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Comment

ICD-11 and gender incongruence of childhood: a rethink is needed

The 11th edition of WHO's International Classification of Diseases (ICD-11), approved by the World Health Assembly in May, 2019, incorporates a number of changes relevant to children and adolescents, including those in regard to their sexual and gender development.

Endorsed in 1990, ICD-10 contained several psychological and behavioural disorders associated with sexual development and orientation. Some disorders appeared to target youth who are attracted to individuals of the same sex and were out of step with our contemporary understanding of young people's sexuality. Examples of these diagnoses included egodystonic sexual orientation for individuals distressed about their sexual orientation, and sexual maturation disorder for individuals distressed about being uncertain regarding their sexual orientation. It has been argued by Cochran and colleagues[1] that these diagnoses, which had long survived the removal of homosexuality from ICD in the early 1990s, effectively pathologised same-sex attraction. The criticism seems fair. All things considered, it is improbable in the heteronormative world where we live that many people would be distressed by the knowledge, or indeed the possibility, that they might be heterosexual. Rather, it would be those experiencing feelings of same-sex attraction who might be distressed. ICD-11 finally consigns these diagnoses to history. Few people regret their passing.

WHO's decision to relocate gender incongruence of adolescence or adulthood (ie, after puberty onset)—transsexualism diagnosis in ICD-10, previously classified as a mental disorder—to a new chapter on sexual health has been widely welcomed by health providers in the field, as well as the communities they serve. The relocation is evidence of substantial progress made in the past decades in our understanding of transgender people's identity and experiences.[2]

However, gender incongruence of childhood, the ICD-11 diagnosis used with gender-diverse children who have not yet reached puberty, has proved far more controversial. A wide range of health-care providers, researchers, and representatives of the transgender community and their organisations have voiced misgivings about the diagnosis, through academic papers,[3,4] position statements, a civil society expert group report, and an international petition (the Berlin Statement). This statement was signed, in 2016, by over 200 clinicians and scholars who collectively have more than 2000 years of experience in transgender health. Overall, opinions of health-care professionals working in transgender health are divided on the diagnosis, as shown by a membership survey of the World Professional Association for Transgender Health, published in 2016.[5] Meanwhile, the European Parliament in 2015 expressed its clear opposition to the gender incongruence of childhood. The concern that the diagnosis is inappropriate, unnecessary, and harmful, and that it should be removed from ICD-11 altogether is evident. As ICD-11 enters its implementation phase, we highlight some of the arguments for the removal of gender incongruence of childhood from the manual.

The diagnosis pathologises the experiences of young children who are merely exploring their experience of gender, incorporating a gender identity into a broader sense of who they are, learning to express that identity, and managing any associated stigma. These young children do not need puberty suppressants, masculinising or feminising hormones, or surgery. Rather, they need a safe emotional space with the freedom to explore, embrace, and express their gender identity.[6,7] For some children, this process requires social transition; a child-led change in their expressed gender identity through adoption of a preferred name and pronouns, as well as clothing and hairstyle, consistent with their gender identity. Ensuring that families, caregivers, and educational providers both understand and support the child's gender experience is paramount in facilitating transition and minimising negative experiences (such as bullying or social exclusion). Research and clinical experience show that social transition in affirming, supportive home and school environments leads to positive outcomes, with no signs of clinical pathology.[6,7] Not all young children will be so fortunate as to have the support they need. However, we suggest that the application of a clinical diagnosis would only add to their gender-minority stress and parental or social rejection, signalling to the social environment the misconception that something


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For more on the **joint statement on ICD-11 process for trans and gender-diverse people** see https://transactivists.org/icd-11-trans-process/

For more on the **civil society expert group report on ICD-11** see https://transactivists.org/critique-and-alternative-proposal-to-the-gender-incongruence-of-childhood-category-in-icd-11/

For more on the **Berlin Statement** see https://transpolicyreform.wordpress.com/2019/07/22/the-2016-berlin-statement-on-childhood-gender-incongruence-diagnosis-an-archive-copy/?fbclid=IwAR2kSrG12hOzOJRAUphILPtjmT3tynFMaqavwGapHBErNYdUpLS1RbA7Oa0

For more on the **European Parliament position** see http://www.europarl.europa.eu/doceo/document/A-8-2015-0230_EN.html

is wrong with them.[8,9]

There is an inconsistency in the different diagnostic approaches WHO has taken in regard to young people's sexual orientation compared with young children's gender diversity. The ICD-10 diagnoses of sexual maturation disorder and egodystonic sexual orientation pathologised individuals exploring a same-sex attraction, who are learning to embrace and express a same-sex attracted identity, as well as coping with associated stigma. To its credit, WHO took the view that such diagnoses should be removed entirely from the diagnostic manual, with counselling support provided (when sought on the basis of sexual orientation) through non-pathologising codes in ICD-11 chapter 24, *Factors influencing health status or contact with health services*.[10] Many such non-pathologising codes exist. Among the more relevant would be codes for people experiencing social rejection and exclusion, or discrimination. Non-pathologising codes could also be used to document services for gender-diverse children who have not yet reached puberty. Sadly, WHO chose not to take this approach, opting instead to pathologise these children's diversity.

A call to action published in *The Lancet* in 2016 urged WHO to reconsider what was then its proposal for gender incongruence of childhood.[11] As professionals working in transgender health, in various settings, and from each continent, we write to express our most sincere hope—shared by many health-care providers, researchers, and community organisations globally—that in the coming months and years, as ICD-11 content is reviewed, WHO does indeed revisit this deeply problematic diagnosis.

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1 Cochran S, Drescher J, Kismödi E, et al. Proposed declassification of disease categories related to sexual orientation in the International Statistical Classification of Diseases and Related Health Problems (ICD-11). *Bull World Health Organ* 2014; **92:** 672–79.

2 Drescher J, Cohen-Kettenis P, Winter S. Minding the body: situating gender identity diagnoses in the ICD-11. *Int Rev Psychiatry* 2012; **24:** 568–77.

3 Winter S, Ehrensaft D, Pickstone-Taylor S, De Cuypere G, Tando D. The psycho-medical case against a gender incongruence of childhood diagnosis. *Lancet Psychiatry* 2016; **3:** 404–05.

4 Cabral M, Suess A, Ehrt J, Sehoole T, Wong J. Removal of gender incongruence of childhood diagnostic category: a human rights perspective. *Lancet Psychiatry* 2016; **3:** 405–06.

5 Winter S, De Cuypere G, Green J, Kane R, Knudson G. The proposed ICD-11 gender incongruence of childhood diagnosis: a World Professional Association for Transgender Health membership survey. *Arch Sex Behav* 2016; **45:** 1605–14.

6 Olson KR, Durwood L, Demeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. *Pediatrics* 2016; **137:** 1–8.

7 Ehrensaft D, Giammattei S, Storck K, Tishelman A, Keo-Meier C. Prepubertal social gender transitions: what we know; what we can learn—a view from a gender affirmative lens. *Int J Transgend* 2018; **19:** 251–68.

8 Cabral M, Suess A, Ehrt J, Seehole TJ, Wong J. Removal of a gender incongruence of childhood diagnostic category: a human rights perspective. *Lancet Psychiatry* 2016; **3:** 405–06.

9 Suess Schwend A, Winter S, Chiam Z, Smiley A, Cabral M. Depathologising gender diversity in childhood in the process of ICD revision and reform. *Glob Public Health* 2018; **13:** 1585–98.

10 Winter S. Gender trouble: the World Health Organization, the International Statistical Classification of Diseases and Related Health Problems (ICD)-11 and the trans kids. *Sex Health* 2017; **14:** 423–30.

11 Winter S, Settle E, Wylie K, et al. Synergies in health and human rights: a call to action to improve transgender health. *Lancet* 2016; **388:** 318–21.