Comment Report

SF 224
A bill for an act prohibiting persons from entering single and multiple occupancy toilet facilities in elementary and secondary schools that do not correspond with the personâ€™s biological sex.

Subcommittee Members: Carlin-CH, Celsi, Taylor, J.

Date: 02/10/2021
Time: 01:00 PM
Location: RM 24A

Name: Jon Sims

Comment: I oppose this bill. It is bigoted and transphobic. The GOP members that sponsor this bill are either ignorant or willfully malicious towards people who have different life experiences from them. Have some empathy, Iowa.

Name: Batyah Selis

Comment: This bill would turn Iowa schools into places of surveillance, exclusion and intimidation for trans children, who already face huge obstacles to living safely and freely as themselves. SF224 is a cruel piece of legislation that will protect nobody and only cause harm. You have no right to deny children access to facilities based on their gender identity, and to police the gender identity and even bodily functions of Iowan students.

Name: Ann Kreitman

Comment: First and foremost, the proposed bill is discriminatory and harmful to Transgender Iowans.As a former K12 educator, enforcing this bill would be incredibly disruptive to all students learning environment and dangerously harmful to trans students, 80% of whom already fear going to school due to their gender identity (from the National Center for Transgender Equality). The fear mongering over trans people using the bathroom must stop. Not only are the protect our little girls platitudes false (below I will link a study showing children do not care about this issue), but this bill is inspiring discrimination, marginalization, and violence towards trans people. I urge this committee to respect the research of medical professionals over opinions and fear. As a cisgender woman who dresses butch, the only time I have ever been afraid in a bathroom is when security was called on me because someone else using the bathroom didnt know if I was a woman or not. This proposed bill helps no one. Students should have the resources they need to learn. This includes the ability to use the bathroom. I am personally disgusted that this is the kind of bigotry our legislators are currently wasting taxpayer money on.
https://www.tandfonline.com/doi/full/10.1080/00918369.2019.1618646

Name: D. Ray

Comment: This law is completely unneeded. Not only does it make life unnecessarily difficult for a group of kids already facing unique challenges, it also shows a complete lack of faith in teachers and the school system. They do not need lawmakers policing who can use the bathrooms in schools.

Name: Rachael Holmes

Comment: This bill is as unnecessary and a waste of time as it is cruel. Transgender kids hurt no one by using the bathroom of the gender with which they identify.

Name: Bryce Cook

Comment: There is no evidence whatsoever that allowing trans people to use the bathroom which corresponds to their gender causes any sort of safety concerns. Trans people already face innumerable violences on a daily basis. Please throw out this disgusting, inhumane piece of legislature and show that you care about trans iowans. Fuck the transphobic piece of shit who had the audacity to write this bill.

Name: Rachel Snodgrass

Comment: This bill is transphobic, invasive, and has no place in our schools. Trans people deserve to be treated with equality and kindness. They pose no threat to anyone. Bills like this one are a major violation of privacy and have been proven to have no impact on bathroom safety (if we can assume that some sort of safety concern is behind this proposal and not just blatant discrimination against trans people). A 2018 peerreviewed study by the Williams Institute at UCLA School of Law found that there is NO empirical evidence that allowing people to use the bathroom of their choice leads to more safety or privacy violations (Hasenbush, Flores, & Herman). Beyond that, there is incredible diversity within the human species. There is no single metric to determine someones biological sex, and the state certainly has no business attempting to do so. I thought Republicans were all about small government? Stay out of our pants.

Name: Cassandra Perry

Comment: I support trans youth. Do not banish youth from school restrooms in my name. Do not take existing rights away from marginalized youth.

Name: Beaufort Leavenworth

Comment: This bill is completely lacking morals and scientific knowledge. Those in the transgender community deserve the right to use the bathroom that corresponds to their gender, which is scientifically proven to be different than biological sex. Preventing young adults from being respected for their gender identity is horrendous. This bill should not pass.

Name: Lindsay Mattock

Comment: Rather than protect the rights of Iowans, this bill discriminates and erases the simple right to safely use a restroom. Who will be policing the restrooms in our primary and secondary schools to enforce this law? Why not propose legislation that would ensure that all schools (and public buildings) have genderinclusive spaces that allow all students (and everyone) to feel safe? I strongly oppose any legislation that seeks to allow the state to police the bodies of any of our citizens.

Name: McKenna Proud

Comment: As a decent human being, this bill disgusts me. As a person with multiple transgender friends, this bill disgusts me. As a member of the LGBTQ+ community, this bill disgusts me. Transgender people are humans just like cisgender people are humans. They are not lesser, and they are not a threat. Alienating transgender persons will solve none of your fake problems.

Name: Erin Perry

Comment: As an educator, wife, voter, and mother, I support trans youth. Do not banish youth from school restrooms in my name. Do not take existing rights away from marginalized youth.

Name: Ann Culver

Comment: I support trans youth. Do not banish youth from school restrooms. Do not take existing rights away from marginalized youth.

Name: Jacy Highbarger

Comment: The state has absolutely no business legislating on such personal and mundane

matters as to which bathroom one uses. This bill protects no one (if anyone is pretending a goal here is protection) and will only cause harm. Trans people already face disproportionate rates of violence in daily life and society at large for simply being who they are. Who are you to choose to extend this violence and marginalization to something as small as BATHROOMS? Politicizing what should be a boring, normal, daily part of every person's life is beyond harmful. This is blatant discrimination and will only serve to foster disrespect and policing of already overpoliced and marginalized people. This bill should it pass would actively encourage violence toward and policing of people!youth!for using the goddamn bathroom. Folks, including CHILDREN!!!, have the right to enter restrooms without superfluous, deeply invasive questioning of identity and biology. This bill is violent, disrespectful, and cruel in its invasiveness. It's a discriminatory disruption of freedom. Find something actually important to worry about, I promise you there are a lot of other things that need infinitely more attention in this state.

Name: Jessica Rippentrop

Comment: I do not support this bill. I support trans youth. Do not strip away rights in my name. This bill does not promote a safe and inclusive place for our children to learn and grow.

Name: Corey Creekmur

Comment: This bill seems cruelly designed to do harm, not good. It stems from widely discredited, pernicious assumptions about gender and sexuality and will make Iowa a national embarrassment in this regard. If enacted, it would seek to "protect" children by in fact shaming and humiliating children, with longterm social and psychological consequences that, I assume, those seeking to pass this bill would not assume responsibility for. I have heard advocates of this bill cite a single work of supporting evidence, a book denounced by all credible medical and psychological experts in this field. The state of Iowa includes many people with prominent expertise in the area of trans studies: please consult them rather than sensational and risible books designed to stir up fear rather than productive and empathetic support.

Name: Katherine Berry

Comment: Transgender students are students and deserve to use the bathroom. By passing this law, you are effectively telling trans and nonbinary Iowans that "we don't want you here." Many of your fellow representatives are touting mental health as an excuse to reopen schools; LGBT youth, especially those that are transgender, have a suicide rate 6 times that of nonLGBT youth. I am deeply disappointed by this legislation; for a state that claims to be "Iowa nice," you aren't acting like it. By passing this law, you are effectively denying a whole class of people the right and privilege to public restrooms.

Name: Patricia Perry

Comment: I support trans youth. My granddaughter is a trans youth. Do not banish her or any other trans youth from school restrooms. Do not take existing rights away from marginalized youth, ever.

Name: Leslie Green

Comment: "I support trans youth. Do not banish youth from school restrooms in my name. Do not take existing rights away from marginalized youth."

Name: Heather Dunn

Comment: As a transgender Iowan and a tax payer, I am deeply saddened that this harmful and mean spirited legislation has been introduced. There have been zero cases of women or girls being sexually assaulted or raped by a transgender woman using a public ladies room. This is in the words of the late conservative commentator, Charles Krauthammer stated, "this is a solution in desperate need of a problem." I am aghast that so called limited government conservatives want to employ big government to

police where we use the bathroom!

Name: Lindsey Taylor

Comment: This bill is dangerous, harmful, transphobic and a show of how little our state government cares about the health and wellbeing of transgender children. I have a transgender daughter, who would be directly harmed by being banned from using the bathroom at school. Forcing her to use the boys bathroom would severely harm her mental health, opening her up to severe bullying and assault for being a girl in the boys bathroom. Please leave our children alone and focus on more important issues to society than whether a child is allowed to use the bathroom at school.

Name: Ethan Long

Comment: Support this bill and show that science matters, morality matters and recongizing reality matters.

Name: Heather Michalec

Comment: Transgender individuals deserve to be treated with kindness and respect. Let them use the restroom of the gender they identify with. Looking forward to the day when "Iowa nice" returns.

Name: Noah Miller

Comment: This is an unbelievably cruel and disrespectful bill. Trans people ARE PEOPLE. End of discussion. How a trans person identifies and what bathrooms they choose to use is an insanely stupid and unnecessary thing to get angry over and try to control. It is their life, let them live it and identify how they choose to.

Name: Briante Najev

Comment: Forcing children to use a bathroom based on their biological sex is unnecessary. This bill would require trans children to use a bathroom of their biological sex rather than the gender they identify with. This bill will just cause pain for all children, especially trans children that may already be having a difficult time with their selfimage and identity. Not only will this bill psychologically harm children, but this bill does not align with the science communitys support of meaningful differences between biological sex (which is still being defined) and gender. Nor have bills like this helped their community, but rather increases hostility toward transgendered individuals. Lastly, this bill is very intrusive, and I shudder to think of the people that have to enforce the rules of it. Past bills about bathroom restrictions had different ways of determining how sex is identified: anatomy, genetics, and/or birth certificates. How would this bill even be properly implemented while preserving the dignity of children? Barnett, Brian S., Ariana E. Nesbit, and Rene M. Sorrentino. "The transgender bathroom debate at the intersection of politics, law, ethics, and science." The journal of the American Academy of Psychiatry and the Law 46.2 (2018): 232241.

Name: Tal Rastopchin

Comment: Trans children and students deserve to be comfortable in bathrooms and public spaces. It is extremely harmful to force students to occupy spaces that can be very uncomfortable and unsafe. Education should meet every persons needs, and identifying and policing trans students by forcing them into uncomfortable and potentially unsafe situations will adversely impact their education and wellbeing.

Name: Alexandra McGinnis

Comment: There is NO valid reason why you should restrict trans right. Transgirls, trans boys, and nonbinary are ALL valid and should be allow to go wherever they are most comfortable.

Name: Catlin Curry

Comment: We need to support our youth. Our youth who identify as transgender side serve the right to use the restroom that matched the gender they identify with. Bills like this only endanger our youth and move our state backwards. We can do better than this type of hateful legislation.

Name: Jenn Marks

Comment: This bill will do great harm to transgender and gender nonconforming young people in the state of Iowa. I vehemently oppose this bill and implore you to consult the scholarship and literature provided here by my fellow commenters.

Name: Elliot Wesselborg

Comment: Access to safe bathroom facilities is a fundamental aspect of an individuals ability to participate in public life. If trans students in Iowa are made to fear harassment or intimidation by peers or school employees for simply using the bathroom which matches their gender expression, their school experience will not be one of enrichment and growth. As such, the proposed legislation would greatly impede trans students access to the public education to which they are legally entitled. No state that prides itself on the quality of its public schools should allow such harmful policies to be enacted upon its students.

Name: Natasha Dunkel

Comment: I do not support this bill. Any person should be able to use any public bathroom.

Name: Brigham Hoegh

Comment: I support trans youth. Do not banish youth from school restrooms in my name. Do not take existing rights away from marginalized youth.

Name: Mason Bennett

Comment: Transgender people deserve rights just as much as anyone else. Focus on actual problems. Like the pandemic maybe? Not some fictional scare tactic you have made up about trans people.

Name: Deepika Raghavan

Comment: This bill is extremely damaging and dangerous to a minority group that is already at higher risk for assault and mental illness. Schools should be safe places for all students. Additionally, there is no evidence that allowing trans youth or trans adults using bathrooms with which they identify increases the incidence of sexual assault of others. Its the exact opposite trans people are assaulted when they are forced to use facilities they dont identify with.

Name: Tyler Higgs

Comment: Help people dealing with Covid, and quit attacking innocent children.I can't believe that needs to be said.

Name: Alexei Clements

Comment: So let me get this straight. You're telling me that some lawmakers are so scared of trans folk that they make bills regarding what bathrooms they can use because they want to "out" them or don't see them as people? Doing this could irreversibly harm their mental health, or even get them killed. Transphobia is still a huge thing and I wish more government officials from this state would see us as people and not demons. We just want somewhere to be safe and be ourselves. And sometimes we just want to use the bathroom. Don't try and tell me what I can and can't do with my body. It doesn't belong to you so it's not your call. Outing people to their parents, whether they are adults or children, is NEVER okay.

Name: Elizabeth Mireault

Comment: Long story short: you represent me, so it is time I add my voice to this plea. Do not take away transgender childrens rights in my name. I do not condone it, I do not agree with this bill.To make this plea longer, I will add: Our children struggle enough in their childhood as is. Add being a transgender child, and the world gets even more difficult. It is time we step up and embrace our children AS THEY ARE. We must love them and support them. If we punish them by not allowing them to use the bathroom for whichever gender they identify as, we are saying we dont accept you. You are different. You are a threat. You are not welcome. This will be detrimental to trans children. Their suicide rates are already some of the highest for marginalized people.Please, do not make us responsible for causing more harm. A bathroom is just a bathroom and there is no danger from a transgender youth using the bathroom they identify with. Literally none. This should be a nonissue, and making it one has already caused emotional upset. Leave this bill where it sits and do not let it pass. Do it for our children who are different. Help them to feel accepted as they are. Dont punish them for something they cant control. Dont make us responsible for the detriment it will cause.

Name: Mirra Anson

Comment: My 12 year old child, Niko, is amazing, and a straight A student in middle school. Niko loves science, reading, and art; has been on swim and archery teams, and has been playing piano since the age of 5.Niko is transgender. This bill dehumanizes my child; from the moment I held my baby, I knew I would love them. Love every bit of them and fight for them if anyone stood in their way of reaching their full potential. People supporting this bill are acting out of cruelty and ignorance, and perpetuating systems of hate and prejudice that now target my child. Im writing to urge you to stop the legislation.Niko told me recently they want to become an author when they grow up and write books that will provide support for other youth who feel like they dont fit in. I have full faith Niko can and will tell their story, and that of other LGBT youth who have been marginalized. Niko will also be a registered voter in 6 years.Stop this legislation now. It is counter to every way I was raised and counter to everything good I believe it is to be a citizen of this state.

Name: Jessica Wells

Comment: I am commenting to state that I absolutely oppose this bill. Anyone who votes in favor of this is either seriously misinformed or a bigot and neither of those is acceptable when you're in a position of power and responsible for legislative changes. The message we are sending to our children by even entertaining bills like this is that it is not okay to be yourself. Restrooms are a basic human rightespecially in public schools and children should be allowed to use the restroom of the gender they identify with. The very idea that this bill would possibly be enforced is a violation of a child's privacy. It is disturbing that the idea for this bill even exists and those in favor of it should be ashamed. Just because someone else's life experience is different from your own doesn't make it wrong. There is absolutely no reason to pass this bill. Do the right thing Iowa!

Name: Shoshanna Hemley

Comment: This bill is not only disgustingly transphobic, but it is a clear violation of a citizens privacy. The choice of where someone goes to the bathroom is not the decision of the government. This is an over reach in power and the government shouldnt be controlling the private lives of its citizens. This is an awful bill and I hope that the sponsors of this bill know that the citizens of Iowa are disappointed and ashamed.

Name: Ryan Alexander

Comment: Please grow up and stop wasting time on petty hateful things.

Name: Chris Anderson

Comment: Why are there 12 bills that make such a concern with what's in children's pants? I

thought you guys said all the pedophiles were in a secret door in a pizza shop or somethingnot the Iowa State Legislature.

Name: Evelyn Bergus

Comment: Not only is this bill disrespectful and dismissive of youth, but it is not actively helping anyone. Who is this made to help? Is it written so transphobic teens can feel more comfortable? This bill could make school an unsafe place for trans youth and that is harmful. School needs to be a place where students are respected and listened to and validated. This bill would make children feel uncomfortable and unable to be themselves. It is harmful and truly just mean.

Name: Mary Brucker

Comment: I support trans youth! I do NOT support this disgusting attempt to strip them of their dignity. You should be ashamed of yourselves for even considering such hateful legislation. Horrible!

Name: Jeorgia Robison

Comment: As a transgender woman, I am offended. It assumes I am evil on account of the way which God made me. It is wrong, unconstitutional, and must not be approved by your committee.The proposed legislation represents an ignorant reaction to a nonexistent problem. In fact there has been no problems associated with a transgender person using a restroom. There have been utterly no incidents in which a transgender person has caused trouble by using a restroom. There is no problem to solve. Move on to something important.What we are really talking about is validating the discomfort of people who are not familiar with the transgender experience. They should open their eyes, and consider the facts. This validation is not worthy of legislative sanction. If their discomfort is difficult, it pales in comparison to what transgender people have experienced. The people who are not comfortable can find their own single user restroom.Please, stop making me experience fear when I have to relieve myself. Trans folk have been around forever, and will continue to exist, whether or not, this legislation is adopted. The question is whether our society will reap the benefits provided by fuller transgender lives, or if those lives will be consigned to the dustbin. The former is reasoned and open minded. The later is not only ignorant, but costly to our society as a whole. This unreasonable discrimination carries a cost that can be avoided. This legislation should be in the dustbin. I refuse to live there.

Name: Linda Robbins

Comment: Every human being deserves to be treated with dignity. This bill takes dignity away from transgender people. It is not needed. Please vote no

Name: Elizabeth Kibby

Comment: I am a cis heterosexual female who in no way, shape, or form supports this bill. Who are you to police people's gender identity, sex, or sexual orientation. Trans rights must not be infringed upon. If an individual transitions from male to female (no matter the age), their sex is female and they are welcome in female spaces (including the bathroom). The same is true for individuals who transition from female to male or are non binary. Passing this bill would be a step in the wrong direction.

Name: Shawn Johnson

Comment: All transgender people are worthy of the same respect and dignity as everyone else. Please dont make things harder for children, who might already be struggling. We dont need to add to their trauma.

Name: Aaron Thien

Comment: This should not be passed, and transgender people should be able to go about their daily lives with a sense of security in their own identity. Bills like these are

discriminatory and do not actually keep anyone safe.

Name: Ashley Wyman

Comment: Trans rights are human rights. Youth need a place to use the bathroom where they feel most comfortable and safe. How about legislating the importance of more gender neutral/single stall bathroom options instead.

Name: Kalee Kerper

Comment: SUPPORT TRANS PEOPLE! You cannot run on a platform representing the people, and then actively (repeatedly) try to cause them harm. This promotes an agenda of hate and discrimination and as you can see in these public comments, we will not stand for it. Trans people deserve to exist fully, safely, and without fear.

Name: Alison Kanne

Comment: I would think our politicians would have better things to do, like manage staggering unemployment rates and failing small businesses. Instead, they waste their time and our tax dollars attempting to pass bills based purely on hate. You really think women will be more comfortable with a transgender man using their bathroom rather than the men's bathroom? Or that a transgender woman should be made to go to the bathroom next to men? The suicide rates among the transgendered are staggering, and it's bills like this that contribute to those suicide rates. What a fabulous way to let valuable members of our population know that we think they are less than we are. The logic doesn't follow. This is an embarrassment to Iowa. The bill should not be passed.

Name: Cassandra Monroe

Comment: Why are you bringing up discriminatory bills during A PANDEMIC? There are more important and less hateful things to be worried about right now. Shameful. Iowa is still stuck in the 1800s. People wonder why this is a flyover state. Trans people and trans rights matter!

Name: Molly Johnson

Comment: Transgender people of all ages deserve to be treated with dignity and respect. They must be allowed to freely express their identity. I cant believe time is being spent on such blatant discriminatory bills such as this. Iowa continues to move backwards when it comes to human rights. This bill cannot pass.

Name: Leigh Brown

Comment: I stand as an ally with our Transgender community in Iowa, and particularly trans students in our school system. This bill is ignorant, discriminatory and cruel. It reflects a lack of empathy, as well as a lack of concern or interest about Iowans who do not fit into the narrow experience of its sponsors and supporters. Finally, with the enormous challenges Iowans are facing as a result of the pandemic, the derecho, and the resulting economic wake, for our lawmakers to be focused on pushing forward utterly unnecessary legislation such as this is unconscionable. I do not use this term lightly. People are suffering and dying unnecessarily. Please refocus your time and efforts accordingly. Rev. Leigh Brown

Name: Marshall Weeks

Comment: If a state mask mandate is unenforceable, then surely this bill is as well. Does the state plan to hire bathroom police to inspect children and ensure they are using the appropriate bathroom? Stop wasting time on discriminatory nonsense.

Name: Siena Brown

Comment: Bill SF 224 is discriminatory and cruel. Transgender peoples should have the ability to be who they want to be, with the safety of knowing that people will not be judging them for who they are. This bill does just that. oppose this bill so that transgender

youth can feel that the school districts and people around them except them for themselves.

Name: Sonya Ewert

Comment: The heart of this bill is unacceptable discrimination against trans youth and sets up yet another barrier for their acceptance into society. As a queer young professional who hopes to raise a family someday, bills like this make me question if Iowa is the best place to live longterm and raise a family.In practice this bill is very confusing Are emergency personnel of other biological sexes allowed to enter the bathroom in responding to an incident? What about janitors? Which restroom does a biologically intersex person use?

Name: bw kelly

Comment: " History is something you look back at and say it was inevitable, it happens because people make decisions that are sometimes impulsive and of the moment, but those moments are cumulative realties"From the documentary Pay it no Mind: The Life and Times of Marsha P JohnsonAs the Iowa Legislatures continue to write bills in this "new Iowa" please reflect on who are the bills designed to protect? Iowa at one time was progressive and forward thinking in its humanity.The bills written into law will one day reflect upon an Iowa lost behind the times scrabbling to recruit professionals to make Iowa its home. Only to find its population dwindling because this "new Iowa" is only for its chosen few who meet the piety standard a few legislatures has ordained!Please read some world history books before you all move forward on this bill.

Name: Mary Gillman

Comment: The passing of this bill would be unconscionable. When did Republicans (my former party) become so meanspirited?

Name: Andrew Grutzmacher

Comment: This bill, and the several similar bills recently introduced, are cruel, disgusting, and not worthy of one more second of our consideration. I believe it is this subcommittee's duty to stop this bill immediately. Trans people have the same right to exist as the rest of us and trans children deserve our protection, not our revulsion and bigotry. There is absolutely no evidence of harm in allowing students to choose the bathroom they wish to use, and there is significant evidence of the harm that comes from forcing gendernonconforming people into situations in which they will obviously fall victim to prejudice. I wish this legislature would spend half as much time trying to help us Iowans out, as it spent trying to stomp down on our most vulnerable citizens. Jim Carlin should be ashamed of himself, and I hope that hearing comments like mine lead him to genuine reflection on his life and values.

Name: Kirsten Bosch

Comment: As a cisgender woman I have no concerns whatsoever with a transgender woman using the same bathrooms as me. Please put an end to the false fears and ignorance associated with transgender rights.

Name: Theo Young

Comment: The gop is supposed to be the party of small government, yet youre legislating laws about where and who can take a dump. I have two words to describe how I feel who cares? Why is this important at all? This legislation does nothing to actually prevent sexual assaults, because newsflash but assaulting people on bathrooms is already illegal, and banning trans people from their correct bathrooms does nothing but harm them, the rate of assaults in bathrooms is tiny, but the assaults that do happen every year, are mostly composed with trans people as the victims, and putting them in spaces they dont belong will do nothing but harm them. Do not pass this bill.

Name: Jeremy Witt

Comment: It's outrageous and disgusting that our elected lawmakers are taking the time and resources to introduce hateful legislation when our state has so many more immediate issues to resolve. Legislating hate and discrimination are embarrassing for Iowa.

Name: Susie Hines

Comment: As a parent, citizen, taxpayer and school board member, I oppose these types of legislation which harass and bully any student. Please do not support this harmful, vindictive type of legislation.

Name: Sam Reber

Comment: This is a waste of government time and resources to directly discriminate against trans folk.

Name: W Q

Comment: Enacting rules that are associated with someone's biological needs is extremely primitive and discriminatory. Transgender individuals in most cases appear as the sex they identify with and requiring a transman to use a little girls restroom is quite absurd. As is expecting a transwoman to use a male restroom. How would you feel if a grown cisappearing man were to walk into your child's female bathroom, merely because a law said they can't use the bathroom they identify with. Pretty disgusting if you ask me. So I'd recommend you use your the few brain cells you have to not enact homophobic, xenophobic, racist, and bigoted legislation. Because we will not be having 'separate but equal' bathrooms in 2021 for transgender individuals. If your legislature passes just imagine your female child's restroom filled with all old creepy men that used to identify as woman. All because YOU thought it was a good idea to make it legal for TranMen to use Woman's bathrooms. Absolutely perverted!!!

Name: Dorothy Oberfoell

Comment: Trans people belong in every space and should be supported, celebrated, and encouraged to live as they are. This proposed bill is a repeated attempt to endanger and harm trans people in our communities, especially trans youth.

Name: Erin Opar

Comment: It is as though you lawmakers believe orgies are happening in bathrooms when you introduce harmful bills like this. There are private stalls, and people, especially children, only go to the bathroom because they need to use the bathroom. RBG did not leave behind a lifelong legacy for you to discriminate against children based on their gender. Be proud that we live in a kinder world today than when we were growing up, where children feel comfortable being who they are. They deserve the validation of using the bathroom with which they associate themselves. If you pass this law, you will only be reaffirming the harmful body dysphoria that many trans people go through, and will most likely see a rise in suicidal thoughts and actions among the young trans youth you were elected to protect. You work for the PEOPLE, not for your own personal gross bias. Please remember that.

Name: M T

Comment: As a cisgender woman, I have no problem with sharing a bathroom with any other gender. As an educator, this bill is harmful to youth and continues to perpetuate trauma during a formative time in their adolescence. I will always oppose any bill that seeks to strip human rights away from our citizens. Also, stop being gross and weird and focusing on children's genitals. Your obsession is creepy.

Name: Adam Seiler

Comment: Stop wasting time and money trying to strip more rights from marginalized people.

Name: Serina Lawson

Comment: As a transgender young man, I find this bill to be highly offensive. I have been out as transgender since the 7th grade and am now a Junior in high school. I live in an all male group home called Youth Homes of MidAmerica. If you where to pass this bill I would have no where to go anymore. I'm a Ward of the State, DHS is fighting to keep me safe and putting this bill into place would also make it so I would be required to move into a Female Facility. I'm terrified of this possibly happening. Please don't pass this bill. Let me live my life as a proud young man. I'm begging for you to allow my safety and take into your mind that fact a boy may die if this is passed.

Name: Shreya Thapa

Comment: Does this mean that trans women/girls are supposed to walk in to a toilet facility with urinals and men/boys with penises hanging out?? This is unacceptable!!

Name: Kenneth Hanson

Comment: Please oppose this bill. It is a further attempt to marginalize trans people. Let transgender people use the restroom of their choice. This bill is nothing but bigotry and will further the discrimination and teach other youth that it is ok to discriminate against people who are different.

Name: Peter Lundstedt

Comment: I support this bill. Boys who say that they are girls should not be allowed into girls' restroom and locker room areas! Girls and young women should feel safe and private in school restrooms.

Name: Tiffany Junge

Comment: The fact that anti transgender and bathroom rights are even being discussed shows how archaic and out of touch with childrens safety our political system really is. According to a study on the US National Institute of Healths National Library, The suicide attempt rate among transgender persons range from 32% to 50% across countries. Gender based victimization, discrimination, bullying, violence, BEING REJECTED BY family, friends and COMMUNITY; harassment by intimate partner, family members, POLICE AND PUBLIC; discrimination and Ill treatment at healthcare system are the major risk factors that influence the suicidal behavior among transgender persons.So let me ask you, do you want the blood of young transgender people on your hands? This bathroom bill will cause more hate and discrimination to fester among your communities and has ABSOLUTELY NO PLACE among the smart, educated, enthusiastic children we create our future for.

Name: Alex Plagge

Comment: I have got to hand it to our Republican legislators. No one is as adept as them at conjuring up boogeymen in their own heads so they can broadcast their malice and cruelty.I know making life as difficult and humiliating as possible for anyone who isnt a cis, straight, white Christian is a lot of work, but there are in fact *real* issues that the people of Iowa are facing. Perhaps we could work on addressing those instead?

Name: Casey DeSousa

Comment: The distaste I have for these laws is immense. Studies have shown increases in suicide rates attributed to anti transgender laws, and increases in hate crimes. Through these bills, Iowa will see a very dark time, filled with hate and death; is this the outcome you wish for by proposing these bills? What harm is being caused by allowing the basic rights of humanity to all citizens of our state? What is it that scares you about your peers who choose differently than you, lawmakers? We will never move forward if we remain unmoved, in fear of each other. We cannot pass any of

these bills, and I stand by my friends and neighbors as an ally.

Name: Audrey Espersen

Comment: The GOP claims to value liberty and individual freedom, yet out of ignorance and hatefulness they are prepared to completely dispose of these values in order to legislate bigotry, to write discrimination into law, to target the individual liberties of trans youth. Is this what Iowa is? A place where we decide your value based on parts of your identity that you cannot choose? Does our "Iowa nice" only extend to people whose identities cannot be weaponized into political pawns? Do we really have nothing better to do than write laws about which bathrooms kids can use? SF 224 is designed to exclude certain youth from feeling safe and welcome in a place of learning. It is not founded in science, morality, equity, or good faith. It pains and sickens me as an Iowan to see where my state's priorities are.

Name: Sam Pate

Comment: Im going to be moving to Iowa in July to start medical school and Im disgusted by the business the subcommittee members believe to be theirs. This is purely motivated by transphobic and bigoted views and should not be allowed to be passed. This does not give me hope for the state I am going be living in soon.

Name: Colin Day

Comment: I oppose this bill because it's just an attempt by legislators to try to gin up fear against a small minority group and avoid doing their actual jobs of representing Iowans who need help in this difficult time. I have never even heard of any sexual predators crossdressing in order to gain access to a bathroom. If the Legislators want to do something about sexual predators they should do something about people abusing positions of trust as coaches, priests, police officers and other people who have power over others, that is where the real sexual predators hide, not the bathroom.

Name: Jordan Voigt

Comment: This bill is an embarrassment and the legislators who are pushing this through should be ashamed of themselves. The pandemic is raging. People are hurting. People cant afford to feed their families. There is so much other work to be done, and this is how you are spending your time? Pushing policies that will only hurt kids and in turn, hurt Iowa families. The brain drain from Iowa is real, and passing Draconian legislation to needlessly and cruelly punish our trans youth is only going to make kids want to leave this state more. Let them live, let them be themselves. Let them use the bathroom that makes sense.

Name: Edna Becht DO

Comment: As a family practice physician, I am happy to educate members of this committee on the science behind transgender minors. We know this is a marginalized group subject to discrimination and violence from peers, and this discrimination is systemic as well (as evidenced by this bill and others). We know biological sex is not binary. We know gender is a social construct which therefore exists outside of the legislative purview. These children know who they are, and we have established that schools are to be accessible to all students, including this group of future Iowa citizens.I would think there are more pressing issues that need this committee's attention right now, including the economy and pandemic response.

Name: Chris Walterbach

Comment: This bill is trying to solve a problem that doesn't exist. Please think of the consequences of this bill as it was economically devastating to North Carolina when they tried the same thing.
https://www.nytimes.com/2019/07/23/us/northcarolinatransgenderbathrooms.html"The law drew nationwide outrage and unleashed severe economic consequences for

North Carolina. Companies like PayPal canceled planned expansions in the state and the N.B.A. and N.C.A.A. moved events elsewhere. Facing the loss of billions of dollars, the state passed a law in 2017 that repealed House Bill 2, but maintained the state governments control over transgender bathroom access and halted local antidiscrimination rules until the end of 2020."Please do not waste our legislature's time with this harmful bill and get on with helping those affected by the COVID19 pandemic.

Name: Kat Schlorff

Comment: This bill is a bigoted attempt to dehumanize trans people, and would sacrifice the mental health and wellbeing of trans kids to do so. It's frankly disgusting and immoral to be more committed to hurting trans kids than to their happiness. What's more, this bill is likely unenforceable are we planning on having bathroom inspectors to check everyone's pants? It's cruelty for cruelty's sake.

Name: Tamra Voigt

Comment: I remember when Iowa stood for excellence in education. I remember when Iowa was known for accepting our neighbors. I remember when Iowa was known as a great place to raise our children. This is not the Iowa I remember, and I can't in good conciousness encourage my children to ever move back here.

Name: Erik Billeci

Comment: This bill is bigoted and discriminatory. Transgender people are human and should not only have the right, but the dignity to use their preferred restroom. The proposed legislation is cruel in singling out an already marginalized group and denying them a basic human necessity.Trans rights are human rights.

Name: Samuel Putnam

Comment: It's fantastic that when Covid is still out of control and the economy is in shambles, the GOP is focusing on the real issues like where people go pee.

Name: Melissa Hostetler

Comment: This bill, and the rest of the antitrans legislation being considered by this committee is going to kill children. There have been no recorded assaults of cis people by trans people in Iowa while using the restroom. However, just a few years ago, a gender nonconforming teen was brutally attacked and murdered in Burlington Iowa. In Fairfield, another trans child committed suicide. Trans people remain one of the most at risk groups for sexual violence and suicide. The rate of violence and risk of suicide towards trans women of color is even more disparate.The education committee should not be creating statewide policy for something that should be left up to local discretion. In addition, what bathrooms will this bill be providing for people who are born biologically intersex? Will they simply not be allowed to use the restroom at school? Or will you be considering an amendment to fund restroom expansions in every Iowa school for every biological sex? Does the state plan to fund lawsuits that challenge this bill under the new precedent protecting gender identity under the ADA? This law will create yet another potential liability that the state will have to defend with taxpayer dollars. As an Iowan, a taxpayer, and someone who has basic empathy and critical thinking skills, I vehemently oppose this bill.

Name: Faith Dickey

Comment: The only inappropriate thing occurring is a group of politicians attempting to decide what children do with their bodies and caring so much which toilets they use that they would use their positions of power to attempt to pass laws regarding such things. Stop thinking about kids and their bodies and which toilets they use! Let them be! Its creepy to focus so much attention on it! If you care about forcing children to use a certain toilet of your choosing youre being creepy! Children and their toilet preferences should not be the focus of your energy and thoughts! Its just weird! And

what, youll have a guard in front of the toilet to check birth certificates to make sure these children line up biologically with the image on the door?! NO! Because thats weird! And crazy!And for the love of god TRANS CHILDREN ARE CHILDREN! So, let them be who they are. Jesus would.

Name: Michael Roberts

Comment: I oppose this measure. This is more asinine culture war nonsense from the GOP, during a pandemic. Stop endangering marginalized groups like trans people and do something constructive to help the citizens of Iowa.

Name: Fareeha Ahmad

Comment: People should have the right to be who they are without feeling unsafe. This bill would prevent transgender students from feeling acknowledged, heard, and safe. School is supposed to be a welcoming place where students are able to learn not somewhere where students feel as though their identity is being questioned.

Name: Dominic Gray

Comment: Another day in Iowa, vilifying people and things we don't understand. Don't put any of this under the guise of "normality" or "tradition" when it's just another notch in Iowa's legislative belt of bigoted law making. Stop infringing the rights of others just because you won't take the time to understand what it's like to be somebody else and stop writing laws to explicitly target individuals and communities who already have it hard enough.

Name: Colton Bachman

Comment: You should be trying to give people more rights, not take them away. This also prevents nontrans people from entering the bathrooms where their child may need their help. How about we fix our vaccine distribution before voting on junk like this.

Name: Antonia Sicilia

Comment: This bill is a thinlyveiled attempt by our legislator to perpetuate antitrans sentiment and stick the government where it does not belong.Perhaps if Iowa leaders focused on more pressing matters than where a child goes to the restroom, we wouldn't be at the very bottom of the country's COVID response.

Name: Ryan Walker

Comment: This bill puts transgender children at risk with no upside to this bill unless your goal is to spread hate and discriminate against an already marginalized community. It is a cruel bill that does nothing to make Iowa better or safer.

Name: Emily Hill

Comment: Having been to college campuses where all gender restrooms are used in nearly every building, I can confidently say that all gender restrooms are the most beneficial option for students of any gender identity. Completely putting aside the blatant transphobia presented in this bill, there is no reason as to why students should not be allowed to use the restrooms of the gender that they identify.

Name: C H

Comment: This is bullying. It is ignorance. It is hindering what could otherwise be an opportunity for open conversations and learning instead of forcing children to feel like they need to hide or be ashamed. It is creating an atmosphere where marginalization and exclusion are "okay". I strongly disagree with this bill.

Name: Jacob Stoffer

Comment: You are discriminating against a group of people for no reason other than their gender identity. They are HUMANS not pedophiles. Instead of illegally discriminating against these Iowans, why don't you support us during the ongoing

pandemic?

Name: Catherine Baruth

Comment: When you have to introduce a bill with the statement that "It is not unfair or discriminatory practice to", it means it is inherently unfair or discriminatory. This bill is founded in and feeds the fear of the "other", the person who is not like me. If passed, transgender kids will end up forced to use restrooms with the gender they do not identify within essence, you are pushing them into restrooms with the wrong gender! In the worst case, schools will designate specific restrooms for transgender kidssegregation is back! Forcing them to use other facilities is no different than the days of "white" and "colored" water fountains. This legislation had no business even being filed, let along debated. Transgender kids and people are here to stay; they have the same rights and obligations as everyone else; stop trying so hard to make them second class citizens.I suspect this stems from the ongoing disinformation campaign that being transgender is a choice. Gender identity is resident in the brain, and the last I checked that was part of a person's biology. This bill actually creates the very situation that the author seems to fear by forcing kids to use the restroom of their opposite gender, to say nothing of those that are nonbinary. etc.

Name: Elizabeth Ekanger

Comment: This is a hate filled bill. Hate has no place in our schools. Children should feel safe at school and part of that safety is a base acceptance of self. This is far, far over reaching into individual's private lives. I'm disgusted that politians would use their power to sow hate and division under the guise of "safety". Safety for who? Trans people are far more likely to to be assaulted than cis people and this bill increases those odds further still. When did Iowa get so cruel? I thought the Midwest was supposed to be full of nice people. The fact that this bill even exists makes me ill. Do better.

Name: Connor Finholt

Comment: It is disappointing that we are still having to speak out against bills like these. Trans rights are human rights, and trans kids know better than anyone what their gender is. Policing that, like this bill would do, only serves to cause psychological damage to a group already at increased risk of discrimination and bullying.

Name: Alexander Burg

Comment: There is no human right to use the restroom of the opposite sex. Biological males are statistcally more violent and prone to sex crimes than biological females, regardless of hormone therapy. To put a male in a private female space is to put a fox in a chicken coop. This bill must be passed to set the precedent that the majority should not be made to unduly suffer for the sake of a few individuals with a mental illness. Once again, there is no human right to use the restroom of the opposite sex.It also goes without saying that this issue is the thin end of the progressive wedge. Should this bill fail Iowa will surely soon be overrun by all sorts of progressive lunacy. The vocal progressives in Des Moines, Iowa City, et cetera, are the minority in this state. The majority here do not want the great state of Iowa to kowtow to left, and nevermind one of its most nonsensical aspects.

Name: Nik Wasik

Comment: It's ironic that the party of small government is spearheading the discussion of putting the government into children's bathrooms. This is a simplistic bill, with dated and ignorant opinions about what is going on inside of schools in 2021. Please do not allow this bill to come to the floor.

Name: Jay

Comment: Bigotry. Pure and simple.

Name: Thomas Stevens

Comment: I do not support SF 224, it should not be passed. I do not understand the need for this bill. This bill acts on the assumption that trans people using the bathroom are somehow a threat to cisgendered individuals. I just graduated from high school last spring and never experienced, let alone heard of, the trans students in our building and district assaulting cis students. If a trans man using a men's bathroom makes cis men uncomfortable, he will also make cis women uncomfortable if he uses the women's restroom. This bill does nothing to promote the safety or comfort of cis students. This bill will make school a dangerous environment for trans students.This bill completely ignores the existence of intersex students in Iowa (students whose combination of genes, hormones, and internal/external organs cannot be identified biologically as male or female). Acting as if sex is on a binary is harmful and biologically incorrect. If the goal of this bill is to make students more comfortable in school bathrooms, we need more gender inclusive bathrooms not less.

Name: Genevieve Randall

Comment: This bill does not help or protect anyone. It only serves to encourage discrimination and hatred against trans children. Support trans lives. Do not pass this bill.

Name: David Depew

Comment: As a mental health provider, I've seen transgender clients, who are afforded gender affirming healthcare and treatment, go on to increase their productivity, contributions, and happiness. Clients who are denied gender affirming treatment suffer with, but not limited to, increased depression and anxiety.

Name: Edward McAtee

Comment: This is bigotry plain and simple. Trans rights are human rights.

Name: alexander templeton

Comment: Please do not pass this bill. Limiting freedom helps no americans. The cases of trans people committing acts of violence are negligible.

Name: Ashley BOHL

Comment: This is a terribly bigoted bill!I oppose it! Represent ALL Iowans not just a few select groups!

Name: John Menninger

Comment: As you consider the abovereferenced bill, you might want take account of the 1% of live births with ambiguous genetalia. At the frequency of red hair in the population, these babies present with organs that don't fall into the simple categories of "boy" or "girl." Check out the links below:https://www.healthline.com/health/baby/whatdoesintersexlooklikehttps://www.todaysparent.com/baby/babyhealth/intersexwhenababyisntquiteboyorgirl/Onesizefits allschool bathroom policy embodies assumptions that can't be justified in reality. You can do better. Please try. John Menninger

Name: Shea Daniels

Comment: I understand that those who brought this bill forward believe that it protects our children and brings credit to our great State of Iowa. Unfortunately it is misguided in both of those aims and is counter to our existing laws that protect gender identity.Studies and collected data have both proven out that transgender access to bathrooms does not increase incidents of assault on women. On the contrary, transgender and nonbinary individuals are more likely to be victims of bullying and assault. Transgenders kids are, if you remove the label, just kids. They are members of families and beloved by their parents, friends, and relatives. They are equally worth of our protection. There is no excuse for creating a state law that enables their

abuse instead of protecting them.Not only that, but this is a regressive policy for our state in terms of growing our community and economy. The State Legislature and Governor both aim to create an environment that is friendly for businesses, families, and hardworking Iowans. Businesses oppose this type of legislation because they know that educated, passionate families don't want to live in states with these types of policies. They know that customers don't want to shop at companies that support these policies. Bathroom bills have even been opposed by the NCAA and other major organizations for these reasons, among many others.I am a professional software engineer with 13 years of experience. I lead a team of 5 other engineers in Iowa's startup community. I have always been proud of our state being ahead of the curve on equality and I've evangelized that pride to many others. Iowa has a long history of knowing the right thing to do and acting on it before it becomes popular. We are leaving that legacy behind. How long can I continue to live in a state that does not want me and my talents here? I know many other successful professionals and other hardworking folks who are thinking of leaving if our state continues down the path to this dark place.Iowa can not afford to pass legislation such as this.

Name: Leah Plath

Comment: Iowa should be ashamed to even consider this bill. This is harmful & damaging to LGBTQ youth.

Name: Chuck Hurley

Comment: We support the bill, in part because allowing males into female spaces invades female privacy, and has caused irreparable harm to some school children. Here's one example:https://www.youtube.com/watch?v=wv8GT8m7EDQAnd

Name: Andrew Boge

Comment: This bill is a blatant discriminatory attack on trans students in the state of Iowa. There is no reason for state oversight regarding what bathroom facilities trans students decide to use and is a waste of taxpayer dollars. Given the epidemic of violence and bullying against trans peoples, particularly trans people of color, creating additional hostilities in schools sends a clear message from our state legislatures that they only care about certain students. Trans students deserve to make a decision about what bathroom they want to use, that is not for the state to decide. I strongly protest this legislation and believe that it should be removed from consideration.

Name: Mara Lucien

Comment: Why does the party that touts "freedom" spend so much time concerning itself with limiting the freedoms and rights of trans people, and in particular trans children? Leave the kids alone! We already have laws on the books to address ACTUAL situations of harassment, abuse, etc. How about you enforce those laws and protect kids from REAL perpetrators (which, statistically, is MUCH more likely to be a family member or adult authority figure than another kid, much less a trans kid)? This proposed law would harm children, not protect them.

Name: Loan Nguyen

Comment: Children who are gender questioning and transidentifying are harmed by this bill. Our concern as adults should lie in whether we are supporting or invalidating the experiences of young children and young adults. Transgender individuals, whether young or old, are statistically more likely to experience trauma that negatively affects their growth, processes, and mortality. Legislation that discriminates based on gender identity only furthers the difficult life experiences trans students already face, exacerbating an already bloated statistic of youth suicide and mental illness. The underlying implications of this bill assumes transgender students as predatory, when in fact they are most likely to be victim of attacks and harm. However, simply put: students, transgender or not, want to use the facilities in peace and privacy, with the

dignity afforded to any individual.

Name: Benjamin Sweet

Comment: This bill serves to benefit no one. It harms a silent minority who need the protection of government against the tyranny of a majority. I can not vote for a representative who supports this oppressive bill.

Name: Brittany Bailey

Comment: I hope you will reject this bill. It's not only discriminatory to a minority population (estimates put transgender individuals to about 0.3% of the population) but also wildly inaccurate. I urge you to align with the medical community on the differences between biological sex and gender identity. The are not the same. We need to listen to medical experts that they are not the same thing and shouldn't be treated as such.I'd like to remind the legislature that North Carolina passed a bathroom bill three years ago and they let it expire this year. This is because businesses fled or refused to do business with the state after it was enacted.

Name: Stephanie Anderson

Comment: I oppose this bill. This legislation was created out of ignorance to further fan the flames of a moral panic that was created in bad faith. It only exists to be cruel and to take away the rights of those who are already marginalized. This bill will only cause harm.

Name: Kylie Spies

Comment: This is a wholly inappropriate use of legislative power. These bathroom bills are a cruel, humiliating response to a nonexistent problem. Vote no.

Name: LA Hennings

Comment: Personally, I would expect that if all bathrooms and locker rooms were made mixedsex, sexual assault in these spaces would undoubtedly rise but still remain a relatively rare occurrence in absolute terms. But leering, peeping, flashing, taking creepshots, placement of spycams, making lewd comments, "accidental" or "friendly" touching . . . these would skyrocket.It annoys me that women have to come up with reasons men should not be able to self ID into our spaces. Howz about the TRAs need to show us stats on all the trans women harmed when using the mens room?Target did their own study here : Its titled: Sexual Violence Reports in Target Spike After Transgender Bathroom Policy: StudyDisclaimer : this article links to a Christian site BUT they do reference the study target did themselves which has no religious affiliation.
https://www.google.com/amp/s/www.christianpost.com/amp/sexualviolencereportstargetstoresspiketransgenderbathroompolicystudy.html

Name: Dorothea Jurgenson

Comment: These legislators ought to be ashamed of themselves! The only purpose of this bill is to try to shoehorn people into the conventional role/gender you approve. Its effect will be to humiliate and emotionally scar transgender youth. Perhaps you could work on things that actually benefit ordinary Iowans instead of making a moral issue out of a biological one.

Name: Kellee Wasik

Comment: From the Republican Party of Iowa Platform "We believe that parents are responsible for their children, and we support the rights of parents to be the ultimate authority for the discipline, protection, and education of their children."This spirit of this section strongly states that children and their parents, NOT school administrators or GOVERNMENTS have the authority to intervene so drastically in the education of a child. It rejects the notion that the government has the ability to discipline trans children by denying them access to the bathroom that fits their identity, and denies

parents their right to protect and advocate for their child. This bill is enormously hypocritical from the party should be advocating for less government intervention in our lives, and is a massive overstep of the Iowa legislature.

Name: Zachary Cutler

Comment: Instead of trying to discriminate against trans youth, maybe we try and pass bills that actually matter?

Name: Whitney Smith McIntosh

Comment: As a parent of three public school graduates, I fully support this bill. As a female who used school bathrooms when she was in school, I fully support this bill. When I was in school the girl's bathroom was a place of safety. We could go in there and chat with the other girls without boys or teachers around, we would trade makeup secrets and give each other tampons or sanitary napkins when we had an unscheduled visitor we were not prepared for. If a boy walked into the girls' restroom, on a dare of confusion or rebellion, all sorts of chaos ensued, resulting in the boy being removed and "talked to". While I realize times have changed and now students are expressing their confusion with gender roles the science of sex never changes. The need for privacy for both girls and boys never changes. In the state of Iowa schoolage children, 4 to 17, have not had gender reassignment surgery and therefore the physical body has been altered therefore not requiring a genderconfused person to use any restroom other than the one designed for their physical needs. If genderconfused people feel their safety is at risk in the bathroom of their sex then we could provide reasonable accommodation and supply them with a one stall private bathroom.

Name: Anoushka Divekar

Comment: Trans students deserve to be treated like all other students. Please act in their protection!

Name: Gianfranco Berardi

Comment: As the parent of a transgender daughter, I already worry about her safety on a daily basis. This law would increase that worry.There is no benefit to passing this law, and I see nothing but downsides. It's not based in science, and it is not based on safety. Transgender people already face discrimination, and this law will make it more dangerous for them to merely exist. Iowa is overreaching into local school policies and relationships with their students for no good reason I can see.It is a waste of time and taxpayer dollars since there are already bills that are similar in other states that have already been struck down as unconstitutional.

Name: DJ Jeffries

Comment: Its not about safety, is about transgressing and eliminating womens boundaries!No one is obligated to "validate" another person women definitely should Not be mandated to do so.Women are not meat shields to protect one subset of males from another There's a reason for sex segregated spaces. Some males are creeps. common sense and human history, duhDon't try to force school girls into being strippers for horny school boys. Don't cater to male fetishes by erasing girls dignity and privacy. What do you remember from going through puberty at school? Guys wanted to see naked girls, right? Girls were embarrassed, insecure. Smuggling tampons, washing out embarrassing stainsDon't let males of any make into girls spaces. Even one male makes it a male space, no longer a female space90% of transgender id males keep their male genitals. Let girls have space away from penile erectionsWhat about the girls feelings? 50% of population versus 1.5% female identified males. What about the girls!

Name: Justin Young

Comment: I find that the total lack of empathy for transpeople should not be funded by tax payer

dollars. Go back to the 1960's and look at how we view segregated water fountains that is how this bill will look in the very near future and I for one do not wish to be associated with a state that would do something so blatantly transphobic. This is a ridiculous bill to be taking up space on the docket and should it come to pass if will be another checkmark on the list for why Iowa can not attract larger businesses and younger individuals to live here.

Name: Rowyn Maas

Comment: Transgender persons deserve to be treated like everybody else because they are like everybody else. It is not right that they can be discriminated against.

Name: Jack (Tirza) Overholt

Comment: As a transgender boy, this law would make females in the bathroom very uncomfortable with someone who identifies as a guy. Why should grownups determine what I do with my body? No being transgender isn't a phase, no it won't go away when I'm older, this is who I am and no one gets to decide what that means besides me.

Name: C.E. DeWit

Comment: You must show support for transgender Iowans, LIKE ME, and for transgender children, who will absolutely NOT grow out of being transgender and deserve your support and care. This bill is NOT supported by science or social evidence, and if you pass it you will be doing irreparable harm not only to Iowas transgender youth population but also to your own credibility and trustworthiness. Your constituents will know that you do not show care for people who might not be like you, and you do not trust them to know their own minds, hearts, and needs.I urge you to use reason, to trust science, and have compassion for transgender children, who will be deeply psychologically harmed if they dont have access to genderaffirming care and facilities (which has been demonstrated by scientific studies). Open your minds and hearts, and do the right thing.

Name: Chelsea Sims

Comment: As an educator, I can tell you from personal experience how much harm this bill would cause our young people. Our students come to school to learn and should feel safe and affirmed when they are with us. Having others attempt to police their humanity based on ignorant and transphobic ideas would be cruel, disruptive, and untenable. Will someone be guarding the bathroom doors to check birth certificates for biological sex? Or do you intend to ask educators to rely on students to out their classmates to some disciplinary figure? This bill is ridiculous and spiteful and based on imagined dangers. Oppose, and maybe educate those who wrote this bill on being an empathetic human.

Name: Amal Eltayib

Comment: This bill is a disruption of a person's freedom, to choose their own identity without the burden of adults determining such for them. This should not be passed, and transgender people should be able to go about their daily lives with a sense of security in their own identity.

Name: Kassie McLaughlin

Comment: This bill is one of many currently discriminating against our transgender community. Our time and resources are better spent educating support of all Iowans and making sure that the needs of trans folks are met rather than targeting them with ignorant aggressive bills that make their lives difficult or impossible. Build up our communities with resources rather than tear them apart with legislation designed to divide us further.

Name: E Cram

Comment: Look at the evidence: bills legislating access to the bathroom are part of a long history of determining who can access public space. This bill would deny equal access to education for transgender and gender nonconforming students. Why is that? Bathroom access is necessary to occupy a space over the school day. The inability to use a bathroom at school creates the potential for serious physical health issues. Bathroom access also greatly affects mental health. There is NO evidence that allowing trans youth to use bathrooms creates harm for nontrans students. The evidence DOES suggest that trans people (students in this case) are more likely to be bullied, harassed, or targeted if they are forced to use a bathroom that does not correspond to their gender identity.

Name: Leslie Schwalm

Comment: This is a cruel bill, one that arises out of absolute ignorance of the experience of trans students in our schools. Like all humans, they need access to bathroom facilities. And like all humans, they need to be recognized for whom they really are. Denying them equitable access to the bathrooms that all school children enjoy is a direct rejection of their identity, an explicit act of discrimination, and an effort to police children's identities. The bill is a clear expression of transphobia, an irrational fear that trans adults generally are pathological and intent on attacking, harassing, or sexually exploiting people in bathrooms. In particular, is an attack on transwomen, and the misguided presumption that transwomen are really men who wish to use women's bathrooms as a site for exploitation of heterosexual women. I respectfully submit that Iowa state legislators speak with the parents of trans kids to learn about their journeys with their children, the incredible obstacles they face daily, and the role of school policies in worsening the lives and mental health of trans kids who simply wish to be recognized for who they are. Rather than pathologizing children, and oversexualizing them, you need to recognize them as children with bathroom needs. Furthermore, rejecting fair accommodations for trans youth has a direct impact on their mental health; studies reveal that encounters with discriminatory school policies increase the likelihood of suicidal ideation and behavior (see attached study). Please keep our schools safe for ALL our children.

Psychological Medicine

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Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: findings from Trans Pathways

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Abstract

Background. Trans and gender diverse (TGD) young people worldwide experience high rates of poor mental health; however, these rates were unknown in Australia. In addition, how negative life events affect the mental health of TGD young people has been largely unexplored.
Methods. This paper reports on novel mental health findings of Trans Pathways, the largest study ever conducted in Australia with trans (transgender) and gender diverse young people ($N = 859$; aged 14–25 years). The study was an anonymous online cross-sectional survey undertaken in 2016. Logistic and linear regression models were used to test associations between mental health outcomes and negative life experiences.
Results. TGD young people in Australia experience high levels of mental distress, including self-harming (79.7%), suicidal thoughts (82.4%), and attempting suicide (48.1%). Three in four participants had been diagnosed with depression and/or anxiety (74.6% and 72.2%, respectively). Many TGD young people had been exposed to negative experiences such as peer rejection (89.0%), precarious accommodation (22.0%), bullying (74.0%), and discrimination (68.9%). Most poor mental health outcomes were associated with negative experiences. The strongest associations were found for precarious accommodation and issues within educational settings. For example, participants with a prior suicide attempt were almost six times more likely to have experienced issues with accommodation, including homelessness.
Conclusions. The current results highlight the urgent need for better mental health care and provide insight into areas for targeted mental health interventions. These findings are pertinent for clinicians working with trans young people and wider society.

Introduction

People who are trans (transgender) or gender diverse have a gender incongruent with the sex assigned to them at birth. In recent years, there has been an increase in the prevalence of trans and gender diverse (TGD) young people, evidenced through population-based studies and the higher number of young people seeking gender-affirming interventions at gender clinics worldwide (Cohen-Kettenis *et al.*, 2011; Telfer *et al.*, 2015). The number of trans and gender non-conforming young people in the population is currently estimated to be almost 2.7% of adolescents (Rider *et al.*, 2018), higher than previous population estimates of 0.5–1.2% (Telfer *et al.*, 2015; Winter *et al.*, 2016; Flores *et al.*, 2017).

Research on the mental health of TGD populations tends to be conflated with research into LGBTIQ (lesbian, gay, bisexual, trans, intersex and queer) groups broadly. However, gender and sexuality are two very distinct aspects of a person's identity. LGBT (lesbian, gay, bisexual and trans) young people do experience poorer mental health than the general population, but these rates of poor mental health are even higher rates for trans youth compared to their lesbian, gay and bisexual peers (Hillier *et al.*, 2010; Veale *et al.*, 2017). It has been established that trans populations experience higher rates of poor mental health than their cisgender peers – those whose gender identity matches the sex assigned to them at birth (Bouman *et al.*, 2017; Veale *et al.*, 2017; Rider *et al.*, 2018). Previous research shows that children who are gender non-conforming in childhood are more likely to experience depression through adolescence and young adulthood compared to those who are gender conforming, in part attributable to adverse life events such as increased exposure to bullying and child abuse (Roberts *et al.*, 2013). Reisner *et al.* (2015) found that, in comparison to cisgender controls, trans young people experienced a two to threefold greater risk of anxiety disorders and depression.

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Suicide attempts are relatively common in young trans populations – 37.8% of trans young people (aged 19–25) in Canada and 45% of trans adolescents in the UK have attempted suicide (Bradlow *et al.*, 2017; Veale *et al.*, 2017). TGD young people are significantly more likely than cisgender youth (regardless of sexuality) to self-harm and attempt suicide (Jones and Hillier, 2013; Smith *et al.*, 2014; Reisner *et al.*, 2015; Testa *et al.*, 2017). For example, trans young people are more likely to experience suicidal thoughts (31% compared to 11%) and to attempt suicide (17.2% compared to 6.1%) in comparison to matched cisgender controls (Reisner *et al.*, 2015). Causes of suicidal ideation and risk in TGD populations are likely to be multifactorial, including being attributable to minority stress, transphobia and life crises (McDermott *et al.*, 2017; Testa *et al.*, 2017). A previous national study of the mental health of TGD young people in Australia ($n = 189$) reported that, of the participants who had been exposed to abuse or discrimination, 70% had self-harmed and 37% had attempted suicide (Smith *et al.*, 2014). A history of physical and/or sexual violence has been associated with suicidal thoughts and attempts in adult trans populations (Testa *et al.*, 2012).

There are multiple and interacting factors contributing to mental health difficulties in this population. Previous research has indicated that trans populations may experience additional stress in a variety of situations (such as bathrooms and identification documents not matching gender expression) stemming from the expectation of rejection (Rood *et al.*, 2016). LGBT youth who experience peer victimisation experience higher levels of depressive symptoms, and have a lower sense of belonging within schools (Collier *et al.*, 2013). As a young person's gender nonconformity increases, so too do their likelihood of being bullied (Gordon *et al.*, 2018).

There has been limited research on the mental health of TGD young people within Australia. In particular, the impact of negative and/or traumatic events on mental wellbeing in this population has not been extensively examined (Reisner *et al.*, 2016). The only previous national study of Australian TGD young people reported on some aspects of mental health but did not investigate the associations between potential drivers of poor mental health, such as discrimination and bullying, and adverse health outcomes; e.g. self-harm, suicidality and psychiatric diagnoses (Smith *et al.*, 2014). The earlier study focussed on suicide and self-harm after exposure to violence, but not wider patterns and predictors. This limits our understanding of why TGD young people experience elevated rates of mental health difficulties and constrains our ability to develop and implement appropriate intervention strategies (Reisner *et al.*, 2016). This study aims to characterise mental health issues affecting TGD Australian young people, and to investigate the potential relationships between negative life events and adverse mental health outcomes.

Methods

Study population

The survey sample comprised 859 young people aged 14–25 years who self-identified as trans or gender diverse (TGD) and were currently residing in Australia between February and August 2016.

Study design

An online cross-sectional survey was undertaken. TGD young people and parents of TGD young people were consulted to determine their preferences for questions to be included in the survey, and to ensure that the questions were relevant and asked in a respectful manner. We held a focus group with TGD young people and a separate focus group with parents of TGD young people. These groups were provided with an initial draft of the questionnaire and the final version was shaped by their feedback from these sessions. The focus group members identified drivers and protective factors of mental health based on their own experiences and awareness of concerns raised within the community. Qualtrics online survey software was used to construct and host the questionnaire which utilised branch, display and skip logic based on participant responses. All questions were optional, except those used to determine eligibility (i.e. TGD identification, age, place of residence).

Recruitment and consent procedures

An anonymous online, self-report questionnaire was conducted between February and August 2016. Participants were largely recruited using social media (i.e. Twitter, Facebook and Tumblr), gender clinics, youth mental health services, support groups, parent and youth groups, and word of mouth. Participants were provided with an online participant information sheet and were instructed that by entering the online survey they were consenting to take part in the study. Parental consent was not required. The study was approved by the University of Western Australia ethics committee (RA/4/1/7958).

Outcomes and risk factors of interest

The questionnaire included both quantitative and qualitative components. Primary outcomes of interest were self-reported psychiatric diagnoses, adverse health outcomes, and current anxiety and depressive symptomatology. Exposures to a range of negative life events and stressors were also assessed.

Gender and demographics

Participants were asked for both their sex assigned at birth (male/female) and gender identity (open text box). Asking about gender in this way allowed participants to describe their gender in their own words. The study was advertised as a study for TGD young people. Participants were asked for their year of birth and whether they were living in Australia at the time of the survey to determine their eligibility. Participants were also asked about their current living situation.

Current psychopathology

Depressive symptoms were indexed on the Patient Health Questionnaire (PHQ-A) (Kroenke *et al.*, 2001). The PHQ-A is a nine-item scale that is scored from 0–27 and can be categorised into no depressive disorder (0–4); possible mild depressive disorder (5–9); possible moderate depressive disorder (10–14); possible moderately severe depressive disorder (15–19); and possible severe depressive disorder (20–27) (Kroenke *et al.*, 2001). Anxiety was measured using the Generalised Anxiety Disorder seven-item Scale (GAD-7) (Spitzer *et al.*, 2006). The categories for the GAD-7 are based on scores suggestive of a generalised anxiety disorder (⩾5); moderate to severe anxiety (⩾10); and severe anxiety (⩾15) (Spitzer *et al.*, 2006).

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Table 1. Lifetime prevalence of self-harm, suicidal thoughts and suicide attempts among trans young people

Self-reported adverse health outcome	Group identification				
	Overall sample: *n* (%)	Assigned female at birth: *n* (%)	Assigned male at birth: *n* (%)	Aged <18: *n* (%)	Aged ⩾18: *n* (%)
Desire to self-harm	639 (91.3)	493 (93.5)**	146 (84.4)**	174 (91.1)	465 (91.4)
Self-harming	561 (79.7)	446 (84.6)**	115 (65.0)**	149 (78.0)	412 (80.3)
Reckless behaviour to purposely put life at risk	432 (62.8)	336 (65.5)*	96 (54.9)*	104 (59.8)	328 (63.8)
Suicidal thoughts	568 (82.4)	435 (84.1)*	133 (77.3)*	147 (83.1)	421 (82.2)
Suicide attempt	333 (48.1)	258 (49.8)	75 (43.1)	77 (42.1)	256 (50.3)

*χ^2 test significant difference between the two comparative groups ($p < 0.05$).
**χ^2 test significant difference between the two comparative groups ($p < 0.01$).

Self-reported psychiatric diagnoses

Psychiatric diagnoses (depression, anxiety disorders, post-traumatic stress disorder, eating disorders, autism spectrum disorder, personality disorders, psychosis and substance use disorders) were listed and participants were asked whether a health professional had ever diagnosed the individual with the specific psychiatric conditions.

Self-reported adverse health outcomes

The five self-reported adverse health outcomes measured were: wanting to self-harm, self-harming, reckless behaviour that purposely puts one's life at risk, suicidal thoughts and suicide attempts. These were measured by asking participants whether they had engaged in the outcome within the last 12 months, prior to the last 12 months or never. Here we report a lifetime prevalence of these adverse health outcomes.

Exposure to negative experiences

Participants were asked about a range of negative experiences that are potentially associated with poor mental health. Participants were asked to select all the factors that they had experienced from the list provided. These items included: issues with accommodation (including homelessness), body dysphoria, bullying, discrimination, employment issues, experiencing a significant loss, feeling isolated from not knowing other TGD people, feeling isolated from services, helping others with their issues with mental health, a lack of family support, peer rejection and issues with school, university or technical college (henceforth education settings).

Statistical analysis

IBM SPSS Statistics, version 24, and Stata, version 15, were used to obtain descriptive statistics (frequencies, means, standard deviations), and to develop regression models. Logistic regression models were used to evaluate associations between potential drivers and adverse health outcomes, psychiatric diagnoses, and current psychopathology using known cut off-scores on the PHQ-A and the GAD-7. Linear regression models were used to evaluate potential drivers of poor mental health and current psychopathology measured by the GAD-7 and the PHQ-A. All reported regressions are adjusted for age and sex assigned at birth. All regression models were evaluated using diagnostic testing and no major deviations in distributional assumptions were detected.

Results

Demographics

The majority of participants were assigned female at birth (74.4%). Aboriginal and/or Torres Strait Islander people comprised 3.7% of this sample, a proportion that is representative of Australian population demographics (Australian Bureau of Statistics, 2014). The mean age of participants was 19.37 years (S.D. = 3.15). A total of 29.7% ($n = 255$) of participants self-identified as trans male or male, 15% ($n = 129$) identified as trans female or female, and 48.6% ($n = 417$) identified as various non-binary identities including non-binary transmasculine, non-binary femme, agender, bigender, pangender and other non-binary identities.

Most participants were living with parents (60.3%), 18.7% were in shared accommodation, 4.7% were living with other family members, 4.3% were living with a partner, 3.7% were living alone, 3.4% were in a residential college, 2.3% in supported accommodation and 1.4% had no fixed accommodation. One quarter of participants lived in Victoria (25.2%), 20.0% in New South Wales, 17.2% in Queensland, 15.9% in Western Australia, 12.0% in South Australia, 6.5% in the Australian Capital Territory, 2.7% in Tasmania and 0.5% in the Northern Territory. There was slight overrepresentation in the Australian Capital Territory, South Australia, Tasmania, Victoria and Western Australia while New South Wales, the Northern Territory, Queensland were underrepresented compared to 2015 population estimates by the Australian Bureau of Statistics (Australian Bureau of Statistics, 2016).

Self-harm and suicidality

Table 1 reports the lifetime prevalence rates of adverse health outcomes among our sample. Self-harm was commonly reported, with 91.3% ever wanting to self-harm and 79.7% self-harming at some point during their life. A majority of participants had engaged in reckless behaviour to risk their life (62.8%). Over three quarters (82.4%) of participants reported ever having suicidal thoughts and 48.1% had ever attempted suicide. There were no statistically significant differences in the prevalence of all lifetime adverse health outcomes between TGD young people

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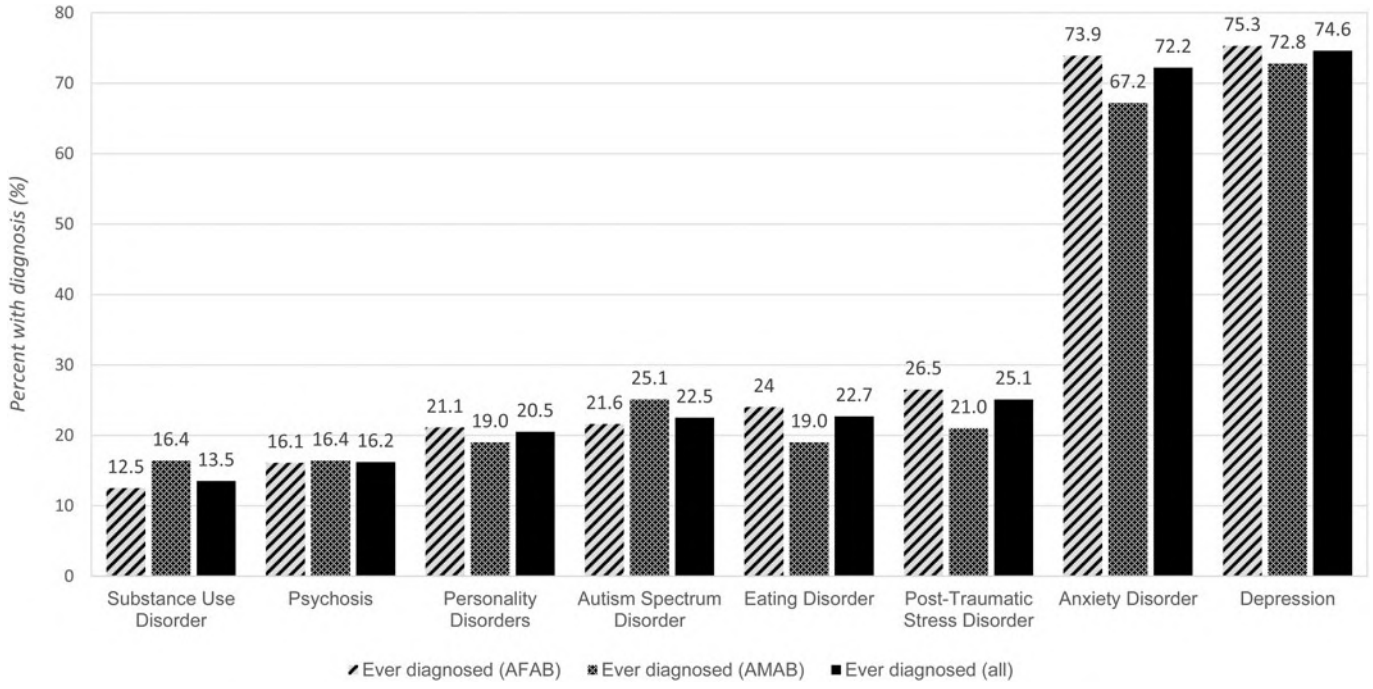

Fig. 1. Prevalence of self-reported psychiatric diagnoses among trans young people ($n = 756$).

under the age of 18 compared to those aged 18 or older. However, there were significant differences between TGD young people who were birth-assigned female compared to those birth-assigned male as tested with a Pearson χ^2 test. Participants assigned female at birth reported higher rates of wanting to self-harm ($F = 13.724$, $p < 0.001$), self-harming ($F = 31.633$, $p < 0.001$), reckless behaviour to purposely put one's life at risk ($F = 6.323$, $p = 0.012$) and suicidal thoughts ($F = 4.139$, $p = 0.042$). There was no statistically significant difference between these groups for suicide attempts.

Self-reported psychiatric diagnoses

Figure 1 summarises the prevalence of self-reported psychiatric diagnoses ever received by a health professional. The most prevalent diagnoses were depression (74.6%) followed by anxiety (72.2%) and post-traumatic stress disorder (25.1%). There were no statistically significant differences in prevalence between participants assigned female at birth and those assigned male at birth across all diagnoses.

Current psychopathology

More participants scored in the moderate to severe anxiety range with 11.8% of participants reporting minimal anxiety, 26.0% reporting mild anxiety, 30.5% reporting moderate anxiety and 31.6% reporting severe anxiety during the prior 2 weeks ($n = 845$). The mean GAD-7 score was 11.53 (S.D. = 5.65, $n = 845$). Based on the GAD-7 functional impairment scale, only 7.6% of the sample ($n = 65$) had no functional impairment, while 52.2% ($n = 443$) had some difficulties, 28.0% ($n = 238$) found it very difficult to carry out everyday tasks and 12.3% ($n = 105$) reported extreme difficulties. Depressive symptoms similarly increased in severity with 7.5% of participants reporting no depressive symptoms, 16.2% with mild depressive symptoms, 21.6% with moderate depressive symptoms, 24.6% with moderately severe depressive symptoms and 30.2% with severe depressive symptoms during the 2 weeks prior to completing the survey ($n = 736$). The mean PHQ-A score was 15.26 (S.D. = 7.04, $n = 736$).

Exposure to negative experiences

Young people in this population were commonly exposed to negative experiences, including peer rejection (89.0%), issues within educational settings (78.9%) and bullying (74.0%). Body dysphoria was commonly experienced (93.8%). These patterns of exposure are summarised in Tables 2–4.

Associations between negative experiences and self-harm and suicidality

Table 2 reports the associations between potential drivers of poor mental health and the five adverse health outcomes of self-harm and suicide measured. The majority were associated with an adverse outcome. For example, participants with a history of self-harm had significantly elevated odds ratios for exposure to issues with accommodation (including homelessness) (OR 4.099, 95% CI 2.131–7.883) and within educational settings (OR 3.539, 95% CI 2.301–5.442). Participants with a prior suicide attempt had significantly elevated odds ratios for exposure to issues with accommodation (OR 5.716, 95% CI 3.617–9.031) and within educational settings (OR 3.892, 95% CI 2.528–5.992).

Associations between negative experiences and psychiatric diagnoses

Table 3 summarises the associations between potential drivers of poor mental health and psychiatric diagnoses. Participants who had been diagnosed with depression reported a greater than threefold increase in their likelihood of experiencing issues within educational settings (OR 3.604, 95% CI 2.424–5.359) and

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Table 2. Potential predictors of self-harming and suicidal behaviours

		Lifetime desire to self-harm			Lifetime self-harming			Lifetime engaging in reckless behaviour (to purposely put life at risk)			Lifetime suicidal thoughts			Lifetime suicide attempt		
Personal event/ experiences reported	Overall sample reported: *n* (%)	Outcome Y/N (total)	Adjusted odds ratio	*p* value	Outcome Y/N (total)	Adjusted odds ratio	*p* value	Outcome Y/N (total)	Adjusted odds ratio	*p* value	Outcome Y/N (total)	Adjusted odds ratio	*p* value	Outcome Y/N (total)	Adjusted odds ratio	*p* value
Accommodation issues	22.0%, *n* = 147	137/4 (*n* = 634)	5.101 (1.780–14.618)	$p = 0.002^{**}$	132/12 (*n* = 637)	4.099 (2.131–7.883)	$p < 0.001^{**}$	116/25 (*n* = 622)	4.103 (2.514–6.695)	$p < 0.001^{**}$	139/4 (*n* = 625)	11.279 (4.030–31.563)	$p < 0.001^{**}$	108/32 (*n* = 626)	5.716 (3.617–9.031)	$p < 0.001^{**}$
Body dysphoria	93.8%, *n* = 648	561/55 (*n* = 656)	0.751 (0.222–2.542)	$p = 0.645$	497/121 (*n* = 659)	1.784 (0.878–3.625)	$p = 0.109$	385/217 (*n* = 642)	3.262 (1.657–6.432)	$p = 0.001^{**}$	507/11 (*n* = 645)	2.634 (1.297–5.350)	$p = 0.007^{**}$	296/309 (*n* = 646)	1.842 (0.941–3.605)	$p = 0.074$
Bullying	74.0%, *n* = 497	450/25 (*n* = 639)	5.048 (2.805–9.085)	$p < 0.001^{**}$	404/74 (*n* = 640)	3.036 (1.978–4.662)	$p < 0.001^{**}$	320/146 (*n* = 626)	2.932 (2.015–4.266)	$p < 0.001^{**}$	413/53 (*n* = 630)	4.081 (2.628–6.338)	$p < 0.001^{**}$	262/208 (*n* = 631)	3.664 (2.447–5.486)	$p < 0.001^{**}$
Discrimination	68.9%, *n* = 454	402/25 (*n* = 625)	2.778 (1.573–4.906)	$p < 0.001^{**}$	367/69 (*n* = 628)	2.111 (1.393–3.200)	$p < 0.001^{**}$	301/119 (*n* = 614)	3.288 (2.298–4.703)	$p < 0.001^{**}$	374/51 (*n* = 615)	2.847 (1.846–4.392)	$p < 0.001^{**}$	238/187 (*n* = 617)	2.735 (1.905–3.927)	$p < 0.001^{**}$
Employment issues	41.9%, *n* = 281	249/22 (*n* = 639)	1.571 (0.848–2.912)	$p = 0.151$	229/40 (*n* = 642)	2.235 (1.394–3.583)	$p = 0.001^{**}$	198/70 (*n* = 625)	2.856 (1.943–4.199)	$p < 0.001^{**}$	235/30 (*n* = 627)	2.515 (1.528–4.139)	$p < 0.001^{**}$	163/105 (*n* = 635)	2.849 (1.972–4.118)	$p < 0.001^{**}$
Experiencing a significant loss	53.3%, *n* = 359	328/14 (*n* = 639)	3.835 (2.023–7.271)	$p < 0.001^{**}$	290/51 (*n* = 644)	1.836 (1.222–2.757)	$p = 0.003^{**}$	240/99 (*n* = 627)	2.154 (1.543–3.007)	$p < 0.001^{**}$	299/42 (*n* = 630)	2.119 (1.381–3.250)	$p = 0.001^{**}$	185/147 (*n* = 633)	1.830 (1.327–2.524)	$p < 0.001^{**}$
Feeling isolated from not knowing other trans people	66.1%, *n* = 455	403/31 (*n* = 652)	1.700 (0.975–2.965)	$p = 0.062$	354/79 (*n* = 654)	1.331 (0.884–2.004)	$p = 0.171$	278/146 (*n* = 639)	1.439 (1.022–2.026)	$p = 0.037^{*}$	357/69 (*n* = 641)	1.271 (0.828–1.950)	$p = 0.272$	210/210 (*n* = 641)	1.275 (0.915–1.775)	$p = 0.151$
Feeling isolated from services	60.1%, *n* = 404	360/28 (*n* = 640)	1.684 (0.971–2.919)	$p = 0.064$	327/62 (*n* = 644)	1.870 (1.253–2.792)	$p = 0.002^{**}$	255/121 (*n* = 625)	1.887 (1.354–2.631)	$p < 0.001^{**}$	329/54 (*n* = 629)	1.804 (1.191–2.734)	$p = 0.005^{**}$	197/181 (*n* = 628)	1.586 (1.146–2.196)	$p = 0.005^{**}$
Helping others with their issues with mental health	70.2%, *n* = 473	430/23 (*n* = 642)	3.249 (1.818–5.806)	$p < 0.001^{**}$	387/70 (*n* = 645)	2.264 (1.495–3.428)	$p < 0.001^{**}$	285/152 (*n* = 628)	1.465 (1.029–2.086)	$p = 0.034^{*}$	381/61 (*n* = 630)	2.140 (1.391–3.293)	$p = 0.001^{**}$	217/224 (*n* = 633)	1.130 (0.800–1.595)	$p = 0.488$
Lack of family support	65.8%, *n* = 431	382/26 (*n* = 620)	2.353 (1.340–4.132)	$p = 0.003^{**}$	344/70 (*n* = 624)	1.899 (1.263–2.856)	$p = 0.002^{**}$	269/132 (*n* = 610)	1.979 (1.401–2.795)	$p < 0.001^{**}$	354/52 (*n* = 610)	2.547 (1.662–3.902)	$p < 0.001^{**}$	216/190 (*n* = 616)	1.913 (1.358–2.696)	$p < 0.001^{**}$
Peer rejection	89.0%, *n* = 613	534/44 (*n* = 651)	2.731 (1.378–5.413)	$p = 0.004^{**}$	478/108 (*n* = 656)	2.602 (1.502–4.507)	$p = 0.001^{**}$	367/202 (*n* = 638)	2.282 (1.371–3.798)	$p = 0.001^{**}$	482/88 (*n* = 639)	2.610 (1.494–4.560)	$p = 0.001^{**}$	285/289 (*n* = 643)	2.124 (1.242–3.630)	$p = 0.006^{**}$
School, university or TAFE issues	78.9%, *n* = 542	486/28 (*n* = 651)	4.505 (2.550–7.959)	$p < 0.001^{**}$	437/78 (*n* = 654)	3.539 (2.301–5.442)	$p < 0.001^{**}$	345/156 (*n* = 637)	3.592 (2.414–5.347)	$p < 0.001^{**}$	439/63 (*n* = 640)	3.488 (2.240–5.431)	$p < 0.001^{**}$	275/230 (*n* = 644)	3.892 (2.528–5.992)	$p < 0.001^{**}$

Odds ratios adjusted for sex assigned at birth and age (by year of birth).
$^{*}p < 0.05$; $^{**}p < 0.01$.

Table 3. Psychiatric diagnoses and associations with negative experiences

Personal event/ experiences reported	Overall sample reported: *n* (%)	Lifetime diagnosis of depression	Lifetime diagnosis of anxiety	Lifetime diagnosis of PTSD	Lifetime diagnosis of a personality disorder	Lifetime diagnosis of psychosis	Lifetime diagnosis of an eating disorder	Lifetime diagnosis of ASD	Lifetime diagnosis of a substance use disorder
Accommodation issues	22.0%, *n* = 147	3.214 (1.796–5.752) $p < 0.001^{**}$	2.653 (1.586–4.439) $p < 0.001^{**}$	3.285 (2.173–4.965) $p < 0.001^{**}$	2.309 (1.481–3.600) $p < 0.001^{**}$	2.641 (1.655–4.214) $p < 0.001^{**}$	2.487 (1.612–3.837) $p < 0.001^{**}$	1.883 (1.216–2.916) $p = 0.005^{**}$	1.755 (1.055–2.921) $p = 0.030^{**}$
Body dysphoria	93.8%, *n* = 648	1.465 (0.745–2.882) $p = 0.268$	1.109 (0.562–2.188) $p = 0.766$	1.482 (0.668–3.285) $p = 0.333$	1.946 (0.750–5.044) $p = 0.171$	2.002 (0.700–5.724) $p = 0.195$	1.915 (0.791–4.633) $p = 0.150$	0.841 (0.413–1.714) $p = 0.633$	1.287 (0.492–3.362) $p = 0.607$
Bullying	74.0%, *n* = 497	2.678 (1.827–3.924) $p < 0.001^{**}$	1.880 (1.292–2.737) $p = 0.001^{**}$	1.904 (1.215–2.984) $p = 0.005^{**}$	2.106 (1.279–3.468) $p = 0.003^{**}$	1.834 (1.077–3.123) $p = 0.026^{*}$	2.154 (1.348–3.442) $p = 0.001^{**}$	1.236 (0.800–1.908) $p = 0.340$	1.166 (0.688–1.975) $p = 0.569$
Discrimination	68.9%, *n* = 454	1.476 (1.013–2.151) $p = 0.043^{*}$	1.485 (1.031–2.138) $p = 0.034^{*}$	2.003 (1.318–3.045) $p = 0.001^{**}$	2.298 (1.436–3.679) $p = 0.001^{**}$	1.757 (1.080–2.858) $p = 0.023^{*}$	2.436 (1.554–3.817) $p < 0.001^{**}$	1.405 (0.926–2.132) $p = 0.110$	1.744 (1.031–2.952) $p = 0.038^{*}$
Employment issues	41.9%, *n* = 281	1.923 (1.265–2.925) $p = 0.002^{**}$	1.759 (1.181–2.621) $p = 0.005^{**}$	1.401 (0.941–2.086) $p = 0.097$	1.621 (1.054–2.492) $p = 0.028^{*}$	1.622 (1.017–2.587) $p = 0.042^{*}$	1.767 (1.168–2.671) $p = 0.007^{**}$	1.068 (0.702–1.623) $p = 0.759$	1.435 (0.875–2.352) $p = 0.153$
Experiencing a significant loss	53.3%, *n* = 359	2.245 (1.555–3.242) $p < 0.001^{**}$	1.569 (1.104–2.229) $p = 0.012^{*}$	1.200 (0.840–1.714) $p = 0.315$	1.175 (0.802–1.722) $p = 0.409$	1.495 (0.981–2.276) $p = 0.061$	1.712 (1.177–2.491) $p = 0.005^{**}$	1.203 (0.827–1.750) $p = 0.333$	1.286 (0.815–2.029) $p = 0.280$
Feeling isolated from not knowing other trans people	66.1%, *n* = 455	1.497 (1.040–2.155) $p = 0.030^{*}$	1.192 (0.837–1.698) $p = 0.330$	1.597 (1.086–2.348) $p = 0.017^{*}$	1.154 (0.774–1.721) $p = 0.483$	1.400 (0.897–2.185) $p = 0.139$	1.488 (1.007–2.200) $p = 0.046^{*}$	1.564 (1.044–2.341) $p = 0.030^{**}$	1.056 (0.667–1.672) $p = 0.817$
Feeling isolated from services	60.1%, *n* = 404	1.423 (0.993–2.037) $p = 0.054$	1.591 (1.125–2.250) $p = 0.009^{**}$	1.767 (1.213–2.574) $p = 0.003^{**}$	0.970 (0.658–1.432) $p = 0.880$	1.230 (0.803–1.884) $p = 0.342$	1.252 (0.863–1.817) $p = 0.237$	1.144 (0.784–1.667) $p = 0.486$	0.776 (0.499–1.207) $p = 0.261$
Helping others with their issues with mental health	70.2%, *n* = 473	1.387 (0.945–2.035) $p = 0.095$	1.261 (0.872–1.825) $p = 0.218$	1.044 (0.707–1.540) $p = 0.830$	1.187 (0.774–1.820) $p = 0.432$	0.942 (0.602–1.473) $p = 0.792$	1.020 (0.685–1.519) $p = 0.923$	0.896 (0.600–1.337) $p = 0.590$	0.740 (0.464–1.180) $p = 0.206$
Lack of family support	65.8%, *n* = 431	1.844 (1.275–2.666) $p = 0.001^{**}$	1.900 (1.329–2.717) $p < 0.001^{**}$	1.674 (1.126–2.489) $p = 0.011^{*}$	1.529 (0.998–2.343) $p = 0.051$	1.202 (0.769–1.879) $p = 0.419$	1.956 (1.285–2.978) $p = 0.002^{**}$	0.906 (0.615–1.333) $p = 0.616$	1.114 (0.688–1.804) $p = 0.662$
Peer rejection	89.0%, *n* = 613	1.629 (0.970–2.735) $p = 0.065$	1.641 (0.991–2.717) $p = 0.054$	1.089 (0.619–1.916) $p = 0.767$	1.248 (0.665–2.342) $p = 0.489$	1.042 (0.542–2.003) $p = 0.901$	1.561 (0.834–2.921) $p = 0.163$	1.194 (0.658–2.168) $p = 0.560$	0.796 (0.411–1.540) $p = 0.796$
School, university or TAFE issues	78.9%, *n* = 542	3.604 (2.424–5.359) $p < 0.001^{**}$	3.162 (2.149–4.654) $p < 0.001^{**}$	1.416 (0.900–2.228) $p = 0.133$	1.393 (0.852–2.278) $p = 0.186$	1.478 (0.860–2.541) $p = 0.157$	1.576 (0.981–2.532) $p = 0.060$	1.396 (0.873–2.233) $p = 0.163$	1.067 (0.621–1.834) $p = 0.814$

Odds ratios adjusted for sex assigned at birth and age (by year of birth).
$^{*}p < 0.05$; $^{**}p < 0.01$.

Table 4. Self-reported current psychopathology and associations with negative experiences

Negative experiences reported	Overall sample reported: *n* (%)	Current severe anxiety (GAD-7 score = ⩾15 *v.* <15) OR (95% CI) *p* value	Current anxiety – linear regression *β* coefficient (95% CI) *p* value	Current depression (PHQ-A score = ⩾15 *v.* <15) OR (95% CI) *p* value	Current depression – linear regression *β* coefficient (95% CI) *p* value
Accommodation issues	22.0%, *n* = 147	2.379 (1.567–3.613) $p < 0.001^{**}$	2.704 (1.677–3.731) $p < 0.001^{**}$	3.374 (2.206–5.160) $p < 0.001^{**}$	4.512 (3.253–5.771) $p < 0.001^{**}$
Body dysphoria	93.8%, *n* = 648	1.206 (0.588–2.475) $p = 0.610$	1.417 (−0.304 to 3.139) $p = 0.106$	2.372 (1.210–4.649) $p = 0.012^{*}$	1.880 (−0.278 to 4.037) $p = 0.088$
Bullying	74.0%, *n* = 497	1.988 (1.317–3.001) $p = 0.001^{**}$	1.869 (0.912–2.823) $p < 0.001^{**}$	2.454 (1.703–3.535) $p < 0.001^{**}$	2.871 (1.692–4.050) $p < 0.001^{**}$
Discrimination	68.9%, *n* = 454	1.566 (1.074–2.282) $p = 0.020^{*}$	1.337 (0.424–2.250) $p = 0.004^{**}$	1.896 (1.349–2.665) $p < 0.001^{**}$	2.072 (0.956–3.188) $p < 0.001^{**}$
Employment issues	41.9%, *n* = 281	1.785 (1.212–2.629) $p = 0.003^{**}$	2.020 (1.086–2.954) $p < 0.001^{**}$	2.353 (1.629–3.399) $p < 0.001^{**}$	3.155 (2.000–4.310) $p < 0.001^{**}$
Experiencing a significant loss	53.3%, *n* = 359	1.481 (1.054–2.082) $p = 0.024^{*}$	1.376 (0.534–2.219) $p = 0.001^{**}$	1.921 (1.395–2.647) $p < 0.001^{**}$	2.545 (1.509–3.581) $p < 0.001^{**}$
Feeling isolated from not knowing other trans people	66.1%, *n* = 455	1.526 (1.061–2.193) $p = 0.023^{*}$	1.675 (0.810–2.539) $p < 0.001^{**}$	2.161 (1.560–2.994) $p < 0.001^{**}$	2.593 (1.530–3.656) $p < 0.001^{**}$
Feeling isolated from services	60.1%, *n* = 404	1.684 (1.188–2.389) $p = 0.003^{**}$	2.031 (1.190–2.872) $p < 0.001^{**}$	2.428 (1.760–3.350) $p < 0.001^{**}$	3.456 (2.426–4.486) $p < 0.001^{**}$
Helping others with their issues with mental health	70.2%, *n* = 473	2.323 (1.549–3.484) $p < 0.001^{**}$	2.319 (1.415–3.223) $p < 0.001^{**}$	1.885 (1.339–2.654) $p < 0.001^{**}$	2.732 (1.607–3.857) $p < 0.001^{**}$
Lack of family support	65.8%, *n* = 431	1.683 (1.166–2.429) $p = 0.005^{**}$	1.773 (0.879–2.667) $p < 0.001^{**}$	1.692 (1.216–2.355) $p = 0.002^{**}$	2.380 (1.281–3.480) $p < 0.001^{**}$
Peer rejection	89.0%, *n* = 613	2.143 (1.162–3.954) $p = 0.015^{*}$	2.606 (1.287–3.926) $p < 0.001^{**}$	2.766 (1.655–4.622) $p < 0.001^{**}$	3.629 (2.0141–5.243) $p < 0.001^{**}$
School, university or TAFE issues	78.9%, *n* = 542	2.639 (1.633–4.266) $p < 0.001^{**}$	2.779 (1.785–3.774) $p < 0.001^{**}$	3.265 (2.197–4.851) $p < 0.001^{**}$	4.618 (3.412–5.823) $p < 0.001^{**}$

Odds ratios adjusted for sex assigned at birth and age (by year of birth). Current severe anxiety defined as scoring a 15 or above on the GAD-7 and current moderately severe to severe depressive symptoms defined as scoring 15 or above on the PHQ-A.
$^{*}p < 0.05$; $^{**}p < 0.01$.

accommodation issues (OR 3.214, 95% CI 1.796–5.752). For participants who had been diagnosed with an anxiety disorder, odds ratios of 3.2 (95% CI 2.149–4.654) were estimated for educational settings and 2.7 for accommodation issues (95% CI 1.586–4.439). Participants who had ever been diagnosed with PTSD were more than three times as likely to have experienced accommodation issues (OR 3.285, 95% CI 2.173–4.965) and twice as likely to have experienced discrimination (OR 2.003, 95% CI 1.318–3.045).

Associations between negative experiences and current psychopathology

Both issues with accommodation and issues within educational settings had the largest effect on all associations between life experiences and current psychopathology. Participants with severe current anxiety (scoring 15 or higher on the GAD-7) had more than a twofold increase of odds of exposure to accommodation issues (OR 2.379, 95% CI 1.567–3.613) and issues within educational settings (OR 2.639, 95% CI 1.633–4.266). The results were similar for participants with more severe current depressive symptoms (scoring 15 or higher on the PHQ-A) for exposure to accommodation issues (OR 3.374, 95% CI 2.206–5.160) and issues within educational settings (OR 3.265, 95% CI 2.197–4.851). These results are reflected in the linear regression modelling of the GAD-7 and PHQ-A instruments, as seen in Table 4.

Discussion

In the current study, we present the findings from a large sample of TGD young people and the indicators of their mental health. Results demonstrated high rates of current depressive and anxiety symptoms, and of self-reported psychiatric diagnoses. Rates of self-harm and suicidality were exceptionally high, with almost four in every five participants having a history of self-harm and nearly one in two having attempted suicide. Negative experiences, including experiencing unstable accommodation, discrimination, bullying, feeling unsupported from family, and issues in education and employment, were associated with most poor mental health outcomes in this sample. The largest associations between life experiences and self-harming and suicide attempts related to issues with housing and education. These are two areas that can be improved through interventions with families and educational environments to make them more supportive of TGD young people.

Self-harm and suicidality

The lifetime percentages of reported self-harm and suicide attempts were 79.7% and 48.1%, respectively. This suicide attempt rate is over 14 times greater than the general Australian adult population rate (Australian Bureau of Statistics, 2007). These rates are strikingly similar to those recently reported in the UK, where 84% of trans adolescents report self-harming and 45% report attempted suicide (Bradlow *et al.*, 2017). The lack of statistical difference between the rates of self-harm and suicidality between the under-18 and over-18 participants implies that self-harming and suicidal behaviours may tend to begin early and continue into young adulthood. Rates of suicidal ideation and suicide attempts are higher than rates seen internationally for trans adults, where a meta-synthesis averaged reported rates of suicidal ideation and attempts to be 55% and 29%, respectively (Adams *et al.*, 2017).

Mental health

Over three-quarters of participants reported exhibiting moderate to severe depressive symptoms during the previous 2 weeks (76.4%) and more than half of the participants reported moderate to severe anxiety during the previous 2 weeks (62.1%). These are consistent with the self-reported rates of diagnosed depression and anxiety. Current findings of depressive and anxiety symptomatology are higher than would be expected in the general population. Specifically, in comparison with the general Australian adolescent population, the rates of depressive symptoms are seven times higher and anxiety-related symptoms are over four times higher (Lawrence *et al.*, 2015). Our results similar to other literature that shows rates of depression, anxiety and emotional distress in trans young people to be higher than both the general population and same-gender attracted youth (Hillier *et al.*, 2010; Hyde *et al.*, 2014).

Co-occurring psychiatric disorders in gender diverse populations are unlikely to be simply related to the person's gender identity, and may instead reflect the response of the individual's familial and social environment to that identity and its expression (Vrouenraets *et al.*, 2015). It has been suggested that cisgender populations under the same incessant exposure to psychological stressors would in all likelihood experience comparable of rates of depression and anxiety as trans populations (Inch, 2016). Higher rates of anxiety among transgender adult populations have also been reported, and have been attributed to low self-esteem and poor interpersonal functioning (Bouman *et al.*, 2017).

Exposure to negative experiences as potential drivers of poor mental health

Mental distress experienced by gender diverse populations does not intrinsically arise from the experience of an incongruent gender identity, but is more likely due to exposures to negative external events. Many of our participants were exposed to negative experiences known to be associated with poor mental health from other research (Mustanski and Liu, 2013; Roberts *et al.*, 2013; Taliaferro *et al.*, 2018), such as discrimination (68.9%), issues with accommodation (22.0%) and feeling isolated from other TGD people and services (66.1% and 60.1%, respectively). Notably, every potential driver of poor mental health was associated with participants reporting depressive symptoms at the more severe end of the spectrum. These risk factors are external (with the exception of body dysphoria) and are therefore potentially preventable. Previous research has indicated that prepubescent trans young people who are able to socially transition exhibit psychopathology similar to the general population. This suggests that if gender diverse children are supported to explore and affirm their gender identity they are more mentally healthy (Olson *et al.*, 2016).

Accommodation issues and family support

The high rates of precarious accommodation in this population imply there is a need for better family support for TGD young people. We inferred that, because of the age range of our participants, family support will often form a vital component of stable accommodation. A high proportion of participants (65.8%) reported that they lacked family support, and this was associated with poor mental health outcomes. Research has shown that trans young people who are supported in their identity by their parents have fewer difficulties with mental health, are less likely to report

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suicidal ideation and are much more likely to have a secure/stable home to live in (Travers *et al.*, 2012).

Educational environments (school, university and technical college)

Most participants in this study reported negative experiences within education environments, and these were significantly associated with all adverse health outcomes measured. This is in line with previous research that has established that LGBTIQ young people are not adequately supported in school settings, and that this lack of support is associated with negative health outcomes (Jones, 2015; Bradlow *et al.*, 2017). TGD young people in schools who are not supported by teachers are more likely to experience abuse at school and are more likely to have worse educational outcomes than gender diverse young people who do feel supported by their teachers; e.g. through the use of correct language (Jones *et al.*, 2016). Programs that proactively and equitably support TGD young people in educational settings are necessary to mitigate these transphobic experiences.

Bullying and discrimination

The high rates of bullying (74%) and discrimination (68.9%) reported by participants underscore the need for broader interventions that target public perceptions through promoting acceptance and understanding of gender diversity. Gender diverse young people in Australia are more likely to be exposed to homophobic and/or transphobic abuse, including physical abuse, than their same-gender attracted (LGB) peers (Jones and Hillier, 2013). These findings highlight the need for anti-discrimination and anti-bullying programs that are specific to gender diverse young people.

Implications

These results show that TGD young people are a marginalised group that urgently needs interventions specifically targeted to improve their mental health. The findings show the need for improved protections for TGD young people to reduce many of the factors that are associated with poor mental health, including policies to decrease discrimination, bullying, abuse and other negative experiences that TGD young people are exposed to. These policies should be considered for implementation in educational, clinical and support settings. There is also a need to improve general understanding and acceptance in the general public. Given these high rates of mental health difficulties, it is also vital that TGD young people are able to access effective, safe and TGD-friendly mental health care providers.

Study limitations

The study design was cross-sectional, and therefore causal pathways cannot be inferred. Longitudinal data are necessary to more fully investigate the temporal relationships between adverse life events and mental health outcomes. In addition, we surveyed only Australian TGD young people, and results may not be generalisable to other countries, although our findings are remarkably consistent with international literature. There is potential for self-selection bias due to the survey's online nature. In addition, people without internet access were automatically excluded from the survey. The majority of participants were assigned female at birth, and therefore these data may not be representative of the wider TGD population. Further research specific to Aboriginal and Torres Strait Islander TGD young person populations should be developed in collaboration with Aboriginal and Torres Strait Islander communities.

Conclusion

These findings support previous international research indicating that TGD populations experience mental health issues at higher rates than cisgender populations. It is significant that these rates of mental health issues are being reported in a community-based sample of young people, rather than a clinical sample. This study also demonstrates that TGD young people report alarmingly high rates of negative experiences, including discrimination and bullying. These negative and transphobic experiences are associated with poor mental health of TGD young people. Young people need to be supported by their peers, families, school and work peers to achieve optimal levels of mental wellbeing. Furthermore, services – including schools – need to ensure that they are gender inclusive to respond effectively and appropriately to the mental health needs of TGD young people outlined in this paper. These measures should be taken proactively as preventative measures, rather than as reactive measures, to create equitable spaces for all young people where they can thrive. This would help to prevent poor mental health in this population. As more TGD young people seek support from medical and mental health services in Australia and worldwide, it is crucial that clinical service providers are aware of the mental health issues faced by gender diverse young people and that they can offer TGD competent health care.

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Conflict of interest. None.

Ethical standards. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008.

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Name: Aiden Bettine

Comment: I am writing today as a transgender man who is a proud Iowan and thankful to be alive after the bullying and harassment I faced as a youth due to my gender identity. I am here to stand up for the transgender and gender nonconforming youth who do not have a voice in your eyes, precisely because they do not yet have a vote. I should not have to make a public testimony with this much detail about my personal life, but the legislation being proposed regarding transgender people is not based upon the lived experience of transgender people nor the medical and academic expertise that proves bills like Senate File 224 cause harm and violence, protecting no one and infringing upon individual rights and freedoms. Ive attached scholarship and medical publications that support my argument with evidence and are written by professionals with more experience and knowledge than Senator Jim Carlin, an attorney and not a medical professional or scientist, will ever have when it comes to the health, safety, and wellbeing of transgender youth. Please read the attached document for my full statement and for supporting publications.

Public Statement to the Education Subcommittee regarding Senate File 224
Directed to Subcommittee members Jim Carlin, Claire Celsi, and Jeff Taylor
1:00pm CST, February 10th, 2021

My name is Aiden Bettine, I am a transgender man and I am an Iowan. I did not have the language or the resources to come out as transgender when I was in elementary or middle school in the late 1990s and early 2000s and I am thankful we live in a world where courageous youth are able to articulate who they are to their families and communities today. Although I did not have the words, I knew who I was and how I felt from a young age and it was clear my peers at school did too. Bathrooms in public and particularly at school were violent places for me, where I experienced endless bullying precisely because I did not conform to societal expectations of girlhood and did not know there were avenues to becoming myself, a young boy certain of his identity.

In middle school I often got pushed and pulled out of both the boys' and girls' restrooms by bullies who also understood that my gender identity and sex assigned at birth did not align. I stopped using the restroom at school entirely because it was where I was harassed most. I challenge any one of our legislators to not use a restroom for at least ten hours, factoring the school day and bussing to and from home. Or twelve hours factoring in after school activities. Not using restroom facilities for ten to twelve hours a day means making choices like not to eat or drink during school. Or in absolute emergencies only using a restroom when classes are in session to minimize the chance of running into peers in the bathroom all while feeling terrified and panicked.

Instead of being able to safely use the restroom at school, which in the world I am fighting for, would have been the boys' restroom, every day in middle school my bus dropped me off a block from my house which was around the corner and up a hill. In the walk up the hill to my home, the minute I laid eyes on a space that signified safety and privacy, I would wet my pants and cry. I cried because of the relief I experience in nearly being home and finally being able to relieve my aching bladder. I cried with embarrassment and frustration that I couldn't make it for one more minute or one more block after a day long fight to hold it. Once I got home, I would hide my wet clothes by doing the laundry and changing into pajamas, masking the daily bullying and discomfort I experience in a routine that I'd hope to my parents, made it look like I just wanted to be comfortable and was good at certain chores.

But this did not fool my parents. They too experienced the daily frustrations of my moving through the world with a conflict between my gender identity and my sex assigned at birth. As any physician and parent should know, holding your bladder for an unconscionable amount of time leads to reoccurring bladder infections, countless trips to the doctor, and a standard run of antibiotics to clear the infections. Being unable to use the restroom at school effected my mental, emotional, and physical well-being.

Senate File 224 is a bill that perpetuates harm to countless transgender youth across Iowa by banning them from using restrooms at school based on their gender identity. There is no doubt that transgender youth already experience bullying much like what I experienced growing up without this legislation in place. The main difference between my childhood and theirs is that I

did not have the resources to come out and understand my gender identity and I did not have my state legislature attempting to violate my rights and my privacy, which would have ultimately caused more harm to my mental and emotional health.

There are well-documented and sadly high rates of suicide and suicide attempts among transgender people and transgender youth in particular. Self-harm and suicide are not due to being born transgender or gender non-conforming. Self-harm and suicide among transgender people are caused by being born into a society with so much hate and lack of acceptance. I am terrified that even the proposal of this legislation will lead to our community losing another transgender Iowan to suicide because this legislation communicates that transgender youth should not be given respect, privacy, and most of all safety in their elementary and secondary schools according to Senator Jim Carlin who proposed this bill and sits on this subcommittee. If this bill moves forward, even if it fails to pass (which it should), the message remains clear: there are legislators in Iowa, who call themselves Iowans, who were voted in and supported by other Iowans, who do not want transgender youth to exist safely in our schools and in our state.

Legally, this bill violates the Iowa Civil Rights Act of !963 that includes gender identity as a protected class status in regard to education and public accommodations specifically. It also violates President Joe Bidens Executive Order on Preventing and Combating Discrimination on the Basis of Gender Identity or Sexual Orientation enacted on January 20th, 2021. If this bill passes it will have dire consequences for transgender youth in our community. It will also affect Iowa as a state and jeopardizes federal funding for violation of Biden's executive order. As we witnessed North Carolina's "bathroom bill" HB2 go into effect in 2016, businesses, organizations, and entertainers will pull out of commitments they've made in Iowa for large events, concerts, and job creation just as they did in North Carolina, leading to the bill's repeal in 2018.

As North Carolina Governor Roy Cooper stated when signing the law to repeal HB2, "For over a year now, House Bill 2 has been a dark cloud hanging over our great state. It has stained our reputation. It has discriminated against our people and it has caused great economic harm in many of our communities," that stain, that dark cloud already shrouds Iowa with all of the hateful anti-trans bills proposed so far this year. Moving Senate File 224 forward would make this looming cloud permanent, until we vote new legislators in office who truly support the freedoms, rights, and privacy of all Iowans, transgender people and youth included.

I am writing today as a transgender man who is a proud Iowan and thankful to be alive after the bullying and harassment I faced as a youth due to my gender identity. I am here to stand up for the transgender and gender non-conforming youth who do not have a voice in your eyes, precisely because they do not yet have a vote. I should not have to make a public testimony with this much detail about my personal life, but the legislation being proposed regarding transgender people is not based upon the lived experience of transgender people nor the medical and academic expertise that proves bills like Senate File 224 cause harm and violence, protecting no one and infringing upon individual rights and freedoms. I've attached scholarship and medical publications that support my argument with evidence and are written by professionals with more experience and knowledge than Senator Jim Carlin, an attorney and not a medical professional or scientist, will ever have when it comes to the health, safety, and well-being of transgender youth.

Mental Health of Transgender Children Who Are Supported in Their Identities

Kristina R. Olson, PhD, Lily Durwood, BA, Madeleine DeMeules, BA, Katie A. McLaughlin, PhD

abstract

OBJECTIVE: Transgender children who have socially transitioned, that is, who identify as the gender "opposite" their natal sex and are supported to live openly as that gender, are increasingly visible in society, yet we know nothing about their mental health. Previous work with children with gender identity disorder (GID; now termed gender dysphoria) has found remarkably high rates of anxiety and depression in these children. Here we examine, for the first time, mental health in a sample of socially transitioned transgender children.

METHODS: A community-based national sample of transgender, prepubescent children (n = 73, aged 3–12 years), along with control groups of nontransgender children in the same age range (n = 73 age- and gender-matched community controls; n = 49 sibling of transgender participants), were recruited as part of the TransYouth Project. Parents completed anxiety and depression measures.

RESULTS: Transgender children showed no elevations in depression and slightly elevated anxiety relative to population averages. They did not differ from the control groups on depression symptoms and had only marginally higher anxiety symptoms.

CONCLUSIONS: Socially transitioned transgender children who are supported in their gender identity have developmentally normative levels of depression and only minimal elevations in anxiety, suggesting that psychopathology is not inevitable within this group. Especially striking is the comparison with reports of children with GID; socially transitioned transgender children have notably lower rates of internalizing psychopathology than previously reported among children with GID living as their natal sex.

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Dr Olson conceptualized and designed the study, assisted in data collection, carried out the initial analyses, and drafted the initial manuscript; Ms Durwood and Ms DeMeules collected the data, supervised data entry, and reviewed the manuscript; Dr McLaughlin conceptualized the study and substantially reviewed and revised the manuscript; and all authors approved the final manuscript as submitted.

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WHAT'S KNOWN ON THIS SUBJECT: Transgender individuals have been found to have highly elevated rates of anxiety and depression, but little is known about the mental health of transgender children whose identities are affirmed and supported by their families.

WHAT THIS STUDY ADDS: More families are allowing their transgender children to live and present to others as their gender identity. This is the first study to examine mental health in these children, finding that they have low levels of anxiety and depression.

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National media are increasingly presenting stories of a subset of prepubescent transgender children (those who persistently, insistently, and consistently identify as the gender identity that is the "opposite" of their natal sex). More striking to many, a large number of these children have "socially transitioned": they are being raised and are presenting to others as their gender identity rather than their natal sex,[1–4] a reversible nonmedical intervention that involves changing the pronouns used to describe a child, as well as his or her name and (typically) hair length and clothing. These stories have sparked an international debate about whether parents of young transgender children should support their children's desire to live presenting as their gender identity.[5–9] Despite considerable and heated discussion on the topic, and despite these children's increasing appearance at gender clinics,[6] there have been no reports to date on the mental health of transgender children who have socially transitioned, forcing clinicians to make recommendations to parents without any systematic, empirical investigations of mental health among socially transitioned children.

Most studies of mental health among transgender people have examined adolescents and adults. These studies consistently report dramatically elevated rates of anxiety, depression, and suicidality among transgender people.[10–16] These elevated rates of psychopathology are likely the result of years of prejudice, discrimination, and stigma[11,17]; conflict between one's appearance and stated identity[18]; and general rejection by people in their social environments, including their families.[19,20] There is now growing evidence that social support is linked to better mental health outcomes among transgender adolescents and adults.[21–26] These findings suggest the possibility that social transitions in children, a form of affirmation and support by a prepubescent child's parents, could be associated with good mental health outcomes in transgender children.

Although there are no large studies of transgender prepubescent children, a number of studies have examined children who were at the time diagnosed with what was called gender identity disorder (GID), now termed gender dysphoria (GD; for more on both terms and others used throughout this article, see Table 1). The group of children diagnosed with GID likely included children who were transgender as well as others (eg, children who wished and acted but did not believe they were a member of the other gender and were distressed as a result). Importantly, most of the studies of children with GID/GD were conducted at a time when parental support and affirmation of children's gender nonconforming behaviors and identities were uncommon. In contrast, the current work focuses on what is likely a much narrower group of children, a small subset of the group that previously would have been diagnosed with GID: those who (1) identify as (not merely wish) they were the "opposite" gender as their sex at birth and (2) have socially transitioned so that they appear to others as the gender they feel, rather than that assumed by their sex at birth.

By and large, studies of children with GID reported high rates of psychopathology, especially internalizing disorders such as anxiety and depression[27–32]. For example, 36% of a group of 7- to 12-year-olds with GID reached the clinical range for internalizing problems.[33] Furthermore, 2 large studies of 6- to 11-year-olds with GID (including >100 children in Utrecht, the Netherlands, and 300 children in Toronto, Canada) found average internalizing scores in the clinical and preclinical range, respectively, suggesting that many children in both samples showed high levels of internalizing psychopathology. Some have argued that these high rates of internalizing psychopathology among children with GID/GD as a sign that GID/GD is itself a form or consequence of such psychopathology.[27]

In contrast, 2 smaller studies suggest that children whose gender identities are affirmed and supported have relatively good mental health. One study reported on 26 children aged 3 to 12 years with GID who were recruited through a clinic that advised parents to support their children's gender expression. These children showed reduced rates of psychopathology[34] compared with those reported in other studies conducted at clinics that do not support such gender expression.[35] However, this study has received some criticism for methodologic limitations[36] and had a small sample size. Furthermore, the degree to which these findings generalize to transgender children and especially to transgender children who have been allowed to fully socially transition, is unknown. In addition, a qualitative analysis of interviews of parents of 5 transgender children who had socially transitioned found that parents recalled a reduction in mental health problems after a social transition.[37] Although no formal quantitative measures were provided, these findings again suggest that socially supported transgender children might have better mental health than children with GD or transgender children who are not supported in their identities.

The current study addresses a critical gap in knowledge by examining parental reports of anxiety and depression among a relatively large cohort of transgender children, all of whom are supported by their families and have socially transitioned (ie, they present to others as the gender consistent with their identity, not

TABLE 1 Definitions of Terms

Term	Use in This Article	Other Uses, Terms, and Comments
Transgender	In this article, we use "transgender" to refer to children who have a binary identity (male or female) and for whom this identity is not aligned with their sex at birth. This means natal boys who identify as girls and natal girls who identify as boys. In our sample, these children have all socially transitioned as well.	"Transgender" is often used to mean a broader range of people—anyone whose gender identity does not align with his or her sex at birth. This categorization can include, for example, people who identify as male and female, neither male or female, or somewhere between male and female. The sample included in the current work does not include such children, hence our use of a narrower version of this term.
Social transition	This phrase is used to refer to a decision by a family to allow a child to begin to present, in all aspects of the child's life, with a gender presentation that aligns with the child's own sense of gender identity and that is the "opposite" of the gender assumed at the child's birth. Social transitions involve changes in the child's appearance (eg, hair, clothing), the pronoun used to refer to the child, and typically also a change in the child's name.	Social transitions are currently controversial in clinical psychology and psychiatry, but are increasingly being pursued by parents. More and more pediatricians, therapists, and teachers are supporting these transitions as well. Importantly, these transitions do not involve any medical, physiologic, or hormonal intervention.
Natal sex	We use this term to refer to the sex assigned by a physician at the child's birth. This phrase is meant as a synonym for "anatomical sex," "biological sex," or "sex assigned at birth."	The term "natal sex" is controversial, with many using the phrase "sex assigned at birth" instead. However, the latter term is still unfamiliar to many people with limited exposure to transgender individuals. Because this paper is aimed at reaching a broad audience of pediatric health professionals, we use the more commonly understood term "natal sex."
"Opposite" gender	We occasionally use the phrase "opposite" gender in this article when describing our sample of transgender children. Children whose gender is the "opposite" of their natal sex refers to natal boys who identify as girls and natal girls who identify as boys. Because the latter phrasing is longer and more awkward, we opted for the former.	This phrasing of "opposite" gender implies that gender is binary, when in fact it is not. There are many people who do not identify as male or female. We use this phrase because most readers will be more familiar with this terminology, and our goal is to reach a broad audience of pediatric health professionals.
Gender identity	We use this term to refer to a child's sense of his or her own gender. Although in most children, gender identity "aligns" with a child's natal sex, in transgender children, it does not.	Gender identity is often separated from gender presentation or gender expression (ie, the gender one appears to others as, or how a child expresses his or her gender identity). In this study, however, participants' gender identities align with their gender presentation/expressions because children have socially transitioned.
Gender Identity Disorder (GID)/Gender Dysphoria (GD)	Until 2014, GID was the official diagnosis given to children who had behavioral preferences and identities (or desires to be) the "other" gender. With the publication of the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, this diagnostic category was renamed gender dysphoria (GD) after substantial debate about whether this is or is not a "disorder."	The term GD describes a broader segment of the population than children qualifying as "transgender" for the current study. For example, a natal male who wishes to be a female, who behaves in accordance with female cultural stereotypes, and who has considerable concern about his identity but who does not believe he is female, would be diagnosed with GD but would not count as transgender in the current study.

their natal sex and use associated gender pronouns consistent with that identity). We focused on internalizing psychopathology because previous work indicates that transgender children are particularly likely to have internalizing, as opposed to externalizing, symptoms.[33,35] We compared these supported, transgender children's rates of anxiety and depression to their nontransgender siblings and to typically developing nontransgender children matched to transgender children on age and gender identity.

METHODS

This work, including recruitment and methods, was approved by the Institutional Review Board at the University of Washington.

Participants

To be included in this study, transgender children had to (1) identify as the gender "opposite" their natal sex in everyday life (ie, they identified as male or female, but not the gender that aligned with their sex at birth), (2) present in all contexts (eg, at school, in public) as that gender identity, (3) use the pronoun matching their gender rather than their natal sex, (4) be 3 to 12 years old, and (5) be prepubescent (ie, anyone eligible for hormone blockers was excluded from the present study). We recruited a national, community sample via support groups, conferences, a Web site advertised via media stories, and word of mouth. Our sample included 73 transgender children (M_{age} = 7.7 years; SD = 2.2 years; 22 natal females, 51 natal males;

TABLE 2 Sociodemographic Characteristics for Transgender and Nontransgender Children (n = 195)

	Transgender[a] (n = 73)	Controls[b] (n = 73)	Siblings[c] (n = 49)
Gender, %			
Male	30	30	61
Female	70	70	39
Natal boys[d]	70	30	61
Natal girls	30	70	39
Race/ethnicity			
White, non-Hispanic	70	71	76
Hispanic	8	5	10
Asian	6	4	2
Multiracial/other	16	19	12
Mean age, y	7.7 y	7.8 y	8.3 y
Age distribution, %			
3–5 y	30	30	22
6–8 y	40	37	37
9–12 y	30	33	41
Annual family income, %			
<$25 000	1	1	2
$25 001–$50 000	7	7	4
$50 001–$75 000	7	14	4
$75 001–$125 000	41	43	39
>$125 000	44	38	51

[a] Transgender children were all prepubescent and had socially transitioned.
[b] Controls were matched to transgender children for gender identity and age within 4 months.
[c] Siblings were the siblings who were closest in age to their transgender siblings.
[d] One natal male was diagnosed with a minor disorder of sex development, hypospadias, but consultation with endocrinologist indicated this condition is not associated with female identity.

70% white non-Hispanic) and included all consecutive cases run by our research group meeting these criteria, starting with the first for whom we had these measures.

In addition, we recruited 2 control groups. Our first control group was a set of 49 siblings (M_{age} = 8.3 years; SD = 2.5 years; 19 natal females, 30 natal males; 76% white non-Hispanic) of the transgender children reported earlier who were also aged 3 to 12 years. Whenever possible, the sibling closest in age was recruited. The second group of controls consisted of 73 typically developing children with no history of cross-gender behavior (M_{age} = 7.8 years; SD = 2.2 months; 51 natal females, 22 natal males; 71% white non-Hispanic) who were matched to each transgender child based on age and gender identity (eg, transgender girls had female controls). These unrelated controls were recruited from a university database of families in the Seattle area interested in participating in research about child development. Importantly, all parents were informed that this was part of a longitudinal study about gender nonconforming children's development, even though their children were not gender nonconforming. Recruitment and data collection is part of the TransYouth Project, a large, longitudinal study of American and Canadian transgender children's development, and matched controls from that larger study were used in the current work.

Measures

Internalizing Psychopathology

Symptoms of anxiety and depression were reported using the National Institutes of Health Patient Reported Outcomes Measurement Information System parental proxy short forms for anxiety and depression.[38] When possible, 2 parents completed these forms, and the averages are reported (n = 90); in all other cases, only 1 parent completed the forms (n = 115). (Importantly, results did not change if only mothers' responses [most often the only parent present when there was one reporter] were analyzed.) These scales are nationally normed and provide t-scores such that a score of 50 represents the national mean, with a SD of 10.

Demographics

Parents completed several demographic questions, including their child's race, sex, and age, and their household income (in quintiles: 1 = <$25 000/year, 2 = $25 001–50 000, 3 = $50 001–75 000, 4 = $75 001–$125 000, 5 = >$125 000/year). This information is reported by participant group in Table 2. With the exception of gender (siblings were more likely to have a male gender identity than transgender or age-matched control participants; the latter 2 groups were matched on this variable), the 3 groups did not differ on demographic variables.

RESULTS

Anxiety and depression t scores are reported in Table 3 by participant sample and natal sex. Transgender children's rates of anxiety and depression were first compared with the scale's midpoint (50), an indicator of average levels of depression and anxiety symptoms.[38] In terms of depression, transgender children's symptoms (M = 50.1) did not differ from the population average, P = .883. In contrast, transgender children had elevated rates of anxiety compared with the population average (M = 54.2), $t(72) = 4.05$, $P < .001$. Mean anxiety symptoms of transgender children were not in the clinical, or even preclinical, range, but were elevated.

To assess differences between transgender and control children in our sample, we ran a 3 (group: transgender, siblings, controls) × 2 (natal sex) between-subjects analysis of variance for depression and anxiety. Natal sex was used in

this analysis, rather than affirmed gender, because work with children with GID/GD used this convention,[35] allowing interested readers to make comparisons to past work with that sample and because previous work has suggested differences in internalizing psychopathology between natal boys compared with girls with GID.[35,39] For depression, there were no main effects of group, $P = .320$ or sex, $P = .498$, nor was there an interaction between condition and sex, $P = .979$. For anxiety, we found a marginally significant effect of group, $F(2189) = 2.91$, $P = .057$, and no effect of sex, $P = .990$, nor an interaction, $P = .664$.

TABLE 3 Anxiety and Depression *t* Scores by Sex and Sample

	Transgender ($n = 73$)	Controls ($n = 73$)	Siblings ($n = 49$)	*P*
Depression	50.1	48.4	49.3	.320
Anxiety	54.2[a]	50.9	52.3	.057
Depression by gender[b]				.979[c]
Natal boys	49.8 (trans-girls)	48.0	48.9	
Natal girls	50.8 (trans-boys)	48.5	49.9	
Anxiety by gender				.664[c]
Natal boys	53.7	51.1	52.8	
Natal girls	55.3	50.8	51.5	

[a] This is the only value that is significantly above the national average (50), although it is still substantially below the clinical (>63) or even preclinical (>60) range.
[b] Transgender children who are natal boys and live with a female gender presentation are often called transgender girls or trans-girls; transgender children who are natal girls living with a male gender presentation are often called transgender boys or trans-boys.
[c] Significance value of interaction between natal sex and group.

TABLE 4 Comparison of Present Sample With Previous Reports of Population-Normed Internalizing Scores for children with GID[24]

	Current Sample ($n = 73$)	Toronto ($n = 343$)	Utrecht ($n = 123$)
Mean age	7.7 y	7.2 y	8.1 y
Sample	Transgender[a]	GID[b]	GID[b]
Measure of internalizing	PROMIS[c]	CBCL	CBCL
Mean internalizing *t* score	52.2	60.8	64.1

Both the PROMIS and CBCL are normed such that the population mean is $t = 50$ and SD is 10. CBCL, Child Behavior Checklist; PROMIS, Patient Reported Outcomes Measurement Information System.
[a] The current participants were transgender, socially transitioned, and prepubescent.
[b] Participants in both the Toronto and Utrecht samples either met criteria for GID or showed subthreshold symptoms of GID.
[c] To compute an internalizing score for the PROMIS, depression and anxiety scores were averaged.

DISCUSSION

Socially transitioned, prepubescent transgender children showed typical rates of depression and only slightly elevated rates of anxiety symptoms compared with population averages. These children did not differ on either measure from 2 groups of controls: their own siblings and a group of age and gender-matched controls. Critically, transgender children supported in their identities had internalizing symptoms that were well below even the preclinical range. These findings suggest that familial support in general, or specifically via the decision to allow their children to socially transition, may be associated with better mental health outcomes among transgender children. In particular, allowing children to present in everyday life as their gender identity rather than their natal sex is associated with developmentally normative levels of depression and anxiety.

Critically, socially transitioned transgender children showed substantially lower rates of internalizing symptoms than children with GID reported in previous studies[35] (see Table 4). Our findings align with at least 1 other report of low mental health problems among children with GID supported in their gender identities,[34] a sample that may have included some socially transitioned transgender children. Comparisons between previous reports of children with GID and the current sample should be made cautiously, however, because the criteria for inclusion (transgender identities vs GID) and specific measures of internalizing psychopathology (PROMIS vs CBCL) differ across studies.

One might reasonably ask whether this study provides support for all children with gender dysphoria to socially transition. A few points are key to consider. First, all children in our study (unlike many children with the GD classification), had binary identities, meaning they identified as male or female. Thus, we cannot make predictions about the expected mental health of children who identify as male and female, as neither male nor female, or who identify as the gender associated with their natal sex but nonetheless exhibit behavior more often associated with the "other" gender after a social transition. Thus, just because a child behaves in a way consistent with a gender other than their natal sex does not mean that child is transgender nor that a social transition is advisable. Second, the children in this study were unique in many critical ways. They transitioned at a time when such transitions are quite controversial[5–9] and yet did so anyway. Surely not all families with transgender children make this decision, meaning there are likely characteristics that are unique to these families. In addition, the transgender children in this study all socially transitioned much earlier than nearly all transgender adults alive today in the United States and

Canada. Why might they have done so? Possibilities that we cannot rule out are that these children displayed earlier signs of their transgender identities, that they were more insistent about those identities, that they represent the most extreme end of the spectrum of transgender identities, or that parents today are just more educated about the existence of transgender children. It is too early to tell the ways in which these children and these families are unique. Finally, the children in this study were not randomly assigned to social transitions, precluding the ability to make causal claims about the impact of social transitions on mental health. These data are suggestive, nonetheless, that social transitions are associated with positive mental health outcomes for transgender children.

We cannot rule out several alternative explanations for our findings. First, rather than a direct impact of parental support, these generally positive mental health findings could be a more indirect result of parent support: namely, feeling supported in general (independent of a social transition) may lead to higher self-esteem,[40] which in turn may lead to better mental health.[41] Second, as alluded to earlier, there could be some unique third variable that explains the observed occurrence of typical mental health among socially transitioned transgender children. For example, perhaps some attribute unique to the subset of transgender children who are able to convince their parents to allow them to transition (eg, verbal skill, self-confidence) is responsible for these children having particularly good mental health, and it was this unique cognitive ability or aspect of personality that is either correlated with better mental health or leads to better mental health when a child feels he or she achieved his or her goal. Future studies examining children before and after social transitions may be able to address this concern. Finally, parents of transgender children could have biased reporting, reflecting a desire for their children to appear healthier than they are. We have no reasons to believe this was an issue but in the future aim to include other reporters (eg, teachers) to address this concern that others are likely to raise.

In addition to studying other explanations for these data, the current work begs for more research not only on children with other transgender identities (eg, children who identify as both or neither male and female), but also for work with children who have clear binary transgender identities, like the children in the current study, but who are not supported or affirmed by their families in these identities. Finding such children and particularly convincing their parents to allow them to participate in research, will be a challenge but one that is ultimately necessary for a clear understanding of the specific impact of transitions for these children.

Despite their overall relatively good mental health, socially transitioned transgender children did experience slightly more anxiety than the population average, although still well below the preclinical range. What might explain this result? Despite receiving considerable support from their families, these children likely still experience relatively high rates of peer victimization or smaller daily micro-aggressions, particularly if their peers know that they are transgender[42] which can in turn lead to marked elevations of anxiety symptoms and anxiety disorders.[43–45] Additionally, any transgender children who are living "stealth" or "undisclosed" (ie, whose peers are unaware of their transgender status), may experience anxiety about others discovering their transgender identity; previous work with adults has suggested that concealing a stigmatized identity can lead to psychological distress.[46] Furthermore, transgender children do not have the typical bodies of children with their gender identities, which could be a source of distress. Even when transgender children are allowed to use the bathroom, locker room, or be on the team with children who share their gender, the mere existence of these distinctions likely highlights the ways in which their bodies do not align with cultural expectations for children of their gender identity group. Relatedly, some children in our sample are approaching puberty, and most are aware that puberty will cause physical changes in an unwanted direction (unless puberty blockers are administered), which could generate considerable worry and anxiety.

Importantly, although these socially transitioned prepubescent children are doing quite well in terms of their mental health at this point, parents and clinicians of such children should still be on the lookout for potential changes in the status of their children's mental health. In general, the prevalence of depression is relatively low in prepubescent children and rises dramatically during adolescence.[47] It is possible that transgender children will exhibit greater anxiety and depression than their peers during the adolescent transition because of the sources of distress mentioned earlier, which will likely become worse with time (a possibility we aim to test with prospective follow-up of this sample). Thus, while adolescence is a time of increased perceptions of stress for many adolescents,[48] many of these issues are exacerbated for transgender teens. Transgender adolescents, whether they do or do not delay puberty through medical intervention, often experience body dysphoria (as their bodies do not match the bodies of their

same-gender peers), making sex and relationships even more worrisome than among their nontransgender peers.[49]

CONCLUSIONS

In sum, we provide novel evidence of low rates of internalizing psychopathology in young socially transitioned transgender children who are supported in their gender identity. These data suggest at least the possibility that being transgender is not synonymous with, nor the direct result of, psychopathology in childhood.[27] Instead, these results provide clear evidence that transgender children have levels of anxiety and depression no different from their nontransgender siblings and peers. As more and more parents are deciding to socially transition their children, continuing to assess mental health in an increasingly diverse group of socially transitioned children will be of utmost importance.

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ABBREVIATIONS

GD: gender dysphoria
GID: gender identity disorder

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Mental Health of Transgender Children Who Are Supported in Their Identities

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Transgender and Gender Nonconforming Youths' Public Facilities Use and Psychological Well-Being: A Mixed-Method Study

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Abstract

Purpose: In this study, we explored experiences and feelings of safety in public facilities in relation to psychological well-being among transgender and gender nonconforming (TGNC) youth in the Midwest in the summer of 2016, in the context of ongoing legislative proposals and regulations regarding school and public bathroom use in the United States.

Methods: We used a mixed-method approach, with (1) a self-administered, paper-and-pencil survey of 120 TGNC youth, focusing on differences of self-esteem, resilience, quality of life (QoL), perceived stigma, feelings of safety, and experiences of public facility use and (2) two focus group interviews ($n = 9$) in which TGNC youth discussed individual perceptions, attitudes, and experiences of bathroom use outside participants' homes. The samples consisted predominantly of individuals assigned female at birth and currently of trans-masculine identity.

Results: TGNC youth in our sample who reported that they had felt unsafe in bathrooms due to appearance or gender identity had significantly lower levels of resilience ($\text{mean}_{(\text{felt safe})} = 125.7$ vs. $\text{mean}_{(\text{felt unsafe})} = 116.1$; $p = 0.03$, Cohen's $d = 0.44$) and QoL ($\text{mean}_{(\text{felt safe})} = 59.1$ vs. $\text{mean}_{(\text{felt unsafe})} = 51.9$; $p = 0.04$, Cohen's $d = 0.39$), compared to those who felt safe. Meanwhile, feeling unsafe in bathrooms was associated with a greater level of perceived LGBT stigma ($\text{mean}_{(\text{felt safe})} = 2.3$ vs. $\text{mean}_{(\text{felt unsafe})} = 2.6$; $p = 0.03$, Cohen's $d = 0.41$) and problematic anxiety in the past year (χ^2 (1) = 4.06; $p = 0.04$). Individuals in the focus groups provided specific examples of their experiences of and concerns about locker room or bathroom use in public facilities, and on the impact of school bathroom-related policies and legislation on them.

Conclusion: Perceptions of safety related to bathroom use are related to psychological well-being among TGNC youth. Our predominantly trans-masculine youth sample indicated that choice of bathroom and locker room use is important and that antiharassment policies need to support students' use of their choice of bathrooms. This is particularly important information given debate of so-called bathroom bills, which attempt to restrict public bathroom use for TGNC youth, creating less choice and more stress and fear among these individuals.

Keywords: anti-transgender legislation; bathroom use; gender-expansive; gender minority youth; health disparities; transgender

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Introduction

The United States is experiencing widespread political debate on transgender[†] and gender nonconforming (TGNC) youths' use of public facilities, such as bathrooms and locker rooms, in accordance with their gender identity. In May 2016, after several court cases had developed and several states had attempted to create laws restricting transgender student's bathroom use, agencies of the Obama Administration issued a directive instructing public schools across the country to allow transgender students to use the bathroom that matches their gender identity.[1,2] Jointly, the U.S. Department of Education (DOE) and the U.S. Department of Justice (DOJ) clarified that the civil rights of transgender school students are protected under Title IX (of the Education Amendments of 1972), which prohibits sex discrimination. In the weeks that followed, 11 states sued the federal government over the directive.[3] Meanwhile, North Carolina had passed into law House Bill 2, which required all people to use public bathrooms in accordance with their sex assigned at birth, regardless of their gender identity or physical presentation[4] and the DOJ sued that state to overturn the law. Many other states have proposed legislation and continue to hold public debates on the issue. In January 2017, the Trump Administration's DOJ and DOE rescinded the previous guidance on and federal support for transgender students, indicating they would not pursue federal enforcement of title IX violations. As these political debates continue and laws are proposed, it is crucial to understand the impact on the health and well-being of transgender youth, who must navigate the impact of these policies in the context of well-documented and widespread victimization from peers and others in their daily lives due to their gender identity and expression.[5]

Proponents of laws and policies restricting public facility use to correspond with sex assigned at birth claim to protect individuals from violence or indiscretion by perpetrators if transgender people are allowed to use facilities according to their gender identity. Yet, major national antiviolence organizations have disputed these scenarios as a myth, and suggest that forcing transgender people into facilities that do not align with their gender places them at increased risk for experiencing harm.[6]

Data collected from adults indicate that the majority of transgender people are fearful of using public facilities, according to the 2015 National Transgender Survey of more than 28,000 transgender people age 18 years and older, collected in 2015 before the introduction of most bathroom bills.[7] In this survey, 59% of respondents reported avoiding using public restroom facilities in the past year because they were afraid of confrontations, with 12% experiencing verbal harassment and 1% reporting being the victim of physical or sexual assault in a public restroom.[7] In one of the few studies with youth, the 2015 National School Climate Survey found that 39% of students said they avoided gender segregated spaces because they felt uncomfortable or unsafe due to their gender presentation, and 60% of transgender students reported they were forced to use a facility that matched their sex assigned at birth instead of one that aligned with their gender identity.[5] There are scarce data from the perspective of school-age transgender youth for whom public facilities use policies and debate may have a daily effect.

In general, the relationship between marginalization and mental health sequelae in gender minority populations is well documented. In one community-based sample of transgender people age 18–72 years ($n=412$), 44% reported clinically significant symptoms of posttraumatic stress disorder (PTSD), which were both independently and significantly associated with higher everyday discrimination scores as well as greater number of reasons for discrimination.[8] Another study of 216 transgender young women aged 16–24 years found that youth who reported higher exposure to transgender-based discrimination had almost three times the odds of PTSD compared to those with lower exposure and eight times higher odds of stress related to thoughts of suicide.[9] Earlier studies have documented mental health outcomes of experiences in public facilities among transgender adults, with individuals who have been denied access to a public facility being 1.45 times as likely to have attempted suicide than those who had not been denied. Seelman found that denial of access to bathrooms or gender appropriate housing was significantly related to suicidality.[10]

The gender minority stress model provides an important perspective for the relationship between experiences of discrimination and mental health disparities among transgender individuals.[11,12] The model suggests that proximal and distal stressors resulting from experiences of discrimination and victimization have a direct and negative impact on psychological health outcomes, whereas resilience factors can act as mediators to improve psychological well-being in the face of minority stress. For example, previous mixed-methods research

[†]The term transgender will be used interchangeably throughout this article with the term gender minority to describe individuals who have a gender identity that is different from the sex assigned at birth. We intend for these terms to encompass a wide spectrum of diverse identities that may or may not fall within traditional binary categories of male or female genders.

with adults navigating gendered public facilities did not measure mental health outcomes, but found that proximal and distal minority stressors impacted functioning at work or school and participants described the negative psychological impact of stigmatization and consistent challenges to their identity.[13] Given that transgender youth are now at the center of a highly public debate regarding their identity and how it relates to their access to public facilities, a space where transgender youth are already reporting high rates of discrimination and bullying,[5] research with transgender youth to explore stress and resilience in relationship to public facilities is timely and important.

In this mixed methods study, we surveyed TGNC youth to examine how school bathroom experiences might be associated with psychological well-being. We also recruited TGNC youth to participate in focus groups to learn about their reactions to the bathroom debates described above and understand in more detail their experiences related to bathroom and locker room use in school. We collected both sets of data in an urban area of a Midwestern state during June 2016. The timing of the study allowed us to assess individuals targeted by legal and policy conflicts about gender identity and sex assigned at birth as these events were unfolding. The survey component of the study is presented first, followed by the focus group component. Discussion of both aspects of the study concludes the article.

Study 1: Quantitative Survey

Based on the gender minority stress model, we hypothesized that TGNC youth who felt unsafe or experienced problems in bathrooms due to appearance and gender identity would have significantly adverse psychosocial and health outcomes compared to those who did not.

Participants

The Gender Identity and Health Youth Survey was conducted over several days of a LGBTQ Pride Event held in a Midwest urban center. A convenience sample of 127 youth, aged between 13 and 20 years (mean = 17.2, standard deviation [SD] = 1.8) participated.

Procedures

Graduate students conducted surveys at the booth of a national transgender support and education organization. Every attendee who passed by the booth who appeared to be under 21 was invited to complete a 6-item screening form for eligibility. This approach was used to maximize representation and minimize researcher bias, as well as to protect participants from revealing their gender identities in public. As opposed to the focus groups, parental consent was waived for the surveys due to the following reasons: the survey was anonymous and posed minimal risk to participants, disclosure of transgender identity to parents who were not aware could put some participants at risk for confrontational responses, and parental consent was not feasible due to the venue of data collection—most youth attended the festival without parents. All participants were aware that all responses were voluntary, and that the data were to be used for research purposes.

Of the individuals approached for the study, 406 agreed to be screened and 127 (31%) met the inclusion criteria and completed the survey. The survey was an anonymous, paper-and-pencil, and self-administrated questionnaire. The survey took an average of 20 min to complete (range: 15–30 min). Participants received a gift worth $5 for their participation. The research protocol was approved by the University of Wisconsin-Milwaukee's Institutional Review Board.

Measures

Demographic characteristics. Participants were asked about their race/ethnicity, age, living environment/situation, sex assigned at birth, gender identity, sexual orientation, and gender and sexual alliance (GSA) involvement. Two questions about gender identity were asked, both with multiple options and open-ended context where respondents could provide the best fitting response. The first question was "what is your current gender identity"; the responses included: (1) man/boy, (2) women/girl, (3) genderqueer, neither exclusively male nor female, and (4) additional gender. To further articulate individual gender identity and whether it corresponds to their assigned sex at birth, another self-identification question was prompted to exclusively capture their transition status or non-cisgender identity (e.g., agender, transgender male, transgender female, gender nonconforming, genderqueer, non-binary, and other) at their unique identity development stage. There were two questions of GSA involvement that asked participants to check "yes" if involved in a school GSA and defined their role. Three single dichotomous items were asked for self-reported depression, anxiety, and medical problems in the past 12 months. An example of the items was "Have you experienced anxiety that caused problems for you in the past year?"

Self-esteem. Self-esteem was assessed by the 10-item Rosenberg Self-Esteem Scale (RSES),[14] a widely used

measure. Participants responded to questions on a 4-point Likert scale ranging from 1 (strongly agree) to 4 (strongly disagree). An example item was "On the whole, I am satisfied with myself." Responses were summed, yielding an overall score ranging from 10 to 40. The greater the score, the more self-esteem reported by the participants. The reliability and validity of the instrument has been found to be acceptable in adolescents (Cronbach's α range: 0.89–0.95).[15,16]

LGBT stigma (stigma). We adapted Logie and Earnshaw's sexual stigma scale to measure frequencies of experienced discrimination, including stereotype, enacted stigma, and harassment.[17] We added two items related to stigma or discrimination experiences in school and public bathrooms, and removed two items that were not relevant for youth. This 12-item scale uses a 4-point scale ranging from 1 (Many times) to 4 (Never). After conducting an exploratory factor analysis using principal components analysis with varimax rotation, 12 items loaded on two factors, consistent with the analysis of the original scale: perceived stigma and enacted stigma.[17] *Perceived Stigma* (six items) reflected experiences of perceived or felt-normative stigma (i.e., hearing or feeling social devaluation of queer, lesbian, and bisexual women), which included such statements as "How often have you heard that LGBT+ people are 'not normal.'" Another factor, named *Enacted Stigma* (six items), referred to the tangible behaviors and interactions of discrimination, hate, prejudice, or stigma from others; one such item is "How often have you been harassed by teachers, school staff, or police for being LGBT+." All items were reverse scored so that higher scores indicated greater perceived stigma. The internal reliability for this overall scale was 0.88 (Perceived Stigma Subscale: Cronbach's $\alpha = 0.84$; Enacted Stigma Subscale: Cronbach's $\alpha = 0.84$).

Resilience. The Resilience Scale (RS) is a 25-item self-report questionnaire using a 7-point Likert scale from 1 (strongly disagree) to 7 (strongly agree).[18] An example question is "When I make plans I follow through with them." The RS is well-adapted to evaluate resilience in adolescents due to good psychometric properties (Cronbach's α range: 0.91–0.93) and applications in a variety of age groups.[19–21]

Quality of life. We used the youth quality of life (YQoL) scale.[22,23] The scale includes four domains of quality of life (QoL): sense of self, social relationships, culture and community environment, and general QoL.[23–25] Responses are rated on an 11-point Likert-type scale, ranging from 0 (Not at all) to 10 (Very much). A sample item is "I am able to do most things as well as I want." The YQoL-SF 2.0 scale has acceptable internal consistency (Cronbach's α range: 0.77–0.96).[23]

Policy and environment. Two dichotomous questions assessed participants' awareness of the U.S. policies regarding public facility usage, including local state bills and the joint announcement from the DOJ and DOE (yes/no). Also, three items were used to measure safety and bathroom use in public; a sample question asked "Have you felt unsafe in bathrooms due to your appearance or gender identity." In addition, we assessed current public facility use with a single item: "Which bathrooms do you typically use when outside the home" with possible responses: "I use bathrooms according to my gender identity," "I use bathrooms consistent with my gender assigned at birth," "I only use unisex/family bathrooms," and "It depends on the situation and setting."

Data analyses

Before conducting data analyses, we excluded seven participants who reported being cisgender or did not provide current gender identities in the survey, leaving a final sample of $n = 120$. We examined missing data patterns and mean-imputed variables with 7.5% of values missing at random. *t*-Tests were used to determine differences in self-esteem, resilience, perceived stigma, and YQoL by feelings of using bathrooms in school (safe vs. unsafe). Another set of one-way analysis of variance tests was conducted to determine differences in self-esteem, resilience, perceived stigma, YQoL by individual discriminatory experiences of using bathrooms in school. Chi-square analyses were used to assess differences in anxiety, depression, and medical problems by descriptive characteristics (feeling safety and experience problems in bathrooms). In addition, we explored the relationship between social support and feelings and experiences of using bathrooms in school. Analyses were conducted using SAS 9.4 for Windows.

Quantitative results

Demographic and descriptive characteristics. See complete demographics in Table 1. The majority of participants were assigned female sex at birth ($n = 107$, 89%). Regarding current gender identity, 40 currently identified as man/boy (32%), and 51 were genderqueer (40%). When given an open choice on gender identity, 32% identified as gender queer/non-binary, 29%

Table 1. Demographics and Descriptive Statistics in the Gender Identity and Health Youth Survey ($n = 120$)

Variable	Mean (SD)	*n* (%)
Age (years)	17.2 (1.8)	
Race/ethnicity		
White		84 (70.6)
Hispanic/Latino		11 (9.2)
Black		2 (1.7)
Native American/American Indian		4 (3.4)
Other		18 (15.1)
Type of living environment		
Urban		37 (31.1)
Suburban		63 (52.9)
Rural area		10 (8.4)
Other		9 (7.6)
Assigned sex at birth		
Male		13 (10.8)
Female		107 (89.2)
Gender identity 1[a]		
Man/boy		37 (31.1)
Women/girl		15 (12.6)
Genderqueer/non-binary		51 (42.9)
Other		16 (13.4)
Gender identity 2[b]		
Agender		7 (5.9)
Transgender		34 (28.6)
Gender nonconforming		6 (5.0)
Genderqueer		22 (18.5)
Non-binary		16 (13.4)
Other		15 (12.6)
Multiple		19 (16.0)
Sexual orientation		
Lesbian, gay, or homosexual		23 (19.2)
Straight or heterosexual		9 (7.5)
Bisexual or pansexual		57 (47.5)
Questioning		6 (5.0)
Other or multiple		22 (18.3)
School access to bathrooms consistent with gender identity[c]		
Yes		37 (30.8)
No		25 (20.8)
Don't know		35 (29.2)
Don't go to school currently		23 (19.2)
Wisconsin legislature[d]		
Yes		74 (63.8)
No		42 (36.2)
Joint announcement[e]		
Yes		72 (61.5)
No		45 (38.5)
Negative bathroom experience[f]		
Yes		54 (45.8)
No		64 (54.2)
Felt unsafe[g]		
Yes		66 (56.4)
No		51 (43.6)
Bathroom use[h]		
Gender identity		19 (16.2)
Assigned sex at birth		40 (34.2)
Unisex/family bathrooms		12 (10.3)
Situational choices		46 (39.3)
Problematic depression in past year		
Yes		104 (87.4)
No		15 (12.6)
Problematic anxiety in past year		
Yes		113 (95.0)
No		6 (5.0)
Medical problems in past year		
Yes		47 (39.8)
No		71 (60.2)

[a]Gender identity 1 denotes self-identified gender identity.
[b]Gender identity 2 denotes self-identified non-cisgender identity.
[c]School access denotes whether school allows them to use the bathroom consistent with their gender identity.
[d]Wisconsin legislature denotes a bill proposal last year trying to limit transgender people's bathroom use to their sexual assigned at birth in Wisconsin.
[e]Joint announcement denotes the U.S. Department of Justice and Department of Education released policies that instruct schools and colleges to treat transgender students according to their gender identity on bathroom and locker room use.
[f]Bathroom experience denotes discriminatory experiences of using bathrooms related to their appearance or gender identity in public.
[g]Felt unsafe denotes whether they have felt unsafe in bathrooms due to their appearance or gender identity in public.
[h]Bathroom use denotes bathrooms they usually use in public.
SD, standard deviation.

transgender, 6% as agender, 5% gender expansive, and 29% another gender identity. About 69% of participants were non-Hispanic white, 10% identified as Hispanic or Latino, 14% were multiracial identities.

About 64% of participants were aware of local state legislation proposals regarding transgender people's bathroom access. Also, 62% were aware of the joint announcement from the DOJ and DOE.

Regarding public facility experiences, 46% reported having experienced problems using public bathrooms ($n = 54$). In addition, 56% ($n = 66$) felt unsafe using public bathrooms. Thirty-four percent of participants ($n = 40$) said they used the bathrooms consistent with their sex assigned at birth while 16% ($n = 19$) went to public bathrooms corresponding to their current gender identity. Another 39% ($n = 46$) reported it depended on the situation, and 10.3% ($n = 12$) only used unisex/family bathrooms.

In this sample of 120 predominantly transmasculine TGNC youth, the mean score for the RSES was 24.9 (range: 10–39, SD = 6.4). Scores below 25 indicate low-esteem and scores of 25–35 are considered typical self-esteem.[14] In our sample 44% of participants had low-self-esteem (overall RSES score <25).

The mean score for the RS was 120.3 (range: 53–169, SD = 23.1). After repeated applications of the RS with a variety of samples, Wagnild concluded that scores greater than 145 indicated moderately high-to-high resilience,

Table 2. Psychological Scales in Gender Identity and Health Youth Survey ($n = 120$)

Scale	Range	Mean	SD
RSES[a]	10–39	24.9	6.4
LGBT stigma[b]	1–4	2.5	0.7
Perceived stigma	1–4	2.9	0.7
Enacted stigma	1–4	2.1	0.8
Resilience[c]	53–169	120.3	23.1
YQoL[d]	14–100	55.0	18.3

[a]Scores below 25 indicate low-esteem. A score of 25–35 is considered typical self-esteem.[14] In our sample 44.4% of participants had low-self-esteem (overall RSES score <25).

[b]We adapted the sexual stigma scale, which was designed for LGB adult women. The authors provide their original sample means for the total scale as 2.0 (SD = 0.45).[17] They also provide means for the *Perceived Stigma* subscale as 2.67 (SD = 0.70) and for the *Enacted Stigma* subscale as 1.51 (SD = 0.40).[17]

[c]Wagnild reviewed three adolescent health studies that used the RS.[21] Among these three studies, the overall mean scores were 146.6 (SD = 14.1) in adolescent mothers, 111.9 (SD = 17.6) in homeless adolescents, and 132.5 in high-risk adolescents.[21] Possible scores range from 25 to 175. After repeated applications of the RS with a variety of samples, scores greater than 145 indicated moderately high-to-high resilience, 125–145 indicated moderately low to moderate levels of resilience, and scores of 120 and below indicated low resilience.[21]

[d]Patrick et al. used a 6-item version of this scale in a large sample of high-school age LGB youth.[25] They reported scores across different categories of participants (by grade, by gender, and by whether or not they were bullied due to perceived sexual orientation or other factors). QoL scores ranged from 54 to 83 across these different combinations of categories. The observed score here is at the lower end of the range of scores reported in Patrick, consistent with LGB students who had been bullied because of perceived sexual orientation.[25] Scores are comparable between studies because the total scale score on the YQoL is the total of transformed item scores divided by the number of items.

QoL, quality of life; RSES, Rosenberg Self Esteem Scale; YQoL, youth QoL.

125–145 indicated moderately low to moderate levels of resilience, and scores of 120 and below indicated low resilience.[21] In our sample, 13% ($n = 16$) reported moderately high-to-high resilience, 41% ($n = 49$) reported moderate to moderately low resilience, and 46% ($n = 55$) reported low resilience.

The mean score for the LGBT Stigma scale was 2.5 (range: 1–4, SD = 0.71). The mean score for the YQoL was 55.0 (range: 14–100, SD = 18.3). See psychological scales and additional normative/comparison data in Table 2.

Feelings of safety in bathrooms in relation to psychological and physical well-being. TGNC youth who reported that they had felt unsafe in bathrooms due to appearance or gender identity had significantly lower levels of resilience ($\text{mean}_{(\text{felt safe})} = 125.7$ vs. $\text{mean}_{(\text{felt unsafe})} = 116.1$; $p = 0.03$, Cohen's $d = 0.44$) and QoL ($\text{mean}_{(\text{felt safe})} = 59.1$ vs. $\text{mean}_{(\text{felt unsafe})} = 51.9$; $p = 0.04$, Cohen's $d = 0.39$), compared to those who felt safe. Meanwhile, feeling unsafe in bathrooms was associated with a greater level of perceived LGBT stigma ($\text{mean}_{(\text{felt safe})} = 2.3$ vs. $\text{mean}_{(\text{felt unsafe})} = 2.6$; $p = 0.03$, Cohen's $d = 0.41$). Individuals who felt unsafe were also more likely to report problematic anxiety in the past year (χ^2 (1) = 4.06; $p = 0.04$; Table 3).

Table 3. Comparison on Psychological Variables and Well-Being Among Transgender and Gender Nonconforming Youth Based on Feeling Unsafe in Bathrooms ($n = 117$)

Variable	Felt safe in bathrooms, mean (SD), or *n* (%)	Felt unsafe in bathrooms, mean (SD), or *n* (%)	*t*-test/χ^2 (1)
Self-esteem[a]	26.22 (6.71)	23.98 (6.08)	−1.88
Resilience[a]	125.67 (24.31)	116.06 (21.86)	−2.25*
QoL[a]	59.09 (20.29)	51.89 (16.17)	−2.14*
LGBT stigma[a]	2.34 (0.77)	2.64 (0.63)	2.23*
Anxiety in past year[b]	46 (90.2)	65 (98.5)	4.06*
Depression in past year[b]	43 (84.3)	59 (89.4)	0.66
Medical problems[b]	16 (31.4)	30 (46.2)	2.61

*$p < 0.05$.
[a]A composite score.
[b]A dichotomous variable.

Problems experienced in bathrooms in relation to psychological and physical well-being. As shown in Table 4, participants who reported experiencing problems using bathrooms due to appearance or gender identity reported higher levels of perceived LGBT stigma compared to those who reported no problems ($\text{mean}_{(\text{experienced no problems})} = 2.3$ vs. $\text{mean}_{(\text{experienced problems})} = 2.8$; $p < 0.001$, Cohen's $d = 0.80$). There were no significant differences on self-esteem, resilience, and QoL between those who had experienced problems and those who had not.

To complement the quantitative data and to examine in more depth the relationships between perceptions and experiences of bathroom use, legislation,

Table 4. Comparison on Psychological Variables and Well-Being Among Transgender and Gender Nonconforming Youth Based on Experiencing Problems in Bathrooms Due to Gender Identity or Expression ($n = 118$)

Variable	Did not experience problems in bathroom, mean (SD), or *n* (%)	Did experience problems in bathroom, mean (SD), or *n* (%)	*t*-test/χ^2 (1)
Self-esteem[a]	25.19 (6.39)	24.65 (6.46)	−0.45
Resilience[a]	121.00 (25.02)	119.44 (21.17)	−0.36
QoL[a]	55.40 (18.74)	55.02 (18.16)	−0.11
LGBT stigma[a]	2.26 (0.70)	2.79 (0.62)	4.26***
Anxiety in past year[b]	59 (92.2)	53 (98.1)	2.16
Depression in past year[b]	57 (89.1)	46 (85.2)	0.40
Medical problems[b]	21 (32.8)	25 (47.2)	2.51

***$p < 0.001$.
[a]A composite score.
[b]A dichotomous variable.

and mental health, and to better understand the lived experiences of TGNC youth in these areas, we conducted qualitative focus groups.

Study 2: Qualitative focus groups

Participants

Qualitative focus groups were organized with the assistance of the LGBT student resource center on the campus of a local university during outreach activities with LGBT high school students in the region. Before data collection, written informed assent was obtained from the teens and informed consent from their legal guardians. Potential participants of high school age who self-identified as transgender or had a gender identity other than the sex they were assigned at birth were invited to participate in a focus group. A total of nine people between the ages of 15 and 18 years and currently in high school participated in groups of four to five members. Six participants were non-Hispanic white; three were ethnic/racial minorities (Black or Hispanic). All participants were assigned female sex at birth, with current gender identities self-described as transgender, genderqueer, or man/boy.

Procedure

The focus groups were facilitated by an experienced qualitative researcher and attended by a student member of the research team, and lasted about 2 h. We began each focus group by bringing up the general topic of regulating bathroom use in schools, asking the teens for their reactions. Then, we invited them to share their own experiences around bathroom and locker room use in school. We continued with discussions about coming out as transgender, family support, and resilience. In this article, we present findings about bathroom and locker room use; findings about the other topics are presented elsewhere.

The focus groups were digitally recorded and transcribed. Using thematic analysis[26,27] we examined how participants interpreted the public controversy about bathroom use, and how they described their experiences using bathroom and locker room facilities in school. Similarities in meaning and experience, as well as their variation, were iteratively identified and categorized, highlighting the social contexts youth described.[28] We concluded our analysis by finding exemplar quotes to substantiate the findings.

Qualitative results

Personal relevance of bathroom use policy. The TGNC teens who participated in the focus groups were keenly aware and critical of state legislatures trying to limit transgender people's bathroom use to their sex assigned at birth. They referred specifically to North Carolina, calling the state "dumb and mean" for passing the contentious House Bill 2 restricting transgender bathroom access. Participants found it hard to fathom why such a restriction would be mandated by law, and how it could be enforced:

> When people won't let me use male bathrooms, it's like what are they going to do - look through the cracks in the bathroom stalls to see if I have the right genitalia?

They talked about how some people have religious objections to rights for the LGBTQ+ community, and they voiced compassion for those who, like some of their relatives, might need time to become informed about the issue. But, they were clear about the ethics of the situation:

> Since gay marriage (being legalized) and all these new rights, everybody is just trying to take it down with bathroom bills. They believe they are right. But, in reality, if you use your faith or morals to hurt or exclude someone else, you have no morals or faith at all.

They brought up the topic of corporate backlash against North Carolina, which they considered a positive outcome of the controversy. They felt supported by news of prominent individuals and groups decrying restrictive bathroom bills:

> You hear about Target that came out saying you can use the bathroom of your choice at our stores. Companies can help in a big way. We need people and corporations, big name companies, who will stand up for our rights.

A source of support identified by participants was the DOE's policy directive instructing schools to treat transgender students in a supportive and nondiscriminatory way.[1] Participants were aware of the protections offered by the document, emphasizing the guideline that transgender students not be limited to bathrooms and locker rooms corresponding to their assigned sex at birth:

> To hear that the government is saying- yes, what you are thinking is correct- it is fine that you use the bathroom of your choice. That is uplifting.

They were also aware of widespread objections to the Directive, however:

> The President's letter is getting a lot of hate.
>
> It is really scary that people are saying President Obama can't do this.

Of immediate importance to them was how their own high schools were responding to the Directive. For the

most part, these teens were disappointed. What they perceived in the reactions of school officials was denial of the need for structural change to make schools inclusive of transgender teens, marginalization of transgender people, or complete disregard for the issue:

> When President Obama sent the letter to let trans people use the bathroom of their choice, my school district sent out an email that said we're going to do it case-by-case. Case-by-case means we are not going to do it. It just sounds nice.

> At my school they were very vague. They talked about us like these special people, making us sound like a very small group, like there's only one or two of us in the state. That makes me mad. And, they aren't presenting full information. Not a lot of people know about transgender stuff and understand, so they need education.

> At my school there hasn't been any talk about it at all. No assemblies, no nothing by the principal or anything. They don't validate the issue.

Individual experiences related to bathroom policy. Bringing policy discussion down to the particular, participants were eager to explain what happens at their schools in regard to bathroom and locker room use.

Single-User Bathrooms: Accommodating or Discriminatory? Access to single-user bathrooms in school was important to participants; but according to the experiences they shared, it could be a double-edged sword; offering privacy on the one hand, but singling them out on the other. One difficulty they encountered was being restricted from multiple-user bathrooms altogether. Another difficulty was that single-user bathrooms were locked or located in faculty/staff-only areas, potentially exposing students to unwanted attention from peers and adults and being seen as different from their peers:

> I definitely have a problem at my school. I'm not allowed in any bathroom that is gendered. I have to ask for the key from a teacher in order to use the gender neutral bathroom. It is supposed to be for faculty only, so the door is locked.

> At my school there is no gender neutral bathroom. But in the school office there is the only restroom that doesn't have a gender marker on it. It is not gender neutral- it just doesn't have a marker because it is for the teachers. They let me use it.

Participants talked about how access to single-user gender neutral bathrooms was helpful in negotiating clothes changes before and after gym class, but that this accommodation still had the potential to make them stand out from others. For instance, they might be the only person traversing a school hallway or entering a classroom in gym clothes:

> I didn't feel comfortable in the female locker room. And, I wasn't allowed in the male locker room. I changed in the one gender neutral bathroom we have, but it was way on the other end of the school from the gym.

> I didn't get a locker. I have legit valuables in my backpack just like everybody else, but I was supposed to put my stuff on a shelf in the health room. Sometimes there was a class in there and I had to walk in in front of everybody to put my stuff in there.

A private dressing room was not the only solution needed to make gym class comfortable for transgender students. For instance, one participant did not feel comfortable having to transit through gendered locker rooms just to attend:

> The whole gym thing- our gym is like Fort Knox. No one's getting in and no one's getting out. I could change in an alternate place, but, the only entrance into the gym is through the gendered locker rooms. All the other doors are locked. I need to be able to get into the gym in a safe way.

Multiple-user bathrooms: What if they are hostile environments? Only a few participants reported they were allowed to use school bathrooms and locker rooms that corresponded to their gender identity. Although this was the preferred policy among participants, the practice did not resolve all problems for them. They recounted incidents of harassment and fear in multiple-user bathrooms consistent with their gender identity:

> In the boys' bathroom at school, I guess you could say I have been harassed- called names.

> My school said I could use the boys' locker room, like I could technically change with the boys. But, for safety reasons, until I'm on Testosterone, they put me in this official [referee's] room. It is still in the boys' locker room area, though.

Using multiple-user bathrooms corresponding to sex assigned at birth did not shield transgender teens from harassment, either:

> I always hated long hair and dresses. I got my Mom to let me get all my hair cut off. After that I remember going into female restrooms and getting called a boy a lot, especially by the younger girls.

> I've been kicked out of the female bathroom because I looked like a guy. This girl yelled at me for being a pervert because I was a guy in the girls' bathroom.

Further, transgender teens' inclinations about multiple-user bathrooms may be neither static nor easy. In determining whether they preferred to use a bathroom corresponding to their gender identity or to their sex assigned at birth, they might make calculations on any number of factors: how comfortable and self-assured they were feeling that day, whether the environment seemed safe, what their ideas about gender norms were,

and how their appearance compared to peers. This quote conveys some of the complexity in their decision making:

> I don't usually use the men's bathroom, even though I identify as gender queer. Personally, I wouldn't feel comfortable around guys, especially with how they would see me. I don't appear that masculine all the time, even though I don't identify as female. I feel like I don't need to appear as the gender norm. So, I might use the women's bathroom because it feels easier. But, I notice myself acting more feminine when I go in there just so I don't get looked at weird, especially if I am looking more masculine that day.

Stark contrast: Best and worst bathroom experiences in school. Developing a deeper understanding of the best and worst of any phenomenon can build knowledge and help guide practice. Such a contrast can be found in these focus group data. The most positively evaluated bathroom use experience shared in the focus groups happened in a school that publicly recognized gender identity as being more than the forced binary of male or female. With advice from its LGBTQ+ students, the school labeled its restrooms in a way that welcomed all students:

> My school is really good about this. We have two gender neutral bathrooms that we officially got plaques for that say ALL GENDERS.

The most negatively evaluated bathroom use experience shared in the focus groups was offered by a male-identified transgender participant who was habitually made to feel unsafe in his school's multiple-user bathrooms. He used the bathrooms corresponding to his gender identity:

> My school lets me use the bathroom I want to use, which is the male bathroom. Students in my grade know me, and they say like, "You aren't supposed to be in here." They call me tranny or dyke or whatever. And, I just think, "Guess what- I could care less about your opinion. I'm going to piss now." I really don't care about verbal stuff. I just walk it off until it's nothing to me.

He deals with harassment in the bathroom, what he calls "verbal stuff," by privately undervaluing its significance and "walking it off." When threatened with violence in the male bathroom, he seems to again use self-talk to reassure himself:

> I've been threatened a couple times in the male bathroom like, "Next time you come in here I'm going to kick you out." But I'm thinking, "How are you going to kick me out? You can't really hurt me. If you hurt me, my school will back me up."

He went on to sum up his school experience in disquieting terms:

> Freshman year (of high school) wasn't extremely bad. I wasn't like bullied to death or anything- just a little bit here and there.

He explained further:

> Nobody really wants to be my friend, but I could care less because I have always been an outcast to people. And with being alone, I kind of dealt with a lot of dysphoria. I had no one to talk to, so I was really quiet. And, I think that really impacted me.

In this transgender teen's narration, he indicated his bathroom experiences contributed to his feelings of being bullied and feeling isolated from others; and he uses the medical term "dysphoria" to describe his deep unhappiness.

Discussion

The current mixed method research contributes to the literature about TGNC youth in several important ways. First, both studies provided data from nonclinical samples of transgender youth. Quantitative survey results show that overall, the majority of this sample of predominantly transmasculine TGNC youth had felt unsafe using public bathrooms and almost half reported negative experiences using public bathrooms. Second, these data are from gender minority youth themselves, who are experiencing the effects of policies and practices in their daily lives, which has not been often represented in the literature. The quantitative data also provide evidence that gender minority youth who felt unsafe in bathrooms have adverse mental health impacts and lower QoL. The focus group interviews revealed narratives of negative experiences in locker rooms and bathrooms and discrimination, which has been impacted by ongoing transgender bathroom policies at federal and local levels.

Our qualitative findings suggest that transgender teens are aware of both the national debate on so-called bathroom bills, and the actions their own communities take to structure schools as inclusive or exclusive of transgender students. According to the experiences participants shared, bathroom and locker room use policy and practice affected their feelings of comfort, belonging, and safety in school. Our quantitative findings begin to document such associations. From the surveys we learned that more than half of gender minority youth feel unsafe using public bathroom facilities, and that these feelings of lack of safety are related to their own resilience, sense of perceived stigma, anxiety, and recent medical problems. Our findings are consistent with previous surveys regarding high rates of discrimination in public facilities.[7,13] Our findings on resilience are consistent with previous findings among TGNC youth; experiencing invalidation of gender identity was related to lower levels of resilience.[29]

From the focus groups we learned that access to multiple-user bathrooms corresponding to gender identity is not a panacea for transgender students if not accompanied by policies and actions that support those who use them. Second, access to single-user bathrooms is

important in conjunction with efforts to normalize their use for all students, so that transgender students are not singled out for discrimination. Third, transgender students want agency in their choices about bathroom use; what feels safe and appropriate on any given day in a particular social context at school may not feel safe and appropriate on another day given different circumstances. These findings suggest that navigating bathrooms and changing rooms at school, particularly when policies are not supportive or limit choice, are daily stressors for TGNC youth. According to the gender minority stress model,[12] this can negatively impact mental health outcomes.

Based on the gender minority stress model, we hypothesized that TGNC youth who felt unsafe or experienced problems in bathrooms due to appearance and gender identity would have significantly adverse psychosocial and health outcomes compared to those who did not. In the quantitative survey, we found that TGNC youth who felt unsafe in bathrooms reported less psychological well-being across several measures, including self-esteem, resilience, QoL, and perception of stigma, and problematic levels of anxiety. Negative experiences in bathrooms were directly associated only with greater perception of stigma, while associations with other outcomes were not significant. This pattern of findings could be explained by the following: TGNC youth who feel unsafe in bathrooms due to their appearance or gender identity might avoid public bathroom situations to avoid dealing with discrimination.

Transgender people who avoid using public facilities out of fear may experience not only adverse psychosocial effects, such as lower QoL as we found in our study, but the resultant health consequences such as bladder or kidney infections resulting from avoiding public restroom use due to fear or inability to succeed academically due to avoiding days of school due to feeling unsafe or uncomfortable in bathrooms or locker rooms.[5,7,30] Ongoing research building on our findings can further elaborate experiences and inform policy that will improve the QoL and health for TGNC youth.

Study limitations and strengths

The quantitative surveys were cross sectional and therefore cannot be used to determine the direction of causal relationships. The focus groups were a complementary approach to add depth and context to the quantitative findings. Both studies used convenience sampling, and the majority of the sample was non-minority, female-to-male transgender or transmasculine individuals; thus our findings might not be generalizable to other settings or segments of the TGNC population. The present research focused on TGNC youth perspectives in the Midwest. Although this is not a nationally representative sample, we have no theory-based reason to expect relationships between feelings of safety and psychological and physical well-being to differ geographically. Our qualitative findings are limited by the fact that the focus groups were comprised exclusively of male- or non-binary-identified transgender teens whose sex assigned at birth was female, which does not allow us to draw conclusions about the experiences of female- or non-binary-identified transgender teens whose sex assigned at birth was male. Further research is clearly warranted to understand the experiences and impacts on the full range of TGNC youth, and to document the direction of causality between the observed associations. Despite these limitations, this study contributes unique and timely data and findings to the literature on this important public health issue.

Conclusion

This study provides initial evidence from a nonclinical setting addressing the potential impacts of current policies and so-called "bathroom bills" on distress and experiences of using public bathrooms among gender minority youth. The inclusion of voices of transgender youth themselves based on their direct experiences gives additional weight to these findings. Taken together, our qualitative and quantitative findings converge on a primary message and recommendations: transgender-related bathroom policies limiting use to sex assigned at birth or requiring use of only single-stall bathrooms will likely have a negative impact on health outcomes among TGNC youth. Policies that create more restrictive bathroom options for transgender students will likely create environments in which TGNC youth feel less safe in bathrooms and in school. Based on our data, this could lead to an increase in perceived stigma and discrimination, and less resilience, self-esteem, and lower QoL for these youth.

Feeling unsafe in public facilities may be an important contributing factor to perceived stigma and gender-minority-related stress for TGNC youth, which may contribute to mental and physical health disparities in this population. Supportive school policies should allow bathroom choices for TGNC students. However, bathroom choice is not enough; policies and personnel must also clearly protect TGNC students from harassment. Promoting safety is paramount to improving the well-being of these students.

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Abbreviations Used

DOE = U.S. Department of Education
DOJ = U.S. Department of Justice
GSA = gender and sexual alliance
PTSD = post-traumatic stress disorder
QoL = quality of life
RS = Resilience Scale
RSES = Rosenberg Self-Esteem Scale
SD = standard deviation
TGNC = transgender and gender nonconforming
YQoL = youth quality of life

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Youth Perspectives regarding the Regulating of Bathroom Use by Transgender Individuals

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ABSTRACT

Regulations regarding bathroom use by transgender people affect youth across the United States. This study examines youth opinions on bathroom use regulations. Data were obtained from MyVoice, a weekly text messaging survey of youth aged 14–24 years. Youth were recruited nationally at community events and online; Southeast Michigan was over-represented. Mixed methods analysis was performed using grounded theory methodology. The majority of respondents (n = 683) were white (71.4%) and had education beyond high school (56.5%). Most (79%) stated that bathroom use by transgender people should not be restricted, rationalizing: 1) bathroom use is private and should be a personal decision; 2) choosing bathrooms is a matter of equality, freedom, and human rights; 3) transgender people are not sexual perpetrators; and 4) forcing transgender people to use particular bathrooms puts them at risk. Contrary to the current policy in many schools, respondents do not support restrictions on bathroom use by transgender people.

KEYWORDS

Transgender; LGBT; bathroom; public policy; youth

Introduction

In recent years, many state legislatures and school boards in the United States have considered regulations regarding bathroom use by transgender people (Kosciw, Greytak, Bartkiewicz, Boesen, & Palmer, 2016; Kralik, 2018; Sanders & Stryker, 2016). In 2016, two contrary efforts brought public bathroom use regulation to the national forefront; North Carolina passed House Bill 2, which required individuals to use the restroom that corresponds with the sex on their birth certificate, and the Obama administration released a letter to schools stating that "a school may not require transgender students to use facilities inconsistent with their gender identity" (Bishop, 2016; Kralik, 2018; Lhamon & Gupta, 2016). Under new administrations, these discrepant regulations were both rescinded in 2017, leaving the issue of which bathrooms

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transgender people should be allowed to use up for debate in state houses, municipalities, and schools across the country (Battle & Wheeler, 2017; Kralik, 2018).

The debate regarding public bathroom regulation in the U.S. is occurring in the context of a federal legal system with sparse protections for transgender individuals (Hart, 2014). The U.S. federal government has yet to codify any laws specifically detailing protection for transgender individuals from discrimination on the basis of gender identity. However, an increasing numbers of federal court rulings have concluded that federal discrimination laws, such as Title VII of the Civil Rights Act of 1964 which barred racially segregated public accommodations, forbade the use of federal funds for any discriminatory programs, and banned discrimination based on race, color, religion, sex and national origin, as well as Title IX of the Educational Amendments Act of 1972, should be interpreted as protecting transgender people against discrimination (Title VII of the Civil Rights Act of 1964 (1964)). Yet the issue remains debated as the Supreme Court and Congress have yet to take on discrimination on the basis of gender identity and the current administration's Department of Justice recently indicated that "sex" in the Civil Rights Act of 1964 referred to "biologic sex" and thus does not apply to discrimination against individuals based on gender identity. Without federal precedence, more than a dozen states and numerous municipalities have adopted laws officially protecting people from discrimination in public accommodations based on gender identity ("Transgender people and access to public accommodations," 2014). And rare legislation, such as California Assembly Bill 1266, has specifically addressed public accommodations in schools, legislating that California schools must allow transgender students to use sex-segregated facilities based on their gender identity (Pupil rights: sex-segregated school programs and activities, 2013).

It is estimated that at least 150,000 13–24 years olds in the U.S. (0.7%) identify as transgender (Herman, Flores, Brown, Wilson, & Conron, 2017), with new data from one multi-state survey suggesting an even higher prevalence, with 1.8% of 9th to 12th graders identifying as transgender (Johns et al., 2019). These findings suggest that youth are more likely to identify as transgender than current U.S. adults (Herman et al., 2017). Transgender youth experience high rates of violence and harassment in schools and are less likely to attend college than their cisgender peers (Crissman, Berger, Graham, & Dalton, 2017; James et al., 2016).

Many schools have instituted bathroom use regulations. While at the individual case level student plaintiffs have succeeded in gaining access to school bathrooms aligned with their gender identity through the courts, 60% of transgender youth in a national school climate survey reported being required by their school to use the restroom corresponding with their sex assigned at birth, and 70% of transgender students reported avoiding public

bathrooms because of feeling unsafe or uncomfortable (Kosciw et al., 2016). Transgender people who are uncomfortable with public bathroom options report self-dehydration and "holding it" to avoid public restrooms (Herman, 2013), with some evidence for higher rates of urinary tract infections in individuals who avoid using public restrooms (James et al., 2016).

The minority stress model describes the ways in which marginalized communities, including transgender people, are subject to stress as a result of alienation from social structures, norms and institutions (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013; Meyer, 2003). Aligned with minority stress theory perspective, gender minority youth who feel unsafe in public restrooms reported less psychological well-being (Weinhardt et al., 2017). Denial of public accommodations has been associated with emotional distress, adverse physical symptoms, and has even been associated with suicidality among transgender people (Reisner et al., 2015; Seelman, 2016). Legal rulings have also levied the minority stress theory, such as the case of Coy Mathis where the Colorado Civil Rights Division ultimately found that forbidding Coy, a transgender girl, from using the girls' bathroom at school created "an environment rife with harassment and inapposite to a nurturing school atmosphere" (Johnson, 2014).

However, the focus of the debate and media campaigns surrounding regulation of the use of public accommodations by transgender people has galvanized less attention for the implications for the wellbeing of transgender individuals, and has instead focused on fears regarding shielding and ensuring the safety of presumed cisgender women and girls in women's bathrooms (Madigan, 2016; Sanders & Stryker, 2016; Schilt & Westbrook, 2015; Stones, 2017). Specifically, the focus has been on what some have termed "penis panic" – the fear that individuals with natal penises will be allowed to "dress in sheep's clothing" and will have open reign to violate "vulnerable women" in women-only spaces (Schilt & Westbrook, 2015). Recent polling and studies suggest that many adults in the U.S. believe transgender people should not use the restroom aligned with their gender identity (Callahan & Zukowski, 2019; Parent & Silva, 2018; "Transgendered students and school bathrooms," 2014). While adult opinions of transgender youth appear more favorable, older and reported more socially conservative political views were associated with hesitance to allow transgender youth to use the restroom corresponding to their gender (Elischberger, Glazier, Hill, & Verduzco-Baker, 2016).

While transgender youth continue to face harassment at levels far beyond their cisgender peers, school environment surveys suggest schools are gradually becoming less hostile spaces for transgender youth (Kosciw et al., 2016). A small qualitative analysis of interviews with lesbian, gay, bisexual and transgender youth (n = 25) recently concluded that gender-neutral bathrooms are important in fostering a sense of safety and inclusivity, but the perspective of larger populations of youth remains unclear (Porta et al., 2017). We hypothesize that

in an era where a growing number of youth identify as transgender, many youth may not support restrictions on bathroom use by transgender people. If there is indeed peer support among youth for allowing transgender individuals to use bathrooms concordant with their gender identity, there may be profound positive implications for minority stress among upcoming generations of transgender youth (Bockting et al., 2013). Moreover, it may suggest that youth perspectives on bathroom use policies may differ from the narratives otherwise represented in debates regarding bathroom regulations.

Methods

We conducted a cross-sectional mixed methods study to collect demographic and qualitative data from youth across the U.S. Data were obtained from MyVoice, a weekly text messaging survey that solicits the opinions of youth on health and policy issues. MyVoice sampling and topic selection methods were previously described by Dejonckheere et al. (DeJonckheere et al., 2017). In brief, participants were recruited nationally at community events and online via Facebook and Instagram advertisements. Social media advertisements were created to target specific nationally representative demographic characteristics using weighted samples from the American Community Survey, with adjustments in recruitment advertisement targeting to meet benchmarks (DeJonckheere et al., 2017). Youth in Southeast Michigan were overrepresented. Eligible participants (14–24 years of age, fluent in English, with access to a phone with SMS capabilities) were assented or consented, and completed an online demographic questionnaire (n = 1010). The active MyVoice sample includes 906 youth who have responded to at least one text message survey from MyVoice.

MyVoice participants were asked via text message survey whether they had heard of the debate regarding bathroom use by transgender people: "There is a debate in some states about which bathroom transgender people are allowed to use. Have you heard about this?" (Yes/No). Participants who responded "No" received the following information, "What this means is that a person who was born a female but identifies as a male can only use female bathrooms and vice versa." Participants were then asked the following open-ended questions: "What do you think about this issue?" and "Is this important? Why?" Of the 906 active MyVoice participants, individuals were excluded from the analysis if they did not respond to any portion of the survey (n = 198) or did not respond to at least one of the two open-ended questions (n = 25), resulting in a sample size of n = 683 participants who responded to at least one of the two open-ended questions.

Open-ended responses were analyzed using qualitative content analysis, with a focused analysis of youth perspectives on which bathroom or

bathrooms they believe transgender people should be able to use and why (Hsieh & Shannon, 2005). This focus was established prior to data analysis to address the gap in knowledge surrounding youth opinions on policy options being debated nationally. Emergent themes, including groupings of beliefs about the bathroom types transgender people should use, and the rationale for opinions about bathroom use beliefs were identified. A codebook was codebook-created and iteratively refined by two researchers (HC, NK). The data were independently coded (HC, NK) with discrepancies discussed to reach consensus.

Descriptive statistics were used to calculate the percent of respondents expressing a particular view, using the number of respondents who expressed an opinion about the type of bathrooms transgender individuals should use as the denominator (n = 508), as not all of the 683 participants expressed an opinion regarding the type of bathroom transgender individuals should use. Some respondents (n = 36) identified two acceptable bathroom use options without a clear preference for one of the bathroom types; in this case, their response was coded under both of the bathroom use opinions they endorsed.

This study was approved by the University of Michigan IRB; a waiver of parental consent for participants under the age of 18 years was granted by the IRB.

Results

Among 906 eligible youth, the 683 participants (response rate 75.4%) had a mean age of 18.9 years (SD = 3.1 years), and half identified as non-transgender females (57.4%), labeled as ciswomen, henceforth (Table 1). Approximately 2.2% of participants identified as transgender, and another 1.5% identified as non-binary. The majority of respondents identified as White (71.4%), more than half had education or training beyond high school (56.5%), and the majority lived in the Midwest (69.8%). When the demographic characteristics of our survey respondents were compared to those of active MyVoice participants who did not respond, respondents were more likely to identify as non-transgender females or be from the Midwest compared to non-responders (data not shown).

Nearly all respondents (93%) were aware of the debate regarding bathroom use by transgender people. In open-ended responses, 74% (n = 508) expressed an opinion about policy regulating bathroom use by transgender people. Youth perspectives on bathrooms use policies were categorized as: 1) transgender people should be able to choose which bathroom they use; 2) bathroom use by transgender people should be restricted based on anatomy or sex assigned at birth; or 3) transgender people should use gender neutral or unisex bathrooms (Table 2).

Table 1. Respondent demographic characteristics (N = 683).

Demographic characteristic	n (%)
Age, mean (SD)	18.9 (3.1)
Gender, n (%)	**N = 681**
Male, non-transgender	247 (36.3)
Female, non-transgender	391 (57.4)
Transgender, female-to-male	14 (2.1)
Transgender, male-to-female	1 (<0.1)
Non-binary	10 (1.5)
Other	18 (2.6)
Race	**N = 681**
White	486 (71.4)
Black	54 (7.9)
Asian	65 (9.5)
Other (including multi-racial)	76 (11.2)
Hispanic	82 (12.0)
Education	**N = 681**
Less than high school	296 (43.5)
High school graduate	56 (8.2)
Some college or tech school	201 (29.5)
Associates or tech school graduate	19 (2.8)
Bachelors +	109 (16.0)
Region	**N = 679**
East	44 (6.5)
Midwest	474 (69.8)
South	98 (14.4)
West	63 (9.3)

Transgender people should be able to choose which bathroom they use (79%; n = 399)

The majority of respondents who expressed an opinion on bathroom use policies stated that transgender people should be able to use whichever bathroom they choose: *"I think transgender people should be allowed to use the bathroom of their choice, not what they are assigned at birth" (16 yo, White ciswoman, West)*. Respondents stated that people should be able to make bathroom use decisions based on their gender identity, or comfort using a particular restroom. Respondents made four main arguments for this position:

1) Public Facilities Choice as a Private Decision

Respondents described choosing a restroom as a private, personal decision: *"Going to the bathroom is a private activity and should be no one else's business" (18 yo, White transwoman, South)*. Individuals espousing privacy arguments also asserted that because an individual's bathroom use should not adversely impact others, an individual's right to privacy should be maintained in making bathroom use decisions: *"We should allow people who are trans go to their bathroom of choice it's not like it's going to affect anyone else" (17 yo, Black and White ciswoman, Midwest).*

Table 2. Youth perspectives on bathrooms use regulation and core rationales.

Transgender individuals should be able to choose which bathroom they use (79%)	
Bathroom use is private and should be a personal decision	*"People should be allowed to go into whatever bathroom they feel comfortable using.. It's no one's business what someone really has in their pants" (23 yo, White cisfemale, East).*
Choosing bathrooms is a matter of equality, freedom, and human rights Transgender individuals are not sexual perpetrators Forcing transgender individuals to use particular bathrooms may put transgender individuals at risk	*"I believe that banning them [transgender people] from restrooms of their identity is just another way for people to keep their rights unequal to that of a cisgendered person" (16 yo, American Indian or Alaska Native and White cisfemale, Midwest).* *"There's a huge misconception that transgender people are using a bathroom as 'predators'. This is inaccurate…" (22 yo, White cisfemale, Midwest).* *"If they [transgender people] are forced to use a restroom of the gender which they do not present themselves as, that could put them in danger… I don't think trans people should have to fear violence when using the restroom" (19 yo White cisfemale, Midwest).*
Transgender individuals should use bathrooms as restricted based on anatomy or natal sex (17%)	
Transgender identity is not a legitimate or acceptable identity Genital anatomy should be important in determining bathroom use There is a risk of perpetrators masquerading as transgender	*"If you are male, I mean if you were born male you use the male restroom. It's as simple as that. Because it's a ridiculous thing to have a conversation over. Males go to male bathroom. That's how that works. Real males. X,y chromosomes" (14 yo, White cismale, South).* *"I think that people with penises should use the men's and people with vaginas should use the women's" (14 yo White cismale, Midwest).* *"It really doesn't bother me that a person who got a sex change wants to use the bathroom they got the parts for. But it also bothers me that a child molester or rapist could pretend to be a transgender and use that as an excuse to be around kids" (17 yo White cisfemale, South).*
Transgender individuals should use gender neutral or unisex bathrooms (10%)	
	"We should have all gender neutral bathrooms" (18 yo White cismale, Midwest).

2) Public Facilities Choice as a Human Right

Other respondents used a framework of equality, freedom, and human rights as the rationale for their beliefs about bathroom use regulation: *"I think trans folks should be able to use whatever bathroom they would like. Because trans rights are human rights, and I think it is important and necessary to advocate for human rights and equity for marginalized groups." (21 yo, White cis-woman, Midwest)*. Respondents recognized transgender people as a marginalized minority group, and perceived the regulation of their basic bodily functions (through bathroom use) as a violation of human rights.

Participants called for laws regulating bathroom use as discriminatory: *"Lawmakers are blowing up a non-issue to discriminate against minorities… I don't think our legislators should be encouraging hate and discrimination against a disadvantaged group" (20 yo, White cisman, Midwest)*. Respondents drew parallels between the bathroom use debate and the civil rights

movement, suggesting that the debate is truly about valuing transgender people as people, and is not about bathrooms:

> *"I saw a post online that said 'it's not about bathrooms, just like it was never about drinking fountains.' That really resonated with me. Bathroom bills draw lines between first and second class people, and it's important to respect people's identities instead of spreading hate" (19 yo, White ciswoman, Midwest).*

3) Public Facilities Choice and the Myth of the Transgender Perpetrator

A group of respondents described legislation limiting bathroom use by transgender people as, *"based on the fallacy that transgender people are a danger to others" (23 yo, White cisman, West)*. These respondents understand restrictions on bathroom use by transgender individuals as propagated by inaccurate portrayals of transgender people: *"So called 'bathroom bills' are couched in the belief that trans people are sexual deviants or deceptive in some way, which is a harmful mischaracterization of trans people…" (20 yo, White ciswoman, Midwest).*

Specifically, youth pointed out that restricting bathroom use by transgender people is, in part, driven by a conflation of gender non-conformity with criminal sexual deviance, particularly pedophilia:

> *"I believe these bills are ineffective and offensive, they serve only to pander to transphobic ideologies and accomplish nothing regarding a non-existent threat (trans people aren't pedophiles) while simultaneously reaffirming bigoted beliefs…"(20 yo, White cisman, Midwest).*

Respondents emphasized that transgender people are not inherently, or disproportionately, sexual predators or pedophiles.

Others noted that assault or violence in a bathroom is illegal, and will remain illegal, regardless of the genders allowed in a particular bathroom:

> *"Many may argue that it [allowing transgender people in bathrooms aligned with their gender identity] lets people get away with sexual crimes, but sexual crimes are illegal no matter what gender or bathroom…" (15 yo, White ciswoman, Midwest).*

These respondents viewed restrictive bathroom policies as legitimizing fears steeped in transphobic mischaracterizations of transgender individuals and their behaviors, under the guise of improving public safety.

4) Public Facilities Choice and the Safety of Transgender People

In addition to transgender people not posing a threat to other bathroom users, respondents noted that forcing transgender people to use a particular bathroom may put transgender people in danger: *"Transgender people are most safe in the bathroom they identify with the most" (24 yo, White ciswoman, Midwest)*. One respondent explained: *"As a stealth transguy my safety depends on being able to use the men's bathroom" (23 yo, White transman, Midwest)*. These respondents argue

that, for example, a transgender individual who "passes" as their affirmed gender may be at increased risk of harassment or violence if they are forced by bathroom use restrictions to use the bathroom aligned with their sex assigned at birth. Respondents expressed concerns that transgender individuals may not be well accepted in bathrooms corresponding with their sex assigned at birth: *"…it is absurd to expect a trans man with a beard to use the women restroom" (23 yo, White cismale, West).*

This group concluded that restricting bathroom use may have negative implications for the well-being of transgender people, in terms of immediate physical safety, emotional and mental health, and marginalization and devaluing of the transgender community:

> *"Trans people are in greater danger in bathrooms than cispeople. They pose 0 threat. Forcing someone to use the bathroom opposite to their gender identity and expression would cause more shame, confusion and alarm. This is just another way to delegitimize an entire community for the narrow-mindedness of a few" (23 yo, Asian ciswoman, Midwest).*

Transgender people should use bathrooms as restricted based on anatomy or sex assigned at birth (18%; n = 92)

Some respondents stated that restroom use by transgender people should be restricted based on an individual's genital anatomy or sex assigned at birth. This group of respondents rationalized bathroom use restrictions with the following arguments:

1) Public Facilities Restrictions: Transgender identity as illegitimate

A cohort of respondents questioned the legitimacy of transgender identity – instead endorsing sex and gender as fixed and binary: *"People should use the bathroom that is on their birth certificate" (15 yo, White cisman, South).* Individuals explained these beliefs by describing transgender identity as diverging from what they saw as an obvious, strict, biologic binary of both sex and gender:

> *"If one has XY chromosomes, they are male. If one has XX chromosomes, they are female. Males need to use the male restroom, and females need to use the female restroom.. Also, it furthers the ignorance of facts by allowing men to believe they are women, and vice versa" (16 yo, White cisman, Midwest).*

This group of respondents expressed a belief that sex and gender should always remain concordant, and that this relationship is inflexible. Thus, transgender people using bathrooms corresponding with their gender identity was seen as unnatural, unacceptable, and pathologic: *"Transgender is a mental disorder and shouldn't be praised or accepted" (15 yo, White ciswoman, South).*

2) Public Facilities Restrictions Based on Genital Anatomy

Other respondents who felt bathroom use by transgender people should be restricted emphasized the importance of genital anatomy in determining which bathroom transgender people should be allowed to use.

Some respondents of this belief regarded gender affirming surgery on the genitals as a legitimate reason to allow transgender people to use the bathroom aligned with the gender they affirm:

> *"I don't think transgender people should use whichever bathroom they want to. I think they should be based on the reproductive organs the person has. Therefore, if a trans person had surgery to change their genitals they should use the bathroom that matches their genitals" (23 yo, White ciswoman, East).*

In part, respondents noted that this rationale stemmed from a fear of individuals, specifically cisgender girls, being exposed to phalluses: *"We need a male and female bathroom. That is it, plain and simple. Because a little girl should not have to be forced to see a penis in the bathroom in the name of 'tolerance'" (17 yo, White and Hispanic cisman, South)*. Respondents described concerns about the potential for individuals to see genitals different from their own, using language that suggested genital viewing may be forced or inherent in bathroom use.

3) Public Facilities Restrictions and the Risk of Falsified Perpetrators

Some respondents raised concerns about the safety implications of codifying the right of transgender people to use restrooms aligned with their gender identity. These respondents did not express a concern that transgender people would act as perpetrators. Instead, they feared that non-transgender people could masquerade as transgender in order to legitimize their entering other genders' restrooms for a nefarious purpose: *"Sexual predators under a transgender facade can be very dangerous if they have free reign to use whatever restroom" (21 yo, White cisman, West).*

These individuals at times explicitly recognizing that their fears were not actually of transgender people. Instead, they expressed fears that the right for transgender people to use bathrooms aligned with their gender identity would create an avenue for increased bathroom violence by non-transgender perpetrators, particularly against young people and females:

> *"Honestly I have nothing against transgender people. But I think they should have a separate bathroom or go in family bathrooms. Not because of who they are but because of bad people in the world. With that law passed, any man can dress in women's clothes and go in a woman's bathroom and take advantage of anyone including young girls" (17 yo, White ciswoman, South).*

> *"I think transgender people should use the bathroom based off of their body part… I kind of don't care as long as no harm is caused to anyone, but I also don't really like the idea of using the bathroom with a man who wants to be a woman. So many rapists could play that off" (19 yo, Black ciswoman, Midwest).*

Transgender people should use gender neutral or unisex bathrooms (10%; n = 53)

A minority of respondents described gender neutral or unisex bathrooms as the preferred bathroom for proposed use by transgender persons, and more fundamentally challenged the need for the existence of gendered bathrooms. These respondents rationalized that gender neutral bathrooms were not only an ideal option for transgender people, but for all people: *"I think the issue would be solved if we got rid of separate gender bathrooms and just created universal bathrooms labeled "Bathroom" instead of "Men" and "Women" (21 yo, White ciswoman, Midwest)*. These respondents questioned the need for gendered restrooms, with some suggesting universal gender neutral restrooms.

Discussion

In this sample, nearly 8 in 10 youth stated that transgender people should be able to use the bathroom they feel most comfortable in. Youth justified protecting the ability of transgender people to choose the restroom they use with a narrative of privacy and minority rights. This relative peer acceptance aligns with trends suggesting school environments are gradually becoming less hostile spaces for transgender youth (Kosciw et al., 2016). These findings suggest that the majority youth perspective in this survey sample is in disagreement with the current bathroom use policies in many schools, and with legislation considered by many states in recent years to restrict bathroom use by transgender people (Kosciw et al., 2016; Kralik, 2018).

With an eye to civil rights implications, we recognize that the majority opinion should not be the lynchpin in determining the rights of a minority group. While the volume of peer youth support we describe here does not implicate the validity of human rights arguments for public restroom access, it may have significant implications for reducing minority stress associated with public bathroom exclusion. Whereas enacted and felt stigma, such as gendered bathroom exclusion, have been associated with psychological distress in the transgender population, peer support has been found to be protective (Bockting et al., 2013). Our findings suggest that there is significant peer youth support for transgender people using the bathroom concordant with their gender identity.

Moreover, given the lack of codified federal protections against transgender discrimination, and thus the current role for local and state legislation in determining public bathroom regulations, the opinion of the next wave of potential youth voters has significance, particularly as it appears to differ from the current opinion of U.S. adults (Callahan & Zukowski, 2019; "Transgendered students and school bathrooms," 2014).

A minority cohort of respondents in support of restrictions for bathroom use by transgender people expressed a strong essentialist belief in a fixed alignment of binary sex and gender (Callahan & Zukowski, 2019). These respondents referenced sex chromosomes and genitalia as the determinants of both sex and gender, asserting that deviance from this was pathologic. All major American medical societies disagree with this assertion, endorsing gender affirming treatment of transgender people and rejecting the notion that transgender identity is a mental illness (Coleman et al., 2012). It is unclear whether youth with essentialist beliefs lack education regarding gender and sex differences, but regardless of the etiology of these beliefs, respondent quotes indicate clear associated transphobia. Binary conceptions of gender have previously been associated with negative attitudes toward transgender people (Norton & Herek, 2013). While the transphobia associated with essentialist views of gender may be rooted in ingrained value systems, there is some evidence to suggest anti-prejudice interventions can reduce transphobia and increase support for transgender nondiscrimination laws (Broockman & Kalla, 2016). This raises the potential for anti-prejudice interventions as a mechanism to address the transphobic views of some youth.

While parental concerns for the safety of presumed cisgender women and children in bathrooms was a focal point during "bathroom bill" media coverage, safety in this context was mentioned by a minority of youth (Johnson, 2014; Madigan, 2016; Schilt & Westbrook, 2015). Interestingly, youth respondents expressed concerns not of transgender people specifically acting as sexual predators in bathrooms, but rather, a fear of enabling natal male sexual predators to enter women's bathrooms for nefarious purposes. Described by Schilt & Westbrook as "penis panic," this narrative suggests a fear of the perceived propensity of individuals assigned male sex at birth to commit assault, regardless of gender (Schilt & Westbrook, 2015). The National Task Force to End Sexual and Domestic Violence Against Women issued a consensus statement directly addressing this concern, stating: "Nondiscrimination laws do not allow men to go into women's restrooms–period… discriminating against transgender people does nothing to decrease the risk of sexual assault" ("National Consensus Statement of Anti-Sexual Assault and Domestic Violence Organizations in Support of Full and Equal Access for the Transgender Community," 2016). Youth proponents of allowing transgender individuals to use the bathroom corresponding with their gender identity echoed this argument. Regardless of the prevalence of these fears, and clear transphobia from some individuals with these concerns, ingrained fears of natal males (regardless of gender) as sexual predators signal a serious need to address societal factors that enable sexual assault, including toxic masculinity.

Some respondents in support of allowing transgender individuals to use the restroom most aligned with their gender noted that safety considerations for transgender people likely require more attention. These respondents recognized that transgender people may be at higher risk of physical violence, stigmatization, and harassment if their bathroom use is restricted. These concerns align with research that shows transgender students report significantly lower self-reported safety in bathroom facilities compared to cisgender students and high rates of assault while trying to use the restroom (Herman, 2013; Wernick, Kulick, & Chin, 2017).

Our findings are limited by response bias, and may represent incomplete participant perspectives despite the open-ended nature of responses. Though the sample of respondents represents a large population of youth, our findings are not nationally representative and may have excluded other minority viewpoints. Within the MyVoice cohort, individuals with little knowledge or opinions regarding issues affecting transgender people may have been less likely to respond. The opinions of youth in Southeast Michigan were overrepresented; this is likely due to community recruiting events were held in Southeast Michigan. Participants from Southeast Michigan may also have been more likely to recognize and engage with the host university. Southeast Michigan is politically Democratic-leaning; while the political leanings of the participants were not solicited, and youth tend to be more liberal than adults (Pew Research Center, 2018), if respondents were disproportionately of liberal ideology this may impact the generalizability of the results and suggest an over-estimation of broader youth support for transgender people using restrooms aligned with their gender identity (Norton & Herek, 2013).

Conclusion

In this sample of youth, the majority of respondents support transgender people having the right to choose which bathroom they use without restriction. Young people are more likely than U.S. adults to identify as transgender (Herman et al., 2017) and restrictive policies have been shown to have significant implications for the wellbeing of transgender youth (Johnson, 2014). As schools, states, and federal officials consider policies regarding bathroom use by transgender people, the voices of youth deserve to be heard; the next generation of voters may be more likely to support gender identity nondiscrimination laws for public accommodations than "bathroom bill" legislation enshrining strict bathroom segregation by natal sex.

Moreover, our findings indicating support among a large sample of youth for transgender rights, suggest a large number of youth may be willing and able to provide peer support to transgender youth. This has positive implications for potential reductions in minority stress, and psychologic distress, in the transgender population.

More work is needed to understand whether our finding are nationally representative, how youth opinions evolve as transgender people continue to become more visible in our society, and whether the rejection of "bathroom bills" by youth in this sample will predict a broader shift in public opinion regarding the regulation of gender.

Disclosure statement

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Author Contributions

HC performed the data analysis, data interpretation, and initial manuscript preparation. CC performed data analysis, aided in interpretation of the data, and provided manuscript revisions. MM and TC aided in drafting survey items, interpretation of the data, revision of the manuscript, and conceptualization of the study design. MP aided in interpretation of data, aiding in study design, and contributed to manuscript revisions. All authors read and approved the final version of this manuscript before submission.

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Name: Katelyn Sabelko

Comment: As a new Iowan, I am devastated by the disregard for students that this bill reflects. Trans students should be protected, cherished, respected, and celebrated. Allowing trans students to use the bathroom that matches their gender identity is the least Iowa schools can do. Trans students are not a danger to their peers. Forcing them to use a bathroom that makes them uncomfortable is willfully inflicting trauma upon them. This is not an opinion; this has been proven by scholars.Please consider the findings from a recent scholarly article that concluded through their research that "feeling safe using school facilities helps to explain widespread inequalities between trans and cisgender students. Based on these results, we suggest that in order to address disparities in educational outcomes between trans and cisgender students, as well as to improve student wellbeing in general, policies and practices need to ensure that all students have the right to safely access bathrooms and school facilities" (Wernick, Kulick, & Chin, 2017).I will attach this article to my comment for your consideration.Wernick, L. J., Kulick, A., & Chin, M. (2017). Gender identity disparities in bathroom safety and wellbeing among high school students. Journal of Youth and Adolescence, 46(5), 917930. DOI:10.1007/s1096401706521

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EMPIRICAL RESEARCH

Gender Identity Disparities in Bathroom Safety and Wellbeing among High School Students

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Abstract By examining the relationship between trans identity, bathroom safety and wellbeing among high school students, this article empirically investigates how educational institutions operate as sites through which gender is negotiated in ways that are consequential for trans youth. We draw cross-sectional survey data, from a multi-school climate survey ($n = 1046$) conducted in the Midwestern United States, to examine three aspects of high school students' wellbeing: safety at school, self-esteem, and grades. The sample included students in 9th–12th grade who identified as trans (9.2%) and cisgender (41.2% boys, 49.6% girls), as well as LGBQ (21.6%) and heterosexual (78.4%). Most respondents were monoracial white (65.8%), monoracial Black (12.4%), and multiracial (14.1%). Using mediation and moderation linear regression models, we show that feeling safe using school facilities helps to explain widespread inequalities between trans and cisgender students. Based on these results, we suggest that in order to address disparities in educational outcomes between trans and cisgender students, as well as to improve student wellbeing in general, policies and practices need to ensure that all students have the right to safely access bathrooms and school facilities.

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Keywords Transgender · Bathroom access · Cissexism · School climate · Wellbeing · Students

Introduction

According to the Every Student Succeeds Act (ESSA), educational institutions have a responsibility to ensure that all students have equal access to educational opportunities (U.S. Department of Education 2015). Schools must therefore implement policies and practices to create and sustain learning environments that address educational disparities by fostering the success of students who experience barriers to achieving educational outcomes (Fabricant 2010; Lee 2001; Oakes and Lipton 2002). Trans students, who understand and express a gender that does not align with their sex assigned at birth, experience a range of increasingly well-documented barriers to accessing and succeeding within educational institutions. School-age trans youth have reported poor mental health (Clements-Nolle et al. 2006; Robinson and Espelage 2011; Toomey et al. 2010; Yunger et al. 2004) and educational outcomes (Greytak et al. 2009; Kosciw et al. 2016) compared to their cisgender counterparts (those who identify with a gender identity and expression in line with normative expectations given their sex assigned at birth). A growing body of research has further linked these disparities to trans students' experiences of violence, harassment, and exclusion in educational settings. Trans youth face physical violence and harassment, disregard for their gender identity and expression, as well as curriculum and pedagogical practices that are harmful to their development (Esmaeili and Arabmofrad 2015; McGuire et al. 2010; Wernick et al. 2014). Researchers have found that these disparities are evident not only between trans and cisgender students, but

also that trans students are at greater risk when compared to lesbian, gay, bisexual (LGB) and similarly identified students (Baum et al. 2013; Grant et al. 2011; Greytak et al. 2009; James et al. 2016).

It is difficult to obtain reliable estimates on the number of trans students in school settings. Social science surveys have historically assumed that all students identify within cisgender binaries and inquired about only "male" and "female" identities. Some researchers have begun to inquire about a wider range of gender identities. A recent study published by the Williams Institute estimates that 0.7% of youth ages 13–17 years old (150,000 youth) in the United States identify as transgender (Herman et al. 2017). But there are persistent difficulties in inquiring about transgender, gender expansive, and gender non-conforming identities in surveys designed for quantitative analysis (Gates 2011; Toomey 2014). While categories such as "trans" and "transgender" are useful ways to group individuals and communities, these terms erase differences among the diverse self-understandings of young people about their gender identities, especially across racial and sexual communities. Different aspects of social identity, personal history, and individual experience influence the lived realities of those who consider themselves to be "trans" or "transgender" in drastically different ways. For instance, trans people assigned male at birth who express a feminine gender identity are targeted for violence in the policing of both binary gender norms as well as misogynistic beliefs about the value of feminine self-presentation (Barker-Plummer 2013; Julia 2007; Koyama 2003). Researchers have found that acts of anti-transgender violence, including murderous attacks, are disproportionately targeted toward trans women of color (Koken et al. 2009; Sevelius 2013; Stanley and Smith 2011). The grouping of non-cisgender people within a single category may conceal as much diversity as it exposes, as the same move does with cisgender categories of "men" and "women."

Terms such as genderism and cissexism have been used to describe the distinct systems of oppression that target and stigmatize trans individuals and simultaneously privilege binary cisgender identities (Hill and Willoughby 2005; Browne 2004). Genderism pervades trans individuals' everyday lives (Grant et al. 2011; Lombardi et al. 2002; Lombardi 2009) and is intimately connected to systems of sexism, racism and heterosexism. Understanding anti-transgender violence within this framework highlights that while trans students make up a relatively small minority of the school system, the targeting of these students is central to the maintenance of institutional norms that reproduce wide-ranging inequalities. Thus, it is vital to address, prevent, and heal from genderism not only to support the success and positive development of trans students, but further, to create supportive and inclusive environments for all students.

In this article, we focus on the role of students' feeling of safety using sex-segregated school facilities (e.g., bathrooms, locker rooms) as it relates to the success and wellbeing of high school students. The widespread segregation of bathroom usage between "men" and "women" facilities compels trans individuals to navigate spaces in which their non-conformity to binary norms of gender identity and expression can be called into question (Ingrey 2012; Porta et al. 2017). The process of having one's gender called into question and anticipating such threats in the future jeopardizes the safety and wellbeing of trans individuals who need to execute the bodily functions for which bathrooms are constructed (Bender-Baird 2016; Browne 2004). Bathroom access for trans youth in high school is a particularly important issue in the current United States political climate where the civil rights of trans individuals is hotly debated (Larsen 2016). In contrast to other studies that have examined individual or interpersonal dimensions of discrimination and violence (Baams et al. 2013; Nadal and Griffin 2011), this article contributes to existing research on how educational institutions perpetuate the subordination of trans students through organizational policies, procedures and practices (Fischer et al. 2016; McGuire et al. 2010; Woolley 2016).

Recently, a range of studies have investigated the legal ramifications of trans students' access to bathrooms (Johnson 2014; Moffit 2015; Reisner et al. 2015; Sterling 2014; Szczerbinski 2016; Tobin and Levi 2013; Weinberg 2009). Feminist scholars have also been keen to examine how public discourse around trans bathroom access produces important theoretical contributions to our understanding of gender (Bender-Baird 2016; Browne 2004; Ingrey 2012). More traditional social science research has looked at the individual and institutional ramifications of the threats to bathroom access for trans individuals. For instance, trans college students report negative experiences in bathrooms (hostility, harassment, and discrimination) that have adverse consequences on their physical health, such as dehydration and urinary tract or bladder infections, from avoiding or waiting to use the bathroom. This exclusion from public space also exacts a mental toll, including increased risk for suicide (Seelman 2014, 2016; Sutton 2016). Together, these studies show that bathrooms and related facilities operate within school settings to communicate norms of exclusion and bias against trans people and increasingly serve as sites for physical harm against them.

However, to the best of our knowledge, no studies have quantitatively examined these relationships among high school students. While we anticipate that similar dynamics will play out across educational settings, trans high school students operate within a distinct stage of adolescent development and experience greater constraints on their mobility than adults. Given that the bodily changes associated with adolescence can bring the ongoing development

of gender identity and expression into sharp relief, it is important to investigate the ways in which educational institutions shape trans students' success. To extend existing research documenting bathroom accessibility and safety as a function of genderism among high school students, we investigate the relationships between trans identity, safety using school facilities, and students' wellbeing. Specifically, we examine three aspects of wellbeing: safety in the school environment, individual mental health, and academic success. These outcomes are used as multiple indicators of students' ability to access positive opportunities. Assessing these outcomes enables us to examine both the symbolic and physical aspects of gender inequality relative to bathroom safety in schools. While research on inequality often focuses on testing how well various risk factors can predict negative outcomes, we examine the role of students' perception of school facilities as a barrier to accessing opportunities for current and future success and self-determination (Breen and Jonsson 2005).

The Current Study

In this study, we test inter-related hypotheses to better understand the role of feeling safe in the bathroom as an influence on students' wellbeing. First, due to widespread discrimination against trans youth, as well as the anticipation of harassment in sex-segregated restrooms, we hypothesize that trans students will report feeling less safe than their cisgender counterparts in using bathroom and locker room facilities. Second, for similar reasons, we hypothesize that trans students will report significantly lower rates of school wellbeing and success, as measured by school safety, self-esteem, and grades. Third, we hypothesize that students' feelings of safety using school facilities will mediate these associations between gender identity and lower reported rates of school wellbeing, as feeling unsafe using school facilities may contribute to both social and physical barriers in succeeding at school. Fourth, we also investigate potential moderating effects of reported experiences of bathroom safety on the relationship between trans identity and student outcomes, as well as serial mediations between safety, self-esteem, and grades. Finally, we explore whether the effect of gender identity on grades could be serially mediated through facilities safety and self-esteem.

Methods

Procedure

Our analysis uses data drawn from a climate survey conducted in 2014 at five public high schools in southeast Michigan. LGBTQ youth leaders and allies designed and distributed the survey as part of the Riot Youth Climate Action Project that brought together Riot Youth leaders from the Neutral Zone (a teen center located in Ann Arbor, Michigan) with Gay Straight Alliances (GSAs) and similar school-based clubs. Young people designed and distributed the survey, adapting questions from previous community-based surveys (Kosciw et al. 2016; Wernick et al. 2014) and worked with adult advisers [LW, AK] to assess a range of issues related to school climate in relevant and accessible terms for youth audiences. De-identified data were made available to researchers and the Institutional Review Board at Fordham University and University of California Santa Barbara designated analysis of this data as exempt from oversight.

The five schools were sampled to strengthen regional networks of LGBTQ youth activists and to ensure geographic and racial diversity within the sample. Two of the schools were in a suburban/semi-urban city, two in rural settings, and one in an urban locale. At the time of data collection, there were no local or state policies explicitly addressing transgender students' rights to access a bathroom based on their gender identity. Individual students, teachers, and administrators worked to address students' needs on a case-by-case basis. These efforts are largely contingent on the visibility of individual students, their willingness to come forward, and the resources available to school staff. A description of the full study sample is presented in Table 1 and a description of the trans students in the study is presented in Table 2.

Measures

Independent variables

Demographics The survey used two questions to inquire about gender identity. Students were first asked "What gender(s) do you identify with?" and instructed to select all that apply from a list of six options: man, woman, genderqueer, agender, questioning, and not listed. The survey also asked "Do you identify as transgender or gender non-conforming?" and asked respondents to select all that apply from a list of: No; Yes, I identify as transgender; Yes, I identify as gender non-conforming; and Not Listed. For the present analysis, we included all respondents who indicated that they identify as genderqueer, agender, questioning, transgender, gender non-conforming, or a gender identity not listed in the survey as trans (GI).

The survey also included similar measures for race and sexual orientation, which were grouped dichotomously to indicate the potential for experiencing oppression based on one or both of these categories. Respondents who indicated

Table 1 Descriptive statistics for total sample and by school

Variable	Total ($n = 1046$) *M* (SD)	Suburban school A ($n = 327$) *M* (SD)	Suburban school B ($n = 158$) *M* (SD)	Rural school A ($n = 228$) *M* (SD)	Rural school B ($n = 194$) *M* (SD)	Urban school A ($n = 139$) *M* (SD)
Self-esteem[a]	3.01 (0.66)	2.95 (0.69)	2.98 (0.63)	3.05 (0.64)	3.04 (0.63)	3.04 (0.66)
Anti-LGBTQ language[b]	2.99 (0.97)	2.34 (0.85)	3.36 (0.86)	3.35 (0.89)	3.13 (0.82)	3.34 (0.90)
Safety at school[b]	4.71 (0.74)	4.81 (0.58)	4.69 (0.71)	4.73 (0.72)	4.78 (0.56)	4.31 (1.20)
Facilities safety[b]	4.66 (0.84)	4.78 (0.62)	4.58 (0.89)	4.81 (0.67)	4.82 (0.56)	3.89 (1.43)
Grades[c]	5.62 (1.51)	5.70 (1.51)	5.32 (1.70)	5.90 (1.19)	5.93 (1.43)	4.75 (1.56)
	n (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)	*n* (%)
Grade-level						
9th	168 (17.6)	88 (27.8)	24 (15.6)	20 (9.3)	–	36 (35.6)
10th	248 (26.0)	81 (25.6)	78 (50.6)	76 (35.5)	1 (0.6)	12 (11.9)
11th	236 (24.8)	79 (24.9)	26 (16.9)	53 (24.8)	69 (41.3)	9 (8.9)
12th	301 (31.6)	69 (21.8)	26 (16.9)	65 (30.4)	97 (58.1)	44 (43.6)
Race						
White	617 (65.8)	230 (73.0)	67 (45.6)	181 (85.4)	139 (85.3)	–
Black	116 (12.4)	18 (5.7)	17 (11.6)	5 (2.4)	1 (0.6)	75 (74.3)
Latino	22 (2.3)	12 (3.8)	9 (6.1)	1 (0.5)	–	–
Middle Eastern	10 (1.1)	3 (1.0)	4 (2.7)	1 (0.5)	2 (1.2)	–
Multiracial	132 (14.1)	39 (12.4)	33 (22.4)	19 (9.0)	17 (10.4)	24 (23.8)
Native	4 (0.4)	1 (0.3)	–	1 (0.5)	–	2 (2.0)
Asian	37 (3.9)	12 (3.8)	17 (11.6)	4 (1.9)	4 (2.5)	–
Sexual orientation						
Straight	735 (78.4)	226 (72.7)	119 (79.9)	177 (84.7)	133 (81.6)	80 (76.2)
LGBQ	202 (21.6)	85 (27.3)	30 (20.1)	32 (15.3)	30 (18.4)	25 (23.8)
Gender						
Cis boys	385 (41.2)	148 (47.4)	62 (41.9)	71 (33.5)	70 (43.2)	34 (34.0)
Cis girls	463 (49.6)	140 (44.9)	73 (49.3)	120 (56.6)	78 (48.1)	52 (52.0)
Trans	86 (9.2)	24 (7.7)	13 (8.8)	21 (9.9)	14 (8.6)	14 (14.0)

[a] Theoretical range [1, 4]

[b] Theoretical range [1, 5]

[c] Theoretical range [1, 7]

that they identified as monoracial white were coded 0, while students who selected one or more racial minority identities (African American/Black, Hispanic/Latin@/Chican@, Middle Eastern, Multi/biracial, Native American/American Indian, Asian/Pacific Islander, Not Listed) were coded 1. Similarly, respondents were grouped by their sexual orientation (0 = only straight/heterosexual, 1 = bisexual, gay/lesbian, pansexual, questioning, queer, and/or not listed).

We also used a measure of students' current grade (9th–12th) and the school at which they were surveyed to control for potential developmental and regional differences. Based on observed patterns of difference in the independent and dependent variables, urban school A was selected as the referent category for multivariate analysis.

School climate Further, we controlled for experiences of general school climate to account for perceived differences in the symbolic policing of binary gender and sexual identities. We constructed a three-item scale by combining items addressing multiple forms of anti-LGBTQ language: "Sometimes people use phrases such as 'it,' 'he-she,' or 'tranny' that are derogatory toward transgender people. How often do you hear phrases like the above in school?"; "Sometimes people use phrases such as 'that's so gay' or 'no homo' that are derogatory toward LGBTQ people. How often do you hear phrases like the above in school?"; "How often do you hear homophobic or biphobic slurs in school? (for example, 'faggot,' 'dyke')" (1 = *never*, 5 = *frequently*). This measure showed evidence of acceptable internal reliability among this sample ($\alpha = .73$). This scale combines

Table 2 Descriptive statistics by gender identity

Variable	Trans ($n = 86$) M (SD)	Cis girls ($n = 463$) M (SD)	Cis boys ($n = 385$) M (SD)	Total ($n = 934$) M (SD)
Self-esteem[a]	2.71 (0.65)	2.90 (0.63)	3.19 (0.65)	3.19 (0.65)
Anti-LGBTQ language[b]	3.05 (0.93)	2.99 (0.96)	2.94 (1.00)	2.94 (1.00)
Safety at school[b]	4.12 (1.18)	4.77 (0.61)	4.80 (0.64)	4.71 (0.74)
Facilities safety[b]	3.98 (1.34)	4.78 (0.67)	4.72 (0.75)	4.66 (0.84)
Grades[c]	5.08 (1.61)	5.84 (1.36)	5.52 (1.60)	5.52 (1.60)
	n (%)	*n* (%)	*n* (%)	*n* (%)
Grade-level				
9th	17 (20.0)	76 (16.5)	71 (18.7)	164 (17.7)
10th	24 (28.2)	118 (25.6)	100 (26.4)	242 (26.2)
11th	23 (27.1)	113 (24.5)	91 (24.0)	227 (24.5)
12th	21 (24.7)	154 (33.4)	117 (30.9)	292 (31.6)
Race				
White	61 (75.3)	339 (74.0)	298 (78.6)	298 (78.6)
Black	15 (18.5)	80 (17.5)	67 (17.7)	67 (17.7)
Latino	2 (2.5)	27 (5.9)	26 (6.9)	26 (6.9)
Middle Eastern	2 (2.5)	14 (3.1)	18 (4.75)	18 (4.75)
Multiracial	5 (6.2)	13 (2.8)	16 (4.2)	16 (4.2)
Native	9 (11.1)	23 (5.0)	19 (5.0)	19 (5.0)
Asian	6 (7.4)	26 (5.7)	31 (8.2)	31 (8.2)
Sexual orientation				
Straight	39 (45.9)	355 (77.7)	322 (86.8)	322 (86.8)
LGBQ	46 (54.1)	102 (22.3)	49 (13.2)	49 (13.2)

[a] Theoretical range [1, 4]

[b] Theoretical range [1, 5]

[c] Theoretical range [1, 7]

measures of derogatory language use based on both gender identity as well as sexual orientation, as these forms of biased behavior often co-occur in practice, despite the differences between gender and sexual identities.

Bathroom safety We measured students' safe access to school facilities (FAC) by combining two items that inquired about students' feelings of safety when using bathrooms and locker rooms at school: "How safe do you feel using public restrooms/locker rooms at school?" based on "gender identity" and "gender expression" (1 = *very unsafe*, 5 = *very safe*). This scale showed evidence of strong internal reliability among this sample ($\alpha = .97$).

Wellbeing outcomes

School safety We measured a sense of belonging at school by examining general feelings of overall safety (SAFE) in the school environment by combining two items: "How safe do you feel in school?" based on "gender identity" and "gender expression" (1 = *very unsafe*, 5 = *very safe*). This measure showed strong evidence of internal reliability among this sample ($\alpha = .91$).

Self-esteem We measured students' self-esteem (SE), as an indicator of mental wellbeing, using the 10-item Rosenberg Self-Esteem Scale (Rosenberg 1979) that inquires about overall positive self-evaluation on a 4-point Likert-type scale (1 = *strongly disagree*, 4 = *strongly agree*) with negatively worded items reverse-scored so that higher values indicate greater self-esteem. The reliability coefficient for the current study was good with a Cronbach's alpha of .91.

Grades Finally, we measured academic performance using a single item of self-reported grades (GRADES) on a 7-point scale from "mostly Ds" to "mostly As".

Analysis

Our analysis began with exploratory tests of variable distributions and bivariate group differences. We then used

regression models to test for the associations between transgender identity, feelings of safety using bathrooms, and success in school. To test our hypothesis that trans students will report lower rates of safety using school bathroom and locker room facilities we used ordinary least squares (OLS) regression, controlling for grade, race, gender, sexual orientation, school and reported anti-LGBTQ language use. To examine our hypotheses on wellbeing outcomes, we used mediation and moderation analyses for all models. Significant models are shown first and alternate models summarized last. To test that safety using school facilities will mediate associations between gender identity and lower reported rates of school wellbeing and success, as measured by school safety (GI → FAC → SAFETY) and self-esteem (GI → FAC → SE), we used the SPSS PROCESS macro (Model 4, Hayes 2013, p. 445), which uses OLS regressions to test mediation effects. We also tested the moderation effects of bathroom safety on the relationship between trans identity and students' self-reported grades using OLS regression with and without interaction variables, as well as the main effect of self-esteem on grades and its moderation by trans identity. Finally, as an alternate exploratory model, we examined whether the effect of gender identity on grades could be serially mediated through facilities safety (Mediator one) and self-esteem (Mediator two) (GI → FAC → SE → Grades) using PROCESS (Model 6, Hayes 2013, p. 446). Each of these models controlled for differences based on gender, race, sexual orientation, grade, hearing anti-LGBTQ language, and school. All mediation analyses were conducted with SPSS Statistics 24 and standard errors are based on the HC3 estimator. All other analyses were conducted with Stata 14. Missing data were imputed using Markov Chain Monte Carlo (MCMC) fully conditional specification, using all variables (demographics, climate, bathroom safety, and wellbeing outcomes) to predict missing values for each case.

Results

Disparities in Bathroom Safety

The regression model using demographic and control variables to estimate feelings of safety in school bathrooms, reported in Table 3, accounted for 19% of the variance in respondents' scores, $F(10,\ 1018) = 12.22$, $p < .001$. Both gender and sexual orientation were significantly associated with self-reported safety in facilities. Trans students reported significantly lower average safety in facilities than both cisgender girls and boys, $\beta = -.25, -.23$ (respectively), $p < .001$. Holding a sexually marginalized identity as LGBQ was significantly associated with lower self-reported levels of safety in facilities than heterosexual students, $\beta = -.12$, $p < .001$. Students at each of the suburban and rural schools reported significantly greater bathroom and locker room safety than students at urban school A, $-.30 \leq \beta \leq -.19$, $p < .001$. We did not find evidence for significant differences in facilities safety by grade, race, hearing anti-LGBTQ language, or between cisgender girls and cisgender boys.

Table 3 Linear regression predicting safety in facilities ($n = 1029$; Robust SEs)

Variable	β	B (SE)
Grade-level	−.02	0.02 (0.03)
Gender		
Cis-boys[a]	−.04	−0.07 (0.05)
Trans[a]	−.25***	−0.73 (0.12)
Trans[b]	−.23***	−0.65 (0.12)
Sexual orientation[c]	−.12***	−0.26 (0.07)
Race[d]	−.11***	−0.20 (0.06)
School[e]		
Suburban A	.30***	0.55 (0.12)
Suburban B	.19***	0.44 (0.13)
Rural A	.27***	0.57 (0.13)
Rural B	.27***	0.61 (0.13)
Anti-LGBTQ language	−.05	0.05 (0.03)
Model statistics		
Constant (ref: cis girls)	4.53*** (0.41)	
Constant (ref: cis boys)	4.03*** (0.17)	
R^2	.1926	

Models include cases with imputed data

Cis = cisgender

[a] Ref. cis-girls

[b] Ref. cis-boys

[c] Ref. straight

[d] Ref. white

[e] Ref. Urban A

*$p < .05$; **$p < .01$; ***$p \leq .001$

Mediation of Bathroom Safety on Overall School Safety for Trans Students

Our analysis examining the effect of gender identity (independent variable) on school safety (dependent variable) through safety using school bathroom and locker-room facilities (mediator), controlling for gender, race, sexual orientation, anti-LGBTQ language and school, using PROCESS (model 4, Hayes 2013, p. 445) are displayed in Fig. 1. The analysis revealed a significant influence of trans identity on overall safety in schools, in comparison to cisgender girls and boys, $B = -0.54$, $\text{SE} = 0.11$, $p = .0001$ (both), and the mediator, $B = -0.73, -0.65$ (girls and boys, respectively), $\text{SE} = 0.12$, $p = .0000$. Analyses on the influence of mediator, bathroom facilities, on overall school

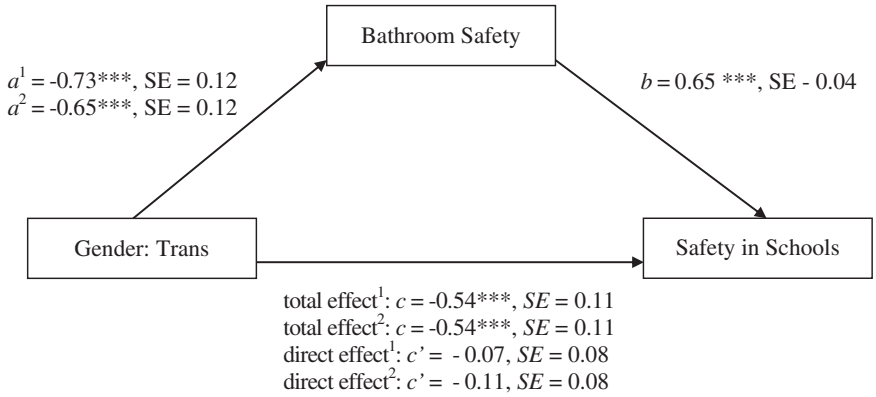

Fig. 1 Bathroom safety mediated the effect of trans* identity on overall school safety. Model controlled for gender, race, sexual orientation, anti-LGBTQ language, and school (ref. urban school A); $n = 1029$; 5000 bootstrap. The mediation analysis was conducted using PROCESS (model 4, Hayes 2013, p. 445). *a, b, c, and c'* are unstandardized regression coefficients. [1]ref. cisgender girls [2]ref. cisgender boys. ***$p <$ 0.001

safety showed a significant effect, $B = 0.65$, SE = 0.04, $p = .0000$. When examining the influence of trans identity and bathroom facilities on overall school safety, the effect of trans identity was reduced in comparison to both cisgender girls and boys, $B = -0.07$, SE = 0.08, $p = .8650$ and $B = -0.11$, SE = 0.08, $p = .1483$ (respectively). The indirect effect of trans identity on overall school safety, through the mediator of bathroom accessibility (GI → FAC → SAFETY), was highly significant in comparison to both cisgender girls and boys as indicated by the 95% CI [−0.67, −0.32] and 95% CI [−0.62, −0.27] (respectively) using 5000 bootstrap estimations. Direct and total effects models that include the full model with control variables are displayed in Table 4.

Mediation of Bathroom Safety on Self-Esteem for Trans Students

Our analytic model examining the effect of gender identity (independent variable) on self-esteem (dependent variable) through safety using school bathroom and locker-room facilities (mediator), controlling for gender, race, sexual orientation, anti-LGBTQ language and school, using PROCESS (model 4, Hayes 2013, p. 445) are displayed in Fig. 2. The analysis revealed no significant influence of trans identity on self-esteem in comparison to cisgender girls, $B = -0.12$, SE = 0.07, $p = .0838$, but a significant influence of trans identity on self-esteem in comparison to cisgender boys, $B = -0.40$, SE = 0.07, $p = .0000$. There was also a significant influence of trans identity on the mediator in comparison to both cisgender girls and boys, $B = -0.73$, -0.65 (respectively) SE = 0.09, $p = .0000$. Analyses on the influence of mediator, bathroom facilities, on self-esteem showed a significant effect, $B = 0.12$, SE = 0.03, $p = .0000$. When examining the influence of trans identity and the mediator, bathroom facilities, on self-esteem, the effect of trans identity was reduced in comparison to both cisgender girls and boys, $B = -0.04$, SE = 0.07, $p = .5032$ and $B = -0.32$, SE = 0.09, $p = .0000$ (respectively). The indirect effect of trans identity on self-esteem, through the mediator of bathroom accessibility (GI → FAC → SE), was highly significant in comparison to both cisgender girls and boys as indicated by the 95% CI [−0.14, −0.04]; CI [−0.13, −0.04] (respectively) using 5000 bootstrap estimations. Direct and total effects models that include the full model with control variables are displayed in Table 4.

Moderation of Bathroom Safety on Grades for Trans Students

Our models examining the moderation effects of bathroom safety on the relationship between trans identity and students' self-reported grades are reported in Table 5. In the main effects model (Model 1), trans identity was associated with significantly lower grades compared to cisgender girls ($\beta = -.11$, $p = .003$). However, safety using facilities was not significantly associated with grades ($\beta = .06$, *ns*). After including the interaction between safety using school facilities and trans identity (Model 2), the moderation effect was significant in predicting grades ($\beta = -.28$, $p = .008$). The significant negative interaction effect suggests a moderating relationship of bathroom safety on the relationship between trans identity and students' self-reported grades. Specifically, the negative effect of trans identity on overall grades is buffered by feelings of safety in the bathroom, and the inequality in grades between trans students and cisgender girls can be explained (in part) by trans students' lower feelings of safety in the bathroom. In the moderation model, the main effect of trans identity was no longer associated with a significant decrease in grades when compared to cisgender girls, but there was a significant difference between trans students and cisgender boys ($\beta = .25$, $p = .023$).

Further, while controlling for these relationships (Model 3), self-esteem was positively associated with grades ($\beta = .20$, $p = .000$). The interaction term between self-esteem and trans identity was also significant and negatively

Table 4 Direct, total and indirect effects of gender identity on school safety and self-esteem through bathroom safety. ($n = 1029$)

Model	Gender identity → Facilities → Safety3		Gender identity → Facilities → Self-esteem	
Outcome	Safety	Safety	Self-esteem	Self-esteem
	Direct effect	*Total effect*	*Direct effect*	*Total effect*
	B(SE)	*B* (SE)	*B*(SE)	*B* (SE)
Controls				
Grade-level	−0.02 (0.02)	−0.03 (0.02)	0.03 (0.02)	0.03 (0.02)
Gender				
Cis-boys[a]	0.05 (0.03)	0.00 (0.04)	0.29 (0.04)***	0.28 (0.04)***
Trans[a]	−0.07 (0.08)	−0.54 (0.11)***	−0.04 (0.07)	−0.12 (0.07)
Trans[b]	−0.11 (0.08)	−0.54 (0.11)***	−0.32 (0.07)***	−0.40 (0.07)***
Sexual orientation[c]	−0.17 (0.05)***	−0.33 (0.06)***	−0.17 (0.05)***	−0.28 (0.05)***
Race[d]	−0.01 (0.04)	−0.14 (0.05)	−0.02 (0.05)	−0.04 (0.05)
School[e]				
Suburb A	0.07 (0.07)	0.29 (0.11)**	−0.30 (0.07)***	−0.24 (0.07)***
Suburb B	0.03 (0.07)	0.26 (0.11)*	−0.16 (0.07)*	−0.11 (0.07)
Rural A	0.15 (0.07)	0.23 (0.11)*	−0.11 (0.08)	−0.04 (0.07)
Rural B	0.10 (0.07)	0.30 (0.11)**	−0.18 (0.08)*	−0.11 (0.08)
Independent				
Anti-LGBTQ language	−0.03 (0.02)	−0.06 (0.03)*	−0.10 (0.02)***	−0.11 (0.02)***
Facilities safety	0.65 (0.04)***		0.12 (0.03)***	
Model stats				
Constant[a]	1.89 (.26)***	4.90 (0.17)***	2.77 (0.16)***	3.31 (0.11)***
Constant[b]	1.94 (.25)***	4.90 (0.16)***	3.06 (0.16)***	3.59 (0.11)***
R^2	.60	.15	.13	.11
Indirect effects[a]	*B*(SE) = −0.48 (0.09); 95% CI (−0.6662, −0.3195)		*B*(SE) = −0.09 (0.03); 95% CI (−0.1433, −0.0408)	
Indirect effects[b]	*B*(SE) = −0.43 (0.09); 95% CI (−0.6226, −0.2742)		*B*(SE) = −0.08 (0.02); 95% CI (−0.1321, −0.0384)	

5000 Bootstraps

Cis = cisgender

[a] Ref. cis-girls

[b] Ref. cis-boys

[c] Ref. straight

[d] Ref. white

[e] Ref. Urban A

*$p < .05$; **$p < .01$; ***$p \leq .001$

associated with grades ($\beta = -.29$, $p = .043$), while the significant negative interaction term between bathroom safety and trans identity continued to show a negative association with grades ($\beta = -.23$, $p = .030$). After taking the role of self-esteem in predicting grades into account, as well as its disparate impact for trans students, trans identity was also significantly associated with a positive effect on grades when compared to cisgender girls ($\beta = .40$, $p = .018$) as well as cisgender boys ($\beta = .50$, $p = .003$). These models estimate that were it not for the gendered disparities in students' feelings of safety in the bathroom, as well as similar disparities in student's self-esteem, trans students would, on average, have higher grades than cisgender students.

Other Demographic Differences

Our findings also demonstrate the importance of intersecting identities and contexts in shaping school success for students. Direct and total effects on school safety and self-esteem with control variables from the two mediation models above are shown in Table 4 and the moderation

Fig. 2 Bathroom safety mediated the effect of trans* identity on self-esteem. Model controlled for gender, race, sexual orientation, anti-LGBTQ language, and school (ref. urban school A); $n = 1029$; 5000 bootstrap. The mediation analysis was conducted using PROCESS (model 4, Hayes 2013, p. 445). *a, b, c, and c'* are unstandardized regression coefficients. [1] ref. cisgender girls [2]ref. cisgender boys. ***$p < 0.001$

effects on grades with control variables are shown in Table 5. In addition to the effects listed above, in the total effects model, hearing anti-LGBTQ language was associated with lower sense of school safety $B = -.06$, $p < .05$. And, in both total and direct effects models, hearing anti-LGBTQ language was associated with lower levels of self-esteem, $B = -.10$, $-.11$ (respectively), $p < .001$, and grades in all three models, $\beta = -.11$, $p < .001$ (Model 1 & 2) and $\beta = -.09$, $p < .01$ (Model 3). Cisgender boys reported a higher self-esteem than cisgender girls in both the direct and total effects models, $B = 0.29$, 0.28 (respectively), $p < .001$. Cisgender boys reported lower grades than cisgender girls in all three models, $\beta = -0.13$, -0.13, -0.18 (respectively), $p < .001$. Respondents who identified as LGBQ reported significantly lower overall school safety, self-esteem and grades in all models: safety, $B = -.17$, $-.33$ (direct & indirect respectively), $p < .001$; self-esteem, $B = -.17$, $-.28$ (direct & indirect respectively), $p < .001$, and grades, $\beta = -.10$, $p < .01$ (Model 1 & 2) and $\beta = -.08$, $p < .05$ (Model 3). Students of color reported significantly lower grades in all three models ($\beta = -.14$, $p < .001$). Finally, students at each of the suburban and rural schools reported significantly higher overall school safety than students at urban school A in the total effects model, $-.30 \leq B \leq -.23$, $-.01 \leq p \leq .05$. In the direct effects model, students from urban school A reported higher levels of self-esteem than the suburban schools A and B, and rural school B, $.30 \leq B \leq -.11$, $-.001 \leq p \leq .05$, and only suburban school A reported significantly lower levels of self-esteem than urban school A in the total effects model $B = -.24$, $p < .001$. Students in both rural schools reported significantly higher grades, $13 \leq \beta \leq .27$, $p < .01$ in all three models.

Alternative Models

In order to ascertain the relationship between bathroom safety and well-being for trans students, we also ran alternative plausible mediation and moderation models. The first alternative model examining the moderating effects of bathroom safety on the relationship between trans identity and reported overall school safety showed no significant interaction effects. Likewise, the second alternative model examining the moderating effects of bathroom safety on the relationship between trans identity and self-esteem showed no significant interaction effects. We also examined bathroom safety as a mediator on grades for trans students. This model also produced no significant indirect effects.

Finally, because of the strong correlations among trans identity, bathroom safety, self-esteem and grades, and we ran a serial mediation model to explore these relationships. While not typically run on a cross-sectional dataset, the results can both examine and illuminate possible theoretical models to understand these relationships (Hayes and Rockwood 2016). This model examined the effect of gender identity (independent variable) on grades (dependent variable) through safety using school bathroom and locker-room facilities (mediator one) and self-esteem (mediator two), controlling for gender, race, sexual orientation, anti-LGBTQ language and school, using PROCESS (model 6, Hayes 2013, p. 445). Results are displayed in Fig. 3. The indirect effect of trans identity on grades, through mediator one (bathroom safety) and two (self-esteem) (GI → FAC → SE → GRADES), was highly significant as indicated by the 95% CI [−0.07, −0.02] using 5000 bootstrap estimations. This indicates that future research should address this possible serial mediation model with longitudinal data.

Discussion

As of the writing of this article, the issue of bathroom access for trans youth is of national significance in the United States, as President Trump has issued a directive to rescind protections for transgender students (Peters et al. 2017) while the right of trans high school students to use the bathroom associated with their gender is currently the subject of legal deliberation at the level of the Supreme Court (Liptak 2016). There is no shortage of research that

Table 5 Linear regression predicting grades ($n = 1029$; Robust SEs)

	Model 1		Model 2		Model 3	
Variable	β	*B* (SE)	β	*B* (SE)	β	*B* (SE)
Grade-level	.01	0.01 (0.04)	.00	0.01 (0.03)	−.00	−0.00 (.04)
Gender						
Cisboys[a]	−.13***	−0.40 (0.09)	−.13***	−0.40 (0.09)	−.18***	−0.53 (.10)
Trans[a]	−.11**	−0.57 (0.19)	.17	−0.85 (0.55)	.40*	1.99 (.84)
Trans[b]	−.03	−0.17 (0.20)	.25*	1.25 (0.55)	.50**	2.52 (.85)
Sexual orientation[c]	−.10**	−0.34 (0.13)	−.10**	−0.36 (0.13)	−.08*	−0.30 (.13)
Race[d]	−.14***	−0.45 (0.12)	−.14***	−0.44 (0.12)	−.14***	−0.44 (.11)
School[e]						
Suburban A	.30	0.26 (0.17)	.30	0.08 (0.17)	.12*	0.37 (.17)
Suburban B	.19	0.19 (0.19)	.19	0.05 (0.19)	.07	0.27 (.19)
Rural A	.27**	0.45 (0.17)	.27**	0.13 (0.17)	.13**	0.48 (.17)
Rural B	.27**	0.46 (0.19)	.27**	0.12 (0.19)	.14**	0.54 (.18)
Anti-LGBTQ language	−.11***	−0.17 (0.05)	−.11***	−0.17 (0.05)	−.09**	−0.13 (.05)
Bathroom safety	.06	0.10 (0.06)	.11**	0.19 (0.07)	.07	0.13 (.07)
Bathroom safetyXtrans			−.28**	0.32 (0.13)	−.23*	−0.27 (.13)
Self-esteem					.20***	0.46 (.08)
Self-esteemXtrans					−.29*	−0.51 (.25)
Model statistics						
Constant (ref: cis girls)	5.79*** (0.39)		5.39*** (0.42)		4.16*** (0.46)	
Constant (ref: cis boys)	5.39*** (0.38)		4.99*** (0.41)		3.62*** (0.47)	
R^2	.1139		.1205		.1526	

Models include cases with imputed data

Cis = cisgender

[a] Ref. cis-girls

[b] Ref. cis-boys

[c] Ref. straight

[d] Ref. white

[e] Ref. Urban A

*$p < .05$; **$p < .01$; ***$p \leq .001$

can be used to support this juridical decision making process, as various studies have investigated discrimination against trans people (Grant et al. 2011) and the experiences of trans students in school environments (Greytak et al. 2009). However, while these studies are helpful in a general sense, they do not provide empirical information on the specific subject that constitutes the core of this legal case: the impact of bathroom safety on trans high school students. Although researchers have investigated these variables among trans college students (Seelman 2014, 2016; Sutton 2016), the particular developmental phase of trans youth in high school (including their potentially nascent phase of gender identity development) and the specific institutional arrangements in high school (which tend to be more restrictive than college) point to the importance of attending to the specificity of experiences among trans youth in secondary educational institutions.

By analyzing a multi-school climate survey in the United States Midwest to examine the relationship between trans students' grades, self-esteem and access to safe bathroom facilities, this study advances our knowledge in this domain. Our findings suggest that amidst considerable variation in the ability of schools to provide opportunities for healthy development among students, there are significant demographic disparities by gender, as well as race and sexual orientation. This affirms a wide range of research that has documented the existence and persistence of inequalities through the educational system (Aragon et al. 2014; Buchmann et al. 2008; Solorzano and Ornelas 2004; Yosso 2006). Specifically, we found that trans students reported significantly lower feelings of overall safety at school as well as lower grades than their cisgender counterparts. However, in the multivariate models, there were no significant differences between trans and cisgender girl

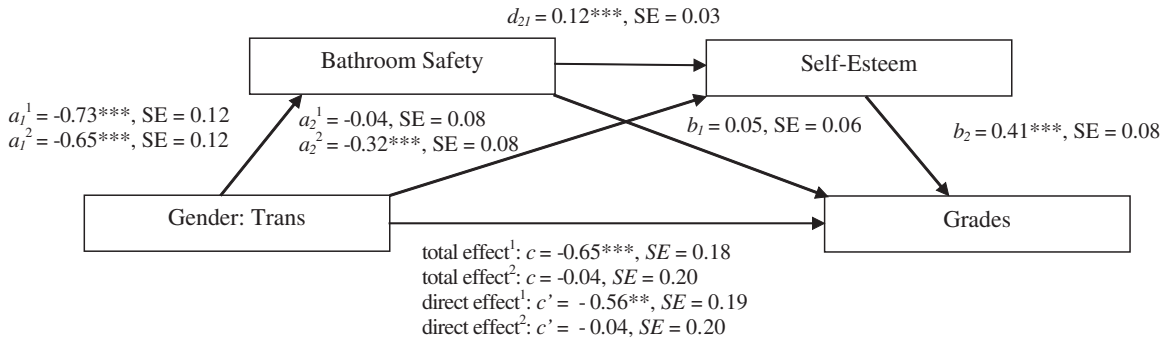

Fig. 3 Bathroom safety (mediator one) and self-esteem (mediator two) mediated the effect of transgender identity on grades. Model controlled for gender, race, sexual orientation, anti-LGBTQ language, and school (ref. urban school A); $n = 1029$; 5000 bootstrap. The mediation analysis was conducted using PROCESS (model 6, Hayes 2013, p. 445). *a, b, c, c', and* d_{21} are unstandardized regression coefficients. [1]ref. cisgender girls [2]ref. cisgender boys. $^{**}p < 0.01$, $^{***}p < 0.001$

students on self-esteem, but highly significant differences between trans and cisgender boy students. Together, these findings suggest that while identifying as trans may help students, on average, to affirm their sense of self within the broader community, it also exposes students to multiple barriers, including sexism and genderism, in successfully accessing both social and educational opportunities in school environments.

We extended the existing literature on educational inequalities by testing the role of access to safe bathroom use as a contributing factor to these inequalities. Our findings show evidence that trans students' lack of safety in using school facilities contributes to both symbolic and physical processes of genderism. The exclusive provision of binary-identified restrooms/locker-rooms, as well as the policing of gender identity which is enabled through these spaces, may contribute to trans students' feelings of exclusion and denigration (Porta et al. 2017). It is important to note that these psychic consequences are not uniformly experienced by trans students, for a number of reasons, such as the extent to which trans students may align themselves with binary modes of gender identification. While it is important to consider the specificity of trans students' experiences with institutional policies that regulate the use of space along gendered lines, the very fact that these policies require and facilitate gender policing have a net negative impact on trans students, many of whom are in the process of developing their relationship to their gender. The anticipation of negative social sanctions in these spaces may also produce physical harm among students who are compelled to delay or forego their physical needs to accommodate the rules of the institution. We found that LGBQ students reported feeling significantly less safe using school facilities compared to heterosexual students. While many LGBQ people identify as cisgender (and many trans people as straight), the policing of these marginalized identities is often conducted simultaneously. Thus, LGBQ students may also benefit from interventions designed to ensure safe access to bathrooms for trans students. Our findings further showed that LGBQ students also reported significantly lower scores on all three measures of student wellbeing when compared to heterosexual students.

In addition to demonstrating the specific impact of bathroom safety for trans students' experience, our analysis also points to the ways that cisgender segregated bathroom facilities disproportionately impact school climate writ large. A school's anti-LGBTQ climate, as indicated by the presence of derogatory language, was associated with significantly lower scores on all three indicators of school success among all students, including straight and cisgender students. These relationships persisted while controlling for differences by sexual and gender identities. Our findings thus support the notion advanced by past research that holistic interventions that simultaneously address everyday behaviors, policies, and institutional practices that marginalize LGBTQ people will also contribute to the positive self-determination of cisgender and heterosexual students (Dessel et al. 2013; Porta et al. 2017).

Implications

This study shows that ensuring safe access to bathrooms and other school facilities among trans students is a vital component of addressing educational inequality. On a policy level, positive endorsements by school boards and governments can help to ensure that students can use the restroom in an institutional context that affirms their gender identity and expression. Effective enforcement of such policies necessitates educational interventions and support to ensure that students are not met with overt violence or microaggressions when using the facilities. Such interventions should address bathrooms as one private issue amidst a range of concerns facing trans students (Schuster et al. 2016). There are a variety of ways that such a policy might

be implemented, including allowing students to use the bathroom that best aligns with their gender identity and expression. Within such a context, student choice need not be limited to "male" and "female" restrooms, as schools can also elect to have single-stall, all-gender, or gender-neutral/gender-inclusive bathrooms. It can be particularly useful to consider these different arrangements in constructing new building and renovating existing ones as these kinds of facilities can help to provide more options to accommodate the multiple needs and identities of diverse students, especially those who identify as gender non-conforming, gender expansive, or otherwise outside of a male/female binary.

Limitations and Future Directions

Our analysis helps to fill an important gap in the existing literature on genderism in educational settings. However, given the paucity of research in this area, our study includes several limitations which can be addressed through future research. Our use of cross-sectional survey data collected by a non-profit organization enabled the examination of this topic among high school students. Regulations over the study of minors, as well as the policies and practices of school officials create challenges for the systematic study of sexual and gender diversity among adolescents. As well, the use of cross-sectional data only allows us to make associational claims to infer causal relationships. A larger study of students over multiple time-points could help to illuminate additional dynamics at play. For instance, we found some evidence for racial and regional differences among our sample. Future studies with a greater number of schools might use multi-level modeling to more closely interrogate the role of context. As well, a study with greater racial diversity and a larger number of trans students could test for differences in both forms and impacts of trans identity on bathroom safety and school success.

Conclusion

Educational institutions are key sites in distributing resources and opportunities to young people. In this study, we focused on a previously unexamined aspect of gendered inequalities facing trans identified students in high school settings. Our results mirrored some of those found with older students in college settings. However, given the current legal and political contentions over the rights of trans students, our findings are particularly important in elucidating the specific dynamics of bathroom safety among adolescents who are both more substantially limited in their mobility and agency than adults, as well as engaged in crucial years of identity development (relative to both gender as well as a range of other identities and experiences). Our findings show that safety using bathroom facilities mediates the inequalities in overall school safety experienced by trans students. In order to support the wellbeing and healthy development of all students, especially trans students, educational policies and practices can explicitly support the right of students to use a bathroom that matches their identity, including the provision of gender-neutral restrooms.

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Author Contributions Riot Youth leaders conceived of the study in consultation with A.K. & L.J.W. L.J.W. conceived of this manuscript with A.K. and performed statistical analysis. A.K. contributed to the exploratory statistical analysis and interpreting quantitative findings. A.K. and L.W. consulted with legal experts and adult stuff at Neutral Zone. M.C. reviewed extant literature and crafted the introduction. L.J.W., A.K., and M.C. collaborated in writing the manuscript, including the theoretical framework and implications. All authors read and approved the final manuscript.

Conflict of Interest The authors declare that they have no competing interests.

Ethical Approval All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional research committee and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed consent was obtained from all individual participants included in the study.

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