Gender Dysphoria and Intellectual Disability

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Why is GD in ID important?

- In gen pop when treatment is unavailable there are psychological, emotional problems, mental illness and suicide.
- When treatment is available outcomes are favourable.
- We want to improve outcomes for those with ID by helping them gain access to appropriate assessment and treatments.
Commonly used terms

- Gender dysphoria (DSM 5) gender incongruence
- Gender identity disorder (DSM IV)
- Transsexualism (ICD(10))
  - primary
  - secondary
- Cross-dressing
- Transvestite/ Fetishistic Transvestism
- Trans person
- Intersex
Terms on the internet

- male female dichotomy is not for everyone but feel they are on a spectrum of gender (hermaphrodite medical term)
- Shemale/ hemale
- Pan/ poly/ omni gendered
- Gender fluid
- Gender queer
- “both”
DSM 5

- Own chapter
- Gender Dysphoria replaces Gender Identity Disorder - reduces stigma
- Separate criteria for children
- Specifier of developmentally appropriate; intersex not an exclusion anymore
- Removed specifier of sexual orientation.
DSM 5

- Symptoms present for >6 months
- New categories of Other specified Gender Dysphoria (< 6 months)
- And Unspecified Gender Dysphoria (not all criteria met e.g. late onset GD)
- Replace GIDNOS
- Also new specifiers e.g. living full time
Gender identity disorder ICD(10)

- Classified under disorders of adult personality and behaviour.
- Diagnostic guidelines are given for GID of childhood.
- Transsexualism: present for >2 years
- Exclusions
- Not as clinically useful as DSM 5
- ICD (11) ??
People with ID

- Behavioural issues
- Cross dressing
- Brought by staff/family not self referring
- Aggression/offending behaviours
- Network see the cross dressing itself as a challenge
- Stigma/victimisation/bullying
After sexual assault or abuse
A wish to escape themselves as a victim
An escape from unwanted feelings such as anger
Less well developed self concept so open to outside influences
Development

- Rarely remits when presents after puberty in general population
- About 15% of children with GD continue into adolescence/adulthood
- Higher than general pop non heterosexual
- In childhood gender constancy develops alongside a sense of being male or female
- Evidence children GD process is delayed
Development and ID

• Does generally development delay lead to increase in gender dysphoria??
• Case reports with ID; no prevalence study
• Belief: act like opposite gender then you are that gender
• Explanation of differences between gender role behaviour and gender identity needed
• May need professional input
Autism, ID and GD

• Development of gender identity is related to cognitive and language development and also social and self help skill levels (Abelson 1981)

• Concrete and rigid thinking lead to mistaken beliefs, which may be harder to move on even with professional input.

• Higher rates of GD in ASD and even higher ASD and lower IQ (De Vries 2010)
GD and ID

• All forms of gender incongruence seen in people with ID (Parkes, Hall, Wilson 2008)
• In addition delayed gender constancy in adulthood
• And in literature: gay men with ID who seek GRS due to negative self concept. assumption --to have an intimate relationship with a man they need to female
People ID present later in life.

- May need support to buy clothes etc
- Strong negative reactions family/network. Decide not worth pursuing. Then circumstances change (Parkes and Hall 2006)
- Social, institutional and peer pressure
- Poorly developed sense of self
- Other difficulties expressing needs
Prevalence

• Literature review 2006: 9 case studies one survey with 8% children and adolescents attending Tavistock having ID.
• De Vries 2010 1.6% had ID but probably under report as exclusions
• Bedard et al 2010: 4 out of 32 adults with ID(12.5%) met GID criteria. Known to profs for years and never voiced this.
Functional consequences

• Aggressive/offending behaviour, living in restrictive environments
• Depression, suicidal, psychotic
• Socially inappropriate behaviour
• Cross dress with little success and become victimised
• Difficulty establishing intimate, meaningful and sexual relationships
Assessment and treatment

• Longer assessments needed
• Self concept;
• ASD;
• Sexual trauma;
• escape from difficult feelings, memories?
• Mistaken beliefs present? Re being gay or transvestic fetishism (Hellemens 2007)?
• Basic sex education
Conclusions

• Higher rates than in general population?
• Under recognised under diagnosed? High rates in locked environments not recognised?
• Longer assessments needed, attention to developmental issues/ gender constancy lag
• May need counselling/ develop identity
• Benefit those Gender Dysphoria DSM 5 to access mainstream gender clinics