



# Support Saves Lives: Exploring the Relationship Between Age of Transition, Family Support, and Retrospective K-12 Educational Experiences in Transgender Suicidality

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## Abstract

**Purpose:** The purpose of this study is to test the association between protective and risk factors, including age of transition, K-12 experiences, and family support, on suicidality among transgender and gender nonbinary/gender queer (TNB) adults.

**Methods:** Our analysis relies on data from the 2015 United States Transgender Survey. We used separate logistic regression models to predict lifetime suicidal ideation and suicide attempt among 19,121 survey respondents.

**Results:** Negative K-12 experiences significantly predict higher likelihood of both suicidal ideation and suicide attempt for transgender people, regardless of age of transition, and after controlling for a host of covariates. The age a transgender person begins to live full time in a gender different from the one assigned at birth has little association with suicidality. However, supportive families act as a buffer against suicidal ideation, and unsupportive families significantly predict higher likelihood of suicide attempt for transgender people when controlling for numerous covariates.

**Conclusion:** Our findings underscore the importance of supportive environments for TNB adolescents. Interventions that strengthen interpersonal relationships and local environments will reduce suicidality among TNB youth. Importantly, recent anti-trans legislation may interfere with the ability of teachers and families to provide needed supports and will likely have deleterious effects on the mental health of TNB individuals.

**Keywords:** age of transition; family support; K-12; suicidality; transgender

## Introduction

Recent state-level legislation targeting trans youth has heightened concerns about the mental health and well-being of trans youth. High risk for suicidality, including both suicidal ideation and suicide attempt, is prevalent among transgender and gender nonbinary/gender queer (TNB) populations.<sup>1–6</sup> An estimated 40% of TNB people in the United States have attempted suicide, and over 80% report lifetime suicidal ideation.<sup>7</sup> This high prevalence of suicidality can be attributed

to exposure to chronic stressors, discrimination, and transphobia at the interpersonal and structural level.<sup>8,9</sup>

Transition processes, negative experiences in formative years, and familial support can serve as important buffering or exacerbating factors in transgender suicidality. Transition processes, such as the age TNB people begin living full time in a gender different from the one assigned to them at birth, have varying impacts on suicidality.<sup>6,10–15</sup> Negative school climates and lack of visibility and/or recognition of gender identity are

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detrimental experiences a large proportion of TNB people report.<sup>16–18</sup> TNB people are more likely to have unsupportive families<sup>19–21</sup> and often experience family rejection.<sup>22–25</sup>

While previous research has identified a range of risk factors facing TNB individuals, this study builds upon and extends this research by considering three critical contextual factors: age of transition, K-12 experiences, and family support. Specifically, we test the associations between these protective and risk factors and suicidality among TNB adults in the United States using a subset of data from the 2015 United States Transgender Survey (USTS).<sup>26</sup>

#### Age of transition, K-12 experiences, and family support

Transition processes, including age of full transition and age of transition, have varying impacts on mental health, well-being, and suicidality. This literature is split on the impact of transition processes on mental health outcomes. One body of literature suggests protective effects of earlier and full transition. For example, transgender individuals who are further along in the transition process generally report less psychological distress, more well-being, and better mental health outcomes.<sup>10–14</sup>

Suicidality risk and other mental health risks are lower for transgender people who have completed desired medical transition-related procedures, who have had personal identification documentation changes or other gender social transition processes, or who report the ability to transition.<sup>27–29</sup> Timing and age of transition processes impact mental health outcomes as well. Transgender youth who receive treatment during their adolescent years have improved mental health outcomes by young adulthood.<sup>30</sup> Older individuals who identify as transgender experience higher levels of family rejection—indicating that age of transition may be an important factor.<sup>23</sup>

However, another body of literature suggests adverse impacts of earlier and full transition. This research suggests that disclosure of transgender identity is associated with elevated suicidality.<sup>6</sup> Compared to transgender people with no plans to transition, those who were living full time in a different gender than the one assigned at birth or who planned to transition had higher suicidal ideation.<sup>15</sup> Realization of transgender identity at a younger age is also associated with elevated suicidality and adverse mental health outcomes,<sup>31,32</sup> and a high prevalence (around 16%) of

transgender people think about suicide when they first “felt” they were transgender.<sup>33</sup> Some suggest that these negative outcomes may be due to hypervisibility and anti-trans resistance from society.<sup>34,35</sup>

Much of the research that centers the K-12 schooling experiences of transgender students paints a complicated picture of the levels of support they receive from parents/guardians, schools, and other social networks.<sup>36,37</sup> While transgender children are able to understand their gender as early as 2 or 3 years of age,<sup>38</sup> school districts and curriculum that provide comprehensive sex education or LGBTQ-inclusive sex education remain rare.<sup>39</sup> The lack of visibility and/or recognition of gender identity, and thus negative school climate is a potential contributor to the violence that transgender youth experience during their formative years in K-12 schools.<sup>16,17</sup> The negative outcomes from this violence come in many forms, such as substance use,<sup>16</sup> truancy,<sup>18</sup> bullying, and dropping out, among many others.<sup>17</sup>

While hostile schooling environments can increase the odds of suicide and other types of harm for trans youth (e.g., substance use), research also has established that supportive and gender-affirming environments can help reverse the risk of dropping out of school and suicidal ideation. For instance, transgender youth who have socially transitioned with the support of their parents display better mental health outcomes than their peers without transition support,<sup>40</sup> as well as less parental abuse.<sup>41</sup> In school spaces, parents often play the role of advocates in helping schools transition the child successfully.<sup>36,37</sup> For example, simply using correct name and pronouns has been found to reduce suicidal ideation and depression, and increase in self-esteem.<sup>42</sup>

Supportive families provide protective buffers against suicidality for TNB people.<sup>23,43–47</sup> Parental support, specifically, is negatively associated with psychological distress, depression, and post-traumatic stress disorder symptoms.<sup>20,48,49</sup> However, family rejection is associated with suicidality,<sup>7,23,46,48,50,51</sup> as well as other negative mental health outcomes.<sup>23,51–53</sup>

A life course perspective on childhood adversity faced by TNB people, including lack of familial support and negative K-12 experiences, suggests that the cumulative impact of childhood (dis)advantage has a direct effect on adult health.<sup>54–57</sup> Hostile K-12 educational environments, lack of familial support, and delays in transition processes act as cumulative negative experiences, which have lifetime reverberations

on the mental health of TNB people. Long-term exposures to these negative experiences<sup>54</sup> similarly may have a direct effect on the rate of cumulative exposure and in turn exacerbate the cumulative experiences impacting adult health.<sup>57</sup>

## Materials and Methods

### Data

We utilize the most recent iteration and up-to-date release of the 2015 USTS, a dataset with 27,715 transgender respondents in the United States. The National Center for Transgender Equality (NCTE) administered the USTS and archived the restricted data at the Inter-University Consortium for Political and Social Research (ICPSR) at the University of Michigan in 2019. Although the USTS is a nonprobability sample, it represents the largest survey of self-identified transgender, trans, genderqueer, nonbinary, and other identities on the transgender identity spectrum individuals 18 years of age and older residing in the United States.<sup>26</sup> Our analysis includes 19,121 respondents who have valid responses on all variables of interest. An exempt determination was obtained from Mississippi State University's institutional review board as analysis involves secondary data.

### Variables of interest

The outcome variables of interest in this analysis are lifetime suicidal ideation and suicide attempt. Respondents were asked, "At any time in your life, have you seriously thought about trying to kill yourself?" and "At any time in your life, did you try to kill yourself?" The responses are coded as dichotomous variables (0 = No and 1 = Yes).

Independent variables of interest and covariates were selected based on relevant literature. Our main independent variables include age of transition, negative K-12 experiences, and family support. Age of transition is based on responses to the question: *How old were you when you started to live full-time in a gender that is different from the one assigned to you at birth?* Response options were open ended and this measure is coded as (1) 5–10 years old, (2) 11–13 years old, (3) 14–18 years old, (4) 19–24 years old, and (5) 25+ years old.

Negative K-12 experiences dichotomously measure whether a respondent reported any of the following negative experiences occurring during their time in kindergarten through twelfth grade: verbal harassment, physical attack, unwanted sexual contact, not being

allowed to dress in the way that fit gender identity/expression, being disciplined for fighting back against bullies, being disciplined more harshly than others, leaving school because mistreatment was so bad, or being expelled from school. The family support measure is based on respondent response to the following question: *On average, how supportive [is your immediate family] of you being trans?* Response options included a scale from "very supportive" to "very unsupportive." This measure is categorically coded as (1) supportive, (2) neutral, and (3) unsupportive.

Covariates include gender identity (transgender woman, transgender man, and nonbinary/gender queer), race/ethnicity (white, American Indian or Alaskan Native, Asian American, Black or African American, Latinx, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, and Biracial or Multiracial), marital status (married or cohabiting, never married, divorced, and widowed), level of education (less than high school, high school, some college, associate's degree, bachelor's degree, and graduate or professional degree), and unemployment (no/yes). We omitted income from final models due to multicollinearity issues.

### Analysis

We use descriptive statistics to characterize the study sample and estimate the prevalence of suicidality and protective and risk factors. Because of the nature of our dependent variables of interest, we conduct separate logistic regression models. We first test baseline models testing the association between suicidality and age of transition. In the second set of models, we add negative K-12 experiences and family support. Finally, we add all covariates in model 3. We conducted the data analysis using Stata 17<sup>58</sup> and account for complex survey design by utilizing Stat's "svy" command with our logistic regression models.

### Results

Table 1 displays the weighted percentage distributions for dependent and independent variables for the full analytic sample of 19,121 respondents. The mean age of the analytic sample is 31.2 years with a standard deviation of 13.5. Nearly 79% of respondents have thought seriously about suicide, and nearly 43% have made a suicide attempt. The majority of respondents (71.90%) began living full time in a gender different from the one assigned at birth when they were 25+ years old, followed by 16.20% when 19–24

**Table 1. Weighted Descriptive Statistics of Transgender Persons in the United States, 2015 (N = 19,121)**

Suicidality	
Ever had serious suicidal thoughts (N = 19,095)	78.96%
Ever attempted suicide (N = 19,087)	42.95%
Age began living full time in a gender different from the one assigned at birth	
5–10 years old	0.63%
11–13 years old	0.85%
14–18 years old	10.42%
19–24 years old	16.20%
25+ years old	71.90%
Had negative K-12 experience based on transgender identity <sup>a</sup>	28.03%
Level of family support	
Supportive	60.08%
Neutral	20.78%
Unsupportive	19.15%
Gender identity	
Transgender woman	58.47%
Transgender man	26.21%
Gender nonbinary/gender queer	15.32%
Race/ethnicity	
American Indian or Alaska Native	1.07%
Asian American	2.88%
Black or African American	13.30%
Latinx	15.41%
Middle Eastern or North African	0.23%
Native Hawaiian or other Pacific Islander	0.06%
White	64.30%
Biracial or multiracial	2.21%
Marital status	
Married or cohabitating	24.89%
Never married	53.70%
Divorced	18.89%
Widowed	2.52%
Educational attainment	
Less than high school	14.29%
High school (including GED) <sup>b</sup>	28.66%
Some college	22.42%
Associate's degree	8.08%
Bachelor's degree	16.22%
Graduate or professional degree	10.35%
Unemployed	39.29%

<sup>a</sup>Negative experiences include experiencing verbal harassment, physical attack, unwanted sexual contact, not being allowed to dress in the way that fit gender identity/expression, being disciplined for fighting back against bullies, being disciplined more harshly, leaving school because mistreatment was so bad, or being expelled from school.

<sup>b</sup>Although "The GED" was originally an acronym for Tests of General Educational Development, since 2011, the term "GED" has been used without indication to the historical acronym by GED Testing Service.

years old, 10.42% when 14–18 years old, 0.85% when 5–10 years old, and 0.63% when 5–10 years old.

Over a quarter (28.03%) of respondents reported any negative K-12 experience based on their transgender identity. Although our predictor measures if respondents had any negative experience during their K-12 education, of those who reported any negative experience, 54.5% of respondents were verbally harassed, 23% were physically attacked, 11.5% experienced unwanted sexual contact, 50.5% were not allowed to

dress according to their identity, 35.5% were disciplined for standing up to bullying, 18.5% believed they were disciplined more harshly, 16.3% dropped out due to mistreatment, and 4.8% were expelled from school. Just over 60% of respondents report having supportive families, with 20.78% reporting neutral families and 19.15% reporting unsupportive families.

Table 2 displays the results of logistic regression models for suicidal ideation, expressed as odds ratios (OR). In baseline models, each age of transition does not significantly differ from being 5 to 10 years old at the age of transition; however, in model 2, when negative K-12 experiences and family support are added, transgender individuals who began living full time in a gender different from the one assigned at birth *when 14–18 years old* are over three times more likely to have reported suicidal ideation than those who began living full time when 5–10 years old (OR = 3.563, 95% confidence interval [CI] 0.82–15.40,  $p < 0.1$ ).

Transgender adults who had experienced any negative K-12 experience based on their transgender identity are more than two times as likely to report suicidal ideation (OR = 2.075, 95% CI 1.58–2.73,  $p < 0.001$ ). In addition, respondents with supportive families are less likely to have reported suicidal ideation than those with neutral families (OR = 0.713, 95% CI 0.55–0.93,  $p < 0.05$ ), and respondents with unsupportive families do not significantly differ from those with neutral families. After controlling for covariates, the same associations hold, with the addition of respondents with unsupportive families being more likely to report suicidal ideation than those with neutral families (OR = 1.420, 95% CI 0.96–2.10,  $p < 0.01$ ).

Among covariates, transgender men are more likely to report suicidal ideation compared to nonbinary/gender queer individuals (OR = 1.301, 95% CI 0.97–1.75,  $p < 0.01$ ). American Indian/Alaska Native, Middle Eastern or North African, and Biracial or Multiracial individuals are more likely to report ideation, compared to white individuals, and Black or African American individuals are less likely to report ideation than white individuals.

Table 3 displays the results of logistic regression models for suicide attempt, expressed as OR. Like suicide ideation models, in baseline suicide attempt models, each age of transition does not significantly differ from being 5 to 10 years old at the age of transition. However, for suicide attempt, each age of transition does not significantly differ from the youngest reference group across models when other

**Table 2. Correlates/Factors Associated with Suicidal Ideation Among Transgender Persons in the United States, 2015 (N= 19,095)**

Predictors	Living full time	K12 experiences and family support	Sociodemographic
Age began living full time in gender different from one assigned at birth (Ref. 5–10 years old)			
11–13 years old	1.201 (0.239–6.035)	1.536 (0.316–7.476)	1.320 (0.333–5.235)
14–18 years old	2.859 (0.686–11.91)	3.563* (0.824–15.40)	3.362* (0.944–11.98)
19–24 years old	1.964 (0.493–7.830)	2.949 (0.721–12.06)	2.735 (0.813–9.196)
25+ years old	1.564 (0.402–6.082)	2.451 (0.619–9.707)	2.423 (0.740–7.932)
Negative experiences in K-12 based on transgender identity <sup>a</sup>		2.075*** (1.578–2.728)	1.943*** (1.476–2.558)
Family support (Ref. neutral)			
Supportive		0.713** (0.550–0.925)	0.743** (0.574–0.963)
Unsupportive		1.397 (0.932–2.094)	1.420* (0.962–2.097)
Gender identity (Ref. nonbinary/gender queer)			
Transgender woman			0.875 (0.660–1.159)
Transgender man			1.301* (0.965–1.754)
Race/ethnicity (Ref. White)			
American Indian or Alaskan Native			1.952* (0.970–3.930)
Asian American			1.243 (0.708–2.183)
Biracial/multiracial			2.093*** (1.429–3.066)
Black or African American			0.618** (0.414–0.922)
Latinx			0.862 (0.580–1.281)
Middle Easterner or North African			2.215* (0.994–4.936)
Native Hawaiian or other Pacific Islander			0.374 (0.0708–1.976)
Marital status (Ref. married or cohabiting)			
Never married			1.104 (0.826–1.474)
Divorced			1.096 (0.828–1.450)
Widowed			0.440* (0.190–1.017)
Education (Ref. less than high school)			
High school (including GED <sup>b</sup> )			0.882 (0.488–1.593)
Some college			1.281 (0.736–2.228)
Associate's degree			0.901 (0.506–1.605)
Bachelor's degree			0.878 (0.507–1.519)
Graduate or professional degree			0.610* (0.353–1.057)
Unemployed			1.145 (0.900–1.456)
Constant	2.207 (0.571–8.535)	1.441 (0.358–5.811)	1.574 (0.435–5.703)

Coefficients represent OR; 95% confidence interval in parentheses.

<sup>a</sup>Negative experiences include experiencing verbal harassment, physical attack, unwanted sexual contact, not being allowed to dress in the way that fit gender identity/expression, being disciplined for fighting back against bullies, being disciplined more harshly, leaving school because mistreatment was so bad, or being expelled from school.

<sup>b</sup>Although "The GED" was originally an acronym for Tests of General Educational Development, since 2011, the term "GED" has been used without indication to the historical acronym by GED Testing Service.

\*\*\* $p < 0.01$ , \*\* $p < 0.05$ , \* $p < 0.1$ .

OR, odds ratios.

**Table 3. Correlates/Factors Associated with Suicide Attempt Among Transgender Persons in the United States, 2015 (N= 19,087)**

Predictors	Living full time	K12 experiences and family support	Sociodemographic
Age began living full time in gender different from one assigned at birth (Ref. 5–10 years old)			
11–13 years old	0.753 (0.192–2.952)	0.915 (0.233–3.599)	0.897 (0.256–3.134)
14–18 years old	1.319 (0.379–4.593)	1.570 (0.443–5.561)	1.543 (0.520–4.582)
19–24 years old	0.707 (0.209–2.386)	0.982 (0.287–3.358)	1.183 (0.409–3.426)
25+ years old	0.603 (0.180–2.019)	0.888 (0.262–3.014)	1.132 (0.393–3.256)
Negative experiences in K-12 based on transgender identity <sup>a</sup>		1.918*** (1.575–2.335)	1.884*** (1.561–2.274)
Family support (Ref. neutral)			
Supportive		0.872 (0.719–1.059)	0.876 (0.719–1.067)
Unsupportive		1.349** (1.056–1.725)	1.302** (1.012–1.676)
Gender identity (Ref. nonbinary/gender queer)			
Transgender woman			1.059 (0.856–1.310)
Transgender man			1.512*** (1.230–1.858)
Race/ethnicity (Ref. White)			
American Indian or Alaskan Native			2.235*** (1.346–3.710)
Asian American			1.263 (0.809–1.972)
Biracial/multiracial			1.803*** (1.366–2.380)
Black or African American			1.212 (0.863–1.700)
Latinx			1.131 (0.840–1.522)
Middle Easterner or North African			1.184 (0.410–3.416)
Native Hawaiian or other Pacific Islander			1.293 (0.290–5.760)
Marital status (Ref. married or cohabiting)			
Never married			0.936 (0.745–1.177)
Divorced			1.227* (0.968–1.556)
Widowed			0.888 (0.404–1.955)
Education (Ref. less than high school)			
High school (including GED <sup>b</sup> )			0.647** (0.421–0.995)
Some college			0.709* (0.473–1.061)
Associate’s degree			0.572** (0.374–0.875)
Bachelor’s degree			0.476*** (0.318–0.714)
Graduate or professional degree			0.366*** (0.242–0.555)
Unemployed			1.288*** (1.085–1.529)
Constant	1.113 (0.334–3.711)	0.666 (0.194–2.279)	0.635 (0.206–1.962)

Coefficients represent OR; 95% confidence intervals in parentheses.

<sup>a</sup>Negative experiences include experiencing verbal harassment, physical attack, unwanted sexual contact, not being allowed to dress in the way that fit gender identity/expression, being disciplined for fighting back against bullies, being disciplined more harshly, leaving school because mistreatment was so bad, or being expelled from school.

<sup>b</sup>Although “The GED” was originally an acronym for Tests of General Educational Development, since 2011, the term “GED” has been used without indication to the historical acronym by GED Testing Service.

\*\*\* $p < 0.001$ , \*\* $p < 0.01$ , \* $p < 0.05$ .

covariates are added. In final models, transgender adults who had experienced any negative K-12 experience based on their transgender identity are more likely to report suicide attempt (OR = 1.884, 95% CI 1.56–2.27,  $p < 0.001$ ). Respondents with supportive families do not significantly differ from those with neutral families, but those with unsupportive families are more likely to report suicide attempt than those with neutral families (OR = 1.302, 95% CI 1.01–1.68,  $p < 0.05$ ).

Among covariates, transgender men are more likely to report suicide attempt compared to nonbinary/gender queer individuals (OR = 1.512, 95% CI 1.23–1.89,  $p < 0.01$ ). American Indian/Alaska Native and Biracial or Multiracial individuals are more likely to report attempt, compared to white individuals. With increasing education, the likelihood of suicide attempt decreases, compared to those with less than a high school diploma, and unemployed respondents are more likely to report suicide attempt (OR = 1.288, 95% CI 1.09–1.53,  $p < 0.001$ ).

Negative K-12 experiences significantly predict higher likelihood of both suicidal ideation and suicide attempt for transgender people, regardless of age of transition, and after controlling for a host of covariates. The age a transgender person begins to live full time in a gender different from the one assigned at birth has little association with suicidality. However, supportive families act as a buffer against suicidal ideation, and unsupportive families significantly predict higher likelihood of suicide attempt for transgender people when controlling for numerous covariates.

## Discussion

Our analysis considers three protective and risk factors for transgender suicidality—age of transition, K-12 experiences, and family support. The reviewed literature suggests that the age of transition has varying impacts on suicidality,<sup>6,10–15</sup> and our analysis somewhat supports this body of work by showing a lack of significant differences in suicidal ideation and suicide attempt across various ages of transition. In line with previous work,<sup>16–18</sup> we find that negative K-12 experiences increase the odds of reporting suicidal ideation and suicide attempt nearly twofold, even when controlling for a host of sociodemographic and socioeconomic factors. Family support is associated with decreased odds in suicidal ideation, and the absence of supportive families increases the odds for suicide attempt, highlighting how family support indicates climate in a home context.

Taken collectively, these findings demonstrate the importance of supportive home and school environments, or lack thereof, during the formative years for TNB adults. Our measures of suicidal ideation and suicide attempt are lifetime retrospective measures obtained from adult TNB people. The level of support TNB people receive from their families and negative experiences in K-12 education significantly predict suicidality. Varying levels of discrimination at the K-12 schooling environments show evidence of its impact on suicidality, and highlight the need for greater supports (e.g., inclusive curriculum, anti-discrimination policies, teacher training).

While significant structural discrimination impacts the lives of TNB people, these results suggest that interpersonal relationships and local environments play a key role in suicidality later in life. Our results similarly demonstrate the cumulative impact of negative experiences<sup>54–57</sup> on TNB people. These cumulative negative experiences have lifetime reverberations and impact suicidal ideation and suicide attempts across the life course.

While our results suggest that age of transition does not significantly associate with suicidality, it is important to note that nearly three quarters of our sample (71.90%) report first living full time in a gender different from the one assigned at birth at age 25 or older. It is certainly possible that a more diverse sample in terms of age of transition would render different findings. However, considering the high prevalence of adult transition in our sample, our findings underscore that family support and K-12 experiences are especially vital for those who transition later in life. A positive environment at home and school equips TNB individuals with the psychosocial resources to lighten the mental health burden associated with an adulthood transition.<sup>23</sup>

## Limitations

This study builds upon and extends existing research by identifying contextual protective and risk factors that shape suicidality among TNB adults in the United States. The study is limited by the nonprobable nature of the sample and retrospective nature of our measures, which prohibits a more nuanced life course analysis of suicidality among TNB individuals. In addition, the cross-sectional nature of the data does not allow for causal relationships to be concluded, and there are several confounding factors not included in our analysis, which may impact associations explored in this study. Finally, single-item study questions were utilized to

measure family support and age of transition. These questions do not necessarily describe the phenomena as accurately as the measures validated for them.

Future research can build upon this study by focusing on important subpopulations (e.g., TNB individuals of color) and disaggregating the experiences of transgender men and women, gender queer, nonbinary, and other individuals with identities on the transgender identity spectrum.

### Conclusion

Interventions that target families and educational settings are necessary to support TNB people and address the high prevalence of suicidality. With the absence of federal and state-level protections for TNB people, these interpersonal and local contexts become more critical; they are the first line of defense to prevent and ameliorate the vast mental health disparities observed among TNB individuals.

Recent executive orders criminalizing parents or guardians who affirm their transgender children<sup>59,60</sup> as well as increasing anti-trans legislation at the state level<sup>61</sup> and broader anti-LGBT legislation, like Florida's House Bill 1557, the Don't Say Gay bill,<sup>62</sup> will directly impact families, teachers, and other school officials' ability to support transgender children *and* to create the supportive and thriving environments transgender students require to flourish.

Based on our findings, these policies have the potential to undermine the mental health of TNB individuals over the life course, effectively deterring any effort to save lives. Policymakers, child welfare advocates, and public education officials have the power to design policies, curricula, and other interventions that can contribute to the decrease of suicidal ideation and suicide attempts among transgender individuals. In this crucial time in our political history, advocates at the federal, state, and local levels must recognize that transgender youth need a range of supports—including recognition and visibility—to thrive. Providing appropriate supports have the potential to save transgender lives.

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### Disclaimer

The opinions expressed in this study are the author's own and do not represent the opinions of the Health Equity Scholars for Action program or the Robert Wood Johnson Foundation.

### Data Availability Statement

The data used in this article are archived at ICPSR and it is restricted data. For more information, see the following: Sandy E. James, NCTE (U.S.); Jody Herman, NCTE (U.S.); Mara Keisling, NCTE (U.S.); Lisa Mottet, NCTE (U.S.); and Ma'ayan Anafi, NCTE (U.S.). <https://doi.org/10.3886/ICPSR37229.v1>

### Authors' Contributions

All authors (G.H.M., G.M.-V., M.I.S., and C.G.) equally contributed in conceptualization, resources, and writing—review and editing. G.H.M., G.M.-V., and M.I.S. equally contributed in data curation, formal analysis, and methodology. G.H.M. lead in project administration, supervision, visualization, and writing—original draft.

### Author Disclosure Statement

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#### Abbreviations Used

CI = confidence interval  
 ICPSR = Inter-University Consortium for Political and Social Research  
 NCTE = National Center for Transgender Equality  
 OR = odds ratio  
 TNB = transgender and gender nonbinary/gender queer  
 USTS = United States Transgender Survey