



McGill

Faculty of
Education

Department of
Educational and Counselling Psychology

Effective Parenting



April/May 2018

Tuesday Evening Seminars

May 1st Location = Stewart Bio S1-3

1205 Dr Penfield Ave

Slides Available Thursday: bit.ly/mcgillparent



April 3 Helping your child manage stress in a complex world
Drs Nancy Heath & Amy Shapiro



April 10 Improving sleep: A guaranteed method for improving school achievement and behaviour for children (and their parents)
Dr. Steven Shaw



April 17 Helping your child navigate and learn online in a time of Facebook and fake news
Dr. Adam Dubé



April 24 Introduction to gender, sex and sexuality: What to know to help your kids
Dr. Jessica Ruglis



May 1 Understanding neurodevelopmental conditions: What parents need to know
Dr. Armando Bertone

Montreal
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INTRODUCTION TO SEX, GENDER AND SEXUALITY: WHAT TO KNOW TO HELP YOUR KIDS

APRIL 24, 2018

EFFECTIVE PARENTING

TUESDAY EVENING SEMINAR SERIES 2018

DEPARTMENT OF EDUCATIONAL & COUNSELLING PSYCHOLOGY

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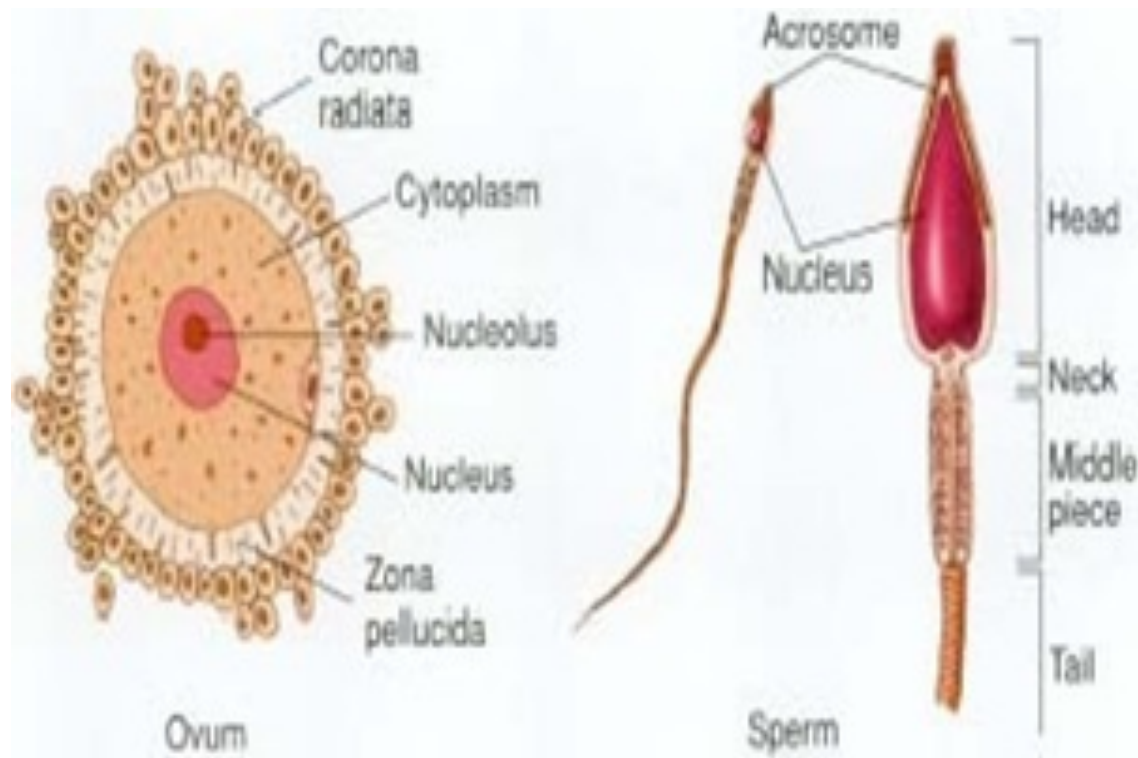
[Website: www.mcgill.ca/edu-ecp/jessica-ruglis](http://www.mcgill.ca/edu-ecp/jessica-ruglis)

“In short, the science you do depends on the model of the body you start with.”

- Fausto-Sterling, 2012, p. 63



THE EGG & THE SPERM



SEX

Sex is

- “a medico-legal category” (Meyer, 2011, 28).
- “usually defined as biological aspects of femaleness and maleness” (Gardiner & Kosmitski, 1998, 152).
- **Four sex categories:** female (XX), male (XY) (transsexual), intersex (XX. XY, XXY)
- **Sex is determined by five factors:**
 1. **Chromosomes** (*Chromosomal sex*) – determined by ovum (egg, XX) and sperm (XY)
 2. **Gonads** (*Gonadal sex*) – sexual organs that develop (ovaries, testes or both)
 3. **Hormones** (*Hormonal sex*) – levels of hormones (estrogen, progesterone, testosterone, and related) produced by endocrine glands.
 4. **External genitalia** – physical existence and appearance of external genitalia tissue.
 5. **Internal reproductive organs**

Meyer, EJ. (2011). *Gender and Sexual Diversity in Schools*. New York: Springer.

Gardiner, HW & Kosmitzki (1998). Culture and issues of sex and gender. *Lives Across Cultures: Cross-Cultural Human Development*, Chapter 7 (pp. 151-166). Boston, MA: Allyn & Bacon.

Fausto-Sterling A. (2012). *Sex/Gender: Biology in a Social World*. New York: Routledge.

CHROMOSOMES AND SEX

Humans are born with 46 chromosomes in 23 pairs.

The X and Y chromosomes determine a person's sex.

Most females are 46XX, males 46XY,

however a few births/thousand are born with either a single sex chromosome 46X or 46Y, or more than two 46XXX, 46XYY 46XXY.

“In addition, some males are born 46XX due to the translocation of a tiny section of the sex determining region of the Y chromosome. Similarly some females are also born 46XY due to mutations in the Y chromosome. *Clearly, there are not only females who are XX and males who are XY, but rather, there is a range of chromosome complements, hormone balances, and phenotypic variations that determine sex.” (WHO)*

“The biological differences between men and women result from two processes: **sex determination** and **differentiation** (Goodfellow, 1993). The biological process of sex determination controls whether the male or female sexual differentiation pathway will be followed. The process of biological sex differentiation (development of a given sex) involves many genetically regulated, hierarchical developmental steps.” (WHO)

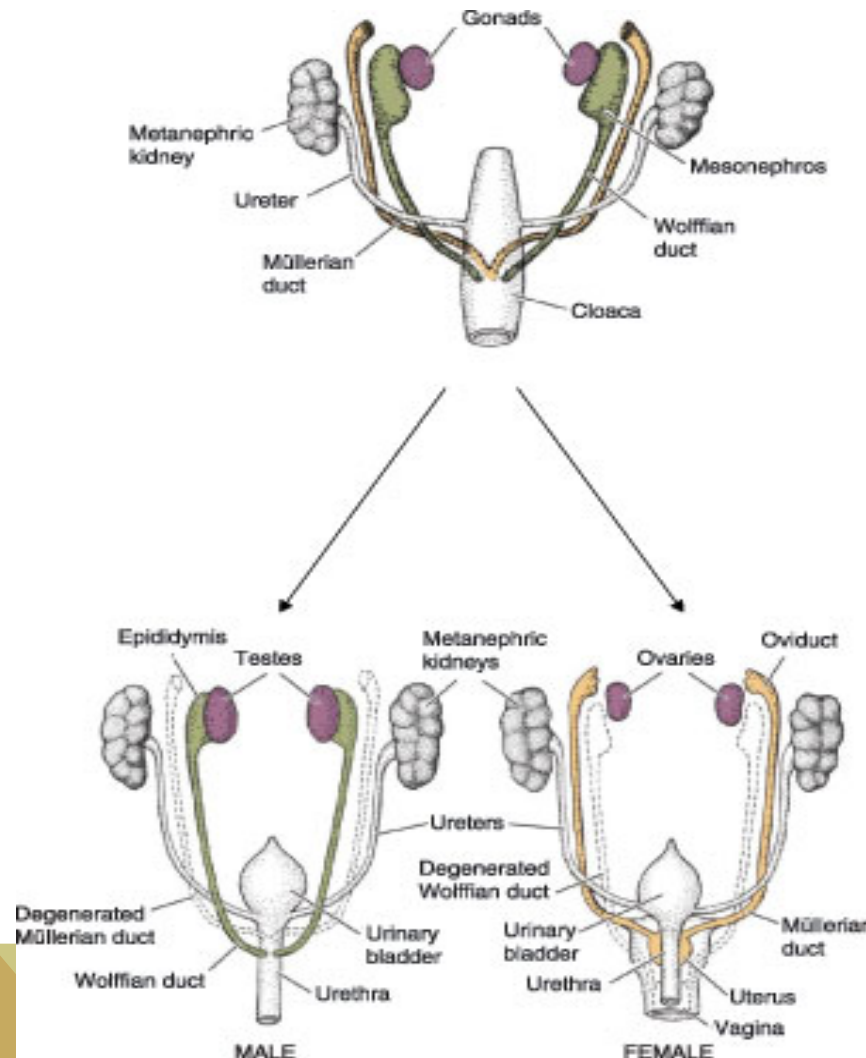
World Health Organization.

<http://www.who.int/genomics/gender/en/index1.html#XXX%20Females>

Goodfellow PN. SRY and sex determination in mammals. Annual Review of Genetics, 1993, 27:71–92.

BY BIRTH - FIVE LAYERS OF SEX

1. **Chromosomal sex:** XX, XY
 - Although sex determination suggests both male and female development; scientific literature often treats discussion of male development only. (e.g. “sex determining factor”)
2. **Fetal gonadal sex (a.k.a. primary sex determination):** Development of embryonic testes in embryos with a Y chromosome (~8 weeks), or embryonic ovaries in XX embryos (12 weeks)
3. **Fetal hormonal sex:** Established when fetal gonadal hormones appear after gonadal sex established; and plays a critical role in secondary sex determination (differentiation of male/female internal reproductive organs and external genitalia)
 - **BIPOTENTIALITY** – or indifference – is a central theme in sexual development.
4. **Internal reproductive sex:** Formation of uterus, cervix and Fallopian tubes in females; vas deferens, prostate, epididymis in males. Differentiation and development influenced by fetal hormones/al sex.
5. **Genital sex:** External genitalia is shaped by fetal hormones (Differentiation begins week 8 when external genitalia still in sexless state; finished forming ~16 weeks) – vagina, labia and clitoris in females, penis and scrotum in males



SOME NOTES ON THE FIVE LAYERS OF SEX

- These layers do not always agree with each other.
- And yet, despite five layers, adults at birth identify sex based on perception of external genitalia anatomy only (genital dimorphism)
- “This identification initiated a social response that began the gender socialization process of the newborn. Note the hand off from sex to gender. (Fausto-Sterling, 2012, p. 6).



GENDER

Gender...

- “is the range of social and relational characteristics that mark our bodies as belonging to one of several social categories” (Meyer, 2011, 33).
- “as acquired behavioral and psychological aspects of being a woman or a man” (Gardiner, 152).
- Gender is influenced by **intersectionality**
- **Gender categories:** man, woman, transgender (vs. cisgender), two-spirit, genderqueer
- **Gender pronouns:** he/him/his/himself, she/her/hers/herself, they/them/theirs/**themselves**, ze//hir/zir//hirs/zirs//hirsself/zirself. *Ask someone for their pronouns.*
- **Concepts in gender**
 - Gender roles
 - Gender socialization
 - Gender stereotypes / gender stereotyping
 - *Gender identity* – “how we view ourselves and which gender category(s) we embrace” (Meyer)
 - Gender expectations
 - Gender expression
 - Gender schema
 - Gender constancy
 - Genderism
 - Gender differences (vs. Gender similarities hypothesis)

GENDER SOCIALIZATION



GENDER SOCIALIZATION



Gender Pronouns


Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Subjective	Objective	Possessive	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Gender Grammar

Problem	Correction	Reason
"transgendered" (adjective)	transgender	Only adjectives that are derived from nouns and/or verbs (unlike transgender) end in "ed."
"intersexed"	intersex	Only adjectives that are derived from nouns and/or verbs (unlike intersex) end in "ed."
"transgendered" (verb)	transition	Only verbs can have "ed" added onto the end of the word to become a participle. Transgender is an adjective, not a verb. One does not "transgender," they transition.
"a transgender," "transgenders"	a transgender person, transgender people	Transgender is not a noun. "Jake is a transgender" is not only grammatically incorrect, but can be offensive.
"sex change," "sex reassignment surgery," "gender reassignment surgery"	gender affirming surgery, genital reconstruction surgery, genital reassignment surgery	Surgery does not change one's sex or gender, only genitalia.

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Design by Landyn Pan

ON GENDER

The concept of gender is used to refer to (at least) four different meanings:

1. Gender refers to socially learned differences between women and men.
2. Gender refers the mind, while sex refers to the body.
3. Gender is used interchangeably with sex in reference to any of the characteristics by which women and men can be differentiated. (Marinucci, p. 70).
4. Gender as performance (Judith Butler). “There is not something real that gender imitates. What gender imitates is simply other performances of gender, which are themselves mere imitations. Butler remarks that “gender is a kind of imitation for which there is no original” (Marinucci, p. 79).

CONCEPTS IN GENDER: REVISITED

see Lorber's subdivision of gender (Fausto-Sterling, 2012, Table 2.1, p.6-7)

As a social institution, gender is composed of:	For an individual, gender is composed of:
Gender statuses	Sex category
Gendered division of labor	Gender identity
Gendered kinship	Gendered marital and procreative status
Gendered sexual scripts	Gendered sexual orientation
Gendered personalities	Gendered personality
Gendered social control	Gendered processes
Gender ideology	Gender beliefs
Gender imagery	Gender display

Bronfenbrenner's Ecological Model of Human Development

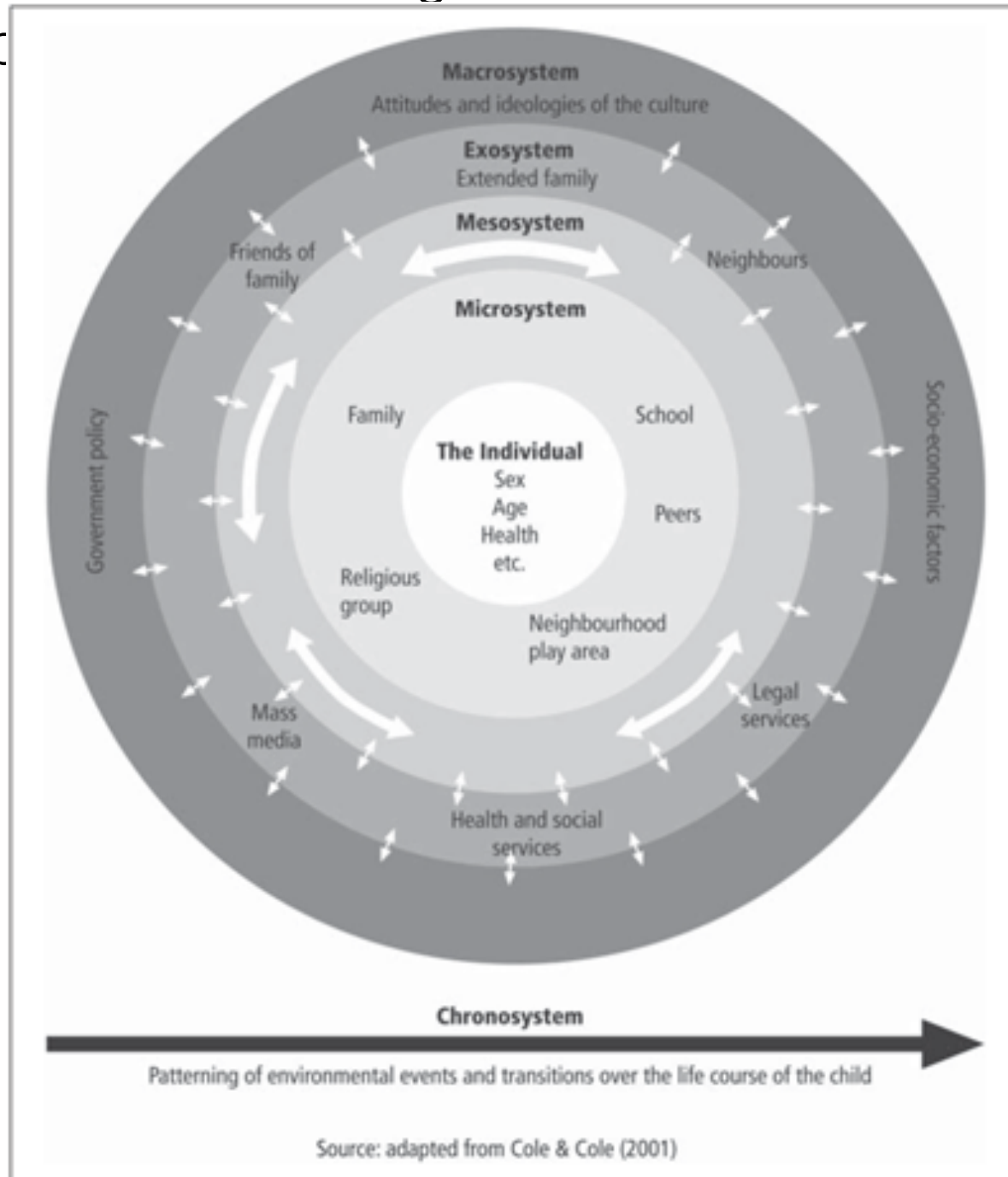
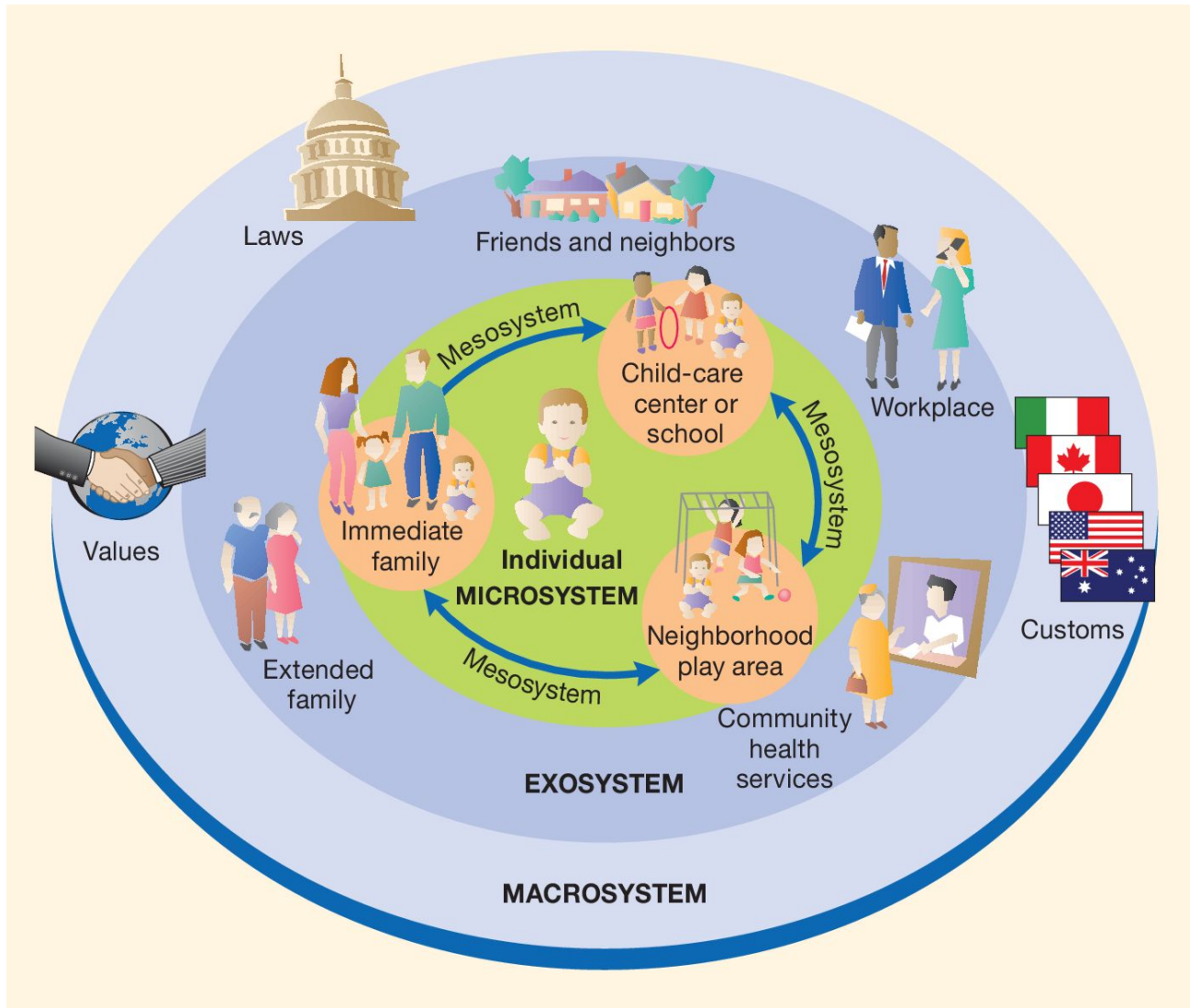


Figure 1.5

Structure of the environment in ecological systems theory



Lifecourse Gender Identity Development in Social Cognitive Theory

- Social Cognitive Theory: “Gender identity is viewed as part of a person’s broader concept of his or her personal identity. From this perspective, identity formation is not fixed at any point in time, but rather is an ongoing process that transforms over the lifecourse” (Bussey, 2011, p. 603-4)
- Gender identity spans the life course
- Accounts for both individual and social factors
- Gender identity is part of a broader conception of the self – a central feature of *human functioning* (Wolff, 2009; Wolff & DeShalit; Nusbaum, 2000, Sen, 1980, 1992, 1997- human capabilities approach).
- Gender identity, like all other aspects of identity, is not just intrapsychic – it is rooted in social factors that determine how people are treated, how they respond, and social interactions.
- Gender identity is not linear and is not a predictable age-related pattern based on biological features and age-related cognitions linked to ones biological sex.

SOCIAL COGNITIVE THEORY GENDER IDENTITY

– BUSSEY, 2011

- In Social Cognitive Theory, gender identity:
 - Involves the representation of the gendered self, mediated by self-regulatory processes.
 - Is informed by biological sex, beliefs about gender, how one is perceived and treated by others depending upon gender, and an understanding of the collective basis of gender.
 - *Personal, behavioral and environmental* factors.
 - Includes personal standards related to gender, the appraisal of one's capabilities based on one's gender, long term goals and aspirations based on one's gender, positive and negative outcome expectations for life choices based on gender, and the actual perceived environmental constraints and opportunities.

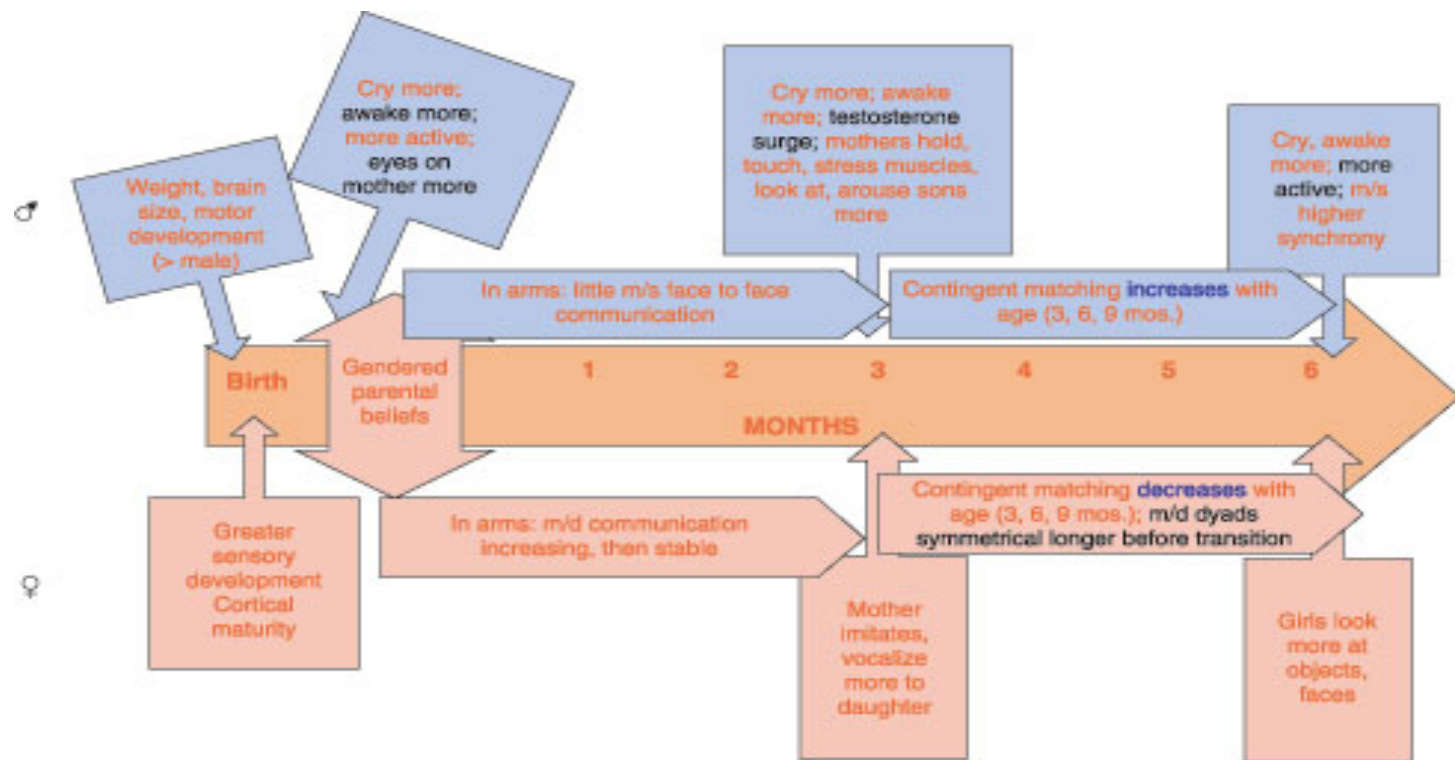
SELF REGULATION BASED ON GENDER (SCT)

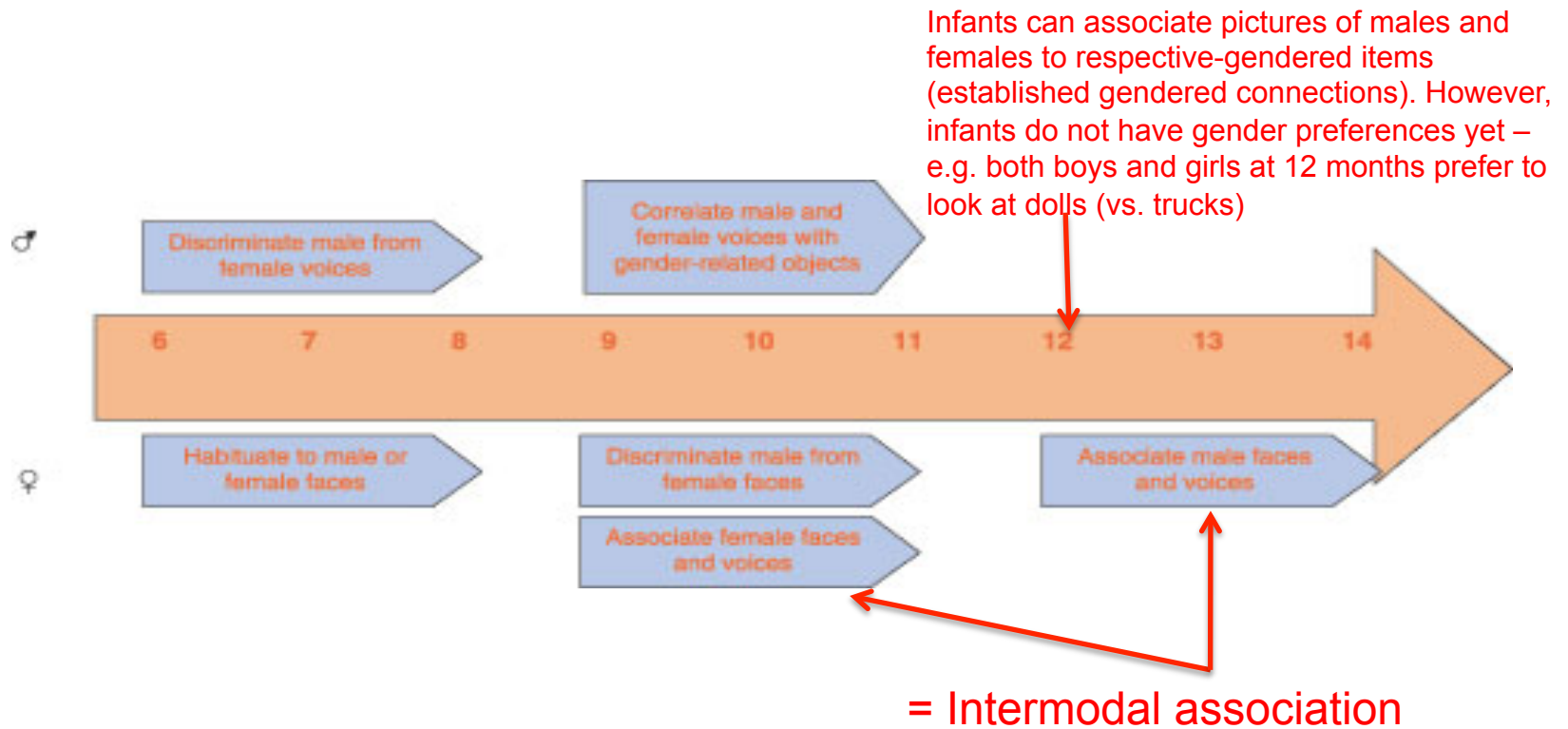
Self Regulation Based on Gender

- Gender related social sanctions
- Gender self-sanctions
- Regulatory self-efficacy beliefs

Social Influences on Gender Identity Development

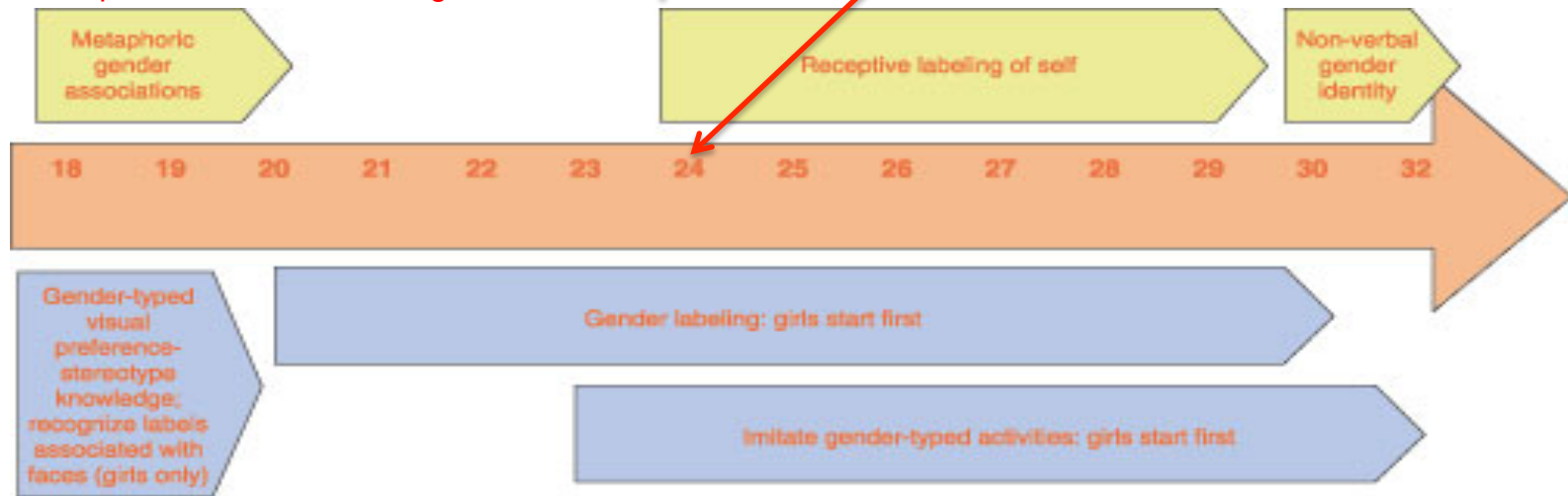
- Modeling
 - Enactive experiences
 - Direct tuition
 - Parental influences
 - Peer influences
 - Media influences
 - Collective efficacy
- 





During this time (18-24m), infants learn to identify male associated items (firehats, hammer, trees). Boys now prefer to look at trucks; girls, dolls.

Despite these visual preferences, at age 2 neither boys or girls associate gender-stereotyped toys with faces of children of a specific sex



CAUTION!

“As we consider this gender timeline I need to emphasize its limitations. The most important of these is that the information we have comes overwhelmingly from studies done in the United States and Western Europe. While cultural variability, of course, exists in this setting, it may be small compared to many other cultures worldwide. For this reason, the timeline and discussion I develop here ought not to be taken as universal, i.e. applying timelessly and without geographical restriction to all humans. Indeed, one of the virtues of developing a dynamic and developmental approach to understanding human development is that we can devise general principles of study that still require historical and cultural specificity” (Fausto-Sterling, 2012, p. 53).



BY AGE 3...

Gender identity begins to emerge...slowly and gradually over several years, through accumulating various sensory (visual, tactile & auditory) information.

- Knowledge of culturally specific gender increases.
- Develop “receptive labeling”
- Become aware of “gender appropriate” adult activities and males and females
- Can imitate “gender appropriate” activities
- Develop culturally “correct” play preferences
- Lack “gender constancy”
 - By age 2-3, children can correctly identify sex (gender) of others

Between ages 3-7, establish gender constancy.



GENDER ROLES ARE INFLUENCED BY...

Sensory information in infancy (auditory, tactile and visual)

Parenting beliefs and practices

Family structure and sibling effects

- Two-ways to become sex-typed
- Having an older brother is linked to both more masculine *and* less feminine behavior in both boys and girls.

Parental characteristics (correlational, not causal)

Body image (including external genitalia)



GENDER VARIANCE/DIVERSITY/CREATIVITY/ NON-CONFORMITY/FLUID

- Is any variation from the gender binary, however “big or small”
- Gender variant children may not become transgender
queer, androgynous, gender-blender, transgender, gender neutral, agender
- Gender variance is a common part of human development expression.
- Not all gender variance is created equal. (Marinucci, 2010) The more you stick out or the harder things may be.

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WHAT IS MEANT BY THE WORD “TRANSGENDER”?

- **Transgender/gender nonconforming:** individuals who do not conform to gender binary and whose gender identity does not fully align with the sex assigned at birth (APA, 2015)
- Transgender individuals experience gender dysphoria “the condition of feeling one's emotional and psychological identity as male or female to be opposite to one's biological sex.”

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SEX/GENDER DEVELOPMENT

External genitalia ^{precede} → masculine/feminine gender expression → gender identity formation

Most of the time, even if a graded gender expression, children develop an internal gender identity that matches their genitalia.

But for GIDC kids, their genitalia and chromosomes are at odds with their gender expression and gender identity.

It is not clear why this is. And discussions of biology *versus* psychology overlook tenets of child development that integrate both and examine the dialectic between neural development and behavior.

CLINICAL PRACTICES

- WPATH Standards of Care: A flexible framework, rather than rigid rules, of appropriate care
http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351
- Every journey is different! Frameworks should be flexible and responsive
- **General Timeline: Medical Transition**
 - - 0 - Puberty: support and guide parents to helping their child feel comfortable, support child's identity exploration
 - - Puberty: discuss hormone blockers if dysphoria is present
 - - 14+ : Hormone therapy an option
 - - 13+ Name/sex marker change (under 13 parent request)
 - - 18+: Bottom Surgery option (also top surgery)

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HEALTH AND SOCIAL RISKS FOR TGNC YOUTH

- Substance abuse (Effrig, Bieschke & Locke, 2011)
- Self-injury (Benotsch et al, 2013; Herbst et al, 2008)
- Sexually risky behaviors/STI's (Herbst et al, 2008)
- Depression + suicidal ideation/behavior (Clements-Nolle et al, 2006)
- 8X as likely to commit suicide
 - Decreased school engagement + academic performance.
- Dropout (pushout) (Grossman & D'Augelli, 2006)

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WHY ARE TGNC YOUTH AT RISK?

- School life → institutional bias (ill-equipped professionals, no province wide policies or curriculum, no comprehensive sex ed, inhospitable school facilities)
- Social life → isolation (building communities online)
- Familial life → rejection from parents/family
- Social exclusion → poor mental/physical health outcomes (Toomey et al, 2010)

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TO PARENTS, FOR TGNC YOUTH

- Understand your fears.
 - Explore them, educate yourself, talk to others, fear/love.
- You want the best for your child, and knowing the risks are important (Westheimer, Persinger, Cannava, & Klotz, 2016)
 - Parental rejection → Poor health outcomes (Ryan, Huebner, Diaz, & Sanchez, 2009)
 - Participate in family/parent support groups (Gender Creative Kids)
- Trans youth more likely to experience abuse (Grossman, D'Augelli, Howell, & Hubbard, 2005)
- Intersectionality: Keep culture/religion in mind!

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SOME GENDER-BASED TERMINOLOGY

- **Heteronormativity:** “a societal hierarchical system that privileges and sanctions individuals based on presumed binaries of gender and sexuality” (Toomey et al, 2012, p.188)
- **Transphobia:** “A reaction of fear, loathing, and discriminatory treatment of people whose gender identity or gender presentation—or *perceived gender or gender identity*—does not match in the socially accepted way, the sex they were assigned at birth” (Haskell & Burtsch, 2010, p.10)

These make schools unsafe, discriminatory and exclusive for trans* students (Chesir-Tehran, 2003)

- - *Macro* level - Institutional
- - *Micro* level - Interactional
 - Canada 64% harassed, 36% physically (Veale et al, 2015)
 - Gender-based victimization linked to depression and suicidal ideation (Toomey et al, 2011; Liu & Mustanski, 2012)

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But its not just in schools, children experience discrimination, violence and unsafety in all public places, spaces, institutions (e.g. health care, housing, policing, criminal justice, etc.) and transportation.

SCHOOL CONNECTEDNESS AND MENTAL HEALTH

School Connectedness: (Bond et al, 2007)

- - Commitment to school and belief in importance of school
- - Relationships (peers, teachers, support staff)
- - Feelings of belonging
- - Opportunities to be involved

School Connectedness PROTECTIVE against depressive symptomatology (Bond et al, 2007) AND suicidal ideation+behavior (Blum, 2005)

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SEXUALITY

Sexuality develops over the life course (Carpenter, L).

Sexuality is...

- “an individual’s tendencies, preferences, and desires with respect to romantic partners and intimate relationships” (Meyer, 48).
- **Concepts in Sexuality**
 - **Sexuality:** “a range of internal identities and external behaviors”
 - **Sexual orientation:** “describes who we are sexually attracted to” (Meyer, 49).
 - Four main categories: 1) asexual 2) bi-/omni-/pansexual 3) heterosexual, 4) homosexual
 - **Sexual behavior:** “the types of sexual activities an individual actually engages in” (Meyer, 49). Generally informed by one’s orientation but not always.
 - Orientation and behavior can be in conflict - if/when so, it can be difficult to develop a cohesive sexual identity.
 - **Sexual identity:** one’s sense of themselves; “how a person chooses to describe him or herself” (Meyer, 49).

NATIONAL INTIMATE PARTNER & SEXUAL VIOLENCE SURVEY (2010)

Lifetime prevalence of sexual violence

For women:

Lesbian – 46.4%

Bisexual – 74.9%

Heterosexual – 43.3%

For men:

Gay – 40.2%

Bisexual – 47.4%

Heterosexual – 20.8%

Lifetime prevalence of rape

For women:

Lesbian – 13.1%

Bisexual – 46.1%

Heterosexual – 17.4%

For men:

Gay – too small to estimate

Bisexual – too small to estimate

Heterosexual – 0.7%

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LGBTQ YOUTH IN SCHOOL: 2015 NATIONAL SCHOOL CLIMATE SURVEY (GLSEN)

57.6% of LGBTQ students felt unsafe at school because of their sexual orientation

85.2% of LGBTQ students experienced verbal harassment

27.0% of LGBTQ students were physically harassed because of their sexual orientation

13.0% of LGBTQ students were physically assaulted because of their sexual orientation

59.6% of LGBTQ students were sexually harassed

57.6% of LGBTQ students who were harassed or assaulted in school did not report the incident to school staff – most commonly because they doubted that effective intervention would occur or the situation could become worse if reported

In addition, compared to heterosexual peers, are more likely to be homeless and have negative interactions with the police.

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DEFINITIONS

Heterosexual/Straight: A person whom is primarily attracted (physically, emotionally, sexually) to members of the opposite sex/gender.

Gay: A person whom is primarily attracted (physically, emotionally, sexually) to members of the same sex/gender. Primarily used to refer to men who are attracted to men, but can also be applied to women.

Lesbian: A woman whom is primarily attracted (physically, emotionally, sexually) to members of the same sex/gender (women).

Queer: An umbrella term used to refer to people who are a sexual minority- who are not heterosexual and/or not cisgender.

Bisexual: A person whom is primarily attracted (physically, emotionally, sexually) to members of both sexes/genders. Can also be used as an umbrella term for people who are attracted to more than one gender.

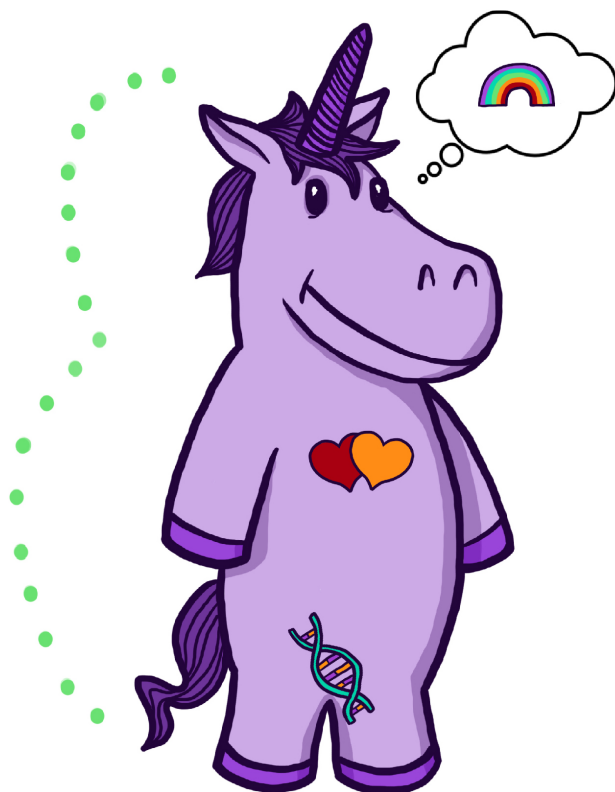
Pansexual: A person whom is primarily attracted (physically, emotionally, sexually) to members of all same sex/gender, or attracted to people regardless of gender.

Asexual: Having a low, or a lack of, sexual interest in other people. Asexuality exists on a spectrum. Can be abbreviated as “ace.”

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The Gender Unicorn

Graphic by:
TSER
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Gender Identity



Female/Woman/Girl

Male/Man/Boy

Other Gender(s)



Gender Expression



Feminine

Masculine

Other



Sex Assigned at Birth

Female



Male



Other/Intersex



Physically Attracted to



Women

Men

Other Gender(s)



Emotionally Attracted to



Women

Men

Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

SEX? GENDER?

“The mere recognition that there is a distinction between sex and gender does not reveal which differences are sex differences and which are gender differences. In other words, the distinction between sex and gender does not itself determine which of the characteristics commonly associated with women belong to the female sex and which belong instead to the feminine gender, and it does not determine which of the characteristics are commonly associated with men belong to the male sex and which belong instead to the masculine gender ” (Marinucci, p. 69).



SOME TIPS

- **Relax.**
 - Your child will/can be okay.
- **Support your child.**
 - Get ahead of the schools.
 - What information do they need to know. What do you need to get ahead of?
 - Give your child strategies for coping with potential bullying.
 - Keep dialogue open always
- **Focus on ASSETS.**
 - Strengths
 - Positive youth development
 - Critical youth engagement (Fox, Mediratta, Ruglis, et al, 2009)
- **Support yourself.**
 - Educate yourself.
 - Talk to others.
 - Engage in larger communities to learn how to help your child continually.
 - Become an ally.

SOME MORE TIPS ON TALKING TO KIDS

- **Engage children as people.**
 - *Nice to meet you. You are very funny.*
- **Avoid appearance based feedback.**
 - Unless it is about reinforcing their thinking. (*I love your outfit, its so original and creative how you mixed your patterns, can you tell me about...*)
 - Girls, boys and GNC kids all struggle with body image issues.
- **Boys should be encouraged to talk about their feelings,**
 - and be supported with “emotion” and relation based feedback, as much as girls.
- **Engage a child in questions.**
 - Ask a child what they think instead of inserting your own opinion.
 - Instead of saying: *That drawing is perfect!* —>
 - *Can you tell me about the colours your chose? ... Wow, how creative!*
 - *How does making that tower make you feel? Why?*
 - Instead of saying: *'You look pretty/handsome today'*, try *“have amazing adventures”* or *“be brilliant and bold today!”*
- **Language is identity forming.** It is how we come to see and know ourselves in this world.
 - This is why correct name pronunciation, correct pronouns, de-linking worth from appearance matters tremendously.

A FEW NON-APPEARANCE BASED COMPLIMENTS

Intelligent

Funny

Smart

Brilliant

Curious

Creative

Radiant

Captivating

Graceful

Eccentric

Innovative

Thoughtful

Athletic

Unique

Generous

Passionate

Fiery

Bold

Mathematical

Logical

Artistic

Empathetic

Eloquent

Confident

Strong


Courageous

Brave

Interesting



TIPS ON SUPPORTING HEALTHY DEVELOPMENT

- Exposure to diverse books (home, school, libraries) representative of different models of families, intersectionality, bodies, examples of “girl” and “boy”, and strong models of young girls, and non-gendered models of all children.
 - Awareness of the influence of curricula (and *hidden curricula*), language, relationships and social context on identity development.
 - Language and institutions are identity forming structures
 - Exposure to diverse children’s and young adult tv, movies, music and media representations of gender, gender non-conformity, and sexuality.
 - Read children’s books about bullying and address bullying based on gender (as well as race, class, disability, language, etc.)
 - Introduce the concept of gender roles and work to dispel them (For example: Dr. Ruglis, Luca shouldn’t be playing with dolls, he’s a boy!”
 - Introduce correct words and terminology, and expand and revisit conversations with age level.
 - Consider women’s, gender non conforming and LGBTQ cultural family events, museums, road trip stops, historical events, landmarks, milestones, etc.
- 

TIPS FOR THINGS FOR ADULT ALLIES

Check our own bias, *we all have internalized gender presuppositions*. Be aware of how these affect our actions/words.

Educate yourself and others in your community.

Stay up to date on current developments.

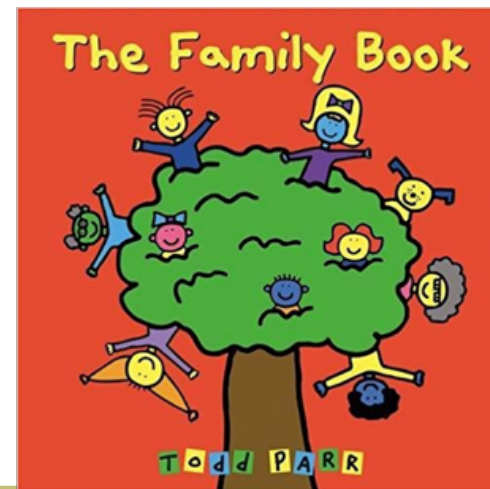
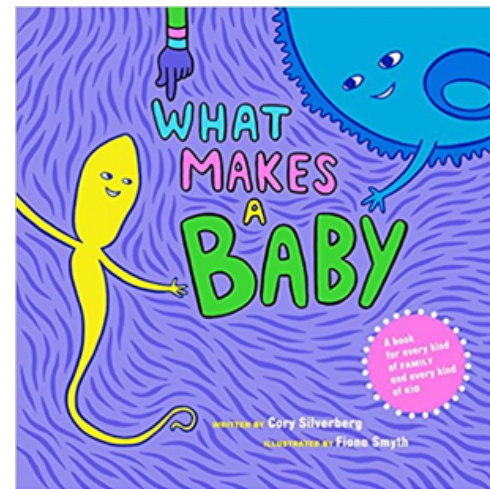
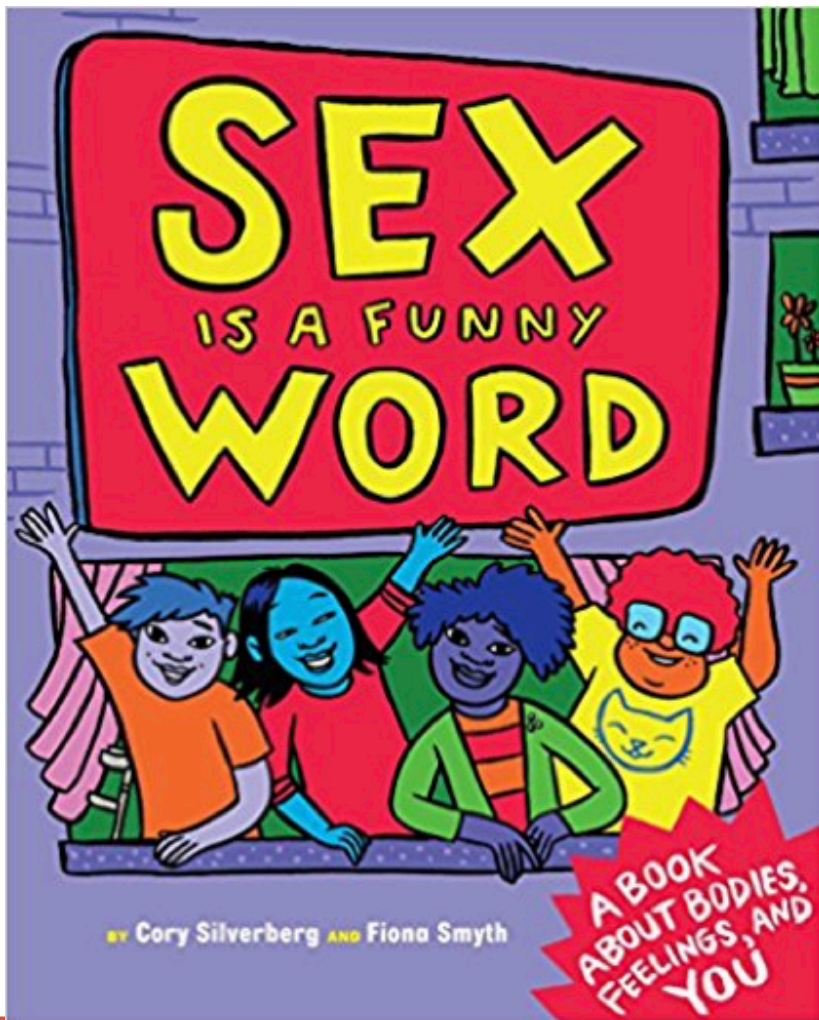
e.g. Sign up for book/library listservs.

Provide dialogue with and across children and siblings.


Be mindful of adult dynamics on children.

Gender norms are also harmful to cisgender people.

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TERMS IN SEX/GENDER/SEXUALITY

1. Genderism
 2. Sexism
 3. Transgender
 4. Homophobia
 5. Bisexual
 6. Two-Spirit
 7. Queer
 8. Transphobia
 9. Genderqueer
 10. Heterosexism
 11. Gay
 12. Lesbian
 13. Outing
 14. Gender variant
 15. Intersex
 16. Androgynous
 17. Gender non-conforming
 18. Gender fluid
 19. Gender-creative
 20. Agender
 21. Asexual(ity)
 22. Masculinity (complicit, marginalized, hegemonic, toxic, compulsory)
 23. Heterosexuality (compulsive, cultural, psychoanalytic)
 24. Intersectionality
 25. Rape culture
 26. Consent / Active Consent
- 

RAPE CULTURE

Rape culture is...

“a society where violence is seen as sexy and sexuality as violent.”(Buchwald et al., 2005, p. xi)

The socially-normalized practices of inappropriate comments, physical and verbal harassment, and non-consensual distribution of intimate photos(Buchwald et al., 2005; Williams, 2007; Kelly, 2013)

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“CONSENT AND A CUP OF TEA” VIDEO



CONSENT

IT'S SIMPLE AS TEA

Source: <https://www.youtube.com/watch?v=oQbei5JGiT8>

ADDITIONAL TIPS: FOSTERING GENDER INCLUSIVE SCHOOLS

- First: Assess the school climate and policies, willingness and potential allies
 - Internal: professionals' personal perspectives on gender
 - Institutional: Facilities, procedures, policies, trainings, materials
 - Interpersonal: language-based daily practices interrogating gender
 - Instructional: curricular inclusion, presentations, media
- **Remember, Affects ALL students, not just gender nonconforming youth**

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ADDITIONAL TIPS: TEACHING UNITS ON LGBTQ+

- Gender diversity is still a “taboo” / “controversial” topic
- When teaching units on LGBTQ+ inclusion (as you should!) be prepared for backlash - Prepare and protect yourself!
- Notify parents / school administrators. Engage in discussion with school personnel. Accept feedback.
- Know your audience / maturity levels
 - - Late in the year
 - - Following establishment of rules/respect guidelines
- Know which questions are okay
 - - Do not single out trans/gender-nonconforming students to be the authority, or for any other reason
 - - Make room for discussion in case they DO!

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ADDITIONAL TIPS: ELEMENTARY LEVEL

- Read children's books with gender-nonconforming characters (resource lists exist for this purpose!)
- Include transgender and queer individuals in “my family” classroom shares
- Introduce the concept of gender roles and work to dispel them (this involves correcting students' misconceptions eg: “Ms. Kassel, Brian shouldn't be playing with dolls, he's a boy!”)
- Read children's books about bullying and address bullying based on gender (as well as race, class, etc)

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ADDITIONAL TIPS: SECONDARY LEVEL

- Introduce key words and terminology
- Continue to address bullying and harassment
- Bring LBGTQ+ landmarks and milestones into the curriculum when teaching about other social/political movements
- Introduce young adult fiction with transgender or gender-nonconforming characters
- Deepen and expand conversations with age level
- Solicit a guest lecturer/speaker

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OTHER MCGILL EXPERTS / RESOURCES

Gender and Science Education (elementary education and physics): Dr. Allison Gonsalves, DISE, Faculty of Education, allison.gonsalves@mcgill.ca

Sex and Sexuality Education & Gender Identity: Dr. Ada Sinacore, ECP, Faculty of Education, ada.sinacore@mcgill.ca

Sexuality, Gender and Disability: Dr. Tara Flanagan, ECP, Faculty of Education, tara.flanagan@mcgill.ca

Bullying and Anti-Bullying: Dr. Chiaki Konishi, ECP, Faculty of Education, chiaki.konishi@mcgill.ca

Sexual Violence, Assault, Education, Law & Policy: Dr. Shaheen Shariff, DISE, Faculty of Education, PI, Project IMPACTS, shaheen.shariff@mcgill.ca

Transgender and Gender Non-Conforming Youth: Gabriela Kassel Gomez, M.Ed, Research Coordinator, Meraki Health Centre, Program Director, S4Y/TonHistoire, OceanPath Fellow, Coady International Institute, gabriela.KasselGomez@centremeraki.com

RESOURCES, GENERAL

- Transgender Children Canada
- Gender Spectrum
- Centre for Gender Advocacy (Concordia)
- McGill University Sexual Identity Center
- Association trans du Québec
- Project 10
- National Center for Transgender Equality
- Intersex Society North America
- Transhealth Montréal
- TransPULSE Toronto
- Rainbow Health Ontario
- Head and Hands – NDG
- Meraki Health Center – Atwater

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RESOURCES FOR SUPPORTING TGNC YOUTH

Gender Spectrum: Schools in Transition:

https://www.genderspectrum.org/staging/wp-content/uploads/2016/06/Schools_In_Transition_6.3.16.pdf

NASP Resource List:

<http://www.nasponline.org/resources-and-publications/resources/diversity/lgbtq-youth>

TransAction: A Transgender Curriculum for Churches and Institutions:

<http://www.teni.ie/attachments/1cb1707f-c68f-4b39-a61e-b13ce695dede.PDF>

Gender Spectrum Guidelines for Gender Inclusive Schools:

https://www.dropbox.com/s/70079q2er3qzxm5/Framework_for_Gender_Inclusive_Schools_030215.pdf?dl=0

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RESOURCES – SUPPORTING LGBT SURVIVORS OF SEXUAL ASSAULT

Burk, Connie et al. (2013). *It Takes a Village, People! Advocacy, Friends, and Family, & LGBT Survivors of Abuse*. Seattle: The NW Network of Bi, Trans, Lesbian, and Gay Survivors of Abuse. Retrieved from <http://www.nwnetwork.org/store/it-takes-a-village-people-friends-family-toolkit>

Community Action Toolkit for Addressing Intimate Partner Violence Against Transgender People. (2017). National Coalition of Anti-Violence Programs. Retrieved from http://avp.org/wp-content/uploads/2017/04/ncavp_trans_ipvtoolkit.pdf

Supporting Lesbian, Gay, Bisexual, and Transgender (LGBT) Survivors of Sexual Assault. 2010. Sacramento: California Coalition Against Sexual Assault. Retrieved from: <http://www.calcasa.org/wp-content/uploads/2010/12/LGBT-Survivors.pdf>

FORGE (<http://forge-forward.org/>) – Located in Milwaukee, this organization regularly puts on workshops and webinars about working with and supporting transgender survivors of sexual assault. There are many resources and FORGE's own publications on the website.

INCITE! Women of Color Against Violence – This organization, composed of radical feminists of color, works to end violence, including sexual assault, against women, gender-non-conforming, and trans people of color. They have many resources and publications on their website.

National Coalition of Anti-Violence Programs – NCAVP works to prevent violence in the LGBT community and HIV-affected communities. Their website and further resources can be found at <https://avp.org/ncavp/>.

REFERENCES

- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *The American Psychologist*, 70(9), 832.
- Benotsch, E. G., Zimmerman, R., Cathers, L., McNulty, S., Pierce, J., Heck, T., . . . Snipes, D. (2013). Non-medical use of prescription drugs, polysubstance use, and mental health in transgender adults. *Drug and Alcohol Dependence*, 132(1), 391-394.
- Blum, R. W. (2005). A case for school connectedness. *Educational Leadership*, 62(7), 16-20.
- Bond, L., Butler, H., Thomas, L., Carlin, J., Glover, S., Bowes, G., & Patton, G. (2007). Social and School Connectedness in Early Secondary School as Predictors of Late Teenage Substance Use, Mental Health, and Academic Outcomes. *Journal of Adolescent Health*, 40(4), 357.e359-357.e318.
- Chesir-Teran, D. (2003). Conceptualizing and Assessing Heterosexism in High Schools: A Setting-Level Approach. *American Journal of Community Psychology*, 31(3-4), 267-279.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted Suicide Among Transgender Persons. *Journal of Homosexuality*, 51(3), 53-69.
- de Vries, A. L. C., Noens, I. L. J., Cohen-Kettenis, P. T., van Berckelaer-Onnes, I. A., & Doreleijers, T. A. (2010). Autism spectrum disorders in gender dysphoric children and adolescents. *Journal of Autism and Developmental Disorders*, 40(8), 930-936.
- Effrig, J. C., Bieschke, K. J., & Locke, B. D. (2011). Examining Victimization and Psychological Distress in Transgender College Students. *Journal of College Counseling*, 14(2), 143-157.
- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J. L., Harrison, J., & Keisling, M. (2010). National transgender discrimination survey report on health and health care. *Washington, DC: National Center for Transgender Equality and the National Gay and Lesbian Task Force*.
- Graybill, E. C., & Proctor, S. L. (2016). Lesbian, gay, bisexual, and transgender youth: Limited representation in school support personnel journals. *Journal of School Psychology*, 54, 9-16.

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REFERENCES

- Green, E. R. (2010). Shifting paradigms: Moving beyond “trans 101” in sexuality education. *American Journal of Sexuality Education*, 5(1), 1-16.
- Grossman, A. H., & D'Augelli, A. R. (2006). Transgender youth: Invisible and vulnerable. *Journal of homosexuality*, 51(1), 111-128
- Grossman, A. H., D'Augelli, A. R., Howell, T. J., & Hubbard, S. (2005). Parent's reactions to transgender youth's gender nonconforming expression and identity. *Journal of Gay & Lesbian Social Services*, 18(1), 3-16.
- Haskell, R., & Burtch, B. E. (2010). *Get that freak: Homophobia and transphobia in high schools*. Fernwood Pub.
- Herbst, J. H., Jacobs, E. D., Finlayson, T. J., McKleroy, V. S., Neumann, M. S., Crepaz, N., & Team, H. A. P. R. S. (2008). Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS and Behavior*, 12(1), 1-1
- Kennedy, M. (2015). Transgender students and bathrooms. *American School & University*, 87(8), 18-20.
- Lugg, C. A. (2003). Sissies, Faggots, Lezzies, and Dykes: Gender, Sexual Orientation, and a New Politics of Education? *Educational Administration Quarterly*, 39(1), 95-134.
- Marinucci, M. (2010). (Chapter 6, “Gender defined and undefined,” pp. 67-82.). In *Feminism is Queer: The Intimate Connection Between Queer and Feminist Theory*. London, UK: Zed Books.
- McCabe, P. C., & Robinson, F. (2008). Committing to social justice: The behavioral intention of school psychology and education trainees to advocate for lesbian, gay, bisexual, and transgendered youth. *School Psychology Review*, 37(4), 469.
- Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: a grounded theory of stigma in transgender health care encounters. *Social Science & Medicine*, 84, 22-29.
- Ryan, C., Huebner, D., Diaz, R. M., & Sanchez, J. (2009). Family rejection as a predictor of negative health outcomes in white and Latino lesbian, gay, and bisexual young adults. *Pediatrics*, 123(1), 346-352.
- Sausa, L. A. (2005). Translating Research into Practice: Trans Youth Recommendations for Improving School Systems. *Journal of Gay & Lesbian Issues in Education*, 3(1), 15-28.
- Schneider, M. S., & Dimito, A. (2008). Educators' Beliefs about Raising Lesbian, Gay, Bisexual, and Transgender Issues in the Schools: The Experience in Ontario, Canada. *Journal of LGBT Youth*, 5(4), 49-71.
- Toomey, R. B., McGuire, J. K., & Russell, S. T. (2012). Heteronormativity, school climates, and perceived safety for gender nonconforming peers. *Journal of Adolescence*, 35(1), 187-196.
- Toomey, R. B., Ryan, C., Diaz, R. M., Card, N. A., & Russell, S. T. (2010). Gender-nonconforming lesbian, gay, bisexual, and transgender youth: School victimization and young adult psychosocial adjustment. *Developmental Psychology*, 46(6), 1580–1589.
- Westheimer, K., Persinger, L., Cannava, A., & Klotz, M. B., (2016). *Frequently Asked Questions: Safe and Inclusive Learning Environments for Transgender and Gender Expansive Students*. San Leandro, CA: Gender Spectrum; Bethesda, MD: National Association of School Psychologists.

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**THANK YOU.
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