

LGBTQ Students: The Role of the School Nurse

Position Statement

Summary

All students—regardless of their sexual orientation, gender identity, or gender expression—are entitled to a safe, supportive, and inclusive school environment with equal opportunities for achievement and participation. It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) is a vital member of the team to support students' health and well-being and to advocate for policies and practices in the schools that provide for the physical, psychological, and social safety of all students.

Background

For the purposes of this position statement, the terms *sexual minority*, *gender minority*, and *LGBTQ* are used to describe students who may identify as lesbian, gay, bisexual, transgender, or questioning. Sexual minority persons are those who identify themselves as gay, lesbian, or bisexual or are unsure of their sexual orientation, or those who have had sexual contact with a person of the same sex or with both sexes (American Academy of Pediatrics [AAP], 2013; Centers for Disease Control and Prevention [CDC], 2014; Kann et al., 2011). *Questioning* is used to describe adolescents who do not identify with any sexual minority group and may have had sexual relations with the same sex, with

both sexes, or with others who also struggle with their sexual identity and/or expression (AAP, 2013). *Gender nonconforming* is a term used for people whose gender expression differs from stereotypical expression, those described as androgynous, and includes people who identify outside traditional gender categories or identify as both genders (Gay, Lesbian, Straight Education Network [GLSEN], 2014). *Transgender* is used to describe a person whose gender identity is different from that traditionally associated with his or her biological sex, external genitalia, or assigned sex at birth (CDC, 2014); this term is also used to encompass a broad range of gender identities associated with gender nonconformity (GLSEN, 2013). *Queer* is an umbrella term that is embraced by some youth to describe a sexual identity, gender identity, or gender expression, and some LGBT people may consider this term offensive (GLSEN, 2013). It is good practice to use the terms that students themselves use to self-identify their sexual or gender identity or gender expression.

Gender dysphoria is defined by the American Psychiatric Association (2013) as extreme discomfort of individuals with primary and secondary sex characteristics of their assigned birth sex. In 2015, the Substance Abuse and Mental Health Services Administration (SAMHSA) supported ending conversion therapy for youth—which is an attempt to change an individual's sexual orientation, gender

identity, or gender expression through medical or behavioral interventions—because this practice is not supported by credible evidence and may cause serious harm to young people. Support of conversion therapy perpetuates outdated views of gender roles and identities and the negative stereotype that being a sexual or gender minority or identifying as LGBTQ is an abnormal aspect of human development (SAMHSA, 2015).

Currently, 31 states have no legislation that protects LGBTQ youth from discrimination, and 8 states have “no promo homo” laws that forbid educators from discussing LGBTQ issues (Orr, Baum, & Sherouse, 2015; Teaching Tolerance, 2013). Title IX of the Education Amendments of 1972 protects against discrimination and harassment based on sex in any educational program or activity that receives federal funding and includes those who do not conform to stereotypical sexual or gender identities (GLSEN, 2014; Orr et al., 2015; U.S. Department of Education, Office for Civil Rights, 2015).

The LGBTQ population is multifaceted and entails many subgroups, such that it is difficult to define the population's needs (Institute of Medicine [IOM], 2011). LGBTQ youth are identifying earlier and in larger numbers due to internet online support and an increase in the number of role models (Russell, Kosciw, Horn, & Saewyc, 2010). GLSEN reported that transgender students received much higher levels of harassment and violence

than LGB students, which resulted in transgender students missing more school, receiving lower grades, and feeling isolated and not part of the school community (Greytak, Kosciw, & Diaz, 2009). In 2013, 9.5% of students in the National School Climate Survey identified as transgender (Kosciw, Greytak, Palmer, & Boesen, 2014).

In 2012, the Human Rights Campaign survey of LGBTQ youth identified family rejection (26%), school problems or bullying (21%), and fear of being out or open (18%) as the top three problems faced by LGBTQ youth. LGBTQ youth experience increased physical, mental, and social health risks compared with their heterosexual peers (CDC, 2014; SAMHSA, 2015). Those increased risks may include but are not limited to loneliness, lack of acceptance, violence, bullying, sexually transmitted infections, unintended pregnancies, substance abuse, anxiety, depression, and suicide (AAP, 2013; CDC, 2014; Kann et al., 2011; Kosciw et al., 2014).

Sexual and gender minorities experience chronic stress as a result of their stigmatization. This is known as *minority stress* and is due to the stresses of prejudice, discrimination, parental rejection, and violence—not the identity of these youth (AAP, 2013; IOM, 2011; SAMSHA, 2015). According to the 2013 GLSEN school climate report, 74.1% of LGBT youth were verbally harassed; 36.2% were physically harassed; 55.5% felt unsafe because of their sexual identity and 37.8% because of their gender expression; and 30.3% were truant for safety concerns. As well, 55.5% of LGBT students faced discriminatory policies and practices at school, and transgender students were significantly more affected by these practices (Kosciw et al., 2014; SAMHSA, 2015).

Studies also indicate that characteristics of social environments, including school and families, can either increase or reduce vulnerability, and resilience can shape physical and mental health outcomes (Hatzenbuehler, Birkett, Van Wagenen, & Meyer, 2014; Kosciw et al., 2014; Russell et al., 2010; SAMHSA, 2015). School-based organizations have

been shown to improve school climate as they can help to assure LGBTQ youth that they are not alone, improve school connectedness, and promote communication and understanding within the school community (AAP, 2013; CDC, 2014; Hatzenbuehler et al., 2014; Kosciw et al., 2014; Teaching Tolerance, 2013).

Rationale

School nurses have an ethical responsibility to provide care to all students, families, school staff, and community equally regardless of sexual orientation, gender identity, or gender expression; to maintain confidentiality; and to respect the individual's right to be treated with dignity (American Nurses Association & National Association of School Nurses, 2011; NASN, 2015). Using the Framework for the 21st Century School Nursing Practice (NASN, 2015), school nurses are responsible for care coordination and should be actively involved in improving the health and safety of the school environment for all students, including LGBTQ students.

School nurses are uniquely qualified to do the following:

- Collaborate with school personnel, community healthcare providers, families, and LGBTQ students to promote improved physical and mental health outcomes and improve academic achievement (AAP, 2013; Orr et al., 2015).
- Recognize that the health risks are disproportionately higher for LGBTQ students and provide culturally competent care in a safe, private, and confidential setting (AAP, 2013).
- Make referrals for evidence-based care to healthcare professionals knowledgeable about the healthcare needs of LGBTQ youth.
- Provide families with support and resources, such as information about local and national organizations that are available to help families support their children.
- Advocate for the creation and enforcement of inclusive

zero-tolerance bullying policies, attend and promote professional development programs for school leadership and personnel so that they understand and meet the needs of LGBTQ students, promote inclusive health education and curricula for all students, and contribute to a welcoming and inclusive environment that includes safe spaces in the school (i.e., health office, counselor's office, and classrooms) (AAP, 2013; CDC, 2014; GLSEN, 2013, 2014; Teaching Tolerance, 2013).

- Promote student-led Gay Straight Alliance and other clubs supported by faculty and administrators to improve the school climate for all students, regardless of their sexual orientation, gender identity, or gender expression (AAP, 2013; CDC, 2014; Hatzenbuehler, et al., 2014; Kosciw et al., 2014; Teaching Tolerance, 2013).
- Provide support for students by advocating for practices and policies that promote the physical, psychological and social safety of all students regardless of their sexual orientation, gender identity, or gender expression.
- Encourage the use of gender-neutral school forms, dress codes, changing space, and bathrooms; use students' preferred names and pronouns; and protect students' confidentiality if they are not "out" or "open" to family or to others at school (Orr et al., 2015; Teaching Tolerance, 2013).

Conclusion

School nurses are uniquely positioned to model and promote respect for diversity, reduce stigma, and provide confidential health services for LGBTQ students in a safe environment. Supportive families, communities, and schools can help to improve health outcomes for students so they can live full lives regardless of sexual orientation, gender identity, or gender expression. School nurses are leaders who can foster a supportive school environment and make a positive impact in the lives of everyone in the school community (NASN, 2015). ■

Notes

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