

# Childhood Gender Nonconformity, Bullying Victimization, and Depressive Symptoms Across Adolescence and Early Adulthood: An 11-Year Longitudinal Study

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**Objective:** Childhood gender nonconformity has been associated with increased risk of caregiver abuse and bullying victimization outside the home, but it is unknown whether as a consequence children who are nonconforming are at higher risk of depressive symptoms. **Method:** Using data from a large national cohort ( $N = 10,655$ ), we examined differences in depressive symptoms from ages 12 through 30 years by gender nonconformity before age 11 years. We examined the prevalence of bullying victimization by gender nonconformity, then ascertained whether increased exposure to abuse and bullying accounted for possible increased risk of depressive symptoms. We further compared results stratified by sexual orientation. **Results:** Participants in the top decile of childhood gender nonconformity were at elevated risk of depressive symptoms at ages 12 through 30 years (for females, 0.19 standard deviations more depressive symptoms than conforming females; for males, 0.34 standard deviations more symptoms than conforming males). By ages 23 to 30 years, 26% of participants in the top decile of childhood nonconformity had probable mild or moderate depression versus 18% of participants who were conforming ( $p < .001$ ). Abuse and bullying victimization accounted for approximately half the increased prevalence of depressive symptoms in youth who were nonconforming versus conforming. Gender-nonconforming heterosexuals and males were at particularly elevated risk for depressive symptoms. **Conclusion:** Gender nonconformity was a strong predictor of depressive symptoms beginning in adolescence, particularly among males and heterosexuals. Physical and emotional bullying and abuse, both inside and outside the home, accounted for much of this increased risk. *J. Am. Acad. Child Adolesc. Psychiatry*; 2013;52(2):143-152.

**Key Words:** depression, bullying, child abuse, gender nonconformity

Children of both sexes experience themselves as masculine or feminine to varying degrees and express their masculinity and femininity through friendships, favored activities, clothing, and hair styles.<sup>1</sup> Children who do not conform to the social norms for their biological sex are termed “gender nonconforming.” Childhood gender nonconformity has been associated with increased prevalence of childhood sexual abuse and physical and psychological abuse by

caregivers.<sup>2,3</sup> Children who are gender nonconforming may also be at elevated risk for bullying victimization by peers and adults outside the home.<sup>4-6</sup> Bullying victimization is a severe psychosocial stressor and has been associated with feelings of helplessness and isolation,<sup>7</sup> anxiety,<sup>8</sup> depression,<sup>9-15</sup> and suicidality.<sup>13,14</sup> Better understanding of risk factors for victimization may improve the efficacy of bullying prevention efforts, and, in turn, may prevent elevated psychiatric symptomatology among at-risk populations.

Children who are gender nonconforming may be at elevated risk for depression in adolescence and early adulthood because of



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increased exposure to childhood abuse and bullying, compared with gender-conforming children. Depressive symptoms in adolescence have been associated prospectively with lower grades, less engagement in school, and poorer health-related quality of life in adolescence,<sup>16</sup> and increased risk of major depression, anxiety disorders, and suicidality in adulthood.<sup>17</sup> Although gender nonconformity in childhood or adulthood has been associated with bullying victimization in adolescence<sup>18</sup> and depression in adulthood,<sup>4,19,20</sup> the generalizability of existing studies is uncertain because of the use of small selected samples or samples restricted to sexual orientation minorities (gay men, lesbians, and bisexuals). Thus, we have a limited understanding of the magnitude of possible increased risk of depression in nonconforming versus conforming children, and the extent to which increased risk of depression can be attributed to childhood abuse or bullying victimization.

The present study builds on this prior work in four ways. First, we examine for the first time the relationship between childhood gender nonconformity and depression in a large population-based sample not selected on the basis of sexual orientation. In a prior study using this sample, we found that although sexual orientation minorities were more likely than heterosexuals to have been gender nonconforming in early childhood, the majority of participants reporting high levels of gender nonconformity in childhood were heterosexual.<sup>2</sup> Thus, heterosexual youth who were gender nonconforming in childhood may be at elevated risk of depression compared with heterosexual youth who were gender conforming, due in part to targeting of gender nonconforming persons for abuse and bullying victimization. Second, we examine the course of depressive symptoms longitudinally across adolescence and early adulthood in children who were gender nonconforming versus conforming. As changes in nonconformity may occur within individuals across adolescence and early adulthood, and as social acceptance of nonconformity may also change across these developmental periods,<sup>5,21</sup> risk of depression associated with childhood nonconformity may differ significantly at different stages of development. Third, we test for sex differences in the relationship between gender nonconformity, bullying, and depressive symptoms. Gender nonconformity may be less socially accepted in boys than girls,<sup>5,22,23</sup> although the evidence is not consistent.<sup>2,19</sup> Boys who are gender nonconforming may therefore be at greater risk for

bullying victimization and depression compared with boys who are conforming than are girls who are nonconforming compared with girls who are conforming. Finally, we examine childhood abuse and bullying victimization as possible mediators of potential increased risk of depression in children who are gender nonconforming.

## METHOD

### Sample

We used data from the Growing Up Today Study (GUTS), a U.S. population-based longitudinal cohort of 16,882 children of women participating in the Nurses' Health Study II, established in 1996 and followed up annually or biennially. This article reports data primarily from the 1999, 2001, 2003, 2005, 2007, and 2010 waves, when respondents were ages 11 to 30 years. Only participants who responded to either a 2005 or 2007 measure of childhood gender nonconformity were included in this study ( $N = 10,655$ ). Included participants had lower levels of depressive symptoms in 1999 than did excluded participants (included males, mean = 1.08, excluded males, mean = 1.15; included females, mean = 1.26, excluded females, mean = 1.36).

### Measures

Childhood gender nonconformity before age 11 years was assessed retrospectively in 2005 with four questions from the Recalled Childhood Gender Identity/Gender Role Questionnaire<sup>24</sup> regarding the following: preferred toys and games; characters on TV or in movies admired or imitated; roles taken in pretend play; and feelings of femininity and masculinity. Response options ranged on a five-point scale from "always women or girls/very feminine" to "always boys or men/very masculine." A nonconformity score was created by taking the mean of responses (Cronbach's  $\alpha = 0.78$ ). The score was then divided into three groups, separately by sex: below median, above median but below top decile, and top decile nonconforming.<sup>2,25</sup> We use recalled gender nonconformity from the 2005 wave because it was most proximate to childhood (mean age at report = 20 years). A score created from identical questions in the 2007 wave was used for participants missing 2005 nonconformity data ( $n = 1443$ , 13% of respondents).<sup>2</sup> As defining the top decile of nonconformity as the most nonconforming group was somewhat arbitrary, we conducted additional sensitivity analyses defining the top 5% as the most nonconforming group. Because gender dysphoria rather than gender nonconformity per se may have accounted for depressive symptoms among nonconforming children,<sup>26</sup> we also created a nonconformity score excluding the item regarding feelings of femininity or masculinity and conducted sensitivity analyses using this alternative score.

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