

# The Effect of Adverse Childhood Experiences on the Health of Transgender and Gender Diverse and Cisgender Adolescents

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# Background

- Adverse childhood experiences (ACEs) contribute to significant health burden across the lifespan. ACEs include:
  - Physical, sexual, and emotional abuse
- Domestic violence
- Parental incarceration
- Parental drug use
- Gender identity (personal sense of one's own gender) can be considered either as:
- Transgender and gender diverse (genderqueer, gender fluid, unsure of their gender) (TGD), or
- Cisgender (sex assigned at birth and gender identity match)
- TGD adolescents have higher ACEs than cisgender adolescents:
- Abuse:
  - Physical (24.48% vs. 11.18%)
  - Sexual by family (9.23% vs. 2.11%)
  - Sexual by nonfamily (13.36% vs. 3.55%)
  - Emotional (32.09% vs. 12.83%)
- Domestic violence (14.61% vs. 6.12%)
- Parental incarceration (26.93% vs. 15.67%)
- Parental drug use (12.25% vs. 4.79%)
- TGD adolescents have higher mental health problems than cisgender adolescents:
- Depression (20% vs. 6.7%)
- Suicidal ideation (33.37% vs. 18.85%)
- Suicide attempts (37.8% vs. 3.4%)
- The impact of ACEs on mental health problems by gender identity in adolescents has not been examined.

# Purpose

To examine the relationship among adolescents between ACEs, gender identity, and mental health problems (depression, suicidal ideation and suicide attempts), controlling for demographics (sex assigned at birth, poverty, race).

# **Hypothesis**

TGD adolescents exposed to ACEs will have higher levels of mental health problems than cisgender adolescents.

# Methods

#### Design

- Secondary data analysis of Minnesota Student Survey, 2016
- Voluntary, anonymous, statewide, schoolbased survey
- Measures students' health in primary and secondary public schools

#### Setting & Subjects

- 9<sup>th</sup> and 11<sup>th</sup> graders
- 80,929 students

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#### Measures

- Demographics
- Age
- Poverty (free/reduced price lunch, yes/no)
- Race (American Indian/Alaskan Native non-Hispanic, Asian non-Hispanic, Black non-Hispanic, Pacific Islander non-Hispanic, white non-Hispanic, Mulitracial non-Hispanic, Hispanic)
- Sex assigned at birth (male=1 female=2)
- Gender Identity (TGD=1, cisgender=2)
- ACEs
  - Physical abuse (no=0, yes=1)
  - Emotional abuse (no=0, yes=1)
  - Either parental or adult sexual abuse (no=0, yes=1)
  - Either household drug or alcohol abuse (no=0, yes=1)
  - Parental Incarceration (no=0, yes=1)
- Domestic violence exposure (no=0, yes=1)
- Scores range 0 to 6 ACES
- Mental Health
- Depressive symptoms: Patient Health Questionnaire-2 (PHQ-2)
  - A screening test used in clinical practice
  - Two items querying anhedonia (little pleasure or interest) and depressed mood in the previous 2weeks (0=not at all to 3=nearly every day)
- Score range 0-6, ≥3 clinical risk of depressive symptoms
- Suicidal ideation (ever seriously considered attempting suicide, no=0, yes=1)
- Suicide attempt (ever actually attempted suicide, no=0, yes=1)

## Results

Demographics, Gender identity, Sex Assigned at Birth, Mental Health, and						
ACEs by TGD and Cisgender (	N= 80,929)	TGD	Cisgender			
	Total	(N=2,168)	(N = 78,761)	Risk		
	%	%	%	Ratic		
Sex assigned at birth						
Male	50.4	31.9	50.9	0.63		
Female	49.6	68.1	49.1	1.39		
Poverty	27.1	38.8	26.8	1.45		
Race						
American Indian/ Alaskan	1.0	0.0	1.0	2.00		
Native non-Hispanic	1.0	2.0	1.0	2.00		
Asian non-Hispanic	6.0	8.3	5.9	1.41		
Black non-Hispanic	5.8	6.5	5.8	1.12		
Pacific Islander non-Hispanic	0.2	0.5	0.1	5.00		
White non-Hispanic	70.7	58.0	71.1	0.82		
Multiracial non-Hispanic	6.9	11.6	6.8	1.71		
Hispanic	8.7	11.8	8.7	1.36		
Mental health						
PHQ-2 depressed	22.4	58.2	21.4	2.72		
Suicidal ideation	21.0	61.3	20.0	3.07		
Suicide attempt	7.7	31.0	7.1	4.37		
ACEs, M (SD)	.60 (.94)	1.22 (1.19)	.58 (.93)			
Age, M (SD)	15.51 (1.13)	15.48 (1.16)	15.51 (1.12)			

#### TGD youth more likely to:

- Be assigned female at birth, experience poverty, be a person of color
- Have depressive symptoms, suicidal ideation, attempted suicide, and experienced ACEs

### Results

Depressive Symptoms Regressed on Gender Identity, ACEs, Gender Identity/ACEs Interaction, Sex Assigned at Birth, Age, Poverty

	, , , , , , , , , , , , , , , , , , ,				
	95 %				
	Exp	Confidence			
	(B)	interval	р		
Gender identity	.20	[0.18, 0.23]	.00		
ACEs	1.09	[0.92, 1.28]	.33		
Gender identity/	1.28	[1.17, 1.39]	.00		
ACEs interaction	1.20	[1.17, 1.39]	.00		
Sex assigned at	1.68	[1.62, 1.74]	.00		
birth	1.00	[1.02, 1.74]	.00		
Age	1.06	[1.04, 1.07]	.00		
Poverty	.85	[0.81, 0.89]	.00		
$-2 I \circ a likelihood = 7$	70273 48	· Race/ethnicity	•		

-2 Log likelihood = 70273.46, Race/elillicity included in model, not significant

ACEs had a greater impact on depressive symptoms for TGD than for cisgender adolescents.

Suicide Attempts Regressed on Gender Identity, **ACEs, Gender Identity/ ACEs Interaction, Sex** Assigned at Birth, Age, Poverty, Race

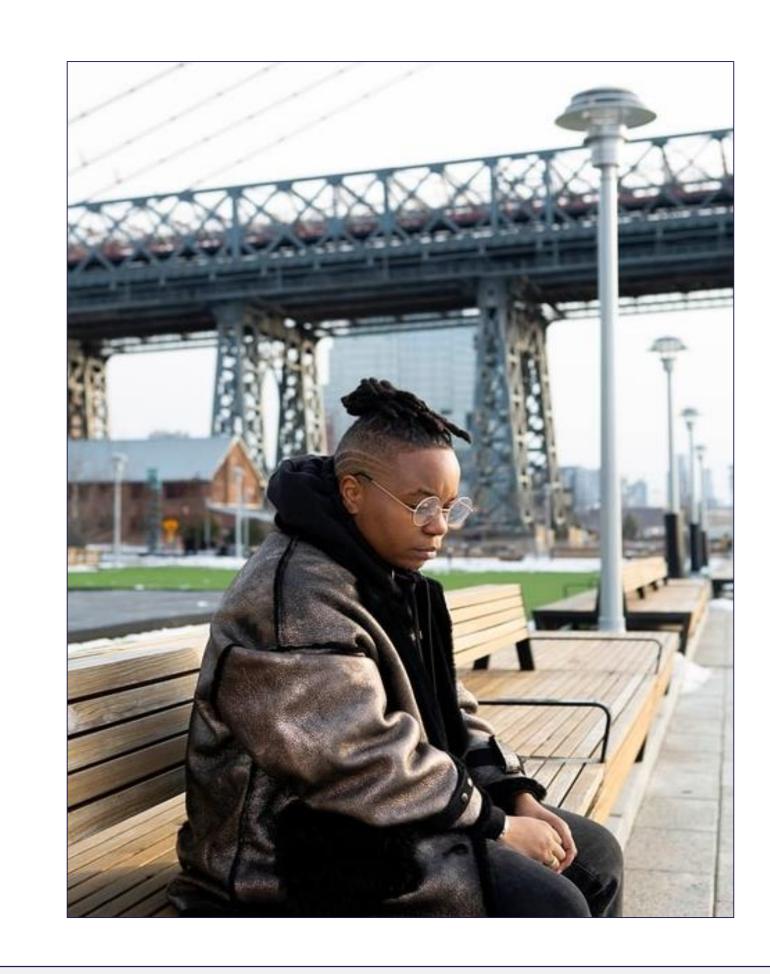
		95 %			
	Exp	Confidence			
	(B)	interval	р		
Gender identity	2.00	[.16, .24]	.00		
ACEs	1.42	[1.18, 1.70]	.00		
Gender identity/ACEs	1.27	[1.15, 1.39]	.00		
interaction	0.47	[0 00 0 04]	00		
Sex assigned at birth	2.17	[2.03, 2.31]	.00		
Age	1.15	[1.12, 1.18]	.00		
Poverty	0.80	[.75, .86]	.00		
Race/Ethnicity					
American Indian/ Alaska	2.04	[4 00 0 45]	00		
Native non-Hispanic	2.01	[1.28, 3.15]	.00		
Asian non-Hispanic	0.75	[.49, 1.14]	.17		
Black non-Hispanic	0.70	[.46, 1.07]	.10		
Pacific Islander non-Hispanic	0.97	[.45, 2.11]	.94		
White non-Hispanic	0.96	[.64, 1.43]	.84		
Multiracial non-Hispanic	1.29	[.85, 1.94]	.23		
Hispanic	1.31	[.87, 1.98]	.19		
-2 Log likelihood = 32920.98					

 ACEs had a greater impact on suicide attempt for TGD than for cisgender adolescents.

Suicidal Ideation Regressed on Gender Identity, ACEs, Gender Identity/ACEs Interaction, Sex Assigned at Birth, Age, Poverty, Race

Assigned at Birtii, Age, I everty, Itale						
	95 %					
	Ехр	Confidence				
	(B)	interval	р			
Gender identity	0.18	[.16, .21]	.00			
ACEs	1.52	[1.26, 1.82]	.00			
Gender identity/ACEs	1 20	[1 00 1 22]	.00			
interaction	1.20	[1.09, 1.32]				
Sex assigned at birth	2.24	[2.15, 2.33]	.00			
Age	1.13	[1.11, 1.15]	.00			
Poverty	0.95	[.91, 1.0]	.05			
Race/Ethnicity						
American Indian/Alaska	1 56	[1.12, 2.18]	.01			
Native non-Hispanic	1.50	[1.12, 2.10]	.01			
Asian non-Hispanic	1.18	[.88, 1.59]	.27			
Black non-Hispanic	0.75	[.55, 1.01]	.06			
Pacific Islander non-	0.00	[56 1 76]	.97			
Hispanic	0.99	[.56, 1.76]	.97			
White non-Hispanic	1.19	[.89, 1.58]	.24			
Multiracial non-Hispanic	1.57	[1.18, 2.11]	.00			
Hispanic	1.28	[.95, 1.71]	.10			
-2 Log likelihood = 64116.3	86					

 ACEs had a greater impact on suicidal ideation for TGD than for cisgender adolescents.



# Conclusion

- TGD adolescents who have a history of ACEs are at higher risk for mental health problems than their cisgender peers
- This relationship remains robust even when sex assigned at birth, age, poverty, race are considered
- Reinforces importance of screening for ACEs among adolescents, particularly those who are TGD
- Prevention and intervention is vital for TGD youth who have experienced ACEs