

Assessment of Gender Variance in Children

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KEYWORDS

- Gender identity • Gender role • Gender variance
- Gender identity disorder • Assessment

This chapter will focus on the assessment of children who display gender-atypical behavior and, perhaps, identity. The aim is to provide an overview of assessment techniques that can be used clinically with children who show this behavioral pattern and that complement the routine use of DSM-IV¹ criteria for the diagnosis of gender identity disorder (GID) in clinical practice. It will also provide an overview of some common approaches to the assessment of other types of behavioral and socioemotional issues that may require clinical attention in these youngsters.

TERMINOLOGY

As a point of departure, it is important to delineate terminologic matters. There are an array of terms that can be used to characterize gender-related behavior in children. For example, the normative literature on gender development often uses the term “sex-typed behavior” (or “gender-typed behavior”) to denote behaviors that, on average, distinguish the behaviors of boys and girls and that are consistent with cultural definitions of masculinity and femininity.² Some common examples of such behavior include peer affiliation preference, toy and activity interests, roles in fantasy/pretend play, and choice of apparel during dress-up play. Other examples are the propensity for engagement in rough-and-tumble play and parental rehearsal play. There are dozens, if not hundreds, of studies that have documented mean normative sex differences in these kinds of behaviors.³ Other terms that one might encounter in the developmental literature include “sex-typical” versus “sex-atypical behavior” or “gender conformity” versus “gender nonconformity.”

In the clinical setting, the diagnosis of GID is, in some respects, the gold standard in evaluation.¹ The diagnosis of GID is based on an appraisal of an array of sex-typed

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behaviors, along with an evaluation of the child's desire to be of the other gender (or some alternative gender that differs from the gender assigned at birth in relation to biological sex). Some clinicians, however, eschew the diagnostic label of GID (eg, to minimize stigma) and prefer alternative terms, including gender variance and transgenderism.⁴ Indeed, the title of this volume is evocative, as it uses the term "gender variant" to characterize the children under consideration, perhaps with the goal of broadening the kinds of children who may come to the attention of the clinician yet, at the same time, perhaps, implying that not all of these children meet the criteria for GID or that any form of suffering that they may experience may be explained largely as a function of nonsupportive social environments, including parental nonacceptance or peer ostracism.

The clinician needs to be mindful, therefore, that these alternative terms may be, or may not be, equivalent in meaning to the intended use of the GID diagnosis. For example, the noun "variance" is defined as "the amount by which something changes or is different from something else"; the noun "variation" is defined as "a change or slight difference in condition . . . a different or distinct form or version," and the noun "variant" is defined as "a form or version that varies from other forms of the same thing."⁵ One should be cognizant that, as applied to gender development, variation in gender-typed behavior is not, ipso facto, equivalent to the clinical diagnosis of GID. Indeed, it is quite likely that the omnibus term of gender variance scoops in a broader range of children than those who meet the DSM diagnostic criteria for GID.

DIAGNOSIS AND ASSESSMENT

In the development of the diagnostic criteria for GID in DSM-IV (1994),¹ the Subcommittee on Gender Identity Disorders of the American Psychiatric Association (APA) recommended that the two DSM-III (1980) and DSM-III-R (1984) diagnoses of gender identity disorder of childhood (GIDC) and transsexualism be collapsed into one overarching diagnosis, gender identity disorder (GID), with the diagnostic criteria reflecting age-related, developmental differences in clinical presentation, with separate criteria sets for children versus adolescents and adults.⁶

Box 1 shows the DSM-IV child criteria for GID. For the DSM-IV, the Subcommittee on Gender Identity Disorders reviewed the merit of altering the criteria for children to a polythetic format, in which various behavioral traits would be operationalized, from which a specified number would be required to meet the criteria for the diagnosis of GID.⁶ In its final form, there were two clinical indicator (symptom) criteria. As shown in **Box 1**, Criterion A was described as "[a] strong and persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex)" and a child was deemed to meet this criterion if he or she manifested at least 4 of the 5 indicators. Criterion B was described as a "[p]ersistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex" and a child was deemed to meet this criterion if he or she manifested at least 1 of 2 indicators.

Reliability and Validity

As noted elsewhere,⁷ one concern about the DSM criteria for GID (in all of the editions, starting with DSM-III) is that there has been very little in the way of systematic research that documents evidence for interclinician reliability of the diagnosis. There have, however, been numerous comparative studies of the sex-typed behavior of "gender-referred" (a common pre-DSM-III term) children versus various control groups (siblings, clinical controls, and nonreferred controls), and this line of research has been used to establish the validity of the GID diagnosis. Such studies have relied on a variety of measurement approaches: item analysis from

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