

# **Leidensdruck: Gender Confirming Procedures and the Quality of Life of Transgender Individuals in the United States and Germany**

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## **ABSTRACT**

President Obama's recent inaugural speech included the call for equal rights for members of the GLBT community. Among the issues especially transgender people face are access restrictions to transition related health care. This project examined the implications for transgendered people in terms of access to gender-confirming surgical procedures and how this affects their quality of life. The sites of this study were the United States and Germany, two countries using the same parameters to determine if a person suffers from Gender Identity Dysphoria, the clinical diagnosis required to undergo gender-confirming procedures. In the US these procedures are widely not covered because they are labeled elective or cosmetic. German law on the other hand mandates full health insurance coverage as surgery is considered a necessary and effective treatment of a clinically established condition.

This project used quantitative data collected with questionnaires and qualitative data in the form of life history interviews. It compared the results of the National Transgender Discrimination Study with responses to a selection of the same questions by transgender Germans. Findings indicate that access to transition related care via health insurance improves the mental and physical wellbeing of individuals whereas access limited due to lack of coverage can be detrimental. Life histories were evaluated according to the Grounded Theory approach to identify common themes throughout the narratives. The participants reported lower rates of depression and drug use after gender-confirming procedures and a generally higher quality of life. Yet due to the small size of the German sample these findings are not representative. Furthermore, even though gender-confirming procedures are effective, they should not be understood as mandatory for trans or gender-nonconforming people.

## INTRODUCTION

Transition: noun

1. a: passage from one state, stage, subject, or place to another  
b: Change a movement, development, or evolution from one form, stage, or style to another
2. a: a musical modulation  
b: a musical passage leading from one section of a piece to another
3. an abrupt change in energy state or level (as of an atomic nucleus or a molecule) usually accompanied by loss or gain of a single quantum of energy

Transition – the online version of the Merriam-Webster dictionary defines the word, which was first used in this form in 1948, as cited above (Merriam-Webster Incorporated 2013). This honors thesis paper is connected to the phenomenon of transitions. On the first glance it is about people who have completed their personal passage from the gender they were assigned to at birth to the gender that corresponds to the way they express themselves. Yet it is also the product of the personal evolution of an anthropologist's personal evolution in connection to the science of anthropology and her thoughts and experiences in relationship to the subject of her research.

The German term *Leidensdruck* was instrumental for the legal process leading to the mandatory coverage of gender confirming surgical procedures in Germany. There is of course no equivalent word in the English language. *Leiden* means 'suffering', *Druck* verbatim 'pressure' of the words combined to make up the term. The concept itself behind the term refers to the increasing burden exerted on an individual due to the amount of suffering experienced in regard to a situation causing a substantial amount of physical and/or mental distress.

This project sought to understand the context of different experiences of a particular population in two different countries, the United States and Germany. It focused on a very small

section of the general population, those who identify as gender nonconforming or transgendered. These individuals often feel that their physical sex or the gender they were assigned as at birth does not correspond with their psychological and or physical gender. This can have severe consequences for their self-esteem and quality of life. It is estimated that globally the numbers of individuals that fall into this category range between 1 in every 11,900 to 37,300 males and 1 in every 30,400 to 107,000 females or that there is a ratio of four Male to Female (MTF) for every one Female to Male (FTM) (Meyer W 2001, 3) (Sutcliffe P 2009, 295). Converted into percentages only a very small fraction of a percent, or less than 0.0084% of the population, is ever diagnosed with Gender Identity Dysphoria (GID). No actual data has been collected in most parts of the world, which prompted the need for more academic investigations. It is not clear how many of those individuals proceed from psychotherapy to hormonal therapy and lastly gender confirming surgical procedures such as breast reductions, breast implants and genital surgeries commonly associated with the term Gender Reassignment Surgery (GRS).

I have chosen to use the abbreviation GRS sparingly throughout this paper as the notion of re-assignment is problematic in itself. The recent introduction of the phrase gender confirming procedures, discussed at events such as Gender Odyssey 2012 where I was in attendance, has a less pathologizing undertone than the concept behind the term re-assignment. People who are on this difficult journey want to affirm or confirm their true identity more than they want to be associated with the implication that they are changing or are passively reassigned to their gender. A medical professional usually marks the gender of a newborn by determining if the outer genitalia of the newborn are visually male or female. Gender assignment refers to the process by which medical professionals determine the gender of a newborn within the intersex spectrum,

those that are exhibiting external ambiguous genitalia. The process surrounding the gender determination of intersex children is highly scrutinized today, as often neither the parents nor the child were included in the determination process in the past<sup>1</sup>. The connotation of assignment and reassignment is therefore problematic for transgender or gender non-conforming people. By using the neutral term ‘confirming’ these associations are avoided. Furthermore, the idea of a person confirming their gender acknowledges their active involvement in the decision making process as an informed, consenting adult and gives them power over the process. Lastly I chose to widen the scope from genitally invasive procedures to include other methods aiding in the confirmation of one’s gender such as facial feminization techniques, unwanted hair removal via laser or electrolysis, hormone treatment, voice therapy and so forth.

Theories and numbers may not speak as clearly as actual living people; the following was intended to provide the overview regarding my motivation to do this research. I grew up and lived in Germany for thirty-three years. A close friend of mine transitioned from female to male over the course of four years during the later stages of that time. This individual followed the steps as provided by *The Harry Benjamin International Gender Dysphoria Association's Standards of Care for Gender Identity Disorders, Sixth Version* (Coleman 2012) and finally underwent multiple gender confirming surgical procedures, which were paid for by his state-sponsored health insurance. After moving to the US another person crossed my path, a MTF individual who was in the middle of her transition process. She followed the same steps laid out by Coleman et al. (2012), however had to be responsible for funding out of her own pocket, as these procedures are not covered by her health insurance provider. Recent efforts by the Human

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<sup>1</sup> See Literature Review Fausto-Sterling, Chapter 3

Rights Campaign Foundation has resulted in a significant increase in US employers extending transition related care benefits to their employees (Fidas D 2012)<sup>2</sup>. This is a step forward toward equality, however many people still fall through the cracks, as they are not fortunate enough to have gained access to these employers and the benefits.

This difference sparked my interest to investigate whether the experiences of transgendered people are so dissimilar on an economic level in those two places on the globe, to illuminate the reasons why and to ponder the repercussions. These two different cases of transgendered people I knew well also initiated my curiosity to explore which other cultural and social factors might be connected to the transgender experience in these two Western societies that do not seem so different from each other to the casual observer.

Some of my questions came from my personal experience as I have lived in each of these two countries for many years. I am aware that my personal viewpoints are biased by the way that I happen to have personal ties to the issue. However, this positionality also enables me to provide an inside perspective into the lives of this unique group of people. Not a day goes by without witnessing the reactions of complete strangers staring at my American friend who cannot completely hide the fact that she was not always a woman. My German friend barely draws any attention to himself, partially because it is generally easier to transform a female body into a male body than vice versa (McGee J 2009, 107). This also initiates other questions such as if one of the underlying problems might be the perceived male privilege which could be interpreted as

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<sup>2</sup> "Through the intensive educational and consultative efforts to address health care and insurance disparities for the transgender population and their families, including: outreach to leading health insurance companies direct consultation with both fully and self-insured employers to modify their health care plans and collection and dissemination of cost and utilization data from leading businesses, the HRC Foundation led a five-fold increase in the number of major U.S. employers affording transgender-inclusive health care coverage, from 49 in the 2009 CEI to more than 200 in the 2012 CEI." (Fidas D: 3)



questioned by MTFs and presumably reinforced by FTMs. (Levy 2011)

Additionally I grew up with the United States represented to me as the Land of the Free and the Home of the Brave as well as learning about the values of Liberty and Justice for All proclaimed in the *Pledge of Allegiance*. I was also aware that the US is regarded as the birthplace of many human rights movements such as the Gay Rights movement in the late 1960s, which to a certain degree also speaks for gender nonconforming individuals. Still today people identifying as Gay, Lesbian, Bisexual, Transgendered or Queer are sometimes lumped under the same Gay Rights umbrella, even though their issues may be vastly different from each other. However, in spite of the long history of several human rights movements transforming the political and cultural landscape of the United States, transgender rights are less acknowledged here today than in Germany. Germany itself has a history of human rights violations during the Third Reich<sup>3</sup>. Not only were Jews sent to concentration camps, but also very strict laws against homosexual and gender nonconforming people were publicly endorsed and enforced (Levy 2011). The way transgendered people are experiencing everyday life in those two countries today appears to be somewhat of a paradox given the historical background mentioned above. This research was partially also trying to explore the sociocultural and economic context behind this dilemma.

The hypothesis I formulated for this project was as follows: It is beneficial, not only for the individual, but for society at large, when individuals established to be distressed by Gender Identity Dysphoria have unrestricted access to surgical and nonsurgical gender confirming procedures as therapeutic and preventative health care measures. The overarching research question I aimed to investigate was: What are the sociocultural and economic differences that

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<sup>3</sup> I am aware that the Declaration of Human Rights was signed in the aftermath of World War II and those horrific deeds

factor into the transgender experience in Germany and the US? More specifically this research sought to investigate the following subsets of questions: How and why did the economic differences develop in the way GRS is financed in the US and Germany? What are the implications for transgendered people in both countries in terms of their quality of life (QOL) and the associated *Leidensdruck*?

Contemporary anthropology is associated with the study of underprivileged communities within a culture; traditionally non-western cultures were the main focus in the past. This honors thesis attempted to document the existence of populations within Western society stigmatized and disadvantaged by the increasing burden of suffering, a term that loosely translates the German term *Leidensdruck*. This research aimed to be meaningful in filling the gaps of knowledge still present and hopefully will move not just the US and Germany, but the global community one step closer to achieve “Justice for All”.

## LITERATURE REVIEW

### Legal and Economic Differences in the US and Germany

Udo Rauchfleisch provided the context for the thought processes and courtroom fights leading to the mandatory health care coverage for most gender confirming surgical procedures in Germany in his book *Transsexualität-Transidentität: Begutachtung, Begleitung, Therapie*<sup>4</sup>. The author is a professor for clinical psychology at the University of Basel in Switzerland. Rauchfleisch argues against the notion that transgendered individuals are suffering from a psychological disease manifesting itself as gender dysphoria. He reasoned instead that a

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<sup>4</sup> Translation: Transsexuality - Transidentity: Evaluation, Guidance, Therapy

transgender identity is within the normal variation in the broad spectrum of gender identity, which is not confined to either male or female. Therefore their mental health should be regarded in the same range of psychological health or illness regardless of their gender identity just like the rest of the population (Rauchfleisch 2006, 22).

Rauchfleisch also discussed the reasoning behind health insurance coverage for gender confirming procedures in Germany. The jurisdiction at present is that health insurance providers have to cover the cost for gender confirming procedures if there is significant proof that the condition of the individual does not improve with psychotherapy and hormonal measures alone. The technical term used is “Leidensdruck”, loosely translated as suffering. However the term implies a significantly diminished quality of life as a result. Therefore the argument is as follows: If the internal conflict between physical gender markers and psychological identification with the opposite gender is too high so that this can only be resolved by gender confirming procedures, health insurance coverage is mandated by German law (32-33). It follows that the goal is to improve the quality of life of the individual with the help of surgical procedures in order to avoid long-term costs such as therapy, medication or hospitalizations due to related health issues (50). Under German law, not only gender confirming surgical procedures, but also facial hair removal has to be covered for MTFs (111). The setback is however that the law implies that psychotherapy has to fail as a prerequisite for gender confirming procedures approval, instead of the notion that it uncovered the underlying reasons for the suffering of the individual. The author, as well as many others, questions the social norm of gender binary at the bottom of it all (147-150) however this is beyond the scope of this proposal.

The highest German court of law made the official decision to include gender confirming procedures to the list of procedures covered by health insurances in 2005 after an eight year long appeals process (BVerfG 2005). Since 1981 another law in Germany regulated the legal requirements for transition and defined the rigid steps necessary to be able to change the gender marker in documents, the Deutsches Transsexuellen Gesetz (BGBl 2009). The Bundesverfassungsgericht has recently ruled it unconstitutional as the law mandated surgical procedures for transgender Germans in order to be legally eligible to transition (Prantl 2011). The recent ruling was on the basis that gender couldn't be confined to a physical phenomenon. It is also connected to emotions and feelings, which may or may not have anything to do with the physical body of the individual. This was a big step towards human rights as this also made forced sterilization procedures unconstitutional in Germany.

### **Therapeutic, Cosmetic, Essential – Where to Draw the Line?**

Bogdanoski (2009) compares and contrasts different procedures that are viewed as cosmetic surgeries, and divides them into nontherapeutic and therapeutic procedures. He makes an interesting point in pondering if gender confirming surgical procedures might be perceived as a socially unaccepted body modification in the US instead of plastic surgery, which is defined as a therapeutic procedure (Bogdanoski 2009, 506). He states on page 508:

Body-modification procedures such as ... gender reassignment surgeries, apparently confined as they are to sexual minorities and subcultures, are particularly singled out as deviant and unnatural by the dominate culture and even by the psychiatric profession, which pathologises individuals seeking these procedures as suffering from mental illness.

The classification of transgendered people as having a psychiatric condition won them in Germany the access to health insurance coverage. However the stigma of mental illness attached

to the diagnosis is questionable and highly problematic in itself, which is also addressed by others such as Rauchfleisch below (Rauchfleisch 2006, 33).

In the 2001 *Standards of Care for Gender Identity Disorders* Meyer et al. stress that “sex reassignment is effective and medically indicated in severe GID” and that gender confirming surgical procedures are not cosmetic and therefore elective procedures, but ultimately the only treatment for gender identity dysphoria. Yet the authors do not openly advocate for medical insurance coverage and do not compare and contrast the benefits for the individual and society which prompts this paper as a further step towards the exploration of the topic.

An interesting source concerning gender confirming surgical procedures is found in US tax laws. There has been an ongoing debate when in 1990 certain kinds of breast surgery for cancer patients, laser eye surgery, and expenses related to egg donation have been added to the list of medical expenses that are tax deductible (Comer-Jones 2010, 698). The initiative of an individual MTF began a long process starting in 2006 to add gender identity dysphoria related costs to the list and this was finally settled in 2010. “The Tax Court found that GID satisfies the statutory definition of disease” (699). This could be potentially very important for the financial future of transgendered people in the US. A partial step towards equality might have been achieved by this ruling through the addition of gender confirming surgical procedures and hormone treatment costs to the list of tax-deductible medical expenses (701). However more investigations are needed towards health insurance coverage in the future.

### **Transgender Discrimination**

The first report on the National Transgender Discrimination Survey, or NTDS, entitled *Injustice at Every Turn* (Grant J 2011) was published in 2011. It is the first comprehensive

overview over the level of discrimination faced by transgender Americans every day. The researchers under the umbrella of the National Gay and Lesbian Task Force and the National Center for Transgender Equality created an extensive questionnaire and distributed it all over the United States in 2008 to transgender and gender non-conforming individuals. They evaluated 6,450 complete surveys and came to the following key findings listed in the executive summary

(2):

Discrimination was pervasive throughout the entire sample, yet the combination of anti-transgender bias and persistent, structural racism was especially devastating. People of color in general fare worse than white participants across the board, with African American transgender respondents faring worse than all others in many areas examined.

Respondents lived in extreme poverty. Our sample was nearly four times more likely to have a household income of less than \$10,000/year compared to the general population.

A staggering 41% of respondents reported attempting suicide compared to 1.6% of the general population, with rates rising for those who lost a job due to bias (55%), were harassed/bullied in school (51%), had low household income, or were the victim of physical assault (61%) or sexual assault (64%)

The findings of the NTDS were at times difficult to read; yet they are also a testimony to the resilience and perseverance of transgender people. The study was looking into all aspects of life: Demographics, education, employment, health, family life, housing and homelessness, public accommodations, identity documents, police and incarceration, experience of cross dressers, and policy priorities. Each sector contained not only the results of the study, but also individual conclusions and recommendations as well as cross-examination of the implications of the emerging themes. The report also showed that transgender people despite all the obstacles they overcome are our neighbors, co-workers, or classmates. They have careers, families, children, and a support system. Transgender people are a small percentage of the general

population and they deserve to be treated like everyone else. They are on their personal journeys not because of some whimsical notion of wanting to be different but aiming to be themselves.

In *Sexing the Body* Fausto-Sterling provides an overview of the way gender and sex are perceived in the US with sometimes drawing additional information from other regions. Her main claim “is that labeling someone a man or woman is a social decision. We may use scientific knowledge to help us make the decision, but only our beliefs about gender – not science – can define our sex” (Fausto-Sterling 2000, 3). Gender and sex are not static, our perceptions change over time to serve the needs cultural, political, social, religious and other needs of society (5). She gives a lot of interesting historical background information of dealing with intersex and transgender individuals as well as a plethora of biological, psychological and other information related to the politics of sex and gender. The following quote is found as the first paragraph of the third chapter (45):

A child is born in a large metropolitan hospital in the United States or Western Europe. The attending physician, realizing that the newborn’s genitalia are either/or, neither/both, consults a pediatric endocrinologist (children’s hormone specialist) and a surgeon. They declare a state of emergency. According to current treatment standards, there is no time to waste in quiet reflection or open-ended consultations with the parents. Not time for the parents to consult those who have previously given birth to mixed-sex babies or to talk with adult intersexuals. Before twenty-four hours pass, the child must leave the hospital “as a sex”, and the parents must feel certain about this decision.

Fausto-Sterling argues that a child born with ambiguous genitalia should not be regarded as a medical emergency, but as an opportunity for the child, the parents, and the medical community to marvel at the diversity of human life. As the recent case of adoptive parents in South Carolina, who are suing the state of for assigning their adoptive child a gender it does not agree with (Yan 2013) shows, this problem still exists. The requirement of assigning a gender on

the birth certificate keeps putting pressure on parents, their child born with ambiguous genitalia, social agencies, medical professionals and lawmakers alike.

### **Quality of Life and *Leidensdruck***

Ainsworth et al. (2010) explore the implications for life quality in connection to Facial Feminization Surgery (FFS), a subset of gender confirming surgical procedures. The claim is that MTFs benefit not only visually, but also psychologically, from facial feminization techniques such as brow lift, lip augmentation, scalp advancement and reduction of the mandibles (Ainsworth T 2010, 1020). These procedures aim to soften the general facial appearance and make it easier for those who were able to undergo them to be recognized as women. This study also found that those who underwent FFS, with or without genital gender confirming procedures, had less mental health issues than those who did not. Ainsworth states that their “mental health quality of life scores [were] not significantly different from the general female population” (Ainsworth et al. 2010: 1021). The study concludes that, in order for MTF individuals to be fully accepted as females in society, facial feminization surgical procedures prove to be beneficial to their quality of life (Ainsworth et al. 2010: 1024).

Another important source to evaluate this subset of questions comes from the article *Evaluation of Surgical Procedures for Sex Reassignment: A Systematic Review* published by Sutcliffe et al. (2007). In their findings they conclude that

a male or female with gender identity disorder (GID) suffers from a constant feeling of psychological discomfort related to their anatomical sex and has a desire to live and be accepted as a member of the opposite sex (Sutcliffe P 2009, 295).



The researchers conducted a comprehensive overview of the already written material on available gender confirming procedures from 1980 until November 2005, restricted to literature in English (296). Within this they also attempted to evaluate a cost-benefit analysis of gender confirming procedures in comparison to psychiatric treatments; however no study so far has been done regarding this aspect. Sutcliffe et al. also point out, that

the lack of generic QOL measures means that measures of cost-effectiveness that can be used to assess value for money relative to other healthcare interventions are not possible (303).

As stated above, Ainsworth et al. (2010) made a step in this direction by looking at facial feminization procedures; however this still presents grounds for more future research.

The necessity to adjust their gender marker on legal documents is another problem influencing the quality of life of transgendered people. Numerous complications can arise if a person presents mismatched documents, especially since 9/11 (Spade, Documenting Gender 2008, 799). Spade, a lawyer and transgender rights advocate, extensively elaborates on the problems related to gender markers in legal documents such as drivers license, social security card, passports and birth certificates (732-733). The legislation is very confusing; each of the 50 states and the two districts in the US has different guidelines which in the end make it hard for a gender nonconforming individual to obtain matching records (767-768). If someone is born in Tennessee for instance, it is impossible to change the assigned gender in the state issued birth certificate, as a statute issued as law from 2006 mandates (735). Mismatching records can lead to multiple problems when people apply for a job, need to pass a background check, apply for benefits or even try to rent an apartment. This also leads to a relatively high percentage of transgender Americans to come to conflicts with the law; unable to find employment especially

trans women try to make a living on the streets. If a transgender person is imprisoned, they are often placed in single confinement, as they are jailed not with the gender they identify with, but with the gender, which they were assigned to at birth (Spade 2011, 144-146).

It appears to me at this point that it is largely unknown what the economic factors and their influence on the quality of life of transgendered individuals are, specifically how much (in \$US) is spent on those procedures versus the prospective cost of long-term clinical treatment of mental health issues related. Since the NTDS was published in 2011 more and more research is being done on the quality of life of transgendered individuals. Examples include a paper published entitled *Voice Perceptions and Quality of Life of Transgender People* (Adrienne B. Hancock 2011), an article on the effects of estrogen on the mental health of women with a transgender history (Meier C. 2011), and a study on trans men and their health by some of the same authors published in 2013 (Meier S C 2013).

During the final writing of this thesis the European Union Agency for Fundamental Rights (FRA) published the results of a survey conducted with participants identifying as belonging to the Lesbian, Gay, Bisexual and Transgender spectrum in the Europe. It is another piece contributing to the puzzle, yet as it is more under the umbrella of LGBT issues in general in relationship to discrimination on the basis of sexual orientation; it is therefore not completely applicable to the topic of this thesis. Identifying as transgender or gender nonconforming does not primarily impact the sexual orientation of the individual but is related to their gender identity, which the study is aware of as well (European Union Agency for Fundamental Rights (FRA) 2013, 8). The same organization also recently issued a *Transgender Rights Map of the European Union*, see Figure 1 on the next page, coding it according to the guidelines of the states: Red for

the states where no legal recognition for transgender people exists, orange for countries requiring sterilization, and blue for those that have no sterilization requirement for their transgender citizens in order to be legally recognized as the gender they associate themselves with.

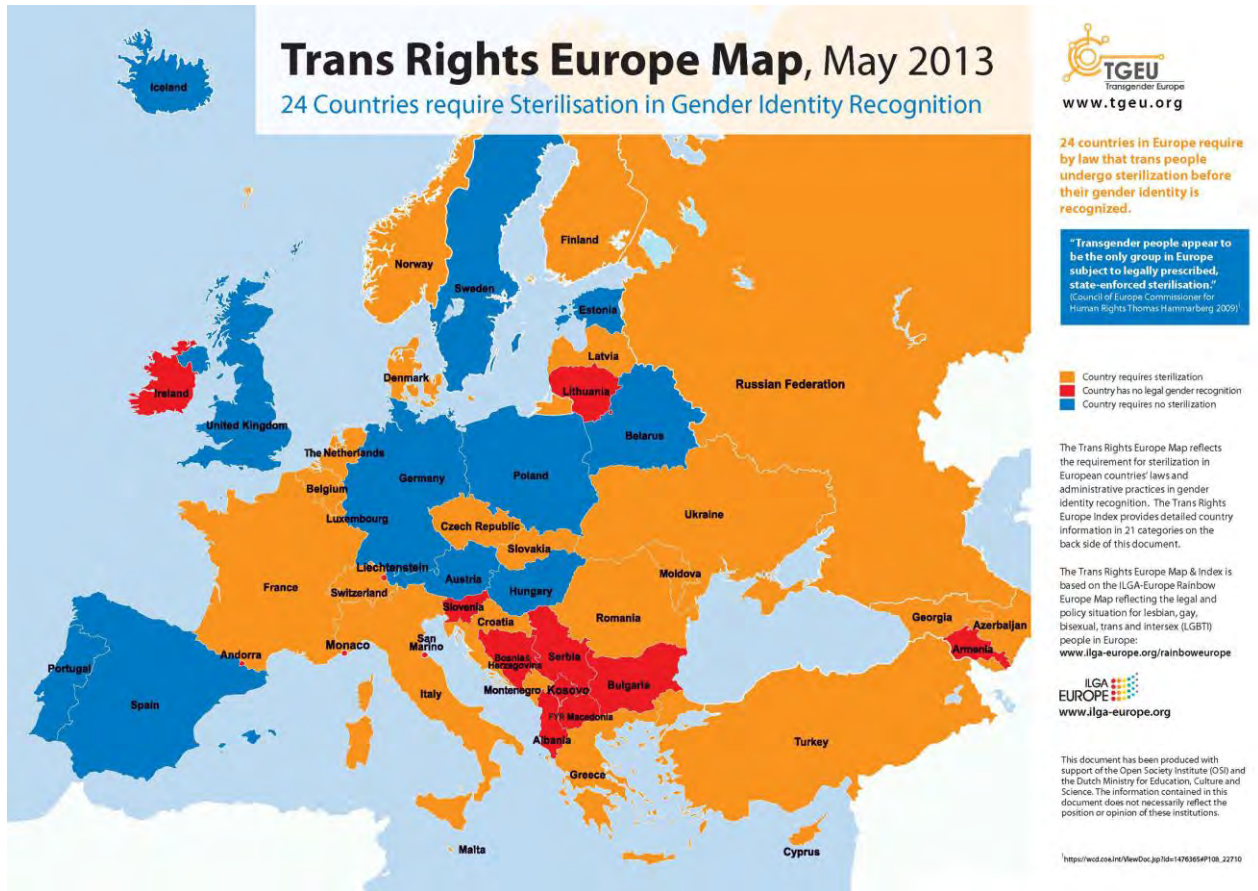


Figure 1 Trans Rights Europe Map (European Union Agency for Fundamental Rights (FRA) 2013)

Out of the fifty-one countries surveyed twenty-four require sterilization, sixteen countries do not have any legal recognition and eleven do not require sterilization. Out of the European countries that do not have the mandatory sterilization requirement only five (Germany, Austria, Portugal, Hungary and UK) provide the option for transgender people to legally change their gender without any surgical procedures. Others such as the UK and Hungary additionally require divorce in these cases (FRA 2013) and mental health assessments are generally mandatory. It

should be interesting to see if the divorce condition will gradually become obsolete as a growing number of countries adopt marriage equality.

## **METHODS**

### **German Survey**

The questionnaire I used was comprised of selected questions originally published by Grant et al. (2011), used with permission of the original research team and translated from English into German by me<sup>5</sup>. The questions I asked are provided in the appendix under the section entitled IRB. Especially prompts numbers 41 to 45 of the original questionnaire (Grant 215 - 216) were of interest my research. Question 41 dealt with the level of health care coverage that the individual benefits from. Question 42 addressed the health care providers most likely used by the individual in case of illness or routine checkups. Question 43 assessed level of discrimination experienced due to the gender nonconforming state of the individual in a health care environment. At the beginning of this project I was most curious about questions 44 and 45. Question 44 lists the different treatment options for gender identity dysphoria such as counseling, hormone treatment and several different gender confirming surgical options asking which one the individual does not want to receive, wants to receive someday or has had it. I am glad I chose to collect responses to this question, but when my focus shifted away from surgical procedures to encompass noninvasive techniques as well the answers did not seem too relevant. German trans people had access to any invasive method they wished to subject their bodies to, it was not a matter of not being able to due lack of financial means as it is still the case in the US. The next

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<sup>5</sup> During this process I learned how much German I had forgotten and I want to thank my father and another German friend for their help with proof reading and improving suggestions.

question then referred to the self-estimated cost for each of those procedures as well as if they were covered by insurance or by the individual. However at the end I decided not to include those findings in great detail in this paper either, as the Germans were able to access these procedures if they chose to and nobody reported any associated costs<sup>6</sup>. I was also comparing the reported annual income of the participants, their self-reported social status and their psychological self-assessment before and after the procedures; questions relating to these topics were included in the questionnaire and will be discussed below.

The translated German version was made available on the Internet. I approached German transgender groups and online forums through an attempt at snowball sampling. I was sending out emails asking them for their help for my project<sup>7</sup> and also asked the participants of the survey to point others towards the questionnaire. The online questionnaire was published using WebQ, the University of Washington endorsed online survey software ensuring privacy and anonymity of the participants as mandated by the sensitive nature of the research and the IRB. One of the issues I came across was that I had to change the formatting of some of the questions to be able to download the data into Microsoft Excel spreadsheets. The original survey had many fill-in options, which I transformed into drop down choices in order to be able to easier evaluate the gathered information.

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<sup>6</sup> The decision was also related to time issues and the fact that I have collected much more data than I can incorporate in this honors thesis.

<sup>7</sup> The feedback I received ranged from no response to my email to refusal to help, one organization was positive and linked to my survey on their website. I had more success with posting in online forums, however I also noticed a more positive reception by the FTM boards, which is reflected in the numbers of participants and their gender identity.

## Life History Interviews

Between January and August of 2012 I collected a total of six life history interviews, four with people in the US and two with Germans. The interviews were semi-structured with open-ended questions<sup>8</sup> about their personal history pertaining to their gender transition. The interviews were done in semi-private settings such as a study room at a library, only audio was recorded and identifying information such as names either removed or changed to keep the conversation confidential. The audio files were deleted after transcription with the help of Express Scribe™; the principal researcher executed transcription unassisted. Sadly the audio of one of the US life histories was not usable<sup>9</sup>, so I ended up with five interview transcriptions total. I talked to two women and one man in the US; both of the German interview participants were male.

I recruited interview participants through personal connections within the local transgender community in the US. The German participants were contacted during the online questionnaire on web forums as well as with the help of preexisting personal connections. It was my plan to also visit several meet-ups in August of 2012 during a self-funded three weeklong research trip to Germany. However this visit had to be reduced to twelve days due to a severe illness in my family. The shortness led to the lack of German female interview partners as I had managed to pre-arrange meetings only with male Germans. Therefore I was unable to collect any qualitative data for German females besides what little I gathered in the questionnaire. Hence I cannot draw any connections between the life histories shared with my by the US female participants and their German counterparts. I attempted to analyze the qualitative data collected

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<sup>8</sup> The prompts can be found in the appendix of this paper under “IRB”

<sup>9</sup> The individual was very soft spoken, which did not become apparent during the test recording at the beginning of the conversation. I tried to enhance the audio in the transcription software without success.

according to the Grounded Theory method introduced by Strauss and Corbin (Strauss 1990) and discourse analysis. Even though I began this research with specific research questions, I wanted the words and experiences of my interview partners to speak on their own. I also imported the interviews in a program found on [www.wordle.org](http://www.wordle.org) therefore creating word clouds based on the frequency a word was used by the participant. The bigger the font, the higher was the frequency. The resulting word clouds were added to the life history section under the name of the participant. The names used are pseudonyms chosen by the individual, additionally I made sure not to include any personal information that could identify them throughout the paper.

### **Problems and Pitfalls**

One of my major problems was the shortness of time I had to conduct the life histories in Germany. The unexpected change also made it impossible to me to connect with local communities and meet-up groups as originally planned. Time in general was an issue, even though I had almost twice as long to work on this project compared to most anthropology honors students. The IRB process was very time consuming, I first submitted files for review in July of 2011, had a conditional approval by January of 2012 after which I had to translate the necessary documents into German to submit for approval as well. I was able to start life history interviews in the US by the end of January 2012 and was able to interview four people. However technical issues rendered one of the recordings useless, which reduced my US sample by a quarter. While I was in the process to recruit interviews I also was busy translating interview prompts, consent forms and the questionnaire.

As I knew I would not be able to interview in Germany before the summer I focused first on the survey materials and the questionnaire went live on WebQ in late April of 2012. I spent a

considerable time searching for online discussion forums and contacting German transgender activist groups in order to promote my research. I often did not receive any responses and most of those that replied to me were not willing to spread the word or participate. My problem was the lack of a social network in this community outside of the connections accessible through a personal friend. It might also be possible that, as I recruited the life history participants through the survey that the same person may have been in the sample twice. But as the surveys were anonymous and my interviews were confidential this is hard to either confirm or deny. In the future I might want pursue a different strategy to avoid problems that might arise due to one person being able to participate more than once.

While I was collecting qualitative and quantitative data I seemed to sometimes forget that I was doing all of this work on my own. I did not have a team of researchers and volunteers to help with participant recruitment, data collection, evaluation and so on. This made me shorten the survey instrument significantly, caused the lack of data I now wish I had gathered and other oversights such as marking a question as not mandatory that was required to be answered in the US survey. Other inconsistencies such as the different formatting of my survey might have led to inconclusive data, such as discussed below in the section “Annual household income”. I feel now that I might have fared better if I would have focused on one part, either the life histories or the survey. I have gathered much more information than I was able to use for this thesis and I am left with a plethora of ideas and directions I could have explored more deeply had I not chosen to do both. Originally I also wanted to include participant observation into this thesis as I am in a domestic partnership with a woman with a transgender history. My partner fully consented to this part and I made a plethora of observations in terms of her interactions with medical



personnel and the way she was treated. But in the end this also became too personal for me to be included in this paper in a meaningful way.

Another difficulty I faced was my German writing skill, or better the lack of thereof. As I had spent the last twelve years in the US and do not use my native language in daily life any more I had a hard time translating my research materials. As time progressed I improved, partially also due to the purchase of a notebook with the German language packet preinstalled in Microsoft Office. It also came with automatic language recognition embedded in the email program making the communication in a language other than English less complicated. The laptop also had a good built-in microphone and recording software, which was very useful for my later interviews.

Technical issues have been mentioned before, however I also lost a couple of files due to a broken thumb-drive. I have since pretty much stopped using those external storage devices and am backing all of my files up regularly on two different remote cloud storage servers. For the transcription of the interviews I used Express Scribe™. I found the program to be very user friendly without the need for foot pedals as it uses simple keyboard strokes to stop, play, forward and so forth. As mandated by the IRB I erased the digital files after completed transcription.

My own positionality as a trans ally and partner might have been a blessing and a curse at times as well. I was constantly evaluating and reevaluating my statements, trying to find the most comprehensive way to express gender diversity in order to be the least offensive. But at the same time I dealt with thoughts and concepts that are not mainstream, but on the margins of what is considered to be ‘normal’ and was not able to always be politically correct. These problems are probably not that uncommon for researchers who consider themselves native in one way or

another. I might not be gender nonconforming on the outside and I most certainly do not identify as trans, but I am a native German. Because of that I might sometimes have more critical or accepting in terms of my former countrymen and women than a nonnative researcher might have been. And I might have started the research by assuming that the grass is greener on the other side<sup>10</sup>, whichever one that may be. It was this space of intersectionality from which I felt I am uniquely qualified to do this kind of work. Yet this was also the space of reflection and reevaluation that made me critical to question everything I thought I knew.

Despite all those unexpected turns of event I feel that I have learned a lot about research in general and anthropological inquiry more specifically. I tried to make the best of the situation at hand and even though I collected less data than I wanted to, but more than I could discuss here, I gained a great deal of understanding of the complexities of research as a social scientist. Still I have a lot more data than I can use for this project and the experience will prove beneficial to me in the future.

## **SURVEY RESULTS**

### **German Participants (n=88)**

Between April and September of 2012 the questionnaire collected answers from a total of 88 participants, identifying as transgender or otherwise gender nonconforming<sup>11</sup>, living in Germany and eighteen years of age or older. I posted links to the survey on various German transgender Internet groups catering to all genders. However the numbers of individuals

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<sup>10</sup> I was naively assuming that transition is easier for Germans as they do not have to worry about the financial aspect. At the other hand I also had the assumption that for Americans anything is possible. Of course I was somewhat mistaken either way.

<sup>11</sup> The NTDS collected answers from about 7000 US individuals over eight months in 2008, 60% of which were assigned male and 40% female at birth.

completing the survey comprised to eighty-nine percent of those assigned female at birth (n=79) and eleven percent of individuals assigned male at birth (n=9). The responses collected in this study cannot be viewed as statistically significant as the ratio of transgendered individuals in Germany is closer to fifty-eight percent formerly male and forty-two percent formerly female (756 FtM and 1115 MtF) <sup>12</sup>. Reasons for the discrepancy could not be evaluated as this time and remain purely speculative in nature.

The personal experience of the recruitment process showed evidence of the formerly female assigned population being more open and positive about the research being done. The formerly male population appeared to be more critical and less interested in participation at this point. One reason for the high numbers of FTM participants might have been the preexisting relationship of the researcher with a member of this community who actively participated in promotion of the study on the Internet and in his circle of peers. For the scope of this honors thesis the researcher was unable to ensure statistically significant responses. The number of participants needs to include more members of the MTF population in the future in order to collect and evaluate the experiences of the German transgender population as a whole.

### **Quantitative Data Collected with the Online Questionnaire<sup>13</sup>**

As one can see in Figure 2 on the next page, the low number of German respondents in the age categories above forty-five years is noteworthy. However it can be assumed that this is

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<sup>12</sup> These numbers were published a German self-help organization Trans-Ident E.V. They were obtained by adding the officially released numbers of legal gender documentation changes between 1991 and 2011. [http://www.trans-ident.de/index.php?option=com\\_content&view=article&id=162:wie-viele-transsexuelle-gibt-es-in-deutschland&catid=51:nachrichten&Itemid=31](http://www.trans-ident.de/index.php?option=com_content&view=article&id=162:wie-viele-transsexuelle-gibt-es-in-deutschland&catid=51:nachrichten&Itemid=31) accessed 4/20/2013

<sup>13</sup> Disclaimer: All data reported under US was compiled by Grant et al. and previously published in the NTDS. Used by permission as stated (Grant J, 4). German data collected by the researcher via secure, anonymous Internet questionnaire application under IRB sanction.

due to the small sample size as well as in connection to the distribution method of the survey solely over the Internet and promoted in online discussion boards. Most of the individuals on these discussion boards appear to be in the earlier states of life in general and, more specifically in their stage of transition, looking for support and information from their peers. They tend to be in the age group under forty, which is manifested in the age of the German respondents. Thirty-three percent were between eighteen and twenty-four years of age and fifty-seven percent were between twenty-five and forty-four. More specifically, eighty-four percent of the German sample was between the ages of eighteen and thirty-nine when they took the survey.

### German and US Demographics

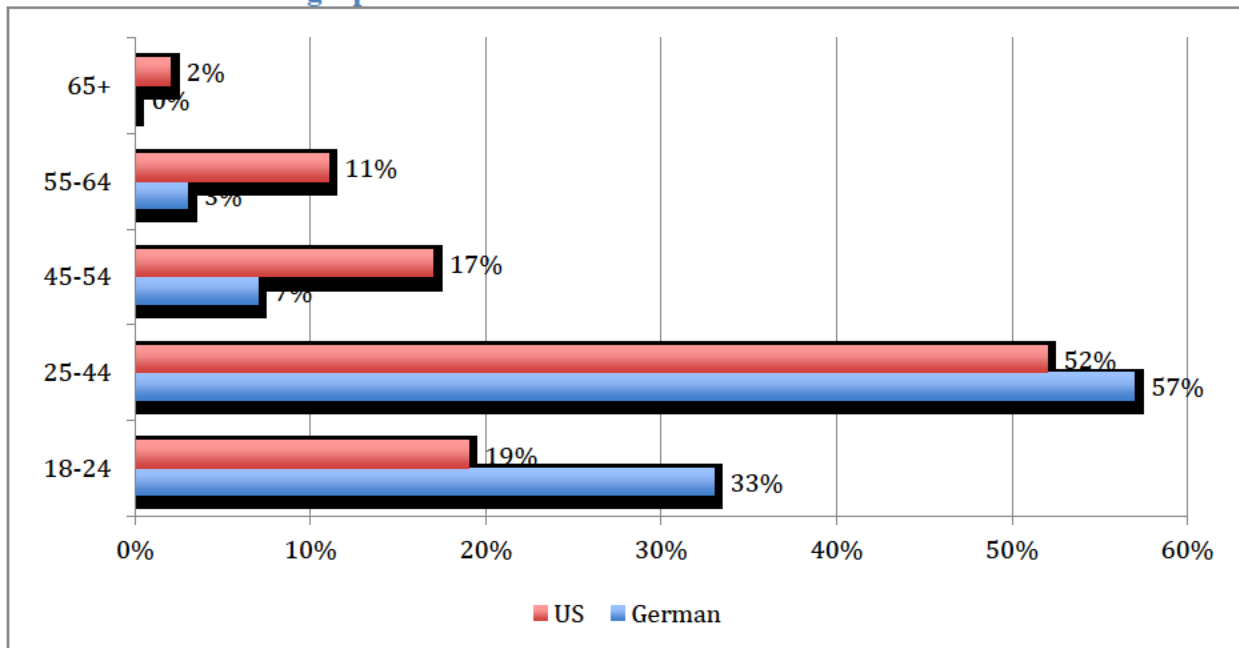


Figure 2: Age of Respondents

The US survey was conducted in a more multi-locational approach as surveys were distributed also as paper copies to local transgender groups who then in turn were able to reach a wider variety of participants independently of computer literacy, however most of the US

surveys were also filled out online. The researchers report that they collected about 6,000 online and 500 paper responses (Grant J 2011, 13). It might also be that the general population in the US is more likely to utilize Internet resources compared to the German population. Yet this is pure speculation as I only have my parents as a point of reference.

Question	Responses	Ger #	Ger %	US %
<b>Q1. Identify as Transgender or Otherwise Gender nonconforming</b>	Yes	88	100	100
	No <sup>14</sup>	0	0	0
	<b>Total</b>	<b>88</b>	<b>100</b>	<b>100</b>
<b>Q2. Sex Assigned at Birth</b>	Male	9	10	60
	Female	79	89.77	40
	<b>Total</b>	<b>88</b>	<b>100</b>	<b>100</b>
<b>Q3. Primary Gender Identity Today</b>	Male	70	80	26
	Female	3	3	41
	Part time one, Part time other	9	10	20
	Other <sup>15</sup>	6	7	13
	<b>Total</b>	<b>88</b>	<b>100</b>	<b>100</b>
<b>Q4. Identify with the Word Transgender</b>	Not at all	25	30	10
	Somewhat	13	16	26
	Strongly	45	54	64
	No response	5	6	N/a <sup>16</sup>
	<b>Total</b>	<b>88</b>	<b>100</b>	<b>100</b>

Table 1: German Questionnaire Demographic Composition<sup>17</sup>, part 1

### Gender Identification

The answers to the first question were structured so that people not identifying with the target group were hopefully prevented from filling out the survey. The choice of ‘No’ was linked to the end of the survey. However as one can only rely on the honesty of the participants there is

<sup>14</sup> Answering this question with “No” led to the end of the questionnaire, see appendix

<sup>15</sup> Alternate answers were filled in, will be discussed separately as qualitative data responses

<sup>16</sup> No numbers were available from the US data

<sup>17</sup> Disclaimer: The above chart was modeled after Grant et al. (16)<sup>17</sup> and filled with the German numbers collected by the researcher in the left (white) and middle (blue) column. The percentages in the red column are the numbers collected by Grant et al.

always a small chance someone may have slipped through the cracks. Yet by looking at the individual responses I was reasonably certain that only those fulfilling the requirement actually participated. The US survey evaluators likewise excluded surveys where the question was not answered 'Yes' for the same reasons (Grant J, 183).

### *Sex Assigned at Birth*

The responses to this question differ between the German and US sample due to the non-representative sample of the German participants. This happened due to the reasons I already discussed above in the introduction to the discussion of the survey. The numbers collected in the US correspond much more closely with the actual numbers found in the population of sixty percent MTF and forty percent FTM.

### *Primary Gender Identity Today*

The variable examined next was geared towards the more specific gender identity of the respondents at the time of the survey. It is interesting to note that a much higher percentage of US participants identify outside the strict male or female identity. Whereas about seven percent of the Germans think of themselves as part time identifying as one gender, and part time as the other, twenty percent of the US sample identify in these terms. This unfortunately only refers to the quantity but it does not give any particular reasons for this phenomenon. It can only be speculated if those identifying in this liminal space are in the early stage of transition, if they openly choose to disrupt the strict distinction between male and female, or if they are somewhat stuck in limbo as they are prevented from transition due to economic and bureaucratic barriers.

### *Identify With the Word Transgender*

This question found on Table 1 asked how much the respondents identify with the word ‘transgender’. Thirty percent of Germans and ten percent of Americans do not identify with that word at all. Sixteen percent of Germans and twenty-six percent of Americans somewhat identify with the term and fifty-five percent of Germans as well as sixty-four percent of Americans strongly identify as transgender. But as no further explanation was collected it is difficult to why the question was answered in this way. It could be speculated that the higher number of Germans not identifying with the term is due to differences in the language and associated connotations the word might have in German. The life histories collected suggest that at least the two Germans I interviewed strongly identify as male and do not consider themselves to be transgendered as they have finished the process and are secure in their male gender identity. 5 Germans chose not to respond to this question at all, it appears that the Americans all responded as their total adds up to one hundred percent. The significance of this remains unclear; I formatted the question by mistake as optional, whereas it was mandatory for the original survey.

### *Disability*

On Table 2, see next page, I displayed the responses to the question of disability. If the respondents were suffering from a disability of any kind, a positive answer was followed up by a voluntary categorization of the nature of the disability, mental including learning disabilities or physical. Twenty percent of the German sample and thirty- one percent of the US sample responded with a positive answer. Grant et al. note that the US general population has a disability rate of twenty percent (Grant J 2011, 23) and that they are not sure if the higher number is due to

the way the question was asked or if there is some unexplained correlation between the transgender population and disabilities.

Question	Responses	Ger #	Ger %	US %
<b>Q20. Disability</b>	Yes	17	20	31
	No	70	79	69
	No response	1	1	N/a <sup>18</sup>
	<b>Total</b>	<b>88</b>	<b>100</b>	<b>100</b>
<b>Q12. Work Status (multiple choice)</b>	Full time	26	30	46
	Part time	13	15	16
	Multiple Jobs	4	4	8
	Self-employed/Owner	11	13	8
	Self-employed Contractor	2	2	4
	Unemployed/Looking	13	15	11
	Unemployed/Not looking	2	2	3
	Disability	3	3	8
	Student	28	32	20
	Retired	1	1	7
	Homemaker	1	1	2
	Other <sup>19</sup>	9	10	7
	No response	0	0.00	N/a <sup>20</sup>
<b>Total<sup>21</sup></b>	<b>N/a</b>	<b>N/a</b>	<b>N/a</b>	

Table 2: German Questionnaire Demographic Composition<sup>22</sup>, part 2

The individuals in Germany responding yes reported physical disabilities in eleven cases and mental/learning disabilities in six cases. There were no further explanations or responses collected in terms of reasons for the disability such as congenital, health or accident related. During the life histories interviews I met one participant who was permanently disabled after a

<sup>18</sup> No numbers were available from the US data

<sup>19</sup> Alternate answers were written in, discussion under qualitative data

<sup>20</sup> No numbers were available from the US data

<sup>21</sup> As multiple answers were permitted the percentage added up to over 100%

<sup>22</sup> Disclaimer: The above chart was modeled after Grant et al. (16)<sup>22</sup> and filled with the German numbers collected by the researcher in the left (white) and middle (blue) column. The percentages in the red column are the numbers collected by Grant et al.



suicide attempt, but as I am aware my sample is not statistically relevant. Yet this might be a question worth further looking into in the future as a disability caused by a suicide attempt can have a profound effect on the quality of life of the person as well as it might be a factor contraindicating certain gender confirming procedures.

### *Work Status and Sources Of Income*

Last in this list on Table 2, see previous page, was the work status of the respondents. The participants were encouraged to check all that applies, therefore the numbers added up to more than one hundred percent. Again the German numbers are different from the US numbers, which most likely is associated with the younger age of the German sample. About a third of the Germans were currently students compared to a fifth of the US sample. Correspondingly the number of full time employment was higher in the US with forty-six percent versus Germans with thirty percent being full time employed.

Even though a fifth of the Germans reported to be disabled, only three percent of my sample claimed disability benefits versus eight percent of the US sample. The unemployment rate was slightly higher in Germany with a total of seventeen percent unemployment whereas fourteen percent of the US population claimed unemployment benefits as a source of income. It is noteworthy that both rates are significantly higher than the unemployment rates of the general population. The US unemployment rate in 2008, at the time the US data was collected, was between six and seven percent<sup>23</sup>. The general unemployment rate in Germany at the time of the

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<sup>23</sup> See Bureau of Labor Statistics Data <http://data.bls.gov/timeseries/LNS14000000>

survey in the summer of 2012 was roughly the same<sup>24</sup>. The number of homemakers was remarkably low, yet as I did not collect information about the relationship state of the German sample not much can be said about this. Probably also due to the low age of my German sample only one participant was retired versus seven percent of the US respondents.

Lastly on this list was a fill-in option 'other sources' used by ten percent of the German population. One reported currently being in high school<sup>25</sup>, most were having hourly supplementary jobs or training as apprentices for various trades. It was also interesting for me to have overlooked that the term 'student' in the US refers to anyone currently enrolled either in secondary or postsecondary institutions. Germans however make a distinction between a high school pupil and a college/university student. Therefore I should add the response referring to high school students to the category student, bringing up the total percentage of students in my German sample to twenty-nine individuals, or a third. The US responses under 'other' included various forms of street economy, either in the sex industry or drug trade. None of the German respondents reported to be involved in any such activity. As the survey was anonymous and confidential I assume that people would have revealed this particular source of income. This might maybe be partially connected to the male identity of a large number of the German sample.

I suspect that another reason for the lack of transgender Germans engaged in street economy is the accessibility of gender confirming procedures in Germany. This most likely is eliminating the need to find means to come up with the funds for most procedures. My partner

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<sup>24</sup> Statistisches Bundesamt

<https://www.destatis.de/DE/ZahlenFakten/Indikatoren/Konjunkturindikatoren/Arbeitsmarkt/arb210.html>

<sup>25</sup> The high school graduation age in Germany is 19

provided anecdotal evidence to this effect to me. She travelled to Thailand for her surgical procedures as they are cheaper there than in the US and met other US medical tourists while she was there. Her personal encounters with some others suggest that a number of American MTFs raise the funds through street economic activities or are sponsored by more affluent individuals connected to the street economy. As many as sixteen percent of the US respondents report to have been involved in these activities (Grant J, 9), with the numbers of MTFs slightly higher compared to FTMs. I did not accumulate many responses from MTFs with my German sample I have no information about the existence or lack of sex work in the German female transgender population. The numbers were also higher in the African-American population. Moreover I did not gather any data in connection to race in the German survey. Racial data in general tends not to be collected in Germany. I was actually surprised when I had freshly moved here that I was asked about my race on application forms or medical documents. The reasons for this are most likely found in the history the nation, particularity in the earlier parts of the twentieth century.

### **Annual Household Income**

In correspondence to the sources of income of both populations in both countries a disproportionate number of transgender or gender nonconforming individuals are found on the lower rungs of the economic ladder. However my findings here might also be connected to the low average age of the German sample as most of the German participants were below thirty-nine years of age, and comprised of a large quantity of students. The lack of income conversely does not prevent the German sample from access to gender confirming procedures, as this is the case in the US population. One of the Germans closed his survey by thanking the German social system without which he would not have been able to be the person he is now.

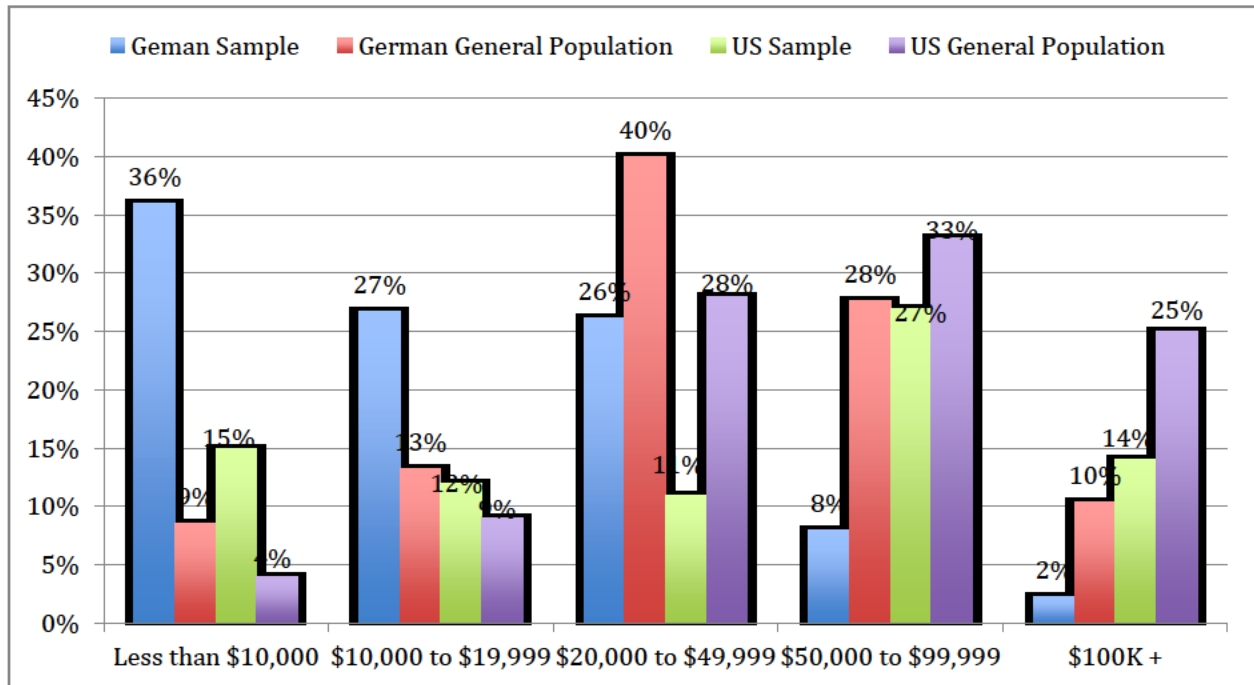


Figure 3: Household incomes per year<sup>26</sup>

By reviewing the wording of the German question “Was ist Ihr derzeitiges Bruttohaushaltseinkommen pro Jahr (Vor Steuern)”, meaning: What is your current gross annual household income (before taxes)?” I noticed that the US survey had the word household in bold to stress the income of all members of the household combined. I neglected to do this and am wondering if my survey respondents only reported their personal income, thereby making it difficult to discern the relationship of the reported income and the general population. Yet the numbers might reveal a trend that in both countries gender nonconforming people are financially at a disadvantage. It is also harder for them to find employment or to pass background checks, especially when not all of their documents reflect their actual gender. The US survey went in

<sup>26</sup> German Sample refers to the data collected in this project; US sample and US general population data as previously published in the NTDS; German general population extrapolated from Statistisches Bundesamt website

more detail on those questions regarding mismatching documentation, which I did not include in the German version.

## Gender Identity and Public Visibility of Gender Variety

### Stages of Transition

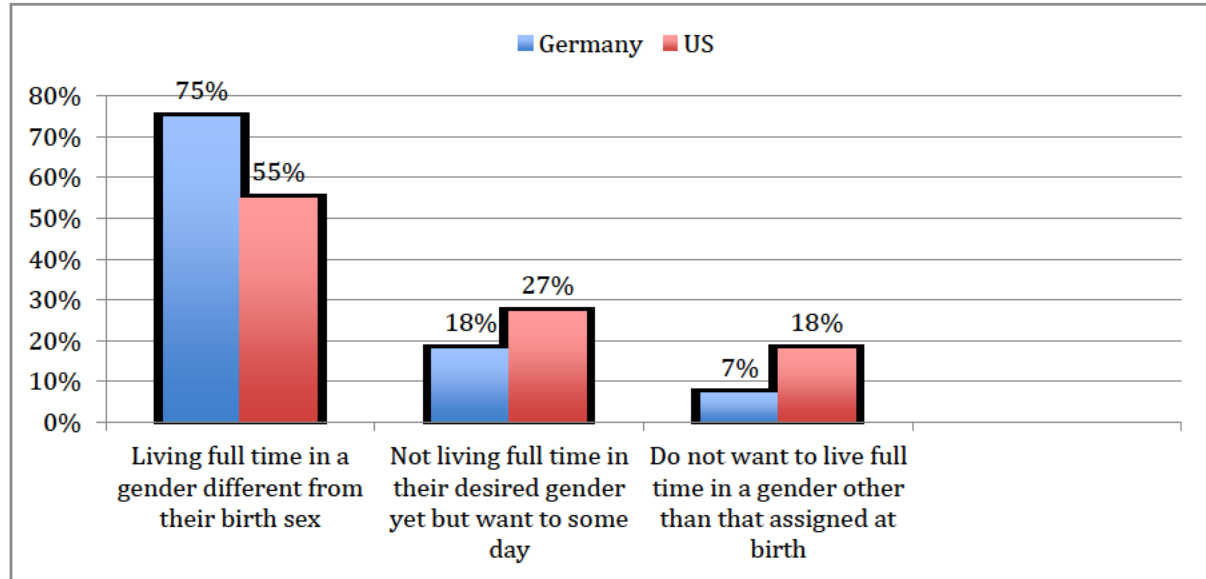


Figure 4: Full time status and transition

As visualized in Figure 4 three quarters of the German sample, despite their young age, lived at the time of the survey in the gender they identify with, compared to fifty-five percent of the same group in the US. This is most likely connected to the lower financial barriers to gender confirming procedures in Germany. The numbers for those not constantly living in their desired gender are higher in the US, probably due to the same reasons. The eighteen percent of my German sample falling into this liminal group are most likely already in a transitional stage towards their desired gender somewhere in the bureaucratic process toward their goal. The twenty-seven percent of US respondents are also working towards the same goal, but besides the

bureaucratic aspects they also are most likely dealing with the issue of obtaining the funds to finance their procedures.

About seven percent of the German population does not have the desire to transition to living in a gender different from the one marked on their birth certificate. They know that they have the option to do so but they do not choose to go that way. There were no follow up questions delving deeper into this response. It would have been interesting to know if they do not subscribe to the notion of two gender options as the only way to be, if they are comfortable with their ambiguity or what else the reason might be. Yet this number also might suggest that even though gender confirming procedures are more accessible to Germans, they are not regarded by everyone as necessary for their gender expression or self image. It therefore also supports the notion that only because a procedure is covered by an insurance plan, the individual still does not always require it. Gender confirming procedures are deeply personal decisions. They depend on the individual need and their body image and not on the collective understanding of gender expression. This also connects back to the recent act of the Bundesverfassungsgericht deeming mandatory surgical procedures unconstitutional as discussed in the literature review section of this paper.

Financial barriers alone cannot explain the much higher number in the US of those not wanting to live full time in a different gender. Economics might play a role for sure, however it is also possible that not everyone has the need to constrain their body image to represent one gender. It is difficult to evaluate the answers to this question without having a better sense of the individual's image of their gender identity; the many different reasons why they answered this question as they did remain for the most part unexplored.

### Public Visibility of Gender (Non) Conformity

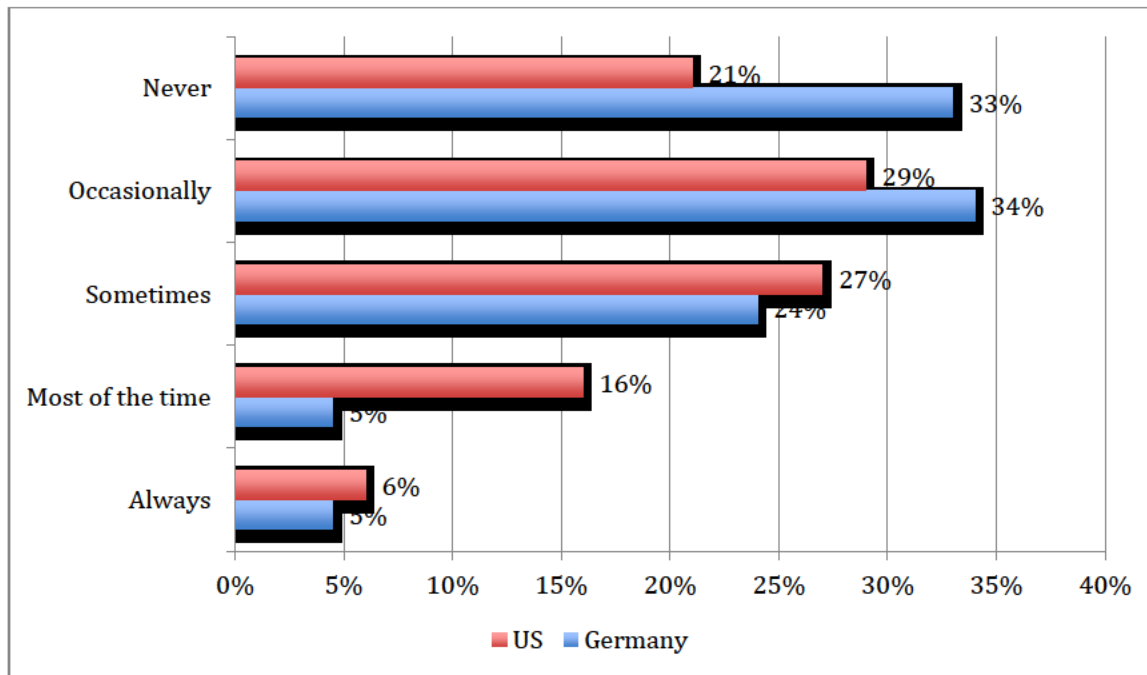


Figure 5: "People can tell that I am transgender or gender-nonconforming even if I do not tell them..."

This question was geared to assess the phenomenon of passing, or being recognized as a member of the gender the individual identifies with. It also required a certain form of self-criticism by trying to assess the level to which the individual passes in the eye of the general population. The issue of passing has a large significance for the transgender population in general. It is often the yardstick for the successful arrival in the desired gender. But passing also eliminates the past of a person and renders them invisible or unnoticed. It erases the uniqueness of the individual and can also function as a means to perpetuate transgender discrimination (Mattilda 2000).

Figure 5 shows that one-third of the German sample proclaimed their passing at all times, or that nobody can tell that they have a transgender history. This might again be related to the overwhelmingly male sample. One out of ten Germans reported that they are identified as trans

most of the time or always, a number that roughly corresponds with the female German sample of this survey. Women with a transgender history tend to have a deeper voice and a body frame that more likely reveals their past, even though this might not always be the case. The numbers are less clear-cut in the US population, yet it is interesting that albeit the higher number of MTFs in the US about two thirds report that they are never or only occasionally identified as gender – nonconforming or trans.

### Level of Outness

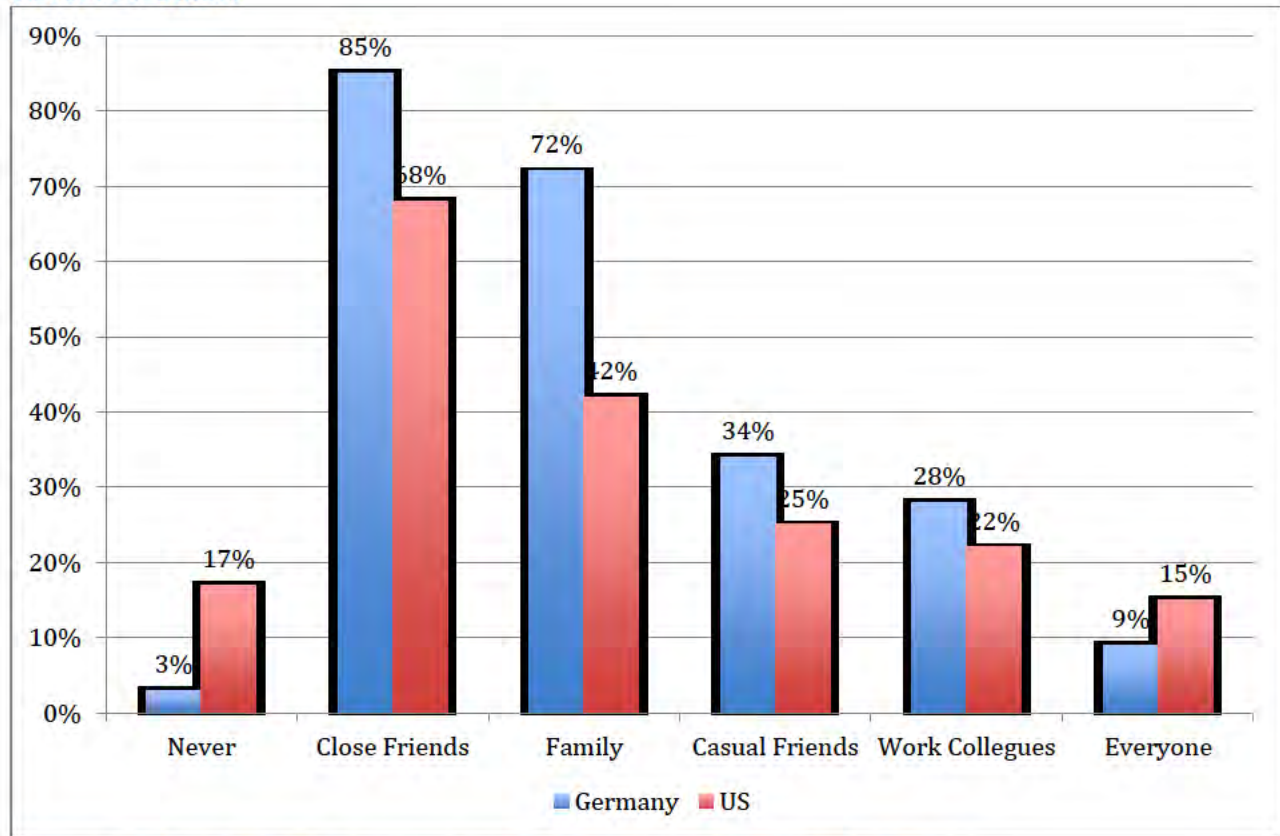


Figure 6: “I tell people that I am transgender or gender-nonconforming “(mark all that apply)

Please note that multiple responses were acceptable, therefore the percentages listed on Figure 6 do not add up to one hundred percent. Overall I found that the German sample was generally more open with their social environment such as friends and family



compared to the US population. I do not have enough insight in the inner workings of families in both countries, yet the high percentage of US respondents that have not told their family about their gender nonconformity makes me wonder if families are less connected in the US.

The life histories I conducted were not representative, however one of those interviewed had no contact to their birth family, one had only very limited contact and was not accepted in their chosen gender and only one was not only open to their family but accepted as the person they are now. Still it is interesting to see that an almost equal number of American trans people are either completely open about their gender nonconforming status or not at all. In contrast, a very small number of Germans reported to never reveal their trans past or state, but also a lower number is completely open about it. Be it as it may, due to the fact that I have no representative German sample it is hard to draw any conclusions.

### Family Relationships

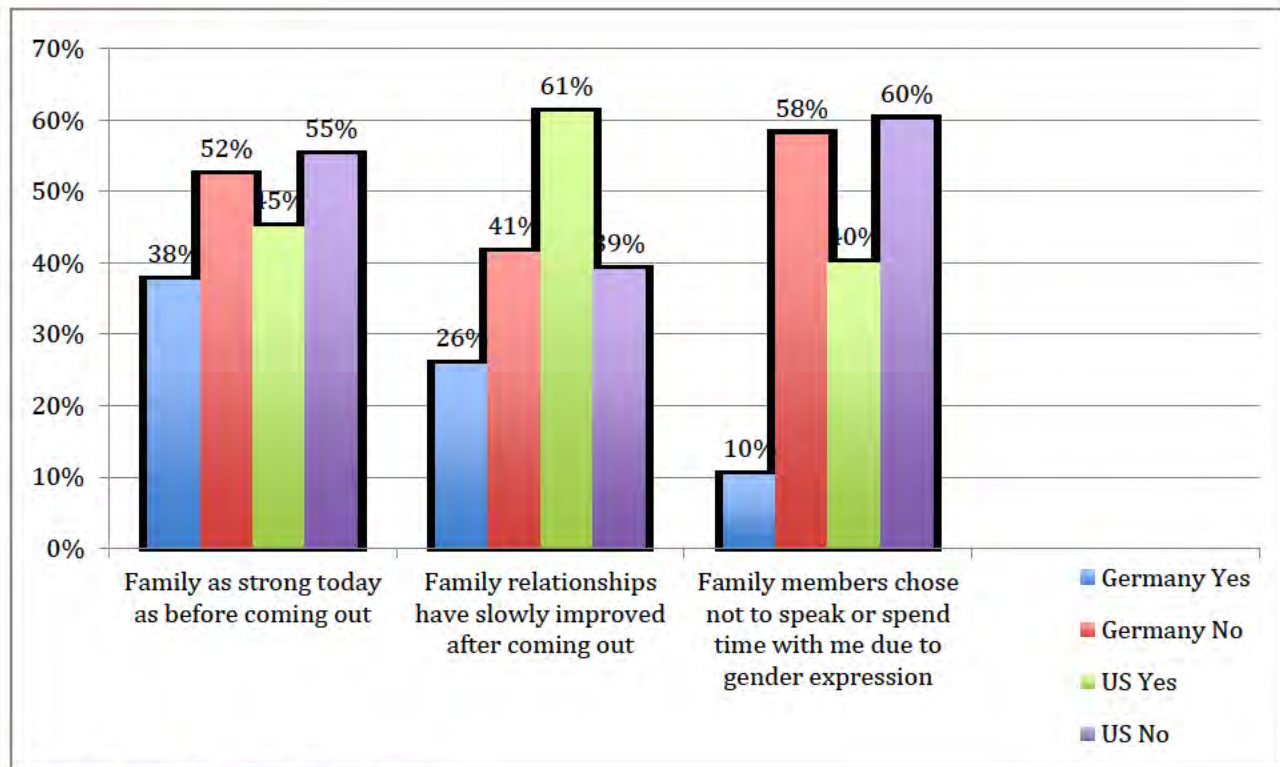


Figure 7: Change in Family Relationships

The answers to this subject show more of the complexity of the relationships trans people have with their birth families. Even though only forty-two percent of the US population tells their family that they are gender nonconforming (see Figure 6) forty-five state that their family is as strong today as it was before they came out to them as trans. However unlike the proximity of the tables in this paper, those questions were located at different places of the survey. The issue in figure 6 was question 6, and the one discussed here was question 55 in the US survey. The oddity in the numbers might also be related to the individual's definition of family and remains speculative. As the US survey had seventy questions, considerably more than my German version, it took longer to fill out the survey. This might be an explanation for the difference as well, but it is hard to tell. In both countries the relationships to family members have improved

after coming out, the improvement was higher in the US with sixty-one percent. Again I am wondering if there were differences in the mechanics of the surveys. The US responses total up to one hundred percent for each question, the German data does not. By giving people the option to skip questions I might have inadvertently caused different findings that I cannot interpret in a meaningful way.

Even though the data does not add up, I see positive trends emerging. Both populations report about the same number of instances that family members did not change the way they interacted with their trans relative and in general the relationships seem to have improved over time. I suppose this is because people often tend to be wary of things that are outside of their own experience. As general statistics show, only a very small percentage of the population is transgender or gender nonconforming. It is understandable that finding out that a family member is gender dysphoric can cause problems due to the lack of exposure and understanding.

At least the US data, and to a lesser degree the German data, both indicate that time can improve relationships. By witnessing the transition of a loved one the family has a chance to watch them emerge like a butterfly from its cocoon. Anecdotal evidence provided by one of my life history partners seems to agree with this statement. Their family members told them after transition that the person was more likeable than their former incarnation. It might be difficult for a parent to come to terms with the fact that their former little girl is now a handsome young man or that their daughter used to be a car mechanic. But by denying themselves the opportunity to be part of their children's life they are also denying themselves the opportunity to grow and gain insights into the diversity of human life.

### Experience of Discriminatory Behavior in Public Settings

Location	Denied equal treatment		Harassed or disrespected		Physically assaulted		Does not apply in Germany		
	Ger	US	Ger	US	Ger	US	No use of service	Do not appear as trans	No negative experience
Retail store	9%	<b>32%</b>	1%	<b>37%</b>	2%	3%	0%	37%	<b>48%</b>
Police officer	2%	<b>20%</b>	0%	<b>29%</b>	2%	6%	27%	13%	<b>53%</b>
Doctors' office or Hospital	9%	<b>24%</b>	0%	<b>35%</b>	1%	2%	0%	13%	<b>68%</b>
Hotel or Restaurant	7%	<b>19%</b>	1%	<b>25%</b>	<u>4%</u>	<u>2%</u>	3%	36%	<b>49%</b>
Government Agency/Official	2%	<b>22%</b>	0%	<b>22%</b>	1%	1%	23%	14%	<b>51%</b>
Bus, train or taxi	5%	9%	1%	<b>22%</b>	1%	4%	2%	35%	<b>38%</b>
Emergency Room	2%	<b>13%</b>	0%	<b>16%</b>	1%	1%	42%	9%	<b>55%</b>
Airplane or Airport staff	6%	<b>11%</b>	1%	<b>17%</b>	1%	1%	30%	29%	<b>36%</b>
Judge or Court Official	2%	<b>12%</b>	0%	<b>12%</b>	1%	1%	29%	7%	<b>60%</b>
Mental Health Clinic	1%	<b>11%</b>	0%	<b>12%</b>	1%	1%	57%	3%	<b>37%</b>
Legal Services Clinic	1%	8%	0%	6%	1%	1%	44%	13%	<b>45%</b>
Ambulance or EMT	2%	5%	0%	7%	1%	1%	40%	9%	<b>52%</b>
Domestic Violence program	0%	6%	0%	4%	0%	1%	70%	5%	<b>29%</b>
Rape Crisis Center	0%	5%	0%	4%	0%	1%	70%	6%	<b>29%</b>
Drug Treatment Program	0%	3%	0%	4%	0%	1%	72%	3%	<b>29%</b>

Table 3: Discrimination and Violence Experienced in Public Settings

In order to highlight the differences between the two demographics I have formatted them in the following way: the numbers representing any form of discriminatory behavior against the sample populations that were equal to or above ten percent in **bold**. I colored those

over twenty percent in **red** representing discriminatory behavior and in **green** the numbers representing no experiences with discriminatory behavior. Also I formatted any lack of discriminatory behavior in bold **white**. The findings are remarkable: By and large the US sample reported a much higher level of discriminatory experience than the German sample. In Germany the highest level of discrimination was reported in retail and health care environments; about nine percent of the participants reported unequal treatment in both of these public settings. The numbers in the US were more than twice as high with a total of almost a third reporting unequal treatment in retail settings and almost a quarter in doctor's offices.

As one can see on table 3, on the previous page, the German sample as a whole reported small percentages of harassment or disrespectful treatment. The US sample on the other hand was subjected to significantly higher levels of disrespect with up to thirty-seven percent in retail stores and thirty-five percent in doctor's offices. In both countries the reported incidents of physical abuse are low, generally under two percent. However up to six percent of the US sample reported physical abuse by police officers. I found only one outlier, where the numbers were higher in Germany, which is underlined to make it easier to find on the table: The percentage of people reporting that they have been physically assaulted at a hotel or restaurant was twice as high in Germany compared to the US. Four percent of the German participants were reporting the experience of physical assault at hotels or restaurants, while only two percent of the US sample stated the same experience. However it is unclear if those assaults occurred in a public space at those locations or in hotel rooms.

I had no numbers for the US sample under the "Does not apply" categories. Yet it is significant to note that overall in public settings twenty-nine to sixty-eight percent of the German

participants have not experienced any kind of openly discriminatory behavior on the basis of their transgender identity. The NTDS has written extensively about the public discrimination of transgender and gender nonconforming people in the US and it appears that discrimination in general might be less of a problem for the German population. Additionally the FRA report seems to indicate that Germany is one of the more transgender friendly countries in Europe as discrimination appears to be widely spread in Europe as a whole. This appears to be somewhat supported by my findings, as a large number of respondents have not made any negative experiences in the public settings listed.

## Medical Aspects

### Health Insurance Coverage

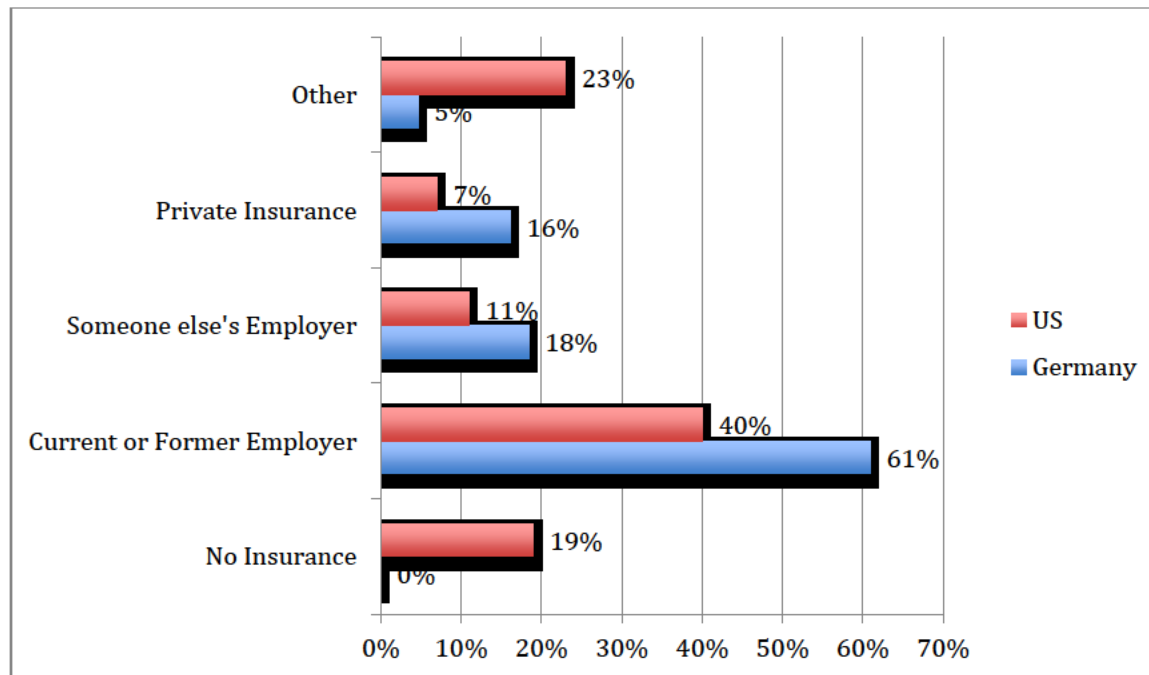


Figure 8: Health Insurance Coverage

It was difficult due to the different systems of healthcare to come to exactly matching categories. For simplicity's sake I combined under "Other" the equivalent of Medicaid,

Medicare, military insurance, and student insurance in both countries. It is interesting to note that the percentage of the general US population between the ages of eighteen and sixty-four without health care coverage is slightly higher at twenty-one percent<sup>27</sup>. It follows that albeit they are as a group marginalized, US trans people have slightly more access to health care compared to the general population. However, access to some form of general health care does not equal access to gender confirming medical care, as I have shown in the literature review. Even though the German sample was composed of about a third of students, most were insured with their parents, either with their employer or their parent's private insurance. Nobody in Germany lacks access to transition related health care, and everyone who wishes to undergo surgical and/or non-surgical procedures in the context of their transition has the freedom to do so without having to pile up debt or getting themselves into compromising and dangerous situations.

### **Mental Health**

Everyone in the German sample had to undergo extensive mental health evaluations in order to be able to access further gender confirming procedures such as hormone therapy and other procedures. One of the criticisms is that those requirements automatically stigmatize gender nonconforming individuals as mentally ill. Yet anecdotal evidence and the high numbers in connection to suicide attempts suggest that the Leidensdruck of being gender nonconforming has a significant impact on the mental health of the individual. The questionnaire did not specify if the suicide attempts occurred before, during, or after the transition process, only if the participant has had a suicide attempt somewhere in the past. Also the number of incidents per

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<sup>27</sup> CDC (2012) Health Insurance Coverage <<http://www.cdc.gov/nchs/fastats/hinsure.htm>> retrieved May 2013

person was not collected which could have provided further insight into the Leidenstruck experienced.

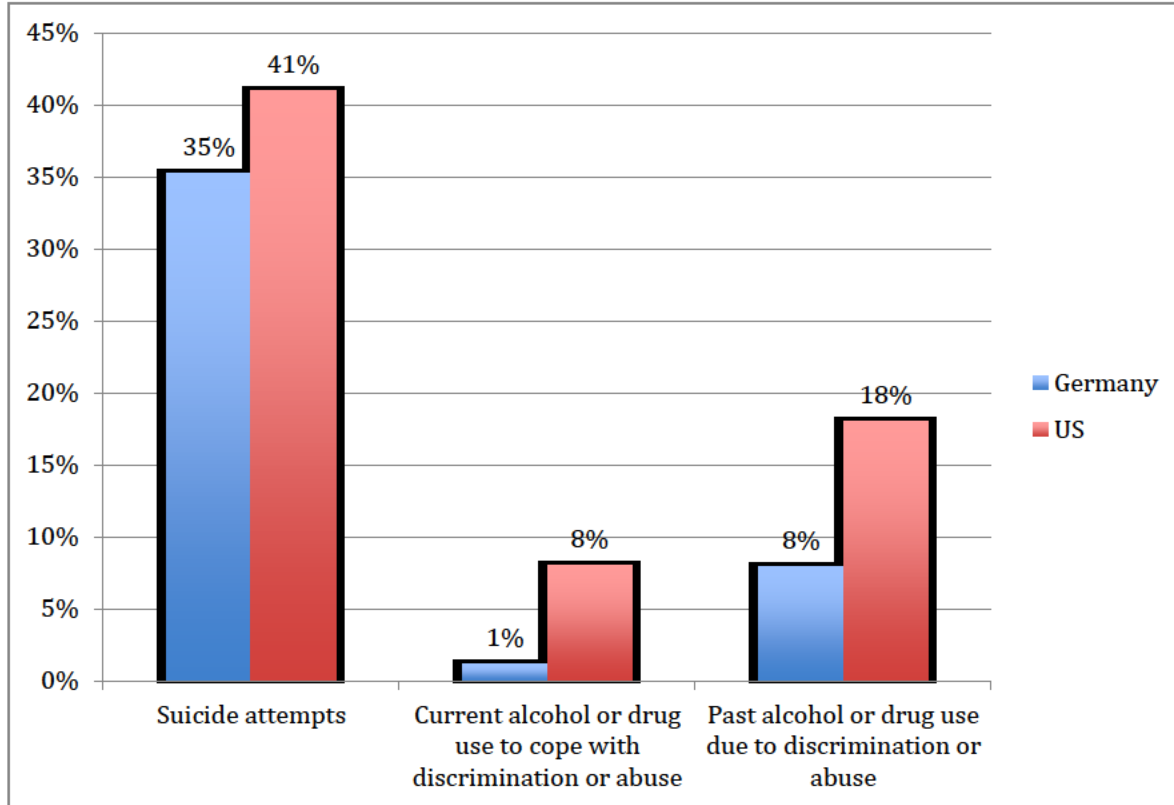


Figure 9: Suicide attempts and drug use

Overall over a third of the German participants and forty-one percent of the US trans population report to have not only thought about suicide in the past, but attempted to commit suicide. The NTDS tells, that only about 1.6% of the general US population attempt suicides (Grant J 2011, 2), gender nonconforming people are therefore at an exponentially higher risk. Unfortunately collecting data regarding suicide attempts is against the German constitution; therefore researchers have no real baseline to compare the suicide attempt rate of the general population with the suicide attempt rate of the trans and gender nonconforming population (Fiedler 2005). However, generally speaking young men were three times more likely to commit



suicide than young women. The percentage of the German trans population reporting suicide attempts must be also a lot higher compared to the general population.

It is interesting to note that an answer to this question was not required due to the sensitive nature of the topic. The participants could have skipped it but no one did. I am very grateful for their honesty and willingness to respond to a question that could have been a trigger for emotional responses. In case of this event the original survey included information to contact the Trevor Project, a helpline for LGBT individuals in emotional distress. At least two participants were reported to have needed support after the survey (Grant J, 198). For the German questionnaire I provided information for a confidential non-profit phone counseling service in the introduction to the survey so that in case of negative emotions surfacing due to this or other sensitive questions help was available. I did not get any feedback indicating that people experienced distress either via email or in the comment section of the survey and can only hope that this question did not make people too uncomfortable. Also, this question was specifically included in the preceding consent form to make participants aware that they will encounter it if they consent to participate.

### **Barriers and Access to Medical Care**

On Table 5, displayed on the following page, I have collectively displayed the responses to a set of questions aimed towards the level of access to medical care. Some barriers might be in existence due to lack of funds or health insurance in general, others have more to do with previous discriminative behavior of health care professionals towards gender nonconforming patients. Again the findings were vastly different in both populations in all but one prompt, which was dealing with knowledge about transgender patients and their treatment.

	Yes		No		N/a <sup>28</sup>	
	Ger	US	Ger	US	Ger	US
I have postponed or not tried to get medical care when I was sick or injured because I could not <b>afford</b> it	8%	48%	60%		32%	
I have postponed or not tried to get checkups or other preventative medical care because I could not <b>afford</b> it	8%	50%	58%		34%	
I have postponed or not tried to get needed medical care with I was sick or injured because of <b>disrespect or discrimination</b> from doctors or other healthcare providers	9%	28%	55%		36%	
I have postponed or not tried to get checkups or other preventative medical care because of <b>disrespect or discrimination</b> from doctors or other healthcare providers	9%	33%	55%		36%	
A doctor or other provider <b>refused to treat me</b> because I am transgender/gender non-conforming	2%	19%	69%		28%	
I had to <b>teach</b> my doctor or other provider about transgender gender non-conforming people in order to get appropriate care	41%	50%	32%		26%	

Table 5: Access to health care due to financial issues or discrimination

Note: no data was available for the US answer options No and N/a, therefore the columns are left intentionally blank. I have formatted the numbers corresponding to the formatting used for Table 3. A quarter to a third of the US gender nonconforming sample reported significant access barriers to medical care due to discriminatory or disrespectful attitudes exhibited by health care professionals. Only nine percent of the Germans conveyed the same problem. This table also shows the tendency of the US sample to be hesitant in seeking medical care in general, not because of fear of discrimination, but due to economic obstacles such as high co-pays and the

<sup>28</sup> Participants were instructed to check “N/a” if they never used this service

like. Germans also have co-pays, but they are generally much lower and only eight percent reported monetary reasons for not getting needed medical care or check-ups.

Even though the level of experience of discrimination in a medical setting in Germany is significantly lower, still forty-one percent of the respondents have to educate their medical providers in order to receive appropriate care. We will see later in the life histories that doctors are not suitably educated in dealing with trans or gender nonconforming patients and a high level of lack of knowledge exists in both countries. Half of the US population reports to have to explain their situation in great detail so that they would be treated adequately. From personal experience with my partner I can attest that questions about her first period or pregnancies lead to awkwardness and she does not look forward to request prostate exams when she is at that age. It also appears to be disturbing that medical providers would deny treating a patient due to their gender nonconformity. Yet nineteen percent of the US populations have made this experience. One would really think that, especially given that the US health care system is profit oriented, nobody would be turned away because of their gender. However, transgender people are not protected against discrimination in every US state, which we also will see later in the life histories.

### **Qualitative Data Collected from Online Questionnaire**

The last question was titled in the NTDS: “Anything else you’d like to tell us about your experiences of acceptance or discrimination as a transgender/gender non-conforming person?” (Grant J, 225). This is the only question that was not included in this form but altered to the following statement: Do you want to add anything positive or negative relating to your personal

experiences as transgender or gender non-conforming person in conclusion?<sup>29</sup> The decision to change the last question was made by me, as this project was more concerned with the general experience and less focused on discrimination. I wanted the responses to be as diverse as possible without leading the respondents to use the terms discrimination or acceptance as prompts to model their answers on. This was also done in the light of the whole project and its focus on the transgender experience in general, related to the mandatory life history prompt which is discussed in greater detail below. Seventy percent, or sixty-two out of eighty-eight German respondents chose not to add anything to the questionnaire. The other twenty-six had the following to share with me.

### Negative Responses

One participant voiced their unhappiness with the following words: “Never ever again, regret hormone replacement therapy, surgery and so forth”<sup>30</sup>. Unfortunately that was the whole response, it would have been interesting to know more about the reasons behind this statement. Of course I looked at the answers of this individual more closely. The respondent was clearly an outlier as they first discovered their gender nonconformity when they were over thirty. Most of the other participants were well under the age of eighteen when they first discovered their gender identity dysphoria. They were assigned male at birth, identified as Third Gender/Androgynous /Genderqueer and were at the time of the survey forty-one years old. They were currently unemployed as well as mentally and physically disabled and also reported a high level of disrespectful behavior towards them. Furthermore they reported suicide attempts and drug use in

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<sup>29</sup> Möchten Sie noch irgendetwas im Verhältnis zu Ihren persönlichen Erfahrungen als transsexuell/geschlechtlich unangepasst, negativ oder positiv, im Abschluss hinzufügen?”

<sup>30</sup> ” Niemals mehr wieder, bereue HRT, OPs, etc.”

the past. Regarding their family relationships they marked “does not apply” and they checked the box for having lost friends due to their transition. This person seemed to deal with a lot of different problems in their life that may or may not be related to their gender nonconformity. This example also shows that even though the bureaucracy in Germany is supposed to ensure that only those that meet all the criteria are able to undergo gender-confirming procedures, they are not a one hundred percent guarantee for accuracy. Statements from individuals such as this one might question the bureaucratic process as a whole, at is supposed to prevent situations experienced by this person.

### **Positive Responses**

Four participants had only positive experiences to report. One wrote that they are a very happy and balanced person since they transitioned, implying that that was not the case before. Another participant asserted that they have not made any negative experiences, as they are very open about their trans history. The third reflected on the extreme relief they experienced after coming to understand their internal turmoil due to their gender dysphoria. He also reported that his parents were overjoyed to find out that their former daughter’s problems had a solution and that they had no significant backlash but only positive experiences. The last one noted that he had a positive attitude all along and believes that this reflected positively on his environment. He also asserted that he is very glad to have been able to transition in the past and does not identify as trans, but as a man. His attitude agrees with some of my life history findings as both of my German participants identified as male. However, as I recruited my German life history partners with the online survey, it is possible that some of the answers I got in the surveys might agree with the life histories as the same person might have given them. There is no way to tell due to

the nature of the confidentiality agreements and privacy measures in place.

### **Partly Positive, Partly Negative**

Three responses touched on both positive and negative aspects. One reported that it is more difficult to cope with life for them because of their trans identity. Yet they asserted that being strong willed and having a support network consisting of family, friends and other kind souls was very helpful. They specifically mentioned their gratefulness towards the German health care system without which they would not have been able to confirm their gender identity. Another participant revealed that the only negative experiences he made were in connection to his mother with whom the relationship had been difficult before his coming out as trans. He also told me that his experience during the process to change his name was also difficult. The questions he was asked did not have anything to do with his gender nonconformity, but his sexuality and he voiced his dissatisfaction with this kind of behavior rightfully.

Peter also had similar experiences to share; it appears that the so-called experts dealing with the bureaucratic aspect of gender confirming procedures overstep their boundaries by forcing trans people to conform to rigid gender norms. The judge Peter dealt with questioned his masculinity on the basis of the number of earrings he had at the time. One of the psychiatric evaluators wanted to examine his chest to determine if he can change his gender marker. The last response stated that their private life and their employment situation were more difficult do to their transition, but that they have gained a lot of insight in the human psyche and mind. Sadly they did not share those insights in greater detail.

### **Responses Related to Medical Aspects**

One individual reflected on their experience with medical professionals in general that no

matter what their health concern is, the topic switches to gender issues, which have been resolved in their case. This response was interesting as James, one of my life history partners also made the same experience. For instance he once went to see a doctor about heart issues and found out later that his insurance rejected the claim because the provider had coded the office visit as transition related. The German respondent also complained that in his experience many health care professionals overstep boundaries by asking inappropriate questions about the status of their genitals, questioning their gender identity and even perform unnecessary physical exams not connected to the health issue of the patient but to satisfy their own curiosity.

Another person shared with me that they are planning to have their top surgery in the US, as the results are supposedly better. They will have to pay for this out of pocket, however everything else they expect to be covered by their private health insurance provider. This statement makes me wonder about the quality of the top surgeries being performed by German surgeons and how the extent of scarification in the chest region is. I have met several American FTMs that later had large chest tattoos done in order to cover up the telltale signs of top surgery.

### **Helpful or Cryptic Responses**

Two respondents made comments about the questionnaire itself, which will be useful in the future for updated versions. In the process of working more with the German language I have encountered some linguistic shortcomings on my part and feedback like this will help me to improve my forms in the future. They noted that some of the answer choices were not applicable to Germans. It makes sense to me that the term Two Spirit, one of the self-identifications for people with a Native American background could have been excluded from the German questionnaire. However I did not want to edit the survey instrument too much, which might have

contributed to some awkward word choices. It also appeared to me that the particular individual was identifying as transsexual and gender-nonconforming at once. I personally do not think that one is mutually excluding the other, but the working of the survey might have been ambiguous.

Another person commented, “Society needs to learn a lot more.”<sup>31</sup>. Again this is a comment I wish the individual had elaborated more on. By looking at their questionnaire I could not find any indicators, as they did not report the experience of discriminatory behavior towards them or problems with their family. However they seemed to be in an early stage of transition, which might be connected to their response. This is another pitfall of anonymous data gathering, the researcher cannot go back later and ask the person why they answered a question the way they did.

## **LIFE HISTORY FINDINGS**

The length of the life history recordings was between thirty-seven and ninety-eight minutes, and they ranged between just under 5000 and over 16,000 transcribed words. This yielded a total of 180 pages, double-spaced with wide margins for plenty of notes during the coding process. The prompts for the interviews can be found in the appendix. It needs to be noted that only the first prompt was the mandatory conversation starter, the others were added to the conversation if needed. During open coding of the US interviews the following categories connected to the quality of life emerged: living in a state of liminality, affirmation of the self and the body, establishment of social integration, and stabilization of physical and mental health,

I first wanted to introduce my interview partners in more detail in order to highlight the

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<sup>31</sup> “Die Gesellschaft muss noch viel lernen.”





exposed to the existence of trans people through a TV talk show when he was eighteen years old and he talks about his childhood memories when he was using mascara to darken his facial hair. He waited another nine years before he began his transition, but he recognized his own identity in the FTM on TV.

Eigentlich hat das angefangen in meiner Kindheit, dass ich wusste, dass ich anders bin. Allerdings war ich mir noch nicht bewusst, was mit mir los ist. Teilweise auch in der Pubertät, andere Mädels schminken sich die Augenbrauen mit Mascara, ich habe mir Barthaare angemalt. Dann [...] mit achtzehn hab ich [Arabella Mittagstalk] gesehen. Da kann dann einer [...] der war halt Frau zu Mann und da wusste ich dann, dass es das ist, eigentlich. Aber ich hab mich halt nicht wirklich getraut, irgendwas zu tun [...] und bin meinen Weg [...] gegangen mit siebenundzwanzig.

He recalls those years between eighteen and twenty-seven as difficult and reports a suicide attempt at age sixteen. Earlier in life he often pretended to be a boy named Patrick when playing with other children, who accepted him as such. The years between puberty and before transition were dominated by internal turmoil, suicidal thoughts, and he sought comfort in food. When he transitioned he did so by navigating the German public health care system and he shares his experience with gaining access to providers in this context. He was able to get his penis surgery by a private provider, which is possible under certain conditions and does not report any complications so far.

Morpheus reveals that his body is about 80-85% where he would like it to be. He has extensive scars on his upper body caused by the chest reduction and regrets to have chosen this particular surgeon. He also has a visible scar on his left forearm, which he covers with a large leather cuff, which resulted from the tissue removed to form his penis. Every time he looks at his reflection in the mirror he is reminded of his past.

In Prozentzahlen ausgedrückt würde ich mal sagen achtzig Prozent, ahem fünfundachtzig Prozent. Ich fühle mich so wie ich bin wohl, nur die Narben, damit hab ich ein bisschen ein Problem, weil wenn man in den Spiegel schaut und sieht die Narben<sup>32</sup>, dann denkt man doch oftmals: „Da war was.“ Und das find ich halt schade. Aber ansonsten mit der Operation, so wie es alles von sich, oder vonstatten gegangen ist, bin ich an sich zufrieden, außer halt die Narben, mit denen hab ich so mein Problem.

His outer appearance is completely masculine; he sports a beard and uses the shower at gym like everybody else. Morpheus has been steadily employed with the same employer he was working for before transitioning. He has a stable circle of friends, most of whom he has also known for a long time. He does not have any connections to his birth family, his mother passed away shortly after he discovered his identity and his father rejected him after coming out as transgendered. He still maintains connections to the local FTM meet-up group where he shares his experiences with others to help them in their transition. Other than that he lives his life as a married man in a small German town with most of the general public unaware of his transgender past. He refers to the symbol of the phoenix as a metaphor for his life.

He also briefly touched on the issue of outing. In the last couple of months, he told me, a formerly female German athlete had multiple appearances in public and on TV. He seemed to be on a personal crusade making trans issues more public as Morpheus tells me, and nothing would be wrong with that. However he also spoke in great lengths about the nature of his scar and revealed that someone with a scar like that has a transgender history. Naturally this caused uproar in the German trans male community as they were basically collectively outed in the process. Morpheus told me that due to this some coworkers of his, who had started working with him after transition and did not know about it, interrogated him about the scar. He felt like such

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<sup>32</sup> Refers specifically to the large scar on his left forearm, where the skin graft for his penis was removed; also the large scar where his chest was reduced

intimate details should have been left to the individual to decide who to come out to and who not as he also is very secure in his masculinity and does not identify as trans. There is a difference between raising awareness regarding trans issues and blatantly outing people.

### **Peter – I Am Peter**

The conversation with Peter, a thirty year old married male currently enrolled in a master studies program, yielded a lot of information not only about his personal transition related experience, but also about the two-tiered German health care system. These observations are beyond the scope of this paper, but they have potential to be explored in my future research. He opted against a penis pump insertion due to their relatively short life span. Nevertheless has suffered from complications and urinary tract stenosis requiring additional invasive therapies. His narrative was easily convertible in a time line:

- Under 10 (1981 – 1990) He remembers longing to be a boy but giving in to the reality of being female bodied, still having a relative happy childhood. Parents did not enforce gender stereotypes; he tended to play more with boys and preferring boy's activities mostly unimpeded by cultural norms.
- 10 – 11 (1991 – 1992) Beginning awareness of gender incongruence and loss of innocence, peers become more aware of gender differences, having to dress as a girl at the pool. Gender identity begins to weigh more heavily as he approaches his teenage years
- 11 – 12 (1992 – 1993) Beginning of feelings of futility, depression, Todessehnsucht/ longing for death. No sense of having a future
- 13 – 15 (1994 – 1996) As puberty is progressing his identity becomes more fractured, rebellion, beginning to smoke, coloring hair, punk band. Finding solace in music, a lot of tears; self-identification as lesbian as a way to come to terms with gender identity

- 16 – 17 (1997 – 1998) Depressions worsen, researching suicide, writing papers about suicide for high school assignments
- 17 (1998) First psychotherapy sessions with different therapists, initial prescription of antidepressants as his depression is diagnosed as a normal part of growing up and identifying as lesbian
- 17 – 21 (1998 – 2002) In basic survival mode with the help of intermittent therapy and low-dose antidepressant medication
- 19 (2000) First university experience, he drops out after six months completely unhappy and depressed. Two months of outpatient treatment for severe depressions, change of medication but no real change in mood
- 19 – 22 (2000-2003) Professional education in physiotherapy
- 23 / 24 (2004/2005) First exposure to Drag Kings, experimentation and first thoughts of transition, but no actions taken
- 25 Signs up at Internet sites for trans people to gather information, gaining a clear understanding of his own identity and comes out to his therapist in October 2006 and later the same year to his parents with positive reaction
- 2007
- February Name change process started, meets his future wife
- March Begins testosterone gel therapy
- June Switch to testosterone injections
- July Visits regarding the required legal certificate necessary for the name change
- August Matriculates under his new name, voice is changing, but no facial hair growth yet.  
Visit to discuss surgeries with the surgeon at some time during the summer
- October Begins to study
- November On the 19<sup>th</sup> one-step surgery in Potsdam
- December UTI infection, girlfriend removes his remaining stitches, his primary provider never had dealt with a post-GRS patient. Engagement at Christmas

- 2008 Picks up his studies in January, passes his exams with flying colors in February and has a normal rest of the year for the first time in his life without depressions or complications from surgery
- 2009 Second surgery, implantation of silicone testes in May at a different clinic in Munich; gets married in August
- 2010 Completion of bachelor degree and acceptance into graduate school. The workload however overwhelms him and he suffers from burnout, which results that he decides to take a year off. Volunteering and presenting at conferences as well as preparation for returning to grad school
- 2011 Recovery goes well until another UTI in May that draws out over four months cumulating in another surgery; still he is able to pick up his studies in October
- 2012 Successfully completes first year of masters program, another UTI during the summer is resolved much more efficiently shortly after our interview took place in August

Peter struggled with depressions for most of his teens and early twenties. He recalls how his therapists tended to link his mood and suicidal tendencies to teenage angst and his perceived Lesbian lifestyle. His turning point was being introduced to the local Drag King community where he quickly realized that it was not enough for him to perform masculinity on stage but to become who he was all along, a man. He came out to his father, a medical doctor, during a counseling session and was prepared to spend the next weeks couch surfing fearing rejection. His father reacted totally different and congratulated the counselor to finally finding out what his child's problem was. During his entire transition process he was supported by his family and did not encounter negative repercussions in his relationships.

He also recalls his experiences with private and public health care providers and the medical care he received. His wife, a registered nurse, once removed his stitches in his doctor's

office, as the doctor was hesitant to do so<sup>33</sup>. This is not an uncommon occurrence; as stated above in the survey results, 41% of the German and 50% of the US survey respondents report to have to teach their providers about transgender health procedures in order to be treated adequately.

[W]as ich denke im Bezug auf [mein]Trans[sein]? Dass ich mich immer mehr damit aussöhne, Trans zu sein oder mich eigentlich schon längst ausgesöhnt habe. Natürlich gibt es Momente wo ich mir wünsche es wäre von vorne herein anders gewesen, aber ich glaube ich wäre nicht so geworden, wie ich bin. Und das ist für mich ein ganz tolles Gefühl und ein ganz toller Gedanke, dass ich lerne, mich zu mögen. Mal mehr, mal weniger, das geht glaube ich aber allen so. Und dass ich glaube, dass es mich als Mensch, dass es mir als Mensch sehr geholfen hat, so zu sein, wie ich bin. Sei es, um mich in einen anderen Menschen einzufühlen, oder dass es mir vor allem geholfen hat, meine Fähigkeit der Selbstreflektion sehr zu schulen. Und das ist glaube ich ein großer Unterschied zu jemandem der nicht so gezwungen ist, sich mit seiner Identität oder seinen Wünschen fürs Leben und wie er das macht und leben möchte wie auch immer, auseinanderzusetzen. Ich glaube, das ist halt nun ein positiver Aspekt und deswegen gibt es Tage da wünsche ich mir gar nicht, anders zu sein. Es gibt aber auch Tage wo ich denke, ach wäre das super wenn ich irgendwie noch 1.90 Meter geworden wäre aber nun gut, ist halt nicht

Peter is talking about having made his peace with his transgender past. Of course he sometimes wished not to have been trans at all, but he also thinks that it was beneficial for him to become the person he is today. He thinks that all in all, even though he had a lot of difficulties until he found out about his gender dysphoria, it forced him to learn a tremendous amount about himself. During the process he developed and honed the art of self-reflection, something that he had to do a great deal. He thinks that people that do not question their identity do not have the chance to learn as much about their motivations and goals as he did. He closes with another wish of his of being taller but accepts the fact with laughter. His outward appearance is one of an

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<sup>33</sup> He noted that his primary health care provider, who had removed stitches from a multitude of other surgical procedures, seemed to be uncomfortable with his stitches as he never had a postoperative transgendered patient before.





Ellen is the oldest of my life history partners and in her late sixties; she transitioned after retirement and was able to have surgery despite some unrelated preexisting health concerns. She was telling me about living in the closet as a male-bodied cross-dresser for decades. Her identity struggles during her early twenties resulted in a suicide attempt and yet she was unable to find her self for a long time. She went to different therapists, all of which were not able to get to the root of her depressions. One suggested to her that she might be gay, however her lifelong attraction to women made her heterosexual as a male and results in her present homosexuality. She recalls feeling a bond with gay men in general and transvestites in particular, but reports no sexual attraction to men during the course of her life. After she recovered from surgery she enrolled in a graduate program in order to become a counselor and she is volunteering as a facilitator at transgender self-help groups.

Her life history chronicles her personal journey from “the most reluctant cross-dresser I’ve ever met”<sup>35</sup> to living as the woman I met for our conversation. Her turning point occurred when a close friend of hers had to be admitted to the ER with severe health problems. At this time she had explored her female identity for years, she decided not to wait any longer and started to take hormones. She recalls writing an essay about her experience in the early stages of transition:

Well, I write an 800-word essay and the last line of it is, "I am beginning to come to terms with my identity as a cross-dresser with TS<sup>36</sup> leanings". And I show that to my best friend, who is a transsexual further along in transition than I am at this point, and her comment is "Well, if you lean any further you will need to fall over".

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<sup>35</sup> Ellen quotes the outreach person of a cross dresser group

<sup>36</sup> TS = Transsexual

Before she transitioned she spent years in therapy, and attended various groups and conferences geared towards cross-dressers and transgendered people. Unlike so many others in the US she was able to finance her transition related care and associated surgical procedures with her life savings, which she accumulated during her successful previous career. She was also able to afford speech therapy in order to raise her voice significantly to feminine levels. Ellen tells me about her thoughts after she had genital surgery:

[On the] third day the bandages come off, I'm sitting on the edge of the, I sit up for the first time, sitting on the edge of the bed and look at myself, you know, just have the hospital gown on. And, you know, I'm still swollen and bruised, it's only the day three and I think, you know, I don't remember it being ever being any other way that that's, that, that thought was just like that. And then I started analyzing that and I thought, you know: "This is a good thought to have after surgery, to have it, to have like the opposite of that thought would be really bad. But here, this just feels so natural."

During the course of her journey from cross-dresser to woman her marriage of almost twenty years was amicably dissolved. Her relationship with her relatives and friends has remained unchanged. At the time of our conversation she is in a relationship with a woman. She also recalls how she was welcomed in a group of local older Lesbians. The relationship between Lesbian women and women with a transgendered history is somewhat difficult; sadly not all of them are that inclusive, a topic further elaborated by James, one of my other US interview partners. She closes our conversation with the following words:

[O]ne of my cousins said something to the effect of: "Well, we like you better as Ellen than as Alan. And I've gotten comments from, [...] the nurse practitioner I see, and she's known me through transition and, ahem, she basically said that: "You were mildly depressed before you retired and transitioned and now you aren't." And I've gotten comments from people that have known me a long time that "Now you seem a lot happier"

## Rose – From Darkness to the Light

Rose was in her late forties, and her story in some sense could be Ellen's. She also secretly cross-dressed as a teenager, but was found out by her parents and out of shame attempted to be as manly as she could be.

Well, I did not know exactly what was the matter, but when I was thirteen I knew I wasn't right and soon figured out that I wanted to be a girl and things happened with my family which we can go into more detail, if you'd like, and I buried that desire to be a girl and not finding it again until I was in my late thirties. At that point I got hooked up with a gender therapist and we started exploring all the possibilities and I, I started experimenting a little bit, first sticking my toe in the pond/pool and then pretty much diving in. I am now postop, received my surgery on April 10, 2010 and I love my new life. I am very happy; I like my body for the first time for my life, at least since I was thirteen. I am much more comfortable with myself, and think that my decision was one of the best decisions I've ever made.

Rose worked in her father's automobile shop and enrolled in the military after turning eighteen. She was doing all she could to try and conform to the gender she was born in. Like the others she did not have a word for her feelings and became more and more withdrawn. Making her father proud was her goal and she did all she could.

I decided I was going to try and be what he<sup>37</sup> wanted me to be, so I tried macho things, sports, football, wrestling, um. And that went on for years including my going to the military, becoming a ranger, ah, and he always said a lot of derogatives, maybe they were not directly directed towards me, but the um, poking fun at people who were gay or people who were different on his part. And I took it very personally, um, considering that I was and, you know, and instead of trying to get away from it I just buried it deeper and deeper and really lost touch with that whole part of myself until, as I said, in my late thirties, ah, by that point in time it had, I dropped of so much of my own personality I think that, yeah I became very depressed and lonely and truly, after years of that, suicidal.

Rose did not want to be different, but she was. She was seeking the help of therapists who also thought she might be gay, which was not the case. Her point of clarity came when she

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<sup>37</sup> Referring to her father

was playing a massive multiplayer online game and another player self-identified themselves as trans. A friendship developed and the other trans woman was able to share information with her and helped her to find a gender therapist. While she was transitioning her mother passed away from cancer and she does not have much contact with her father, who still refers to her former self. Rose was able to afford her gender conforming surgical procedures by borrowing money from her 401 K. She is glad having had the means to do so and described her feelings regarding before and after transition as follows.

Before, I was in darkness. With certain treatments, you know, with my gender therapy, the dawn started to break I feel like I am basking in the sunlight now. That's really you know. That is really how I feel and, you know, I thought before I was in the dark. The world before was a dark world for me. Um, the sense of personal failure was so profound that um, it was bad. And you know, I have lost that, I no longer carry the weight of that, I don't know, shame maybe. I don't know if that's the right emotion or not, but yeah I think, it is. I think I felt ashamed, I felt intensely ashamed, you know, never to be able to measure up as a male of the species.

No longer confined to the darkness and feelings of failure of her past she is the person she always was inside. Now she is living her life, not a life dictated by societal norms or parental expectations. At the time of our conversation Rose had left her former employer and was going to community college. She was in a long-term, committed relationship with another woman and enjoyed occasional visits from her then twelve year old son.

### **James – Popeye Jr.**

At the time of our conversation James is in his mid-twenties and about to graduate. He has already been accepted into a graduate program at a college located in a state where he has to be careful about being outed as a person with a transgender history. His athletic slender body is decorated with tattoos that cover up the scars from his chest surgery. James's story is fascinating,

he was aware of his masculinity at a very early age. His parents were to a certain degree supportive before he entered puberty, but he recalls how his kindergarten teachers had problems with his gender expression.

[T]he story of my gender identity actually starts really, really young. I grew up hearing stories about the first time that I told my parents that I was a boy when I was two. [...] And my mom was like "no, no, no, no, no! You are a girl!" and I was like "No, I am a boy" [...] And my parents eventually decided that that had to stop because it began to embarrass them. And other people thought I was a little boy, too<sup>38</sup>. So when we would go out and I had my short hair still and um, I had this little sailor suit that I just LOVED<sup>39</sup> and I just remember feeling like, at the time the cartoon that was on that I was like hot on, it was a cartoon character at the time that enjoyed spinach, and I was just gonna go out and see the world, you know. And I just walked around and I would walk like him, [...] and, people would stop and say "Oh, what a cute little boy you have!" and I would smile *so big* "cause I knew, I knew that that was what I was

When he was talking about his childhood experiences and the reaction of strangers to his expressed self-identification as a boy he has a wonderful big smile on his face. It is remarkable that he was that strong in his own gender identity at such an early age and that it was not an issue for him, but for his parents and, later on, his teachers. He recollects:

I was about five or six years old, and because people kept mistaking me for a little boy and I entered into kindergarten that year and the teacher actually brought my parents in because I was having so many issues in the class room. I was getting into fights with the little boys like I would refuse to go into the little girls' room and whenever they'd try I'd say "that's not my gender" and I would walk over to the boys' one and they actually told my parents that THEY NEEDED<sup>40</sup> to have me grow out my hair, THEY NEEDED<sup>41</sup> to have me wear dresses, THEY NEEDED<sup>42</sup> to have me involved in girl's activities and organizations, because my parents, at that time, were still letting me play T-Ball, they let me sign up for basketball league instead of having me join women's organizations or young girl's

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<sup>38</sup> There is a big grin on his face as he talks about this

<sup>39</sup> Smile, and emphasis in his voice expressed in capital letters

<sup>40</sup> Emphasis in his voice

<sup>41</sup> Ditto

<sup>42</sup> Ditto



start in high school that he is a Lesbian, which he neither denies nor confirms as his athletic activities had slowed down his puberty. In the aftermath of these accusations however his father threw him out of the house and he lived on the street for a year and a half. His turning point came during a first year college biology class.

But the woman teaching it was trans. And I did not even register it, like she was just another woman, like, another older woman teaching a class, like. Lalala, and one day she is like "So, as you all know, I am a transsexual" And I'm like "No, I did not know that. What are you like? Why are you telling us this?" um, and I thought it was just another sexuality that she was going to talk about um, like homosexual or bisexual, um. And then she started telling her story. And she is like: "You know, when I was young, I would tell all this time my parents that I was a girl" and I am like "Doh, I get it, you are a girl, I get it, like tell me something that is not surprising" And she said "You know, I was always really awkward because everybody else thought that I was a little boy." and I was like ZING<sup>43</sup> THAT'S<sup>44</sup> what I am!" And in that moment, like I can't even explain it, my world STOPPED because, it was like the answer, you know. [...] I was ALWAYS<sup>45</sup> searching for it, I was like completely, I KNEW<sup>46</sup> there was a hole in my life and now I found it. And now it gets like, I know some people, its like that they slowly come to terms with their trans identity, but for me it was not like that. I had no questions. Like, it wasn't like "Oh, maybe, maybe this is who I am?" but like "YEAH, THAT IS WHO I AM<sup>47</sup> !" That DESCRIBES me; it's MY experience, that's me

Unlike most of my other life history participants James had a sudden epiphany about his gender identity. He finally figured it out, the light bulb in his head was turned on and suddenly he had a word for his internal turmoil: trans. He also touches on another point, the common confusion of gender, the cultural norms associated with a person's sex, and sex, the biological gender markers. He makes it clear that being trans is not a sexual orientation and has nothing to do with it. Being trans is about one's innermost self, the awareness of the mismatch between the

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<sup>43</sup> Sound and gesture of a light bulb being switched on

<sup>44</sup> Emphasis in his voice expressed in capital letters

<sup>45</sup> Ditto

<sup>46</sup> Ditto

<sup>47</sup> Ditto

physical and emotional identity of the self. In doing this he confirms the comment one of the survey participants made, who also had the need to inform me at the end of the survey that his gender nonconformity and his sexual orientation are completely unrelated.

At the time of our conversation James was getting ready for the first step of his bottom surgery, covered by his current student health insurance. He told me that it was difficult to find a surgeon willing to perform the procedure in the area he lives at the moment. A couple of year's prior he had his top surgery, which he paid out of pocket

So my top surgery was \$5900 even. Plus over a thousand dollars for my partner and I to fly out to Florida and back, rental car, hotel, and food. So it ended up being about 8000, yeah. Which I mean definitely sounded like a lot probably to a lot of people but I'm not paying from like, as I am low income, and it was THAT important to me that it had to happen.

Despite his low income status James secured the funds for the gender confirming surgical procedure, which was the most important for him to get. Those who have not had the means to do this usually bind their chest every day to conceal the excess tissue in that particular area. James attests that binding is painful, uncomfortable and reminded him each time of the physical features of his body not in agreement with his gender identity.

## **THEMES FOUND IN LIFE HISTORIES**

### **Quality of Life**

All five of my life history partners reported that the overall quality of their life had vastly improved during and after transition. Morpheus and Peter are both married men in stable relationships and have a wide circle of friends and family. They are hardly ever reminded of the struggles in their past, yet they are also both still actively engaged providing support to their peers. Outside of this they have blended in the general society. James moved to a state where he



has to hide his past but he also is not easily to pick out of a crowd. As he transitioned during college his still developing resume will most likely not cause any issues for his future work life. Ellen waited with her transition after she retired and then took on a new carrier path where her past will also not pose any significant negative impact but can be beneficial to her future work as a counselor. And Rose is much more in touch with her body and is in a stable committed relationship where she can live her life to the fullest extent. She closed her history with the following statement:

It pains me to think that there may be people in that dark place where I was, that they feel the light that I feel now, um, but they are stopped because they can't afford it.

Everyone reported significant changes in their lives and that most of those changes have been for the better. Most references they made were connected to different subgroups of quality of life, such as their experiences and thoughts on what it meant for them to be in a liminal space and being trans. Claiming one's body and the self, the establishment of social integration, stabilization of mental and physical health as the positive effects reported after gender confirming procedures also emerged as themes that everyone of the life history participants felt worth sharing.

### *Living in a State of Liminality*

The life histories as well as the survey data collected illustrated how difficult is it is for a person that just does not feel in harmony with their body and self. James was expressing this stage of being where you do not even have words to express or understand as terms like trans are mostly filled with negative connotations and are not in use in common conversations

[P]eople who identify with their biological sex never understand what it is like to grow up WITHOUT<sup>48</sup> a word to describe them, because this word is not said out loud in schools. Of course, this word is not talked about at the dinner table, because that is a word that kids are NOT SUPPOSED TO KNOW<sup>49</sup>. But if you ARE<sup>50</sup> that kid, and you don't have that word

His observation that most people truly cannot understand the complexity of being gender nonconforming or dysphoric because they are not experiencing these problems ever, is significant. If one is part of the norm, one does not tend to question it or reflect on their experience because it is not questioned. The issue, that things outside the norm are commonly associated with taboos and consequently not discussed in a constructive way due to the associated shame of not being normal, then can lead to secrecy and shame. However it also means that there is a lack of vocabulary to describe an experience outside of the norm, leaving those who do not conform to it, for no fault of their own, truly speechless.

[M]y dad sat me down for over an hour, because he was SO EMBARRASSED<sup>51</sup> that I was like a problem child, or like I could not, he was like "why can't you act normal?" and I could not understand, you know, I was just a little kid. Everything is like: so many people say they always knew they were DIFFERENT<sup>52</sup>, because I was allowed to enact in this co-ed situations like it was perfectly normal to be who I was. And it was not until somebody said, "That is NOT<sup>53</sup> normal" that I realized

Here James recalled his father's struggle: as someone secure in his identity he was not able to comprehend that his child had no choice, but to be who he was. As James was banned from the family in his teens it is unknown if his parents ever had the chance to realize that it was not about being not normal, but about being authentic that made James the man he is today.

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<sup>48</sup> Emphasis in voice

<sup>49</sup> Ditto

<sup>50</sup> Ditto

<sup>51</sup> Emphasis in voice

<sup>52</sup> Ditto

<sup>53</sup> Strong emphasis added

Additionally, many of my life history partners grew up in rural areas or small communities where there might have been the prevalence of a more conservative attitude toward gender and sex. Both Rose and James were talking about the way their parents and sometime peers were talking in derogatory terms about people that did not fit the stereotypical norm. James became homeless on the suspicion of being homosexual, Rose feared to disappoint her father, Ellen had a lot of shame around her feeling of being different, Peter was already the resident outlaw punk and Morpheus' birth family could not handle his gender identity and rejected him.

### *Claiming One's Body and Self*

All of the life histories report feelings of gender mismatch before or during puberty, with James' insisting at a very young age that he was a boy, Morpheus' alter ego Patrick on the playground, Ellen and Rose's private cross-dressing experiences. It is interesting to note that both women reported a high level of shame around their attraction to female clothes. The men reported a relative freedom to dress in boy's clothes before puberty, as it seems to be more socially acceptable in both countries to wear male clothes as a girl than female clothes as a boy. All of my interviewees have had some experience with public cross-dressing, but report that this was not fulfilling in itself.

Both women were prompted by their therapists to explore if they might be gay, which was not the case in both cases as they report as always being sexually attracted to women. Both German men were presumed to be Lesbians due to their attraction to women before transition, now they are living as heterosexual males. Albeit being accused to be a Lesbian and thrown out of the house by his father James showed more fluidity in his sexuality. He recalls that he was attracted mostly to Butch women and Gay men and continues to pursue his sexuality this way.

These five people and their stories of love and attraction demonstrated that the gender of a person is not connected to the sexuality. The assumption that a heterosexual male will transition to be a heterosexual female was refuted by these findings just as much as the idea that a lesbian woman will transition to be a gay man.

There might be a tendency before transition, more in trans women than trans men, to overcompensate their gender dysphoria by trying to openly assert their masculinity, but I do not have enough evidence from my sample of two women interviewed and lack of German female respondents. Rose and Ellen both told me that they tried for decades to fulfill the role of a man almost to the point of hypermasculinity, such as working in overly male positions, facial hair growth and generally working hard to bury their femininity deep down inside. Rose told me that she did what she could to assert or manifest her maleness before transition. She was a car mechanic, enrolled in the military, completed almost two hundred parachute jumps and had a son.

[B]ut his birth did not make me feel more like a man. And that was the very last time that, I think that was in my own view, in my own darkness I think that was the culminating failure, my personal failure in my life was that you know **even having a son**<sup>54</sup> did not make me feel like a man. And I think that's when it started spiraling downwards, was when my son was born.

When both of my female interview partners started to uncover their feminine side they told me about going overboard, wearing too much make-up or dressing to the point of almost being in drag. Over the years they both have found their personal femininity, more grounded in their own self and less in the assumptions how a woman 'should' look like. Ellen admitted that due to her trans history she is afflicted with male-pattern baldness. She was inspired by a well-

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<sup>54</sup> Emphasis added

known trans activist to shave her head and wearing natural looking wigs in public. She disclosed that she looks like a woman currently on chemotherapy in the privacy of her own home, which bothers neither her nor her cat. Rose also went through a phase of presenting the stereotypical corporate employee wearing makeup, dresses, high heels and jewelry to make her female identity visible to everyone. Over the years she has gone away from this appearance, somewhat due to practicality, as it is very time-consuming to keep up, and become more androgynous. Partly this was also as she grew her hair down to her waist before a severe illness caused temporary hair loss. She told me that was interesting for her to become aware that women do not all dress like that or wear makeup all the time. Her breakthrough was when she realized that women come in all shapes and sizes and that pants and sneakers are just as acceptable as skirts and high heels.

The life history participants also reported a feeling of being trapped and the associated shame in connection to their body before transition. Morpheus recalled how it was very difficult for him to go swimming and wear a swimsuit. Usually he wore more masculine clothing, but that is not an option at the pool. He also told me that every time he looked in the mirror he saw a body he did not identify with and those were the most problematic situations for him before transition. James remembered a lot of shame around nudity and that he tried to avoid undressing even during sexual encounters. Yet he also reminisced about a particular situation in which his partner dealt with his body issues in a remarkable way.

And there was this guy; he was this gay bear<sup>55</sup>. And this BEAUTIFUL MAN, and he was maybe five foot six, three hundreds or so pounds just like gorgeous. Like mmm, bear, like. And we were hooking up very early into my transition and I did not want to take my binder off. And I was like "No, no, no, just fuck me" and I had my jockstrap on so he couldn't see my genitals. And he was like "honey, two things; one: I have bigger tits than you do. Two: I'm sure I have seen dicks

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<sup>55</sup> The term bear refers to a gay man with a higher body mass index and amply body hair

smaller than yours”. And there was that bear telling to me, its like: how amazing is that, that this man, who is a cis<sup>56</sup> sexual could see MY BODY as just one of many diverse male bodies that exist in the world

The way he portrayed the situation encompassed the diversity of the human body. Many of the criteria we use to stereotype male or female do not fit the reality of our bodies. Here he told me about a man, who was very secure in his masculinity, pointing out that he had larger breasts that some people classified as female. He also goes to the center of the definition of masculinity by accepting a wide variety of male genitals as perfectly normal.

In regard to their primary gender identity today most of my interview partners did not identify as transgender, but in their confirmed gender with a transgender past. The German interview partners in particular strongly identified as male. This connects to findings in the survey, as a higher number of Germans (thirty percent vs. ten percent of the US data) does not associate themselves with the term transgender at all. I also had two responses at the end of the survey where the writers stressed that the transgender identification for them either is in the past or never applied to their identity at all. The US life history participants also were somewhat ambiguous in terms of self-identifying as transgender now that they had gone through the process. James’s notion of being a man with a transgender history acknowledged both, his past and present gender identity, while stressing his male identity as a whole.

Each of the life history participants have vastly benefited in terms of their body image and their self after the gender confirming procedures they had done at the time of our conversations. Through the expression of their gender identity today with the assistance of

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<sup>56</sup> Cis sexual is used to refer to people that are not trans or otherwise gender nonconforming

gender confirming procedures they have established their self and body as congruent. This of course had a significant positive impact on their quality of life.

### *Establishment of Social Integration*

Being integrated in society is another factor of importance in terms of quality of life. Peter's description how he felt in public before transition highlights the Leidensdruck weighing heavily on him and the social isolation gender nonconforming people can experience.

ich wollte einmal unbeschwert sein. Ich war auch häufig, wenn ich unterwegs war, ich habe so eine Lieblingsdisco in der Zeit, wo ich auch war, und ich habe ganz oft die Welt so wahrgenommen als wenn da so eine Glaswand um mich rum. Und ich habe die anderen Menschen beobachtet und habe es mir so oft gewünscht, nur einmal auf die andere Seite zu können, nicht geschlechtlich, sondern einfach dieses unbeschwert sein, das hab ich mir sehr gewünscht in der Zeit

In this passage he recounted his feeling of isolation in his teenage years and the strong disconnect he felt to everyone else around him. He did not know about his gender nonconformity at the time, yet even when he was at his favorite local club he felt sequestered from everyone else. He described it as if he was looking at the world from the outside through a wall of glass, separating him from everyone else expressing happiness and freedom from the burden he carried. These experiences are now a thing of the past for him and the others. Rose also told me that she withdrew herself from most social interactions besides work and spending time with her son. She sought refuge in the virtual worlds of massive online role-playing games where her characters were always female. Yet she did not make the connection to her noncongruent gender until another player outed herself as transgender in the game. The life histories evidenced that trans people can feel socially disconnected to the point of social isolation. How far gender confirming

procedures also can eliminate this disconnect is hard to determine, yet by integrating the body with the mind they can be seen as a supporting element.

Another aspect in connection to social integration is linked to the need to change gender markers and names in legal documents. The financial barriers in Germany in terms of gender confirming procedures are much lower, but there are still fees associated in order to obtain those documents. Morpheus explained:

Die Namensänderung muss man ja auch selber zahlen. Also das kam mit so, ja, Namensänderung 1000 Euro circa, ja. lass nachdenken, ich habe bezahlt, also mit, damals waren es circa 1400 Mark, heute so 800 Euro, 900 Euro, 1000 Euro mit der Namensänderung und die Personenstandsänderung war zu meinem Zeitpunkt auch noch so 500 Mark gelegen, die ist heute günstiger da du keine Gutachten mehr benötigst

He calculated that changing his name and gender in legal documents cost him about 1,000 Euro, which includes the two independent evaluations to determine gender identity dysphoria that are also not covered by insurance. He adds that today the costs are lower as the requirement for evaluations prior to name changes has been lifted in 2012. His American peers would be happy only to have to foot the bill for those, which was demonstrated by James' calculation of his top surgery expenses.

In order to be recognized as transgender, the German bureaucratic process is supposedly geared to evaluate the severity of the Leidensdruck through stages of clinical, psychological and legal procedures. My German interview partners reported that this process could be rather absurd sometimes. Peter recalled how a psychiatric specialist insisted on performing a chest exam, which would have required him to take his bindings off. He refused arguing that his physique was not the subject matter at hand and was successful in it. Another medical professional was questioning his masculinity on the basis of his multiple earrings. It appears that the individuals



performing those evaluations also bring their own agenda and bias to the evaluations. The notion of being able to determine what is considered masculine and what is not could be interpreted as rather contrived. Both Peter and Marcus asserted that it was extremely important to refer to what can only be called the stereotypical trans-narrative in order to obtain the documents required to go further. This might be a possible explanation for the survey respondent regretting their transition. They might have relied too heavily on formulated behavior, which is easily obtainable online, to obtain access to procedures that in the end did not prove effective to them.

As I have shown in the literature review, each US state has its own laws and procedures associated with these issues and for some it is impossible to change their birth certificate. As people in the US tend to move from state to state during their lives, this can add additional problems. James had this to share regarding this part of becoming socially integrated:

I was fortunate that I was born in California on a military base, because California laws you get a brand new birth certificate, they don't even amend the certificate, so they replace the old one with a new one. But I had to get that amended which required my flying to California. And it's like I am low income certainly, and now EVERYTHING<sup>57</sup> has a fee attached to it. As you know, the name change about 150, like the passport that is another 150, 60, yeah you know. My birth certificate cost 350 to change plus the airfare, you know. Transition is EXPENSIVE<sup>58</sup>, and I think the media still portrays us as like crazy people that are just doing like some random like "Oh, you know, I just decided to change my sex yesterday. So I went out and did it"

It is of immense importance to have matching documentation, being able to obtain it is very important not only in terms of background checks and social security validation, but also for the personal affirmation of the individual that they are congruent in their gender identity. Once more the stereotype of people haphazardly switching gender just for the fun of it was refuted. All

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<sup>57</sup> Emphasis in voice

<sup>58</sup> Ditto

the stories collected resonate the same underlying tone: We did not choose to be like this, but we are like this and we are only trying to make the best of the situation. James also had the most succinct way of talking about the importance of obtaining legal documentation, because the lack of it limits gender nonconforming people in other ways, namely in their freedom to travel.

So, everything I wanted to talk to you about, when I said I feel trapped is the fact that you are most literally trapped during your gender transition until you get your PASSPORT<sup>59</sup>. And that involves to do that, it's been over five years now that I have not been able to leave the country, because my passport does not reflect my gender and my appearance. And only now being able to change that, because they recently changed the law for one, and the other thing is I've had my surgery, so, two. But in terms of quality of life, feeling STUCK<sup>60</sup> and you are feeling trapped, and you are like, that is not a good thing like and I think certain policies do make it harder on trans people for employment and for just general mobility in a lot of realms, like the passport thing has just be driving me nuts until recently, because it is so much effort to get all those necessary parts.

The passport issue is of utmost importance for the US trans and gender nonconforming population. When Rose left for Thailand her state issued driver's license reflected her legal name and female gender, however her US passport had her still associated with the gender she was classified under at birth. The requirements at that time demanded surgical procedures and additional supporting documents for the change of the gender marker on the birth certificate. Only then she was able to have her passport revised to match the rest of her identity papers, outward appearance and identification. Not that everyone who identifies as trans wants to travel abroad, but having this freedom restricted through conflicting paperwork severely limits their personal autonomy.

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<sup>59</sup> Emphasis added

<sup>60</sup> Ditto

*Stabilization of Mental and Physical Health*

The life histories all reported yearlong searches for help, therapists and others who are unable to deal with gender issues, or misdiagnosis. This led to prolonged periods of suffering, building up the pressure associated with *Leidensdruck* and expressing itself in periods of more or less severe depression. Each of the interview partners recalled episodes of depression, lack of self-worth, and suicidal tendencies in the years or decades before transition

James told me about a phase in his life during high school when he was a three-season varsity athlete, had very good grades but constantly felt depressed and suicidal. Peter recalled the same problems during high school and that he wrote papers researching suicide in Ancient Rome and having a general fascination with death. He also reported years in therapy on antidepressants and the inability of his therapists to connect the dots, brushing him aside as a troubled teenager who naturally had to be depressed due to his lesbian tendencies. Rose described becoming more and more depressed while trying to prove her social masculinity to the world. Morpheus and Ellen also struggled with depressions.

Most of the life histories also reflected the futile battle to suppress their gender dysphoria for years, lastly coming to terms with their gender identity. Not one of them revealed to be currently on antidepressants, most of them report to have taken them in the past. James also had an interesting observation from his community to share in terms of the relationship of depressions and gender identity.

I'm not saying that ALL transsexuals are magically healed from their depression like transition therapy. One thing, it is a common theme. And the people that I've talked to either they were like extremely depressed and now they are less depressed, or they were EXTREMELY<sup>61</sup> depressed and NOW they don't

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<sup>61</sup> Emphasis added

experience depression. And then there are some that still experience depression, so I think being trans is NOT linked to any other mental health condition as tightly as people want to say

He points out that some people might still experience depressions after transition, as depressions are also related to brain chemistry and other physical or neurological processes. The one German survey respondent who regretted their transition and reports to be in mental and emotional distress also substantiated this claim. Transition should not be seen as a magical healing process, yet the benefits for the individual are not to be lightly dismissed.

Still the attitude seems to prevail that gender confirming surgical procedures are of cosmetic nature. Rose shared her point of view about this topic in the last sentences of her life history:

It pains me to think that there may be people in that dark place where I was, that they feel the light that I feel now, but they are stopped because they can't afford it. And I just think it's a shame that our society is that way. Especially when you consider that overall you know, the cost of helping those few who want to have surgery, is less than a drop in the bucket compared to all the other money spend you know by the insurance companies to make sure that people have you know. To me it is as necessary as a women's reconstruction of her breast after breast cancer. It's. *And that*<sup>62</sup> is covered on insurance

She reflected on hypothetical cost-benefit calculations in regards to gender confirming procedures. Also she reminded us of those that fall by the way side because they are unable to access the procedures she was fortunate to have had in order to become in sync with herself. Chest surgery for her was comparable to chest reconstruction done for women with breast cancer, which is a medically necessary procedure, and do not have any similarity to surgical breast enhancements, an elective procedure.

On a side note in terms of dealings with medical professionals, James related that he had

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<sup>62</sup> Emphasis added

made some odd experiences with doctors, which would not have happened if he had not identified as gender nonconforming. James described how it happened to him multiple times that providers were focusing on him as transgender, even though he went to get medical care for other health concerns or even injuries:

I think [...] there is the basic health care stuff that often gets coded wrong because people are so intensely focused on transsexualism. So another example for, I actually broke a bone in my foot, I fractured it and the claim got denied by my insurance provider because once again it was not saying that I came in for a broken foot but the provider coded it as transsexualism. And its like, it is, its like there is such a focus on like TRANSSEXUAL, it's like they almost ignore the other healthcare conditions I mean.

He had similar experiences when dealing with high blood pressure and the provider was asking him more about being trans than about the issue at hand. He felt that as soon as his doctors saw the term trans, their trains of thought derailed away from their specialty towards their curiosity about a condition they did not know much about. He rightfully questions the quality of care received for his concerns and in the end had to deal with his insurance provider to have.

### **Additional Findings**

During the research process I have made further discoveries in connection to the quality of life not directly related to my research question or the hypothesis. The life histories and also the survey results also seem to indicate that the experience of gender nonconforming people and their transitions vary depending on their age. I have found evidence suggesting three different age groups that seem to share similar experiences. Moreover I found some potential links between the high suicide attempt rate and report of disabilities among the trans population.

Furthermore select findings seem to suggest a continuation of the manifestation of male hegemony in society as a whole.

Those transitioning while less than thirty years old are able to establish their identity in a phase of their life while they are finishing school and other education before being fully integrated in the work place. With the legal stages of changing one's name and gender marker on social security documents completed, their transcripts, diplomas and resumes subsequently reflected their correct gender identity. They can subsequently go on with their life while leaving relatively little evidence of their transgender past behind. By transitioning before entering the work force future employers will most likely not stumble upon references leading to the unintentional outing of the transgender past of the person applying for a position. This notion emerged through the experience of Peter and James, who were both college students during their transition, graduating in their confirmed identities.

Transitioning during their active work time at the ages between thirty and under sixty proved to be more challenging as attested by Morpheus and Rose. They both were able to remain with their employment during transition, yet undergoing gender-confirming procedures posed challenges for both of them. Morpheus continued to be employed by a publicly funded religious organization as a teacher; however his continuation at his workplace was contingent on a vote by the leaders of the organization and a vote of confidence by the parent board of the school. He had some difficulties obtaining corrected versions of his diplomas and transcripts as his education took place at a more conservative institution. Rose recalled being passed over in promotions and problems with coworkers still habitually referring to her old name. When complaining to her superiors she encountered continuous lack of support and subsequently left when she was

confronted with the threat to be fired due to health related absence. Incidents like this are also reported in the US survey as well as by one of my German questionnaire responses suggesting the difficulty faced by gender nonconforming individuals undergoing gender-confirming procedures at those ages. People also tend to form life-altering connections in this phase of their lives that may lead to long-term commitments such as marriages or children. This can lead to a life somewhat in the shadow of their transgender history, such as Rose's relationship to her son and the issues he might have with the gender of his non-custodial parent. Consequences from the past might make it more difficult to fully integrate the confirmed self in the context of one's life history.

It cannot be said with any precision how many people transition after the age of sixty. Even though I did not collect a lot of data on this particular group, I still had one participant in this category in my life histories. Even though gender-confirming procedures have been done for a couple of decades, a lot of knowledge has been disseminated since the arrival of the Internet. It is reasonable to assume that the older generation of gender nonconforming people did not have access to resources that are now at the fingertips of the younger generations. Yet some information also reaches this generation and those that are healthy enough are able to undergo gender-confirming procedures. I was fortunate to be able to interview a person who transitioned the moment they retired and is now working on a different degree. Ellen waited until she left their work to become her true self, more or less unencumbered by her former life that provided her the means to transition and start over.

One of my other unexpected findings of potential importance for future research was the hypothetical connection between suicide attempt rates and disabilities, raised by my conversation

with Ellen. I also found a somewhat higher rate of disabled individuals in the transgender sample compared to the general population. But this most likely is an issue more on the margin of this marginal group, however it might be useful for quality of life related research to look into this in more depth.

Something that has been related to me in the German part of the interviews is the fact that trans people looking for surgical procedures are limited in their choice. Only a couple of providers and clinics in Germany are under contract with insurances to provide this type of care. This causes individuals to choose only between a limited number of surgeons and a limited number of surgery options available. One of the survey participants also had to add to this by stating that they were planning to have their top surgery done in a different country, which in turn has the consequence that they will have to foot the bill for this procedure without insurance.

All of the anecdotes recalled during the discussion of the claiming of the self and the body made me wonder if the expression of hypermasculinity and hyperfemininity is more common occurrence in trans women, as I did not get any reports by my male participants on that matter. I would like to further examine what I call the pendulum hypothesis: Do women with a transgender history commonly try to be hyper masculine and then switch to hyper feminine behavior during transition to come at rest in a more central position. The males on the other side dressed more masculine before discovering their gender identity. I would love to further investigate if this is another way that the inherent dominance of male over female manifests itself that it is ok for a girl to dress like a boy but not vice versa.



## CONCLUSIONS AND IMPLICATIONS

Throughout this paper I have striven to treat the topic with the utmost sensibility and respect towards those who are, have been or are going to be on the path of gender confirmation. Much work still needs to be done in order to break down stereotypes and misconceptions surrounding genderqueer, transgender or otherwise gender nonconforming people such as Rose, Peter, Morpheus, Ellen, and James as well as the respondents to the survey. Through the evaluation of the quantitative and qualitative data presented in this honors thesis I hope to have discovered multiple supporting factors to my hypothesis that it is beneficial for the individual as well as society when people established to be distressed by Gender Identity Dysphoria have unrestricted access to gender confirming procedures. Those procedures can be invasive or noninvasive in nature; they are nevertheless therapeutic and preventative health care measures for the individual, their quality of life and their social environment.

### Research Questions

The overarching research question I aimed to investigate was: What are the sociocultural and economic differences that factor into the transgender experience in Germany and the US? More specifically this research sought to investigate the following subsets of questions: How and why did the economic differences develop in the way gender confirming procedures are financed in the US and Germany? What are the implications for transgendered people in both countries in terms of the quality of life and the associated Leidensdruck?

My literature review showed that historically both countries viewed gender-confirming procedures such as genital surgical alterations, breast reduction or augmentation and facial hair

removal as cosmetic and therefore elective procedures. Numerous court battles in Germany have since reversed this opinion as the legal obligation of health insurances to provide access to health related care was extended to gender confirming procedures. The Leidensdruck associated with people suffering from gender identity dysphoria was used as an indicator for the necessity of these forms of treatment. However this also has the catch-22 embedded that people in Germany have to undergo psychotherapy with the goal that the sessions have to be unsuccessful. Furthermore the health insurance connection also medicalizes gender identity. Only a limited amount of choice exists for German trans people in terms of clinics and specialists contracted to provide those procedures. In the last year the mandatory gender confirming surgical procedure clause was lifted in Germany for people wanting to change their gender identity and name on legal documents under the argument that nobody can be subjected to surgical procedures in non-life threatening situations. It was more difficult to assess the reasoning behind the US practices to exclude gender-confirming procedures from health care coverage. The argument for the most part still tends to view them as cosmetic, therefore elective procedures. However the expenses can be filed under medical expenses on the tax return and more and more employers are offering transition related benefits to their employees.

In terms of the implications for transgendered individuals in both countries in terms of the relationship between quality of life and Leidensdruck I have come to the following conclusions. Especially the life histories have given me some insights that the quality of life improves when the Leidensdruck is lowered by a variety of different methods. Non-invasive means such as hormone therapy are instrumental in reaching equilibrium between the body and the mind. Surgical procedures are further supporting mental stability and alleviate body image

dysphoria. For people such as Rose chest surgery is medically necessary, comparable to chest reconstructive surgery after breast cancer and does not bear any comparison to breast enhancement done purely for cosmetic reasons. Chest reductions done for men like Morpheus also vastly improve their quality of life by virtue that they do not have to bind their chests every day, which is painful and reminds them constantly of their gender dysphoria and conflicting body.

The hypothesis I formulated at the end of the introduction to this paper was as follows: It is beneficial not only for the individual, but for society at large when individuals suffering from Gender Identity Dysphoria have access to surgical and nonsurgical gender confirming procedures as therapeutic and preventative health care measures. Throughout this paper I have demonstrated evidence to support this hypothesis. People either undergoing gender-confirming procedures or planning to do so are a minority comprised of a small percentage of the population. Trans people are on their personal journeys not because of some whimsical notion of wanting to be different but aiming to be themselves. It takes a lot of courage and perseverance to do what they need to do in order to live in harmony of mind and body. Gender confirming procedures are not cosmetic surgery. They do not merely alter the surface of the body, but they confirm the gender identity of the individual. Instead they are necessary and effective treatments for the mental and physical wellbeing of those who undergo them.

### **Further Research**

During the process of working on my honors thesis I found that in the end I had even more questions than I had before which could lead to more research into the subject in the future. I am very fortunate to have been awarded a National Science Foundation Graduate Fellowship

making it possible for me to use this thesis as a base for my future academic career.

Exploring the implications that the age at transition has on the quality of life, as discussed in the section Additional Findings, might be worthwhile. Following up on my thoughts in connection to the pendulum hypothesis and if this is a MTF or more general gender nonconforming phenomenon could lead to more insights on the dynamics of coming to term with gender identity in general. And the experience gained as well as the data collected for this honors thesis could serve as a pilot for a more comprehensive study of the transgender experience in Germany in general or the FTM population in specific.

During this research I encountered questions about the quality of care and the inequality in power and privilege between trans people in Germany, the associated bureaucracy and medical institutions. A closer look at the institutionalized aspects of gender confirming procedures, such as the centers where those are performed, might give insight into the inner workings of the places people can go in order to confirm their identity paid for by their health insurance. One might imply certain monopolistic policies with the question: who benefits and why? How are the contracts made, what are the criteria and are they geared towards the individuals seeking medical assistance, the clinics or the health care system? I also am curious if the different surgical methods implemented at those centers are developed to confirm the unique identity of the trans person or if there might be other underlying agendas at work. Many of the trans men in Germany seem to opt for the creation of a penis and take the associated side effects almost for granted. Whereas, from what little I data I collected, their American peers seem to invest more thought into their understanding of masculinity beyond the necessity for an appendage that is expensive, carries a lot of complications with it, and might not be functional.

As this paper is coming to a close I want to thank my honors advisor, Dr. Rachel Chapman for her continued support and guidance through the course of this honors project. She encouraged me to seek IRB approval, supported me for twice the time most honors projects take, encouraged me to apply for an NSF grant and was instrumental to pave the way for me to be accepted into a PhD program in sociocultural anthropology. With the guidance she and other members of the department of anthropology at the University of Washington so freely gave I was able to forge my first set of tools for my anthropological knapsack to be able to continue on this journey to explore and research in the future. Words cannot express the gratitude I feel for having being able to experience and learn from their extraordinary introduction to the world of anthropological research.

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## Appendix

### IRB Approval Forms and Related Materials

UNIVERSITY OF WASHINGTON

Human Subjects Division  
Box 359470

BOX FOR COMMITTEE USE ONLY		
MASTER <input type="checkbox"/>	COMM. <input type="checkbox"/>	INVESTIGATOR <input checked="" type="checkbox"/>
APPLICATION NO. <u>41216-6</u>		

HUMAN SUBJECTS REVIEW COMMITTEE APPLICATION

Check this box if your project falls into one or more of the minimal risk ("expedited") categories of research (see web site for listing of categories) and send us only two copies of all your materials.

I. PRINCIPAL INVESTIGATOR (Provide all the information requested. Correspondence will be directed to this person. You may designate a contact person other than yourself in section II., below.)

Name Beate Beardsworth Title Undergraduate Student Position Honors Researcher  
 Department Anthropology Division Sociocultural  
 Mail box or address [redacted] Lynnwood, WA, 98036  
 Telephone 425 [redacted] Fax Not applicable e-mail [redacted]@yahoo.com, beate68@u.washington.edu

II. CONTACT PERSON (Provide all the information requested. This person does NOT have signatory authority with regard to this application.)

Name \_\_\_\_\_ Title \_\_\_\_\_ Position JUL 18 2011  
 Mail box or address \_\_\_\_\_ UW  
 Telephone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

III. TITLE OF PROJECT: Leidensdruck : Gender Reassignment Surgery, Sociocultural Factors, Economic Issues, and Life Quality of Transgendered Individuals in the United States and Germany

IV. SIGNATURES: The undersigned acknowledge that: 1. this application is an accurate and complete description of the proposed research; 2. the research will be conducted in compliance with the recommendations of and only after approval has been received from the Human Subjects Review Committee (HSRC). The lead research is responsible for all aspects of this research, including: reporting any serious adverse events or problems to the HSRC, requesting prior HSRC approval for modifications, and requesting continuing review and approval.

A. Investigator: Beate Beardsworth Beate Beardsworth 07/11/2011  
 TYPED NAME PLUS SIGNATURE DATE  
 B. Faculty sponsor (for student): Rachel R. Chapman, PhD Rachel R. Chapman 07/11/2011  
 TYPED NAME PLUS SIGNATURE DATE  
 C. The Chair, Dean, or Director acknowledges the researcher is qualified to do the research, sufficient resources will be available, and (if no external funding review occurred) there was an internal review of scientific merit.  
Bettina Shell-Duncan, PhD [Signature] 7-14-2011  
 TYPED NAME PLUS SIGNATURE DATE

Jill Palzkill Woelfer Jill Palzkill Woelfer 8/18/11 APPROVE  DISAPPROVE   
 HUMAN SUBJECTS REVIEW COMMITTEE SIGNATURE DATE  
 Subject to the following conditions: See conditions of approval in attached letter  
dated 8/22/11.  
 Period of approval is one year, from 8/18/11 through 8/17/12

\* VALID ONLY AS LONG AS APPROVED PROCEDURES ARE FOLLOWED \*



Response Form **Conditional Approval**  
Version 2.8

Human Subjects Division, Box 359470  
Seattle, WA 98195-9470  
Phone: 206-543-0098  
Fax: 206-543-9218

For HSD Office Use Only		Date Received:
<input type="checkbox"/> Master Copy	<input checked="" type="checkbox"/> Approved	<div style="border: 1px solid black; padding: 5px;"> <p style="color: blue; font-weight: bold;">RECEIVED</p> <p style="color: blue;">Human Subjects Division</p> <p style="color: blue; font-size: 1.2em; font-weight: bold;">DEC 16 2011</p> <p style="color: blue; font-size: 1.5em; font-weight: bold;">UW</p> <p>DORA MOD # <span style="border-bottom: 1px solid black; width: 50px; display: inline-block;"></span></p> </div>
<input type="checkbox"/> IRB Working Copy	<input type="checkbox"/> Conditional Approval	
<input checked="" type="checkbox"/> Researcher Copy	<input type="checkbox"/> Approval In Principle	
<input type="checkbox"/> Full IRB Review Required	<input type="checkbox"/> Disapproved/Denied	
<input checked="" type="checkbox"/> Expedited Review	<input type="checkbox"/> Withdrawn	
<p>Date of IRB action: <span style="font-size: 1.2em;">1/17/12</span></p> <p>Printed name: <b>CLINTON KRUCHOSKI</b></p>		
<p>IRB Chair or Designee Signature: </p>		
<p>Notes:</p>		

Research Study Information			
IRB Application Number: <small>(This is five digits "12345")</small>	41216	IRB Committee:	G
IRB Application Title:	Leidensdruck: Gender Reassignment Surgery, Sociocultural Factors, Economic Issues, and life Quality of Transgendered Individuals in the United States and Germany		
IRB Application Type:	<input checked="" type="checkbox"/> New Application <input type="checkbox"/> Modification <input type="checkbox"/> Status Report <input type="checkbox"/> Other:		
IRB Review Date:	8/18/2011		
Study Contact Name:	Beate Beardsworth		
Lead Researcher Name:	Beate Beardsworth		
Name of Person Completing This Form:	Beate Beardsworth	Email: <span style="background-color: black; color: black;">[REDACTED]</span> @yahoo.com	Phone: 425 <span style="background-color: black; color: black;">[REDACTED]</span>

**Purpose:** Use this form to respond to an IRB review letter when your application has received **Conditional Approval**.

**Instructions:**

1. Complete the first page of this form.
2. Please mark responses below in between the brackets [ ]/[X], as appropriate.
3. Open the IRB review letter in an electronic format, and then write your answers to IRB questions directly under each question. Please make clear that this letter is from you, to the IRB, by changing the recipient and date.
4. Print out the IRB review letter with your answers.
5. Attach those pages to this form.

Leidensdruck



**Modification Form**  
Version 5.4

**W** UNIVERSITY of WASHINGTON  
Human Subjects Division, Box 359470  
Seattle, WA 98195-9470  
Phone: 206-543-0098  
Fax: 206-543-9218

<b>For HSD Office Use Only</b>		<b>Date Received:</b>
<input type="checkbox"/> Master Copy <input type="checkbox"/> IRB Working Copy <input checked="" type="checkbox"/> <b>Researcher Copy</b> <input type="checkbox"/> Full IRB Review Required <input checked="" type="checkbox"/> Expedited Review	<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Conditional Approval <input type="checkbox"/> Noted <input type="checkbox"/> Denied <input type="checkbox"/> Withdrawn	RECEIVED Human Subjects Division  JUN 25 2012  UW DORA MOD # <span style="border: 1px solid black; padding: 2px;">3</span>
Date of IRB Action: <u>6/27/12</u>		Printed Name: <b>CLINTON KRUCHOSKI</b>
IRB Chair or Designee Signature:		
Notes:		

- Quick submit instructions for Modification; More Instructions are available on the [HSD Forms Page](#)**
- Complete this form then DELETE sections that do not apply.
  - COPY and PASTE tables you need (i.e., tables describing recruitment materials and/or consent forms) before you complete this form.
  - When preparing double-sided copies, please make sure that each item (e.g., Modification Form, consent forms, study instruments, etc.) begins on the front of a new piece of paper.
  - NUMBER OF COPIES: Three (3) copies. (Two copies for minimal risk.)

Research Study Information			
IRB Application #	41216	IRB Committee	G
IRB Application Title	Leidensdruck: Gender Reassignment Surgery, Sociocultural Factors, Economic Issues and Life Quality of Transgendered Individuals in the United States and Germany		
Lead Researcher Name	Baya Dee Walls (formerly Beate Beardsworth)	Contact Name	Same
Position and/or academic appointment	Undergraduate Honors Student	Position and/or academic appointment	
Department/Division	Anthropology	Department/Division	
Phone #	<span style="background-color: black; color: black;">XXXXXXXXXX</span>	Phone #	
Fax #		Fax #	
Box #		Box #	
Street address, if applicable		Street address, if applicable	
Email	Beate68@uw.edu	Email	
Note for users of the UW Clinical Research Center (CRC) in the UW Medical Center on 7 South: modifications that impact resource utilization on the CRC MUST also be submitted to the ITHS Administrative Director for review and approval prior to implementation. Email to <a href="mailto:ithsapps@u.washington.edu">ithsapps@u.washington.edu</a>			
<input checked="" type="checkbox"/> Person completing this form is the same as the Lead Researcher		<input checked="" type="checkbox"/> Person completing this form is the same as the Contact	
Name of Person Completing this Form; (if not Lead Researcher or Contact)		Email:	Phone:

**REASON SUBMITTED:**

- Reason #1: Supplemental Form: Offsite Adverse Event Log  
 Reason #2: Researcher or Sponsor Initiated Modification: Check all of the types of modifications you are requesting:
 

<input type="checkbox"/> A. Purpose	<input type="checkbox"/> H. Confidentiality of Research Data, HIPAA Authorization or Waiver of HIPAA Authorization, UW Confidentiality Agreement
<input type="checkbox"/> B. Procedures	<input checked="" type="checkbox"/> I. Researchers and research staff
<input type="checkbox"/> C. Populations	<input type="checkbox"/> J. Sites or locations



**Modification Form**  
Version 5.4

For HSD Office Use Only		Date Received:
<input type="checkbox"/> Master Copy	<input checked="" type="checkbox"/> Approved	RECEIVED Human Subjects Division
<input type="checkbox"/> IRB Working Copy	<input type="checkbox"/> Conditional Approval	JUL 02 2012
<input checked="" type="checkbox"/> Researcher Copy	<input type="checkbox"/> Noted	UW
<input type="checkbox"/> Full IRB Review Required	<input type="checkbox"/> Denied	DORA MOD # <span style="border: 1px solid black; padding: 2px;">4</span>
<input checked="" type="checkbox"/> Expedited Review	<input type="checkbox"/> Withdrawn	
Date of IRB Action: <span style="font-size: 1.2em;">7/9/12</span>		Printed Name: <span style="font-size: 1.2em;">Clint Kruclarki</span>
IRB Chair or Designee Signature:		
Notes:		

**Quick submit instructions for Modification; More instructions are available on the HSD Forms Peg.**

- **COPY and PASTE** tables you need (i.e., tables describing recruitment materials and/or consent forms) before you complete this form.
- When preparing double-sided copies, please make sure that each item (e.g., Modification Form, consent forms, study instruments, etc.) begins on the front of a new piece of paper.
- **NUMBER OF COPIES:** Three (3) copies. (Two copies for minimal risk.)

Research Study Information			
IRB Application #	41216	IRB Committee	G
IRB Application Title	Laidenedruck: Gender Reassignment Surgery, Socio-cultural Factors, Economic Issues and Life Quality of Transgendered Individuals in the United States and Germany		
Lead Researcher Name	Baya Dee Walls	Contact Name	Same
Position and/or academic appointment	Undergraduate Honors Student	Position and/or academic appointment	
Department/Division	Anthropology	Department/Division	
Phone #	425 [REDACTED]	Phone #	
Fax #		Fax #	
Box #		Box #	
Street address, if applicable		Street address, if applicable	
Email	Beate68@uw.edu	Email	
<small>Note for users of the UW Clinical Research Center (CRC) in the UW Medical Center on 7 South: modifications that impact resource utilization on the CRC MUST also be submitted to the ITMS Administrative Director for review and approval prior to implementation. Email to <a href="mailto:itmsapps@u.washington.edu">itmsapps@u.washington.edu</a></small>			
<input checked="" type="checkbox"/> Person completing this form is the same as the Lead Researcher		<input checked="" type="checkbox"/> Person completing this form is the same as the Contact	
Name of Person Completing this Form: (If not Lead Researcher or Contact)		Email:	Phone:

**REASON SUBMITTED:**

- Reason #1: Supplemental Form Offsite diverse Event  
**[Report of Other Problems is now a separate form. Please click on link for new form.]**
- Reason #2: Researcher or Sponsor Initiated Modification: **Check all of the types of modifications you are requesting:**
  - A. Purpose
  - B. Procedures
  - C. Populations
  - D. Recruitment
  - H. C...
  - I. Resea...
  - J. S...
  - K. s' a o B oc

DEC 16 2011

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## Transgender Life History Interview

Are you over 18?

Had Gender Reassignment Surgery at least one year ago?

Open to talk about your life history for an undergraduate research project?

**You will remain anonymous, please use a pseudonym**

**Email: [beate68@u.washington.edu](mailto:beate68@u.washington.edu)**

The confidentiality of information transmitted via email cannot be guaranteed, use a pseudonym to contact me. Be aware that e-mail addresses that incorporate people's names could identify them.

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**Directions**

Please read and answer each question carefully. For each answer, check the appropriate box completely. If you want to change an answer, click on the box corresponding to your new answer. You may skip in order to decline to answer specific questions.  
 "Transgender/gender non-conforming" describes people whose gender identity or expression is different, at least part of the time, from the sex assigned to them at birth.

1. Do you consider yourself to be transgender/gender non-conforming in any way?

- Yes
- No. If no, do NOT continue.

2. What sex were you assigned at birth, on your original birth certificate?

- Male
- Female

3. What is your primary gender identity today?

- Male/Man
- Female/Woman
- Part time as one gender, part time as another
- A gender not listed here, please specify \_\_\_\_\_

4. For each term listed, please select to what degree it applies to you.

	Not at all	Somewhat	Strongly
Transgender			
Transsexual			
FTM (female to male)			
MTF (male to female)			
Intersex			
Gender non-conforming or gender variant			
Genderqueer			
Androgynous			
Feminine male			
Masculine female or butch			
A.G. or Aggressive			
Third gender			
Cross dresser			
Drag performer (King/Queen)			
Two-spirit			
Other, please specify _____			

5. People can tell I'm transgender/gender non-conforming even if I don't tell them.

- Always
- Most of the time
- Sometimes
- Occasionally
- Never

6. I tell people that I'm transgender/gender non-conforming. (Mark all that apply.)

- Never
- People who are close friends
- Casual friends
- Work colleagues
- Family
- Everyone

7. How many people know or believe you are transgender/gender non-conforming in each of the following settings? **Mark all that apply.**

	None	A few	Some	Most	All	Not applicable
At home						
On the job						
At school						
In private social settings						
In public social settings						
When seeking medical care						

8. To the best of your ability, please estimate the following ages, if they apply to you. Mark "N.A." if not applicable or if you have no desire to transition. **Please mark each line.**

	Age in years	Not applicable
Age you first recognized that you were "different" in terms of your gender		
Age you first recognized your transgender/gender-non-conforming identity		
Age you began to live part time as a transgender/gender non-conforming person		
Age you began to live full time as a transgender/gender non-conforming person		
Age that you first got any kind of transgender-related medical treatment		
Your current age		

9. Do you or do you want to live full-time in a gender that is different from you gender at birth?

- Yes, I currently live full-time in a gender different from my birth gender.
- Not full-time yet, but someday I want to.
- No, I do not want to live full-time.

10. What is your current gross annual **household** income (before taxes)?

- Less than \$10,000
- \$10,000 to \$19,999
- \$20,000 to \$29,999
- \$30,000 to \$39,999
- \$40,000 to \$49,999
- \$50,000 to \$59,999
- \$60,000 to \$69,999



- \$70,000 to \$79,999
- \$80,000 to \$89,999
- \$90,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$ 199,999
- \$200,000 to \$250,000
- More than \$250,000

**Important Note:** When we say: "Because you are transgender/gender non-conforming, has one or two of these things happened to you," we do not mean that your gender identity or expression is **causing** bad or abusive things to happen. We are trying to find out if people are **treating you differently** because you are transgender or gender non-conforming.

11. Because I am transgender/gender non-conforming, life in general is:

- Much improved
- Somewhat improved
- The same
- Somewhat worse
- Much worse
- In some ways better, in some ways worse

12. If you are or were employed, how has the fact that you are transgender/ gender non-conforming changed your employment situation?

- Much improved
- Somewhat improved
- Stayed the same
- Somewhat worse
- Much worse
- In some ways better, in some ways worse
- Not applicable. I was never employed

13. What is your current employment status? (Mark all that apply.)

- Full-time
- Part-time
- More than one job
- Self-employed, own your business
- Self-employed, contract worker
- Unemployed but looking
- Unemployed and stopped looking
- On disability
- Student
- Retired
- Homemaker or full-time parent
- Other, please specify \_\_\_\_\_

14. Based on being transgender/gender non-conforming, please check whether you have experienced any of the following in these public spaces. (Mark all that apply.)

	Denied equal treatment or service	Verbally harassed or disrespected	Physically attacked or assaulted	Not applicable I have not tried to access this	Not applicable. I do not present as transgender here	Not applicable. I did not experience these negative outcomes
Retail store						
Hotel or restaurant						
Bus, train, or taxi						
Airplane or airport staff/TSA						
Doctor's office or hospital						
Emergency Room						
Rape crisis center						
Domestic violence shelter/program						
Mental health clinic						
Drug treatment program						
Ambulance or EMT						
Govt. agency/official						
Police officer						
Judge or court official						
Legal services clinic						

15. What type of health insurance do you have? If you have more than one type of coverage, check the ONE that you usually use to cover doctor and hospital bills.

- I have NO health insurance coverage
- Insurance through a current or former employer (employee health plan, COBRA, retiree benefits)
- Insurance through someone else's employer (spouse, partner, parents, etc.)
- Insurance you or someone in your family purchased
- Medicare
- Medicaid
- Military health care/Champ US/Veterans Administration/Tri-Care
- Student insurance through college or university
- Other public (such as state or county level health plans, etc.)
- Other, please specify \_\_\_\_\_

16. What kind of place do you go to most often when you are sick or need advice about your health? (check one)

- Emergency room
- Doctor's office
- Health clinic or health center that I or my insurance pays for



- Free health clinic
- V.A. (veterans) clinic or hospital
- Alternative medicine provider (acupuncture, herbalist)
- Not applicable. I do not use any health care providers

17. Because you are transgender/gender non-conforming, have you had any of the following experiences? (Please check an answer for each row. If you have NEVER needed medical care, please check "Not applicable")

	Yes	No	Not applicable
I have postponed or not tried to get needed medical care when I was sick or injured because I could not afford it			
I have postponed or not tried to get checkups or other preventive medical care because I could not afford it			
I have postponed or not tried to get needed medical care when I was sick or injured because of disrespect or discrimination from doctors or other healthcare providers			
I have postponed or not tried to get checkups or other preventive medical care because of disrespect or discrimination from doctors or other healthcare providers			
A doctor or other provider refused to treat me because I am transgender/gender non-conforming			
I had to teach my doctor or other provider about transgender/gender non-conforming people in order to get appropriate care			

18. Please mark below if you received health care related to being transgender/ gender non-conforming.

	Do not want it	Want it someday	Have had it	Not applicable
Counseling				
Hormone treatment				
Top/chest/breast surgery (chest reduction, enlargement, or reconstruction)				
Male-to-female removal of the testes				
Male-to-female genital surgery (removal of penis and creation of a vagina, labia, etc.)				
Female-to-male hysterectomy (removal of the uterus and/or ovaries)				
Female-to-male genital surgery (clitoral release/metoidoplasty/creation of testes)				
Female-to-male phalloplasty (creation of a penis)				



19. Please tell us how much the following procedures have cost if you have had them, or mark the box that says I have NOT had this procedure.

	My insurance paid for some or all of this and my out of pocket cost was:	My insurance did NOT pay for this and my out of pocket cost was:	I have NOT had this procedure	Don't know
Hormone treatment , average MONTHLY cost				
Visits to the doctor to monitor hormone levels, average YEARLY cost				
Chest/breast/top surgeries and reconstructions/reductions/enhancements TOTAL cost				
Genital/bottom surgeries TOTAL cost				
Facial surgeries TOTAL cost				
Other transition-related health care TOTAL cost. Please describe type of care here.				
Other				

20. Have you ever received a gender-related mental health diagnosis?

- No
- Yes. My diagnosis: \_\_\_\_\_

21. Not including any gender-related mental health diagnosis, do you have a disability (physical, learning, mental health) that substantially affects a major life activity?

- Yes
- No [Go to Question 23]

22. What is your disability? (Mark all that apply.)

- Physical condition
- Learning disability
- Mental health condition

23. I drink or misuse drugs to cope with the mistreatment I face or faced as a transgender or gender non-conforming person.

- Yes
- Yes, but not currently
- No
- Not applicable. I face no mistreatment.

24. Have you ever attempted suicide?

- Yes
- No

25. Because of being transgender/gender non-conforming, have you lived through any of the following family issues? If a situation does not apply to you, please mark "Not applicable."

	Yes	No	Not applicable
My family is as strong today as before I came out			
My family relationships are slowly improving after coming out			
My relationship with my spouse or partner ended			
My ex limited or stopped my relationship with my children			
A court/judge limited or stopped my relationship with my children			
My children chose not to speak with me or spend time with me			
My parents or family chose not to speak with me or spend time with me			
I was a victim of domestic violence by a family member			
I have lost close friends			

26. What are your household's current sources of income? (Mark all that apply.)

- Paycheck from a your or your partner's job
- Money from a business, fees, dividends or rental income
- Aid such as TANF; welfare; WIC; public assistance; general assistance; food stamps or SSI
- Unemployment benefits
- Child support or alimony
- Social security, workers comp, disability, veteran's benefits or pensions
- Inherited wealth
- Pay from street economies (sex work, other sales)
- Other, please specify \_\_\_\_\_

27. Anything else you'd like to tell us about your experiences or acceptance or discrimination as a transgender/gender non-conforming person?

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UNIVERSITY OF WASHINGTON  
INFORMATIONSAUSKUNFT**Leidensdruck – Gender Reassignment Surgery, Sociocultural Factors, Economic Issues, and Life Quality of Transgendered Individuals in the United States and Germany (Leidensdruck – Geschlechtsumwandlungschirurgie, Sozio-Kulturelle Faktoren, Wirtschaftliche Probleme, und Lebensqualitaet Transsexueller Menschen in den Vereinigten Staaten und Deuschland)**

Forscherin: Baya Dee Walls, Department of Anthropology, University of Washington, USA

(+1 425 329 9532) [beate68@u.washington.edu](mailto:beate68@u.washington.edu)\*

Fakultätsberaterin: Rachel Chapman, PhD. Department of Anthropology, University of Washington, USA

(+1 206 616 7556) [rrc4@u.washington.edu](mailto:rrc4@u.washington.edu)\*

*\*Bitte nehmen Sie Notiz, dass wir die Vertraulichkeit von Informationen über E-Mail gesended nicht garantieren können.*

**Forschungszweck**

Sie sind eingeladen, sich an einem Forschungsprojekt betreffend transsexueller und geschlechtlich nichtangepassten Menschen in Deutschland zu beteiligen. Diese Studie plant Antworten auf die selben Fragen beantwortet bei der selben Zielgruppe in den Vereinigten Staaten zu vergleichen. Ihre Antworten werden im Rahmen eines Studenten-Forschungsprojekts in Verbindung mit dem University of Washington Anthropology Honors Program gesammelt. Das vorläufige Ziel dieser Umfrage ist ein Kreuzvergleich der Erfahrungen von transsexuellen und geschlechtlich nichtangepassten Personen mit dem Gesundheitswesen in den USA und Deutschland. Ferner ist es ein Zweck dieser Studie, die wirtschaftliche Lage, und die Lebensqualität vor und nach Geschlechtsumwandlungsoperation in beiden Ländern zu vergleichen. Daten, die in dieser Umfrage gesammelt werden, könnten in Zukunft für die Master Thesis oder PhD Dissertation der Forscherin benutzt werden.

**Verfahren**

Sie werden gebeten, die folgende Umfrage zu beantworten. Ihre Teilnahme und Antworten werden vertraulich behandelt. Bitte beantworten Sie die Fragen so offen und ehrlich wie möglich. Sie werden Fragen finden wie zum Beispiel „Nicht einschließlich einer geschlechtsumwandlungsbedingten psychologischen Diagnose, wurden Sie je mit einer Behinderung (physisch, Lernbehinderung, geistige Gesundheit) diagnostiziert, die Sie in einer lebensnotwendigen Tätigkeit beeinflusst hat“?, „Ich trinke Alkohol oder missbrauche Drogen um Schwierigkeiten in Verbindung mit meiner Geschlechtsidentität zu bewältigen“ oder „Haben Sie jemals Selbstmord versucht?“. Sie dürfen Fragen übergehen oder dürfen die Umfrage jederzeit beenden. Die Umfrage wird ungefähr 20 Minuten ihrer Zeit beanspruchen. Sie

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müssen 18 Jahre oder älter sein, in Deutschland leben und sich als transsexuell oder geschlechtsunkonform identifizieren, um teilzunehmen.. Die Studie wird Zitate von eingereichten Antworten benutzen, um den quantitativen Daten eine Stimme zu verleihen. Keinerlei persönliche, erkennbare Daten werden in dieser Umfrage gesammelt.

### **Risiken und Unbehagen**

Mit der Teilnahme an dieser Umfrage sind keine Risiken verbunden die anders sind als die im täglichen Leben vorhandenen. Einige der Fragen sind persönlich und könnten Unbehagen verursachen. Falls irgendeine Frage Sie verstören sollte, können Sie bitte sofort mit der Umfrage aufhören. Teilnehmer, die Unbehagen erfahren, werden ermutigt die Telefonseelsorge unter 0800/1110111 oder 0800/1110222 anzurufen. Dies ist ein kostenfreier, rund-um-die-Uhr Service für Krisenberatung in psychischen Notfällen, Arbeitslosigkeit, Glaubenschwierigkeiten oder anderen Probleme.

### **Nutzen**

Es ist kein persönlicher Nutzen in Verbindung mit der Teilnahme an dieser Umfrage zu erwarten. Die Ergebnisse der Umfrage werden ein Teil eines University of Washington Studentenforschungsprojekts im Vergleich mit den kürzlich veröffentlichten Ergebnissen des National Transgender Discrimination Report, herausgegeben bei The National Center for Transgender Equality and The National Gay and Lesbian Task Force. Die Forscherin möchte dazu beitragen, bessere Lebensbedingen für transsexuelle und geschlechtsnichtangepasste Menschen zu schaffen.

### **Vertraulichkeitsbestätigung**

Sie werden nicht gebeten werden, persönlich identifizierende Informationen herauszugeben, wie zum Beispiel Ihren Namen. Jegliche Information, die Sie während der Umfrage herausgeben, wird vertraulich bleiben. Keinerlei vertrauliche Daten werden gesammelt für den Fall, dass die Forschungsergebnisse dieser Umfrage in irgendeiner Weise in der Zukunft veröffentlicht oder präsentiert werden.

### **Freiwillige Teilnahme**

Ihre Teilnahme in dieser Umfrage ist völlig freiwillig. Wenn Sie sich entscheiden teilzunehmen, können Sie Fragen, die Sie nicht beantworten wollen, überspringen. **Einzelpersonen werden nicht identifiziert und nur Gruppendaten werden berichtet werden** (z.B. die Analyse wird nur Gesamtdaten enthalten). Bei Beendung und Einreichung der Umfrage wird Ihre Zustimmung angenommen. Bitte beachten Sie, dass Sie Ihre Erwidernngen jederzeit zurückziehen können, bevor Sie Ihre Antworten einreichen. Keinerlei Folgen sind mit Ihrer Verweigerung an dieser Umfrage teilzunehmen verbunden.

### **Informationsrecht**

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**Sie können jederzeit Fragen bezüglich dieser Umfrage stellen. Fragen dieses Projekt betreffend sollten an die Forscherin oder ihre Fakultätsberaterin gestellt werden (Siehe Seitenanfang). Bitte seien Sie jedoch bewusst dass die Fakultätsberaterin des Deuschen nicht mächtig ist.**

Mit Vollendung und Einreichung der Umfrage zeigen Sie an, dass Ihre Zustimmung sich an dieser Studie zu beteiligen geben. Es wird empfohlen, dass Sie diese Informationsauskunft kopieren und für Ihre Unterlagen aufbewahren, bevor sie fortfahren..

Ich stimme mit dem oben aufgeführten Verfahren überein und bestätige, dass ich 18 Jahre bin oder älter, in Deutschland lebe und mich als transsexuell oder geschlechtlich nicht angepasst identifiziere.

Ja => Umfrage

Nein => direkt zum Ende der Umfrage

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Gebrauchsanweisungen

Bitte lesen und beantworten Sie jede Frage mit Vorsicht. Für jede Antwort klicken Sie bitte den entsprechenden Kasten an. Wenn Sie eine Antwort ändern wollen, klicken Sie einfach auf den entsprechenden Kasten Ihrer neuen Antwort. Sie dürfen spezifische Fragen überspringen, wenn Sie sie nicht beantworten wollen. Der Ausdruck „Transsexuell/geschlechtlich nichtangepasst“ beschreibt Menschen, deren Geschlechtsidentität oder Geschlechtsausdruck von dem Geschlecht zu dem sie bei Geburt zugewiesen worden entweder vollzeitlich (transsexuell) oder zumindest teilweise (geschlechtlich nichtangepasst) abweicht.

Die folgenden Fragen sind Übersetzungen und werden mit Erlaubnis der Autoren benutzt. Sie sind zuerst hier veröffentlicht worden:

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. Pp. 207-219

1. Welchem Geschlecht wurden Sie auf Ihrer originalen Geburtsurkunde zugewiesen?

- Männlich
- Weiblich

2. Was ist Ihre heutige Geschlechtsidentität?

- Männlich/Mann
- Weiblich/Frau
- Teilweise das eine Geschlecht, teilweise das andere
- Alternative Geschlechtsidentität, bitte ausfüllen \_\_\_\_\_

3 Bitte kreuzen Sie an, in wiefern jeder Ausdruck auf Sie zuzustimmt

	Überhaupt nicht	Etwas	Genau
Transgeschlechtlich			
Transsexuell			
FTM (Frau zu Mann)			
MTF (Mann zu Frau)			
Intersex/Zwitter			
Geschlechtsunkonform oder geschlechtsvarierend			
Genderqueer			
Androgyn			
Weiblicher Mann			
Männliche Frau oder Butch			
A.G. oder Aggressiv			
Drittes Geschlecht			
Transvestit/in			
Drag performer (King/Queen)			
Two-spirit (Zwei-Geist)			

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Online survey, German Version/ Modified 30 July 2011. Version 1.2

Anders, bitte erläutern			
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4. Andere Leute wissen, dass ich transsexuell/geschlechtlich nichtangepasst bin, auch wenn ich es ihnen nicht sage
- Immer
  - Meistens
  - Manchmal
  - Sporadisch
  - Niemals

5. Ich lasse andere wissen, dass ich transsexuell/geschlechtlich nichtangepasst bin. **Markieren Sie alle Gruppen, für die diese Aussage zustimmt**

- Niemand
- Enge Freunde
- Bekannte
- Arbeitskollegen
- Familie
- Jeder

6. Wie viele Leute in diesen Umgebungen wissen oder glauben zu wissen dass Sie transsexuell/geschlechtlich nichtangepasst sind? **Bitte markieren Sie alle zutreffenden Umgebungen**

	Niemand	Wenige	Einige	Die meisten	Alle	Trifft nicht zu
Zuhause						
Bei der Arbeit						
In der Schule						
In privaten gesellschaftlichen Umgebungen						
In öffentlichen gesellschaftlichen Umgebungen						
Wenn ich medizinische Hilfe brauche						

7. Bei bestem Wissen, bitte schätzen Sie Ihr Alter als die folgenden Aussagen auf Sie zustimmen. Bitte schreiben Sie "N.A." falls die Aussage nicht auf Sie zustimmt oder falls Sie nicht den Wunsch haben, einer Geschlechtsumwandlung nachzugehen. **Bitte füllen Sie jede Zeile aus**

	Alter in Jahr	Nicht zutreffend
Alter als Sie zum ersten Mal erkannten, dass Sie "anders" sind im Verhältnis zu Ihrem Geschlecht		
Alter als Sie sich zum ersten Mal als transsexuell/geschlechtlich nichtangepasst identifizierten		
Alter als Sie begonnen haben, zeitweilig als transsexuell/		

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geschlechtlich nichtangepasst zu leben		
Alter als sie begonnen haben, Vollzeitlich als transsexuell/ geschlechtlich nichtangepasst zu leben		
Alter in dem Sie Ihr erste transsexuelle/geschlechtlich nichtangepasst medizinische Betreuung begonnen haben		
Ihr derzeitiges Alter		

8. Leben Sie, oder planen Sie Vollzeitlich in einem Geschlecht zu leben, das von Ihrem Geburtsgeschlecht abweicht?

- Ja, ich lebe zur Zeit Vollzeitlich in einem Geschlecht abweichend von meinem Geburtsgeschlecht.
- Nicht Vollzeitlich im Moment, wahrscheinlich in Zukunft.
- Nein, ich möchte nicht Vollzeitlich in einem anderen Geschlecht leben

9. Was ist Ihr derzeitiges Bruttohaushaltseinkommen pro Jahr (Vor Steuern)?

- Unter €7.500
- €7.501 bis €15.000
- €15.001 bis €22.500
- €22.501 bis €30.000
- €30.001 bis €37.500
- €37.501 bis €45.000
- €45.001 bis €53.000
- €53.001 bis €60.500
- €60.501 bis €68.000
- €68.001 bis €75.500
- €75.501 bis €113.000
- €113.001 bis € 151.000
- €151.001 bis €189.000
- Über €189.001

(Wechselkurs \$1 = €1.3220. 28. Januar 2012)

**Wichtiger Hinweis:** Wenn wir sagen: „Weil Sie transsexuell/geschlechtlich nichtangepasst sind, haben Sie diese Dinge erlebt?“ bedeutet das nicht, dass Ihre Geschlechtsidentität oder Geschlechtsausdruck die Ursache für eine bestimmte Behandlungsweise oder Mishandlung ist. Wir versuchen herauszufinden, ob Leute Sie **anders behandeln**, weil Sie transsexuell/geschlechtlich nichtangepasst sind.

10. Weil ich transsexuell/geschlechtlich nichtangepasst bin, ist mein Leben generell:

- Viel einfacher
- Etwas einfacher
- Unverändert
- Viel schwieriger
- Manchmal einfacher, manchmal schwieriger

11. Falls Sie im Moment eine Arbeitstelle haben oder falls Sie jemals eine Arbeitstelle hatten, wie hat die Tatsache, dass Sie transsexuell/geschlechtlich nichtangepasst sind, Ihre Arbeitssituation beeinflusst?

- Viel einfacher
- Etwas einfacher

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- Unverändert
- Viel schwieriger

This belongs to question #13	Gleichbehandlung oder Service verweigert	Mit Worten belästigt oder respektlos behandelt	Körperlicher Angriff oder Belästigung	Nicht zutreffend, ich nehme diese Leistung nicht in Anspruch	Nicht zutreffend, ich erscheine hier nicht als transsexuell	Nicht zutreffend, Ich habe diese negativen Erfahrungen nicht gemacht.
---------------------------------	--	--	--	--	---	--

- Manchmal einfacher, manchmal schwieriger
- Nicht zutreffend, ich habe niemals eine Arbeitsstelle gehabt

12. Was ist Ihr derzeitiger Anstellungsstatus? **(Bitte alles antreffende markieren)**

- Vollzeit
- Teilzeit
- Mehr als eine Arbeitsstelle
- Selbständig, Geschäftsinhaber/in
- Selbständig, Subunternehmer/in
- Arbeitslos, arbeitssuchend
- Arbeitslos, nicht arbeitssuchend
- Schwerbehindert
- Student/in
- Rentner/in
- Hausfrau/mann oder im Erziehungsurlaub
- Anderer Status, bitte hier eintragen \_\_\_\_\_

13. Haben Sie die folgenden Erfahrungen mit den folgenden öffentlichen Einrichtungen im Verhältnis zu Ihrer transexuellen/geschlechtlich nichtangepassten Identität gemacht? **(Bitte alles antreffende markieren)**



Einzelhandelsgeschäft oder Einkaufszentrum						
Hotel oder Restaurant						
Bus, Bahn oder Taxi						
Flugzeug oder Flughafen						
Arztpraxis oder Krankenhaus						
Notfallaufnahme						
Vergewaltigungshilfscenter						
Frauenhaus, Obdachlosenhilfe						
Psychiatrische Klinik						
Drogenhilfe						
Ambulanz oder Erste Hilfe						
Regierungsangestellte, Beamte						
Polizei						
Richter oder Gerichtsbeamte						
Rechtsanwalt oder Kanzlei						

14 Welche Art von Krankenversicherung haben Sie? Bitte keuzen Sie die an, die Sie normalerweise zur Bezahlung Ihrer Arztrechnung oder Krankenhausrechnung benutzen, falls Sie mehr als eine Versicherung haben, Arzt und Krankenhausrechnungen zu bezahlen.

- Ich bin NICHT krankenversichert
- Gesetzliche Krankenversicherung (GKV) über Arbeitgeber (AOK, Ersatzkrankenkassen, Knappschaft, IKK, BKK, LKK)
- Familienversichert mit jemandem gesetzlich versichert (z.B. Ehepartner, Eltern)
- Freiwillig bei der GKV versichert
- Private Krankenversicherung (PKV)
- Sozialamt
- Krankenversicherung der Rentner (KVdR)
- Freie Heilvorsorge (Bundeswehr oder Zivildienstleistender)
- Krankenversicherung der Studenten (KVdS)
- Künstlersozialkasse (KSK)
- Andere Zahlungsweise, bitte hier eintragen \_\_\_\_\_

15 Wohin wenden Sie sich gewöhnlich, falls Sie krank sind oder Gesundheitsberatung brauchen? (Bitte EIN Kreuz)

- Notfallaufnahme
- Arztpraxis
- Gesundheitsklinik oder Gesundheitszentrum empfohlen bei meiner

Krankenversicherung

- Freie Gesundheitsklinik
- Bundeswehrkrankenhaus
- Alternativmedizin (Akkupunktur, Naturheilkunde, Anthroposophie etc.)

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Nicht zutreffend, ich nehme keine Gesundheitsberatung oder ärztliche Versorgung in Anspruch

16. Hatten Sie jemals die folgenden Erfahrungen in Verbindung mit Ihrer transsexuellen/geschlechtlich nichtangepassten Identität? (Bitte eine Antwort per Zeile. Falls Sie NIE medizinische Hilfe gebraucht haben, bitte „Nicht zutreffend“ ankreuzen)

	Ja	Nein	Nicht zutreffend
Ich habe ärztliche Versorgung im Krankheits- oder Verletzungsfall verschoben oder nicht in Anspruch genommen, weil ich es mir finanziell nicht leisten konnte.			
Ich habe Vorsorgeuntersuchungen verschoben oder nicht in Anspruch genommen, weil ich es mir finanziell nicht leisten konnte			
Ich habe ärztliche Versorgung im Krankheits- oder Verletzungsfall verschoben oder nicht in Anspruch genommen, weil ich von medizinischem Personal respektlos oder diskriminierend behandelt wurde			
Ich habe Vorsorgeuntersuchungen verschoben oder nicht in Anspruch genommen, weil ich von medizinischem Personal respektlos oder diskriminierend behandelt wurde			
Ein Arzt oder anderes medizinisches Personal verweigerte meine Behandlung weil ich transsexuell/geschlechtlich nichtangepasst bin			
Ich musste meinen Arzt oder anderes medizinische Personal über transsexuelle/geschlechtlich nichtangepasste Menschen aufklären, um dementsprechend behandelt zu werden			

17. Bitte kreuzen Sie an, ob sie die entsprechenden Behandlungen im Gesundheitswesen im Zusammenhang mit ihrer Transsexualität/Geschlechtsunkonformität in Anspruch genommen haben

	Ich möchte das nicht	Möchte dies in der Zukunft	Habe ich bekommen	Nicht zutreffend
Psychotherapie				
Hormonbehandlung				
Oberkörper oder Brustchirurgie (Brustreduktion, Brustvergrößerung oder Brustwiederaufbau)				
Transfrau, Hodenentfernung				
Transfrau, Genitalangleichende Operation (Penisentfernung, Vagina und Labiakonstruktion)				
Transmann, Gebärmutter und/oder Eierstocksentfernung				
Transmann, Genitalangleichende Operation (Klitorisvergrößerung/Metoidioplastik/Hodenimplant)				

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18. Bitte lassen Sie uns wissen, wieviel die folgenden Behandlungen gekostet haben, falls Sie sie hatten, oder markieren Sie die Box "Ich habe diese Behandlung NICHT gehabt"

	Meine Versicherung hat alles/das meiste bezahlt, meine Zusatzkosten waren:	Meine Versicherung hat die Bezahlung verweigert, ich hatte die folgenden Kosten:	Ich habe diese Behandlung NICHT gehabt	Keine Ahnung
Hormonbehandlung, im Durchschnitt pro MONAT				
Arztbesuche zur Hormonspiegelbestimmung, im Durchschnitt pro JAHR				
Oberkörper oder Brustchirurgie (Brustreduktion, Brustvergrößerung oder Brustwiederaufbau), GESAMTKOSTEN				
Genitaleingriffe, GESAMTKOSTEN				
Gesichtschirurgie, GESAMTKOSTEN				
Andere Kosten im Verhältnis zur Geschlechtsumwandlung, GESAMTKOSTEN Bitte beschreiben Sie die Art der Ausgabe hier:				

19. Wurden Sie jemals psychiatrisch diagnostiziert im Verhältnis zu Ihrer Transsexualität/Geschlechtsunkonformität?

Nein

Ja. Meine Diagnose: \_\_\_\_\_

20. Leiden Sie unter einer Behinderung (physisch, Lernbehinderung oder psychisch) unabhängig von Ihrer Geschlechtsidentität, die zumindest eine Lebensaktivität beeinflusst?

Ja

Nein [Führt zu Frage 23)]

21. Was ist die Art Ihrer Behinderung? (Kreuzen Sie alles Zutreffende an)

Körperliche Behinderung

Lernbehinderung

Psychische Behinderung

22. Ich bin Alkohol oder Drogenabhängig um den Misshandlungen oder Diskriminierungen, denen ich als transsexuelle/geschlechtlich nichtangepasste Person ausgesetzt bin, zu bewältigen

Ja

Ja, in der Vergangenheit

Nein

Trifft nicht zu, ich bin niemals missbraucht oder diskriminiert worden

23. Haben Sie jemals versucht, Selbstmord zu begehen?

Ja

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Nein

25 Haben Sie jemals die folgenden Familienprobleme gehabt im Verhältnis zu Ihrer Transsexualität/Geschlechtsunkonformität? (Falls eine Situation nicht auf Sie zutrifft, bitte kreuzen Sie „Nicht zutreffend“ an)

	Ja	Nein	Nicht zutreffend
Meine Familienverhältnisse sind unverändert seit meinem Coming Out			
Meine Familienverhältnisse haben sich langsam verbessert seit meinem Coming Out			
Meine Beziehung mit meinem Ehe- oder Lebenspartner hat geendet			
Mein/e Ex hat meine Beziehung mit meinen Kindern beendet			
Ein Gerichtsurteil hat meine Beziehung mit meinen Kindern beendet			
Meine Kinder haben den Kontakt zu mir abgebrochen			
Meine Eltern oder meine Familie haben den Kontakt zu mir abgebrochen			
Ich wurde bei einem Familienmitglied körperlich oder psychisch missbraucht			
Ich habe enge Freunde verloren			

26 Was sind die Quellen Ihres momentanen Haushaltseinkommens? (Bitte alles Zutreffende ankreuzen)

- Berufsgehalt (eigenes oder meines Partners)
- Geschäftseinkommen, Gebühren, Aktien oder Mieteinnahmen
- Sozialhilfe, Lebensmittelgutscheine, Schwangerschaftsunterstützung oder Schwangerschaftsgeld
- Arbeitslosengeld
- Kindergeld oder Unterhaltszahlungen
- Rente, Pension, Kurzarbeitergeld, oder Behindertengeld
- Geerbter Reichtum
- Strassenwirtschaft (Sexarbeit, unregulierte Verkaufsaktivitäten etc.)
- Andere, bitte eintragen \_\_\_\_\_

27 Möchten Sie noch irgendwas, im Verhältnis zu Ihren persönlichen Erfahrungen als transsexuell/geschlechtlich nichtangepasst, negativ oder positiv, im Abschluss hinzufügen?

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# Print view of 'University of Washington Forschungsstudie'

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## UNIVERSITY OF WASHINGTON INFORMATIONSAUSKUNFT

*Leidensdruck – Gender Reassignment Surgery, Sociocultural Factors, Economic Issues, and Life Quality of Transgendered Individuals in the United States and Germany*

*(Leidensdruck – Geschlechtsumwandlungschirurgie, Sozio-Kulturelle Faktoren, Wirtschaftliche Probleme, und Lebensqualität Transsexueller Menschen in den Vereinigten Staaten und Deutschland)*

Forscherin: Beate Beardsworth, Department of Anthropology, University of Washington, USA (+1 425 329 9532) [beate68@u.washington.edu](mailto:beate68@u.washington.edu)\*

Fakultätsberaterin: Rachel Chapman, PhD. Department of Anthropology, University of Washington, USA (+1 206 616 7556) [rrc4@u.washington.edu](mailto:rrc4@u.washington.edu)\*

**\*Bitte nehmen Sie Notiz, dass wir die Vertraulichkeit von Informationen über E-Mail gesendet nicht garantieren können.**

### **Forschungszweck**

Sie sind eingeladen, sich an einem Forschungsprojekt betreffend transsexueller und geschlechtlich nichtangepassten Menschen in Deutschland zu beteiligen. Diese Studie plant Antworten auf die selben Fragen beantwortet bei der selben Zielgruppe in den Vereinigten Staaten zu vergleichen. Ihre Antworten werden im Rahmen eines Studenten-Forschungsprojekts in Verbindung mit dem University of Washington Anthropology Honors Program gesammelt. Das vorläufige Ziel dieser Umfrage ist ein Kreuzvergleich der Erfahrungen von transsexuellen und geschlechtlich nichtangepassten Personen mit dem Gesundheitswesen in den USA und Deutschland. Ferner ist es ein Zweck dieser Studie, die wirtschaftliche Lage, und die Lebensqualität vor und nach Geschlechtsumwandlungsoperation in beiden Ländern zu vergleichen. Daten, die in dieser Umfrage gesammelt werden, könnten in Zukunft für die Master Thesis oder PhD Dissertation der Forscherin benutzt werden.

### **Verfahren**

Sie werden gebeten, die folgende Umfrage zu beantworten. Ihre Teilnahme und Antworten werden vertraulich behandelt. Bitte beantworten Sie die Fragen so offen und ehrlich wie möglich. Sie werden Fragen finden wie zum Beispiel „Nicht einschließlich einer geschlechtsumwandlungsbedingten psychologischen Diagnose, wurden Sie je mit einer Behinderung (physisch, Lernbehinderung, geistige Gesundheit) diagnostiziert, die Sie in einer lebensnotwendigen Tätigkeit beeinflusst hat“?, „Ich trinke Alkohol oder missbrauche Drogen um Schwierigkeiten in Verbindung mit meiner Geschlechtsidentität zu bewältigen“ oder „Haben Sie jemals Selbstmord versucht?“. Sie dürfen Fragen übergehen oder dürfen die

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Umfrage jederzeit beenden. Die Umfrage wird ungefähr 20 Minuten ihrer Zeit beanspruchen. Sie müssen 18 Jahre oder älter sein, in Deutschland leben und sich als transsexuell oder geschlechtsunkonform identifizieren, um teilzunehmen.. Die Studie wird Zitate von eingereichten Antworten benutzen, um den quantitativen Daten eine Stimme zu verleihen. Keinerlei persönliche, erkennbare Daten werden in dieser Umfrage gesammelt.

### **Risiken und Unbehagen**

Mit der Teilnahme an dieser Umfrage sind keine Risiken verbunden die anders sind als die im täglichen Leben vorhandenen. Einige der Fragen sind persönlich und könnten Unbehagen verursachen. Falls irgendeine Frage Sie verstören sollte, können Sie bitte sofort mit der Umfrage aufhören. Teilnehmer, die Unbehagen erfahren, werden ermutigt die Telefonseelsorge unter 0800/1110111 oder 0800/1110222 anzurufen. Dies ist ein kostenfreier, rund-um-die-Uhr Service für Krisenberatung in psychischen Notfällen, Arbeitslosigkeit, Glaubenschwierigkeiten oder anderen Probleme.

### **Nutzen**

Es ist kein persönlicher Nutzen in Verbindung mit der Teilnahme an dieser Umfrage zu erwarten. Die Ergebnisse der Umfrage werden ein Teil eines University of Washington Studentenforschungsprojekts im Vergleich mit den kürzlich veröffentlichten Ergebnissen des National Transgender Discrimination Report, herausgegeben bei The National Center for Transgender Equality and The National Gay and Lesbian Task Force. Die Forscherin möchte dazu beitragen, bessere Lebensbedingen für transsexuelle und geschlechtsnichtangepasste Menschen zu schaffen.

### **Vertraulichkeitsbestätigung**

Sie werden nicht gebeten werden, persönlich identifizierende Informationen herauszugeben, wie zum Beispiel Ihren Namen. Jegliche Information, die Sie während der Umfrage herausgeben, wird vertraulich bleiben. Keinerlei vertrauliche Daten werden gesammelt für den Fall, dass die Forschungsergebnisse dieser Umfrage in irgendeiner Weise in der Zukunft veröffentlicht oder präsentiert werden.

### **Freiwillige Teilnahme**

Ihre Teilnahme in dieser Umfrage ist völlig freiwillig. Wenn Sie sich entscheiden teilzunehmen, können Sie Fragen, die Sie nicht beantworten wollen, überspringen. **Einzelpersonen werden nicht identifiziert und nur Gruppendaten werden berichtet werden (z.B. die Analyse wird nur Gesamtdaten enthalten).** Bei Beendung und Einreichung der Umfrage wird Ihre Zustimmung angenommen. Bitte beachten Sie, dass Sie Ihre Erwidernungen jederzeit zurückziehen können, bevor Sie Ihre Antworten einreichen. Keinerlei Folgen sind mit Ihrer Verweigerung an dieser Umfrage teilzunehmen verbunden.

### **Informationsrecht**

**Sie können jederzeit Fragen bezüglich dieser Umfrage stellen.** Fragen dieses Projekt betreffend sollten an die Forscherin oder ihre Fakultätsberaterin gestellt werden (Siehe Seitenanfang). *Bitte seien Sie jedoch bewusst dass die Fakultätsberaterin des Deuschen nicht mächtig ist.*

Mit Vollendung und Einreichung der Umfrage zeigen Sie an, dass Ihre Zustimmung zur Beteiligung an dieser Studie zu geben.

Ich stimme mit dem oben aufgeführten Verfahren überein und bestätige, dass ich 18 Jahre bin



oder älter, in Deutschland lebe und mich als transsexuell oder geschlechtlich nicht angepasst identifiziere.

Bitte wählen Sie Ihre Antwort

Ja

Nein

*No response* End of Survey

**Logic destinations**

Don't skip (default)

End of Survey

---

### Gebrauchsanweisung

Bitte lesen und beantworten Sie jede Frage mit Vorsicht. Für jede Antwort klicken Sie bitte den entsprechenden Kasten an. Wenn Sie eine Antwort ändern wollen, klicken Sie einfach auf den entsprechenden Kasten Ihrer neuen Antwort. Sie dürfen spezifische Fragen überspringen, wenn Sie sie nicht beantworten wollen. Der Ausdruck „Transsexuell/geschlechtlich nichtangepasst“ beschreibt Menschen, deren Geschlechtsidentität oder Geschlechtsausdruck von dem Geschlecht zu dem sie bei Geburt zugeteilt worden entweder vollzeitlich (transsexuell) oder zumindest teilweise (geschlechtlich nichtangepasst) abweicht.

Die folgenden Fragen sind Übersetzungen und werden mit Erlaubnis der Autoren benutzt. Sie sind zuerst hier veröffentlicht worden:

Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force. Pp. 207-219

Frage 1.

Welchem Geschlecht wurden Sie auf Ihrer originalen Geburtsurkunde zugewiesen?

Männlich

Weiblich

Frage 2.

Was ist Ihre heutige Geschlechtsidentität?

Männlich/Mann

Weiblich/Frau

Teilweise das eine Geschlecht, teilweise das andere

Alternative Geschlechtsidentität, bitte ausfüllen

Frage 3.

Bitte kreuzen Sie an, in wiefern jeder Ausdruck auf Sie zutrifft

**Rows**

Transgeschlechtlich

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- Transsexuell
- FTM (Frau zu Mann)
- MTF (Mann zu Frau)
- Intersex/Zwitter
- Geschlechtsunkonform oder geschlechtsvarierend
- Genderqueer
- Androgyn
- Weiblicher Mann
- Männliche Frau oder Butch
- A.G. oder Aggressiv
- Drittes Geschlecht
- Transvestit/in
- Drag performer (King/Queen)
- Two-spirit (Zwei-Geist)
- Anders
- Überhaupt nicht
- Etwas
- Genau

Frage 4.

Andere Leute wissen, dass ich transsexuell/geschlechtlich nichtangepasst bin, auch wenn ich es ihnen nicht sage

- Immer
- Meistens
- Manchmal
- Sporadisch
- Niemals

Frage 5.

Ich lasse andere wissen, dass ich transsexuell/geschlechtlich nichtangepasst bin.

**Markieren Sie alle Gruppen, für die diese Aussage zustimmt**

- Niemand
- Enge Freunde
- Bekannte
- Arbeitskollegen
- Familie
- Jeder

Frage 6.

Wie viele Leute in diesen Umgebungen wissen oder glauben zu wissen dass Sie transsexuell/geschlechtlich nichtangepasst sind?

**Bitte markieren Sie alle zutreffenden Umgebungen**

**Rows**

Zuhause

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Bei der Arbeit  
In der Schule/Universität  
In privaten gesellschaftlichen Umgebungen  
In öffentlichen gesellschaftlichen Umgebungen  
Wenn ich medizinische Hilfe brauche

- Niemand
- Wenige
- Einige
- Die meisten
- Alle
- Trifft nicht zu

---

Einleitung Frage 7.

Bei bestem Wissen, bitte schätzen Sie Ihr Alter für das die folgenden Aussagen auf Sie zustimmen. Bitte kreuzen Sie "nicht zutreffend" an, falls die Aussage nicht auf Sie zustimmt oder falls Sie nicht den Wunsch haben, einer Geschlechtsumwandlung nachzugehen.

**Bitte füllen Sie jede Zeile aus**

Frage 7.a.

Alter als Sie zum ersten Mal erkannten, dass Sie "anders" sind im Verhältnis zu Ihrer Geschlechtsidentität

- Select one...
- unter 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24
- 25
- 26
- 27
- 28
- 29
- 30 und älter

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Frage 7.b.

Alter als Sie sich zum ersten Mal als transsexuell/geschlechtlich nichtangepasst identifizierten

Select one...

unter 10

unter 18

18

19

20

21

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23

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25

26

27

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29

30

31

32

33

34

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46

47

48

49

50 und älter

nicht zutreffend

Frage 7.c.

Alter als Sie begonnen haben, zeitweilig als transsexuell/geschlechtlich nichtangepasst zu leben

Select one...

unter 10

10

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- 47
- 48
- 49
- 50 und älter
- nicht zutreffend

Frage 7.d.

Alter als sie begonnen haben, vollzeitlich als transsexuell/ geschlechtlich nichtangepasst zu leben

- Select one...
- unter 18

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- 57
- 58
- 59
- 60 und älter
- nicht zutreffend

Frage 7.e.

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Alter in dem Sie Ihr erste transsexuelle/geschlechtlich nichtangepasst medizinische Betreuung begonnen haben

Select one...

unter 18

18

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23

24

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"Leidensdruck"

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- 59
- 60 und älter
- nicht zutreffend

Frage 7.f.

Ihr derzeitiges Alter

Select one...

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- 79
- 80 und älter

Frage 8.

Leben Sie, oder planen Sie vollzeitlich in einem Geschlecht zu leben, das von Ihrem Geburtsgeschlecht abweicht?

- Ja, ich lebe zur Zeit vollzeitlich in einem Geschlecht abweichend von meinem Geburtsgeschlecht
- Nicht vollzeitlich im Moment, wahrscheinlich in Zukunft
- Nein, ich möchte nicht vollzeitlich in einem anderen Geschlecht leben

Frage 9.

Was ist Ihr derzeitiges Bruttohaushaltseinkommen pro Jahr (Vor Steuern)?  
(Wechselkurs \$1 = €1.3220. 28. Januar 2012)

- Unter €7.500
- €7.501 bis €15.000
- €15.001 bis €22.500
- €22.501 bis €30.000
- €30.001 bis €37.500
- €37.501 bis €45.000
- €45.001 bis €53.000
- €53.001 bis €60.500
- €60.501 bis €68.000
- €68.001 bis €75.500

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- €75.501 bis €113.000
- €113.001 bis € 151.000
- €151.001 bis €189.000
- Über €189.001

**Wichtiger Hinweis:**

Wenn wir sagen: „Weil Sie transsexuell/geschlechtlich nichtangepasst sind, haben Sie diese Dinge erlebt?“ bedeutet das nicht, dass Ihre Geschlechtidentität oder Geschlechtsausdruck die Ursache für eine bestimmte Behandlungsweise oder Mishandlung ist. Wir versuchen herauszufinden, ob Leute Sie **anders behandeln**, weil Sie transsexuell/geschlechtlich nichtangepasst sind.

Frage 10.

Weil ich transsexuell/geschlechtlich nichtangepasst bin, ist mein Leben generell:

- Viel einfacher
- Etwas einfacher
- Unverändert
- Viel schwieriger
- Manchmal einfacher, manchmal schwieriger

Frage 11.

Falls Sie im Moment eine Arbeitsstelle haben oder falls Sie jemals eine Arbeitsstelle hatten, wie hat die Tatsache, dass Sie transsexuell/geschlechtlich nichtangepasst sind, Ihre Arbeitssituation beeinflusst?

- Viel einfacher
- Etwas einfacher
- Unverändert
- Viel schwieriger
- Manchmal einfacher, manchmal schwieriger
- Nicht zutreffend, ich habe niemals eine Arbeitsstelle gehabt

Frage 12.

Was ist Ihr derzeitiger Anstellungsstatus?

**(Bitte alles antreffende markieren)**

- Vollzeit
- Teilzeit
- Mehr als eine Arbeitsstelle
- Selbständig, Geschäftsinhaber/in
- Selbständig, Subunternehmer/in
- Arbeitslos, arbeitssuchend
- Arbeitslos, nicht arbeitssuchend
- Schwerbehindert
- Student/in
- Rentner/in

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- Hausfrau/mann oder im Erziehungsurlaub  
 Anderer Status, bitte hier eintragen:

Frage 13.

Haben Sie die folgenden Erfahrungen mit den folgenden öffentlichen Einrichtungen im Verhältnis zu Ihrer transexuellen/geschlechtlich nichtangepassten Identität gemacht?

**(Bitte alles antreffende markieren)**

Rows

Einzelhandelsgeschäft oder Einkaufszentrum

Hotel oder Restaurant

Bus, Bahn oder Taxi

Flugzeug oder Flughafen

Arztpraxis oder Krankenhaus

Notfallaufnahme

Vergewaltigungshilfscenter

Frauenhaus, Obdachlosenhilfe

Psychiatrische Klinik

Drogenhilfe

Ambulanz oder Erste Hilfe

Regierungsangestellter, Beamte

Polizei

Richter oder Gerichtsbeamte

Rechtsanwalt oder Kanzlei

Gleichbehandlung oder Service verweigert

Mit Worten belästigt oder respektlos behandelt

Körperlicher Angriff oder Belästigung

Nicht zutreffend, ich nehme diese Leistung nicht in Anspruch

Nicht zutreffend, ich erscheine hier nicht als transsexuell

Nicht zutreffend, ich habe diese negativen Erfahrungen nicht gemacht.

Frage 14.

Welche Art von Krankenversicherung haben Sie?

Bitte keuzen Sie die an, die Sie **normalerweise** zur Bezahlung Ihrer Arztrechnung oder Krankenhausrechnung benutzen, falls Sie mehr als eine Versicherung haben.

Ich bin NICHT krankenversichert

Gesetzliche Krankenversicherung (GKV) über Arbeitgeber (AOK, Ersatzkrankenkassen, Knappschaft, IKK, BKK, LKK)

Familienversichert mit jemandem gesetzlich versichert (z.B. Ehepartner, Eltern)

Freiwillig bei der GKV versichert

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- Private Krankenversicherung (PKV)
- Sozialamt
- Krankenversicherung der Rentner (KVdR)
- Freie Heilvorsorge (Bundeswehr oder Zivildienstleistender)
- Krankenversicherung der Studenten (KVdS)
- Künstlersozialkasse (KSK)
- Andere Zahlungsweise, bitte hier eintragen

Frage 15.

Wohin wenden Sie sich gewöhnlich, falls Sie krank sind oder Gesundheitsberatung brauchen?  
(Bitte EIN Kreuz)

- Notfallaufnahme
- Arztpraxis
- Gesundheitsklinik oder Gesundheitszentrum empfohlen bei meiner Krankenversicherung
- Freie Gesundheitsklinik
- Bundeswehrkrankenhaus
- Alternativmedizin (Akkupunktur, Naturheilkunde, Anthroposophie etc.)
- Nicht zutreffend, ich nehme keine Gesundheitsberatung oder ärztliche Versorgung in Anspruch

Frage 16.

Hatten Sie jemals die folgenden Erfahrungen in Verbindung mit Ihrer transsexuellen/geschlechtlich nichtangepassten Identität?

(Bitte eine Antwort per Zeile. Falls Sie NIE medizinische Hilfe gebraucht haben, bitte „Nicht zutreffend“ ankreuzen)

#### Rows

Ich habe ärztliche Versorgung im Krankheits oder Verletzungsfall verschoben oder nicht in Anspruch genommen weil ich es mir finanziell nicht leisten konnte.

Ich habe Vorsorgeuntersuchungen verschoben oder nicht in Anspruch genommen weil ich es mir finanziell nicht leisten konnte

Ich habe ärztliche Versorgung im Krankheits oder Verletzungsfall verschoben oder nicht in Anspruch genommen weil ich von medizinischem Personal respektlos oder diskriminierend behandelt wurde

Ich habe Vorsorgeuntersuchungen verschoben oder nicht in Anspruch genommen weil ich von medizinischem Personal respektlos oder diskriminierend behandelt wurde

Ein Arzt oder anderes medizinisches Personal verweigerte meine Behandlung weil ich transsexuell/geschlechtlich nichtangepasst bin

Ich musste meinen Arzt oder anderes medizinische Personal über transsexuelle/geschlechtlich nichtangepasste Menschen aufklären, um dementsprechend behandelt zu werden

- Ja
- Nein
- Nicht zutreffend

Frage 17.

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Bitte kreuzen Sie an, ob sie die entsprechenden Behandlungen im Gesundheitswesen im Zusammenhang mit ihrer Transsexualität/Geschlechtsunkonformität in Anspruch genommen haben

#### Rows

- Psychotherapie
- Hormonbehandlung
- Oberkörper oder Brustchirurgie (Brustreduktion, Brustvergrößerung oder Brustwiederaufbau)
- Transfrau, Hodenentfernung
- Transfrau, Genitalangleichende Operation (Penisentfernung, Vagina und Labiakonstruktion)
- Transmann, Gebärmutter und/oder Eierstocksentfernung
- Transmann, Genitalangleichende Operation (Klitorisvergrößerung/Metaidoioplastik/Hodenimplant)
- Transmann, Penoidkreation
- Ich möchte das nicht
- Möchte dies in der Zukunft
- Habe ich in Anspruch genommen
- Nicht zutreffend, ich nehme diese Leistung nicht in Anspruch

---

#### Einleitung Frage 18

Bitte lassen Sie uns wissen, wieviel die folgenden Behandlungen gekostet haben, falls Sie sie hatten, oder markieren Sie die Box "Ich habe diese Behandlung NICHT gehabt"

#### Frage 18.a.

Hormonbehandlung, im Durchschnitt pro MONAT

- Meine Versicherung hat alles/das meiste bezahlt, ich habe die Zusatzkosten getragen
- Meine Versicherung hat die Bezahlung verweigert, ich habe die folgenden Kosten
- Ich habe diese Behandlung NICHT gehabt
- Keine Ahnung
- Meine Zusatzkosten/meine Kosten waren:

#### Frage 18.b.

Arztbesuche zur Hormonspiegelbestimmung, im Durchschnitt pro JAHR

- Meine Versicherung hat alles/das meiste bezahlt, ich habe die Zusatzkosten getragen
- Meine Versicherung hat die Bezahlung verweigert, ich habe die folgenden Kosten
- Ich habe diese Behandlung NICHT gehabt
- Keine Ahnung
- Meine Zusatzkosten/meine Kosten waren:

#### Frage 18.c.

Oberkörper oder Brustchirurgie (Brustreduktion, Brustvergrößerung oder Brustwiederaufbau),  
GESAMTKOSTEN

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- Meine Versicherung hat alles/das meiste bezahlt, ich habe die Zusatzkosten getragen
- Meine Versicherung hat die Bezahlung verweigert, ich habe die folgenden Kosten
- Ich habe diese Behandlung NICHT gehabt
- Keine Ahnung

✎  Meine Zusatzkosten/meine Kosten waren:

Frage 18.d.

Genitaleingriffe, GESAMTKOSTEN

- Meine Versicherung hat alles/das meiste bezahlt, ich habe die Zusatzkosten getragen
- Meine Versicherung hat die Bezahlung verweigert, ich habe die folgenden Kosten
- Ich habe diese Behandlung NICHT gehabt
- Keine Ahnung

✎  Meine Zusatzkosten/meine Kosten waren:

Frage 18.f.

Gesichtschirurgie, GESTAMTKOSTEN

- Meine Versicherung hat alles/das meiste bezahlt, ich habe die Zusatzkosten getragen
- Meine Versicherung hat die Bezahlung verweigert, ich habe die folgenden Kosten
- Ich habe diese Behandlung NICHT gehabt
- Keine Ahnung

✎  Meine Zusatzkosten/meine Kosten waren:

18.g.

Andere Kosten im Verhältnis zur Geschlechtsumwandlung, GESAMTKOSTEN

Trifft nicht zu

✎  Bitte beschreiben Sie die Art der Ausgabe hier:

---

Frage 19.

Wurden Sie jemals psychiatrisch diagnostiziert im Verhältnis zu Ihrer Transsexualität/Geschlechtsunkonformität?

Nein

✎  Ja. Meine Diagnose ist:

Frage 20.

Leiden Sie unter einer Behinderung (physisch, Lernbehinderung oder psychisch) unabhängig von Ihrer Geschlechtsidentität, die zumindest eine Lebensaktivität beeinflusst?

#### Logic destinations

Nein • Question 33: Ich bin Alkohol- oder Droge...

Ja • Question 32: Was ist die Art Ihrer Behin...

*No response* • Question 33: Ich bin Alkohol- oder Droge...

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Frage 21.

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Was ist die Art Ihrer Behinderung?  
(Kreuzen Sie alles Zutreffende an)

- Körperliche Behinderung
- Lernbehinderung
- Psychische Behinderung

Frage 22.

Ich bin Alkohol- oder Drogenabhängig, um die Misshandlungen oder Diskriminierungen, denen ich als transsexuelle/geschlechtlich nichtangepasste Person ausgesetzt bin, zu bewältigen

- Ja
- Ja, in der Vergangenheit
- Nein
- Trifft nicht zu, ich bin niemals missbraucht oder diskriminiert worden

Frage 23.

Haben Sie jemals versucht, Selbstmord zu begehen?

- Ja
- Nein

Frage 24.

Haben Sie jemals die folgenden Familienprobleme gehabt im Verhältnis zu Ihrer Transsexualität/Geschlechtsunkonformität?

(Falls eine Situation nicht auf Sie zutrifft, bitte kreuzen Sie „Nicht zutreffend“ an)

#### Rows

- Meine Familienverhältnisse sind unverändert seit meinem Coming Out
- Meine Familienverhältnisse haben sich langsam verbessert seit meinem Coming Out
- Meine Beziehung mit meinem Ehe- oder Lebenspartner hat geendet
- Mein/e Ex hat meine Beziehung mit meinen Kindern beendet
- Ein Gerichtsurteil hat meine Beziehung mit meinen Kindern beendet
- Meine Kinder haben den Kontakt zu mir abgebrochen
- Meine Eltern oder meine Familie haben den Kontakt zu mir abgebrochen
- Ich wurde bei einem Familienmitglied körperlich oder psychisch missbraucht
- Ich habe enge Freunde verloren

- Ja
- Nein
- Nicht zutreffend

Frage 25.

Was sind die Quellen Ihres momentanen Haushaltseinkommens?

**(Bitte alles Zutreffende ankreuzen)**

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- Berufsgehalt (eigenes oder meines Partners)
- Geschäftseinkommen, Gebühren, Aktien oder Mieteinnahmen
- Sozialhilfe, Lebensmittelgutscheine, Schwangerschaftsunterstützung oder Schwangerschaftsgeld
- Arbeitslosengeld
- Kindergeld oder Unterhaltszahlungen
- Rente, Pension, Kurzarbeitergeld, oder Behindertengeld
- Geerbter Reichtum
- Strassenwirtschaft (Sexarbeit, unregulierte Verkaufsaktivitäten etc.)
- Andere, bitte eintragen

Frage 26.

Möchten Sie noch irgendwas im Verhältnis zu Ihren persönlichen Erfahrungen als transsexuell/geschlechtlich nichtangepasst, negativ oder positiv, im Abschluss hinzufügen?

Erinnerungshinweis:

Des weiteren suche ich auch Personen, die bereit sind, mir ein tiefgehendes Interview in Bezug auf ihre persönlichen Lebensgeschichte zu geben. Die Kriterien für die Teilnahme sind Bereitwilligkeit für ein Interview, Sie müssen wenigstens 18 Jahre alt sein, in Deutschland leben, und mindestens ein Jahr postoperativ nach Geschlechtsumwandlungsoperation sein. Falls Sie daran interessiert sein sollten, senden Sie mir bitte eine Email unter [beate68@u.washington.edu](mailto:beate68@u.washington.edu). Ich muss Sie darauf aufmerksam machen, dass ich die Vertraulichkeit von Informationen, verschickt über das Internet, nicht gewährleisten kann. Email Adressen, die den Namen einer Person enthalten, können identifizierend sein; daher wird der Gebrauch eines Pseudonyms dringend empfohlen.

Questions or comments?

Contact us or email [catalysthelp@uw.edu](mailto:catalysthelp@uw.edu)



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### German Online Recruitment, English Version

My name is Baya Dee Walls; I am a student from the Department of Anthropology at the University of Washington. I am conducting a UW research study comparing transgender experiences in Germany and the US. I am looking for people who identify as transgender or gender nonconforming, are 18 years or older and live in Germany.

For the study I would like to collect answers to an online questionnaire. The session will last about 20 minutes, and participation is voluntary. Some of the questions are of personal nature and could cause some discomfort; you are free to skip them and you do not have to submit your answers. If you are interested in participating, or would like more information about the study, please follow the link below to the confidential, anonymous survey.

<https://catalyst.uw.edu/webq/survey/beate68/156264>

You may distribute the link to this survey to others who meet the criteria and might be interested in taking it.

I am also looking for individuals interested in conducting a more in depth life history interview. The criteria for participation is willingness to be interviewed, you must be at least 18 years of age, a resident of Germany and fully transitioned with having had Gender Reassignment Surgery at least one year prior to the interview. If you are interested, please contact me at [beate68@u.washington.edu](mailto:beate68@u.washington.edu); however I cannot guarantee the confidentiality of information sent via email. The use of pseudonyms is encouraged as e-mail addresses that incorporate people's names could identify them.

Thank you for considering participation in this study.

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**Deutsche Online Rekrutierung (Deutsche Version)**

Mein Name ist Baya Dee Walls; ich studiere Anthropologie an der University of Washington, Seattle. Als meine Forschungsarbeit arbeite ich an einer Studie, die die Erfahrungen transsexueller Menschen in Deutschland und den Vereinigten Staaten von Amerika zu vergleichen versucht. Dafür suche ich Teilnehmer, die sich als transsexuell oder geschlechtsnonkonform identifizieren, 18 Jahre oder älter sind, und in Deutschland leben.

Im Rahmen dieser Studie sammle ich Antworten zu einer Online-Umfrage. Die Umfrage wird ungefähr 20 Minuten Ihrer Zeit beanspruchen, und die Teilnahme ist freiwillig. Einige Fragen sind von persönlicher Natur und könnten Unbehagen verursachen; diese Fragen können übergangen werden und Sie müssen Ihre Antworten nicht einreichen. Wenn Sie sich an der Teilnahme interessieren, oder möchten mehr Informationen über diese Studie lesen, folgen Sie bitte diesem Link zur vertraulichen, anonymen Umfrage.

<https://catalyst.uw.edu/webq/survey/beate68/156264>

Sie können den Link zu dieser Umfrage jederzeit anderen weiterleiten, solange auf sie die Kriterien zutreffen.

Des Weiteren suche ich auch Personen, die bereit sind, mir ein tiefergehendes Interview in Bezug auf ihre persönlichen Lebensgeschichte zu geben. Die Kriterien für die Teilnahme sind Bereitschaft für ein Interview, Sie müssen wenigstens 18 Jahre alt sein, in Deutschland leben, und mindestens ein Jahr postoperativ nach Geschlechtsumwandlungsoperation sein. Falls Sie daran interessiert sein sollten, senden Sie mir bitte eine Email unter [beate68@u.washington.edu](mailto:beate68@u.washington.edu). Ich muss Sie darauf aufmerksam machen, dass ich die Vertraulichkeit von Informationen, verschickt über das Internet, nicht gewährleisten kann. Email Adressen, die den Namen einer Person enthalten, können identifizierend sein; daher wird der Gebrauch eines Pseudonyms dringend empfohlen.

Vielen Dank für Ihr Interesse an der Teilnahme an dieser Studie.

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INFORMATION STATEMENT**

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**Leidensdruck – Gender Reassignment Surgery, Sociocultural Factors, Economic Issues, and Life Quality of Transgendered Individuals in the United States and Germany**

Researcher: Baya Dee Walls, Department of Anthropology, University of Washington, USA

(+1 425 329 9532) [beate68@u.washington.edu](mailto:beate68@u.washington.edu)\*

Faculty Adviser: Rachel Chapman, PhD. Department of Anthropology, University of Washington, USA

(+1 206 616 7556) [rrc4@u.washington.edu](mailto:rrc4@u.washington.edu)\**\*Please note that we cannot ensure the confidentiality of information sent via e-mail***Researchers' statement**

We are asking you to be in a research study. The purpose of this form is to give you the information you will need to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what we would ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When we have answered all your questions, you can decide if you want to be in the study or not. This process is called "informed consent." We will give you a copy of this form for your records.

**PURPOSE OF THE STUDY**

You are invited to participate in a research project regarding transgender and gender non-conforming people in Germany to compare responses to the same questions from transgender and gender-nonconforming people in the United States. Your responses will be part of an undergraduate honors research project conducted by a University of Washington, Seattle USA undergraduate anthropology honors student. The preliminary goal of this survey is to cross-compare and contrast transgender people's experiences of discrimination in health care settings in the US and Germany. Furthermore it is a purpose of this study to evaluate the economic situation and quality of life of individuals before and after Gender Reassignment Surgery. Data collected in this questionnaire might also be used by the principal investigator for future graduate master's thesis or PhD dissertation.

**STUDY PROCEDURES**

I am going to ask you about your life before and after Gender Reassignment Surgery. For example, I will ask you questions such as: "How closely does your body reflect the identity you desire?", "Can you tell me about situations when you disclose that you have had Gender Reassignment Surgery and if your relationships with people changed when they discovered that you are transgender?" and "What kind of mental health problems have you had at any point in your life besides gender identity disorder?". The interview will take as much time as you are willing to, most likely about 45 to 90 minutes.

You may refuse to answer any question during the interview.

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This interview will be audio recorded and later transcribed by the researcher.

### **RISKS, STRESS, OR DISCOMFORT**

Due to the sensitive nature of the topic there is a certain psychological risk of discomfort or invasion of privacy connected to this life history interview. If any of the topics are uncomfortable to answer, you may choose not to respond to them by telling me that you do not wish to talk about this.

As I am not a qualified counselor I advise you to contact TelefonSeelsorge, 0800/1110111 or 0800/1110222. This is a free, 24/7, nonjudgmental service provided to anyone who needs someone to talk to about problems such as bullying, unemployment, spiritual or psychological crises in case this interview was too emotional for you. However I will do the best I can not to make this happen.

You may refuse to participate and you are free to withdraw from this study at any time.

### **BENEFITS OF THE STUDY**

I want to better understand how economic and cultural factors influence the quality of life of transgendered individuals in the US and Germany. I hope the results of this study will provide helpful information in order to better understand the transgender experience and to provide a stepping stone for equal access to health care.

You may not directly benefit from taking part in this research study.

### **OTHER INFORMATION**

As this conversation is taking place via telephone or on the internet, I need your consent to participate as well as your permission to audio record this conversation stated verbally, which will be part of the recording. To ensure the privacy of your responses I will transcribe the audio recordings of our conversation and destroy the recordings after transcription, at the latest three months from the date the interview is conducted.

Taking part in this study is voluntary and any information about you will be kept confidential. I will not document any personal information. You will have a code name assigned and any personal data you disclose will be erased from the audio recording and not mentioned in the transcription.

If you have questions later about the research, you can ask one of the researchers listed above. If you have questions about your rights as a research subject, you can call the Human Subjects Division at (206) 543-0098. You will receive a copy of this consent form via email before the interview.

Baya Dee Walls

Printed name of researcher

Signature of researcher

Date

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Information Statement Life History Germany (English Version)/revised June 21, 2012/Version 3

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**UNIVERSITY OF WASHINGTON  
INFORMATIONSAUSKUNFT**

**Leidensdruck – Gender Reassignment Surgery, Sociocultural Factors, Economic Issues, and Life Quality of Transgendered Individuals in the United States and Germany (Leidensdruck – Geschlechtsumwandlungschirurgie, Sozio-Kulturelle Faktoren, Wirtschaftliche Probleme, und Lebensqualität Transsexueller Menschen in den Vereinigten Staaten und Deutschland)**

Forscherin: Baya Dee Walls, Department of Anthropology, University of Washington, USA (+1 425 329 9532) [beate68@u.washington.edu](mailto:beate68@u.washington.edu)\*

Fakultätsberaterin: Rachel Chapman, PhD. Department of Anthropology, University of Washington, USA (+1 206 616 7556) [rrc4@u.washington.edu](mailto:rrc4@u.washington.edu)\*

*\*Bitte nehmen Sie Notiz, dass wir die Vertraulichkeit von Informationen die über E-Mail gesendet werden nicht garantieren können.*

**STATEMENT DER FORSCHERIN**

Wir fragen Sie hier, ob Sie bereit sind, an unserer Forschungsstudie teilzunehmen. Der Zweck dieses Dokuments ist es, Ihnen die Information zur Verfügung stellen, welche Sie für Ihre Entscheidung benötigen ob Sie an unserer Studie teilnehmen wollen oder nicht. Bitte lesen Sie dieses Dokument aufmerksam und gründlich. Sie sind gebeten, Fragen über den Zweck der Forschung zu stellen, was wir Sie zu tun bitten, die möglichen Risiken und Vorteile, Ihre Rechte als Freiwillige/r und alles andere, was Ihnen nicht klar ist. Dieser Vorgang wird informierte Einverständniserklärung bezeichnet. Sie erhalten eine Kopie dieses Formulars für Ihre Unterlagen.

**FORSCHUNGSZWECK**

Sie sind eingeladen, sich an einem Forschungsprojekt betreffend transsexueller und geschlechtlich nichtangepassten Menschen in Deutschland zu beteiligen. Diese Studie plant, Antworten auf die gleichen Fragen die der selben Zielgruppe in den USA gestellt wurden, zu vergleichen. Ihre Antworten werden im Rahmen eines Studenten-Forschungsprojekts in Verbindung mit dem University of Washington Anthropology Honors Program gesammelt. Das vorläufige Ziel dieser Umfrage ist ein Kreuzvergleich oder Kontrast der Erfahrungen von transsexuellen und geschlechtlich nichtangepassten Personen in den USA und Deutschland im Verhältnis mit Diskriminierung im Gesundheitswesen. Ferner ist es ein Zweck dieser Studie, die wirtschaftliche Lage und die Lebensqualität vor und nach Geschlechtsumwandlungsoperation in beiden Ländern zu vergleichen. Außerdem ist es ein Ziel dieser Studie, die wirtschaftliche Situation und Lebensqualität von Menschen vor und nach Geschlechtsumwandlungseingriffen zu

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vergleichen. In diesem Fragebogen erhobenen Daten könnten auch von der Forscherin für ihre zukünftige Diplom Arbeit oder PhD Dissertation verwendet werden.

### **STUDIENVERFAHREN**

Ich werde Ihnen Fragen über Ihr Leben vor und nach der Geschlechtsumwandlung stellen. Zum Beispiel werde ich Ihnen Fragen wie: „In wie weit entspricht Ihr Körper Ihrer gewünschten Identität?“, „Können Sie mir Situationen beschreiben, in denen Sie über Ihre Geschlechtsumwandlung offen reden? Haben sich Ihre Beziehungen zu diesen Leuten geändert, nachdem diese von Ihrer Transsexualität Kenntnis bekamen?“ und „Welche Art von psychischen Problemen, Geschlechtsidentitätsstörung ausgenommen, haben Sie zu irgendeinem Zeitpunkt in Ihrem Leben gehabt?“ Die Länge des Interviews ist von Ihnen abhängig, voraussichtlich wird es zwischen 45 und 90 Minuten dauern.

Sie können die Beantwortung etwaiger Fragen während des Interviews verweigern.

Dieses Interview wird Audio aufgezeichnet und später von der Forscherin transkribiert.

### **RISIKEN, STRESS, ODER UNBEHAGEN**

Aufgrund der sensiblen Natur des Themas besteht eine gewisse Gefahr von psychologischem Unwohlsein oder Verletzung Ihrer Privatsphäre im Rahmen dieses Lebensgeschichtsinterviews. Falls die Themen zu unbequem für Sie sind, können Sie mir jederzeit sagen, dass Sie darüber nicht reden möchten.

Für den Fall dass dieses Interview zu emotional für Sie war und da ich keine qualifizierte Therapeutin bin, rate ich Ihnen, die Telefonseelsorge unter 0800/1110111 oder 0800/1110222 kontaktieren. Dies ist eine kostenlose, 24/7, wertfreie Dienstleistung, für den Fall dass man jemanden braucht um Probleme zu besprechen, zum Beispiel wegen Mobbing, Arbeitslosigkeit, geistlicher oder psychischer Krisen. Außerdem werde ich mein Bestes versuchen, dieses nicht geschehen zu lassen.

Sie können verweigern teilzunehmen und es steht Ihnen frei, sich aus dieser Studie jederzeit zurückziehen.

### **NUTZEN DER STUDIE**

Ich möchte besser zu verstehen lernen, wie wirtschaftliche und soziale Faktoren die Lebensqualität von transsexuellen Personen in den USA und Deutschland beeinflussen. Es ist meine Absicht, hilfreiche Informationen für das Verstehen der Erfahrungen transsexueller Personen im Rahmen des gleichberechtigten Zugangs zur Gesundheitsversorgung zu sammeln.

Kein persönlicher Nutzen ist vom Teilnehmen an dieser Forschungsstudie zu erwarten.

## WEITERE INFORMATIONEN

Falls diese Unterhaltung entweder über Telefon oder Internet erfolgt, brauche ich Ihre mündliche Zustimmung, dass sie damit einverstanden sind, dass dieses Gespräch Audio aufgenommen wird. Diese Zustimmung wird auch Audio aufgenommen werden. Die Aufnahmen werde ich transkribieren und sie werden spätestens drei Monate nach dem Datum des Interviews gelöscht werden, um die Privatsphäre Ihrer Antworten zu gewährleisten.

Die Teilnahme an dieser Studie ist freiwillig; jegliche Information, die Sie betreffen, werden vertraulich von mir behandelt. Keinerlei persönliche Information wird dokumentiert werden. Sie werden einem Codenamen zugeordnet werden und persönliche Daten werden von der Audioaufnahme gelöscht und in der Transkription nicht erwähnt.

Falls Sie später weitere Fragen über diese Forschungsarbeit haben, können Sie gerne eine der oben genannten Forscherinnen fragen. Falls Sie Fragen haben sollten, die Ihr Recht als Forschungsteilnehmer/in betreffen, können Sie die Human Subjects Division unter +1 206 543 0089 anrufen. Sie werden eine Kopie dieser Einverständniserklärung vor dem Interview via E-mail erhalten.

Baya Dee Walls

Gedruckter Name der Forscherin

Unterschrift der Forscherin

Datum

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### **Life History Prompts (English Version)**

**Mandatory first prompt: Tell me the story of your gender identity and how you became the person you are today**

**Prompt: What is a good metaphor/symbol/image for your identity before and after?**

- Creative, can be open for anything (picture, description, poem, music, etc.)

**Prompt: How closely does your body reflect the identity you desire?**

- What are the things you wish you could change?
- How do people respond to your physical appearance
- How do you feel about those responses?

**Prompt: Can you tell me about situations when you disclose that you have had Gender Reassignment Surgery?**

- How have your relationships with people changed after you told them?

**Prompt: How was your life in the time when you discovered that you are gender nonconforming, but before you had Gender Reassignment Surgery?**

- How did you manage?
- What did you worry about?
- What were the most challenging moments?
- What were the best moments?
- How did you feel, how would you describe yourself during your transition?

**Prompt: How did people treat you in your birth gender and how are they treating you now?**

- What changed after your transition?

**Prompt: How did transitioning change your social situation?**

- Employment
- Financial/economic status
- Support system, friends and family

**Prompt: How did the lack of health insurance coverage influence your decision to have Gender Reassignment Surgery (US)? How did health insurance coverage influence your decision to have Gender Reassignment Surgery (Germany)?**

- How did your coverage or lack thereof influence your decision which procedures to undergo?
- How did this influence your decision where (which clinic, surgeon, in which country) you had the surgeries performed?

**Prompt: What kind of care covered by your medical insurance did you receive in relationship to your transition (Before, during, after)?**

"Leidensdruck"

Life History Prompts (English Version)/Modified November 28 2011/Version 3

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- Counseling
- Hormone treatment
- Facial hair removal
- Gender Reassignment Surgery

**Prompt:** How much out of your own pocket did you contribute towards GRS?

- How much do you pay now each month for hormone treatment, facial hair removal (if applicable) etc.?

**Prompt:** What kind of mental health problems have you had at any point in your life besides gender identity disorder?

- Do you want to tell me more about this, or is this an uncomfortable issue?
- (I will stop right here if the person tells me that he or she is uncomfortable and will proceed with caution even if they agree to tell me more)
- If you noticed a change in your mental health since you fully transitioned, how would you describe this?

**Prompt:** How has your life, now that you are fully transitioned, changed?

- What are your most challenging moments?
- What do you worry about?
- What are the most exciting moments?
- What are your goals for the future?
- How do you feel now, how would you describe yourself?

**Last prompt:** Is there anything else that you would like to tell me about your experiences before, during or after transition?

**Concluding statement:** I want to thank you very much for your time, patience and openness during our conversation. You have provided me with your personal history and I am honored by your trust. If you want to follow up with me later or if you want a transcript of your interview, please let me know.

Remember that I will not keep any sensitive data such as real names; remember your code name, which is...

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## Life History Prompts (Deutsche Version)

**Obligatorischer erster Prompt:** Bitte erzählen Sie mir die Geschichte Ihrer Geschlechtsidentität und wie Sie die Person wurden, die Sie heute sind.

- Fällt Ihnen eine gute Metapher, ein Symbol oder Image ein, das Ihre Identität früher und heute beschreibt?
  - Kreative Antwort, offen für alles mögliche (Bild, Beschreibung, Gedicht, Musik etc.)
- In wie weit entspricht Ihr heutiger Körper Ihrer gewünschten Identität?
  - Falls Sie etwas ändern könnten, was wäre das?
  - Wie reagieren andere auf Ihre körperliches Erscheinungsbild?
  - Was denken und fühlen Sie in Bezug auf diese Reaktionen?
- Können Sie mir Situationen beschreiben, in denen Sie über Ihre erfolgte Geschlechtsumwandlung offen reden?
  - Haben sich Ihre Beziehungen zu diesen Leuten geändert, nachdem diese von Ihrer Transsexualität Kenntnis bekamen?
- Wie war Ihr Leben in der Zeit als Sie entdeckten, dass Sie geschlechtsunkonform sind, bevor Sie Ihre Geschlechtsumwandlung mit chirurgischer Hilfe begonnen haben?
  - Wie sind Sie damit umgegangen?
  - Worum haben Sie sich Sorgen gemacht?
  - Was waren die schwierigsten Momente?
  - Was waren die besten Momente?
  - Wie würden Sie sich und Ihre Gefühle in der Übergangszeit beschreiben?
- Wie wurden Sie von anderen in Ihrem Geburtsgeschlecht behandelt und wie sieht diese Behandlung jetzt aus?
  - Was hat sich nach Ihrer Geschlechtsumwandlung geändert?
- Wie hat Ihre Geschlechtsumwandlung ihre soziale Situation verändert?
  - Am Arbeitsplatz
  - Finanziell, ökonomischer Standpunkt
  - Soziales Netzwerk, Freunde, Familie
- In wie weit war Ihre Entscheidung, Operationen im Rahmen Ihrer Geschlechtsumwandlung zu untergehen von der Tatsache beeinflusst, dass Krankenversicherungen in Deutschland die Kosten übernehmen?
  - In wie weit hat die Kostenübernahme, oder Verweigerung derselben bei der Kasse Ihre Entscheidung, welche Prozeduren zu untergehen, beeinflusst?

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- Inwiefern hat dies Ihre Entscheidung beeinflusst, wo (welche Klinik, Operateur, welches Land) Sie die Eingriffe vorgenommen haben?
- Welche Art von Gesundheitsbehandlungsmassnahmen im Verhältnis zu Ihrer Geschlechtsumwandlung wurden von Ihrer Krankenversicherung vollständig übernommen (Bevor, währenddessen und danach)?
  - Psychologische/Psychiatrische Beratung/Behandlung
  - Hormonbehandlung
  - Gesichtshaarentfernung
  - Geschlechtsumwandlungsoperation
- Wie hoch waren die Kosten die Sie aus Ihrer eigenen Tasche für die operativen Eingriffe bezahlt haben?
  - Wie hoch sind Ihre monatlichen Kosten heute für Hormontherapie oder Gesichtshaarentfernung (falls zutreffend) etc.?
- Welche Art von psychischen Problemen, Geschlechtsidentitätsstörung ausgenommen, haben Sie zu irgendeinem Zeitpunkt in Ihrem Leben gehabt?
  - Sind Sie bereit, mir mehr darüber zu erzählen, oder ist dieses Thema zu sensibel für Sie?
  - (Ich werde hier mit diesem Thema aufhören, falls der/die Gesprächspartner/in dies zu unbequem findet. Ich werde also mit äußerster Vorsicht das Gespräch fortsetzen, falls er/sie damit einverstanden ist, mir mehr darüber zu erzählen)
  - Falls Sie jetzt, nach der Geschlechtsumwandlung, eine Veränderung in Ihrer psychischen Gesundheit bemerkt haben, wie würden Sie diese beschreiben?
- Wie hat sich Ihr Leben nach der Geschlechtsumwandlung verändert?
  - Was sind Ihre schwierigsten Momente?
  - Wortüber machen Sie sich Sorgen?
  - Was sind Ihre glücklichsten Momente?
  - Welche Ziele haben Sie für die Zukunft?
  - Wie fühlen Sie sich jetzt, wie würden Sie sich selbst beschreiben?

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**Letzter Prompt:** Möchten Sie mir noch irgendetwas anderes im Bezug auf Ihre Geschlechtsumwandlung (Bevor, währenddessen, danach) mitteilen?

**Abschließende Erklärung:** Ich möchte Ihnen ganz herzlich für Ihre Zeit, Geduld und Offenheit während unseres Gesprächs bedanken. Sie haben mir Ihre persönlichen Geschichte erzählt und Ihr Vertrauen ehrt mich. Bitte lassen Sie mich wissen, ob Sie zu einer späteren Zeit ein Follow-Up oder eine Abschrift Ihres Interviews möchten. Denken Sie daran, dass ich keine sensiblen Daten, wie beispielsweise Namen, behalten werde; Bitte erinnern Sie sich an Ihren Codenamen, welcher [Codename] lautet.