

## APA Official Actions

# Position Statement on the Need to Train Psychiatrists in Provision of Care and Support to Individuals with Differences in Sex Development and Their Families

Approved by the Board of Trustees, 2022

Approved by the Assembly, 2022

Approved by the Board of Trustees, 2015

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### Issue:

Differences of sex development (DSDs) are congenital conditions (including but not limited to those also referred to as intersex disorders) characterized by atypical presentations and/or development of genitalia, chromosomes, gonads, and hormones. The prevalence of DSDs is estimated to be 0.1-0.2% of the global population<sup>1</sup>. The cause and expression of DSDs are very diverse. In many cases, the gender assigned to infants may not be evident at birth. The decision-making process regarding sex assignment, such as genital surgery, is often complex and emotionally charged. DSDs should be differentiated from gender dysphoria, although the two frequently co-occur. While the former is characterized by the disruption of biological processes, the latter is defined by subjective incongruence between one’s experienced/expressed gender and assigned gender. About 8.5% to 20% of individuals with DSDs may experience gender dysphoria and elect gender transition. Current best practices recommend that neonates with DSD have a comprehensive and multidisciplinary evaluation, which involves consulting with DSD clinical experts, providing the family with an unbiased explanation of findings, and discussing the family sex assignment in a culturally appropriate context. In the frame of navigating the family’s cultural preferences and values, irreversible medical interventions, unless urgently indicated, and cosmetic surgeries relating to sex assignments are encouraged to be delayed as much as possible. DSDs and the associated complex decision-making process cause significant distress for both parents who struggle to make the best decisions for their children and for the affected individuals themselves, many of whom report feelings of stigmatization and shame. For individuals with DSD, sensitivity surrounding nomenclature and gendered language is paramount to reducing stigmas for a vulnerable minority population historically pathologized by the medical community.

### APA Position:

**The treatment of individuals with DSD is best accomplished by integrated interdisciplinary teams, including mental health professionals qualified to best address the comprehensive psychiatric needs associated with DSD. Training opportunities in caring for individuals with DSD and their families should be increased in psychiatry residency and fellowship programs, including child and adolescent psychiatry and consultation-liaison psychiatry. Increased funding and support for collaborative research to develop evidence-based treatments are needed.**

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