



Adolescent health brief

Nontraditional School Enrollment in Transgender and Gender-Diverse Youth

Anisha Gohil, D.O. *, Kelly L. Donahue, Ph.D., and Erica A. Eugster, M.D.

Division of Pediatric Endocrinology, Indiana University School of Medicine, Indianapolis, Indiana

Article history: Received March 20, 2020; Accepted May 13, 2020

Keywords: Transgender; Homeschool; Online school

A B S T R A C T

Purpose: This study aimed to investigate the prevalence of online and homeschool attendance in transgender and gender-diverse (TGD) youth.

Methods: Caregivers of 12- to 17-year-olds participated in a phone survey about school attendance. Subjects included TGD youth receiving care in a gender health clinic and youth receiving care in a pediatric endocrinology/diabetes (PED) clinic.

Results: Parents of 83 TGD and 83 PED youth participated in the study. Current/past enrollment in a nontraditional school setting was higher among TGD than PED youth (37.3% vs. 19.3%; $p = .01$). In addition, 14.5% of TGD and 7.2% of PED youth had transferred between traditional school settings (public, private, and charter) for psychosocial reasons.

Conclusions: Approximately half of the TGD youth had either attended a nontraditional school setting or changed schools for psychosocial reasons, compared with approximately one fourth of PED youth (51.8% vs. 26.5%, $p = .001$). This suggests that traditional school environments present significant psychological difficulties for TGD adolescents.

© 2020 Society for Adolescent Health and Medicine. All rights reserved.

IMPLICATIONS AND CONTRIBUTION

Compared with other students, significantly more transgender and gender-diverse youth have ever attended a nontraditional school setting (online school or homeschool) or changed traditional schools (public, private, and charter) often because of bullying, lack of school support, or emotional/behavioral difficulties. Increased efforts to support transgender and gender-diverse youth within educational environments are essential.

Transgender and gender-diverse (TGD) youth (i.e., youth who are transgender, nonbinary, or gender expansive/non-conforming) face high rates of discrimination, harassment, and other negative experiences within the school environment [1–3]. Multilevel analyses of data from the California Student Survey, the largest known sample of middle and high school TGD youth, demonstrated that TGD youth were more likely than

cisgender peers to be truant, victimized, bullied, and report negative perceptions of their school climate [2]. Survey results from 19 sites across the U.S. indicated that high school TGD youth are at higher risk of violent victimization, substance use, and suicide risk compared with their cisgender counterparts [3]. Harassment has also been reported in older TGD individuals attending 14 colleges and universities across the U.S. at a rate of 41% compared with 28% in cisgender students [4].

However, the effect of a negative school environment on school choice among TGD youth is not well understood. In the present study, we explored rates of nontraditional school attendance and reasons underlying school choice among TGD youth. We also compared experiences of TGD youth to those

Conflicts of interest: The authors have no conflicts of interest to disclose.

* Address correspondence to: Anisha Gohil, D.O., Division of Pediatric Endocrinology, Indiana University School of Medicine, 705 Riley Hospital Drive, Room 5960, Indianapolis, IN 46202.

E-mail address: agohil@iu.edu (A. Gohil).

receiving routine care in a pediatric endocrinology/diabetes (PED) clinic.

Methods

Parents or caregivers of patients aged 12–17 years seen at Riley Hospital for Children's gender health clinics between September 2015 and July 2019 and in general endocrine or diabetes clinics during August 2018 were identified using International Classification of Diseases, Tenth Revision codes (TGD) and clinic schedules (PED). Parents completed a phone-based survey between September 2018 and August 2019. The protocol was approved by our local institutional review board. Measured variables included age, current grade, assigned sex at birth, current or past enrollment in homeschool, online school, or an alternative arrangement.

If no history of nontraditional schooling was reported, we queried about transferring between traditional school settings for reasons other than a family move, a change in grade, or school redistricting. Caregivers also selected the primary reason for nontraditional school attendance or transfer, based on items grouped into five categories of safety, health, support, personal, and education. Statistical analyses were completed using SPSS (IBM) with differences in group characteristics and prevalence rates compared using chi-squared tests or independent *t* tests.

Results

Surveys were completed by caregivers of 83 TGD and 83 PED youth. Compared with PED, TGD youth were older (15.63 vs. 14.67 years; $p < .001$) and in a higher school grade on average (9.89 ± 1.5 vs. 8.76 ± 1.67 ; $p < .001$). More TGD than PED youth were assigned female at birth (73.5% vs. 50.6%; $p = .002$).

The prevalence of current or past enrollment in a nontraditional school setting was greater among TGD than PED youth (37.3% vs. 19.3%; $p = .01$). An additional 14.5% of TGD youth, relative to 7.2% of PED youth, had transferred schools for psychosocial reasons such as bullying or lack of school support. Because of higher mean age of TGD youth, we performed a sensitivity analysis, including only those in high school with the same pattern of results. Figure 1 illustrates the prevalence rates of alternative school attendance in all grades and in high schoolers alone.

For 39% of the total study sample (43 TGD and 22 PED youth) who had ever attended online school or homeschool or transferred between traditional school settings, caregivers reported the primary reason for this school choice (Figure 2). Among caregivers of TGD youth, the most commonly endorsed reasons for nontraditional school attendance or switching schools were lack of school support ($n = 12$), bullying ($n = 8$), and emotional/behavioral difficulties ($n = 7$). In contrast, only one caregiver of PED youth endorsed lack of school support as a primary reason affecting school choice, and only two selected bullying.

Discussion

Approximately half of the TGD youth seen in our gender clinics had ever attended a nontraditional school setting or transferred schools for psychosocial reasons, in contrast to one fourth of our comparison group. Current homeschool or online school attendance was reported for 21.7% of TGD youth in our study. This is in contrast to national estimates for homeschool of 3.3% [5] and online school attendance of .4% among all children in the U.S. [6]. To our knowledge, this is the first study examining types of school settings attended by TGD youth.

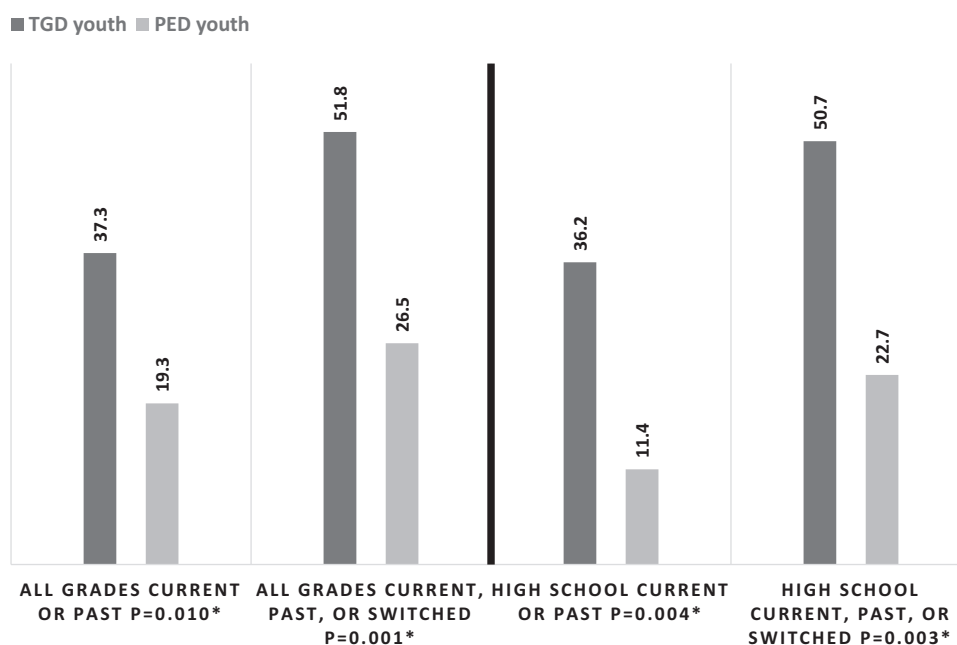


Figure 1. Prevalence rates for nontraditional school attendance (current or past) and school switching among transgender and gender-diverse (TGD) youth versus pediatric endocrinology/diabetes (PED) youth for all grades (left) and high school only (right). Statistically significant differences at .05 level are marked with an asterisk.

Safety	Health	Support	Personal	Education
<ul style="list-style-type: none"> • Child safety concerns • 3 vs 2 • Bullying related to gender • 6 vs 0 • Bullying for other reasons • 2 vs 2 	<ul style="list-style-type: none"> • Special needs • 3 vs 3 • Illness-related • 1 vs 0 • Emotional/behavioral difficulties • 7 vs 4 • Substance Abuse • 1 vs 0 	<ul style="list-style-type: none"> • Lack of school support related to gender • 6 vs 0 • Lack of school support in other areas • 6 vs 1 	<ul style="list-style-type: none"> • Concerns about race • 1 vs 0 • Concerns about discipline • 1 vs 0 • Scheduling Conflicts • 1 vs 2 • Desire for new friends • 0 vs 1 • Desire for new school experience • 0 vs 1 	<ul style="list-style-type: none"> • Desire for non-traditional teaching method • 2 vs 3 • Desire for religious or moral instruction • 0 vs 2 • Dissatisfied with academic instruction • 1 vs 1 • Desire for higher-achieving program • 2 vs 0

Figure 2. Primary reasons given for nontraditional school attendance or changing traditional schools. For each reason, the number of caregiver responses for transgender and gender-diverse (TGD) youth versus pediatric endocrinology/diabetes (PED) youth are shown. Total TGD = 43 and total PED = 22.

We found that the reasons for nontraditional school choice or transferring schools among TGD youth were often due to a negative school environment, including bullying, lack of school support, or concerns about safety. Effective strategies to improve the school environment for TGD youth are needed, and emerging studies have demonstrated the likely benefits of a positive school environment [7–9]. Although higher rates of transphobic language are associated with less peer support of TGD youth, witnessing peers defending TGD youth significantly increased the likelihood of similar intercession by other peers [7]. Connections with parents and other adults, as well as enhanced school safety, are protective factors that may reduce the risk of nonsuicidal self-injury among TGD youth [8]. When schools take action to reduce harassment, increased connections can develop between adult school personnel and TGD youth, which are then associated with greater feelings of safety [9].

The limitations of our study include the phone-based recruitment method and data collection, as caregivers were not always available. Our study sample is limited to a single Midwestern state and may not be generalizable to other regions. The gender identity of PED youth was not queried so cannot be assumed to be exclusively cisgender. As many of our endocrine and diabetes patients have comorbid medical conditions that may increase the probability of their parents choosing alternative school environments, the prevalence rates in our comparison are likely higher than the general population. Thus, the difference observed likely represents a conservative estimate of the increased rate of nontraditional school attendance experienced by TGD youth relative to other students.

In conclusion, we found that significantly more TGD youth attend homeschool or online school compared with their peers, and this choice is often because of negative psychosocial experiences. Increased efforts to enhance support for TGD youth within mainstream educational environments are essential for improving the well-being of this vulnerable population of young people.

Acknowledgments

The preliminary findings of the study were presented in poster form at the Pediatric Endocrine Society Meeting on April 27, 2019.

Funding Sources

The work was supported by NIH grant T32DK065549.

References

- [1] Greytak EA, Kosciw JG, Diaz EM. Harsh realities: The experiences of transgender youth in our Nation's schools. New York: GLSEN; 2009.
- [2] Day JK, Perez-Brumer A, Russell ST. Safe schools? Transgender youth's school experiences and perceptions of school climate. *J Youth Adolescence* 2018;47:1731–42.
- [3] Johns MM, Lowry R, Andrzejewski J, et al. 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 Morb Mortal Wkly Rep* 2019;68:67–71.
- [4] Rankin SR. Campus climate for lesbian, gay, bisexual and transgender people. *Divers Factor* 2004;12:18–23.
- [5] McQuiggan M, Megra M. Parent and family involvement in education: Results from the National Household Education Surveys Program of 2016 (NCES 2017-102). U.S. Department of Education. Washington, DC: National Center for Education Statistics; 2017. Available at: <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2017102>. Accessed June 25, 2020.
- [6] National Center for Education Statistics CCD. Number of virtual schools, total state enrollment, total virtual school enrollment, and virtual school enrollment as a percentage of state total enrollment, by state: School year 2013–14. Available at: https://nces.ed.gov/ccd/tables/201314_Virtual_Schools_table_3.asp. Accessed January 13, 2020.
- [7] Wernick LJ, Kulick A, Inglehart M. Influences of peers, teachers, and climate on students' willingness to intervene when witnessing anti-transgender harassment. *J Adolescence* 2014;37:927–35.
- [8] Taliaferro LA, McMorris BJ, Eisenberg ME. Connections that moderate risk of non-suicidal self-injury among transgender and gender non-conforming youth. *Psychiatry Res* 2018;268:65–7.
- [9] McGuire JK, Anderson CR, Toomey RB, Russell ST. School climate for transgender youth: A mixed method investigation of student experiences and school responses. *J Youth Adolescence* 2010;39:1175–88.