

Comments on the Proposed Revision to 302.6 Gender Identity Disorder in Children

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TransYouth Family Allies is the only National organization that advocates and educates on behalf of gender variant and transgender children and youth exclusively. We feel a particular responsibility to ensure that parental voices are heard and that DSM diagnostic criteria meet the needs of their children without needless pathologization and stigmatization. To that end, we met with a cross section of the hundreds of families that we represent and their input is summarized below.

The parents' primary concern was that no child should be diagnosed with a mental illness based on culturally derived conceptualizations of "normal" gendered behavior. They further felt that the ONLY reason a diagnosis is needed is if/when a child needs specific medical or mental health interventions due to distress or discomfort with their anatomy or current assigned gender role. Their secondary concern was false positive diagnosis. They felt that the diagnostic criteria, as proposed, were sexist, culturally specific and far too broad, thus allowing diagnosis of children who exhibit "atypical" gender behavior without any sign of significant distress.

We recommend the diagnostic criteria set for children suggested by Professionals Concerned with Gender Diagnoses in the DSM (www.professionals.gidreform.org) and ask that you consider it for the DSM-5.

Suggested Diagnostic Criteria for Gender Dysphoria of Childhood: (Lev, et al. 2010A)

A. A distressing sense of incongruence in childhood between the child's persistent experienced or expressed gender and current physical sex characteristics or assigned gender role, as manifested by the child's self-report or documental observation of at least one of the following indicators for a duration of at least 3 months. Incongruence, for this purpose, does not mean gender expression that is nonconforming to social stereotypes of assigned gender role or natal sex.

1. A distress or discomfort with living in the present gender or being perceived by others as the present gender, which is distinct from the experiences of discrimination or

the societal expectations associated with that gender.

2. A distress or discomfort caused by deprivation of gender expression congruent with persistent experienced gender or insistence that one has a gender that differs from the present gender. Experienced gender may include alternative gender identities beyond binary stereotypes.

3. A distress or discomfort with one's current (and/or anticipated) primary or secondary sex characteristics that are incongruent with persistent experienced gender.

4. A distress or discomfort caused by deprivation of primary or secondary sex characteristics that are congruent with persistent experienced gender (including anticipated post-pubertal characteristics).

B. Distress or discomfort is clinically significant or causes impairment in social, educational or other important areas of functioning, and is not due to external prejudice or discrimination.

Lev, A., Alie, L., Ansara, Y., Deutsch, M., Dickey, L., Ehrbar, R., Ehrensaft, D., Green, J., Meier, S., Richmond, K., Susset, F., Winters, K. (2010A). "Statement on Gender Incongruence in Children in the DSM-5," Professionals Concerned With Gender Diagnoses in the DSM, <http://gidconcern.wordpress.com/statement-on-gender-incongruence-in-children-in-the-dsm-5/>

In closing, I would also like to bring to your attention that our families are very interested in being consulted and directly involved in the development of the criteria that so profoundly affects their children's lives. We feel that our experiences are the real life test of how well the 'system' works. We have access to families all over the country who are willing to lend their expertise to the process. I hope you will consider including them and/or our organization in the process as you move forward

Namaste,

Kim Pearson