

ATME e.V.

Aktion Transsexualität und Menschenrecht (Campaign Transsexuality and Human Rights)

- REPORT -

The Situation of People with Transsexuality 2016 CEDAW Alternative Report

“Transsexual women are women” we wrote as far back as 21 December 2007 in the introduction to our last CEDAW Alternative Report. However, the meaning of this sentence clearly hasn't hit home everywhere. Transsexual women are women who were born with masculinised physical characteristics. They have a problem with their body not with their gender. The discrimination they face is based on these divergent physical characteristics everywhere in the world. Including Germany.

In the general public, media and politics, women with transsexual bodies are treated as if they are biological men who want to live as women (“transgender”). What is a lifelong physical issue for them is reinterpreted as a question of identity, rendering their concerns invisible. This is done with intent. Transsexual women frequently point out that their physical issue is listed in LGBTTIQ (the second T alongside ‘transgender’) in order to talk about it at all. There are groups in Germany who consciously and purposefully reject this demand for visibility, as they have no interest in having an exchange about variations of the body and women with masculinised physical characteristics do not fit into their worldview.

This Alternative Report will give a voice to women bearing masculinised physical characteristics (transsexuality) and will show what social significance this has for the role of all women if physical divergences from the norm result in women being declared men and only according them legal recognition once they have first declared themselves to be a ‘man’ who “feels like a woman”. Germany too has, just as before, legal regulations (known as the Transsexual Act) and medical diagnoses (‘Gender Identity Disorder’ or ‘Gender Dysphoria’) which render women with physical variations from the norm invisible and whose purpose and aim is to standardise sex and body.

We suggest that in reading this Alternative Report, it is taken into consideration that sex cannot be reduced to a single characteristic. Every

person exhibits different sexual features. ‘Transsexuality’, unlike ‘transgender’, refers to physical characteristics which do not correspond to the person’s sex. ‘Transgender’ refers to the social aspects of gender. It makes sense to differentiate between these aspects as the conflation of the two poses an instrument of power in gender politics.

In Germany, women who are born with masculinised physical characteristics and who are assigned the male sex at birth are, according to the Transsexual Act¹, legally men - based on the official sex record - who are “*under the compulsion*” to live as women. The Transsexual Act further insists that a transsexual woman is not a woman but rather a person who “*on account of their transsexual makeup no longer identifies with the sex recorded in their birth record but with the opposite sex and who has been under the compulsion for at least three years to live in accordance with their perceptions*” (TSG §1 (1)²)

CEDAW
Art. 2
Art. 3
Art. 12
Art. 15

Thus a transsexual woman is presumed to have a serious personality disorder (she is under a “*compulsion*”) and is pathologised as compulsive. This is a clear denial of the right to health, a denial of a sex, a humiliation and therefore a violation of human dignity.

Analogous to this is the authority for a change of first names or recorded sex in the district courts. The court can only agree to a change of first names or recorded sex after “*reports from two experts have been obtained*” (TSG §4 (3)). This is generally a psychiatric report produced at request of the court, as transsexuality is still classed as a psychological disorder.

Art. 8, 9, 10,
11, 12, 15

These evaluations cost up to €5000 and must be paid for by the transsexual person themselves. As many people do not have their papers changed due to the humiliating court process and associated costs, they are disadvantaged in choice of career, education etc. As such, the Transsexual Act poses an attempt to impede the participation of transsexual people in society on equal terms. Medical treatment is also hindered when a woman is classified as a man.

If a person who is not transsexual but experiences discomfort on account of their first name because it “*sounds objectionable or ridiculous, causes significant difficulties in its spelling or pronunciation*”³, their name can be changed at the registry office for a

¹ Transsexuellengesetz [Transsexual Act] is the official short form of the “Gesetz über die Änderung der Vornamen und die Feststellung der Geschlechtszugehörigkeit in besonderen Fällen” [Act for the Changing of the First Name and the Determination of Sex in Special Cases]

² “TSG - Einzelnorm” 2016

³ “Namensänderung nach dem Namensänderungsgesetz beantragen -

small fee (around €25). As soon as one is classified as transsexual however, this possibility is denied them, even though a male name certainly “*sounds ridiculous*” for a woman.

Art. 15

For these reports, transsexual women must frequently have long hair and wear skirts as well as jewellery, make-up etc., to receive their change in first names or recorded sex. The Transsexual Act says that a first name or sex record may only be changed once “*a clear approximation of the appearance of the opposite sex has been achieved*”.⁴ But the point at which a woman outwardly looks like a woman is determined through discriminatory, humiliating stereotypes.

Transsexual women are generally portrayed in this stereotypical manner in the media too, not infrequently wearing a leather miniskirt, fishnet stockings and high heels, and are primarily addressed as ‘sir’, whereas transvestite artists (men in women’s clothing) are always referred to as ‘she’ (e.g.: Maischberger, Tues., 14.04.15, 22:45, ARD⁵).

Transsexual women are portrayed both legally and in the media as men who *imagine* they could live as women because they are under a *compulsion* and thus have a personality disorder, a problem with their identity or gender.

This also has consequences for medical treatment. Here too transsexual women must still undergo psychotherapy for compulsions which is intended to reverse their polarity to that of a man, or to “*reconcile them with their birth sex*”⁶. If this is unsuccessful and if they can prove that they suffer, they may apply for medical treatment as “*ultimo ratio*”⁷, but only after a minimum of 1.5 years of psychotherapy⁸. The National Association of the Medical Service of Health Insurance Providers writes: “*Only if psychiatric and psychotherapeutic means do not alleviate or resolve this stress ratio will bearing the costs for a sex approximation operation become the duty of statutory health insurance providers.*”⁹

Art. 10, 12

Serviceportal Baden-Württemberg” [Applying for name changes under the Name Changes Act - Baden-Württemberg service portal] 2016

⁴ § 8 para. 4

⁵ *Sexuelle Vielfalt: Mann, Frau, egal?* | Maischberger 2016 [Sexual Diversity: Man, Woman, Irrelevant?]

⁶ Korte u. a. 2016, Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V. 2009 [Medical Service of the National Association of Health Insurance Providers]

⁷ Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V. 2009, p. 16

⁸ *ibid* p. 9f

The medically necessary measures are also incorrectly described as “*cosmetic measures*”¹⁰ and portrayed as such in the media in order to produce a negative picture of transsexual people and to justify the refusal of medical treatment.

The media also willingly portrays transsexual women as women with a gender problem (transgender), or an identity problem (transidentity) or as abnormal people, as transpeople or trans*, labels which transsexual people reject, according to a nation-wide survey of transsexual people conducted by ATME e.V.¹¹. Transsexual people prefer to use the word 'transsexual' to speak about the nature of their bodies, which - just as media-effective - is presented otherwise again and again.

This even comes directly from the Federal Government. Not only do they disseminate the false claim that trans* or transgender (= crossdressers, transvestites) are umbrella terms and that transsexual people are included in these, but in a brochure published in mid-2015 with the title 'Sexual Diversity - Terms, Definitions and Disciplinary Approaches to Trans- and Intersexualities', the Federal Family Ministry happily denounced people and groups who publish scientific research, like ATME, portrayed them in a bad light and ascribed motives to them that they do not have. The Federal Ministry for Families refers to ATME as a “*lobby group*” (Federal Ministry for Families, Seniors, Women and Youth 2015, p. 24) and claims:

“The association takes up the unproven neuroendocrinological hypothesis that prenatal hormonal processes pre-structure the human brain and that the brains of men and women are configured differently.” (ibid, p. 26).

*Concerning
Declaration
on Human
Rights
Defenders*

ATME has to date received no response, despite multiple requests, to our enquiry as to how they came to disseminate this and whether they would be prepared to apologise - they refuse.

The Federal Government also attempts to exert a strong influence on reporting by non-governmental organisations. For example, when various NGOs have produced reports (not ATME), they have energetically supported this by producing shadow reports and have influenced the content, including statements on the position of transsexual people, which we find extremely alarming. The Federal Government also

⁹ ibid p. 12

¹⁰ ibid p. 10

¹¹ ATME e.V. (2016): Wer diskriminiert? Wer ist eine Hilfe? Umfrage unter geschlechtsvarianten Menschen.[Who discriminates? Who is an aid? Survey of diversely sexed people] (available from ATME e.V., Strassenäcker 9, D-71634 Ludwigsburg)

attempts to influence future shadow reports on the social pact and has already invited several NGOs in for this purpose.

In 2015, the Federal Antidiscrimination Office also sought to portray transsexuality as a variation of gender identity within the context of the themed year 'Same Rights - Every Sex'. Organisations like ATME e.V. who point out that women with masculinised physical characteristics are not "men with gender incongruence" were not invited at all. After enormous pressure from our end, we did receive an indication that there could be a potential intention for us to be heard once, however to date, this remains merely promises.

Nothing about the situation of transsexual people has altered since 2008, when we flew to New York for the first time to present our first report to CEDAW, and the Federal Government's readiness to change anything ranges from extremely small to non-existent. Quite specifically, we do not see nor have we seen a desire to reform the laws so that women can change their first names and recorded sex without humiliations and high costs during both voting periods - 2009-2013 and in the period since 2013.

This leads to disregard of transsexual women as women and to frequently having sexual umbrella terms imposed on us during assessment and medical treatment.

Art. 6

Because of this disregard of transsexual women as women, abuse and rape is also not viewed as such legally and cannot be prosecuted for.

It is also very difficult to prosecute for hate speech.

In addition to this, medical treatments are deliberately delayed for years and the suffering of transsexual women is increased, as they are supposed to be men for whom the desired treatment is not essential. In our 2007/2008 Alternative Report to CEDAW we criticised the fact that transsexual women are treated as psychologically ill men throughout the medical treatment process, and yet medical treatment in Germany continues to operate on this basis.

This also has repercussions in the workplace. Because of the claims that transsexual people are 'trans*' or 'transpeople', that they have an identity problem or a 'transidentity', prejudices arise and many transsexual women lose their jobs or must accept poorly paid positions. The income of transsexual women is well below average.

Art. 11

“Low incomes of up to 1,300 euros were particularly to be found amongst transsexual people”¹²

¹²Minister for Work and Social Order, Family, Women and Seniors Baden-

An important step would be enabling transsexual women to be able to change their first names and recorded sex quickly and simply at the registry office - without any burden of proof or mandatory counselling - so that they are treated correctly medically and are addressed appropriately. In the job market too, during applications and so forth, one is required to have correct identification papers, which roughly 50% of the transsexual women living in Germany still do not have, meaning they are subjected to disadvantages in all areas of life.

Art. 10, 11,
12, 13, 15, 16

There does not appear to be any desire within the major parties (CDU and SPD) to reform the laws so that women can change their papers and their recorded sex unproblematically, without jumping through bureaucratic hoops, and without having to first declare themselves to be a man.

Art. 2

In June 2010, the parliamentary coalition Bündnis90/Die Grünen submitted a bill¹³ which would have largely met the demands of the CEDAW Committee. As the Bündnis90/Die Grünen coalition did not belong to the ruling parties (at that time CDU and FDP), the bill was rejected.

From our perspective, the requests of the United Nations have not been acted upon.

Art. 2, 24

In Geneva in February 2009, a meeting of the CEDAW Women's Rights Committee took place covering Germany. At this meeting, Prof. Silvia Pimentel said:

“It is paradoxical that transsexual woman are first labelled as psychologically ill men in order to be accepted as women. This must stop.”

Germany was also called upon to enter into contact with affected women and their organisations. This did not happen. In May 2011, this demand was made again to Germany by the Committee of the UN Social

Württemberg (2014): "Onlinebefragung zur Lebenssituation von LSBTTIQ-Menschen in Baden-Württemberg". [Online questionnaire on the life situation of LGBTTIQ people in Baden-Württemberg] Source: https://sozialministerium.baden-wuerttemberg.de/fileadmin/redaktion/m-sm/intern/downloads/Downloads_Offenheit_und_Akzeptanz/Onlinebefragung_Aktionsplan_Akzeptanz_2014.pdf. (20.04.2016)

¹³“Entwurf eines Gesetzes über die Änderung der Vornamen und die Feststellung der Geschlechtszugehörigkeit [Draft of a law on the changing of first names and the determination of sex] (ÄVFGG)”. German Bundestag, 17th election period, printed matter 17/2211, of 16. 06. 2010. Source: <http://dip21.bundestag.de/dip21/btd/17/022/1702211.pdf> (21.04.2016)

Pact and it was recalled that this demand was already made in 2009 in connection with CEDAW. The United Nations also repeated the demand in November 2011 in the context of the CEDAW follow-ups. Germany was requested by the UN to ensure that it

“takes additional steps to enter into a dialogue with the relevant non-governmental organisations in order to better understand their demands and to develop steps for the effective protection of the human rights of transsexual people, in particular, by reworking the Transsexual Act in light of current medical/scientific findings”.

The strategy of the Federal Government has been quite different so far: scientific findings are questioned and they continue to speak about women with masculinised bodies being men with an identity issue. All meagre engagement with this topic by those politically responsible has so far been based on this logic.

General Dissatisfaction with Media Representation

In a survey we conducted between December 2015 and January 2016, we wanted to know, among other things, how satisfied people who do not correspond to sex norms are with media reporting. The results showed that the majority of people surveyed are dissatisfied with reporting. Transsexual women are regularly portrayed as men who want to be women instead of acknowledging that they are dealing with women with masculinised bodies.

Art. 2, 5, 7,
10

Examples of despicable media reports:

“It would be medically and socially easier to change the biological sex. From a feminist perspective, this causes a problem.” (Transsexualität – der Trend zu Trans. [Transsexuality – the trend to trans.] Zeit Online, Andrea Roedig 14.12.2015)

“Transsexual wants ‘perfection’. This is what a man looks like after spending 70,000 euros on cosmetic surgery” (Focus Online, 09.01.2016)

“New name, new job, new gender. She is no longer a man.” (Quote: Eine Transsexuelle berichtet, was sie nach ihrer OP erlebt hat [A transsexual reports what she experienced after her op], jetzt.de, 3.3.2016, Max Sprick)

Complaints about reporting are not taken seriously. Neither the so-called Broadcasting Council nor the public broadcasting companies nor the state media authorities - as those responsible for private broadcasting -, nor the Press Council, as organ of the voluntary self-monitoring of newspaper providers have hitherto shown a significant interest in changing the underlying tone of reporting.

Both feature and television films regularly fall back on clichés, portraying women with transsexuality as men who want to live the role of a woman.

It would be wonderful if film-makers would also take up the challenge to grapple deeper with the question of what sex is. Why women who are assigned the male sex at birth due to the condition of their bodies are also regularly portrayed in films as if they are men in women’s clothes is a question that is well overdue. The questions of what bodies women must have in order to be considered valid women and what gender stereotypes are being disseminated here in German film productions are also worth asking.

Inconsequential Revision of the Diagnostic Criteria in the ICD / Health Insurance Providers

In our 2007/2008 Alternative Report to CEDAW, we criticised the fact that transsexual women are treated by medical professionals as psychologically unwell men, yet medical treatment in Germany continues to be based on this.

Art. 2, 3, 5,
7, 8, 10, 11,
12, 13, 15, 16

In 2009 the MDS (Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V. [Medical Service of the National Association of Health Insurance Providers]) published a guide to assessments of transsexuality which regulated the cost absorption of statutory health insurance providers (quote: MDS_Papier). Here it says:

Transsexualism refers to a specific type of gender identity disorder. [...] The long-lasting certainty of feeling a member of the biologically opposite gender, the rejection of the role expectations associated with the biological sex¹⁴

Transsexual people are imputed with a psychological disorder and the desire to fulfil a gender role. This is not only extremely distasteful and disgusting, it is also humiliating and inhuman. The following statement by Dr. Pichlo of the North Rhine MDK is therefore hardly surprising:

The social-medical evaluation of medical measures for transsexuality through the MDK must firstly come from a basis of psychiatric or psychotherapeutic treatment or process report of an authorised service provider.¹⁵

Before any medical assistance, a woman who was assigned the male sex at birth on account of her body, is first required to live 'as a man' and to play the role of a woman in stereotyped getup. This ensures that affected women regularly experience this obligation as psychologically damaging and have no guarantee that they will not be traumatised.

¹⁴Directive of the GKV National Association to ensure uniform assessment according to § 282 para. 2, clause 3 SGB V, page 7. Source: https://www.mds-ev.de/fileadmin/dokumente/Publikationen/GKV/Begutachtungsgrundlagen_GKV/07_RL_Transsex_2009.pdf (1.07.2016)

¹⁵Event on 15 March 2013 20:00-22:30 at TxKöln. Questions addressed to Dr.Pichlo of North Rhine MDK. Source: <http://tgd.transgender-germany.de/daten/Standards%20und%20Leitlinien/2013-03-15%20Pichlo-Veranstaltung.pdf> (1.07.2016)

It is important to remember that simply changing the diagnostic criteria is not sufficient to safeguard or improve medical treatment.

In 2013, 'Gender Identity Disorders' was replaced in the DSM V, the APA's (American Psychiatric Association) manual of psychiatric disorders, with 'Gender Dysphoria'. The DSM also has a huge influence on the further development of the ICD and on medical guidelines in Germany.

In 2013, the German Society for Sexual Research (DGfS) conducted various consultations throughout Germany. Self-help groups were invited to voice an opinion on the revision of the diagnostic criteria. The questionnaire took place under the heading "Creating Gender Dysphoria Guidelines" so that a true critique of the diagnostic position was impeded from the beginning by the DGfS. Although ATME e.V. was not invited to this discussion forum, we were able to participate in a discussion forum in Freiburg in October 2013 and suggested the diagnostic criteria be changed so that women with masculinised physical characteristics are treated as women throughout the medical treatment process and not as men with gender problems. This criticism was recorded but had no influence on the medical debate. There is no genuine interest in a fundamental change to the criteria - one which acknowledges the sex of the women.

We do consider the concept of a 'Gender Dysphoria' a slight improvement on 'Gender Identity Disorder', but as long as women with body variations are still told they are men with a gender problem, it is relatively insignificant whether their gender problem is seen as a psychological disorder or as a divergent gender identity. There certainly does not appear to be any intention to stop considering transsexual people to be people with an identity disorder and the desire to dress in an idiotically stereotyped manner.

When a woman is suffering on account of her masculinised body, the theme of the medical treatment should not revolve around a 'gender identification', but around suffering due to a masculinised body. If this suffering is present, medical treatment should be derived from this.

The Federal Government and the German Society for Sexual Research (DGfS) are aware of our criticisms but have little interest in further development and engagement with our material.

Representatives of the so-called 'sexual research', who were even mentioned in the last CEDAW Alternative Report of 2008, have shown themselves to be unimpressed by the wishes of the UN Committee. In an article appearing at the start of 2016, Alexander Korte, Heinrich Schmidt, Hartmut A.G. Bosinski, Maik Mersmann, and Klaus M. Beier wrote that they view transsexual girls as boys with an identity disorder and support conversion therapy (quote: Zur Debatte über das TSG: Abschaffung der Begutachtung zur Vornamensänderung auch bei Minderjährigen mit der

Diagnose Geschlechtsidentitätsstörung? [On the TSG debate: removal of assessment for change of first name also for minors with a Gender Identity Disorder diagnosis?], Zeitschrift für Sexualforschung [Journal of Sexual Research] 1/2016):

“[...] that the child is accorded room for development and sufficient time to sound out their profound identity conflict and to reconcile themselves with their birth sex.”

Korte, Schmidt, Bosinski, Mersmann and Beier explain in their article that they deem transsexuality an identity disorder and that girls with physical variations may also be boys who later experience a “homosexual coming-out”. If a girl with masculinised physical characteristics behaves as a girl, this behaviour is a “gender-atypical behaviour”, according to the authors.

We are pleading for the creation of a framework that would protect people from this kind of inhuman external determination and sexual standardisation. Conversion therapies as propagated and offered by Korte, Schmidt, Bosinski, Mersmann and Beier are to be punished as violations of human rights. It follows that the providers of such measures should be charged with a violation of the convention against torture and criminally prosecuted. Damages must also be paid to the affected people. In principle, all treatments carried out under the diagnosis 'Gender Identity Disorder in Childhood and Adolescence' must be punished as torture-related methods.

Gender Identity as Instrument of Power

“Transsexuality” concerns the knowledge of one’s own body and means that physical characteristics deviate from one’s sex. Everyone has this knowledge about their own physical characteristics but it particularly comes to the fore for people whose physical characteristics do not correspond to the - socially constructed - norm. Transsexual people can also be people who have received an intersex diagnosis.

The false logic imposed on women exhibiting masculinised physical characteristics (transsexual physical characteristics) that their desire for their bodies to be corrected is a result of 'gender identification' also excludes the existence of transsexual women who criticise social 'gender' norms. But women who do not recognise stereotypical gender norms and who are yet transsexual do exist. These are victims who are rendered invisible, a rendering that the German state participates in. In the state report to CEDAW (quote: CEDAW/C/DEU/7-8¹⁶), it says:

Analysis of the factual and legal situation of transgender persons. (48/48)

So far, there has been no sign that the Federal Government wishes to understand the topic of 'transsexuality' in addition to 'transgender' (short: 'trans*'). These gender-stereotyped concepts of sex even appear in publications from LGBT lobby groups. A 2005 brochure from the youth network Lambda Bayern e.V. says:

“Being trans*, on the other hand, means that one simply feels it is wrong to be addressed and treated as a member of their birth sex. When the person is treated as a member of their chosen gender, however, this feels astonishingly correct.”

A survey of women with transsexuality recently published by ATME¹⁷, on the other hand, gives a different picture. In answer to the question of what phrases were felt to be the most discriminatory, the terms “sex change”, “chosen gender” and “born a man” were listed in the top 5 most discriminatory terms. Even within the supposed 'LGBTTIQ community', around 45 percent have reported “misgendering” and over

¹⁶Consideration of reports submitted by States parties under article 18 of the Convention. Seventh and eighth periodic reports of States parties due in 2014. Germany*

¹⁷Wer diskriminiert? Wer ist eine Hilfe? Umfrage unter geschlechtsvarianten Menschen. [Who discriminates? Who is an aid? Survey of diversely sexed people] (11/2015 - 01/2016)

50 percent have reported a “re-interpretation of their own gender self-identification”.

Women who protest about being classified as a 'transwoman' or 'transidentified woman' commonly experience their complaints being dismissed. The commonest reason given for this dismissal was that 'transsexuality' is the same as 'transidentity' ('transgender') and that it is simply a matter of two different terms being used for a single phenomena that is one and the same.

A brochure from the Federal Families Ministry titled “Sexual Diversity - Terms, Definitions and Disciplinary Approaches to Trans- and Intersexualities” which was published mid-2015, writes that 'trans*' and 'inter*' in the Germanophone sphere

“have become widely used, broadly comprehensive umbrella terms for a diversity of transsexual, transidentified, transgendered etc. or intersexual, intergendered, intersex etc. identities.”

This definition implies that women with a physical issue are exhibiting an identity issue. The majority of those surveyed for the ATME discrimination survey reject the idea of a divergent 'gender identity'.

3. Best Practice

*Best Practice
Stuttgart
Declaration*

At the beginning of 2015, human rights experts, medical professionals and psychotherapists got together in Stuttgart to work on the “Stuttgart Declaration” to improve the situation of transsexual people. This is an ethical declaration of principle on how people whose bodies do not correspond to their actual sex should be treated during medical or psychotherapeutic treatment. The central message of the declaration is recognising that every person possesses a sound knowledge of their own sex. When this knowledge is respected during medical and psychotherapeutic treatment, this results in treatment without the interpretation of a person's gender.

According to the Stuttgart Declaration, a woman who seeks medical treatment because of her body's divergence from her sex and wants to receive assistance should not have the self-understanding of her own sex called into question. The medical treatment should instead be focused on the actual object of treatment. Forcing a woman to declare herself to be

a man who wants to live in the role of a woman (in the gender of 'woman') in order to receive medical assistance is an abuse of the fundamentals of medical ethics as laid out in the Declaration of the World Medical Association in Geneva (quote: Declaration).

The Stuttgart Declaration has since been signed by numerous prominent people, among them social scientists, church representatives but also medical professionals and psychotherapists.

We have confidence that the Stuttgart Declaration can contribute to better medical and psychotherapeutic treatment for transsexual women. We would be very pleased if the declaration became the impetus to adapt the diagnostic criteria accordingly and promote acceptance. An important step in enabling this is the reform of the legal situation. As previously mentioned, creating the option for women to whom the male sex has been assigned at birth on account of their bodies to have their sex record changed cheaply and without psychiatric or humiliating assessments is an important step to take in improving the medical situation. The legal option must - also in terms of equality - be open to all people.

There are states which already have such laws and options. They include, among others, Argentina, Malta and Norway. These countries allow people to have their sex record corrected on application - at the cost of an administrative fee and without any sort of psychiatric and/or humiliating assessment.

4. Demands and Recommended Approaches

Demands

- Recognition of transsexuality (tied to knowledge about physical sex divergence) as an issue alongside transgender
- Legal option of correcting the sex records for such people (as already demanded by the UN in 2009) without medical or diagnostic conditions
- Recognition of ethical guidelines during medical treatment (Stuttgart Declaration)
- Policy of having voices heard, based on human rights
- Improved medical situation
- Banning of all forms of hate propaganda and hate speech
- Calling conversion therapy the human rights violation that it is (violation of the CAT) and making it punishable

Above all, improving the situation of women who were assigned the male sex at birth on account of their body requires a law reform. Every person must have the option of having his/her first names and sex record changed without this being tied to specific medical or other requirements.

It is also important that a social debate about sex is initiated and that the Federal Government demonstrates a serious interest to make this happen. Women with transsexuality, that is, women with physical characteristics that diverge from the (stereotypical) norm and who are not prepared to conform to a gendered worldview that makes them into what is defined as men who 'want to live as women', must be included in such discourses, particularly critical voices, such as ATME e.V..

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