



# Gender Transition Guide

– Fifth Edition –

Primer for Parents, Teachers, Students and  
School-based Providers



Questions? Need support? Se habla Español.

Office: 305-663-7195 or [email@yesinstitute.org](mailto:email@yesinstitute.org) Hours: Mon–Fri, 9AM–5PM Eastern Time

Southeast Florida Resources & Referrals: <http://www.yesinstitute.org/resources>

**The mission of YES Institute is to prevent suicide and ensure the healthy development of all youth through powerful communication and education on gender and orientation.**

YES Institute, 5275 Sunset Dr, Miami, FL 33143-5914  
Phone: 305-663-7195 Web: [yesinstitute.org](http://yesinstitute.org)

## Purpose

The purpose of this guide is to share information, best practices, and resources with parents, families, schools, therapists, and health care providers working with gender transitioning youth, through all stages of their development.

This guide contains references, video links, and books that can further expand your knowledge and awareness. This guide is a living document. As current research and new questions emerge, updated editions are published. This guide exists within the regional context of Southeast Florida. The experiences of gender transitioning youth are reported worldwide and resources and policies covering Miami-Dade, Broward, and Palm Beach County schools may not be applicable to your region. In areas where best practices and resources for transitioning youth are still being cultivated, this document can serve as a model for opening conversations, inquiry, and sharing knowledge.

## About YES Institute

The mission of YES Institute is to prevent suicide and ensure the healthy development of all youth through powerful communication and education on gender and orientation. We initiate **dialogue** on the topics of gender and orientation for people who work with, care for, or serve young people and their families. We deliver groundbreaking, cutting edge **education** for youth and their families, for schools, universities, therapists, healthcare providers, religious communities and Systems of Care. We connect with **communities** across South Florida, the US and Latin America through videoconferencing and travel, and make our work available in Spanish as well.

## Accreditations & Partnerships

YES Institute provides consultation to school district administrators, professional development and training to public and private school teachers, PTA/PTSA presentations, and bullying prevention and gender stereotype reduction educational presentations for K–12 and colleges.



Miami-Dade County  
Public Schools



Broward County  
Public Schools



Early Learning Coalition  
Training Institute



FL Board of Nursing & FL  
Board LCSW/LMFT/LMHC

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## What is Gender?

Typically, our ideas of gender come from our notions about the body. In other words, if a child is born and assigned female at birth (biological sex assignment), we assume and expect they will experience themselves and express themselves in ways considered feminine. If a child is born and assigned male, we assume and expect they will experience themselves and express themselves in ways considered masculine.

Children are given names, toys, and clothing laden with cultural and social meaning (e.g., Maria vs. John, pink vs. blue, Barbie vs. GI Joe). Virtually every aspect of human experience gets “gendered” as more feminine or more masculine. Even language is gendered – classes of nouns in Spanish, for example, are categorized as feminine or masculine (e.g. la mesa, el radio).



Gender is even a part of our ideas of what people should have as careers. Bucking traditional notions, today Dad works as a nurse, and Mom is a corporate attorney. Until very recently, we never thought of men as nurses, and 100 years ago, women rarely worked outside of the home.

Gender rules and roles are in fact always changing, yet we view them as fixed and permanent. Before 1915, blue used to be a common dress color for girls, and pink a popular color for boy’s clothing. Earrings and long hair were shocking on men in the 1950s. Today, men with diamond stud piercings is so commonplace, it’s almost unnoticed.

Consider that gender ultimately is the linchpin, or crux, of how we see and relate to ourselves, how we see and relate to others, and how we want others to see and relate to us.

For many of us, our natural self-expression fits social and cultural expectations of our current culture and era. But what happens when this is not the case?

What about people whose core experience of themselves is absolutely not what is expected?

## How Important Is Gender?

If it's about gender, know that it is a matter of life and death.

Social science research and the stories of families impacted by gender communicate the dire consequences for transgender youth when they don't feel acknowledged for who they are, or don't receive family and social support:

- **31%** report attempting suicide and **54%** report having suicidal thoughts (Herbst et al., 2008)
- **36%** report physical violence due to their gender status, and **83%** of transgender people experience verbal victimization (Clements-Nolle, Marx, & Katz, 2006).
- In the last seven years, **1,612** transgender people have been murdered in 62 countries worldwide (Guilbert, 2014).

### Are suicide and violence inevitable?

No. These statistics do not have to be a reality. When young people are acknowledged for how they experience themselves, have at least one supportive family member, and have a safe environment in school, the result can be happy and thriving youth. High rates of suicide and violence are not a result of people labeled or identified as transgender. Rather, these are a result of interpersonal and social stigma, rejection, fear, and lack of awareness and education.

“You may believe ‘transgender’ is wrong. This may seem like the most difficult thing you’ve ever had to deal with. As a grandmother, I plead, a child’s life is in your hands. Whether you are a professional in the schools, or an adult that interacts with young people, please know my grandchild is hurting.” – Elisa, Broward County

## What about the term Transgender?

Transgender is an umbrella term that encompasses any self-expression or experience that does not conform to a binary concept of female or male (YES Institute, 2015). Binary means only two apparent options – as in male=male only; female=female only. “Trans” comes from a root word meaning “to cross” and in this case, people are “crossing” the binary, either/or expectations of gender.

This binary concept (e.g., “all males will be masculine men,”) gets reinforced so much that people whose experience does not fit this expectation get excluded in our thinking and awareness. The reality of the transgender experience challenges our assumptions and worldview of what it means to be human.

Young people today may have their own unique terminology in how they describe their experience of gender. We have heard the words *genderqueer*, *agender*, and *gender neutral*, to name a few. These and other gender labels all point to the experience of not fitting binary expectations. While there are numerous words, they all seem to communicate the same message: “I’m not binary.”

The professional fields of psychology and psychiatry have their own formal definitions:

**American Psychological Association:**

“Transgender is an umbrella term for persons whose gender identity, gender expression, or behavior does not conform to that typically associated with the sex to which they were assigned at birth.” See: <http://www.apa.org/topics/lgbt/transgender.aspx>

**American Psychiatric Association:**

Gender Dysphoria is a clinical diagnosis in the Diagnostic and Statistic Manual (DSM Version 5) that “includes strong desires to be treated as the other gender or to be rid of one’s sex characteristics or a strong conviction that one has feelings and reactions typical of the other gender.” (Gender Dysphoria Factsheet, 2013)

*Note: A clinical diagnosis by a licensed therapist or psychologist is needed in order to begin medical transition (refer to Medical Transition section).*

## Transgender or Simply ‘Exploring’?

There are many children who express gender in ways that defy the strict binary concept, but may never pursue or desire a medical or legal gender transition. For example, “tomboys,” a more socially accepted expression in young girls, is contrasted by the often discomfoting reactions to “effeminate boys.” Often confused with sexual orientation (e.g., “Aren’t these kids gay?”), these authentic expressions of gender have been documented throughout history across all cultures. Gender and sexual orientation are two distinct aspects of the human experience.

Questions parents most often ask when a child’s self-expression defies binary expectations include:

- “Is this a phase, or is this who they really are?”
- “Does this mean my child will be gay, lesbian, or bisexual?”
- “Is my child simply gender experimenting or are they transgender?”
- “How can my child know this at such a young age?”
- “Did we do something wrong?” Or, “did something influence them?”

In looking for a definitive answer to these questions, we often forget that the experience of gender is unique to each person, and can unpredictably unfold throughout adolescence and into adulthood. Some boys are good at sports, some are good at dancing, others are good at both. Some girls fulfill expectations of femininity, while others grow up to pursue more “masculine” career fields such as fire rescue or law enforcement. Natural human expressions of gender can, and often do, vary across a person’s life.

### **What about the question of influence?**

Some may look to place blame on overbearing mothers, absent fathers, influential siblings or “too many gay or transgender students at their school.” Current scientific observations and research suggest that one’s internal sense of self cannot be externally manipulated. Our sense of gender is understood to be a complex, dynamic, developmental process.

Well-meaning parents and teachers have attempted to “correct” a child’s gender expression through punishment, or imposing hyper-masculinity / hyper-femininity expectations. Forcing a child to repress their natural expression, particularly those who are highly **insistent** and **persistent** about their experience of gender, often results in increased anxiety, shame, and thoughts of self-harm. As current research continues to point to one’s sense of gender as innate, extreme “gender corrective” measures are not only ineffective, but harmful.

#### **What is research revealing about gender identification and biology?**

<http://www.pbs.org/newshour/bb/biology-gender-identity-children/>

#### **Review the American Psychological Association’s findings:**

<http://www.apa.org/topics/lgbt/transgender.aspx>

### **Is Transitioning Inevitable?**

Not all children who express gender in unexpected ways will want to later pursue medical or legal transition, and there is no reliable way to predict this. Mental health professionals highlight the importance of allowing children ample room to explore gender in a safe environment. Punishment by adults for “wrong” gender play or expression can be psychologically and emotionally harmful to children.

A research study was conducted with a group of 150 children ages 5 to 12 years old (Steensma & Cohen-Kettenis, 2015; Steensma et al., 2013, Steensma et al., 2011). They were all referred to a mental health clinic presenting with social roles, interests, and patterns of play atypical of their assigned sex. Scientists found some interesting outcomes when they followed these children for several years into their teens and young adulthoods:

- A number of adolescents in this group reported that their experience of gender **persisted** as puberty began. These youth were diagnosed with Gender Dysphoria by psychologists, and then referred to medical doctors for hormone blockers and/or hormone replacement evaluation and treatment.
- Other adolescents at follow-up reported that as puberty began and continued, their experience of gender **desisted** over time, and they were not referred for medical transitioning.
- The **persisters** reported puberty to be a highly distressful and anxiety-producing time. These youth experienced dysphoria (i.e., extreme discomfort and anxiety) as their bodies continued to develop in ways contrary to their core experience of themselves. This extreme discomfort and anxiety was not relieved until they began to transition socially and / or medically.
- The **desisters** continued adolescence into their teenage years with a decreasing amount of anxiety and / or stigma around their gender experience until post-puberty. Their experience of gender eventually corresponded to that expected of them based on their assigned sex.

One caveat to note about youth who desist in their gender expression: Children who are fearful of sharing their authentic feelings around gender can appear to be externally desisting, yet could continue to struggle internally with a core experience that does not align with others expectations. Youth who perceive potential threat, punishment, loss of acceptance, or disregard for speaking the truth about their experience, can feel that compromising their authentic experience is the only option. According to leading psychology experts, allowing young people to share their authentic experience without threat of harm is essential for their healthy development.

A recent US study of 32 youth aged 5- to 12 years-old titled, “Gender Cognition in Transgender Children” (Olson, Key & Eaton, 2015) found that both the explicit and implicit cognition of transgender children is identical to their non-transgender peers. For example, a child assigned male at birth who identifies as female is psychologically and cognitively indistinguishable from a non-transgender female of the same age across a variety of tests. With these youth, their certainty about their experience of themselves was apparent from an early age.

Again, there is no way to predict which child will pursue gender transitioning. Mental health professionals highlight the importance of allowing children ample room to explore gender in a safe environment.

## Children Who Pursue Medical Transition

A 2015 study presented by the Endocrine Society found high levels of suicidal ideation and attempt, depression and anxiety, in particular when their families or other adults in their environment do not acknowledge the authentic lived experiences of transgender or gender non-confirming youth.

Forty-two patients all under the age of 18 participated in the study. Among these participants, 26 had depression, anxiety, and/or a history of self-harm, and 11 had other mental health factors, such as ADHD and autism spectrum disorder. Lead researcher Maja Marinkovic said, “Many suffered greatly from ‘bullying, discrimination, isolation, and lack of support or lack of insurance coverage for the necessary treatment’.” In all but two patients, depression, anxiety, and self-harm improved, and none of the patients expressed regret or stopped therapy.

A 2017 study led by Durwood, McLaughlin, Olson, published in the *American Academy of Child & Adolescent Psychiatry* has found that when transgender young people are allowed to fully express gender in an authentic way, and take steps toward their social and medical transition, it significantly improves their depression and anxiety. A 2015 study (Olson) found that transgender youth are often indistinguishable on psychometric testing from their natal peers (i.e., a student who transitions to female is mentally and emotionally similar to their natal female peers).

References for studies cited above:

[http://www.jaacap.com/article/S0890-8567\(16\)31941-4/fulltext](http://www.jaacap.com/article/S0890-8567(16)31941-4/fulltext) (Durwood, 2017)

<http://pss.sagepub.com/content/early/2015/03/05/0956797614568156> (Olson, et al., 2015)

[http://www.eurekalert.org/pub\\_releases/2015-03/tes-sdc030615.php](http://www.eurekalert.org/pub_releases/2015-03/tes-sdc030615.php) (Endo. Soc., 2015)

**Learn about a retreat for youth who are free to be fully self-expressed around gender:**

<http://time.com/3743987/gender-creative-kids/>

**Discover a summer camp for transgender youth:**

<http://www.camparanutiq.org>

## What About Intersex Children?

Intersex is a newer word intended to replace the term “hermaphrodite.” Known as DSD (Disorders of Sex Development) by the medical community, this refers to infants, children, and adults who have chromosomal, anatomical, and/or hormonal variations that do not fit binary expectations.

The Accord Alliance (<http://www.accordalliance.org>), an interdisciplinary group of medical specialists and patient advocates, uses the following definition: “Intersex is a term used to refer to having sex anatomy not considered standard for a male or a female. Like disorders of sex development, it is an umbrella term that covers many different conditions that appear in humans, as well as other animals. The term is often used by adults with DSDs to talk about their bodies and their experiences” (Accord Alliance, 2013).

The totality of our biological sex is now understood to be more complex than the appearance of our external genitalia. DSD can be discovered at various stages of life: anomalies in prenatal screening, ambiguous genitalia at birth, atypical development at onset of puberty, or unexpected findings on ultrasound / MRI / CT scans.

Certain intersex conditions can be life threatening and require emergency medical intervention, while other manifestations are harmless. When DSD is discovered, urologists and other specialists often do further testing on the following:

- Sex chromosomes
- Gonads
- Hormone levels
- Internal reproductive organs
- External genitals

YES Institute has worked with several families that have children with early DSD diagnoses. Some of these children who had early medical intervention later communicated that their experience of gender did not match the birth sex assignment. Much like transgender children, their bodily discomfort decreases when they undergo a social and/or medical gender transition that reflects their authentic experience. Intersex / DSD is not altogether uncommon. Medical research has shown that up to 2% of the population has a biological makeup that eludes easy categorizations as either “male” or “female.”

The experience of intersex is distinct from transgender, although the two can co-occur. The vast majority of youth and adults who pursue gender transitioning do not have any intersex / DSD diagnosis. Intersex youth who also transition is simply another experience that exists. The whole topic of intersex / DSD is vast. There is much more to learn and understand that is beyond the scope of this guide. Visit the resources in the purple box for more info.

**Intersex Children: Waiting to Decide on Sex Surgery?** (ABC News, 2015)  
<https://www.youtube.com/watch?v=5dJduGC3HyQ>

**Accord Alliance** <http://www.accordalliance.org>

**Intersex Society of North America** (online archive) [www.isna.org](http://www.isna.org)

## What is a Gender Transition?

Gender transitioning is a process by which a person outwardly manifests their authentic experience of gender. Unique to each person, the ultimate goal in transitioning is to be seen, known, and related to in accord with one's core experience of self (YES Institute, 2015).

Each person who transitions does so in their own way and along their own timeline. As a way to help format this guide, we've grouped transitioning into four categories to help organize the information and conversation.

These broad categories are:

- A. Self Awareness**
- B. Social Transition**
- C. Medical Transition**
- D. Legal Paperwork / Government IDs**

*Inquiry: Our use of language shapes how we think – and how we can think – about our experience. If the root word “trans” means “to cross”, or “move beyond”, what is really being crossed in a gender transition?*

### A. Self Awareness

#### At what age do we know our authentic experience of gender?

YES Institute has worked with numerous families whose children from the moment they could speak at 2 or 3 years old persistently referred to themselves as a “girl” or “boy”. These children continued their insistence, sometimes in the face of constant, sometimes forceful discouragement, by distraught parents and teachers.

#### Meet the Young People

**NBC Nightly News** (2015) produced a special series exploring pre-pubescent children and their families who have socially transitioned:

<http://www.nbcnews.com/storyline/transgender-kids>



Many of these youth have been verbally and physically punished for playing with “cross-gender” toys, or disciplined for dressing up as the “wrong gender.” Only after witnessing their children develop clinical depression, anxiety, and self-harming behaviors do parents reconsider punitive strategies.

Still, people intensely question: “How could a child *so young* really know?” Through early developmental research we are learning that children have an awareness of gender and a core experience of self from a very early age. It’s one of the first few things that is apparent to our developing selves.

Parents with children of all ages have contacted YES Institute for education and support. Elementary, middle, high school, and college-age youth come out and transition at different stages of their lives including senior citizens. As mentioned previously, not all youth or adults pursue transitioning. Similarly, not all youth desire or can access transitioning in their adolescence and may do so at a later stage in life.

**Explore the science of early childhood gender identity formation from the American Academy of Pediatrics**

<https://www.healthychildren.org/English/ages-stages/gradeschool/Pages/Gender-Identity-and-Gender-Confusion-In-Children.aspx>

## **B. Social Transition**

Each child embarks on transitioning in their own unique way and at their own pace and comfort level. Some desire immediate social transitioning, which may be a speed far too fast for parents and family members who are still adjusting to their child’s reality. For young people under the age of 18 in particular, the response from parents and family members is critical. Preceding and during the transition, it is important that both the young person and family members have access to resources and support.

### **Affirmed Name & Pronoun**

Often, the child will request to be called by a different name and/or pronoun. The importance of fulfilling their request cannot be overstated. This is essential in helping the young person feel valued and acknowledged. For parents and the child’s friends, switching to another pronoun may take practice. Some young people feel more comfortable using “they” as a pronoun, instead of “he” or “she”. With consistency, addressing the child correctly will become second nature. Also, if you do mix up names or pronouns, acknowledge the slip up. It communicates you are trying your best to honor their experience. Otherwise, the young person may perceive

that you are deliberately using the wrong name and pronoun. The number one thing you can do to support a transitioning youth is use their affirmed name and pronoun.

### **Hair, Nails & Clothes**

You might notice changes in personal appearance and clothing. A child might wish to grow their hair long or cut it short. Accessories like bows may replace footballs; pants may replace dresses. Consider that what looks to others like a “change,” may not be so from the child’s perspective. Transitioning children are not trying to change who they are. Rather, they are now b sharing more of their authentic, core self. This self may have been hidden or repressed internally for many years. These youth are now attempting to express more of their authentic experience.

### **Body Appearance & Voice**

Like any young person in today’s society, transitioning youth care about being presentable to the world around them in terms of how they look, express, and carry themselves. Depending on each child’s natal biology, and whether or not puberty has begun, transitioning youth may seek out additional supports to allow their appearance and expression to communicate an external presentation of gender befitting their age group:

Transitioning youth in their teens often explore:

- Padded starter bra / chest binder / compression shirt to enhance or conceal chest contour
- Voice coaching referral to transgender-sensitive speech language pathologist
- Exercise and nutrition plan to achieve body physique goals

### **Sexual Orientation**

It is not uncommon for the distinctions of gender and orientation to become tangled together in this conversation. Gender and orientation are two separate aspects of human experience.

Young people may initially declare themselves as gay, lesbian, or bisexual to their family or friends, and then later come out as transgender. Sometimes young people are “testing the waters” to see if they receive accepting or rejecting reactions from parents and friends within these social identity categories. This can be very confusing to adults who may just be adjusting to one social identity related to orientation, when another social identity is declared related to gender.

For example, some youth transition from female to male, and later in their teenage years, are interested in dating females. For these youth, they may now consider themselves as a heterosexual male, when previously they initially may have identified as lesbian. Other youth

may experience themselves as transgender *and* gay (e.g., a male child wants to transition to female, and is later interested in dating other females). Each young person is unique.

### **Resources & Support**

When a young person transitions, in a way, everyone around them also transitions. The child may need support in certain areas of their life, and so may the parents, siblings, and adult professionals surrounding these youth.

The age of the child and the dynamics of the people and environment around the child – including reactions from family, culture, religion, and ability to access and pay for professional and clinical support services can all have an impact on the transitioning process for the child.

The following lists of questions are some initial areas to begin to identify if there are educational, support services, or professional referrals that can be explored for you and the child:

#### **Resources & Support for Youth**

- Does the youth have access to age-appropriate books and media about transgender kids?
- Do they have similar-age friends or relatives who are supportive of their affirmed name, pronoun, and gender expression?
- Do they have access to the clothing, toys, hobbies, and activities they truly enjoy?
- Would they benefit from a transgender-focused or inclusive youth support group? (Always check out support groups for yourself to ensure they are facilitated by competent and knowledgeable professionals or licensed therapists.)
- Does your child psychologist or therapist have training and expertise on gender and gender transitioning? Ideally, they have the necessary knowledge and skills to evaluate and make a diagnosis of gender dysphoria, if present can they also address other mental health concerns your child may be presenting (e.g., depression, anxiety, self-harm, autism spectrum, etc.)?

#### **Resources & Support for Parents & Family Members**

- Do you have access to books, movies, and videos about transgender youth for your own awareness and learning process?
- Have you contacted your child’s school counselor, assistant principal, or principal to inform them your child may be transitioning? If the school is unaware or unsupportive, have you considered contacting the school district? (See “Focus on Schools” section for more info.)

- Have you considered exploring if your child qualifies for an IEP or 504 Plan? (See “Focus on Schools” section for more info.)
- Are you familiar with local community presentations and educational courses on gender you can attend individually or as a family?
- Have you sought out transgender-focused or inclusive parent support groups? (Always check out support groups to ensure they are facilitated by competent and knowledgeable professionals or licensed therapists.)
- Have you considered connecting with other parents who have transgender youth? In person and online email groups are available. (Organizations like YES Institute and other national groups can connect you with other parents who are willing to listen to your experience with your child, as well as share their experiences regarding their own children.)
- Have you talked with your child about how and when to disclose to other relatives and family members, and if your child wishes to do so, and with whom?
- Do you have your own family therapist for additional counseling and support for yourself, your spouse, and other family members? What about identifying an affirming clergy or religious counselor from your faith community for support?
- Do you have referrals for psychologists / therapists who have expertise on gender and orientation so they can evaluate for gender dysphoria?
- Do you have referrals for primary care physicians and pediatric endocrinologists who are competent with medical transitioning care?
- Have you identified attorneys and legal resources that could assist you with your child’s legal name change and/or legal gender marker change, if this becomes necessary?
- Are you familiar with local community groups or local contacts of organizations working on transgender youth awareness and advocacy that provide additional resources?

### **Resources & Support for Professional Providers**

- Have you participated in professional development and continuing education on transgender youth and adults in your field?
- Have you researched the current policies and best practices under your professional license, school district, or healthcare accrediting body on transgender youth and adults?
- Can you identify point people in your organization who are transgender aware and can be advocates for your students / clients / patients and their families?
- Do you know of local or national outside consultants, researchers, and/or scholars on transgender youth and families that you can access for guidance and problem solving?

## C. Medical Transition

Under the care of a licensed physician and with parental consent, a medical transition can support transitioning youth in becoming more comfortable and at ease with their experience of gender. Although many youth seek medical transitioning, not all do. Medical care typically involves one or more of the following, and each is dependent upon the age of the child and the readiness of the child and family:

hormone blockers, hormone replacement therapy, gender affirming surgery, and/or cosmetic procedures.



The first step in seeking medical care is receiving a referral letter detailing formal evaluation and diagnosis of gender dysphoria from a licensed psychologist or mental health therapist. This letter enables a primary care physician or pediatric endocrinologist to evaluate the child for hormone blockers and/or hormone replacement therapy (HRT).

At the onset and early stages of puberty, hormone blockers may be taken to “pause” or interrupt development of biological sex markers. The use of hormone blockers is desirable in that in certain rare cases where the child no longer persists and pursues a medical gender transition, natal puberty will resume when blockers are stopped. For the majority of youth who continue to pursue transitioning, doctors can evaluate to begin HRT at an appropriate age, which initiates bodily changes typical of the child’s authentic experience of gender.

If a child has already gone through biological puberty, these bodily changes will have to be addressed with hormone therapy, and potentially surgery and cosmetic procedures. This may be a more difficult route for the child, as having visible sex characteristics of the birth-assigned sex is typically undesirable and psychologically and socially taxing. The modern idea and practice of hormone blockers at onset of puberty can spare years of body dysphoria and save on expensive gender surgeries down the road.

Some youth, who have struggled with bodily discomfort for many years, may have unrealistic expectations when they begin HRT. Often, they are hoping for rapid and dramatic changes. Each body is unique and will react differently to hormones. It may take some time for the physician to locate a satisfactory dosage. Hormones can have a powerful impact on how the patient feels in terms of mood, energy, and internal emotional state. These are important conversations the parents, youth, and medical providers should explore. There is much more to know and learn about medical transitioning that is beyond the scope of this guide. Visit the resources in the purple box for additional information and referrals.

**WPATH Standards of Care:** <http://www.wpath.org/>



**Miami-Dade, Broward & West Palm Beach**

**Medical, Therapist & Legal referrals:** <https://www.yesinstitute.org/resources>

**Additional Florida referrals:** <http://www.eqfl.org/transactionfl>

## D. Legal & Government ID Changes

Legal recognition of the gender marker change is another major step in a gender transition. While many people will utilize the counsel of legal professionals, it is also possible to complete and submit the required paperwork on your own. There are differing regulations for each governing agency (e.g., State Department of Vital Statistics for birth certificate, State Department of Motor Vehicles for identification card / drivers license, and Social Security Administration for social security card, etc.).



Schools cannot change the legal name or gender marker in a student record unless you can provide them the legal documents that reflect this change. Remember, changing the child's legal first name is relatively simple and straightforward, as compared to the gender marker change. The gender marker change is typically a more involved paperwork process which requires the birth certificate to be amended. There is much more to know and learn about legal ID changes that is beyond the scope of this guide. Visit the resources in the purple box below for additional references and guides:

**Resources for ID & Document Changes:**

<http://transequality.org/documents>

**Lambda Legal ID Info:**

<http://www.lambdalegal.org/know-your-rights/trans-identity/transgender/transgenderaud1>

**Additional Florida referrals:**

<http://www.eqfl.org/transactionf>

## Focus on Schools

The 14th Amendment guarantees all people equal protection under the law. Public school officials may be held liable for failing to intervene or violating students' constitutional rights and right to privacy in gender-biased harassment.

Privacy laws such as the Federal Family Educational Rights and Privacy Act (FERPA; 20 U.S.C. § 1232g; 34 CFR Part 99) and the Protection of Pupil Rights Amendment (PPRA) restrict schools from sharing private information about students. If school personnel reveal certain protected information (e.g., gender transitioning, sex behaviors or beliefs, mental health or psychological status) without the child's consent to parent(s), guardian(s), or third parties, this constitutes a Federal violation of privacy (see <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>).

Additional Federal laws and legal rulings show that school administration, teachers, and/or staff can not "out" a child as transgender or gay, even to their own parent(s) or guardian(s). This could seriously endanger the psychological and even physical safety of a student. (see *STERLING v. BOROUGH OF MINERSVILLE* 232 F.3d 190, 196 n. 4 (3d Cir. 2000); and see *C.N., et al. v. WOLF, et al.* 410 F.Supp.2d 894 (2005)).

Certain Florida school district athletic departments are under the direction of the Florida High School Athletics Association (FHSAA). FHSAA supports the participation of transgender and gender nonconforming students in all athletic activities regardless of transitioning status or gender expression. The FHSAA 2012-2013 Handbook includes specification entitled "Gender Identity Participation" including the eligibility to participate in interscholastic athletics in a manner that is consistent with a student's identification around gender, irrespective of the gender marker or biological sex listed on a student's birth certificate and/or records (see <http://www.fhsaa.org/rules/fhsaa-handbook>).

The Florida Department of Education's Code of Ethics and Principles of Professional Conduct stresses the worth and dignity of every person. In addition, it prohibits discrimination based on sexual orientation, among other characteristics (see <http://www.fldoe.org/teaching/professional-practices/code-of-ethics-principles-of-professio.stml>)

## 504 Plans and IEPs

Federal law provides additional support to public school students who have exceptionalities, disabilities, and/or medical conditions that impede them from achieving the general education curriculum.

YES Institute has worked with many families in Miami-Dade and Broward Counties who have utilized IEP and 504 Plans with their transitioning children to ensure that bathroom access, correct name and pronoun usage, and other essential needs of students are met. These plans are especially useful when physical, emotional, and/or psychological exceptionalities are present during the child's transition process. Understand that transitioning children do not summarily need IEP and 504 Plans. If the child is adjusting well to the transition and has no exceptionalities, is achieving academic benchmarks, and the child's teachers, peers, and school environment are treating the student equitably, exploring IEP and 504 plans is likely not necessary.

However, the extra supports and check-ins these plans can provide are often greatly beneficial in some scenarios, including: in schools or school districts where the awareness, competency, and policies on transgender youth are very nascent; the transitioning student has exceptionalities, and/or a student is experiencing harassment from adults or peers.

### What is a 504 Plan?

Under Section 504 of the Rehabilitation Act of 1973, Federal civil rights law prohibits discrimination against public school students with disabilities, including students with learning and attention challenges who meet certain criteria.

504 Plans are for K–12 public school students with disabilities. This law defines “disability” in very broad terms, which is why children who are not eligible for an IEP may qualify for a 504 plan. Section 504 defines a person with a disability as someone who:

- Has a physical or mental impairment that *substantially* limits one or more major life activities (such as reading or concentrating).
- Has a record of the impairment.
- Is regarded as having an impairment, or a significant difficulty that isn't temporary (e.g., food allergy, panic attacks, migraines, diabetes, colitis, IBS, Crohn's Disease, etc.).

This definition covers a wide range of issues, including ADHD and learning disabilities. Section 504 does not specifically list disabilities by name.

**Understanding 504 Plans**

<https://www.understood.org/en/school-learning/special-services/504-plan/understanding-504-plans>

**Differences Between IEP and 504**

<https://www.understood.org/en/school-learning/special-services/504-plan/the-difference-between-ieps-and-504-plans>

## What is an IEP?

IEP stands for Individual Education Plan. A federal law called the Individuals with Disabilities Education Act (IDEA) requires that public schools create an IEP for every child receiving special education services. Youth from three years old through high school graduation may be eligible. The IEP is meant to address each child's unique learning issues, and to include specific educational goals. It is a legally binding document.

Two things must happen before a child can get special education services:

1. An evaluation. Parents, teachers, a counselor, a doctor, or anyone else who suspects a child is struggling can request an evaluation. The school psychologist and other professionals may give your child various tests. They also may observe your child in the classroom. A physician, not the school can diagnose medical conditions, such as ADHD.
2. A decision. The IEP team, which includes parents and school officials, decides whether or not your child needs special education services in order to learn the general education curriculum. IDEA says that having any of 13 disabilities may qualify a child for special education. The school and parents review the evaluation, and determine whether the results show that your child needs services and supports.

If the IEP team agrees that your child needs services, then the next step is to create an IEP. If your child is found ineligible, you can still try to get services for your child. For instance, you might pursue a 504 Plan.

**Additional Information on IEPs**

<https://www.understood.org/en/school-learning/special-services/ieps/understanding-individualized-education-programs>

## Federal Guidelines & Emerging Best Practices for Transgender Students

For school districts that have not developed their own guides or policies for transgender students and students expressing gender in unexpected ways, the US Department of Education released a compilation of emerging best practices from leading districts throughout the United States.

### “Examples of Policies and Emerging Practices for Supporting Transgender Students”

<http://www2.ed.gov/about/offices/list/oese/oshs/emergingpractices.pdf>

## Leading School Districts in Florida

### Broward County Public Schools

Broward County Public Schools (BCPS), the sixth largest school district in the US, is located in Southeast Florida. They launched their “Lesbian, Gay, Bisexual, Transgender, Questioning - Critical Support Guide” in 2013 that provides clarity on district policies, and addresses concerns of lesbian, gay, bisexual, transgender and questioning students.



BCPS is regarded as the leading school district in Florida for thoroughness, comprehensive policies, and district-wide support for transitioning students. During the 2015-2016 school year, BCPS Office of Prevention released new guidelines clarifying the care and treatment of transgender students. See PDF below.

While BCPS may not be your local school district, the BCPS Critical Support Guide can be an invaluable resource for other school districts and youth-serving institutions to consider.

#### **Broward County Public Schools – The Lesbian, Gay, Bisexual, Transgender, Questioning - Critical Support Guide**

<http://www.browardprevention.org/diversity/lgbtq/>

*PDF download direct link:*

<http://www.browardprevention.org/wp-content/uploads/2013/10/LGBTQ-Critical-Support-Guide-2016-1-1.pdf>

## Miami-Dade County Public Schools

Miami-Dade County Public Schools, the fourth largest school district in the US, is also located in Southeast Florida. At the district level, the Division of Student Services office is highly involved in assisting transitioning students across the county through their school liaisons and the School Allies for Equity Network.



### Miami-Dade County Public Schools – Division of Student Services

[http://studentservices.dadeschools.net/SMN/pdfs/SMN\\_factsheet.pdf](http://studentservices.dadeschools.net/SMN/pdfs/SMN_factsheet.pdf)

[http://studentservices.dadeschools.net/SMN/pdfs/GLBTQ\\_youth\\_resources.pdf](http://studentservices.dadeschools.net/SMN/pdfs/GLBTQ_youth_resources.pdf)

## Transgender Student Guides in Districts Outside of Florida

### Massachusetts Department of Education

*“Guidance for Massachusetts Public Schools Creating a Safe and Supportive School Environment – Nondiscrimination on the Basis of Gender Identity”*

<http://www.doe.mass.edu/ssce/GenderIdentity.pdf>

### District of Columbia Public Schools

*“Transgender and Gender-Nonconforming Policy Guidance”*

<http://dcps.dc.gov/sites/default/files/dc/sites/dcps/publication/attachments/DCPS%20Transgender%20Gender%20Non%20Conforming%20Policy%20Guidance.pdf>

### Los Angeles Unified School District

*“Transgender Students - Ensuring Equity and Nondiscrimination - Policy Bulletin”*

[http://notebook.lausd.net/pls/ptl/docs/PAGE/CA\\_LAUSD/FLDR\\_ORGANIZATIONS/STUDENT\\_HEALTH\\_HUMAN\\_SERVICES/SHHS/HUMAN\\_RELATIONS\\_HOME\\_PAGE/HUMAN\\_RELATIONS\\_BULLETINS\\_MEMOS/BUL-6224.0%20-%20TRANSGENDER%20POLICY%20BULLETIN%2002-03-14\\_0.PDF](http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_ORGANIZATIONS/STUDENT_HEALTH_HUMAN_SERVICES/SHHS/HUMAN_RELATIONS_HOME_PAGE/HUMAN_RELATIONS_BULLETINS_MEMOS/BUL-6224.0%20-%20TRANSGENDER%20POLICY%20BULLETIN%2002-03-14_0.PDF)

## Additional Guides from Nonprofit Organizations

### Schools in Transition Guide

<https://www.genderspectrum.org/staging/wp-content/uploads/2015/08/Schools-in-Transition-2015.pdf>

### Transgender College Students Guide

[http://www.lambdalegal.org/sites/default/files/transgender\\_college\\_students.pdf](http://www.lambdalegal.org/sites/default/files/transgender_college_students.pdf)

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