gender-diverse individuals may refer to themselves with many different terms, such as transgender, nonbinary, genderqueer, <sup>7</sup> gender fluid, gender creative, gender independent, or noncisgender. "Gender diverse" is used to acknowledge and include the vast diversity of gender identities that exists. It replaces the former term, "gender nonconforming," which has a negative and exclusionary connotation.
Transgender	A subset of gender-diverse youth whose gender identity does not match their assigned sex and generally remains persistent, consistent, and insistent over time; the term "transgender" also encompasses many other labels individuals may use to refer to themselves.
Cisgender	A term that is used to describe a person who identifies and expresses a gender that is consistent with the culturally defined norms of the sex they were assigned at birth
Agender	A term that is used to describe a person who does not identify as having a particular gender
Affirmed gender	When a person's true gender identity, or concern about their gender identity, is communicated to and validated from others as authentic
MTF; affirmed female; trans female	Terms that are used to describe individuals who were assigned male sex at birth but who have a gender identity and/or expression that is asserted to be more feminine
FTM; affirmed male; trans male	Terms that are used to describe individuals who were assigned female sex at birth but who have a gender identity and/or expression that is asserted to be more masculine
Gender dysphoria	A clinical symptom that is characterized by a sense of alienation to some or all of the physical characteristics or social roles of one's assigned gender; also, gender dysphoria is the psychiatric diagnosis in the <i>DSM-5</i> , which has focus on the distress that stems from the incongruence between one's expressed or experienced (affirmed) gender and the gender assigned at birth.
Gender identity disorder	A psychiatric diagnosis defined previously in the <i>DSM-IV</i> (changed to "gender dysphoria" in the <i>DSM-5</i> ); the primary criteria include a strong, persistent cross-sex identification and significant distress and social impairment. This diagnosis is no longer appropriate for use and may lead to stigma, but the term may be found in older research.
Sexual orientation	A person's sexual identity in relation to the gender(s) to which they are attracted; sexual orientation and gender identity develop separately.

This list is not intended to be all inclusive. The pronouns "they" and "their" are used intentionally to be inclusive rather than the binary pronouns "he" and "she" and "his" and "her." Adapted from Bonifacio HJ, Rosenthal SM. Gender variance and dysphoria in children and adolescents. *Pediatr Clin North Am.* 2015;62(4):1001–1016. Adapted from Vance SR Jr, Ehrensaft D, Rosenthal SM. Psychological and medical care of gender nonconforming youth. *Pediatrics.* 2014;134(8):1184–1192. *DSM-5, Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*; *DSM-IV, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition*, FTM, female to male; MTF, male to female.

and expert opinion from clinical and research leaders, which will serve as the basis for recommendations. It is not a comprehensive review of clinical approaches and nuances to pediatric care for children and youth that identify as TGD. Professional understanding of youth that identify as TGD is a rapidly evolving clinical field in which research on appropriate clinical management is limited by insufficient funding.<sup>3,4</sup>

## DEFINITIONS

To clarify recommendations and discussions in this policy statement, some definitions are provided. However, brief descriptions of human behavior or identities may not capture nuance in this evolving field.

"Sex," or "natal gender," is a label, generally "male" or "female," that is typically assigned at birth on the basis of genetic and anatomic characteristics, such as genital anatomy, chromosomes, and sex hormone levels. Meanwhile, "gender identity" is one's internal sense of who one is, which results from a multifaceted interaction of biological traits, developmental influences, and environmental conditions. It may be male, female, somewhere in between, a combination of both, or neither (ie, not conforming to a binary conceptualization of gender). Self-recognition of gender identity develops over time, much the same way as a child's physical body does. For some people, gender identity can be fluid, shifting in different contexts. "Gender expression"

refers to the wide array of ways people display their gender through clothing, hair styles, mannerisms, or social roles. Exploring different ways of expressing gender is common for children and may challenge social expectations. The way others interpret this expression is referred to as "gender perception" (Table 1).<sup>5,6</sup>

These labels may or may not be congruent. The term "cisgender" is used if someone identifies and expresses a gender that is consistent with the culturally defined norms of the sex that was assigned at birth. "Gender diverse" is an umbrella term to describe an ever-evolving array of labels that people may apply when their gender identity, expression, or even perception does not conform

to the norms and stereotypes others expect of their assigned sex. “Transgender” is usually reserved for a subset of such youth whose gender identity does not match their assigned sex and generally remains persistent, consistent, and insistent over time. These terms are not diagnoses; rather, they are personal and often dynamic ways of describing one’s own gender experience.

Gender identity is not synonymous with “sexual orientation,” which refers to a person’s identity in relation to the gender(s) to which they are sexually and romantically attracted. Gender identity and sexual orientation are distinct but interrelated constructs.<sup>8</sup> Therefore, being transgender does not imply a sexual orientation, and people who identify as transgender still identify as straight, gay, bisexual, etc, on the basis of their attractions. (For more information, *The Gender Book*, found at [www.thegenderbook.com](http://www.thegenderbook.com), is a resource with illustrations that are used to highlight these core terms and concepts.)

## EPIDEMIOLOGY

In population-based surveys, questions related to gender identity are rarely asked, which makes it difficult to assess the size and characteristics of the population that is TGD. In the 2014 Behavioral Risk Factor Surveillance System of the Centers for Disease Control and Prevention, only 19 states elected to include optional questions on gender identity. Extrapolation from these data suggests that the US prevalence of adults who identify as transgender or “gender nonconforming” is 0.6% (1.4 million), ranging from 0.3% in North Dakota to 0.8% in Hawaii.<sup>9</sup> On the basis of these data, it has been estimated that 0.7% of youth ages 13 to 17 years (~150 000) identify as transgender.<sup>10</sup> This number is much higher than previous estimates, which were

extrapolated from individual states or specialty clinics, and is likely an underestimate given the stigma regarding those who openly identify as transgender and the difficulty in defining “transgender” in a way that is inclusive of all gender-diverse identities.<sup>11</sup>

There have been no large-scale prevalence studies among children and adolescents, and there is no evidence that adult statistics reflect young children or adolescents. In the 2014 Behavioral Risk Factor Surveillance System, those 18 to 24 years of age were more likely than older age groups to identify as transgender (0.7%).<sup>9</sup> Children report being aware of gender incongruence at young ages. Children who later identify as TGD report first having recognized their gender as “different” at an average age of 8.5 years; however, they did not disclose such feelings until an average of 10 years later.<sup>12</sup>

## MENTAL HEALTH IMPLICATIONS

Adolescents and adults who identify as transgender have high rates of depression, anxiety, eating disorders, self-harm, and suicide.<sup>13–20</sup> Evidence suggests that an identity of TGD has an increased prevalence among individuals with autism spectrum disorder, but this association is not yet well understood.<sup>21,22</sup> In 1 retrospective cohort study, 56% of youth who identified as transgender reported previous suicidal ideation, and 31% reported a previous suicide attempt, compared with 20% and 11% among matched youth who identified as cisgender, respectively.<sup>13</sup> Some youth who identify as TGD also experience gender dysphoria, which is a specific diagnosis given to those who experience impairment in peer and/or family relationships, school performance, or other aspects of their life as a consequence of the

incongruence between their assigned sex and their gender identity.<sup>23</sup>

There is no evidence that risk for mental illness is inherently attributable to one’s identity of TGD. Rather, it is believed to be multifactorial, stemming from an internal conflict between one’s appearance and identity, limited availability of mental health services, low access to health care providers with expertise in caring for youth who identify as TGD, discrimination, stigma, and social rejection.<sup>24</sup> This was affirmed by the American Psychological Association in 2008<sup>25</sup> (with practice guidelines released in 2015<sup>8</sup>) and the American Psychiatric Association, which made the following statement in 2012:

*Being transgender or gender variant implies no impairment in judgment, stability, reliability, or general social or vocational capabilities; however, these individuals often experience discrimination due to a lack of civil rights protections for their gender identity or expression... [Such] discrimination and lack of equal civil rights is damaging to the mental health of transgender and gender variant individuals.<sup>26</sup>*

Youth who identify as TGD often confront stigma and discrimination, which contribute to feelings of rejection and isolation that can adversely affect physical and emotional well-being. For example, many youth believe that they must hide their gender identity and expression to avoid bullying, harassment, or victimization. Youth who identify as TGD experience disproportionately high rates of homelessness, physical violence (at home and in the community), substance abuse, and high-risk sexual behaviors.<sup>5,6,12,27–31</sup> Among the 3 million HIV testing events that were reported in 2015, the highest percentages of new infections were among women who identified as transgender<sup>32</sup> and were also at particular risk for not knowing their HIV status.<sup>30</sup>

## GENDER-AFFIRMATIVE CARE

In a gender-affirmative care model (GACM), pediatric providers offer developmentally appropriate care that is oriented toward understanding and appreciating the youth's gender experience. A strong, nonjudgmental partnership with youth and their families can facilitate exploration of complicated emotions and gender-diverse expressions while allowing questions and concerns to be raised in a supportive environment.<sup>5</sup> In a GACM, the following messages are conveyed:

- transgender identities and diverse gender expressions do not constitute a mental disorder;
- variations in gender identity and expression are normal aspects of human diversity, and binary definitions of gender do not always reflect emerging gender identities;
- gender identity evolves as an interplay of biology, development, socialization, and culture; and
- if a mental health issue exists, it most often stems from stigma and negative experiences rather than being intrinsic to the child.<sup>27,33</sup>

The GACM is best facilitated through the integration of medical, mental health, and social services, including specific resources and supports for parents and families.<sup>24</sup> Providers work together to destigmatize gender variance, promote the child's self-worth, facilitate access to care, educate families, and advocate for safer community spaces where children are free to develop and explore their gender.<sup>5</sup> A specialized gender-affirmative therapist, when available, may be an asset in helping children and their families build skills for dealing with gender-based stigma, address symptoms of anxiety or depression, and reinforce the child's overall resiliency.<sup>34,35</sup> There is a limited but growing body

of evidence that suggests that using an integrated affirmative model results in young people having fewer mental health concerns whether they ultimately identify as transgender.<sup>24,36,37</sup>

In contrast, "conversion" or "reparative" treatment models are used to prevent children and adolescents from identifying as transgender or to dissuade them from exhibiting gender-diverse expressions. The Substance Abuse and Mental Health Services Administration has concluded that any therapeutic intervention with the goal of changing a youth's gender expression or identity is inappropriate.<sup>33</sup> Reparative approaches have been proven to be not only unsuccessful<sup>38</sup> but also deleterious and are considered outside the mainstream of traditional medical practice.<sup>29,39–42</sup> The AAP described reparative approaches as "unfair and deceptive."<sup>43</sup> At the time of this writing,\* conversion therapy was banned by executive regulation in New York and by legislative statutes in 9 other states as well as the District of Columbia.<sup>44</sup>

Pediatric providers have an essential role in assessing gender concerns and providing evidence-based information to assist youth and families in medical decision-making. Not doing so can prolong or exacerbate gender dysphoria and contribute to abuse and stigmatization.<sup>35</sup> If a pediatric provider does not feel prepared to address gender concerns when they occur, then referral to a pediatric or mental health provider with more expertise is appropriate. There is little research on communication and efficacy with transfers in care for youth who identify as TGD,

\* For more information regarding state-specific laws, please contact the AAP Division of State Government Affairs at [stgov@aap.org](mailto:stgov@aap.org).

particularly from pediatric to adult providers.

## DEVELOPMENTAL CONSIDERATIONS

Acknowledging that the capacity for emerging abstract thinking in childhood is important to conceptualize and reflect on identity, gender-affirmation guidelines are being focused on individually tailored interventions on the basis of the physical and cognitive development of youth who identify as TGD.<sup>45</sup> Accordingly, research substantiates that children who are prepubertal and assert an identity of TGD know their gender as clearly and as consistently as their developmentally equivalent peers who identify as cisgender and benefit from the same level of social acceptance.<sup>46</sup> This developmental approach to gender affirmation is in contrast to the outdated approach in which a child's gender-diverse assertions are held as "possibly true" until an arbitrary age (often after pubertal onset) when they can be considered valid, an approach that authors of the literature have termed "watchful waiting." This outdated approach does not serve the child because critical support is withheld. Watchful waiting is based on binary notions of gender in which gender diversity and fluidity is pathologized; in watchful waiting, it is also assumed that notions of gender identity become fixed at a certain age. The approach is also influenced by a group of early studies with validity concerns, methodologic flaws, and limited follow-up on children who identified as TGD and, by adolescence, did not seek further treatment ("desisters").<sup>45,47</sup> More robust and current research suggests that, rather than focusing on who a child will become, valuing them for who they are, even at a young age, fosters secure attachment and resilience, not only for the child but also for the whole family.<sup>5,45,48,49</sup>

## MEDICAL MANAGEMENT

Pediatric primary care providers are in a unique position to routinely inquire about gender development in children and adolescents as part of recommended well-child visits<sup>50</sup> and to be a reliable source of validation, support, and reassurance. They are often the first provider to be aware that a child may not identify as cisgender or that there may be distress related to a gender-diverse identity. The best way to approach gender with patients is to inquire directly and nonjudgmentally about their experience and feelings before applying any labels.<sup>27,51</sup>

Many medical interventions can be offered to youth who identify as TGD and their families. The decision of whether and when to initiate gender-affirmative treatment is personal and involves careful consideration of risks, benefits, and other factors unique to each patient and family. Many protocols suggest that clinical assessment of youth who identify as TGD is ideally conducted on an ongoing basis in the setting of a collaborative, multidisciplinary approach, which, in addition to the patient and family, may include the pediatric provider, a mental health provider (preferably with expertise in caring for youth who identify as TGD), social and legal supports, and a pediatric endocrinologist or adolescent-medicine gender specialist, if available.<sup>6,28</sup> There is no prescribed path, sequence, or end point. Providers can make every effort to be aware of the influence of their own biases. The medical options also vary depending on pubertal and developmental progression.

### Clinical Setting

In the past year, 1 in 4 adults who identified as transgender avoided a necessary doctor's visit because of fear of being mistreated.<sup>31</sup> All clinical office staff have a role in affirming a patient's gender identity. Making flyers available or displaying posters

related to LGBTQ health issues, including information for children who identify as TGD and families, reveals inclusivity and awareness. Generally, patients who identify as TGD feel most comfortable when they have access to a gender-neutral restroom. Diversity training that encompasses sensitivity when caring for youth who identify as TGD and their families can be helpful in educating clinical and administrative staff. A patient-asserted name and pronouns are used by staff and are ideally reflected in the electronic medical record without creating duplicate charts.<sup>52,53</sup> The US Centers for Medicare and Medicaid Services and the National Coordinator for Health Information Technology require all electronic health record systems certified under the Meaningful Use incentive program to have the capacity to confidentially collect information on gender identity.<sup>54,55</sup> Explaining and maintaining confidentiality procedures promotes openness and trust, particularly with youth who identify as LGBTQ.<sup>1</sup> Maintaining a safe clinical space can provide at least 1 consistent, protective refuge for patients and families, allowing authentic gender expression and exploration that builds resiliency.

### Pubertal Suppression

Gonadotrophin-releasing hormones have been used to delay puberty since the 1980s for central precocious puberty.<sup>56</sup> These reversible treatments can also be used in adolescents who experience gender dysphoria to prevent development of secondary sex characteristics and provide time up until 16 years of age for the individual and the family to explore gender identity, access psychosocial supports, develop coping skills, and further define appropriate treatment goals. If pubertal suppression treatment is

suspended, then endogenous puberty will resume.<sup>20,57,58</sup>

Often, pubertal suppression creates an opportunity to reduce distress that may occur with the development of secondary sexual characteristics and allow for gender-affirming care, including mental health support for the adolescent and the family. It reduces the need for later surgery because physical changes that are otherwise irreversible (protrusion of the Adam's apple, male pattern baldness, voice change, breast growth, etc) are prevented. The available data reveal that pubertal suppression in children who identify as TGD generally leads to improved psychological functioning in adolescence and young adulthood.<sup>20,57–59</sup>

Pubertal suppression is not without risks. Delaying puberty beyond one's peers can also be stressful and can lead to lower self-esteem and increased risk taking.<sup>60</sup> Some experts believe that genital underdevelopment may limit some potential reconstructive options.<sup>61</sup> Research on long-term risks, particularly in terms of bone metabolism<sup>62</sup> and fertility,<sup>63</sup> is currently limited and provides varied results.<sup>57,64,65</sup> Families often look to pediatric providers for help in considering whether pubertal suppression is indicated in the context of their child's overall well-being as gender diverse.

### Gender Affirmation

As youth who identify as TGD reflect on and evaluate their gender identity, various interventions may be considered to better align their gender expression with their underlying identity. This process of reflection, acceptance, and, for some, intervention is known as "gender affirmation." It was formerly referred to as "transitioning," but many view the process as an affirmation and acceptance of who they have always been rather than a transition

**TABLE 2** The Process of Gender Affirmation May Include  $\geq 1$  of the Following Components

Component	Definition	General Age Range <sup>a</sup>	Reversibility <sup>a</sup>
Social affirmation	Adopting gender-affirming hairstyles, clothing, name, gender pronouns, and restrooms and other facilities	Any	Reversible
Puberty blockers	Gonadotropin-releasing hormone analogues, such as leuprolide and histrelin	During puberty (Tanner stage 2–5) <sup>b</sup>	Reversible <sup>c</sup>
Cross-sex hormone therapy	Testosterone (for those who were assigned female at birth and are masculinizing); estrogen plus androgen inhibitor (for those who were assigned male at birth and are feminizing)	Early adolescence onward	Partially reversible (skin texture, muscle mass, and fat deposition); irreversible once developed (testosterone: Adam’s apple protrusion, voice changes, and male pattern baldness; estrogen: breast development); unknown reversibility (effect on fertility)
Gender-affirming surgeries	“Top” surgery (to create a male-typical chest shape or enhance breasts); “bottom” surgery (surgery on genitals or reproductive organs); facial feminization and other procedures	Typically adults (adolescents on case-by-case basis <sup>d</sup> )	Not reversible
Legal affirmation	Changing gender and name recorded on birth certificate, school records, and other documents	Any	Reversible

<sup>a</sup> Note that the provided age range and reversibility is based on the little data that are currently available.

<sup>b</sup> There is limited benefit to starting gonadotropin-releasing hormone after Tanner stage 5 for pubertal suppression. However, when cross-sex hormones are initiated with a gradually increasing schedule, the initial levels are often not high enough to suppress endogenous sex hormone secretion. Therefore, gonadotropin-releasing hormone may be continued in accordance with the Endocrine Society Guidelines.<sup>68</sup>

<sup>c</sup> The effect of sustained puberty suppression on fertility is unknown. Pubertal suppression can be, and often is indicated to be, followed by cross-sex hormone treatment. However, when cross-sex hormones are initiated without endogenous hormones, then fertility may be decreased.<sup>68</sup>

<sup>d</sup> Eligibility criteria for gender-affirmative surgical interventions among adolescents are not clearly defined between established protocols and practice. When applicable, eligibility is usually determined on a case-by-case basis with the adolescent and the family along with input from medical, mental health, and surgical providers.<sup>68–71</sup>

from 1 gender identity to another. Accordingly, some people who have gone through the process prefer to call themselves “affirmed females, males, etc” (or just “females, males, etc”), rather than using the prefix “trans-.” Gender affirmation is also used to acknowledge that some individuals who identify as TGD may feel affirmed in their gender without pursuing medical or surgical interventions.<sup>7,66</sup>

Supportive involvement of parents and family is associated with better mental and physical health outcomes.<sup>67</sup> Gender affirmation among adolescents with gender dysphoria often reduces the emphasis on gender in their lives, allowing them to attend to other developmental tasks, such as academic success, relationship building, and future-oriented planning.<sup>64</sup> Most protocols for gender-affirming interventions incorporate World Professional Association of Transgender

Health<sup>35</sup> and Endocrine Society<sup>68</sup> recommendations and include  $\geq 1$  of the following elements (Table 2):

1. **Social Affirmation:** This is a reversible intervention in which children and adolescents express partially or completely in their asserted gender identity by adapting hairstyle, clothing, pronouns, name, etc. Children who identify as transgender and socially affirm and are supported in their asserted gender show no increase in depression and only minimal (clinically insignificant) increases in anxiety compared with age-matched averages.<sup>48</sup> Social affirmation can be complicated given the wide range of social interactions children have (eg, extended families, peers, school, community, etc). There is little guidance on the best approach (eg, all at once, gradual, creating new social networks, or affirming within existing networks, etc). Pediatric providers

can best support families by anticipating and discussing such complexity proactively, either in their own practice or through enlisting a qualified mental health provider.

2. **Legal Affirmation:** Elements of a social affirmation, such as a name and gender marker, become official on legal documents, such as birth certificates, passports, identification cards, school documents, etc. The processes for making these changes depend on state laws and may require specific documentation from pediatric providers.

3. **Medical Affirmation:** This is the process of using cross-sex hormones to allow adolescents who have initiated puberty to develop secondary sex characteristics of the opposite biological sex. Some changes are partially reversible if hormones are stopped, but others become

irreversible once they are fully developed (Table 2).

4. **Surgical Affirmation:** Surgical approaches may be used to feminize or masculinize features, such as hair distribution, chest, or genitalia, and may include removal of internal organs, such as ovaries or the uterus (affecting fertility). These changes are irreversible. Although current protocols typically reserve surgical interventions for adults,<sup>35,68</sup> they are occasionally pursued during adolescence on a case-by-case basis, considering the necessity and benefit to the adolescent's overall health and often including multidisciplinary input from medical, mental health, and surgical providers as well as from the adolescent and family.<sup>69–71</sup>

For some youth who identify as TGD whose natal gender is female, menstruation, breakthrough bleeding, and dysmenorrhea can lead to significant distress before or during gender affirmation. The American College of Obstetrics and Gynecology suggests that, although limited data are available to outline management, menstruation can be managed without exogenous estrogens by using a progesterone-only pill, a medroxyprogesterone acetate shot, or a progesterone-containing intrauterine or implantable device.<sup>72</sup> If estrogen can be tolerated, oral contraceptives that contain both progesterone and estrogen are more effective at suppressing menses.<sup>73</sup> The Endocrine Society guidelines also suggest that gonadotrophin-releasing hormones can be used for menstrual suppression before the anticipated initiation of testosterone or in combination with testosterone for breakthrough bleeding (enables phenotypic masculinization at a lower dose than if testosterone is used alone).<sup>68</sup> Masculinizing hormones in natal female patients may lead to a cessation of menses,

but unplanned pregnancies have been reported, which emphasizes the need for ongoing contraceptive counseling with youth who identify as TGD.<sup>72</sup>

#### HEALTH DISPARITIES

In addition to societal challenges, youth who identify as TGD face several barriers within the health care system, especially regarding access to care. In 2015, a focus group of youth who identified as transgender in Seattle, Washington, revealed 4 problematic areas related to health care:

1. safety issues, including the lack of safe clinical environments and fear of discrimination by providers;
2. poor access to physical health services, including testing for sexually transmitted infections;
3. inadequate resources to address mental health concerns; and
4. lack of continuity with providers.<sup>74</sup>

This study reveals the obstacles many youth who identify as TGD face in accessing essential services, including the limited supply of appropriately trained medical and psychological providers, fertility options, and insurance coverage denials for gender-related treatments.<sup>74</sup>

Insurance denials for services related to the care of patients who identify as TGD are a significant barrier. Although the Office for Civil Rights of the US Department of Health and Human Services explicitly stated in 2012 that the nondiscrimination provision in the Patient Protection and Affordable Care Act includes people who identify as gender diverse,<sup>75,76</sup> insurance claims for gender affirmation, particularly among youth who identify as TGD, are frequently denied.<sup>54,77</sup> In 1 study, it was found that approximately 25% of individuals

who identified as transgender were denied insurance coverage because of being transgender.<sup>31</sup> The burden of covering medical expenses that are not covered by insurance can be financially devastating, and even when expenses are covered, families describe high levels of stress in navigating and submitting claims appropriately.<sup>78</sup> In 2012, a large gender center in Boston, Massachusetts, reported that most young patients who identified as transgender and were deemed appropriate candidates for recommended gender care were unable to obtain it because of such denials, which were based on the premise that gender dysphoria was a mental disorder, not a physical one, and that treatment was not medically or surgically necessary.<sup>24</sup> This practice not only contributes to stigma, prolonged gender dysphoria, and poor mental health outcomes,<sup>77</sup> but it may also lead patients to seek nonmedically supervised treatments that are potentially dangerous.<sup>24</sup> Furthermore, insurance denials can reinforce a socioeconomic divide between those who can finance the high costs of uncovered care and those who cannot.<sup>24,77</sup>

The transgender youth group in Seattle likely reflected the larger TGD population when they described how obstacles adversely affect self-esteem and contribute to the perception that they are undervalued by society and the health care system.<sup>74,77</sup> Professional medical associations, including the AAP, are increasingly calling for equity in health care provisions regardless of gender identity or expression.<sup>1,8,23,72</sup> There is a critical need for investments in research on the prevalence, disparities, biological underpinnings, and standards of care relating to gender-diverse populations. Pediatric providers who work with state government and insurance officials can play an essential role in advocating for

stronger nondiscrimination policies and improved coverage.

There is a lack of quality research on the experience of youth of color who identify as transgender. One theory suggests that the intersection of racism, transphobia, and sexism may result in the extreme marginalization that is experienced among many women of color who identify as transgender,<sup>79</sup> including rejection from their family and dropping out of school at younger ages (often in the setting of rigid religious beliefs regarding gender),<sup>80</sup> increased levels of violence and body objectification,<sup>81</sup> 3 times the risk of poverty compared with the general population,<sup>31</sup> and the highest prevalence of HIV compared with other risk groups (estimated as high as 56.3% in 1 meta-analysis).<sup>30</sup> One model suggests that pervasive stigma and oppression can be associated with psychological distress (anxiety, depression, and suicide) and adoption of risk behaviors by such youth to obtain a sense of validation toward their complex identities.<sup>79</sup>

#### **FAMILY ACCEPTANCE**

Research increasingly suggests that familial acceptance or rejection ultimately has little influence on the gender identity of youth; however, it may profoundly affect young people's ability to openly discuss or disclose concerns about their identity. Suppressing such concerns can affect mental health.<sup>82</sup> Families often find it hard to understand and accept their child's gender-diverse traits because of personal beliefs, social pressure, and stigma.<sup>49,83</sup> Legitimate fears may exist for their child's welfare, safety, and acceptance that pediatric providers need to appreciate and address. Families can be encouraged to communicate their concerns and questions. Unacknowledged concerns can contribute to shame and hesitation in regard to offering support and understanding,<sup>84</sup>

which is essential for the child's self-esteem, social involvement, and overall health as TGD.<sup>48,85-87</sup> Some caution has been expressed that unquestioning acceptance per se may not best serve questioning youth or their families. Instead, psychological evidence suggests that the most benefit comes when family members and youth are supported and encouraged to engage in reflective perspective taking and validate their own and the other's thoughts and feelings despite divergent views.<sup>49,82</sup>

In this regard, suicide attempt rates among 433 adolescents in Ontario who identified as "trans" were 4% among those with strongly supportive parents and as high as 60% among those whose parents were not supportive.<sup>85</sup> Adolescents who identify as transgender and endorse at least 1 supportive person in their life report significantly less distress than those who only experience rejection. In communities with high levels of support, it was found that nonsupportive families tended to increase their support over time, leading to dramatic improvement in mental health outcomes among their children who identified as transgender.<sup>88</sup>

Pediatric providers can create a safe environment for parents and families to better understand and listen to the needs of their children while receiving reassurance and education.<sup>83</sup> It is often appropriate to assist the child in understanding the parents' concerns as well. Despite expectations by some youth with transgender identity for immediate acceptance after "coming out," family members often proceed through a process of becoming more comfortable and understanding of the youth's gender identity, thoughts, and feelings. One model suggests that the process resembles grieving, wherein the family separates from their expectations for their child to embrace a new reality. This process may proceed through stages of shock,

denial, anger, feelings of betrayal, fear, self-discovery, and pride.<sup>89</sup> The amount of time spent in any of these stages and the overall pace varies widely. Many family members also struggle as they are pushed to reflect on their own gender experience and assumptions throughout this process. In some situations, youth who identify as TGD may be at risk for internalizing the difficult emotions that family members may be experiencing. In these cases, individual and group therapy for the family members may be helpful.<sup>49,78</sup>

Family dynamics can be complex, involving disagreement among legal guardians or between guardians and their children, which may affect the ability to obtain consent for any medical management or interventions. Even in states where minors may access care without parental consent for mental health services, contraception, and sexually transmitted infections, parental or guardian consent is required for hormonal and surgical care of patients who identify as TGD.<sup>72,90</sup> Some families may take issue with providers who address gender concerns or offer gender-affirming care. In rare cases, a family may deny access to care that raises concerns about the youth's welfare and safety; in those cases, additional legal or ethical support may be useful to consider. In such rare situations, pediatric providers may want to familiarize themselves with relevant local consent laws and maintain their primary responsibility for the welfare of the child.

#### **SAFE SCHOOLS AND COMMUNITIES**

Youth who identify as TGD are becoming more visible because gender-diverse expression is increasingly admissible in the media, on social media, and in schools and communities. Regardless of whether a youth with a gender-diverse



identity ultimately identifies as transgender, challenges exist in nearly every social context, from lack of understanding to outright rejection, isolation, discrimination, and victimization. In the US Transgender Survey of nearly 28 000 respondents, it was found that among those who were out as or perceived to be TGD between kindergarten and eighth grade, 54% were verbally harassed, 24% were physically assaulted, and 13% were sexually assaulted; 17% left school because of maltreatment.<sup>31</sup> Education and advocacy from the medical community on the importance of safe schools for youth who identify as TGD can have a significant effect.

At the time of this writing,\* only 18 states and the District of Columbia had laws that prohibited discrimination based on gender expression when it comes to employment, housing, public accommodations, and insurance benefits. Over 200 US cities have such legislation. In addition to basic protections, many youth who identify as TGD also have to navigate legal obstacles when it comes to legally changing their name and/or gender marker.<sup>54</sup> In addition to advocating and working with policy makers to promote equal protections for youth who identify as TGD, pediatric providers can play an important role by developing a familiarity with local laws and organizations that provide social work and legal assistance to youth who identify as TGD and their families.

School environments play a significant role in the social and emotional development of children. Every child has a right to feel safe

and respected at school, but for youth who identify as TGD, this can be challenging. Nearly every aspect of school life may present safety concerns and require negotiations regarding their gender expression, including name/pronoun use, use of bathrooms and locker rooms, sports teams, dances and activities, overnight activities, and even peer groups. Conflicts in any of these areas can quickly escalate beyond the school's control to larger debates among the community and even on a national stage.

The formerly known Gay, Lesbian, and Straight Education Network (GLSEN), an advocacy organization for youth who identify as LGBTQ, conducts an annual national survey to measure LGBTQ well-being in US schools. In 2015, students who identified as LGBTQ reported high rates of being discouraged from participation in extracurricular activities. One in 5 students who identified as LGBTQ reported being hindered from forming or participating in a club to support lesbian, gay, bisexual, or transgender students (eg, a gay straight alliance, now often referred to as a genders and sexualities alliance) despite such clubs at schools being associated with decreased reports of negative remarks about sexual orientation or gender expression, increased feelings of safety and connectedness at school, and lower levels of victimization. In addition, >20% of students who identified as LGBTQ reported being blocked from writing about LGBTQ issues in school yearbooks or school newspapers or being prevented or discouraged by coaches and school staff from participating in sports because of their sexual orientation or gender expression.<sup>91</sup>

One strategy to prevent conflict is to proactively support policies and protections that promote inclusion and safety of all students. However, such policies are far from

consistent across districts. In 2015, GLSEN found that 43% of children who identified as LGBTQ reported feeling unsafe at school because of their gender expression, but only 6% reported that their school had official policies to support youth who identified as TGD, and only 11% reported that their school's antibullying policies had specific protections for gender expression.<sup>91</sup> Consequently, more than half of the students who identified as transgender in the study were prevented from using the bathroom, names, or pronouns that aligned with their asserted gender at school. A lack of explicit policies that protected youth who identified as TGD was associated with increased reported victimization, with more than half of students who identified as LGBTQ reporting verbal harassment because of their gender expression. Educators and school administrators play an essential role in advocating for and enforcing such policies. GLSEN found that when students recognized actions to reduce gender-based harassment, both students who identified as transgender and cisgender reported a greater connection to staff and feelings of safety.<sup>91</sup> In another study, schools were open to education regarding gender diversity and were willing to implement policies when they were supported by external agencies, such as medical professionals.<sup>92</sup>

Academic content plays an important role in building a safe school environment as well. The 2015 GLSEN survey revealed that when positive representations of people who identified as LGBTQ were included in the curriculum, students who identified as LGBTQ reported less hostile school environments, less victimization and greater feelings of safety, fewer school absences because of feeling unsafe, greater feelings of connectedness to their school

\* For more information regarding state-specific laws, please contact the AAP Division of State Government Affairs at [stgov@aap.org](mailto:stgov@aap.org).

community, and an increased interest in high school graduation and postsecondary education.<sup>91</sup> At the time of this writing,\* 8 states had laws that explicitly forbade teachers from even discussing LGBTQ issues.<sup>54</sup>

## MEDICAL EDUCATION

One of the most important ways to promote high-quality health care for youth who identify as TGD and their families is increasing the knowledge base and clinical experience of pediatric providers in providing culturally competent care to such populations, as recommended by the recently released guidelines by the Association of American Medical Colleges.<sup>93</sup> This begins with the medical school curriculum in areas such as human development, sexual health, endocrinology, pediatrics, and psychiatry. In a 2009–2010 survey of US medical schools, it was found that the median number of hours dedicated to LGBTQ health was 5, with one-third of US medical schools reporting no LGBTQ curriculum during the clinical years.<sup>94</sup>

During residency training, there is potential for gender diversity to be emphasized in core rotations, especially in pediatrics, psychiatry, family medicine, and obstetrics and gynecology. Awareness could be promoted through the inclusion of topics relevant to caring for children who identify as TGD in the list of core competencies published by the American Board of Pediatrics, certifying examinations, and relevant study materials. Continuing education and maintenance of certification activities can include topics relevant to TGD populations as well.

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## RECOMMENDATIONS

The AAP works toward all children and adolescents, regardless of gender identity or expression, receiving care to promote optimal physical, mental, and social well-being. Any discrimination based on gender identity or expression, real or perceived, is damaging to the socioemotional health of children, families, and society. In particular, the AAP recommends the following:

1. that youth who identify as TGD have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space;
2. that family-based therapy and support be available to recognize and respond to the emotional and mental health needs of parents, caregivers, and siblings of youth who identify as TGD;
3. that electronic health records, billing systems, patient-centered notification systems, and clinical research be designed to respect the asserted gender identity of each patient while maintaining confidentiality and avoiding duplicate charts;
4. that insurance plans offer coverage for health care that is specific to the needs of youth who identify as TGD, including coverage for medical, psychological, and, when indicated, surgical gender-affirming interventions;
5. that provider education, including medical school, residency, and continuing education, integrate core competencies on the emotional and physical health needs and best practices for the care of youth who identify as TGD and their families;
6. that pediatricians have a role in advocating for, educating, and developing liaison relationships

with school districts and other community organizations to promote acceptance and inclusion of all children without fear of harassment, exclusion, or bullying because of gender expression;

7. that pediatricians have a role in advocating for policies and laws that protect youth who identify as TGD from discrimination and violence;
8. that the health care workforce protects diversity by offering equal employment opportunities and workplace protections, regardless of gender identity or expression; and
9. that the medical field and federal government prioritize research that is dedicated to improving the quality of evidence-based care for youth who identify as TGD.

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## STAFF

Renee Jarrett, MPH

## ACKNOWLEDGMENTS

We thank Isaac Albanese, MPA, and Jayeson Watts, LICSW, for their thoughtful reviews and contributions.

## ABBREVIATIONS

AAP: American Academy of Pediatrics  
GACM: gender-affirmative care model  
GLSEN: Gay, Lesbian, and Straight Education Network  
LGBTQ: lesbian, gay, bisexual, transgender, or questioning  
TGD: transgender and gender diverse

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## Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents

Jason Rafferty, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE and SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS  
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Jason Rafferty, COMMITTEE ON PSYCHOSOCIAL ASPECTS OF CHILD AND FAMILY HEALTH, COMMITTEE ON ADOLESCENCE and SECTION ON LESBIAN, GAY, BISEXUAL, AND TRANSGENDER HEALTH AND WELLNESS  
*Pediatrics* originally published online September 17, 2018;

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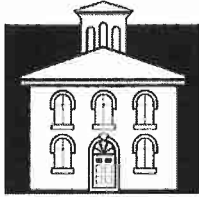
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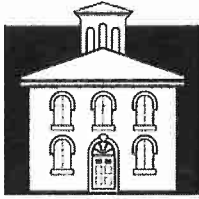
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**NOTICE OF AD HOC GENDER INCLUSION  
COMMITTEE MEETING  
BOARD OF EDUCATION OF RIVER FOREST  
SCHOOL DISTRICT NUMBER 90, COOK COUNTY**

**NOTICE IS HEREBY GIVEN** that the President of the Board of Education of River Forest School District 90, Cook County, Illinois, has called an Ad Hoc Gender Inclusion Committee Meeting of the Board of Education at the Administration Building, 7776 Lake Street, River Forest, Illinois at 4:15 p.m. on Thursday, September 20, 2018. The purpose of the meeting is set forth in the following agenda:

1. Welcome/approval of agenda
2. Review Draft Presentation for COW Meeting
3. Discussion about Roles for Presentation
4. American Academy of Pediatrics Statement on Transgender and Gender Diverse Children
5. Public comment
6. Adjournment

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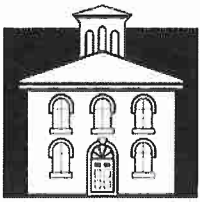
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**NOTICE OF AD HOC GENDER INCLUSION  
COMMITTEE MEETING  
BOARD OF EDUCATION OF RIVER FOREST  
SCHOOL DISTRICT NUMBER 90, COOK COUNTY**

**NOTICE IS HEREBY GIVEN** that the President of the Board of Education of River Forest School District 90, Cook County, Illinois, has called an Ad Hoc Gender Inclusion Committee Meeting of the Board of Education at the Administration Building, 7776 Lake Street, River Forest, Illinois at 4:15 p.m. on Monday, August 27, 2018. The purpose of the meeting is set forth in the following agenda:

1. Welcome/approval of agenda
2. Re-introduction of members
3. Introduction of special guest: Dr. Joylynn Pruitt-Adams, Superintendent, OPRFHS
4. Discussion: *Process and Outcomes – Gender Inclusion Policies and Admin. Procedures at OPRFHS* See OPRFHS Policy 7:10 (Equal Educational Opportunities) and related Administrative Procedure (attached)
5. Potential “next steps” for discussion
6. Announcements
7. Public comment
8. Adjournment

Ralph Martire  
President, Board of Education  
District 90, Cook County, Illinois



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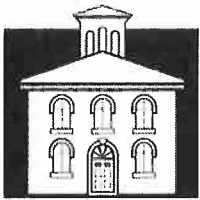
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**NOTICE OF GENDER INCLUSION COMMITTEE MEETING  
BOARD OF EDUCATION OF RIVER FOREST  
SCHOOL DISTRICT NUMBER 90, COOK COUNTY**

**NOTICE IS HEREBY GIVEN** that the President of the Board of Education of River Forest School District 90, Cook County, Illinois, has called an Ad Hoc Gender Inclusion Committee Meeting of the Board of Education at the Administration Building, 7776 Lake Street, River Forest, Illinois at 4:15 p.m. on Wednesday, May 30, 2018. The purpose of the meeting is set forth in the following agenda:

1. Welcome/Approval of Agenda
2. Re-Introduction of Members
3. Introductory Discussion ~ *Examples of Policies and Emerging Practices for Supporting Transgender Students*
4. Ad Hoc Gender Inclusion Committee "Shared Aspirations"
5. OPRFHS Policy 7:10 (Equal Educational Opportunities) and related Administrative Procedure
6. Review of Applicable D90 Board of Education Policies
7. Soliciting Parent, Staff and Community Feedback – Determining a "Vision for Gender Inclusion"
8. Next Steps
9. Determination of Future Meeting Date
10. Public Comment
11. Adjournment

Ralph Martire  
President, Board of Education  
District 90, Cook County, Illinois



River Forest  
Public Schools

Administration Building  
7776 Lake Street  
River Forest, IL 60305  
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**NOTICE OF GENDER INCLUSION COMMITTEE MEETING  
BOARD OF EDUCATION OF RIVER FOREST  
SCHOOL DISTRICT NUMBER 90, COOK COUNTY**

**NOTICE IS HEREBY GIVEN** that the President of the Board of Education of River Forest School District 90, Cook County, Illinois, has called an Ad Hoc Equity Committee Meeting of the Board of Education at the Administration Building, 7776 Lake Street, River Forest, Illinois at 4:15 p.m. on Thursday, April 19, 2018. The purpose of the meeting is set forth in the following agenda:

1. Welcome/Approval of Agenda
2. Self-Introduction of Members
3. Ad Hoc Gender Inclusion Committee Purpose
4. Overview of Guiding Documents:
  - District 90 "Vision for Equity"
  - District 90 Strategic Planning Documents
  - District 90 Board of Education Policies
5. Group Exchange, Pre-Read Article
6. *Discussion:* Committee Aspirations
7. Open Comments by Committee
8. Determination of Future Meeting Date
9. Public Comment
10. Adjournment

Ralph Martire  
President, Board of Education  
District 90, Cook County, Illinois