

The situation of Trans\*Children in Germany  
Report by TRAKINE, [www.trans-kinder-netz.de](http://www.trans-kinder-netz.de)

### 1. Abstract

There is no adequate research about the situation of Trans\*Children in Germany. The published studies are dated or methodological inadequate. In order to gather data the organisation writing this report has put together interview and self report data from concerned families. The law situation and the medical guidelines were analysed. The picture of the situation which is presented here represents the legal, medical and everyday life situation of Trans\*Children and their families. The legal situation in Germany does not take children into account. The medical guidelines do not consider the developmental state of children and so deprive them of therapeutic possibilities. Outdated theoretical models are used in medicine. The knowledge of attending physics or psychologists, representatives of administration as well as of the general public concerning Trans\*Children is absolutely insufficient. Manifold disadvantages and discriminations derive from this with sometimes severe physical and mental impairment for the children. Adjustment of laws and therapeutic guidance is urgently required in accordance with the actual needs and developmental states of the children. Access to modern therapeutic means for all Trans\*Children is claimed. Obligatory courses about Trans\* are required for all professions which work with Trans\*Children, be it medical, psychological, educational or administrative. Educational advertising and intensified research (medical and psychological) are in need.

### 2. The legal situation and the current medical guidelines

Basis for all governmental actions is the “Transsexuellengesetz” (TSG) which originates from 1981. There was a lawsuit against the TSG and in 2011 parts of it were ruled unconstitutional. There are some efforts to reformulate the TSG.

To change the civil status (the officially accepted indication of ones sex, Personenstandänderung, PÄ) as well as your first name (Vornameänderung, VÄ) two independent expertises are required which are to answer the questions of the deciding judge. To be able to execute a VÄ (§1 TSG) and a PÄ (§8 TSG) a positive diagnosis of Transsexuality is required. These legal acts take up to 12 months to be completed. During this long time the applicant is without papers confirming the new identity. It is permissible to act with the new identity before PÄ and VÄ are concluded. Other persons may use the new name but are not obliged to. But there is no entitlement so that very often children experience multiple discriminations in school, kindergarten, with doctors or insurance companies.

### 3. Examples of inappropriate intercourse or discriminative contact of Trans\*Children (Interview and self report data)

1. The head of a kindergarten in a talk about the gender identity conflict of child AB: Maybe this conflict just exists because you respond to his talk. Maybe this is more a problem that you have got.
2. Headmaster of a school according to school administration: You are by law not allowed to use the new name.
3. CD is not allowed to use the girl's changing room and toilet according to her gender identity. She is forced to use the toilet for the disabled and a separate single changing room. The 11 year old girl is discriminated even more by not being addressed with her new female name which is also not used on the school certificate.
4. It was planned that EF, in agreement with the school should be taken out of the sports lessons with a medical certificate from our doctor. Suddenly the doctor revoked the promise. So we had to visit the public health officer. On the phone she did not

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understand what I was talking about and why it was important for EF to not take part in the sports lessons right now. So we made an appointment where I, the mother and the father were greeted by the public health officer who had called a colleague for support. The colleague after being pointed out to that our child was female and should be talked about accordingly complied. The public health officer suspected that there was some kind of mental disorder and that the child should be put into a psychiatric ward. Then she accused us of discriminating our child as we wanted to keep it from sports lessons.

5. We were advised to send GH to an organisation for mistreated children. There the child would be saved from the bad influence of the parents, who were probably addicted anyway. There the child's behaviour would be corrected.

Pediatricians very often do not accept changing of name and sex, some examples

1. You are making a big mistake. You are going to educate your child into schizophrenic disorder!
2. You are a grave danger for your child. How dare you make your daughter into your son.
3. Go to a store and buy new girl's clothes and dress her as a girl again. Some months of severe discipline and you will see, the will of the child is broken.
4. You cannot let this pass and go on!

Health insurance companies often reject the request for a new identity card for the child before the PÄ and VÄ are officially done. Because of this there are many incidents of humiliation and forceful outings in the doctor's office.

### 4. Guidelines

There are medical guidelines from the association of the child and youth psychiatry (Deutsche Gesellschaft für Kinder und Jugendpsychiatrie). The developmental stage of this guideline is S1 according to the criteria of the scientific medical association (Wissenschaftlichen Medizinischen Fachgesellschaften, AWMF). This is the lowest possible standard and is based on the informal consensus of a group of experts. The guideline is ICD 10 orientated. The guideline is on revision right now.

In the guideline it is stated that the first indications of transsexuality can be observed in early childhood.

Two diagnostic criteria have to be fulfilled (citation):

1. The wish to belong to the other sex. For this four of these five subcriteria have to be fulfilled:
  - (1) The repeated voiced wish or insistence to belong to the other sex.
  - (2) Preferred wearing of clothes of the other sex or imitation of appearance of the other sex
  - (3) Pressing and persisting preference of opposite sex role in play or prolonged fantasies of belonging to the other sex
  - (4) Intensive wish to participate in opposite sex games and activities.
  - (5) Strong preference of opposite sex playmates
2. A permanent discomfort about ones own sex.

The following therapeutic strategies are named in the guidelines:

1. Psychotherapeutic intervention which is not aimed at curing the gender dysphoria.
2. An at least one year long everyday life test in the self chosen sex.
3. Application of GnHR or Antiandrogenes blocking puberty
4. Application of opposite sex hormones, preferably not before the age of 16
5. Surgical interventions which should not be started before the age of 18.

In practise very often outdated medical theories are applied:

It might be that the child might just become homosexual in later life, completely ignoring the question why someone being homosexual should reject his/her sexual organs.

Mothers are accused of inducing Trans\*behaviour by keeping adequate sex role models away from their child.

Psychotherapeutic organisations have got no guidelines at all!

### **5. Therapeutic situation**

There are far too less medical and psychological Experts and consultants. To get an appointment at a specialised clinic the waiting period may be up to three months. One is confronted with nescience, incomprehension or depreciative attitude concerning Trans\*Children and their parents. Neither in the medical nor psychological education incorporates substantial information about Trans\*Children. Physicians and Psychologists can graduate their training without ever having heard about this topic at all.

### **6. The following examples, collected from interviews with parents and self report data, demonstrate the insufficient level of knowledge and the discriminating recommendations for treatment:**

1. In the clinic they told us that she now had an attention deficit because of her baby brother.
2. A psychologist told us that JK had a boy's voice which was odd and would not fit to a Trans\*Girl.
3. A Child psychiatrist: "You should not have allowed your child to live as a girl. You have made a mistake." Her report stated that we did not have adequate distance to our educational tasks because we had told her that our child had said that it would rather be dead and we feared that it might run in front of a car.
4. This is just a phase. The child is a divorce child after all.
5. The doctor insisted that the father and me were guilty of he way our child was and that we should have it put into a clinic where it would be treated properly. When we did not consent we were invited back after three months. This time the doctor tried to convince the father that it was all my fault as mother and that the child should stay in the clinic under any circumstances. He did not agree. The child was 4 years old at that time. A psychologist went to the playground with her. They played with the swing and then they "went on a safari". After about 20 minutes they returned and she said that she was sure that the child behaved so strange because of me. According to the behaviour in playing the child was a boy for sure.
6. After a short talk about the child's characteristics we were told that it had a attention deficit. We should not allow it being a girl. There was no need for the doctor to see or talk to the child, which was present and was quite disappointed that no attention was given to it.
7. We asked whether this might be signs of Trans\*. At once she answered that Trans\*Children did not exist. When we pointed out that grown up Trans\*Persons were once children too and often reported about feeling different from early childhood on she answered in a very strong way that this was something else and was of no interest here. She then suggested another appointment to film the child without parents.

### **7. The situation of children and parents derived from the interview and self report data**

Life for Trans\*Children in Germany is still very difficult, as misdiagnosis, wrong treatment and assignment of guilt are very common.

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Nescience of the experts and general public as well as the subsequent insecurity, ignorance and exclusion lead to discrimination.

Whereas self-diagnosis is more and more accepted with adult Trans\*Persons this ability is denied to the children. Consultants often emphasize that adult Trans\*Persons report knowing from early childhood on that they were in the wrong body. If a child of equivalent age says such, experts deny the ability of this child to make any statement about its sex.

Parents, especially mothers are repeatedly accused of inducing Trans\*. In contrast parents very often report about feeling very ashamed of the unusual behaviour of their child, often trying to suppress or change it. Why should they do so, if it was their idea in the first place?

As a consequence of such expert believe often no treatment idea is presented or even worse reparative therapy is tried. This incorporates a stay in a clinic where by conditioning the child is to learn adequate behaviour by the experts standards and unlearn inadequate ones.

This is a grave mistreatment which approvingly accepts mental health problems as a consequence.

Because the medical guidelines allow a very wide range of interpretation substances blocking puberty and opposite sex hormone therapy are used seldom or much too late. The pronounced fear of the children of the onset of puberty and the outcome are taken into account approbatory.

The bleak legal situation for the time between the outing and the complete PÄ and the everyday test leaves the children in a state of indefiniteness and at mercy with society.

During that period Trans\*Persons have no entitlement to enforce the usage of their correct name and form of address. The interdiction of disclosing the birth sex is in effect after the PÄ is finished.

This leads to undesired outings which makes the life of Trans\*Persons very difficult and may very well bring social exclusion and psychological difficulties.

The situation in school is quite often unbearable for the children. The lack of knowledge, the insufficient legal situation concerning the protection of personality and usage of the new name in the everyday test make life in school very complicated.

On top of these problems like the usage of the restrooms or where a Trans\*Child is allowed to change for sports pose additional stress.

Sometimes a Trans\*Child is not allowed to use the restroom of the opposite sex but is pointed to the restroom for the disabled or the teacher's restrooms. In the worst case it is forced to use the restrooms of the biological sex which is a totally inadequate idea.

Often Trans\*Children are also forced to use the changing rooms of the biological sex for sports. Because of this many Trans\*Children refuse to attend sports. Sometimes the doctors do not fulfil the child's and parent's request to help with untangling this situation. Sometimes the headmasters deny that there is a possibility to disengage the child from sports.

This very unsatisfactory situation makes children fear attending school and so ruining their grades.

Physical and psychological diseases can be consequences of this permanent stressful situation.

Most organisations working for the rights of Trans\*Persons concentrate their work on adults. This fact and the almost unbearable situation lead to the founding of TRAKINE ([www.trans-kinder-netz.de](http://www.trans-kinder-netz.de)). Here families of Trans\*Children concentrate their efforts to help their children and make society aware of the deficits in treatment possibilities and educational advertising.