

TGEU - Briefing for the International Day of Action for Trans-Depathologisation

October 2015

This briefing focuses on the diagnosis of 'gender incongruence' in the current ICD-revision in the framework of the World Health Organization (WHO)¹.

The International Classification of Diseases and Related Health Problems (ICD) is a compilation of health related categories used for:

- Diagnosis
- Monitoring and statistics
- Public policy
- Access to healthcare
- Reimbursement

The currently valid ICD-10 was adopted in 1990. Its revision process has started some years ago and might only be finalized in 2019 with the final approval by the World Health Assembly.

1. State of play

1.1. *The following categories are concerned:*

- F64: gender identity disorders
- F65: disorders of sexual preference
- F66: psychological and behavioral disorders associated with sexual development and orientation

The WHO Departments of mental health & substance abuse + department on reproductive health and research have appointed an experts working-group on the classification of sexual disorders and sexual health to address among other things the issues of trans related diagnoses.

Their recommendations that have informed the ICD-11 beta version (see below) are currently the following:

- Gender incongruence categories to be moved out of mental disorders and creation of new chapter 'Conditions relating to sexual health'

¹ For information on diagnosis related to sexual orientation, please contact ILGA-Europe [Sophie Aujean sophie@ilga-europe.org]. For information on intersex-related codes, please contact GATE [Mauro Cabral mcabral@transactivists.org].

- Deletion of F64.1 (dual role transvestism), of many F65 categories (especially in case of consensual/solitary activities) and of all F66 categories (sexual maturation disorder², egodystonic sexual orientation³, sexual relationship disorder).
- F64.0 → new category 'Gender incongruence in adolescence and adulthood': "a marked and persistent incongruence between an individual's experienced gender and the assigned sex".
- F64.2 → new category 'Gender incongruence in childhood'

This proposal is however not fixed and might be subject to change.

1.2. *On-going work at WHO level*

Since the beginning of 2014, field-testing operations take place in a number of countries (Mexico, Brazil, South Africa + field-testing funded by governments in Germany, Sweden, Netherlands and UK) to assess:

- Acceptability of the proposals by health professionals and affected communities
- Reliability and coherence
- Clinical utility
- Validity of the categories as predictors of health care needs
- Possibility to access health services (cost reimbursement).

Following field testing, there will be a period of revision and then, final proposals will be submitted probably around 2016, this is when we will have to increase our lobby efforts around this.

A Beta version (a draft of ICD-11) was made public in August 2014⁴. Gender incongruence of childhood (GIC) and gender incongruence of adolescence and adulthood (GIAA) are currently included in a new chapter on sexual health conditions that has not been finalised yet. Its content will change in the following months.

In particular, we do not know how the new chapter will work in terms of access to healthcare, legal recognition and reimbursement under different health systems.

To sum things up, we can be optimistic overall that trans-related diagnoses were moved out of the mental health chapter, but we need to pay attention to details. In addition, one element is really worrying: the risk of further stigmatisation of children.

² Anxiety arising from uncertainty about one's gender identity or sexual orientation

³ Having a sexual orientation or an attraction that is at odds with one's idealized self-image, causing anxiety and a desire to change one's orientation or become more comfortable with one's sexual orientation.

⁴ See press statement of TGEU on this: <http://www.tgeu.org/ICD11beta>

2. Gender incongruence in childhood

Gender identity disorder in childhood (GIDC) has appeared in 1980 for the first time and has always been paired since then with adolescent and adult diagnoses.

Trans activists call for the removal of this category based on:

- Lack of scientific evidence
- Irrelevance in terms of access to care and legal recognition
- Lack of clinical utility
- Risks of discrimination or stigmatisation

It is important to point out here that gender variance in childhood does not require any medical intervention. Children before puberty do not need access to medical services, such as hormonal, surgical or other services that would require the said diagnosis. What they need above all is a supportive environment.

If children need support as a result of the distress related to their experiences of being gender-variant, other already existing codes can be used.

For more information on gender incongruence in childhood and arguments towards its removal, please have a look at GATE “Critique and alternative proposal to the GIC category in ICD-11” (2013)

<http://globaltransaction.files.wordpress.com/2012/03/critique-and-alternative-proposal-to-the- gender-incongruence-of-childhood -category-in-icd-11.pdf>

and TGEU’s position on the ICD-revision:

http://www.tgeu.org/TGEU_Position_on_the_revision_of_the_ICD_10

In addition, it is impossible to know how gender-variant children will grow up: they might very well become cis lesbians, gays or bisexuals and therefore, this diagnosis of GIC somehow re-pathologises homosexuality. Furthermore, given that childhood is a period of change and exploration, it is non-sense to impose a diagnosis of gender incongruence on a child.

The World Health Professional Association for Transgender Health Care - WPATH published in September 2015 the results of a poll on the GIC diagnosis, finding a clear split amongst its members with non-US members overall opposing the proposal.

There is no unanimity within the WHO on the relevance of GIC. Some voices are in favour of its removal, but there is also a strong general reluctance to remove a category from the ICD. Therefore it must be strongly evidenced: a high burden of proof is needed on the potential actual harm (and not only fear of misuse).