

Behavioral and Emotional Problems in Gender-Nonconforming Children: A Canadian Community-Based Study

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Objective: To examine childhood gender nonconformity (GNC) and psychological well-being in a community-based sample using measures that bridge clinical and nonclinical literature.

Method: Caregivers reported on the GNC (Gender Identity Questionnaire for Children [GIQC]) and behavioral and emotional problems (Child Behavior Checklist [CBCL]) of their children aged 6 to 12 years ($N = 1719$, 48.8% boys). The GIQC was compared to the commonly used single-item proxy, CBCL Item 110 (“wishes to be of the opposite sex”).

Results: Using the GIQC, 2.3% of boys and 2.8% of girls showed GNC levels comparable to those of children referred clinically for gender dysphoria (GD). Item 110 was endorsed for 1.7% of boys and 1.8% of girls. These measures corresponded, but Item 110 endorsement was biased toward more extreme GNC. Among boys, increased GNC on the GIQC, but not Item 110, corresponded with increased clinical-range CBCL problems. Among girls, Item 110 endorsement was associated with increased clinical-range Externalizing problems, whereas the GIQC indicated that intermediate gender expression was associated with fewer externalizing problems. Overall, rates of clinical-range CBCL problems among GNC children were consistent with those reported for GD-referred children.

Conclusion: The scope of mental health risk among community children who exhibit GNC is likely considerably greater than previously recognized. A substantial minority of community children show GNC and mental health risk levels comparable to those seen among GD-referred children. Also, compared to the GIQC, a more comprehensive GNC measure, CBCL Item 110 is likely useful only for detecting extreme manifestations of GNC, which may affect associations with mental health.

Key words: gender nonconformity, Child Behavior Checklist, mental health, community sample

J Am Acad Child Adolesc Psychiatry 2018;57(7):491–499. 

Gender nonconformity (GNC) refers to incongruence between culturally defined gender norms for individuals' birth-assigned gender versus their gender expression¹ and is frequently associated with lowered psychological well-being in children.^{2–4} It is distinct from gender dysphoria (GD; ie, distress due to marked incongruence between experienced versus birth-assigned gender).⁵ Only some GNC individuals experience GD at some point in their lives, but individuals with high GNC levels are more likely to receive a GD diagnosis.⁶ Given a lack of systematic epidemiological studies, GNC/GD prevalence estimates rely on indirect evidence.⁷ Clinic-referral rates suggest GD prevalence of approximately 1:38461 in birth-assigned females and 1:14705 in birth-assigned males.⁷ Population-based probability samples suggested 390:100,000 adults identify as transgender.⁸ A large Dutch community twin study estimated childhood GNC

prevalence using the parent-report Child Behavior Checklist (CBCL)⁹; 3% to 5% of girls and 2% to 3% of boys behaved like the opposite sex, and approximately 1% of girls and boys expressed the wish to be of the opposite sex.³ The relevance of comparing these clinic- and community-based estimates is unclear because of the different measures used. Consequently, the extent to which children in the wider community show GNC levels comparable to those seen among children in specialty gender clinics is unknown.

With respect to GNC and mental health, there is also a disjuncture between clinic- and community-based research. Children referred to specialty gender clinics are at higher risk for mental health problems compared to the general population.⁴ The most systematic information comes from studies using the CBCL.⁴ A main focus is the percentage of children whose CBCL scores fall in the clinical range, which is indicative of significant impairment in functioning.^{4,10}

From this clinical literature, with a median percentage of children in the clinical range of 47%,⁴ one might conclude GNC is generally associated with elevated mental health risk in children; however, these findings might not generalize beyond the clinical context. Clinic-based samples of children who experience GD often show rates of behavioral and emotional problems similar to those found among children clinic-referred for other reasons^{11,12}; these elevations could thus be owing to the fact that these are clinic-based samples rather than risks associated with GNC per se. It is unclear, therefore, whether rates of behavioral and emotional problems are similarly elevated among children from the community who exhibit GNC levels comparable to those of GD-referred children. Addressing this issue is critical to discerning the scope of mental health care needs for children who exhibit GNC beyond clinical settings.

Few studies have examined behavioral and emotional problems in relation to GNC in nonclinical, community-based child samples. One study reported GNC, measured using the CBCL items “wishes to be of the opposite sex” and “behaves like the opposite sex,”¹⁰ was associated with more CBCL problems.³ Conversely, another study did not find an association between gender-atypical peer preferences and psychological well-being.¹³ These studies provide mixed evidence and are limited. They did not use behavioral and emotional problems and/or GNC measures that render the findings comparable to clinic-based studies.

The present study examined GNC and behavioral and emotional problems in a large nonclinical, community-based sample of children 6 to 12 years of age. GNC was measured using the parent-report Gender Identity Questionnaire for Children (GIQC),¹⁴ a psychometrically validated measure that captures the GD criteria and covers the various domains of childhood gender-typed preferences (eg, toys, playmates, activities, clothing). Furthermore, it has a reliable factor structure with established cut-off scores that yield good sensitivity and specificity for GD. By applying GIQC cut-off scores, one can be more confident that GNC levels among community children are comparable to those seen in clinic-based GD child samples. Also, correspondence between the more refined GIQC cut-off scores and the “wishes to be of the opposite sex” CBCL Item 110 was examined to evaluate their relative usefulness for categorizing GNC. The CBCL previously included two GNC-related items, “wishes to be of the opposite sex” and “behaves like the opposite sex,”¹⁰ but the current version includes only the former. Researchers commonly use Item 110 as a GNC proxy in secondary analyses of large datasets including the Achenbach System of Empirically Based Assessment (ASEBA) measures.^{3,15} Thus, comparing Item 110 against the GIQC provided insight regarding possible

justifications and limitations of using Item 110 in this manner.

Behavioral and emotional problems were assessed using the CBCL as in previous clinical studies of GD-referred children.⁴ Rates of clinical-range CBCL scores among children whose degree of GNC was comparable to that exhibited by GD-referred children were examined. GIQC cut-off scores and Item 110 were used to predict clinical-range Total, Internalizing, and Externalizing problems.

Thus, the present study provided nonclinical, community data on GNC and mental health that were as comparable as possible to those presented in previous clinic-based studies of childhood GD. It also evaluated the relative usefulness of the more comprehensive GIQC versus Item 110 for predicting mental health. Importantly, because previous clinical studies in this area may have produced biased findings due to elevations in mental health problems germane to clinical populations, the present study included only those children with no previous mental health diagnoses in its examination of possible GNC–mental health associations.

METHOD

Participants and Procedure

This study was approved by the University of Toronto Research Ethics Board. All participants provided informed consent prior to participation.

Between June and December 2016, parents/caregivers of children 6 to 12 years of age completed a parent-report online questionnaire. Participants were recruited via online classified advertisements (ie, Facebook, Kijiji) and by contacting community centers. Qualtrics software was used to administer anonymous surveys. In total, 3097 parents/caregivers at least partially completed the questionnaire; however, 937 participants were excluded due to incomplete GIQC or CBCL data. Because this study aimed to circumvent elevated mental health problems germane to clinical samples when examining GNC–mental health associations, data from 441 additional participants were excluded because the child had, based on parent-report, one or more mental health diagnoses (eg, anxiety) or GD.

Thus, the sample analyzed here included 1719 participants (880 girls and 839 boys). Given that this is a nonclinical study, this article refers to boys and girls based on birth-assigned gender, which may be incongruent from the experienced gender in the case of GD. Table 1 shows demographic characteristics for girls and boys separately.

Measures

Gender Identity Questionnaire for Children. The GIQC measured GNC.¹⁴ It is a 16-item parent-report questionnaire

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