

# Translational Issues in Psychological Science

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Online First Publication, November 3, 2025. <https://dx.doi.org/10.1037/tps0000486>

### CITATION

Biggerstaff, G. D., McAweeney, K. A., & Farr, R. H. (2025). Gender essentialism and mental health among adolescents with lesbian, gay, bisexual, transgender, and queer parents. *Translational Issues in Psychological Science*. Advance online publication. <https://dx.doi.org/10.1037/tps0000486>

# Gender Essentialism and Mental Health Among Adolescents With Lesbian, Gay, Bisexual, Transgender, and Queer Parents

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Poor youth mental health is increasing in the United States, and some believe gender non-conformity is a cause. This empirically unfounded belief has contributed to anti-lesbian, gay, bisexual, transgender, and queer (LGBTQ+) legislation aimed at curbing gender-nonconforming behaviors. Gender essentialism, the belief that gender is strict, rigid, and biologically based, underpins many anti-LGBTQ+ legislative efforts and executive orders. In contrast, literature shows that behavior that affirms the gender of gender-nonconforming and transgender youth is beneficial to their mental health and that children with parents who encourage exploring gender presentation (e.g., LGBTQ+ parents) are well adjusted. Thus, understanding whether gender essentialism specifically is correlated with youth mental health is crucial, particularly in family contexts with LGBTQ+ family members. Here, we studied youth with LGBTQ+ parents from the United States ( $N = 99$  adolescents, 12–19 years,  $M = 18.20$ ), many of whom hold their own LGBTQ+ identity. We expected that gender essentialism would correlate with worse mental health. Using the Youth Self-Report and the Gender Essentialism Scale, we did not find significant associations. Depression and anxiety, however, were below clinical levels on average. Gender essentialism and mental health varied based on participants' LGBTQ+ and family identities, with LGBTQ+ adolescents exhibiting less gender essentialism but worse adjustment than cisgender heterosexual youth. Uniquely, participants with transgender and nonbinary parents exhibited greater gender essentialism. Our findings indicate that adolescent beliefs concerning the flexibility of gender are not a risk factor for poor mental health, at least among youth with LGBTQ+ parents. We discuss implications of our findings for practice and policy.

## *What is the significance of this article for the general public?*

Gender essentialism, the belief that gender is fixed and rigid, relates to anti-lesbian, gay, bisexual, transgender, and queer (LGBTQ+) sentiment in the United States. Some blame gender flexibility or nonconformity for youth mental distress, but this is not empirically founded. Among adolescents with LGBTQ+ parents, we found no link between mental health and gender essentialism. Instead, youth showed sub-clinical anxiety, depression, and moderate gender essentialism. LGBTQ+ parent families may be protective for youth; no evidence connects gender essentialism to youth mental health.

Melina R. Singh served as action editor.

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We wish to thank the William T. Grant Foundation and the Society for the Psychological Study of Social Issues for the financial support backing the overarching project from which these data are drawn. We are grateful to the participants and their families for their time and energy and the stories they represent. Thank you to our lab personnel who tirelessly advertised, recruited, collected data, and cleaned data. Thank you to Pooja Sidney for her mentorship of Grant Biggerstaff as he completed this work originally as a senior honors thesis in the PSY 495/496 course series at the University of Kentucky.

Grant D. Biggerstaff served as lead for writing—original

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*Keywords:* adolescence, anti-lesbian, gay, bisexual, transgender, and queer legislation, gender essentialism, lesbian, gay, bisexual, transgender, and queer parent families, mental health

Anxiety and depression among youth have increased in the United States (Bitsko et al., 2018; Daly, 2022; Ethier & Mermin, 2023; Keyes et al., 2019). Many erroneously believe the rise is in part due to greater gender nonconformity (GNC) among children (Fox News Staff, 2023). This empirically unfounded belief has led to legislative efforts that restrict or punish gender-nonconforming behavior across the United States (American Civil Liberties Union, 2024), limiting GNC in behavior or appearance (e.g., drag). Such legislation often centers gender essentialism, the belief that gender is rigid and unchanging (Atwood et al., 2023), wrongly assuming that GNC is harmful to children's well-being. Research is lacking, however, that explores connections between gender essentialism and mental health. Notably, gender essentialism beliefs are correlated between children and their parents (Gelman et al., 2004). Research shows school-age children with lesbian, gay, bisexual, transgender, and queer (inclusive of additional minoritized sexual and gender identities; LGBTQ+) parents hold more flexible views of gender than do children with cisgender heterosexual (cis-het) parents (Carone et al., 2020; Sumontha et al., 2017). Little research, however, has examined these topics among adolescents, who are vulnerable to mental health challenges, particularly if they are LGBTQ+ (Byun et al., 2024; Ethier & Mermin, 2023; Keyes et al., 2019). No studies (that we know of) have been done among LGBTQ+ and cis-het adolescents with LGBTQ+ parents, even though five million children have LGBTQ+ parents in the United States (Wilson & Bouton, 2024). Anti-LGBTQ+ rhetoric emphasizes gender essentialism, such as binary gender roles in child-rearing (Global Project Against Hate and Extremism, n.d.) or demonizing transgender and nonbinary (TGNB) identities and rights (GLAAD, 2023). Thus, to explore links between gender essentialism and mental health, while also highlighting dynamics within LGBTQ+ families in the United States, we queried: among youth holding diverse sexual and gender identities who have LGBTQ+ parents, are their gender essentialist beliefs correlated with their mental health outcomes?

## Youth Mental Health and GNC

Supporters of legislated restrictions related to GNC behaviors among youth often point to the high suicidality rate of TGNB youth as justification for such legal actions (Greene, 2022). It is true that GNC and transgender youth are at higher risk for negative mental health outcomes like suicide and depression compared to cisgender youth (Russell & Fish, 2016), but research has shown that the risk factors of suicidality in GNC youth are not from their GNC itself, but rather social factors like bullying, abuse, and a lack of support (Roberts et al., 2012, 2013; The Trevor Project, 2023). This is in line with minority stress theory (Brooks, 1981; I. H. Meyer, 2003), specifically the idea that disparities experienced by those who hold marginalized identities are not due to inherent issues with those identities but due to prejudice and unique social stressors experienced by individuals who hold those identities. Consistent with this concept, the risk to mental health is vastly reduced for TGNB youth when they experience gender-affirming care (e.g., hormone treatment) and affirmation (e.g., having parents who accept and embrace their gender; Fontanari et al., 2020; Lee & Rosenthal, 2022).

Research illustrating the general well-being of LGBTQ+ parented youth highlights how the assertion that GNC behaviors pose a risk to child well-being is unfounded. LGBTQ+ parents tend to allow their children to express themselves flexibly with gender, in contrast to traditional gender stereotypes (Averett, 2015). LGBTQ+ parents also raise children (including adolescents) who are as well adjusted as those with cis-het parents (Gartrell & Bos, 2010). Moreover, children with LGBTQ+ parents are characterized by developing unique strengths, including flexible ideas about gender and gender roles, due to their family structure (Farr et al., 2022). This can occur through multiple methods, including active discussion (Logan et al., 2025) and modeling (Sumontha et al., 2017). Overall, research shows that GNC is safe for youth in accepting and supportive environments (e.g., reduced anxiety and depression; Fontanari et al., 2020; Lee & Rosenthal, 2022) and children of same-gender parents adjust well while having

less restrictive views of gender (Carone et al., 2020; Sumontha et al., 2017). Nonetheless, proponents of anti-LGBTQ+ legislation espouse a rigid, biologically based, or traditional view of gender that is mistakenly believed to be linked with better child adjustment (Grossman, 2023).

## Gender Essentialism

Essentialism is the belief that items within categories hold rigid, unchanging essences that make them different from items in other categories (Gelman, 2003; Rothbart & Taylor, 1992). Previous research shows that humans tend to apply essentialist reasoning to social groups, including race and gender (Rhodes & Gelman, 2009). Gender essentialism, then, is the belief that one's gender assigned at birth is unchanging, defined by factors like sex organs and genes, and that gender determines behavior. This concept has been studied rigorously in both adults and children (Ching & Xu, 2017; Fine et al., 2024; Ruble et al., 2007; Smiler & Gelman, 2008).

Concerning adults, gender essentialism has been found to be highly correlated with transgender prejudice (Ching & Xu, 2017) and is more prevalent in cisgender men compared to cisgender women (Smiler & Gelman, 2008). Research has also found that children tend to hold essentialist views of gender throughout childhood (Ruble et al., 2007) and that gender essentialism in middle childhood is correlated with more prejudice (Fine et al., 2024). Although research finds negative effects of gender essentialism, namely higher levels of prejudice in both adults and children, no research to our knowledge has explored possible associations between gender essentialism and mental health among youth, especially in the unique family context of being raised by LGBTQ+ parents or in samples of youth with LGBTQ+ identities. Meanwhile, many forms of anti-LGBTQ+ rhetoric emphasize gender essentialism; the exploration of gender, TGNB identities, and flexible views of gender are seen as invalid, threatening, or dangerous to children's well-being (Christensen, 2025; GLAAD, 2023; Global Project Against Hate and Extremism, n.d.). Perhaps less gender essentialism, fostered by having LGBTQ+ parents, may be a protective factor for adolescents, as these adolescents often experience unique socialization with gender due to their parents' identities (Farr et al., 2022).

Thus, we sought to examine if gender essentialism is associated with mental health among youth with LGBTQ+ parents.

## The Current Study

This study sought to answer the question: Does gender essentialism correlate with mental health outcomes among youth in LGBTQ+ parent family structures? Exploring this question among adolescents with LGBTQ+ parents is noteworthy because, as previously stated, school-age children with lesbian and gay parents hold more flexible views of gender compared to those with heterosexual parents (Carone et al., 2020; Sumontha et al., 2017). We seek to expand that body of literature by examining a sample of youth with LGBTQ+ parents. Given that attempts to present in ways that feel authentic to one's gender and sexual identities can be stressful (Way et al., 2014), which may be exacerbated by beliefs in rigid gender essentialism, we predict that youth with less gender essentialism will report better mental health. Greater gender essentialism might hold children back from their desired presentation and create potentially harmful and restrictive views of themselves. Given these dynamics, we were interested in the roles of participants' ages, whether adolescents were LGBTQ+ or cis-het themselves, as well as whether participants' LGBTQ+ parents were reported to identify as cisgender or TGNB.

## Method

### Participants

Quantitative survey measure data are from a larger study, the Queer Parent and Adolescent Lives (Q-PAL) project (e.g., McAweeney & Farr, 2024). Q-PAL investigates LGBTQ+ parents and their adolescent (12–19 years old) children who joined their families through multiple different methods (that are not mutually exclusive), including assisted reproductive technologies, adoption, coparenting and step-parenting, and reproductive sex. Ninety-nine adolescents participated.

The average participant age was 18.15 years old. While the biggest subsample of participants by racial/ethnic identity was white (38%), the sample majority (60%) was Black, Indigenous, and People of Color: 13% Black, 13% Asian/

Pacific Islander, 18% Hispanic/Latino, 3% Middle Eastern, 11% multiracial, 1% Native American, and 2% undisclosed). They also represented different U.S. regions (41% South, 28% West, 16% Northeast, and 14% Midwest).

### ***Gender Identity***

The sample was predominantly cisgender with more boys than girls (53% cisgender boys and 29% cisgender girls), yet 15% identified as TGNC (2% transgender girls, 2% transgender boys, and 11% genderqueer/nonbinary/gender-nonconforming youth) and 3% were undisclosed. Thirteen participants (13%) had at least one TGNB parent.

### ***Sexual Identity***

Fifty-two participants (53%) held minoritized sexual identities: 32% plurisexual (attracted to more than one gender, e.g., bisexual, pansexual, and omnisexual), 7% gay, 4% lesbian, 4% asexual, 3% queer, and 1% questioning. Overall, 42% were heterosexual and 6% were undisclosed.

### ***Procedure***

Participants were recruited between 2021 and 2024 through advertising via a combination of flyers, community outreach, social media, snowball sampling, and Prolific. After advertising, recruitment, and data collection for the Q-PAL study began, participants were prescreened to ensure they matched the study sample's eligibility criteria of adolescents between the ages of 12 and 19 with at least one LGBTQ+ parent in the United States. Following this, participants were given access to the Qualtrics survey, which included an informed consent form before allowing participants to continue with the survey. Following data collection, participants' responses were reviewed to ensure that participants had not previously participated in our study, and that responses indicated honesty about reported data (e.g., geographic location was consistent throughout). Fraudulent data were removed from our sample (for examples of fraudulent data concerns, see Pozzar et al., 2020). Data were determined to be fraudulent after being reviewed by multiple project team members. Fraudulent data could include data with substantial contradictions in responses (e.g., participants listing demographics differently

throughout the survey) or participants only responding by repeating information from the questions (e.g., participants only listing chores that our survey gave as examples). Responses were examined holistically and only removed if several suspicious aspects were detected. Additionally, participants were removed from analyses if they did not complete the measure necessary for that analysis (e.g., skipping the gender essentialism measure).

After completing this survey, participants were sent a \$35 Amazon e-gift card and were debriefed on the study via email. Participants recruited through Prolific were prescreened using the platform's own screening criteria. Participants recruited were compensated \$35 through Prolific. This study was not preregistered, and data are not currently publicly available. Access to the data is possible upon reasonable request.

## ***Measures***

### ***Demographic Characteristics***

Participants responded to Qualtrics items about their racial/ethnic, gender, and sexual identities, as well as their age and geographic region. Adolescent sexual identity was collapsed into lesbian, gay, bisexual, queer (and additional minoritized sexual identities; LGBTQ+) and heterosexual groups. One participant did not provide any demographic information. Adolescent gender was measured as cisgender girl, cisgender boy, transgender girl, transgender boy, and gender expansive identities (nonbinary, gender fluid, agender, and gender-nonconforming), and then collapsed into dichotomous cisgender (cisgender girls and boys) and transgender/nonbinary categories. Participants were also asked to report their parents' LGBTQ+ identities. Participants were coded for having at least one parent who identified as TGNB versus having cisgender LGBTQ+ parents.

### ***Youth Mental Health***

Youth mental health was assessed with the Youth Self-Report (YSR; Achenbach et al., 2001). The YSR is a self-report measure given to children and youth that assesses psychological well-being, with specific attention to the previous 6 months. The YSR syndrome scale consists of 113 items across eight subscales; this study focuses on the Anxious/Depressed and the Withdrawn/Depressed subscales because of their application

to anxiety and depression symptomatology, respectively. The Anxious/Depressed and Withdrawn/Depressed subscales consist of 13 and eight Likert-scale questions, respectively, with responses from 0 to 2 (0 = *not true*, 2 = *always or often true*). Example items for Anxious/Depressed include “I am too dependent on adults” and “I am too fearful or anxious.” We utilized this subscale to measure participants’ anxious symptomatology. Example items for Withdrawn/Depressed include “There is very little I enjoy” and “I don’t have much energy.” We utilized this subscale to measure participants’ depressive symptomatology.

For each subscale, scores are summed into a total score. For Anxious/Depressed, a total score from 0 to 10 indicates nonclinical behavior, a score of 11–13 falls into the borderline category, and a score of 14–26 indicates behavior that could reflect a clinical diagnosis. For Withdrawn/Depressed, a total score from 0 to 7 indicates nonclinical behavior, a score of 7–9 is borderline, and a score of 10–16 indicates clinical-level behavior (Achenbach et al., 2001). The YSR is a widely used measure with good reliability, factorial validity, and concurrent validity (Ebesutani et al., 2011). The YSR has been used in LGBTQ+ parent family research (van Rijn-van Gelderen et al., 2015). We found sufficient reliability for both the Anxious/Depressed ( $\alpha = .88$ ) and Withdrawn/Depressed subscales ( $\alpha = .82$ ). Two participants did not fill out the YSR subscales.

### Gender Essentialism

To measure gender essentialism, we used the Gender Essentialism Scale (GES; M. Meyer & Gelman, 2016; Rhodes & Gelman, 2009). The GES is a self-report measure given to adults and adolescents that assesses the strength of gender essentialism within participants. This measure consists of eight Likert-scale questions with responses ranging from 1 = *highly disagree* to 9 = *highly agree*. Example items include “Gender is a very important part of what makes people who they are” and “Knowing someone’s gender tells you a lot about a person.” The GES is scored by averaging scores across items, with higher scores indicating stronger levels of gender essentialism (M. Meyer & Gelman, 2016). We found sufficient reliability within our sample ( $\alpha = .82$ ). Two participants did not complete the GES scale (the same two participants who did not complete the YSR).

### Planned Analysis

Data analyses via IBM SPSS Statistics (Version 29.0.2.0) examined associations between two constructs: gender essentialism (measured with the GES), and mental health (measured with two YSR subscales). Analyses of variance were utilized to examine gender identity differences (cisgender girls, cisgender boys, and TGNB identities) across these two variables. To identify potential covariates, we utilized independent samples *t* tests and correlations. Once our final model was established, we ran a pair of hierarchical linear regressions with gender essentialism as the predictor and our two mental health subscales as outcome variables. In the regression model, we included covariates in Step 1 as predictors if they were statistically correlated with our main variables of interest. Outliers and assumptions of regression were tested for the final model. Post hoc power analyses were run utilizing G\*Power 3.1 (Faul et al., 2009). We were not sufficiently powered to detect small effects, but we were for medium and large effects (power  $\geq .90$ ).

## Results

### Descriptive Results and Preliminary Analyses

The average gender essentialism score was 5.04 ( $SD = 1.52$ ), which is the midpoint of the 1–9 GES scale. The sample thus could be characterized as endorsing moderate gender essentialism. The mean YSR anxiety score was 8.63 ( $SD = 5.98$ ), and the mean depression score was 5.49 ( $SD = 3.68$ ), out of a possible 26 and 16, respectively. Both reflect nonclinical depression and anxiety (Achenbach et al., 2001). Participant age was not correlated with gender essentialism,  $r(94) = .09$ ,  $p = .380$ , nor anxiety,  $r(94) = .10$ ,  $p = .335$ , nor depression,  $r(94) = .15$ ,  $p = .150$ .

### Participants’ Families: LGBTQ+ and TGNB Parent Identities

We conducted independent samples *t* tests (see Table 1) to examine differences in our variables of interest between adolescents with TGNB parents and those with cisgender LGBTQ+ parents. Adolescents with TGNB parents had significantly higher gender essentialism scores,  $t(95) = 2.19$ ,  $p = .031$ , but these two groups were not different on either YSR subscale score.

**Table 1**  
*Differences in Measures by Parent and Adolescent Demographics*

Variable	Has TGNB parent				Has cis parent				<i>t</i> test
	<i>M</i>	<i>SD</i>	<i>n</i>	Range	<i>M</i>	<i>SD</i>	<i>n</i>	Range	
GES	5.88	1.64	13	3.0–9.0	4.91	1.46	84	1.25–8.38	2.19* [0.09, 1.85]
YSR A/D	8.77	6.85	13	1–21	8.41	5.96	86	0–23	0.20 [–3.22, 3.95]
YSR W/D	5.31	3.40	13	1–10	5.40	3.79	86	0–16	–.08 [–2.30, 2.13]
	LGBQ+ adolescent				Heterosexual adolescent				
GES	4.67	1.55	51	1.25–8.38	5.48	1.37	42	3.38–7.75	–2.62* [–1.41, –0.20]
YSR A/D	9.53	5.73	51	0–22	7.02	5.54	42	0–23	2.13* [0.17, 4.84]
YSR W/D	6.41	4.07	51	0–16	4.14	2.77	42	0–10	3.19** [0.85, 3.68]
	TGNB adolescent				Cisgender adolescent				
GES	4.08	1.63	15	1.25–7.0	5.20	1.44	79	1.75–9.0	–2.70** [–1.94, –0.30]
YSR A/D	12.13	5.99	15	2–21	7.85	5.63	79	0–23	2.68** [1.11, 7.46]
YSR W/D	8.60	4.56	15	0–15	4.84	3.22	79	0–16	3.86*** [1.83, 5.70]

*Note.* TGNB = transgender and nonbinary; GES = Gender Essentialism Scale; YSR A/D = Youth Self Report Anxious/Depressed Subscale; YSR W/D = Youth Self Report Withdrawn/Depressed Subscale; LGBQ+ = lesbian, gay, bisexual, queer (and additional minoritized sexual identities).

\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

### Participants' Gender and Sexual Identities

We used independent samples *t* tests (see Table 1) to examine differences between LGBQ+ and heterosexual adolescents, as well as between cisgender and TGNB adolescents. LGBQ+ adolescents had significantly lower gender essentialism scores,  $t(91) = -2.62$ ,  $p = .010$ , and significantly higher anxiety,  $t(91) = 2.13$ ,  $p = .036$ , and depression,  $t(91) = 3.19$ ,  $p = .002$ , compared to heterosexual adolescents. TGNB adolescents had significantly lower gender essentialism scores,  $t(92) = -2.70$ ,  $p = .008$ , higher anxiety,  $t(92) = 2.68$ ,  $p = .009$ , and higher depression,  $t(92) = 3.86$ ,  $p < .001$ , compared to cisgender adolescents.

Utilizing analyses of variance, with gender collapsed into three categories (cisgender girl, cisgender boy, and TGNB), significant differences were identified in gender essentialism scores,  $F(2, 93) = 8.25$ ,  $p < .001$ , as well as anxiety,  $F(2, 93) = 3.13$ ,  $p = .049$ , and depression scores,  $F(2, 93) = 7.66$ ,  $p < .001$ . Post hoc Tukey tests indicated significant gender essentialism differences between cisgender girls and boys. Cisgender boys reported significantly higher gender essentialism scores ( $M = 5.57$ , 95% confidence interval [CI] [5.21, 5.93]) than cisgender girls ( $M = 4.64$ , 95% CI [4.06, 5.21],  $p = .016$ ). TGNB participants also reported lower gender essentialism scores ( $M = 4.08$ , 95% CI [3.17, 4.98],  $p = .002$ ) than cisgender boys. Post hoc

Tukey tests revealed that across the anxiety subscale, TGNB participants showed significantly higher anxiety symptoms ( $M = 12.13$ , 95% CI [8.82, 15.45]) compared to cisgender boys ( $M = 7.90$ , 95% CI [6.14, 9.67],  $p = .040$ ). Looking at the depression subscale, TGNB participants had significantly higher scores (but within the borderline clinical range) on average ( $M = 8.60$ , 95% CI [6.07, 11.13]) than did cisgender boys ( $M = 5.27$ , 95% CI [4.31, 6.23],  $p = .004$ ) and cisgender girls ( $M = 4.38$ , 95% CI [3.34, 5.42],  $p < .001$ ).

### Associations Between Gender Essentialism and Youth Mental Health

We ran a regression examining gender essentialism as a predictor of anxious and depressive symptoms. Parent gender (TGNB vs. cisgender), adolescent gender (TGNB vs. cisgender), and adolescent sexual identities (LGBQ+ vs. heterosexual) were included as potential covariates due to significant correlations in preliminary analyses. In our hierarchical regression, parent and child identity measures were added in Step 1 and then gender essentialism in Step 2.

Drawing on suggestions made by Aguinis et al. (2013), we examined potential outliers by looking at standardized DfBetas, studentized deleted residuals, standardized DfFit, Cook's D, and leverage values. Outliers were identified as participants who exhibited issues in several measures of

leverage, discrepancy, and/or influence. No notable outliers were identified. Assumptions of regression were examined. The assumptions of collinearity, form of relation, and homoscedasticity were not violated in any models. In terms of normality of residuals, residuals were found to be slightly skewed in the model using anxiety as the outcome variable. We did not determine the violation to be severe enough, however, to warrant a transformation of the data.

In our final regression models, within Model 1, none of our independent variables were significantly associated with anxiety. For Model 2 examining depression as the outcome variable, significant effects were found at Step 1, but not at Step 2. In Step 1, adolescent is TGNB,  $\beta = 3.06$ , 95% CI [0.96, 5.15],  $p = .005$ ,  $R^2 = .17$ , and adolescent is LGBQ+,  $\beta = 1.54$ , 95% CI [0.04, 3.04],  $p = .044$ ,  $R^2 = .17$ ; both had significant associations with our outcome variable. When accounting for parents' TGNB identity, TGNB adolescents with LGBQ+ parents exhibited greater depressive symptoms than cisgender adolescents with LGBQ+ parents. The same was true for LGBQ+ adolescents as compared to heterosexual adolescents with LGBQ+ parents. Gender essentialism, however, was not significantly related to any youth mental health outcome.

## Discussion

The current study examined adolescents who all had one or more LGBQ+ parents, several of whom shared an LGBQ+ identity with one or more of their parents. The goal of the study was to investigate potential associations between gender essentialism and mental health of diverse youth from LGBQ+ parent families. This study demonstrated that adolescents with strict views of gender (i.e., greater gender essentialism) had no better nor worse mental health outcomes than those with more flexible gender beliefs. No significant association between youth gender essentialism and youth mental health was found. We did find, however, that these youth with LGBQ+ parents described themselves as having good mental health, on average. There were also variations in gender essentialism and mental health outcomes as a function of participants' own and parent LGBQ+ identities, which extend the literature about gender essentialism among diverse youth (e.g., Fine et al., 2024)

as well as about adolescent adjustment in LGBQ+ parent families (e.g., McAweeney & Farr, 2024).

Participants held moderate views, on average, about gender essentialism. Moreover, their beliefs appeared to vary by their own gender identity. Aligned with prior research, cisgender boys had significantly higher gender essentialism scores than cisgender girls (Smiler & Gelman, 2008), as well as higher essentialism scores than LGBQ+ participants. These results, to our knowledge, are new contributions to the literature about adolescents and gender essentialism.

Notably, adolescents of TGNB parents reported higher levels of gender essentialism than those with cisgender parents. Considering the GES measures essentialism, but not cisnormativity regarding gender essentialism, perhaps GES items were understood by participants as gender-affirming (i.e., items reflect the importance and salience of one's gender). Considering prior research that shows that transgender children do not decrease in gender essentialism over time when compared to cisgender children (Gülgöz et al., 2019), perhaps the link between transgender identity (individual or parental identity) needs further exploration. Additionally, of the adolescents with TGNB parents,  $n = 8$  (66%) were cisgender boys. Considering gender essentialism has been found to be higher in men compared to women in college samples (Smiler & Gelman, 2008), youth gender identity may offer an alternative explanation. Importantly, the number of youth with TGNB parents here is small, so our results should be viewed with caution.

Youth had nonclinical levels of anxious and depressive symptomatology overall, so our participants appear to align with national samples of adolescents (Bitsko et al., 2018; Daly, 2022; Keyes et al., 2019). Depressive scores, however, were found to vary based on gender, with TGNB adolescents reporting more depression and anxiety than cisgender adolescents. With minority stress theory (Brooks, 1981; I. H. Meyer, 2003) in mind, we attribute these disparities to experiences with prejudice and stigma rather than a shortcoming of identity. These findings are aligned with the center for disease control data in the United States, showing disproportionately higher mental distress among LGBQ+ versus cis-het youth (Ethier & Mermin, 2023). Importantly, mental health outcomes in this sample were below clinically

significant levels. While we did not run a comparative study, our findings that LGBTQ+ parented youth on average fell below the clinical cutoff point suggest that LGBTQ+ parented families support the well-being of adolescents, contrasting with anti-LGBTQ+ rhetoric stating otherwise (Southern Poverty Law Center, 2011).

Our final regression model did not reveal a significant association between gender essentialism and youth mental health. Our findings, although not aligning with our hypothesis, do reveal moderately flexible gender attitudes and nonclinical mental health adjustment, which are consistent with previous research about youth with LGBTQ+ parents (Farr et al., 2022; Gartrell & Bos, 2010). We did find (both in our regression model and antecedent *t* tests) that youth with LGBTQ+ parents who themselves held TGNB or LGBQ+ identities exhibited significantly higher depression subscale scores. As previously discussed, research has found transgender youth to have worse mental health outcomes than cisgender youth (Russell & Fish, 2016), but this is attributed to factors other than their gender identity alone (The Trevor Project, 2023). Similarly, research has found that individuals with LGBTQ+ identities face elevated mental health concerns compared to cis-het individuals (Russell & Fish, 2016). Overall, while our findings did not show a connection between gender essentialism and mental well-being, our study underscores the importance of furthering research on LGBTQ+ adolescent mental health. Even with LGBTQ+ parents to connect to, second-generation LGBTQ+ youth may be at risk for mental health disparities compared to their cis-het peers in the face of societal prejudice. It is worth noting, however, that adolescent LGBTQ+ identities were not associated with anxiety. While we did find differences when running initial *t* tests, the final model controlling for other variables did not illustrate such differences. Considering our sample is entirely parented by LGBTQ+ people, it is possible that having an LGBTQ+ parent acted as a protective factor from clinical levels of mental distress resulting from minority stress (Farr et al., 2022).

### Strengths and Limitations

This study addresses a gap in the literature previously unexplored by examining the relationship between gender essentialism and well-being in a

diverse sample of youth. Previous research has investigated how gender essentialism is consistent throughout childhood (Ruble et al., 2007), but no current research (that we know of) has investigated associations between adolescent gender essentialism and mental health outcomes. This study also draws from data from youth in LGBTQ+ parent families, which is an under-represented population who may encapsulate a potentially wide breadth of gender essentialist beliefs (Averett, 2015).

Despite its strengths, this study has limitations. First, our analyses are correlational, as the data are cross-sectional, so no causal claims can be made. Therefore, further experimental (e.g., using slides or writing assignments to prime participants to exhibit greater gender essentialist beliefs) and longitudinal research about the effect of gender essentialism on mental health from youth and parent perspectives would add to greater understanding of these phenomena. Qualitative interviews may also provide more in-depth insight into the role gender essentialist beliefs hold in the lives of adolescents. Additionally, our study was limited in sample size due to the difficult nature of recruiting adolescents within a restricted age range who also have at least one LGBTQ+ parent. As such, our study was not well powered to detect small effects, leading to an increased risk of Type 2 error. This also resulted in a lack of balanced groups between various identities, with some groups, such as children with TGNB parents, being notably small. Participants were mostly cis-gender as well, with a few gender-diverse participants. Our findings that adolescents with TGNB parents reported greater levels of gender essentialism may indicate that some GES measure items connect to feelings around gender importance or affirmation. This measure may operate differently within this specific sample, similar to research with TGNB and cis-het children (Gülgöz et al., 2019). Further examination into how children of TGNB parents view this scale and its items may be prudent. Although our findings were novel given the diverse youth studied, further research would benefit from larger samples, specifically of TGNB youth. Additionally, future research should examine the experiences of LGBTQ+ adolescents with cis-het parents, addressing similar research questions. Such research may allow for unique comparative findings, identifying if there are distinct protective factors for LGBTQ+ children in having LGBTQ+ parents.

## Implications for Future Research, Practice, and Policy

This study investigated adolescent gender essentialism and associations with mental health. With GNC being vilified in news media today (Fox News Staff, 2023), investigation around gender essentialism and mental well-being is critical. While our findings add to this body of research, future research to expand upon our findings would be prudent. In terms of future research, studies regarding parents' gender essentialism and children's mental well-being would help further understand potential correlations. In addition, further investigation into specific aspects of both gender essentialism (essentialism regarding one's own identity vs. essentialism regarding all identities) and mental health (self-esteem, self-concept, etc.) would generate greater understanding about possible associations as well.

Our findings identified differences in depression based on adolescent identity, but not in anxiety. This indicates that future research is warranted to examine the nuances of mental health disparities faced by LGBTQ+ adolescents, particularly those who are second-generation LGBTQ+. Importantly, these are youth who, on average, describe themselves as having typical levels of depressive and anxious symptoms (Achenbach et al., 2001). This is aligned with earlier research indicating the healthy psychological adjustment of adolescents with LGBTQ+ parents (Gartrell & Bos, 2010; McAweeney & Farr, 2024), and is noteworthy because the youth themselves reported on their mental health. It is possible that the LGBTQ+ parent family context represents a unique strength for LGBTQ+ youth. LGBTQ+ parent families may actually buffer adolescents with LGBTQ+ identities from greater mental health distress, given that these second-generation youth reported below-clinical levels of depression and anxiety. Finally, in line with prior research (Russell & Fish, 2016), these results point to the importance of access to mental health services among adolescents, especially with LGBTQ+ identities, and/or with LGBTQ+ parents, in supporting the positive mental health outcomes of diverse youth in the United States.

Regarding anti-LGBTQ+ legislation, this study did not uncover significant evidence that attitudes about gender (including GNC behaviors) relate to youth mental health outcomes. In contrast,

however, such legislation might lead children to develop stricter views of gender essentialism, which correlates with more prejudice (Fine et al., 2024). Since prejudice is a key contributor to the mental distress of LGBTQ+ youth (The Trevor Project, 2023), anti-LGBTQ+ legislation could further harm those who are already vulnerable. Prior research has indicated that LGBTQ+ policies are associated with mental health outcomes of LGBTQ+ adolescents (Byun et al., 2024). Youth mental health could be supported via minimizing anti-LGBTQ+ legislation. Rather, laws, practices, and policies should affirm LGBTQ+ parent families and allow authentic experiences of gender and sexual identities among adolescents. Such supportive steps would likely bolster the well-being and resilience of LGBTQ+ and cis-het adolescents.

## Conclusion

Overall, our findings did not reveal evidence to support the hypothesis that gender essentialism negatively impacts youth mental health, but our findings do indicate that adolescents with LGBTQ+ parents show nonclinical levels of anxious and depressive symptoms. This further highlights that LGBTQ+ parents raise well-adjusted children. Unique variations in gender essentialist beliefs and mental health outcomes across individual youth and LGBTQ+ parent identities underscore the unique ways in which teens with TGNB parents may view gender essentialism and that LGBTQ+ adolescents still face societal challenges—even when buffered by having LGBTQ+ parents.

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Received October 31, 2024

Revision received July 16, 2025

Accepted August 25, 2025 ■