LGBTQ Students: The Role of the School Nurse

National Association of School Nurses

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* and *gender minority* or *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). Many adolescents do not identify with any sexual minority group and may have had sexual relations with the same sex or with both sexes and those who struggle with their sexual identity and or expression and may be referred to as questioning (AAP, 2013). *Gender non-conforming* 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); and it is also used to encompass a broad range of gender identities associated with gender non-conformity (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 it offensive (GLSEN, 2013. It is good practice to use terms that a student uses 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 as it is not supported by credible evidence and may cause serious harm to young people. It 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 in eight states there are "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 multi-faceted with many subgroups, which makes defining the population needs difficult (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 re-

ported 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, feeling isolated and not part of the school community (Greytak, Kosciw, & Diaz, 2009). In 2013, 9.5 % of students in the school climate report identified as transgender (Kosciw, Greytak, Palmer, & Boesen, 2014).

In 2012, the Human Rights Campaign survey of LGBTQ youth identified family rejection (26%), school/bullying problems (21%), and fear of being out or open (18 %) as the top three problems they faced. LGBTQ youth experience physical, mental, and social health risks that are higher than 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 their identity (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% for their gender expression; 30.3% were truant for safety concerns. 55.5% of LGBT students faced discriminatory policies and practices at school while transgender students were significantly more impacted 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). Utilizing 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:

- 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, Baum, & Sherouse, 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 support and resources for families about local and national organizations that are available to help them to 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 to understand and meet the needs of LGBTQ students, promote inclusive health education and curriculum for all students, and encourage a welcom-

ing inclusive environment with safe spaces in the school, i.e., health office, counselor's office, and classrooms (AAP, 2013; CDC, 2014; GLSEN, 2013; GLSEN, 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 or 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 the students' preferred names and pronouns and to protect confidentiality when contacting others if the student is not "out/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 are factors that can help to improve health outcomes for students to live full lives regardless of sexual orientation, gender identity or gender expression. School nurses are leaders who can foster the supportive school environment and make a positive impact in the lives of everyone in the school community (NASN, 2015).

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