



Youth-specific sexual and gender minority state-level policies: Implications for pronoun, name, and bathroom/locker room use among gender minority youth

Benton M. Renley¹ · Esther Burson² · Kay A. Simon¹ · Antonia E. Caba¹ · Ryan J. Watson¹

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Abstract

While research that investigates the importance of school-level promotive factors (e.g., teacher support) for sexual and gender minority youth (SGMY) well-being has proliferated, less research has focused on state-level climate and policy implications for gender minority youth-specific experiences. This study investigated the impact of two youth-specific SGM state-level laws (i.e., “anti-LGBT laws” and conversion therapy bans) on social transition experiences (i.e., name/pronoun use and using desired bathroom/locker rooms) of GMY ($n = 4000$) aged 13–17. Through a series of multivariable regression models, it was determined that the absence of laws that restricted rights for sexual and gender minority people was associated with greater use of the correct name and correct pronouns for transgender youth. These differences were further explained by binary gender identity (transgender binary or nonbinary) status, region, and age in multivariable models. Findings highlight the importance of enacting more uniform protections for SGMY, especially to protect transgender youth that live in the southern region of the U.S.

Keywords State laws · Sexual and gender diverse youth · Pronouns · Chosen name

Introduction

Sexual and gender minority youth (SGMY) face high levels of discrimination both in and out of school, with discrimination being especially pervasive for GMY. In the Gay Lesbian Straight Education Network’s 2019 National School Climate Survey, 77% of transgender and 69% of nonbinary respondents reported experiencing discrimination, as compared to half of their cisgender counterparts (Kosciw et al., 2020). Research has extensively documented elevated and growing health disparities among GMY (National Academies of Sciences, Engineering, and Medicine, 2020). For example, relative to their cisgender youth counterparts, GMY are two to three times more likely to

report higher levels of anxiety, depression, self-harm, suicidal ideation, and suicide attempts (Reisner et al., 2015). These adverse outcomes may be exacerbated by challenges encountered in school such as misgendering and dead-naming (i.e., called by an undesired name) by peers and teachers and issues in accessing bathrooms/locker rooms appropriate for youths’ gender identity. Conversely, using the correct pronouns and names to recognize and support gender identity (i.e., gender affirmation) is associated with feelings of social acceptance and reduced anxiety and depression (Fontanari et al., 2020). Equitable state-level SGM-specific policies that target youth may be conducive in fostering an environment where GMY are able to access gender affirmation and socially transition. Given the well-documented disparities between GMY and cisgender sexual minority and heterosexual youth (Kosciw et al., 2020; Reisner et al., 2015), it is imperative that scholars continue to identify environments and policies that are related to better health and well-being for GMY.

Gender minority stress

According to the minority stress model, cisgender sexual minority individuals face unique chronic stressors that place

✉ Benton M. Renley
ben.renley@uconn.edu

¹ Department of Human Development and Family Sciences, University of Connecticut, 348 Mansfield Road, U-1058, Storrs, CT 06269, USA

² Bronfenbrenner Center for Translational Research, Cornell University, Ithaca, NY, USA

them at an increased risk for negative life outcomes and psychological distress relative to cisgender heterosexual individuals (Meyer, 2003), including stigmatization, prejudice, and discrimination—all of which occur in addition to general stress. In an expansion of the minority stress model, the gender minority stress and resilience model incorporates numerous modifications to represent stressors that gender minority (GM) individuals face (Hendricks & Testa, 2012). For example, GM individuals may face additional avenues of discrimination such as the inability to use bathrooms safely in public (e.g., fear of harassment; Kosciw et al., 2020). Also, this expanded model posits that GM individuals may experience nonaffirmation, where one's gender identity is not affirmed by others (Testa et al., 2015). This may include experiences of being misgendered or deadnamed. These additional distal sources of chronic stress may further contribute to worsened mental health as well as internal (i.e., proximal) stress-induced experiences such as negative expectations, internalized transphobia, and nondisclosure of gender identity (Hendricks & Testa, 2012).

SGMY school discrimination disparities and protective factors

Transgender students are more likely to report bias-based bullying, violence, harassment, and victimization at school compared to their cisgender peers (Johns et al., 2019; Witcomb et al., 2019). In one study, SGMY reported discrimination related to their self-expression (e.g., clothing; 18%), disproportionate discipline relative to non-SGMY peers (e.g., receiving detentions; 28%), exclusion in extracurricular activities (e.g., sports; 10%), and school policy and practices pertaining to sex-segregated spaces (e.g., bathrooms and locker rooms; 27%; Kosciw et al., 2020). Previous research has linked victimization and discriminatory experiences to negative educational outcomes (Day et al., 2018) and decreases in psychological well-being (Mackie et al., 2021). For example, SGMY who experienced discrimination based on their sexual and gender identities reported lower grade point averages, a lessened sense of school belonging, lower educational aspirations, higher dropout rates, more disciplinary experiences, more missed days of school, and a higher likelihood of truancy relative to peers who did not experience discrimination specific to their sexual and gender identities (Day et al., 2018; McGuire et al., 2010). These disparities extend to mental health: GMY report lower self-esteem and higher levels of depression, self-harm, suicidality, and suicide attempts, eating disorders, and higher rates of illicit substance use (for a review, see Connolly et al. 2016).

In the spirit of reducing the well-documented disparities in health and educational experiences among SGMY, previous scholarship has focused on identifying protective

factors that can buffer negative experiences and thus promote school safety, including gender and sexuality alliances, inclusive SGM curriculum, and supportive school staff (Greytak et al., 2013). SGMY also report feeling safer when schools provide information about SGM issues and when school personnel actively prevent bullying and discrimination towards trans students (McGuire et al., 2010). Minority stress theory acknowledges that protective and resilience factors may potentially buffer the negative relationships between stress factors (e.g., victimization) and negative mental and physical health outcomes (Meyer, 2003). While previous research has studied the protective impact of gender and sexuality alliances, inclusive SGM information, and supportive school staff, the current study seeks to understand whether youth-specific SGM state-level equity laws may serve as an additional resource to support the well-being of GMY.

Most of the known factors that are linked to safer schools have considered SGMY as a homogenous population, yet little is known about what factors might protect GMY specifically. The sections below will review three experiences unique to GMY in schools: (a) being called by the correct pronouns; (b) being called by the correct names; and (c) having access to the bathrooms/locker rooms that match a youth's gender identity. Since most research has focused on SGMY as a whole population (e.g., Kull et al., 2016), there is little empirical evidence on policies and environments that may be related to safer spaces where GMY can choose their names, pronouns, and use bathrooms/locker rooms that align with their gender identity.

GMY name and pronoun use in schools

Correct pronouns are those that align with one's gender, which may differ from one's sex assigned at birth. Similarly, a chosen name may differ from a legal name provided at birth (Donald & Ehrenfeld, 2015). Changing name and pronouns can be a part of social transitioning, the process where an individual begins to socially present as the gender that aligns with one's gender identity (Rafferty et al., 2018). In one study, nearly 45% of transgender students were prevented from using their chosen names and pronouns in school (Kosciw et al., 2020). This is concerning as being called by the correct pronouns has health-relevant consequences—GMY who are misgendered report higher levels of distress, negative affect, and lower self-esteem (Brown et al., 2020; McLemore, 2015). Conversely, transgender children who are socially affirmed (e.g., referred to by correct name and pronouns) report better mental health outcomes. For example, in a longitudinal study, Olson and colleagues (2016) found that affirmed GMY showed no increase in depression and only slight increases in anxiety compared to cisgender age-matched averages. Furthermore,

across multiple contexts (i.e., home, school, work, and with friends) correct name use reported by transgender youth was also associated with higher self-esteem, lower levels of depression, lower suicidal ideation, and less suicidal behavior (Pollitt et al., 2021; Russell et al., 2018).

GMY experiences in school sex-segregated spaces

Not all GM individuals can use the bathrooms/locker rooms that accurately reflect their identity: The 2015 U.S. National Transgender Discrimination Survey found that 26% of transgender individuals were denied access to gender-appropriate bathrooms in educational settings (James et al., 2016). Relative to cisgender and nonbinary students, transgender students were most likely to report discrimination from practices and policies, namely policies that required them to use the bathroom and locker room of their legal sex (Kosciw et al., 2020). Restricted bathroom/locker room use (i.e., being forced to use spaces based on sex assigned at birth) is harmful to many GMY—transgender and nonbinary youth at schools with restrictions were more likely to experience sexual assault than youth without these restrictions (Murchison et al., 2019).

Apart from policies that ban GMY from using the bathrooms/locker rooms that align with their gender identity, transgender students are more likely to avoid school bathrooms, locker rooms, and physical education due to feeling unsafe (Kosciw et al., 2020). For example, transgender individuals report uncomfortable and unfavorable experiences when they use the bathrooms/locker rooms that they wish to use, including verbal harassment, needing to disclose their gender identity (i.e., out themselves), physical harassment, and sexual assault (Herman, 2013; McGuire et al., 2021). In one study, over 60% of transgender people reported avoiding the use of a bathroom in public, at work, or at school due to fears of having problems while using them (Lerner, 2021).

In response to discriminatory policies and safety concerns, transgender individuals must sometimes change daily habits to plan the use of a specific bathroom or opt to avoid bathrooms altogether (McGuire et al., 2021). In strategizing this avoidance, transgender individuals report restricting their consumption of fluids and foods (James et al., 2016). The process of navigating these spaces, especially when policies are unsupportive, poses a daily stressor for GMY (Weinhardt et al., 2017). Furthermore, among GMY, bathroom discrimination has been associated with a number of negative health outcomes. GMY who reported discrimination also reported higher levels of depressive mood, suicidal thoughts, and suicide attempts compared to GMY who were not exposed to bathroom discrimination (Price-Feeney et al., 2020; Seelman, 2016). These findings have been expanded to anxiety as a result of harassment and safety

concerns (McGuire et al., 2021; Weinhardt, 2017), and physical health concerns, such as dehydration and urinary tract or bladder infections (James et al., 2016).

State-level SGM equity laws

While the majority of research focused on promotive factors for school safety has investigated gender and sexuality alliances (Day et al., 2020), teacher support (De Pedro et al., 2017), and anti-bullying policies (Hatzenbuehler et al., 2015), fewer studies have focused on the structural-level policies that guide the broader environmental climate that youth must navigate in the places that they live. And though there are some laws that target GMY specifically (e.g., sports bans), many more broadly support and prohibit the rights of SGMY in schools.

While SGM-nonspecific state-level anti-bullying laws have been associated with decreased odds of exposure to both bullying and cyberbullying in general adolescent populations (Hatzenbuehler et al., 2015), SGM-specific policies that specifically target youth may be particularly important for perceived safety in populations of SGMY. According to Kull and colleagues (2016), on reports of safety and victimization, SGM students in districts with SGM-nonspecific anti-bullying policies did not differ from SGM students in districts that lacked policy entirely. At the same time, SGM students in school districts with established sexual orientation, gender identity, and/or gender expression policies reported greater school safety, less biased-based harassment and assault, and less social aggression compared to students in districts with generic policies or districts that lacked policies completely (Kosciw et al., 2020; Kull et al., 2016).

School and district-level SGM-specific policies have been linked to several positive student experiences and outcomes. SGM students in schools with SGM focused policies (i.e., anti-bullying policy) reported higher classmate and teacher support (Day et al., 2020; Swanson & Gettinger, 2016). In school districts with SGM-specific anti-bullying and SGM-specific anti-harassment policies, absenteeism decreased among transgender youth as compared to cisgender lesbian, gay, and bisexual youth (Greytak et al., 2013). Higher self-reported grades among transgender students were also associated with sexual orientation and gender identity policies (Day et al., 2019). Furthermore, within schools across California, sexual orientation and gender identity policies were directly associated with less truancy, victimization, and bullying for lesbian, gay, and bisexual youth (Day et al., 2019). In Oregon, school policies pertaining to gender and sexuality alliances, anti-bullying, and anti-discrimination were significantly associated with fewer suicide attempts among lesbian, gay, and bisexual youth (Hatzenbuehler, 2011).

Thus, if policies at the school and district levels are protective for SGM students, it may be important to evaluate the impact of state-level laws which ultimately supersede these policy levels.

Extant scholarship has elucidated a positive link between school-level procedures and policies and better educational and health outcomes for SGMY (e.g., Kull et al., 2016); however, the impact of state-level SGM-specific policies are less clear. Recent scholarship has linked the presence of SGM-specific state-level laws with lower levels of bullying and a lower likelihood of cigarette use, but a higher likelihood of binge drinking and alcohol use among SGMY (Watson et al., 2021). Another recent study examined the associations between state-level SGM nondiscrimination laws, and other school related protective factors, with the mental health of GMY. Unexpectedly, GMY who lived in states with these nondiscrimination laws did not report better mental health, relative to peers who resided in states without the laws (Parodi et al., 2022). The presence or absence of SGM-specific policies at the state-level may be an important visible representation of acceptance or stigma towards SGM individuals.

Current study

This study expanded on previous literature focused on school-level promotive factors to investigate two youth-specific SGM state-level policies (e.g., “anti-LGBT laws” and conversion therapy bans) and their individual relations with GMY-specific outcomes (e.g., correct name use, correct pronoun use, and the ability to use the bathroom/locker rooms aligned with gender identity). It was expected that youth who lived in states with sexual orientation and gender identity expression change effort (i.e., “conversion therapy”) bans would report greater use of correct pronouns and name as well as greater restroom use. The presence of “anti-LGBT laws” may contribute to the marginalization and ostracization of youth—thus, it was expected that GMY in states with “anti-LGBT laws” laws would report more incorrect pronoun and name use and fewer reports of using bathroom/locker rooms aligned with gender identity.

Methods

Data sample and procedure

Data are drawn from a larger sample of $N = 17,112$ youth through the self-report *LGBTQ National Teen Survey*. The online and anonymous Qualtrics-hosted survey was open between April and December 2017. Eligible participants identified as SGMY, were 13–17 years of age, and lived

within the U.S. at the time of survey completion. The current study analyzed a subsample of $n = 4000$ individuals who indicated that they were transgender or nonbinary. Following their assent, participants received questions about general school life as well as transgender-specific questions (e.g., correct name use).

Participant recruitment occurred through social media platforms (e.g., Twitter) with targeted recruitment materials directed at SGMY. For example, one tweet that contained a link to the survey read, “Help researchers speak out for the next generation of LGBTQ teens”. As compensation, all participants were offered an HRC rainbow-colored wristband and the option to enter a random drawing for 1 of 50 Amazon.com gift cards. Given the proliferation of bots/scammers infiltrating surveys, the survey was designed to include multiple checks for fraudulent responses. At the time of data collection, Qualtrics technology was used to identify duplicate responders and use of automated computer software to complete surveys. Next, a mischievous responders analysis was conducted to identify individuals who were not actually SGMY—many of these participants provided extreme values on multiple survey questions (Robinson-Cimpian, 2014). On average, participants completed the entire survey in 43.3 min (Mdn = 28.2 min). For detailed study and recruitment information, see Watson et al. (2020). All study protocols, including a parental waiver of consent, were approved by the University of Connecticut Institutional Review Board.

Measures

SGM equity laws

Two youth-specific SGM laws were collected from the Movement Advancement Project, an independent and nonprofit website that records state laws related to SGM rights in the U.S.: “*anti-LGBT laws*” (Movement Advancement Project, 2017b) and *conversion therapy bans* (Movement Advancement Project, 2017a). All data collected from the Movement Advancement Project were from the 2017 policy year to match the year of data collection of the youth-reported responses.

“*Anti-LGBT laws*” is a composite variable that encompasses (a) states that either have “Don’t Say Gay” regulations (i.e., “No Promo Homo” laws) that restrict teachers and staff from mentioning SGM issues and people; and (b) states that have laws preventing schools or districts from adding SGM protections to anti-bullying and non-discrimination policies.

The *conversion therapy ban* policy reflects states that forbid sexual orientation and gender identity change efforts with minors. Both laws were coded as whether a policy was present in a state (1) or not present in a state (0).

Pronoun use

To measure the frequency that adults and students use their correct pronouns, youth were asked “At school, do adults and students call you by the pronouns (e.g., she, her, hers) that you want to be called?” Participants selected from the response options of *Never*, *Occasionally*, *Sometimes*, *Most of the time*, and *Always*. The item was scored on a scale of 0 (Never) to 4 (Always), with higher scores indicating greater frequency of correct pronoun use.

Name use

To measure whether adults and students refer to youth by their correct names, youth responded to a single item that asked “At school, do adults and students call you by the name that you want to be called?” with response options of *Never*, *Occasionally*, *Sometimes*, *Most of the time*, and *Always*. The item was scored on a scale of 0 (Never) to 4 (Always), with higher scores indicating greater frequency of correct name use.

Bathroom/Locker room use

To determine whether youth were able to use the bathrooms/locker rooms that match their gender at school, youth were asked “At school, do you use restrooms and locker rooms that match your gender identity?” with the following response options: *Never*, *Occasionally*, *Sometimes*, *Most of the time*, and *Always*. The item was scored on a scale of 0 (Never) to 4 (Always), with higher scores indicating greater use of bathrooms/locker rooms that match the respondent’s gender.

Covariates

Youth self-reported their age, geographic region, and highest caregiver education. Highest caregiver education (i.e., less than high school or GED, high school or GED, vocational/technical school, some college, college graduate, postgraduate degree or higher) was used as a proxy for youth socioeconomic status (SES). The states that youth resided in were recoded into regions of Northeast, Midwest, South, or West. Both binary gender identity status (transgender binary or nonbinary) and sex assigned at birth (male, female) were included in the study analyses.

Data analytic plan

First, the correlations between each youth-specific SGM equity law and all study outcomes were run. Next, using multivariable linear regression models, the covariates of transgender binary status (transgender binary or nonbinary),

age, highest caregiver educational attainment, sex (male, female), and region (reference group: South) were added. Missing data were addressed with listwise deletion given the majority of participants were missing on study variables of interest because of early termination. More than 90% of the participants missing on the study variables did not complete enough of the survey to be represented in the outcome variables—thus we did not impute responses for the study outcomes given most of the participants who were missing only provided information about their social identities (e.g., gender identity and sexual orientation). Statistical analyses were performed using SPSS v27.

Results

Demographics, correlations, and descriptives

Table 1 displays the demographic characteristics of the sample. Valance Inflation Factor analyses did not reveal multicollinearity between any study variables. Table 2 displays Pearson’s correlation statistics for all study variables. The average age of the sample was 15 years old ($SD =$

Table 1 Participant demographics

	N = 4000	%
Age		
13	384	9.6
14	644	16.1
15	852	21.3
16	992	24.8
17	1128	28.2
Region		
Northeast	735	18.4
Midwest	954	23.8
West	885	22.1
South	1426	35.7
Caregiver Education		
Less than high school or GED	100	2.5
High school/GED	512	12.8
Vocational/technical school	116	2.9
Some college	621	15.5
College graduate	1330	33.3
Postgraduate degree or higher	1060	26.5
Transgender Binary Status		
Transgender (Binary)	1740	43.5
Nonbinary	2260	56.5
Sex assigned at birth		
Male	406	10.2
Female	3594	89.8

Table 2 Pearson's correlation statistics across study variables

	1	2	3	4	5	6	7	8	9	10	11	12	13
1. "Anti-LGBT laws"	1.00												
2. Conversion ban	-0.24**	1.00											
3. Pronoun use	-0.09**	0.06**	1.00										
4. Name use	-0.08**	0.03	0.63**	1.00									
5. Bathroom/Locker room use	-0.04**	0.06**	0.55**	0.47**	1.00								
6. Age	-0.03	0.01	0.11**	0.14**	0.07**	1.00							
7. Northeast	-0.22**	0.10**	0.06**	0.05**	0.07**	0.03*	1.00						
8. Midwest	-0.11**	-0.09**	0.01	0.02	-0.02	-0.00	-0.26**	1.00					
9. South	0.39**	-0.38**	-0.09**	-0.07**	-0.07**	-0.03	-0.36**	-0.41**	1.00				
10. West	-0.131**	0.44**	0.04*	0.03	0.04*	0.00	-0.26**	-0.30**	-0.40**	1.00			
11. SES	-0.05**	0.01	0.03	0.05**	0.09**	-0.02	0.06**	-0.04*	-0.00	-0.01	1.00		
12. Nonbinary	-0.03*	0.00	-0.04*	-0.06**	-0.23**	0.04*	-0.01	0.08**	-0.07**	0.01	-0.09**	1.00	
13. Sex assigned at birth	-0.00	0.04*	-0.03	-0.02	-0.02	-0.08**	0.00	0.02	-0.03	0.01	-0.01	-0.29**	1.00

Note: * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

1.31). Of note, about 70% of the sample identified as nonbinary. The largest (35.7%) represented region were youth who resided in the South of the U.S. Most youth reported having a caregiver who was a college graduate (35.6%). The majority of the sample reported being female assigned at birth (89.8%).

The mean score for correct pronoun use was 1.78 ($SD = 1.19$, range = 0–4); 2.38 ($SD = 1.59$, range = 0–4) for correct name use; and 1.46 ($SD = 1.69$, range = 0–4) for restroom use. For the independent variables of equity laws, mean scores were 0.19 ($SD = 0.40$; range 0–1) for “anti-LGBT laws” and 0.21 ($SD = 0.41$, range 0–1) for conversion therapy bans. Table 3 displays which states had enacted each of the “anti-LGBT laws” and conversion ban laws as of 2017; additionally, the number of youth in our dataset that these laws impacted is reported.

Equity laws and pronoun use

A multivariable model (see Table 4) adjusted for age, SES, nonbinary transgender status, sex, and geographic region investigating associations between equity laws and pronoun use among transgender youth was significant, $F(9, 3722) = 11.60$, $p < 0.001$, $R^2 = 0.03$. Specifically, anti-SGM laws were found to be significantly associated with pronoun use, $\beta = -0.06$, $p < 0.001$, such that lower scores (i.e., the absence) of “anti-LGBT laws” were associated with greater levels of correct pronoun use for students. Conversion ban laws were not significantly associated with pronoun use. Additionally, identifying as nonbinary was associated with lower levels of proper pronoun use compared to their binary transgender counterparts. Older GMY reported higher levels of proper pronouns being used. Finally, living in the Northeast and West was associated with higher levels of proper pronoun use as compared to youth in the South.

Equity laws and name use

The multivariable model (see Table 4) adjusted for age, SES, nonbinary transgender status, sex, and geographic region investigating associations between equity laws and name use among transgender youth was significant, $F(9, 3716) = 14.50$, $p < 0.001$, $R^2 = 0.03$. Specifically, “anti-LGBT laws”, $\beta = -0.05$, $p < 0.01$, were significantly and negatively associated with correct name use. Thus, the absence of “anti-LGBT laws” was associated with higher levels of correct name use. Conversion ban laws were not significantly associated with correct name use. In terms of covariates, identifying as nonbinary was associated with lower levels of correct name use compared to binary transgender youth. Older GMY reported greater levels of correct name use. Additionally, youth who reported higher SES also reported higher levels of correct name use. As for

Table 3 Frequencies of GMY affected by enacted SGMY-specific laws and states with these enacted laws

Law type	GMY affected <i>N</i> (%)	States enacted <i>N</i> (%)	States with enacted laws
“Anti-LGBT laws”	697/4000 (17.4%)	9/51 (17.7%)	AL, AZ, LA, MO, MS, OK, SC, SD, TX
Conversion ban	856/4000 (21.4%)	10/51 (19.6%)	CA, CT, DC, IL, NJ, NM, NV, OR, RI, VT

The number of states total 51 because Washington, D.C. is included

region, living in the Northeast, Midwest, and West was associated with higher levels of correct name use relative to youth in the South.

Equity laws and bathroom/locker room use

The multivariable model investigating associations between equity laws and bathroom/locker room use among transgender youth (see Table 4), adjusted for age, SES, non-binary transgender status, sex, and geographic region was significant, $F(9, 3659) = 33.60$, $p < 0.001$, $R^2 = 0.08$. Specifically, conversion ban laws were marginally significantly related to bathroom/locker room use, $\beta = 0.03$, $0.05 < p < 0.10$, such that transgender youth in states with conversion ban laws reported greater instances of using bathrooms/locker rooms that match their gender identity. “Anti-LGBT laws” were not significantly associated with school bathroom/locker room use for transgender students. As for the covariates included in the model, identifying as nonbinary was associated with lower instances of bathroom/locker room use relative to binary transgender youth. Older GMY reported greater instances of correct bathroom/locker room use. Youth who reported higher SES also reported greater correct instances of bathroom/locker room use. Lastly, living in the Northeast, Midwest, and West was associated with greater correct instances of bathroom/locker room use as compared to youth in the South.

Discussion

Given a recent proliferation of anti-trans legislation across the U.S., it is particularly timely and important to better understand how the presence of anti-SGM laws are related to the health and well-being of GMY (Walch et al., 2021). Some school-based strategies (e.g., school and district level policies; Kosciw et al., 2020; Kull et al., 2016) have been identified as particularly important for the health of GMY. The current study expanded on previous literature to highlight the importance of school-level strategies in two ways: first, it examined a new context in relation to GMY school-based experiences (i.e., state-level youth-specific SGM-specific policies), and second, it examined the associations of the presence of these structural laws and trans-specific outcomes (e.g., name and pronoun use, bathroom/locker

room access). As hypothesized, GMY who resided in states with “anti-LGBT laws” reported more incorrect pronoun and name use by adults and other students. Though, contrary to expectations, GMY in states with enacted conversion therapy bans did not report greater use of correct pronouns and name. Neither “anti-LGBT laws” or conversion therapy ban laws were associated with bathroom/locker room use. Thus, this study reveals that state-level “anti-LGBT laws” do impact the social transition experiences of GMY.

Equity laws and correct pronoun and name use

It was found that having fewer “anti-LGBT laws” was associated with greater use of correct pronouns and names in schools for GMY. This finding is in line with previous research that SGM students who attend schools with SGM protective policies report greater support from classmates and teachers (Day et al., 2020; Swanson & Gettinger, 2016), and confirms that the structural-level policy environment is additionally related to the experiences of GMY. These findings are particularly interesting given that previous studies measure general health outcomes; here, pronoun and name use were investigated among GMY. Specifically, in states that had neither “Don’t Say Gay” regulations nor bans on SGM protections for anti-bullying and nondiscrimination policies, GMY experienced more positive school climates where they were called by their correct pronouns and names. In explanation, it may be that states with anti-SGM laws also, by nature, lack sexual and/or gender minority-inclusive curriculums and prohibit gender and sexuality alliances—mechanisms that foster a positive school climate for all youth (Kosciw et al., 2020). The absence of supportive resources for all SGMY likely provides a less supportive environment in which GMY are not referred to by their correct pronouns and names. Clearly, state-level policies may set the stage for the overall social transition experiences available for GMY.

Equity laws and restroom/locker room use

In multivariable models, there were no statistically significant relations between state-level policies and restroom and locker room use. Notably, in correlation analyses, there was a negative correlation between youth who lived in

Table 4 Results from multivariable models adjusted for covariates ($N = 4000$)

Variable	Pronoun use				Name use				Bathroom/Locker room use			
	B	95% CI	SE	β	B	95% CI	SE	β	B	95% CI	SE	β
“Anti-LGBT laws”	-0.25***	[-0.39, -0.11]	0.07	-0.06***	-0.22**	[-0.36, -0.07]	0.07	-0.05**	-0.06	[-0.21, 0.10]	0.08	-0.01
Conversion ban	0.04	[-0.11, 0.17]	0.07	0.01	-0.04	[-0.18, 0.10]	0.07	-0.01	0.13†	[-0.02, 0.28]	0.08	0.03†
Nonbinary	-0.14**	[-0.24, -0.04]	0.05	-0.05**	-0.22***	[-0.33, -0.11]	0.05	-0.07***	-0.85***	[-0.96, -0.74]	0.06	-0.25***
Age	0.12***	[0.09, 0.16]	0.02	0.11***	0.17***	[0.13, 0.21]	0.02	0.14***	0.10***	[0.06, 0.14]	0.02	0.08***
SES	0.03	[-0.01, 0.06]	0.02	0.03	0.05**	[0.02, 0.09]	0.02	0.05**	0.08***	[0.04, 0.11]	0.02	0.06***
Sex	-0.05	[-0.21, 0.12]	0.08	-0.01	0.09	[-0.09, 0.27]	0.09	0.02	0.34***	[0.15, 0.52]	0.09	0.06***
Northeast	0.25**	[0.10, 0.40]	0.08	0.06**	0.20*	[0.05, 0.36]	0.08	0.05*	0.36***	[0.19, 0.53]	0.09	0.08***
Midwest	0.13	[-0.01, 0.26]	0.07	0.04	0.18*	[0.04, 0.32]	0.07	0.05*	0.16*	[0.01, 0.30]	0.08	0.04*
West	0.21**	[0.06, 0.36]	0.07	0.06**	0.20**	[0.03, 0.35]	0.08	0.05**	0.22**	[0.05, 0.40]	0.09	0.06**
F(df)	11.60(9)***				14.50(9)***				33.60(9)***			
R ²	0.027(1.477)				0.034(1.558)				0.076(1.633)			

Pronoun use, name use, and bathroom/locker room use represent 3 separate models adjusted for covariates. For sex, referent group is male. For each region, the referent group is South. Nonbinary gender status was coded 0 = binary/1 = nonbinary. Sex assigned at birth was coded 0 = assigned male at birth/1 = assigned female at birth. †0.05 < p < 0.10, * p < 0.05, ** p < 0.01, *** p < 0.001

states with fewer “anti-LGBT laws” and better access to the bathrooms/locker rooms that matched their gender identity. The non-significance of both “anti-LGBT laws” and conversion therapy ban laws related to restroom/locker room use may be explained by both the measurement of “anti-LGBT laws” and the inclusion of region as a covariate. First, “anti-LGBT laws”, a composite score of two separate, but related SGM policies constructed by the Movement Advancement Project, likely measures a broader structural context that impacts SGM experiences. The operationalization of “anti-LGBT laws” is larger in scope than that of conversion therapy ban laws. This might explain why in multivariable models for both name and pronoun outcomes, “anti-LGBT laws”, but not conversion therapy ban laws, remained significantly associated with the outcomes of interest. Second, though we see significant correlations between both equity laws and the three study outcomes, when region and transgender binary status were included in multivariable models, some relations between specific equity laws and study outcomes were non-significant in multivariable models. This finding may be related to two factors: first, it may be that school district-level policies dictate the access to bathroom/locker room use to a greater extent than state-level policies. For instance, GMY whose schools have inclusive bathroom policies are less likely to be prevented from using their preferred bathroom (Kosciw et al., 2020). In another study, GMY described dealing with the local school board in the issue of bathroom policy enforcement (Johns et al., 2021). Second, the covariates included in the multivariable models may have accounted for significant variance in bathroom/locker room use. Namely, nonbinary gender status was strongly related to not being able to use the bathroom/locker room of choice, which suggests that youth’s binary transgender versus nonbinary transgender status may be most important to consider in future studies in relation to their bathroom/locker room access at school. Of note, compared to binary transgender youth, nonbinary youth were less likely to report using the bathroom aligned with their gender identity. This finding could be driven by the availability of single-stall and gender-neutral bathrooms. It is possible that some schools have only sex-segregated bathrooms, and restrooms designated by gender or sex are likely not aligned with a nonbinary youth’s gender identity. In other studies, GMY reported using single-stall staff bathrooms when gender-neutral bathrooms were unavailable to students—but these alternative options may not be available at all schools or all of the time (Johns et al., 2021; Porta et al., 2017).

Regional findings

The current study identified differences in study outcomes related to where youth reported living (i.e., by geographic

region). Youth who resided in the Northeastern or Western geographic regions of the U.S. reported higher levels of being referred to by the correct pronouns and name, and greater instances of using bathrooms/locker rooms that reflected their gender identity, compared to youth in the Southern U.S. This is not a surprising finding given previous research with SGM youth that has identified youth who live in the Southern U.S. consistently report compromised health outcomes and greater harassment (Kosciw et al., 2020). Of note, for pronoun use there were no significant differences between the Southern U.S. and the Midwestern U.S. This may imply that both the South and Midwest are regions of particular importance to better understand why transgender youth are reporting that they are not called by their proper pronouns.

This study extended previous regional findings—negative social transition experiences related to gender expression such as pronoun, name, and bathroom/locker room use are more prevalent in the Southern U.S. This is meaningful given the lasting consequences of stigma and mistreatment, as suggested by gender minority stress models (Testa et al., 2015; Hendricks & Testa, 2012). The study findings confirm that GMY who reside in the Southern U.S. continue to be vulnerable to poorer transgender-related health experiences.

Cultural differences based on geographic region and the degree of stigma toward SGM people are likely explanations for these findings. The recursive effect of regressive or conservative views toward SGM people, which exist to a greater degree in the Southern U.S. (and in parts of the Midwest), become codified into law and policy (Hasenbush et al., 2014) and in turn reinforce the existing stigma and disparities present among SGM people living in those areas of the U.S. However, it is also relevant to note that the cultural differences present across geographic regions in the U.S. are not solely due to location and that these differences are likely comprised of several factors that are in turn associated with geographic region. For example, many states in the Southern U.S. have a greater proportion of adults who identify as “highly religious” (Lipka & Wornald, 2016) and many religious people, such as evangelical Protestants are also more likely to report negative attitudes toward SGM people because of their religious beliefs (Pew Research Center, 2015a). Another example may be political affiliation such that there are more individuals in the Southern U.S. who are Republicans and in turn, are more likely to support regressive policies that harm SGM youth (Pew Research Center, 2015b). It is likely that geographic region may broadly capture a myriad of other clustered state-specific characteristics (e.g., religious beliefs; political affiliations) that reinforce a cultural legacy of discrimination and stigma toward SGM people, rather than location itself. Thus, future research should investigate the nuances of cultural differences based on geographic region in the U.S. as it relates to attitudes toward SGM people.

Strengths, limitations, and future directions

The current study added to a body of literature that has predominantly investigated school (Day et al., 2019; Hatzenbuehler, 2011) and district-level policies (Kull et al., 2016) focused broadly on SGM youth. This study expanded this scholarship by explicitly focusing on youth-specific SGM state-level policies in relation to transgender-specific social transition/gender affirmation experiences. In doing so geographic and gender identity differences were identified, which helps researchers and stakeholders identify which youth may need additional support, both within school environments and related to policy.

Despite these strengths, this study has several notable limitations. To begin, though it is among the first to focus on GMY-specific school experiences, it focused only on binary transgender and nonbinary youth. There is reason to believe there may be nuances in social transition experiences across subgroups of GMY (e.g., genderqueer, agender, etc.). Of note, this study’s sample was nearly 90% assigned female at birth—caution should be taken when interpreting the impact of SGM-specific laws for assigned male at birth youth given the lower proportion of this group included in this paper. Future research should aim to continue to understand emerging gender identities. As the current study detected differences between binary transgender youth and nonbinary youth, there is likely variation in identity-based experiences that is currently not reflected in the literature. Second, the single-item measures used in this study may restrict the ability to fully understand the experiences of GM students. For example, though the study measured ability to use the correct bathroom/locker room, it did not measure comfort in using these facilities, which may have important implications for school safety and well-being. By extension, these single-item measures do not capture why GM students may not be called by their correct name or pronouns, or why they may decide not to use the bathrooms/locker rooms that align with their gender identity. For example, they may not be out about their gender identity and thus have not disclosed their correct name and pronouns. Alternatively, GMY may be uncomfortable using the correct bathroom/locker room due to transphobic school environments. Third, the study was advertised on social media and recruited participants through these outlets. Thus, because participants chose whether to participate this may contribute to a self-selection bias in this research. Also, the study utilized data that were cross-sectional; thus, causality cannot be inferred. As policies exist in an evolving landscape, it may be important to reevaluate the studied outcomes in the context of more recent policies, as the current study referenced 2017 laws to match available data. Certainly, laws and policies change quickly, and so more recent data will be helpful in better understanding the quickly

evolving policy landscape as it pertains to the health and school experiences of GMY. Because this research identified the impact that state-level SGM-specific laws can have on GMY, it may be useful for future research to identify the specific mechanisms through which these laws operate. Additional research efforts should also continue to measure nuanced policies and laws as to determine the unique associations between SGM-related policies and the health of SGM.

Conclusion

While research has begun to establish the importance of SGM-specific policies at the school and district levels, SGM-specific policies at the state level remain understudied. To better understand the implications of policy at this level, the current study examined two youth-specific SGM state-level policies (i.e., “anti-LGBT laws” and conversion therapy bans) and their relations to school social transition experiences for GMY. The presence of “anti-LGBT laws” was associated with less correct pronoun and name use, which emphasizes the importance of including SGM people and topics in curriculum and the role of SGM-specific anti-discrimination and anti-bullying policies. Given nonbinary youth reported that their correct pronouns and names were used less and that they were also less able to use bathrooms/locker rooms than their binary transgender counterparts, stakeholders should be aware that states with anti-SGM enacted laws might be particularly unsafe for nonbinary youth. Last, GMY in the Southern U.S. reported that their correct pronouns and names were used less, and they were less able to use the bathrooms/locker rooms that matched their gender identity. Further research is needed to identify supportive mechanisms and protective factors that specifically help support GMY.

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Compliance with Ethical Standards

Conflict of Interest The authors declare no competing interests.

Ethical Approval All study procedures were approved by the University of Connecticut IRB board, protocol H16-322. All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Informed Consent Informed assent was obtained from all youth participants included in the study. A waiver of parental consent was obtained from the IRB related to this study.

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Benton M. Renley is a doctoral student in the Department of Human Development and Family Sciences at the University of Connecticut and is interested in sexual and gender minority youth experiences.

Esther Burson is a Post-Doctoral Associate at the Bronfenbrenner Center for Translational Research at Cornell University. Her research focuses on sociopolitical development and solidarity among marginalized groups.

Kay A. Simon is a Post-Doctoral Research Associate in the Department of Human Development and Family Sciences at the University of Connecticut and is interested in sexual and gender minority identity development and youth experiences.

Antonia E. Caba is a doctoral student in Human Development and Family Sciences at the University of Connecticut. Her research interests include identity development and wellbeing among sexual and gender diverse populations.

Ryan J. Watson is an Associate Professor in the Department of Human Development and Family Sciences at the University of Connecticut and is interested in the health and well-being of sexual and gender minority adolescents.