

## Chapter 23

# HOMOSEXUALITY AND GENDER IDENTITY

The development of sexuality occurs throughout a child's life. Sexuality includes gender roles, gender identity, sexual orientation, and sexual behaviors. It is influenced by biologic and social factors and individual experience. Pediatricians are likely to be consulted if parents have a concern about their child's sexual development. A pediatrician who provides an open and nonjudgmental environment may be a valuable resource for an adolescent with questions about heterosexual behaviors, homosexuality, or gender identity (Table 23-1).

## DEVELOPMENT OF SEXUAL IDENTITY

Sexual behaviors occur throughout childhood. Early in life, male infants can have erections and female infants are capable of vaginal lubrication. During the preschool period, masturbation occurs in both sexes. Between 2 and 3 years of age, children identify themselves as a boy or a girl, but the understanding that one is always a male or always a female may not develop until 4 to 5 years of age. Stating that one wants to be a member of the opposite sex and pretending to be a member of the opposite sex are not unusual behaviors in this age group. Preschool children need to begin to learn that genitals and sexual behaviors are private; it is common for preschool children to touch their genitals in public, show their genitals to others, or undress in public. It would be highly unusual for a preschool child to imitate intercourse or other adult sexual behaviors. If this behavior is occurring, the child should be evaluated for exposure to inappropriate sexual material and possible sexual abuse (see Chapter 22).

Most elementary school-age children show a strong and consistent **gender identity**, and their behaviors (**gender roles**) reflect this. If a child this age is engaging in cross sex gender role behaviors, parents may be concerned about teasing and the possibility of their child having a homosexual sexual orientation. This concern is particularly likely if a boy is engaged in effeminate behaviors that are generally viewed as less socially acceptable than a

girl acting as a "tomboy." By this age, dressing as a member of the opposite sex and, particularly, stating a desire to be the opposite sex are uncommon, but playing with toys designed for the opposite sex remains common. In assessing parental concerns about atypical gender role behaviors, the type of behavior exhibited and its consistency should be considered. Reassurance that the behavior is consistent with typical development is appropriate when these behaviors are part of a flexible repertoire of male and female gender role behaviors. Reassurance is appropriate if the behaviors occur in response to a stress, such as the birth of an infant of the opposite sex or divorce of the parents. In contrast if these behaviors occur as a consistent and persistent pattern of nearly exclusive interest in behaviors typical of the gender role opposite that of the child's anatomic sex, referral for evaluation for **gender identity disorder** (GID) would be appropriate.

The biologic, social, and cognitive changes during adolescence place a focus on sexuality. Becoming comfortable with one's sexuality is one of the principal developmental tasks of this period and is likely to include questioning and experimentation. Almost half of high school students report that they have had sexual intercourse. Ten to 25% have at least one homosexual experience, with this behavior being reported more commonly by boys than girls. Although many adolescents have sexual experiences with a same-sex partner, only a few have a homosexual sexual orientation by late adolescence. When adolescents develop a consistent sexual orientation is probably affected by many different factors (societal, family, individual). Some adolescents report that they are certain of their sexual orientation in the early teenage years, whereas for others this does not develop until later. By 18 years of age, only a small proportion of individuals report being uncertain of their sexual orientation.

## GENDER IDENTITY DISORDER

GID is characterized by intense and persistent cross-gender identification and discomfort with one's own sex. In children these feelings may be manifested by behaviors such as cross-dressing, stating that one wants to be or is the opposite sex, and a strong and almost exclusive preference for cross-sex roles, games, and playmates. The onset of these behaviors often can be traced back to the preschool period. However referral for evaluation typically occurs at school age or later, when it becomes clear that the behaviors do not represent a transient phase, and the behaviors may begin to interfere with social relationships. Forty to 80% of children with GID will have a bisexual or homosexual sexual orientation as adults. However there is no reliable way to predict adult sexual orientation, and there is no evidence that parental behavior would alter the developmental pathway toward homosexual or heterosexual behavior.

In adults GID may be characterized by a belief that one was born the wrong sex and by a persistent desire to live and be treated as the opposite sex. Adults may request hormones or surgical procedures to alter sexual characteristics to simulate the other sex, but, when these procedures are done in individuals who have completed puberty, they often fail to fully achieve the appearance of the desired gender. Long-term follow-up studies of children with GID suggest that only 2% to 20% have GID as adults, but gender dysphoria that intensifies with the onset of puberty is likely to persist. In 2009 the Endocrine Society published guidelines that recommended

**Table 23-1** Terminology

Gender identity	Perception of oneself as male or female
Gender role	Behaviors and appearance that signal to others of being male or female
Heterosexual	Sexual attraction to members of the opposite sex with weak attraction to members of the same sex
Homosexual	Sexual attraction to members of the same sex with weak attraction to members of the opposite sex