PROUD & THRIVING
LITERATURE REVIEW

EXPLORING MENTAL HEALTH CONSIDERATIONS FOR TRANS & NON-BINARY STUDENTS
Co-Authored by Maren Greathouse, PhD Candidate and Reese Kelly, PhD

JUNE 2021

The **Upswing** Fund
for Adolescent
Mental Health

JED

The Jed Foundation

C **CONSORTIUM** OF **HIGHER EDUCATION** LGBT RESOURCE PROFESSIONALS

PROUD & THRIVING PROJECT TEAM AND CONTRIBUTORS

JED Project Team
- Project Team Lead: Sofia B. Pertuz, PhD, SHRM-SCP
- Angela Batista, EdD
- Katie Cunningham, MBA
- Erlinda Delacruz, MA
- Maren Greathouse, PhD Candidate
- Reese Kelly, PhD
- Kamla Modi, PhD
- Nance Roy, EdD
- Genevieve Weber, PhD, LMHC

Consortium for Higher Education LGBT Resource Professionals
- Jesse Beal, MA
- Emalinda McSpadden, PhD
- Chris Woods, MA
- Demere Woolway, PhD

Project Contributors
- Darlene García Torres, MSEd, PhD.
- Sigifredo Mora, M.Ed., MSIM, MIS

Special Thanks
- Kristelle Aisaka, MSW, MPH
- Keisha Anderson, MFA
- Ryan Bunts, MS
- Aleki Burrell
- Suzanne Button, PhD
- Diana Cusumano, LMHC, NCC, RYT
- Katherine Duncan, MBA
- John Dunkle, PhD
- Ethan Fields, MSEd
- Sara Gorman, PhD
- Michael King, MS
- John MacPhee, MBA, MPH
- Manuela McDonough, MPH
- Jessica Orenstein, MPH
- Adee Shepen
- Savannah Stern
- Janis Whitlock, PhD, MPH
- Henry Zhu

Contact Information
Kamla Modi, PhD, Director of Learning & Evaluation, The Jed Foundation (JED)
kamla@jedfoundation.org

ABOUT THE PROJECT

This project, generously funded by the Upswing Fund, is a collaboration between The Jed Foundation (JED), The Consortium of Higher Education LGBT Resource Professionals, and a multi-disciplinary team of subject matter experts to develop a comprehensive framework schools can utilize to strengthen systems of support for LGBTQ+ students at high schools, colleges, and universities. This is critical, given the central role that schools play in students' lives, serving as an important environment for academic, social-emotional, and identity development. Data is being collected to provide a comprehensive overview of the mental health needs of LGBTQ+ students and outline specific action steps, strategies, and resources. The framework and recommendations will be published and released in Fall 2021.

ABOUT THE JED FOUNDATION (JED)

JED is a nonprofit that protects emotional health and prevents suicide for our nation's teens and young adults. We're partnering with high schools and colleges to strengthen their mental health, substance misuse, and suicide prevention programs and systems. We're equipping teens and young adults with the skills and knowledge to help themselves and each other. We're encouraging community awareness, understanding and action for young adult mental health.

ABOUT THE CONSORTIUM OF HIGHER EDUCATION LGBT RESOURCE PROFESSIONALS

The Consortium of Higher Education LGBT Resource Professionals is a member-based organization working towards the liberation of LGBTQ people in higher education. We support individuals who work on campuses to educate and support people of diverse sexual orientations and gender identities, as well as advocate for more inclusive policies and practices through an intersectional and racial justice framework.

ABOUT THE UPSWING FUND FOR ADOLESCENT HEALTH

The Upswing Fund for Adolescent Mental Health is a collaborative fund focusing on the mental health and well-being of adolescents who are of color and/or LGBTQ+. Created in response to the COVID-19 pandemic, which has had a devastating impact on young people across the United States, The Upswing Fund provides critical resources to front-line organizations that provide the services that young people rely on. In addition, the Fund supports efforts to address key systemic challenges in the adolescent mental health system such as stigma around seeking mental health support.

TABLE OF CONTENTS

A NOTE ON LANGUAGE

We believe language matters, and we are intentional about the terms we use throughout this literature review. Studies discussed in this literature review use a wide range of terms like gender diverse, gender expansive, trans-spectrum, gender variant, gender non-conforming, trans*, and gender minorities to describe the individuals and communities we are focused on. We use "trans and non-binary" as shorthand to encapsulate the wide range of gender identities captured in this review, and to mirror language used by contemporary high school and college students. In general, trans and/or non-binary students hold a sex, gender identity, and/or gender expression that deviates from their sex assigned at birth and the characteristics associated with this sex designation (male=masculine; female=feminine). While these two terms are not mutually exclusive (e.g., some non-binary people also identify as trans and vice versa), we separate them to acknowledge that the word "trans" has become increasingly associated with binary-identified people who have moved away from their sex designated at birth (e.g., trans men and trans women). For many, "trans" no longer reflects the experiences of those who identify outside of or beyond the gender binary, and including "non-binary" adds the requisite visibility. Within the trans and non-binary umbrella, students may identify as agender, aggressive, agokwe or agokwe-nini, bigender, crossdressing, female, genderfluid, genderqueer, male, nádleehí, non-binary, queer, two-spirit, trans, transsexual, and/or transgender, among many other identities. For a visual illustration of gender diversity, see https://transstudent.org/gender/. Where relevant, we also use the identity labels and acronyms used in the studies we reference. This decision allows us to represent data in the form it was gathered while being inclusive in our analysis and recommendations.

It is important to note that many people who fall within these definitions may not see themselves as part of a trans and non-binary community. Due to the predominance of white trans and non-binary visibility and norms, Black, Indigenous, and people of color may not see themselves reflected in or identify as part of a trans

and non-binary community.[1] The intersecting identities that students hold influence how they understand and make meaning of their gender identity and expression. It is also important to note that individuals born with a combination of anatomical characteristics (e.g., genitals, gonads, chromosomes) that do not neatly fit within male or female sex designations—commonly regarded as being intersex— may or may not feel an affinity with the trans and non-binary community based upon the way their gender identity aligns with the sex designation chosen by their attending physician and/or parent(s).[2]

The term cisgender (including cis or cissexual) refers to those who have a gender (or sex) identity and expression that are congruent with the sex they were assigned at birth.[3] Individuals who identify as cisgender enjoy privileges for adhering to the behavioral, cultural, physiological, and psychological traits that are associated with individuals of their sex-assigned-at-birth.[4] The terms cisgender (or cis) and trans and non-binary are useful when understanding the ideological systems, norms, and structures that render trans identities, bodies, and expressions as less human and less deserving of respect and dignity than cis ones. However, we want to note that there is not a distinct line where cisgender stops and trans and non-binary starts; there is overlap and blurriness. Trans and non-binary students can experience temporary cisgender privilege, if and when people assume they are cisgender, and cisgender people can experience gender policing.

This literature review intentionally includes the terms cissexism, instead of transphobia, with some exception for data congruence. Transphobia describes a fear, dislike, or aversion to trans and non-binary people and has generally been used to characterize individual- and interpersonal-level anti-trans attitudes and behaviors. On the other hand, cissexism depicts ideological systems that denigrate and stigmatize any behavior, expression, body, or identity that falls outside of a fixed, immutable

---

[1] Driskill, 2010; Robinson, 2020; Wilchins, 2004
[2] Davis, et al., 2016
[3] Serano, 2009
[4] Serano, 2009

binary sex model (male = man = masculine versus female = woman = feminine).[5] Paralleling and intersecting with racism, sexism, ableism, heterosexism, and other - isms, cissexism pervades belief systems, institutions, social structures, and community norms, giving us language to analyze the individual, interpersonal, and structural factors that shape the lives of trans and non-binary students.

Cissexism is embedded in structural mechanisms and cultural traditions from birth: pink/blue gender reveal parties, the provision of only two gender options on an infant's birth certificate, separate boys and girls clothing sections in department stores, gender-informed approaches to parenting, school uniform policies, sex-segregated athletics/housing/locker rooms, collegiate social traditions (e.g., dances, fraternities/sororities), gender disparate areas of study (e.g., engineering, social work), and innumerable others. It is also embedded in policies and practices that restrict individuals from changing their sex designation in documentation. When trans and non-binary people lack "administrative recognition", documents congruent with their affirmed gender, they may be denied access to social and material resources.[6] Numerous conservative advocates and policymakers have fought legislation that would: allow an individual to change the sex designation on their birth certificate or driver's license; mandate businesses to provide medical insurance coverage for transition-related health care needs; and provide trans youth access to sex-segregated organizations (e.g., Boy Scouts) or facilities (e.g., restrooms), among many other legislative attacks to trans and non-binary individuals.

Cissexism also appears in behaviors intended to erase trans and non-binary people's existence. Should a trans and/or non-binary individual take steps to transition socially, legally, or medically in a cissexist culture, they may experience pressure to conform to gender norms during their transition process (e.g., to be seen as cisgender), to abandon their transition all together, or to de-transition. Additionally, trans and non-binary students may be encouraged to seek out medical and mental health professionals to "cure" them from their gender non-conformity, a practice

---

[5] Serano, 2009
[6] Kelly, 2012

known as reparative/conversion therapy that is banned in 61 states and municipalities.[7]

Additionally, we use the term minoritized and the acronym BIPOC throughout this literature review. For decades, scholars and practitioners have used a myriad of terms to describe students experiencing oppression such as underrepresented, diverse, underserved, at-risk, vulnerable, marginalized, targeted, and minority. Although these terms may be helpful in some contexts, they can also elicit deficit-based stereotypes and further the assumption that particular populations are small in numbers, which is not always the case. Instead, minoritized calls attention to the institutional processes by which groups of people are disempowered, marginalized, and rendered invisible. It is a reminder that institutions, communities, and individual actors create the environment in which trans and non-binary students live and learn. To further align with contemporary language, we use BIPOC (Black, Indigenous, and People of Color) instead of POC or "people of color." BIPOC calls attention to the disparate treatment of Black and Indigenous people in the United States through the legacy of slavery and genocide while also serving as a reminder that people of color experience varying types of discrimination and prejudice. Similarly, instead of Hispanic, Latino/a, or Chicano/a, we use Latinx, a pan-ethnic and gender-inclusive term that refers to those who self-identify as having cultural ties to Latin America and/or the Caribbean as well as individuals who are of Latin American and/or Caribbean descent. Like our operationalization of queer and questioning, we acknowledge Latinx is best practice and we also use the identity labels and acronyms from studies we cite in order to represent the data accurately.

Last, we want to note our use of affirming language when referring to pronouns, names, and sex designation, which is in line with current best practices. When referring to the pronouns used by a trans or non-binary person we use the language of "affirmed pronouns" or "pronouns used" instead of "preferred pronouns." While "preferred pronouns" had been the common practice, it fell out of favor with trans and non-binary communities due to the suggestion that it was simply a preference that

---

[7] The Trevor Project, n.d

could be ignored. In order to distinguish a trans or non-binary person's current name from their birth or given name, we use "chosen name" or "affirmed name" interchangeably, instead of "preferred name" or "nickname," which, again, suggests that the use of these names is optional. Additionally, we use the language of "sex assigned at birth" instead of "natal sex," "biological sex," or "birth sex" in order to indicate that sex is something that is designated at birth by medical professionals based solely upon external genitalia (e.g., not chromosomes, hormones, gonads, or sense of self). While sex assignment remains a standard practice, it is incongruent with decades of scientific research that demonstrates that sex is a complex interplay between the mind, body, and environment, and it is not binary.[8] We do want to acknowledge that, unless otherwise noted, some quotes from primary sources contain outdated language.

---

[8] Fausto-Sterling, 2000; Hyde, et al., 2019; Sanz, 2017

INTRODUCTION

To be "ready to learn", students must be "in a state of physical, psychological, emotional, intellectual, social, and spiritual well-being".[9] Indeed, multiple studies[10] on high school and college students have found that students with mental health issues are at higher risk for lower grade point averages, absenteeism, discontinuous enrollment, and dropout, regardless of their academic record and other student characteristics. Nearly 20% of students who took the 2018 Healthy Minds survey reported that emotional or mental difficulties disrupted their academic performance for 6 or more days,[11] and the National Alliance on Mental Illness found that mental health was the primary reason that 64% of students in their study dropped out.[12] Whereas ample attention has been paid to other retention predictors (e.g., financial stress, social connectedness, sense of belonging, academic preparedness), educational leaders have paid far less attention to the role of mental health on persistence and completion.[13]

Despite mental health being an understudied factor in retention, studies[14] show that most high school principals, university and college presidents, and student affairs leaders list the mental health of their students as their top concern. Mental health issues have been found to predict academic adjustment difficulties, including intellectual flexibility, effective group work, creativity and intellectual risk-taking, and the fundamental interest in acquiring new knowledge.[15] Challenges in one or more areas may lead to maladaptive strategies to reduce stress and anxiety (e.g., alcohol and drug misuse, self-injury, eating disorders) that compound the impact of mental distress on academic engagement.[16]

---

[9] American Council on Education, 2014, p. 1
[10] Eisenberg, et al., 2009; Gruttadaro & Crudo, 2012; Kolbe, 2019; Raspberry, et al., 2017
[11] Eisenberg & Lipson, 2018
[12] Gruttadaro & Crudo, 2012
[13] American Council on Education, 2019; Iachini, et al., 2016; Kern, et al., 2017
[14] American Council on Education, 2014: Iachini, et al., 2016; Rubley, 2017
[15] American Council on Education, 2014
[16] American Council on Education, 2014

In addition to the academic benefits, there is a compelling economic argument to be made in support of comprehensive mental health services. Public high schools may cite cost-benefit analyses of public health programs to advocate for more resources from their district, county, or state. For instance, one study[17] of public health programs across 36 countries suggests that for every dollar spent on treatment for depression and anxiety, the return on the investment could be fourfold or higher in terms of increased productivity and health. For private schools and higher education specifically, the American Council on Education (ACE) states that increased resource provisions lead to increased retention of students, and the revenue that this generates far exceeds the investment in supportive resources that contribute to the improvement of student mental health outcomes.[18] As state allocations continue to shrink and tuition discounting continues to rise,[19] it would behoove education administrators to seriously assess the adequacy of their existing mental health resources and examine the role of mental health on retention, persistence, and academic success.

MENTAL HEALTH OF TRANS & NON-BINARY STUDENTS

The mental health of trans and non-binary individuals has been historically overshadowed by the legacy of psychiatric classification in the Diagnostic and Statistical Manual of Mental Disorders (DSM).[20] Contemporary activism among trans and non-binary advocacy groups led to the reclassification of Gender Identity Disorder (GID) as Gender Dysphoria (GD) in the DSM-5, published in 2013. However, cross-gendered dress and behavior are still classified as Transvestic Disorder (TD). While these diagnostic criteria remain in the current DSM, advocates strongly oppose psychiatric classification, noting that the pervasive reinforcement of rigid, immutable, dichotomous gender norms both pathologize trans and non-binary identities and foster psychological distress among trans and non-binary students.

---

[17] Chisolm, et al., 2016
[18] 2019
[19] National Association of Colleges and University Business Officers, 2019
[20] Meyer, 2003

- High School Students. Trans and non-binary students experience mental distress as a result of perceptions and experiences as a minoritized group, a reality that high school administrators need to face and that higher education leaders must anticipate as they enroll new students. In one national study[21] of LGBTQ youth, of those who indicated they did not plan to graduate high school or were unsure, 92.7% listed mental health such as depression or anxiety as a reason. The 2017 Youth Risk Behavior Surveillance Survey found that 53.1% of trans-identified high school students felt sad or hopeless almost every day for at least 2 weeks in the past year, compared to 20.7% of cisgender males and 39.9% of cisgender female peers.[22] Similarly, The Trevor Project National Survey on LGBTQ Mental Health 2021 found that 77% of transgender and nonbinary youth experienced symptoms of generalized anxiety disorder and 70% experienced symptoms of major depressive disorder in the past two weeks.[23] One study[24] examining the rates of mental health symptoms among Black and Latinx trans and non-binary youth found the rates comparable to their white trans and non-binary peers, but higher than their Black and Latinx cisgender peers. Given this data, it comes as no surprise that 62.5% of trans and non-binary incoming college first year students rated their emotional health below average or in the lowest 10% of their peer group in 2018.[25]
- Incoming First Year College Students. There is little research looking at the specific experiences of trans and non-binary first year college students. Stolzberg and Hughes[26] analyzed data from the 2015 Cooperative Institutional Research Program (CIRP) Freshman Survey and found that approximately half (52.1%) of incoming transgender college students reported their self-rated emotional health as below average or in the lowest 10 percent relative to their peers. These ratings are remarkably low compared to the national sample

---

[21] Kosciw, et al., 2020
[22] Johns, et. al, 2019
[23] The Trevor Project, 2021
[24] Vance, et al., 2021
[25] Greathouse, et al., 2018
[26] 2017

where approximately half (50.6%) of incoming college students reported being either above average or in the top 10 percent relative to their peers in terms of self-rated emotional health. Given this data, it comes as no surprise that another study[27] found that during the first year of school, transgender students (26.7%) sought services at university counseling centers more often than their cisgender female (21.8%), cisgender male (20.9%), and gender non-conforming peers (21.8%).

- College Students. Among all college students in 2018, 68.6% of trans and non-binary students reported feeling so depressed it was difficult to function in the previous twelve months, compared to 42.5% of cisgender students.[28] Data from the 2015-2017 Healthy Minds Study revealed that over half (55%) of trans and non-binary students screened positive for depression, compared to 28% of their cisgender peers.[29] In the same study,[30] students assigned female at birth who identified as genderqueer or another self-identified gender had the highest odds of screening positive for one or more mental health problems compared to their cisgender peers (9.3 times higher and 7.9 times higher, respectively). More alarming is that 1 in 4 trans and non-binary students reported engaging in self-injury in the previous year (25.7% versus 8.5% of cisgender students). Additionally, nearly one-third of trans and non-binary students (32.9%) had seriously contemplated suicide, reflecting an even greater disparity when compared to cisgender peers (12.8%).[31]

These numbers highlight the necessity for administrators to develop a comprehensive understanding of trans and non-binary students' experiences, coupled with a thoughtful and thorough approach to intervention.

---

[27] Platt, 2020

[28] Greathouse, et al., 2018

[29] Lipson, et al., 2019

[30] Lipson, et al., 2019

[31] Greathouse, et al., 2018

NAVIGATING GENDER TRANSITIONS

The way in which trans and non-binary students make meaning of their identity is complex and varies on a case-by-case basis. The process of "transitioning" from a sex-assigned-at-birth to a more authentic gender identity and presentation can take multiple forms, including social means (e.g., dress, hairstyle, using a chosen name, using different pronouns than those assigned at birth), legal means (e.g., changing name, changing gender marker), or medical means (e.g., hormone replacement therapies, body modification). Each of these presents a myriad of obstacles that can exacerbate psychological distress. Currently, only 260 colleges enable students to modify their first name on campus records and documents (e.g., course rosters and directory listings) and only 106 allow students to reflect a chosen name on official student identification cards.[32]

SOCIAL TRANSITION

With increased visibility and access to affirming care, trans and non-binary students are more frequently coming out in their teens. The Youth Risk Behavior Survey found that 1.8% of high school students responded "Yes, I am transgender" and 1.6% responded "I don't know if I am transgender. The U.S. Transgender Survey found that 6 in 10 trans and non-binary people started to think of themselves as trans and non-binary between the ages of 11-20 and, similarly, 6 in 10 started to disclose this identity to others between the ages of 16-25. Additionally, 43% of respondents said they began their transition between the ages of 18-24, with that percentage being significantly higher for non-binary people (56%) and for trans men (47%) than for trans women (30%).[33] This research indicates that many trans and non-binary students socially transition during their college years or late high school years, modifying their physical appearance to align with their gender identity, adopting different pronouns and name that were assigned at birth, and changing aspects of their demeanor (e.g., movement, voice, etc.) to find congruence between their gender identity and

---

[32] Campus Pride, 2020a
[33] James, et al., 2016

presentation.[34] It is important to note that the ease with which a student can explore and find identity congruence is correlated with mental health outcomes. For instance, the Trevor Project's 2020 Survey on LGBTQ Youth Mental Health found that trans and non-binary youth with access to binders, shapewear, and gender-affirming clothing reported lower rates of suicide attempts in the past year compared to those without access (14% and 26%, respectively).[35]

LEGAL TRANSITION

Trans and non-binary students may seek to legally change their name or gender marker on official documents during the transition process. One study[36] found that obtaining gender congruent identity documentation was significantly associated with lower reports of depression, anxiety, somatization, global psychiatric distress, and upsetting responses to gender-based mistreatment for trans and non-binary adults. However, the process of changing name or gender marker on identity documents, such as driver's license and birth certificate, may be a laborious, cost-prohibitive, and challenging process in many states, if there is even an available process. Additionally, undocumented students, students with criminal records, and students in the United States on educational visas face additional challenges to changing their identity documents, if allowed to do so.[37] Name and gender marker change is also not an option for students under the age of 18 unless they are emancipated or able to obtain parental consent.

- Name Change. The process of changing one's legal name can be expensive and time consuming. To start, a name change typically involves getting court order and appearing before a judge, for which some people will retain legal counsel.[38] In one in five states, people are also required to publish a public announcement of the name change in a local newspaper.[39] This, essentially, requires a trans and

---

[34] Planned Parenthood, n.d.
[35] The Trevor Project, 2020
[36] Restar, et al., 2020
[37] Movement Advancement Project, n.d.
[38] National Center for Trans Equality, 2020
[39] Movement Advancement Project, n.d.

non-binary person to be publicly "outed" in order to make a legal name change, which may put a student who desires discretion to feel undue anxiety and distress. It may also incentivize the student to postpone their legal name change until after graduation, if not indefinitely. Fortunately, 19 states and Puerto Rico no longer require a public announcement as part of their process and just as many states have the option to waive the announcement requirement or have ambiguous directives, leaving room for lenient interpretations.[40]

- Gender Marker Change. Significant progress has been made over the past few decades and now there are 49 states and 5 territories that allow for a gender marker change on one's birth certificate, with Tennessee being the only state that does not.[41] Additionally, 13 of those states have a third option of X, in addition to M or F. Despite this progress, nearly 4 in 10 trans and non-binary people live in a state that requires sex reassignment surgery or that has unclear or unwritten policies for changing the sex marker on one's birth certificate, and the vast majority live in a state that has no non-binary legal gender option. Similarly, while driver's license policies are generally less restrictive, 18 states and 4 territories have very restrictive, unclear, and/or burdensome policies, leaving large swaths of trans and non-binary students with sizable barriers to making this change. For trans and non-binary students unable to have their gender reflected in their legal identity documents, most are unable achieve administrative recognition as their affirmed gender at their respective schools/institutions. This puts them in a position where they are forcibly outed whenever required to show identification or when they seek services from personnel who can see their incongruent demographic information. Not only could this outing threaten their individual safety, the real or perceived possibility of a non-consensual disclosure is also a cause of great distress among trans and non-binary students.

---

[40] Movement Advancement Project, n.d.
[41] Movement Advancement Project, n.d.

Medical Transition. Trans and non-binary students may seek to medically align their bodies with their gender identity, a process that researchers have found to have a positive impact on mental health.[42] While access to gender affirming healthcare is increasing, many trans and non-binary students still face barriers of affordability, needing parental consent (if under 18), distance to clinicians and transportation to/from appointments, health insurance coverage, and more. Additionally, most high school students and some college students receive health insurance coverage under their parent(s) or guardian(s) plans. In this case, students seeking gender-affirming healthcare may be forced to disclose this information to the primary insurer in order to get the care they need. Currently, 23 colleges report covering only hormone therapies under student health insurance and 89 colleges and universities report covering both hormones and gender-affirming surgeries for students.[43] This leaves many trans and non-binary students with student health insurance in the position of having to pay out of pocket for these medically necessary services. Each of these barriers has the potential to cause great psychological distress.

It is important to note that while trans and non-binary students may desire medical intervention to align their body with their gender identity, there is no one-size fits all model for transitioning. There are many trans and non-binary students who do not feel dysphoric about the state of their body and others who desire to change some aspects of their body and not others. Because of the dominant narrative that all trans people want to medically transition and that non-binary people do not, trans and non-binary students who depart from their respective norm experience being questioned by peers and advisors about the authenticity of their identity (e.g., feeling that they aren't "trans enough"),[44] and they experience higher rates being intentionally or unintentionally labeled the wrong gender, also known as misgendering.

---

[42] Achille, et al., 2020; Bar, et al., 2016; Castellano, et al., 2015; Davis and Meier, 2014; Gorin-Lazard, et al., 2012

[43] Campus Pride, 2020b

[44] Catalano, 2015

GENDER POLICING

Whether trans or non-binary students decide to transition or not, they all face gender policing in their day-to-day lives. Gender policing "is the social process of enforcing cultural expectations for masculine and feminine expression.[45] It is a key feature of a cissexist culture as it helps to maintain the appearance that there are only two genders and that masculinity is inherent to men and femininity is inherent to women. Gender policing occurs at the interpersonal and structural levels and takes the form of social and material rewards for individuals who conform to gender norms and discouragement, disapproval, and/or punishment for those who do not. Although all students may experience gender policing in some fashion, there are manifestations that specifically impact trans and non-binary people-- those that convey messages that trans and non-binary people's genders are less legitimate or authentic than cisgender people's. For instance, when someone says, "wow, you look so real, I would never have known [you were trans]," it implies that the recipient's gender is a costume, a derivative, or a deception.[46] This denigrating comment, which may be intended to be complimentary, has a negative impact on trans and non-binary people. Gender policing also takes the form of exclusion, rejection, and physical and verbal bullying, harassment, and assault, to name a few, which are explored in greater detail in the section on interpersonal risk factors. Studies[47] show that gender policing causes trans and non-binary students to experience anxiety and fear that they are not conforming "enough" to their gender and that they may be seen as not fully male or female (if binary identified), leading them to be discouraged and fearful to come out.

Gender policing occurs in everyday situations but is heightened in gender-segregated spaces and communities such as restrooms, locker rooms, athletic teams, Greek Life, and residence halls.[48] This can be particularly challenging for non-binary students as their gender identity or expression may be at constant odds with societal expectations, and with those individuals enforcing those expectations. As a result,

---

[45] Payne & Smith, 2016, p. 127
[46] Serano, 2009, p. 37
[47] Catalano, 2015; Goldberg, et al., 2019; Nicolazzo, 2016, 2017
[48] Kelly, 2012

non-binary students may feel pressure to conform to a binary gender or face social and material consequences, harassment, and/or discrimination for a non-conforming identity and/or presentation.[49] Paradoxically, trans students whose identities and expressions align with the gender binary may also face invisibility from people presuming that they are cisgender. In these dual ways, gender policing reinforces cissexism and renders trans and non-binary students invisible.

USING THE LENS OF MINORITY STRESS THEORY

Built upon various psychological and social theories (e.g., social stress theory, looking-glass self, social identity and self-categorization), Meyer (2003) introduced a theoretical framework to examine the excess stress experienced by individuals occupying minoritized social identities that are marked by prejudice and stigma. The resulting framework, Minority Stress Theory, has been used to examine the impact of *distal* and *proximal* stressors on the well-being of individuals holding various minoritized identities.[50] Distal stressors are defined as *objective* stressors such as the discrimination, microaggressions, and everyday strains experienced by trans and non-binary students, while proximal stressors, regarded as *subjective* stressors, include experiences such as internalized cissexism, expectations of rejection and discrimination, and identity concealment.[51]

Employing Minority Stress Theory as a framework, scholars studying trans and non-binary college students have examined the impact of (1) distal stressors like stigma, verbal or physical harassment, macro-level environmental microaggressions (e.g., institutional policies and practices that reinforce the gender binary), and structural discrimination (e.g., legal documents, medical care, restrooms), (2) proximal stressors such as internalized transphobia, expectation of rejection, or concealment of identity, and (3) individual and group-level protective factors such as personal resilience (i.e. ability to bounce back), self-acceptance, positive regard for one's

---

[49] Bilodeau, 2007; Nicolazzo, 2016
[50] Meyer, 2003
[51] Meyer, 2015, p. 210

gender and pride in other identities they hold (e.g., race), self-esteem, social support, community belonging, transgender activism, family acceptance, and access to trans and non-binary role models, among others.[52]

SUMMARY

The mental health of trans and non-binary students is a serious concern for secondary and higher education administrators. Trans and non-binary students, especially BIPOC students, report significantly higher rates of mental health issues than their cisgender peers. It must be noted that there is nothing intrinsic to being trans and/or non-binary that creates mental health issues. Trans and non-binary students make meaning of their identities and experiences in numerous ways, and their transitions may contain social, legal, and/or medical components. Whether trans and/or non-binary students transition or not, they all experience some form of gender policing in addition to receiving messages that their gender is less legitimate than a cisgender person's. Using the lenses of minority stress theory and institutional betrayal, this literature review will demonstrate that cissexism, in addition to racism, ableism, etc., manifests in individual, interpersonal, and structural barriers (risk factors) that create and/or exacerbate psychological distress among trans and non-binary students. Following the analysis of risk factors, this literature review provides an overview of individual-, interpersonal-, and structural-level interventions (protective factors) that mitigate these stressors.

---

[52] Breslow, et al., 2015; Lipson, et al., 2019; Matsuno & Israel, 2018; Woodford, et al., 2017

INDIVIDUAL RISK FACTORS

The systemic reinforcement of the gender binary significantly shapes the experiences, perspectives, and social expectations of trans and non-binary students and their cisgender peers. The following section describes various individual level and interpersonal barriers to positive mental health outcomes for trans and non-binary students.

NAVIGATING IDENTITY DEVELOPMENT

Trans and/or non-binary identity development is the non-linear process through which people come to understand and psychosocially integrate their gender identity. Following Devor's[53] fourteen stage model, Beemyn & Rankin[54] identified eight milestones that transgender individuals may traverse in their social, medical, and/or legal transition which include: feeling gender different from a young age; seeking to present as a gender different from the one assigned to them at birth; repressing or hiding their identity in the face of hostility and/or isolation; initially misidentifying their identity; learning about and meeting other trans people; changing their outward appearance to look more like their self-image; establishing new relationships with family/partners/friends/coworkers; and, developing a sense of wholeness within a gender normative society. Similarly, the Simons[55] transgender people of color (TPOC) identity model also includes eight non-sequential processes: understanding oneself as transgender (self-identification); learning more about oneself as transgender (validation); realization that one is displaying gender variant behavior (display); enacting behaviors to affirm their personhood (proaction); pursuing medical, social, and/or legal transition (transition); learning to cope with being bullied based on other aspects of their identity (intersection); selective disclosure (passing); and, presenting as more/less masculine or feminine (exploration). It is important to note that these

---

[53] Devor, 2004
[54] 2011
[55] Simons, et al., 2020

models are not fully inclusive of non-binary identities and that trans and non-binary people are a heterogenous population. Factors such as race, class, sex assigned at birth, etc. shape identity development in important ways. For instance, some studies[56] suggest that rural, BIPOC, and/or trans and non-binary youth with disabilities rely more on social media for community and identity affirmation, due to a lack of visibility of and access to people who share their minoritized identities. Another study[57] found that Black, Latina, Asian, and other/mixed race young trans women experienced external milestones (e.g., identity disclosure) earlier than white trans women, presumably a result of multiple compounding stressors of cissexism, sexism, and racism.

Navigating identity development as a trans and/or non-binary individual, thus, is fraught with challenges during multiple points of identity development, including internal identity struggles, establishing affirming social support networks, and reconciling one's identity with the larger cissexist binary world around them. While not all trans and non-binary students experience gender dysphoria due to these individual and environmental factors, those who do are at risk for multiple mental health issues, including major depressive disorder and generalized anxiety disorder.[58] Developmental models in tandem with an understanding of cultural context can help secondary and higher education institutions identify students' needs and align high-impact practices.

INTERNALIZED CISSEXISM

Trans and non-binary students that internalize cissexist norms, in addition to their distal and proximal experiences with cissexism, may face multiple risk factors that contribute to poor mental health. There are strong correlations between internalized cissexism and psychological distress, which may appear as personal shame, low self-esteem, low self-worth, and other predictors for depression and anxiety. Bocktin, et al.[59] researched and tested an instrument to measure internalized transphobia

---

[56] Anderson, 2019; Miller, 2017; Singh, 2013
[57] Restar, et al., 2019
[58] Chodzen, et al., 2019
[59] 2020

(cissexism) and proposed four main domains in which it manifests: lack of identity pride, investment in passing as a cisgender person, alienation from other trans and non-binary people, and shame. The latter two, Alienation and Shame, were found to have the highest correlations with anxiety and depression. Bocktin, et al. suggest that the former two, Pride and Passing, "could be interpreted as a reaction to the negative dimensions of shame and alienation stemming from stigma attached to gender nonconformity," and may not be truly independent domains. In general, one of their key finding is that internalized transphobia (cissexism) was positively associated with "the need to appear in ways that are likely to win social approval," indicating a clear connection between cissexist societal expectations and poor mental health among trans and non-binary people.[60] These domains are detailed in more depth below.

- Lack of Pride in Trans and/or Non-binary Identity. Bocktin et al.[61] found that a lack of identity pride indicated the internalization of transphobia. In an attempt to develop an instrument that would measure internalized transphobia, they found that low scores on items such as "I am proud to be a transgender person," "I am comfortable revealing to others that I am TG," "I have no problem talking about my TG identity," and "Being transgender is a gift" had the strongest relationship to a participant's lack of pride in their gender identity (Note: TG = transgender in this study). Their study found that, overwhelmingly, being out to others accounted for the largest variance in identity pride (r=0.40).

- Investment in Passing as Cisgender. Bocktin et al.[62] found that high scores on items such as "For me, passing is everything," "I cannot be happy unless I am perceived as cisgender," and "passing is a standard to measure my success" correlated with psychological distress. However, they caution that a desire to be perceived as cisgender may or may not signal internalized transphobia. For some trans people, fully embodying a normative gender affirms their sense of self. It is more likely that the *inability* to achieve this gender congruency is at the

---

[60] 2020, p. 21
[61] 2020
[62] 2020

root of their distress in these situations. They also note that a lack of investment in being perceived as cisgender may be reflective of a person's non-binary identity, which would not accurately indicate a level of internalized transphobia. [Note: Passing is a controversial term in the broader trans and non-binary community. For some, it depicts the external pressures to be seen as cisgender in order to be validated as a man or a woman-- to pass means legitimacy and safety. For others, it conjures the negative stereotype that trans and non-binary people are seen as facsimiles or derivatives of cisgender people-- using the term "passing" implies that trans and non-binary people's genders are not and never will be real.]

- Social Isolation. Bocktin et al.[63] found that a lack of connection to other trans and non-binary individuals, or negative interactions with other trans and non-binary people, were associated with higher levels of internalized transphobia. Feeling separate from or disassociating from other trans and non-binary-identified people involves feeling different from or embarrassed by them. It not only fosters negative feelings of self-worth, but also prevents individuals from benefiting from the support that peers would provide.

- Shame. Bocktin et al.[64] found that personal shame was a significant predictor of internalized transphobia. This was indicated by high scores on items such as "When I think about being TG, I feel unhappy," "I sometimes feel that being TG is embarrassing," "I often ask myself: why can't I just be normal," "When I think of being TG, I feel depressed," and "Being transgender makes me feel like a freak." They argue that of all domains, shame is the most direct manifestation of internalized cissexism, and it was most directly correlated with the other three domains.

---

[63] 2020
[64] 2020

HOLDING MULTIPLE MINORITIZED IDENTITIES

Students holding multiple minoritized identities experience multiple and intersecting systems of oppression, putting them at greater risk of psychological distress as a result of bias, minority stress, microaggressions, violence, and barriers to social adjustment/integration. Research indicates that people with multiple minoritized identities manage moving in and out of various affinity communities by compartmentalizing and code-switching, which can have a deleterious effect on mental health.[65] At the same time, researchers[66] have found evidence of "positive intersectionality" among BIPOC LGBT people-- that a person's acceptance and empowerment of one of their minoritized identities can lead to acceptance and empowerment of another, ultimately increasing resilience and wellbeing. As the concept of positive intersectionality continues to be researched, it could shed light on studies that aren't fully explained by Minority Stress Theory.

Trans and non-binary students who hold multiple minoritized identities may face a lack of spaces where all of their identities can be simultaneously affirmed, compromising their ability to find social support. Nicolazzo found that some Black trans and non-binary students avoided the Black Cultural Center on campus, due to their "inability to be openly trans* and/or talk about trans* and queer issues."[67] In Goldberg et al.'s study, one student spoke of the violence they experienced as a BIPOC trans student and its impact on their mental health,

> "I'm a lot more anxious now because I have seen real hate, real carelessness and cruelty, in people. I've been called names on the street and hurt by people without provocation. That creates fear of being hurt and insulted over and over. When a complete stranger spits at you . . . it affects your self-esteem and will to live. I miss being normal and moving in the world more freely. The awareness that some people see me as a freak and wouldn't mind if I died . . . is hard to live with. It takes a lot of support to process this new reality and cope with it."[68]

---

[65] Ghabrial, 2016
[66] Bowleg, 2013; Ghabrial, 2016
[67] 2016, p.545
[68] 2019, p. 74

Another student reported distress related to managing multiple identities and feelings of "not fitting in". Students who hold multiple minoritized identities may also find it challenging to focus on a trans and non-binary identity when other identities require greater attention or have greater salience in their lives. In one study,[69] a trans student expressed an inability to focus on their gender identity due to the amount of time and energy their disability had on their day-to-day life.

MALADAPTIVE BEHAVIORS AND COPING MECHANISMS

Numerous scholars have linked social stigma, isolation, alienation, and harassment to maladaptive behaviors and coping mechanisms that exacerbate negative mental health outcomes. Trans and non-binary students are at a heightened risk for engaging in these behaviors, which include substance misuse, eating disorders, self-injury (e.g., burning, cutting, etc), and suicidal ideation and attempts.

Substance Misuse. Trans and non-binary students are at an increased risk for substance misuse compared to their cisgender peers.[70] National studies[71] have found that trans and non-binary high school and college/university students are more likely to use alcohol, tobacco, ecstasy/club drugs, methamphetamine, heroin, or misuse prescription pain medication/opioids/sedatives than their cisgender peers, with little to no disparity for marijuana use. The disproportionate rates of hard drug use is stark. The 2017 Youth Risk Behavior Survey[72] found that trans and non-binary high school students' lifetime use rates of cocaine, heroine, ecstasy, methamphetamines, and inhalants ranged between five and seventeen times greater than their cisgender peers with the greatest disparity being for heroin use (26.2% versus 1.5%). Research on substance misuse for trans and non-binary high school and college/university students is still in its nascent stages, so there is little data that explores the motivation

---

[69] Nicolazzo, 2016
[70] Messman & Leslie, 2019; Oswalt & Lederer, 2017
[71] Greathouse et al., 2018; Johns et, al., 2019; Reisner, et al., 2015
[72] Johns, et al., 2019

for substance misuse outside of psychological distress, especially for trans and non-binary students assigned female at birth. One study[73] on trans women between the ages of 16 and 24 found that post-traumatic stress disorder, gender-related discrimination, parental drug and alcohol problems, and psychological distress were positively associated with substance use.

Eating Disorders. Hegemonic expectations regarding the appearance of the body have been found to contribute to the elevated reporting of eating disorders among trans and non-binary college students, when compared to cisgender peers.[74] Trans and non-binary individuals must contend with gendered (and raced, classed, etc.) body expectations, which often contribute to higher rates of bodily dissatisfaction, disordered eating, and excessive exercise behaviors. Trans and non-binary individuals may engage in these behaviors in order to suppress physical characteristics incongruent with their gender identity and/or to accentuate those that contribute to greater gender congruency.[75] Furthermore, trans and non-binary high school and college/university students may also experience body dysmorphic disorder, an obsessive compulsive disorder where individuals intensely focus on one or more specific areas of the body that they believe are flawed.[76] [Note: gender dysphoria and body dysmorphic disorder are not the same thing and many trans and non-binary students do not experience either.] Studies have found a link among body dysmorphic disorder, anxiety, and psychological distress that triggers eating disorders among trans and non-binary individuals.[77] One study[78] found that that one-third of trans and non-binary youth ages 19-25 engage in binge eating and fasting-- a behavior exacerbated by low social support (e.g., lack of connectedness to school/college/university, poor relationships with family or peers) and experiences with social stigma (e.g., harassment and/or discrimination).

---

[73] Rowe, et al., 2014
[74] Diemer, et al., 2015; Goldberg, et al., 2019
[75] Kamody, et al., 2020
[76] Price, 2019
[77] Goldberg, et al., 2019
[78] Watson, et al., 2017

Non-Suicidal Self-Injury. Trans and non-binary students are at a dramatically increased risk for self-injury, including intentional cutting, burning, bruising, or other self-injurious behaviors. The 2018 American College Health Association-National College Health Assessment found that 25.7% of trans and non-binary college students reported engaging in self-injurious behaviors in the past 12 months, compared to just 8.5% of their cisgender peers. Even though the disparity is noticeable, percentages in this study are low compared to other research. The Trevor Project 2020 National Survey on LGBTQ Youth Mental Health found that 48% of trans and non-binary youth reported engaging in self-harm in the previous 12 months.[79] Comparably, data from the 2015-2017 Healthy Minds Study reveal that more than one in two (53%) trans and non-binary college students screened positive for non-suicidal self-injury, compared to one in five (20%) of their cisgender peers.[80] Under the trans and non-binary umbrella, students assigned female at birth who identified as genderqueer or another self-identified gender reported the highest percentages of non-suicidal self-injury (66% and 72.1%, respectively).[81] There are numerous motivators associated with self-injury among trans and non-binary individuals, including poor psychological well-being, body dissatisfaction, unsupportive families, lower self-esteem, lack of social support, feeling empty or numb, to communicate/get attention of someone, and avoidance/escape, among others.[82]

Suicidal Ideation and Attempts. In addition to non-suicidal self-injury, trans and non-binary students report significantly higher rates of suicidal ideation and attempt. Greathouse et al.[83] found that over a quarter of trans and non-binary college students reported seriously considering suicide in the previous 12 months, compared to 9.9% of cisgender peers. These numbers may be low or underreported. Data from the 2015-2017 Healthy Minds Study reveal that more than one in three (34.9%) of trans and non-

---

[79] Trevor Project, 2020
[80] Lipson, et al., 2019
[81] Lipson, et al., 2019
[82] Clase, et al., 2015; Jackman, et al., 2018
[83] Greathouse, et al., 2018

binary college students screened positive for suicidal ideation, 17.1% for a suicide plan, and 3% for a suicide attempt, rates that are at least three times higher than their cisgender peers (10.3%, 3.99, and 0.8%, respectively).[84] When disaggregating these data further, students assigned female at birth who identified as transgender or another self-identified gender and students assigned male at birth who identified as genderqueer reported the highest percentages of suicide attempts (4.5%, 5.2%, and 4.7%, respectively).[85] Suicide rates are even greater when we look at a broader age group, suggesting higher rates among high school students and among those who are not enrolled in college. The Trevor Project LGBTQ Youth Mental Health Survey 2021, which represents the experiences of 35,000 youth aged 13 to 24, found that more than one in two (52%) of transgender and nonbinary youth considered suicide in the previous 12 months and that approximately one in five (20%) attempted suicide.[86] Moreover, multiple studies[87] show that suicidal experiences of trans and non-binary youth and college students are significantly more prevalent than their cisgender queer and questioning peers.

The increased risk for suicidality is punctuated by various factors. Researchers have found correlation between suicidality and stressors such as family rejection,[88] verbal and physical threats/assaults (e,g, trans-motivated victimization),[89] gender and sexual identity concerns, physical health problems, discrimination, lack of social support, poor coping mechanisms,[90] thwarted belongingness, perceived burdensomeness, internalized cissexism, negative expectations, nondisclosure of gender identity,[91] misgendering by family members, and inability to change legal documents,[92] among others. Even structural barriers have an impact on suicidality.

---

[84] Lipson, et al., 2019
[85] Lipson, et al., 2019
[86] The Trevor Project, 2021
[87] Messman & Leslie, 2019; Oswalt & Lederer, 2017; The Trevor Project, 2020
[88] Klein & Golub, 2016
[89] Woodford, et al., 2018; Testa, et al., 2017
[90] Swanbrow, et al., 2017
[91] Testa, et al., 2017
[92] The Trevor Project, 2021

One study[93] found that trans and non-binary college students who were denied access to gender-inclusive/appropriate housing and/or restrooms had an increased risk for suicidal ideation and/or attempt, when controlling for interpersonal victimization. Gender inclusive/appropriate housing and restrooms are discussed in the section on structural risk factors in more depth.

SUMMARY

Navigating identity development as a trans and/or non-binary individual is fraught with challenges during multiple points of identity development, including internal identity struggles, establishing affirming social support networks, and reconciling one's identity in a cissexist environment. Internalized cissexism manifests as a lack of pride in one's trans and/or non-binary identity, an investment in passing as cisgender, social isolation, and shame. Among students holding multiple minoritized identities, risk factors become complicated by other systems of oppression that contribute additional minority stress and limit students' opportunities to find spaces where all of their identities are affirmed. The social stigma, isolation, and alienation that trans and non-binary students experience are correlated with maladaptive behaviors and coping mechanisms that exacerbate negative mental health outcomes. Trans and non-binary students are at a significantly greater risk for substance misuse, eating disorders, non-suicidal self-injury, and suicidal ideation/attempts than their cisgender peers, especially in the areas of hard drug use, non-suicidal self-injury, and suicide attempts.

---

[93] Seelman, 2016

INTERPERSONAL RISK FACTORS

UNSUPPORTIVE SOCIAL NETWORKS

Having access to a supportive network is critical to the successful navigation of a hostile learning environment. While social support is a key protective factor for trans and non-binary youth, not all relationships are positive. The research detailed below suggests that trans and non-binary students lack sufficient social support to navigate the myriad of individual, interpersonal, and structural barriers to their mental health.

PEERS

Peer groups assist students with building social support networks, feeling accepted, and feeling a sense of belonging among their peers.[94] Peer groups are "the single most potent source of influence on growth and development during the undergraduate years.[95] Peer groups influence psychological development and constitute a critical source of social support for trans and non-binary students. Research on high school and college/university trans and non-binary students routinely illustrates negative peer interactions, including misgendering, deadnaming (calling someone by their name given at birth), gender policing, gossip, looks/stares, intentional outing, avoidance, verbal harassment and bullying, disinterest in learning about trans and non-binary identities, and worse.[96] One national study[97] asked LGBTQ youth between the ages of 13 and 21 how often they experienced "relational aggression," being purposefully excluded by peers or being the target of mean rumors or lies. The researchers found that the vast majority (90.1%) of students reported that they felt deliberately excluded or "left out" by other students, and nearly half (47.5%) experienced this often or frequently. Most LGBTQ students (73.6%) had mean rumors or lies told about them at school, and over a quarter (25.2%) experienced this often or

---

[94] Astin, 1993
[95] Astin, 1993, p. 398
[96] Greytak, et al., 2016; Nicolazzo, 2016; Pryor, 2015
[97] Kosciw, et al., 2020

frequently. Similarly, Greathouse et al.[98] found that 32.4% of trans and non-binary college students frequently felt isolated from campus life, compared to 16.4% of peers.[99] Further, three quarters of these students also reported feeling very lonely in the last twelve months. It is no surprise that most LGBTQ youth report avoiding school functions (77.6%) and extracurricular activities (71.8%) "to some extent" and over a quarter report avoiding them "often" or "frequently" (31.3% and 25.9%, respectively).[100]

- Peer Tokenization, Exoticization, and Sexual Objectification. Studies on trans and non-binary youth, especially BIPOC youth and/or those assigned male at birth, report experiencing tokenization, exoticization, and sexual objectification from their peers.[101] For instance, trans and non-binary youth reported that their peers asked them inappropriate and sexualized questions about their bodies, focused conversations solely on their transition, and treated them like an "experiment" or a "zoo animal."[102] One study[103] found that the dehumanization caused by sexual objectification was directly related to disordered eating and had significant indirect links to body surveillance and body dissatisfaction.

FAMILY AND CAREGIVERS

Familial affirmation of a child's gender identity and support of cross-gender or gender non-conforming expression have a direct positive impact on the well-being of trans and non-binary youth.[104] In contrast, family, sibling, and caregiver rejection (including abuse) is detrimental to a trans and/or non-binary youth's well-being.[105] Research suggests there are several common forms of family rejection that trans and non-binary students may experience. Modifying and building upon the work of

---

[98] 2018
[99] 2018
[100] Kosciw, et al., 2020
[101] Flores, et al., 2018; Galupo, et al., 2014
[102] Flores, et al., 2018; Galupo, et al., 2014
[103] Brewster, et al., 2019
[104] Kuvalanka, et al., 2017
[105] Pariseau, et al., 2019

Willoughby, et al.,[106] and cross-referencing forms of rejection found in a study by Koken, Bimbi, and Parsons,[107] the common forms of rejection include:

- Physical abuse due to gender non-conformance
- Calling a child by derogatory slurs or laughing/mocking them
- Making negative comments about gender non-conformity or transgender identities
- Ejecting a child from the home
- Seeking to control or change a child's gender identity
- Intentionally using birth name or misgendering a child
- Making declarations that they will not accept a child's gender identity
- Demonstrating symptoms of psychological distress, such as crying, anger, humiliation
- Pretending their child is not trans-identified or avoiding the topic (indifference)
- Concealing a child's gender identity due to fear or shame of how it will reflect upon them and/or their children
- Revoking general support (e.g., emotional, financial, housing) that was provided prior to disclosure of gender identity
- Severing the relationship they have with the child (e.g., disowning)

One study on LGBTQ youth ages 13-17 found that 64% of gender-expansive (trans and non-binary) youth said that their families make them feel bad about their identity and 57% reported being mocked or taunted by a family member because of their identity.[108] In the Trevor Project 2020 National Survey on LGBTQ Youth Mental Health, 58% of LGBTQ youth reported that someone attempted to convince them to change their sexual orientation or gender identity, the most common perpetrator being the respondent's primary caregiver.[109] It is no surprise that, in the same study, almost half (46%) of transgender and non-binary youth reported that they were unable to receive mental health care due to concerns about parental permission. It is important to note that rates of rejection are not the same for all who fall under the trans and non-binary umbrella. Trans and non-binary youth assigned male at birth

---

[106] 2016
[107] 2009
[108] Human Rights Campaign Foundation, 2018.
[109] The Trevor Project, 2020

have increased rates of family rejection compared to those assigned female at birth, likely a result of cultural sexism whereby characteristics associated with women and femininity are attributed a lesser value than those associated with men and masculinity.[110]

Maltreatment from families and caregivers contributes to housing instability for LGBTQ youth, 29% of whom have experienced homelessness, been kicked out, or run away.[111] In Goldberg, et al.'s study, one-third of participants attributed the lack of family support to challenges with mental health, self-acceptance, and pursuit of social/medical transition.[112] Similarly, Travers, et al. found that trans and non-binary youth who did not have supportive parents experienced depression at three times (75%) the rate of trans and non-binary youth with gender-affirming parents, considered suicide twice as often (70% and 34%, respectively), and attempted suicide at a rate of 57%, compared to only 4% of youth with gender-affirming parents.[113] Klein and Golub found that, in addition to suicide attempts, family rejection was associated with substance misuse among trans and non-binary study participants.[114]

TEACHERS/FACULTY, STAFF, AND ADMINISTRATION

Teachers/faculty and staff play a critical role in supporting the needs and experiences of trans and non-binary students. When teachers/faculty and staff engage in cissexist behaviors or fail to intervene when they observe such behaviors perpetrated by students or other personnel, this exacerbates psychological distress among trans and non-binary students. In the classroom, students may feel stress around disclosing their trans or non-binary identity, asserting their pronouns, indicating the desire to referred to by their chosen name (if the institution does not allow the first name on course rosters to be modified), being misgendered, and

---

[110] Katz-Wise, et al., 2017; Klein & Golub, 2016
[111] The Trevor Project, 2020
[112] 2019
[113] 2012
[114] 2016

dealing with a lack of safety and belonging in the classroom.[115] One national study[116] found that 59% of LGBTQ youth surveyed reported that school personnel never intervened when hearing students make negative remarks about gender expression. Moreover, two-thirds (66.7%) reported hearing their teachers or other school staff making negative remarks about gender expression. It is no surprise that less than half (42.4%) of respondents in this study found their administration to be "very supportive" or "somewhat supportive" of LGBTQ students. There are numerous examples of a chilly school/campus climate for trans and non-binary students when interacting with other school/campus personnel such as health care providers, mental health counselors, advisors, housing staff, etc. that are detailed in other sections within this literature review.

FAITH COMMUNITIES

Certain religious institutions, specifically Abrahamic religions, have been a source of negativity for trans and non-binary students and more than 200 Christianity-affiliated undergraduate institutions explicitly discriminate against LGBTQ students.[117] One study[118] found that religiously based colleges/universities enforced cissexism and gender conformity through codes of conduct, fostering a culture of fear (e.g., fear of exposure), creating an environment of marginalization and isolation, and facilitating psychological distress (e.g., when students attempted to cope with victimization or attempted to reconcile one's gender identity and religious identity). Additionally, there is a longstanding history of rejection and opposition to trans and non-binary individuals through the eyes of many religious institutions, coupled with advocacy for therapies such as "conversion therapy" or "transformational" ministry. Trans and non-binary students may experience heightened risks for interpersonal violence at religious institutions. One study[119] of students at Christian colleges and universities found that

---

[115] Bilodeau, 2009; Pusch, 2004
[116] Kosciw, et al., 2020
[117] Higa et al., 2014; Religious Exemption Accountability Project, 2021
[118] Craig, et al., 2017
[119] Religious Exemption Accountability Project, 2021

trans and non-binary students experienced sexual assault (13%), bullying and harassment (22%), sexual harassment (13%), and physical assault (2%) at higher rates than their cisgender peers (2%, 5%, 3%, and 1%, respectively). Overall, rates of violence are lower at religious institutions compared to non-religious institutions. However, the disparity between the rates of violence against trans and non-binary students and cisgender students at Christian colleges and universities is much higher. It is no surprise that nearly half (47%) of trans and non-binary students in that study felt that they didn't belong at their institution.

EXPERIENCES WITH HARASSMENT, BULLYING & ASSAULT

Trans and non-binary high school and college/university students are at a dramatically heightened risk for interpersonal harassment and discrimination.[120] The 2015 U.S. Transgender Survey, a national study of trans and non-binary individuals, revealed that among those who were out or perceived as trans and non-binary in K-12 or in college, nearly 1 in 4 were verbally, physically, or sexually harassed, and around 1 in 6 reported leaving school/college due to this harassment.[121] Cissexist harassment takes many forms that will be mentioned throughout this review: being harassed in a gender-segregated restroom, verbally harassed on the street, deadnamed, misgendered, verbally/physically/sexually harmed, and/or ignored and alienated by peers in the classroom, among many others. All of these interpersonal forms of violence lead to negative mental health outcomes for trans and non-binary students.[122] Indeed, one study[123] described a student who, after being bullied by her peers, reported having suicidal ideation and discomfort expressing her trans identity.

---

[120] James, et al., 2016
[121] James, et al., 2016
[122] Woodford, et al., 2018
[123] Nicolazzo, 2016

VERBAL HARASSMENT, BULLYING & ASSAULT

In the largest national study of trans and non-binary college students to date,[124] 25.7% of trans and non-binary students reported being verbally threatened at some point in the last 12 months, compared to 16.6% of cisgender peers. Furthermore, Goldberg suggests that high rates of harassment and bullying in higher education is preceded by even higher rates of abuse in secondary school.[125] Data from the 2019 Youth Risk Behavior Survey revealed that 43% of transgender high school students have been bullied at school, compared to 16% of their non-LGBTQ peers.[126] Another study,[127] specifically looking at LGBTQ 13-17 year olds found that 53% of gender expansive students reported being bullied on school property in the past 12 months. This same study found that Native and Indigenous (73.6%), Multiracial (64.4%), and Arab, Middle Eastern, and North African (63.3%) LGBTQ students were more likely to experience anti-LGBTQ victimization and discrimination at school than White (60%), Latinx (57.4%), Black (48.3%), and Asian American and Pacific Islander (35.5%) LGBTQ students. Although reported rates of anti-LGBTQ victimization were found to be lower for Latinx and Black students in this study, another study[128] revealed that Black and Latinx trans and non-binary 9th and 11th grade students had higher odds of experiencing race-based harassment compared to Black and Latinx cisgender youth. This data points to "the complex interplay of BLTY's [Black and Latinx Transgender Youth] unique experiences with stigma or how BLTY perceive harassment in relation to their identities, including their race."[129] It is also the case that perpetrators may mobilize cissexism as a basis for racist and racialized attacks against Black and Latinx trans and non-binary youth.

In addition to slurs and threats, trans and non-binary students face additional forms of verbal assault, harassment, and bullying: misgendering and deadnaming.

---

[124] Greathouse, et al., 2018
[125] 2018
[126] Human Rights Campaign Foundation, 2020a
[127] Human Rights Campaign Foundation, 2020b
[128] Vance, et al., 2021
[129] Vance, et al., 2021, p. 7

Whether intentional or not, these behaviors undermine the authenticity of trans and non-binary identities, nonconsensually out students, and reinforce cissexism.

- Misgendering. Misgendering is the practice of mislabeling someone's gender and/or using incorrect pronouns to refer to an individual. It is experienced as an invalidation and erasure of a trans and non-binary student's existence, irrespective of how the student identifies or whether the student uses binary pronouns (he/him/his or she/her/hers) or not (e.g., they/them/theirs, name only).[130] One study[131] found that a mere 9% of binary identified gender expansive (trans and non-binary) youth were always called their correct pronouns at school. Given the aforementioned challenges to changing the gender marker on identity documents, many trans and non-binary students have incongruent or inconsistent identity documentation. This can create the context for or exacerbate misgendering in a range of contexts, such as the utilization of school/college service providers, recruitment or assignment to gender-based programs and activities (e.g., women's colleges or athletics teams), admissions process, roommate assignments, and more. Furthermore, for trans and non-binary students who are not out, misgendering exposes private information and puts them at risk for further victimization from others.[132] It is important to note that misgendering has the potential for causing significant psychological distress.[133] The Trevor Project[134] found that trans and non-binary youth who reported having their pronouns respected by all or most of the people in their lives attempted suicide at half the rate of trans and non-binary youth who did not. Additionally, they found that only 20% of trans and non-binary youth reported having their pronouns respected by all or most people in their lives. Strikingly, less

---

[130] Goldberg, et al., 2019
[131] Human Rights Campaign Foundation, 2018b
[132] Nordmarken & Kelly, 2014
[133] Brauer, 2017
[134] 2020

than 10% of those who primarily identified as non-binary reported having their pronouns respected by all or more people in their lives. On top of that, misgendering is particularly stressful for students who do not use binary pronouns and experience greater scrutiny than their peers who do.[135]

- Deadnaming. Deadnaming is using a trans or non-binary person's birth name instead of their chosen name, which may also be their current legal name. This practice is a significant source of distress among trans and non-binary students.[136] As prominent Black transgender activist and actress Laverne Cox has shared, "it is the ultimate insult."[137] It is an obstacle that trans and non-binary students may encounter in many school/college/university settings, particularly if they have not legally changed their name or if student information systems do not allow for name changes.[138] Students may be confronted with their birth name on school/college/university documents (e.g., financial aid paperwork, transcripts), ID cards, course rosters, learning management systems, email accounts, and information systems, even down to the nametag they are given by a school/campus employer, or the name used on a door decoration in their residence hall.[139] Similar to misgendering, for trans and non-binary students who are not out, deadnaming exposes private information and puts them at risk for further victimization from others. One study[140] found that less than a quarter (23%) of binary identified gender expansive youth were always called their affirmed name at school.

---

[135] 2018
[136] Michallon, 2019
[137] Michallon, 2019
[138] Brauer, 2017
[139] Brauer, 2017
[140] Human Rights Campaign Foundation, 2018

PHYSICAL HARASSMENT & ASSAULT

Trans and non-binary individuals are disproportionately victims of physical harassment and assault due to cissexist social stigmas, experiences that cause and/or exacerbate psychological distress.[141] In one study,[142] nearly one quarter of trans and non-binary college students reported experiences of physical or sexual violence motivated by their gender. The researchers found that multiple trans and non-binary students expressed fear for their physical safety and a subsequent need to conceal their identity to avoid physical violence. It comes as no surprise that 52.7% of trans and non-binary first year college students felt unsafe on their campus after just one year, compared to just 23.4% of their cisgender peers.[143] Again, these rates are higher at the secondary school level. One study[144] found that 42% of gender-expansive youth received physical threats because of their identity. Additionally, data from the 2019 Youth Risk Behavior Survey revealed that 29% of trans and non-binary high school students had been threatened by or injured with a weapon at school, compared to 6% of their non-LGBTQ peers, and that 35% had skipped school because they felt unsafe at or on their way to school, compared to 8% of non-LGBTQ youth.[145]

Furthermore, trans and non-binary students with multiple minoritized identities face far greater rates of physical victimization than their peers. The 2015 U.S. Transgender Survey found that transgender women reported having experienced physical violence in K-12 settings at greater rates than transgender men or non-binary people (38%, 20%, and 16%, respectively).[146] They also found that American Indian respondents (49%), Middle Eastern (36%), multiracial (31%), and Black (28%) respondents were more likely to be physically attacked than Latino/a (24%), white (23%), and Asian (17%) respondents.[147]

---

[141] Effrig, et al., 2011; Messman & Lessli, 2019; Seelman, et al., 2016
[142] Goldberg, et al., 2019
[143] Greathouse, et al., 2018
[144] Human Rights Campaign Foundation, 2018
[145] Human Rights Campaign Foundation, 2020
[146] James, et al., 2016
[147] James, et al., 2016

SEXUAL & INTIMATE PARTNER VIOLENCE, HARASSMENT & ASSAULT

Trans and non-binary students experience sexual victimization at higher rates than cisgender peers. One national study[148] found that 15.1% of trans and non-binary college students had been sexually touched without their consent, experienced an attempt of sexual penetration without consent, or were sexually penetrated without their consent-- all compared to 9.2% of cisgender peers. In the same study, when looking at intimate partner violence, 15.2% of trans and non-binary students had experience emotional, physical, or sexual abuse in a relationship, compared to 9.2% of their cisgender peers. Similarly, the 2017 Youth Risk Behavior Survey found that trans and non-binary high school students experienced forcible sexual intercourse (23.8%), sexual dating violence (22.9%), and physical dating violence (26.4%) at higher rates than their cisgender male (4.2%, 3.5%, and 5.8%, respectively) and cisgender female (10.5%, 12%, and 8.7%, respectively) peers.[149] While these studies did not survey the presumed motivation for such attacks, one study[150] found that 16% of gender-expansive youth aged 13-17 reported having been sexually attacked because of their actual or assumed trans and/or non-binary identity (20% binary identified and 15% non-binary). Another study[151] examined the relationship between victimization (e.g intimate partner violence) and discrimination experienced by trans and non-binary college students and the impact it had on their psychological health. While they could not confirm that victimization or discrimination caused psychological distress, they found that students who reported victimization or discrimination also reported higher rates of psychological distress (e.g., self-injury, suicidal ideation/attempt). Furthermore, it is important to note that trans and non-binary students may be revictimized by the completion of rape-kits/exams, medical personnel's nonconsensual disclosure of their gender identity to other personnel, guesses/assumptions regarding one's gender

---

[148] Greathouse, et al., 2018
[149] Johns, et al., 2019
[150] Human Rights Campaign, 2018
[151] Effrig, et al., 2011

identity based on gender presentation and questioning of identity documents that may be inconsistent with one's gender presentation.[152]

SUMMARY

Trans and non-binary high school and college/university students are more likely than their cisgender peers to have unsupportive social networks. They face rejection, exclusion, tokenization, attempts at conversion, bullying, harassment, and both verbal and physical assault from their peers, family and caregivers, and faith communities. Trans and non-binary students report that teachers/faculty, staff, and administrators are failing to intervene and, in some cases, perpetrating the harassment. Trans and non-binary students experience verbal harassment, bullying, and assault, physical harassment and assault, and sexual and intimate partner violence, harassment, and assault at significantly higher rates than their cisgender peers, and they are targeted because of their gender identity. The harassment, bullying, and verbal assaults may take the form of misgendering or deadnaming, behaviors that undermine the authenticity of trans and non-binary identities, nonconsensually out students, and reinforce cissexism. Additionally, being trans and/or non-binary correlates with higher rates of race-based physical and verbal harassment among Black and Latinx trans and non-binary youth. For trans and non-binary students, unsupportive social networks and interpersonal victimization contribute to poorer mental health outcomes and suicidality as well as issues with academic performance and retention.

---

[152] Office for Justice Programs, 2014

STRUCTURAL RISK FACTORS

Secondary and higher education institutions overwhelmingly operate under the assumption that students will identify with one of two gender categories (eg., male or female). This is evident across all domains of the student experience, creating an ecological environment that compromises the way that trans and non-binary students feel valued and experience sense-of-belonging at school and on campus. At the systemic level, educational institutions commonly (1) deny trans and non-binary students access to gender-congruent facilities (e.g., restrooms, locker rooms, campus housing), (2) build and utilize cissexist student information systems and corresponding technology (e.g., course rosters, email systems, and student identification cards that populate legal name and gender marker), (3) provide students services that do not anticipate or serve the needs of trans and non-binary students (e.g., culturally competent psychological, physical health services), (4) offer co-curricular or extracurricular opportunities that are not equitably accessible, nor designed to support the development of trans and non-binary students, (5) foster academic disengagement of trans and non-binary student across curriculum, instruction, and the climate/culture of multiple fields, among many others not discussed in the scope of this literature review.

These policies, practices, and provisions compromise the ability of trans and non-binary students to engage in positive identity development, to live and engage authentically, to develop critical social support networks, to fully engage with the academic and cocurricular community, to develop their personal and professional skills (e.g., student development outcomes), to access opportunities and student services that will ensure their overall health and wellness, and enjoy the same opportunities and supports that ensure the personal, academic, and professional success of their cisgender peers. Moreover, these institutional dynamics may embolden cisgender students, teachers/faculty, staff, and administrators who seek to dismiss, ignore, or object to the presence of trans and non-binary students in the school/campus environment.

USING THE LENS OF INSTITUTIONAL BETRAYAL

Institutional betrayal occurs when "an institution causes harm to an individual who trusts or depends upon that institution," including failure to prevent or respond supportively when harm is committed in the context of that institution (e.g., physical assault at school/on campus).[153] Institutional betrayal can take on many forms such as victim-blaming, making it difficult for people to report incidents of victimization, minimizing or dismissing reports of victimization, covering up an institution's wrongdoing, failure to notify or enforce protective policies, punishing people for reporting, setting expectations of safety and inclusion that aren't upheld, and more. Psychologists Carly Smith and Jennifer Freyd began using the term to describe how an institution's failure to prevent or respond supportively to survivors of sexual assault exacerbates post-traumatic symptomatology.[154] Since then, researchers have utilized the concept to illustrate how institutions exacerbate the mental health effects of heterosexist, cissexist, and racist microaggressions.[155] What this research shows is that educational institutions can cause and/or exacerbate harm to students, especially in situations where students seek assistance and support for being victimized. When a school or institution's policies, practices, and provisions exclude, punish, and/or neglect trans and non-binary students, they engage in institutional betrayal by doing harm to students who depend on them to provide a safe and equitable learning environment.

INSTITUTIONAL POLICIES & PRACTICES

Policies reflect the values of a school/institution and how they expect their students, teachers/faculty, and staff to conduct the day-to-day operations. When policies are trans and non-binary-exclusive, they jeopardize the safety and mental health of trans and non-binary students and deny them equitable access to

---

[153] Smith & Freyd, 2013, p. 10
[154] Smith & Freyd, 2013
[155] Crumley, 2019; Gomez, 2015

institutional resources. Moreover, they communicate to trans and non-binary students that their needs and interests do not rise to a level of concern for administrators.

ADMISSIONS & ADMITTED/ENROLLED STUDENTS

In 2016, The Common Application, which is used by more than 900 member colleges and universities across the United States, added an option for students to select their gender identity (man or woman) with an additional write-in option. Starting in the 2021-2022 application cycle, The Common Application will also provide options for students to share their chosen name and pronouns.[156] An additional 28 undergraduate institutions provide an option for students to state their gender identity in their application (outside of personal essays). While this is significant progress, it leaves the remaining students with the burden of navigating disclosure of a trans and/or non-binary identity across multiple domains of campus life (e.g., disclosing identity to peers, advisors, housing professionals, health professionals, clinical counselors, instructors, etc.).

Furthermore, institutions are not communicating to students how they are using this admissions/enrollment data and whether name, gender, and pronouns are integrated throughout the school's/college's information system. Without a full systems integration, trans and non-binary students will have to continue to navigate identity disclosure, and within an environment that communicated expectations that they wouldn't have to disclose. The failure to protect students from enduring potential microaggressions upon identity disclosure may be experienced as institutional betrayal. Additionally, the burden of forced disclosure may exacerbate other risk factors included in this literature review as they relate to disclosure, a key source of psychological distress among trans and non-binary students.

NON-DISCRIMINATION, ANTI-HARASSMENT, & ANTI-BULLYING POLICIES

Non-discrimination laws at the Federal and State levels are not widespread and inconsistently applied. As of 2020, only 17 states protect students from discrimination

---

[156] Steele, 2021

on the basis of gender identity in the educational setting (e.g., public K-12 schools and colleges/universities), and although Title IX covers anti-discrimination and harassment based on gender identity and expression, some secondary schools and higher education institutions view this interpretation as controversial and refuse to apply it.[157] Additionally, over 1,000 colleges and universities include gender identity/expression in their campus non-discrimination policy.[158] While this is certainly a robust amount, that accounts for less than half of all institutions in the United States. Non-discrimination, anti-harassment, and anti-bullying (e.g., Code of Conduct) policies provide students a level of institutional protection and a process of recourse when they are victimized by peers, teachers/faculty, staff, and volunteers. However, many schools and institutions lack clear processes for addressing policy violations or addressing bias-related behaviors that fall outside policy definitions but are just as damaging. It is telling that with over 50% of LGBTQ+ college students aware that their institution's anti-discrimination policy covers gender identity, only 29.8% of trans and non-binary students express satisfaction with administrative response to instances of bias.[159]

Additionally, trans and non-binary students may be hesitant to report these experiences. One national study[160] found that the majority of LGBTQ youth who were harassed or assaulted at school did not report these incidents to staff, citing doubts that effective intervention would occur and fears that reporting would make the situation worse as the most common reasons for not reporting. Among the students who did report such incidents to school personnel, one in five were told to change their own behavior/dress and 60.5% said school staff did nothing and/or told the student to ignore the victimization. Moreover, some schools (and fewer colleges and universities) actively target trans and non-binary students, punishing them for protecting themselves against harassment, bullying, or assault, and prohibiting them from wearing gender-congruent clothing, being open about their gender identity,

---

[157] Human Rights Campaign, 2020
[158] Campus Pride, 2020
[159] Greathouse, et al., 2018
[160] Kosciw, et al., 2020

writing about trans and non-binary topics in assignments, forming student organizations, and participating on athletic teams.[161]

SCHOOL DISCIPLINE

One study[162] found that almost two-thirds (62.8%) of LGBTQ high school students experienced school discipline (e.g., detention, suspension) compared to less than half (45.8%) of non-LGBTQ students. In the same study, LGBTQ students reported being suspended from school at much higher rates than their non-LGBTQ peers (24.9% and 14.5%, respectively). Another study[163] found that, compared to their cisgender LGBQ peers, transgender students experienced higher rates of in-school discipline (e.g., detention) and out of school discipline (e.g., suspension, expulsion). Multiple research studies indicate that trans and non-binary students are being disciplined for breaking rules that aren't enforced for their cisgender peers, for protecting themselves against violence, and for being open about their identity.[164] Additionally, as is the case in studies on BIPOC students and students with disabilities, trans and non-binary students who are victimized at school are more likely to receive disciplinary infractions related to the incident of victimization.[165] LGBTQ youth who are victimized by their peers at school experience greater school discipline, including disciplinary referrals to school administration, school detention, suspension, and expulsion; and greater involvement in the justice system as a result of school discipline, including arrest, adjudication, and detention in a juvenile or adult facility-- all of which are associated with negative mental health outcomes.[166] Overall, studies[167] examining disparate discipline policies and practices and law enforcement presence in schools (e.g., school resource officers) indicate the presence of a school-to-prison pipeline for trans and non-binary youth, especially for those who experience family rejection and

---

[161] Campus Pride, 2020; Kosciw, et al., 2020; Snapp, et. al., 2015
[162] Greytak, et al., 2016
[163] Kosciw, et al., 2020
[164] Greytak, et al., 2016; Kosciw, et al., 2020; Snapp, et al., 2015
[165] Greytak, et al., 2016
[166] Greytak & Palmer, 2017; Snapp, et al., 2014
[167] GLSEN, 2016; Palmer & Greytak, 2017; Snapp, et al., 2014; Snapp & Russell, 2016

homelessness. Although this research focuses primarily on secondary schools, there are similar opportunities for college/university policies, practices, and personnel to target and disproportionately penalize queer and questioning students.

STUDENT INFORMATION SYSTEMS

As one researcher writes, "A school's recordkeeping and reporting requirements do not exempt it from its obligations to safeguard student privacy and create a safe and supportive environment. Those obligations co-exist, and schools must find a way to harmonize them."[168] A school or institution's student information system typically uses the student's name and gender as reflected on their birth certificate or what was documented in their admissions application. A central information system hub feeds information to various downstream systems such as learning management systems, financial aid, course registration (and subsequent course rosters), student identification databases (e.g., ID card), physical and mental health databases, and school/institution email. If that information does not align with a trans and/or non-binary student's current name and gender, processes like enrollment, taking attendance, assigning project groups, assigning grades, and communicating with families or caregivers can easily compromise the student's privacy and safety.

Trans and non-binary students are frequently denied the opportunity to modify their first name or gender marker in these information systems, which reinforces cissexism and erases trans and non-binary students from being captured as a population in institutional data and reports.[169] Moreover, in some instances where there are name and/or gender change processes in place, they are underutilized because they are cumbersome or poorly advertised.[170] Additionally, students are generally not made aware of how their admissions or enrollment information feeds into other systems (e.g., course rosters, residential life systems, student health system, career center database, etc.) or if it doesn't transfer to them at all.[171] Students who are

---

[168] Orr, et al., 2015
[169] Nicolazzo & Marine, 2015
[170] Goldberg, 2018
[171] Brauer, 2017

unable to modify the name that populates the student information system are forced to disclose their trans and non-binary status and their affirmed name and pronouns to teachers/faculty and staff with whom they interact, a reality that increases their "vulnerability to interpersonal microaggressions and harassment."[172]

- Student Identification Cards. At most schools/institutions, student identification cards are necessary for accessing a variety of in-school/campus resources. They may be required to attend events, use recreational facilities, turn in exams, check out library books, enter the dining hall, utilize physical and mental health services, and more. For students whose information is inaccurate or who have an outdated and incongruent photo, they are forced to out themselves each time they are required to present this identification.[173] As a result of any inconsistencies, they may also be denied access to these resources under the presumption that they are using a stolen ID card, which is a heightened risk for BIPOC students due to racist stereotypes of Black, Latinx, and Indigenous youth as troublemakers and untrustworthy.[174] For example, a student in one study[175] expressed that their campus would not allow them to change the name on their student identification until they had received a legal name change, which can be a lengthy and expensive process. Because this student's name did not socially align with their gender presentation (e.g., a masculine presentation with a feminine name), he had to "out" himself as trans and non-binary every time he sought to access a resource. Subsequently, the student avoided using his campus meal plan and sought food off campus. When his legal name change was completed, he was required to visit dozens of offices, without explanation, to fulfill the requirement of this process at his institution.

---

[172] Woodford, et al. 2017, p. 104
[173] Seelman, et al., 2012
[174] Priest, et al., 2018
[175] Mintz, 2011

GENDER-SEGREGATED FACILITIES

Due to the cissexist and binary organization of campus structures (e.g., gender segregated restrooms, locker rooms), trans and non-binary students experience psychological stress, anxiety, depression, and increased suicidality navigating their everyday lives.[176] Trans and non-binary students are routinely bullied, harassed, and discriminated against for their use or expressed interest in using facilities that align with their gender identity.[177] The constant reinforcement of a gender binary, and subsequent social and material consequences, may cause students to develop a negative regard for their own identity, which has been linked to generalized anxiety disorder and major depressive disorder.[178]

RESTROOMS

A common concern among trans and non-binary students is safe access to restrooms on campus, causing "extreme stress" among some students.[179] One study[180] found that 51% of gender expansive youth never used the restroom at school that aligned with their identity, 59% said they didn't feel safe using them and 46% didn't know if they were allowed to use them. Similarly, the Trevor Project reports that 61% of transgender and nonbinary youth said they were prevented or discouraged from using a bathroom that corresponded with their gender identity, with school being the most frequent place where this bathroom discrimination occurred.[181] Students in another study[182] reported challenges in locating gender-inclusive restrooms on campus, having to travel excessive distances to access these facilities in relation to the location of their classes, and being required to ask for a key to use a gender-inclusive restroom (an additional barrier to students seeking discreet access to gender-inclusive restrooms). Trans and non-binary students must also worry about being questioned by

---

[176] Bilodeau, 2007; Seelman, 2016
[177] Bilodeau, 2007
[178] Chodzen, et al., 2019
[179] Bilodeau, 2007, p. 92
[180] Human Rights Campaign Foundation, 2018
[181] The Trevor Project, 2020
[182] Woodford, et al., 2017, p. 102

others about whether they "belong" in a gender-segregated bathroom, being stared at, told to leave, or denied access (particularly for trans and non-binary students assigned male at birth).[183] Students advocating for the construction of gender-inclusive restrooms cite a myriad of administrative barriers: administration ignores the requests, administration opposes the requests referring to bathroom codes that required a certain number of male and female bathroom fixtures in each school/campus building (whether accurate or not), and resistance from maintenance departments who were expected to absorb the cost of replacing restroom signage without being given additional funds.[184]

LOCKER ROOMS

At the majority of high schools and colleges/universities, locker rooms in recreational facilities offer only two options: male locker rooms or female locker rooms. Unlike restrooms, there is rarely a single-unit or gender-inclusive option available. In high schools, colleges, and universities that explicitly exclude trans and non-binary students from gender congruent facilities (or that have no policy or guidance), trans and non-binary students are forced to use a locker room based on the sex designated on their legal documentation. In these circumstances, trans and non-binary students are confronted with the choice of either not using a locker room or using a locker room that erases their existence and puts them at risk for being outed, confronted, or harassed by peers and personnel. At high schools, colleges, and universities with inclusive policies and/or more than male/female options for locker rooms, trans and non-binary students may choose to use the facility that aligns best with their identity. However, at schools and institutions that do not foster a positive and understanding environment for trans and non-binary students, these students may be at risk of being policed (e.g., confronted, harassed, assaulted) by peers and personnel who are not aware of, understand, or agree with the policy.[185] For these

---

[183] Bilodeau, 2007; Mintz, 2011; Seelman, 2014b; Seelman, et al., 2012
[184] Woodford, et al., 2017, p. 103
[185] Seelman, 2014

reasons, a trans and/or non-binary student who avoids gender segregated locker rooms to reduce opportunities for experiencing harm is, in effect, being denied equitable access to school/institutional resources.

CAMPUS HOUSING

Many institutions with residential housing fail to offer all-gender or gender inclusive options on-campus. One study[186] found that 53.9% of trans and non-binary college students indicated that their campuses did not have gender inclusive housing policies (16.4% of respondents indicated they did not know of whether or not these policies existed on their campus). As of 2020, only 272 institutions explicitly offer gender-inclusive housing.[187] Further, lack of knowledge among residence hall staff, resident assistants, and other housing personnel may create an unwelcoming or hostile environment for trans and non-binary students.[188]

Cissexist housing policies and practices visit various forms of harm on trans and non-binary students. Trans and non-binary students may face difficulties finding information about gender-inclusive housing,[189] be required to either "out" themselves or endure interviews (with people they may not know or trust) to receive appropriate housing arrangements,[190] find themselves limited to all-female or all-male housing options based upon the gender marker on their official legal documentation (e.g., birth certificate, state identification/driver's license),[191] or feel it is necessary to move off campus in order to "practice resilience."[192] Trans and non-binary students may feel pressured to conceal their identity, suppress desires to socially transition and disclose their identity to peers and residence life staff, or be forced to compromise their

---

[186] Woodford, et al., 2017

[187] Campus Pride, 2020

[188] Kortegast, 2017

[189] Seelman, et al., 2012

[190] Nicolazzo & Marine, 2015

[191] Woodford, et al., 2017, p. 104-105

[192] Nicolazzo, 2016, p. 549

personal privacy in a manner that exacerbates anxiety or depression, internalized cissexism, and/or body dysphoria.[193]

In one study[194] three-quarters of the trans and non-binary students sought to remedy their lack of housing options by living off-campus. While living off-campus may be a viable solution, it can also result in further isolation, a strain on connectedness to campus, and lead to retention issues, especially for first year college students. Further, for students who have scholarships requiring them to live in on-campus housing (e.g., student athletes, etc) and for students wishing to serve as house leaders or resident assistants, choosing to live off campus may jeopardize scholarships, increase housing costs, and disrupt access to a secure source of food (e.g., meal plans).[195]

STUDENT SERVICES

The late 20th century ushered in a steady stream of support services on college campuses as institutions realized that supporting the health and wellbeing of students would enhance academic performance, retention, and graduation. While some of these blossomed at high schools as well, many did not appear in parallel or were not relevant to the high school experience. Overall, trans and non-binary students experience unique challenges when navigating these resources at both the high school and college level, which this literature review examines in this section.

TRANS AND NON-BINARY FOCUSED RESOURCES

At the high school-level, Gay Straight Alliances or Gender and Sexuality Alliances (GSAs) can provide a safe space for trans and non-binary youth to build community, share resources, and advocate for change at their school. One study found that LGBTQ students in schools with GSAs reported greater feelings of school belonging, lower levels of depression, and higher levels of self-esteem than students

---

[193] Woodford, et al., p. 104
[194] Kortegast, 2017
[195] Woodford, et al., 2017

in schools without GSAs.[196] Although the number has been increasing steadily, over one-third of high schools still do not have a club or organization for LGBTQ students.[197] Currently, less than 10% of colleges and universities have dedicated staff (half-time or graduate assistant led) that serve the needs of LGBTQ students.[198] Staff and dedicated centers for LGBTQ students provide students space to find community, identity-specific resources, and access to skilled professionals who provide support and referrals to students experiencing psychological distress.

A common complaint among trans and non-binary students, however, is that they feel like work that is focused on LGBTQ+ issues broadly does not include trans and non-binary experiences.[199] A student in one study[200] complained that the LGBTQ resources, including safe zone programs, events (e.g., "Big Gay BBQ"), and listserves focused exclusively on sexual identity and had a complete absence of content relevant to trans and non-binary students. Similarly, while LGBTQ or GSA student organizations and clubs exist at many high schools, colleges, and universities, these organizations are likely predominately comprised of cisgender students. This can create an alienating peer environment for trans and non-binary students, who report difficulty finding and connecting to other trans and non-binary peers.[201] Further, students in these groups are often treated as marginal members of these student-led organizations, with little programming or activities dedicated to discussing or centering trans and non-binary identities.[202] The lack of identity-specific support puts the onus on students to create their own social support networks, navigate internalized cissexism, manage tensions in family relationships, and respond to bias-motivated behavior they experience directly or observe, among many other challenges.

---

[196] Kosciw, et al., 2020
[197] Kosciw, et al., 2020
[198] Greathouse, et al., 2018
[199] Goldberg, 2018
[200] Mintz, 2011
[201] Nicolazzo, 2017
[202] Marine & Nicolazzo, 2014

SCHOOL/CAMPUS PHYSICAL HEALTH SERVICES

Experiences with health care are often anxiety producing for trans and non-binary students, particularly since most school/campus health services operate on a cissexist model that does not acknowledge or attend to the needs and experiences of trans and non-binary students. For instance, health center intake forms may not provide an option for students to self-identify as trans and/or non-binary.[203] Further, when affirming practices are not in place and trans and non-binary students are subject to a detailed interview to document their health history, they must determine whether to disclose their gender identity and potentially experience bias by health care workers.[204] One study[205] found that trans and non-binary people experienced a range of microaggressions in health care settings, including pathologizing, sexualization, rejection, invalidation, exposure, isolation, intrusion, and coercion. These microaggressions caused emotional harm to trans and non-binary patients and led some to discontinue medical treatment or never return to a formal healthcare setting again.[206] Similarly, trans and non-binary students in a study[207] of transphobia (cissexism) exhibited in provider behavior reported some of the following concerns:

- Not asking for, tracking, or noting participants affirmed named, genders, and pronouns.
- Assuming what a student's reproductive organs were without asking about gender history.
- Intentionally misgendering and deadnaming, even after multiple reminders by a trans and/or non-binary student
- Overemphasizing trans and non-binary identity, when a student is visiting health services for reasons unrelated to their gender (e.g., a cold, stomachache)
- Non-affirming health treatment, when mental health clinicians are affirming (medical and mental health providers not working together to serve health needs holistically)
- Lack of clinicians trained to provide transition-related medical care (e.g., hormones, electrolysis, gender-affirming surgeries)

---

[203] Mogul-Adlin, 2015
[204] Mogul-Adlin, 2015
[205] Nordmarken & Kelly, 2014
[206] Nordmarken & Kelly, 2014
[207] Goldberg, et al., 2019

Another study[208] found that over one-third of trans and non-binary students had been misgendered either sometimes or often by health care providers. Non-binary students were 76% more likely than binary-identified students to report frequent misgendering by health care providers. One study[209] that examined environmental microaggressions faced by trans* identified students, found that 45% had received cissexist sexual health information and 44.8% had faced inaccurate assumptions about their health needs more than occasionally (p. 102). These studies are cause for concern as they illustrate that school/campus services that are intended to support the health of students are perpetrating negligence and harm.

SCHOOL/CAMPUS COUNSELING & PSYCHOLOGICAL SERVICES

Because the current edition of the DSM-V lists gender dysphoria as a mental disorder, trans and non-binary students may be required to seek mental health counseling in order to access transition-related medical care. In mental health settings, trans and non-binary students often report frustration with the over-emphasis that clinicians put on their gender identity.[210] A student in one study[211] shared, "[t]here's a difference between 'I need to go to a counselor' and 'I'm trans". One student in another study[212] expressed frustration that their therapist assumed that their depression stemmed from their gender identity.

Trans-students also express frustration with clinicians that lack clinical training and cultural competency to serve trans and non-binary clients.[213] Trans and non-binary students in one study[214] reported a myriad of issues with mental health clinicians' behavior, including:

- Adhering to rigid binary metanarratives about trans-identity
  - Invalidating non-binary gender identities
  - Believing all trans and non-binary students identify as transsexual

[208] Goldberg, et al., 2018
[209] Woodford, et al., 2017, p. 102
[210] Goldberg, 2018; Goldberg, et al., 2019
[211] Singh, et al., 2013
[212] Goldberg, 2018
[213] Singh, et al., 2013
[214] Goldberg, et al., 2019

- - Pressuring students to consider medical transition options against a student's expressed disinterest
- Belittling and/or denying one's experience as transgender writ large
- Refusing to use one's affirmed name or pronoun, or intentionally misgendering and deadnaming a trans and non-binary student, even after multiple reminders by the trans and non-binary student
- Perpetuating myths about the origin of trans-identity resulting from past trauma (e.g., sexual trauma)
- Lacking basic competency around affirmed name and pronouns
  - Asking questions that cause the trans and non-binary student to educate the clinician about basic trans and non-binary competencies
- Experiencing or fearing microaggressions on multiple aspects of minoritized identities
- Overemphasis on gender identity and/or belief it is the cause of mental health concerns

Such behaviors lead students to stop visiting school/campus mental health counselors because of the harm the clinician caused and/or because students anticipate experiencing a continued lack of cultural competency in future interactions.[215]

ACADEMIC ENGAGEMENT

Trans and non-binary students experience numerous challenges in their academic pursuits. While the focus of this review is on risk and protective factors for mental health, it is critical that we also understand the elements of the academic environment that exacerbate psychological distress and potentially impact persistence, stop out, dropout, or push out. Psychological distress is associated with negative academic experiences, such as getting a lower grade on a project or in a class, dropping or not completing a course, or suffering significant disruption to a thesis/dissertation/research/practicum.[216] For trans and non-binary students, additional factors include the culture of their academic major or minor, the climate in the classroom, their comfort level on campus, and the larger climate of the

---

[215] Goldberg, et al., 2019
[216] Oswalt & Wyatt, 2011

school/institution. Even at the most basic level of engagement, in interactions with teachers/faculty and classmates, trans and non-binary students are routinely subject to microaggressions and an unwelcoming climate (e.g., ignoring requests to observe affirmed name and pronouns, peers avoidance in collaborative learning contexts).[217] Unsurprisingly, 52.3% of trans and non-binary college students report taking a 1-term break because they felt they did not "fit in."[218] Similarly, trans and non-binary high school students were more likely than their cisgender peers to report missing school and/or change schools because they felt unsafe or uncomfortable.[219]

ACADEMIC MAJOR/MINOR

The culture of an academic discipline can have a push or pull effect on a student's program of choice. Numerous fields of study have long-embedded academic cultures and climates that reinforce the gender binary and rigid expectations around gender presentation. Indeed, trans and non-binary students are disproportionately underrepresented in degree programs focused on the health professions, business, and engineering.[220] In a national study[221] one trans-spectrum student changed their major from economics due to the rigid gender expectations dictated around professional dress by the university's business school. Another study[222] found that trans and gender non-conforming medical students navigated cissexist medical culture (e.g., gendered spaces, gender normative dress requirements), outness/concealment of identity versus personal/professional safety, curricular gaps and insufficient attention paid to trans and non-binary health (e.g., having only one unit on sexual and gender minority health), and negative interactions with classmates (e.g., transphobic jokes towards them, towards trans and non-binary patients, ostracization/being ignored). In one study[223] of trans and non-binary and

---

[217] Pryer, 2015
[218] Greathouse, et al., 2018
[219] Kosciw, et al., 2020
[220] Greathouse, et al., 2018
[221] Greathouse et al., 2018
[222] Butler, Yak, & Veltman, 2019
[223] American Society for Engineering Education, 2019

gender nonconforming engineering students, students shared that the major was geared towards straight, cisgender men, creating a hostile environment for women and gender minorities. Participants in this study reported that classmates were perplexed by their gender, misgendered them frequently, and made jokes about their gender identity.[224]

HIGH IMPACT ACADEMIC PRACTICES

The Association of American Colleges and Universities (AAC&U) has identified a number of academic and co-curricular experiences that have a significant influence on student development outcomes, such as critical thinking, collaborative learning, career orientation, and global learning.[225] These practices included first-year seminars, learning communities, collaborative assignments and projects, internships, service learning, undergraduate research, common intellectual experiences, diversity/global learning, writing-intensive courses, and capstone experiences.

Key scholars have raised important questions about the high-impact practices that institutions provide to students (e.g., internships, study abroad, service learning).[226] While these practices are designed to improve retention rates and academic engagement, they may be inaccessible to trans and non-binary students. For instance, trans and non-binary students may not have the required identification documentation to travel abroad, or may experience trans-antagonistic attitudes when studying in a country that is not trans-affirming. Similarly, trans and non-binary students may experience various forms of cissexist behaviors (e.g., misgendering, deadnaming) when participating in an internship program that is required or encouraged by their academic program.[227] Participation in these high impact practices may compromise a student's sense of safety and suggest that their institution disregards their needs and interests.

---

[224] American Society for Engineering Education, 2019
[225] Kuh, 2008
[226] Stewart & Nicolazzo, 2018
[227] Stewart & Nicolazzo, 2018, p.134

CLASSROOM CLIMATE

Trans students experience significant antagonism in the classroom, a place where students build social support and mentoring relationships. They are frequently misgendered and deadnamed by peers and instructors, experience avoidance by peers, and feel hostility that exacerbates anxiety and depression.[228] This is particularly intense among students who "do not hold binary gender identities, whose physical presentation is not clearly gendered as stereotypically male or female, and/or who do not pursue a medical transition."[229] These structural macro- and microaggressions significantly negatively correlate with developmental challenges (e.g., academic issues), perception of accepting attitudes, suicide attempt, intellectual and academic development, and social acceptance.[230]

Students in another study[231] had instructors who: explicitly refused to use their affirmed name/pronoun (resulting in the student dropping their course); occasionally misgendered students unintentionally; used cissexist language and course materials; did not intervene when a student was targeted by a classmate either intentionally or unintentionally; challenged students based upon the foundations of the curriculum (e.g., a Spanish course with gendered qualifiers); disregarded the overall needs of the student (e.g., faculty inaccessibility); created a hostile/tenuous environment in the internship/assistantship settings; engaged in tokenization of the student's trans and/or non-binary identity; and, outed a student to their classmates. Participants in this study[232] reported psychological distress (e.g., anxiety), academic disengagement due to faculty behavior, and decreased safety in the classroom/assistantship setting. The same study found that coming out and being out in the classroom was difficult for many trans and non-binary students, with students withdrawing from engagement in class (e.g., not speaking, asking questions), being out only in classrooms where they felt it safe to (e.g., gender studies), attempting to be stealth (e.g., pass as cisgender,

---

[228] Bilodeau, 2005; Goldberg, 2018; Singh, et al., 2013
[229] Goldberg, 2018
[230] Woodford, et al., 2017, p. 102
[231] Pryor, 2015
[232] Pryor, 2015

hide trans and/or non-binary identity), and concealing their gender identity to avoid the anxiety that accompanies those interactions. Not surprisingly, when asked what impedes their academic success, trans and non-binary students rates stress (44.3%), anxiety (39.5%), and depression (33.7%) at roughly twice the rate of any other impediments.[233]

NON-INCLUSIVE CURRICULUM

Course curriculum largely omits the contributions and histories/cultures of trans-identified communities or explicitly invalidates, denigrates, or erases trans and non-binary identities in their very foundation (e.g., essentialist foundations in biology, psychology, 2nd wave feminist studies).[234] Teachers/faculty whose curricula is not inclusive of trans and non-binary students create a classroom environment perceived as chilly and unwelcoming-- an environment that impacts mental health outcomes.[235] Curriculum that fosters cissexist assumptions, attitudes, and behaviors, lacks content on the experiences and culture of trans and non-binary people, and/or omits scholarship written by trans and non-binary people all contribute to trans and non-binary students feeling invisible and undervalued.

ATHLETICS

High school and intercollegiate athletics struggle to overcome stigma related to mental health issues among student athletes.[236] It is common for students to fear rejection by teammates and coaches over suspicion of their "mental toughness."[237] Compounding this mental health stigma is the pervasive culture of cissexism in the world of sports, rooted in a legacy of sexism and gender-segregated teams, controversies over performance enhancing drugs, and a racialized policing of athletes' bodies.[238] If they are even allowed to play on a competitive team due to school or

---

[233] Greathouse et al., 2018
[234] Cooper, & Brownell, 2017; Stryker, 2006
[235] Garvey & Rankin, 2015
[236] Carr & Davidson, n.d.
[237] Carr & Davison, n.d, para 7
[238] Zirin, 2019

league rules, trans and non-binary students may experience exclusion, bullying, or rejection by a coach or teammates, pressure to not disclose or discuss their identity, and/or be denied access to shared lockers rooms or showers with their peer athletes.[239] This creates an environment that not only alienates trans and non-binary students, but exacerbates the environment for trans and non-binary student athletes who struggle with mental health issues.

Although Title IX was historic legislation for the inclusion of women in school/college athletics, whether Title IX protections apply to trans and non-binary students continues to be controversial. Currently, policy-makers across the nation are attempting to use Title IX to explicitly discriminate against trans and non-binary athletes by that arguing schools who allow trans women to compete on women's teams are discriminating on the basis of sex. They claim that sex is binary, immutable, and assigned at birth, despite decades of judicial and legislative precedent that includes gender expression, gender identity, and sexual orientation under the definition of "sex" as it pertains to sex discrimination. Without clear and sustained guidance on the application and enforcement of Title IX, schools/institutions often rely on district, league, and statewide policies and practices for guidance.

- High School. Without a national governing body for high school athletics, high schools have the most varied and disparate set of policies and practices, generally determined by the state's athletic association. As of August 2020, only 15 states (and Washington D.C.) had policies that facilitated the inclusion of trans and non-binary students on teams of their affirmed gender, 14 states required medical "proof" of gender or invasive disclosure in their policies, 10 states did not issue state-wide guidance, allowing districts to create their own policies, and 11 states had discriminatory policies.[240]
- Intercollegiate. At the college level, the National Collegiate Athletic Association has established a policy that permits trans and non-binary

---

[239] Morris & Van Raalte, 2016; Pariera, et al., 2021
[240] TransAthlete.com

athletes to participate in intercollegiate sports only if they are on a hormone regime (e.g., either testosterone for trans-masculine individuals or testosterone-blocker for trans-feminine individuals) or they are a transmasculine individuals not on hormone replacement therapy.[241] Thus, for those who do not choose to or cannot medically transition for another reason, they are denied equal access to participation in college athletics and experience a climate of exclusion, scrutiny, and surveillance. One student in Singh, Meng, and Hansen's (2013) study shared,

> I was an athlete for the first semester, and then I stopped after I came out as trans because it wasn't really clear how I would continue on the team. I don't really fit on the women's team, but then I'd be at a big disadvantage on the men's team' so that was really complicated and not an easy issue to deal with. The fact that there's no policy on what to do about a trans athlete makes it really hard to be a trans athlete. It was an extra barrier (p. 217).

- Intramural Athletics. While this culture is certainly changing,[242] colleges and universities have a long way to go to create an affirming environment for trans and non-binary athletes. Currently, only 19 colleges and universities report having a trans-inclusive intramural athletic policy,[243] leaving most institutions without a policy addressing the interests of trans and non-binary student athletes outside of the NCAA.

CAREER DEVELOPMENT

Overall, there is a dearth of career counseling literature that explores best practices for supporting trans and non-binary students. One study[244] showed that career counselors and counseling centers struggle with multiple challenges when attempting to serve trans and non-binary students. Trans and non-binary students may face career counselors who use outdated language and/or are struggling with

---

[241] TransAthlete.com, n.d.
[242] Aschwanden, 2019
[243] Campus Pride, 2020c
[244] Scott, et al., 2011

their own stereotypes and biases while guiding these students on preparation for the job search (e.g., obtaining references, preparing for job interviews, dealing with background checks and employment history, and/or disclosing trans and non-binary identity to a potential employer).

In the larger employment context, prejudice and discrimination persist despite the Supreme Court of the United States ruling that transgender employees are protected from discrimination in employment under the 1964 Civil Rights Act.[245] Without informed and helpful guidance from a professional, students may experience heightened anxiety regarding the disclosure of their trans and non-binary identity in the job search process. In particular, identity concealment may be challenging if a former employer (e.g., reference) knew the student by a different name or pronoun, if a student's appearance does not align with their identity or if they present as gender nonconforming, if the job requires gender-binary attire, etc. Navigating the cissexist employment environment causes some trans and non-binary students to struggle with professional confidence and self-esteem.[246] Further, the anxiety that this produces for trans and non-binary students may lead them to "put off" the developmental tasks associated with career development.[247]

SUMMARY

Trans and non-binary students face structural barriers to inclusion, safety, and visibility at their respective institutions, which creates and/or contributes to depression, anxiety, and other mental health concerns. Trans and non-binary students are largely unaccounted for in admissions data and student surveys, they lack sufficient protections and recourse against interpersonal violence, and high school, college, and university personnel and administrators disproportionately penalize trans and non-binary students for conduct violations as well as target and/or punish them for being out or for protecting themselves against victimization, leading to

---

[245] Totenberg, 2020
[246] Scott, et al., 2011
[247] Scott, et al.,, 2011

significantly higher rates of detention, suspension, expulsion, and greater involvement in the justice system than their heterosexual peers. Trans and non-binary students are frequently denied the opportunity to modify their name of gender marker in student information systems, leaving them at greater risk for microaggressions and harassment and having to out themselves in order to access school/campus services. Trans and non-binary students experience bullying, harassment, and discrimination when attempting to use gender-segregated facilities and are forcibly outed through housing policies and practices intended to be supportive. Additionally, many high schools, colleges, and universities still lack services that meet the needs of trans and non-binary students such as affirming and inclusive student organizations, residential communities, and LGBTQ+ offices with dedicated professional staff. Although some trans and non-binary students have affirming experiences with school/campus-based clinicians, many continue to face ill-informed practitioners and/or endure cissexist microaggressions when seeking mental and physical health services.

In academic departments, the classroom, the curriculum, career development offices, and while participating in high impact academic experiences, trans and non-binary students face underrepresentation, harassment, and invisibility. They find teachers/faculty, program directors, and career counselors ill-prepared to handle discussions about trans and non-binary identities and experience frequent misgendering and deadnaming as well as pressure to suppress their identity in order to mitigate others' discomfort. Similarly, in the realm of athletics, most high school, intercollegiate, and intramural programs lack guidance on trans and non-binary athlete inclusion, leaving many students unable to compete, being denied access to locker rooms, and more. These experiences leave trans and non-binary students feeling invisible, excluded, alienated, and vulnerable to harassment, all elements that create and/or exacerbate psychological distress. Moreover, when high school, college, and university policies, practices, and provisions exclude, punish, and/or neglect trans and non-binary students, they engage in institutional betrayal by doing harm to students who depend on them to provide a safe and equitable learning environment.

INDIVIDUAL & INTERPERSONAL PROTECTIVE FACTORS

Protective factors are viewed in this literature review as characteristics of trans and non-binary individuals or their environments that reduce the likelihood of the incidence of psychological and behavioral distress. Due to the burden of negative health outcomes experienced by trans and non-binary students, it is important to explore and cultivate the protective mechanisms that can contribute to the development of their resilience. Protective factors typically exist in the form of individual characteristics such as personality traits or coping skills and external characteristics such as supportive environments, protective interpersonal relationships, or access to medical services that bolster health[248]. Resilience is a positive adaptation resulting from significant adversity. Research on resilience has focused primarily on minoritized populations, particularly as a result of the observance of individuals' or groups' remarkable adaptation and ability to thrive despite a series of negative circumstances or experiences.

AN INTERSECTIONAL APPROACH TO POSITIVE IDENTITY DEVELOPMENT & INTEGRATION

Positive identity development and integration is a critical protective factor for trans and non-binary students, and it can be seen in self-esteem, self-efficacy and proactive agency, body image and congruence, and identity disclosure. It is important to consider the ways that high schools, colleges, and universities can support positive identity development. For instance, internalized cissexism (and related links to low self-worth and depression) may respond well to cognitive behavioral therapy interventions that help students identify, challenge, and release negative thoughts and feelings about being trans and/or non-binary[249]. Within this work, an intersectional approach is needed. As a concept, intersectionality provides a framework for recognizing that students hold multiple identities and may face unique structural inequalities based on these identities that we need to understand and take into

---

[248] Johns, et al., 2019
[249] Hall, 2018

consideration[250]. Intersectionality also emphasizes that it is not the addition or layering of one's multiple identities, but rather the site of their convergence - where each identity informs and influences the other. Having multiple minoritized identities may create unique fatigue and/or create unique opportunities for developing resilience, making it imperative for educators to "honor the complexities and the depth with which their various social identities mediate their lives"[251].

Furthermore, it is important to recognize that trans and non-binary people are present at higher percentages in certain communities compared to the general population. One study[252] using five independent datasets consisting of over 640,000 people found that, on average, trans and non-binary individuals have higher rates of autism and other neurodevelopmental diagnosis compared to cisgender individuals, in addition to scoring higher on self-report measures of autistic traits, systemizing, and sensory sensitivity, and lower on self-report measures of empathy. Another study[253] found that greater rates of autistic traits were found in trans men compared to trans women. Along similar lines, the Williams Institute reports that BIPOC adults are more likely to identify as transgender than white adults (0.8% of Black of African American adults, 0.8% of Latino/a or Hispanic adults, 0.6% adults of another non-white race or ethnicity, and 0.5% of white adults).[254] These studies suggest the the trans and non-binary population may be more neurodivergent, less white, and more and racially diverse than the cisgender population.

SELF-ESTEEM

Trans and non-binary youth are impacted by many environmental factors, but multiple individual traits have been found to reduce psychological distress, including self-esteem, positive sense of self, and self-efficacy.[255] These traits have also been associated with lower rates of engagement in high-risk sexual activities among trans-

---

[250] Robbins & McGowan, 2016
[251] Nicolazzo, 2016
[252] Warrier, et al., 2020
[253] Murphy, et al., 2020
[254] Flores, et al., 2016
[255] Johns, et al., 2018

feminine students, depression, and suicidality. Positive sense of self was also associated with cultivating feelings of pride and empowerment.[256] Woodford et al.[257] reinforce these findings, identifying that pride in one's gender identity is negatively correlated to depression.

SELF-EFFICACY & PROACTIVE AGENCY

Self-efficacy (e.g., personal mastery, problem solving skills, self-advocacy, and digital resourcefulness) were found to reduce risks of depression and mental trauma.[258] One review[259] of multiple studies looking at these factors identified that: personal mastery assisted students in feeling like they could navigate personal goals; problem solving skills were useful for trans and non-binary students in challenging/changing anti-trans sentiments expressed by family members; and, self-advocacy skills were found to be beneficial for trans and non-binary youth combating harassment. One study[260] found that a key protective factor for trans and non-binary students was proactive agency-- their ability to discern where self-advocacy would be effective, where they needed to create contingency plans, and to enact their agency accordingly. Furthermore, multicultural self-efficacy, the ability to navigate multiple cultures and build satisfying relationships that allow one to thrive in their contested social location(s), has been found to serve as a protective factor for BIPOC trans and non-binary students.[261]

BODY IMAGE AND CONGRUENCE

As discussed earlier in this literature review, gender dysphoria is a source of psychological distress that contributes to negative mental health outcomes. One study[262] found that students whose appearance was congruent with their gender

---

[256] Johns, et al., 2018
[257] Woodford, et al., 2018
[258] Johns, et al., 2018
[259] Johns, et al., 2018
[260] Singh, et al., 2014
[261] Singh, 2013
[262] Chodzen, et al., 2018

identity were less likely to exhibit symptoms of major depressive disorder. Another study[263] found that body esteem (e.g., weight satisfaction and positive body attribution) was a protective factor against negative mental health outcomes. This suggests that institutions should encourage students to express their gender as they see fit, provide supportive pathways for access to binders, shapewear, and transition-related health care, and reinforce positive body image. One study[264] found that trans and non-binary youth with access to binders, shapewear (e.g., tank tops or bodysuits), and gender-affirming clothing reported lower rates of suicide attempts in the past year compared to those without access (14% with access versus 26% without). This is a particularly salient note for institutions that have binary and gender normative dress codes (e.g., Brigham Young University, Morehouse College).

DISCLOSURE OF GENDER IDENTITY

While disclosure of trans and non-binary identities may lead to marginalization or greater risk of victimization, particularly among students who are not traditionally gender conforming and/or politically vocal,[265] outness may sometimes serve as a protective factor. Specifically, for BIPOC trans and non-binary students, being able to describe their racial/ethnic and gender identity and expression in their own words and with language that resonates with them is very important to their resilience.[266] One study[267] found a correlation between outness and use of campus resources (e.g., help-seeking behavior). Another study[268] found a negative correlation between trans and non-binary student outness and depression. In order to help trans and non-binary students integrate their identity and prepare for potential outcomes associated with greater visibility, mental health professionals should familiarize themselves with trans and non-binary identity development models and their students' unique cultural

---

[263] Johns, et al., 2018
[264] The Trevor Project, 2020
[265] Bilodeau, 2007
[266] Robinson, 2019; Singh, 2013; Singh, et al., 2014
[267] Garvey and Rankin, 2015
[268] Woodford, et al., 2018

contexts to assist students in navigating the challenges that arise when deciding, if, when, and how to disclose to others.[269]

Campus climate plays a big role in trans and non-binary students' decision to disclose, as students who "perceived higher safety on campus, high levels of classroom safety, and positive responses by their campuses to harassment and discrimination" have higher odds of being out at school and on campus.[270] Additionally, while outness serves as a mental health protective factor, outness may also place a burden of safety and a need to educate others while managing the environment of cissexism that exists at their high school, college, or university.

RESPECT AND DIGNITY

Treating trans and non-binary people with respect and dignity is a critical factor that protects them against psychological distress. It is also standard of behavior that can be expected of all community members, irrespective of personal beliefs. In one study,[271] transgender and nonbinary youth who reported having their pronouns respected by all or most people in their lives attempted suicide at half the rate of those who did not. Such behaviors include keeping a trans and non-binary student's information (e.g., deadname, gender identity, surgical status) private and not disclosing it without their explicit consent, asking students how they would like to be addressed and consistently using their affirmed name and pronouns, refraining from asking trans and non-binary students about their hormonal and/or surgical status or speculating about it with other community members, mirroring language they use to describe their experiences and identities, and fostering these proactive behaviors in others, to name a few.

SUFFICIENT SUPPORT NETWORKS

Having a network of affirming trans and non-binary and cisgender peers, families, mentors, and faith communities are fundamental protective factors that

---

[269] Simons, et al., 2020
[270] di Bartolo, 2013, p. 139
[271] The Trevor Project, 2020

protect against psychological distress. For minoritized youth populations, connectedness to family and/or school/institution may help reduce students' levels of depression, suicidal ideation, conduct problems, and social anxiety, while promoting self-esteem.[272] Connectedness has also demonstrated a compensatory effect on students, whereas connectedness in one area, such as family, could help to buffer the negative effects of a lack of connectedness in a different area, such as school.[273]

TRANS-COMMUNITY CONNECTEDNESS

Community connectedness and having trans and non-binary role models and mentors has been studied as a protective factor for trans and non-binary students. A community building model promotes a sense of affiliation and connection to something larger than oneself, promoting pride and empowerment. One study[274] showed that prior awareness and prior engagement with other transgender people was associated with less fearfulness, less suicidality, and more comfort. Similarly, a study[275] on BIPOC trans and non-binary students found that students who utilized digital resources (e.g., internet and social media) were able to connect to role models that shared their racial and gender identities. Further, one study[276] found that trans and non-binary role models were discovered to increase educational and career aspirations. Thus, institutions of secondary and higher education should create opportunities for students who share a trans and non-binary identity to connect, encourage the use of digital resources to find trans-community, and provide opportunities for trans and non-binary students to meet and interact with trans and non-binary role models and mentors.

---

[272] Foster et al., 2017
[273] Loukas, et al., 2010
[274] Testa, et al., 2014
[275] Singh, 2013
[276] Johns, et al., 2018

AFFIRMING PEERS

Peer groups are "the single most potent source of influence on growth and development during the undergraduate years.[277] For high school students, school is the primary location for developing peer relationships and peers may be the first people trans and non-binary students entrust with information about their gender identity. Peer groups influence psychological development and constitute a critical source of social support for trans and non-binary students. For some, friendship networks serve as "chosen family" among youth that have been rejected by family of origin.[278] These networks of support can be critical for trans and non-binary people's survival, as sites of comfort, celebration, and validation as well as critical sources for food, housing, post-surgical care, and more.[279] Multiple studies[280] have found that having a trans-affirming community was positively associated with resilience, a positive sense of self, self-advocacy, and overall well-being. Additionally, the Trevor Project found that LGBTQ youth who reported moderate to high levels of support from a friend reported lower rates of suicide attempts compared to those with lower levels of support from a friend (12% versus 20%).[281]

- Cisgender Peers. Social support from cisgender peers has also been found to improve mental health and decrease absenteeism among trans and non-binary youth.[282] One study[283] of trans and non-binary people's friendships found that trans and non-binary people reported eight unique benefits to their friendships with cisgender people: helps me feel "normal"; trans and non-binary issues do not dominate conversation/friendship; validation more powerful/legitimate than trans and non-binary friends'; more opportunities for friendship due to larger population; perceived as emotionally stable; helps them "pass"; offer more diverse perspectives and interactions; and, provides an opportunity to

---

[277] Astin, 1993, p. 398
[278] Wilson, et al., 2012
[279] Malatino, 2020
[280] Johns, et al., 2018; Pusch, 2005; Singh, 2013
[281] The Trevor Project, 2020
[282] Johns, et al., 2018
[283] Galupo, et al, 2014

educate about trans and non-binary experience. What is significant, and troubling, is that friendships with cisgender people provided social protection and mitigated internalized cissexism, but left the trans and non-binary respondents feeling like these friends would never truly understand them. Another study[284] found that cultivating communities of trans-allies mitigated the alienation trans and non-binary students felt when they had little access to trans and non-binary peers, which in turn promoted resilience and self-advocacy. Also, at high schools, colleges, and universities with a smaller and/or less visible trans and non-binary student population, developing relationships with cisgender peers may be the only available option for in-person friendships for trans and non-binary students.

- Trans and Non-binary Peers. Studies[285] show that, for trans and non-binary students, having trans and non-binary friends and finding community with trans and non-binary peers improves their academic experiences, sense of self, ability to find information about supportive resources, and overall well-being. One study[286] of trans and non-binary people's friendships found that trans and non-binary people reported eight unique benefits to their friendships with other trans and non-binary people: understanding of their non-normative experience; knowledgeable about issues of gender, sex, and privilege; shared similar experiences; could talk about trans and non-binary issues; offer support via mentoring and sharing resources; comfortable being themselves together; shared sense of community, "family," and belonging; and, open-minded. While trans and non-binary friends in this study did not bring the trans and non-binary respondents closer to cisgender "normalcy," they helped them feel like their identities and experiences were normal and valid. Additionally, a small body of research has begun to look at the role of kinship networks in the lives of trans and non-binary students. Trans* kinship networks have been found to exist

---

[284] Singh, et al., 2013
[285] Corliss, et al., 2007; Goodrich, 2012; Reck, 2009;
[286] Galupo, et al, 2014

virtually and physically and assist students in finding peers that honor and recognize their trans-identities, provide refuge from gender binary constructs and discourse, and serve as a domain for engaging in anti-trans resistance against their institutions.[287] It is imperative that institutions cultivate and foster the development of trans-kinship networks both on campus (e.g., offices, clubs, classrooms), off campus, and virtually.

AFFIRMING FAMILIES

Various studies have found parental support to be associated with higher self-esteem, higher sexual self-efficacy, and less sexual risk taking, delayed onset of sexual activity, fewer depressive symptoms, perceived burdensomeness, greater satisfaction with life, and improved kinship relationships-- including self-definition of marginalized gender and racial identities.[288] The Trevor Project 2020 National Survey on LGBTQ Mental Health[289] found that moderate to high levels of family support reduced suicide rates of LGBTQ youth by more than a half.

AFFIRMING MENTORS

All students require access to supportive adults to thrive. Providing access to supportive adults may assist students in envisioning a future that is positive and hopeful. Goldberg (2018) found that trans and non-binary students benefit from affirming relationships with instructors or staff advisors. Participants in this study indicated that their mentor need not be culturally competent with regard to trans and non-binary experiences or challenges, but be trans-affirming, compassionate, willing to learn, and willing to be accountable when making mistakes (e.g., accidentally misgendering an individual). One systematic review[290] found that a positive relationship between affirming/trusted educators/staff improved academic performance, reduced absenteeism, and increased feelings of safety at school among

---

[287] Malatino, 2020; Nicolazzo, 2017; Singh, 2013
[288] Stotzer, et al., 2014; Simons, et al., 2013; Singh, 2013
[289] The Trevor Project, 2020
[290] Johns, et al., 2018

secondary students. Additionally, service providers (e.g., social service professionals) reinforced emotional support, access to resources (e.g., housing, health insurance), and support throughout transition (e.g., changing one's legal name, pursuing social transition).[291]

AFFIRMING FAITH COMMUNITIES

Multiple studies have found spiritual connectedness to be a protective factor for multiple populations of students. Studies suggest that religiosity (e.g., meditation, attendance at religious services) can be a protective factor against sexual risk,[292] improved self-awareness, and facilitated positive identity development.[293] However, for trans and non-binary students, this factor is only protective if the faith or spiritual community is trans-affirming.

SUMMARY

Secondary and higher education institutions can cultivate individual and interpersonal protective mechanisms that help mitigate the psychological distress caused by cissexist environments. Self-esteem, self-efficacy and proactive agency, body image and congruence, identity disclosure, and being treated with respect and dignity are protective factors that mitigate the effects of cissexism and reduce the presence of depression, anxiety, and other mental health concerns. Teachers/faculty, administrators, clinicians, and other staff can promote these factors by fostering an affirming and respectful school/campus community and by providing opportunities for trans and non-binary students to positively develop and integrate their gender identity.

Social support networks are critical to trans and non-binary students' mental health and well-being. Community connectedness not only serves as a protective factor, it also buffers the negative effects of a lack of connectedness in other areas of a person's life. By encouraging students to pursue friendships with trans and non-

---

[291] Johns, et al., 2018
[292] Dowshen, et al., 2011
[293] Ghazzawi, 2020

binary-affirming peers and participate in trans and non-binary-affirming programs, high schools, colleges, and universities can reduce social isolation and facilitate a sense of belonging. They can also provide access to role models, such as trans and/or non-binary teachers/faculty, staff, or community members who are thriving. Affirming and supportive family members and faith communities also positively contribute to trans and non-binary students' self-esteem, sense of belonging, and overall well-being.

STRUCTURAL PROTECTIVE FACTORS

INSTITUTIONAL POLICIES AND PRACTICES

There are myriad policies that could be modified or established to include trans and non-binary students in contexts across campus life. Additionally, there are now numerous resources that provide model policies and itemize important changes, making the process more accessible to higher education and secondary education institutions across the nation. A few of these include: Campus Pride,[294] Trans Student Education Resource's (TSER) *Comprehensive Model Policy on Transgender Students for Four-Year Colleges and Universities*,[295] GLSEN and the National Center for Trans Equality's (NCTE) *Model School District Policy on Transgender and Gender Nonconforming Students*,[296] and *Schools in Transition: A Guide for Supporting Transgender Students in K-12 Schools*.[297] These policies and practices assist in increasing trans and non-binary students' sense of belonging and communicate that they are valued members of the school community.[298]

---

[294] www.campuspride.org
[295] Rubin, et al., 2016
[296] GLSEN & National Center for Transgender Equality, 2018
[297] Orr, et al., 2015
[298] Vaccaro & Newman, 2016

ADMISSIONS & ADMITTED/ENROLLED STUDENTS

Capturing information on trans and non-binary students provides schools with opportunities to diversify their student body based upon gender, identify students that may have interest in trans-specific support on campus, identify students entitled to materials on trans-inclusive policies and practices on campus (e.g., name change, housing, health services, etc.), and assist administrators with tracking recruitment, retention, and graduation of trans and non-binary students (allowing for targeted interventions to be developed to mitigate attrition/dropout). Campus Pride hosts a list of colleges and universities that collect information on gender identity, including required/optional admissions questions, explicit encouragement to discuss gender identity in written statement, and on enrollment/admitted student surveys where students may answer the questions directly or check of "LGBTQ" in special interests.[299]

NON-DISCRIMINATION, ANTI-HARASSMENT & ANTI-BULLYING POLICIES

Although real or perceived gender identity or expression is currently covered under the umbrella of Title IX protections against sex discrimination and gender-based harassment, this may continue to be a contested interpretation of the federal law. To ensure coverage, schools should include "gender identity or expression" as an enumerated category in their non-discrimination, anti-harassment, and anti-bullying policies. One study[300] found that non-discrimination policies that added "gender identity" to their list of enumerated categories galvanized community support for additional trans-inclusive policies and practices. Furthermore, institutions must provide that their non-discrimination policies include "admissions, employment, educational programs, athletics, student health insurance, gender-inclusive facilities (e.g., locker rooms, restrooms, residence hall rooms) and prohibition of harassment."[301] Such policies provide "affirming messages, decrease the perception that anti-LGBT discrimination and bias is officially sanctioned, and provide a sense of social support.[302]

---

[299] Campus Pride, 2019
[300] Beemyn & Petitt, 2006
[301] Renn, 2017, para 7
[302] Strunk & Takewell, 2014

One study[303] found that LGBTQ students in schools with comprehensive, enumerated policies were the least likely (35.4%) to commonly hear negative remarks about transgender people compared to students in schools with partially enumerated policies (42.9%), generic policies (44.5%), and no policy (47.5%). The same study found that school personnel intervened more often and more effectively at schools with comprehensive, enumerated policies.

BIAS RESPONSE TEAMS

Creating an affirming environment for trans and non-binary students to thrive is to first create a safe environment for students to live and learn. It is critical that school administrators create clear and visible mechanisms for students to report bias, harassment, and discrimination from peers, faculty, and/or staff.[304] It is also critical that administrators, judicial affairs staff, Title IX staff, and public safety or school resource officers who may be involved in responding to or investigating an incident are capable of doing so in an affirming manner. This includes being sensitive to issues of disclosure, fear of stigma, fear of being outed without their consent, and fear of law enforcement officers (e.g., public safety officers, school resource officers), the latter being especially salient when supporting trans and non-binary BIPOC students and/or students with disabilities.

SCHOOL-WIDE POSITIVE AND RESTORATIVE DISCIPLINE

With multiple studies[305] highlighting the disparate disciplining policies and practices in schools that contribute to educational inequity, dropout, pushout, greater involvement in the justice system, and negative mental health outcomes for queer and questioning students, it is critical that school administrators monitor disparities in school disciplinary processes and outcomes and adopt positive and restorative

---

[303] Kosciw, et al., 2020
[304] Rankin & Garvey, 2015
[305] GLSEN, 2016; Palmer & Greytak, 2017; Snapp, et al., 2014; Snapp & Russell, 2016

discipline policies and practices. GLSEN's recommendations for positive school discipline policies include:

- Adopt and adequately fund, at the state and federal levels, legislation that supports development of positive behavior intervention systems and supports.
- Adequately fund and support mental health professionals in schools so they can provide necessary resources and interventions to students facing adverse experiences inside and outside of the school setting; ensure that such professionals receive appropriate training to support all students, regardless of actual or perceived sexual orientation, gender identity or expression, race, color, national origin, sex, disability, and religion.
- Monitor disparities in school climate by disaggregating relevant data by race, ethnicity, disability, sex (including sexual orientation, gender identity, and gender expression), and national origin.
- Eliminate the use of corporal punishment in all schools.
- Eliminate the use of school resources officers (SROs).
- Eliminate seclusion and restraint practices in schools.
- Increase funding for the development and implementation of restorative practices in lieu of punitive and exclusionary discipline policies.
- Eliminate district and school policies and practices that discriminate, including policies related to clothing/dress code, and those that limit access to restrooms and other school facilities for transgender and gender non-conforming students.
- Eliminate zero-tolerance policies which have a disparate impact on LGBTQ students and students of color. Ensure that schools have practices in place to guard against other inequitable enforcement of discipline policies.
- Employ graduated approaches that consider the seriousness of offenses to keep students in school whenever possible. Implement restorative justice practices that focus on resolving conflicts, repairing relationships, and building community.
- Provide embedded professional development and coaching for educators on culture competency and establishing equitable learning environments.

DOCUMENTS, FORMS, AND RECORDS

Schools should use gender-inclusive (e.g., they, students) language in all documents, forms, records, and websites throughout the institution to acknowledge the presence of trans and non-binary students.[306] This practice promotes an environment of inclusion and validates the rights of trans and non-binary students to be incorporated into the fundamental fabric of their campus. Included in this, student information systems should allow for students to list their pronouns, identify their

---

[306] Goldberg, 2018

gender, and add an affirmed name or modify their name on email, course rosters, student identification cards, etc. While certain documents may require the use of a legal name (e.g., financial aid paperwork), schools should endeavor to use affirmed names in all other contexts. Further, the central student information hub should have a process by which all downstream systems accurately incorporate the amended information.

FACILITIES

Students traverse campus facilities on a daily basis, reminding them of what is designed and not designed with their needs in mind. It is critical that trans and non-binary students (as well as many other populations of students) have equitable access to facilities that suit their needs. Additionally, schools should consider implementing policies that require all new construction to include gender-inclusive facilities.

- Housing. Trans and non-binary student needs should not be interpreted as an "accommodation," rather policies should avoid reliance on interest convergence and develop equitable and affirming housing options and policies that foreground the needs of trans and non-binary students.[307] It is essential that trans and non-binary students be able to access campus housing that aligns with their gender identity, as well as gender inclusive housing options that do not require a student to disclose their trans and non-binary identity.[308] While LGBTQ+ or all-gender themed floors or suites may be a strategy for providing trans-affirming campus housing, this may "implicity [communicate] that not all housing options on campus are inclusive, welcoming, or available to all LGBTQ students."[309] Further, trans and non-binary students should also have the option to request single-occupancy housing for reasons such as safety and privacy (and at no additional cost, if possible). Should a student experience hostility with their assigned roommates, mitigating the mental health impacts may be

---

[307] Kortegast, 2017
[308] Goldberg, 2018
[309] Kortegast, 2017, p. 67

best met by moving the offending student to another room or moving a trans and non-binary student (should they prefer to move) either permanently or temporarily (until they are able to find a more suitable roommate). This, however, "may not be space that [a trans and non-binary] student needs,"[310] and/or may prove cost-prohibitive for a student who come from a lower socio-economic background.[311] Thus, it is critical to look at multiple dimensions of identity when creating policies and engaging in practice.

- Restrooms. Every effort should be made to ensure that there are handicap accessible gender-inclusive (single or multi-stall) restroom facilities across campus, especially in high-traffic areas (e.g., cafeteria or food court, library, student center) and along tour guide routes. Schools can do this through changing signage and/or retrofitting existing restrooms. Although many of these may be single-unit restrooms, multi-stall all-gender restrooms are increasingly common. A campus-wide restroom audit may help administrators identify location priorities and visibility and educational campaigns can help communities transition to new signage and multi-stall all-gender bathrooms. Moreover, the institution should advertise these facilities broadly across campus (such as a gender-inclusive restroom map).[312] For additional resources on this topic, see https://www.stalled.online/

- Locker Rooms. For community members, athletes, guests, and visiting competitors, clear and inclusive policies must be penned that address accessibility to locker rooms and shower facilities. Trans and non-binary students should have the ability to choose facilities are most closely aligned with their identity if there are no gender-inclusive options available. Schools may want to consider creating physical spaces for changing and showering that range from open to semi-private, to private, in order to give all students options that allow them to feel safe and in alignment with personal, cultural, and/or

---

[310] Kortegast, 2017, p. 67
[311] Duran, et al., 2020
[312] Goldberg, 2018

religious practices. Since these environments will be monitored by employees and coaches, they must be educated on trans and non-binary identities and ways to create an inclusive environment in these facilities.

STUDENT SERVICES

While there are many structural factors that reduce symptoms of psychological distress, high school and college administrators and teachers/faculty must do the work of creating a safe environment for their students. Visibility and comprehensively communicating a commitment to trans and non-binary students, teacher/faculty, and staff and an institutional commitment to diversity and inclusion is a critical step in creating an affirming environment for trans and non-binary students. The following sections will detail areas that may foster an affirming school environment for trans and non-binary students.

IDENTITY-BASED SUPPORT SERVICES

Trans and non-binary students desire trans-inclusive campus programs, services, and organizations. These include trans-specific advocacy related to provision of policies and facilities that are trans-inclusive, campus wide education (e.g., trans-focused cultural competency training), trans-competent student services (e.g., health services, counseling services, career development, sexual violence services), cultural/historical programming highlighting trans-lives (e.g., lectures, events), and academic engagement.[313] LGBTQ lounges, student organization rooms, or staffed resource centers facilitate a trusted point-of-entry for students to disclose their identity, feel understood, and find social support. High school GSAs with a faculty advisor serve a similar role for trans and non-binary youth.[314] These hubs serve as a place to highlight school and community resources, promote peer and professional mentorship, and referral to students under duress or in need of mental health support

---

[313] Seelman, 2014; Beemyn, et al., 2005
[314] Kosciw, et al., 2020

services. One study[315] found that the presence of and advertising for an LGBT Center or GSA contributed to a sense of comfort at school and sense of belonging at their institution, regardless of whether or not resources were utilized by study participants. However, LGBTQ specific resources and student organizations should take greater efforts to center trans and non-binary voices in their programs and practices.[316] Acknowledging that these spaces are predominantly comprised of white cisgender students and professionals, these spaces must adopt an intersectional lens to ensure that trans students holding multiple minoritized identities feel affirmed and recognized in these spaces.[317] One study[318] specifically called for more support of transfeminine students, who navigate changes in power and social status due to their transition from male-assigned-at-birth to a non-male identity, and who face greater potential for victimization for challenging heteromasculinity.

GENDER-AFFIRMING RESIDENTIAL COMMUNITY

Trans and non-binary students report various negative experiences in campus housing that can be mitigated by greater trans and non-binary student support, educational initiatives, training of student and professional staff, and community-building strategies. One study[319] found that LGBTQ students feel a greater sense of belonging/value when they have access to LGBTQ-affirming social support. LGBTQ+ themed living-learning communities or queer-focused housing programs/groups provide trans and non-binary students with a concentration of resources and avenues for social support from LGBTQ+ peers. Students in this study also found the positive impact of having trans-affirming cisgender roommates and floormates—relationships that sustained this study's participants throughout the college experience.[320] Furthermore, it is imperative to train staff, residence hall assistants (RAs), and other building personnel on the experiences, needs, and interests of trans

---

[315] Kosciw, et al., 2020; Vaccaro & Newman, 2016
[316] Goldberg, 2018
[317] Johns, et al., 2018
[318] Dugan, et al., 2012
[319] Mollet, et al., 2020
[320] Mollet, et al., 2020

and non-binary students to ensure an affirming living environment[321]. In lieu of recommendations, professionals should ask their units the following questions, updated from their original form:[322]

1. How does cissexism inform housing policies and practices? What rationale is being used to segregate people based on gender in housing practices?

2. How can current spaces and policies be re-imagined to be more equitable and inclusive?

3. What are ways that procedures can be more apparent, so that students do not have to rely upon knowing the "right" person to help them?

4. How are LGBTQ students seen as assets to the campus and residential communities and not problems that need accommodations?

5. How can students be both empowered to create community but not be solely responsible for assuring safe living environments?

6. How might housing policies push minoritized students out of campus housing?

CASE MANAGEMENT AND BASIC NEEDS RESOURCES

With the increasing demand for mental health services and growing need for wrap-around support, many schools utilize case managers (e.g., social workers) to shepherd students through difficult times.[323] While trans and non-binary students benefit from academic, physical, and mental health services, there may be multiple risk factors impacting their wellbeing that may be more comprehensively supported by also working with a case manager. For instance, the Trevor Project found that 29% of LGBTQ youth have experienced homelessness, been kicked out, or run away, and of those who experienced housing instability, 28% reported a suicide attempt in the past year.[324] One study found that trans and non-binary college students were at greater risk for basic needs insecurity (e.g., housing insecurity, food insecurity) than their

---

[321] Kortegast, 2017
[322] Koretegast, 2017, p. 68
[323] Adams, et al., 2014
[324] The Trevor Project, 2020

cisgender peers.[325] Case managers should receive formal training on the ways cissexism is associated with basic needs insecurity for trans and non-binary students and have an awareness of affirming resources for food and housing.

PHYSICAL HEALTH SERVICES

School health services and centers should train staff to be sensitive and inclusive of trans and non-binary students.[326] This includes sensitivity in addressing the needs of trans and non-binary students, whether their healthcare needs are related or not related to their gender identity. Schools should ensure that their student health insurance covers trans-specific medical services (e.g., hormones, electrolysis, surgery), and that intake forms allow for students to self-identify as trans and non-binary and list their affirmed name and pronouns for clinicians and other personnel to use.[327] Further, school health services should keep an updated list of trans-affirming providers in the wider community and regularly update these lists.[328] The American College Health Association[329] has released the following standards for creating an affirming healthcare environment for trans and non-binary students, many of which also apply to secondary education settings as well:

ACCESS
- Include the perspectives of trans students in all college health trainings and use universal language that is inclusive of individuals outside the gender binary.
- Identify clinicians knowledgeable and supportive of the medical aspects of trans health to provide trans specific health care services. Communicate availability of these providers through college health program's website and with relevant campus departments (e.g., counseling center, LGBT office).
- Identify mental health providers knowledgeable and supportive of trans mental health issues. Communicate availability of these providers to

---

[325] Goldrick-Rab, 2018
[326] Goldberg, 2018
[327] Goldberg, 2018; Seelman, 2014
[328] Goldberg, 2018
[329] American College Health Association, 2015

medical staff and other departments on campus to allow for appropriate referrals.

- Have all gender (sometimes referred to as gender neutral) bathrooms available throughout the building.
- Appoint one or more patient advocates and/or have a visible procedure for trans students (as well as other students) to report concerns and instances of suboptimal care and treatment. At least one patient advocate should be trained on the complexities of insurance coverage and medical care that trans identified people often face. Having another patient advocate outside of the health center allows for individuals to perceive the availability of a neutral, unbiased resource that can also address concerns.
- Include clear, complete information about accessing trans-related health care services on websites and in health center literature, including appropriate representations of gender expressions across the spectrum of experience. Representations may include website content, trans-specific brochures, and pictures or posters.
- Research and determine relevant campus and community agencies that complement and/or provide trans-affirming medical, mental health, and social support services. Develop plans to partner and/or refer as needed to these organizations.

HEALTH INSURANCE
- Strive to offer insurance coverage for gender-affirming hormones and gender-affirming surgical procedures under university/college provided student health insurance plans.

NAMES, IDENTITY, MEDICAL RECORDS, AND HEALTH INFORMATICS
- Ensure that only medically necessary information is collected; this includes avoiding questions that are not relevant to the specific patient interaction needed at that visit.
- Allow for a patient/client to indicate their "sex assigned at birth" alongside their current gender.
- Revise standardized language across medical forms so that the language is the most inclusive possible. For example, use "relationship status" instead of "marital status."
- Enable students to indicate the name they use (sometimes referred to as "preferred name"), and not just their legal name, on intake forms. Use this chosen name when calling students in for appointments.

- Train staff to recognize that students may prefer to use a pronoun that may not be obvious from their physical presentation. Clinicians may want to refrain from using a pronoun (and can use the individual's name instead) or as the relationship develops, can ask the student about their preferred pronoun.
- Enable students to self-identify gender on the intake forms and, where there are limitations posed by electronic medical record (EMR) software, provide paper-based solutions to ensure a student is represented in ways that are appropriate to them. Suggested wording:
  - Gender Identity (choose all that apply)
    - Woman
    - Man
    - Trans or Transgender (please specify):
    - Another identity (please specify):
- Work with the EMR provider to find solutions if there are challenges with an EMR system. In the meantime, provide the paper solution outlined above until the problem is resolved. Be aware of how an EMR system interacts with other computer systems on campus (e.g., registrar) which may limit the control of a college health program.
- Write prescriptions and lab orders so that the name a student uses is called out at the pharmacy and lab.
- Provide written information about how a student can legally change their name, if they desire to do so. Some campuses allow a student's name to be changed at the registrar, even if the student has not changed it legally. Staff members need to be aware of applicable university policies.

PERSONNEL, CONTINUING EDUCATION, AND TRAINING
- Develop a policy that outlines procedures and practices for working with trans students to ensure quality care in all areas.
- Work in concert with staff across the institution to care for a trans person's whole self and holistic wellness. Such cross-campus partnerships might include student services, counseling center, registrar, public safety, and university facilities.
- Hire trans-knowledgeable and trans-supportive college health professionals. Allow staff with sub-specialties in trans health care to be identified so that a student may request that provider.
- Train college health staff at all levels to be aware of trans identities and needs. Train specific staff based on their role, e.g., train mental health professionals to author letters of referral for gender-affirming hormones

and/or gender-affirming surgical procedures, and train clinical health care providers on the initiation and continuation of gender-affirming hormones.
- Incorporate training and education about trans individuals, their experiences and their health care needs into regular meetings throughout the year. Training opportunities should be designed to be accessible for health care providers and staff at all levels.

HEALTH PROMOTION/ PREVENTION
- Develop prevention strategies to address issues that disproportionately affect transgender individuals. These strategies can include, but should not be limited to, violence prevention (including harassment/bullying, relationship, and sexual violence); HIV/AIDS and other STI prevention and treatment; substance abuse prevention and treatment; and mental health issues such as depression, suicidal ideation, and suicide prevention.
- Acknowledge and address the intersection of race and ethnicity for trans people (i.e., ethnic and racial minorities may experience more discrimination and challenges as stigma and access to physical and mental health care can be compounded for some individuals).
- Adapt appropriate education and prevention services to the trans population.
- Develop education and prevention efforts in concert with the trans community as stakeholders. Provide these services in both trans-specific venues in addition to general education sessions.
- Ensure that language and examples allow for inclusion of trans people in both written and verbal education efforts.

SCHOOL COUNSELING/PSYCHOLOGICAL SERVICES

To combat the distress caused by the issues outlined in this literature review, clinical support for mental health may be a protective factor- particularly for students struggling with gender identity development, internalized cissexism, and maladaptive behaviors. Thus, it is critical for clinicians to be clinically trained on the needs of trans and non-binary students.[330] Mental health clinicians should be trained on trans and non-binary-inclusive and affirming practices, and maintain a list of trans and non-

---

[330] Seelman, 2014

binary affirming clinicians that students may be referred to, especially considering that most school counselors see students only on a short-term basis.[331] These recommendations are echoed by the American College Health Association's[332] recommendations for trans-inclusive college health programs:

- Identify providers who are knowledgeable about trans mental health, including, but not limited to, those who have training and experience to write letters for transitioning students to access hormones or undergo surgery.
- Understand and be able to explain the required mental health services for students who are transitioning under the student health insurance plan.
- Provide access to mental health providers knowledgeable about gender transition medical procedures and their impact on mental health overall and the possible interactions with current medications.
- Offer a support group for trans and gender-nonconforming students.
- Develop marketing strategy for mental health services to highlight specialized care for trans students.

Where relevant, it is critical that trans and non-binary students are immediately made aware of their counselor's expectations for writing letters for hormones or surgery (e.g., number of sessions and information needed to write the letter). Scholars suggest that counselors use the Cultural Formation Interview (CFI) protocol when working with trans and non-binary students, and making the questions related to the five cultural domains specifically relevant to trans and non-binary experiences.[333] Oh, et al.[334] provide a multiculturally competent roadmap and clinical examples for assessing cultural identity, cultural conceptions of distress, psychosocial stressors, cultural features of vulnerability and resilience, and cultural features of the relationship between the LGBTQI+ client and clinician.

---

[331] Goldberg, 2018
[332] 2016
[333] Oh, et al., 2019
[334] 2019

SEXUAL VIOLENCE RESOURCES

Campus resource providers of sexual assault services should integrate trans and non-binary student needs into all aspects of their educational and support resources. Prevention education should not operate in traditionally binary heterosexist and cissexist manner, such as targeted prevention efforts specifically and only targeting heterosexual cisgender men and heterosexual cisgender women.[335] Educators should be up-to-date on sexual health, relationship and dating dynamics, and trans and non-binary students' unique risk factors related to sexual violence and intimate partner violence. It should also be noted that educators should be able to provide intersectional trainings, advice, and resources. Multiple studies[336] suggest that discussions about safer sex, open communication, and sexual self-efficacy contributed to negotiating sexual activities, increased safer sex practices (e.g., condom use), reduced risky behaviors (e.g., unsafe sex, sex work), and improved youth's sense of self (e.g., positive sense of gender/racial identities). Moreover, prevention education for trans and non-binary individuals should not just occur in the context of LGBTQ targeted prevention education efforts in order to reach students who do not identity and/or affiliate with the LGBTQ community.[337]

It is imperative that health care professionals, emergency medical personnel, law enforcement, advocates, therapists, and support group facilitators are trained on trans and non-binary-inclusive practices. These may include training on confidentiality and disclosure of trans and non-binary identities (e.g., leaving it to the victim to self-identify), use of affirmed pronouns and name and discreet or formal notation in medical charts and/or systems (e.g., customizable fields), sensitivity with regard to identity documents (particularly law enforcement officers), focus on victimization/injuries sustained (and not trans-identities), attentiveness to trans-inclusive and sensitive exam procedures, obtainment of explicit permission on who from a victim's support network may be contacted and/or briefed on a survivor's

---

[335] Marine & Nicolazzo, 2020
[336] Garofalo, et al., 2006; Stotzer, et al., 2014; Wilson, et al., 2012
[337] Marine & Nicolazzo, 2020

progress, and guidance on how to make a formal complaint if services are non-inclusive.

TRAINING & EDUCATION

There is a critical need for education and training to enhance understanding and acceptance of gender diversity, and specifically non-binary identities and presentations.[338] This has the potential to impact interpersonal microaggressions and/or harassment, such as deadnaming and misgendering in particular, and to create a more inclusive environment for students in curricular and cocurricular settings. It is critical that training be provided to all individuals trans and non-binary students may interact with, including instructors, staff, students, administrators, and other personnel to create a campus climate that is trans and non-binary-affirming.[339]

- Faculty/Staff Training. It is paramount that trans and non-binary-specific educational training be offered for professional staff that provide medical and psychological services, registrar, financial aid advisement, campus dining, campus security, academic advising, and instruction in the classroom.[340] One study[341] found that trans and non-binary students desire mentors within their institutions that are competent to support their needs, reinforcing the critical role of trans and non-binary specific education at institutions where students lack access to trans and non-binary-identified role models. Further, it is critical for faculty to be aware of myriad issues that create a chilly classroom environment for trans and non-binary students.[342]

- Student Training. One study found that trans and non-binary students wanted to see trans-affirming education for their peers to cultivate a community of trans allies on campus.[343] Students in this study expressed how important having friends within their peer group was to their resilience.

---

[338] Goldberg, 2018
[339] Singh, et al., 2013
[340] Goldberg, 2018
[341] Seelman, 2014
[342] Pryor, 2015
[343] Singh, et al., 2013

CLASSROOM CLIMATE & CURRICULA

Improving the campus climate for trans and non-binary students must be addressed at every level, including trans-inclusive classroom curricula, instruction, and resources (e.g., library materials).[344] Teacher/faculty should engage in self-education on trans and non-binaries identities and experiences, refrain from bias in language (e.g.,, name/gender pronoun), use trans and non-binary inclusive instructional strategies (e.g., not splitting a class up by gender, being mindful of gender in role play activities, for instance), include trans and non-binary-specific support/resources in course syllabi, respect student's choice to disclose/conceal trans and non-binary identity, refrain from tokenizing trans and non-binary students, and reduce opportunities for interpersonal microaggressions that commonly face trans and non-binary students (e.g., alienation from group work due to classmate bias).[345]

Institutions must ensure that curricula is inclusive of gender identity, specifically trans and non-binary identities and experiences across all disciplines.[346] Educators should be thoughtful about textbooks that offer historical and current perspectives on trans and non-binary lives and identities, biographical and autobiographical texts, qualitative studies, intersex-focused material, and supplemental readings that incorporate personal voices and experiences.[347] Further, one study recommends that institutions:[348]

- Create centers for interdisciplinary study and cross-cultural teaching and learning--inclusive of LGBTQA issues-- that offer the necessary bases for education and scholarship that does not take place in existing departments.
- Support active, collaborative learning that is concerned with enabling students to come to grips with their own realities
- Reconfigure the classroom, for example, by encouraging students to assist in developing or changing the syllabus at the start of and during the semester.

---

[344] Seelman, 2014
[345] Case, et al., 2009
[346] Goldberg, 2018
[347] Case, et al., 2009
[348] Rankin, 2006

ATHLETICS

Trans and non-binary students cite athletics as an important area of inclusion on college campuses.[349] The current policies must include provisions for non-medically transitioning trans and non-binary students, as there are many ways to be trans and non-binary and medically-focused language is exclusionary, particularly impacting non-binary students and transfeminine student athletes.[350] The National College Athletics Association[351] recommends the following things to create an LGBTQ-affirming athletics department,

- LGBTQ inclusive non-discrimination policies within athletic departments
- LGBTQ inclusive codes of conduct that ban anti-LGBTQ conduct by players, coaches, athletics administrators and fans.
- LGBTQ affirming communications in all media communications and recruiting materials (media guides, community outreach, team campus brochures)
- Accessible resources available to coaches, players, and staff throughout the year
- Annual LGBTQ Inclusion trainings for staff and students

However, not all college athletes compete in the NCAA. Currently, only 19 colleges and universities have created a trans and non-binary-inclusive intramural athletic policy.[352] Development of an intra-mural athletics policy is just as critical as those governing the experiences of NCAA student athletes.

CAREER DEVELOPMENT

Professionals who work in career counseling centers should be trained on trans and non-binary students' needs, stay current on state and federal laws government workplace access and harassment, provide opportunities for students to share their affirmed name and pronouns, offer targeted programming that highlights trans and

---

[349] Goldberg, et al., 2018
[350] Ryan, 2020
[351] n.d.
[352] Campus Pride, 2020c

non-binary professionals, ensure that events (e.g., career fairs) are gender-affirming and do not require strict gender binary dress code, and prepare employers to support trans and non-binary interns and candidates in their search processes.[353]

SUMMARY

This literature review includes a combination of individual, interpersonal, and structural risk factors that contribute to psychological distress among trans and non-binary students, as well as individual, interpersonal, and structural protective factors that mitigate psychological distress. Educational institutions are responsible for supporting positive identity development, fostering an environment of dignity and respect, creating opportunities that facilitate social connectedness, and establishing or modifying policies and practices that reduce symptoms of psychological distress and communicate to trans and non-binary students that they are valued and that they belong. These changes include collecting data on students' gender identities, allowing students to change their name and gender in student information systems, enumerating non-discrimination, harassment/bullying, and bias policies to include "gender identity or expression," clarifying reporting and response processes, implementing bias response teams, and adopting school-wide positive and restorative discipline practices. Facilities should be updated to be gender-inclusive with appropriate signage to mitigate gender policing. Schools should also provide ongoing LGBTQ-focused learning opportunities to students, teachers/faculty, staff (e.g., librarians, clinicians, coaches, program directors), and administrators for continuing education and to foster an environment of awareness and understanding.

To create more inclusive and affirming student services, schools can create and/or increase resources dedicated to identity-based support services, offer LGBTQ+ themed residential communities, and provide culturally competent case management, mental and physical health services, sexual violence resources, career development services, and high impact academic experiences. In the classroom, teachers/faculty

---

[353] Greathouse, 2019

can include trans and non-binary-related content or scholars in their curriculum, and address cultures of cissexism in their courses and respective academic departments. Last, athletic departments can foster inclusive environments for trans and non-binary students by empowering students to express themselves, implementing trans-inclusive athletic policies, and addressing cissexist conduct by players, coaches, athletics administration, and fans.

FOR FURTHER INVESTIGATION

This literature review provides a comprehensive overview of contemporary research and scholarship on mental health risk factors and protective factors for trans and non-binary high school and college students. In the creation of this document, we identified areas that may require additional investigation or review as well as areas that readers may want to explore in further depth. For instance, this literature review does not explore students' experiences in educational settings that are partially or fully online. It also does not explicitly expound on the role of social media in the lives of trans and non-binary students. With the ubiquitous presence of social media in the lives of youth and increasing opportunities for online education, these topics may be worth examining, especially if they are areas of concern at particular institutions.

Additionally, this literature review demonstrates the ways that students with multiple minoritized identities face unique sets of circumstances that shape their experiences, risk factors, and protective factors. We do not, however, provide in-depth analyses of trans and non-binary affinity communities, nor do we address rural/urban differences or other factors (e.g., nationality, citizenship status) that may differentiate the experiences of the diverse students who fall under the trans and non-binary umbrella. Equally, we found only a few studies that disaggregated trans and/or non-binary data by sex assigned at birth or into subsets of identities such as agender, pangender, etc. We encourage readers to explore our primary sources in the reference section to learn more about specific topics/communities and to advocate for institutional, district, and national data collection processes that will provide you with the information you seek.

REFERENCES

Achille, C., Taggart, T., Eaton, N., Osipoff, K., Tafuri, K., Lane, A., & Wilson, T. (2020) Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: preliminary results. *International Journal of Pediatric Endocrinology, 2020*(8), 1-5.

Adams, S., Hazelwood, S., & Hayden, B. (2014) Student Affairs Case Management: Merging Social Work Theory With Student Affairs Practice, *Journal of Student Affairs Research and Practice, 51*(4) 446-458.

American College Health Association. (2015). ACHA guidelines trans-inclusive college health programs, retrieved from https://www.acha.org/documents/Resources/Guidelines/ Trans-Inclusive_College_Health_Programs.pdf

American College Health Association. (2018). American College Health Association-National College Health Assessment, Spring 2018. Unpublished raw data. Hanover, MD: American College Health Association.

American Council on Education. (2014). *A strategic primer on college student mental health.* Washington, D.C.: American Council on Education.

American Council on Education. (2019). *Investing in student mental health: Opportunities & benefits for college leadership.* Washington, D.C.: American Council on Education.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5.* (5th ed.). Washington, D.C: American Psychiatric Association.

American Society for Engineering Education. (2019). *Exploring transgender and gender nonconforming engineering undergraduate experiences through autoethnography.* Washington, D.C.: American Society for Engineering Education.

Anderson, H. L. (2019) *Rural Transgender and Gender-Nonconforming Individuals' Experiences With Social Media During Adolescence.* Walden University. (Doctoral dissertation). Available from Proquest Dissertations and Theses database. (UMI No. 22585165).

Aschwanden, C. (2019). *Trans athletes are posting victories and shaking up sports.* Wired. Retrieved from https://www.wired.com/story/the-glorious-victories-of-trans-athletes-are-shaking-up-sports/

Astin, A. W. (1993). *What matters in college? Four critical years revisited*. San Francisco, CA: Jossey-Bass.

Bar, M. A., Jarus, T., Wada, M., Rechtman, L., & Noy, E. (2016). Male-to-female transitions: Implications for occupational performance, health, and life satisfaction. *The Canadian Journal of Occupational Therapy, 83*(2), 72-82.

Beemyn, B., Curtis, B., Davis, M., & Tubbs, N.M. (2005). Transgender issues on college campuses. *New Directions for Student Services, 111,* 49-60.

Beemyn, B. G., & Pettitt, J. (2006). How have trans-inclusive non-discrimination policies changed institutions. *GLBT Campus Matters*, *3*(1), 6-7.

Beemyn, G., & Rankin, S. (2011). *Lives of transgender people*. New York, NY: Columbia University Press. Bilodeau, B. (2009). *Genderism: Transgender students, binary systems, and higher education.* Saarbrücken, Germany: VDM Verlag Dr. Müller.

Bocktin, W., Miner, M., Swinburne Romine, R., Dolezal, C., Robinson, B., Rosser, B., & Coleman, E. (2020). The transgender identity survey: A measure of internalized transphobia. *LGBTQ Health, 7*(1), 15-27.

Bowleg, L. "Once you've blended the cake, you can't take the parts back to the main ingredients": Black gay and bisexual men's descriptions and experiences of intersectionality. *Sex Roles 68,* 754–767.

Brauer, D. (2017). Complexities of supporting transgender students' use of self-identified first names and pronouns. *College and University, 92*(3), 2-13.

Breslow, A., Brewster, M., Velez, B., Wong, S., Geiger, E., & Soderstrom, B. (2015). Resilience and collective action: Exploring buffers against minority stress for trangender individuals. *Psychology of Sexual Orientation and Gender Diversity, 2*(3) 253-265.

Brewster, M. E., Velez, B. L., Breslow, A. S., & Geiger, E. F. (2019). Unpacking body
image concerns and disordered eating for transgender women: The roles of
sexual objectification and minority stress. *Journal of Counseling Psychology,
66*(2), 131–142.

Butler, K., Yak, A., Veltman, A. (2019). "Progress in medicine is slower to happen":
Qualitative insights into how trans and gender nonconforming medical students
navigate cisnormative medical cultures at Canadian training programs.
Academic Medicine, 94(11), 1757-1765.

Campus Pride. (2020) *Colleges and universities that provide gender-inclusive housing.*
Charlotte, NC: Campus Pride. Retrieved on April 4, 2020 from
https://www.campuspride.org/tpc/gender-inclusive-housing/

Campus Pride (2020a). *Colleges and universities that allow students to change the
name and gender on campus records.* Charlotte, NC: Campus Pride. Retrieved
on April 4, 2020 from https://www.campuspride.org/tpc/records/

Campus Pride. (2020b). *Colleges and universities that cover transition-related medical
expenses under student health insurance*. Charlotte, NC: Campus Pride.
Retrieved on April 4, 2020 from https://www.campuspride.org/tpc/student-
health-insurance/

Campus Pride. (2020c). *Colleges and universities with a trans-inclusive intramural
athletic policy.* Charlotte, NC: Campus Pride. Retrieved on April 4, 2020 from
https://www.campuspride.org/tpc/trans-inclusive-intramural-athletic-policy/

Campus Pride. (2019). *Colleges and universities with LGBTQ identity questions as an
option on admission applications & enrollment forms*. Charlotte, NC: Campus
Pride. Retrieved on April 4, 2020 from https://www.campuspride.org/tpc/
identity-questions-as-an-option/.

Carr, C. & Davidson, J. (n.d.). Mind, body, and sport: The psychologist perspective.
Retrieved on April 4, 2020 from http://www.ncaa.org/sport-science-
institute/mind-body-and-sport-psychologist-perspective

Case, K., Stewar, B., & Tittsworth, J. (2009). Transgender across the curriculum: A
psychology for inclusion. *Teaching of Psychology, 36,* 117-121.

Catalano, D. C. J. (2015). "Trans enough?": The pressures trans men negotiate in higher education. *TSQ: Transgender Studies Quarterly, 2*(3), 411-430.

Castellano, E., Crespi, C., Dell'Aquila, R., Rosato, C., Catalano, C., Mineccia, V., Motta, G., Botto, E., & Manieri, C., (2015). Quality of life and hormones after sex reassignment surgery. *Journal of Endocrinological Investigation, 38*(12), 1373-1381.

Chisholm, D., Sweeny, K., Sheehan, P., Rasmussen, B., Smit, F., Cuijpers, P., & Saxena, S. (2016). Scaling-up treatment of depression and anxiety: A global return on investment analysis. *The Lancet Psychiatry*, *3*(5), 415–424.

Chodzen, G., Hidalgo, M., Chen, D., & Garofalo, R. (2019). Minority stress factors associated with depression and anxiety among transgender and gender-nonconforming youth. *Journal of Adolescent Health, 64*, 467-471.

Claes, L., Bouman, W.P., Witcomb, G., Thurston, M., Fernandez-Aranda, F., Arcelus, J. (2015). Non-suicidal self-injury in trans people: Associations with psychological symptoms, victimization, interpersonal functioning, and perceived social support. *The Journal of Sexual Medicine, 12*(1), 168–179.

Colpitts, E. & Gahagan, J. (2016). The utility of resilience as a conceptual framework for understanding and measuring LGBTQ health. *International Journal of Equity in Health, 15*(60), n/a.

Consortium of Higher Education LGBT Resource Professionals. (2014). *Suggested best practices for supporting trans students.* Retrieved from
https://issuu.com/lgbtcampus/docs/trans_student_inclusion_

Cooper, K. & Brownell, S. (2017). Coming out in class: Challenges and benefits of active learning in a biology classroom for LGBTQIA students. *CBE-Life Sciences Education, 15*(3), ar37.

Cooperative Institutional Research Program. (2018). CIRP Freshman Survey, Fall 2018. Unpublished raw data. Los Angeles, CA: Higher Education Research Institute at the University of California, Los Angeles.

Corliss, H. L., Belzer, M., Forbes, C., & Wilson, E. C. (2007). An evaluation of service utilization among male to female transgender youth: Qualitative study of a clinic-based sample. *Journal of LGBT Health Research, 3*(2), 49–61.

Craig, S., Austin, A., Rashidi, M., & Adams, M. (2017). Fighting for survival: The experiences of lesbian, gay, bisexual, transgender, and questioning students in religious colleges and universities. *Journal of Gay & Lesbian Social Services, 29*(1), 1-24.

Crumley, K. (2019). Impact and perception of they systematic response to lesbian, gay, bisexual, transgender, queer, and other sexual minority orientations (LGBTQ+) microaggressions. (Bachelor's Thesis). Retrieved from http://hdl.handle.net/10294/8792

Davey, A., Arcelus, J., Meyer, C., & Bouman, W.P. (2016). Self-injury among trans individuals and matched controls: prevalence and associated factors. *Health and Social Care in the Community, 24*(4), 485-494.

Davis, G., Dewey, J., & Murphy, E. (2016). Giving sex: Deconstructing intersex and trans medicalization practices. *Gender & Society, 30*(3), 490–514.

Davis, S. A., & Meier, S. C. (2014). Effects of testosterone treatment and chest reconstruction surgery on mental health and sexuality in female-to-male transgender people. *International Journal of Sexual Health, 26*(2), 113-128.

Devor, A. H. (2004). Witnessing and mirroring: A fourteen stage model of transsexual identity formation. *Journal of Gay & Lesbian Psychotherapy, 8*(1-2), 41–67.

di Bartolo, A. N. (2013). *Is there a difference? the impact of campus climate on sexual minority and gender minority students' levels of outness.* Claremont Graduate University. (Doctoral dissertation). Available from ProQuest Dissertations & Theses Global. (UMI No. 3558991).

Diemer, E., Grant, J., Munn, Chernoff, M., Patterson, D., & Duncan, A. (2015). Gender identity, sexual orientation, and eating-related pathology in a national sample of college students. *Journal of Adolescent Health, 57*(2), 144-149.

Dowshen, N., Forke, C. M., Johnson, A. K., Kuhns, L. M., Rubin, D., & Garofalo, R. (2011). Religiosity as a protective factor against HIV risk among young transgender women. *Journal of Adolescent Health, 48*(4), 410–414.

Driskill, Q. (2010). Doubleweaving two-spirit critiques: building alliances between native and queer studies. *GLQ: A Journal of Lesbian and Gay Studies*, *16*(1-2), 69–92.

Duran, A., Pope, R. & Jones, S. (2020). The necessity of intersectionality as a framework to explore queer and trans student retention. *Journal of College Student Retention: Research, Theory, & Practice, 21*(2), 520-543.

Effrig, J., Bieschke, K., & Locke, B. (2011). Examining victimization and psychological distress in transgender college students. *Journal of College Counseling, 14,* 143-157.

Eisenberg, D., Golberstein, E., & Hunt, J. (2009). Mental health and academic success in college. The B.E. *Journal of Economic Analysis & Policy, 9*(1), 1-37.

Eisenberg, D. & Lipson, S. (2018). *The 2018 Healthy Minds Study.* Ann Arbor, MI: Healthy Minds Network.

Fausto-Sterling, A. (2000). *Sexing the body: Gender politics and the construction of sexuality.* New York, NY: Basic Books.

Flores, M. J., Watson, L. B., Allen, L. R., Ford, M., Serpe, C. R., Choo, P. Y., & Farrell, M. (2018). Transgender people of color's experiences of sexual objectification: Locating sexual objectification within a matrix of domination. *Journal of Counseling Psychology, 65*(3), 308–323.

Foster, C.E., Horwitz, A., Thomas, A., Opperman, K., Gipson, P., Burnside, A., Stone, D.M., & King, C.A. (2017). Connectedness to family, school, peers, and community in socially vulnerable adolescents. *Child Youth Services Review, 81*, 321-331.

Galupo, M. P., Bauerband, L. A., Gonzalez, K. A., Hagen, D. B., Hether, S. D., & Krum, T. E. (2014). Transgender friendship experiences: Benefits and barriers of friendships across gender identity and sexual orientation. *Feminism & Psychology 24*(2): 193-215.

Garofalo, R., Osmer, E., Sullivan, C., Doll, M., & Harper, G. (2006). Environmental, psychosocial, and individual correlates of HIV risk in ethnic minority male-to-female transgender youth. *Journal of HIV/AIDS Prevention in Children & Youth, 7*(2), 89–104.

Garvey, J., & Rankin, S. (2015). The influence of campus experiences on the level of outness among trans-spectrum and queer-spectrum students. *Journal of Homosexuality, 62*, 374-393.

Ghabrial, M. (2016). "Trying to figure out where we belong": Narratives of racialized sexual minorities on community, identity, discrimination, and health. *Sexuality Research and Social Policy, 14,* 42–55.

Ghazzawi, A., Suhail-Sindhu, S., Casoy, F., Libby, N., McIntosh, C. A., Adelson, S., Ashley, K., Drescher, J., Goldenberg, D., Hung, K., Lothwell, L., Mattson, M., McAfee, S., Schwartz, A., Tompkins, A., Yarbrough, E., Barber, M. (2020). Religious faith and transgender identities: The Dear Abby project. *Journal of Gay & Lesbian Mental Health, 24*(2), 190-204.

GLSEN (2016). *Educational exclusion: Drop out, push out, and school-to-prison pipeline among LGBTQ youth*, 25-26. New York: GLSEN.

GLSEN (2020). *Replacing Punitive Discipline with Restorative Policies and Practices*. Retrieved from https://www.glsen.org/activity/restorative-discipline#_ftn7

GLSEN & National Center for Transgender Equality. (2018) *Model School District Policy on Transgender and Gender Nonconforming Sudents*. Retrieved from https://transequality.org/sites/ default/files/images/resources/trans_school_district_model_policy_FINAL.pdf

Goldberg, A. (2018). *Transgender students in higher educatio*n. Retrieved from https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Higher-Ed-Aug-2018.pdf

Goldberg, A. E., Beemyn, G., & Smith, J. Z. (2019). What is needed, what is valued: Trans students' perspectives on trans-inclusive policies and practices in higher education. *Journal of Educational and Psychological Consultation, 29*(1), 27-67.

Goldberg, A. E., & Kuvalanka, K. A. (2018). Navigating identity development and community belonging when "there are only two boxes to check": An exploratory study of trans nonbinary college students. *Journal of LGBT Youth*, *15,* 106-131.

Goldberg, A., Kuvalanka, K., Budge, S., Benz, M., & Smith, J. (2019). Health care experiences of transgender binary and nonbinary university students. *The Counseling Psychologist, 47*(1), 59-97).

Goldrick-Rab, S., Richardson, J., Schnieder, J., Hernandez, A., & Cady, C. (2018). Still Hungry and Homeless in College. Retrieved from https://hope4college.com/wp-content/uploads/ 2018/09/Wisconsin-HOPE-Lab-Still-Hungry-and-Homeless.pdf

Gómez, J. M. (2015). Microaggressions and the enduring mental health disparity: Black Americans at risk for institutional betrayal. *Journal of Black Psychology, 41*(2), 121-143.

Goodrich, K. M. (2012). Lived experiences of college-age transsexual individuals. *Journal of College Counseling, 15*(3), 215–232.

Gorin-Lazard, A., Baumstarck, K., Boyer, L., Maquigneau, A., Penochet, J. C., et al. (2013). Hormonal therapy is associated with better self-esteem, mood, and quality of life in transsexuals. *Journal of Nervous and Mental Disease*, *201*(11), 996–1000.

Greathouse, M. (2019). Career considerations for LGBTQ students. *NACE Journal, February 2019,* 35-38.

Greathouse, M., BrckaLorenz, A., Hoban, M., Huesman, R., Rankin, S. & Stolzenberg, E. (2018). *Queer-spectrum and trans-spectrum student experiences in American higher education* [White paper]. https://doi.org/doi:10.7282/t3-44fh-3b16

Greytak, E., Kosciw, J., Willenas, C., & Giga, N. (2016). *From Teasing to Torment: School Climate Revisited*, A Survey of U.S. Secondary School Students and Teachers. New York, NY: GLSEN.

Griffin, P. & Carroll, H. (2010). On the team: Equal opportunity for transgender student athletes. Retrieved from http://www.nclrights.org/wpcontent/uploads/2013/07/TransgenderStudentAthleteReport.pdf

Gruttadaro, D. & Crudo, D. (2012). *College students speak: A survey report on mental illness.* Arlington, VA: National Alliance on Mental Health.

Higa, D., Hoppe, M.J., Lindhorst, T., Mincer, S. Beadnell, B., Morrison, D.M., Wells, E.A., Todd, A., & Mountz, S. (2014). Negative and positive factors associated with the well-being of lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ) youth. *Youth & Society, 46*(5), 663-687.

Human Rights Campaign. (2020). Employment. Retrieved from https://www.hrc.org/state-maps/ employment

Human Rights Campaign. (2020). Gender marker updates on identification documents. Retrieved from www.hrc.org.

Human Rights Campaign Foundation. (2018). 2018 Gender-Expansive Youth Report. Retrieved from https://www.hrc.org/resources/2018-gender-expansive-youth-report

Human Rights Campaign Foundation (2020). LGBTQ youth are living in crisis: Key findings from HRC foundation analysis of CDC data. Retrieved from https://www.hrc.org/resources/ cdcs-yrbs-data-a-call-to-action

Hyde, J. S., Bigler, R. S., Joel, D., Tate, C. C., & van Anders, S. M. (2019). The future of sex and gender in psychology: Five challenges to the gender binary. *American Psychologist, 74*(2), 171–193.

Iachini, A., Pitner, R., Morgan, F., & Rhodes, K.(2016). Exploring the Principal Perspective: Implications for Expanded School Improvement and School Mental Health. *Children & Schools 38*(1), 40-48.

Jackman, K., Dolezal, C., Levin, B., Honic, J., & Bockting, W. (2018). Stigma, gender dysphoria, and nonsuicidal self-injury in a community sample of transgender individuals. *Psychiatric Research, 269*, 602-609.

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The report of the 2015 U.S. transgender survey.* Washington, DC: National Center for Transgender Equality.

Johns, M.M., Beltran, O., Armstrong, H.L., Jayne, P.E., & Barrios, L.C. (2018). Protective factors among transgender and gender variant youth: A systematic review by socioecological level. *Journal of Primary Prevention, 39* (3), 263-301.

Johns M., Lowry R., Andrzejewski J., Barrios, L., Demissie, Z., McManus, T., Rasberry, C., Robin, L., Underwood, M. (2019). Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students – 19 states and large urban school districts, 2017. *MMWR, 68,* 67–71.

Kamody, R., Yonkers, K., Pluhar, E., Olezeski, C. (2020). Disordered eating among trans-masculine youth: Considerations through a developmental lens. *LGBT Health, 7*(4), 170-173.

Katz-Wise S., Rosario, M., & Tsappis, M. (2017). LGBT youth and family acceptance. *Pediatric Clinics of North America, 63*(6), 1011-1025.

Kelly, R. C. (2012). *Borders That Matter: Trans Identity Management*. State University of New York at Albany. (Doctoral dissertation). Available from Proquest Dissertations and Theses database. (UMI No. 3524062)

Kern, L., Mathur, S., Albrecht, S., Poland, S., Rozalski, M., & Skiba, R., (2017). The Need for School-Based Mental Health Services and Recommendations for Implementation. *School Mental Health*, *9*(5),1-13.

Klein, A. & Golub, S. (2016). Family rejection as a predictor of suicide attemps and substance misuse among transgender and gender nonconforming adults. *LGBT Health, 3*(3), 193-199.

Koken, J., Bimbi, D., & Parsons, J. (2009). Experiences of familial acceptance-rejection among transwomen of color. *Journal of Family Psychology, 23*(6), 853-860. Kolbe, L. (2019). School Health as a Strategy to Improve Both Public Health and Education, *Annual Review of Public Health*, *40*, 443-463.

Kortegast, C. (2017). "But it's not the space that I would need": Narrative of LGBTQ students' experiences in campus housing. *The Journal of College and University Student Housing, 43*(2), 58-71.

Kosciw, J., Clark, C., Truong, N., & Zongrone, A. (2020). *The 2019 National School Climate Survey: The Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Youth in Our Nation's Schools*. New York, NY: GLSEN.

Kulick, A., Wernick, L., Woodford, M., & Renn, K. (2017). Heterosexism, depression, and campus engagement among LGBTQ college students: Intersectional differences and opportunities for healing. *Journal of Homosexuality, 64*(8), 1125-1141.

Kuvalanka, K., Weiner, J., Munroe, C., Goldberg, A., & Gardner, M. (2017). Trans and gender-nonconforming children and their caregivers: Gender presentations, peer relations, and well-being as baseline. *Journal of Family Psychology, 31*(7), 889-899.

Lawrence, A. (2014). Gender assignment dysphoria in the DSM-5. *Archives of Sexual Behavior*, *43*(7), 1263–1266.

Lipson, S., Raifman, J., Abelson, S., & Reisner, S. (2019). Gender Minority Mental Health in the U.S.: Results of a National Survey on College Campuses. *American Journal of Preventive Medicine, 57*(3): 293-301.

Malatino, H. (2020). *Trans Care*. Minneapolis, MN: University of Minnesota Press.

Marine, S., & Nicolazzo, Z. (2014). Names that matter: Exploring the tensions of campus LGBTQ centers and trans inclusion. *Journal of Diversity in Higher Education*, *7*, 265-81.

Marine, S. & Nicolazzo, Z. (2020). Campus sexual violence prevention educators' use of gender in the work: A critical exploration. *Journal of Interpersonal Violence, 35*(21-22), 5005-5027.

Matsuno, E. & Israel, T. (2018). Psychological interventions promoting resilience among transgender individuals: Transgender resilience intervention model (TRIM). *The Counseling Psychologist, 46*(5), 632-655.

Messman, J. & Leslie, L. (2019). Transgender college students: Academic resilience and striving to cope in the face of marginalized health. *Journal of American College Health, 67*(2), 161-173.

Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697.

Meyer, I. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity, 2*(3), 209-213.

Michallon, C. (2019, June 26). Let's talk about deadnaming trans people and why 'freedom of speech' isn't always the answer [Blog Post]. Retrieved from https://www.independent.co.uk/voices/transgender-deadnaming-imdb-birth-name-chosen-why-a8976601.html

Miller, R.A. (2017). "My Voice Is Definitely Strongest in Online Communities": Students Using Social Media for Queer and Disability Identity-Making. *Journal of College Student Development 58*(4), 509-525.

Mintz, L. (2011). *Gender variance on campus a critical analysis of transgender voices*. University of California, San Diego, La Jolla.

Mogul-Adlin, H. (2015). Unanticipated: Healthcare experiences of gender nonbinary patients and suggestions for inclusive care. *Public Health Theses,* 1197. Retrieved from https://elischolar.library.yale.edu/cgi/viewcontent.cgi?article=1196&context=ysphtdl

Morris, J. & Van Raalte, J. (2016). Trangender and gender nonconforming athletes: Creating safe spaces for all. *Journal of Sport Psychology in Action, 7*(2), 121-132.

Movement Advancement Project (n.d.). "Equality Maps: Identity Document Laws and Policies." Retrieved from https://www.lgbtmap.org/equality-maps/identity_document_laws

Murphy, J., Prentice, F., Walsh, C., Catmur, C., & Bird, G. (2020). Autism and transgender identity: Implications for depression and anxiety. *Research in Autism Spectrum Disorders, 69.*

National Association of Colleges and University Business Officers. (2019). *2018 Tuition Discounting Study*. Washington, D.C.: National Association of Colleges and University Business Officers.

National Center for Transgender Equality. (2020). Identification documents and transgender people: An overview of the name and gender marker change process in the United States. Retrieved from https://transequality.org/sites/default/files/docs/resources/ID-Documents-Overview.pdf

National Collegiate Athletics Association. (2010). NCAA inclusion of transgender student-athletes. Retrieved from https://www.ncaa.org/sites/default/files/Transgender_Handbook_2011_Final.pdf

Nguyen, D., Linley, J., Woodford, M., & Renn, K. (2020). Exploring LGBTQ+ students' awareness of housing and antidiscrimination policies across institution type. *The Journal of College and University Student Housing, 46*(3), 28-45.

Nicolazzo, Z. (2016). "Just go in looking good": The resilience, resistance, and kinship-building of trans* college students. *Journal of College Student Development, 57*(5), 538-556.

Nicolazzo, Z. (2017). *Trans* in college:Transgender students' strategies for navigating campus life and the institutional politics of inclusion*. Sterling, VA: Stylus Publishing.

Nicolazzo, Z. & Marine, S. (2015). "It will change if people keep talking": Trans* students in college and university housing. *The Journal of College and University Student Housing, 42*(1), 160-177.

Nordmarken, S. & Kelly, R. (2014). Limiting transgender health: Administrative violence and microaggressions in health care systems." In *Health Care Disparities and the LGBT Population*. Ed. Vickie Harvey and Teresa Heinz. New York: Lexington Books, 143–69.

Obradors-Campos, M. (2011). Deconstructing biphobia. *Journal of Bisexuality, 11*, 207-226.

Office for Justice Programs. (2014). Responding to transgender victims of sexual assault. Retrieved from https://ovc.ojp.gov/sites/g/files/xyckuh226/files/pubs/forge/ tips_disclosure.html

Oh, S., Kim, N., Bennett, C. M., & Taylor, D. D. (2019) Multiculturally competent intake interview with LGBTQI+clients, *Journal of Gay & Lesbian Mental Health, 23* (2), 186-204.

Orr, A., Baum, J., Brown, J., Gill, E., Kahn, E., & Salem, A. (2015) *Schools In Transition: A Guide for Supporting Transgender Students in K-12 Schools.* Retrieved from https://www.hrc.org/resources/schools-in-transition-a-guide-for-supporting-transgender-students-in-k-12-s

Oswalt, S., & Lederer, A. (2017). Beyond Depression and Suicide: The Mental Health of Transgender College Students. *Social Sciences, 6*(1), 20.

Palmer, N. A., & Greytak, E. A. (2017). LGBTQ Student Victimization and Its Relationship to School Discipline and Justice System Involvement. *Criminal Justice Review, 42*(2), 163–187.

Pariera, K., Brody, E., & Scott, D.T. (2019). Now that they're out: Experiences of college athletics teams with openly LGBTQ players. *Journal of Homosexuality, 1-19.*

Patton, R.J. (2012). *The college experience of transgender students: Creating a welcoming environment on campus.* Wright State University. (Master's thesis). Retrieved from https://corescholar.libraries.wright.edu/etd_all/568

Payne E., Smith M.J. (2016) *Gender Policing.* In: Rodriguez N., Martino W., Ingrey J., Brockenbrough E. (eds) Critical Concepts in Queer Studies and Education. Queer Studies and Education. New York, NY: Palgrave Macmillan.

Planned Parenthood. (n.d). What do I need to know about transitioning? Retrieved from https://www.plannedparenthood.org/learn/gender-identity/transgender/what-do-i-need-know-about-transitioning

Platt, L. F. (2020). The presenting concerns of transgender and gender nonconforming clients at university counseling centers. *The Counseling Psychologist 00*(0), 1-25.

Priest N, Slopen N, Woolford S, Philip JT, Singer D, et al. (2018). Correction:
Stereotyping across intersections of race and age: Racial stereotyping among
White adults working with children. *PLOS ONE 13*(10): e0205614.

Price, S. F. (2019). Nia Nal the super hirl: Transgender representation and body image.
The Popular Culture Studies Journal, 7(2), 85-106.

Pryor, J. (2015). Out in the classroom: Transgender student experiences at a large
public university. *Journal of College Student Development, 56*(5), 440-455.

Pusch, R. S. (2004). (Trans)gendering the classroom. In M. Queen, K. Farrell, & N. Gupta
(Eds.), *Interrupting heteronormativity* (pp. 87–94). Syracuse, NY: Graduate
School of Syracuse University.

Rasberry, C., Tiu, G., Kann, L., McManus, T., Michael, S., Merlo, C., Lee, S., Bohm, M.,
Annor, F., & Ethier, K. (2017). Health-Related Behaviors and Academic
Achievement Among High School Students — United States, 2015, *MMWR, 66*
(35), 921-927.

Reck, J. (2009). Homeless gay and transgender youth of color in San Francisco: "No
one likes street kids"—Even in the Castro. *Journal of LGBT Youth, 6*(2–3), 223–242.

Renn, K. (2017, April 10). LGBTQ students on campus: Issues and opportunities for
higher education leaders [Blog Post]. Retrieved from
https://www.higheredtoday.org/2017/04/10/lgbtq-students-higher-
education/

Reisner, S. L., Greytak, E. A., Parsons, J. T., & Ybarra, M. L. (2015). Gender minority social
stress in adolescence: disparities in adolescent bullying and substance use by
gender identity. *Journal of Sex Research*, *52*(3), 243–256.

Religious Exemption Accountability Project. (2021). *The LGBTQ+ Student Divide: The
State of Sexual and Gender Minority Students at Taxpayer-Funded Christian
Colleges*. Retrieved from: www.thereap.org

Restar, A., Jin, H., Breslow, A., Reisner, S. L., Mimiaga, M., Cahill, S., & Hughto, J. (2020).
Legal gender marker and name change is associated with lower negative
emotional response to gender-based mistreatment and improve mental health
outcomes among trans populations. *SSM - population health, 11,* 100595.

Robbins, C. & McGowan, B. (2016). Intersectional perspectives on gender and gender identity development. *New Directions for Student Services, 154*, 71-83.

Robinson, M. (2020): Two-Spirit Identity in a Time of Gender Fluidity, *Journal of Homosexuality, 67*(12), 1675-1690.

Rowe, C., Santos, G-M., McFarland, W., & Wilson, E.C. (2015). *Drug and alcohol dependence, 147,* 160–166. https://doi.org/10.1016/j.drugalcdep.2014.11.023

Rubin, Harper, Erlick, E., Pan, L., Kerr, C., & Worrell, M. (2016) *Comprehensive Model Policy on Transgender Students for Four-Year Colleges and Universities*. Retrieved from Trans Student Educational Resources www.transstudent.org/college

Rubley, J. (2017). *The student-centered university: Pressures and challenges faced by college presidents and student affairs leaders*. Washington, DC: The Chronicle of Higher Education. Retrieved from http://results.chronicle.com/SCU-2017-O.

Ryan, C. (2014). Generating a revolution in prevention, wellness & care for LGBT children & youth. *Temple Political & Civil Rights Law Review, 23*(2), 331-344.

Ryan, M. (2020, July 1). *The NCAA trans athlete policy was groundbreaking in 2011- But in 2020, more must be done.* Retrieved from https://www.popsugar.com/fitness/how-ncaa-policy-for-transgender-athletes-can-evolve-47583204

Sanz, V. (2017). No way out of the binary: A critical history of the scientific production of sex. *Signs: Journal of Women in Culture and Society, 43*(1), 1-27.

Scott, D., Belke, S., & Barfield, H. (2011). Career development with transgender college students: implications for career and employment counselors. *Journal of Employment Counseling, 48*, 105.

Seelman, K. (2014). Recommendations of transgender students, staff, and faculty in the USA for improving college campuses. *Gender and Education, 26*(6), 618-635.

Seelman, K. L. (2014b). Transgender individuals' access to college housing and bathrooms: Findings from the National Transgender Discrimination Survey. *Journal of Gay & Lesbian Social Services, 26*, 186–206.

Seelman, K. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. *Journal of Homosexuality, 63*(10), 1378-1399.

Seelman, K. L., Walls, N. E., Costello, K., Steffens, K., Inselman, K., Montague-Asp, H., & Colorado Trans on Campus Coalition. (2012). *Invisibilities, uncertainties, and unexpected surprises: The experiences of transgender and gender non-conforming students, staff, and faculty at universities & colleges in Colorado.* Denver, CO: Authors.

Seelman, K., Woodford, M., & Nicolazzo, Z. (2017). Victimization and microaggressions targeting LGBTQ college students: gender identity as a moderator of psychological distress. *Journal of Ethnic & Cultural Diversity in Social Work, 26*(1-2), 112-125.

Serano, Julia. (2009) *Whipping girl : A transsexual woman on sexism and the scapegoating of femininity.* Emeryville , CA: Seal Press.

Simons, J., Grant, L., & Rodas, J. M. (2020). Transgender people of color: Coping and support during the school-age years. (Non-blind manuscript). *SocArXiv Papers.* Retrieved from https://doi.org/10.31235/osf.io/epdsx

Simons, L., Schrager, S., Clark, L., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health, 53,* 791-793.

Singh, A. (2013). Transgender youth of color and resilience: Negotiating oppression and finding support. *Sex Roles, 68*(11–12), 690–702.

Singh, A., Meng, S., Hansen, A. (2013). "It's already hard enough being a student": Developing affirming college environments for trans youth. *Journal of LGBT Youth, 10*, 208-223.

Smith, C. P. & Freyd, J. J. (2013). Dangerous Safe Havens: Institutional Betrayal Exacerbates Sexual Trauma. *Journal of Traumatic Stress, 26*(1): 119-124.

Snapp, S. D., Hoenig, J. M., Fields, A., & Russell, S. T. (2015). Messy, Butch, and Queer: LGBTQ Youth and the School-to-Prison Pipeline. *Journal of Adolescent Research, 30*(1): 57-82.

Snapp S.D., Russell S.T. (2016) Discipline Disparities for LGBTQ Youth: Challenges that Perpetuate Disparities and Strategies to Overcome Them. In: Skiba R., Mediratta K., Rausch M. (eds) *Inequality in School Discipline*. Palgrave Macmillan, New York.

Steele, E. (2021, February 24). Common App Revises Application Questions on Sex and Gender [Weblog Post]. Retrieved from https://www.commonapp.org/blog/common-app-revises-application-questions-sex-and-gender

Stolzenberg, E. B., & Hughes, B. (2017, Spring). The experiences of incoming transgender college students: New data on gender identity. *Liberal Education*, *103*(2). Retrieved from https://www.aacu.org/liberaleducation/2017/spring/stolzenberg_hughes

Stewart, D.L. & Nicolazzo, Z. (2018). High impact of [whiteness] on trans* students in postsecondary education. *Equity & Excellence in Education, 51*(2), 132-145.

Stotzer, R. L., Ka'opua, L. S., & Diaz, T. P. (2014). Is healthcare caring in Hawai'i? Preliminary results from a health assessment of lesbian, gay, bisexual, transgender, questioning, and intersex people in four counties. *Hawaii Journal of Medicine & Public Health, 73*(6), 175–180.

Stryker, S., & Whittle, S. (2006). *The transgender studies reader.* New York, NY: Routledge.

Testa, R.J., Jimenez, C.L., & Rankin, S. (2014). Risk and resilience during transgender identity development: The effects of awareness and engagement with other transgender people on affect. *Journal of Gay and Lesbian Mental Health, 18* (1), 13-46.

Testa, R., Michaels, M., Bliss, W., Rogers, M., Balsam, K., & Joiner, T. Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. *Journal of Abnormal Psychology, 126*(1), 125-236.

The Trevor Project (2020). National survey on LGBTQ youth mental health 2020.
Retrieved from https://www.thetrevorproject.org/wp-
content/uploads/2020/07/The-Trevor-Project-National-Survey-Results-
2020.pdf

The Trevor Project (2021). National survey on LGBTQ youth mental health 2021.
Retrieved from https://www.thetrevorproject.org/wp-
content/uploads/2021/05/The-Trevor-Project-National-Survey-Results-
2021.pdf

The Trevor Project. (n.d.) 50 bills, 50 states progress map. Retrieved on February 22,
2020 from https://www.thetrevorproject.org/get-involved/trevor-
advocacy/50-bills-50-states/progress-map/

Totenberg, N. (2020, June 15). Supreme court delivers major victory to LGBTQ
employees. Retrieved from
https://www.npr.org/2020/06/15/863498848/supreme-court-
delivers-major-victory-to-lgbtq-employees

Trans Athlete. (n.d.) College Policies. Retrieved from https://www.transathlete.com/
policies-college.

Travers, R., Bauer, G., Pyne, J., Bradley, K., Gale, L., Papadimitriou, M. (2012). *Impacts of
strong parental support for trans youth: A report prepared for Children's Aid
Society of Toronto and Delisle Youth Services*. Retrieved from
http://transpulseproject.ca/wp-co
ntent/uploads/2012/10/Impacts-of-Strong-Parental-Support-for-Trans-Youth-
vFINAL.pdf

Vaccaro, A., & Newman, B. M. (2016). Development of a sense of belonging for
privileged and minoritized students: An emergent model. *Journal of College
Student Development, 57*(8), 925–942.

Vance, S., Boyer, C., Glidden, D., & Sevelius, J. (2021). Mental Health and Psychosocial
Risk and Protective Factors Among Black and Latinx Transgender Youth
Compared With Peers. *JAMA Network Open*, *4*(3), 1-12.

Warrier, V., Greenberg, D.M., Weir, E., Weir, E., Buckinghan, C., Smith, P. Lai, M-C., Allison, C., & Baron-Cohen, S. (2020). Elevated rates of autism, other neurodevelopmental and psychiatric diagnoses, and autistic traits in transgender and gender-diverse individuals. *Nature Communications 11*, 3959 (2020).

Watson, R., Veale, J., and Saewyc, E. (2017). Disordered eating behaviors among transgender youth: Probability profiles from risk and protective factors. *International Journal of Eating Disorders, 50*(5), 515-522.

Whalen, K. (n.d.) (In)validating transgender identities: Progress and trouble in the DSM-5 [Blog Post]. Retrieved from https://www.thetaskforce.org/invalidating-transgender-identities-progress-and-trouble-in-the-dsm-5/

Wilchins, R. (1997). *Read my lips: Sexual subversion and the end of gender.* New York, NY: Firebrand Press.

Wilchins, R. (2004). *Queer Theory, Gender Theory: An Instant Primer. L*os Angeles, CA: Alyson Books.

Wilson, E. C., Iverson, E., Garofalo, R., & Belzer, M. (2012). Parental support and condom use among transgender female youth. *Journal of the Association of Nurses in AIDS Care, 23*(4), 306–317.

Willoughby, B., Doty, N., Braaten, E., & Malik, N. (2010). Perceived parental reactions scale. In T. Fisher, C. Davis, W. Yarber, & S. Davis (Eds.), *Handbook of sexuality-related measures* (pp. 446-447). New York, NY: Routledge.

Woodford, M., Joslin, J., Pitcher, E., & Renn, K. (2017). A mixed-methods inquiry into trans* environmental microaggressions on college campuses: Experiences and outcomes. *Journal of Ethnic & Cultural Diversity in Social Work, 26*(1-2), 95-111. Woodford, M., Weber, G., Nicolazzo, Z., Hunt, R., Kulick, A., Coleman, T., Coulombe, S., Renn, K. (2018). Depression and attempted suicide among LGBTQ college students: Fostering resilience to the effects of heterosexism and cisgenderism on campus. *Journal of College Student Development, 59*(4), 421-438.