Accepted: 5 August 2022

DOI: 10.1111/chso.12625

ORIGINAL ARTICLE

Children & Society ncb WILEY

Depathologising diversity: Trans children and families' experiences of pathologisation in the UK

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Abstract

In January 2022 the World Health Organization removed transgender identities from categorisation as a mental illness, marking a significant global shift from the pathologisation of gender diversity. However, a legacy of pathologisation of trans identities continues to impact trans lives, particularly on trans children. Informed by qualitative data from 30 families with trans children, this article examines the continued impacts of pathologisation on trans children and families in the UK, exploring how pathologisation manifests at individual, institutional and societal levels. The article advocates for trans depathologisation as a critical priority for child rights and social justice.

KEYWORDS
children, diversity, justice, pathologisation, transgender

BACKGROUND

Across the globe, growing numbers of transgender children are being supported to live authentically in childhood (Ehrensaft, 2016; Roche, 2020). The global healthcare consensus now recognises trans identities, including in childhood, as an expected and valued part of human diversity (Telfer et al., 2018). Where in the past childhood non-conformity was pathologised as 'disordered', with trans and gender diverse children routinely subjected to coercive and harmful conversion practices, modern research endorses the importance of childhood acceptance and support for trans children (Bryant, 2006; Gill-Peterson, 2018; Lopez et al., 2017; Murchison et al., 2016; Telfer et al., 2018). In January 2022, depathologisation of trans identities was finally translated into global World Health Organization policy, with gender diversity removed from categorisation as a mental health disorder

(World Health Organization, 2021). The importance of that global policy shift makes the year 2022 a critical moment for taking stock, for analysis and evaluation of achievements in and commitments to trans depathologisation.

History of pathologisation

Pathologisation is the construction of people's 'behaviour or characteristics as pathological or disordered' (Ansara & Hegarty, 2012, p. 142). Pathologisation (or psycho-pathologisation) is a term used to describe the manner in which non-standard identities are defined by authorities as being medically disordered (Gill-Peterson, 2018; Inch, 2016). Homosexuality was designated a mental disorder in the World Health Organization's International Classification of Disease (ICD) up until 1973, with this classification impacting upon how sexual minorities were viewed and treated across society (Meyer, 2003). Depathologisation of homosexuality in the ICD had widespread ramifications across disciplines 'in not only psychology, but biology, law, sociology, religion and politics', underpinning action to reduce discrimination and protect civil liberties (Robertson, 2004, p. 163). Whilst homosexuality was depathologised, gender diversity was explicitly categorised as disordered and pathological in international medical standards like the World Health Organization's International Classification of Disease right up until the latest version of ICD, ICD-11, that came into effect in January 2022 (Meyer et al., 2002; World Health Organization, 1992, 2021).

Prior to ICD-11, childhood gender diversity was explicitly pathologised, with the once named 'Gender Identity Disorder of Childhood' categorised in a chapter on mental and behavioural disorders (Winter, 2021). Decades of research and practice aimed to cure or prevent gender diversity, a damaging approach with severe consequences for trans and gender diverse children (Ashley, 2019, 2022; UN Human Rights Council, 2020). Assumptions that poor mental health were intrinsic to mentally disordered gender minorities, meant that efforts to 'help' such minorities focused on attempts to suppress or change their identity, rather than efforts to tackle areas of discrimination or persecution (Meyer, 2015; Testa et al., 2015). Pathologising gender clinicians deemed it easier and better to (try to) change a child's identity or expression, than to reform wider society to be accepting of diversity (Bryant, 2007; Gill-Peterson, 2018).

Movement for depathologisation

Across the twentieth century and into the present, trans communities from around the world have fought against pathologisation (Davy et al., 2018; Gill-Peterson, 2018; Global Action for Trans* Equality., Global Action for Trans* Equality, 2013; Tosh, 2011). Depathologisation refers to 'the removal of diagnostic classification and clinical practices that conceptualise sexual, gender and bodily diversity as a mental disorder, illness or malformation', alongside recognition of diversity as a human right worthy of celebration (Suess Schwend et al., 2018, p. 1594). Since 2009, the International Campaign to Stop Trans Pathologisation coalesced activism in an International Day of Action Against Trans Pathologisation (Suess Schwend, 2020). This campaign prioritised depathologisation of gender diversity in childhood, highlighting the need for reform across contexts including within the family, society, school and healthcare (Davy et al., 2018; Suess Schwend, 2020).

There has been some progress in a movement towards depathologisation over the past decade, particularly within some areas of healthcare policy. Within psychiatry, there is growing commitment to 'complete depathologisation—uncoupling gender diversity from the stigma of diagnostic classification and clinical practice suggesting illness or disorder' (Perlson et al., 2021, p. 1). Gender

affirmative approaches that celebrate diversity have been endorsed by leading global and national healthcare bodies (AusPATH, 2021; Murchison et al., 2016; Oliphant et al., 2018; Telfer et al., 2018; World Health Organization, 2021). Trans identities were removed from categorisation as a mental health disorder in ICD-11 (World Health Organization, 2021). This recategorisation followed much debate on whether childhood gender diversity should be categorised at all in ICD (Global Action for Trans Equality, 2012; Suess Schwend et al., 2018). A compromise position resulted in a newly defined 'gender incongruence of childhood' removed from categorisation under mental health disorders, joining 'gender incongruence of adolescence and adulthood' in a new chapter on sexual health (Winter, 2021). As ICD-11 comes into effect from January 2022, healthcare bodies across the globe are now tasked with putting this paradigm shift into policy and practice (World Health Organization, 2021). 'Medical professionals, policy makers, academics and practitioners have a duty to end the pathologisation' of trans identities (Inch, 2016, p. 193). Research has shown that the belief that trans people are mentally ill is the most powerful factor underpinning anti-trans prejudice, with continuing pathologisation legitimising and reinforcing discrimination (Winter et al., 2009).

Depathologisation at the global level of the World Health Organization will only be a significant step towards meaningful depathologisation if that global policy change feeds into national and sub-national policies, attitudes and practices (Murray, 2019b). Pathologisation was for many decades endorsed and legitimised within medical practice and social policy, with areas of pathologisation often unacknowledged or covert, and thus harder to acknowledge and dismantle (Global Action for Trans Equality, 2012). Pathologisation remains deeply ingrained across wider institutions, systems and societies, with pathologising narratives, regulations, laws and approaches commonplace (Global Action for Trans Equality, 2012). O'Connor (2019, para. 8) emphasises that 'although psycho-pathologisation of trans people is due to be removed from the ICD of the WHO, it will take longer to change social, political and medical systems that continue to pathologise trans people'.

UK context

Even as global medical consensus has moved towards trans positivity, affirming childhood gender diversity as a part of human diversity to be celebrated, the legacy of pathologisation remains (American Psychological Association, 2015; Ashley & Domínguez, 2021). Murray (2019b, sec. 5) describes the continued influence of pathologisation on the current UK and Irish trans healthcare services as 'an echo of that dark past', noting that 'the continued treatment of trans identity as a mental health condition harms our communities, young and old'. In terms of trans children's healthcare, the basic model of gender healthcare for trans children in the UK has not changed since the days when childhood gender diversity was explicitly labelled a disorder in need of prevention or cure (Akkermans, 2018). Children's gender services remain housed in mental health facilities run by psychoanalysts (Horton, 2021, 2022b). Pathologisation within clinical and academic discourse across several decades has reinforced and legitimised pathologisation of trans children in wider society (Ansara & Hegarty, 2012). Examples of pathologisation can be seen in UK media discourse around trans youth, with terminology describing transitude as a 'plague', 'epidemic' or talking of 'contagion' (Thornton, 2021). Language of transitude as an epidemic or as a problem may be regarded as an indicator of embedded pathologisation and trans-negativity in UK society.

A paradigm shift from childhood gender diversity as pathologised and problematic to childhood gender diversity as a valued or celebrated part of human diversity has profound implications for UK social policy across diverse spheres. With ICD-11 now in effect (from January 2022), it is vital for us to understand how decades of trans pathologisation have shaped UK society, and how such pathologi-

sation manifests in the lives of trans children in the UK today. Such analysis can shine a light on areas of enduring pathologisation of trans children, helping identify priorities for embedding depathologisation in UK social policy and practice.

Research focus

This study aims to increase our understanding of the diverse ways in which childhood transitude may be pathologised in the UK, drawing on the experience of supportive parents of trans children. The research builds upon existing literature focused on the experiences of parents and families of trans children. Literature has examined parents, and particularly mothers' experiences of direct pathologisation in UK children's gender services (Horton, 2021). A growing body of work has examined the challenges parents experience when defending and advocating for the rights of trans children, facing attitudinal, systemic and cultural barriers across diverse spheres including in families, education and healthcare (Brill & Pepper, 2008; Neary, 2021; Rahilly, 2015). Other research has examined how the toll of challenging cultural and systemic barriers to the inclusion of trans children places supportive parents under substantial stress (Hidalgo & Chen, 2019; Johnson & Benson, 2014). Research by de Bres (2022) has examined how pathologisation narratives have shaped research on the experiences of parents of trans children, with older framings of childhood gender diversity as inherently a problem giving way more recently to research that relocates the problem to wider society, considering the impacts of attitudes, institutions and policies on trans children. This study complements the existing literature, drawing upon a unique dataset to explore how pathologisation of childhood gender diversity manifests and impacts trans children and their families. It focuses on listening to the perspectives and experiences of a unique sample of parents with experience raising a socially transitioned pre-pubertal trans child in the UK. This positionality provides the parents in this sample with a unique window into how childhood transitude is viewed across UK society. The study addresses two research questions:

1. How do families with trans children experience pathologisation of childhood transitude?
2. What implications do experiences of pathologisation have for UK policy and practice?

METHOD

Participants

Thirty parents were interviewed from across England, Scotland and Wales. 100% of interviewees were cis, 90% were white, 93% were female and 23% were disabled. In terms of sexual orientation, 60% of parental interviewees were heterosexual, 23% pansexual, 10% bisexual and 7% gay or lesbian. Interviewees shared parental experiences with 30 socially transitioned trans children including 15 girls, 12 boys and three non-binary children. Their children had socially transitioned at an average age of 7 years (range 3–10 years), and at time of parental interview, their children were on average age of 11 years (range 6–16 years).

The inclusion criteria for parental interviewees were (a) being a parent or carer of a socially transitioned trans child in the UK, (b) their child having socially transitioned under the age of 11 years, (c) their child currently being under age 16. To recruit parental participants, details about the study were shared on closed online spaces in six UK support groups for parents of trans children. Access to hard-to-reach families and children was enabled by the author's positionality as a non-binary

parent of a trans child, helping overcome trust-related barriers to hearing from this cohort. The research received ethical approval from the author's university and built-in ethical best practices for trans-related research (Adams et al., 2017; ITHF, 2019; Vincent, 2018). Significant attention was given to interviewee anonymity, avoiding pseudonyms and not linking child ages to specific quotes to protect against patchwork identification. Research participants received a project information sheet in advance, outlining the purpose of the research, their rights and how their data would be used, with all interviewees providing written informed consent.

Data collection

Interviews were conducted remotely via Microsoft Teams during the period December 2020 to November 2021. Semi-structured interviews covering broad topics including healthcare, education and families lasted 1–3 h (average 2 h), with the key questions shown in Table 1. Pathologisation was not an explicit line of questioning in the data collection, but was identified as a cross-cutting theme in the data analysis. Interviews utilised broad open-ended questions, allowing interviewees to talk openly and at length around each topic. Interviews were recorded and transcribed by the author. Transcripts were checked against the recording, with anonymised transcripts uploaded into NVivo for qualitative analysis.

Data analysis

Data were analysed through reflexive thematic analysis (Braun & Clarke, 2006) to understand parental experiences. The overall data corpus was inductively coded and experiences of pathologisation were identified as a key cross-cutting theme, prompting this present analysis. For this study, the overall data corpus was examined to identify explicit or implicit references to experiences of or encounters with pathologisation. Data coded as related to pathologisation were collated and re-read. This subset of data was then deductively coded, distinguishing between individual, institutional and societal experiences of pathologisation, whilst also exploring data-driven sub-themes within each component, applying both semantic and latent coding (Braun & Clarke, 2006). The initial sub-themes were reviewed and revised to ensure they were internally coherent, consistent, distinctive and accurately capture the dataset. The accompanying analysis is recognised as the author's interpretation, acknowledging the role of any researcher in actively interpreting data (Braun & Clarke, 2006).

FINDINGS

Findings are presented in three levels, considering experiences of pathologisation at individual level, within institutions and across society.

TABLE 1 Key interview questions

- What has been your experience with primary and secondary school?
- What has been your experience with specialist gender services?
- What has been your experience with wider healthcare?
- How have you found the experience of supporting your child?
- Have you faced any particular challenges?

Individual manifestations of pathologisation

Parents discussed experiences of pathologisation within families and across local communities.

Family pathologisation

The supportive parents in this sample highlighted how pathologising assumptions about transness led to conflict and relationship breakdown within families. A majority of parents in this sample described at least one significant family member or close friend holding pathologising beliefs and criticising parental support for a trans child. One parent emphasised 'family relationships have been really difficult'. In many situations where close friends or family held pathologising attitudes, this culminated in the breakdown of relationships.

> I lost a really dear friend over this (supporting my child's identity), he kind of felt that [5-year-old child] was manipulating me.

In a number of cases, pathologising attitudes about transness contributed to family fracture, for example, where grandparents could not accept affirming a trans child.

> (Grandparents) they disowned us… they blamed me entirely… I allowed him to wear boys swimming shorts at the swimming pool, I allowed him to have his hair cut, therefore, I had made him trans.

Parents perceived such breakdown in family or community cohesion as grounded in deeply held pathologisation narratives, with family or friends convinced that childhood transitude was a sign of mental illness, and that support for trans children was inappropriate or even abusive. In several cases, parents had received family pressure to engage in abusive and harmful conversion practices, encouraging parents to deny their child's identity or advocating for 'therapy' to teach their child to accept their assigned gender. In many cases, trans children were aware of transphobic attitudes held by family members, with examples of family members expressing pathologising and offensive views in front of trans children.

> She's had a member of her own family tell us we were—say that we were bad parents in front of her and say that if she told us she was a dog would we let her eat out of a bowl on the floor. So, she knows people in her own family can be you know, really anti-trans.

Where pathologising attitudes were held by grandparents, family fracture was a source of ongoing pain for parents and trans children. Parents reported trying to maintain children's self-esteem by emphasising that it is not their child's transitude, but family member ignorance or bigotry that drove family fracture.

Local community pathologisation

Many parents in this sample had encountered pathologising assumptions or beliefs about transness within their local community.

> Initially, it was difficult. I've been called a child abuser and all sorts.

In a number of examples, community members reacted to supportive parents with suspicion or judgement. In other cases, community members reacted to supportive parents with anger.

> I had a mum march up to me…. And she said, did you want to have a boy? Is that why you've done that to her?

Interviewees described harassment and verbal abuse, as well as community members reporting supportive parents to social services simply for allowing freedom in gender expression (clothing, hairstyle) or for respecting a child's pronoun or identity.

> There were some periods where we had, like abuse shouted at us in the streets. And we had lots of complaints put into the school about us. We had malicious referrals to social care.

Parents noted community members having emotive responses even to the word transgender being used about a child.

> I think some people are sometimes afraid of the word transgender. I remember. Just mentioning it to someone and they're like, oh, you know, we would never call [Child] that.

Many parents reported being ostracised from a community or friendship group, particularly where other parents did not want their own children to socialise with a trans child. Some community members reacted as though transness was contagious, as though proximity to a trans child would cause another child to be confused about their gender.

> There was a girl whose parents were uncomfortable about my child transitioning. And had said, I don't want her using the girls' toilets, because that might make my child confused about her gender.

Interviewees felt such concerns were rooted in negative assumptions about transness, as though transness was pathological and something children needed to be protected from.

Institutional Pathologisation

The second theme considers evidence of professional and institutional pathologisation of trans children, with sub-themes considering pathologisation within the field of education, healthcare or law.

Pathologisation within healthcare

Within generalist healthcare, parents described professionals who acted and spoke in ways that indicated pathologising assumptions. Numerous parents shared examples of healthcare professionals reacting to a trans child or supportive parent negatively or with hostility. Several parents speculated that pathologising assumptions, ignorance and fear were driving poor reactions, with such profession-

als considering trans children as inherently a problem. Several parents felt that the NHS overall was still set up on assumption of childhood transitude being a problem or a mental health issue.

> I can remember about so many years ago CAMHS (Child and Adolescent Mental Health Service) decided that being trans wasn't a mental health issue. I mean, the therapists are lovely, but I'm not sure really what their role is for people like [Child] who, who knows who he is… You know, it's an extra medicalization of it. Isn't it? Extra talk therapy. He's always hated going…. He's never sort of wanted to go.

As explored by the author elsewhere, specialist gender services continue to demonstrate pathologising approaches both towards trans children (Horton, 2022b) and their parents (Horton, 2021). Several parents had encountered GPs or secondary health professionals who expressed pathologising attitudes, dismissing childhood identities or critiquing parents for supporting a trans child. Where parents encountered healthcare professionals providing pathologising and harmful advice on trans children, parents found healthcare trusts unresponsive to complaints, with no sectoral commitment to depathologisation.

> [Healthcare professional] wrote a report, a copy of which went to school… and there are about six recommendations, making sure that [Child] is 'reminded of her biological reality', and making sure that adults and other children you know, around her, are reminded… We've made a complaint to the trust… the trust basically sent one back saying, you know, she can do no wrong really. She's our trusted professional in this area. She's had all the training.

Pathologisation within education

Within education, families encountered pathologising attitudes about childhood transitude. Several families described school head teachers not permitting a trans child to socially transition (e.g. change pronoun) at school without a psychological diagnosis.

> The school were very much like, if you can get a diagnosis, like let's medicalize this, and as soon as we get this bit of paper that says, this is a medical condition. But you know, at the same time, the World Health Organization were saying, hey, guys, this is an identity, this is not a medical issue.

In more cases, schools agreed to accept a trans child on the condition the child was enrolled in NHS gender services and seeing NHS psychologists.

> (Head teacher wanted confirmation) that we've been through CAMHS (Child and Adolescent Mental Health Service) that we'd, we'd had backing by a GP, that we'd, we'd had a diagnosis. He wanted to know that we were in the system and being diagnosed.

Pathologisation of trans children across schools was also visible in how school teachers or leaders approached transitude. In one school, a trans pupil was banned from using the word trans to describe themselves for several years.

> The school said he's not allowed to say to anyone that he's trans…. Don't use those words. That remained the case for a few years in primary school.

Another school sent out a letter informing parents of a child's transition, whilst reassuring parents the word trans had not been used in front of their young children, revealing pathologising assumptions about transness, that the school leadership felt even the word trans was inappropriate for a trans child's peers to know about.

Pathologisation within legal services

Families also described encounters with pathologising professional attitudes in legal and child protective services. One parent, whose co-parent disagreed with a simple first name change, experienced a full day's court process, including testimony from five professionals including psychologists, just to gain court approval for a first name change for a trans adolescent.

> (First name change) it's a very, very lengthy process, very intrusive…. doctors and (Endocrine clinic), (Gender Clinic) and the school, it was five professionals that had to provide a statement to say why they think [Child] should change her name. We had the final hearing and it was an all-day hearing…. My understanding was that—I was told to change your first name of your child is a fairly straightforward process (normally). It was, it was—some of it was politicised—it was to do with the Keira Bell case and you know, the way that our children are treated, and the justification that I have to go through on [Child's] behalf just to change the name that's been used for the last 5 or 6 years is mind blowing. It was really very difficult for us. But we knew that we had to do it in order for the name change to go ahead.

The supportive parents in this sample had not encountered a legal challenge to their custody of their trans child, but most were aware of other families who had gone through traumatic legal challenges related to affirming a trans child. Many parents in this sample described living in fear of a legal challenge by ignorant and pathologising legal or child protective services.

> Worst case scenario is social services get involved and they don't understand where we're coming from at all… The worst-case scenario is they'll take our child away from us. I've lost faith and I've lost trust.

Parents also referenced the continuing lack of access to full legal recognition as a continued legacy of pathologisation, with trans children requiring a medical letter to enable update of their passport, and being entirely without route to updating their birth certificate.

Societal pathologisation

Parents described the ways in which pathologisation of trans children was embedded at societal level across the UK, with this section distinguishing between systemic pathologisation and media pathologisation.

Systemic pathologisation

At a systemic level, parents considered the legacy of decades where childhood transitude was defined as a pathology and disorder, noting this legacy has not been acknowledged or addressed at a systemic level across the UK establishment.

> I think a big issue is to do with how the UK Gender Service was formed… it all came from that kind of Freudian psychoanalytic background… the higher ups and the powers that be are still working within that framework … and it's allowed the, the narrative in the media to build of it being this psychological disorder, because that's what it's still treated as by the experts who are supposed to be caring for our kids.

Parents pointed to a lack of clear commitment to depathologisation of childhood transitude across the UK. Despite knowing of the global shift away from pathologisation of childhood transitude, parents did not feel they had UK institutional backing to challenge pathologising attitudes or practices. Parents noted how pathologising assumptions about childhood transitude are widespread across the UK, with no national or sectoral guidance condemning pathologisation or committing to depathologisation of trans children. Frequent exposure to pathologising individual attitudes across institutions left parents with high levels of stress in any interactions with professionals.

> The most stressful thing is that any interaction with officialdom comes with the fear of not knowing how the person that you're dealing with is going to treat you… when someone's got control over some aspect of your life, then you know, it, it's extra stressful. A doctor, a social worker, a teacher, a school nurse, they have control and they effectively, you know. We can complain … but you do feel very powerless… There's no official guidance anywhere to point to, to go here you are in the wrong. You kind of have to convince them with your own research that what they are doing is wrong.

Where parents came up against family, community, professional or institutional pathologisation, they struggled to advocate for depathologising approaches without legitimacy from sources like the NHS or national government. Several parents contrasted the UK with other countries where national health authorities spoke positively of trans children as a valued part of human diversity. Many parents expressed frustration at a lack of depathologising communication or leadership from the NHS, whilst also noting NHS practices that they felt reinforced and legitimised pathologising approaches and attitudes. Parents referenced the use within the NHS of pathologising terminology, such as talking of trans children as 'children distressed about their gender', referring to trans children with 'co-morbidities' (with the implication that being trans is itself a 'morbidity'), questioning the 'aetiology' or 'epidemiology' of trans children, or referencing non-linear transitions in terms of 'desistance', a term drawn from criminology (Serano, 2018). Parents questioned the NHS use of pathologising language about trans children, considering it both an indicator of embedded pathologisation, and a legitimiser of pathologising practices across society.

Pathologisation in media

Many parents discussed pathologising media discourse about trans children and the ways in which it perpetuated and reinforced pathologising attitudes and actions across UK society.

> Really angers me the crap narrative that's in the media that has been co-opted by the people with power…. there's no one in a position of power that's on our side. That gets it - that's… It feels like shouting into the void.

Several interviewees highlighted examples of media using explicitly pathologising language when talking about trans youth, for example, references to the much critiqued idea of 'social contagion', framing that uses language associated with pathology (Ashley, 2020; Restar, 2020; WPATH, 2018). Parents were significantly affected by what they saw as pathologising and problematising discourse in UK media, describing the stress and distress it caused them and their children.

> (Impact of public discourse) is really difficult. I basically don't follow stuff at all. And if I hear stuff on the radio I often just turn it off, because it's too upsetting to hear.

Parents saw direct links between pathologisation within media, and the challenges and pathologisation they encountered at individual and institutional levels, with deep-rooted societal pathologisation making the UK an unsafe place for trans children.

> Just—it's beyond belief this country. I'd leave in a heartbeat at the moment, I'd leave in a heartbeat—if I could. It's a persecution isn't it.

DISCUSSION

Three levels of pathologisation are presented. Within families and local communities, parents encountered a large number of pathologising attitudes or assumptions about childhood gender diversity being a problem. These attitudes were reinforced by widespread societal misconceptions, including pathologising media tropes. Pathologisation at individual level caused significant distress, rejection and isolation, causing family and community fracture. As explored elsewhere, pathologising assumptions had also prompted several parents to delay acceptance of their own children, with consequences for trans children's childhood happiness and self-esteem (Horton, 2022a). Within this sample, all interviewed parents were at time of interview supportive of their trans child. It is important to note that this sample does not include the families where parental pathologisation inspires and legitimises rejection and abuse of trans children throughout childhood.

At an institutional level, parents reported a number of encounters with professionals who held pathologising attitudes about childhood transitude. These professionals held positions of power and authority, with pathologisation at this level having significant impacts on trans children's lives in spheres like education and healthcare. At an institutional level, families and trans children encountered professionals wanting diagnosis before being willing to accept or respect the rights of trans children. In other cases, pathologisation narratives prompted professionals to treat childhood transitude as a problem or safeguarding concern. In most cases explored herein, pathologising professional practice was not explicitly mandated or part of formal institutional policy. Rather, in the absence of de-pathologising institutional policy, professional practice was influenced by pathologising attitudes and assumptions. Many professionals wanted institutional backing before taking any depathologising actions or approaches, and in the absence of institutional commitment to depathologisation many defaulted to pathologisation.

At a systemic level, parents noted a lack of clear policy-level commitment to depathologisation of trans children. Without leadership and explicit commitment to depathologisation, parents felt

un-supported in their efforts to challenge pathologising attitudes or practices. A lack of systemic commitment to depathologisation left affirmative families feeling insecure, needing to individually defend or assert the importance of depathologisation, without any wider systemic legitimacy. Respondents highlighted numerous cases where pathologisation was not explicitly mandated, but where it is 'strongly implied and enforced' as default across diverse sectors and institutions (Murray, 2019b, para. 56). Many parents spoke on how their families had been deeply affected by systemic and societal pathologisation of trans children, describing high levels of stress and precarity, of feeling abandoned and let down by institutions like the NHS. Parents raised frustration that they or their children were left alone to advocate for depathologisation of trans children, without any systemic backing, in the face of entrenched society-wide pathologisation.

Terminology appeared to be a cross-cutting indicator and legitimiser of pathologisation, with this apparent in a number of ways. Avoidance of use of the word 'trans' to describe trans children, especially for children who identify with and take pride in the word trans, is an indication of delegitimisation or problematisation of trans identities in childhood. This was noted by interviewees across different spheres, with examples of teachers, grandparents, neighbours or medical practitioners reacting negatively to the term 'trans' when applied to a child. This avoidance of recognising trans children was also noted by parents in national media, in political discourse, and in research and healthcare policy, with parents commenting on the explicit avoidance of the word trans even in healthcare discussions on children accessing gender clinics, instead focusing on 'children distressed about gender' or 'children confused about gender'. Other pathologising terminology parents noted in UK discourse about trans children includes talk of 'co-morbidity', a focus on 'desistance', research into 'aetiology' or 'epidemiology' and descriptions of 'social contagion', language that highlights entrenched pathologisation. Thornton (2021, para. 2) describes how pathologising discourse uses 'epidemiological imagery… because it couches two extremely dubious premises; being trans is contagious; being trans is harmful'.

Parents in this sample called into question why pathologisation appears to be so deeply entrenched in the UK, and why there appears to be little movement towards depathologisation of trans children. Parents shared examples suggesting continued pathologisation of trans children within UK children's gender services, also explored in other research by the author (Horton, 2021, 2022b). Parents specifically talked about what they saw as a failure in NHS leadership on the depathologisation of trans children. Whilst mainstream healthcare practice in other countries has moved away from pathologising views on gender diversity, NHS children's gender services and the NHS more broadly have less clearly distanced themselves from the problematisation of gender diversity. Parents contrasted what they had experienced in terms of embedded pathologisation in the UK, with what they had seen as efforts to celebrate and normalise trans children in some other countries. Parents felt the NHS and UK children's gender services have failed to communicate depathologisation narratives, legitimising and enabling the continued harm of pathologisation across wider UK society. Systemic failure to provide depathologising leadership can be considered an example of 'institutional betrayal' (Smith & Freyd, 2014). 'Institutional betrayal' is arguably applicable in circumstances like this, where the institutions that have legitimised and perpetuated decades of societal and systemic pathologisation fail to take action to redress that harm (Smith & Freyd, 2014).

IMPLICATIONS FOR UK POLICY AND PRACTICE

This research highlights examples of pathologisation of trans children being deeply embedded across the UK, with impacts on actions and approaches at family, community, institutional, media and societal levels. In this section, we look forwards, to consider how we take positive steps towards a future

where the principles of depathologisation of childhood transitude endorsed in WHO ICD-11 can be realised across the UK. Recommendations are considered across three areas, considering leadership, action and depathologisation without ableism.

Commitment and proactive leadership on depathologisation

In other countries, leadership for depathologisation of trans children has come from trans communities, from paediatricians and from primary care practitioners (Abreu et al., 2021; Akkermans, 2019; Ashley & Domínguez, 2021; Winter et al., 2016). Countries like Argentina have approached depathologisation from a human rights or child rights perspective, prioritising equality and justice (Suess Schwend, 2020). In the UK, trans communities have long been advocating for depathologisation, often in the face of heavily pathologising narratives from the NHS, from government and from the UK media (Davy et al., 2018). As ICD-11 comes into effect from January 2022, this prompts an important question on roles and responsibilities. How is the NHS is going to enable depathologisation of trans children within healthcare and across wider society? Who can drive forward systemic and societal action to overcome deeply embedded pathologisation? Given past pathologisation was driven through psychology, psychiatry and healthcare, all of which falls within the domain of the NHS in the UK, the NHS arguably holds ultimate responsibility for addressing and dismantling this harmful legacy.

In the absence of leadership and commitment at national or NHS level, professionals across diverse spheres can do more to speak up against pathologisation. Professionals across diverse sectors can scrutinise institutional policy and practice, to ensure trans children are accepted, celebrated and normalised without pathologisation. Professionals in healthcare, education, social and legal services can actively challenge policies and practices that problematise trans children. Professionals can draw attention to policy gaps, where an absence of depathologising policy commitments facilitates the persistence of pathologising practice. Action at institutional level without the backing of the NHS is likely to be challenging. Professional associations can add their voices to a call for greater NHS commitment and leadership on upholding a duty of care to trans children, including commitment and leadership on depathologisation. The absence of institutional action across the UK to take responsibility for depathologisation continues to harm trans children, and action to address this harm needs to be taken up as a child rights concern.

Strategic communication and action on depathologisation

Across the examples of pathologisation examined in this study, pathologising approaches were rarely explicitly mandated in policy and never acknowledged as pathologisation—there were no policies on 'pathologisation of trans children' that can simply be removed. Rather, pathologising approaches were implicit and unacknowledged, an assumed default that was hard to address or overcome. This finding highlights a need for strategic communication and targeted action to enable meaningful depathologisation in the UK. Professionals, particularly in NHS leadership, need to play a role in clearly communicating depathologising narratives to UK media and UK communities, normalising and celebrating trans children. Assertive trans positive public-faced communication efforts about trans children are needed, recognising and starting to address the deeply entrenched pathologisation that has, with NHS legitimisation, become embedded across UK society.

Professionals across diverse spheres can also take action to address vestigial pathologisation of trans children, identifying and tackling areas where pathologisation is embedded into institutional

approaches, systems or attitudes. Depathologisation needs to be an explicit institutional commitment, ensuring professionals know they have institutional backing for depathologising practice and enabling institutional accountability for the harms of pathologising practice. Strategic action on depathologisation needs to be genuinely prioritised, resourced and put into action, with implications for training, for policy and for practice. Individual sectors working with trans children and their families can start by examining their ways of working through a lens of pathologisation, considering whether processes and assumptions would stand up to scrutiny in a post-pathologisation world. Sectors can also embed depathologisation into their commitments and complaints mechanisms, instilling confidence that pathologising approaches are not acceptable in modern practice.

Depathologisation without ableism

Depathologisation is herein upheld as an important policy priority, recognising the continued harms of treating transitude as a mental illness. At the same time, it is important to recognise the risk of depathologisation narratives reinforcing and propagating ableism. Human rights scholars, including disabled and neurodiverse trans scholars, have emphasised the importance of upholding the rights of all people, including trans people with mental health, developmental or learning disabilities (Murray, 2019a). Anti-trans actors attempt to challenge and dismiss trans rights, especially trans children's rights, based on an inaccurate claim that being trans is a mental illness (Thornton, 2021). When challenging this misguided characterisation of transitude, it is important to avoid ableism. Thornton (2021, para. 5) emphasises that 'when transphobes dismiss being trans as a mental illness, can we challenge the use of "mental illness" as a category for those who are not to be taken seriously, those who can be dismissed and thrown away?'. Thornton (2021, para. 4) and others caution against efforts to destigmatise transness in a way that further stigmatises mental illness, highlighting the injustices in efforts that elevate '(non-mentally ill) trans people within the social hierarchies of domination, on the backs of mentally ill people, including mentally ill trans people'.

CONCLUSION

This article has examined experiences of pathologisation of trans children within the UK, contrasting current pathologisation with recent global policy shifts to depathologisation. The study adds to existing literature, outlining examples of pathologisation of trans children at individual, institutional and societal levels. These examples highlight the harms that pathologisation imposes on trans children and their families, drawing attention to depathologisation as a priority for trans children's equality and well-being. However, as commitments to trans depathologisation take effect in global healthcare policy, the pathway to depathologisation of trans children in practice across and beyond the UK is far from clear (Winters, 2022). Trans children need to be protected from ongoing psycho-pathologisation, necessitating proactive commitment, leadership and action. Trans depathologisation needs to be considered a critical priority for child rights and social justice.

FUNDING STATEMENT

This study was conducted as part of the author's PhD. The PhD was self-funded, with a Goldsmiths University of London Department of Education bursary covered half of the PhD fees.

CONFLICT OF INTEREST

The author declares no conflicts of interest.

DATA AVAILABILITY STATEMENT

Research data are not shared.

ETHICAL APPROVAL

The research received ethics approval from the author's university.

PATIENT CONSENT STATEMENT

All interviewees provided written informed consent.

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REFERENCES

Abreu, R. L., Sostre, J. P., Gonzalez, K. A., Lockett, G. M., & Matsuno, E. (2021). "I am afraid for those kids who might find death preferable": Parental figures' reactions and coping strategies to bans on gender affirming care for transgender and gender diverse youth. *Psychology of Sexual Orientation and Gender Diversity*. https://doi.org/10.1037/sgd0000495

Adams, N., Pearce, R., Veale, J., Radix, A., Castro, D., Sarkar, A., & Thom, K. C. (2017). Guidance and ethical considerations for undertaking transgender Health Research and institutional review boards adjudicating this research. *Transgender Health*, *2*(1), 165–175. https://doi.org/10.1089/trgh.2017.0012

Akkermans, R. (2018). The UKgender identity clinic for young people. *The Lancet Child & Adolescent Health*, *2*(12), 851. https://doi.org/10.1016/S2352-4642(18)30347-X

Akkermans, R. (2019). Michelle Telfer. *The Lancet Child & Adolescent Health*, *3*(8), 524. https://doi.org/10.1016/S2352-4642(19)30208-1

American Psychological Association. (2015). Supporting transgender and gender diverse students in schools [Data set]. *American Psychological Association*. https://doi.org/10.1037/e527522015-001

Ansara, Y. G., & Hegarty, P. (2012). Cisgenderism in psychology: Pathologising and misgendering children from 1999 to 2008. *Psychology & Sexuality*, *3*(2), 137–160. https://doi.org/10.1080/19419899.2011.576696

Ashley, F. (2019). Homophobia, conversion therapy, and care models for trans youth: Defending the gender-affirmative approach. *Journal of LGBT Youth*, *1–23*, 361–383. https://doi.org/10.1080/19361653.2019.1665610

Ashley, F. (2020). A critical commentary on 'rapid-onset gender dysphoria'. *The Sociological Review*, *68*(4), 779–799. https://doi.org/10.1177/0038026120934693

Ashley, F. (2022). *Banning transgender conversion practices*. UBC Press.

Ashley, F., & Domínguez, S. (2021). Transgender healthcare does not stop at the doorstep of the clinic. *The American Journal of Medicine*, *134*(2), 158–160. https://doi.org/10.1016/j.amjmed.2020.09.030

AusPATH. (2021). Public statement on gender affirming healthcare, including for trans youth. AusPATH. https://auspath.org/gender-affirming-healthcare/

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Brill, S., & Pepper, R. (2008). *The transgender child: A handbook for families and professionals*. Cleis Inc.

Bryant, K. (2006). Making gender identity disorder of childhood: Historical lessons for contemporary debates. *Sexuality Research & Social Policy*, *3*(3), 23–39. https://doi.org/10.1525/srsp.2006.3.3.23

Bryant, K. (2007). The politics of pathology and the making of gender identity disorder. University of California. https://search.proquest.com/openview/06f10cc9e9b63c310197fbe32694883e/1?pq-origsite=gscholar&cbl=18750&diss=y

Davy, Z., Sørlie, A., & Schwend, A. S. (2018). Democratising diagnoses? The role of the depathologisation perspective in constructing corporeal trans citizenship. *Critical Social Policy*, *38*(1), 13–34. https://doi.org/10.1177/0261018317731716

de Bres, J. (2022). Research on parents of gender-diverse children: From pathologization to affirmation. *LGBTQ+ Family: An Interdisciplinary Journal*, *18*(2), 135–150. https://doi.org/10.1080/27703371.2022.2058669

Ehrensaft, D. (2016). *The gender creative child: Pathways for nurturing and supporting children who live outside gender boxes*. The Experiment. Hachette. ISBN 1615193073, 9781615193073.

Gill-Peterson, J. (2018). *Histories of the transgender child*. University of Minnesota Press.

Global Action for Trans Equality. (2012). It's time for reform: Trans health issues in the international classifications of diseases, a report on the GATE experts meeting the Hague November 16–18, 2011. GATE.

Global Action for Trans* Equality. (2013). Critique and alternative proposal to the gender incongruence of childhood category in ICD 11.

Hidalgo, M. A., & Chen, D. (2019). Experiences of gender minority stress in cisgender parents of transgender/gender-expansive prepubertal children: A qualitative study. https://journals.sagepub.com doi/abs/10.1177/0192513X19829502

Horton, C. (2021). "It felt like they were trying to destabilise us": Parent assessment in UKchildren's gender services. *International Journal of Transgender Health*, 1–16. https://doi.org/10.1080/26895269.2021.2004569

Horton, C. (2022a). "I was losing that sense of her being happy"—Trans children and delaying social transition. *LGBTQ+ Family*, *18*(2), 187–203. https://doi.org/10.1080/27703371.2022.2076002

Horton, C. (2022b). 'Of course, I'm intimidated by them. They could take my human rights away': Trans Children's experiences with UKgender clinics. *Bulletin of Applied Transgender Studies*, *1*(1–2), 47–70. https://doi.org/10.57814/20hf-7n94

Inch, E. (2016). Changing minds: The psycho-Pathologization of trans people. *International Journal of Mental Health*, *45*(3), 193–204. https://doi.org/10.1080/00207411.2016.1204822

ITHF. (2019). Transgender research informed consent (TRICON) disclosure policy [Facebook site]. International transgender health. Forum. https://www.facebook.com/groups/transgenderhealth

Johnson, S. L., & Benson, K. E. (2014). "It's always the Mother's fault": Secondary stigma of mothering a transgender child. *Journal of GLBT Family Studies*, *10*(1–2), 124–144. https://doi.org/10.1080/1550428X.2014.857236

Lopez, X., Marinkovic, M., Eimicke, T., Rosenthal, S. M., Olshan, J. S., & Pediatric Endocrine Society Transgender Health Special Interest Group. (2017). Statement on gender-affirmative approach to care from the pediatric endocrine society special interest group on transgender health. *Current Opinion in Pediatrics*, *29*(4), 475–480. https://doi.org/10.1097/MOP.0000000000000516

Meyer, I. (2015). Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Diversity*, *2*, 209–213. https://doi.org/10.1037/sgd0000132

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, *129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Meyer, W., Bockting, W. O., Cohen-Kettenis, P., Coleman, E., Diceglie, D., Devor, H., Gooren, L., Hage, J. J., Kirk, S., Kuiper, B., Laub, D., Lawrence, A., Menard, Y., Patton, J., Schaefer, L., Webb, A., & Wheeler, C. C. (2002). The Harry Benjamin International gender dysphoria Association's standards of Care for Gender Identity Disorders, sixth version. *Journal of Psychology & Human Sexuality*, *13*(1), 1–30. https://doi.org/10.1300/J056v13n01_01

Murchison, G., Adkins, D., Conard, L. A., Ph, R., Ehrensaft, D., Elliott, T., Hawkins, L. A., Lopez, X., Newby, H., Ng, H., Vetters, R., Wolf-Gould, C., Brown, J., Hanneman, T., & Kahn, E. (2016). Supporting & caring for transgender children. Human Rights Campaign.

Murray, E. (2019a). The wrong decisions: Trans rights and disability. https://ellenfromnowon.co.uk/wrongdecisions/

Murray, E. (2019b, July 30). Amnesty International Northern Ireland's Annual Belfast Pride Lecture https://ellenfromnowon.co.uk/amnesty2019/

Neary, A. (2021). Complicating constructions: Middle-class parents of transgender and gender-diverse children. *Journal of Family Studies*, *27*(4), 506–522. https://doi.org/10.1080/13229400.2019.1650799

O'Connor, N. (2019, May 20). Framing reproductive justice in the context of institutionalized transphobia globally. In *Sexual and reproductive health matters*. http://www.srhm.org/news/framing-reproductive-justice-in-the-context-of-institutionalized-transphobia-globally/

Oliphant, J., Veale, J., Macdonald, J., Carroll, R., Johnson, R., Harte, M., Stephenson, C., & Bullock, J. (2018). *Guidelines for gender affirming healthcare for gender diverse and transgender children, young people and adults in Aotearoa New Zealand*. Transgender Health Research Lab, University of Waikato. https://researchcommons.waikato.ac.nz/handle/10289/12160

Perlson, J. E., Walters, O. C., & Keuroghlian, A. S. (2021). Envisioning a future for transgender and gender-diverse people beyond the DSM. *The British Journal of Psychiatry*, *219*(3), 471–472. https://doi.org/10.1192/bjp.2020.124

Rahilly, E. P. (2015). The gender binary meets the gender-variant child: Parents' negotiations with childhood gender variance. *Gender & Society*, *29*(3), 338–361. https://doi.org/10.1177/0891243214563069

Restar, A. J. (2020). Methodological critique of Littman's (2018) parental-respondents accounts of "rapid-onset gender dysphoria". *Archives of Sexual Behavior*, *49*(1), 61–66. https://doi.org/10.1007/s10508-019-1453-2

Robertson, P. K. (2004). The historical effects of Depathologizing homosexuality on the practice of counseling. *The Family Journal*, *12*(2), 163–169. https://doi.org/10.1177/1066480703261976

Roche, J. (2020). *Gender explorers: Our stories of growing up trans and changing the world*. Jessica Kingsley Publishers.

Serano, J. (2018, June 26). Reframing "Transgender Desistance" debates medium. https://juliaserano.medium.com/reframing-transgender-desistance-debates-68648a4fd01a

Smith, C. P., & Freyd, J. J. (2014). Institutional betrayal. *American Psychologist*, *69*(6), 575–587. https://doi.org/10.1037/a0037564

Suess Schwend, A. (2020). Trans health care from a depathologization and human rights perspective. *Public Health Reviews*, *41*(1), 3. https://doi.org/10.1186/s40985-020-0118-y

Suess Schwend, A., Winter, S., Chiam, Z., Smiley, A., & Cabral Grinspan, M. (2018). Depathologising gender diversity in childhood in the process of ICD revision and reform. *Global Public Health*, *13*(11), 1585–1598. https://doi.org/10.1080/17441692.2018.1427274

Telfer, M. M., Tollit, M. A., Pace, C. C., & Pang, K. C. (2018). *Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents*. The Royal Children's Hospital.

Testa, R., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity*, *2*, 65–77. https://doi.org/10.1037/sgd0000081

Thornton, M. (2021, October 20). Gender Pandemic? Queer disability studies network. https://queerdisabilitystudies.wordpress.com/gender-pandemic/

Tosh, J. (2011). 'Zuck off!' A commentary on the protest against ken Zucker and his 'treatment' of childhood gender identity disorder. *Psychology of Women Section Review*, *13*(1), 10–16.

UN Human Rights Council. (2020). Practices of so-called "conversion therapy": Report of the independent expert on protection against violence and discrimination based on sexual orientation and gender identity (a/HRC/44/53) [data set]. UN HRC. https://doi.org/10.1163/2210-7975_HRD-9970-2016149

Vincent, B. (2018). Studying trans: Recommendations for ethical recruitment and collaboration with transgender participants in academic research. *Psychology & Sexuality*, *9*(2), 102–116. https://doi.org/10.1080/19419899.2018.1434558

Winter, S. (2021). ICD. In *The SAGE encyclopedia of trans studies* (vol. 1–2, pp. 415–417). SAGE https://doi.org/10.4135/9781544393858

Winter, S., Chalungsooth, P., Teh, Y. K., Rojanalert, N., Maneerat, K., Wong, Y. W., Beaumont, A., Wah Ho, L. M., "Chuck" Gomez, F., & Macapagal, R. A. (2009). Transpeople, transprejudice and pathologization: A seven-country factor analytic study. *International Journal of Sexual Health*, *21*(2), 96–118. https://doi.org/10.1080/19317610902922537

Winter, S., Diamond, M., Green, J., Karasic, D., Reed, T., Whittle, S., & Wylie, K. (2016). Transgender people: Health at the margins of society. *Lancet (London, England)*, *388*(10042), 390–400. https://doi.org/10.1016/S0140-6736(16)00683-8

Winters, K. (2022, January 11). From the Jurassic Clarke to the SOC8: Repsychopathologization of trans youth. *Trans Policy Reform*. https://transpolicyreform.wordpress.com/2022/01/11/from-the-jurassic-clarke-to-the-soc8-repsychopathologization-of-trans-youth/

World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. World Health Organization. http://www.who.int/classifications/icd/icdonlineversions/en/

World Health Organization. (2021). *International classification of diseases for mortality and morbidity statistics (11th revision)*. World Health Organization. https://icd.who.int/browse11/l-m/en

WPATH. (2018). WPATH position on rapid-onset gender dysphoria. https://www.wpath.org/media/cms/Documents/Public%20Policies/2018/9_Sept/WPATH%20Position%20on%20Rapid-Onset%20Gender%20Dysphoria_9-4-2018.pdf

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How to cite this article: Horton, C. (2022). Depathologising diversity: Trans children and families' experiences of pathologisation in the UK. *Children & Society*, *00*, 1–18. https://doi.org/10.1111/chso.12625