

Beyond Race, Sex, and Gender

Mental Health Considerations of Transgender Youth of Color, Intersex Youth, and Nonbinary Youth



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KEYWORDS

- Intersectionality • Black • Latinx • Asian American Pacific Islander (AAPI)
- Transgender youth of color • Intersex • Differences of sex development
- Nonbinary gender identity

KEY POINTS

- Race, sex, and gender, which have traditionally been depicted in binary categories, are better understood as a continuum of identities and experiences.
- Black, Latinx, and Asian American Pacific Islander (AAPI) transgender and nonbinary youth experience unique challenges and stressors relating to their cultural context and values, racism and discrimination in the LGBTQ community and in the larger society, as well as transphobia within their racial communities, which can lead to adverse mental health consequences such as elevated rates of depression and suicidality.
- Variations in sexual development can lead to a variety of intersex traits that are outside of binary views of sex; intersex youth face a number of challenges and barriers as they are often coerced to conform to society's sex binary.
- Nonbinary youth have a gender identity that differs from traditional binary categories of boy/man and girl/woman; affirming their gender requires individually-tailored interventions.
- Despite experiencing many challenges and stressors, transgender, nonbinary, and intersex youth find ways to express their authentic identities and are resilient.

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Abbreviations	
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and/or Queer
TNBY	Transgender and Nonbinary Youth
TNBYOC	Transgender and Nonbinary Youth of Color
ERI	Ethnic-Racial Identity
E-R	Ethnic-Racial
AAPI	Asian American Pacific Islander

INTRODUCTION

Our society deals with many binaries: male versus female, boy versus girl, black versus white. However, the human experience is complex and does not easily fit into binary categories; instead, it is helpful to view our identities in a continuum and take a dimensional perspective. This article will be divided into three sections to explore care for specific marginalized youth communities that do not neatly fit into defined categories and benefit from a more expansive approach: transgender youth of color, intersex youth, and nonbinary youth. The first section will provide an overview of the concept of intersectionality with a focus on ethnic-racial identity, highlighting the challenges and disparities that transgender and nonbinary youth of color experience, as well as their strengths and resilience. A framework for thinking about intersectionality and ethnic-racial identity will be provided. There will be subsections to highlight specific ethnic-racial groups, including Black, Latinx, and Asian American Pacific Islander (AAPI) transgender and nonbinary youth, and relevant cultural considerations. Next, this article will explore intersex traits and variations in sex development, including definitions, terminology, and psychosocial implications, such as intersex stigma. Finally, this article will discuss nonbinary gender identities, how gender shows up in social interactions, disparities and barriers to care, and considerations for gender affirmation. In all sections, we highlight the strengths and resilience of these diverse youth and provide practical clinical recommendations for child and adolescent mental health providers.

INTERSECTIONAL CARE FOR TRANSGENDER AND NONBINARY YOUTH OF COLOR

Overview

Audre Lorde famously said: “There is no such thing as a single-issue struggle because we do not live single-issue lives.”¹ Intersectionality refers to the way systems of power and oppression based on axes of social identities, such as race, ethnicity, class, gender identity, sexual orientation, religion, ability, age, body size, nationality, and additional identities intersect in complex ways that allow for privilege or marginalization; these intersections produce an impact that is greater than the sum of privilege or marginalization for each individual identity.^{2–5}

Challenges and disparities

For transgender and nonbinary youth of color (TNBYOC), their various identities intersect in different dimensions that often lead to compounding marginalization. For example, TNBYOC may experience transphobia within their racial communities, as well as racism within lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) communities. The resulting stress and mental health challenges can be understood through minority stress theory,⁶ which was originally developed for sexual minority people⁷ and adapted for transgender and nonbinary individuals.^{8,9} Minority stress theory describes distal stress processes (ie, discrimination, violence) and proximal stress processes

(ie, expectations of rejection, concealment, internalized stigma).⁶ These stressors lead to adverse mental and physical health outcomes. For example, 57% of transgender youth from unsupportive families had a past year suicide attempt, compared to 4% of transgender youth from supportive families.¹⁰ TNBYOC have elevated rates of depression, anxiety, suicidal ideation, and suicide attempts.^{11–14} In a study of transgender youth and life-threatening behaviors, half of whom were youth of color, 45% reported seriously thinking about suicide, and 26% reported attempting suicide.¹⁵ In addition, TNBYOC are at risk of experiencing homelessness, police and community harassment, sexualization, commodification, and have higher rates of HIV infection.^{16,17}

Strengths and resilience

A greater sense of school belonging was found to be protective for TNBYOC and decreased negative outcomes like substance use.¹⁸ A study with transgender people of color who have survived traumatic events found that creating social networks, finding pride in one's racial/ethnic and gender identity, navigating family, accessing financial resources and healthcare, and other coping mechanisms were important aspects of the participants' resilience.¹⁹ Additional resilience strategies used by TNBYOC include using their own words to describe their racial/ethnic and gender identities, developing self-advocacy skills, finding one's place in the LGBTQ youth community, and using social media to affirm one's identity.²⁰

Later in discussion are several core principles from intersectionality as they apply to TNBYOC:²¹

1. Individuals have multiple simultaneous social identities that interact (eg, a Latina trans woman who is upper middle class will have a different experience from an Asian American, nonbinary, lower socioeconomic class individual).
2. These identities are not static and can evolve with the youth depending on their setting and circumstances (eg, an individual may have greater clarity of gender identity after pubertal changes and the development of secondary sex characteristics).
3. Holding a particular social identity does not equate to having the same experience; there is large intragroup variation (eg, people who identify as nonbinary can have very different experiences and embodiment goals—some pursue medical/surgical interventions, some do not).
4. Various social identities offer privilege or oppression dependent on the context (eg, TNBYOC at home may receive more support for their ethnic/racial identity than their gender identity, whereas at school they may receive more support for their gender identity than their ethnic/racial identity).

Intersectionality is particularly relevant for TNBYOC as they may change social identities or be perceived differently during and after their transitions. These new social identities may confer additional privilege or oppression.^{4,5} For example, a Black transgender man after affirming his male gender may have more negative encounters with the law enforcement system. Facial feature changes with gender affirmation may push an individual to appear either more racialized or more white-passing, which further influences their social position.^{4,5}

Ethnic-racial identity

While TNBYOC have a myriad of social identities (eg, gender, race) that become relevant in certain contexts, ethnic-racial identity (ERI) is especially salient in ethnically-conscious societies such as the United States.²² ERI is a multidimensional construct that reflects the content, or beliefs and attitudes individuals have about their

ethnic-racial (E-R) group, as well as the processes by which these beliefs and attitudes develop over time.²³ Content components include affirmation (ie, positive affect individuals have toward their E-R group), centrality (ie, how important ethnicity and race are to an individual's self-concept), and public regard (ie, how much individuals feel that others positively view their E-R group). Process components include exploration (ie, learning about traditions or history of one's E-R group) and resolution (ie, achieving a clear sense of the meaning of ethnicity in an individual's life).²⁴ Higher levels of ethnic affirmation were predictive of less anxiety and fewer depressive symptoms among African American, Latinx, and Asian American college students, and these associations were stronger for students who reported higher levels of ethnic centrality.²⁵ Ethnic minority high school students who had high levels of exploration also had high levels of resolution and affirmation.²² Per socio-ecological theory, individuals are embedded in many social contexts, both proximal (eg, family, peer, community) and distal (eg, local, national, global).^{as cited in 23(p30),26} For ethnic minority youth attending predominantly white schools, ethnic identity affirmation increase significantly, a finding that does not happen when youth are in majority ethnic minority settings.²³ Thus, ERI centrality is dependent on social context. There are limited studies that examine identity centrality in LGBTQ individuals who are also ethnic-racial minorities; however, those studies that do exist find the primacy of ERI and also find that sexual and gender identities have high centrality and intersect with ERI.^{27,28}

In the coming sections, we have highlighted three ethnic-racial groups to demonstrate how intersectionality may apply to these specific groups: Black, Latinx, and Asian American Pacific Islander transgender and nonbinary youth.

Black Transgender and Nonbinary Youth

Background

Despite widespread awareness of social justice principles in modern American culture, there have been purposeful efforts to diminish the constitutional rights of traditionally marginalized citizens. Spanning voting rights to healthcare, Black communities, as well as LGBTQ communities, have been prime targets, with Black transgender and nonbinary persons being particularly vulnerable. Historically dehumanized in media,²⁹ Black transgender and nonbinary Americans encounter oppression from a multitude of structural systems including racism, sexism, classism, and transphobia that maintain white supremacy.^{29–31} Even though more authentic representations of these identities have been recently highlighted, Black transgender and nonbinary individuals still disproportionately live under the poverty line, experience violence, engage with the U.S. industrial carceral system, and experience various physical and mental health issues from the compounding effects of stress from discrimination.^{31–34} As transgender adults often report knowing their identity during childhood,³² these risks likely develop from progressive exposure as Black transgender and nonbinary youth (TNBY).

Hardships for Black transgender and nonbinary youth

Black TNBY exist at the intersection of multiple marginalized identities. Just like Black and LGBTQ communities are not monoliths, it is imperative to note the diversity of experience amongst Black TNBY. However, Black TNBY often find themselves at odds with loved ones and others who may believe their gender identity conflicts with traditional Black cultural norms. A national survey of LGBTQ youth found that for Black transgender youth, 67% had relatives shame them for their gender identity, 57% felt unsafe in school bathrooms, and only 29% were comfortable wearing clothing which accurately reflected their gender identity.²⁹ It should be noted that

Black Americans are not inherently more homophobic than other races.^{35,36} The structural violence found within American society unsurprisingly causes real violence for Black TNBY. The same survey indicated that 82% experienced verbal insults, 41% were physically assaulted, and 27% survived unwanted sexual acts.²⁹ In fact, 2021 had the highest number of tracked fatal violence against transgender and nonbinary Americans, with 33 of the 57 victims identified as Black.³⁷ Even more worrisome is how Black transgender youth are 1.6 times more likely than other queer youth to endorse suicidal ideation and attempt suicide.³⁸ Since rejection from parents and peers is a critical predictive factor for suicidality,³⁹ the alienation that Black TNBY may encounter due to the heteronormativity often prevalent in Black communities and racism pervasive in mainstream queer culture can exacerbate already dire circumstances.⁴⁰

Uniquely Black spaces

A prominent cultural and political pillar since the time of slavery, the Black Church has acted as a safe haven and source of identity for many Black Americans especially in the Southern United States.^{34,35} Although not more homophobic than other religious bodies,^{35,36} some postulate that the queerphobia within Black communities stem from the tenets preached and atmosphere cultivated amongst certain church denominations.⁴⁰ Queer individuals have always discreetly existed in the church; however, this must be more challenging for Black TNBY whose expression may be more apparent and thus creates conflict that may force them to abandon their faith or suppress parts of themselves to avoid ostracization. Of course, there are Black TNBY who find solace in their faith outside of the Black Church. Many have also survived and found refuge while voguing in the ballroom scene. Immortalized in media such as *Paris is Burning* and *Legendary*, vogue is a style of dance and self-expression involving hand movements, runway walking, and acrobatics that grew to prominence amongst Black and Latinx social networks in the 1980s. “Houses” of unrelated individuals, typically unhoused youth rejected by blood relatives, lived as a family unit and competed against other houses in categories at “balls” for trophies and monetary prizes.³⁰ Not only providing food and shelter, the ballroom scene encourages creativity and leadership, acts as a positive recreational outlet, cultivates confidence, and offers mentorship from an elder house mother or father.³⁰ Though observed to have increased numbers of sexually transmitted infections and other pitfalls,^{30,41} the ballroom scene unmistakably allows Black TNBY to live authentically and unapologetically.

Approaching care for Black transgender and nonbinary youth

Potentially having to brave one, if not multiple, traumatic events and developmentally appropriate stressors of adolescence, it is no wonder Black TNBY endorse higher rates of mood, anxiety, and substance use disorders in their lifetime.^{30,31,33,42} In spite of these elevated risks, Black queer youth engage with mental health providers at decreased rates even when they have suicidal thoughts.³⁸ Multiple intersecting structural forces limit Black TNBY from getting safe reliable healthcare,⁴¹ but past negative encounters and fear of future intolerance in medical systems are major reasons Black TNBY postpone seeking care.⁴² Transgender youth appreciate having providers of similar racial or ethnic backgrounds, as they believe it results in greater empathy and understanding.⁴² As Black queer mental health clinicians are scarce in number, it behooves child mental health providers to be more knowledgeable of psychiatric concerns specific to Black TNBY. Transgender youth also reported comfort with providers who were “transgender friendly” and did not need education from the youth.⁴² Since Black TNBY can endure a plethora of adversities, utilizing a trauma-informed

approach or dialectical behavior techniques for emotional dysregulation may prove beneficial. A strength-based framework that validates and affirms Black TNBY can be extremely helpful in a society that tends to demonize their existence. The therapeutic alliance remains paramount and can truly be life-saving for Black TNBY.

Latinx Transgender and Nonbinary Youth

Background

Latinx Americans make up about 20% of the US population,⁴³ and include a heterogeneous group of people with Black/African, indigenous, and white/European heritage.⁴⁴ Latinx individuals come from various regions of Latin America where Spanish or Portuguese are formally spoken, including Mexico, Central and South America, and the Caribbean.⁴⁵ Approximately one-third of Latinx Americans in the US are foreign born.⁴⁶ For Latinx youth whose parents are immigrants, their parents' limited English proficiency is an additional challenge that can affect school participation, and may lead some youth to serve as language brokers and interpret for their parents.^{47–49} The term *Afro-Latinx* refers to individuals who trace their roots back to Africa and Latin America⁵⁰ and/or Spanish-speaking folks of African descent living in the United States.⁵¹ This term has been used to highlight the racial heterogeneity of Latin America and the cultural influence of Africa in Latin America.⁵² Latinx children are more likely to live in neighborhoods of concentrated poverty, and about one-third of Latinx youth live below the poverty line.⁵³ The terms *Latinx* and *Latine* were developed to be gender-inclusive terms, in contrast to the binary gender assumption in *Latino/a*.^{45,54} This article will use the term *Latinx* and recognizes that *Latine* could also be used.

Culture

Family plays a key role in Latinx culture. *Familismo* is a Latinx concept that involves dedication, commitment, and strong loyalty to the family.⁴⁶ *La familia* (the family) is a close unit, supporting each other and sticking together through adversity.⁵⁵ The concept of *respeto* (respect) explains obedience to one's elders and other authority figures, which can make coming out challenging as it can be viewed as a *falta de respeto* (lack of respect).⁵⁵ *Marianismo* is shaped by the religious ideals of the Virgin Mary, where girls and women are socialized to be subservient, self-sacrificing, pure, and nurturing, and have a lot less independence than the men in their families.^{56–58} *Machismo* encourages specific male gender role values and behaviors that include aggressiveness, bravado, being controlling, hardworking, providing for one's family, and being more independent.^{56,57,59} While traditional *machismo* can be described as aggressive, sexist, chauvinistic, and hypermasculine, *caballerismo* highlights positive aspects of masculinity and can be described as nurturing, family centered, and chivalrous.⁶⁰ Latinx individuals who do not conform to societally-driven gender roles experience increased levels of mental distress and abuse.⁶¹ In addition, religion plays an important role in Latinx culture, with more than 70% of Latinx individuals attending religious services regularly, and 57% identifying as Catholic.⁴⁶ Finally, Latinx youth may acculturate more quickly to US culture, which can lead to an acculturation gap with their parents (eg, Latina girls may want more independence such as white American girls, which might cause tensions with parents who have more strict and traditional views) (Frias A. Personal communication regarding Latinx trans youth. Published online July 23, 2022.).

Indigenous heritage

Most indigenous cultures in the Americas have long traditions of third gender or gender-expansive people.⁴⁶ For example, the Muxes of the indigenous Zapoteca culture in Juchitán, Mexico, are identified as male at birth but choose to be raised as

female at a young age; the Muxes are embraced as part of the community and are viewed as good luck and blessings.^{62–64} Unfortunately, during colonization, Christian Europeans condemned gender variance as sinful which led to the marginalization of diverse sexualities and genders and the stripping away of rich traditions of gender diversity.^{65,66} As a result, many Latinx trans and nonbinary youth may face accusations from other Latinxs that their gender variance is imported from white European-American culture and that they are losing their native culture (Frias A. Personal communication regarding Latinx trans youth. Published online July 23, 2022.). However, connecting with their indigenous history of gender diversity during traditions of ancestor worship such as Día de los Muertos in Mexico can be a powerful experience (Frias A. Personal communication regarding Latinx trans youth. Published online July 23, 2022.).

Latinx transgender and nonbinary youth

While there is limited literature on Latinx TNBY, the existing literature reveals that Latinx TNBY experience significant challenges. Forty-five percent of Latinx TNBY have been taunted or mocked by family.¹³ 93% of gender queer Latinx youth rate stress a 5 or higher on a 10-point scale. Latinx LGBTQ youth experience high rates of depression (79%), anxiety (82%), insomnia (95%), and racial discrimination (80%).¹³ Increased bullying leads to more isolation from social supports and increased likelihood to experience depression and suicidal ideation.⁶⁷ One study examining Black and Latinx transgender youth found that the prevalence of depressive symptoms was 50% and suicidality was 46%, with higher levels of harassment/victimization and lower levels of school connectedness.⁶⁸ In addition, Latinx LGBTQ youth have low levels of parental acceptance, which is a strong predictor for experiencing depression.⁶⁹

Resilience

Youth who fully embraced their Latinx and LGBTQ identities and who were part of communities where they could authentically be themselves had increased resilience and were better able to combat experiences of adversity.⁷⁰ Gender & Sexuality Alliances (GSAs) and LGBTQ social justice activities were positively associated with school belonging and grade point average for LGBTQ Latinx youth.⁶⁷ Latinx youth may feel more comfortable with family members knowing their sexuality because they believe they won't be abandoned given strong family cultural norms.⁵⁵ Having a strong connection to family and an additional minority identity may serve to buffer negative effects such as minority stress.⁷¹ Visibility and representation in the media can also serve to enhance resilience. For example, Vico Ortiz is a nonbinary Puerto Rican actor who plays a nonbinary character on the show "Our Flag Means Death."⁷² In addition, the character Luz on the show "The Owl House" is Latinx, bisexual, and gender non-conforming.^{73,74}

Asian American and Pacific Islander Transgender and Nonbinary Youth

Background

Asian Americans and Pacific Islanders (AAPIs) represent a heterogeneous group of over forty different ethnicities and languages, making up about 7% of the United States (U.S.) population.^{75–77} Ancestral homes for AAPIs include East Asia (eg, China, Japan, Korea), Southeast Asia (eg, Vietnam, Thailand, Cambodia, Philippines), South Asia (eg, India, Pakistan, Sri Lanka), and the Pacific Islands (eg, Polynesia, Micronesia, Melanesia). AAPIs are the fastest growing population in the U.S., increasing by 88% in the last two decades, and are projected to become the largest immigrant group in the US by the middle of the century.^{75,76} The six largest Asian ethnicities (in descending order:

Chinese, Indian, Filipinx, Vietnamese, Korean, Japanese) make up 85% of all Asian Americans.⁷⁵

Model minority myth

AAPIs are considered the “model minority” as they are perceived to work hard and value education. On average, AAPIs are more likely to be highly educated and earn a high median income. However, the “model minority” label reflects only a subgroup of AAPIs who have found academic success and does not reflect the experience of most AAPIs. Certain Southeast Asian and Pacific Islander groups have high rates of poverty and low educational attainment. The “model minority” label is considered more of a “bane than a blessing” as it masks those AAPIs who are not fairing so well, and the labeling may prevent AAPI individuals from seeking the support they need.⁷⁸

Asian cultural values

Asian cultural values such as collectivism (ie, emphasizing group harmony over individual needs), filial piety (ie, loyalty and obedience to one’s parents and elders), adherence to traditional gender roles, family recognition through achievement, emotional self-control, and humility^{79,80} can make it more challenging to express a sexual or gender minority identity. In one study, higher adherence to Asian cultural values was associated with decreased likelihood to disclose one’s sexual orientation, a relationship that was mediated by internalized heterosexism (ie, internalized stigma against sexual minority identities).⁸¹ While gender identity was not specifically examined in that study, it is likely that the same cultural values would similarly make it challenging to express a transgender or nonbinary identity.

Anti-Asian racism

Since the start of the COVID pandemic and President Trump’s use of the term “the Chinese virus,” racism against AAPIs has drastically increased in the US, with over 10,000 hate incidents reported between March 2020 and December 2021.⁸² Compared to AAPI men and women, AAPI nonbinary people experienced more physical assault, being coughed or spat at, deliberate avoidance or shunning, denial of service, and online harassment compared to AAPI women and men.⁸² In addition, 85% of AAPI LGBTQ people report experiencing discrimination and/or harassment based on their race or ethnicity, 78% experienced racism within the predominantly white LGBTQ community, and 69% of AAPI transgender people reported experiencing discrimination due to their gender identity.⁸³ Moreover, AAPI individuals also experience stigma within the LGBTQ community while attempting to date, either being devalued or fetishized/exoticized.^{84,85}

Asian American Pacific Islander transgender and nonbinary youth

Many AAPI cultures have strong traditions of third gender and/or gender-expansive people, such as the Hijra in South Asia, Bakla in the Philippines, Kathoey in Thailand, Wakashu in Japan, and RaeRae and Mahu in Polynesia.^{65,86–89} Limited studies have been conducted on AAPI TNBY. One study found that AAPI TNBY emphasize their gender identity over their ethnicity, and feel less safe expressing their authentic gender in Asian contexts.⁹⁰ AAPI TNBY are also less likely to share their gender identity with their parents compared to non-AAPI LGBTQ youth.^{14,91} Asian parents are more resistant to prescribing medicine and surgical procedures.⁹⁰ Gender is a salient characteristic in how AAPIs view people, with gender nonconformity being a strong source of discomfort about LGBTQ people for some AAPIs.⁹² Heterosexism, anti-LGBTQ bias, and adherence to traditional gender roles are perceived to be stronger in Asian

American cultures than in mainstream U.S. culture.^{93–95} Moreover, AAPI LGBTQ individuals also have higher levels of internalized oppression than other groups.^{96,97}

Health disparities

There are significant mental health disparities among AAPI TNBY: they are three times more likely to report a past year suicide attempt compared to cisgender AAPI LGBTQ youth.⁹¹ Many also reported experiencing discrimination, racism, being verbally insulted or physically threatened, and feeling unsafe or unprotected at school.¹⁴ In addition, AAPI LGBTQ youth experience more familial physical abuse compared to LGBTQ youth from other ethnic groups.⁹⁸

Resilience

Despite the significant challenges that AAPI TNBY face, they are incredibly resilient. AAPI TNBY find ways to express themselves authentically in the face of cultural and societal pressures to conform to traditional gender roles; they actively create their own communities, both online and offline, and engage in socio-political activism.⁹⁹ One study on AAPI youth suggested that fostering authenticity protected against depression, anxiety, and school isolation.¹⁰⁰ Another study on AAPI LGBTQ individuals described building resilience by drawing strength and meaning from one's Asian culture and values.⁹⁵ Finally, a study of AAPI TNB adults found that they were able to negotiate their various identities toward integration to find and achieve a sense of authenticity.¹⁰¹

Summary

Black TNBY encounter many adversities due to multiple intersecting oppressive societal forces ingrained in American culture and internalized within already marginalized communities. Many find solace in networks of chosen family that allow them to be their truest selves. To help reduce the increased risk for psychiatric distress and suicide, providers should prioritize fostering trust and make good efforts to learn about psychosocial plights that are specific to Black TNBY.

Latinx TNBY experience many challenges and stressors relating to tensions with their cultural values, racial discrimination, immigration concerns, and more. Cultural values such as familismo, marianismo, machismo, and respeto can make it difficult for Latinx TNBY to disclose and express their authentic gender identities. Despite these challenges, Latinx TNBY can find resilience by embracing their Latinx and TNB identities and cultivating authenticity.

AAPI TNBY experience many challenges due to tensions with Asian cultural values, anti-Asian racism in society and within the LGBTQ community, and anti-LGBTQ bias within the AAPI community. Asian cultural values such as collectivism, filial piety, and conformity to traditional gender roles can make it challenging for AAPI TNBY to disclose and express their authentic gender identities, especially to their parents. Despite the many challenges AAPI TNBY face, they are quite resilient.

Intersectional Clinical Care Points

- Transgender and nonbinary youth of color (TNBYOC) encompass individuals with differing national origins, primary languages, levels of religiosity, and socioeconomic status so mental health providers should take the time to learn the individual before making presumptions in their care.
- It is important for mental health providers to have cultural competence and humility regarding racial-ethnic and TNB identities, so that patients do not have to take the role of educating providers.

- The family is often very important to TNBYOC, so cutting off the family to express TNB identities may not be an option.
- It is important to create spaces at schools and community-based organizations that are specifically for Black, Latinx, and AAPI TNBY, encouraging a sense of connection and belonging.
- There is stigma in many racial/ethnic minority communities regarding accessing mental health services, leading to a decreased likelihood of seeking services; partnership with local community groups, such as the Ballroom Scene or nightlife venues, could be another avenue to promote trust and mental health engagement amongst TNBYOC who may be hesitant to seek care.
- Clinicians should utilize medical interpreters when working with parents or guardians of patients who do not speak English and not rely on TNBYOC to interpret for their families.
- Clinicians should find ways to help families accept their TNBYOC and preserve family harmony, emphasizing values of loving their children and wanting their children to thrive.
- Clinicians should help TNBYOC find ways to cultivate authenticity, strengths, and resilience in their daily lives.
- Clinicians should help TNBYOC draw strength and meaning from their culture and values and, if relevant, connect with their indigenous traditions of gender diversity.
- Clinicians should assess for trauma and discrimination, as well as how TNBYOC have coped with this trauma/discrimination, and incorporate trauma-informed, culturally-sensitive interventions.
- When there is a conflict in values related to culture and LGBTQ identities, clinicians should help TNBYOC explore which values they want to prioritize to maximize authenticity while recognizing the importance certain cultural values may have.
- Clinicians should help TNBYOC explore which social identities to prioritize in any given context. Integration of ethnic-racial and TNB identities may be desired by some youth and not desired by other youth. Clinicians should follow the youth's lead in determining priorities and support them in achieving their goals.

INTERSEX YOUTH

Sex and Gender: a Binary System, or a Continuum?

Sex is often portrayed as a binary of male and female, rather than as a (more accurate) bimodal distribution spanning variations in multiple sex characteristics from chromosomes, external genitalia, internal reproductive organs, gonads, hormone secretion, hormone response, and secondary sex characteristics. Typically, a sex marker such as male or female is assigned to an infant at birth based on the appearance of their external genitalia and is then indicated on a birth certificate. Recently, the U.S. Department of State added an X gender marker to recognize intersex and nonbinary individuals.¹⁰² Some infants develop variations in their external or internal genitalia that differ from the expected male or female appearance. These infants typically undergo a diagnostic process of identifying the factors contributing to the variations in sexual differentiation, followed by an “assignment” to a binary sex category so that they fit into the societal expectations within a binary sex and gender system.

Given the many biological factors involved in the sexual differentiation of the reproductive system—including the fetus's genetic and associated endocrine status and

the pregnant parent's health, exposure to stress, and intake of medications—there exists a great diversity of intersex traits that vary in etiologic factors and affect sex characteristics to different degrees. In many cases, the etiologic factors cannot be clearly identified.¹⁰³ Raising an intersex child in a society that imposes expectations of sex as a binary may bring challenges. Moreover, in some intersex traits, the sexual differentiation variations become apparent only at the time of puberty. While intersex variations constitute part of the continuum of biological sex,¹⁰⁴ differences in the reproductive system, sex hormone regulation, and/or the gonads that are associated with some intersex traits may affect reproductive capability.

Terminology

In 2005, an international conference on the management of intersex traits developed the term “Disorders of Sex Development” (DSD), defined “by congenital conditions, in which the development of chromosomal, gonadal, or anatomic sex is atypical.”¹⁰⁵ As many intersex people found the term “disorder” to be stigmatizing and pathologizing, the term “disorder” was replaced with “differences” so that DSD can be read “Differences of Sex Development.” The intersex community organization interACT Advocates has put out a statement clarifying that “intersex” and “intersex traits” are preferred terms to be used instead of “intersexual,” “intersexed,” or “DSD.”^{106,107}

Psychosocial Implications

Intersex stigma in its various forms (structural, institutional, interpersonal, experienced, anticipated, internalized) may affect an intersex individual at all stages of development and in all spheres of life.^{108–112} Presumably as an attempt to minimize stigma (through a cissexist lens), sometimes surgeons perform surgery during early childhood to conform the child's genital appearance to that “typical” of the assigned gender. This is a highly controversial decision, objected to by ethicists and by intersex activists, because early surgery is done without the child's informed consent and, thereby, violates the child's human rights to autonomy, self-determination, and an open future.^{113–115} Early surgical intervention may feel especially violating for individuals who later identify with a gender other than the one assigned at birth.

From preschool age on, individuals with somatic intersex traits tend to have higher rates of gender-expansive behavior than non-intersex individuals.¹¹⁶ At later stages of development, several factors may contribute to questioning of the assigned gender, affect social relations, and/or increase isolation. These factors include: awareness of the incongruence of sex characteristics with the assigned sex, need for sex-hormone treatment from pubertal age on, infertility, and awareness of any previous genital surgery. Increased rates of mental health conditions have been documented in intersex individuals, including high rates of depression and suicidality.^{117–119}

Resilience

In light of the many challenges that intersex youth face, they are also resilient. One study found that having positive parental experiences, a confidant in childhood, and a “best friend” correlated with improved adult wellbeing, more body satisfaction, and fewer suicidal thoughts.¹²⁰ Access to affirming spaces, either at home, at school, or online, was associated with decreased rates of suicide attempts.¹²¹ Though understudied, peer support groups are another important resource that further bolster the resilience of intersex youth. These organizations aim to provide emotional support, increase social well-being, and facilitate exchanges of information.¹²²

Psychosocial Management

Given the number of diverse intersex traits and youths' varied hormonal, surgical, and mental health care needs across stages of development, clinical management for intersex youth is best provided by a multidisciplinary clinical team¹⁰⁵ whose members are well-trained and experienced in intersex-related topics. Given the limited numbers of such teams and their distance from many families, linkages to community practitioners, possibly utilizing telehealth, need to be developed. Providers themselves can also take steps to become better educated and prepared to provide high-quality care to intersex youth and their families. At its core, mental health care for intersex youth needs to focus on the bodily autonomy and mental wellbeing of the individual. For additional guidance and support, we recommend 4intersex, a project of interACT Advocates that provides many helpful resources, including content on what intersex youth wish their doctors, friends, and teachers knew.¹⁰⁷

Summary

Intersex youth have variations in sex development that may lead to internal or external sex characteristics outside of the male/female binary. Due to pressures to conform to society's sex binary, intersex youth may be forced to undergo early childhood genital surgeries. They frequently experience multiple forms of intersex stigma and, as a result, experience more mental health symptoms. Despite these imposed challenges, intersex youth can thrive when appropriately supported. Providers can further support intersex youth by participating in interdisciplinary care teams, where available, and by building personal awareness, knowledge, and sensitivity.

Intersex Clinical Care Points

Clinicians working with intersex youth should:

- Center intersex youths' bodily autonomy, voices, and mental health.
- Ask intersex youth which terms they use to describe themselves—without making assumptions.
- Connect intersex youth with supportive counseling and mental health services, when needed.
- Link intersex youth (when old enough) and/or their caregivers to appropriate support groups of other youth or caregivers who have shared experiences.
- Assist the intersex youth and their parents in handling disclosure of the selected aspects of medical condition to people outside the family, as indicated.
- Support intersex youth in discovering their authentic gender identity and sexual orientation without trying to influence them toward any particular identity.
- Help parents accept the youth's intersex traits, gender identity, gender expression, and sexual orientation, if needed.
- Help intersex youth and their family access gender-affirming care, if needed.

NONBINARY YOUTH

Background

Nonbinary individuals do not solely identify as women/girls or men/boys.¹²³ The transgender umbrella encompasses people whose genders differ from their assigned sex at birth, which includes nonbinary people.^{123,124} Some nonbinary people, however, do not identify with or use the label transgender, which is a personal choice.^{123,124} The label nonbinary itself also serves as an umbrella term for a wide range of identities, including but not limited to genderqueer, genderfluid, agender, and bigender. The number of openly nonbinary youth is increasing as youth find the language and safety

to openly identify as nonbinary. In a national Trevor Project survey from 2020, 26% of LGBTQ youth identified as nonbinary and an additional 20% reported questioning if they were nonbinary.¹²⁵

How Gender Shows Up in Social Interactions

The concept of gender, and especially the gender binary, frequently appears in social interactions. People often make assumptions about other people's gender identities based on their perception and interpretation of those people's gender expressions.¹²⁶ They may then address or treat people differently based on these gendered assumptions. For example, people may address strangers with gendered terms such as "sir" or "miss," which may be misgendering someone if they do not use that term for themselves. Nonbinary youth may feel invalidated or unsafe when other people misgender them, whether it is due to lack of awareness or overt dismissal of nonbinary gender identities.^{126,127} As a result, nonbinary youth may choose not to disclose their gender identities, which may lead to further feelings of invalidation and invisibility.¹²⁷

Medical and Mental Health Care Disparities

Transgender and nonbinary youth who are unable to access gender-affirming care such as puberty blockers or gender-affirming hormone therapy have higher rates of depression as well as self-harm or suicidal thoughts compared to their transgender and nonbinary peers who received puberty blockers or gender-affirming hormone therapy.¹²⁸ In a study with 202 transgender and nonbinary youth ages 15 to 24 in the U.S., nonbinary youth had significantly higher stress levels and were less likely to have already accessed gender-affirming medical care, compared to their binary transgender peers.¹²⁹ Additionally, nonbinary youth whose pronouns are not respected had a rate of attempting suicide more than 2.5 times that of nonbinary youth who reported that "all or most of the people" in their life used their pronouns.¹²⁵ Respecting a nonbinary youth's asserted name and pronouns can reduce negative mental health outcomes,¹³⁰ as explained by gender minority stress and resilience model.⁸

Medical transition

For nonbinary youth under the age of 18, legal guardian consent is necessary to access gender-affirming medical care such as puberty blockers, hormones, surgery, and other interventions. While there is no one way to medically transition in a binary or nonbinary way, some nonbinary people may have different goals than other transgender people.¹³¹ For example, some nonbinary people may seek fewer medical interventions than binary transgender people, such as chest surgery without hormone therapy.^{131,132} Nonbinary patients seeking gender-affirming surgeries may also ask for more androgynous or non-traditional aesthetic results, such as top surgery removal of chest tissue with larger areola and nipples that are placed more centrally on the chest, no areola or nipples, or preservation of some chest tissue.¹³³ Hormone therapy regimens may also be adjusted based on individuals' goals, such as to slow down or minimize certain changes.¹³⁴ While nonbinary people may have gender expression goals that differ from stereotypical masculine or feminine presentation, some nonbinary people may feel more comfortable with a more traditionally masculine or feminine presentation. Importantly, each person's gender expression goals are deeply personal and unique. Thus, providers should avoid assumptions and work with individuals to tailor their gender-affirming interventions.

Societal and Structural Barriers to Accessing Care

Nonbinary young adults may avoid health care or feel pressure to present themselves as binary transgender people to access care due to gatekeeping or providers' lack of understanding of nonbinary identities.¹³⁵ In gatekeeping systems, health care providers such as therapists or physicians may pose additional barriers to access (ie, gender-affirming care that first requires patients to be assessed for gender dysphoria by a mental health provider).¹³⁶ Individuals who seek access to care may feel the need to perform their gender in a way that aligns with providers' views on how transgender people should feel or present, in order to gain access.¹³⁶ They also may have to navigate medical providers' assumptions about their gender transition goals and/or pushes for them to medically transition even if they did not express interest in doing so.¹³⁷ Nonbinary minors and young adults who rely on their parents or guardians may be unable to pursue gender-affirming medical care due to lack of parental or guardian support.¹²⁷

Strengths and Resilience

Protective factors such as online or in-person support, family support, and online resources can mitigate negative mental health outcomes for transgender and nonbinary youth.^{138,139} Additional resilience strategies include: ability to self-define and theorize one's gender, proactive agency, access to supportive educational systems, connection to a trans-affirming community, reframing of mental health challenges, and navigation of relationships with family and friends.¹⁴⁰

Summary

Nonbinary youth face unique challenges in both social and health care settings that may overlap or differ from those faced by binary transgender youth. Both societal and structural barriers to feeling seen and respected in their authentic selves and to accessing care and resources may negatively impact the mental health of nonbinary youth. Community support, family support, and access to other resources and sources of support are protective. It is important for clinicians to create welcoming environments where nonbinary youth feel safe and respected. More research focusing on nonbinary youth is needed given the limited scholarship on this growing population.

Nonbinary Clinical Care Points

- It is important to create an affirming environment through practices such as training all staff who interact with clients, ensuring safe access to gender-inclusive restrooms, and integrating gender-inclusive language and options into intake forms, materials, and electronic records.
- Nonbinary youth should be given the agency to define their gender identity and gender expression, especially if they are seeking letters of support for gender-affirming care.
- Nonbinary genders are diverse and personal. Clinicians should not assume how a patient identifies or their goals for transition (if any).
- Clinicians should allow clients to take the lead on how much they want to focus on their gender in their clinical care, rather than focusing on gender simply because a client is transgender or nonbinary.⁸
- Protective factors may include a variety of support systems such as peer support, community spaces, family support, affirming healthcare, and other resources.

SUMMARY

This article explored how race, sex, and gender exist on a continuum, rather than fitting neatly into binary categories. Transgender and nonbinary youth of color, intersex youth, and nonbinary youth face significant challenges relating to the intersection of their various social identities and also face many societal and structural barriers to receiving high-quality care. Mental health providers should support these youth in cultivating their strengths, authenticity, and resilience.

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