

violence among a community based sample of adolescents and young adults in five contiguous, predominantly Latino, urban zip code areas. Based on previous research we anticipate that the presence of more inattentive and hyperactive-impulsive symptoms will be associated with reactive, but not premeditated violence.

**Methods:** Secondary analysis of baseline data from a prospective RCT of a youth violence prevention program. 287 randomly selected adolescent and young adults, between the ages of 11-22 years old, completed written self-administered confidential questionnaires at a community based data collection site. The data collection instrument included self-reported past 30 day measures of “fighting back when someone hit me first” (reactive violence proxy), carrying a weapon (premeditated violence proxy), frequency of inattentive symptoms (9 items), and frequency of hyperactive-impulsive symptoms (9 items). The survey also included self-reported gender; age, past 30 day substance use, and exposure to community violence. Two Logistic Regression Models with reactive and premeditated violence as the outcome variables were constructed. The presence of significant inattentive and hyperactive-impulsive symptoms was included as potential predictor variables in the models. Control variables (X) that were statistically significantly associated with the outcome variables in a bivariate correlation analysis ( $p < .10$ ) were included in the models.

**Results:** Significant predictors of “fighting back when someone hit me first” were presence of significant hyperactive-impulsive symptoms ( $p = .04$ ), male gender ( $p = .01$ ), and exposure to community violence ( $p = .01$ ). Participants with significant hyperactive-impulsive symptoms were 2.3 times more likely to report this form of reactive violence. A significant predictor of carrying a weapon was exposure to community violence ( $p = .02$ ).

**Conclusions:** This research among Latino youth is consistent with previous findings. The presence of hyperactive-impulsive symptoms, but not inattentive symptoms, was associated with reactive violence. However, the presence of significant inattentive or hyperactive-impulsive symptoms was not predictive of premeditated violence. Exposure to community violence was a significant predictor of both reactive and premeditated violence. The identification and treatment of ADHD among Latino youth is important, however this study suggests that attention to changes in the environmental context are more likely to affect reactive and premeditated violence.

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**MENTAL ILLNESS, SUBSTANCE USE, AND HOMELESSNESS AMONG YOUTH WITH A HISTORY OF FOSTER CARE: IDENTIFYING NEEDS AND OPPORTUNITIES FOR EARLY SCREENING AND TRANSITION SUPPORT**



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**Purpose:** About 1% of children and youth living in British Columbia are currently in the care of the province. Youth with a history of foster care have been found to be at increased risk for mental health problems, are more likely to experience substance abuse issues, and experience high rates of homelessness. The purpose of this study was to explore these vulnerabilities by examining the association between history of foster care and socio-demographics, mental

illness, and substance use among street-involved youth enrolled in an intensive case management (ICM) program in Vancouver, BC.

**Methods:** The ICM program provides health care, shelter, and social support for homeless or marginally housed youth with a mental illness and/or substance use disorder living in Vancouver's inner city. Data were obtained through a retrospective chart review of intake assessments of youth enrolled in the program between 2007 and 2013. In these assessments, program psychiatrists used the DSM-IV classification to diagnose the following disorders: anxiety, mood, psychotic, ADHD, history of FASD, and/or substance abuse or dependence in the past month (alcohol, cannabis, cocaine, amphetamine, and/or opioid). They also recorded patients' gender, date of birth, ethnicity, highest level of education attained, type of housing, sources of income, and history of foster care. Relationships between history of foster care (yes/no) and categorical dependent variables were analyzed using logistic regressions. All analyses were adjusted for gender, age, and Aboriginal heritage.

**Results:** Of the 411 youth who provided information on history of foster care, about a third (33.6%) reported staying in care. Of these, 32.6% had stayed in one home, 31.2% in 2 to 4 homes, and 36.2% in 5 or more homes. In this sample, 36.1% were female, 20.3% had Aboriginal heritage, and 56.6% self-identified as Caucasian. The mean age was 21.3 years and 23.5% had graduated from high school. Patients with a history of foster care were significantly more likely to be of Aboriginal heritage (OR=2.20,  $p < .01$ ) and live in a single room occupancy hotel (OR= 2.18,  $p = .04$ ), and they were less likely to have graduated from high school (OR= 0.40,  $p < .01$ ) and to have disability assistance as a source of income (OR=0.29,  $p = .01$ ). History of foster care was significantly associated with history of FASD (OR=8.02,  $p < .01$ ), cocaine abuse or dependence in the past month (OR=1.64,  $p = .06$ ), and concurrent mental illness and cocaine abuse or dependence (OR=1.85,  $p = .03$ ).

**Conclusions:** These results confirm the vulnerability to homelessness, mental illness, and substance abuse of youth transitioning out of care. In particular, we found a 30-fold overrepresentation of youth with history of foster care among street-involved youth enrolled in the ICM program. Further, the association of history of foster care with history of FASD and with cocaine abuse/dependence alone and concurrent with mental illness highlights the need of more support and monitoring of these youth before and during their transition into independent adult living.

**Sources of Support:** Providence Health Care, Canadian Institutes of Health Research.

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**RAPID ONSET OF GENDER DYSPHORIA IN ADOLESCENTS AND YOUNG ADULTS: A DESCRIPTIVE STUDY**



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**Purpose:** Parents online are observed reporting their children experiencing a rapid onset of gender dysphoria appearing for the first time during or after puberty. They describe this development occurring in the context of being part of a peer group where one, multiple, or even all friends have developed gender dysphoria and come out as transgender during the same timeframe and/or an increase in social media/internet use. The purpose of this study is to document this observation and describe the resulting presentation of gender dysphoria inconsistent with existing research.

**Methods:** Recruitment information with a link to a 90-question survey, consisting of multiple-choice, Likert-type and open-ended questions, was placed on three websites where parents had reported rapid onsets of gender dysphoria. Data was collected anonymously via SurveyMonkey.

**Results:** There were 164 parent-completed surveys that met study criteria. Respondents were female (93.2%), White (93.9%), non-Hispanic (98.0%), 30–60 years old (95.7%), and from the US (71.8%). Most parents (87.7%) answered that they believe transgender people deserve the same rights and protections as other individuals. Adolescents/Young Adults (AYAs) were predominantly female sex at birth (84.8%) and 15.1 years old (average) when they announced they were transgender. In the majority of cases, AYA mental well-being (MWB) and parent-child relationships (PCR) were rated as worse since the child announced that they were transgender (MWB worse 51.2%, better 13.6%; PCR worse 58.6%, better 8.6%). These indicators continued to degrade over time: At 2 or more years post-announcement, MWB was worse for 57.0% (better for 5.0%) and PCR was worse for 75.7% (better for 0%). This finding contrasts with existing research where 61% of transgender adults describe improved family relationships after coming out. Although the expected prevalence rate for transgender young adults is 0.7%, 38.8% of the friend groups described, had more than 50% of the pre-existing friend group becoming transgender. On average, 3.5 friends per group became gender dysphoric. Where friend group activities were known, 63.7% of friend groups mocked people who were not transgender or LGBTQ. Where popularity status was known, 64.2% of adolescents had an increase in popularity within the friend group after announcing they were transgender. AYAs received online advice that if they didn't transition immediately they'd never be happy (31.7%) and that parents who didn't agree to take them for hormones are abusive and transphobic (37.3%). AYAs expressed distrust of people who are not transgender (24.7%); stopped spending time with non-transgender friends (25.3%); withdrew from their families (46.5%), and expressed that they only trust information about gender dysphoria that comes from transgender sources (53.1%).

**Conclusions:** Rapid onset of gender dysphoria that occurs in the context of peer group and online influences may represent an entity that is distinct from the gender dysphoria observed in individuals who have previously been described as transgender. The worsening of mental well-being and parent-child relationships, peer group dynamics, and behaviors that isolate teens from their parents, families, non-transgender friends and mainstream sources of information are particularly concerning. More research is needed to better understand this phenomenon, its implications and scope.

**Sources of Support:** None.

## RESEARCH POSTER PRESENTATIONS: POSITIVE YOUTH DEVELOPMENT

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### EXAMINING THE RELATIONSHIP BETWEEN STRENGTH OF ETHNIC IDENTITY AND RESILIENCE IN CANADIAN ADOLESCENTS



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**Purpose:** The study examines the relationship between strength of ethnic identity and resilience among Canadian adolescents, and the extent to which this relationship varies across ethnic groups. We focus on two aspects of ethnic identity: exploration, or seeking for information regarding one's ethnicity, and commitment, or a sense of belonging to one's ethnicity group.

**Methods:** Data were collected in wave 5 of the British Columbia Adolescent Substance Use Survey (BASUS) completed in 2012. Commitment and exploration aspects of ethnic identity were assessed using the subscales of the Multi-Group Ethnic Identity Measure (MEIM), which served as the main dependent variables. The main independent variable, resilience, was assessed by the Resilience Scale. The relationships between the two domains of ethnic identity and resilience were evaluated using separate mean-centered linear regression models. Perceived socio-economic status, gender, age, and ethnicity were controlled. Ethnicities were divided into four groups: White, Asian, Aboriginal, and Other. The significance of the interaction terms including ethnicity and the MEIM scores were assessed to determine if the relationships varied across ethnicity.

**Results:** 1230 participants were included in the final analyses (58% female). On average, whites had the highest resilience, whereas Asians scored highest on both the exploration and commitment measures. There was statistically significant association between resilience and strength of ethnic identity: A one point increase on the MEIM commitment scale was associated with an increase of 2 points on the Resilience scale (95%CI: 1.32–3.36) and a one point increase on the MEIM exploration scale was associated with a 3 point increase on the Resilience scale (95%CI: 1.47–3.89). The relationship between strength of ethnic identity and resilience was moderated by ethnic group. More specifically, the slope differences between Asians and Whites when MEIM Commitment and MEIM exploration were regressed on resilience were 3.63 (95%CI: 1.98–5.28) and 1.93 (95%CI: 0.06–3.81), respectively.

**Conclusions:** Commitment and exploration of ethnic identity are positively associated with resilience, supporting the notion that cultural identity is an important factor in the development of resilience among adolescents. This finding is also supported by research indicating that having a sense of identification with one's culture can promote the development of a supportive network that adolescents can draw from when facing hardships and stressors. The significant interaction term suggests that the impact of ethnic identity on resilience may be more robust in Asian adolescents. It may be that harmonious inter-dependency is more highly valued within Asian communities, and that strong identification with this type of community increases the extent to which resources or supports may be accessed to manage stressful life events. In contrast, the relationship between ethnic identity and resilience appears less robust in White participants, although they showed the highest levels of resilience. This may be attributed to the normalization and dominance of the White culture in North America and the possibility that participation in cultural practices is not perceived by White adolescents as providing increased access to additional resources that could be drawn upon to manage stressful events.

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