

Gender self-identification and intra-family relations in children with disorders of sex development



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Background

The birth of a child with disorders of sex development (DSD) requires a long-term strategy of monitoring and treatment which is carried out by a multidisciplinary group of professional physicians, with a mandatory understanding of the psychosocial problems in a child and parents.

Methods

Gender self-identification was investigated in 20 children and adolescents with DSD aged 1.5-17 years. To determine gender identity we used the methodology of "Homunculus", to assess gender socialization - the Wartegg method of spontaneous drawing, to assess internal family relations - the method "My family" and the method of structured interviews.

An assessment of intra-family relations was done also in a control group, which included 28 families with healthy children.

All DSD patients carried out a cytogenetic test, and, if necessary, fluorescence in situ hybridization (FISH).

Results

In DSD group, chromosomal DSD was diagnosed in 6 (30%), 46,XY DSD - in 13 (65%) and 46,XX DSD - in 1 (5%) patients.

Diagnosis of DSD was established in different age: from birth to 16 years old, on average at 7,26 [1,50; 13,00] years.

Disorders of gender identity in children with DSD did not depend on the child's age, the karyotype, or gender of the child's civil registration.

54.25% of families with DSD child did not seek to have children in the future because of the fear of having a child with similar genetic disorders again.

The frequency of divorces in the families with DSD children did not depend on the presence of a DSD child and his age.

In 25.0% of families, children had often been criticized, and negatively assessed by parents, which worsened the formation of a child's gender identity.

The issue of gender self-identification and intra-family relationships in children with DSD is an important issue that requires further study and analysis of data obtained from a larger number of patients.

Conclusions

The psychological support of children with DSD and their families is an important component of comprehensive medical and social rehabilitation.

