

Sex-segregated Bathrooms and Suicidal Ideation in Transgender Youth

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Numerous studies (Craig & Pepler, 2003; Goldblum, Testa, Pflum, Hendricks, Bradford & Bongar, 2012; Mustanski & Liu, 2013) have found that lesbian, gay, bisexual, and transgender youth are at high risk for depression, anxiety, suicidal ideation, and suicide attempts. It is the view of the current author and others (McCarthy, 2003) that sexual and gender minority students, lesbian, gay, bisexual, and transgender persons (LGBTQ) are too often considered as a single group or entity. As a result, when addressing discrimination and the community needs for LGBTQ persons, the differences between sexual orientation and transgender issues may be ignored. By not having specific discussions about transgender issues, it may be assumed that transgender students have the same needs as lesbian, gay, and bisexual students (McCarthy, 2003). Even when teachers and researchers recognize inequality in sexual orientation, gender variance is an often-overlooked form of diversity (McCarthy, 2003).

Transgender students are those whose gender expression does not conform to societal expectations and/or whose gender identity does not align entirely with the sex they were assigned at birth. In this context, transgender is used as an umbrella term that may include those who identify as transgender, gender non-conforming, genderqueer, agender, non-binary, queer, and any other non-cisgender individual. Cisgender refers to people whose gender identity aligns with the sex they were assigned at birth.

Almost forty-five percent of transgender or gender non-conforming students report victimization in their schools from peers and teachers, versus 19.9 percent of the general population of students (Goldblum, et al., 2012). Gender minorities are even more likely to experience victimization

in schools than cisgender (non-transgender) sexual minorities. Seventy-six percent of transgender students reported feeling unsafe in their schools because of their sexual or gender orientation as compared to the 52.9 percent of lesbian, gay, and bisexual students who reported the same feeling (Goldblum, et. al. 2012). If classrooms are going to be fully inclusive, they must allow for a range of gender identities and expressions.

In February 2016, the South Dakota Senate passed a measure that would force schools to make students use bathrooms and locker rooms according to their chromosomes and anatomy (Steinmetz, 2016). The supporters of sex-segregated bathroom bills argue if people are allowed to use a bathroom according to their gender identity, instead of the sex they were assigned at birth, it will increase sexual harassment and voyeurism, especially in women's bathrooms. There is no evidence to support this claim. Those in opposition to this legislation do so with the concern that such laws will encourage further hostility, abuse, and aggression toward transgender people. This form of discrimination has been shown to negatively affect mental health (Wang, Solomaon, Durso, McBride & Cahill, 2016). In fact, it is this adverse impact on the mental health of young persons that makes sex-segregated bathrooms an important social work issue. Protecting and serving vulnerable populations, such as transgender and gender variant youth, are central to the core values and ethics of social work.

REVIEW OF LITERATURE

The freedom to access public bathrooms is a basic necessity for all people, and mandatory for equal access to education and employment (Wang, Solomon, Durso, McBride, & Cahill, 2016). When faced with consistent problems using gender segregated bathrooms, transgender people may experience a greater sense of stigmatization and discrimination (Herman, 2013). The federal Occupational Safety and Health Administration (2015) released guidelines identifying the risk of marginalization that can occur if transgender employees are forced to use separate bathroom facilities, or facilities inconsistent with their gender identity. Forcing people to use bathrooms inconsistent with their gender identity or separate from their peer group creates a negative environment, whether in the workplace or an educational setting.

Unequal access. Anti-transgender bathroom bills, or laws that force people to use public bathrooms according to the gender they were assigned at birth, are written with the intention of increasing public safety.

Wang, et al. (2016) claim that rather than increasing public safety, these laws increase the risk of harassment and hostility toward transgender people. In 2015, Texas, Kentucky, Florida, Minnesota, and Missouri were considering bills that would regulate transgender and gender non-conforming people's access to public bathrooms and locker rooms. The laws proposed in Minnesota and Kentucky were a reaction to schools in those states that had created transgender inclusive bathroom policies. Even though the bills in those two states were defeated, other states have similar legislation moving through their governing bodies (Wang, et.al, 2016). The legislation passed by South Dakota, similar to the bills in Minnesota and Kentucky, include an exception for gender non-conforming students. It states that if a student cannot use the facilities aligning with the sex they were assigned at birth, and they obtain parental consent, "reasonable accommodations" will be made. Those accommodations are restricted to single occupancy, unisex facilities, or faculty bathrooms (Wang, et al., 2016). Wang, et al. (2016) argue that rather than being an acceptable compromise, this rule requires the student to disclose their transgender status to people who may not be supportive of their gender identity. Furthermore, if the child had begun transitioning before they enrolled in school, they also would be forced to reveal their assigned sex to the school community. This type of forced disclosure leaves gender non-conforming and transgender students vulnerable to bullying and victimization by peers and faculty.

Negative school environment, bullying and victimization.

Studies have shown that improving the culture in schools around accepting and supporting LGBTQ students reduces both victimization and suicide attempts (DeCamp & Bakken, 2016). In turn, this finding suggests that a school environment that is not supportive of sexual and gender minority students increases the likelihood of victimization and suicidal behavior.

Educational systems in this country have not made significant progress in exploring and meeting the needs of their LGBTQ students (Little, 2001). Data presented by Riley, Sitharthan, Clemson, and Diamond (2013) suggests that even when children try to adhere to stereotyped gender roles, they are often targeted as "the other" by those seeking to marginalize and victimize them. The surveyed parents of LGBTQ children spoke of having to watch their children struggle socially. One-third of parents reported that their children were sad, depressed,

or suicidal (Riley, Sitharthan, Clemson, & Diamond, 2013).

Victimization of LGBTQ students is widespread and comes from both peers and teachers (Russell, Ryan, Toomey, & Sanchez, 2011). As noted above (Goldblum et.al), nearly 49 percent of transgender students participating in a 2012 study reported having been subject to hostility or insensitivity due to their gender expression. Russell, et al. (2011) showed that even small successes in reducing LGBTQ victimization in middle and high school could significantly improve the long-term health of students. It is thought that the mental health consequences of bullying increase when the victimization is based on these factors (Russell, Ryan, Toomey, & Sanchez, 2011). Participants who reported victimization based on gender were four times as likely to have attempted suicide as those who did not, and 28.5 percent of all respondents reported past suicide attempts (Goldblum, et al., 2012). The findings of this study reinforce the need to promote safer school environments for transgender and gender non-conforming students.

Craig and Pepler (2003) found children were most likely to be bullied at school, especially in areas that are not well supervised, such as school buses, playgrounds, hallways, bathrooms, and locker rooms. In recent years, the problem of school bullying appears to have intensified in severity and prevalence, and behaviors of students towards their peers have become more vicious. On a more hopeful note, more attention is being paid to the bullying of LGBTQ young people who are at a high risk of suicide (Russell, Ryan, Toomey, & Sanchez, 2011).

Depression, anxiety, isolation, and hopelessness. There is recognition in the literature that pressuring children to conform to gender roles and stereotypes creates damage and suffering that persists through adolescence and adulthood (Riley, Sitharthan, Clemson, & Diamond, 2013).

When young people are victimized, they report increased levels of anxiety and somatization, as well as problems with forming and maintaining good relationships (Craig & Pepler, 2003). Isolation for LGBTQ youth can be fatal. When isolated, LGBTQ young people are less likely to seek support for fear of rejection (Little, 2001).

Children suffering from depression and anxiety are at increased risk of being victimized (Craig & Pepler, 2003). Forty-one percent of the respondents in the National Transgender Discrimination Survey reported having attempted suicide, compared to 4.6 percent of the general population and 10.2 percent of lesbian, gay, and bisexual identified people. Among the group

of transgender respondents with histories of suicide attempts, several factors contributed to higher suicide rates: a previous attempted suicide, lower levels of education, and having experienced harassment or bullying at school.

Mustanski and Liu (2013) found that hopelessness and depression are determinants of suicidal behavior. LGBTQ youth are not only more likely to attempt suicide, they also are more likely to succeed in their attempts (Little, 2001). Increased rates of depression, sadness, and hopelessness have a significant effect on self-injury and suicidal ideation in all young people, regardless of gender identity or sexual orientation (DeCamp & Bakken, 2016). However, there also are factors specific to LGBTQ youth that may account for higher rates of suicidal behavior in this population (Mustanski & Liu, 2013).

In a longitudinal study examining the predictors of suicide attempts in LGBTQ youth, Mustanski and Liu (2013) found that when they examined suicide attempts by gender, transgender youth had the highest reported rates of hopelessness, victimization, and childhood gender non-conformity. These three elements represent significant risk factors for suicidality. Transgender youth also had the highest rate of suicide attempts (Mustanski & Liu, 2013). The findings of this study also support the belief that thwarted belongingness and isolation are risk factors for suicidality.

While some studies have found that concealing one's sexual orientation is detrimental to mental health for lesbian, gay, and bisexual people, the findings of the National Transgender Discrimination Survey, as reported by Haas, Rogers and Herman (2014), suggest that disclosing gender identity does not have the same effect for transgender people. The findings suggest that it serves as a protective factor and it is safer to be recognized as gender conforming. One-half of the respondents with a history of suicide attempts had previously disclosed their gender identity (Haas, Rodgers, & Herman, 2014).

CONCLUSION

Sex-segregated school bathroom laws impact transgender students and the entire school community negatively. The literature, reviewed in this paper, shows that sex-segregated bathrooms increase the likelihood of transgender students becoming depressed, anxious, isolated, and hopeless. They also establish a school environment that stigmatizes transgender students as "different" and "unusual," ultimately leading to social dynamics of being shamed and bullied. As the above literature demonstrates,

elevated levels of depression and hopelessness may lead to suicidal ideation and attempts.

Laws that require public schools to institute rules that all students must use the bathroom, shower, and locker room in accordance with their biological sex as determined at birth are unjust and discriminatory. Instead of focusing on sex-segregated bathrooms, students, parents, teachers, school administrators, and the entire school community are best served by tolerance and acceptance. Educators and mental health professionals must begin to teach about and fight against gender oppression in the same way they confront racial discrimination and have begun to normalize the conversation around homophobia (McCarthy, 2003).

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