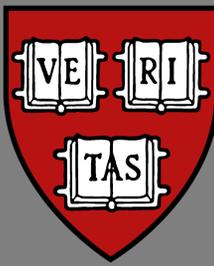




An Intersectional Examination of Identity-Based Disparities in the Mental Health Symptomatology of Clinically Referred Youth



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Research Questions

- Are gender minority youth (GMY) at greater risk for mental health problems compared to cisgender youth?
- Do gender minority youth of Color (GMYoC) experience more mental health problems than White gender minority youth?

Introduction

- Gender minority youth (i.e., children/adolescents with minority gender identities) are disproportionately exposed to trauma¹ (e.g., child abuse), violence² (e.g., physical/sexual assault), discrimination³, and interpersonal victimization⁴ (e.g., bullying)
- Relative to their cisgender peers, GMY report higher rates of anxiety⁵, depression⁶, self-harm⁷, suicidality⁸, and other mental health disorders⁹
 - However, few studies have elucidated GMY mental health symptomatology during childhood and early adolescence (i.e., school age), particularly externalizing behaviors
- Gender minority people of Color face multiple forms of stigmatization¹⁰ (e.g., transprejudice, racism), which, during adolescence and emerging adulthood, are associated with greater risk for mental and physical health problems¹¹⁻¹³
- Gender minority youth of Color (GMYoC) might be particularly vulnerable to mental health difficulties, as they encounter disparate rates of school-based victimization¹⁴
 - No prior study of GMY mental health has explored variations in symptomatology based on race/ethnicity

Go with the flow!

Relative to their cisgender peers, clinically referred **gender minority youth** self-reported **more** internalizing and externalizing **mental health problems**, but these concerns were **not** reflected by **their caregivers**.

Skip to the stats!

Though multiply marginalized, **gender minority youth of Color** did not endorse more **mental health difficulties**

than their White gender minority peers, **suggesting** the **resiliency** of intersecting identities.



REFERENCES

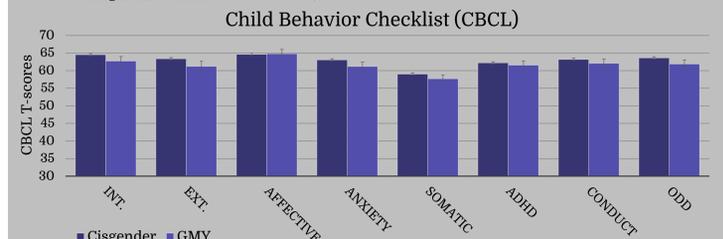
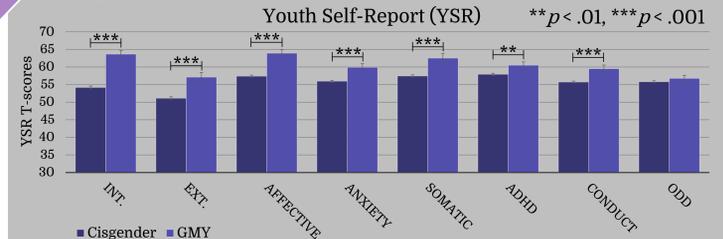
For more information or to request references, please visit <https://bit.ly/2YC428k> or email nathan.hollinsaid@tufts.edu



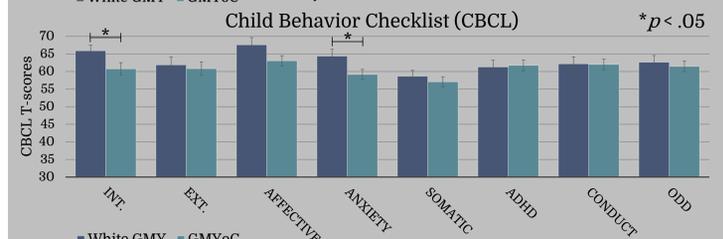
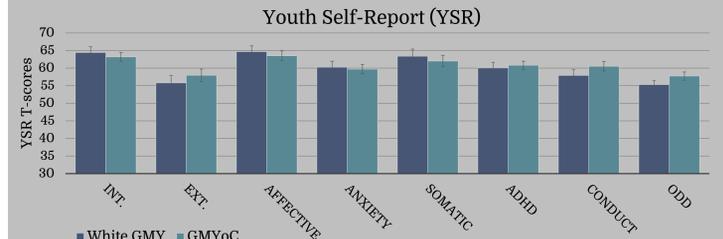
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Results

Cisgender v. GMY:

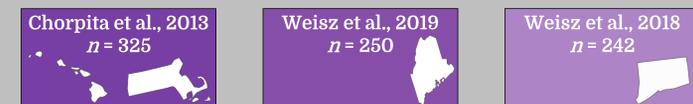


White GMY v. GMYoC:

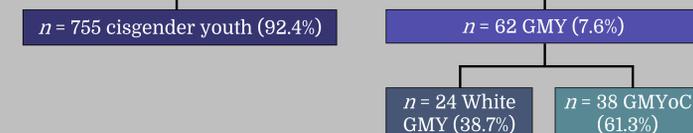


Participants

Pooled across 3 RCTs of MATCH-ADTC¹⁵⁻¹⁷:



- N = 817 clinically referred school-age youth ($M_{age} = 10.6$, $SD = 1.6$)
 - Race/Ethnicity: 53.5% White; 46.5% Youth of Color (i.e., 12.6% Black, 11.0% Latinx, 1.7% Asian, 19.1% multiracial, 2.1% other races/ethnicities)
 - Birth-Assigned Sex: 43.6% girls, 56.4% boys



Methods

- Mental health symptomatology was assessed via the following youth- and caregiver-reported measures at baseline:
 - Youth Self-Report (YSR)¹⁸
 - Child Behavior Checklist (CBCL)¹⁸
- Gender minority status was identified from YSR Item 110 ("I wish I were of the opposite sex")¹⁹
- To account for uneven sample size and unequal variance²⁰, Welch's *t*-tests were employed to examine identity-based disparities across multiple YSR and CBCL scales:
 - Broadband: internalizing, externalizing
 - DSM-oriented: affective, anxiety, somatic, ADHD, conduct, and oppositional defiant (ODD) problems

Findings

- GMY endorsed greater internalizing ($M = 63.7$, $SD = 8.0$) and externalizing ($M = 57.1$, $SD = 10.6$) concerns than cisgender youth ($M = 54.2$, $SD = 11.6$; $M = 51.1$, $SD = 11.1$) on the YSR, $t(83.6) = 8.6$ and $t(72.4) = 4.3$, $ps < .001$, including affective, anxiety, somatic, ADHD, and conduct problems ($ps < .01$)
 - However, no such differences emerged in caregiver-reported symptomatology on the CBCL
- White GMY had marginally higher internalizing difficulties ($M = 65.9$, $SD = 7.9$) than GMYoC ($M = 60.8$, $SD = 10.9$), $t(58.7) = 2.1$, $p = .04$, on the CBCL, specifically caregiver-reported anxiety ($p = .03$)
 - Otherwise, White GMY and GMYoC did not differ in self- or caregiver-reported mental health problems

Conclusions

- GMY's elevated symptomatology might result from heightened exposure to stigma-related stressors^{21,22}
- GMY may conceal their mental health concerns and gender identity to avoid familial rejection²³
- Though multiply marginalized, GMYoC may draw on their intersecting identities as sources of resiliency²⁴, embracing one to empower the other (i.e., positive intersectionality²⁵)
- As GMY are less likely to access mental health care²⁶, evidence-based practices (EBPs) should be adapted to address the specific needs of these youth and to promote resiliency in GMYoC
- Future RCTs of EBPs should be inclusive when asking about gender identity (e.g., including nonbinary youth)