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Kenneth J. Zucker; Susan J. Bradley; Allison Owen-Anderson; Sarah J. Kibblewhite; James M. Cantor

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Letter to the Editor

Is Gender Identity Disorder in Adolescents Coming out of the Closet?

KENNETH J. ZUCKER, PH.D., SUSAN J. BRADLEY, M.D., ALLISON OWEN-ANDERSON, PH.D., SARAH J. KIBBLEWHITE, PH.D., and JAMES M. CANTOR, PH.D.

Over the past several years, many media articles, television programs, and films have paid attention to gender identity issues in both children and adolescents. In the film Boys Don’t Cry in 1999, for example, the actress Hilary Swank won an Academy Award for her role as Brandon Teena. Teena (born Teena Brandon), a female-to-male transsexual from Nebraska, was raped and subsequently murdered in 1993 at the age of 21 after two of his male friends discovered that he was a biological female (Sloop, 2000; Willox, 2003). The print media has also given attention to gender identity disorder (GID), including articles in Time (Cloud, 2000), Saturday Night (Bauer, 2002), and the New York Times (Brown, 2006). On May 12, 2004 the Oprah Winfrey Show, which attracts at least 20 million daily viewers in the United States alone, featured several “transgendered” children and their parents and, on April 27, 2007, ABC’s 20/20 had a similar show. Over the years, we have noted that there really are no good epidemiological prevalence studies of GID. Accordingly, we have been limited in our research, which now spans 30 years, to the study of clinic-referred children (Zucker, 2007; Zucker & Bradley, 1995).

Figure 1 shows the number of children and adolescents with gender identity disorder (GID) referred to, and then assessed in, our clinic, grouped by four-year intervals. We excluded children referred for fetishistic cross-dressing and we excluded referred adolescents who were diagnosed with transvestic fetishism (without co-occurring gender dysphoria), gay youth, and youth who were “undifferentiated” (see Zucker & Bradley, 1995).

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Address correspondence to Kenneth J. Zucker, Gender Identity Service, Child, Youth, and Family Program, Centre for Addiction and Mental Health, 250 College Street, Toronto, Ontario M5T 1R8, Canada. E-mail: ken_zucker@camh.net
For the children, it can be seen by visual inspection that there was a sharp increase in referrals starting with the 1988–1991 block and, since then, the number of referrals has been reasonably stable. A one-sample Kolmogorov-Smirnov test indicated that the number of referrals by year block was statistically significant, \( z = 5.40, p < .001 \). For the adolescents, it can be seen by visual inspection that there was a sharp increase in referrals starting only with the 2004–2007 block. A one-sample Kolmogorov-Smirnov test indicated that the number of referrals by year block was statistically significant, \( z = 4.40, p < .001 \).

For the children, one could possibly interpret the sharp increase in referrals beginning in the 1988-1991 block to the fact that, in *DSM-III-R* (American Psychiatric Association, 1987), the diagnosis of Gender Identity Disorder of Childhood was moved to the “Usually First Diagnosed in Infancy, Childhood, or Adolescence” section of the manual. Perhaps this afforded the GID diagnosis greater attention for child mental health clinicians and pediatricians; however, the recent increase in media attention given to GID does not seem to have unduly affected the number of referrals of children.

For the adolescents, however, it is apparent that there has been a dramatic increase in referrals starting only in the most recent block, 2004–2007. Prior to this, the number of referred adolescents was comparatively small and always lower than the number of referred children. A line from the 1967 song “For What It’s Worth” by Buffalo Springfield goes: “There’s something happening here. What it is ain’t exactly clear.”

How can we account for this dramatic increase in referred adolescents? Is it possible that the recent media interest has resulted in more parents of
adolescents (or adolescents themselves) seeking out the advice of mental health professionals? Perhaps. Is it possible that more adolescents are “coming out” at an earlier age as transgendered? Perhaps. Apart from direct media influences, the Internet may also be a factor: there are dozens of Internet sites that provide information on GID and transgenderism and this may help some youth characterize their own struggles. Because the etiology of GID is still largely a matter of speculation, it is difficult to know if there are new causal factors resulting in an increase in the true incidence of GID among adolescents.

But even if there is no bona fide change in the true incidence of GID, we wonder if other clinicians have experienced an increase in referral rates. Because we are the only specialized research-oriented gender clinic in child and adolescent psychiatry in North America, it is difficult to know if the increase in adolescent referrals is related to local conditions. Accordingly, we would like to hear from the readership of the Journal if there is any indication of an increase in gender-referred children and adolescents to child and adolescent psychiatry programs or clinicians in private practice at other sites in North America.

If there is an increase, the importance of articulating the best practice model to care for these children and youth is even more acute (Zucker, in press). We found it curious that Oprah Winfrey chose as the “expert” for her show on transgendered children an M.A. level therapist who acknowledged on the program that she had never worked with a child who had GID. We would hope that all training programs in child and adolescent psychiatry give at least some minimal exposure to residents to basic principles of physical sex differentiation, an overview of normative gender development, review of diagnostic and assessment tools that have been developed for children and adolescents with GID, discussion of various etiological models, and consideration of extant therapeutic approaches. Perhaps one “team” could be assigned to handle referrals of children and adolescents with problems in their gender identity development. The more experience one has with a specific syndrome, the easier it is to appreciate the range in clinical presentation, including the range in associated psychopathology in the child and in the family.

If GID in adolescents is “coming out of the closet,” members of the child and adolescent psychiatry profession, the allied disciplines, and specialists in gender identity issues need to take the lead in providing exemplary care for these children and youth and their families with the same rigor as they do for children and youth with any other clinical problem.

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