

ENGLISH VERSION

TransMann e.V.

Contact and Information for Transmen

F.A.Q.

General Information Concerning

Trans* and Intersex*

TransMann e.V. Informational Brochure

This booklet was written and is maintained by TransMann e.V.'s research group "Infohefte" (informational brochures) (aki@transmann.de). We have researched the content to the best of our knowledge. The information is presented "as is" and may contain inaccuracies – TransMann e.V. does not grant warranties of any kind.



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Masthead
TransMann e.V.
P.O. Box 66 22 09
81219 Munich
Germany
Arbeitskreis Infohefte (Research Group "Informational
Brochures")
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Abbreviations

TM e.V.	TransMann e.V. – the association For more information go to www.transmann.de
TM, FtM	Transman , also referred to as female-to-male transgender, transsexual or transidentical
TF, MtF	Transwoman , also referred to as male-to-female transgender, transsexual or transidentical
CIS* people	People who are neither trans* nor intersex*, also referred to as biological people
GRS or SRS	Genital-reassignment surgery also referred to as sexual reassignment surgery. Surgery that brings the primary sexual organs in line with the gender identity
SG/IC	support group / information center
TSG	Transsexuellengesetz German law regulating the change of first name and legal gender in cases of trans*.
MDK	Medizinischer Dienst der Krankenversicherungen The MDK (medical service of health insurers in Germany) must be consulted in case of plannable surgical procedures and certain indications, e.g. trans* related procedures.
SoC	Standards of Care , American version of the German Standards for the assessment and treatment of transgender patients. These are in fact technically reasonable guidelines for "professionals". However, health insurance companies and the MDK tend to "improperly" depict them as a law.

1 General Questions regarding Trans* and Intersex*

1.1 What exactly is trans*?

The Latin prefix "trans" signifies that something is "beyond, above, across or even over and above".

When referring to someone's gender identity, the terms transgender, transidentical or transsexual describe a (gender) identity, defined by factors that transcend sexual-biological criteria or actually contradict them.

How someone perceives him-/herself and how others perceive that person is not determined by the body alone or even the genitalia, but felt identity, consciousness, self-perception and conduct.

Thus, a person with female anatomy may still not identify as a woman but, in part or completely, as male, and may therefore wish to be perceived as such.

Of course, this is also possible the other way around, male-to-female.

1.2 What are the causes?

Transsexuality / transgenderity:

- is not a physical disease, caused by a virus or another pathogenic agent.
- has no genetic cause and, therefore, is not hereditary.
- is not a psychological condition such as schizophrenia for example
- is not the result of a decision somebody makes in order to achieve certain goals or escape from something.
- has nothing to do with someone's sexual orientation, such as being homosexual, bisexual, asexual or heterosexual.

Trans* cannot be cured by:

- therapy
- traditional or homeopathic medication
- surgery



Most likely irrelevant are:

Upbringing and social environment: Only how someone treats him or herself and deals with problems may have an influence on one's further path, yet this is not the basic factor of being trans*.

Latest research results point to a prenatal hormone disorder, at least as one of the factors responsible. As of now, there is no proof. However, this fits the self-perception of many transgendered people, since most of them feel that they were "born this way."

Medical examinations of some trans* people have shown that their brain structures somehow resemble those typical of the opposite sex. Endocrinological (hormone) deviations can also be found frequently in trans* people.

Trans* is a condition, describing a person who does not feel in sync with his or her own body because of his/her biological gender and the social role associated with it.

The pressure to fully commit oneself to one gender or the other causes stress and may even lead to fatal results without proper treatment. Experts call this personal psychological strain.

The only way out is to assume a different gender role, that is a gender role one can identify with – either the opposite gender or one between genders.

Nobody chooses to be trans*. Most trans* people would prefer to be "normal" (whatever that may be) and do neither care for the problems being trans* may cause, nor the attention this condition may draw upon them.

1.3 Why "trans*" instead of "transsexual"

"Transsexual" is one of many terms describing this condition. Each term has its pros and cons. Way too often these terms are utilized to classify people, either by trans* people themselves or by medical personnel who are supposed to help.

Since all these terms (except for "intersexed") begin with the prefix "trans-", it is an acceptable compromise to simply use the term "trans*". That is shorter, easier to use and widely known. An extrapolation of what the term trans* commonly stands for may be necessary but that equally applies to all other terms.

Meanwhile a group of trans* organizations has decided to use the words transgender or transidentical. The discussion leading to this decision was long and difficult. However, it is necessary to use common terms.

The terms:

- **Transsexuality/transsexual**

The quasi-official term. This is also the first word used in the media. Unfortunately, most people, who hear these terms, associate them with sexual practices and/or preferences – while there is really no connection. Too bad that these words are often used as quasi superior terms: If someone is not transsexual, he/she is somehow inferior and does not deserve medical treatment and reassignment surgery; on the other hand "transsexual" means that the person in question desires medical treatment (often even SRS) as an absolute prerequisite.

- **Transgender**

Derived from the English word "gender", meaning gender in a social context, as opposed to biological "sex". "Transgender" refers to problems with one's social gender. In English, transgender is a generic term for everything trans*.

Transgender is a great term – unfortunately, here in Germany some people have a problem with words derived from English. In addition, some people now use the term transgender exclusively for trans* people who do not seek SRS.

The great advantage of the term transgender: It is used **internationally**.

- **Transidentity / transidentical**

The German equivalent of transgender. However, this term puts more emphasis on one's attitude towards gender roles.

The terms used so far usually refer to **people who want to fully assume the opposite gender role**. They do not take into account that the boundaries between these people and "part-time" trans* people as described below, are somewhat hazy.

Many transwomen, but also some transmen, who eventually opt for a full transition, undergo a phase during which they find a **partial or part-time transition** to be sufficient for them.

To people who identify as both male and female and/or visibly switch between genders, only the nowadays less common term **bigender** applies.

Androgynous, though frequently used, really applies to something else that is people, who clearly are male or female but sport male and female characteristics alike, resulting in a sexual ambiguity.

- **Cross—Dressing**

In a broad sense, wearing clothes typical for the opposite gender, in the strict sense of the term this includes the desire to be perceived as a member of the opposite sex by others, at least for a limited time.

- **Transvestitismus/transvestitisch**

Same as "cross-dressing", by some definitions, accompanied by sexual arousal. Often used as an exclusion criterion for "real transsexuality" – thus ignoring complexity of sexuality, personal identity and human behavior in general.

If wearing clothes typical for the opposite sex exclusively serves the purpose of sexual arousal and the transvestite does not wish to be perceived as a member of the opposite sex, this is called **fetishism**. Many objects can be a fetish (e.g. leather, latex, shoes, etc.). In reality, the line between the one and the other may be blurred!

- **Travesty -It's showtime!**

The, often exaggerated, portrayal of a member of the opposite sex on stage.

- **Drag Queens/Drag Kings**

In this context the term drag to *dress up* or *to wear a costume* and refers to the often extremely exaggerated wearing of clothes typical for the opposite sex. Drag queens and kings do not only perform on stage, but do also participate in events, such as Christopher Street Day/Gay pride, or dress up for everyday life.

- **Intersex (IS)**

theoretically refers to something completely different – not being distinctly identified as male or female. Another common term for this phenomenon is "hermaphrodite". Forms of intersex are:

- chromosomal anomalies (anything but XX or XY)
 - So-called "true hermaphrodites" who, instead of XX (female) or XY (male), are born with an XXY set of chromosomes.
 - Other deviations from the usual sets of chromosomes: e.g. with only an X
- physical anomalies
(reproductive organs that do not conform to "standards"; e.g. a newborn with a penis shorter than 2.5 cm (1 inch) or a clitoris that is bigger than 1 cm/0.4 inches)
- endocrinological deviations
from standard hormone levels that might lead to changes in development.

Many intersexed people do not know they are in fact intersexed and are treated as if they were trans* (both from a medical and legal point of view). Germany does not have a law regulating cases of intersex. Currently intersexed people in Germany must change their legal gender (and with it the first name) according to § 47 "Personenstandsgesetz (PStG)". Often the change is not granted and they are told to transition according to the rules of the TSG instead. Unlike the rules of the TSG, the PStG does not allow one to change the first name only, without changing the legal gender at the same time.

The government plans to introduce a law regulating the situation of intersexed people. Parents of intersexed children can already opt to leave the gender category on their child's birth certificate blank. However, this is not mandatory – parents may as well choose a gender – nor are there any rules regarding the question, when and how the intersexed person may change that and pick a gender for him-/herself. Older intersexed people cannot simply choose to have the gender assigned to them at birth erased later in life. In addition to

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"male" and "female" a third gender category may be introduced in the future, which intersexed people may choose as an alternative. In any case, measures to prevent parents and/or doctors from assigning a gender to a child, without the child's consent, are planned.

1.4 What's the difference between trans* and homosexuality?

Are trans* people really gays or lesbians who do not dare to come out?

Some people actually have such great problems with the fact that they are homosexual that they end up believing themselves to be trans*. Fortunately, cases like this are rather rare these days since gays and lesbians are much more widely accepted now. However, this is not really a trans* problem but a social one.

As far as trans* is concerned, the question is "Who am I?". That is, your true identity, do you identify as male or female, not "Do I want to have sex with men or women?". The latter question strictly deals with one's sexual orientation.

- **Transidentity / transsexuality**
= the gender one identifies as
- **Homo-/bi- and heterosexuality**
= sexual orientation, whether one is attracted to the opposite or same sex in regarding intimate relationships/love



Excursus:

- Same-sex relationships are referred to as homosexual, opposite-sex relationships are referred to as heterosexual
- Bisexual people are attracted to men and women alike.

Trans* people are not gays or lesbians who do not dare to live as such.

Unfortunately, even psychologists and doctors unfamiliar with the subject say or have said that there is no trans*, but that transmen for example, "simply does not dare to live as a lesbian". This assumption ignores the fact that there is a difference between loving someone as a man or a woman and, most importantly, the question whether someone feels OK with his/her own genitalia.

The sexual orientation of trans*people varies. As far as we can tell, about one third of transmen are straight, one third gay and one third can't decide or are sexually inexperienced. Every second transwoman turns out to be a lesbian.

Due to the nonprofessional connection drawn between homosexuality and trans* by so-called experts, trans*people may still encounter problems when they admit to be homosexual.

In order to transition according to German law, one must undergo 18 months of psychotherapy and needs two expertises written by psychiatrists. Unfortunately, some psychiatrists ignore the right to human dignity and the free development of one's personality during therapy or assessment.

1.5 Trans* is listed as a disease - it is a disease after all?

According to the World Health Organization (WHO), transsexuality or transidentity is a type of gender dysphoria. The condition is listed in the "International Statistical Classification of Diseases and Related Health Problems" and is therefore classified as a "disease". The ICD code for transidentity/transsexuality is ICD-10 F 64.0.

The Higher Regional Court Düsseldorf has ruled:

*"Not every anomaly – meaning a state that deviates from the standard concept of a healthy human being – is to be viewed as a disease. An anomaly is only a disease when the person diagnosed with it suffers unbearably."
(OLG Düsseldorf, 4 U 194/87)*

That does not mean that trans* itself is to be treated, but that the suffering resulting from trans* must be eased. Fortunately it is no longer common nowadays to force the patient to prove that suffering (e.g., "How many times have you tried to take your own life?"). Instead, precautionary measures can and, of course, should be taken.

Because of this verdict and the fact that transidentity/transsexuality is classified as a disease, health insurance companies in Germany have to pay for sexual reassignment (e.g. therapy, hormones, surgery).

1.6 What do I do once I have realized I am trans*?

Some don't do anything aside from living the way they see fit. It is not mandatory to take medical and/or legal measures, but these may make things a lot easier. For some they are essential. Which measures one wishes to take, is entirely up to the individual.

First of all one needs to decide whether and how to deal with this "problem" or situation and how far you want to go. External circumstances often determine what we can or cannot do.

In the process of finding one's true self, family, friends and – as an unbiased person one can confide in – a therapist familiar with the topic, or visiting a self-help group or counseling office can prove invaluable.

Please, during all the stages of your personal ordeal, do always keep in mind, that that this is not a question of *make-or-break*. Life is colorful and multifaceted – and you are part of that color spectrum!

1.7 Legal and Medical Options in Germany

From a **legal** point of view there are basically two options:

1. The "small" solution:	2. The "big" solution:
<p>Changing the first name(s) only (in Germany one must have at least one first name that is not gender-neutral)</p> <p>Note: Even the "small solution" allows for surgical measures to be taken.</p>	<p>In addition to changing the first name(s) the legal gender is changed, as well (that is, whether your passport says "M" or "F").</p> <p>This includes changing the gender category on the birth certificate and all official papers.</p>

Please keep in mind that the legal information contained in this booklet only describes the situation in Germany.

If you are a resident of another country, none of this applies to you. Even foreign nationals residing in Germany permanently may not be able to transition according to these rules.

In case you live in Germany without having German citizenship, please check chapter 4.1. to find out whether or not the TSG applies to you.

Medical options:

1. (Lifelong) hormonal treatment, causing physical changes that normally are the effect of natural puberty. However, these changes will not reverse the effects of your own puberty.

These are for example:

in transmen (caused by testosterone)	in transwomen (caused by estrogen)
<ul style="list-style-type: none"> ➤ Bartwuchs ➤ Zunahme der Körperbehaarung ➤ Stimmbruch ➤ Zunahme der Muskelmasse ➤ Umverteilung des Körperfetts an typisch männliche Stellen (z.B. Bauch) 	<ul style="list-style-type: none"> ➤ Brustwachstum ➤ Umverteilung des Körperfetts an typisch weibliche Stellen (z.B. Brust oder Po, Oberschenkel) ➤ weichere Haut ➤ Reduzierung (aber leider nicht Stopp) von Körperbehaarung

2. Surgical procedures that modify the secondary sexual characteristics (that have developed during puberty):

for transmen	for transwomen
<ul style="list-style-type: none"> ➤ mastectomy (removing the female breast and shaping a male breast instead) 	<ul style="list-style-type: none"> ➤ epilation (removing the beard and, perhaps, the body hair permanently) ➤ vocal cord surgery (very tricky, uncertain results are possible)

Genital-reassignment surgery modifying the primary sexual characteristics (present at birth and intended for procreation) optically and functionally to match those of the opposite sex as far as possible. **There are limits. Transmen cannot father children and transwomen cannot become pregnant and give birth.**

In detail those are:

for transmen	for transwomen
<ul style="list-style-type: none"> ➤ removing the womb (hysterectomy) and/or the ovaries (salpingo-oophorectomy) ➤ removing the vagina (vaginectomy) ➤ shaping an object similar to a penis (phalloplasty/ "Penoidkonstruktion" or metoidioplasty/ "Klitpen") 	<ul style="list-style-type: none"> ➤ removing the testes (orchiectomy) ➤ removing erectile tissue ➤ shaping a neovagina – usually using material from the penis skin and scrotum – including a clitoris (made from the former glans) ➤ where necessary breast augmentation, if the hormonal treatment hasn't caused sufficient breast augmentation. Note – the patients themselves must pay for this procedure (see BSG B 1 KR 9/12 R from 09/11/2012)
<p>It is not possible: to transplant sexual organs from a member of the opposite sex</p>	



At the end of the day only one thing count – to find the best possible solution that enables you to cope with yourself and your environment. Whether you need surgery at all and, in case you do, what type of surgery is entirely **UP TO YOU**

2 Therapy and Medical Expertise

NOTE: The information contained in this chapter only applies to people who transition according to German law. Please check chapter 4.1. in case you are not sure whether you can do that.

This chapter deals with therapy and medical expertise, since many psychiatrists offer both. Either the therapist or the medical expert may write the expert opinion/medical indication required to get a prescription for hormones.

In essence, therapy and medical expertise are separate procedures and it might be advisable to conduct them independently.

A therapy is designed to help the patient to better deal with a situation and that only works, if the patient can be open.

A medical expertise on the other hand only serves to confirm a certain situation in writing.

However, since therapists are human, too, it often proves difficult to keep what was discussed during therapy out of the medical expertise. If the patient does not feel free to talk or if the therapist pressures the patient, because he does not behave according to the therapist's expectations, the patient will not benefit from therapy.

If you want your therapist to also write one of the medical expertises, you should discuss this with him/her as early as possible. Some therapists refuse to do that on principle. Because of the reasons listed above, that is entirely appropriate and fully understandable.

2.1 Therapy

Set yourself goals you wish to achieve at the beginning of therapy. You will then work towards achieving these goals together with your therapist.

2.1.1 A therapy may pursue various targets:

- some want to find out, what is 'wrong' with them
- others wish to make sure that they are really trans*
- and others simply need help during transition and, perhaps, for a little more time
- many want to deal with old problems first of all, so that they may start a "new life" unencumbered.

2.1.2 There are many types of therapy:

behavioral therapy	psychoanalysis	depth-psychology oriented psychotherapy
Processing acquired behavioral patterns in a practically-oriented way together with the therapist.	A "Revealing" therapy trying to convey a better understanding of the context of one's condition	Reaching certain targets within a limited period of time (minimizing symptoms instead of changing personality)
All three types of therapy are intended to support and accompany the patient. The main symptom is not to be eliminated – only the psychological strain!		

In Germany, public health insurance companies pay for various types of therapy in cases of transidentity. Sometimes, problems may occur, however, not due to trans*, but as a result of external circumstances.

Public health insurance companies do not pay for other types of therapy, such as gestalt therapy.

In principle, you are entitled to five trial sessions with any therapist in order to get to know the therapist. The reason is that mutual trust is the foundation of any therapy. If you feel you cannot open up to a therapist, try another one. The "right chemistry" between therapist and patient is of essential importance.

2.1.3 Do I have to undergo therapy?

As stated above, these regulations only apply to people who transition according to German law. Please check chapter 4.1. in case you are not sure whether you can do that. In Germany, therapy is mandatory in cases of transidentity. Although the law governing transition does not mention therapy, several court decisions and guidelines have established the obligation to undergo therapy.

- BSG verdict, 1987: This court decision has established that SRS is only possible after fully exploiting all methods of psychiatric and psychotherapeutic treatment.
- Standards of Care, 1997: These state that the therapy must be un-biased regarding the patient's with to transition. It must neither encourage nor discourage the patient. However, therapy must begin before somatic treatment can be initialized.
- MDK guidelines, 2009: These have established a multilevel treatment model that includes mandatory therapy.

Of course, no one can be forced to undergo therapy. A therapy under duress would be useless anyway, since the target one wants to achieved, cannot be achieved under these circumstances.

Still, it has become extremely difficult to obtain a positive medical expertise without undergoing at least one year, more commonly 18 months, of therapy. The same applies to trying to get your health insurance company to pay for surgery. Thus, therapy is in fact mandatory in Germany.

We have learned that it makes sense to undergo therapy while transitioning. Particularly when coming out and at the beginning of hormone therapy, but also during the long phase of surgical procedures, more difficulties than expected may occur. Then it might help to discuss things with a competent person.

But:

**Trust in one's therapist is the foundation of any therapy.
Trust cannot be forced.**



Only appointments to examine the patient are required, both for the medical expertise commissioned by court and the one necessary to obtain payment for medical treatment and surgical procedures.

2.1.4 18 months of therapy are mandatory, right?

According to certain guidelines, including the infamous "Standards of Care" 18 months of therapy are indeed mandatory for those who transition according to German law.

These guidelines are basically recommendations for the medical experts (therapists, physicians, etc.). They were designed to help these individuals deal with the topic transidentity. As far as this is concerned, there is nothing wrong with these and the greater part of them may in fact prove useful.

Unfortunately, health insurance companies and/or the MDKs interpret these guidelines as if they were commandments for treatment and that, if they were not complied with 100 percent, payment must be denied. The guidelines, originally meant to be customizable recommendations for treatment, are misused as rigid criteria when someone applies for cost coverage.

In other words: There are recommendations concerning the duration of therapy. In principle, these must not be followed. In reality however, it proves that, if you want to transition as smoothly as possible, it's best to fulfill the minimum requirements set down in the guidelines.

The psychological differential diagnosis on the other hand makes sense and is absolutely necessary: The expert needs to rule out that trans* is merely an evasive syndrome due to another disorder (e.g. schizophrenia). The diagnosis may be confirmed in course of a therapy, but also in course of medical evaluation.

2.1.5 Where can I find a qualified therapist?

The easiest way is to ask other trans*people in a nearby self-help or support group. There you can usually obtain experience reports, as well. Advice center for gays and/or lesbians may also be able to provide you with the necessary information. In addition, you can search the internet.

Health insurance companies are not allowed to give out lists of suitable therapists. Thus, it won't help to ask your health insurance provider.

Please keep in mind that even a public advice center is not necessarily a guaranteed source of good advice. Some lists handed out by advice centers are put together based on the information provided by the corresponding physicians. The fact that someone deems him-/herself an expert may not be enough. And even someone with a lot of experience who does not have funny ideas, may not be right for you.

2.2 Medical expertise

2.2.1 Why do I need a medical expert?

In order to change your first name and legal gender in Germany, you (currently still) need two independent medical expertises written by experienced experts. These shall help the judge to make an informed decision.

In order to obtain surgery, you do not need such expertises, but so-called "medical statements" or "indications". These are compiled following other criteria and usually are much shorter.

According to the rules of the TSG, the experts are formally appointed by court. However, you may name or request two experts yourself when you apply for the change of first name and legal gender. If these experts are known to the court they might be approved.

If you are already in therapy, your therapist may give you an expertise to accompany the request for the change of first name and legal gender. You may, as well, propose to have your therapist appointed as an expert at the same time.

Another option is to approach two (known) experts yourself and ask them to set up an expertise and then attach them to your application.

However, before you try one of the two latter options, it is recommended to ask members of the local self-help group. While option number three is common practice in Munich, other German courts may react negatively and refuse to accept the expertises because you have picked the experts yourself.

2.2.2 Where do I find an expert?

Basically, the conditions for finding an expert are similar to those for finding a therapist. Many therapists who are familiar with trans*, do write expertises, as well.

If not, ask the responsible court, members of a local self-help group or trans* organization. The courts know experts for sure and appoint them even if you haven't proposed particular ones.

2.2.3 How many expertises do I need?

In Germany, you need two psychological expertises – one each from your two experts – in order to change your first name and legal gender.

Because of a verdict passed by the German Supreme Court ("Bundesverfassungsgericht") in January 2011, the clause regulating the change of legal gender is currently invalid.

In Munich, first name and legal gender are changed at the same time at the moment. This may be handled differently in other German states.

It is recommended to ask the court responsible for you in advance to find out how this is handled in your city of residence or state.

We hope the TSG will be amended shortly.

2.2.4 The health insurance companies require a medical expertise, as well!

That is correct! These expertises are really called SRS indication statements ("**Indikationsgutachten für geschlechtsangleichende Operationen**").

These statements may be quite elaborate. In principle, they contain the same facts as the medical expertises you needed in order to change your first name and legal gender. In addition, this statement must also say, whether the patient is sufficiently physically and mentally fit to deal with surgery.

In order to save costs and simplify the process for everyone involved, it makes sense to have general indication statements issued. That way, these can not only be used when applying for the change of first name and legal gender, but also when you ask your health insurance company to pay for SRS.

2.2.5 What happens during the examination?

There is no specified pattern – the procedure of such a medical examination is determined by various factors:

- the overall procedure preferred by the local court ("Amtsgericht") in charge
- expert's experience
- regional agreements between experts regarding a common procedure
- individual circumstances, results of the ongoing diagnostics, transman's cooperative conduct and ability to reflect

Basically, both experts are obliged to apply differential diagnostics. One of the experts has to coordinate the preliminary medical examination, provided he/she does not conduct it him-/herself.

2.2.6 Criteria for diagnosing transgenderity

The following criteria must be met in order to diagnose transgenderity:

- profound and permanent identification with the opposite sex
- persistent discomfort in regard to the biological sex or experiencing psychological stress in the corresponding gender role
- clinically relevant psychological strain and/or impairments in social, professional or other important capacities

2.2.7 Measures of diagnosis

In order to reach a final diagnosis, both experts have to implement the following measures:

- obtaining the patient's biographical history ("curriculum vitae") focusing on gender identity development, psychosexual development (including sexual orientation) and current life situation
- a physical examination, including gynecological and endocrinological diagnostic findings (that are to be conducted by a gynecologist and endocrinologist, of course), plus, nowadays, a genetic test (chromosomal analysis)
- clinical-psychiatric/psychological diagnosis, considering many patients who suffer from gender dysphoria exhibit major psychopathological anomalies, as well. These may have predated gender dysphoria, may have been caused by it or developed simultaneously.

2.2.8 ... examination taken too far?

Many transmen complain about the physical examination in particular. They often dispute the psychologists/psychotherapists medical competence to conduct such an examination. That is understandable, considering the fact that transgressions have occurred occasionally.

One cannot refuse physical examinations altogether. They do serve a purpose after all and help avoiding inadequate treatment. Possible physical preimpairments must be diagnosed (e.g. ovarian cysts, a vestigial womb, chronic diseases, such as rheumatism, etc.)

Of course, one may question the sense of certain physical and/or psychiatric examinations, in case they overstep the mark, violate one's personal sense of honor or maybe even human dignity.

This is the case if:

- the patient is admitted to a closed psychiatric ward for several weeks, just because of trans*
- photos, particularly nude pictures or photos of body parts are taken
- the transman is undressed against his will and/or by force ("pulling down the pants")
- the transman is forced to have sexual intercourse with a male partner ("you must have experienced sex as a woman")

You can and may defend yourself against transgressions like this committed by the medical expert or any other physician.

It is advisable to have physical examinations conducted by the respective specialist physicians and to present the results to the therapist/psychologist afterwards. Thus, one does not have to endure a physical examination conducted by a therapist/ psychologist.

However, one should notify the local court in charge in case a medical expert has transgressed or tried to transgress the boundaries of his/her mandate. After all, the local court has commissioned the expert officially. On one hand this shows that you are cooperating but only within the limits of retaining your human dignity, on the other hand you are helping other transmen to avoid such methods of examination in the future.

2.2.9 do I make sure to get a positive expertise?

Just one piece of advice: Always be honest, towards yourself and towards the therapist/expert. Do not try to engage in role-playing or impersonate someone. If you stay true to yourself the therapist/expert will recognize that and is able to assess YOU, not your acting abilities.

3 Trial Period

3.1 What exactly is that?

The definitions of "trial period" range from living in the new gender role "before any measures have been taken" to "prior to SRS".

In Germany, the term trial period usually means **"trying to live in the desired gender role before any medical or legal measures have been taken."** In other words, you are expected to live in the "new" gender role entirely in order to determine whether your expectations are (or can be) met, so you may correct your expectations, if necessary.

Later, one gathers additional experience once the physical changes caused by the hormone therapy set in.

The trial phase soll is intended to be socially viable, not an "endurance test" one has to survive.

The target of the trial phase is to show that the gender you identify as is consistent with your personal way of life and the desired gender role. Ideally this leads to a gain in life satisfaction.

(Source: MDS-Guidelines, 2009)

3.2 Do I have to undergo a trial period?

Yes, although there is no law that requires you to undergo a trial period of any kind. However, the trial period facilitates self discovery and it is part of the medical guidelines. If you haven't sufficiently tried to live in the new gender role you might encounter problems when applying for cost coverage with your health provider.

3.3 How long does the trial period last?



According to the MDS Guidelines ("Begutachtungsrichtlinien für Krankenkassen und den Medizinischen Dienst der Krankenkassen") the trial period may begin as early as 12 months prior to hormone therapy, that is as early as 18 months prior to the first surgical measures – in other words when you begin therapy.

For most transmen, the trial phase begins naturally: you (finally) begin to live as a man and behave accordingly.

You come out to the people that surround you. You receive positive, as well as negative feedback that you need to cope with and draw your consequences.

These consequences, too, may be positive or negative:

For example, you will find out soon who your true friends. Lack of understanding and/or resistance from others may bring your family and circle of friends closer together.

4 Legalities: Changing first name and legal gender

4.1 Requirements and prerequisites?

In Germany, the process of changing one's given name(s) and legal gender require court proceedings. In 1981, the TSG (transsexual law) was passed. It regulates these proceedings. According to the TSG in order to transition according to this law:

- one must be a German citizen, as defined in the German constitution ("Grundgesetz"), or a stateless or displaced foreign citizen who usually resides within Germany or a person who has been granted political asylum in Germany or a foreign refugee who lives under German jurisdiction,
 - one must have identified as a member of the opposite sex and have felt the urge to live accordingly for at least three years (NOT have lived accordingly for three years!);
- and
- it must be highly probable that this identification with the opposite sex (not the one assigned to the applicant at birth) is permanent.

Two independent medical experts, appointed by the court, have to confirm that the applicant fulfills these criteria (see chapter "Therapy and Medical Expertise").

4.2 Changing the given name(s)

According to German law, at least one given name had to reflect its bearer's gender. Therefore, changing one's given name(s) is necessary in order to match them with the gender you identify with/live in.

Originally, the government introduced the possibility to change one's given name(s) in order to facilitate the trial period (see chapter "Trial Period") - before irreversible steps were taken (as a result of hormone therapy and surgery) – that is, at the beginning of the trial period.

In reality, the legal process often drags on and the change of one's given names becomes final sometime during or towards the end of the trial phase. Experience has taught us that the legal process, depending on how busy the court and the assigned experts are, may take between six and eighteen months.

That is why it may make sense for some to apply for a supplemental ID issued by the dgti during the time of transition (for more information go to www.dgti.org). A letter, written by your therapist that explains your situation may prove useful, as well.

4.2.1 At which point may I apply for a change of my given name(s)?

You may make your application any time. The law does not require that you have already undergone any form of medical treatment. However, it is advisable to make the application in consultation with your medical advisors (psychologist, endocrinologist, etc.).

4.2.2 Where do I have to make the application?

As a matter of principle, one has to apply for a name change with the competent court. The competent court varies from German state to German state ("Bundesland"). For more detailed information, please check the online portal of the judiciary in your state of residence. German transmen who live abroad must contact the regional court in Berlin-Schöneberg.

4.2.3 May I already use my new given name(s) before the change has become final?

Basically, yes. However, it is illegal to use it in context with the official registry (ID card and tax data), as well as with your bank account.

Otherwise, you may of course use your new name(s) – in contracts, on customer cards, job applications, etc. Only if one uses the new name(s) with intent to commit fraud, it would be illegal to do that.

4.2.4 Is anyone obliged to change my papers before the name change has become final?

No one is obliged to change any papers before the name change has become legally binding. Of course, someone may change your data for reasons of goodwill. It often helps to simply explain your situation.

Referring to the fact that disclosing a person's transsexuality is prohibited according to § 5 of the TSG can be beneficial in this context.

4.2.5 What can I do once my name change has been finalized by court?

Once the name change has become legally binding, all your papers can be rewritten; you should have your ID documents changed as soon as possible (ID card, driver's license, etc.). With the new ID card you can change the name on your bank account, the social security number and the health insurance card (in order to do that, you must present your new ID card!).

Once the name change has become legally binding, no one may refuse to use the new given name(s).

Basically, you yourself have to arrange for all these changes. Only the registry at your place of birth (IF you were born in Germany!) is notified by court in order to change the birth record. In order to change the registration data at your place of residence and your ID documents, you may have to present a transcript of your new birth certificate.

In addition, the gender stated in your passport may already be adapted to match your new sex, once the change of given name(s) has become legally binding, if you apply for it (see passport code: §4 Abs. 1, Satz 2 PaßG).

4.3 Changing the legal gender

Once the legal gender has been changed, the sex, stated in the passport, is changed from "female" to "male" in all documents for transmen (for transwomen, the other way round).

Many do not mind the old sex in their passport. However, you may always get into situations when it really matters whether your passport says "M" or "F" (e.g. when you want to get married or accommodated with members of your new sex in a hospital or prison, ...).

According to the current wording of § 8 TSG, it is possible to change one's legal gender, once you have fulfilled all conditions required to change your given name(s) and

- are irreversibly unable to procreate
- and your exterior sexual characteristics have been surgically altered so that your visual appearance approaches that associated with your new gender as far as possible.

Note:

These two conditions have been declared null and void by the German Supreme Court on January 11, 2011 (see Az. 2 BvR 3295/07) because they are unconstitutional. The German constitution guarantees the right to physical intactness. Thus, no one can be forced to undergo surgery of any kind. Until a new law has been passed, these regulations must not be applied. Ever since, every state has found her own way to deal with the Supreme Court verdict declaring the inapplicability of § 8 Nrn. 3 and 4 TSG



Various solutions to fill this legal loophole are being practiced by the courts. While some automatically grant a change of legal gender together with the change of one's given name(s), others have decided to abate all ongoing proceedings in these matters for the time being.

In the meantime, one court in Baden-Württemberg has already ruled that it is unlawful to abate all proceedings until a new law regulating the matter has been passed (see "Beschluss des OLG Karlsruhe vom 12.09.2011, Az. 11 Wx 44/11"). In other German states, one may point to this decision in order to get the competent court to act accordingly. However, it may be necessary to file a lawsuit to clarify the matter.

5 Surgery

5.1 Is surgery mandatory?

No one can be forced to undergo surgery.

Surgical procedures of any kind have never been a prerequisite for changing one's given names.

Until the verdict mentioned above was passed, one had to meet following criteria in order to change one's legal gender:

- one had to be irreversibly unable to procreate.
- and one's exterior sexual characteristics had to have been surgically altered so that one's visual appearance approached that associated with the new gender as far as possible.

This is no longer necessary.

When the TSG was introduced, transmen did not have to have a phalloplasty. Back then, the results were rather bad. In order to change one's legal gender, it was not necessary to narrow or even seal the vagina, that is, to undergo colpocleisis (see "Bayer. Oberlandesgericht, 1 Z BR 95194").

Even today, many transmen decide not to have a phalloplasty. Genital surgery is irreversible. Everyone must decide for him-/herself which steps he/she needs (for him-/herself) and wants to take.

Transwomen, who do not want to undergo genital surgery, still face problems more frequently than transmen in a similar situation.

5.1.1 Surgery – yes or no?

Transgender people are entitled to physical intactness, just like everybody else. Whether someone is a man or woman, is not determined by one's sexual organs, but depending on psychological identity – without undergoing surgical procedures of any kind.

Of course, anyone who transitions has the right to opt for SRS (or any other surgical procedure) – in case he or she needs the (se) procedure(s) for him-/herself.

If you are in doubt concerning a certain surgical procedure or a particular surgeon, do not go through with it – you only have one body and it is much more complicated to "repair" the result of malpractice than to wait a little long in order to find the best possible solution.

Self-help groups and online forums can help you find that solution. There, many who have already had surgery advise others and share their experiences.

5.2 Types of surgery

for transmen	for transwomen
<ul style="list-style-type: none"> • mastectomy: the female breast is removed and a male breast is formed • Removal of interior female sex organs: <ul style="list-style-type: none"> ○ <u>hysterectomy</u> removal of the uterus ○ <u>ovariectomy</u> removal of the ovaries ○ <u>combined ovariectomy and hysterectomy</u> removal of both the uterus and the ovaries ○ <u>vaginectomy</u> removal of the vagina ○ <u>colpocleisis</u> closure of the vagina • constructing a so-called neopenis (SR) <ul style="list-style-type: none"> ○ metoidioplasty (in Germany usually referred to as clitpen) ○ phalloplasty (in Germany usually referred to as penoid construction) 	<ul style="list-style-type: none"> • epilation (not really a surgical procedure) • breast augmentation • removal of the testes • shaping a neovagina, now usually including a clitoris, labia and a mons veneris (SRS) • vocal cord surgery (the vocal cords are either shortened or thinned – a very risky procedure!) • abrasion of the Adam's apple

Surgery

When you are considering having a certain surgical procedure performed, make sure that:

- the surgeon has already performed this particular procedure several times, in other words, that he/she is experienced; you do not want to serve as a guinea pig - and if you do, you should know about it in advance;
- there won't be too many or large scars;
- functionality is guaranteed as far as possible. Especially in case of a penoid construction, it is important to ask about the urethra and whether sexual intercourse will be possible;
- sensitivity is not affected in the long run after surgery;
- the result is visually pleasing. A male breast is not simply a female breast without bosom. It should also have nipples at the anatomically correct position and the growth of hair (if applicable) should also resemble that of a biological man.

It can be useful to read surgery-reports, preferably written by the patients themselves.

6 Costs

NOTE: The following information only applies to people who have a contract with a German health insurance company.

6.1 Who pays for the hormone therapy?

Trans* is a disease (see above).

If the diagnosis is confirmed, German health insurance companies are obliged to bear the costs. A therapist or psychiatrist has to confirm the diagnosis in writing (medical expertise or letter of indication). Only with such a document in hand, a medical specialist (endocrinologist) may initiate a hormone therapy. The follow-on treatment may be prescribed and conducted by the family doctor.

The patient only has to pay the usual prescription charge and/or co-payment, unless he/she is exempted from such payments in general.

Provided therapy and trial phase have been completed exactly as defined in the relevant guidelines, costs are usually assumed by the health insurance provider. However, problems may arise, if the therapist agrees to initiate the hormone therapy rather early in course of the trial period for the benefit of the patient. In such a case you really need experienced physicians and, most of all, nerves of steel!



- If you are insured with a statutory health insurance do not apply for cost coverage for the hormone therapy.
- Things may be different, if you are insured with a private health insurance.

6.2 Who pays for your therapy?

In most cases the health insurance company pays for therapy.

At the beginning of therapy you are entitled to a maximum of five trial sessions. When those have been completed and you decide to stay with this therapist, the therapist will file an application for cost coverage with your health insurance company.

6.3 Who pays for surgical procedures?

The patient has to file an application for cost coverage with his/her health insurance provider prior to surgery.

Various documents should be attached to the application.

These documents usually are at least:

- the two medical expertises that were necessary to obtain the change of given name(s) and legal gender
- a medical description of the trial phase*
- an endocrinological report confirming that the minimum period of six months of hormone therapy have been completed by the patient
- a psychiatric letter of indication for sexual reassignment surgery, in other words that all therapeutic measures have been fully exploited and that the patient's psychological strain is falls into the category of diseases despite the hormone therapy*
- (so-called "genetic test")
- designated surgeon's cost quotation

* This may already be included in the medical expertise

Some insurance companies may ask you to provide additional documents.

Once the statutory health insurance has received all documents, it usually bears the costs for treatment provided by so-called "panel doctors" (doctors recognized by the association of statutory health insurance companies). Statutory health insurances do only pay for surgery at a private hospital or carried out by private doctors, in case no alternatives are available.

We cannot make blanket statements regarding the obligation of statutory and/or private health insurance companies to bear costs. What precisely insurance companies pay for, varies greatly and partially depends on the conditions currently regulated by law or the conditions you agreed to when you signed the contract with your health provider. In general, insurance companies now try to avoid payment whenever possible. Other than statutory health providers, private insurers primarily aim at making a profit.

6.4 Who pays for the legal proceedings?

The proceedings that lead to a change of given name(s) and/or legal gender are part of the so-called voluntary jurisdiction. That means the applicant usually has to bear the costs. However, if you are unable to bear the costs due to your financial situation, you may apply for legal aid ("Prozesskostenhilfe"). Go to www.pkh-rechner.de to find out whether you are eligible for legal aid.

If you are denied legal aid, you may at least apply for payment in installments.

Court fees are at 60 Euros in average (the costs may vary from state to state and depend on the so-called value-in-dispute or "Streitwert" set by court). In addition, the applicant must pay for the costs for the two medical expertises (depending on their scope). In most cases, the court proceedings cost between 500 and 1,500 Euros. The court in charge usually demands an advance payment when you hand in your application (the Munich District Court currently asks for an advance payment of 1,200 Euros for example).

7 Social Environment

No one is alone in this world. There are people around you – many of them have come to know you – more or less – as a member of the gender you were assigned at birth and witness your transition. Not only trans* people themselves, but their entire social environment becomes part of the transition. Many of the problems that may occur can be solved by providing simple facts; others may be solved by putting oneself in the other person's position. We can only give general advice. The individual situation always depends on the people involved and how a particular situation develops. Often it turns out that we worried way too much and in the end nothing was as bad as initially feared.

7.1 Parents

7.1.1 How are the parents going to react?

Almost anything is possible: **Every time someone comes out to his/her parents, the reaction is completely different** – some parents are relieved because they finally know what the problem is; others have seen this coming for a long time; others are rational and understanding at first but react emotionally and repudiating later; some are reluctant in the beginning, etc. We all must be aware that parents, too, need some time to cope with the new situation – allow them that time. Nothing can be forced.

7.1.2 Have the parents made a mistake?

Many parents tend to blame themselves for their child being trans*. As already mentioned in chapter 1.2, a person's upbringing only determines how well that person can cope with personal problems, not whether that person is trans* or not.

Therefore, let's emphasize one more time, the parents have no influence whatsoever on their child being trans*.

7.1.3 What can the parents do now?

First of all, it helps to know that your parents support you, even if they cannot understand what exactly is going on or why something happens.

It always helps if they get detailed information in the subject.

Some family members may decide to undergo family therapy together with the trans* relative, at least for a while.

7.1.4 What should parents refrain from doing?

Parents should not exert pressure, emotionally, financially or try to blackmail their child in any other way. No one is trans* because he/she wants to annoy his/her parents or make them look bad in front of the neighbors. Neither is the child ungrateful or inconsiderate. The decision to transition is a major one and no one makes it lightly.

Parents should always respect that their children, too, have the right to pursue happiness.

7.2 Relationship

7.2.1 How is my partner going to react?

Many trans* people find it difficult to come out to their boyfriend or girlfriend. And many partners find it difficult to cope with the new situation – being open and honest with each other, usually is the best recipe for solving all problems.

Most partners feel that the inner tension is rising more and more. Refusal to exchange hugs and kisses, sexual or other problems the partner speculated about may already have occurred prior to the coming out. If you come out to your partner in time and calmly you may get through the time of transitioning together and (maybe) you'll still be together afterwards.

In case of relationship problems a couple therapy might help.

However, one must not forget that the partner's core personality cannot be altered – and in some cases all the love in the world is not enough to turn a lesbian into a heterosexual woman for example. She might not be able to love and caress her partner's new male body, no matter how much she used to love it in its female form (or vice versa). Just like the trans* person, the partner, too, has a right to his/her own life!

7.2.2 What happens, if divorce cannot be avoided?

Always keep in mind that you have lived together for quite a while, you have built a lot together and may even have mutual children. Therefore both spouses should always respect the decisions of their partner.

Both must not forget that their partner is undergoing a difficult time, as well. Accusations and petty quarrels do not help and only cause your partner and yourself more pain.

In case of a divorce both partners may have mutual entitlements, just as with any other divorce. Trans* does not change that! **Even changing one's legal gender does not dispense one's ex from paying alimonies.**

7.3 Children

7.3.1 Am I going to lose custody?

Absolutely not!

Nowadays, German youth welfare offices understand that the child's well-being matters most.

Most children do not suffer because a parent transitions but rather if they are completely separated from that parent (they might not even know, why they are no longer allowed to see that parent).

In some cases a supporting therapy may be helpful for the child.

7.3.2 Who gets custody in case of divorce?

Same as with any other divorce, the child's well-being must be the main focus.

Trans* alone is no reason to give the other partner custody. Research results show that children of all age groups can cope with a parent's transition rather easily – on the other hand, they do suffer in case of a dirty battle for custody.

7.3.3 Can I adopt children after the transitioning?

Theoretically yes – however, many married couples are waiting for a foster child already. Thus, the chances of a trans* person and his/her partner are not so good. Although family law has been normalized more and more, foster agencies tend not to see trans* people their first choice when picking new parents for a child.

On the other hand it is usually quite easy to adopt your spouse's children.

7.3.4 What else can I do to get children of my own?

Artificial insemination is an option, of course – however, hiring a surrogate mother is illegal in Germany and using a sperm donor is only possible under certain circumstances. Once you have changed your legal gender you are classified as infertile your female partner can be inseminated with sperm from a donor.

It is theoretically possible to have your own ova (or sperm) frozen prior to surgery in order to be possible to have your own child after you have transitioned. However, the quality of frozen cells degrades with time.

7.4 Work

7.4.1 Can I be fired?

No!

The European Court of Justice has ruled accordingly. In addition, you can refer to the Common Equality Act ("Allgemeines Gleichstellungsgesetz"). Discriminating against someone because of trans* is discrimination on grounds of gender and therefore no valid reason for dismissal.

If you are being fired just for being trans*, you should refuse to accept the dismissal. If you file a complaint based on labor law, you do not have to pay any fees at first – only in case you lose your case.

7.4.2 Do I have to say that I am trans* when I am applying for a job?

No!

Once you have changed your given name(s) that even applies to professions for which the applicant's gender is essential.

However, there is a difference between applying for a job prior to, during or after transitioning – depending on the stage of your transition; a future employer will have to deal with a higher absence rate due to sickness or other inconveniences that may be relevant when hiring a new employee.

It helps to get as much information as possible about your possible future employer. Most of all, you should be aware of the possible consequences of an unnecessary outing.

7.4.3 The job center wants to find a job for me based on my "old" gender?

The job agency should try to place people in accordance with the gender they identify with, even prior to the change of given name(s) and/or legal gender – otherwise problems are destined to occur. Unfortunately they are not obliged to do that.

7.4.4 My report cards and references are in my old name – how can I apply for a job using those?

First of all, you should ask yourself, which papers are still relevant when applying for a job. If you have been part of the work force for 20 years, you will no longer need your 8th grade report card.

Using the dgti ID mentioned above, you may try to have your report cards changed to your new given name(s) even before this change has been finalized by court. Another option is to find work using a temping agency. If the agency agrees, they might be able place you based on the gender you identify with. Your "old" data will not be forwarded to the company you are placed with.

Or man you can try your luck and explain why the name on your reports differs from the one used on your application.

Once the change of given name(s) and/or legal gender is legally binding, every person, institution and company in Germany is obliged to change all papers using the new name(s) only (verdict LAG Hamm/Westfalen, 4 Sa 1337/98). However, there are different regulations for civil servants (verdict VG Hannover v. 12.02.2010, 2 A 5587/08).

7.5 School, university and vocational training

7.5.1 Can I begin to transition while I am still at school, university or in-training?

Yes, you can!

If you can no longer handle the psychological strain you are suffering from and are therefore unable to complete your training in the gender assigned at birth, you may begin to transition at any time. Everyone can decide for him-/herself at which point to begin transitioning.

7.5.2 Who do I turn to?

It makes sense to turn to a person you trust (e.g. liaison teacher, class teacher, instructor, etc.). Confide in this person and discuss the further steps to be taken with him/her.

7.5.3 Am I going to be bullied?

This question cannot be answered in general. Situations differ and people are not the same everywhere.

The more at ease you are with yourself, the more positive the reactions of the people around you tend to be.

The rule-of-thumb is: **Deal with the subject in a relaxed and self-confident way and you will reduce the risk premature condemnations** – these usually result from ignorance – and thus prevent the role of victim from being forced upon you.

7.5.4 Can my new given name(s) be used on report cards before the name change becomes legally binding?

That is really up to the institution that issues the report card. In this case, too, a dgti ID can be helpful.

Der TransMann e.V.

Our main tasks are to provide INFORMATION and to SUPPORT!

WHOM?

All those who do not or do not fully identify as female although designated as female at birth. In other words, all FtM trans genders and intersexual people, regardless of how far they have already transitioned.

Parents, relatives, partners, friends, employers.

The general public, media, organizations and other groups.

Public authorities and courts

Psychologists, doctors and hospitals
Experts and treatment centers

Concerning what?

General questions and/or conflicts

General medical questions and questions regarding formalities

How?

Personal conversations and group meetings,
Informational events e.g. at schools, universities,
hospitals

Online information, informational booklets

Public appearances, such as information booths, radio,
newspaper etc.

What else do we do?

Hospital visits, common spare time activities, etc.

Contact Information:

www.transmann.de

E-Mail:

info@transmann.de

Postal address:

TransMann e.V.
P.O. Box 66 22 09
D-81219 Munich

Liaisons:

Christian
Tel: 0170 - 385 13 56
Jonas
Tel: 0171 - 311 33 40

Fax:

08105 - 77 66 121

TransMann e.V. Emergency Telephone Hotline: 01803 851999

(9 Cents per min. from German landlines, 42 Cents max. from German mobile phones)

Please check out our website for information on our **nationwide services**, e.g. further self-help groups/regular meetings, information material etc.

In case you would like to support our club or join us with your own group or regulars' table, feel free to contact our executive committee.

