



PAR

Sex and Gender in Test Development

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Basic terminology

Gender is a social construct and a social identity, whereas *sex* refers to biological sex assignment, or to sexual behavior. Gender identity (a person's psychological sense of their gender) is distinct from sexual orientation (who a person is emotionally and/or sexually attracted to). *Cisgender* individuals are those whose sex assigned at birth aligns with their gender identity. *Transgender* individuals are those whose gender identity, expression, and/or role does not conform to what is culturally associated with their sex assigned at birth. And *gender-nonconforming* individuals are transgender people who hold a gender outside the binary of male or female; other terms include *genderqueer*, *gender-nonbinary*, and *gender-creative* (APA, 2020).

INTRODUCTION

PAR is committed to ensuring the fair and accurate representation of individuals' test scores in relation to their gender identity. In recent years, the psychological assessment field has made significant strides in this effort. However, we have heard from many of you regarding the gaps that exist in this representation, and we recognize that we have much more work to do.

Most PAR tests were developed prior to the availability of reliable information about how to accurately represent transgender and nonbinary individuals. The seventh edition of the *Publication Manual of the American Psychological Association*, published in 2020, provides extensive guidance on writing with specificity and sensitivity in many areas, including

sex and gender. Specifically, it strongly encourages us "to explicitly designate information about the gender identities of the participants making up our sample (e.g., whether they are transgender, cisgender, or other gender identities) rather than assuming gender identities" (p. 138). This guidance, along with increased education, widely available resources, and feedback we were already receiving from customers, spurred us to review how we handle issues of sex and gender in the development of our tests.

In this document, we outline the areas where accurate representation of gender identity is important, provide information on how most PAR tests address these areas, and reiterate our commitment to improving our focus on representation as we develop new tests and refine current tests.

GENDER IDENTITY ISSUES IN TEST DEVELOPMENT

Norms

Many tests, including some published by PAR, present norms by sex—that is, an individual's obtained score is compared to normative data for either males or females from the standardization sample. For some transgender individuals, these binary categories do not accurately capture their gender identity.

Labeling

The demographic information required to score our tests typically uses the label *gender* as a universal term to encompass both sex and gender identity, and only two response options—male and female—are provided. This labeling conflates the categories of *gender identity* and *birth sex*. And for some transgender individuals, neither *male* nor *female* captures their gender identity.

Pronouns

Until recently, we have used binary language in our report text—either male- or female-centric, depending on the demographic information provided. For some transgender individuals, neither male nor female pronouns accurately captures their gender identity.

NEW DEVELOPMENT POLICIES

After undertaking a literature review, having discussions with experts in the field, and conducting an analysis of the current state of our tests, we have adopted the following guidelines for newly developed tests:

- Label demographic fields on print forms and within PARiConnect with the correct descriptor: sex to indicate birth sex and *gender identity* to indicate gender identity.
- Provide combined-sex norms so that a transgender or nonbinary individual's scores can be compared to those of the entire standardization sample.
- Collect information during data collection regarding participants' gender identity and birth sex so that norms can be developed to be as specific as possible and clients can provide either piece (or both pieces) of data.


- Allow clinicians to specify their client's pronouns within report options so that report text does not misgender clients; alternatively, display gender-neutral pronouns throughout the report.

SPECIAL ISSUES WITH OLDER TESTS

We are actively working on enhancements for older tests; however, there is a limited range of adjustments we can make without affecting the integrity of the test and its norms. For these tests, we have received questions about which gender or sex clinicians should use when scoring assessment protocols completed by transgender or nonbinary clients. We recognize the importance of this answer for so many people and are committed to ensuring that clinicians who work with these individuals can accurately and fairly score these protocols.

Several PAR tests, like the Personality Assessment Inventory (PAI) and the NEO, have combined-sex norms—that is, normative data are not presented separately by sex. On these tests, gender is usually not a required field, so the clinician and client can choose not to enter anything in this field. Scores will be compared to those of the entire standardization sample. On some tests that have combined-sex norms, however, like the Behavior Rating Inventory of Executive Function, Adult Version (BRIEF-A), gender is a required field because the report contains gender-specific pronouns.

For other PAR tests, like the Behavior Rating Inventory of Executive Function, Second Edition (BRIEF2), or the Trauma Symptom Inventory-2 (TSI-2), research results indicated significant enough differences in sex and/or age that warranted separate norms. Consequently, *only* separate norms are available for these tests, and we require the gender field to be filled in so that the selected norms can be used. Emerging research is investigating what constitutes the best available reference sample for transgender and nonbinary individuals, acknowledging that factors such as stage of transition, age at transition, time since transition, and hormone status may play a role and that there may be relevant differences on some constructs and not on others. Until more is known, clinical judgment must be used on a case-by-case basis to determine which sex or gender to use. In response to customer feedback,



we added a feature to PARiConnect that allows clinicians to change a client's demographic information at any time (before or after report generation) without using an additional report from their inventory. This enables clinicians to examine both male- and female-based norms for any set of responses. In addition, the American Psychological Association provides [some general guiding principles](#) on how to approach these instances in testing.

Last, because many of our older tests have incorrect demographic labels, we are updating these by changing fields

mislabeled as *gender* to correctly say *sex*. As we work through our tests, there may be some instances in which the label used on the print form does not match the label used within PARiConnect. In these cases, the label within PARiConnect should be considered accurate.

Please visit parinc.com for up-to-date information about sex- and gender-related enhancements to our products. As always, we remain open to your feedback and appreciate your trust.

REFERENCES

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). <https://doi.org/10.1037/0000165-000>

