Introduction

Gender minority youth (i.e., children/adolescents with minority gender identities) are disproportionately exposed to trauma (e.g., child abuse), violence (e.g., physical/sexual assault), discrimination, and interpersonal victimization (e.g., bullying).

Relative to their cisgender peers, GMY report higher rates of anxiety, depression, self-harm, suicidality, and other mental health disorders.

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 stigmatization (e.g., transprejudice, racism), which, during adolescence and emerging adulthood, are associated with greater risk for mental and physical health problems.

Gender minority youth of Color (GMYoC) might be particularly vulnerable to mental health difficulties, as they encounter disparate rates of school-based victimization.

No prior study of GMY mental health has explored variations in symptomatology based on race/ethnicity.

Participants

- Pooled across 3 RCTs of MATCH-ADTC15-17:
  - N = 817 clinically referred school-age youth (Mage = 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: 48.5% girls, 51.5% boys

Methods

- Mental health symptomatology was assessed via the following youth- and caregiver-report measures at baseline:
  - Youth Self-Report (YSR)
  - Child Behavior Checklist (CBCL)

- Gender minority status was identified from YSR Item 110 ("I wish I were of the opposite sex")

To account for uneven sample size and unequal variance, 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 = 71.1, SD = 10.6) concerns than cisgender youth (M = 54.2, SD = 11.8; M = 51.1, SD = 11.1) on the YSR, t(83.6) = 8.6 and (72.4) = 4.3, ps < .001, including affective, anxiety, somatic, ADHD, and conduct problems.

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 = 60.5, SD = 10.9), F(87) = 2.1, p = .04, on the CBCL, specifically caregiver-reported anxiety (p = .09).

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.

- GMY may conceal their mental health concerns and gender identity to avoid familial rejection.

- Though multiply marginalized, GMYoC may draw on their intersecting identities as sources of resiliency, embracing one to empower the other (i.e., positive intersectionality). 

- As GMY are less likely to access mental health care, 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).