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Gender Nonconformity During Adolescence: Links with Stigma, Sexual Minority Status, and Psychosocial Outcomes

Alexa Martin-Storey and Laura Baams

An extensive literature shows higher levels of depression, suicidality, and substance use among sexual minority youth (e.g., youth with non-heterosexual identities or who report same-sex patterns of sexual or romantic attraction and behavior) (Institute of Medicine, 2011). However, this vulnerability is not universal such that the majority of sexual minorities do not experience clinically significant mental health problems (Bostwick, Boyd, Hughes, & McCabe, 2010; Russell & Fish, 2016). Creating a climate to improve wellbeing for sexual minority youth requires understanding how and why some youth are more vulnerable than others to negative psychosocial outcomes. Expanding on previous work (e.g., Baams, 2018; Martin-Storey, 2016), this chapter focuses on gender nonconformity as being central for understanding variation in vulnerability to negative outcomes among sexual minority youth.

Following some brief definitions, we will discuss the history of this research question and the three existing theoretical frameworks that explain why gender nonconformity is central for explain-

ing outcomes among sexual minority youth. Then we will review the existing literature linking gender nonconformity with victimization and negative psychosocial outcomes and address how gender nonconformity shapes the association between sexual minority status and negative psychosocial outcomes. We will then discuss the role of gender in these relationships, focusing particularly on youth with transgender identities. Finally, we will discuss the policy and practice recommendations stemming from these findings and address specifically how and why gender nonconformity must be taken into consideration in the development of programs for reducing homophobia and biphobia and will make recommendations for future research.

Definitions

To start, although the term *sexual minority status*, or *sexual orientation*, is often used as an umbrella term for an individual's romantic and sexual attractions, identities, and behaviors, people usually use this term to indicate whether someone "is" heterosexual or not. The differences between romantic and sexual attraction, identity, and behavior, however, are important to consider when exploring vulnerability within sexual minority populations. *Romantic* and *sexual attraction* indicates the level to which a person feels attracted to men and women (or masculinity

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and femininity) romantically and/or sexually. Importantly, these patterns of attraction do not have to align. For instance, one can feel romantic attractions toward men and sexual attractions toward women. Also, some people do not experience romantic and/or sexual attractions at all and can be described as aromantic and/or asexual.

Sexual identity describes how individuals understand their sexuality and what label fits their sexuality best. Labels include gay or lesbian (often used to describe attractions to persons with the same sex or gender identity), bisexual (often used to describe attractions to persons of more than one sex or gender identity or persons with sex and gender identity that is the same or different from one's own sex and gender identity), and queer (often used to describe an identity that does not correspond to heterosexual norms or the binary notion of gender). In this context, *sexual behavior* refers to the sex or gender identity of the person one has sexual relationships with. Terms frequently used in the literature to capture patterns of same-sex sexual behavior include men who have sex with men (MSM) or women who have sex with women (WSW).

While adolescent endorsement of patterns of attraction, identity, and behavior overlaps somewhat (Igartua, Thombs, Burgos, & Montoro, 2009), different studies will use one or more of these constructs to establish sexual minority status during adolescence and early adulthood (e.g., van Beusekom, Bos, Overbeek, & Sandfort, 2015). Furthermore, a researcher's choice of sexual minority indicator may reflect the development of sexual minority status, as in many cases, youth identify as having same-sex attractions before reporting either same-sex behavior or adopting sexual minority identities (Savin-Williams & Diamond, 2000). How sexual minority status is associated with individual outcomes can vary according to how sexual minority status is defined (e.g., Martin-Storey & Fromme, 2016), and construct measurement should be taken into consideration when evaluating the link between sexual minority status and victimization outcomes.

Of relevance to the current chapter is the concept of *gender nonconformity*. Gender nonconformity can be conceptualized as the other side of gender typicality or the extent to which youth feel that they are typical for their gender (Egan & Perry, 2001). While the specific factors identified as being discordant with assigned gender vary according to cultural context and developmental stage, most research addressing this topic focuses on elements such as appearance (e.g., wearing clothing more frequently associated with another gender, engaging in grooming practices more consistent with another gender), mannerisms or movement (e.g., gesturing in ways that are more consistently associated with another gender), speech patterns (e.g., speaking in ways that are more consistent with another gender), activity choice (e.g., engaging in activities that are generally associated with another gender), evaluations by others (e.g., being called a sissy or a tomboy), or felt masculinity and femininity (Baams, 2018; Bailey & Oberschneider, 1997; Gordon & Meyer, 2008; Zucker et al., 2006).

Most of the work exploring the link between gender nonconformity, sexual minority status, and psychosocial wellbeing has employed measures of gender nonconformity (either concurrent or from childhood) that assess one or more of these dimensions such as felt masculinity or femininity (e.g., Baams, Beek, Hille, Zevenbergen, & Bos, 2013; Toomey, Ryan, Diaz, Card, & Russell, 2010), presentation (e.g., Gordon & Meyer, 2008), activities (e.g., Plöderl & Fartacek, 2009; Rieger & Savin-Williams, 2012; Roberts, Rosario, Corliss, Koenen, & Austin, 2012), or identification by others (e.g., Plöderl & Fartacek, 2009; Rieger & Savin-Williams, 2012). Although almost all of the literature on this topic focuses on self-evaluated gender nonconformity, research with young adults suggests that self-evaluations of gender nonconformity are more strongly linked to individual outcomes compared to external evaluations of gender nonconformity (Skidmore, Linsenmeier, & Bailey, 2006).

Gender identity refers to the gender by which someone identifies. The majority of individuals identify with the gender they were assigned at birth and are often referred to as cisgender.

Other individuals report identities that differ from the gender they were assigned at birth and take on either binary gender identities (e.g., a man who is transgender, a woman who is transgender) or non-binary identities (e.g., gender-fluid or genderqueer identities) (Grossman & D'Augelli, 2006). While gender minority individuals are more likely to report sexual minority identities compared with cisgender individuals (Katz-Wise, Reisner, Hughto, & Keo-Meier, 2016), sexual and gender minority status reflect different underlying concepts (Martin-Storey, 2016).

Finally, discussing gender nonconformity in the context of gender identity is potentially confusing, as most traditional definitions of gender nonconformity invoke a binary understanding of gender (e.g., by asking about activities or behaviors associated with the “opposite” or “other” gender). The gender presentation of transgender individuals may vary from both their assigned gender and the gender with which they identify according to factors such as (1) personal choice, (2) age at transition, (3) interest or access to surgery or hormonal treatment, or (4) time since transition (Factor & Rothblum, 2008; Scheim & Bauer, 2015). Based on a combination of these factors, youth with gender minority identities are likely to be some of the most visible examples of individuals who violate binary gender norms. However, we understand that referring to a woman who is transgender or an individual with a non-binary gender identity as gender nonconforming is potentially confusing and problematic (i.e., by referring to an individual with a non-binary gender identity as having higher levels of gender nonconformity, are we suggesting that they are showing high levels of nonconformity to a non-binary identity or to a more traditional gender presentation?).

This kind of confusion is central to an emerging dialogue on the appropriateness of the term gender nonconformity, especially when discussing experiences of gender minority individuals. We have chosen to retain the term “gender nonconformity” for the current chapter, as it is the most commonly used term within the existing

literature (e.g., Baams et al., 2013; Toomey et al., 2010). We acknowledge, however, that in discussing how gender nonconformity relates to levels of harassment, a transgender man could, for example, experience harassment based on being perceived as too feminine, being perceived as too masculine, or being perceived as transgender.

History of This Research Question

While the link between gender nonconformity and sexual minority status was a topic of research interest starting in the late nineteenth and early twentieth centuries (Beachy, 2015; Hill, 2005), the term gender nonconformity started to be used regularly between the 1960s and 1980s (Bakwin, 1968; Billingham & Hockenberry, 1987; Green, 1985; Hockenberry & Billingham, 1987; Weinraub et al., 1984). During a time when sexual orientation was still split into homosexuality (deviant) and heterosexuality (American Psychological Association, 2008), scholars assumed childhood gender nonconformity to be a precursor or indicator of non-heterosexuality or homosexuality. On average, sexual minority youth are still seen as more gender nonconforming than heterosexual youth (Martin-Storey, 2016), and the complexity of both constructs and the diversity and fluidity of genders and sexual identities have received more attention in the past decade. While what it means to be gender nonconforming varies based on culture and developmental context, results from Western European studies suggest that prevalence of self-reported gender nonconformity varies from 1 to 4%, depending on how the construct is measured, the age of the participants, and the gender of the participants (Becker, Ravens-Sieberer, Ottová-Jordan, & Schulte-Markwort, 2017; Kuyper & Wijnen, 2014; van Caenegem et al., 2015).

Theoretical Rationale

Three theoretical perspectives provide a framework for understanding why gender nonconformity may be particularly important for

understanding disparities in psychosocial functioning within sexual minority populations: minority stress theory, stigma theory, and gender intensification theory.

Minority Stress Theory

Starting with minority stress theory (Meyer, 2003), this theory and its extensions (e.g., Hatzenbuehler, 2009) suggest that the mental health disparities observed between sexual minority and heterosexual populations result from the stigma associated with sexual minority status. This stigma results in higher levels of victimization and harassment, greater fear of victimization of harassment, and the internalization of negative self-concept as a result of both observed and experienced victimization and harassment. Subsequently, these experiences augment the risk for negative mental and physical health outcomes. Furthermore, minority stress theory may be particularly important for understanding disparities between sexual minorities and heterosexuals during adolescence and early adulthood because of the importance of the peer context for individual outcomes during this developmental period (Crosnoe, 2011). In support of this model, research underscores both the higher levels of victimization experienced by sexual minority populations (Baams, 2018; Collier, van Beusekom, Bos, & Sandfort, 2013; Katz-Wise & Hyde, 2012) and the importance of victimization and harassment in mediating or partially mediating the link between sexual minority status and negative mental health outcomes (Burton, Marshal, Chisolm, Sucato, & Friedman, 2013; Collier et al., 2013; Goldbach, Tanner-Smith, Bagwell, & Dunlap, 2014; Martin-Storey & Crosnoe, 2012).

Stigma Theory

Minority stress theory explains greater general vulnerability to negative mental health outcomes among sexual minority youth. However, classical stigma theory provides a framework for

understanding variation in vulnerability within sexual minority populations to negative outcomes, particularly with regard to the role of gender nonconformity. As initially outlined by Goffman (1963), sexual minority status has been traditionally considered a “discreditable” identity, or non-visible identity, because it is not identifiable based on exterior markers. This visibility is important, as the extent to which a stigmatized identity can be ascribed by an external observer influences how the individual will experience the consequences of that stigma (Link & Phelan, 2001).

While sexual identity is not visible to external observers, gender nonconformity is. More specifically, among adults, higher levels of gender nonconformity are frequently used by both sexual minority and heterosexual communities to infer sexual minority status (Cox, Devine, Bischmann, & Hyde, 2016; Rieger, Linsenmeier, Gygax, Garcia, & Bailey, 2010), and gender nonconformity cues are suggested to explain the visual identification of sexual minorities in laboratory settings (Lyons, Lynch, Brewer, & Bruno, 2014). Similarly, participants rate individuals who are described as being sexual minorities as higher on gender nonconformity compared to individuals who are described as heterosexual (Blashill & Powlisha, 2009). Research has generally not explored how children and adolescents understand the link between gender nonconformity and sexual minority status. However, at least one study finds that adolescents think of sexual minority youth as more gender nonconforming than their heterosexual peers (Ghavami & Peplau, 2018), likely because youth’s attitudes are informed by broader stereotypes.

While gender nonconformity is central in much of the stereotyping around sexual minority status (Blashill & Powlisha, 2009; Burke & LaFrance, 2016), and while not all sexual minority individuals report higher levels of gender nonconformity, it should be noted that starting in childhood, higher mean levels of gender nonconformity are concurrently and prospectively associated with sexual minority status (Li, Kung, & Hines, 2017; Rieger,

Linsenmeier, Gyax, & Bailey, 2008). Furthermore, some (Bos & Sandfort, 2015; van Beusekom, Baams, et al., 2016) but not all research (Rieger & Savin-Williams, 2012) finds that the association between gender nonconformity and sexual minority status may be stronger among boys and men compared with girls and women. The use of gender nonconformity to ascribe sexual minority status, then, may be important for understanding variability within sexual minority populations, because it is used (correctly or incorrectly) to render a non-visible stigma visible.

Gender Intensification Theory

Finally, gender intensification theory underscores the pertinence of understanding the association between gender nonconformity, sexual minority status, and psychosocial outcomes during adolescence and the transition to adulthood. While parents provide their children with information about gender roles from birth (McHale, Crouter, & Whiteman, 2003; Tenenbaum & Leaper, 2002), gender intensification theory suggests that the pressure to adhere to female- or male-typed gender roles increases during adolescence (Hill & Lynch, 1983). With regard to adolescents, gender stereotypes increase in rigidity following entry into junior high school making the school environment more hostile for gender nonconforming youth during this period (Alfieri, Ruble, & Higgins, 1996). Especially during adolescence, family members—parents and siblings—may pressure for typical gender roles by encouraging or discouraging certain behaviors (McHale, Bartko, Crouter, & Perry-Jenkins, 1990; Mchale et al., 2003; Mchale, Updegraff, Helms-Erikson, & Crouter, 2001). Moreover, adolescence is characterized by increased pressure to adhere to expected gender roles from peers (Crosnoe, 2011). The judgment of gender expression becomes a common method for enforcing these roles. Through policing peer's gender roles, youth create peer norms and a framework for "appropriate" behavior (Carter &

McCloskey, 1984; Hibbard & Buhrmester, 1998). As will be further discussed in the next section, deviating from these gender roles, in terms of gender expression, is deemed unacceptable by the social environment and results in an increased vulnerability for social exclusion (Abrams & Killen, 2014; Heinze & Horn, 2014; Horn, 2007).

Gender Nonconformity, Victimization, and Psychosocial Outcomes

As would be anticipated based on both stigma theory and gender intensification theory, previous research suggests that higher levels of gender nonconformity are linked with higher levels of victimization, starting early in childhood and extending across adolescence into young adulthood (Baams, 2018; Navarro, Larrañaga, & Yubero, 2016; Roberts et al., 2012; Roberts, Rosario, Slopen, Calzo, & Austin, 2013; Smith & Juvonen, 2017). Furthermore, as would be anticipated based on documented consequences of victimization (e.g. Reijntjes, Kamphuis, Prinzie, & Telch, 2010; Zwierzynska, Wolke, & Lereya, 2013), gender nonconforming children and youth also experience more mental health difficulties and lower levels of wellbeing when compared with children and adolescents with greater gender typicality (Egan & Perry, 2001; Plöderl & Fartacek, 2009; Rieger & Savin-Williams, 2012; Roberts et al., 2012). Indeed the literature largely supports the model presented in Fig. 33.1 where the link between gender nonconformity and negative mental health outcomes may be partially or fully mediated by rejection and victimization experiences (Jewell & Brown, 2014; Roberts et al., 2012; Smith & Juvonen, 2017). These findings suggest that gender nonconformity is linked with higher levels of victimization from peers, parents, and other adults starting in childhood and that children high in gender nonconformity experience more negative psychosocial outcomes compared to their peers.

The link between gender nonconformity and victimization increases during the transition to

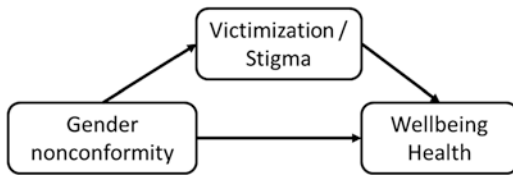


Fig. 33.1 Victimization mediates between gender nonconformity and mental health outcomes

adolescence. Following from gender intensification theory, the salience of gender nonconformity within the peer environment increases from late childhood to early adolescence, which may strengthen the association between gender nonconformity and individual outcomes. Indeed, while some research finds that both childhood and adulthood gender nonconformity are associated with distress among sexual minority men (Skidmore et al., 2006), other research suggests that gender nonconformity during adolescence, rather than in early adulthood, was linked with negative psychosocial outcomes (Li, Pollitt, & Russell, 2016; Toomey et al., 2010). These findings may reflect developmental differences in attitudes toward gender nonconformity and highlight adolescence, more so than early adulthood, as a particularly relevant period for exploring the link between gender nonconformity and victimization.

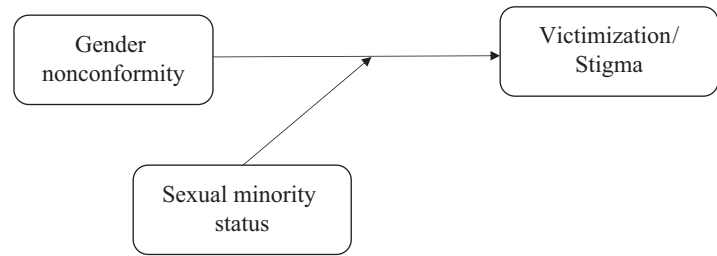
Gender Nonconformity as a Mediator/Moderator of Sexual Minority Status and Harassment/Victimization

Because of (1) both real and perceived links between gender nonconformity and sexual minority status, (2) the role of stigma visibility in shaping psychosocial outcomes, and (3) the stigma surrounding sexual minority status, we argue that gender nonconformity is particularly pertinent for understanding variation among sexual minority youth and between sexual minority and heterosexual youth. A growing body of research has explored either part or all

of the model presented in Fig. 33.1 within sexual minority samples. First, following this model, gender nonconformity is associated with higher levels of verbal, physical, material, and sexual victimization among sexual minority youth (D’Haese, Dewaele, & van Houtte, 2016). Second, several studies suggest that retrospective childhood or adolescent gender nonconformity is associated with poorer overall functioning among sexual minority individuals (Bos, de Haas, & Kuyper, 2016; D’Augelli, Grossman, & Starks, 2006; Sandfort, Melendez, & Diaz, 2007; Toomey et al., 2010). Third, minority stressors (e.g., victimization, discrimination, rejection) mediated or partially mediated the association between childhood gender nonconformity and later mental health (Toomey et al., 2010). Similar associations have been documented when observing the concurrent link between adolescent and adult gender nonconformity, discrimination-related experiences, and subsequent negative mental health outcomes (Baams et al., 2013; Puckett, Maroney, Levitt, & Horne, 2016). Finally, one study of both sexual minority and heterosexual young adults indicated that harassment due to gender nonconformity (but not harassment to sexual minority status) mediated between sexual minority status and negative psychosocial outcomes (Martin-Storey & August, 2016). Together, these findings suggest a link between gender nonconformity and later victimization experiences among sexual minority populations and that these higher levels of victimization may make gender nonconforming sexual minority individuals more vulnerable to negative psychosocial outcomes compared to their more gender typical peers.

As illustrated in Fig. 33.2, sexual minority status may also act as a moderator in the association between gender nonconformity and psychosocial outcomes. In other words sexual minority youth and young adults may be more likely to have adverse experiences because of gender nonconformity than heterosexual youth and young adults. For instance, gender nonconformity has been more closely linked with suicidality among

Fig. 33.2 Gender nonconformity moderates between sexual minority status and victimization experiences



sexual minority individuals compared with heterosexual individuals (Plöderl & Fartacek, 2009). The link between gender nonconformity and homophobic name-calling and poor peer relations is stronger among same-sex attracted youth compared to their other-sex attracted peers (Bos & Sandfort, 2015; van Beusekom, Bos, Kuyper, Overbeek, & Sandfort, 2016), and the mediating effect of homophobic name-calling on the association between gender nonconformity and mental health outcomes is stronger among sexual minority compared with heterosexual youth (van Beusekom, Baams, Bos, Overbeek, & Sandfort, 2016).

However, other work does not suggest that the link between gender nonconformity and negative psychosocial outcomes is moderated by sexual minority status. One of the few studies to assess the association between childhood gender nonconformity, adolescent sexual minority status, and later adolescent mental health found that while sexual minority status was associated with higher levels of anxiety, childhood gender nonconformity was not (Jones, Robinson, Oginni, Rahman, & Rimes, 2017). Furthermore, childhood gender nonconformity did not influence the association between adolescent sexual minority status and anxiety. Finally, some work on adolescent attitudes suggests that youth perceive gender nonconformity among sexual minority youth more positively than gender nonconforming heterosexual youth (Horn, 2007). This variation in the literature may reflect differences across outcomes (i.e., anxiety compared to depression or victimization) as well as the difference between attitudes vs experienced behaviors.

While the majority of the literature has focused on gender nonconformity as a risk factor for sexual minority populations, some research suggests that gender nonconformity may also have a protective role. Indeed, work with South African sexual minority men shows that while higher levels of gender nonconformity were associated with experiencing higher levels of discrimination, higher levels of gender nonconformity were also associated with lower levels of internalized homophobia and better subsequent functioning (Sandfort, Bos, Knox, & Reddy, 2016). Similarly, a study with Dutch adults associated gender nonconformity with lower internalized homophobia and better subsequent mental health (van Beusekom, Bos, et al., 2016). Other research has suggested that gender nonconformity in young adulthood, but not in adolescence, is associated with lower levels of depressive symptoms among sexual minority individuals (Li, Pollitt, & Russell, 2016).

The potentially protective role of gender nonconformity may have several explanations. Indeed, expressing more gender nonconformity may be indicative of greater self-acceptance and better subsequent mental health among sexual minority individuals (Sandfort et al., 2016). These findings may also reflect the role of the developmental context, such that earlier gender nonconformity, while initially associated with greater rejection, may be associated with the development of coping strategies that are protective later on in adulthood (Li et al., 2016). This emerging body of research underscores the importance of better understanding gender nonconformity as a protective as well as a risk factor among sexual minority youth and young adults.

Differences Across Gender

Finally, the role of gender nonconformity in shaping outcomes among both sexual minority and heterosexual youth varies across gender. Some, but not all, studies suggest that gender nonconformity has more consequences for boys/men compared to girls/women. Previous research suggests that gender typicality has been more closely tied to social status among boys than girls (Jewell & Brown, 2014). Boys report greater gender typicality than girls, and this typicality increases over time to a greater extent among boys compared with girls (Becker et al., 2017). These findings likely reflect greater felt pressure among boys compared to girls to conform to traditional gender stereotypes (Smith & Juvonen, 2017; Navarro et al., 2016). Indeed, some research also suggests that boys report more gender nonconformity-related harassment (Navarro et al., 2016; Plöderl & Fartacek, 2009; Roberts et al., 2013). On the other hand, nonconformity may be associated with different outcomes in boys compared to girls (Smith & Juvonen, 2017), and the greater consequences of gender nonconformity among boys are observed for some (e.g., sexual abuse) but not all (physical abuse, psychological abuse) victimization outcomes (Roberts et al., 2012). Furthermore, not all work shows significant gender differences in the association between sexual minority status, gender nonconformity, and wellbeing outcomes (Rieger & Savin-Williams, 2012).

The links between gender nonconformity, sexual minority status, and psychosocial outcomes may also vary by gender. Research suggests that the association between gender nonconformity and homophobic name-calling is stronger among boys compared to girls (van Beusekom, Baams, et al., 2016). Furthermore, within sexual minority samples, some (Bos et al., 2016; van Beusekom, Bos, et al., 2016) but not all (Baams et al., 2013; Toomey et al., 2010) research suggests that the mediating role of discrimination experiences in the association between gender nonconformity and negative psychosocial outcomes may be stronger among

boys compared with girls. It should be noted that at least one study suggests that the moderating effect of sexual minority status in the association between gender nonconformity and poor peer relations was stronger among girls (Bos & Sandfort, 2015). However, the consequences for violating gender norms are generally found to be more severe for boys and men compared to girls and women.

Finally, the studies discussed in this chapter often include samples from general adolescent populations, school-based populations, or convenience samples of sexual minority youth. Previous work documents the role of gender nonconformity among transgender or gender non-binary populations (Grossman, D'Augelli, Salter, & Hubbard, 2006; Miller & Grollman, 2015), and disparities for gender nonconforming youth who are also transgender or gender non-binary may be anticipated to be even larger than among sexual minority youth. Indeed, a growing body of literature suggests that transgender youth experience high rates of multiple forms of victimization and subsequent negative mental health outcomes (e.g., Eisenberg et al., 2017; Sterzing, Ratliff, Gartner, McGeough, & Johnson, 2017) including victimization based on gender (Coulter, Bersamin, Russell, & Mair, 2018; Veale, Peter, Travers, & Saewyc, 2017). In line with minority stress models more generally, victimization plays an important role in explaining variation in mental outcomes between cisgender and transgender populations (Coulter et al., 2018; Day, Fish, Perez-Brumer, Hatzenbuehler, & Russell, 2017; Reisner, Greytak, Parsons, & Ybarra, 2015; Veale et al., 2017). Unfortunately, few studies address variation in gender nonconformity among transgender youth. While at least one study suggests that non-binary gender minority youth may be less vulnerable to negative psychosocial outcomes compared to binary gender minority youth (Rimes, Goodship, Ussher, Baker, & West, 2017), much more research is needed to understand if and how gender nonconformity shapes variation in outcomes among gender minority adolescents and young adults.

Summary and Key Points

The existing body of research paints an increasingly clear picture that (1) gender nonconformity is associated with greater difficulty in the peer environment for all youth, (2) a link exists between gender nonconformity and sexual minority status, and (3) gender nonconformity may be particularly important for understanding variation among sexual minority and potentially gender minority adolescents. These associations have implications for both practice and policy and point toward several avenues for future research.

Practice and Policy

In line with existing work looking at improving outcomes among sexual minority youth, recommendations for practice and policy can be made at structural, school, and individual levels (Chaudoir, Wang, & Pachankis, 2017). First, some children and adolescents will show higher levels of gender nonconformity, and some of those children will grow up to adopt sexual or gender minority identities. Promoting their socioemotional wellbeing as well as those of children and youth from across the gender typicality spectrum requires creating an environment which acknowledges and celebrates gender diversity. Many steps can be taken to improve the social contexts of gender diverse youth. One important approach to improve the day-to-day context for gender diverse children is in moving away from sex as the primary sorting criteria for children in terms of schools, toys, or activities (Cherney & London, 2006; Halpern et al., 2011). When adults avoid labeling certain things or experiences as “for girls” or “for boys,” this creates an environment in which more children can healthily explore variation in their own gender identity and is an important first step for reducing gender role-based stereotyping.

At the level of the school environment, the developmental nature of the link between gender nonconformity-based harassment and individual

outcomes has consequences for psychosocial interventions. Given that harassment due to gender nonconformity may be most intense during early adolescence, programming addressing the stigma associated with gender nonconformity may ideally be introduced prior to this period. Following from previous work assessing interventions for sexism and racism, preventative interventions at this age require direct messaging and actionable skills, rather than more abstract discussions about fairness or kindness (Bigler & Wright, 2014). Several of the existing interventions addressing sexism and sexist language among children already have programming addressing gender nonconformity (Brinkman, Jedinak, Rosen, & Zimmerman, 2011; Lamb, Bigler, Liben, & Green, 2009). Programs such as the Human Rights Campaign’s “Be Who You Are” component of the “Welcoming Schools Program” specifically address gender nonconformity as part of reducing homophobia and transphobia more generally. More work is needed to understand the efficacy of this kind of material for improving the quality of the school environment for sexual and gender minority youth.

Finally, at the individual level, clinicians and service providers working with sexual minority populations should consider gender diversity as an important part of sexual minority-affirming practices (Craig, Austin, & Alessi, 2013). In particular, service providers should consider how clients perceive their own gender identities and should be cognizant of how experiences associated with gender presentation may have increased individual vulnerability to negative interpersonal outcomes. Mental health services for sexual minority populations are most effective when service providers appropriately affirm and support individual identities (Israel, Walther, Gortcheva, & Perry, 2011). Ultimately, understanding how gender nonconformity and sexual minority status are associated and how they shape youth’s outcomes is an important first step, but improving outcomes for gender nonconforming youth, sexual minority or not, will require an innovative and multilevel approach.

Summary and Key Points

This body of research points to several avenues for future research. Perhaps the most important point to take away from the current discussion is the importance of demystifying the association between gender nonconformity and sexual minority status. From a theoretical perspective, this link underscores the importance of considering stigma visibility when understanding how stigma shapes adolescent outcomes. Ignoring the link between gender nonconformity and sexual minority status provides an incomplete picture of sexual minority populations (Martin-Storey, 2016) and how their day-to-day experiences may place them at greater risk for negative outcomes. However, we want to be clear that while gender nonconformity may be less prevalent among heterosexual youth, programming that improves acceptance and understanding of gender diversity may have positive implications that extend beyond sexual minority adolescents.

These findings also underscore the importance of more basic research on the lived experiences of sexual and gender minority youth. To better understand how to support these youth, we need more information on whether and how gender nonconformity is associated with the development of sexual minority and gender minority identities. With the exception of a few fundamental older studies (e.g., Rosario, Schrimshaw, Hunter, & Braun, 2006; Savin-Williams & Diamond, 2000), we currently have very little information about how sexual identity develops over time, the processes associated with coming out, and how these trajectories might be associated with (changes in) gender nonconformity. Furthermore, we know very little about the role of parents and peers in supporting or inhibiting the processes by which gender nonconformity is linked with sexual minority identity development. Finally, cultural factors are also likely to shape these processes, and with a few notable exceptions (e.g., Dubé & Savin-Williams, 1999; Rosario, Schrimshaw, & Hunter, 2004), most of the existing research on sexual minority identity development focuses on White youth. Research

with an intersectional lens, for example, assessing gender nonconformity and victimization among youth of color or for youth in different cultural contexts, would likely point to unique experiences and inequalities. Fortunately, research on victimization, school discipline disparities, and school safety has begun to fill this gap in the literature (Chmielewski, Belmonte, Fine, & Stoudt, 2016; Himmelstein & Brückner, 2011; Irvine & Yusuf, 2015; Snapp & Russell, 2016). However, the majority of research on gender nonconformity still does not consider youth's intersecting identities. Variation in gender typicality and acceptance of gender nonconformity is likely to strongly inform how gender nonconformity is associated with individual outcomes and needs to be more thoroughly addressed in basic research.

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