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**Gender nonconformity, same-sex attraction, and mental health**

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# CHAPTER 7

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General discussion



The primary aim of this dissertation was to further examine the role of gender nonconformity in relation to sexual minority stress processes and mental health outcomes among Dutch adolescents and adults. Individuals with high levels of gender nonconformity have a gender expression that does not align with stereotypical notions of their sex (Bailey & Zucker, 1995; Lippa, 2000, 2002) (e.g., men who are – compared to other men – more feminine or less masculine in their appearance, interests, mannerisms, or expression). In prior research on lesbian, gay and bisexual (LGB) individuals, higher levels of gender nonconformity were associated with more mental health problems, in part because gender nonconformity elicits greater exposure to (sexual-orientation related) victimization and rejection compared to their counterparts with low levels of gender nonconformity (Baams, Beek, Hille, Zevenbergen, & Bos, 2013; Sandfort, Melendez, & Diaz, 2007; Skidmore, Linsenmeier, & Bailey, 2006).

Although these findings are important, current research on the associations between gender nonconformity, victimization, and mental health has several caveats and limitations. First, there are relatively few studies that assessed these associations across samples of both sexual minority and heterosexual individuals. Second, although prior research established that gender nonconformity is more strongly rejected in men than women, the few studies that assessed sex differences in the relation of gender nonconformity with mental health via experienced rejection/victimization showed mixed results (Baams et al., 2013; D’Augelli, Grossman, & Starks, 2006; Toomey, Ryan, Diaz, Card, & Russell, 2010). Finally, much of the research on sexual minority and gender nonconforming youth and adults has focused solely on risk factors for mental health. This means that we have little knowledge of potential protective factors for mental health.

In this dissertation, these gaps were addressed in three aims.

- (1) To assess potential differences between sexual minority youth and heterosexual youth in how gender nonconformity is related to experiences of peer victimization, and subsequent mental health outcomes.
- (2) To explore potential differences between men and women in how gender nonconformity affects mental health through internalized homophobia and experiences of (homophobic) victimization.
- (3) To identify the role of protective factors that can strengthen the mental health among gender- nonconforming and sexual minority youth.

What follows is a summary of the key findings relevant to these specific aims, a reflection on these findings, a discussion of general limitations, and recommendations for future research.

**Aim 1: Differences between sexual minority and heterosexual youth in the relation between gender nonconformity and mental health mediated through experiences of peer victimization.**

The findings presented in **Chapter 2** indicate that among adolescents (aged 11-16 years), higher levels of gender nonconformity were correlated with more social anxiety and psychological distress, in part because of greater exposure to homophobic name-calling by peers. The results show that this mediated relation increased in strength when levels of same-sex attraction (SSA) increased. Specifically, the mediation effects were significant only for adolescents with average and high levels of SSA and not for adolescents that reported low levels of SSA. In other words, for same-sex attracted youth (i.e., with various levels of SSA), but not for other-sex attracted youth (i.e., with low levels of SSA), exposure to homophobic name-calling partly explained why gender nonconformity was associated with increased levels of social anxiety and psychological distress.

The study presented in **Chapter 3** assessed sexual attraction differences in the relation of gender nonconformity with homophobic name-calling and general peer victimization among adolescents aged 11 to 18 years. Similar to Chapter 2, the findings show that the association between gender nonconformity and homophobic name-calling became stronger when levels of SSA increased. We also found that the relation between gender nonconformity and general peer victimization also increased in strength when levels of SSA increased. We furthermore found that sexual attraction differences in the relation of gender nonconformity with homophobic name-calling and general peer victimization were contingent upon age. That is, sexual attraction differences were only significant for youth in early and middle adolescence but not for those in late adolescence.

Clearly, more research is needed to understand why young gender-nonconforming adolescents are more likely to be victimized by their peers when they report SSA. It seems intuitive that these young adolescents are more likely to be victimized because they have two minority characteristics. That is, they might have experienced more victimization because they are targeted for their gender expression as well as their sexual attractions. The current data did not allow us to test this hypothesis, as we did not assess the extent to which youth disclosed their sexual attractions to their peers. Furthermore, it is also likely that many young adolescents did not (yet) disclose their SSA to their peers. What is clear, however, is that for older adolescents, gender nonconformity elicits peer victimization irrespective of adolescents' sexual attractions. Prior research repeatedly identified gender nonconformity as a risk factor for minority stress. That is, LGB individuals with high levels of gender nonconformity

were more likely to experience discrimination and rejection and as a consequence experienced more mental health problems (Baams et al., 2013; Toomey et al., 2010). The current findings suggest that, at least among older adolescents, these negative outcomes also extend to non-sexual minorities when they are gender nonconforming.

The longitudinal study presented in **Chapter 5** tested differences between SSA and non-SSA youth (aged 11–17 years at first assessment occasion) in the potential reciprocal longitudinal relations of gender nonconformity to mental distress (i.e., internalizing and externalizing problems) via peer victimization. The results did not support the minority-stress perspective, and showed few differences between SSA and non-SSA youth. That is, for SSA and non-SSA youth, the longitudinal relations of gender nonconformity with internalizing and externalizing problems via peer victimization were non-significant (in both directions). Nor did we find support for a longitudinal relation between gender nonconformity and peer victimization (in both directions).

These findings are inconsistent with the limited existing longitudinal studies (Kochel, Miller, Updegraf, Ladd, & Kochenderfer-Lad, 2012; Reinherz et al., 1995; Roberts, Rosario, Slopen, Calzo, & Austin, 2013) — possibly because of the lesser gender role differentiation and the greater acceptance of LGB individuals in the Netherlands (Hofstede 1998; Keuzenkamp, 2011). However, correlational research among gender-nonconforming and sexual minority youth in the Netherlands, such as those included in this dissertation, does systematically indicate higher exposure to victimization and lower wellbeing in gender nonconforming compared to more conforming youth (see for an overview: Collier, Van Beusekom, Bos, & Sandfort, 2013).

Surprisingly, we found for SSA and non-SSA youth peer victimization to be longitudinally related to subsequent lower levels of internalizing problems. It might be that this longitudinal relation was negative due to other variables between measurements that were not examined. Victimized youth might experience support from friends and as a consequence develop lower levels of internalizing problems at a later time. Also in contrast to our expectations, we found for both SSA and non-SSA youth, that gender nonconformity was related to *reduced* levels of externalizing problems. Egan and Perry (2001) suggested that gender nonconformity (in the study assessed as low gender typicality), low gender contentedness and pressure to conform leads to negative self-evaluations, rather than negative evaluations about others. It might thus be that gender nonconformity is more likely to affect self-evaluations, including self-esteem and other signs of internalizing problems, than externalizing behaviors (Egan & Perry, 2001). It could also be that gender-nonconforming adolescents are less likely to externalize their difficulties because they may feel unsafe

in displaying visible behaviors (such as acting-out) that draw attention to them.

In line with previous studies from the general peer victimization literature (e.g., Reijntjes, Kamphuis, Prinzie, Boelen, Van Der Schoot, & Telch, 2011), we found for both SSA and non-SSA youth, a bidirectional relation between peer victimization and externalizing problems: Higher levels of peer victimization were related to subsequent higher levels of externalizing problems, and *vice versa*, higher levels of externalizing problems were related to higher subsequent levels of peer victimization. Furthermore, for both SSA and non-SSA youth internalizing problems were related to higher levels of gender nonconformity, whereas externalizing problems were related to lower levels of gender nonconformity. For SSA youth only, the relation between gender nonconformity and externalizing problems was bidirectional: Higher levels of gender nonconformity predicted lower levels of subsequent externalizing problems, and *vice versa*, lower levels of externalizing problems predicted higher levels of subsequent gender nonconformity. It might be that internalizing and externalizing problems are already related, prior to our first measurement occasion. That is, prior to T1, early levels of gender nonconformity may have resulted in higher levels of internalizing and externalizing problems. It might also be that increased levels of internalizing problems and reduced levels of externalizing problems are a part of adolescents' gender nonconformity.

**Aim 2: Sex differences in the mediated relation of gender nonconformity and mental health through experiences of (homophobic) victimization and internalized homophobia.**

The findings presented in **Chapter Two** showed that the mediated relation of gender nonconformity to psychological distress and social anxiety through self-reported experiences of homophobic name-calling was stronger for adolescent boys than girls (ages 11-16). Findings from **Chapter Three** further showed that gender nonconformity was more strongly related to self-reported experiences of homophobic name-calling and peer victimization for boys than for girls (ages 11-18), however these sex differences were only significant for young adolescents and middle adolescents, but not for late adolescents. The findings from **Chapter Three** imply that for boys, early adolescence is a time in which gender nonconformity is sanctioned more strongly by peers compared to late adolescence. In **Chapter Four**, we found that the mediated relation of gender nonconformity to mental distress through perceived experiences with homophobic stigmatization was stronger for adult gay and bisexual (GB) men than for lesbian and bisexual (LB) women. No sex differences were found

in the mediated relation of gender nonconformity to mental distress via levels of internalized homophobia. For both GB men and LB women, gender nonconformity was related to *lower* levels of mental distress, because it was associated with *reduced* scores on internalized homophobia. This study showed that gender nonconformity is a risk factor for poor mental health, because of increased exposure to homophobic rejection, but may also protect against poor mental health, via reduced levels of internalized homophobia.

The cross-sectional studies presented in this dissertation showed that male gender nonconformity was more strongly related to exposure to homophobic name-calling (**Chapters 2 and 3**) and homophobic rejection (**Chapter 4**). This suggests that, in particular for men, homophobic expressions are not only a response to sexual orientation but also to gender expression. Prior work has also found a lack of differentiation between homophobia and transphobia among men when compared to women (Nagoshi et al., 2008). Specifically, greater adherence to traditional gender role beliefs were predictive of both homophobia and transphobia among men, whereas for women gender role adherence was predictive of transphobia but to a lesser extent of homophobia (Nagoshi et al., 2008). For men in particular, homophobia may not only reflect issues about sexual orientation, but also larger issues of gender role expression (i.e., negative attitudes toward femininity), whereas for women, homophobia might be less related to issues regarding gender expression.

In the longitudinal study, presented in **Chapter 5**, no support was found for sex differences in the longitudinal relation of gender nonconformity to mental health via peer victimization. In fact, in the multi-group analyses for boys and girls, we found no evidence for a mediated relation of gender nonconformity with internalizing and externalizing problems via peer victimization. Furthermore, for boys and girls, we also found no support that gender nonconformity was related to subsequent levels of internalizing problems, or that gender nonconformity was longitudinally related to peer victimization (both directions). However, for boys and girls, gender nonconformity was related to less externalizing problems at a later time. As discussed in the previous section, these results suggest that gender nonconforming youth are less likely to externalize their difficulties because they may feel unsafe in displaying visible behaviors (such as acting-out) that draw attention from peers. More evidence was found for reversed effects. For boys and girls, higher levels of internalizing problems and higher levels of externalizing problems were related to higher levels of peer victimization at a later time. For boys only, internalizing problems were related to higher subsequent levels of gender nonconformity, whereas externalizing problems were related to subsequent lower levels of gender nonconformity. Various explanations may exist as to why early levels of internalizing problems and externalizing problems



are related to later levels of gender nonconformity for adolescent boys. One possible explanation, which needs further assessment in future studies, is that for boys more pronounced internalizing problems and reduced externalizing problems might be an aspect of their gender nonconformity.

### Aim 3: The role of protective factors that improve mental health among sexual minority and gender-nonconforming youth.

The third aim of this dissertation was to assess the protective role of parental acceptance in the relations of SSA and gender nonconformity to mental health. This was assessed in one study, separately for boys and girls (ages 15–18) (**Chapter 6**). The study showed that for SSA girls and gender-nonconforming boys, feeling accepted by a same-sex parent is important for their mental health. Specifically, the study showed that for adolescent boys, father acceptance, but not mother acceptance, protected against psychological distress and social anxiety associated with gender nonconformity. For adolescent girls, mother acceptance but not father acceptance, protected against social anxiety associated with feelings of SSA. Perhaps father acceptance protects against social anxiety and psychological distress associated with gender nonconformity, because gender-nonconforming boys (with and without SSA) may experience more rejection due to their gender nonconformity than SSA adolescents with low levels of gender nonconformity (Horn, 2007). That is, gender-nonconforming boys might be more sensitive to rejection than SSA boys, and as a consequence might profit more strongly from an accepting same-sex parent. One reason for why mother acceptance protected against social anxiety associated with SSA and not gender nonconformity might be that gender nonconformity is less likely seen as an indicator of a same-sex sexual orientation for women than men (Bailey & Zucker, 1995; Kane, 2006). In other words, it could be that SSA girls in particular benefit from the support of a same-sex parent when compared to gender-nonconforming girls, because gender nonconformity is generally more accepted among women than men (Levy, Taylor, & Gelman, 1995).

## Limitations and recommendations

### Victimized because of gender expression or presumed sexual orientation?

One limitation of this dissertation is that we used general measures of peer victimization. Therefore, we were not able to assess whether adolescents' victimization experiences were indeed related to sexual orientation or gender expression. The sexual minority stress hypothesis proposes that minority individuals experience negative social situations specifically related to their minority position, such as sexual orientation-related victimization (Meyer, 1995; 2003). Throughout this dissertation, it was hypothesized that gender-nonconforming youth and adults would be psychologically affected because of rejection and victimization by others. Because gender-nonconforming individuals are often perceived to be gay or lesbian, due to their gender expression (Johnson & Ghavami, 2011; Valentova, Rieger, Havlicek, Linsenmeier, & Bailey, 2011), we assumed that this type of victimization was related to a (presumed) same-sex sexual orientation. Further, we theorized that distal sexual minority stressors (i.e., exposure to sexual orientation-related victimization) might also extend to heterosexual youth and adults when they show signs of gender nonconformity. However, with the use of general measures of peer victimization, it remains uncertain as to whether gender-nonconforming youth who participated in the studies were victimized by their peers because of an assumed same-sex sexual orientation. Another possibility is that gender nonconformity may elicit peer victimization independent of one's assumed sexual orientation. This would then suggest that negative mental health outcomes associated with gender nonconformity are better framed in a *gender expression minority stress model* or in a model that forms a combination of some elements of the sexual minority stress model with a gender expression minority stress model (see also Logie, Newman, Chakrapani, & Shunmugam, 2012).

Given the close relation between gender nonconformity and SSA (Bailey, Dunne, & Martin, 2000; Bailey & Zucker, 1995; Lippa, 2005), and the tendency for individuals to interpret gender nonconformity as a sign of a same-sex sexual orientation (Johnson & Ghavami, 2011), it might be very difficult to disentangle whether the victimization experiences of gender-nonconforming individuals are related to their gender expression or presumed sexual orientation. It is likely that gender-nonconforming individuals experience rejection on both accounts. Rather than using an overall measure of peer victimization, future studies might assess peer victimization in relation to one's (presumed) sexual orientation, accompanied with a measure that assesses peer victimization related to one's gender expression.

## Assessment of gender nonconformity

Another limitation pertains to our assessment of gender nonconformity. Throughout most presented studies, a broad measure of gender nonconformity was used that contained items regarding interests, activity choices, and appearance (adapted version of Rieger, Linsenmeier, Gygax, & Bailey, 2008). By averaging the items into a gender nonconformity score, we were not able to identify aspects of gender nonconformity that are most likely to illicit rejection from others. Different expressions of gender nonconformity might evoke different reactions. Research on adolescent attitudes toward gender-nonconforming peers suggests that especially visible aspects of gender nonconformity (e.g., appearance or mannerisms) are more likely to elicit rejection, in particular among boys, than gender-nonconforming interests (e.g., boys who are interested in ballet) (Horn, 2007). Furthermore, being gender nonconforming on a variety of aspects might have different implications for adolescents' relations with peers, when compared to being gender nonconforming on some aspects while being gender conforming on others. It would be conducive for future studies to assess multiple forms of gender nonconformity separately. Doing so might offer more insight into which aspects of gender nonconformity make youth particularly vulnerable for victimization, and may offer directions for the prevention of victimization.

## Sex differences in peer victimization and mental health outcomes associated with gender nonconformity

The cross-sectional findings presented in this dissertation indicate that among men gender nonconformity is met with more rejection than among women. These findings suggest a greater gender role flexibility for women than men. It might also be that our assessments of victimization experiences and gender nonconformity included aspects that matter more for male participants than for female participants. For instance, our measure of homophobic name-calling (Chapters 2 and 3) may have been more suitable for boys as opposed to girls. Boys in particular use homophobic epithets (such as faggot) to regulate the gender expression of other boys (Pascoe, 2005; Thurlow, 2001). For adolescent girls, we used the equivalent homophobic epithet (i.e., lezzie or dyke). Perhaps, girls' gender role expressions are more regulated by peers using sexualized insults (e.g., slut), instead of called homophobic names (Renold, 2002). In other words, it might be that male gender nonconformity is associated with expressions of femininity (e.g., being perceived as non-athletic, shy, gay, or effeminate in mannerisms or speech), and thus the rejection from others occurs through homophobic responses. In contrast, for women, it might be the case that the opposite polar of these gender-nonconforming aspects (e.g., being athletic,

extraverted, or masculine in mannerisms) do not reflect *the core* of gender role pressures faced by adolescent girls and women. Future qualitative studies might help to arrive at a better understanding of the different gender role pressures boys and girls experience. Such studies are important because they can help determine whether gender nonconformity is actually more accepted among girls than among boys, or it might direct us to gender-nonconforming aspects that are more salient for girls.

### A stronger focus on factors that improve wellbeing

A strength of this dissertation is the inclusion of a study that focused on potential protective factors that improve mental health among gender-nonconforming and sexual minority youth. The study highlights the importance of parental acceptance for the mental health of gender-nonconforming boys and same-sex attracted girls. An important limitation, however, is that we did not assess whether the impact of minority stressors (e.g., peer victimization) on mental health were dependent upon levels of parental acceptance. Nor did we assess whether levels of parental acceptance were related to the adolescents' gender expression and/or sexual orientation. A relatively small, but growing body of research, demonstrates that protective factors operate at multiple levels (i.e., the individual, school/family context, broader social environment) and can counteract the negative effects of minority stress on mental health among sexual minority individuals (Bouris et al, 2010; Bruce, Harper, & Bauermeister, 2015).

The identification of protective factors is important to be able to target interventions to enhance the wellbeing of gender-nonconforming and sexual minority individuals. A promising area for further study is the potentially protective role of school-based GSA's (Gay-Straight Alliances). Recent cross-sectional non-experimental comparison studies indicate, for instance, that adolescents who attend schools with GSA's report lower levels of victimization and suicidal ideation, and higher levels of school safety (Goodenow, Szalacha, & Westheimer, 2006). Future research on this area might continue with focusing on factors that explain GSA effectiveness. In one such study it was found that social support derived from GSA's was associated with greater levels of agency (Poteat, Calzo, Yoshikawa, 2016).

## Conclusion

Regarding the aims of this dissertation, the presented studies provide evidence for cross-sectional associations only and not for longitudinal relations. Across all cross-sectional studies, gender nonconformity was associated with lower wellbeing. Mediation analysis showed that experiences of rejection/victimization accounted for these relations. For younger youth with SSA, gender nonconformity was more likely to illicit peer victimization. For male participants, gender nonconformity was more likely to impact wellbeing, due to heightened levels of victimization/rejection. However, these associations, were not confirmed in a longitudinal design. Furthermore, parental acceptance was found to be an important factor for the mental health of SSA and gender-nonconforming youth. Among boys high levels of paternal acceptance buffered negative mental health outcomes associated with gender nonconformity. For girls high levels of maternal acceptance buffered against negative mental health outcomes associated with SSA. Future studies might benefit from the following suggestions: (1) To include a measure of peer victimization related to sexual orientation as well as a measure of peer victimization related to gender expression. This inclusion of both measures offers a better understanding as to whether negative outcomes related to gender nonconformity can be understood in a sexual minority stress model, a gender expression minority stress model, or a combination of both; (2) A qualitative assessment of what gender nonconformity aspects are most likely to illicit rejection. In this assessment attention should be paid to developmental differences as well as differences between men and women. For gender-nonconforming men in particular, gender nonconformity might be more related to a sexual minority stress model than for women; (3) A stronger focus on factors that promote wellbeing among gender-nonconforming and sexual minority youth and (young) adults that would be illuminating for targeting interventions. An additional promising area for future studies is to assess the mechanisms that make GSA's effective in improving the wellbeing of youth.