



WPATH WORLD PROFESSIONAL
ASSOCIATION for
TRANSGENDER HEALTH

WPATH Statement Concerning Cross-dressing, Gender-Nonconformity, and Gender Dysphoria

15 July 2014

The World Professional Association for Transgender Health (WPATH) calls for the repeal of laws criminalizing gender non-conformity and expression of transgender identity.

WPATH is an international association devoted to the understanding and treatment of individuals with gender dysphoria. Founded in 1979, and currently with over 700 physician, mental health professional, social scientist, and legal professional members, all of whom are engaged in clinical practice and/or research that affects the lives of transgender and transsexual people, WPATH is the oldest interdisciplinary professional association in the world concerned with this specialty.¹

One of the main functions of WPATH is to promote the highest standards of health care for individuals through the articulation of *Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender-Nonconforming People*. The *SOC* is based on the best available science and expert professional consensus, and the *SOC* is widely deemed to reflect the prevailing medical standards for the provision of transgender healthcare, in the broadest sense of the word, which, according to the World Health Organization includes overall well-being and quality of life. The *SOC* was originally published in 1979, and subsequent revisions were issued in 1980, 1981, 1990, 1998, 2001, and 2012 (Version 7). The *SOC* is available for download at

¹ WPATH was originally named the Harry Benjamin International Gender Dysphoria Association. The Association changed its name in 2006 to better represent the interests of the members in supporting the *health* of transsexual, transgender, and gender-nonconforming people, rather than focusing on a disease model that was rapidly being replaced by greater understanding.

http://www.wpath.org/site_page.cfm?pk_association_webpage_menu=1351&pk_association_webpage=4655.

Thus, for thirty-five years, WPATH has been articulating a professional consensus about the psychiatric, psychological, medical and surgical management of gender dysphoria. The *SOC* provides clinical guidance for medical professionals on transgender health issues, including primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services, and hormonal and surgical treatments. The WPATH *SOC* is recognized by the World Health Organization, the American Medical Association (AMA), the American Psychological Association (APA), and many other medical, mental health, legal, and social service professional associations, as well as governmental bodies in many world regions, as the authoritative standard of care for transgender health.

Gender-nonconformity refers to the extent to which a person's gender identity, role, or expression differs from the cultural norms prescribed for people of a particular sex (Institute of Medicine, 2011). Gender dysphoria refers to discomfort or distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth (and the associated gender role and/or primary and secondary sex characteristics) (Fisk, 1974; Knudson, De Cuypere, & Bockting, 2010). Only *some* gender-nonconforming people experience gender dysphoria. Transsexualism describes a particular medical approach to helping certain transgender people to achieve bodies that reflect their gender identity, which eases suffering and can improve quality of life for well-qualified patients. However, such medical treatment is not available in many parts of the world. Transgender is a self-identity label that is rapidly spreading throughout communities of gender nonconforming people around the world, but it is by no means universally accepted. Gender nonconforming people may adopt a variety of terminology to describe their experience. WPATH cautions against applying unwanted labels to individuals or groups, particularly when labels may be used to stigmatize people and limit human rights.

Some people experience gender dysphoria at such a level that the distress meets criteria for a formal diagnosis that might be classified as a mental disorder. Such a diagnosis is not a license for stigmatization or for the deprivation of civil and human rights. Existing classification systems

such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) (American Psychiatric Association, 2013) and the International Classification of Diseases (ICD) (World Health Organization, 2007) define hundreds of mental disorders that vary in onset, duration, pathogenesis, functional disability, and treatability. All of these systems attempt to classify clusters of symptoms and conditions, not the individuals themselves. A disorder is a description of something with which the person might struggle, not a description of the person or the person's identity.

Unfortunately, there is stigma attached to gender-nonconformity in many societies around the world. Such stigma can lead to prejudice and discrimination, resulting in "minority stress" (I. H. Meyer, 2003). Minority stress is unique (additive to general stressors experienced by all people), socially based, and chronic, and may make transsexual, transgender, and gender-nonconforming individuals more vulnerable to developing mental health concerns such as anxiety and depression (Institute of Medicine, 2011). In addition to prejudice and discrimination in society at large, stigma can contribute to abuse and neglect in one's own relationships with peers and family members, which in turn can lead to psychological distress. However, these symptoms are socially induced and are not inherent to being transsexual, transgender, or gender-nonconforming. Thus, transsexual, transgender, and gender-nonconforming individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable, and for which various treatment options are available. The existence of a diagnosis for such dysphoria often facilitates access to health care and can guide further research into effective treatments. Treatment must be individualized, and should be carried out by health care providers trained in transgender health care delivery within their particular specialty.

Gender-nonconformity exists in every known culture. In some cultures, for some people, the pressure to conform to assigned gender roles may be intolerable; conversely, for some transgender-identified people, try as they might to conform to roles expected for them, people around them always perceive them as differently-gendered: they may be perceived as homosexual, or as members of the sex group opposite that to which they were assigned, no matter how hard they try to meet the expectations of others based on assigned birth sex. These conflicts, though relatively rare, are extremely painful for those who experience them.

Because these experiences occur regardless of race, class, or culture, it is reasonable to think of the phenomenon as basic to human existence. Therefore, WPATH has urged the avoidance of pathologizing gender variance: scientific and medical evidence indicates that gender variance should not be regarded as something wrong or something to be corrected because of beliefs or assumptions about gender or sex. For those transgender people who come to realize that their best hope of survival is to live as a member of the sex to which they were not assigned at birth, the decision to do so is not undertaken easily: There are many difficulties to be overcome, and many people do not understand the transgender condition, which leaves gender-nonconforming, transsexual, and transgender people at risk for harassment and abuse. Cross-dressing, for example, is not inherently a manifestation of pathological or criminal behavior. People may cross-dress for a variety of reasons. A transsexual or transgender person wearing the clothing of “the opposite sex” is not cross-dressing, but is dressing in conformity with their core gender identity, a psychological feature common to all persons. Yet in some settings, to be perceived as cross-dressing can result in legal consequences, imprisonment, and physical danger.

As an international multidisciplinary professional association, the mission of WPATH is to promote evidence-based care, education, research, advocacy, public policy and respect in transgender health. WPATH recognizes that health is dependent upon not only good clinical care, but also social and political climates that provide and ensure social tolerance, equality, and the full rights of citizenship for transgender, transsexual, and gender nonconforming people.

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