

## **To the beat of a different drummer: The gender-variant child**

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A child who is truly "gender-variant" is one who exhibits an ongoing pattern of behavior, not merely a passing interest in the clothes or the preoccupations of the opposite sex. Families with a gender-variant child often experience considerable stigma, isolation, and emotional distress. Although much research remains to be done and no clinical guidelines are available, our current understanding of childhood gender and sexual development is sufficient to guide the pediatric management of children with gender-variant behaviors and their families. A growing body of useful resources is available.

What is gender? Gender is a multilevel category. Physiology defines the most fundamental level, but every society surrounds the basic physiology with a system of rules and customs concerning what males and females are supposed to be and do. Gender is infused with affect to an extent that few other domains can rival, making it a remarkably salient parameter of social categorization.

Despite important social changes in the last half century, expectations for the childhood behavior and adult aspirations of boys and of girls have changed less than one might have anticipated. Current beliefs do allow for somewhat more flexibility, acknowledging that the qualities labeled as typically masculine and feminine exist to some extent in people of both sexes.

How do children understand gender? Most 2-year-olds already know whether they are boys or girls and can identify strangers as "mommies" or "daddies." By the age of 3, children know that daddy has a penis and that mommy has breasts, and they consistently apply gender labels. They know that blocks, hammers, trucks, and wrestling are for boys, while pots and pans, dolls, and aprons are for girls, and they generally avoid playing with toys associated with the other gender. On the other hand, 3-year-old children may not be certain that gender is a permanent attribute, believing that girls could become boys if they acted or dressed like them or cut their hair short.

By 4 or 5 years of age, children have learned a host of social stereotypes about how boys and girls are meant to behave, and they react approvingly or disapprovingly toward each other according to their choice of sex-appropriate toys and play patterns. Young children also develop stereotypes regarding adult roles and careers, including fixed ideas about what each sex should do, wear, and feel. These behaviors are often observed in spite of adults' attempts to instill ideas that stress nontraditional roles and occupations, an indication of how rigidly young children categorize along gender lines.<sup>1</sup>

**What is "gender variance"?** We define gender variance as a behavioral pattern of intense, pervasive, and persistent interests and behaviors characterized as typical of the opposite gender. A striking similarity in interests and behaviors favored by these children is seen across history, in different families with various cultural backgrounds.

These gender-variant behaviors include play activities, toys and hobbies, clothing and external appearance, identification with role models, preference for other-gender playmates, and statements indicating a wish to be of the other sex. Avoidance of rough play is typically observed in boys, and aversion to female-typed clothing and appearance is often seen in girls.

These behavioral patterns overlap with the definition of gender identity disorder (GID) in the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV)* but also encompass children who may not meet full criteria for GID. We disagree with the *DSM-IV* labeling of gender variance as a mental disorder, since neither homosexuality nor transsexuality is classified as a mental disorder, and significant distress or functional impairment are not necessarily intrinsic to this condition.

The hallmark of marked gender-variant behavior is its inflexible and persistent quality. Gender-variant children insist that only a small range of behaviors and interests is acceptable to them. A boy with gender variance may be consumed by an interest in Snow White or may want nothing else for his birthday except a new Barbie doll. His interests tend to be restricted to typically feminine ones, and generally he has observable discomfort with typically masculine pursuits. Similarly, a girl with marked gender variance shows a distinct discomfort with things that are typically associated with girls and often insists she wants to be a boy.

While some gender-variant children seem locked into a rigid and restrictive range of interests, especially early in life, others are more accommodating and can be steered more easily into gender-typical pursuits (see "A gallery of gender-variant children" at the end of this article).

**The trajectory of gender variance** The onset of gender-variant behavior typically occurs before 3 years of age.<sup>2</sup> Pediatricians, psychiatrists, and other professionals are typically contacted when parents notice that their child's preferences are no longer transient or when the behavior begins to be noticeable to friends and neighbors and becomes a source of some tension and embarrassment. Social relationships may deteriorate as children's patterns of sex segregation intensify in school, leading to more isolation and sometimes blatant discrimination or even bullying. Most gender-variant children, as they grow older, conform to social pressure by becoming increasingly conventional in their appearance. Others are less swayed by public opinion and continue to insist on their preferred style of dress.

The only longitudinal data available suggest that the majority of boys with marked gender variance early in childhood will later identify themselves as gay. A smaller percentage is likely to self-identify as transgender, and about a quarter as heterosexual.<sup>2,3</sup> It is not possible to predict which boys will take which course. Furthermore, methodological limitations of this research make these percentages only tentative.

Less research has been done on girls. Some evidence suggests that girlhood gender variance may correlate less strongly with adult homosexual orientation or adult transgenderism than is true for boys.

Adults who were gender-variant as children vary in their degree of gender variance; for example, men can become conventionally masculine and women conventionally feminine in their appearance. We still lack a coherent and comprehensive understanding of the normal development of various sexual orientations and gender identities in children and adolescents.<sup>4</sup>

While intense and persistent gender variance exists in children of both sexes, health professionals see fewer girls than boys.<sup>2</sup> Whether this reflects a true difference in prevalence, or a difference in the threshold for concern, is not clear. The range of behavior that is considered acceptable is broader for girls, and thus boys are given more negative feedback when they engage in opposite-sex play behavior.<sup>5</sup> Bullying can start at a young age and typically intensifies when children reach elementary school, peaking in middle school and continuing through high school.

**Counseling parents** The serious risks gay, lesbian, and transgender adolescents typically face may be partly averted if the children develop a sense early in childhood that they are loved and accepted as they are. Although heterosexual parents may initially know little about gender variance or harbor negative views about gender variance and homosexuality, most will be able to modify their attitudes to become affirming of their child. Parents who remain persistently judgmental should be counseled about the potential risks their attitudes pose for their child's self-esteem, health, and safety.

When parents are concerned about their child's gender-variant behaviors, pediatricians generally have offered reassurance. A common approach is to interpret these behaviors as evidence of the child's greater-than-average flexibility or to propose a wait-and-see attitude in case the behaviors represent a phase. Although normalizing and alleviating parental anxiety are legitimate goals, glossing over or ignoring the parents' concerns about gender-variant behavior may not be in the best interest of the child and the family. Denial of the child's true differentness can make parents more likely to pressure the child to conform and to hide his or her true identity. Furthermore, denial deprives families of the opportunity to develop a more authentic view of the child and to actively entertain the possibility that the child will one day recognize, label, and disclose a homosexual orientation.

The goal for parents is to nurture and strengthen the child's individuality and provide the tools to succeed in a world that all too often discourages diversity. Acknowledging the considerable challenge of parenting a gender-variant child communicates concern and encourages parents to express their fears. Siblings, grandparents, aunts and uncles, family friends, and teachers may also need information, support, and guidance to come to a new understanding of the gender-variant child.

Parents may display a range of emotional reactions, some of which can undermine their ability to parent. It is not uncommon for parents to react as if grieving the loss of an idealized child—a child who was expected to

be gender-typical. Such grief reactions may include shock, denial, ambivalence, or anger that eventually should yield to acceptance.

Parents might misattribute the cause of gender variance to their own parenting style, or one parent may attribute it to the other parent's parenting style. Parents may also fear that allowing the child to express his or her gender-variant interests increases the chance of a homosexual orientation or condones unacceptable behavior.

Most parents feel conflicted about allowing the child to express interests more or less freely. Pointing out that the child is not hurting anyone and that the parents' discomfort comes from conscious or unconscious prejudice can be very important. The realistic concern about the child's safety and the potential for bullying and other dangerous situations needs to be addressed. The parent guide on raising a gender-variant child provides tips for this difficult situation ([www.contemporarypediatrics.com/contpeds/article/articleDetail.jsp?id=148384](http://www.contemporarypediatrics.com/contpeds/article/articleDetail.jsp?id=148384)). The resource guide at the end of this article offers a sampling of Web, print, and video resources that parents and extended family members will find helpful.

**Counseling the child** Although working with parents is key, working with the child can be very important—particularly when the child is a preadolescent or adolescent and when the parents are unable to support the child sufficiently. You can state that there is more than one way of being a boy or a girl and that there is nothing wrong with the way the child is, and you can acknowledge how hard it feels not to be understood. Remarking that it is easier for adults to meet like-minded friends can instill hope for the future.

**When to refer** Most children will respond to parents' acceptance and encouragement. Referral to a mental health specialist is appropriate if the child is anxious, depressed, or angry, exhibits self-destructive behavior, or experiences significant social isolation—especially if these problems do not improve with short-term counseling. Children who are victims of bullying can benefit from therapeutic approaches that teach skills to respond more effectively and provide strategies to reduce the impact. Children who are very shy or have difficulty making friends may benefit from training to improve social skills and reduce social anxiety.

Before referral, make sure that the mental health clinician has the competencies to deal with these issues. Some parents may need clarification that psychotherapy does not change sexual orientation or gender identity. Therapists who are competent with other childhood issues do not necessarily have the background to deal with gender variance. Therapists who advocate changing gender-variant behaviors should be avoided. Ideally the therapist should focus on helping the child and family cope with intolerance and social prejudice, not on the child's behaviors, interests, and choice of playmates.

**Parting words** Gender variance is not a common issue in primary care practice, but it should be taken seriously when it presents. Guidance by the pediatrician can be critical because a broad range of parental understanding of, and feelings and attitudes toward, gender variance exists. By educating, guiding, and referring, you can help parents create a family environment that nurtures the child and values his or her uniqueness and individuality.

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