Depathologization of Trans Identities

- Positions and Actions of the Trans Communities -

Presenter

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Outline

1. Impact of Pathologization on the every day lifes of transgender people
2. Actions of the Trans Community
3. TGEU position towards depathologization
1. The Impact of Pathologization on the Lives of Trans People
In almost all countries in the world a diagnosis of transsexuality or similar (depending on the version of the ICD or its local adaptation) is a prerequisite for medical sex reassignment measures.

Exceptions include:

- Argentina where access to medical sex reassignment measures and coverage through the healthcare system are based on informed consent (Gender identity law, §11)
- Some US based clinics like the Callen Lorde Community Center, who work on the basis of informed consent
- Several clinics worldwide where medical sex reassignment measures are based on money
In all memberstates of the CoE that provide for legal gender recognition require a diagnosis or similar evaluation for a change of legal gender (and name in most countries).

→ a change of the ICD might have legal implications in several countries in Europe in this respect!
According to a study of the Berlin Lesbenberatung, 124 out of 193 respondents (62%) said that the fact that their identity was a „mental disorder“ caused a high level of distress, 53% reported that the legal recognition procedure caused so much distress that it negatively impacted their every day lifes.

Several studies over the last years suggest that medical and or psychological pathologization correlates with social discrimination of transgender persons.
Challenges in depathologization

Content:
Find balance between the wish to end pathologization of trans identities and the wish to guarantee access to trans related healthcare.

Structure:
Requires global approach

WHO reform process of ICD is cumbersome and intransperant and irresponsible of human rights discours
Different approaches to depathologization: Discussion in the trans community

Four main suggestions have been discussed:

• **Radical approach**: complete removal of all diagnoses in relation to gender identity (F64.0 and others)

• **Moving approach**: Move the diagnosis to a own category or at least move it away from the mental health section

• **Starfish model**: Delete the F64 diagnoses and distribute various aspects of transgender health to different parts of the ICD 11

• **Conservative approach**: leave it as it is / modify the content slightly but leave the diagnosis where it is
2. Actions of the Trans Communities
International Campaign Stop Trans Pathologization – STP2012

• Started in 2007 by a group of activists from Spain
• It has been one of the first global campaigns of the trans community
• Since 2007 STP calls for a day of action each year (this year on October 19)
• 2013: actions of more than 100 groups in 48 cities around the globe
• In total more 370 groups around the globe have supported STP2012 over the last seven years
• The demands of STP have developed over time
Key demands STP

Removal of the diagnostic categories ‘Gender Dysphoria’ / ‘Gender Identity Disorders’ and ‘Transvestic Disorder’ / ‘Fetishistic Transvestism’ from the diagnostic manuals DSM and ICD,

Public coverage of trans health care

Substitution of the current assessment model by an approach focused on autonomy, informed decision making and accompaniment

Introduction of a non-pathologizing reference of trans health care in the ICD-11, as a health care process not based on illness or mental disorder

Removal of gender incongruence in childhood
Towards a common global position: Expert meetings of GATE

Global Action for Transgender Equality organized a series of meetings with activists from all around the globe to address the issue of trans depathologization:

1. Sao Paolo, December 2010
2. The Hague, November 2011
   → It's time for reform publication
3. Buenos Aires, April 2013
Miracles: DG SANCO for Depathologization!

In 2012 Tonio Borg took the position of Commissioner for Health and Consumer Policy

Borg committed to working towards the depathologization of trans identities on WHO level.

Since then following actions have happened:

- High level meeting between ILGA-E, TGEU and Borg's cabinet
- Meeting of diplomats to the WHO of the EU Memberstates to coordinate actions in relation to Depath
- Activation of TGEU and ILGA-E members to brief their national representatives working on the ICD reform
3. The position of TGEU
Removal of F64 categories

TGEU suggests to remove the trans related diagnoses Transsexualism (F 64.0), Dual – Role Transvestism (F 64.1), Gender Identity Disorder of Childhood (F 64.2), Other Gender Identity Disorders (F 64.8), Gender Identity Disorder, unspecified (F 64.9), Fetishism (F65.0) Fetishistic Transvestism (F 65.1), Multiple Disorders of Sexual Preference (F65.6), Disorders of Sexual Preference, unspecified (F65.9) Sexual Maturation Disorder (F 66.0), Egodystonic Sexual Orientation (F 66.1), Sexual Relationship Disorder (F 66.2), Other Psychosexual Development Disorders (F 66.8) and Psychosexual Development Disorder, Unspecified (F 66.9) completely;
TGEU suggest to create a new stand alone chapter labeled gender incongruence that contains one diagnosis “Gender Incongruence in Adolescence and Adulthood”;
TGEU does not see a need for a diagnosis of gender identity disorder in childhood in the ICD 11. The clinical needs of pre-pubescent children for psychotherapy and/or psychosocial counselling can be adequately covered in chapter XXI (Z) Factors Influencing health status and contact with health services.