

SUPPORTING THE MENTAL HEALTH AND WELL-BEING OF LGBTQIA2S+ YOUTH

A GUIDE FOR CALIFORNIA COURTS

JUDICIAL COUNCIL OF CALIFORNIA

youth law center

National Center for Youth Law



ABOUT THIS GUIDE

This guide is part of a series of resources to help judicial officers and court stakeholders support the mental health and well-being of court-involved children and youth. It focuses on supporting the mental health of youth who identify as LGBTQIA2S+.

ACKNOWLEDGEMNTS & DISCLAIMER

This guide was coauthored by the Youth Law Center, the National Center for Youth Law, and the Judicial Council of California. We are grateful to the following individuals for their review and input: Kristen Weber and Maria Contreras along with Azar Ogle and other youth lived experience experts who lent their expertise. All errors are our own.

For questions about this guide, please email health@youthlaw.org.

This guide contains legal information, not legal advice. Readers are encouraged to consult their own legal counsel for advice on these topics.

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Content warning: This resource contains mentions of sensitive topics such as discrimination, stereotypes, self-harming behavior, and abuse. While discussion of these topics is necessary to contextualize the challenges young people face, we recognize that these topics may be distressing.

INTRODUCTION AND TERMINOLOGY

This resource focuses on the mental health and well-being of LGBTQIA2S+ children and youth involved in court proceedings in California. In this resource, we define mental health as a critical part of a person's overall well-being throughout every stage of life, from childhood and adolescence to adulthood.[1]

Throughout this resource, the term LGBTQIA2S+ is used to describe communities who are lesbian, gay, bisexual, transgender and/or gender expansive, queer and/or questioning, intersex, asexual, and two-spirit. This acronym specifically includes intersex, asexual, and two-Spirit identities and is intended to be as inclusive of all identities as possible. Two-spirit is a term used in Indigenous communities to refer to individuals who embody both a feminine and masculine spirit.



When citing specific data sources, we use the terms utilized in the source text for accuracy. We recognize that terminology is always evolving and that specific communities, including youth, prefer certain terminology to describe themselves. This resource reflects our understanding of terminology at the time this resource was written. For a list of terms and definitions used in this resource, the ***glossary of key terms.***

LGBTQIA2S+ YOUTH MENTAL HEALTH: WHAT COURTS SHOULD KNOW

CLICK HERE TO SKIP AHEAD. NEXT UP, ACTIONABLE STEPS FOR COURTS



Mental health, and health overall, is impacted by social determinants of health (SDoH), which are the socioeconomic and environmental conditions in which people are born, live, learn, work, and play. To better support the mental health and well-being of members of the LGBTQIA2S+ community, it is important to understand these factors.

In day-to-day life, the LGBTQIA2S+ community faces unique challenges resulting in mental health outcome disparities. This is evidenced by data such as higher rates of depression, anxiety, and suicidal ideation among LGBTQ youth when compared to their non-LGBTQ peers.[2] It is important to note that these health outcomes are not inherently tied to LGBTQIA2S+ identity, but instead can be attributed to mistreatment and discrimination often faced by individuals in this community at the individual, societal, and systemic levels. There are five arenas of SDoH that are especially pertinent to the mental health context for the LGBTQIA2S+ youth community, especially youth who are also systems involved:

1. The impact of pathologization of queerness,
2. Experiences with adverse childhood experiences (ACEs);
3. Experiences with the child welfare system;
4. Experiences with the juvenile justice system; and
5. Experiences with commercial sexual exploitation (CSE).

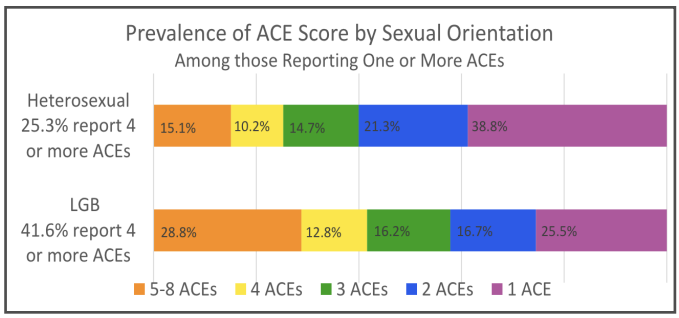
PATHOLOGIZATION OF QUEERNESS

Up until 1973, the American Psychiatric Association (APA) classified "homosexuality" as a diagnosable disorder in the *Diagnostic and Statistical Manual* (DSM), the standard handbook used by health-care professionals in the United States to guide diagnoses of mental disorders.[3] Classification of homosexuality as a disorder proliferated stigma in both health-care settings and general society, leading to queerness being seen as a "sign of a defect, or even morally bad."[4] Queerness was, and in some circles is still, seen as something to be "cured," instead of an inherent aspect of someone's identity.[5] Decades of advocacy led to the removal of homosexuality from the DSM in 1987, though there remained classifications for diagnosis for sexual orientation and gender identity/expression, including for transgender identities.[6] Though progress has been made in society to advance understanding of LGBTQIA2S+ identities, stigma remains pervasive.[7] Stigma impacts the way LGBTQIA2S+ youth are treated on individual, societal, and systemic levels and therefore has serious consequences for youth well-being.

ADVERSE CHILDHOOD EXPERIENCES

Adverse Childhood Experiences, or ACEs, are traumatic events that occur in childhood and are often linked to negative health outcomes. Generally, the more ACEs a person experiences, the greater the cumulative risk of negative health consequences, including disruption to general functioning in childhood.[8] LGBTQIA2S+ youth disproportionately experience a higher number of ACEs, which can correlate with harmful behaviors, including substance use and self-harm. ACEs can have a lasting impact on brain development and can interact with other difficulties that LGBTQIA2S+ youth face, exacerbating challenges for young people in this community. ACEs such as experiencing physical, emotional, or sexual abuse and experiencing neglect can lead to, and be confounded

by, experiences with systems such as the child welfare and juvenile justice systems.[9] As such, LGBTQIA2S+ youth not only face higher rates of ACEs but their experiences of ACEs are often attributable to, or lead to further, systems involvement.

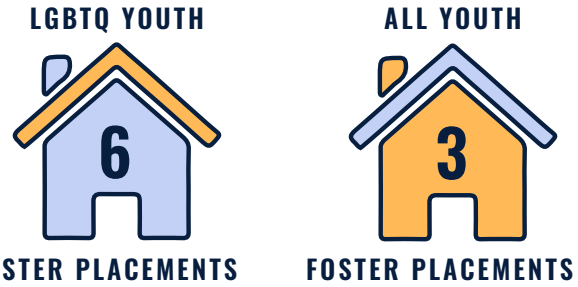


From#Out4MentalHealth LGBTQ ACEs Fact Sheet: LGBTQIA2S+ youth are more likely to experience ACEs, with almost 30% of LGB youth reporting experiencing five to eight ACEs compared to 15% of heterosexual counterparts.[10]

Learn more about ACEs and LGBTQIA2S+ youth here.

CHILD WELFARE

Family structures are critical pillars of support for young people. When families have the resources to understand their child's developing identities, such as their **sexual orientation and gender identity or expression (SOGIE)**, they are more equipped to support their children which, in turn, is a protective factor against negative mental health outcomes.[11] However, when families lack access to resources to understand their child's SOGIE, LGBTQIA2S+ young people can be pushed out or run away from their homes.[12] As a result, LGBTQIA2S+ youth are overrepresented among young people experiencing housing instability, with 28% of LGBTQ youth reporting having experienced housing instability or homelessness.[13] A 2017 report found that LGBT youth are 120% more likely to experience homelessness compared to their non-LGBT peers.[14] Young people experiencing housing instability face two to four times the rate of negative mental health outcomes, such as depression, anxiety, and self-harm.[15]



From Human Rights Campaign report: Among youth in foster care, LGBTQ youth also tend to experience higher numbers of foster placements, around 6, compared to 3 placements on average among all youth.[16]

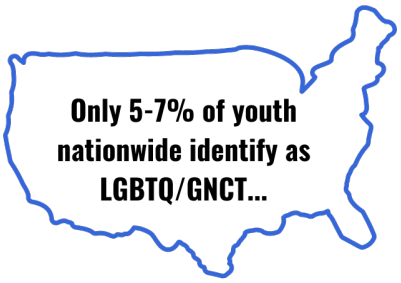
Familial rejection, and lack of support to reunify families, also leads to LGBTQIA2S+ youth being overrepresented in the foster care system, with the Williams Institute finding that LGBTQ youth make up 13.6% of youth in foster care compared to 7.2% in the general youth population.[17] In 2019, the California Healthy Kids Survey found that as many as 30% of youth living in foster care self-identified as LGBTQ.[18] A survey of LGBTQ youth in New York City also found that 78% of those young people were removed or ran away from their foster placements due to hostility toward their sexual orientation or gender identity.[19] For LGBTQ youth, increased risk of push out from familial homes and resource families leads to increased risk of abuse and food insecurity.[20] In turn, this can result in substance use or exchanging survival sex or other behaviors that result in interactions with the juvenile justice system.

Learn more about child welfare systems and LGBTQIA2S+ youth here.

JUVENILE JUSTICE

LGBTQ youth are also overrepresented in the juvenile justice system, with the percentage of incarcerated LGBTQ youth double that of LGBTQIA2S+ youth in the general population.[21] This is in part because LGBTQ-gender nonconforming (GNC) youth are more likely to be detained for status offenses, such as running away from home or charges of prostitution.[22]

This disproportion is also attributed to higher rates of school push out. LBGT and GNC youth report being frequently and repeatedly harassed in schools without adequate support from, or even victim-blamed by, school staff and even worse, with school staff sometimes perpetuating harm being the perpetrators themselves.[24] These practices lead to some LGBTQIA2S+ getting pushed into the school-to-prison pipeline.[25]




but they represent 20% of young people in juvenile detention

From the Journal of Gender, Social Policy, and the Law: Though LGBTQ/GNCT (gender nonconforming and transgender) youth represent only 5-7% of the youth population nationwide, 20% of young people held in juvenile detention identify as LGBTQ/GNCT.[23]

Once in the juvenile justice system, LGBTQ youth are also often treated differently by the system itself due to perceptions and biases.[26] LGBTQ youth are more likely to be arrested for minor offenses, more likely to face harsher charges during legal proceedings, and more likely to be detained before sentences.[27] Surveys found that of all youth incarcerated in juvenile justice or correctional facilities, LGBTQ youth were also particularly vulnerable to sexual assault by facilities staff.[28] LGBTQ youth also reported experiencing assault and abuse from other youth and receiving inadequate, or even harmful, health services.[29] For transgender and GNC youth, placement issues can be especially challenging since youth are frequently placed in facilities according to their assigned sex at birth, instead of their chosen gender identity. This puts them at heightened risk of harassment and abuse and decreases their ability to receive appropriate resources including clothing, personal care products, and medically necessary care.[30] This is in part due to lack of oversight of youth facilities and inconsistent implementation of best practices. Only 21 states and the District of Columbia explicitly have sexual orientation and gender justice nondiscrimination protections in their juvenile justice system.[31] Variability in the implementation of laws like the Prison Rape Elimination Act (PREA), leads to the increased incidence of risk of harm to LGBTQIA2S+ youth in detention facilities.[32]

Learn more about juvenile justice systems and LGBTQIA2S+ youth here, and learn more about LGBTQIA2S+ youth and school push out here.

COMMERCIAL SEXUAL EXPLOITATION

For the reasons listed above, such as increased pushout from schools and homes, LGBTQIA2S+ youth are among the most vulnerable to sex trafficking and commercial sexual exploitation (CSE) as a form of "survival sex." In a 2016 study of youth involved in the sex trade, nearly half of all the youth identified as LGBTQIA2S+.[33] Another study, from 2014 to 2016, also found that half of unhoused LGBTQIA2S+ youth had engaged in the sex trade at some point.[34] Despite the law stating that youth under 18 who are trading sex are victims of CSE, trafficking of LGBTQIA2S+ young people is so normalized that youth are perceived as doing it by "choice."[35]

Survivors of commercial sexual exploitation experience trauma, and LGBTQ+ youth survivors face additional challenges to their mental well-being and unfortunately are an overlooked and underserved population among survivors.[36] Services and organizations that specifically serve LGBTQIA2S+ survivors are often scarce, and some youth are wary of seeking out services due to discrimination, harassment, and even violence based on their sexual orientation, gender identity, and gender expression. This then discourages youth from seeking support in the future, perpetuating a cycle where they depend on CSE to survive, exposing them to prostitution charges once they reach adulthood.

Learn more about commercial sexual exploitation and LGBTQIA2S+ youth here.

These experiences, with ACEs and within various systems, interact and perpetuate each other. ACEs such as harassment and abuse lead to higher rates of pushout from homes and schools, which then can lead to interactions with child welfare or juvenile justice systems, which in turn harm youth health and well-being.[37] Since LGBTQIA2S+ youth are overrepresented in systems such as child welfare and juvenile justice, it is not surprising that they are among the groups for whom their mental well-being is most impacted by such systems.

COURTS AND LGBTQIA2S + YOUTH MENTAL HEALTH: WHAT COURTS CAN DO

Note: Resource guides 1 and 2 in this series focus on strategies for helping youth with court involvement access mental health care through Medicaid and school-based entitlements. Here, we dive into additional considerations with a specific focus on LGBTQIA2S+ youth.

In general, mental health care should be:

- Accessible and equitable;
- Tailored to meet a youth's individual needs;
- Provided in the least restrictive environment (LRE), in home or community-based settings whenever possible;
- Provided in a trauma-informed, culturally responsive way that centers, supports, and empowers youth; and
- Reflective of and responsive to the lived experiences, expressed needs, and wisdom of youth and families.[38]

STRATEGIES

With the understanding that LGBTQIA2S+ youth are overrepresented in systems and face unique challenges to their mental well-being, strategies to support young people should actively avoid adding to the potential trauma that a young person may have experienced, reflect an understanding of the youth's identities, and mirror the specific needs of the young person. Broader strategies to support LGBTQIA2S+ youth mental health in system settings should reflect how to support their mental well-being generally. Effective implementation of these strategies, paired with integrated practices in the courtroom, is key.

INCREASE COMPETENCE, UNDERSTANDING, AND CONFIDENCE AMONG COURT STAFF

One of the fundamental ways that courts can be more supportive is through increased knowledge. As our understanding of LGBTQIA2S+ identities evolves, there remains a lack of understanding of these communities. It is imperative that courts take steps to:

- Understand that every individual is unique and comes with their own set of lived experiences, even if they belong to a larger group identity.
- Identify and use educational and training resources that uplift the voices of LGBTQIA2S+ youth as lived experience experts.
  - Note: The Judicial Council's Center for Families, Children & the Courts webpage includes many resources such as webinars where youth voice is uplifted.
- Educate court staff on the impacts of systems involvement for LGBTQIA2S+ youth and how such experiences can worsen mental health outcomes.
- Educate yourself on LGBTQIA2S+ terminology best practices. It should not be the responsibility of the young person to educate you on what terminology is appropriate.
- Educate court staff on key bills and laws in California that impact LGBTQIA2S+ youth. See this section to learn more about some key bills/laws.

CREATE PROTECTIVE AND AFFIRMING ENVIRONMENTS

As discussed in the previous section, LGBTQIA2S+ youth face many challenges that impact their mental health and well-being at the individual, community, and societal levels. Before even reaching the court, a young person may have already experienced traumatic experiences impacting their mental health and shaping

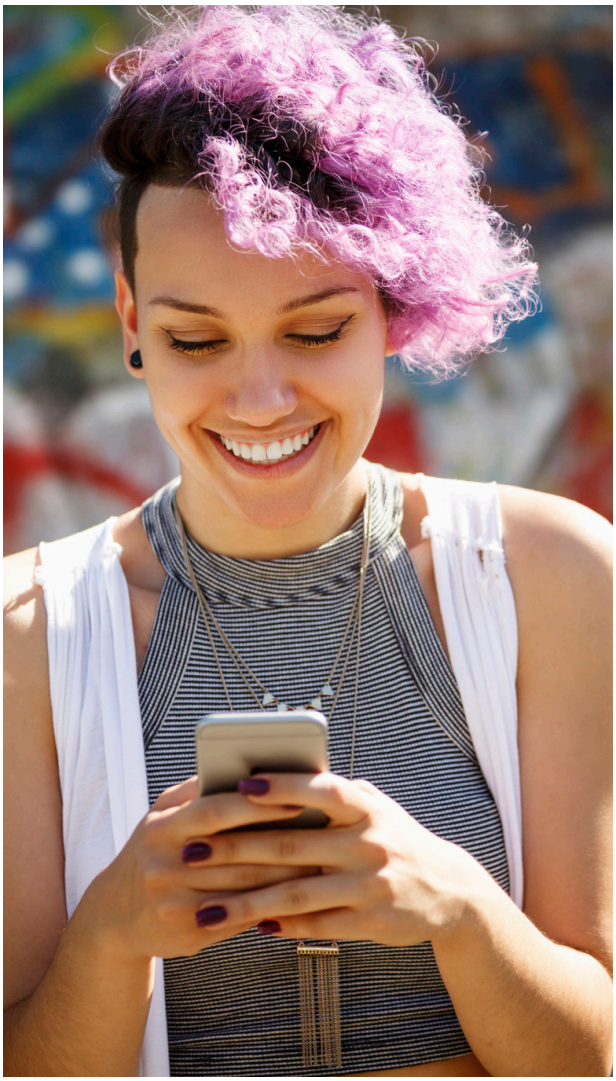
their perception of courts and systems in general.[39] This makes it even more imperative that such settings are supportive, inclusive, and affirming.

ENSURE THAT SERVICES ARE RESPONSIVE AND ACCOUNT FOR INTERSECTIONAL RACIAL, ETHNIC, AND CULTURAL IDENTITIES

Identity is not limited to one's sexual orientation, gender identity, and gender expression. LGBTQIA2S+ populations are diverse in terms of their racial, ethnic, and cultural identities.[40] Among LGBTQ-GNC youth in juvenile detention, 85% are youth of color, reflecting a disproportionate burden of detention among those whose SOGIE identities intersect with Black, Indigenous, and people of color (BIPOC) identity.[41] Therefore, the court system should recognize and respond to diverse and intersectional identities.

Intersectionality is a term coined by law professor Kimberlé Crenshaw. It refers to a legal framework to describe how different identities, such as race, class, or gender, intersect and overlap in their impacts. Crenshaw originally used the term to examine how Black women experience bias on the basis, and intersection, of multiple identities.[42]

An essential part of this strategy involves educating court staff on how identities, such as BIPOC identity, intersect with LGBTQIA2S+ identity to impact how youth are treated throughout the different stages of involvement-for example, from contact with law enforcement to sentencing.



PROMOTE MENTAL HEALTH PROTECTIVE FACTORS AND REDUCE RISK FACTORS

While discrimination and bias increase risk for mental health needs for LGBTQIA2S+ youth, protective factors can build resilience. This includes intentional consideration of the physical and mental health impact of systems involvement for LGBTQIA2S+ youth.

ADDRESS OTHER SOCIAL DETERMINANTS OF HEALTH, BEYOND LGBTQIA2S+ IDENTITY

As discussed in the previous section, SDoH are major factors impacting the health and well-being of LGBTQIA2S+ youth. ACEs and increased systems involvement are all linked to other SDoH. Part of supporting youth mental health is ensuring their basic needs are met, including connecting youth to any needed resources such as Medi-Cal, CalWORKs, and housing supports. *See resource guides on accessing mental health services and school-based mental health services.*

PUTTING STRATEGIES INTO PRACTICE IN THE COURTROOM

Translating these strategies into practices is critical in ensuring that LGBTQIA2S+ youth in the courts feel affirmed and supported. These practices can be integrated into different stages of each case, as well as in the everyday practice. This list has been adapted from *Access to Juvenile Justice Irrespective of Sexual Orientation, Gender Identity, and Gender Expression.*

One of the initial ways that court staff can take intentional steps in creating an affirming courtroom is by recognizing where the environment could be harmful to LGBTQIA2S+ youth and **avoiding practices that may perpetuate that harm**:

- ❒ Don't "out" a young person unnecessarily. Let the young person take the lead on whether or not they choose to disclose their SOGIE.[43]
- ❒ Don't focus only on the challenges and negatives faced by LGBTQIA2S+ youth. Instead uplift *positive* parts of their identity.[44]
- ❒ Don't assume that *all* the challenges LGBTQIA2S+ youth face are associated with their identity.[45]
- ❒ Don't use terminology associated with LGBTQIA2S+ identity in a negative way.
- ❒ Don't assume that religion or spirituality are at odds or incompatible with the young person's LGBTQIA2S+ identity.[46]
- ❒ Don't punish youth for not being able to meet certain obligations due to financial, administrative, and transportation barriers.

Beyond avoiding harmful and discriminatory practices, there are many general practices to make a court setting **more affirming and inclusionary**, such as:

- ❒ When you witness discriminatory practices, stand up for LGBTQIA2S+ people and hold staff accountable for all forms of bias.[47]
- ❒ Examine any attitudes or biases you or the court system may hold, whether they are consciously or unconsciously held.[48]
- ❒ Educate yourself on LGBTQIA2S+ terminology best practices. Do not place the burden on the young person to educate others about appropriate terminology.
- ❒ Use language that that is affirming of LGBTQIA2S+ identity. Model this behavior not only in front of the youth, but among colleagues.
- ❒ Identify administrative and financial barriers that LGBTQIA2S+ youth face in the court system.
- ❒ Listen to the young person when they tell you what they need, and respond accordingly.

While the practices listed above are ones that can, and should, be integrated throughout the entire interaction with young people, there are also practices that court staff can integrate through specific stages of the court process, as applicable depending on the type and nature of the case.

UPON MEETING THE YOUTH

- ❒ Model affirming behavior by introducing yourself to all youth and families with your preferred names and pronouns.
- ❒ Keep the young person's SOGIE private when it is not relevant to the court proceeding.[49]
- ❒ Ask for permission to discuss a young person's SOGIE before doing so.
- ❒ If and when a young person discloses their SOGIE identity to you, respond in an affirming and supportive manner.[50] This includes using a young person's preferred name and pronouns.
- ❒ Ask the young person what name and pronoun they would prefer to be used in the courtroom and in court documents.

- ❒ Be transparent with the youth about where and when their preferred name and pronouns can be used and where their legal name and assigned sex at birth might be used.[51]
  - ❒ This could entail setting an expectation to use those preferred names and pronouns with the youth's attorneys, social workers, and other members of the court staff who would be interacting with that young person.[52]
  - ❒ This could also include supporting any petition by the young person's attorney for a legal name change.
- ❒ Obtain permission through counsel who can discuss with you and the youth how they'd like information regarding their sexual orientation and gender identity to be shared in court ahead of time.[53]

DURING DETENTION AND PROBABLE CAUSE HEARINGS

- ❒ Examine whether a youth's SOGIE was an underlying or direct cause for arrest and court referral when making a probable cause determination.[54]



CONSIDERATIONS FOR PLACEMENT DECISIONS

- ❒ Provide the young person opportunities to discuss whether their home environments are supportive and affirming of their identity.
- ❒ Listen to the young person when they tell you what they find supportive and also what they find harmful.
- ❒ Familiarize yourself with home-based and community-based resources and organizations in your area that take a supportive, inclusive approach.
- ❒ Determine whether a pretrial detention is the least restrictive option and/or if it is necessary, and only employ it under those circumstances. This is especially crucial given the increased risk of harm to this community of young people in detention facilities.[55]

DISPOSITION

- ❒ Provide parents, guardians, and families resources to support LGBTQIA2S+ young people.
  - ❒ If a young person and their family are open to reconciliation, provide families with resources that "meet them where they are" so they are more able to support their LGBTQIA2S+ youth. This could entail providing resources and referrals to parents, family members, and other supportive adults in the young person's life.
  - ❒ Resources:
    - ❒ *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*
    - ❒ *Welcoming, Affirming, Supporting: Child Welfare Systems Must Honor The Whole Child*
- ❒ Understand and respect the importance of a chosen family for LGBTQIA2S+ youth.
  - ❒ "Chosen" or "found" families are not biologically related to the young person, but provide many physical supports like housing and emotional support to young people if their biological family is not supportive or affirming of their identity.[56]
- ❒ Consider how affirming a resource family would be to the youth's identities, including their LGBTQIA2S+



identity, for those in foster care, before placement. This could include whether the placement would be:
  - ❒ Supportive of a LGBTQIA2S+ youth's SOGIE;
  - ❒ Supportive of a trangender, GNC, or questioning young person's gender expression through clothing or hairstyles.
- ❒ If detention is necessary, consider the policies and procedures of juvenile facilities where the young person will be placed, and how they might impact the young person's mental health and well-being.
- ❒ If detention is necessary, ensure that the facility is compliant with the Prison Rape Elimination Act and other best practices for the safety of LGBTQIA2S+ youth in detention.[57]

TREATMENT/POST-DISPOSITION

- ❒ Educate yourself about minor consent laws that enable young people to access care, such as some mental health care and reproductive services, on their own.[58]
- ❒ Understand what types of health care, including mental health care, may be needed by LGBTQIA2S+ youth. This includes gender-affirming care for transgender, non-binary, and questioning youth.[59]
- ❒ Ensure that the youth's support system includes individuals who have shared lived experiences.
- ❒ Connect youth with providers in their communities who specialize in supporting LGBTQIA2S+ youth.
- ❒ Connect youth with community supports that are affirming of not only their LGBTQIA2S+ identity, but their other identities, such as racial, ethnic, and cultural. Research has shown that BIPOC LGBTQIA2S+ youth can develop resilience through connection and pride in their identities.[60]
- ❒ Connect LGBTQIA2S+ youth with advocates, providers, and staff who have shared lived experiences.
- ❒ Connect youth with peer support. Many youth are most comfortable discussing their needs with other young people.

WHERE TO LEARN MORE

> About ways that court stakeholders can support LGBTQIA2S+ youth
  - » LGBTQIA+ Youth and Mental Health Webinar

> About supporting and promoting mental health of *court-involved* youth:
  - » Bench cards
  - » Webinar series

> About supporting youth in *family court*:
  - » Bench guide

> About supporting youth in *probate court guardianship proceedings*:
  - » Bench guide

> About finding trainings for yourself and your team:
  - » Youth Mental Health First Aid from the National Council for Mental Well-Being

> About mental health terms and language:
  - » Glossary

APPENDICES

APPENDIX A: RECENT KEY LAWS

California has recently passed a slate of laws to further protect and support the LGBTQIA2S+ community. Some examples are below.

Assembly Bill 5. The Safe and Supportive Schools Act[61]

> The law requires each local education authority (LEA) to provide training to teachers and other certificated employees related to supporting LGBTQ students.
> This law also requires that LEAs document the training and monitor compliance with training requirements.
> This law is applicable to each LEA serving students in grades 7-12.
> The law seeks to better equip educators to foster a more inclusive classroom for LGBTQIA2S+ students.

Assembly Bill 760. Public postsecondary education: affirmed name and gender identification

> This law, beginning with the 2023-24 graduating class, prohibits public postsecondary institutions from requiring a graduating student to provide legal documentation in order for that student's chosen name to be the only name listed on their diploma.
> This law requires that these institutions allow current students, staff, or faculty to declare an affirmed name, gender, or both name and gender identification starting in the 2023-24 academic year.
> This bill prohibits institutions from charging a higher fee for updating documentation based on gender identification than it would to make another change.
> This law aims to address barriers for LGBTQIA2S+ students to be identified through their chosen identity and name in educational institutions.

Assembly Bill 783. Business licenses: single-user restrooms

> This law requires local jurisdictions (such as cities or counties) that issue business licenses or permits to provide written notice to applicants for new or renewed business licenses that single-user toilet facilities be identified as all-gender toilet facilities.
> This law lowers barriers to access gender-neutral single user restrooms for LGBTQIA2S+ people.

Senate Bill 407. Foster care: resource families

> This law requires that resource families demonstrate an ability and willingness to meet the needs of a child, regardless of the child's SOGIE.
> This law requires counties to ensure that caregiving training supports children of all identities such as race, ethnicity, ancestry, national origin, sexual orientation, and gender identity.
> This law aims to ensure that LGBTQIA2S+ foster youth are placed in supportive and affirming resource family settings.

Senate Bill 760. School facilities: all-gender restrooms

> This law requires that all K-12 schools in the state provide at least one accessible all-gender restroom.
> The law requires that the all-gender restrooms are available and unlocked during school hours.
> This law aims to increase accessibility for LGBTQIA2S+ students.

Senate Bill 857. Advisory task force: LGBTQ+ pupil needs

> This law requires the Superintendent of Public Instruction, on or before July 1, 2024, to convene an advisory task force to identify needs of LGBTQIA2S+ students and to make recommendations to implement supportive policies and initiatives.

> This law requires that on or before January 1, 2026, the task force report their findings and recommendations to the state Legislature, the Superintendent of Public Instruction, and the Governor.
> This law aims to identify the challenges and potential solutions to LGBTQIA2S+ student well-being in California schools.

Assembly Bill 223. Change of gender and sex identifier

> This law requires that any petition for a gender, sex identification, and name change filed by a minor be kept confidential.
> This law limits access to these records to specific individuals.
> This law aims to protect the safety and privacy of LGBTQIA2S+ youth and prevent unnecessarily outing young people.

Senate Bill 372. Department of Consumer Affairs: licensee and registrant records: name and gender changes

> This law requires licenses to be replaced if there are references to former genders or names, where there is government-issued proof of the change.
> The law requires that former name or genders be removed from online license verification systems.
> This law aims to align licenses with an individual's chosen gender and name.

APPENDIX B: GLOSSARY

TERM	DEFINITION	RESOURCE LINK:
Adverse childhood experiences (ACES)	A study on ACEs was conducted by the Centers for Disease Control and Kaiser Permanente and examined how potentially traumatic events that occur during childhood (0-17 years) and involve aspects of the child's environment affect their sense of safety, stability, and bonding. The study found a direct link between specific types of childhood trauma and onset of chronic disease in adulthood. Examples from the ACE study include witnessing violence and being exposed to substance use problems, but does not encompass all potentially traumatic experiences.	https://www.cdc.gov/aces/about/index.html
Chosen family, family of choice, or found family	Chosen family refers to supportive people, unrelated to an individual, who play an important role in the lives of LGBTQIA2S+ people. Found family members can provide critical survival support, such as providing housing or other basic needs, as well as emotional support.	https://glaad.org/importance-of-found-families-lgbtq-youth/
Gender nonconforming (GNC)	Gender nonconforming refers to an individual whose gender identity or gender expression expands beyond or does not conform to current cultural or social gender expectations, such as the gender binary between female and male. It can be used as an umbrella term to include other identities, such as agender, bigender, genderfluid, or pangender.	https://itgetsbetter.org/glossary/gender-non-conforming/
Lesbian, gay, bisexual, transgender and trans, queer and questioning, intersex, asexual or agender, and two-spirit (LGBTQIA2S+)	This acronym is intended to be an inclusive umbrella term of various identities. The term explicitly includes two-spirit, which is a term used in Indigenous communities to refer to an array of gender diverse traditions. It refers to a person who identifies as having both a feminine and masculine spirit. The creation of the term is attributed to Elder Myra Laramee.	https://kidshelpphone.ca/get-info/2slgbtq-what-does-it-mean/ https://www.lgbtqhealth.ca/two-spirit-community
Sexual orientation, gender identity, and expression (SOGIE)	SOGIE are characteristics that every individual has. SOGIE are important aspects of a person's identity, impacting the way they see themselves, the way others treat them, and what systemic challenges they face.	https://californial-gbtqhealth.org/wp-content/uploads/2021/06/SOGIE-101-Fact-Sheet.pdf

ENDNOTES

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