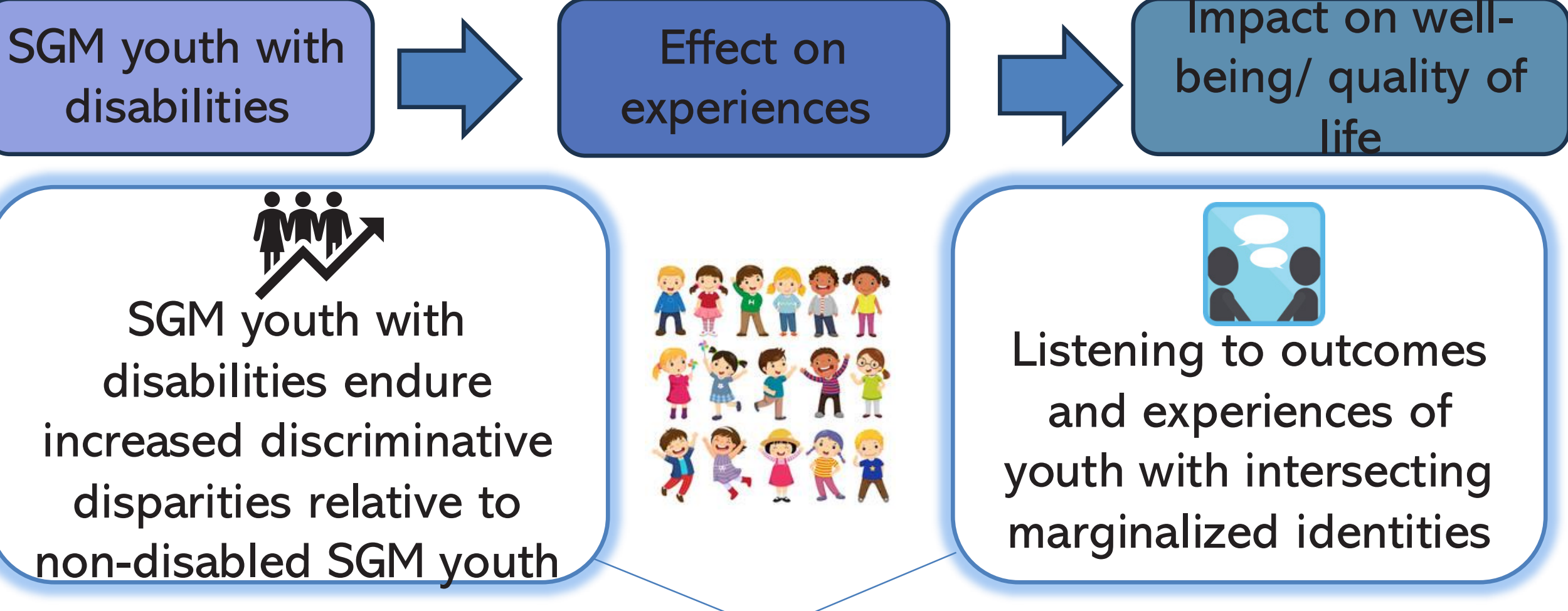


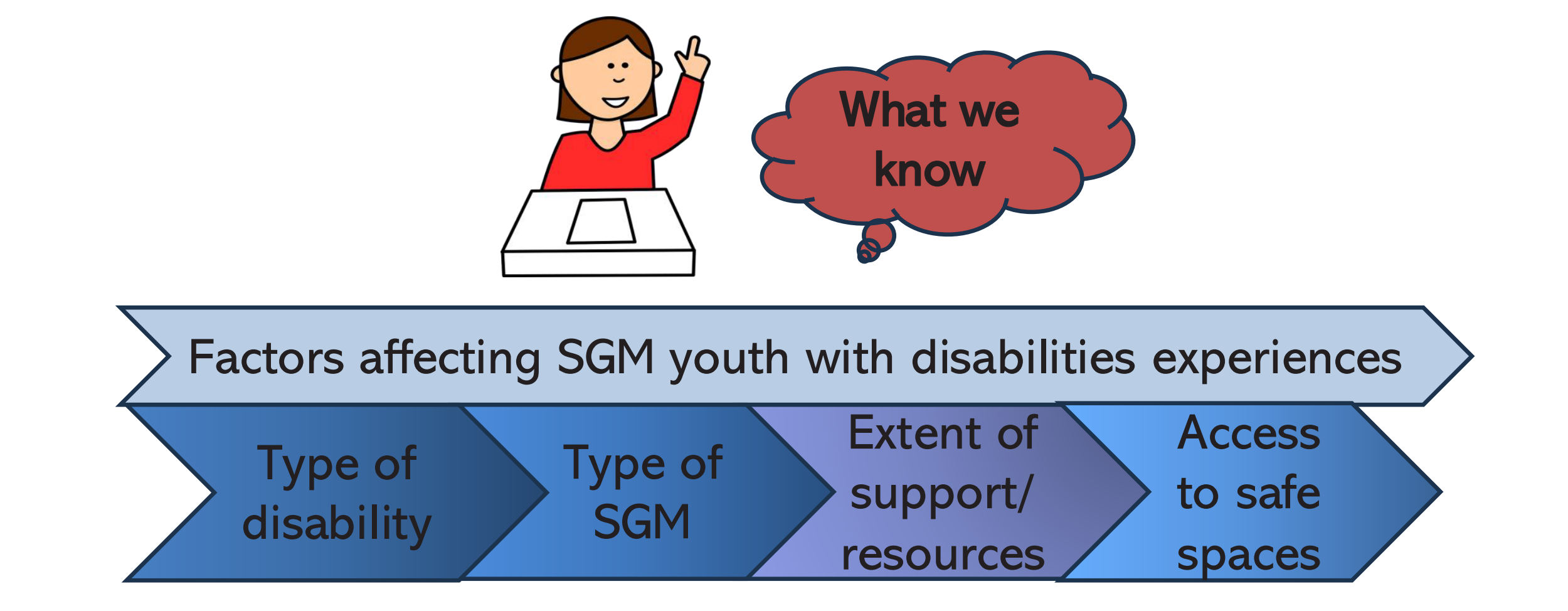
Understanding the experiences and disparities of sex/gender minoritized (SGM)-youth with disabilities: a scoping review

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Background



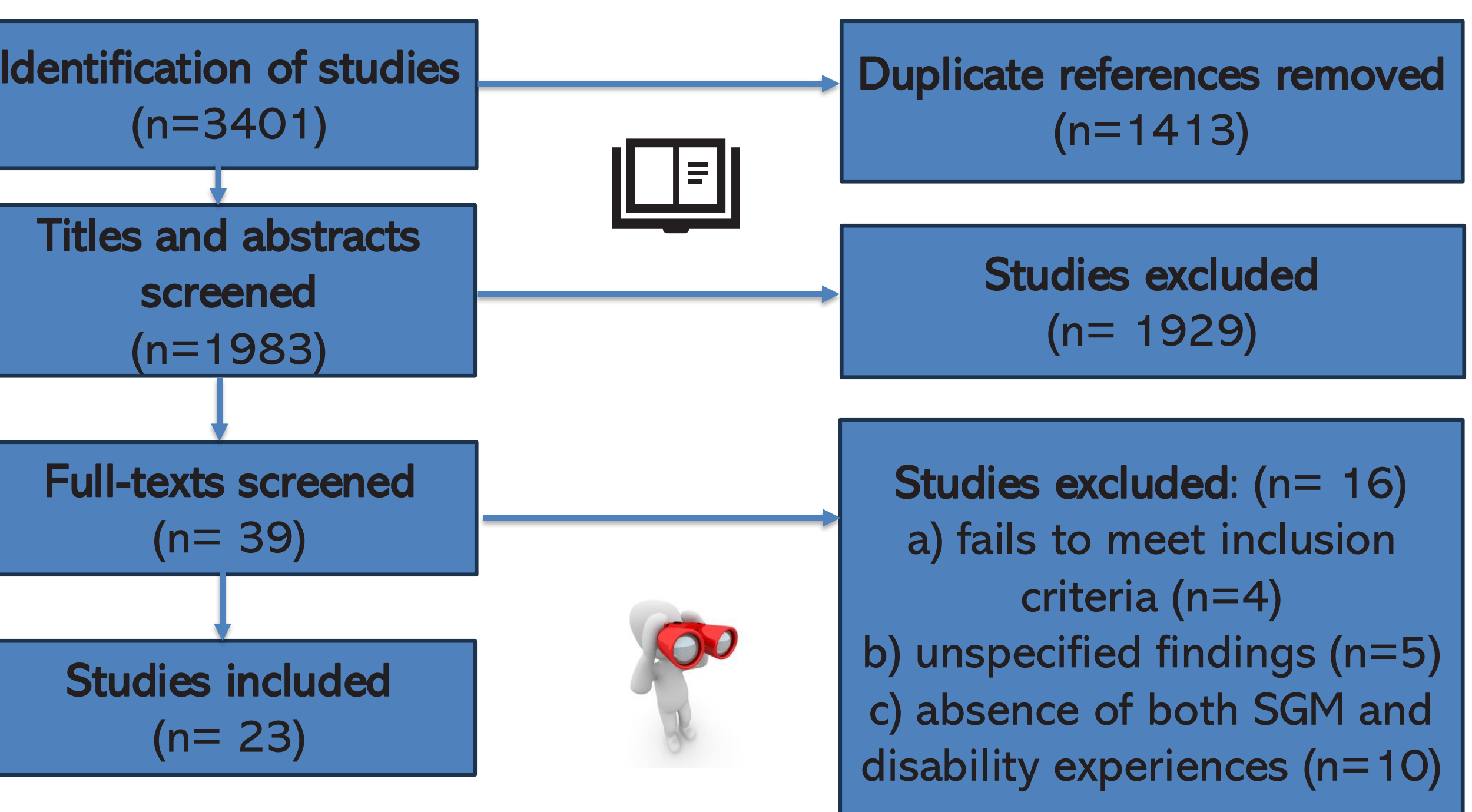
Research Question:
What are the experiences and disparities of sex/gender-minoritized youth and young adults with disabilities?



Methods

Search Strategy:

- Six databases (Ovid Medline, Healthstar, Embase, PsychInfo, Scopus and Web of Science)
- Two researchers screened titles/abstracts
- Key terms: 'sex-gender-minoritized youth', 'disabled and LGBTQ+ youth', 'lived experiences', 'mental health', 'ASD', 'intersectionality'



Acknowledgements

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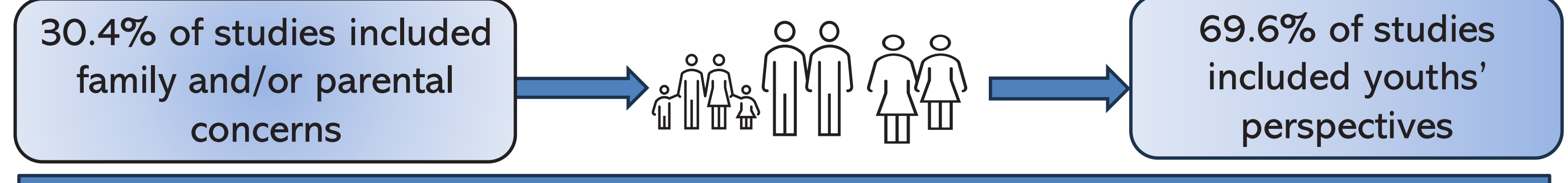
Holland Bloorview
Kids Rehabilitation Hospital

SSHRC **CRSH**
Social Sciences and Humanities Research Council of Canada
Conseil de recherches en sciences humaines du Canada

UNIVERSITY OF TORONTO

1. Bloorview Research Institute, 2. University of Toronto

Results



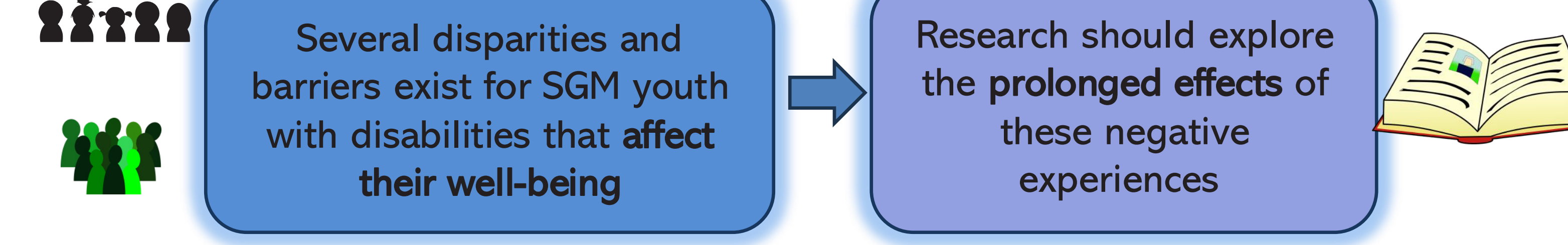
Participant Characteristics (Ages 12-25)	
Disability: identified in studies <ul style="list-style-type: none"> • 69.56% of studies contained ASD participants 	Gender identity: in studies <ul style="list-style-type: none"> • Most prevalent gender identities in studies were trans and gender-nonconforming
Prevalent disabilities in studies: <ul style="list-style-type: none"> • Autism-spectrum-disorder • Attention-deficit-hyperactivity-disorder • Anxiety disorders • Depression • Cognitive disabilities • Intellectual disabilities • Physical disabilities 	Prevalent gender identities in studies: <ul style="list-style-type: none"> • Transgender • Transmasculine • Transfeminine • Non-binary/gender non-conforming • Genderqueer • Agender • Cisgender female and male

12 Qualitative studies, 11 Quantitative studies

Themes: Experiences of SGM youth with disabilities (n=23)

Exploration and expression of sex/gender identity	Adverse experiences	Impact on quality of life & mental health	Coping and intervention techniques
<ol style="list-style-type: none"> 1. Communication barriers 2. Negotiation of identity 3. Disclosure vs non-disclosure 4. Invalidation 	<ol style="list-style-type: none"> 1. Stigma and discrimination 2. Harassment 3. Bullying 4. Victimization 5. Relationship abuse 	<ol style="list-style-type: none"> 1. Substance abuse 2. Suicidal behavior 3. Suicidal ideation 4. Restricted eating 5. Increased anxiety 	<ol style="list-style-type: none"> 1. Effective mental health treatment 2. Peer/social support 3. Family support interventions 4. Safe environments
<p>High presence of gender delegitimization, coming from professionals, caregivers, and family members</p>	<p>SGM youth with disabilities experience high rates of social stigma, and identity-based discrimination</p>	<p>Due to reoccurring inequity, youth experience high rates of suicidal ideation</p>	<p>Increased well-being for SGM youth has been correlated with peer support groups, and positive family interventions</p>

Conclusions and Next Steps



Relevance to Holland Bloorview

