Gender Madness in Psycho-Politics:
Transgender Children Under Fire

Gender Infinity
Houston, Texas
September, 2016

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Truth or Consequences, NM

Photo by Kelley Winters

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In 2008, I authored this book about stereotypes of mental defectiveness that defame trans people and undermine our human rights. Sadly, these stereotypes remain ubiquitous and harmful today.
The Quadrumvirate of Anti-Trans Defamation

- Raymondian
- McHughian
- Blanchardian
- Zuckerian

my little taxonomy of false stereotypes about trans adults, adolescents and children, crediting the individuals responsible for searing them into public consciousness.
"deceptive"
"predatory"
"men"

Dr. Janice Raymond
University of Massachusetts in Amherst
"delusional" "confused," "mentally ill" "collaboration with mental disorder."

Johns Hopkins University

McHughian Stereotype (1979)

Dr. Paul McHugh
John Hopkins University
Blanchardian Stereotype (1989)

"paraphilic men" “autogynephilia”
or “homosexual men” (self-hating)

Dr. Ray Blanchard Clarke Institute of Psychiatry
Zuckerian Stereotype (2005)

80% GIDC/gender dysphoria "desistance"

“therapeutic intervention” “setting limits”

Dr. Kenneth Zucker Clarke Institute of Psychiatry
Unprecedented systemic, strategic attacks on trans people and especially trans children
“Fix society. Please” --Leelah Alcorn, 1997-2014

the consequences of these stereotypes are tragic, especially for our most vulnerable youth.
Attack Strategy: legislation, litigation and misinformation aimed at

- Public Accommodation
- Documents & Records
- Medical Care Access
- Conversion Psychotherapy
Texas attack on school access

“complying with [Federal Title IX] mandates would force the district to sanction unsafe spaces”

(Ken Paxton, 2016)
Architects of systemic public policy attack

- Family Research Council
- Southern Baptist Convention
- Heritage Foundation
- Republican Party

The FRC authored the 2013 blueprint for political, social, and media attack followed by US extremists nationwide.
“Ideally, the law would forbid government recognition in any way… of any change in an individual's biological sex as identified at birth.”

(O’Leary & Sprigg, 2015)

satire example, Rogers 2012
The theo-psycho-medical-political maelstrom

What is the role of policymakers in reducing harm from ambiguous, or biased policy?
The state of trans-related medical policies

sidewalk art, Beunos Aires, 2013

Photo by Kelley Winters Images Photography
WPATH Standards of Care Ver. 7

De-psychopathologization

Gender conversion unethical

Informed consent principles

Expanded role for medical providers

Age flexibility for hormone Rx

positive progress
“In most children, gender dysphoria will disappear before or early in puberty.” (p. 12, 2011)
Gender Identity Disorder became F64.1 Gender Dysphoria in the DSM-5.

Transvestic Fetishism expanded to Transvestic Disorder.
The ICD-11

Chapter: Conditions Relating to Sexual Health

Gender Incongruence of adolescence and adulthood replacing GID/TSism

Gender Incongruence of childhood replacing GIDC

controversial
Origins of exclusive childhood nosology

DSM-III (1980) Psychosexual Disorders:

- Transsexualism (sexual deviance stereotypes)
- Gender identity disorder of childhood (behavioral conditioning stereotypes)

separate childhood Dx historically linked to conversion Tx
The ICD-10 Clinical Modification (CM)

Coding for all American health care settings

Effective October, 2015

Based on 1992 ICD-10 and 2013 DSM-5
Transition codings in the 2017 ICD-10-CM

Chapter 5: Mental, Behavioral and Neurodevelopmental disorders (F01-F99)

Disorders of adult personality and behavior (F60-F69)

F64.0    Transsexualism
F64.1    Dual role transvestism
F64.2    Gender identity disorder of childhood
Gender Identity Disorder is now F64.1
F64.0 Gender Dysphoria in the DSM-5.

typo in the DSM-5 linked transition care to “dual-role transvestism” in ICD-10-CM
In 2018 most of the world will use ICD-11 codes. But the US will not be alone in associating transition care with mental illness.
A strategy of our own

False Stereotypes

Medical Policy

Hate Groups

Public Policy

medical policy reform remains critical
Strategic medical policy issues for the 20-teens

*my own wish list...*

- SOC7: clarify childhood “desistance” myth
- SOC7: public statement on conversion Tx
- DSM-5: clarify childhood “desistance” myth
- DSM-5: remove “Transvestic Disorder” Dx
- ICD-11: converge Gender Incongruence Dxs
- ICD-10-CM: align transition Dx to ICD-11
- HHS/CMS: National Coverage Determination
A call to action

Attention to medical policy reforms that clarify evidence, reduce harm, and benefit health and mortality is as urgent in today’s world as ever. It is an essential step in fixing society for all of the Leelah Alcorns in our midst.
“It is not the butterfly's place to lecture the entomologist; it may feel pain whilst being pinned to a corkboard, but it had best keep that to itself.”
(Élise Hendrick, National Women's Studies Association Conference, 2008)
join me here for slides, references, updates, and opportunities for collaboration