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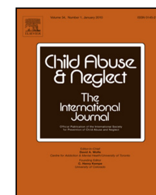

Research article

The impact of childhood gender expression on childhood sexual abuse and psychopathology among young men who have sex with men☆

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ABSTRACT

Young men who have sex with men (MSM) are a risk group highly vulnerable to HIV infection and psychiatric symptoms are direct predictors of sexual risk behavior in MSM. Childhood sexual abuse (CSA) is associated with psychiatric symptomology in adolescence, and MSM are disproportionately impacted by CSA compared to heterosexuals. Some evidence suggests that childhood gender nonconformity, a natural variation of human gender expression, is more common in MSM than heterosexual males and places MSM at greater risk for CSA. This study examined whether or not childhood gender expression moderated the association between incidents of unwanted, early sexual experiences occurring before age 13 (ESE) and current psychiatric symptomology in a community-based sample of 449 young MSM aged 16–20. Analyses revealed significant bivariate associations between ESE and psychological symptoms, and significant multivariable associations between ESE, gender nonconformity and psychiatric outcomes. Young MSM with childhood gender nonconformity may be disproportionately victimized by CSA thereby increasing their likelihood of developing psychiatric symptoms in adolescence. Early intervention addressing these factors may help reduce lifetime negative sequelae.

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Introduction

Similar to other sexual minorities, men who have sex with men (MSM) (including those who identify as gay/bisexual) are more likely than heterosexuals to exhibit lifetime psychopathology (Cochran, Sullivan, & Mays, 2003; Mustanski, Garofalo, & Emerson, 2010). Childhood sexual abuse and childhood gender nonconformity, two factors found to be more common among gay/bisexual men than their heterosexual counterparts (Friedman et al., 2011; Zucker & Lawrence, 2009), are worthy of examination as they are both associated with the development of later psychopathology in heterosexual as well as lesbian, gay, bisexual, and transgender populations (Benoit & Downing, 2013; D'Augelli, Grossman, & Starks, 2006; Roberts, Rosario, Corliss, Koenen, & Bryn Austin, 2012b). Moreover, childhood sexual abuse (Lloyd & Operario, 2012), and psychiatric disorders

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such as depression (Alvy et al., 2011) and post-traumatic stress disorder (PTSD) are associated with sexual risk behavior in adult (Reisner, Mimiaga, Safren, & Mayer, 2009) and young MSM (Beidas, Birkett, Newcomb, & Mustanski, 2012) – groups already disproportionately vulnerable to HIV infection due to risk associated with condomless anal intercourse and a high concentration of HIV in MSM communities (CDC, 2012a, 2012b). Thus, for multiple reasons, it is imperative to examine the factors associated with the development of psychopathology including childhood sexual abuse and childhood gender expression.

Childhood Sexual Abuse

Childhood sexual abuse has been defined as any unwanted or inappropriate form of sexual contact between a child and a person at least 5 years older, and it can consist of genital touching or fondling, vaginal, anal, or oral intercourse (or attempted intercourse) (Andrews, Corry, Slade, Issakidis, & Swanston, 2004). Individuals who experience these severe forms of CSA are at increased odds of experiencing psychiatric conditions (Andrews et al., 2004; Maniglio, 2010). For example, according to one recent meta-analysis, CSA was associated with lifetime diagnosis of a psychiatric disorder including depression, anxiety, and posttraumatic stress disorder (PTSD), as well as suicide attempts (Chen et al., 2010). Trait impulsivity, a risk factor for suicidal behavior (Maser et al., 2002), substance use (Li et al., 2012) and sexual risk (Dir, Coskunpinar, & Cyders, 2014), is also associated with CSA (Roy, 2005). The aspects of impulsivity most strongly associated with CSA include negative urgency (i.e., tendency to act hastily in response to negative affect) (Gagnon, Daelman, McDuff, & Kocka, 2013) and a lack of both premeditation (i.e., tendency to act without thinking) and perseverance (i.e., inability to sustain focus on a task) (Sujan, Humphreys, Ray, & Lee, 2014).

In the United States, CSA is experienced by approximately ten percent of youth 18 and under, with the majority of cases (25–75%) experienced by females and 16–25% among males (CDC, 1997; Pérez-Fuentes et al., 2013). While CSA prevalence rates are yet to be examined in young MSM, adult gay/bisexual men report disproportionately high rates of CSA that range between 4 and 59% (Paul, Catania, Pollack, & Stall, 2001; Rothman, Exner, & Baughman, 2011). Since it is likely that gay/bisexual men (including some MSM) exhibit greater gender nonconformity in childhood than do their heterosexual counterparts, the presence of childhood gender nonconformity may be an important attribute that explains the disproportionately high rates of CSA in MSM (Zucker & Lawrence, 2009).

Childhood Gender Expression and Nonconformity

Gender identity refers to an individual's psychologically rooted "personal sense of self as male or female" (Adelson, 2012, p. 5). By the age of 3 years, most children reared in western culture understand their gender identity to be either male or female and, by age 5 or 6 years, most children identify with a life-long male or female gender identity consistent with their natal sex (Martin, Ruble, & Szkrybalo, 2002). *Gender expression* refers to the way in which an individual communicates their gender identity to others most notably through their behavior (e.g., how they dress, behave), self-reference (e.g., use of "she", "he", "they"), and/or (non-)adherence to culturally dictated gender roles (American Psychological Association, 2009). In western culture, sociocultural norms dictate that natal males and natal females conform to masculine and feminine gender roles, respectively. *Gender nonconformity* is the "extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex" (Coleman et al., 2012, p. 168). Given that children begin exhibiting gender-related phenomena in early childhood, gender nonconformity may occur as young as age 3 years (Martin et al., 2002). Findings from clinic-referred samples of prepubertal children with gender nonconformity infer that in the majority of cases these children develop to be cisgender (i.e., non-transgender) individuals who identify as gay or lesbian (Zucker & Lawrence, 2009).

Compared to children who conform to gender role expectations, gender-nonconforming children are at greater risk of experiencing ridicule, discrimination or violence from family or peers, and these factors increase their susceptibility to psychopathology in adolescence including depression, anxiety, posttraumatic stress disorder and suicidality (D'Augelli et al., 2006; Haas et al., 2011; Skidmore, Linsenmeier, & Bailey, 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010; Travers et al., 2012). Moreover, recent studies support associations between childhood gender nonconformity and childhood sexual abuse (Bandini et al., 2011). Findings from retrospective case-controlled studies among adults indicate that childhood gender nonconformity moderates the relationship between CSA and adulthood PTSD risk (Roberts, Rosario, Corliss, Koenen, & Bryn Austin, 2012a). This research suggests that, compared with children who have no history of gender nonconformity, greater associations of CSA and psychopathology are found among those with gender nonconformity. No known studies have examined gender nonconformity as a mediator in the association between CSA and psychopathology perhaps because study findings to date are inconclusive regarding any psychological or biological precipitants of gender nonconformity, including that it manifests as a result of adverse childhood experiences including CSA (for a review see Sánchez & Vilain, 2013). However, no known studies have examined a similar moderating relationship in young MSM.

Current Study

This study examined whether or not incidents of CSA were associated with current psychiatric symptomology in a sample of young adult MSM aged 16–20. This study also examined how recalled childhood gender nonconformity influenced the

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