

Sexual Assault Risk and School Facility Restrictions in Gender Minority Youth

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In the current issue of *Pediatrics*, Murchison et al¹ have shown that transgender and gender nonbinary adolescents restricted from using school restrooms and locker rooms that match their gender identity had an increased risk of sexual assault. Data were derived from an anonymous online survey of >3000 lesbian, gay, bisexual, transgender, and queer adolescents, with respondents being from throughout the United States. The increased risk of sexual assault was observed in transgender boys, nonbinary adolescents designated female at birth, and transgender girls.¹

The findings of this study make a compelling case for what we as gender specialist providers witness every day in our work: failure to support transgender and gender-expansive youth in being able to fully live in their affirmed gender puts them at physical as well as psychological risk.² Yet, with respect to school restrooms and locker rooms, this is a problem with a potential solution: In 2013, California enacted Assembly Bill 1266, stating, "A pupil shall be permitted to participate in sex-segregated school programs and activities, including athletic teams and competitions, and use facilities consistent with his or her gender identity irrespective of the gender listed on the pupil's records." California thus became the first, and presently only, state in the United States to afford all students in kindergarten-through-12th-grade public schools the right to use the bathroom and locker room consistent

with their affirmed gender identity.³ With that said, a compelling comparative study to Murchison et al's¹ would be to investigate whether there are fewer incidents of sexual harassment and assault against transgender and gender nonbinary youth in California, taking into account other mediating factors but focusing on transgender and gender-expansive youth being legally ensured access to the bathroom and locker room of their choice.

Restricting bathroom access can harm transgender and gender nonbinary students in multiple ways. Transgender youth who express their gender identity but are required to use facilities matching their genitalia are not only at risk for verbal and physical harassment, including sexual abuse, but, not surprisingly, some will avoid using restrooms altogether, resulting in increased risk for inadequate fluid intake, urinary retention, urinary tract infections, impacted bowels, and school avoidance.⁴

What is at the root of bathroom and locker room restriction? Such policies are often fear based, with nontransgender students thought to be the ones at risk for sexual assault by transgender intruders, by anyone whose genitalia does not match the one associated with the sign on the door, or by predators posing as transgender students. Sometimes it is the school personnel who hold this attitude. Sometimes it is anxious and angry parents who do not want their children exposed to or "damaged by" the gender-minority youth at their school,

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putting pressure on the school to enforce restricted bathroom and locker room access. In contrast to these fear-based attitudes, the data in the study by Murchison et al¹ demonstrate the sexual harm done to, rather than the harm done by, transgender and gender nonbinary and/or gender-expansive youth when prohibited from fully living their lives in the gender they know themselves to be.

As noted by the authors, pediatricians should be aware of the high prevalence of sexual assault directed at transgender and gender nonbinary youth, in particular among those whose access to restrooms and locker

rooms is restricted to facilities that match their genitalia rather than their gender identity.¹ Pediatricians can not only provide supportive care but can be advocates for gender-minority youth to decrease the risk of sexual assault, working with policy makers to follow California's lead and providing all public school students the right to use the bathroom and locker room that matches their gender identity regardless of whether it matches their sex designated at birth.

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