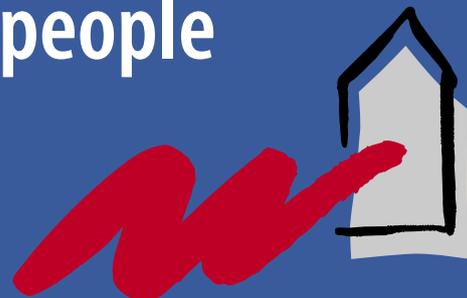


Recommendations on how to shape service provision for trans* and inter* people in the homeless sector

Recommendation by BAG Homeless Aid



These recommendations were developed by a circle of experts from law, science and social services with extensive experience of working with trans* and inter* people. In the homeless sector, trans* and inter* people are quite likely to face restricted access, because services are designed primarily for cisgender men and women, and/or there is a shortage of staff trained in gender-sensitive issues. This paper is concerned with an individual's gender identity, rather than their sexual orientation, so we do not use the group acronym LGBTIQ+. Our recommendations are designed to raise awareness of trans* and inter* people's needs, promote debate about gender-sensitive service provision, and introduce suitable initiatives. To facilitate the debate, a glossary is provided at the end.

1. Trans* and inter* people in the homeless sector

*"All human beings are free and equal in dignity and rights. All human rights are universal, interdependent, indivisible and interrelated. Sexual orientation and gender identity are integral to every person's dignity and humanity and must not be the basis for discrimination or abuse."*¹

Human rights, collective responsibility, the principles of social justice, and respect for diversity – these are the fundamentals for anyone who works in social services. So it is vital to counteract potential discrimination against - and exclusion of - trans* and inter* people in homelessness settings.

Studies have verified that trans* and inter* people are vulnerable to discrimination and violence in many areas of society². These range from legal discrimination and pressures to conform to social norms,

to discrimination in many walks of life including the labour market, health provision, education and living accommodation.

Housing support services are increasingly having to deal with the issues around trans* and inter*, as staff in different parts of the support network are discovering in practice. Early studies have also shown that there is a connection between gender self-identification and the risk of becoming homeless³. But support systems for the homeless are largely modelled on gender binary lines, so the danger arises that social exclusions of trans* and inter* people are reinforced if service providers and staff are insufficiently informed on the subject, are not sensitised to the issues, or if the policies and lay-out of the building fail to cater for trans* and inter* people. Early studies indicate that there is a great need within the homeless sector for more information and training on the issues around trans* and inter*.⁴

2. The experiences of trans* and inter* people in homeless shelters

It goes without saying that different people will have different experiences with different service providers – and that is also true of trans* and inter* individuals' experiences of facilities for the homeless. Feedback ranges from: *"I have only had positive experiences so far. I was given as much help as possible with various issues."* to: *"Society is still very cisheteronormative and LGBTIQ+ people don't have the luxury of just walking in somewhere and expecting to find a friendly atmosphere."*

Support for the homeless, whether it be day centres, overnight shelters, or advice and support in finding somewhere to stay, is often geared towards women or



men, i.e. generally cisgender. Trans* and inter* people tend to be granted access only after they have been assigned to a target group (usually trans*) or feel obliged to identify as belonging to a target group (usually inter*). The use of separate toilet facilities for men and women can lead to trans* and inter* individuals being categorised by others. Even positive feedback is qualified: *"I actually had positive experiences (in a women's shelter). The fact that my name change had already gone through made it easier. So does the fact that I can wear a mask. With a mask it isn't obvious that the transition is not yet complete. So I avoided that particular problem."*

Trans* and inter* people relate instances of discrimination in some shelters, and irritation of staff who feel unable, within the heteronormative pattern, to classify those seeking help as either male or female. The feedback also relates instances of trans* and inter* people facing intrusive questions, being denied help or access to shelters, or experiencing rejection or even assault: *"Luckily I didn't need to stay overnight in the emergency hostel. When I was there [...], I was harassed by a man who told me all the things he'd like to do with my fanny. I don't know what would have happened if he'd realised I was trans."* It can also happen that trans* people receive help, but then develop in such a way that they fall outside the intended target group for that help, which is then terminated on the basis of their gender assignment. Particular problems arise from the tension between "protection" and "exclusion", when for instance no suitable safe spaces are available, as for trans* women in this example: *"If you manage to get into the women's area, you're safe; if not, tough luck. Women's spaces are protective and exclusive at the same time."* This variety of experiences is matched by the range of choices facing staff, who are dealing with different clients in differently structured support networks. There can be no "general solution": *"In sensitive areas with deeply traumatised women I can understand that it's not so simple. There are no easy answers."*

3. The needs of trans* and inter* people

Recognition of the needs of homeless trans* and inter* people, and provision of the appropriate aid, must be based on awareness of certain formative experiences:

- 'outing', resulting in a person being deprived of a family structure, social network and somewhere to live,
- repeated discrimination, hostility and social exclusion resulting from a combination of homelessness and gender identity,
- harassment, especially of trans* women who are at greater risk of sexual and physical violence,

- fear of rejection and discrimination,
- severe psychological disorders caused by minority stress.

3.1 The needs of trans* people

We need an individual approach to every person who needs support. Trans* people are often inhibited by fear and shame from applying for help when they become homeless. So we need more emphasis on transparency and public relations, with consistent admissions criteria and transparent dealings within the team and with other residents. An individual's decision as to whether - and to what degree - they wish to "come out" must always be respected. Outing can result in stigmatisation and violence, so retreat options must be available, in effect: a single room with its own washroom facilities.

It is helpful if staff take advantage of any training programmes offered by the service provider. Theme nights and workshops can be useful in raising residents' awareness of the issues. The focus when working with trans* people should be on the essential need for help, rather than on their trans* identity, thus avoiding repeated confrontation with the subject and any sense of "special treatment".

3.2 The needs of inter* people

Inter* people categorise themselves - or not, if they so choose - or are categorised by others in different ways within the two-gender system. This is because in inter* people the biological, the "read" and the experienced gender can relate to each other in different ways. Some live as a man or a woman, are recognised as such and can adapt to and move within gender-binary support systems. Others identify neither as male nor female and/or are not recognised as such by others. The needs of inter* people thus vary greatly: some fit into and are comfortable within binary support systems, while others in their person and/or in their appearance feel "in-between" (inter*) and need spaces and services which are not set up as binary and in which they feel protected. Furthermore, many inter* people, from childhood, have undergone surgical procedures to clarify their gender. The consequences of surgery frequently necessitate lifelong medical, medicinal and psychotherapeutic help. The homeless sector must be attuned to that and able to advise on any further help that may be required.

3.3. The needs of young trans* and inter* people

Young trans* people in particular experience more pronounced forms of marginalisation or violence. Coming out carries a particular risk of being excluded from their existing way of life and becoming home-



less. They need more space to develop their identity, since many are still in the “discovery phase”. Offers to discuss issues with social workers or a referral to therapists can be helpful in that process.

3.4 The needs of trans* and inter* people from EU member states and third countries

In some European states and third countries, it is common for trans* and inter* people to be pathologised and criminalised. Exclusion from the family circle, being socially marginalised, even ostracised, are the reasons they choose to flee their homeland. Providing protection, along with unconditional acceptance of them as people, is a vital step to stabilising their situation (see section below on legal rights to benefits).⁵

4. Tension between the right to help and the concept, policies and lay-out of homeless shelters

There are no easy answers, as illustrated by the everyday practical problems that may confront staff, sometimes without warning, in the homeless sector: *“Where can this client sleep tonight? In the men’s or the women’s hostel? We need separate single sex rooms to protect female clients from assault, must we now also have trans* and inter* toilets? If so, that’s exclusion, isn’t it? If not, how can I protect this client from assault in my shelter? How will the other clients react? Under what gender am I to register this client in the documentation? And how do I address him or her? Is it insensitive to ask that? From what point is somebody a man or a woman? Why does this female client not behave like a woman? How can we deal with all these issues?”*

These and similar questions are often expressions of insecurity in day-to-day interaction. They flag up not just logistical problems of space, but the tension between the urge to help and protect every client and the practical hurdles that have to be overcome. Those to whom these questions refer may experience them as direct or indirect discriminatory barriers, which need to be dismantled.

5. The definition of gender

The term gender means physical gender, gender identity and sexual orientation. Most people’s gender identity aligns with their physical gender (cis). But in some individuals, physical gender and gender identity diverge, for example if they were assigned at birth as a girl, but they identify as a boy (trans*). Or if the gender cannot be clearly determined from the external sexual organs, but the person sees themselves as female or male, or indeed belonging to neither gender (inter*). Then there are people who, even though

their physical gender can be assigned as either female or male, identify as neither (non-binary); and people who feel they belong to no gender, even though, again, their physical gender is quite clear (a-gender).

5.1 Medical care

In the health service, trans* and inter* people may be subject to various kinds of discrimination – with far-reaching consequences. Both groups may experience unwanted medical interventions, rejection as inter* and non-binary individuals, and the pathologisation of gender identity (trans*) and/or non-heteronormative physicality (inter*). Where their experiences differ is that trans* people must often overcome significant hurdles to gain medical treatment, while inter* people have to ward off unwanted and unnecessary surgical procedures, or struggle with the post-operative medical and psychological consequences.⁶ There is also a general shortage of medical staff and health experts familiar with the problems and health requirements of trans* and inter* people.

For some years now, trans* and inter* groups and representatives have been demanding an end to pathologisation and psycho-pathologisation; a ban on reassignment surgery without patient consent; improvements to care structures⁷; and the repeal of Transsexuals Act (TSG).⁸ A basic lack of gender-inclusive service provision is made worse by discriminatory barriers to healthcare, such as medical personnel’s insensitivity or inadequate knowledge; the resulting fear of misdiagnosis or mistreatment; anxiety over unwanted or forced “outing”; the lack of suitable options on official forms; the fear of verbal and physical assault by staff. All of these represent potential obstacles to accessing the right medical care.⁹ Generally inadequate health provision for the homeless is then compounded by avoidance behaviour: people are less likely to make use of services if they have already experienced discrimination¹⁰. In some cases, trans* and inter* people may be undergoing hormone therapy and have additional medical needs that require progress monitoring, such as lab tests of hormone values and other health parameters. If medical treatment is withheld, there is a risk not only of significant general physical harm but of substantial additional psychological burdens and damage to the sense of identity.

If we add minority stress, i.e. the heightened stress which members of stigmatised groups are subject to as a result of their minority position¹¹, and the experience or fear of anti-trans*/inter* hostility (feelings which may then be internalised), the risks increase of psychological problems and/or physical illnesses with stress-related triggers. The percentages of trans* and inter* people who are prone to depression, burn-out,



Illustration: Gender levels

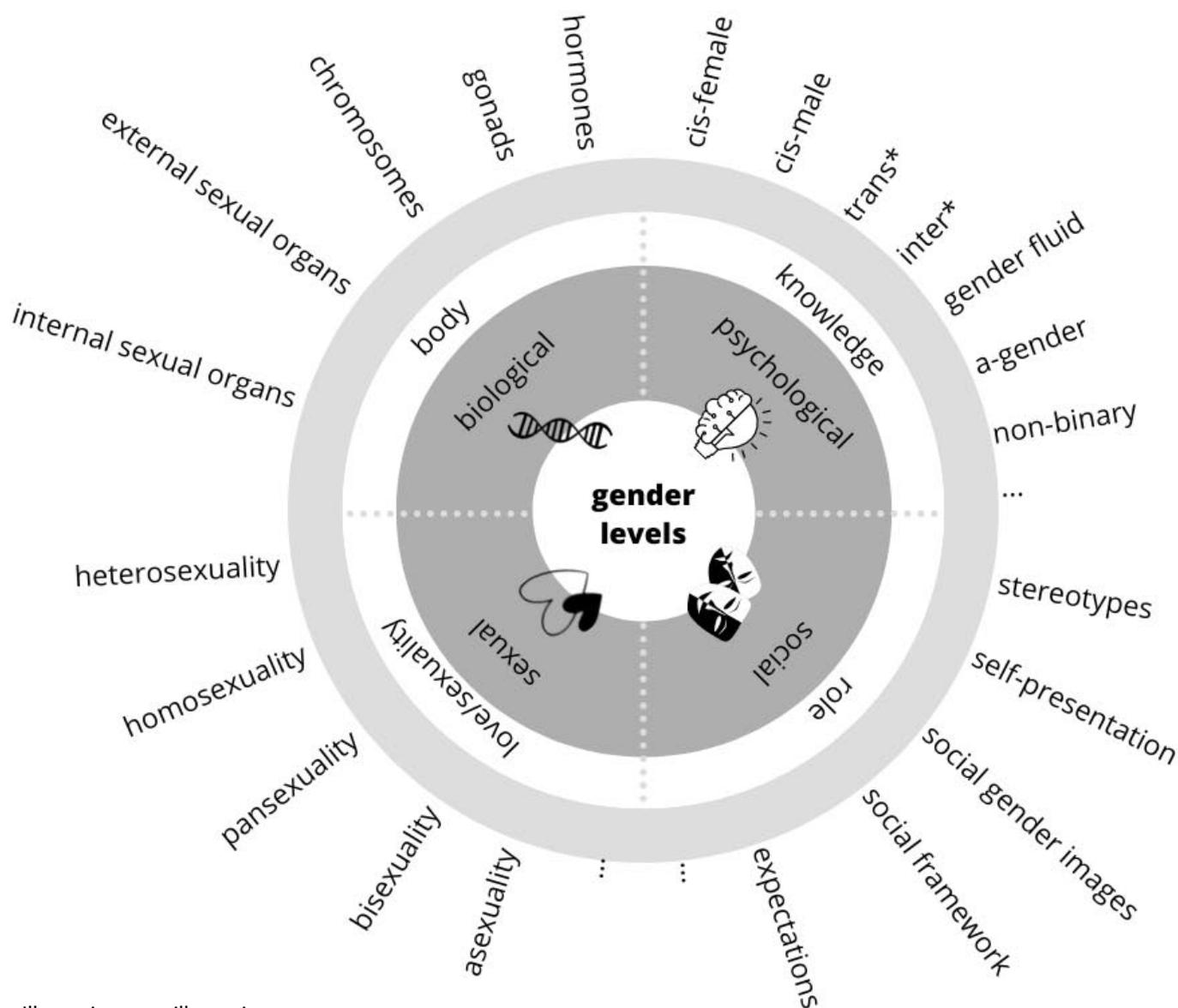


Illustration: own illustration

anxiety disorders, heart ailments, asthma and chronic back pain are substantially higher than in the general population. Numerous studies have also documented higher suicidal tendencies.¹²

Improvements can only be achieved through a paradigm shift in health care and by generally questioning conventional concepts of gender. To meet the specific medical needs of trans* and inter* people, closer cooperation is needed between service providers in the homeless sector and health professionals who are gender-sensitive and supportive.

5.2 Gender-specific violence

Homeless sector professionals are attuned to recognising violence against women as a cause of homelessness and the need for help, and can develop policies and offer facilities to meet the need. However, in the case of trans* and inter* people - or people in

same-sex partnerships - violence as a cause of homelessness often goes unrecognised, since these groups are not sufficiently accounted for within the system. Trans* people experience a very distinct form of violence when their preferred choice of gender pronouns and first name are not respected without appropriate court judgements – based in Germany on the TSG (Transsexual Act).

Trans* and inter* people are frequently the victims of hate crimes.¹³ Perpetrators sometimes use sexual violence to “correct” the sexuality of the victims¹⁴. Not least because of society’s patriarchal structures, trans* women are at greater risk of rejection and gender-based sexual or physical violence than trans* men.¹⁵ Particularly at risk are women living openly in non-heteronormative relationships, or whose appearance or behaviour offends against accepted norms and conventions.¹⁶



6. The rights of trans* and inter* people to social benefits

Trans* and inter* people have the same rights to social benefits as anyone else. This derives from the principle of equality in Article 3 paragraph 3 clause 1 of the Basic Law (the German Federal Constitution), according to which no one can be discriminated against or privileged on the basis of their gender.

6.1 Legal basis of aid to the homeless covering material needs¹⁷

§ 1 paragraph 3 of general rules governing the provision of aid in particular social difficulties stipulates that social difficulties occur wherever a person's existence in a community is significantly restricted by exclusive behaviour by third parties. Current studies show that homeless trans* and inter* people are subjected to significant degrees of social marginalisation. This can also happen in homeless shelters where binary heteronormative categories predominate.

As well as the usual social difficulties that result from becoming homeless, trans* and inter* people are at risk of facing particular kinds of marginalisation, both structural and individual. Acute homelessness is understood as a particular condition, as outlined by § 1 paragraph 2 of general rules on the provision of aid in particular social difficulties. But in the case of homeless trans* and inter* people, a more thorough examination is required of the conditions for provision of such aid, as per §§ 67 ff. of Book 12 of the German Social Code (SGB XII): generally this should result in aid being provided.

Standard emergency accommodation to solve homelessness among trans* and inter* people is frequently unsuitable. This is mainly because most standard homeless shelters are unlikely to be tailored to the particular needs of trans* and inter* people. The danger is that exclusion then creates or exacerbates social difficulties.

6.2 Provision of services under § 23 paragraph 3 sentence 6 of the German Social Code (SGB) Book XII (so-called Hardship Provision)

Among homeless trans* and inter* people in Germany there are increasing numbers of citizens from other EU countries. Not every EU member state treats trans* and inter* people with respect and tolerance.¹⁸ Their decision to migrate to Germany is thus comparable to the situation of refugees. In some cases it would therefore be unreasonable or inadmissible for trans* and inter* individuals, whose claims are excluded as per § 7 paragraph 1 clause 2 SGB II / § 23 paragraph 3 clause 1 SGB XII, to be deported to their country of

origin. In such multi-layered cases, § 23 paragraph 3 clause 6 SGB XII applies. This states:

"Insofar as special circumstances require this in individual cases, beneficiaries are granted other benefits within the meaning of paragraph 1 in accordance with sentence 3 in order to overcome a special hardship, services are also to be provided beyond a period of one month, insofar as this is necessary in individual cases due to special circumstances to overcome a special hardship and to cover a temporary situation of needs".¹⁹

The wording makes clear that the list of potential hardship cases is only illustrative and not conclusive. Hardship pertains on the one hand to the range and quality of the services for a bridging period of one month (clause 1), while in clause 2, subject to more stringent conditions, an extension of the period of service provision is envisaged, in which both hardship provisions can apply cumulatively²⁰. Admittedly, the ruling should not allow for an indefinitely extended provision of services²¹. At the same time, it sets no fixed time limit²².

§ 23 paragraph 3 sentence 6 clause 1 of SGB XII points out that, if conditions are met, services are to be provided within the meaning of paragraph 1. Since the law does not indicate any further limitations, it may be assumed that all services specified in paragraph 1 are possible, consequently services can also be provided on a discretionary basis.

In principle, the scope of application of provision to overcome particular social difficulties is established as a discretionary benefit in line with §§ 67 ff. SGB XII²³. Since the legislation only allows for services as per clause 6 in particularly multi-layered individual cases, evidence of particular social difficulties would not normally suffice. Neither is the general social situation in the country of origin sufficient to justify a hardship provision as defined by § 23 paragraph 3 clause 6 of SGB XII²⁴. Further individual difficulties, mostly of a personal, humanitarian and/or health nature must apply on a case by case basis. In the case of trans* and inter* people from EU member states, these can occur as individual problems and consolidate into a claim for support. This applies especially when they are in particular social difficulties and at risk of discrimination or even persecution in their country of origin. To assess the situation and level of risk in the country of origin, one would have to rely on the expertise of relevant authorities.

7 Implementing appropriate policies at different levels in order to meet needs

It is vital to raise awareness of trans* and inter* issues at different levels within the homeless sector:



7.1 Individual action

This applies to staff in homelessness settings, not just aid workers but volunteers, security and cleaning staff, janitors etc. We need to develop what is called “rainbow competence” for social service personnel: “Rainbow competence refers to the ability of a social worker to deal with issues of sexual orientation and gender identity in a professional, unprejudiced and non-discriminatory manner”²⁵. Within the homeless sector this means in practice:

- a.) Staff must have access to - and develop an interest in - knowledge of gender diversity, of the use of appropriate terms and of the particular life challenges faced by trans* and inter* people, both in general and specifically when homeless. It is important to understand that trans* and inter* people may choose not to – or cannot - access emergency shelters out of fear of assault or ‘mis-gendering’. Staff awareness can be raised through training courses, networks, studies and other publications, and discussions with colleagues.
- b.) A platform for discussion in which gender self-identification is recognised, respected and supported. To begin with, this means welcoming a person into a shelter or offering them advice without regard to biological evidence, fully acknowledging their self-determined gender identity, so far as this complies with the person’s own wishes and other conditions being met. In conversation that person should be addressed using their pronoun of choice. If that is not known, it can be requested at the beginning of the discussion. Documentation should also record them under their chosen gender identity.
- c.) Trans* and inter* people must be offered counselling if they have experienced discrimination and conflict situations, and be helped to obtain access to additional support (especially when access could be impeded by their trans* or inter* identity). They should be given information about points of contact for medical care and (if they ask for it!) advice about legal transition. Contact can also be made for them with the queer community if requested.
- d.) Raising awareness of gender diversity through information, discussion and educational work with residents, guests or clients.²⁶

7.2 The structural-institutional level

The design and lay-out of facilities should be evaluated and adapted with regard to diversity of gender and sexual orientation. Service providers and managers must re-examine concepts of assistance for homeless women and men that are based on a heteronormative understanding of ‘female’ and ‘male’. Where necessary, this may involve structural alterations to sa-

nitary facilities and shared sleeping accommodation. The institutional framework should include team training sessions, the development of a common team approach, the revision of guiding principles and concepts, cooperation with specialist trans* and inter* facilities, the development of specific services for trans* and inter* people, and the visualisation of gender diverse lifestyles within the facility. Specific services for homeless trans* and inter* people can mean advertising places explicitly for that target group publicly within the system, informing the relevant authorities and publishing the relevant information in the service provider’s or facility’s own media (website, flyer etc.). The visualisation of a respectful understanding of gender and sexual diversity within an institution can be achieved by placing symbols such as stickers and flyers²⁷ at the entrance and in meeting rooms. One should also foster cooperation with specialist counselling centres to build a good support network.²⁸

8 Practical proposals: self-reflection as a methodological concept

Working in social services requires us to continuously reflect on how our work might be compromised by the ways society includes or excludes certain groups. By reflecting, we can identify potential reproductions of stereotypes and power structures. That is a precondition for a critical evaluation of the practice of social work, both at the level of the individual action of staff and at the institutional level. It is not enough, therefore, to simply create tailored additional services for trans* and inter* people. Staff need to become aware of their own stereotypes, their own entrapment in invisible normalisation processes, whether that be through language or the concept and policies of an institution.

We need to be more aware of our own (professional) attitudes, our own values and ideas about sexual and gender diversity. Questions like the following can be helpful in that context:

- Do I have certain stereotypes myself? If so, where do they come from?
- What kind of principles or mandates guide me in my social work?
- How does it affect my work to be part of the recognised gender/sexual social norm? How would it affect my work if I too lived a life of gender or sexual diversity?
- How do I contribute to exclusions, for example through language?

It is equally important to review the institutional framework in which we work as individuals and question to what extent our services are geared to a binary gender concept that excludes trans* and inter* people. Again we can ask useful questions:



- How inclusive are the services we provide?
- How do we live diversity in our institution?
- Where and how do we experience gender-based discrimination and/or violence amongst our guests/residents? ²⁹

9 Demands and recommendations

The homeless aid sector stands for diversity, solidarity, openness and tolerance, so it needs open, holistic thinking about trans* and inter* people that transcends stereotypes and the reduction of individuals to their physical characteristics. The services that our shelters and staff provide must be governed by openness towards members of those groups. In practice that means:

- recognising every human being's individuality,
- respectful and non-discriminatory interaction, beginning with acceptance of a person's self-defined gender identity,
- evaluating and adapting the concept and lay-out of facilities in ways that recognise diversity,
- making safe spaces available,
- training and awareness-raising among staff,
- forging contacts between the LSBTIQ+ community and the homeless aid sector,
- cooperation with health services, counselling centres, therapeutic services and victim protection organisations, to guarantee comprehensive support, medical care and further referral,
- gender-sensitive organisation of services to meet all needs,
- securing the necessary level of privacy and individual retreat options within service provision,
- enhancing ambulant care services in line with §§ 67 ff. SGB XII by providing living space where necessary in cases of acquiring accommodation through independent welfare organisations who deliver help to overcome particular social difficulties (service providers).

If we are to guarantee non-discriminatory access to homeless aid for trans* and inter* people, we must challenge existing ways of thinking and our understanding of gender and diversity at both an individual staff level and at institutional level within homeless aid services. These recommendations highlight the discrepancies between the legal rights and the lived experience of homeless trans* and inter* people who seek help. We must therefore:

- promote awareness in our facilities of the needs of trans* and inter* people,
- address legal issues and examine ways to resolve them,
- promote the development of gender-sensitive service provision,
- put forward tried and tested initiatives.

Glossary

People use a wide range of terms to describe themselves. Where these relate to gender and identities, practices of marginalisation, and political mobilisation, they make diversity visible. The existence of the term tin* (short for trans*, inter*, non-binary*) - to describe people whose physical gender characteristics are not aligned with their experience of gender identity - requires an opposite term - cisgender - to describe people in whom such alignment exists. Society and language are in a constant state of flux. There can never be lasting, mandatory language rules and definitions. The terms currently in use should encourage critical self-appraisal and growing sensitivity to language and its potential to cause harm through misplaced definitions, and should lead to enhanced visibility and inclusion of stigmatised groups. This glossary is designed as an aid and offers easy to understand explanations of current terms. It makes no claim to completeness.

binary

Gender binary describes the gender system that allows for only two genders (male and female) with clearly differentiated, biologically determined sexual characteristics. It is reinforced by societal expectations of individuals' social roles, gender identities and physical gender. Inter* and trans* people - and all those who either cannot or do not wish to align themselves to a binary system - are excluded from it. The system may also be violently enforced when, for example, intergender individuals are required to undergo gender affirmation surgery, or when boys are bullied for wanting to play with dolls or wear dresses.

cis and tin* (adjective)

The adjective cis implies congruence of one's gender identity with the gender assigned to one at birth, commonly determined by visible physical sexual characteristics. The term tin* is shorthand for trans*, inter* and non-binary*.

The gender of cis individuals is usually not questioned, and they do not experience the forms of discrimination to which trans* people are subject. Cisgender endows structural privileges. The use of the term cis is intended to prevent cisgender people being taken for granted as "normal" while tin* people are singled out.

being read as

Also referred to as "passing", this is a key term in a transgender context. It describes how a person is recognised - or "read" - as the gender in which they wish to be recognised or read. The everyday perception of the person aligns with how they perceive themselves. Society often has expectations of how trans* in-



dividuals should behave and dress according to role perceptions of their gender identity. Passing may determine the degree of discrimination or violence to which the person is subject in everyday life.

gender reassignment surgery

Refers to medical procedures designed to change physical characteristics so that a trans* individual experiences their body as befitting their gender identity. Primary or secondary sexual characteristics are altered to align with a norm. If the procedure is conducted on a trans* woman, it is described as feminising surgery, in the case of a trans* man as masculinising surgery.

heteronormativity

Refers to a system of social classification in which sexuality and gender conform to an established heterosexual norm and to a binary concept of gender which accepts only female and male. The assumption is that people are cisgender and heterosexual. Deviations, such as trans* identities, are discriminated against or made invisible. The two genders exist in a hierarchical relationship in which the female/feminine is subordinated to the male/masculine.

inter* (adjective)

Inter* is a general or umbrella term for people born with physical characteristics (chromosomes, internal sexual organs, hormones or genitals) which do not conform to societal expectations of female and male bodies. Medically, they are seen as gender ambivalent. This can result in discrimination or human rights infringements, including gender-altering surgery without consent upon young children, leading to significant health issues and psychological problems.

Inter* is used as an adjective (someone is inter*). The asterisk is a symbol for other subcategories like intersexual, intergender etc. It does not indicate a third gender, since inter* individuals experience a wide range of gender identities. The term denotes an emancipatory concept of identity that emphasises the full range of physical realities. Inter* individuals might identify as female, male, non-binary or trans*.

LGBTIQ+

An abbreviation that exists in several variants and is intended to cover all identities in the queer spectrum. The acronym stands for LesbianGayBiTrans*Inter* Queer. It can be extended by adding the terms Asexual, Questioning and Polyamorous. To avoid having to list every identity, a plus sign "+" is added to the end. Use of the term encourages self-confident experience of one's own sexual identity.

non-binary

A generic term for anyone who chooses not to identify as purely female or male and/or chooses to live - and/or be seen - in society as a woman or a man. Non-binary people may have more than one gender, can identify as both, or have a gender that is neither male nor female. The key factor in determining a non-binary identity is how the person feels.

trans* (adjective)

A generic term for people who feel they do not belong – or do not entirely belong – to the gender assigned to them at birth, and either cannot – or no longer wish to - live in that gender. Their gender identity is thus incongruent with their birth-assigned sex. The term is used as an adjective (someone is or identifies as trans*). The wish to resort to medical intervention (e.g. sexual hormones, gender reassignment procedures, surgery) or legal steps (e.g. changes of name and gender status) is immaterial, but not to be excluded. The asterisk implies other subcategories such as transgender, transsexual etc. In case of doubt, only the individual concerned knows whether they are trans*. The medical term is gender incongruence.

trans* woman

Trans* women were assigned a non-female gender at birth, but identify as women. The decisive factor in identifying as a trans* woman is how the person feels. Transition, or a similar process, is not a pre-condition of being a trans* woman. Experiencing and/or living an identity as a trans* woman can happen at any age. The term clarifies that such individuals are women. The separation of the two words makes trans* an adjective, indicating that the fact of being a woman is independent of the person's trans or cis status.

trans* man

Trans* men were assigned a non-male gender at birth, but identify as men. The decisive factor in identifying as trans* men is how they feel. Transition, or a similar process, is not a pre-condition of being a trans* man. Experiencing and/or living an identity as a trans* man can happen at any age. The term clarifies that such individuals are men. The separation of the two words makes trans* an adjective, indicating that the fact of being a man is independent of the person's trans or cis status.

Transition

Transition describes the processes of change that many trans* individuals undergo to continue to live in harmony with their gender identity. These can be physical, psychological, medical, social and/or legal in nature. They may include surgery, hormone thera-

pies, changes of name and gender status, or simply a different way of dressing. When there is purely a change of gender role, it is described as social transition. If it involves treatment to alter physical gender characteristics, it is medical transition. But transition can also involve neither of these steps, and does not have to be completed within a specific time frame. It can be continuous, or end only when the individual achieves a sense of having “arrived”.

Further information on the subject, materials and training programmes are available at:

- Bundesverband Trans* e.V.: <https://www.bundesverband-trans.de>
- Bundesverband Intergeschlechtlicher Menschen e.V.: <https://im-ev.de>
- Regenbogenportal des BMFSFJ: <https://www.regenbogenportal.de>

Recommendation by BAG Homeless Aid, devised by the BAG's „trans* and inter* people“ project group, adopted by the BAG Homeless Aid board on 3rd November 2021

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- ¹⁸ Particularly in Eastern Europe, cases have been noted of trans* and inter* people suffering significant discrimination in their countries of origin. For case examples see Braun, Michael (2018).
- ¹⁹ The use of the adjective 'particular' four times in one sentence indicates that the law has only a limited number of exceptions in mind. Nonetheless, in individual cases this rule can make a difference for homeless trans* and inter* people from European Union member states who find themselves in particular social difficulties. The law envisages ongoing service provision for those, for example, for whom return to their country of origin is impossible. Generally the law envisages a case in which this is determined by a certified health practitioner deeming the person unable to travel on health grounds (see: Bundestag – printed matter 18/10211).
- ²⁰ Social Welfare Court Baden-Württemberg, ruling of 28.03.2018 – L 7 AS 430/18 ER-B
- ²¹ Bundestag – printed matter 10/10211, 17f.
- ²² Social Welfare Court Berlin-Brandenburg, judgement of 11th July 2019 – L 15 SO 181/18
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- ²⁶ See also: Haug, Natalie (2021): Reproduktion gesellschaftlicher Ausschlüsse durch soziale Arbeit? Zum Umgang von Sozialarbeiter*innen mit dem Thema Trans* in Beratung und Hilfesystem am Beispiel der Wohnungslosenhilfe, Master-Thesis. Frankfurt/Main: Frankfurt University of Applied Science, p.58f)
- ²⁷ The rainbow flag symbolises, for example, the gay and lesbian community; the trans*gender flag consists of blue, pink and white stripes. White stands for people who choose not to align with the traditional gender binary (blue and pink) (see also Landesverband Andersartig e.V. (2021): Das kle-



ine Flaggenquiz in: LSBTIQ oder was?! Eine kleine Einführung in die Queere Welt, p. 71f.: <http://www.andersartig.info/files/lgbtiq-broschuere.pdf> (accessed on 20.07.2021)

²⁸ See also: Haug, Natalie (2021), pp. 59 ff.

²⁹ See also: Haug, Natalie (2021), p.13; p. 23; p. 59.

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