

## TGEU's Position on the revision of the ICD 10

### 1. Introduction

In the ICD 10 issues regarding the specific needs of trans\* people <sup>1</sup> have been placed in the F section (mental health).

Trans identities are affected by a wide range of codes, including Transsexualism (F 64.0), Dual – Role Transvestism (F 64.1), Gender Identity of Childhood (F 64.2), Other Gender Identity Disorders (F 64.8), Gender Identity Disorder, unspecified (F 64.9), Fetishistic Transvestism (F 65.1) 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) . <sup>2</sup>

According to a study<sup>3</sup> published 2012 by the European Parliament, towards an EU LGBT Roadmap for Equality "LGBTI persons face an array of problems [in health care] [...]. Overall they suffer stigmatization and discrimination in accessing healthcare and are at greater risk of suffering from mental health and other health problems due to a failure to access care."

These diagnoses have been criticized as well by human rights activists as stigmatizing and actively pushing for social exclusion of trans people. Even without added value for the physical or mental well-being, the diagnosis functions as powerful gatekeeper as coverage of costs depends on the diagnosis.

<sup>1</sup> The term trans\* people as used by TGEU includes , those who have a gender identity that is different from the gender they were assigned at birth, and those who wish to portray their gender identity in a different way than the gender they were assigned at birth. It includes those people who feel they have to - or who prefer or choose to - present themselves in a way that conflicts with the social expectations of the gender role assigned to them at birth, whether they express this difference through language, clothing, accessories, cosmetics or body modification. This definition includes, among many others, transsexual and transgender people, transvestites, cross dressers, no gender, liminal gender, multigender, and genderqueer people, as well as intersex and gender variant people who relate to or identify as any of the above.

<sup>2</sup>Sweden, Norway and Finland removed from their national versions of the ICD-10 Dual-role transvestism (F.64-1), Fetishism (F.65.0), Fetishistic transvestism (F65.1) and Multiple disorders of sexual preference (F65.6). Sweden also removed Gender identity disorder of childhood (F.64.2) o the 1st of January 2009 as well.

<sup>3</sup> European Parliament Directorate General for Internal Policies Policy Department C: Citizens' Rights and Constitutional Affairs Civil Liberties, Justice and Home Affairs *Towards an EU Roadmap for Equality on Grounds of Sexual Orientation and Gender Identity*, 2012  
<http://www.europarl.europa.eu/committees/en/studiesdownload.html?file=78131&languageDocument=EN>

The 'mental disorder' label reinforces psycho-pathologization driving stigma, making prejudice and discrimination more likely, and rendering trans people more vulnerable to social and legal marginalisation and exclusion. The current mental health diagnosis thus contributes to increased risks for the individual's mental and physical well-being. 63% of trans respondents in a German quantitative study felt that the mental health diagnosis "Gender Identity Disorder" is the source of significant distress for them.<sup>4</sup> The global campaign Stop Trans Pathologization - STP 2012 called for the removal of the categories of "gender dysphoria" / "gender identity disorders".<sup>5</sup> The World Professionals Association for Transgender Health – WPATH has called for the depsychopathologization of gender variance and urges "governmental and medical professional organizations to review their policies and practices to eliminate stigma toward gender-variant people".<sup>6</sup>

Most relevant sections were F64, F65 and F66 and subsections.

## **2. Proposal of TGEU**

The proposal outlined below aims on the one hand at insuring access to trans specific healthcare of **all** trans\* people who need or seek it. On the other hand TGEU aims at minimizing problematic pathologizations of non-normative gender identities in general. TGEU's proposal wants to ensure a holistic approach to trans related health care which has been impaired by the placement of the diagnoses in the current ICD.

### **Transgender Europe**

1. 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;

<sup>4</sup> LesMigras 2012 "...nicht so greifbar und doch real" quantitative und qualitative Studie zu Gewalt und (Mehrfach-) Diskriminierungserfahrungen von lesbischen bisexuellen Frauen und Trans\* in Deutschland. [www.lesmigras.de/ergebnisse.html](http://www.lesmigras.de/ergebnisse.html)

<sup>5</sup> Stop Trans Pathologization - STP 2012 <http://www.stp2012.info/old/en>

<sup>6</sup> WPATH De-Psychopatholisation Statement (2010) [http://www.wpath.org/announcements\\_detail.cfm?pk\\_announcement=17](http://www.wpath.org/announcements_detail.cfm?pk_announcement=17)

2. Suggests to create a new stand alone chapter labeled gender incongruence that contains one diagnosis "Gender Incongruence in Adolescence and Adulthood";
3. 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.

### **Key aspects of the Diagnosis '*Gender Incongruence in Adolescence and Adulthood*'**

Any diagnosis and any treatment should be based on the full and informed consent of the person seeking advice or treatment.

TGEU suggests a diagnosis to be based on criteria such as:

- A desire to be treated (that is to live and be accepted) according to one's gender identity; or
- A desire or a need to have the primary or secondary sex characteristics or a discomfort to not have the primary or secondary sex characteristics corresponding with the person's gender identity; or
- A dislike or discomfort with the primary and/or secondary sex characteristics or the desire or need to be rid of some or all primary and/or secondary sex characteristics as these characteristics conflict with the perceived gender identity of the person.

TGEU wants to highlight that any criteria needs to take into account the individual situation of a trans person concerned and not to use a mechanical application of the criteria.<sup>7</sup>

TGEU sees variations of gender expression and gender identities as a important part of a diverse society. The diagnosis of *Gender Incongruence in Adolescence and Adulthood* should not be assigned only on the basis of an unconventional or non-normative gender expression or identity.

### **Issues related to differential diagnosis**

Differential Diagnostic categories such as "Schizophrenia" or "Delusional Disorder" which may include delusions to belong to another sex or gender are unnecessary and enforce the gate keeping function of mental health practitioners. Should diagnoses such as Body Dysmorphic Disorder or Body Integrity Identity Disorder be part of the ICD 11 TGEU sees no need to include those in the Differential Diagnostic section either as these pathologies seem to be extremely rare and bring no added value in the diagnosis of *Gender Incongruence in Adolescence and Adulthood*.

<sup>7</sup> See as well Schlumpf v. Switzerland, ECHR application no 29002/06 (2009)

### **Abolishment of '*Gender Identity Disorder in Childhood*'**

Currently Gender Identity Disorder of Childhood (F64.2) in ICD 10 is a mental health diagnosis applied to gender non-conforming children before the onset of puberty. This excludes treatment with hormones and hormone blockers and well as surgeries. The clinical needs of children are typically in the field of psychosocial counselling or psychotherapies which today are covered in Chapter XXI (Z) Factors Influencing health status and contact with health services.

- The present diagnosis rather labels gender nonconforming children as mentally disordered which leads to unnecessary stigma, discrimination and results in social exclusion. Therefore TGEU suggests to completely delete the diagnosis from the ICD in the future.

However this must not hinder children who have need for counselling regarding their gender identity and/or gender expression from receiving needed care.

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