Sexual Orientation and Gender Identity/Expression (Sexual Minority Students): School Nurse Practice

Position Statement

National Association of School Nurses

SUMMARY

It is the position of the National Association of School Nurses that all students, regardless of their sexual orientation or the sexual orientation of their parents and family members, are entitled to a safe school environment and equal opportunities for a high level of academic achievement and school participation/ involvement.

**Sexual minority persons are those who identify themselves as gay, lesbian, or bisexual(LGB) or are unsure of their sexual orientation, or those who have had sexual contact with persons of the same sex or both sexes (Kann et al., 2011). Sexual minority is thought to be a more inclusive and neutral term. For the purposes of this statement, the term sexual minority will be used in lieu of LGBTQ (lesbian, gay, bisexual, transgender, or questioning).*

HISTORY

Homosexuality, bisexuality, and questioning one's own sexual orientation are no longer considered health conditions/disorders that need or respond to treatment or remediation. One's sexual orientation is not a choice. Homosexuality as a diagnosis was removed from the *Diagnostic and Statistical Manual of Mental Disorders* published by the American Psychiatric Association in 1973. Multiple health and mental health professional organizations have taken official positions supporting that homosexuality is not a mental disorder. These include the American Academy of Pediatrics, American Counseling Association, American Psychiatric Association, American Psychological Association, American School Counselor Association, and National Association of Social Workers (American Psychological Association [APA], 2008).

Approximately 9 million Americans identify as lesbian, gay, bisexual or transgender (Gates, 2011). It is further estimated that between 6 and 9 million children in the United States have one or two parents who are homosexual (Stein, Perrin and Potter, 2004). The 2000 census indicated that the households of 33% of the female same-sex couples and 22% of male same-sex couples had at least one child under 18 living at home (Paige, 2005).

DESCRIPTION OF ISSUE

Sexual minority youth experience physical, mental, and social health risks that are higher than their heterosexual peers. Those increased risks include loneliness, lack of acceptance, violence, bullying, sexually transmitted infections (including HIV), unintended pregnancies, alcohol and other drug/substance use, tobacco use, depression, suicide, and issues with weight management (Kann et al., 2011; Kosciw, Greytak, Diaz &Bartkiewicz, 2010; Mattey, 2012). Suicide risk among sexual minority youth is significantly higher than for heterosexual youth (CDC, 2011; Hatzenbuehler, 2011). Studies also indicate that characteristics of social environments, including schools, can either increase or reduce sexual orientation-related suicides (Hatzenbuehler, 2011).

Over 84% of sexual minority youth are verbally harassed; 40% are physically harassed; and 18.8% are physically assaulted in school. They are afraid to tell their parents and often fear for their safety in school (61%); they may choose to be truant from school (30%) for safety reasons and not because they don't want to learn (Kosciw et al., 2010).

Youth at school with two parents of the same sex may experience disapproval from other students, parents, teachers or school staff; and that disapproval may serve to stigmatize or isolate them. Sexual minority parents also experience bias regarding policies that may prevent them from serving as chaperones and helpers for classroom and school activities.

When compared to children whose parents are heterosexual, there is no evidence that children of sexual minority parents are cognitively, emotionally or socially disadvantaged (Paige, 2005; Cooper & Cates, 2006). Children raised by sexual minority parents have no difficulty "establishing their feminine and masculine selves" and do not have a significantly higher rate of self-identifying as non-heterosexual than do children of heterosexual parents (Goldberg, 2010, p. 131).

RATIONALE

School nurses are uniquely positioned to do the following:

- Recognize health risks that are disproportionately high for sexual minority students;
- Provide health services that are safe, private, and confidential;
- Make referrals for evidence-based care; and
- Identify and advocate for policies in the school environment to assure physical, psychological and social safety of sexual minority students and students with gay and lesbian parents.

Establishment of Gay-Straight Alliances (GSA) and clubs at school with the support of faculty and administration improves school climate for **all** students, regardless of their sexual orientation or gender identity/expression. GSA can help to assure these youth that they are not alone; it helps them meet others like themselves; it helps them resolve conflicts between who they are and what they are being told they should be; and it allows better communication and understanding by the general school community (Kosciw et al., 2010).

School nurses can reduce stigma and isolation associated with having two parents of the same gender by using gender-neutral terms when taking a history, discussing which parent to contact when the student is ill or injured and updating forms for emergency contacts, administration of medication and permission to share medical information. School nurses can influence how school forms that are not health-related can be modified with gender-neutral terms. The wide variety of family constellations (in addition to lesbian and gay parent families) is better acknowledged by using "parent/guardian" on school forms instead of "mother" and "father." (Mattey, 2012).

School nurses, as members of the coordinated school health team, are responsible for a safe school environment and should be actively involved in improving the safety of the school environment for all students including sexual minority students and students with sexual minority parents. They should participate in advocating for, creating, and enforcing policies about name calling, bullying and violence based on actual or perceived sexual minority status of both the students and their parents. School nurses are uniquely positioned to model respect for diversity, provide confidential health services for sexual minority students in a safe environment, and reduce stigma for students with gay or lesbian parents.

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