
Childhood Gender Atypicality, Victimization, and PTSD Among Lesbian, Gay, and Bisexual Youth

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This study examined childhood gender atypicality, lifetime victimization based on sexual orientation, and current mental health, including trauma symptoms and posttraumatic stress disorder (PTSD), among 528 lesbian, gay, and bisexual youth. Nearly 80% reported verbal victimization, 11% physical, and 9% sexual, with males reporting significantly more victimization. Victimization began, on average, at age 13. Verbal attacks occurred as early as age 6, physical attacks at 8, and sexual attacks at 9. Youth who were considered gender atypical in childhood reported more victimization and more current mental health symptoms. PTSD was found in 9% of youth and was associated with past physical victimization.

Keywords: *homosexuality; gay youth; homophobia; victimization of gay youth; traumatic stress*

This study explored the relationship between lesbian, gay, and bisexual (LGB) youths' histories of victimization based on their sexual orientation, their gender atypicality in childhood, and their current mental health, especially trauma-related symptoms. Antilebian or antigay victimization of LGB youth is well documented (Rivers & D'Augelli, 2001), although

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little research has focused on characteristics of youth that might precipitate sexual orientation victimization (SOV). One exception concerns the sex of victims, and greater victimization of male youth has been consistently found. One explanation relates to gender atypicality, or the degree to which biological males and females diverge from expected gender roles. Considerable developmental research has been devoted to the development of gender differentiation from childhood through adolescence, suggesting that this period plays an important role in the ultimate sex role behavior patterns of youth (Liben & Bigler, 2002).

This study focused on the early gender atypicality of LGB youth, its association with SOV, and, subsequently, more mental health problems, especially trauma symptoms. In another analyses of the data used in this study, D'Augelli, Grossman, and Starks (in press) found no association between childhood gender atypicality and either current self-esteem or internalized homophobia. It is important to explore these issues as they differentially affect female and male youth.

The questions addressed in this report are the following: (a) How prevalent is victimization based on sexual orientation in the histories of LGB youth? (b) At what ages does victimization related to youths' sexual orientation begin? (c) What is the relationship of early gender atypical behavior to SOV? (d) What are the relationships among childhood gender atypicality, lifetime SOV, and current mental health, especially trauma symptoms and posttraumatic stress disorder (PTSD)?

Method

Data presented here were drawn from the first panel of an ongoing 2-year longitudinal study of the role of victimization related to sexual orientation on the mental health of LGB youth. Youth aged 15 to 19 were interviewed three times during a 2-year period. The assessment procedure consisted of an interview on a broad range of topics related to challenges faced by LGB youth and the completion of a battery of standard measures that assessed aspects of resilience and mental health.

Participants

The sample consisted of 528 youth, most of whom were attending programs in community-based organizations in New York City and its surrounding suburbs. Some youth in the sample were referred to the study by

other youth in the study, in an effort to diversify the sample. Three organizations were the sites for the research—one in New York City and two in suburban areas near the city. Youth were offered \$30 to participate in the first interview, which lasted from 2 to 3 hours. Because seeking parental consent from LGB youth could put youth at risk of exposure of their sexual orientation and could lead to verbal or physical harm, parental consent was not obtained. However, a youth advocate was present at each site to answer questions youth might have about the project or to discuss concerns about particular youths' participation in the research. Data collected from participants were protected by a federal certificate of confidentiality. Procedures were approved by institutional review boards at the investigators' universities.

Of the 528 youth, 52% were males and 48% were females. Age did not significantly differ between males and females; mean age was 17.03 ($SD = 1.27$). Youths' race and ethnicity were considered separately, consistent with current federal reporting guidelines. Of the sample, 45% were of Hispanic or Latino background, and 55% were not. As to race, 62% were White, 25% were Black or African American, 10% reported being of more than one race, 3% were Asian, and two participants were American Indian or Alaskan Native. Of the Hispanic or Latino youth, 86% were White and 11% were Black. Of the non-Hispanic or Latino youth, 43% were White, 36% were Black, 4% were Asian, and 2 youth were American Indian or Alaskan Native. Using more conventional categories, 1% were American Indian or Alaskan Native, 3% were Asian or Pacific Islander, 31% were African American or Black, 38% were Hispanic, and 26% were White. Nearly three fourths (71%) lived in the boroughs of New York City, 24% lived in suburban areas, 5% lived in a small cities or towns, and 2 youth reported living in a rural area.

Youths' socioeconomic status was calculated using a modified version of Entwisle and Astone's (1994) procedures. The 16 categories in their system were collapsed into 6. Adequate information to determine socioeconomic status was available for 416 youth. If two parents' occupations were available, they were averaged; if one was available, that score was used. Of the 416 youth, 4% of parents were in the "executive" category (e.g., real estate manager, financial manager), 16% were in the "professional" category (e.g., lawyer, teacher), 15% were in the "sales occupations" category (e.g., car salesperson, advertising salesperson), 22% were in the "technical/administrative support" category (e.g., computer programmer, secretary), 24% were in the "service occupations" category (e.g., bartender, nursing assistant), and 19% were in the "manual labor" category (e.g., mechanic, sewing machine operator).

Assessment

Youth were assigned a trained interviewer of the same sex who was a master's-level mental health clinician. Interviews took place in private rooms at each site.

Because of the diversity of parental figures in youths' lives, information about biological parents, stepparents, foster parents, or adoptive parents was used for analyses. Most (94%) of the mothers were biological mothers, 2% were stepmothers, 2% were foster mothers, and 2% were adoptive mothers. In contrast, about three fourths (77%) of the fathers were biological fathers, with the remainder stepfathers (19%), foster fathers (1%), and adoptive fathers (3%).

Sexual orientation development. Youth were asked about the ages at which important milestones related to the development of their sexual orientation occurred. Youth were asked if they felt different from other children when they were growing up and when this occurred. They were then asked the ages at which someone first suggested they were different from other children. They were asked the ages at which they first disclosed their sexual orientation to another person and to mothers and fathers, if they had done so.

Childhood gender atypicality. Youth were asked if they were ever called "sissy" or "tomboy" (or other words synonymous with being too feminine or too masculine, respectively) during childhood, defined as younger than 13 years of age. If this had occurred, the age when it first occurred and the person who first said it was recorded. Youth were then asked if parents had considered them sissies (too feminine) or tomboys (too masculine). Next, youth assessed mothers' and fathers' reactions to any gender atypicality, using a 4-point scale ranging from 1 (*very positive*) to 4 (*very negative*). They were asked if parents had tried to discourage gender atypical behavior and how old they were when this started.

SOV. Youth were asked if they had ever experienced verbal, physical, or sexual SOV using questions from other research (D'Augelli, 2002; Pilkington & D'Augelli, 1995). Verbal SOV was assessed using a question about whether they had ever been "called names, teased, or threatened with being hurt or beat up because you're lesbian (or gay or bisexual, depending on the interviewee's self-identification), or someone thought you were." Physical SOV was assessed with the question, "Have you ever been punched, kicked, or beaten or hurt with a knife, gun, bat, or some other weapon because you're LGB or someone thought you were?" For sexual SOV, youth were

asked, "Have you ever been sexually abused or raped because you're LGB or someone thought you were?"

For each type of SOV, youth were asked when it first occurred, what happened, who did it, where it occurred, and how upsetting it was at the time. Upset at the time of SOV was rated as 0 (*not upsetting*), 1 (*somewhat upsetting*), 2 (*very upsetting*), or 3 (*extremely upsetting*). The number of incidents of each type of SOV was asked. The distribution of incidents youth experienced during their lifetime was highly skewed, with many reporting very high frequencies of verbal SOV. For example, some youth estimated nearly 3,000 instances of verbal SOV ($Mdn = 7$), 100 instances of physical SOV ($Mdn = 0$, as 90% reported no physical SOV; with those cases removed, $Mdn = 2$), and up to 70 instances of sexual SOV ($Mdn = 0$ as 91% reported no sexual SOV; with those cases removed, $Mdn = 2$). To facilitate analyses, eight SOV frequency categories were developed: 0 = 0, 1 = 1, 2 = 2, 3 = 3 to 5, 4 = 6 to 20, 5 = 21 to 100, 6 = 101 to 200, 7 = more than 200. These scores were treated as continuous variables.

Mental health indicators. Three indicators of current mental health problems were used. The Brief Symptom Inventory (BSI; Derogatis, 1993) asks about the occurrence of 53 symptoms in the past week with a 5-point scale ranging from 0 (*not at all*) to 4 (*extremely*). The Global Severity Index (GSI), an overall indicator of mental health problems, was used in analyses. Alpha was .96 for GSI scores. Mean GSI scores were used.

Youth completed the Trauma Symptom Checklist (TSC; Briere, 1996), a 40-item measure of traumatic stress symptoms. The respondent was asked about each symptom's occurrence in the past 2 months on a 4-point scale from 0 (*never*) to 3 (*often*). Cronbach's alpha for total TSC scores was .94 for the total score. Mean total TSC scores were used. The correlation between the GSI and the TSC scores was $r(526) = .77, p < .001$.

PTSD was assessed with the PTSD module from Version IV of the NIMH Diagnostic Interview Schedule for Children (DISC; Shaffer, Fisher, Lucas, Dulcan, & Schwab-Stone, 2000), a structured interview assessment procedure that generates diagnoses compatible with the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders*. The DISC is the most carefully designed and tested diagnostic interview suitable for adolescents and has been subjected to extensive evaluation since it first appeared in 1983. Youth were categorized as either demonstrating PTSD or not in the past year. Thus, to complement the continuous symptom-based scores of the TSC, convergent information was obtained on PTSD as diagnosed traditionally in a psychiatric context.

Results

Descriptive statistics for sexual orientation and gender atypicality milestones and the results of comparisons between male and female youth are shown in Table 1. Effect sizes, Cohen's d , are also presented. Effect sizes of 0.2 are small, 0.5 moderate, and 0.8 large (Cohen, 1988).

Sexual Orientation Development and Behavior

About three fourths (77% of males and 72% of females) said they felt different from other youth when they were growing up. They first experienced this difference at about 8 years of age, although the range was from 3 to 18. When asked if someone else had told them they were different as they were growing up, significantly more males (60%) than females (52%) said this had happened, $\chi^2(1, n = 528) = 3.96, p < .05$. This difference was first pointed out by others at about 8 years of age. Of those who first pointed out this difference from other children, the youth reported that 18% were acquaintances, 11% were friends, 10% were teachers, 9% were mothers, and less than 1% were fathers, and 0.17% said that several people pointed out the difference.

Youth had disclosed their sexual orientation to another person for the first time at about age 15, with no difference between males and females. About 60% had told their mother about their sexual orientation, and about 27% had told father. There was no significant gender difference for age of disclosure to mothers or fathers, which was about age 15.

Childhood Gender Atypicality

Two thirds (66%) of the females were called tomboys while they were growing up, and 58% of the males were called sissies, a significant difference, $\chi^2(1, n = 528) = 3.72, p < .05$. The age at which this first occurred was about 8. As to parents considering youth tomboys or sissies, about half (43%) reported that this had occurred. Compared to females, males perceived significantly more negative responses to their gender atypicality from parents: mothers: $\chi^2(3, n = 194) = 13.37, p < .01$; fathers: $\chi^2(3, n = 105) = 33.55, p < .01$. Although 13% of females' mothers were reported to be very positive about their daughter's gender atypicality, only 2% of males' mothers were very positive. About half (56%) of the males indicated that their mother's reaction was negative; however, only one third (36%) of females' mothers were reported to be negative. Of females, 10% reported

Table 1
Sex Differences in Sexual Orientation and Gender Atypicality
Milestones for Lesbian, Gay, Bisexual Youth

Milestone	Males ^a				Females ^b				<i>t</i>	<i>d</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	Range	<i>n</i>	<i>M</i>	<i>SD</i>	Range		
Age felt different from others	208	7.74	2.95	3-17	179	8.09	3.02	5-18	1.18	
Age others said youth was different	165	8.33	2.95	2-15	133	8.08	2.67	1-17	0.76	
Age of first disclosure	273	14.53	2.12	6-19	254	14.63	1.78	9-19	0.60	
Age of disclosure to mother	175	14.73	2.38	3-19	141	15.10	2.06	2-19	1.43	
Age of disclosure to father	75	14.88	2.15	5-19	69	15.02	2.06	5-18	0.38	
Age called "sissy" or "tomboy"	155	8.13	2.26	2-13	165	7.81	2.34	1-14	1.23	
Maternal response to gender atypicality	97	2.64	0.68	1-4	98	2.30	0.79	1-4	3.25***	0.46
Paternal response to gender atypicality	53	3.02	0.72	1-4	52	2.23	0.76	1-4	5.47***	1.07
Age of first parental discouragement of atypicality	79	9.72	2.70	4-16	65	10.79	3.01	5-17	2.23*	0.37

a. *n* = 274.

b. *n* = 254.

p* < .05. *p* < .01. ****p* < .001.

that their father was very positive about their gender atypicality, compared to 2% of males' fathers. Most (80%) of males' fathers were reportedly negative, contrasted to 24% of females' fathers.

Nearly one third (30%) of youth considered gender atypical by parents reported parental efforts to discourage gender nonconforming behaviors. Discouragements parents used did not differ by youths' gender, with 53% being told to change their behavior, 12% being punished or restricted in their activities, and 8% being sent to counseling.

SOV

Table 2 presents descriptive statistics for lifetime SOV and comparisons between male and female youth.

Three fourths (78%) reported verbal SOV, 11% reported physical SOV, and 9% reported sexual SOV. Males reported significantly more SOV of all types: 87% reported verbal SOV compared to 69% of females, $\chi^2(1, n = 528) = 22.90, p < .01$; 15% reported physical SOV compared to 7% of females, $\chi^2(1, n = 528) = 8.56, p < .01$; and 14% reported sexual SOV compared to 5% of females, $\chi^2(1, n = 528) = 12.07, p < .01$.

Verbal SOV began, on average, at about age 13 for the entire sample, with some events occurring as early as age 6. Verbal SOV started significantly earlier for males (11) than females (14). There was a significant relationship between sex of the victimizer and sex of the victim, $\chi^2(1, n = 282) = 58.52, p < .01$. Males reported being victimized mostly by other males (94%), and females were victimized nearly equally by males (56%) and by females (44%). Of the people committing verbal SOV, youth said that 31% were male acquaintances, 16% were groups of several people, 15% were acquaintances whose gender was not specified, and 8% were classmates. The most frequently reported locations of the first verbal SOV were: 72% at school, 13% in public settings, and 10% at home. All youth reported being upset by their first SOV experience, with 73% reporting being very or extremely upset. Examples of verbal SOV experiences and when they occurred were: (a) Male, at 10: "My mom was screaming at me, calling me a 'fucking faggot' and 'cocksucker.' I just cried and cried." (b) Female, at 17: "Mom 'went off' on me, called me a 'dyke.'" (c) Female, at 18: "A 50 year-old man, a religious fanatic, called me evil, and said that me and my girlfriend were 'nasty,' and called our relationship an abomination."

Physical SOV began at age 13, with the first events reported as early as age 8. There was no difference between the age of the first occurrence of physical SOV between males and females. There was a significant relationship

Table 2
Sex Differences in Lifetime Sexual Orientation Victimization Experiences of
Lesbian, Gay, and Bisexual Youth

Variable	Males ^a				Females ^b				<i>t</i>	<i>d</i>
	<i>n</i>	<i>M</i>	<i>SD</i>	Range	<i>n</i>	<i>M</i>	<i>SD</i>	Range		
Lifetime verbal victimization	274	4.06	2.40	0-7	254	2.46	2.20	0-7	7.94***	0.70
Age of first verbal victimization	173	11.41	3.59	5-19	102	14.40	2.38	6-18	7.50***	1.00
Upsetness at first verbal victimization	172	1.61	1.02	0-3	103	1.60	0.95	0-3	0.07	
Lifetime physical victimization	274	0.35	1.04	0-6	254	0.16	0.72	0-5	2.42*	0.22
Age of first physical victimization	40	13.10	2.15	8-17	17	14.24	2.46	8-19	1.75	
Upsetness at first physical victimization	40	2.28	0.82	0-3	17	2.65	0.61	1-3	1.69	
Lifetime sexual victimization	274	0.31	0.94	0-5	254	0.07	0.45	0-5	3.68***	0.35
Age of first sexual victimization	37	12.86	3.69	5-19	10	15.60	2.95	9-18	2.16*	1.03
Upsetness at first sexual victimization	37	2.22	0.95	0-3	10	2.50	0.97	0-3	0.84	

Note: Victimization scores are based on eight frequency categories.

a. *n* = 274.

b. *n* = 254.

p* < .05. *p* < .01. ****p* < .001.

between the sex of the victimizer and the sex of the victim, $\chi^2(1, n = 56) = 14.19, p < .01$. Males were most victimized by other males (95%). Females were equally victimized by males (53%) and females (47%). Of the people involved in the physical SOV, 42% ($n = 24$) were male acquaintances, 14% ($n = 8$) involved several attackers, and 11% ($n = 6$) were classmates. The locations most frequently reported of the first physical SOV were: 56% at school, 25% in public settings, and 9% at home. Most youth (89%) reported being very or extremely upset at the first occurrence. Examples of physical SOV were: (a) Male, at 17: "I was a wrestler, and another wrestler didn't like my being gay, so he beat me with a stick and broke my nose." (b) Female, at 8: "I was beaten up by older girls. They dragged me along the floor, banged my head on the monkey-bars, kicked me, and punched my stomach." (c) Male, at 16: "Some older boys threw a basketball in my face because I wore a pink shirt."

Sexual SOV started at 13.5 years old for youth reporting it, with events occurring earlier for males (13) than females (16). All reported sexual SOV acts were committed by males. Of males and females who experienced sexual SOV, 27% were victimized by friends, 26% by acquaintances, and 15% by strangers. The locations most frequently reported where the first SOV occurred were: 34% at home and 13% in public settings. Nearly all youth (97%) reported being very or extremely upset by this first sexual SOV experience. Examples of sexual SOV were: (a) Female, at 18: "I was in a conversation at a party and mentioned that I was bi. One of the guys took me into a private room and forced me to have sex." (b) Male, at 9: "My stepfather raped me a lot and tried to fist me. I bled so much I had to go to the ER and get 16 stitches." (c) Male, at 16: "I told an attendant in a hospital that I was gay, and he forced me to give him a blowjob."

Youth who experienced more than one type of SOV were compared in terms of their upset at the first occurrences. Comparison of reported upset at first verbal SOV and first physical SOV showed that youth were significantly more upset by physical abuse (verbal: $M = 2.08, SD = 0.77$; physical: $M = 2.38, SD = 0.77$), $t(52) = 2.03, p < .05, d = 0.39$. There was no difference between verbal and sexual SOV, $t(34) = 1.43, ns$. Sixteen youth reported both physical and sexual SOV, and there was no difference in their reported upset to the two types, $t(15) = 0.25, ns$.

Gender Atypicality, Victimization, and Mental Health

Analyses of the relationship between gender atypicality, SOV, and mental health problem indicators were conducted using two-way analyses

of variance, with five aspects of gender atypicality (feeling different, being seen as different, called sissy or tomboy, called sissy or tomboy by parents, and parental efforts to discourage gender atypicality, each considered as yes or no) and sex as the factors. The means and standard deviations of the different gender atypicality experience groups are shown in Table 3, and the F values for the main effects of gender atypicality (whether or not the youth experienced the event) appear in Table 4. Because there were only three significant interaction effects, effect sizes for these interactions are not shown.

There was a significant association between gender atypicality and both SOV and mental health problem indicators. Youth who felt different, were called sissies or tomboys by others including parents, and who were discouraged by parents from acting in gender atypical ways experienced significantly more lifetime verbal and physical SOV than those who did not have these experiences. Gender atypical youth were verbally attacked for the first time at earlier ages, if they felt different, were considered different, or were called sissy or tomboy by parents. As to physical SOV, youth reporting gender atypicality received more physical attacks during their lifetime. First physical attacks occurred at earlier ages for youth who were called sissies or tomboys and who reported that their parents discouraged their gender atypicality. Gender atypicality was not associated with sexual SOV nor age of first sexual SOV.

There was a significant interaction between sex and being called sissies and tomboys on verbal SOV. Males who were called sissies experienced significantly more verbal SOV than other males ($d = 0.92$). There was no difference in SOV experiences between females who were called tomboys or not. Another interaction effect concerned being called sissy or tomboy by parents and upset at first sexual SOV. Males who said that their parents called them sissies were significantly more upset at the first sexual SOV than other boys ($d = 0.63$), whereas the females who said their parents called them tomboys were significantly less upset than other females ($d = 0.91$). However, because of the small numbers of youth experiencing sexual SOV, this final interaction effect should be considered cautiously.

Current mental health symptoms were strongly related to past reports of gender atypicality. Gender atypicality was associated with significantly more symptoms on both the BSI and the TSC. A significant interaction effect was also found for TSC scores. Males called sissies experienced significantly more TSC symptoms than did other males ($d = 0.59$), whereas females who were called tomboys did not differ in TSC scores from other females.

Of the 517 youth for whom data were available, 9% ($n = 48$) met the DISC criteria for a diagnosis of PTSD in the last year. Three times the

(text continues on p. 16)

Table 3
Means and Standard Deviations of Gender Atypicality Experience Groups and Sexual Orientation Victimization

Variable	Felt Different		Viewed as Different by Others		Called "Sissy" or "Tomboy"		Called "Sissy" or "Tomboy" by Parents		Parental Discouragement of Atypicality											
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No										
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>										
Lifetime verbal victimization	3.78	2.37	1.83	2.01	4.01	2.28	2.34	2.31	3.76	2.35	2.50	2.37	3.93	2.36	2.76	2.37	4.16	2.27	2.94	2.51
Age of first verbal victimization	12.26	3.52	14.08	2.97	11.96	3.56	13.80	3.01	11.99	3.60	13.91	2.80	12.12	3.50	12.77	3.48	12.12	3.50	12.77	3.48
Upset at first verbal victimization	1.67	0.99	1.25	0.98	1.68	0.98	1.44	1.00	1.66	0.98	1.47	1.04	1.71	0.99	1.49	1.00	1.72	0.99	1.54	1.00
Lifetime physical victimization	0.32	1.00	0.07	0.45	0.34	1.04	0.15	0.66	0.35	1.06	0.11	0.51	0.36	1.10	0.15	0.66	0.47	1.27	0.16	0.66
Age of first physical victimization	13.32	2.29	15.00	1.83	13.32	2.47	13.75	1.73	13.02	2.18	15.00	2.04	12.97	2.26	14.14	2.29	12.65	2.33	14.14	2.12
Upset at first physical victimization	2.40	0.77	2.25	0.96	2.39	0.80	2.38	0.72	2.40	0.78	2.33	0.79	2.39	0.83	2.36	0.73	2.50	0.76	2.28	0.80
Lifetime sexual victimization	0.23	0.81	0.10	0.56	0.20	0.81	0.18	0.67	0.17	0.69	0.24	0.85	0.20	0.78	0.20	0.75	0.18	0.69	0.21	0.79

Age of first sexual victimization	13.14	3.75	16.00	2.00	12.73	3.74	14.33	3.53	13.64	3.57	13.16	3.95	12.59	3.71	14.20	3.58	14.36	2.27	13.06	4.12
Upset at first sexual victimization	2.31	0.95	2.00	1.00	2.42	0.86	2.10	1.04	2.32	0.90	2.21	1.03	2.41	0.80	2.16	1.07	2.21	0.89	2.30	0.98
Brief Symptom Inventory	1.00	0.69	0.74	0.62	1.03	0.70	0.80	0.62	1.00	0.69	0.81	0.64	1.02	0.72	0.86	0.63	1.02	0.70	0.90	0.67
Trauma Symptom Checklist	1.02	0.54	0.73	0.48	1.03	0.53	0.83	0.52	1.02	0.52	0.82	0.54	1.01	0.53	0.90	0.53	1.02	0.51	0.92	0.54

Note: Victimization scores are based on eight frequency categories.

Table 4
Interaction Effects from Analyses of Variance of Sexual Orientation Victimization
and Mental Health Related to Childhood Gender Atypicality

Variable	Felt Different		Viewed as Different by Others		Called "Sissy" or "Tomboy"		Called "Sissy" or "Tomboy" by Parents		Parental Discouragement of Atypicality						
	Main	<i>d</i>	Main	<i>d</i>	Main	<i>d</i>	Main	<i>d</i>	Main	<i>d</i>					
Lifetime verbal victimization	74.12***	0.89	1.49	64.53***	0.73	0.06	47.03***	0.92	11.83***	10.56***	0.49	0.03	26.73***	0.52	1.94
Age of first verbal victimization	9.33**	0.56	0.64	12.14***	0.56	0.49	16.82***	0.60	2.23	6.66**	0.19	0.02	2.46		0.08
Upset at first verbal victimization	3.72		3.66	3.34		0.19	1.59		0.06	2.70		0.32	1.71		1.01
Lifetime physical victimization	7.25**	0.35	0.51	4.73*	0.22	0.03	9.98**	0.31	0.44	5.94**	0.24	0.01	14.14***	0.32	0.59
Age of first physical victimization	1.52		0.00	0.37		0.01	12.28***	0.94	2.19	6.30**	0.51	1.01	8.85**	0.67	1.74
Upset at first physical victimization	0.28		2.37	0.22		0.92	0.22		0.60	0.01		0.00	0.06		1.62
Lifetime sexual victimization	2.45		0.62	0.00		0.10	0.63		0.00	0.04		0.19	0.30		0.00

Age of first sexual victimization	0.59	1.19	0.56	0.46	0.02	0.12	1.25	0.08	0.78	0.02					
Upset at first sexual victimization	0.00	0.91	1.63	0.23	0.06	0.91	0.08	4.89*	1.92	3.40					
Brief Symptom Inventory	15.45***	0.39	0.01	15.92***	0.34	0.76	8.35**	0.29	1.02	10.57***	0.23	1.04	5.18*	0.18	0.01
Trauma Symptom Checklist	32.68***	0.57	0.30	20.43***	0.37	0.01	16.39**	0.59	3.91*	6.87**	0.22	2.56	4.57*	0.18	0.48

Note: Values are *F* values. Victimization is based on eight frequency categories. Int. is interaction effect—gender atypicality milestone (yes or no) × sex (male or female).

p* < .05. *p* < .01. ****p* < .001.

numbers of females (15%, $n = 38$) than males had a PTSD diagnosis (4%, $n = 10$), a significant difference, $\chi^2(1, n = 517) = 21.16, p < .001$. PTSD was associated with being called a sissy or tomboy by others, $\chi^2(1, n = 517) = 9.82, p < .001$, and by parents, $\chi^2(1, n = 517) = 5.83, p < .05$. About 12% of those called sissy or tomboy currently had PTSD, compared to from 4% to 6% of those never called tomboy or sissy. Table 5 presents comparisons between youth with and without PTSD on the SOV variables. Youth with PTSD were significantly more upset at their first experiences of verbal SOV. Youth with PTSD experienced significantly more lifetime physical SOV. In addition, youth with PTSD reported more lifetime sexual SOV, at a marginally significant level ($p = .09$).

Discussion

This findings of this study indicate the importance of early gender role expression in the developmental experiences and current adjustment of LGB youth. Many youth in this study perceived that others, including their parents, viewed them as gender atypical, and many responses from parents were negative. These responses might have been related to fears that gender atypical youth may become lesbian or gay. SOV of youth started in late childhood and was associated with gender atypicality. The impact of these early experiences of difference, labeling, criticism by others, and victimization can be seen in the current mental health findings, especially trauma symptoms. The youths' perceived peer and parental responses to childhood gender atypicality were related to their current mental health.

Three fourths of the youth felt different from their peers as they were growing up. This perception of difference occurred, on average, at about age 8, or in late childhood. This is a period in which gender expectations become increasingly salient to children, and their sex role-related behavior comes under increasing scrutiny and evaluation by parents, peers, and school personnel. Parental involvement in subsequent change in sex-typed behavior has been well established. For example, a meta-analytic review of the different ways parents treat female and male children concluded that the most powerful difference is in the encouragement of specific sex-typed activities (Lytton & Romney, 1991). Others told youth that they were different at about 8 years of age, and the two thirds of the females who were considered tomboys and more than half of the males who were considered sissies were first labeled at age 8 as well, on average. The importance of conformity to gender roles at this time can be seen in the reported negative

Table 5
Posttraumatic Stress Disorder (PTSD) and Sexual Orientation Victimization Histories of Lesbian, Gay, and Bisexual Youth

Variable	PTSD ^a		No PTSD ^b		<i>t</i>	<i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Lifetime verbal victimization	3.87	2.38	3.24	2.44	1.70	
Age of first verbal victimization	13.68	2.26	12.4	3.57	1.63	
Upsetness at first verbal victimization	2.17	0.89	1.55	0.99	2.88**	0.66
Lifetime physical victimization	0.52	1.30	0.23	0.86	2.08*	0.27
Age of first physical victimization	13.38	1.12	13.45	2.42	0.08	
Upsetness at first physical victimization	2.50	0.53	2.37	0.81	0.45	
Lifetime sexual victimization	0.37	1.33	0.18	0.71	1.68	
Age of first sexual victimization	14.14	3.98	13.33	3.68	0.51	
Upsetness at first sexual victimization	2.71	0.49	2.20	0.99	1.33	

Note: Victimization scores are based on eight frequency categories (see text).

a. *n* = 48.

b. *n* = 469.

p* < .05. *p* < .01.

parental reactions to gender atypicality, with only 13% of mothers reacting positively to their daughters' gender atypicality and 2% of males' mothers. As sex differences in traditionally masculine behavior show greater change than changes in traditionally feminine behavior during adolescence (Galambos, Almeida, & Petersen, 1990), the greater perceived dissatisfaction among parents with males' gender atypicality is understandable. Also understandable are the more perceived negative paternal responses to sons' gender atypicality compared to daughters', with hardly any fathers positive about their sons' gender atypicality.

Perhaps the experience of many years of parents' displeasure with gender atypicality explains the finding that these youth hardly ever choose to tell their parents first about their sexual orientation after they self-identify as LGB. The knowledge that parents are dissatisfied with one's gender atypical behavior, especially as it may reflect homosexuality, helps explain the relatively late disclosure of sexual orientation to parents, between 14 and 15 years of age, many years after their "difference" had been first experienced and noted by others. For many LGB youth, their sexual orientation development is influenced by their parents' efforts to decrease gender atypicality. Of the youth who were considered sissies or tomboys, one third reported that their parents made concerted efforts that encouraged traditional sex role behavior. This attempted control generally preceded victimization based on sexual orientation.

About 80% of the youth experienced verbal abuse, 14% were physically attacked, and 9% were sexually assaulted because they were LGB or were perceived to be LGB. The verbal and physical SOV rates found here were comparable to those found in other LGB youth research (D'Augelli, 2002). The initial verbal SOV, at about age 11 for males and 14 for females, corresponds to the age of gender intensification found in much developmental research (Galambos et al., 1990). As the importance of peers during childhood and adolescence increases during late childhood (Degirmencioglu, Urberg, Tolson, & Richard, 1998), the lack of integration in peer groups resulting from LGB youths' gender atypicality can have serious consequences. That nearly all of the physical attackers in the study were male is a reflection of the more intense traditional male response (aggression) to departures from traditional sex roles and the fact that males are generally more likely than females to be involved in many sorts of violence and victimization. Other research on LGB youth has also found that more gender atypicality among LGB youth was associated with more SOV in school and that males are more often physically attacked than females in school (D'Augelli, Pilkington, & Hershberger, 2002). Certainly gender atypicality among females during childhood and adolescence is more tolerated.

The convergence of biological, social, interpersonal, and cultural factors that make gender atypicality potentially problematic are amplified by victimization of the youth in this study. Although we have known for some time that victimization of LGB adults (Herek, Gillis, Cogan, & Glunt, 1997) and youth (Pilkington & D'Augelli, 1995) are common experiences with mental health consequences, this is the first study to document ages at which victimization experiences first occurred and to link lifetime SOV to traumatic stress symptoms and PTSD. Early experience of SOV, victims' perception of these early experiences as highly upsetting, and the lifetime accumulation of many SOV experiences are factors that can create long-term unease. More cases of PTSD were found among those who were gender atypical in childhood than among those who were not. PTSD was associated with increased physical SOV, in particular, and with the upset experienced at the first verbal SOV. Thus, youth who are gender atypical in childhood and who are victimized may have elevated mental health and trauma symptoms, and some may have PTSD.

The study's limitations are worth noting. Youth were drawn from one geographical area and may not be representative of all LGB youth. Convenience samples such as those used in this study might engage youth who are more distressed (Savin-Williams, 2003). Thus, the elevated trauma symptoms and PTSD found here might not be found in LGB youth who do not attend centers for LGB youth, are not as open about their sexual orientation, or were not as gender atypical in childhood. On the other hand, the stress these youth reported is a reaction to troublesome events that befall many LGB youth who are gender atypical growing up. Another limitation is the cross-sectional nature of the data, which makes causal conclusions difficult. It is also possible that youth with elevated trauma symptoms might retrospectively consider themselves more gender atypical in childhood. This seems less likely that the hypothesis that feeling different and being seen as different, experiencing negative parental reactions to childhood gender atypicality, and being victimized because of sexual orientation can increase the probability of traumatic responses. Longitudinal data following LGB youth from childhood through late adolescence would be ideal but extremely difficult to collect. However, to increase the accuracy of recalling and reporting of past events, reliability and validity checks might be incorporated into future self-report instruments. For example, with regard to childhood gender atypicality, current gender atypicality could be assessed by interviewers as an aid in interpreting participants' perceptions of their past gender atypicality. Until greater causal clarity and more reliable measurement are available, it is reasonable to consider early gender atypicality,

openness about sexual orientation, and experiences of victimization as important in understanding the current mental health status of LGB youth.

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