

Gender Expression & the Youth Risk Behavior Surveillance System: Identifying and Addressing Vulnerable Student Health Risks

Youth whose gender expression does not fit traditional roles based on their sex assigned at birth, often referred to as gender nonconforming, gender expansive, or nonbinary youth, are at increased risk for a variety of negative health risks, including victimization (bullying, abuse, sexual harassment) and negative behavioral health outcomes (depression, suicide, drug use). The Centers for Disease Control and Prevention (CDC) has approved an optional question (see sidebar) that allows Youth Risk Behavior Surveillance System (YRBSS) sites to examine gender expression and gender nonconformity among students and their association to various health risks. Adding this optional question to state and municipal YRBSS surveys will allow educators, policymakers, advocates, and public health practitioners to address these disparities for the first time.

CDC-APPROVED GENDER EXPRESSION QUESTION FOR THE YRBSS

A person's appearance, style, dress, or the way they walk or talk may affect how people describe them. How do you think other people at school would describe you?

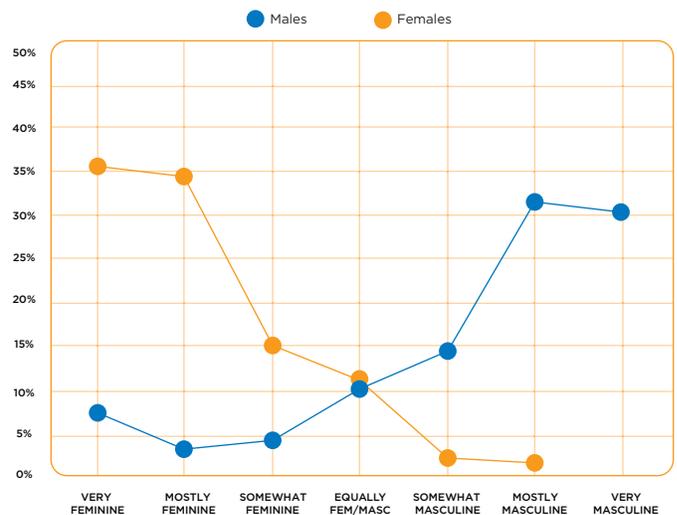
Response Options: *Very feminine; Mostly feminine; Somewhat feminine; Equally feminine and masculine; Somewhat masculine; Mostly masculine; Very masculine*

WHO ARE GENDER EXPANSIVE YOUTH?

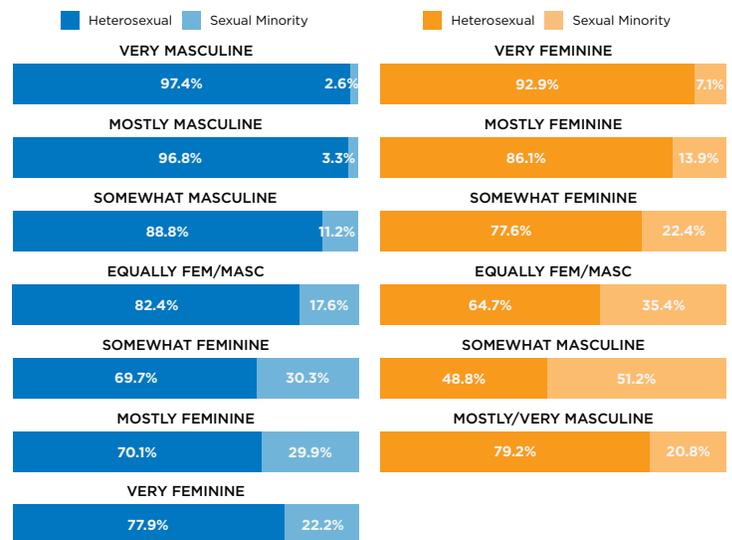
Broadly, gender expansive youth are those whose gender expression is consistently gender nonconforming, androgynous, or nonbinary. While these youth may not use an identity label, a review of six YRBSS data sets (N = 9,307 students) reveals that approximately 14.7% of males have a gender expression that is somewhat/mostly/very feminine and 3.7% of females have a gender expression that is somewhat/mostly/very masculine. Data collected from these large, urban school districts shows that there is no relationship between gender expression and race or age. Sexual minority students comprise 12.4% of the combined data set, and the majority of gender expansive students are heterosexual.

Both schools and the public are increasingly aware of youth who may be characterized as gender expansive. The federal government has also made clear to schools that federal Title IX non-discrimination protections, which protect students on the basis of sex, include protection from discrimination and harassment due to sex-based stereotypes and gender expression. However, the majority of states and municipalities gather no health risk data on gender expansive youth.

Gender Expression Among All Males and Females

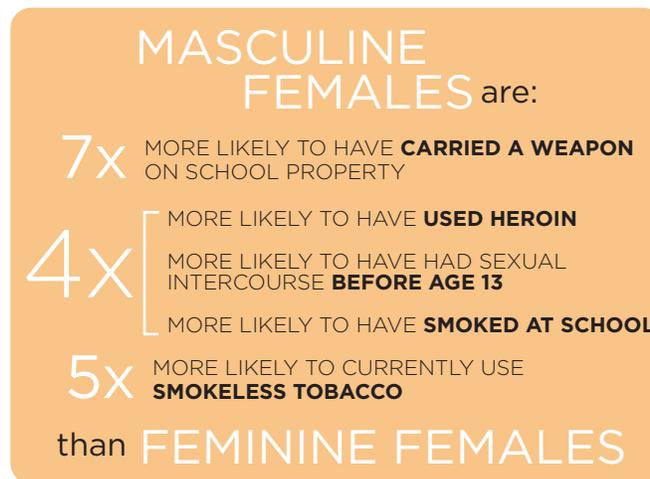
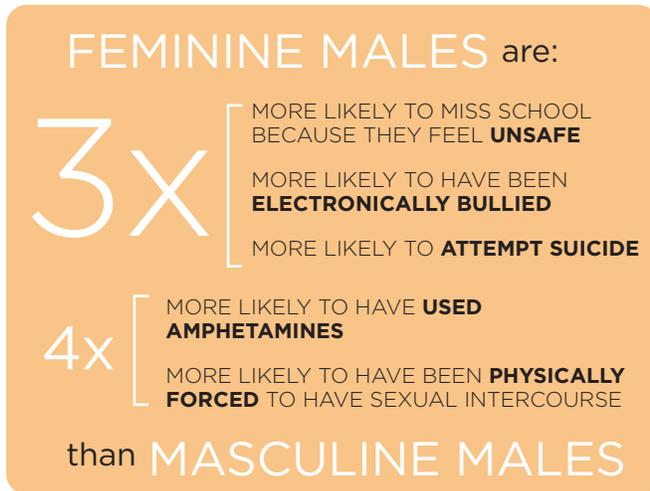


Sexual Orientation by Gender Expression Among Males and Females



WHAT DISPARITIES IN HEALTH RISKS DO GENDER EXPANSIVE YOUTH FACE?

A forthcoming report analyzing six YRBSS site data sets from 2013 and 2015 shows that gender expansive students are at higher risk for a number of negative health outcomes than their more gender conforming peers. Gender expansive students who are heterosexual also face disparate health risks, showing that gender expression is associated with health risks independently of sexual orientation. Here are some examples of negative health outcomes for which gender expansive students are at greater risk:



FOR MORE INFORMATION, PLEASE CONTACT:

Alison Gill, the Parallax Group, at alison@theparallaxgroup.com or by phone at 202.588.5935

Mary Beth Szydowski, Advocates for Youth, at marybeth@advocatesforyouth.org



PARALLAX



STRENGTH IN NUMBERS
CONSULTING GROUP

HAS THE GENDER EXPRESSION QUESTION BEEN PROVEN TO WORK?

Yes. The gender expression item was approved for the YRBSS by the CDC as an optional measure to examine gender expression and gender nonconformity. It has a low non-response rate (4.5%), predicts outcomes consistent with theoretical constructs, performs consistently across sites, identifies a prevalence of gender expansive youth sufficient to obtain reportable data, and has undergone cognitive testing. Four YRBSS sites (Broward County, Florida; Chicago, Illinois; Los Angeles, California; and San Diego, California) have used the question in two YRBSS cycles. However, this question cannot be used to identify transgender students, and an individual's gender expression may not correspond to their gender identity or transgender status.

HOW IS THIS INFORMATION USEFUL TO SCHOOLS AND EDUCATORS?

The gender expression question will help educators, policymakers, advocates, and public health practitioners to develop a greater understanding of gender expression and gender nonconformity and how they relate to health risks among students. Data from sites that have used the question show that gender expansive youth are less likely than their peers to succeed academically. Therefore, sites that include the gender expression YRBSS question are better situated to understand the depth and breadth of the problems faced by gender expansive students, to create or modify programs and policies to meet their particular needs, and to improve their academic success. If state and local education and health agencies have no way to identify the health risks facing gender expansive students, they will be unable to address the needs of these vulnerable students.

Here are several examples about how this data can be used to inform programmatic work:

Bullying and Harassment. Feminine male students, like LGBTQ students and students with disabilities, are at heightened risk for bullying and harassment. Schools should include this population in anti-bullying interventions and specifically include gender expression as a protected characteristic.

Weapons in School. Although many schools target interventions to reduce weapons in school toward males, our results show that masculine females are far more likely to bring weapons to school than other females. By broadening prevention efforts to include this population, schools can better target programs and improve safety.

Substance Use. Gender expansive students are at greater risk for usage of particular substances. For example, masculine females are more likely to smoke at school, use smokeless tobacco, and have used heroin, while feminine males are more likely to have used methamphetamines. This information can help schools to identify health risks and target prevention and treatment programs.