

## **In Opposition to LD 2239**

I am opposed to LD 2239.

I am submitting this comment as a Winthrop resident and a parent of a student in Winthrop Public Schools. Our district has operated under inclusive policies governing student athletic and facility participation for nearly eight years. Our principals and superintendent have publicly reported no operational challenges arising from those policies. Our students have not been harmed by inclusion. What the research predicts, and what our own community's experience confirms, is that inclusive policies work.

### **The professional and medical consensus is clear and unambiguous.**

The American Medical Association, in Policy H-65.964, "Access to Basic Human Services for Transgender Individuals" (adopted 2017), states that the AMA opposes policies preventing transgender individuals from accessing basic human services and public facilities in line with their gender identity, including the use of restrooms, and commits to advocating for policies that promote safe access. This is not a peripheral position. It reflects the considered judgment of the nation's largest physician organization about what these policies do to human bodies and human health.

That judgment is specific. When students are barred from using facilities consistent with their gender identity, they face an impossible choice: violate the policy and risk discipline; use a facility that does not match their identity; or avoid using any facility at all. The third option is not hypothetical. The AMA has documented that prolonged avoidance of restroom use produces direct physical harm, including urinary tract infections, dehydration, continence problems, and the risk of more serious kidney complications. This is not a side effect. It is a foreseeable and documented consequence of the policy this initiative would require.

The American Psychological Association and the National Association of School Psychologists, in their Joint Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools (February 2020), affirm that diverse gender identities, beyond a binary classification, are normal and positive variations of the human experience. They explicitly recommend that administrators create safer environments for gender diverse and transgender students, allowing all students access to facilities, activities, and programs consistent with their gender identity, including bathrooms, locker rooms, sports teams, and physical education. These are not fringe positions. They are the established consensus of the nation's most authoritative bodies in psychology and school mental health.

### **Transgender inclusion and women's rights are not in conflict.**

The organizations that have spent decades fighting for women's rights in sport and law have been unambiguous: transgender inclusion and women's rights are not in conflict. The

Women's Sports Foundation, founded in 1974 by Billie Jean King in the years immediately following Title IX, has stated that categorical bans on transgender athletes limit opportunities and harm the development of both cisgender and transgender girls and women. The National Women's Law Center, founded in 1972, the same year Title IX was enacted, and one of the nation's foremost authorities on sex discrimination in education, states unequivocally that discrimination against students because of transgender status is sex discrimination, and that transgender students must be able to fully access education, including school sports, as their full selves. Research cited by the NWLC further shows that girls' sports participation remained stable in states with fully inclusive policies, while participation among girls in states with bans or exclusionary policies decreased. The evidence points in one direction: inclusion strengthens women's sports. Exclusion weakens them.

Discrimination sanctioned by law harms more than its most direct targets. It shapes what every child in our schools learns about whether difference is something to be welcomed or punished. It weakens our institutions, our schools, sports programs, and communities that depend on every member being fully included. This is not a protective measure. It is a self-inflicted wound.

## **References and Sources**

American Medical Association. Policy H-65.964: Access to Basic Human Services for Transgender Individuals (2017). <https://policysearch.ama-assn.org/policyfinder/detail/transgender?uri=/AMADoc/HOD.xml-H-65.964.xml>

American Psychological Association and National Association of School Psychologists. Resolution on Supporting Sexual/Gender Diverse Children and Adolescents in Schools (February 2020). <https://www.apa.org/about/policy/resolution-supporting-gender-diverse-children.pdf>

Women's Sports Foundation. Statement on the Equality Act (2021). [https://www.womenssportsfoundation.org/media\\_statement/wsf-statement-on-the-equality-act/](https://www.womenssportsfoundation.org/media_statement/wsf-statement-on-the-equality-act/)

Women's Sports Foundation. Statement in Response to the Department of Education's Notice of Proposed Rulemaking (2023). [https://www.womenssportsfoundation.org/media\\_statement/wsf-statement-in-response-to-the-department-of-educations-notice-of-proposed-rulemaking/](https://www.womenssportsfoundation.org/media_statement/wsf-statement-in-response-to-the-department-of-educations-notice-of-proposed-rulemaking/)

National Women's Law Center. Once and For All: This Is Why We Support Trans Women and Girls in Sports (2023). <https://nwlc.org/once-and-for-all-this-is-why-we-support-trans-women-and-girls-in-sports/>

# Civil and Human Rights

## Access to Basic Human Services for Transgender Individuals H-65.964

**Topic:** Civil and Human Rights **Policy Subtopic:** NA  
**Meeting Type:** Annual **Year Last Modified:** 2017  
**Action:** NA **Type:** Health Policies  
**Council & Committees:** NA



Our AMA: (1) opposes policies preventing **transgender individuals** from accessing basic **human services** and public facilities in line with one's gender identity, including, but not limited **to**, the use of restrooms; and (2) will advocate **for** the creation of policies that promote social equality and safe **access to** basic **human services** and public facilities **for transgender individuals** according **to** one's gender identity.

### Policy Timeline

Res. 010, A-17

# APA RESOLUTION on Supporting Sexual/Gender Diverse Children and Adolescents in Schools

FEBRUARY 2020

**WHEREAS** people express and experience great diversity in sexual and gender identities and expression;

**WHEREAS** communities today are undergoing rapid social, cultural, and political change around the policies and practices that are pertinent to the well-being of sexual and gender diverse youth;

**WHEREAS** rapidly changing social, cultural and political climates have given rise to periodic conflicts between professional ethics and existing or developing policies, such as efforts to enact conscience or religious exemptions from provision of health care services, which can adversely impact sexual and gender diverse students in schools;

**WHEREAS** all persons, including children and adolescents who are diverse in their sexuality and gender identities, expression, and/or presentation, have the inherent human right to equal opportunity and a physically and psychologically safe environment within all institutions;

## SEXUAL AND GENDER DIVERSITY

**WHEREAS** sexuality is often conceptualized as encompassing romantic and/or physical attractions, sexual behaviors, and identities (American Psychological Association, 2013; Rosario, Schrimshaw, Hunter, & Braun, 2006);

**WHEREAS** many children and adolescents are aware of their diverse attractions and sexual behaviors, or of their identities by childhood and early adolescence (Remafedi, 1987; Savin-Williams, 1990; Savin-Williams & Diamond, 2000; Slater, 1988; Troiden, 1988); this awareness may vary by culture and by developmental stage (AAIDD, 2008; Morales, 1990; Rosario, Schrimshaw & Hunter, 2004);

**WHEREAS** gender is often conceptualized as a social construct encompassing identity and expression, and distinct from sex (Institute of Medicine, 2011);

**WHEREAS** a person's gender identity develops in early childhood and some children and adolescents may not identify with their assigned sex at birth (Brill & Pepper, 2008; Steensma et al., 2013; Zucker, 2004);

**WHEREAS** it may be medically and therapeutically indicated for some transgender and other gender diverse children and adolescents to transition from one gender to another using any of the following: change of name, pronouns, hairstyle, clothing, pubertal suppression, cross-sex hormone treatment, and surgical treatment (Coleman et al., 2011; Forcier & Johnson, 2012; Olson, Forbes, & Belzer, 2011);

**WHEREAS** some children and adolescents may undergo a long period of questioning their sexual orientations or gender identities, experiencing stress, confusion, fluidity or complexity in their feelings and social identities (Hollander, 2000; Remafedi, Resnick, Blum, & Harris, 1992);

**WHEREAS** there may be few resources and supportive adults available and little peer support individually or within student groups for gender and sexual diverse children and adolescents, particularly those residing in rural areas or small towns, (Kosciw, Greytak, Diaz, & Bartkiewicz, 2010; Poon & Saewyc, 2009; Robinson & Espelage, 2011);

**WHEREAS** sexual orientation, sexual development, gender identity, and gender expression are distinct but related constructs, it is recognized that these aspects of typical human experience may vary and interact with each other (Bockting & Gray, 2004; Chivers & Bailey, 2000; Coleman, Bockting, & Gooren, 1993; Docter & Fleming, 2001; Docter & Prince, 1997);

## CONSEQUENCES OF STIGMA AND MINORITY STRESS

**WHEREAS** minority stress is recognized as a primary mechanism through which the notable burden of stigma and discrimination affects the physical and mental well-being of sexually and gender diverse persons (Hatzenbuehler, Nolen-Hoeksema, & Erickson, 2008; Meyer, 2003; Meyer, Schwartz, & Frost, 2008; Mirowsky & Ross, 1989; Testa et al., 2015);

**WHEREAS** many sexual minority children and adolescents have reported higher rates of anxiety and depression, low self-esteem, self-injurious behaviors, suicidality, substance use, homelessness, and eating disorders among other adverse outcomes (Austin et al., 2009; Corliss, Goodenow, Nichols, & Austin, 2011; Gibson, 1989; Gipson, 2002; Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014; Gonsiorek, 1988; Grossman & D'Augelli, 2007; Harry, 1989; Hetrick & Martin, 1988; Marshal et al., 2016; Mustanski, Garofalo, & Emerson, 2010; Poteat,

Aragon, Espelage, & Koenig, 2009; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011; Ryan, Huebner, Diaz, & Sanchez, 2009; Ryan, Russell, Huebner, Diaz, & Sanchez, 2010; Savin-Williams, 1990; Schutzmann, Brinkmann, Schacht, & Richter-Appelt, 2009);

**WHEREAS** transgender and gender diverse children and adolescents disproportionately experience elevated rates of depression, anxiety, self-harm, suicide, and other health risk behaviors (American Psychological Association, 2009; Coleman et al., 2011; Grossman, Park, & Russell, 2016; McGuire, Anderson, Toomey, & Russell, 2010; Veale, Watson, Peter, & Saewyc, 2017);

**WHEREAS** some gender and sexual orientation diverse adolescents are at an increased risk for pregnancy, due to efforts to cope with the stigma of sexual and gender diversity (Goodenow, Szalacha, Robin, & Westheimer, 2008; Russell et al., 2011; Ryan et al., 2010; Saewyc, Poon, Homma, & Skay, 2008; Saewyc, 2011; Savin-Williams, 1990);

**WHEREAS**, some gender and sexual diverse adolescent sub-populations, including young men who have sex with men, homeless adolescents, racial and ethnic minority adolescents, transgender women of color, and adolescents enrolled in alternative schools, are at heightened risk for sexually transmitted infections, including HIV (Center for Disease Control and Prevention, 2012; Markham et al., 2003), due to complex and interacting factors related to stigma, socioeconomic status and minority stress (Hatzenbuehler, Phelan & Link, 2013; Link & Phelan, 1995; Meyer, 2003; Phelan, Link, & Tehranifar, 2010);

**WHEREAS** some children and adolescents with intersex/differences in sexual development (DSD)<sup>1</sup> conditions report rates of self-harm and suicidality comparable to individuals who have experienced physical or sexual abuse (Schutzmann, et al., 2009);

**WHEREAS** individuals with intersex/DSD conditions often report a history of being silenced, stigmatized, and shamed regarding their bodies and the medical procedures imposed on them (MacKenzie, Huntington, & Gilmour, 2009; Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010);

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<sup>1</sup> **Intersex** refers to a range of conditions associated with atypical development of physical sex characteristics (American Psychological Association, 2006). Intersex individuals may be born with chromosomes, genitals, and/or gonads that do not fit typical female or male presentations (Organization Intersex International in the United States of America, 2013). Since 2006, the medical and research community has used the term **Disorders of Sex Development**. This term refers to congenital conditions characterized by atypical development of chromosomal, gonadal, or anatomical sex (Houk, Hughes, Ahmed, Lee, & Writing Committee for the International Intersex Consensus Conference Participants, 2006). An alternate term — **Differences of Sex Development** — has been recommended to prevent a view of these conditions as diseased or pathological (Wiesemann, Udo-Koeller, Sinnecker, & Thyen, 2010). In order to be inclusive of various terminology preferences, this document will use **intersex/DSD** when referring to individuals who are part of this community.

**WHEREAS** invasive medical procedures that are not medically necessary in nature (e.g., genital surgery for purposes of ‘normalization’) continue to be recommended to parents of intersex/DSD children, often proceed without the affected individual’s assent, and lack research evidence on long-term quality of life, reproductive functioning, and body satisfaction (Wiesemann et al., 2010);

**WHEREAS** adults with intersex/DSD conditions report negative emotional, psychological and physical consequences that result from repeated and often questionable medical exams and procedures that lack research evidence to support their purported long-term reduction of distress (MacKenzie et al., 2009; Wiesemann et al., 2010);

**WHEREAS** sexual and gender diverse young people with intersecting identities may face additional challenges to their psychological well-being, but also access resources for resiliency in light of intersecting identities (Garnets & Kimmel, 1991; Herek, Gillis, & Cogan, 2009; Kosciw et al., 2016; Moradi et al., 2010; Poteat et al., 2009; Russell et al., 2011; Ryan et al., 2009; Singh, 2013; Szymanski & Gupta, 2009);

**WHEREAS** sexual and gender diverse children and adolescents who come from impoverished or low-income families may face additional risks of school dropout or lower academic achievement (Gipson, 2002; Gordon, Schroeder, & Abramo, 1990; Russell et al., 2011);

**WHEREAS** sexual and gender diverse children and adolescents in rural areas and small towns experience additional challenges, such as living in typically more conservative and homogenous communities (compared to those in urban settings) and having limited access to affirming community-based supports, which can lead to greater feelings of social isolation and stigmatization (Cohn & Leake, 2012; Daniels et al, 2019; Lyons, Hosking & Rozbroj, 2015; O’Connell, Atlas, Saunders, & Philbrick, 2010);

**WHEREAS** sexual and gender diverse children and adolescents with physical or mental disabilities are at increased risk of negative health outcomes due to the consequences of societal prejudice toward persons with mental and physical disabilities (Duke, 2011; Hingsburger & Griffiths, 1986; Pendler & Hingsburger, 1991);

## CONCERNS AND ISSUES IN THE CONTEXT OF SCHOOLS

**WHEREAS** many sexual and gender diverse children and adolescents experience harassment, bullying, and physical violence in school environments (Brooks, 2000; Clark & Truong, 2018; Fineran, 2002; Greytak, Kosciw, & Diaz, 2009; Kosciw et al., 2010; Kosciw et al., 2018; McGuire et al., 2010; Poteat & Rivers, 2010; Russell, Franz, & Driscoll, 2001; Sausa, 2005);

**WHEREAS** low numbers of school personnel intervene to stop harassment or bullying against transgender and other gender diverse students in school settings and may even participate in contributing intentionally or unintentionally to the harassment of transgender and gender diverse students (Greytak et al., 2009; McGuire et al., 2010; Sausa, 2005; Kosciw et al., 2018);

**WHEREAS** gender and sexual diverse children and adolescents who are victimized in school are at increased risk for mental health problems, suicidal ideation and attempts, substance use, high-risk sexual activity, and poor academic outcomes, such as high level of absenteeism, low grade point averages, and less interest in pursuing post-secondary education (Birkett, Espelage, & Koenig, 2009; Bontempo & D'Augelli, 2002; D'Augelli, Pilkington, & Hershberger, 2002; Kosciw et al., 2010; Kosciw et al., 2018; O'Shaughnessy, Russell, Heck, Calhoun, & Laub, 2004; Russell et al., 2011);

**WHEREAS** some studies suggest that transgender and other gender diverse students experience even poorer educational outcomes compared to lesbian, gay and bisexual students, including low achievement levels, higher likelihood of being "pushed out" of high school prior to graduation, low educational aspirations, and high incidences of truancy and weapons possession (Greytak et al., 2009; Pearson & Wilkinson, 2018; Toomey, Ryan, Diaz, Card, & Russell, 2010);

**WHEREAS** recent research has identified a number of school policies, programs, and practices that may help reduce risk and/or increase well-being for gender and sexual diverse children and adolescents (Blake et al 2001; Eisenberg & Resnick, 2006; Goodenow, Szalacha, & Westheimer, 2006; Graybill, Varjas, Meyers, & Watson, 2009; Heck, Flentje, & Cochran 2011; Murdock & Bolch, 2005; Szalacha, 2003; Toomey et al., 2010; Walls, Kane, & Wisneski, 2010; Watson, Varjas, Meyers, & Graybill, 2010; National Association of School Psychologists, 2017);

**WHEREAS** gender and sexual diverse students report increased school connectedness and school safety when school personnel intervene in the following ways: (1) addressing and stopping bullying and harassment, (2) developing administrative policies that prohibit discrimination based on sexual orientation, gender identities and gender expression, (3) supporting the use of affirming classroom activities and the establishment of gender and sexual diverse-affirming student groups, and (4) valuing education and training for students and staff on the needs of gender and sexual diverse students; (5) including positive representations of LGBTQ identities in curricula (Case & Meier, 2014; Greytak et al., 2009; Kosciw et al., 2010; Kosciw et al., 2018; McGuire et al., 2010; NASP, 2017; Sausa, 2005);

## **THE ROLE OF MENTAL HEALTHCARE PROFESSIONALS IN SCHOOLS**

**WHEREAS** school psychologists, school counselors, and school social workers advocate for inclusive policies, programs, and practices within educational environments, in collaboration with parents and families (NASP, 2010a; NASP 2010b; NASP, 2017);

**WHEREAS** the field of psychology promotes the individual's healthy development of personal identity, which includes sexual orientation, sexual development, gender identity, gender expression, and gender presentation of all individuals (APA, 2002; APA, 2012; Coleman et al., 2011; Harper et al., 2013; NASP, 2010a; NASP, 2017; Harper et al., 2013);

**THEREFORE, BE IT RESOLVED** that the American Psychological Association and the National Association of School Psychologists affirm that same-sex physical, sexual, and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality regardless of sexual orientation identity;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists affirm that diverse gender expressions and presentations, regardless of gender identity, and diverse gender identities, beyond a binary classification, are normal and positive variations of the human experience;

## **POLICIES**

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists advocate for local, state, and federal policies and legislation that promote safe and positive school environments free of bullying, discrimination, and harassment for children and adolescents of all ages and in all school settings, specifically including gender and sexual diverse children and adolescents and those who are perceived to be gender or sexual diverse;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend schools develop policies that respect the right to privacy for students, parents, and colleagues with regard to sexual orientation, sexual development, gender expression, gender identity, and transgender status, and clearly state that school personnel will not share information with anyone about the sexual orientation, gender expression, gender identity, intersex/DSD condition, or transgender status of a student, parent, or school employee without that individual's informed consent;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that school administrations and mental health providers, in the context of schools, develop partnerships and

networks to promote cross-agency collaboration to create policies that directly improve, affirm, and support the health and wellbeing of gender and sexual diverse children and adolescents of all ages;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists strongly encourage state educational agencies to collect data on sexual orientation and gender identity (SOGI), taking care to ensure student anonymity, in order to better identify the size and scope of this population and to facilitate the development of effective public policy and funding allocations;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists affirm the importance of including questions pertaining to sexual orientation and gender identities on the Centers for Disease Control (CDC) Youth Risk Behavior Surveillance Survey (YRBSS), support the requirement of collection of data about sexual orientation and gender identity in federal surveys that gather other demographic data, and urge continued inclusion of sexual orientation questions and advocacy for a validated gender identity question on the YRBSS as part of efforts to monitor and study adolescents' risk behaviors;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that inclusive sexual orientation and gender identity data collection be incorporated into the Department of Education's Mandatory Civil Rights Data Collection, another important measurement of youth experiences in schools, to help inform effective interventions that support gender and sexual orientation diverse children and adolescents in schools;

## PROGRAMS AND INTERVENTIONS

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists support efforts to ensure the funding of basic and applied research, and scientific evaluations of interventions and programs, designed to address the issues of sexual and gender diverse children and adolescents in the schools;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that promote academic success and resiliency, that reduce bullying and harassment, and that foster safe and supportive school environments for sexual and gender diverse students;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend the continued development and evaluation of school-level interventions that reduce risk for

sexually transmitted infections, that reduce risk for pregnancy among adolescents, that reduce risk for self-injurious behaviors, that reduce risk for substance abuse among sexual and gender diverse students;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that diversity among the population of gender and sexual diverse students be considered as part of the design and implementation of programs and interventions, with new interventions that incorporate the concerns of sexual minorities often overlooked or underserved, and the concerns of racial and ethnic minorities and immigrant children and adolescents who are also sexual and gender diverse students;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists support affirmative interventions with transgender and gender diverse children and adolescents that encourage self-exploration and self-acceptance rather than trying to shift gender identity and gender expression in any specific direction;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists support interventions and programs that include the roles of parents and families in facilitating school engagement, school belongingness, and facilitating the implementation of programs and interventions to support the psychological well-being of gender and sexual diverse students;

## TRAINING AND EDUCATION

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to advocate for efforts to educate and train school professionals and any and all school personnel, as well as students, about the full range of sex development, gender expression, gender identities, and sexual orientation;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will advocate for education, training, and professional development about the needs of sexual and gender diverse students for educators and trainers of school personnel, education and mental health trainees, school-based mental health professionals, administrators, and school staff; and advocate for training and education on how to support sexual and gender diverse students to all students, parents, and community members;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will encourage school-based mental health professionals to learn how strictly binary notions of sex and gender limit all

children from realizing their full potential, create conditions that exacerbate bullying, and prevent students from fully focusing on and investing in their own learning;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will support training and professional development for school-based mental health professionals to assess impacts of trauma and minority stress on sexual and gender diverse students; and promote in-service training for school-based mental health professionals to lower risks among sexual and gender diverse students for self-injurious behaviors, suicide, substance use, homelessness, and eating disorders among other adverse outcomes;

## PRACTICES

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists will work with other professional and community-based organizations in efforts to improve the safety and health of sexual and gender diverse children and adolescents;

**BE IT FURTHER RESOLVED** that in keeping with principles for professional practice, the American Psychological Association and the National Association of School Psychologists encourage school psychologists to adhere to established ethical principles which support the physical and psychological safety of sexual and gender diverse children and adolescents when school/local policy is contrary to the best interests of children and adolescents (NASP, 2010a).

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists encourage school-based mental health professionals to serve as allies and advocates for gender and sexual diverse children and adolescents in schools, including advocacy for the inclusion of gender identity, gender expression and sexual orientation in all relevant school district policies, especially anti-bullying, anti-harassment, and anti-discrimination policies;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists encourage school staff to honor self-determination by supporting the decisions of children, adolescents, and families regarding a student's gender identity or expression, including whether to seek treatments and interventions, and discourage school personnel from requiring proof of medical treatments as a prerequisite for such support;

**BE IT FURTHER RESOLVED** that the American Psychological Association and the National Association of School Psychologists recommend that administrators create safer environments for gender diverse, transgender, and intersex/DSD students, allowing all students, staff, teachers and other school personnel

to have access to the gender-segregated facilities, activities, and programs that are consistent with their gender identity, including, but not limited to, bathrooms, locker rooms, sports teams, physical education, and classroom activities, and avoiding the use of gender segregation in school uniforms, school dances, and extracurricular activities, and providing gender neutral bathroom options for individuals who request or prefer them.

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# WSF Statement on the Equality Act

Published on March 17th, 2021

**March 17, 2021:** The fight for equality has consistently been the very cornerstone of the Women's Sports Foundation, and it continues to drive our mission to this day. We steadfastly believe that humanity wins when everyone is treated fairly and equally, including the LGBTQ+ community. As such, we support the Equality Act and its mission to provide non-discrimination protections based on sexual orientation and gender identity.

All too often many legislators and individuals raise the topic of transgender inclusion in sports as a reason to slow down the progress of this important Act. Many of these concerns and objections perpetuate misinformation around transgender athletes.

Let us be clear, there are many real threats to girls' and women's access and opportunity in sports; however, transgender inclusion is not one of them.

It bears repeating that this continuing false rhetoric taking hold is a distraction to the real threats to girls and women in sports, including lack of Title IX understanding and compliance; inequity in compensation, resources, sponsorship and media attention; and harassment and abuse of female athletes and women working in sports. These real threats are well known and well documented, yet they have become tolerated or worse, ignored. These are issues that can and should be addressed to keep girls' and women's sports growing and thriving.

Sports participation provides invaluable and life-changing aspects that are equally important to transgender girls – it can help break down barriers, create understanding and provide a place to belong. It is the power of sport that spurs our mission for all girls and women to have equal access and opportunity to play, regardless of their race, ethnicity, gender identity or expression, sexual orientation, ability, ZIP code or family income. We believe humanity wins when all girls and women, including transgender girls and women, have the opportunity to play.

WSF supports the Equality Act, and we implore legislators to stop using girls' and women's sports as a rationale to deny important protections for ALL Americans.

# Once and For All: This Is Why We Support Trans Women and Girls in Sports

Published on December 6, 2023

In recent years, the far right has been attempting to divide, and thereby weaken, our feminist movement with fearmongering around transgender women athletes in women's sports.

The National Women's Law Center (NWLC) unequivocally supports the inclusion of trans women in women's sports. And if you call yourself a feminist, you should too.

Need more convincing? In this blog, we are going to debunk—once and for all—some of the biggest lies we've been force fed by fake feminists.

Let's go.

## **Lie #1: Trans women have an unfair advantage in sports.**

First off, [the small number](#) of trans and intersex girls and women athletes have NOT demonstrated any categorical “dominance” or overwhelming advantage. Years of data [negate](#) this dominance argument.

Second, this notion that trans girls have an overall competitive advantage in sports also implies that every single cisgender woman is physically inferior, which feeds into sexist stereotypes and pits women against women. It also risks opening the door to questioning every woman's femininity.

Finally, this notion overlooks the fact that class and money are often responsible for competitive advantages in sports (i.e., access to private coaching, better facilities, better sports equipment, and specialized training).

## **Lie #2: Trans women will take opportunities away from cis women.**

We have SO much to say on this point.

First, there are [actually](#) very few trans people in competitive sports—and the success of those trans people has, for the most part, been exaggerated to perpetuate transphobia. (Many of the politicians pushing hateful anti-trans laws at the state level could not identify [even one trans girl](#) playing school sports in their state—much less causing any issues in competitions).

Second, initial research [shows](#) “participation among high school girls remained static from 2011 to 2019 in states with fully transgender-inclusive sports policies, whereas participation among girls in states with outright bans or trans-exclusive policies (combined) has decreased.”

In other words, where states enacted hostile policies to bully trans students, we see *fewer* girls total playing school sports.

It’s also been the case that trans girls actually create MORE opportunities for cis girls to play.

Take the story of Fischer Wells, a 13-year-old trans girl who helped [recruit](#) for her school’s field hockey team, opening up new team spots for herself *and* cisgender girls. Despite basically creating this team, Fischer was heartbreakingly kicked off her team as the lone middle-schooler targeted by Kentucky’s anti-trans sports ban.

### **Lie #3: Cisgender girls shouldn’t have to share locker rooms or bathrooms with trans girls.**

First, it’s important to note that nondiscrimination laws protecting trans people in these kinds of facilities have been around for a long time, with no [increase](#) in safety risks in public restrooms and other gender-segregated facilities, according to a UCLA study.

Furthermore, policies that exclude trans women and girls from women’s locker rooms don’t just make trans women and girls more vulnerable to harassment. They ALSO endanger cis women. In fact, we already have [accounts](#) of cisgender women being attacked in public spaces because people assumed they were trans.

That is, in part, why dozens of anti-sexual assault and domestic violence organizations have [come out](#) in support of inclusive restroom policies.

### **Lie #4: Excluding trans athletes “protects” women and girls.**

First off, this statement erases the fact that trans women and girls *are* women and girls. Even further, this does nothing to protect women and girls—really, it endangers them.

Anti-trans sports bans subject all women and girls to accusations of being “too masculine” or “too good” at their sport to be a “real” woman or girl. Some require women and girls to verify their gender through [sex testing](#), even proposing [invasive and traumatic medical examinations](#). There’s actually a [long, ugly history](#) of this. And these tests especially harm women and girls who fall outside stereotypical notions of womanhood, who are [intersex](#), or [Black](#) and [brown](#), because they don’t [conform to white standards of femininity](#).

If these “feminists” actually cared about “protecting” women, they would take action to address the very real issues women athletes face every day.

To be clear, there are [numerous examples](#) of actual sex discrimination against girls and women in sports—including [fewer athletic opportunities](#) (like over one *million fewer* opportunities for high school girls than high school boys), [second-class facilities and equipment](#), [sexual abuse](#) by coaches, doctors, and other students, [pay inequities](#) in sports for professional athletes, or [insufficient implementation](#) of Title IX. But sports bans are not addressing these real problems.

**Finally, we have to talk about Title IX—the civil rights law that [promises](#) to eradicate sex discrimination in schools.**

The Law Center—which has been around since 1972, the same year Title IX was enacted—has been working to enforce this law, and fulfill its ultimate promise, every day for the past five decades.

As subject-matter experts, we know discrimination against students because of transgender status or sex characteristics IS sex discrimination. In other words, transgender, nonbinary, and intersex students must be able to fully access education, *including* school sports, as their full selves. Title IX [guarantees](#) no less.

**With our full conviction, we at NWLC know unequivocally that trans women and girls, and intersex women and girls, ARE women and girls who deserve to participate fully in women’s sports.**

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Please see attached