Qualitative evaluation of 49 transgender CVs and biographical anamnesis interviews from assessment procedures according to the German Transsexuals Act

Lena Balk, MA 24.01.2024

Abstract:
This analysis examines the experiences and realization of transgenderness of transgender people in the context of proceedings under the German Transsexuals Act. It is shown that the mental health of trans and non-binary adolescents can be improved through early education and support in kindergartens and schools. The analysis shows that transgender children and young people often have difficulty coming out and coming to terms with their assigned gender. The applicants went through a long and intensive phase of reflecting on their own gender awareness before Coming-Out. It was found that social support from family and friends is an important factor for the mental health of trans and non-binary adolescents. Gender affirming hormone treatments have a positive impact on mental health. It is important to consider both medical and social factors to optimize the mental health of trans and non-binary people.

Keywords: transgender, transsexuality, transsexual law, assessment, mental health, hormone therapy

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Introduction

Current discourse on transgender issues includes statements that being trans is a trend or hype[1] , that children and young people are "socially infected" on the internet, and phenomena such as "rapid onset gender dysphoria" (Littman 2018, 2019), i.e. a seemingly out-of-nowhere dissatisfaction among children and young people with their assigned gender. Internationally, increasing numbers of people with gender incongruence or gender dysphoria are referred to[2] (Twist and de Graaf 2018) and the number of people who were assigned a female gender at birth and suffer from gender incongruence (GI) or gender dysphoria (GD) would be significantly higher than people with a male assigned gender (Kaltiala-Heino and Lindberg 2018, van der Loos et al. 2023, Herrmann et al. 2023a). Relevant reports from the USA[3] show that the topic of transgender identity, especially among children and adolescents, is also strongly influenced by conservative political and ideological views. Voices are becoming louder that criticize the treatment of transgender people with GnRH analogues to delay puberty or treatment with "opposite-sex" hormones due to a lack of evidence of efficacy[4] . The resurgence of a critical attitude towards the treatment of transgender people cannot be overlooked in the media. Looking at the state of knowledge in psychology and sexology on "transsexuality" at the end of the 20th century, the question must be allowed: Why have there been an increasing number of critical voices on the treatment and recognition of transgender people in recent years? The sexologist and psychiatrist Eduard Schorsch, who died in 1991, came to the following conclusion as early as the mid-1970s:

> *"According to the current state of research, the only way to help these people is to fulfill their wish after thorough diagnostic clarification and preparatory measures. All other psychotherapeutic measures or attempts at drug treatment are completely pointless."*
> *- Schorsch 1975, p. 136*

A person's experience of identity can deviate from the gender assigned at birth. The biopsychosocial tension between their biologically marked body and their experienced gender is referred to as gender incongruence (GI) (Garcia Nuñez and Nieder 2017). If this discrepancy is persistent and pronounced, a diagnosis of gender dysphoria can be made on the basis of the DSM-V. Gender dysphoria is considered a disorder in which a person experiences a clear discrepancy between their perceived gender and their sex assigned at birth based on visual inspection of the external genitalia, leading to clinically significant distress or impairment in important areas of life (Garcia Nuñez and Nieder 2017; Kaltiala-Heino and Lindberg 2018). Several studies show that children and adolescents can already perceive and name a gender that is not congruent (Olson et al. 2022, Klinger et al. 2022, Morandini et al. 2023, van der Loos et al. 2023). The desire for sexual characteristics of the desired gender can be a symptom of gender dysphoria. The Ärzteblatt (online) wrote about the increase in demand for gender reassignment surgery among people with a female gender assignment on 21.11.2018:

> *According to Die Zeit, specialists are observing the trend worldwide. For example, the number of children and adolescents treated for gender identity disorder at the Gender Identity Development Service at the Tavistock Clinic in London grew from around 100 to 2,500 between 2009 and 2018. - German Medical Journal from 21.11.2018*

And on 09.11.2023, also in the Ärzteblatt:

> *Virtually all articles dealing with the latest rollback developments point to the multiplication of treatments - and refer to the figures from England: in 2011, 250 young people sought help from the GIDS in London; ten years later, in 2021, there were already around 5,000*
> *- Deutsches Ärzteblatt, 09.11.2023*

[1] EMMA 17.12.2019: We don't know what we're doing. https://www.emma.de/artikel/was-richten-wir-da-337375, Accessed: 17.01.2024

[2] Aerteblatt.de, 21.11.2018: Number of transsexual children increased. https://www.aerzteblatt.de/nachrichten/99311/Zahl-transsexueller-Kinder-gestiegen, Accessed: 17.01.2024

[3] REUTERS 18.05.2023: https://www.reuters.com/world/us/us-republican-transgender-laws-pile-up-setting-2024-battle-lines-2023-05-18/, Accessed: 17.01.2024

[4] Medical Journal 09.10.2023: https://www.aerzteblatt.de/nachrichten/145814/Genderdysphorie-Mehr-Zurueckhaltung-bei-der-Therapie-von-Kindern-mit-Pubertaetsblockern, Accessed: 16.01.2024

It is striking that most publications only cite data from Great Britain and only one selected specialist outpatient clinic or gender clinic (Tavistock and Portman NHS Fundation Trust[5]) for the serious increase in prevalence. Hardly any study or publication refers to the fact that a reform of the NHS healthcare system was initiated in 2009 with regard to the treatment of trans gender minors. For example, the transfer of all treatment for transgender children and young people in England and Wales in 2016 from general GPs and child and adolescent psychologists to a central, specialized service, the Gender Identity Development Service (Gids) at the Tavistock Clinic, inevitably led to an increase in prevalence - at this one and only point of treatment. In the 2011/2012 survey period, the Gids was consulted by 210 transgender children[6] . The Tavistock Clinic became a national center for people with GI/GD in 2016. All GPs, schools and advocacy groups were encouraged to refer children and young people with gender incongruence to this facility. In 2020/2021, more than 5,000 children and young people consulted there[7] . The Gids at the Tavistock Clinic were visibly overwhelmed by the centralized treatment, which led to incorrect treatments and decisions[8] . It was reported in the media that the nationwide service would be discontinued due to the incorrect treatment and lax treatment of transgender children by doctors. As a result, the treatment of transgender people in England and Wales was generally questioned in the media and politically. Only rarely is it mentioned that the centralization and overburdening was recognized as a mistake and that decentralized treatment centers for transgender people are being created again in the UK[9] .

If, as some politicians and the press in Germany are also claiming, the medical profession is too quick to give in to a "fashion" or "transgender hype" and there is a "rapid increase" in transition requests, especially among people with a female gender assignment, then these increases in prevalence should at least be reflected with a time lag in the number of procedures for first name and civil status changes. If we look at the official figures for first name and civil status changes in Germany in recent years, we can see an increase, but it is far below the prevalence increases mentioned in the media.

[5] The Cass Review 02/2022

[6] The Guardian 19.01.2023: 'A contentious place': the inside story of Tavistock's NHS gender identity clinic. https://www.theguardian.com/society/2023/jan/19/a-contentious-place-the-inside-story-of-tavistocks-nhs-gender-identity-clinic. Accessed: 02.12.2023

[7] The Guardian 19.01.2023: https://www.theguardian.com/society/2023/jan/19/a-contentious-place-the-inside-story-of-tavistocks-nhs-gender-identity-clinic, Accessed: 03.12.2023

[8] BBC 20.01.2021: https://www.bbc.co.uk/news/health-55723250, Accessed: 03.12.2023

[9] NHS 13.05.2020: How to find an NHS gender dysphoria clinic. https://www.nhs.uk/nhs-services/how-to-find-an-nhs-gender-identity-clinic/. Accessed: 03.12.2023

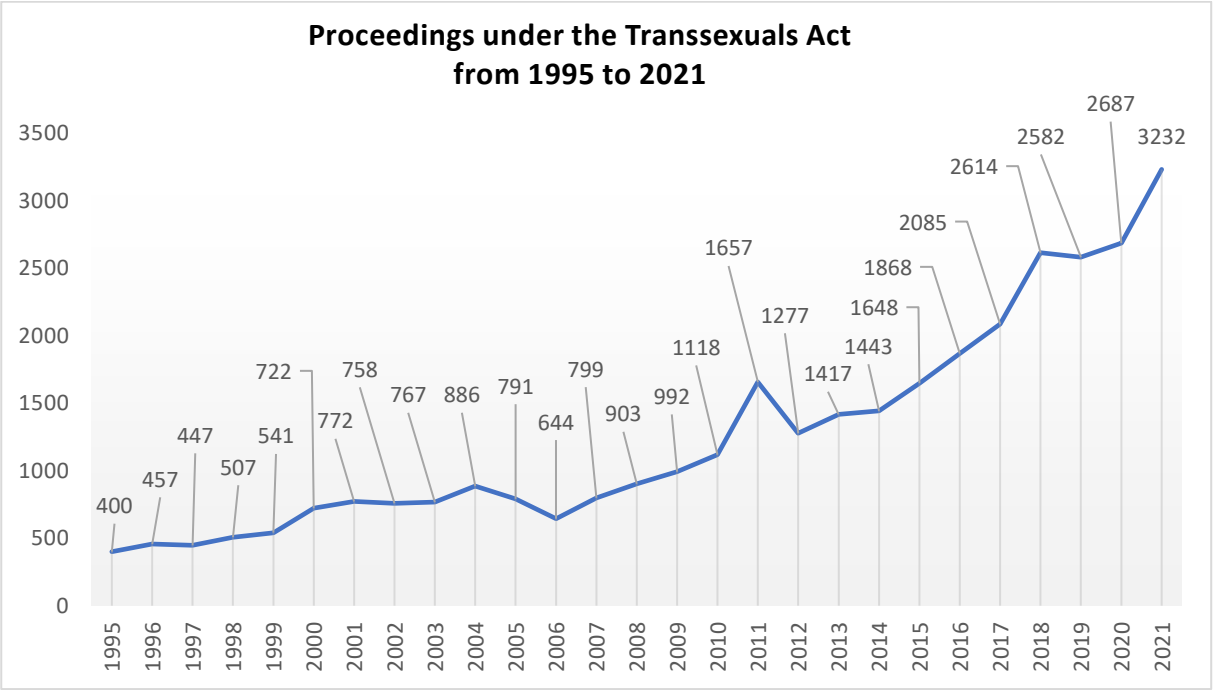

Figure 1 - Proceedings under the Transsexuals Act 1995 to 2001, Federal Office of Justice

Preliminary remarks

In this evaluation, the terms "transsexuality" and "transsexual" are used in addition to "transsexuality", as the *law on changing first names and determining gender in special cases (Transsexuals Act - TSG)* and thus the assessment procedure is still based on the psychological disorder "transsexualism" (ICD-10 F64.0) and "transsexuality" is a factual feature[10] of §1 TSG. The German legislator had not yet made any changes to the procedure by the time this evaluation was published, so that an assessment procedure continues to apply, which must prove transsexualism or transsexuality on the basis of Section 1(1)(1) and (2) TSG:

> *"(1) The first names of a person shall be changed by the court at his or her request if*
>
> *1. she no longer feels that she belongs to the gender stated in her birth entry but to the other gender due to her transsexual imprint and has been under pressure to live according to her ideas for at least three years,*
>
> *2. there is a high probability that their sense of belonging to the opposite sex will no longer change, ..."*[11]

Questions

In 2015, Meyenburg et al. published a study entitled "Evaluation of expert reports by three experts 2005-2014" and showed that the age of applicants differs during the assessment. It was found that transgender men disclose their transgender identity significantly earlier and are therefore younger than most transgender women at the time of application. In this evaluation, 49 requests for expert opinions were analyzed and only a slight age difference of 2.3 years between the applicants was found (see Table 1). The average age of all applicants was 26.9 years. The average age of female applicants was 28.1 years and the average age of male applicants was 25.8 years.

In Germany, the discourse on transsexuality is currently dominated by media coverage and the political dispute over the German government's planned self-determination law. There are only a

[10] See: BVerfG, 22.02.2017 -1 BvR 747/17- para. 12

[11] https://www.gesetze-im-internet.de/tsg/BJNR016540980.html

few studies and investigations in Germany on how transgender people behave towards their social environment with regard to their gender development, how they deal with and experience gender body incongruence and what strategies they choose to cope with the deviation of their gender awareness from their assigned gender. The satisfaction of transgender people with gender reassignment surgery was found to be predominantly good to very good via (Weigert et al. 2013, Hess et al. 2014, Kugel 2020). There are still few studies on the effects and impacts of gender reassignment measures prior to the use of surgical measures. This led to the following questions being addressed:

1. How do transgender people deal with their uncertainty about their own gender awareness?
2. What influences are transgender children, young people and adults exposed to during the phase of searching for their own gender awareness?
3. What influence do the family and the social environment have on the gender awareness of transgender people?
4. How do gender reassignment measures affect the mental health and social acceptance of transgender people?

Methods

Study design

It is known that some adolescents and young adults exaggerate their affiliation to minorities in quantitative surveys and thus distort prevalence estimates and results on associated problems (Kakltiala-Heino and Lindberg 2018). Surveys and purely quantitative studies can therefore only answer the questions inadequately or with a certain degree of bias. In this research context, biographical anamneses were evaluated based on personal interviews conducted by the author with 49 transgender people (hereinafter referred to as applicants) as part of the assessment under the German Transsexuals Act (see Table 1). In addition, trans CVs and medical documents (letters of indication, data from endocrinological examinations, reports from therapists) on the applicants' transition process to date, which were provided to the author as part of the assessment procedure, were also included. It can therefore be ruled out that the distortions described by Kakltiala-Heino and Lindberg occur, as all applicants had a serious and firm intention to complete the process of changing their first name and marital status.
The biographical anamnesis is an essential building block for the preparation of a well-founded expert opinion in accordance with the Transsexuals Act. The German Transsexuals Act stipulates that a "transsexual imprint" must be present and the applicant must "no longer feel that they belong to the gender stated in their birth entry, but to the other gender and have been under the compulsion to live according to their ideas for at least three years". In order to be able to determine these elements of the TSG, it is advisable to carry out a biographical anamnesis to identify cultural, social, medical or other factors that may influence gender identity. All applicants had a psychologically confirmed diagnosis of "F64.0 Transsexualism" according to ICD-10.

The data was transferred to qualitative data analysis software (MAXQDA 2022) for systematic analysis. A detailed interpretative analysis of the data was carried out (Rädiker and Kuckartz 2019, Kuckartz and Rädiker 2020). The statements and formulations from the expert reports and submitted documents were segmented in terms of content, accompanied by systematic categorization (coding) (Flick 2007, Mayering 2016, Kuckartz and Rädiker 2020). An additional dimension (age, assignment gender at birth, time of realization of own transgender identity, medical measures already taken and sought) was added by quantitative variables, which focus on specific characteristics of the applicants. The combination of qualitative and quantitative analysis enabled a holistic view of the available data. This methodological approach not only allows an in-depth recording of individual life courses, but also opened up the possibility of recording and analyzing certain characteristics of the applicants on a systematic level. This integrative research approach provides a differentiated basis for the development of precise and context-sensitive life courses and life experiences

of transgender people in the context of social science issues.

Note on data protection

The data was collected in the period from March 2020 to December 2023 as part of assessment interviews in accordance with the Transsexuals Act from personal interviews as well as from "trans CVs" and medical or therapeutic documents provided by the applicants. Three local courts in southern Germany were commissioned to carry out the assessment. All 49 applicants confirmed the accuracy of their biographical development and the correctness of the data in the expert reports. The expert opinions were conducted in accordance with the decision 1 BvR 747/17 para. 12 a)[12] of the Federal Constitutional Court of February 22, 2017. The data of the applicants was anonymized at the end of the evaluation and the names of the commissioning local courts were omitted in order to ensure anonymity and compliance with Section 5 (1) of the Transsexuals Act[13] (prohibition of disclosure) and to prevent conclusions being drawn about individuals.

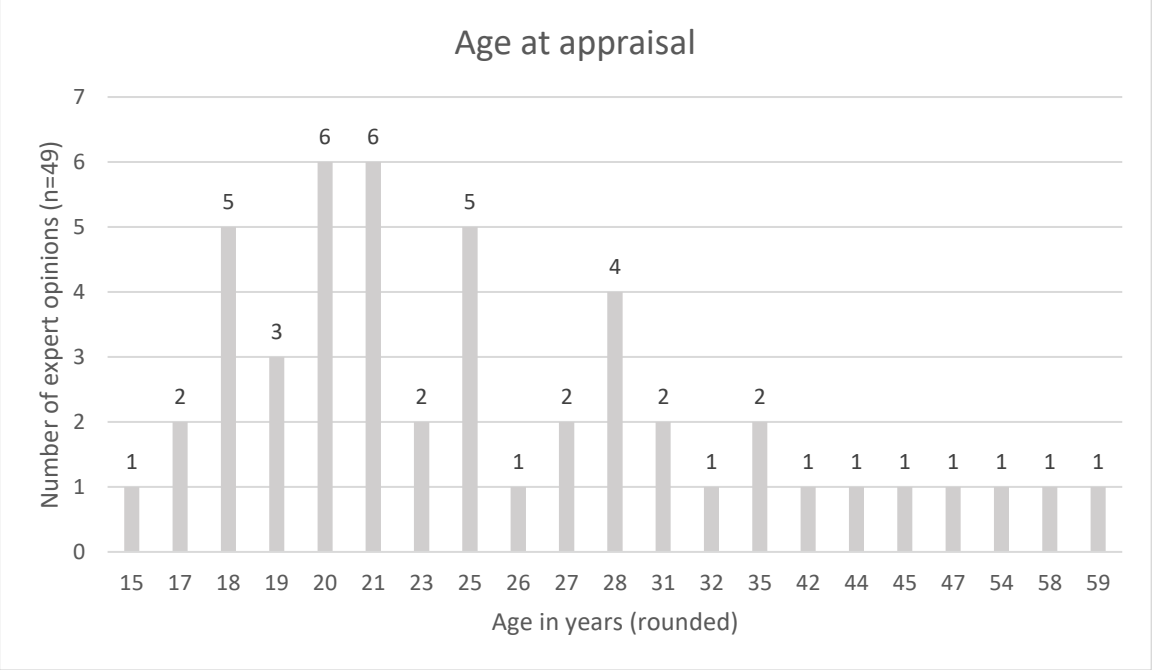

Figure 2 - Age at appraisal

Dealing with your own gender awareness and gender experience

Gender development after birth is significantly influenced by culture. Children must learn which characteristics are considered masculine or feminine and which gender roles prevail in their culture in order to adopt the gender concept of their culture (Neyer and Aspendorpf 2018). The distinction between male and female is one of the first distinctions that children make. As early as the

[12] BVerfG, 22.02.2017 -1 BvR 747/17- para. 12: "a) The assessment pursuant to Section 4 (3) TSG may only relate to aspects that are relevant for the factual clarification of the requirements for a change of name and civil status standardized in Section 1 (1) TSG. If ... assessments in accordance with Section 4(3) TSG should in practice extend to information that is not relevant for determining the criteria of Section 1(1) TSG according to current diagnostic criteria, this is not covered by Section 4(3) TSG. Due to the regularly intimate nature of the questions asked in the assessment pursuant to Section 4 (3) TSG, this impairs the fundamental rights of those affected. When commissioning the expert opinion and when using the expert opinion, the courts must therefore take particular care to ensure that the persons concerned are not exposed to the expert opinion with regard to questions that are not relevant to the examination of the requirements of Section 1 (1) TSG. Furthermore, the expert opinion procedure in accordance with Section 4 (3) TSG must not be used to lead the person concerned towards therapeutic treatment of their transsexuality (understood as a supposed illness)."

[13] https://www.gesetze-im-internet.de/tsg/BJNR016540980.html

second year of life, they show a preference for typical activities or toy objects that are associated with their own gender. These preferences often emerge before children are able to assign themselves to a gender. The so-called "gender identity", i.e. the knowledge of one's own gender, is something that most children only develop in the course of preschool age. Once a gender identity has been developed, gender often becomes even more important as a social categorization variable (Lohaus 2021).

Early childhood (0 to 6 years)

Applicants often cite the observation of "being different" or "there's something wrong" in early childhood as an indication that they were already certain in early childhood that they did not belong to the assigned gender at birth. The applicants mainly cite gender-stereotypical narratives. For example, playing with peers of the "opposite sex", the rejection of peers of the same assigned sex or the preferred use of gender-role-contradictory toys are mentioned. It is predominantly reported that in early childhood, deviation from "typical boy" or "typical girl" behavior was not sanctioned by the social environment.

> *Mr. XXX states that he noticed very early on that he was different from the other girls. "I noticed early on that there was something "different" about me." However, he was not yet able to pin this down to gender during his time at nursery and elementary school. The desire to belong to the boys, but not to be recognized as such by them, weighed on him from a very early age.* - trans man, 47

> *Ms. XXX states that she already "felt different" in early childhood. However, she was not yet able to express her feelings.* - trans woman, 20

> *"I already preferred playing with boys in kindergarten." He found playing and being together with girls "stupid". He says that he was very happy when he received a model train set for Christmas in 1968. He refused to play with dolls.* - trans man, 59

> *Ms. XXX describes how she envied the fact that her older sister received "typical girl things", whereas she received toys that were typically given to boys. In role play with her siblings and other children, she preferred to take on a female role. Ms. XXX describes experiences with her uncle, who asked her to "fun fights", which she did not reciprocate. "My uncle said that I would behave like a "princess", not like a "real boy"."* - trans woman, 21

> *She never liked typical boys' games and behavior. "I wasn't interested in playing soccer at all."* - trans woman, 20

> *She preferred playing with the neighbor girls of the same age. She had few male friends and only since attending kindergarten. "The boys all played soccer in the club at some point. I was never interested in that." She therefore preferred to look for girls to play with.* - trans woman, 25

> *She describes how she was already perceived as a girl by other children in her early childhood. "I was the "only boy" with long hair." She had no interest in "typical boys' activities".* - trans woman, 20

> *Already in early childhood, the applicant noticed that he was "different". Mr. XXX states that, in contrast to his older sister, he preferred to wear "boys' clothes" and preferred to play with boys. The applicant describes that he also preferred to do manual work in kindergarten, in contrast to the majority of the other girls. He had already attracted attention from the girls in kindergarten by refusing to wear typical girls' clothing.* - trans man, 21

Late childhood (6 to 11 years)

Most of the applicants in this study describe that they were confronted for the first time in late childhood with the social environment's expectation of gender role conformity and that this confirmed or reinforced the feeling of being "different". Deviation from the assigned gender and the sanctioning or correction of non-gender-conforming behavior and/or representation by the social environment was described by many applicants in the late phase of childhood as unsettling and stressful for the first time. The first experiences of discrimination, exclusion and violence at school are also described, which the applicants see as being based on their "being different" and their deviation from established gender roles and gender representation.

> *"Whenever I was out and about in the town, the youths would find me and attack me." She describes how the threats didn't stop outside her home either. "They threw fireworks into my garden and sprayed my windows with paint."* - trans woman, 21

There are frequent reports of a drop in performance at school and this is explained by the mental strain caused by gender role pressure, discrimination and the experience of gender incongruence.

> *According to Mr. XXX, he was first confronted with the topic of sex and sexual bodies in sex education lessons in fourth grade. He felt that what he was taught there was not right for him. He lacked the words and concepts to explain to himself and others what was going on with him.* - trans man, 17

Many applicants describe PE lessons at school as "traumatizing". Gender segregation in PE lessons, usually in the second phase of primary school, focuses on the deviation from a socially assigned gender role and gender presentation. In particular, the dissolution of physical intimacy through changing clothes together is mentioned several times as stressful.

> *"PE lessons were a nightmare for me." Changing clothes together with other boys and the expectations of classmates and teachers was very stressful, especially in PE lessons. "I thought about hurting myself so that I could escape the situation in school sports."* - trans woman, 21

> *"I was increasingly bullied and teased at school. Jokes were made about me, I was called gay and classmates told me that I disgusted them." She describes a particular experience from school sports when she asked her sports teacher to let her change with the girls because of the constant teasing from the other boys. "He called me a pervert."* - trans woman, 28

> *Mr. XXX describes sports lessons as particularly stressful. "I felt out of place in the changing room among all the girls." From this time onwards, he no longer took part in sports activities. He did not take part in swimming lessons at school due to illness. His school performance deteriorated.* - trans man, 28

Overall, the biographies show that late childhood and school were a difficult time for many transgender people, in which they were confronted with gender role pressure, exclusion and discrimination. Due to their experiences in the family environment and at school, many had to struggle with depressive phases, psychosomatic complaints and poor school performance. Some dropped out of school and one applicant changed to a special school.

Hope "this will pass"

It was predominantly transgender women who said that the perception of a different gender could disappear or fade away on its own. The attempt to suppress their own sense of gender and to live in accordance with their gender can be explained by the fact that people with a male gender assignment had to experience more discrimination and violence from their social environment in this evaluation and also reported more fears and worries. The study also shows that transgender women struggle with their own gender awareness for significantly longer than transgender men. In a study of 27,497 transgender people, Turban et al. (2023a) determined a median time of 14 years before transgender people expressed their gender awareness to their social environment. Most of the people in this study also tried to suppress or hide their transgender identity for a long time.

> *Ms XXX explains that the increasing expectations of her environment regarding the behavior of a boy put a lot of pressure on her. "I convinced myself that I just had to behave more "masculine" and then it would go away."* - trans woman, 20

> *"I still had no explanation and no terms for it and always thought it would hopefully pass."* - trans woman, 21

> *"I lay awake all night thinking about it. I always hoped it would go away at some point."* - trans man, 20

> *"I kept hoping that something would change in my perception after puberty." Because she didn't yet know anything about transsexuality or transsexual people, she assumed that other boys were going through similar experiences to her*

own. "In a way, I was looking forward to puberty because then, I hoped, this feeling would finally go away." ... "I still hoped that it would pass at some point and I could somehow come to terms with the male body and the male role." - trans woman, 21

At the time, she didn't feel able to come out as a transsexual woman. "I thought maybe it would go away on its own at some point... But it didn't!" - trans woman, 20

"I believed and hoped it would go away at some point." - trans woman, 25

"I convinced myself that I just had to behave more "masculine" and then it would go away." - trans woman, 59

"I still had no explanation and no terms for it and always thought it would hopefully pass." - trans woman, *35*

Puberty

Somatic development is characterized not only by an increase in size and volume as well as morphological and functional differentiation of the organ systems, but also by a change in shape and appearance (Jenni 2020). Experience has shown that detectable physical changes in the sexual body (Tanner stage 2, thelarche) occur in people with a female phenotype between the ages of 8 and 13 years, and thus on average 1.5 years earlier than with a male phenotype (Thanner G2, increase in testicular volume usually between the ages of 9.5 and 14 years) (Heger and Hiort 2020, Jenni 2020). The somatic changes led to feelings of gender incongruence in most of the applicants. Some chose the strategy of "ignoring", others "repressing".

"I didn't want to admit that my body was developing in a female direction and tried to suppress puberty as best I could." - trans man, 20

"At first, I tried to ignore and suppress the changes." - trans man, 20

"I didn't want to go through puberty. I was hoping that it wouldn't happen to me." - trans woman, 27

Most applicants stated that with the onset of puberty and the accompanying physical changes, a clear association of their discomfort with their assigned gender could be established. Figure 3 shows that the majority of applicants became aware of their transgender identity with the onset of puberty. For most applicants (44 out of 49), the awareness of belonging to the male or female gender manifested itself in childhood or the early phase of puberty and has not changed since then. Retrospective assumptions were also made that the absolute certainty of one's own gender already existed before the onset of puberty. The symptoms only became apparent in a few applicants in the late phase of puberty. All applicants were absolutely certain by the end of puberty at the latest that their gender differed from their assigned gender at birth.

Cross-dressing

The open wearing of male clothing is described by almost all persons with a female gender assignment. The clothing is often left to brothers. People with a male assigned gender often report experimenting with clothing from their female caregivers (mother, sister). It is striking that this "cross-dressing" tends to take place in secret. Osterkamp and Wünsch have also pointed out that female-read bodies can use male-marked clothing without any problems, but that clothing with a female connotation is not socially accepted on male-read people (Osterkamp and Wünsch 2022). This knowledge of gender representation was usually already clear to the applicants as children and shows how cis-normative standards influence young people. In "The Whipping Girl" (2006), Serano also pointed out this unequal treatment of people with a male gender assignment. According to Serano, maintaining a male-centered gender hierarchy requires the enforcement of the traditional "norm" that masculinity and masculinity are superior, in addition to rigid, mutually exclusive gender categories. In order to ensure that only men are seen as authentically masculine and that those who are masculine have power over those who are feminine, the devaluation of femininity and femaleness in particular must be pursued. Cross-dressing is also valued differently for male and female genders. While no sexual intention is assumed in the case of trans men, meaning that there is no erotically motivated female transvestitism, only sexual or erotic motivation is assumed in the case of trans women (Serano 2007). While the trans male applicants found wearing male clothing in public to be

relieving and relaxing, applicants with a male gender assignment described shame and bad feelings when cross-dressing. An initially perceived relief of suffering through cross-dressing cannot be maintained beyond the cross-dressing phase. Instead, a deterioration in mental health is reported when the male role has to be resumed in everyday life or in the social environment. It is noticeable that the term "cross-dressing" was not mentioned by people with a female gender assignment, but was described as "wearing boys' clothes or men's clothes".

> *Occasionally, she also wore her sister's clothes. She felt very comfortable in them and imagined what it would be like if she could always live like that. A guilty conscience and the feeling of having done something "perverse or forbidden" led to a growing discomfort in her own body.* - trans woman, 21

> *The applicant describes how she "stole" her mother's clothes as a small child and used to go back to her room to put them on. She describes that she had fears and a guilty conscience because of this.* - trans woman, 23

> *"At every opportunity, I grabbed a few things that my mother had never worn and tried them on." She felt a "warm feeling in her stomach, an indescribable feeling of happiness". Taking her mother's clothes off again made her sad.* - trans woman, 18

> *"I had feelings of happiness that collapsed when I had to take these clothes off again." ... "I was sad, I was frustrated."* - trans woman, 25

> *At every available opportunity, she tried to satisfy her feminine feelings and sensations by "cross-dressing". "I always felt ashamed afterwards and had a guilty conscience."* - trans woman, 25

> *"While I was buying the clothes, it felt right and good to me. Even wearing them at home was always a happy feeling. But afterwards, I felt ashamed."* - trans woman, 25

> *"No matter what I was afraid of, it all changed, fizzled out the moment I saw myself in the mirror as a young woman." She describes the feelings of happiness that she had never experienced in this form before. "I started crying with joy and hugged my friend who made it possible for me." But the joy was short-lived. "When I got changed and took my make-up off, all the pain came back. All my fears and problems came back with a vengeance. I felt miserable."* - trans woman, 21

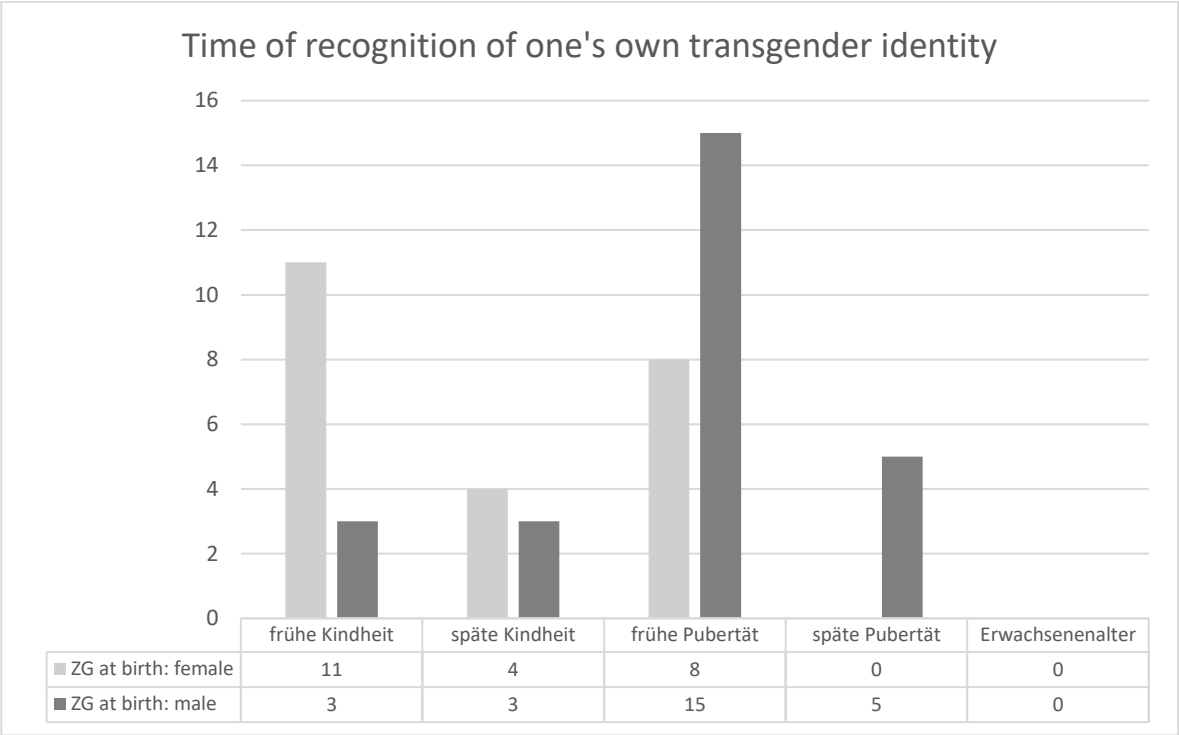

Illustration 3 - Time of recognizing one's own transgender[14] (ZG=Zuweiungsgeschlecht)

Mental health

The mental health of people who suffer from gender dysphoria[15] is often severely affected. Rauchfleisch refers to the scientific evidence that transgender people, like cis people, can be ill and have various mental disorders that are often caused by difficult life situations. These include psychosomatic complaints, depression, addictions, anxiety disorders, personality disorders and suicidal tendencies. The indications for psychotherapeutic measures are individual and disorder-specific, with no difference to cis people (Rauchfleisch 2019, 2021). The people in this evaluation report various psychological challenges associated with their gender awareness. These include reduced self-esteem, self-hatred, depressive moods, self-harming behavior and withdrawal from social life. Many initially feel uncomfortable in their own body and have difficulty identifying with their assigned gender. Gender dysphoria as defined by the DSM-V usually developed in the applicants at the onset of puberty due to an incongruence of the perceived gender body. Other puberty-related physical changes exacerbate the gender dysphoria in the applicants. The applicants describe or suffer from diagnosed eating disorders (F50.82), recurrent depressive disorders (F33.1 and F33.2), anxiety disorders (F41.1 and F41.2), listlessness, somatoform disorders (F45.9) and other mental disorders. Herrmann et al. (2023a) report that more than half of the binary transgender adolescents in

[14] Early childhood: 0 to 6 years - Late childhood: 6 to 11 years - Early puberty: 11 to 13 years - Late puberty: 13 to 17 years - Adulthood > 18 years (Schulz 2018, Boeger and Lüdman 2022)

[15] APA DSM-5 302.85, Gender Dysphoria in Adolescents or Adults: A. A marked incongruence between the experienced/expressed gender and the assigned gender of at least 6 months' duration, manifested by 2* or more of the following indicators: [2, 3, 4]; 1. A marked incongruence between the experienced/expressed gender and primary and/or secondary sex characteristics (or expected secondary sex characteristics in young adolescents) [13, 16]; 2. a strong desire to get rid of one's primary and/or secondary sexual characteristics because of a clear incongruence with one's experienced/expressed gender (or, in young adolescents, a desire to prevent the development of expected secondary sexual characteristics) [17]; 3. A strong desire for the primary and/or secondary sex characteristics of the opposite sex; 4. A strong desire to be the opposite sex (or a sex other than the assigned sex); 5. A strong desire to be treated as the opposite sex (or an alternate sex different from the assigned sex); 6. A strong belief that one has the typical feelings and reactions of the opposite sex (or an alternate sex different from the assigned sex) (author's transl)

their study stated that they had self-harmed or attempted suicide. 42% have suicidal thoughts (Herrmann et al. 2023a). Of the applicants in this evaluation, 19 people (38.8%) described having had serious suicidal thoughts. One trans woman attempted suicide at the age of 13.

> *"I threw together all the pills and cleaning products I could find at home and swallowed them. ... I vomited it all up again." She kept the suicide attempt a secret.* - trans woman, 19

> *"I had serious suicidal thoughts"* - trans woman, 28

The desire to "lose one's breast" in an accident and to "accidentally have one's breast or penis removed" during an operation were also mentioned.

> *"I wished I had breast cancer because then my breasts would be removed."* - trans man, 21

According to Garcia Nuñez and Nieder (2017), some transgender people do not present to the practice with GI and or GD, but with vague complaints such as breast pain, menstrual cramps, headaches and sexual functioning problems. If trust is established, they may be able to report their GI and/or GD problems. Some applicants, as described by Garcia Nuñez and Nieder, sought medical or psychological therapeutic support prior to their own recognition or acceptance of their transgender identity, often without addressing their GI and/or GD. The applicants described different experiences with doctors and therapists.

> *"I realized that he had the same attitude as my parents. He was just as transphobic." He was told by his GP that he "wasn't normal" and "had damage", that it was "just a phase". The doctor was unable or unwilling to help him. Mr. XXX describes this experience as a bitter setback that exacerbated his dysphoric states again. "I was totally desperate and depressed." He describes feeling helpless. "At the time, I still thought that I absolutely needed a referral from my GP for concomitant therapy."* - trans man, 18

> *The child psychiatrist recommended psychotherapeutic treatment. "I didn't feel comfortable there and wasn't taken seriously." The therapist was changed.* - trans man, 35

It became clear that many of the pediatricians providing care had little or no knowledge on the subject of gender dysphoria and transgender identity. Several applicants stated that doctors had told their caregivers that it was "just a phase". The fact that they were not taken seriously by doctors as children was mentioned and regretted by applicants.

Internalized transnegativity

The study by Bockting et al. (2020) used a "transgender identity survey" (TIS) to investigate internalized trans hostility in transgender people and identified four dimensions that can measure the extent of internalized trans hostility in transgender people. They identified four dimensions (Pride, Passing, Alienation, Shame[16]), which are not independent of each other but are interrelated. Internalized trans hostility correlates only weakly with experienced stigma and shows a low to medium positive relationship with psychological stress, especially depression. The study also shows a low correlation with social desirability, suggesting that transgender people may tend to overestimate internalized trans hostility due to societal expectations. As transgenderness is perceived as socially undesirable by most transgender people, transgender people with a strong desire to meet societal expectations are likely to have higher levels of internalized trans hostility (Bockting et al. 2020). Rauchfleisch describes the negative effects that the social stigmatization of trans, homosexual and bisexual people can have on their self-image and identity development. For young people in particular, this can lead to a rejection of their own transgender identity or sexuality and to desperate attempts to conform to gender roles. These attempts at self-denial can lead to severe identity crises and psychological problems that can even lead to suicide (Rauchfleisch 2021). The study by van Stein et al. (2023) shows that internalized transnegativity increases anxiety and depressive symptoms. People in the present study also describe an "internalized homo- and

[16] Pride, "getting through" (cf. Garfinkel 1967), alienation, shame

transnegativity", which prevented them from accepting their own transgender identity for a long time.

> *"When I thought of trans people, I first thought of the red-light district." He states that he did not "want to be transsexual" because he only knew this in negative contexts.* - trans man, 28

> *"It was "forbidden" thoughts that kept me going the whole time."* - trans woman, 23

> *"I was kind of relieved not to be gay."* - trans woman, 25

> *To avoid attracting attention, she increasingly used derogatory vocabulary and made jokes about homosexuals. "I didn't really understand it at the time, but I went along with it.* - trans woman, *19*

> *"I was very trans- and homophobic, although I never had anything against these people." Ms XXX describes that this internalized trans hostility was one reason why she tried to suppress and repress her own transgender identity.* - trans woman, 28

A "hypermasculine phase" was often described by people with a male gender assignment. They attempted to conceal their own transgender identity from their environment through exaggerated stereotypical male behavior and appearance.

> *"I grew a beard even though it made me feel very uncomfortable and wrong."* - trans woman, 28

> *"I developed an almost grotesque stereotypical male behavior. I did this to distract myself from how I actually felt as a girl."* - trans woman, 31

Effects of gender reassignment measures

There are various studies that prove that puberty-suppressing or gender reassignment hormone therapies can effectively alleviate the suffering caused by gender dysphoria in adolescents (Murad et al. 2010; de Vries et al. 2014; Achille et al. 2020; Kaltiala et al. 2020; Kuper et al. 2020; Turban et al. 2022). As can be seen from Figure 4 37 applicants had already started gender reassignment hormone therapy at the time of the assessment. In addition to estradiol, 16 female applicants were prescribed cyproterone acetate (CPA) to reduce testosterone and dihydrotestosterone (DHT) (average dose: 21.26 mg daily). It was striking that three people were prescribed a dose of 50 mg CPA daily, despite the high risks of meningioma formation[17] with long-term use. Garcia Nuñez and Nieder (2017) describe that when anti-androgenizing medication is used in transgender women and depressive symptoms are already present, too high a dosage can lead to serious drive disorders, which can block the further steps of a social transition. Decreasing testosterone levels can exacerbate depressive symptoms (Garcia Nuñez and Nieder 2017).

According to Prof. Dr. med. Georg Romer, omitting hormone therapy or puberty blockade in children carries great risks. For example, suicidal thoughts in transgender children decrease significantly after puberty blockade (Lenzen-Schulte 2022). The evaluation carried out also showed that the applicants who had suicidal thoughts or had attempted suicide (one person) no longer had suicidal thoughts after hormone administration. Several people reported that even the first dose of hormones led to their suicidal thoughts disappearing.

> *With the start of gender reassignment hormone therapy, his suicidal thoughts would have completely disappeared.* - trans man, 20

> *"After a short time, I realized that I could think more clearly again thanks to the hormones." ... Ms. XXX stated that she found the hormone therapy very helpful and supportive. Since then, she has "regained access to her emotions" and suicidal thoughts have been completely absent.* - trans woman, 21

> *Mr. XXX states that his mental state has improved with every dose of testosterone. "The hormone therapy helped me to finally come to terms with things." The effects of testosterone are described as extremely gratifying. According to the*

[17] Red Hand Letter on cyproteroin acetate dated 16.04.2020, https://www.bfarm.de/SharedDocs/Risikoinformationen/Pharmakovigilanz/DE/RHB/2020/rhb-cyproteron.html. Accessed: 01.12.2023

> *applicant, self-harming behavior and suicidal thoughts no longer exist.* - trans man, 17

People with a female assignment gender predominantly describe the effect of the first testosterone administration as a "happy feeling", "a joyful excitement", a feeling of "having arrived", "like being reborn", "a feeling of relief" or as "liberating and beneficial". Due to the "stronger effect" of testosterone compared to estradiol (and possibly CPA) and the administration as an injection (usually testosterone depot, quarterly Nebido® 1,000 mg), improvements in mental health through hormone therapy are quickly perceived by people with female assigned sex.

In transfemale applicants, a clear improvement in overall mental well-being is only described after repeated use of hormone preparations (usually transdermal, Gynokadin®, average dosage 4 strokes/day). The effect of testosterone-suppressing medication (usually CPA, cyproterone acetate) is perceived and evaluated differently. Some transfemales find the lack of erections due to CPA relieving. Others describe a dampening of their drive and loss of libido as stressful. Negative effects on mental health (depressive phases, sadness, uncontrollable emotional reactions) are also described after taking CPA. Hormone therapy is only supplemented by the administration of progesterone in the case of an applicant with a male gender assignment.

The wish of all applicants is to match the phenotype of the "correct sex" as closely as possible. Kugel (2020) points out that early hormonal treatment is decisive for the development of the female phenotype and not the time of surgical alignment (Kugel 2020). In the evaluation, it was found that some applicants deliberately want to wait for hormone therapy to take effect before taking further somatic measures.

> *Ms. XXX is considering taking further medical measures in the long term. .... However, she would first like to wait for the hormone replacement therapy to take effect.* - trans woman, 21

> *The applicant plans to take advantage of further medical measures in the long term. ... First she would like to wait for the physical changes caused by the hormone therapy.* - trans woman, 25

Herrmann et al. (2023b) show that heterogeneity, potential changeability and puberty-related physical distress complicate treatment decisions when dealing with transgender adolescents and highlight the need for individualized treatment planning.

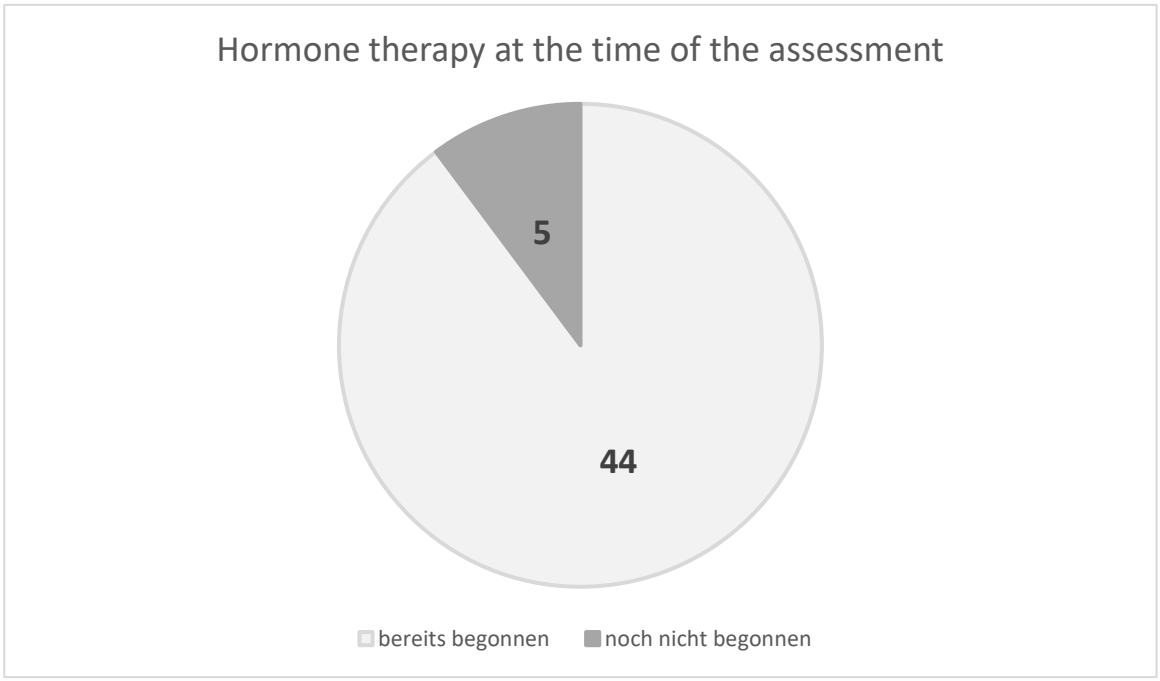

Figure 4 - Hormone therapy at the time of the assessment

Social environment

Parents, siblings and family

The way parents and caregivers raise and interact with their children/young people influences their future social skills. Parents impart manners, values and assessments of themselves and others to the child through their parenting and relationship style. The child has an inner urge to develop and needs experiences with the social and physical environment that are appropriate to their age. In the first years of life, parents facilitate these experiences, after which non-family caregivers such as nursery school teachers, teachers and peers take on this task (Jenni 2020). According to Rafferty, family acceptance or rejection of their child's transgender identity has little influence on young people's gender identity, but can affect their ability to openly discuss concerns about their identity. Suppression of such concerns can have an impact on mental health (Rafferty 2023). In adolescence, changes in the social environment play an important role, as the person is then more clearly treated as someone of their own gender of assignment. Pubertal hormones contribute to further gender differentiation. Transgender children and adolescents state that social media, their own feelings and life experiences as well as family and friends are important influencing factors on their gender experience (Herrmann et al. 2023).

According to Kasten (2003), male children experience greater pressure from their parents to behave and dress in a gender-conforming manner than female children. The people studied showed that gender role pressure and expectations of gender-conforming behavior were predominantly exerted by mothers or other female family members. Transgender women also experience strong gender role pressure from their fathers, male family members and especially from their male social environment, such as male classmates or work colleagues.

> *His mother had made it clear to him that he could do what he wanted with his body when he was of age.* - trans man, 18

> *The applicant states that his mother favored "classic gender roles". ... He was dressed in 'typical girl's clothes' and his mother attached great importance to him being dressed nicely. ... He preferred to wear boys' clothes. His mother tried to stop this. "My mother didn't like it. She wanted me to wear dresses or other typical girl's clothes."* - trans man, 54

> *"My mother had big problems with the way I dressed." Mr. XXX describes how he felt under pressure from his mother to conform to the gender role of his assigned sex. "I tried almost obsessively to conform to this pressure and the expectations, just so as not to disappoint my mother." He felt very uncomfortable and was glad for every day that he didn't have to "walk around like a young woman".* - trans man, 44

> *He describes the arguments with his mother. "My mother forced me into the female gender role, which I never fitted into." There were very frequent arguments with his mother because he didn't want to fit into the female gender role. "It wasn't just the clothes, my mother also wanted me to behave like a girl. I wasn't allowed to get dirty because I was a girl."* - trans man, 18

> *Mr. XXX states that his mother attached great importance to a girlish appearance, "she liked to see me in little dresses". When he started kindergarten, he had his first arguments with his mother about clothes. "I never wanted to wear dresses and if I had to anyway, it usually ended in tears."* - trans man, 20

> *It was a big problem for both her father and her older brother that Ms. XXX did not behave "like a real boy" and did not have the "typical interests of boys, such as soccer". Her father described her statements about being a girl as "nonsense". ... In order to "make a real boy out of her", Ms. XXX was enrolled in martial arts (Kung Fu) by her father.* - trans woman, 26

> *The father's expectations of a son led to the applicant feeling forced into an inappropriate role early on. "Even back then, I would have found it more fitting if my parents had seen me as a daughter."* - trans woman, 28

> *My uncle said that I was behaving like a "princess", not like a "real boy"." She felt offended by such comments and tried to fulfill the gender role expectations of those around her. ... The family and social pressure meant that she always tried to suppress her transgender identity.* - trans woman, 21

> *"I wasn't allowed to play with my mother's old dolls and doll's house because I was a boy and they don't do that." Her mother had even disposed of the dolls and the doll's house to stop the applicant from playing with them.* - trans woman, 19

Applicants also describe maintaining a "normal" family image vis-à-vis their social environment as stressful.

> *Ms. XXX describes that her female perception did not match what her parents and the environment demanded of a boy. She kept her perception of her own gender, which differed from her assigned birth gender, a secret. ... She never expressed her desire to have a Barbie doll. "It wouldn't have fitted in with the image that was expected of me as a boy." Her parents always tried to present the image of a "normal" family to the outside world. Everything had to conform to the "norm".* - trans woman, 25

Four people with a history of migration stated that refusing the assigned gender role was rejected in their original social environments and that they were at risk of experiencing physical violence.

> *"Where I grew up, if you didn't conform to the roles, you had to expect physical violence." According to Mr. XXX, conforming to these "social norms" was the only way to get through life unscathed.* - trans man, 21

> *"In Croatia, people didn't talk about such topics back then." The social environment in Croatia made it clear to her that deviating from the cis- and heterosexual norm was undesirable.* - trans woman, 20

Some trans female applicants described having gone through a "hyper-masculine phase" (see page 12). It is stated that this extremely masculine appearance after coming out as a transgender woman was put forward in the social environment as "counter-evidence" to their transgender identity and made their acceptance in the new gender role more difficult.

Psychological evidence suggests that the greatest benefit occurs when family members and adolescents are supported and encouraged to engage in reflective perspective taking and validate their own and their transgender child/adolescent's thoughts and feelings despite differing views (Rafferty 2023). It is advisable for therapists to help the child/adolescent understand the parents' concerns. Despite transgender children and adolescents' expectations of immediate acceptance of their transgender identity immediately after 'coming out', family members often go through a process of becoming more familiar and understanding of the adolescent's gender awareness, thoughts and feelings (Rafferty 2023). Rafferty (2023) describes the coming out of a transgender child or adolescent as a process similar to mourning in the social environment, in which the family says goodbye to their expectations of their child in order to accept a new reality. This process can go through stages of shock, denial, anger, feelings of betrayal, fear, self-discovery and pride. The amount of time spent in each of these stages and overall varies greatly. Many family members also struggle with this as they are forced to reflect on their own gender experience and assumptions during this process (ibid.). The study by Sievert et al. (2021) examined the relationship between social transition status and psychological dysfunction in a clinical sample of 54 children with a GD diagnosis. The results showed that the degree of social transition had no significant impact on psychological functioning. Instead, the study emphasized the importance of individual social support from family and friends (Sievert et al. 2021). This evaluation showed that recognition and acceptance by the immediate family environment is an important factor for the mental health of the people studied. It leads to a reduction in psychological distress and increases self-esteem and self-confidence.

> *"My coming out went well, contrary to my expectations." She explains that although her transsexuality was questioned in conversations with her parents, it was nevertheless accepted. She received a lot of support from all sides.* trans woman, 25

> *The applicant states that he is accepted as a man by his mother and his social environment. "It makes me very happy that my mother also supports me and accepts me as her son."* - trans man, 20

> *The parents supported Mr. XXX in finding a place for accompanying therapy and supported their child in the transition process.* - trans man, 19 years

> *She describes her relationship with her mother and two brothers as very good. She is grateful for the acceptance of her transsexuality by her mother and siblings.* - trans woman, 32

> *The acceptance of Ms. XXX in her family environment, at (high) school and in society has helped to significantly reduce her gender dysphoria and the pressure of suffering. Her self-confidence and self-esteem have increased and strengthened considerably.* - trans woman, 20

School and studies

Many applicants report increasing discomfort and a deterioration in their school performance. Some have already noticed the first signs in elementary school that they cannot identify with their assigned gender. The gender role pressure experienced by some applicants leads to a drop in school performance. Almost all applicants with a female assigned gender describe major problems in dealing with menstruation during school.

> *To prevent menstruation, he was prescribed the "pill". "That somehow didn't work and made things even worse." Irregular light bleeding led to an increase in gender dysphoria. "I often locked myself in the school bathroom and hurt myself."* - trans man, 21

In sports lessons and when showering with other boys, trans female applicants often feel painful discomfort and avoid changing in front of their classmates. It is reported that they preferred "girl-typical" handicraft activities such as crocheting, weaving and sewing, but were sometimes not allowed or able to do these due to gender-stereotypical lessons (technology or handicrafts for boys and textile handicrafts or home economics for girls).

Many of the applicants report bullying, teasing and exclusion by classmates and teachers. Most applicants have suppressed their gender incongruence for a long time and tried to adapt, especially at school, to avoid being bullied.

> *At the end of year 10 at grammar school, he realized: "It can't go on like this." But he still lacked an explanation. "I still had no idea about transsexuality, I hadn't heard the term before."* - trans man, 54

> *"I pulled myself together as much as possible to get through school."* - trans woman, 23

Some of the applicants stated that their opportunities at school had been severely limited by their gender incongruence and/or gender dysphoria. Better academic performance and higher school qualifications would have been possible if they had received better support and education about transgender issues while they were still at school.

> *"I could have achieved a higher school-leaving qualification if my family and school environment had recognized my gender as a child."* - trans man, *18*

Partnership

In many cases, applicants have initially concealed or denied their transgender identity to their partners for fear of jeopardizing the relationship or being abandoned. Some trans female applicants have tried to take on the role of a man in order to meet the expectations of their partner and society. In some cases, the partner has accepted and supported the transgender identity, in other cases she has shown rejection and the relationship has been strained or ended.

Some of the applicants only recognized or accepted their transgender identity later in life and then revealed it to their partners. In some cases, this led to a separation, in other cases the relationship lasted and the partners supported the transition process. Applicants with a male gender assignment were more likely to enter into "classic male-female relationships" and often encountered rejection from their partners. However, separation from the partner occurred less often than would generally be assumed. People with a female gender assignment were more likely to enter into a "woman-woman relationship" in their youth and

received more acceptance and support from their partners after coming out as a transgender man.

In many cases, those affected also have children, which makes the situation even more complicated. Some hoped that the role of father would help them to accept their male gender role, but ultimately this did not work in the long term for any of the applicants. Overall, the evaluation shows that relationships and starting a family are often a challenge for transgender people and that the acceptance and support of their partner play an important role.

Professional environment

Some of the applicants have experienced discrimination and bullying at work due to their gender or sexual orientation. There are reports of a harsh tone, trans- and homophobic remarks, particularly in manual or male-dominated work environments. For some applicants, these experiences led to an increase in depressive phases, anxiety and social withdrawal. In male-dominated working environments, trans female applicants often describe rejection, exclusion, discrimination and verbal violence. In contrast, other people report a pleasant working environment in which they feel accepted and supported. Overall, the evaluation shows that the working environment and career choice play a major role for many people and that discrimination and bullying in the workplace can have serious consequences. At the same time, there are also positive examples of a supportive and accepting working environment. It is clear that discrimination and exclusion are experienced more frequently in "typical male occupational fields". Working environments with a higher proportion of academic professions/activities are more frequently described as more affirmative and less discriminatory.

Discussion and results

The public has negative stereotypes about people who differ from the majority in their thoughts, feelings, behavior or appearance. Transgender children and young people are particularly affected. The idea that transgender is a pathological condition is supported by the use of diagnoses such as "transsexualism" and "gender dysphoria". The assessment according to the Transsexuals Act also perpetuates the cliché image and stigmatization of the people concerned as "mentally ill persons", despite the fact that scientific knowledge has since expanded. Applicants must deal with and accept this prejudice in order to achieve their medical and legal goals (Rauchfleisch 2021). The evaluation clearly showed that the applicants "endure" the psychological pathologization on which the Transsexuals Act is based in order to be recognized in their desired gender role and gender awareness in their social environment and by the legislator. A change of first name and civil status under the current legal situation in Germany is a major challenge for many applicants. The expert reports submitted to the courts for a decision usually do not reflect the mental stress that the applicants are exposed to before the assessment appointment, which is why it should be noted here that before the assessment interviews begin, most applicants must first overcome their fears of not being able to meet the requirements of the assessor and therefore not passing the assessment.

The majority of applicants had difficulties with their inner coming out, i.e. becoming aware of their gender outside of cis-normativity. For almost all of them, the process began in childhood with the vague feeling that something was "wrong". None of them were able to identify their feelings or sensations without help or information from outside. The process of coming out internally ranges from the first signs to explicitly naming one's own gender to oneself to coming out externally. There are many parallels among the applicants, such as a lack of understanding, knowledge and terms on the subject of transgender. The applicants lacked the opportunity to learn about the existence of transgender in early childhood. The lack of knowledge of direct caregivers, kindergarten teachers and classmates about transgender issues and the attempt to fit children and adolescents into a "cis- and heteronormative gender norm" is detrimental to the mental health of transgender children and adolescents. Almost all applicants stated that education and information on the topic of transgenderness in childhood would have helped them to deal better with their challenges and more confidently with the mental stress.

Differences were found with regard to the time period between internal and external coming out. People with a male gender assignment had a longer phase of uncertainty. There were also differences in the way in which applicants first came into contact with the topic of transgender. Obtaining information via the internet (social media, YouTube) played an important role for younger applicants, while direct social contact, e.g. via self-help groups, was important and supportive for older applicants due to the lack of low-threshold sources of information.

Overall, the applicants showed great ability to reflect on their gender awareness. Even at the beginning of puberty, they were able to differentiate sufficiently between gender role, gender representation, physical/somatic gender and sexual orientation and project these onto themselves. None of the applicants were perceived by the expert as affective, acting on a pubertal whim, jumping on a "hype" or with fluid gender awareness. The evaluation carried out essentially confirms the results of other studies (Turban et al. 2022, 2023; Ovsalsky et al. 2023; Bauer et al. 2022) that have dealt with the phenomenon of "social contagion" and/or so-called "trans hype". Turban et al. state that transgender people who have already recognized their gender identity in childhood need an average of 14 years to tell someone else about it. Turban et al. explain this by the fact that many trans people fear that their trans identity will be rejected. The evaluation carried out confirms that the applicants went through a long and intensive phase of reflecting on their own gender awareness and initially tried to "reconcile" or "come to terms" with their assigned gender in order to fulfill the expectations of their social environment regarding their assigned gender role. There was no evidence of "infection via social media or the immediate environment", "a sudden onset of transgender identity"

(ROGD) or the "consequences of trans-hype" among the applicants. The gender ratio of applicants shows no increase in transgenderness among persons with a female gender assignment during the observation period (see Table 1).

The fact that parents are surprised that their child/young person appears to suddenly or spontaneously come out as transgender is due to this long phase of reflection and attempts to adapt to the gender role and gender representation and is confirmed by Turban et al. 2023. The evaluation impressively shows that all applicants have dealt very intensively with their gender perception. Overall, it became clear that becoming aware of one's own transgender identity is a lengthy process that often begins in childhood and manifests itself during puberty.

Ovalsky et al. (2023) see social support from family and friends as an important factor for the mental health of trans and non-binary adolescents. The evaluation shows how important it is for kindergartens and schools to create an inclusive environment in which all children and young people are accepted and respected regardless of their gender representation and gender self-expression. Raising awareness and training educators and teaching staff on gender diversity could be supportive for transgender children and young people.

Sex-affirming hormone treatments have a positive impact on mental health. All applicants stated that hormone therapy had a positive impact on their mental health. Self-esteem and self-experience were significantly improved. No intolerances or undesirable side effects were reported.

It is important to consider both medical and social factors in order to optimize the mental health of trans and non-binary adolescents. It was also shown that the applicants have high expectations of acceptance of their transgender identity by their family environment. However, parents and siblings are not always able to fulfill these expectations. Acceptance alone is not enough. Disparity reduction programs should consider both gender-affirming hormone treatments and family-centered interventions aimed at improving the quality of family support. Future research should examine the role of different types of social support and sex-affirming hormone treatments on mental health to understand how and when these factors interact to reduce disparities (Ovsalsky et al. 2023).

Limitations and outlook

Due to the structure of the German Transsexuals Act, which exclusively defines a binary legal gender change, non-binary people are not included in the analysis. With the ruling of the Federal Court of Justice (XII ZB 383/19) of April 22, 2020 on so-called "perceived intersexuality", the scope of application of the TSG was extended to persons with non-binary gender awareness. During the period under review, no non-binary person was assigned to the expert by the local courts for assessment. It can be assumed that, despite many similarities such as knowledge of one's own gender (gender awareness), a gender representation and gender role that deviates from the social norm, it is only possible to draw limited conclusions about the experiences of the applicant to people on the non-binary spectrum.
The informative value of the analyzed data is limited to the extent that only data from assessment assignments, which the author received from local courts according to an unknown assignment procedure and carried out herself, were included in the study. In addition, only biographies and life histories of a regional population (Baden-Württemberg and Bavaria) were evaluated and social aspects may be distorted by cultural and regional influences. It should also be noted that cognitive distortions (selective perception, retrospective and confirmation bias, overidentification) cannot be ruled out in the case of retrospective reflection by the applicants (Beck 1976, Kahneman 2011, Rnic et al.

2016). It was not possible to use a control group, as non-transgender people do not undergo a procedure to change their first name and civil status in accordance with the Transsexuals Act. Future research could partially address these limitations by including expert opinions and biographical anamneses from experts from other federal states/regions.

Conclusion

In order to protect transgender children and young people from mental stress and damage to their health, education on the topics of transgender and non-binary genders should be provided as early as possible in childhood. Care facilities, kindergartens

and schools should have knowledgeable people who can offer support to the children and young people concerned.
The questioning of the effectiveness of medical measures such as puberty blockade and hormone therapy in the treatment of transgender people or the criticism of a simplification of the procedure for changing first names and civil status must not currently be judged without taking into account the influence of political or ideological interests. Probably the most important aspect in the discourse is currently given little space: the knowledge of the people concerned about themselves and their own gender and the rights of every individual to psychological and physical integrity as well as the right to dignity and the free development of their personality.

Medicine, psychiatry, psychotherapy and the procedures for legally changing the first name and gender entry in the civil status register should not direct or force applicants into a binary, stereotypical gender category of "woman" and "man", but rather look for suitable interventions and ways to reduce gender-incongruent symptoms and enable a life in the gender role that corresponds to the person's own knowledge of their own gender in a participatory process. A critical examination of normative gender concepts is important here, both on the part of the practitioner or assessor and the applicant.

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Table 1 - Appraisals (Jan 2020- Dec 2023)[18]

Appraisals	**Total**	**49**
Appraisal Year	2020	7
	Of which female assignment gender	3
	Of which male assignment gender	4
	2021	12
	Of which female assignment gender	5
	Of which male assignment gender	7
	2022	15
	Of which female assignment gender	7
	Of which male assignment gender	8
	2023	15
	Of which female assignment gender	8
	Of which male assignment gender	7
Assigned sex at birth	**Time of recognition of one's own transgender identity**	**Quantity**
Female	**Total**	**23**
	Early childhood	11
	Late childhood	4
	Early puberty	8
	Late puberty	0
	Adulthood	0
Medical measures	Hormone therapy already started	20
	Mastectomy already performed	3
	Puberty blockade	1
	Further medical measures planned	19
Male	**Total**	**26**
	Early childhood	3
	Late childhood	3
	Early puberty	15
	Late puberty	5
	Adulthood	0
Medical measures	Hormone therapy already started	24
	Epilation of beard hair	9
	Speech therapy	6
	Further medical measures planned	21
Assigned sex at birth	**Age at appraisal**	
Total	26.9 years Ø	
Female	29.2 years Ø	
	Youngest: 15 years	
	Oldest: 59 years, 1 month	
Male	25.8 years Ø	
	Youngest: 19 years, 11 months	
	Oldest: 56 years, 11 months	

[18] Early childhood: 0 to 6 years - Late childhood: 6 to 11 years - Early puberty: 11 to 13 years - Late puberty: 13 to 17 years - Adulthood > 18 years (Schulz 2018, Boeger and Lüdman 2022)