Triangle Project Policy Brief No. 2018/06-1

ICD-11 Reclassification of Transgender Related Categories

June 2018 [1]

What is the ICD?

The International Classification of Diseases has been released in its eleventh edition (ICD-11), and all trans-related categories have been removed as a mental or behavioral disorder. The ICD is issued by the World Health Organisation (WHO) and used by health care providers in 43 countries around the world to diagnose and treat many conditions. This change marks an important step forward for transgender people around the world, but it does not end the fight for human rights.

The 2016 edition of the ICD classified trans people as having "transsexualism" and grouped this purported mental disorder with "dual-role transvestism" and two versions of "gender identity disorder." It also contained a diagnosis for "fetishistic transvestism" in the category of sexual preference disorders which included paedophilia.

What has changed?

Historically, many health care providers (HCPs) have institutionalised, criticised, sterilised, and tortured LGBT people as part of "conversion therapy." And historically, their professional organisations have supported these de-humanising practices by describing transgender and homosexual people as diseased—in need of a cure. Pathologizing people who are gender and sexual minorities has led to suffering and marginalisation around the world, and continues in many places today.

However, the recently introduced version removes trans-related categories as mental disorders and places them into a new category titled "sexual health conditions." The ICD-11 describes "gender incongruence of adolescence or adulthood" in Section 17:

"Gender incongruence of adolescence and adulthood is characterized by a marked and persistent incongruence between an individual´s experienced gender and the assigned sex, as manifested by at least two of the following:

> *1) a strong dislike or discomfort with the one's primary or secondary sex characteristics (in adolescents, anticipated secondary sex characteristics) due to their incongruity with the experienced gender;*
> *2) a strong desire to be rid of some or all of one's primary and/or secondary sex characteristics (in adolescents, anticipated secondary sex characteristics) due to their incongruity with the experienced gender;*
> *3) a strong desire to have the primary and/or secondary sex characteristics of the experienced gender.*

[1] Compiled by Dana Steiner, Research & Policy Intern, and Matthew Clayton, Research, Advocacy & Policy Manager

The individual experiences a strong desire to be treated (to live and be accepted) as a person of the experienced gender. The experienced gender incongruence must have been continuously present for at least several months. The diagnosis cannot be assigned prior to the onset of puberty. Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis."

There is a separate diagnosis for children which includes many of the same phrases as the definition for adulthood and adolescence. However, it also describes "make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex." Furthermore, diagnosis requires the individual has experienced these feelings for about two years, rather than several months.

What does this mean?

While this is certainly a step forward, we hope to eventually reach a day when trans and gender diverse people are seen as whole humans who may require access to gender affirming healthcare services—not to cure their experiences or self-perceptions – but to affirm their gender identity. Though "gender incongruence" is labelled neutrally as a "condition", the term itself remains pathologising and placing it among diagnoses which are labelled "dysfunctions" and "disorders" is also problematic.

It is understandable that WHO wants to fragment the classification into three manifestations, but the bullet point list is both under and over inclusive and places a focus on the individual's "desires" and "dislikes" rather than their physical state. Truly accepting the identity of transgender people means recognising that for some, this is more than a dislike or discomfort. For others, there is minimal or no discomfort with their secondary sex characteristics and they may wish to maintain them through their transition and for the rest of their lives. All gender diverse people's identities are valid and deserve the same recognition as people who use hormones or surgery to transition. Gender affirming healthcare includes more than hormones and surgery, and any attempt to reduce the experiences of trans and gender diverse people to a bullet pointed list will fail to accurately describe lived experiences around the globe. While standardization in the medical field is often promoted, there must be respect for the agency of trans people to make their own decisions.

Specific phrases in the above definitions preserve myths about gender as a whole as well as gender diverse people. This perpetuates the cisnormative idea that the gender binary is natural and does not recognize gender as a spectrum, created by society. The "childhood gender incongruence" definition describes certain childhood activities as falling within or outside of what is typical for a particular gender. While it does not state that certain activities are "for boys" or "for girls," it is clear that even cisgender people do not only participate in activities that are "typical of the experienced gender." This sweeping generalisation props up the idea that there are only two genders and leaves little room for children who are non-binary, or who identify as a girl but enjoy playing with trucks and trains rather than dolls and clothes. This categorisation should be removed entirely to prevent pathologisation of gender diversity in childhood.

The important strides forward should also not be minimised though. By placing these categorisations in the sexual health category, trans people have the opportunity to seek gender affirming healthcare, including gender affirming hormones, gender affirming

surgeries and/or psychosocial support. Eliminating the use of "transvestism" and modernising the terms used by the medical community may help to build trust between the medical and trans communities, who have historically been at odds with each other. The removal of "dual-role transvestism" and "fetishistic transvestism" is notable because it helps to distinguish between gender identity and sexual orientation—two concepts that have long been conflated and confused for the same thing. Additionally, the new definition has a specific exclusion for paraphilic disorders. This acts as an explicit order for HCPs not to diagnose transgender and gender diverse people as people with a sexual disorder like pedophilic disorder or coercive sexual sadism disorder.

Conclusion

While the definition for gender incongruence has much room for improvement, it indicates that the international medical community is willing to make changes for the overall health of transgender people. It is also a testament to the tireless work of individuals and organisations who have been working on the issue of de-pathologisation for many years.

The ICD-11 will be presented for approval at the World Health Assembly in May 2019. If approved, trans activists and allies will continue to work to ensure effective implementation and universal access to healthcare for gender minorities around the world. as well as revision and replacement of the gender incongruence diagnosis with a non-pathologising category and complete removal of the childhood diagnosis. Trans and gender diverse individuals have been victims and survivors of worldwide human rights violations for centuries. Like other groups who have survived these offences, they have the right to safely live as their authentic selves.