

Assessing gender diversity among autistic children by self and parent report: A replication and expansion of current research

Josh Golt, MA¹, Madison Bradley¹, Blythe Corbett, PhD², Matthew Lerner, PhD³, Susan White, PhD¹

¹University of Alabama, Department of Psychology, Center for Youth Development and Intervention, Tuscaloosa, Alabama

²Vanderbilt University Medical Center, Department of Psychiatry and Behavioral Sciences, Nashville, Tennessee

³Drexel University, AJ Drexel Autism Institute, Philadelphia, Pennsylvania

INTRODUCTION

-There has been a growing understanding of the relationship between autism spectrum disorders (ASD) and gender identity

-Additionally, the rate of gender diversity in autistic individuals is greater than that seen in the general population

- Corbett et al. (2023) found significant, positive correlations between gender diversity and internalizing symptoms

METHODS

-This study used pre-treatment data collected as part of a multi-site, randomized clinical intervention targeting social competence

-Gender diversity was measured using the Gender Diversity Screening Questionnaire, Parent (GDSQ-P)

-Internalizing symptoms were measured using the CBCL anxiety, depression, and withdrawn subscales

-Pearson correlations were used to assess the relationship between gender diversity and internalizing symptoms

-A regression analysis was conducted to understand the degree to which gender diversity predicts internalizing symptoms

-Demographic data were used to run a mediation analysis between gender diversity and internalizing symptoms

Gender diversity predicts internalizing symptoms in autistic youth which may be important to consider when providing clinical care.

Future research should look at diverse populations and better understanding of contextual and societal factors driving this relationship.

RESULTS

-Parents of 249 of autistic children aged 9 to 17 years old ($M= 12.78$, $SD= 1.96$) completed assessments.

-21% of the sample self-identified as racially minoritized
-71% of the children were male.

-Total GDSQ-P score significantly predicted only withdrawn symptoms ($F(2, 241)=6.33$, $p= .002$, $R^2=.050$).

- Additionally, when assessing the relationship between GDSQ-P and anxiety ($\Delta F(1, 241)=2.314$, $p=.130$, $\Delta R^2=.009$) and depression ($\Delta F(1, 241)=3.41$, $p=.066$, $\Delta R^2=.013$), the GDSQ-P was not a significant predictor, *but the model remained significant for both anxiety* ($F(2, 242)=6.67$, $p=.002$, $R^2=.052$) *and depression* ($F(2, 241)=6.74$, $p=.001$, $R^2=.053$) when controlling for autism symptoms.

- Parent education, race, and yearly income were not moderators for any of the assessed relationships.

Correlation of GDSQ-P score with CBCL scales

Anxiety	$r= .146$	$p= - .022$
Withdrawn	$r= .231$	$p= <.001$
Depression	$r= .168$	$p= .009$

DISCUSSION

Results of this study indicate that gender diversity is related to child internalizing symptoms. While the incidence and impact of gender diversity in an autistic population is being established in the literature, further understanding of the relationship between gender diversity and internalizing symptoms, along with understanding influencing factors, is needed to be able to provide the highest level of care. Prior research demonstrated significant, positive correlations with internalizing symptoms.



Josh Golt: jdgolt@crimson.ua.edu
Susan White: swwhite1@ua.edu

