Press Release
International Day of Action for Trans Depathologization 2017
STP, International Campaign Stop Trans Pathologization

The International Day of Action for Trans Depathologization 2017, convened by STP, International Campaign Stop Trans Pathologization\(^1\), takes place today, on Saturday, October 21, 2017. Over 70 activities for trans depathologization\(^2\) were organized today and throughout the entire month of October in 41 cities of different world regions, under the slogan "Stop Trans Pathologization Worldwide". Furthermore, to this day 417 activist groups and networks, public institutions and political organizations in Africa, Asia, Europe, Latin America, North America and Oceania, as well as numerous individuals, have declared their support for STP, International Campaign Stop Trans Pathologization\(^3\).

Since 2009, during each month of October activities for trans depathologization have taken place in different world regions, organized within the International Day of Action for Trans Depathologization. Altogether, from 2009 to 2017 around 250 activist groups, organizations and networks organized more than 795 activities in 183 different cities of Africa, Asia, Europe, Latin America, North America and Oceania. In 88 of these cities activities were celebrated more than one year, in some cities each year. In 2007, demonstrations for trans depathologization took place in 3, and 2008 in 11 European cities. Furthermore, each year international and regional trans activist networks have published statements for trans depathologization.

This continued engagement shows the deep need for depathologization in different world regions.

Our main demands are still the removal of the diagnostic classification of gender transition processes as a mental disorder from the diagnostic manuals DSM\(^4\) and ICD\(^5\), the public

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\(^1\) STP, International Campaign Stop Trans Pathologization. [STP launches the Call to Action for the International Day of Action for Trans Depathologization 2017](http://example.com), August 1, 2017.


\(^3\) STP, International Campaign Stop Trans Pathologization. [Support, 2009 – 2017](http://example.com).

\(^4\) DSM, Diagnostic and Statistical Manual of Mental Disorders, published by the American Psychiatric Association.

coverage of trans health care, a change in the trans health care model, from an assessment model towards an approach based on accompaniment and informed decision-making, legal gender recognition without medical requirements, the depathologization of gender diversity in childhood, as well as protection from discrimination and transphobic violence. In each world region, activist groups, organizations and networks are working on the fulfillment of these shared demands applying specific priorities and strategies according to the cultural and sociopolitical context.

Over the last decade, we have observed some advancements regarding depathologization. At the same time, we note a continued lack of in-depth depathologization of diagnostic classifications, clinical protocols and legal frameworks.

During recent years, the depathologization perspective has entered in the agenda of international and regional human rights bodies, public institutions and professional associations. At the same time, we observe that this recognition does not always translate into a change of clinical practices and legal frameworks.

In the DSM-5, published in 2013, we observe the intentionality of using a less pathologizing language, by means of a change in the name of the diagnostic category, from ‘Gender Identity Disorder’ to ‘Gender Dysphoria’. However, we denounce the continued diagnostic classification of transexuality as a mental disorder, the maintenance of a diagnostic classification of gender diversity in childhood, by means of the category ‘Gender Dysphoria in Children’, as well as the continued inclusion and amplification of the category ‘Transvestic Disorder’. Therefore, we continue demanding the complete removal of trans-related categories from the DSM.

In the ICD-11 Beta Draft, which is expected to be approved in 2018, we consider the removal of trans-specific codes from the Chapter ‘Mental and behavioural disorders’ an important step forward. We support the inclusion of a new code related to trans health care in adolescence and adulthood in the Chapter ‘Conditions related to sexual health’, with the aim of facilitating its public coverage or reimbursement in different world regions. At the same time, we continue demanding the right to access state-funded trans health care without the need of diagnostic categories. In order to avoid pathologizing connotations of the proposed term ‘Gender incongruence’, we suggest the name is changed to ‘Health care related to gender

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transition’, replacing the current text by a description of the services and procedures included in trans health care. Furthermore, we demand the removal of the code ‘Gender incongruence of childhood’. We consider that pre-adolescent gender diverse children do not need a diagnosis, but a supportive environment in the family, social and school contexts. So as to facilitate public coverage or reimbursement of psychological support services for those gender diverse children, family or other community members who wish to access them, we suggest the use of codes related to discrimination experiences and counselling services in the Chapter ‘Factors influencing health status and contact with health services’.

In relation to the Standards of Care SOC-7\(^9\), published in 2012 by WPATH, World Professional Association for Transgender Health, we appreciate the recognition of gender transition processes as not pathological, the use of a respectful language in most of the document, the consideration of a diversity of trajectories and health care needs, the recognition of the need for a transcultural adaptation of the SOC, as well as the condemnation of the so called reparative therapies. Nevertheless, we critique the application of psychopathologizing diagnostic categories, the continued recommendation of a psychological-psychiatric assessment model, the requirement that "patients have lived continuously for at least 12 months in the gender role that is congruent with their gender identity” (p. 21), as well as the use of a pathologizing terminology in the chapter on intersexuality. For the ongoing SOC-8 elaboration process, we demand the substitution of the assessment model by an approach based on information, accompaniment and informed decision-making, as already implemented in public health care systems and health centers of several countries.

Regarding legal gender recognition, we observe advancements in gender identity laws passed over the last few years. After the approval of the Gender Identity Law in Argentina in 2012, which became an international reference point, various countries have passed legal gender recognition laws without medical requirements or requests related to civil status. However, many countries still lack gender recognition legislation and/or maintain requirements in their gender identity laws that violate trans people’s human rights, among them medical requirements (diagnosis, hormone treatment, genital surgery and forced sterilization) and requests related to civil status (single status or divorce), age or nationality. Furthermore, pathologizing aspects remain in some of the recently passed gender identity laws, e.g. by maintaining medical requirements for underage people. Therefore, we demand the approval of gender identity laws without medical requirements or requests related to civil status, age or nationality that allow for a change of the name and/or gender markers by means of an

administrative act. As a future demand, we propose the removal of all gender markers from identity documents.

Finally, we positively value the passing of protective laws against discrimination on grounds of gender expression and identity in various countries. Nevertheless, ongoing discrimination, social and labor exclusion, as well as transphobic violence, remain in different world regions, including physical violence and various forms of institutional violence. Therefore, we would like to highlight the importance of legal frameworks that protect trans people’s human rights. At the same time, we identify the need for a broader social change, in the sense of a recognition, protection and celebration of diverse gender expressions, trajectories and identities.

Given that intersex people worldwide continue to experience pathologization dynamics and human rights violations, we strongly support the international intersex movement’s demands and the celebration of the Intersex Awareness Day on October 26.

We would like to express our deepest gratitude to the groups, networks and organizations in different world regions that have participated in the International Day of Action for Trans Depathologization 2017.

This year was the last Call to Action of the International Day of Action for Trans Depathologization launched by STP, International Campaign Stop Trans Pathologization.

We invite you to continue celebrating October 21 as the International Day of Action for Trans Depathologization in upcoming years, and to continue working for trans depathologization.

Stop Trans Pathologization Worldwide!

Coordination Team of STP, International Campaign Stop Trans Pathologization, October 21, 2017.

STP, International Campaign Stop Trans Pathologization
www.stp2012.info | stp2012@gmail.com | Twitter | Facebook