



VERBAND FÜR LESBISCHE, SCHWULE, BISEXUELLE, TRANS*,
INTERSEXUELLE UND QUEERE MENSCHEN IN DER PSYCHOLOGIE

Sexual orientation and gender identity Information on the VLSP*-Website

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Welcome to the VLSP* website

An association for lesbian, gay, bisexual, trans*, intersexual and queer professionals in psychology

We are an association of professionals with LGBTQI* backgrounds who work in psychological fields of activity or who are trained in such fields. Here on our website our aim is to provide trustworthy information (see our quality standards) on LGBTQI* topics for:

- People who are LGBTQI* themselves
- Their friends and family
- Professionals who support them
- Interested members of the public

Important note for those seeking support: The information provided on our website is intended to provide support and is not to be understood as a substitute for professional advice or therapy!

On our website you will find the following information:

News and Activities

Projects, publications, events and more

Here you will find our news: ongoing projects such as “Anders ankommen – Vielfalt verstehen” for LGBTQI* refugees, current publications, events... It’s always worth having a look here every now and again.

[Read more](#)

Advice and Therapy

Info, Therapy and Counselling Services

On the “Counselling and Therapy” pages, you will find general information on psychotherapy, psychological advice and links to therapy and counselling services. Information on access to psychotherapy for refugees is also provided here.

[Read more](#)

LGBTQI*

The diversity of genders and sexual orientations

What does LGBTQI* mean? On this website, we give an overview of the diversity of genders and sexual orientations. We take a look at the physical, psychological and social aspects of gender.

[Read more](#)

Coming Out

Coming out has many facets

Coming out, as a time to search for one’s own identity as perhaps a lesbian woman, gay man or a bisexual, trans, intersex or queer person, has many facets and can trigger confusing feelings. This part of the site deals with these, as well as the importance of coming out in the context of the asylum seeking process.

[Read more](#)

Life Contexts

School, work, family, society...

Life as an LGBTIQ* person manifests itself in all areas of life: at school, during further education and work, in relationships, in family life, as victims of prejudice and violence... This part of the site details these various aspects of LGBTIQ* persons' lives.

[Read more](#)

Counselling and Therapy

On our webpage dedicated to counselling & therapy you will find information on counselling and therapy for LGBTIQ* people. For people looking for advice themselves, we have put together some frequently asked questions (FAQs on Psychotherapy and Psychological Counselling).

Furthermore, you will find links to various therapy and counselling services that we are familiar with, usually in German and English and, in some cases, also in other languages.

- In Baden-Württemberg, VLSP currently offers free counselling for LGBTIQ* people
- Further [counselling or therapy services of VLSP* members](#)
- Counselling centres who are specialized in helping LGBTIQ* people
- In order to support LGBTIQ* refugees, we offer training courses and advice for language mediators, counsellors or therapists. You can find more information in this regard on the webpage of our project “Anders ankommen – Vielfalt verstehen”
- Counsellors and therapists can find on the following pages:
- Specialist articles on the topic of counselling & therapy with LGBTIQ* clients
- Information on our [further education courses at the PH Karlsruhe](#)

FAQ Psychotherapy and Counselling

What you can find out about on this webpage:

If you are looking for a place in therapy or counselling:

- You can find out here how to find a place in therapy or counselling where you will be treated with respect, which also means a place where your sexual orientation and gender identity are valued.
- We have put together some information here on the most important issues that arise in this context (see the drop down menu on the left). We hope that this information will help you to find a suitable counsellor or therapist.

If you are in counselling or therapy:

- You can check whether your therapist or counsellor's behavior towards you is appropriate and correct (How you can tell if you are in good hands).
- How to act if you have the impression that you are not in good hands in your counselling or therapy: What to do when you feel you are not in good hands?
- If you want to find out more about psychological counselling and psychotherapy:
- You can read about [what benefits counselling and therapy can have for LGBTIQ* people](#) and [what counselling and therapy is, what is additionally important for refugees about psychotherapy and counselling, what reservations people might have about psychotherapy and counselling and why language mediation can be a good idea.](#)

Note:

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Counselling and Psychotherapy for LGBTQI People: Why?

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich, Dr. phil. Jochen Kramer and Dipl.-Psych. Andrea Lang

Being LGBTQI* is just as healthy as not being LGBTQI*.

Regardless of whether someone is LGBTQI* or not: therapy or counselling can be helpful in certain situations and for certain burdens.

For example:

- if someone wants to understand themselves better
- if someone wants to develop more self-confidence
- if someone can no longer cope with problems and questions alone
- if someone wants to tackle loneliness
- if someone wants to do something about their fears/anxieties
- if someone wants to stop self-harming

and not only:

- if someone has panic attacks or is no longer able to leave the house alone out of pure fear
- if someone cannot get out of bed for weeks due to depression
- if someone suffers from having to wash their hands fifty times a day
- if someone avoids eating or binge eats and vomits after
- if someone is addicted to alcohol or other substances

in short: if someone wants to change something in their life.

In their studies and training, counsellors and therapists have learned to help in these situations in such a way that those seeking advice can find good solutions for themselves. It is important for LGBTQI* people that they are helped in their counselling or therapy just as much as people who are not LGBTQI*.

This cannot be taken for granted, as their living situation involves its own issues, challenges and opportunities:

- For example, in their teenage years they often do not have anybody to fall happily in love with, who helps them to come to terms with confusing feelings about their own gender and who can understand or help answer questions about their own gender perception. Parents also often burden their LGBTQI* children with their fears of neighbors and other family members.
- Coming out and life as an LGBTQI* person always poses new challenges for adults: Should I come out at work? Why do I not fit in with the scene? How can I have a happy relationship with a partner? How do I become more self-confident? How can I deal with experiences of discrimination and cope with violence that I have experienced by virtue of being LGBTQI*?

- LGBTQI* refugees, for example, ask: How do I come into contact with other LGBTQI* people? Where can I find protection in my accommodation? To whom and in which situations can I come out safely?

The living situation of LGBTQI* people can also have its advantages: for example, if they can break away more easily from classic ways of living that are unsuitable for them and develop new ways of living that are totally personal to them. Good counselling and therapy for LGBTQI* people takes these particular opportunities of LGBTQI* people into account and helps to find suitable answers to LGBTQI*-specific questions.

What is Counselling and Psychotherapy? How Do I Access Them?

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich and Dipl.-Psych. Andrea Lang

Being stressed from time to time is simply a part of life. As health, love, family and work don't always work out as we would like them to.

Most of the time, people are able to get through such tough times just fine. They have learned how to cope with difficult situations, disappointments and failures alone or with the help of others, e.g. friends. We can also deal with certain life events better with the help of self-help groups – with people who are in the same situation.

There can however also be stresses and burdens in life that are too hard, never stop or keep coming back – situations in which even friends or self-help groups can't help enough. In such cases it makes sense to seek psychological help. Counselling or therapy can also help to understand yourself better or to develop more self-confidence. In short: when someone has the feeling that they want to change something in their life.

In individual cases, it is not so easy to distinguish the above cases from one another. In general, the following applies:

- Why: Counselling aims to solve clearly defined problems (e.g. difficulties with a separation), while psychotherapy rather aims for a comprehensive change in the relationship the person has with themselves and their environment.
- How: Psychotherapy usually takes place in the form of personal sessions. Counselling is usually the same, it can however also be done online or by telephone.
- For whom: Both counselling and therapy are offered to individuals, couples, families and groups.
- How long: Counselling tends to be limited in terms of time, while psychotherapy tends to be more long-term. Nevertheless, long-term counselling and short-term therapy also exist.

If your mental suffering really overwhelms you or if you notice a change in your consciousness (e.g. hearing voices), treatment with medication or so-called psychiatric drugs can help. This is possible on either an outpatient basis or in a psychiatric hospital.

As a rule of thumb: counselling or therapy is no reason for shame, it is a service! It is better to arrange a session at an early stage, before problems become too overwhelming. It is better to talk to someone than swallow pills!

Psychological Counselling

Psychological counselling can relate to all areas of life: marriage and partnership, school and education, addiction and drugs etc. The corresponding counselling centres are therefore called e.g. marriage and life counselling centres or youth and family counselling centres etc. Such centres exist now even in smaller towns. Usually they are run by the town administration or one of the two large church communities.

Independent counselling centres often perform specialized tasks that churches or town administrations cannot, e.g. Pro Familia for sexual counselling, AIDS-Hilfen for HIV and AIDS counselling, or gay and lesbian counselling centres for counselling gay and lesbian people. While AIDS-Hilfen and Pro Familia are present in all cities and towns (you can find them in the telephone directory under “Pro Familia or “AIDS-Hilfe”), LGBTQI*-specific counselling centres can only be found in big cities.

Counselling is not covered by health insurance providers. Depending on the economic and political situation at a given time, the city or state administration or other organizations cover the costs. Those seeking advice often pay part of the costs themselves, either at a flat rate or according to their financial situation. In certain cases, the social welfare body in Germany can also cover the costs of counselling, as provided for under the German Federal Social Welfare Act (BSHG).

Here you will find an overview of counselling centres for lesbian, gay, bisexual or Trans persons in Germany that we have put together. We provide information about the counselling services of VLSP members here.

Psychotherapy

Psychotherapy is generally offered in a psychological or specialist practice. These practices can be found on the internet using the search term “psychotherapy”, or you can use the psychotherapy information service run by the Professional Association of German Psychologists (Berufsverband Deutscher Psychologinnen und Psychologen) (BDP): www.psychotherapiesuche.de. Another possibility for finding a psychotherapist is to ask your health insurance provider or the coordination offices of the “Kassenärztlichen Vereinigungen” (which can be found in every capital city of federal states or administrative districts).

You can contact psychotherapists directly – you do not need a referral from your doctor. However, if psychotherapy is approved by your health insurance provider, a medical examination is necessary in order to rule out any physical causes for the problems you are facing. Health insurance providers in Germany cover psychotherapeutic treatments by medical and psychological psychotherapists, as well as those by child and adolescent psychotherapists. The health insurance providers in Germany recognize the following psychotherapeutic procedures: psychoanalysis, therapy based on depth psychology, behavior therapy and, more recently, systemic therapy. Other procedures usually have to be paid for privately.

You should consider the following: if psychotherapy is covered by your health insurance provider, the therapist must write an anonymized report to an assessor as soon as long-term therapy is requested. This assessor then recommends the health insurance provider as to whether and for how long the therapy should continue to be paid for. These reports are sent in a sealed envelope to the health insurance provider. The health insurance worker is not allowed to open this envelope, i.e. only the assessor receives the report. Furthermore, an appropriate diagnosis must be made, as health insurance providers obviously only cover the costs of illnesses. Such a diagnosis may cause problems when taking out additional private insurance.

The addresses of therapists who are members of VLSP can be requested from us here.

What kind of therapies are there?

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich, Dr. Dipl.-Psych. Jochen Kramer and Dipl.-Psych. Andrea Lang

Not all psychotherapy is the same and not all counselling is the same. There are different approaches to treatment, so-called “schools of therapy” (which are also used in counselling). The individual schools hold in parts very different conceptions of the human and forms of treatment. There are also differences in attitudes towards LGBTQI* people in this respect. Important when choosing a particular therapy: to which “school” a therapist belongs is one side of the equation. But how the therapist brings their own life experience and experience with LGBTQI* clients into their work is just as important.

The different schools of therapy:

In psychoanalysis, current psychological issues are related to unresolved conflicts in childhood, in particular. Psychoanalytic therapy aims to (re)discover conflicts that have been repressed in the subconscious, bring them back into consciousness and help to resolve them with the help of therapy. Possible methods here include e.g. dream interpretation, free association (expressing everything that comes to mind). Historically speaking this form of therapy lasts for a number of years and takes places via therapy sessions on the couch. Today however, psychoanalysis is also carried out while sitting or over a shorter period of time. Therapy based on depth psychology is a derivative or newly developed form of classical psychoanalysis. It is less strictly related to the analysis of childhood and includes elements and methods of other forms of therapy.

Behavior therapy (BT) assumes that all thinking and behavior is learned. If a person finds their behavior or thinking to be problematic or self-harming, they should unlearn such ways of thinking and behavior in behavior therapy – regardless of the reasons for which they started to think or behave in that way in the first place. Behavior therapy can be thought of as a form of training yourself into new ways of thinking or behaving. A number of methods are used to do this, e.g. “homework”, self-assurance training, relaxation exercises etc.

Person-centered psychotherapy or counselling is based on the humanistic view of the human. According to this view, every person knows deep inside themselves where their life should lead and what they will/won't or can/can't do. In cases where this knowledge is overlaid by bad experiences, concealed by commands and prohibitions, it is necessary to mobilize one's own self-healing powers. Person-centered psychotherapy is therefore like taking a field trip into your own inner being in order to get to know or rediscover your desires and needs, to understand yourself better and thus be able to take better care of yourself.

Systemic therapy is a further development of family therapy. It does not look at people in isolation, but rather in their social relationships. The focus of counselling and therapy is the current issue or goal determined by the person seeking therapy themselves. With systemic therapy the aim is to enable new perspectives and (re)activate skills and resources in the living environment. This includes for example being given exercises to do at home. If desired, considering the family in which the person grew up can also be included in the therapy.

Body-oriented procedures such as depth psychology-oriented bioenergetic analysis refer to the unity of the body, mind and soul. Psychological problems and psychosomatic symptoms are explained by the fact that in our westernized world, the mind is considered the most important part of humans and the body is sometimes neglected. Body therapy tries to create a balance here: through training body awareness, relaxation exercises, breathing and expression exercises, and through touch and massage. This enables a more holistic experience and way of conducting oneself, leading to greater wellbeing, stronger self-esteem and more liveliness. Gestalt therapy also focuses on people as the sum of the body, mind and soul. Above all, it is about having better access to your own feelings and therefore having more self-strength. In terms of therapy, perception exercises, body work, conversation and focusing on the “here and now” should help.

Transactional analysis is all about communication between people. According to this method, every person has three levels of communication: the child-self, the adult-self and the parent-self. The majority of conflicts in daily life arise when people encounter one another on different communication levels. Requests for information can often be perceived as accusations. Therefore this therapy aims to identify such communication issues and practice new forms of expression, especially on the “adult level”.

Psychodrama, as a depth psychology-oriented process, primarily relates to encounters with other people who shape our lives and determine our feelings and behavior. These encounters and other difficult situations recreated through role-play. In addition to re-enacting, new perspectives can be gained and other options of how to act can be tried out and experienced. Promoting your own spontaneity and creativity also enables you to deal better with situations that you previously found stressful.

Schools of Therapy and Attitudes towards Sexual Orientation and Gender Identity

The only school of therapy that has expressly dealt with the topic of being gay or lesbian is psychoanalysis. Its founder, Sigmund Freud, regarded homo and heterosexuality as equal and equally worthy. However, his successors later shaped the image of being gay or lesbian as being an illness ever since. In this way, male homosexuality has often been explained as being a result of having a dominant mother and a weak father. Until a few years ago, all psychoanalytical training institutes refused to educate openly homosexual candidates. For this reason, until recently there were almost no openly gay or lesbian psychoanalysts. This has changed of late however, and more and more heterosexual psychoanalysts treat their gay and lesbian clients with great respect using in-depth knowledge. The same applies for depth psychology-oriented procedures.

None of the other schools of therapy have yet dealt with the topic of homosexuality at all, or if so, only very marginally. Practicing therapists in the past have therefore often oriented themselves according to prevailing societal opinion. As long as homosexuality was considered “abnormal”, forms of treatment were also offered to “cure” it, i.e. drive it out. BT in particular has distinguished itself in this regard with the aforementioned “trainings” in which gay

men were supposed to “unlearn” finding pictures of naked men attractive by using electric shocks.

Systemic therapy and counselling emerged primarily from family therapy. Therefore, traditional forms of it tend to stick to the classic heterosexual family portrait. However, newer forms have overcome this and engage with all persons, couples and groups without judgment. In terms of therapies influenced by humanism (person-centered psychotherapy, gestalt therapy), but also other forms which view all people as equal and that we are all OK as we are, there is a danger of overlooking the fact that lesbian and gay people have not only their own individual problems, but also those that society creates for them. If everything difficult in life is related to you yourself, and never related to your situation as a member of a minority, in certain circumstances you might find yourself growing tired of having to explain it over and over again.

Trans* people were also viewed as being “ill” across the schools of therapy. Only in recent years has psychotherapy looked at trans* people differently: i.e. not as within a category of illnesses assigned from the outside, but rather as a healthy self-description. In order for health insurance providers to cover the costs of treatment for gender reassignment surgeries, it is still necessary today to state the diagnosis of a disease. This will hopefully change over the next few years: the World Health Organisation is currently revising the diagnosis system. At the moment, it is important that psychotherapists are aware of this themselves and also inform their clients accordingly: the diagnosis as a disease is only due to formal requirements! Being trans* cannot be determined from the outside. There is also no suitable test procedure to do this.

Today, all schools of psychotherapy focus on the wellbeing of the person seeking help in theory and in practice, and according to their own standards. However, this cannot hide one fact: until now, no school of therapy has ever looked into whether LGBTQI* people need their own special standards. LGBTQI* psychotherapists have written numerous contributions to this theory themselves, as they noticed that something was missing.

How do Refugees access Psychotherapy or Counselling?

Author: Lu Kenntner

The following information solely provides an overview and is not a substitute for professional legal advice (as of August 2020). The relevant sources are provided at the end of this page, with the numbers in the text corresponding to the respective source.

General information on the health insurance system in Germany

The health insurance system in Germany stipulates that all persons are obliged to take out health insurance (1). If a person gets insured, they should also receive an electronic health insurance card. The insurance is paid for through contributions from the insured person and their employer. The contribution that the person has to pay is calculated according to their income. All people have the same right to medical care and sick pay when they are sick. This also includes psychological/psychotherapeutic treatments.

General information on health care for refugees

The reception directive in Art. 19 grants necessary medical and other supports, including, if necessary, suitable psychological care for asylum seekers with special needs¹. Health care for refugees is generally regulated by the Asylum Act (Asylgesetz) and the Asylum Seekers Benefits Act (Asylbewerberleistungsgesetz (AsylbLG))(2). General entitlement to benefits for these groups of people is provided for according to Section 3 AsylbLG.

This includes people: who find themselves in the asylum seeking procedure, who have a “temporary residence permit” (Aufenthaltsgestattung), who wanted to enter via an airport and who are not or who have yet to be permitted to enter the country, or who have a residence permit in accordance with Section 23(1) or Section 24, Section 25(5)(1) of the Residence Act (AufentG). This also applies to persons for whom a decision to suspend their deportation was made in the previous 18 months, who have got a temporary suspension of deportation (Duldung) according to Section 60 of the Residence Act or who are obliged by order to leave the country, even if a deportation order is not yet enforceable or no longer enforceable. Furthermore, these benefits also apply to spouses, domestic partners and minors of the person in question, without them having to fulfill the stated requirements, or those who have made a follow-up application according to Section 71 of the Asylum Act or a secondary application according to Section 71(a) of the Asylum Act (3). People without legal residence status also fall under the Asylum Act (4).

According to the Asylum Seeker’s Benefits Act, over the first 18 months the German social welfare office (Sozialamt) is responsible for ensuring healthcare for people who meet the conditions mentioned above (1). Depending on the federal state, either a medical treatment certificate or an electronic health card with limited entitlement to benefits is issued by the social welfare office. According to Section 4 of the Asylum Seekers Benefits Act, the benefits include covering the costs of “necessary” treatments for “acute illnesses and painful conditions” – what this actually means is not more precisely defined in the law. According to Section 6 of the Asylum Seekers Benefits Act, other benefits may also be granted in individual cases if they are “essential to ensure subsistence or health”. Benefits are approved at the discretion of the competent social welfare authority. It remains uncertain as to whether psychotherapy for example falls under Section 4 or Section 6 of the Asylum Seekers Benefits Act. After 18 months of residence in Germany (provided that the length of residence has not been influenced by the person in question abusing applicable laws), the entitlement to benefits becomes the same as for someone insured by one of the health insurance providers, but the costs are still covered by the social welfare office. From this point on, qualified beneficiaries receive an electronic health card for use nationwide. Once you receive a residence permit or start to work, you become a member of the public health insurance system (5,1).

Psychotherapy for Refugees

As long as Section 3 of the Asylum Seekers Benefits Act regulates healthcare in this respect, access to psychotherapy or counselling will remain difficult, as it primarily provides for

¹ Those requiring special protection: according to Art. 21 of the directive, this term refers to e.g. minors, unaccompanied minors, disabled people, the elderly, pregnant women, single parents, LGBTQI* people (6), people with serious physical illnesses, people with mental disorders and people who have been subjected to torture, rape or other severe forms of psychological, physical or sexual violence. This list is not exhaustive.

emergency and acute treatments. The responsible state authorities must judge the treatment to be necessary and approve it. Once treatment has been approved, there is a waiting period for therapy places. You can visit therapists regardless of whether you have been approved by your health insurance provider. Registered psychotherapists and psychotherapists in psychosocial centres must submit applications to the social welfare authorities in order for the costs of the treatment to be covered. The majority of asylum seekers and refugees are treated in psychosocial centres for refugees and victims of torture (Psychosoziale Zentren für Flüchtlinge und Folteropfer (PSZ)) during this time, of which there are 42 in Germany. These centres provide psychosocial, therapeutic and other low-threshold support services in a mostly interdisciplinary team. Admission to these centres is arranged through a waiting list system. After being in Germany for over 18 months, refugees have access to the same benefits as they would under health insurance and can visit registered medical or psychological psychotherapists who are approved by health insurance providers. Another option is to visit a therapist who has not been approved by health insurance providers but who has been given authorization to treat refugees. Furthermore, psychotherapeutic outpatient departments at universities can be a good port of call when looking for a therapist.

For many people, enlisting the help of an interpreter can be necessary for their treatment. You can apply for the costs of using an interpreter to be covered under the Asylum Seekers Benefits Act at social welfare offices. You will have to join a waiting list in this case as well. In your application is rejected, you can lodge an objection. After 18 months and once you start receiving health care benefits comparable to those under health insurance, the costs for language mediation are no longer covered(1). Psychosocial centres for refugees and victims of violence keep their own pool of language mediators.

Sources:

1. https://www.refugio-stuttgart.de/files/daten/20_Doku_Sprachmittlung.pdf
2. http://www.baff-zentren.org/wp-content/uploads/2017/02/Versorgungsbericht_3-Auflage_BaFF.pdf
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5. <https://www.gesundheitsinformation.de/das-deutsche-gesundheitssystem.2698.de.html?part=einleitung-co>
6. https://www.netzwerk-lsbttiq.net/files/refugees/Verfahrensvorschlag%20Systematischen%20Schutzbedarfserhebung_Mai_2018.pdf

Reservations about Counselling and Therapy among LGBTQI* People

Author: Dr. phil. Jochen Kramer

LGBTQI* people are often quite reserved about counselling and therapy – and for good reason:

1. In psychology, being LGBTQI* has long been seen as an illness and a lot was done to try and stop people from being LGBTQI* (so-called conversion attempts). Today being LGBTQI* is no longer considered to be an illness and attempts to stop people from being

LGBTQI* are considered harmful to health. As a result, a ban on conversion attempts among children and teenagers came into force in Germany in 2020. If you have the feeling that your therapist or counsellor is trying to influence your sexual orientation or gender identity in a specific direction, please consult our tips on the webpage on not feeling you are in good hands.

2. Even today, psychotherapeutic reports and accompanying psychotherapy are mandatory for gender reassignment surgeries. This obligation is be unpleasant for many. If you are affected by this obligation, it is all the more important to discuss with your psychotherapist how to structure your sessions together in such a way that you get the maximum benefit from it.

3. Even still today, counsellors and psychotherapists are not adequately prepared for helping LGBTQI* people in their training. It is possible that your counsellor or therapist will have had no experience with the topic and that their attitude may be less influenced by actual knowledge than by prejudice. We therefore recommend that you keep this in mind and really think about whether you can work effectively with a particular therapist during the first sessions with them. You can find some tips on how best to do this on our webpage on how to recognize whether you are in good hands. If you feel you are not in good hands, please see our advice here.

Why bring an Interpreter along to Appointments?

Authors?

People who have not learned German as their mother tongue, but as a second language, may ask themselves: why should I bring a translator along to an appointment? We recommend it, as they take on very important roles in a variety of situations, including in therapy and counselling or at BAMF (German Federal Office for Migration and Refugees) interviews.

The point here is to convey the meaning of what has been said from one language to another. In this regard, it is also often necessary to take cultural aspects into account, for example in order to recognize which outcomes are being expressed. At the same time, the translation should be as close to the original statement as possible, without the translator adding in their own interpretation. We find the term “language mediator” very appropriate for this role and therefore use this term in the following text. (Other names for people who translate include e.g. translators, interpreters, cultural mediators.)

In some situations, a person you trust can be a good person to carry out this language mediation. For example a friend or family member. However, in other situations it is important to have a qualified and professional language mediator on hand:

In therapy and counselling it can be important to be able to speak in your own mother tongue, in order to be able to better express feelings and desires. Language mediators who have been specially trained for therapy and counselling situations have also learned how to deal with stressful and painful topics. Furthermore, you do not have any personal relationship with them. Trained language mediators are therefore important in order for you to be able to speak more freely and impartially.

The same applies in courts or for refugees in BAMF interviews, where it is necessary to give detailed reports of painful experiences.

How can I find someone who translates?

In the case of psychotherapy and counselling, it depends where they take place:

- Psychosocial centres have their own pools of language mediators. Ask your therapist about this.
- Outpatient therapy with a psychotherapist: In this case, it is usually necessary to find someone who translates yourself. The professionals working at your place of accommodation, social workers or organisations who support refugees/migrants can help you in your search.
- Counselling centres sometimes keep a pool of language mediators. Ask your counsellor for more information.
- Counselling centres who specifically support LGBTQI* refugees or migrants often keep a pool of language mediators.
- Important for the BAMF interview: The German Federal Office for Migration and Refugees keeps its own pool of trained language mediators. You can request a language mediator who is sensitive to LGBTQI* issues. However, it is not guaranteed that such a language mediator will be available. It is also possible to bring your own language mediator to the interview. However, they must be registered before the interview appointment.

Can I trust the language mediator?

It is important that you are able to trust your language mediator in order to be able to speak freely and openly about LGBTQI* issues that are important to you. In order to make sure that you get a language mediator that is sensitive to LGBTQI* issues, who can talk about issues such as sexual orientation and gender identity in both languages and who have sufficient knowledge, you can contact LGBTQI* institutions, groups or specific counselling centres, for example:

- Project "Anders ankommen - Vielfalt verstehen" VLSP* in Stuttgart
- Themengruppe Refugees Netzwerk LSBTTIQ Baden-Württemberg (LGBTQI Network Baden-Württemberg)

Tips for conducting appointments with language mediation

Make sure to speak with the counsellor directly and not with the language mediator. The counsellor is responsible for the procedure and outcome of the session. Side discussions with the language mediator before, during or after the session are not desirable, but if they do happen, they should be made clear to all involved.

What can I do if I am not respected by the language mediator or am discriminated against?

- If you don't feel respected by the language mediator, you have the right to interrupt the appointment and say it. This applies if the language mediator uses disrespectful language and if they show through their body language that they are not OK with what you are saying.
- If you feel that you are not being treated well by virtue of being LGBTQI*, then you can get support from LGBTQI* organisations.
- If you have fled your home country and have the feeling in your BAMF interview that the translation is not respectful or does not reflect what you have said, then make sure to point it out immediately. At the end of the appointment, have the translation of the entire interview translated back into your language and check if everything was reflected as you had meant it.

You can find further tips on the use of language mediation in counselling sessions in our handout for psychosocial professionals, language mediators and those receiving counselling.

How can you tell whether you are in good hands?

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich and Dipl.-Psych. Andrea Lang

Usually you will arrange a number of sessions with your therapist or counsellor where you will find out how well you can work together. During this time you will have the chance to check how much you can trust one another, how you both deal with misunderstandings and whether you can imagine opening up and showing your full personality, even the sides of yourself that could be very embarrassing for you. In counselling and therapy involving language mediators, this also obviously applies to the language mediator too.

Questions you can ask yourself:

- Do you feel trust and empathy?
- Do you feel that you are in good hands, understood and respected?
- How openly are you able to talk about being lesbian, gay, bisexual trans*, intersex or queer?
- How much does the therapist know about the life of LGBTQI* people?
- Does the therapist give you the impression that they understand and recognise your LGBTQI* way of living?

For information on what to do when you feel you are not in good hands, see our webpage “what to do when you feel you are not in good hands”.

What to do when you feel you are not in good hands?

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich, Dr. phil. Jochen Kramer and Dipl.-Psych. Andrea Lang

If you are not satisfied: talk to your counsellor or therapist about it! Openly address the issues that are bothering you. Usually having a clarifying factual discussion can really help to clear up misunderstandings and create clarity.

If difficulties persist and are not resolvable in your opinion, you can contact the ethics association (Ethikverein). The ethics association helps in the following situations, among others:

- If you feel insecure, hurt or badly treated
- If a conflict has arisen during your treatment and you feel you cannot resolve it on your own
- If the your treatment has been discontinued or its continuation threatened for reasons you cannot understand
- If you are looking for advice or further information about psychotherapeutic treatment and the conditions for accessing it

The ethics association works independently and free of charge. VLSP* is a member of the ethics association. You can find more detailed information on the website of the ethics association.

If difficulties in your therapy or counselling are unresolvable, you can stop seeing that therapist or counsellor at any time and change to another one. Try to communicate your decision to

the counsellor or therapist in person. This will end the relationship between you in a more “reasonable” way, without any resentment or dissatisfaction.

You can, or even should, consider ending your therapy or counselling if the therapist/counsellor does not fulfill their duties towards you or if they do not respect and value your identity or you as a person. This also applies if they clearly insist that it would be better if you were heterosexual and cisgender. This view is based solely on negative attitudes of the therapist/counsellor towards LGBTQI* people and has absolutely no factual or professional basis. Information about how to treat LGBTQI* people professionally is contained within a number of guidelines (see VLSP recommendations on counselling and therapy for lesbian, gay and bisexual clients).

In order for counselling or therapy to be successful for LGBTQI* people, it is crucial that they are valued, and not just for their being LGBTQI*, but rather in all facets of them as people. This means their sexual orientation and gender identity should be valued – or the questions and insecurities they have about them.

Since this acceptance and appreciation is important for the success of the therapy, we recommend discontinuing counselling or therapy if the counsellor or therapist is not able to appreciate sexual orientations other than heterosexuality. This is important, as no claims can be made retrospectively if counselling or therapy was not successful for this reason! Case law in Germany interprets this as follows: if you continue therapy or counselling despite not being valued, you have still given your consent to it.

What do these Professional Titles mean?

In the healthcare industry, specialists are represented by various professional titles. For example:

- B.A. – Bachelor of Arts: Degree of 3-4 years duration in the field of psychology or related field of social science.
- B.Sc. – Bachelor of Science: Degree of 3-4 years duration in the field of psychology or related field of social science.
- Dipl.-Psych. – Certified psychologist: Degree in the field of psychology, usually of 4.5 years duration.
- Dr. habil. – Doctor (PhD) authorized to lecture.
- Dr. phil. – Doctor (PhD) in Humanities.
- Dr. med. – Doctor (PhD) in Medicine.
- Specialist/Consultant doctor – Medical degree and subsequent specialist training, e.g. consultant psychiatrist/psychotherapist, consultant in psychosomatic medicine and psychotherapy, consultant psychiatrist specialized in child and adolescent psychiatry and psychotherapy.
- M.A. – Master of Arts: Degree of 5 years duration in specified areas of psychology or related social science field.
- M.Sc. – Master of Science: Degree of 5 years duration in specified areas of Psychology or related social science field.
- PD – Privatdozent/Privatdozentin: term used to describe a type of university lecturer in German-speaking countries.
- Prof. – Professor
- Psychiatrist: Degree in Medicine, with a specialization in psychiatry and psychotherapy.

- Psychologist: Degree in psychology.
- Psychotherapists have completed psychotherapy training. The various types of training courses that are available are described in the section on schools of therapy.
- app. PPT: Licensed psychotherapist. German language term for psychotherapists who have gained a state approved license to practice, which is a prerequisite for their approval by health insurance providers.
- app. Kinder- und Jugendtherapeut*in: Licensed child and youth therapist. German language term for therapists who have gained a state approved license for psychotherapy for children and young people.

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LGBTQI - An Introduction

On this website you will find a thematic overview on different genders and sexual orientations from a psychological point of view.

We take a look at:

- gender and sex that is socially assigned based on physical characteristics.
- gender identity
- gender roles
- sexual orientation

In our definitions we try to use a language in tune with the latest development both in psychological care-work and in lgbtqi emancipation. But discourses are always shifting, always changing. Words that were acceptable yesterday may not be acceptable today anymore. Furthermore, individually people often employ their own terms that may not be in line with the preferences of the majority. Some trans women may, for example, describe themselves as "tranny" or as "shemale", even though these terms are perceived as insulting by most trans women.

It is not always easy to use the "right" vocabulary and we all fail at that at times. What is important is that we always remain open to learn and that we listen. We should call people by the words and terms that they want to be called by and not impose our own ideas on them.

Which gender constructions are there outside of the classic cisgender man/woman?

Authors: Isabelle Melcher & Kai Jannik

Contrary to the widespread misconception in our society that gender is binary, i.e. that it only includes being a man or woman as possible options, gender is actually a diverse spectrum. On the physical level alone, gender characteristics differ from person to person and cannot be meaningfully reflected under just two categories. This is particularly evident in the case of intersex people, for whom the option of a third positive gender now exists when declaring their gender for official purposes.

Here we look at conceptual explanations of gender assigned on the basis of physical characteristics.

Gender identity also includes social aspects, as well as knowledge of one's own gender. It can change over the course of life, or also change situationally or temporarily. The perception of oneself and others has a role to play here, as well as deciding which aspects should be shown to the outside world, and when and how.

Here we look at conceptual explanations of gender (-identity and -roles)

People perceive gender differently and define themselves according to this view. Some find themselves on a continuum between male and female – at one of the poles, in between them, or completely outside of them. In this way, one's own gender can be perceived in a number of ways: as a fixed point, moving back and forth in the presence of several genders at the same time, or also as something movable or fluid. Terms such as "gender fluid", "gender queer" or "bigender" are used to describe this. The term "non-binary" is often used as an umbrella term for these identities. "Agender" is the term used by those who cannot identify with any gender. All these terms are only approximations designed to ease communication – they are absolutely not to be considered as definitions, as it is up to each person to define themselves in this spectrum of possibilities.

Which sexual orientations are there?

Authors: Leyla Jagiella & M. Albarzawi

The term sexual orientation refers to not only to whom you are sexually attracted to but it may also refer to whom you would like to have an emotional connection or relationships with. This can include gay, lesbian, straight, bisexual, asexual and other forms of attraction.

Homosexuality:

Homosexuality refers to sexual and/or romantic attraction to members of your own sex and gender. Homosexual men often prefer to call themselves gay, homosexual women often prefer to call themselves lesbian

Heterosexuality:

Heterosexuality is sexual and/or romantic attraction to a member of the opposite sex and gender. A man who is exclusively attracted to women, a woman who is exclusively attracted to men. Heterosexual people are often also referred to as "straight".

Bisexuality:

This is romantic attraction, sexual attraction, or sexual activity aimed at both men and women, or at more than one sex or gender. It may also be defined as romantic or sexual attraction to people of any sex or gender identity. For the latter we often also find the term "pansexuality".

Asexuality:

Asexuality is a sexual orientation just as homosexuality, heterosexuality or bisexuality. However, asexuality is mostly only expressed as a romantic or emotional interest. People defining themselves as "asexual" have no or only very little desire for sexual contact.

Sexual orientation and Gender identity:

A trans man or trans woman can also be heterosexual or homosexual, the same way like a cis man or a cis woman. For example: A trans woman is a woman with a female sexual orientation no matter if she had had gender reassignment surgery or not. If she is sexually attracted to men then she is heterosexual, if she is attracted to women then she is lesbian.

Queer:

The word queer has several meanings. It can be used as a short word characterizing the whole lgbtqi* community, or it can also be used in a more specific way. Many people identify specifically as "queer" because they don't want to be boxed into any specific lgbt identity. Some people also use it to signify that they are questioning or exploring their sexuality and/or gender identity.

Sex

Society assigns a sex to people according to several physical characteristics: the genes that we inherit, and which in turn determine how our hormones and sexual organs develop.

Biologically, there is actually not only a female or male sex, but also a continuum between these two binaries. Many societies, including ours, have no space for that continuum and try to assign fixed male or female genders/sex to individuals. This creates problems for trans* and intersex people in particular.

Human Biology, sex and science:

Human biological characteristics according to science:

Some people believe genitals determine sex, with males having penises and females having vaginas. However, human biology is actually far more complicated. The above definition excludes many people with an intersex condition. It can also invalidate trans people who are non-operative — those who don't want to have bottom surgery — or pre-operative. For example, a transgender man — a person who was assigned female at birth and identifies as a man — may have a vagina but still identifies as male.

Chromosomes:

We're typically taught that people with XX chromosomes are female and people with XY chromosomes are male. Again, human biology is actually far more complicated than that. The above definition excludes people with an intersex condition who may have different chromosomal configurations or other differences in sexual development. They may for example have XY chromosomes but nevertheless have been born with a vagina. Or they may have XXY chromosomes. The above definition also doesn't account for the fact that trans people often have chromosomes that don't "match" their sex. A transgender woman, for example, can be female but still have XY chromosomes.

Hormones:

We tend to associate a predominance of estrogen with females and a predominance of testosterone with males. But it's important to understand that every person has both of these hormones. In fact, estradiol, the predominant form of estrogen, is critical to sexual function for people who were assigned male at birth as well. Estradiol plays a significant role in sexual arousal, sperm production, and erectile function. Although hormone replacement therapy is an option for trans and gender non-conforming people, a trans man who isn't on hormones, for example, isn't any less male than one who is.

Secondary Characteristics of Sex:

Many secondary characteristics of sex are easily identifiable. This includes facial hair, breast tissue, and vocal range. Because of this, they're often used to make quick assessments about the sex and gender of a person. But secondary sex characteristics vary greatly, regardless of whether someone identifies with the sex they were assigned at birth or not. Take facial hair, for example. Some people who were assigned female at birth may go on to develop facial hair, and some who were assigned male at birth may not grow any at all.

Intersexuality:

Intersexuality refers to a condition in which physical sex characteristics of a person may not all be identified as clearly female or male. This can become apparent at birth or later in life. Children who are identified as intersexual at birth often undergo surgery that is enforced by doctors and parents and are medically treated in order to make their physical sex more clearly female or male.

Many of these medical procedures have side effects and the "created sex" often does not correspond to the child's gender identity. Intersexual people often suffer very much from the medical procedures imposed on them without them having any choice in that.

Gender

Gender identity:

The word gender identity refers to the individual's own awareness and objective experience of their own gender. Their own sense of being a man or a woman (or not belonging to either). In individual experience there can be varying degrees of how much this gender identity corresponds with the socially assigned gender and gender roles.

Gender expression and social gender:

Society often has very fixed ideas on how gender should be expressed, based on ideas of femininity and masculinity. These ideas can differ from culture to culture and society to society. Individually, people can express their gender in many different ways which may not always

be in line with cultural and social expectations. In Germany, even though there is an official "third option" in gender entries now, majority society still expects people to express their gender in a clear male and female way. This expectation is often a cause of discrimination for trans* people, intersex people and non-binary people. Gender expression and social gender

Gender roles:

Based on gender expression, society holds many expectations on how a man or woman should behave. For example, clothes, sports, professions, hobbies, colors, etc. are often seen as "typically male" or "typically female". This is often done according to the idea that there are only two sexes/gender. That means stress for all of us, because we are guided by norms, not by our actual needs. Gender roles:

Cisgender:

The word "cisgender" refers to a person, whose gender identity corresponds to the gender assigned to them by society.

Transgender:

The word transgender refers to people, whose own gender identity does not correspond to the gender assigned to them by society. A transgender person may or may not want to socially live in the role corresponding to their gender identity. They may or may not seek medical treatment (hormone therapy, surgery) to let their physical characteristics correspond better to the social expectations regarding their gender identity. They may or may not identify clearly as male, female, non-binary or other. Being transgender can be expressed in many different ways. One often finds the short form "trans*". The feeling of incompatibility between gender identity and socially assigned sex is called "Gender Dysphoria".

Transsexual:

Internationally, the word "transsexual" has become less and less of use in recent years, the general term "transgender" is usually preferred. But in Germany the equivalent (transsexuell) is still preferred by many people. Transsexual people can be understood as a subset of transgender people. They have a clear sense of belonging to the binary gender opposite to the one assigned to them at birth and they usually seek out medical procedures to physically align their body with their gender identity.

Dragqueen:

The word dragqueen refers to a person assigned male at birth and usually also having a male gender identity in everyday life, but on stage they will perform an exaggerated femininity by way of using costumes, wigs, and makeup. Recently, dragqueens have become a part of mainstream media more frequently. The performer's role on stage may have nothing to do with his gender identity or his gender role.

Culturally specific terms and identities:

In different cultural contexts we often find concepts and identities that are not common in Europe. In some Arabic countries, for example, the word "travesti" is used for people who were assigned male at birth but who present largely as female and who may use female hormones without undergoing full gender reassignment surgery. These people may think of themselves as having a very specific identity, different from our notions of "transgender". In German there also exists the word "travestie" but it merely refers to a show act, not to any specific role or identity.

Sexual Orientation

The term sexual orientation refers to not only to whom you are sexually attracted to but it may also refer to whom you would like to have an emotional connection or relationships with. This can include gay, lesbian, straight, bisexual, asexual and other forms of attraction.

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Queer:

The word queer has several meanings. It can be used as a short word characterizing the whole LGBTQI* community, or it can also be used in a more specific way. Many people identify specifically as "queer" because they don't want to be boxed into any specific LGBT identity. Some people also use it to signify that they are questioning or exploring their sexuality and/or gender identity.

Healthy Diversity

Authors: Text from APA, edited by M. Albarzawi, Lu Kenntner, Uta Krüger and Dr. phil. Gisela Wolf

Being LGBTQI* is just as healthy as not being it!

Sexual Orientation

Lesbian, gay, bisexual or heterosexual orientations are not psychological disorders. Research has not found any causal relationship between any of these sexual orientations and mental illness. Although some people still hold the prejudice that lesbian, gay or bisexual persons are

mentally “ill”, decades of research and clinical experience have led important medical organizations (e.g. the World Health Organization) and mental health organizations to conclude that all the aforementioned sexual orientations are to be considered as healthy human experiences. Lesbian, gay and bisexual relationships are therefore all bonding experiences that correspond to heterosexual relationships in terms of their emotional quality and duration, and can work just as well or badly as they do.

Gender Identity

In the latest revision of the International Classification of Diseases and related Health Problems (ICD-11), “transsexuality” was removed from the chapter on “Mental and Behavioral Disorders”, and was instead listed under “Gender Incongruence” in a separate chapter dealing with sexual health. This should serve to ensure low-threshold and professional health care for trans persons, while at the same serving to stop people from viewing transsexuality as a mental illness.

For trans persons who are non-binary and wish to forego officially stating their gender identity under civil status law, or those who wish to change their gender status to “non-binary”, or in some jurisdictions “x”, the requirement to have a medical certificate for a “variant of gender development” shows that a stigma of illness around this issue still remains.

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Coming-out

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich, Psych. (M.Sc.) Luise Kenntner and Dipl.-Psych. Andrea Lang

- “Already at school I fancied my sports teacher“
- “The older men in the changing room have always fascinated me”
- “On my first day of university I saw two lesbians kissing each other openly in public – this was a great welcome for me”
- “I am happily married – at least I thought as much, until I fell madly in love with a man last year”
- “I was thinking I should also have a boyfriend, but I never really felt those butterflies in my stomach”
- “I always thought that I had to wear dresses until I realized how comfortable I felt in my brother’s clothes”

- “I could never find the words to describe what I was feeling. I knew I wasn’t fully a woman, but also not fully a man – what am I then?”

The term “coming out” refers to a variety of experiences lived by lesbian, gay, bisexual, trans, intersex and queer persons: awareness of one’s own feelings, opening up to others about one’s own sexual orientation and/or gender identity and identifying with an LGBTQI* community. A difference is made between inner and outer coming out. While inner coming out encompasses all the beautiful and sometimes hard parts of discovering your own feelings, outer coming out refers to the outward expression and designation of one’s own feelings and way of life to other people. This also includes the possibility and choice to not always outwardly express one’s identity.

For many, coming out is a very exciting time with many ups and downs. Some people feel like they are in a second phase of puberty, experiencing heart palpitations and blushing when a person they fancy [CA(1) calls or suddenly appears at their door. Even after a while, when many questions become clearer and don’t seem to be such a big deal anymore, other questions around coming out will remain for a lifetime. With every new personal contact, every new friend, every new boss, you still have to ask yourself when and how do I show this side of my love and relationship or my gender identity.

Coming out represents a milestone in the development of an LGBTQI* person. Current research shows that the ability to perceive your own sexual orientation as something positive and to integrate it into your life plan benefits your wellbeing and mental health. Being able to talk to others about your sexuality also improves the possibility of receiving social support, which in turn is crucial for mental health and general wellbeing. Just like heterosexual or cis persons, LGBTQI* persons thrive when they are able to share their lives with friends and receive support from important people in their lives. Accordingly, it is not surprising that people who have to hide their sexuality also experience greater difficulties in terms of their mental and possibly physical wellbeing, when compared to people who can live openly.

Important Questions when Coming out

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich und Dipl.-Psych. Andrea Lang

During the coming out process, it is important for both yourself and those close to you to answer certain questions such as:

- Can I really live my real feelings, even though I might not get much support initially?
- How can I get to know other LGBTQI* persons?
- Which similarities and parallels, but also which differences are there between them and me?
- What does it mean for me to be lesbian, gay, bisexual, trans, intersex or queer?
- Do I want to label myself as lesbian, gay, bisexual, trans, intersex or queer?
- How can I be proud of this side of me?

And many other questions.

How being an LGBTQI* person actually is in reality depends on many individual factors, e.g. your age, your own attitude towards sexual orientation and gender identity, your religion and spirituality, information about and contact with other LGBTQI* persons, and of course your own family and friends. There are as many ways to live as an LGBTQI* person as there are

LGBTQI* persons. Your own path to this is strongly influenced by the time in life in which you come out, but there are of course many opportunities later in life to change this. Which questions arise when a person realizes that they are not cisgender?

Some trans* people are already able to express their gender clearly in early childhood, whereas others undergo a realization process of a number of years. Those who deviate from the binary, cisgender notions that prevail in our society often have to justify themselves and are often discriminated against as a result. Therefore, not everyone decides to come out. For many people, the process of coming out is, to a large extent, lengthy and exhausting. After becoming aware of being trans*, trans* people often have to ponder the impact that coming out externally could have, not only on themselves and their daily life, but also on their social environment and their life path. Even long after all steps in their transition have been completed, situations can still arise where coming out might be necessary. Often therefore, new answers have to be sought and possibilities and consequences weighed up.

Possible questions that trans* people may ask themselves:

- Which toilet should I use? How do I behave in other gender-segregated areas? What clothes do I buy? In which cases in medical treatment does it make sense to disclose my trans* background?
- How do I deal with questions and uncertainties in my circle of friends? Will people stop contacting me? What does me being trans* mean for my sexuality? Does my sexual orientation or its designation change? Can my family deal with the questions and discrimination that they may be confronted with because of me?
- What effects does coming out have on my job/education? What are the goals of my transition? How much time will it take and what financial effects could it have on me? What does this mean for my future path in life?

This multitude of questions can cause stress and a feeling of being overwhelmed. Trans* people can get the impression that they are not allowed to show their questions, fears and uncertainties regarding their transition to the outside world and that they have to convey an image of absolute security, as their self-expression could be questioned and steps towards their transition could be refused or delayed. It can therefore be helpful to confront these issues with a therapist and gain support in order to work out strategies together.

What is the Coming Out Experience like?

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich und Dipl.-Psych. Andrea Lang

The time around coming out is often an energy-filled time in which many changes take place. Some people experience strong emotional fluctuations or worry about their future life and plans.

Others hold themselves back at first out of fear of others' reactions. This can lead to strong feelings of loneliness and the feeling of being the only one in the whole world who feels this way. For similar reasons, some try to ignore or suppress their feelings, possibly even to the point that they reject themselves or hate themselves for their feelings.

In this case, it is important to try to break this vicious cycle of negative thoughts and feelings. Even though not all people who have feelings or erotic thoughts and fantasies about people of the same sex are automatically lesbian or gay or remain so for the rest of their lives, there is

no scientific evidence that sexual orientation can be changed through therapy or similar practices.

Quite to the contrary, actually: all studies confirm that such attempts may indeed influence lived behaviors, i.e. suppress them, but lead to the danger of developing feelings of self-rejection, self-hatred, and low self-worth, as well as depression, anxiety and other psychological disorders.

Both professional bodies for psychiatrists and psychologists in the USA therefore reject such therapies and deem them unethical. The VLSP shares this view.

What helps when Coming Out?

Authors: Dr. phil. Ulli Biechele, Dipl.-Psych. Margret Göth, Dipl.-Psych. Thomas Heinrich und Dipl.-Psych. Andrea Lang

For the majority of people, finding information about and having contact with other LGBTQI* persons is very important when coming out. Many experience it as a real release to finally find like-minded people and to be able to express and live the feelings that they may have felt for a long time.

For example, LGBTQI* persons can connect with one another through lesbian or pink telephone lines or LGBTQI* advocacy centers. Coming out groups, which unfortunately only a few big cities have, offer a setting in which you can discuss your questions/issues with other people who find themselves in a similar situation, and try out new things together.

Many also find support through their friends and family. However, it is important to remember that friends and especially parents first have to deal with the new revelations and often go through their own internal process of disbelief, denial, tolerance and final recognition. Unfortunately, around one third of all parents still fail to accept their gay, lesbian and bisexual children in an appreciative way (see the study on "She loves her, he loves him", Berlin Senate Administration for Schools, Youth and Sport, Berlin, 1999). (Studie "Sie liebt sie, er liebt ihn", Senatsverwaltung für Schule, Jugend u. Sport Berlin, 1999)

For fear of rejection, trans children and young people often hide their gender identity. The time span between becoming aware of being trans and coming out usually spans several years (see study "Coming out – and then...?!"(Studie "Coming-out - und dann...?!", Krell & Oldemeyer, 2015). In fact, 70% of the 14-27 year olds interviewed in the study reported having bad experiences within their immediate family. This includes their identity not being taken seriously (78% of them) or their identity being deliberately ignored (61%). The psychosocial consequences of this are extensive: young trans persons suffer particularly often from loneliness, anxiety, problems at school, insecurity, feelings of guilt, depression and self-harm. (see "Problembeschreibung Transphobie", Kummer, 2011).

In the context of advocacy and therapy, it is important that all feelings are taken seriously; there should be space for positive feelings as well as fears and worries. It goes without saying that therapists should not push clients in one particular direction. Furthermore, help and advice can be given to find information and establish contacts, and possible future difficult conversations can be prepared together.

Coming out for Refugees and Asylum Seekers

Authors: Psych. (M.Sc.) Luise Kenntner & M. Albarzawi

For refugees and asylum seekers, coming out has yet another meaning and challenges can be even greater.

In different life situations, disclosing one's sexual orientation and/or gender identity can be more or less necessary and can involve different consequences. The support network may be better able to cater to the needs of queer refugees if they speak openly about their identity. At the same time, it can lead to further experiences of discrimination and exclusion if people who are not sensitive to the issues of sexual orientation and gender identity or who hold biased and stereotypical views are involved.

It might help to look out for clues in the relevant environment, institution or organization that signal an open attitude towards these issues. This could take the form of brochures or flyers that include the rainbow flag. You can try to indirectly sense people's views on sexual orientation and gender identity issues until you are sure as to who and when you can share your concerns. Try to find the right moment to take such steps, while also trying to involve groups and individuals who are generally accepting of sexual and gender diversity. Create positive relationships that can motivate you. You can find access to such people via LGBTQI*-specific advocacy centers.

Coming Out in the Support Network:

Throughout the duration of the asylum seeking procedure and beyond, it may be necessary to contact various support functions, be it in refugee accommodation, in (psycho) social support centers or government authorities. Sometimes they may need to know about your sexual orientation or gender identity so that they can better cater to your needs, e.g. if you want to change your accommodation situation due to feeling uncomfortable or at risk, or if you need help in finding LGBTQI*-specific support services.

It is important to know that the majority of these people that you will talk to usually have a duty of confidentiality and are not allowed to pass on any information about you unless you personally give permission for them to do so. It is also usually recommended that you let these people know if you do not want to reveal your sexual orientation or gender identity to those around you.

Coming Out in the Asylum Seeking Procedure:

When being interviewed by the BAMF (German Federal Office for Migration and Refugees), it is important that you talk openly and credibly about your sexual orientation and/or gender identity, if you wish for this to be recognized as a reason for persecution.

You will have to talk about very personal matters and will have to credibly show that your sexual orientation or gender identity is the reason for your persecution. It should be noted here that although you may be asked private questions about your daily life and your feelings and experiences, questions relating to sexual practices or showing and requesting visual evidence of sexual practices is prohibited.

If a question is too personal, you do not have to answer it. Medical or psychological reports on sexual orientation may not be requested. If you have medical records that document hor-

more therapy or gender reassignment, these can be helpful if you want to be recognized as a trans or intersex person.

Photos or press reports that show you getting involved as an activist or taking part in LGBTQI* events can also help as evidence of your situation. Notices or documents regarding court proceedings against you can also serve as important pieces of evidence.

The meeting can be ended at any time and a new appointment requested, should you feel in any way uncomfortable or not respected, be it due to the person conducting the meeting or the language mediator.

Language Mediation

We have developed a handout on the subject of language mediation for people seeking advice, psychosocial specialists and language mediators when advising LGBTQI* persons. The handout is available for those seeking advice in German, English and Arabic.

Links:

- Brochure from the LSVD, in which you can find many details, tips and information about the asylum of LGBTQI* persons.
- Pages of Refugee Councils in Germany.
- LGBTQI* Refugees can find support around Baden-Württemberg on the Netzwerks LSBTTIQ Baden-Württembergseite.

Life Contexts

Life as an LGBTQI* person manifests itself in all parts of life: at school, during further education and at work, in relationships (including possibly the desire to start a family and have children), in family life where cultural and religious traditions can play a role, but also potentially as victims of prejudice and violence, or as someone affected by HIV. These areas of life are influenced by the law and how it regulates them.

The following pages detail these various aspects of the lives of LGBTQI* persons.

Family and Having Children

Can lesbian and gay people be good parents?

Authors: Text from APA, edited by Uta Krüger and Dr. phil. Gisela Wolf

Many lesbian and gay people are parents; others wish to become parents. According to experts from the State Institute for Family Research at the University of Bamberg, some 16,500-19,000 children in Germany live in same-sex family units, statistical errors considered. As the visibility and legal status of lesbian mothers and gay fathers improves, many people still express their concern for the wellbeing of children in these families. Many such questions derive from negative misconceptions about lesbian and gay people. The majority of studies on this topic question whether children raised by lesbian or gay parents are disadvantaged as compared to children who are raised by heterosexual parents.

Here is a list of the most frequently asked questions in this regard and the accompanying answers:

1. Do children of lesbian and gay parents have a harder time in developing their own sexual identity? Do these children for example have issues with their gender identity or gender role?
No!

The answers according to existing studies clearly show that sexual and gender-specific identity (including gender identity, gender role behaviors and sexual orientation) develops in the same way in children of lesbian mothers as it does in the case of children of heterosexual parents. Unfortunately, only a limited number of studies have been carried out on the children of gay fathers; therefore, no definitive conclusion can yet be reached in this case.

2. Do children raised by lesbian or gay parents have problems in their personal development beyond sexual orientation? Are for example children of lesbian or gay parents more likely to suffer from mental disorders, or do they have more behavioral disorders than other children?
No!

Studies on personality, self-image and behavior found few differences between children of lesbian mothers or heterosexual couples. It should be assumed that children of lesbian mothers grow up in a similar way to those of heterosexual parents. Again, unfortunately there are only a limited number of studies in the case of children of gay fathers.

3. Is the likelihood of difficulties in social relationships higher in the case of children of lesbian or gay parents?

Is it for example more likely, that they are bullied by their peers or mistreated in other ways?
No!

Once again, studies show that children of lesbian and gay parents possess normal bonding abilities as compared to their peers and other adults. The picture drawn from these studies shows that children with lesbian or gay parents enjoy a social environment typical for their respective age, in terms of their connection with peers, parents, family members and friends.

4. Are these children at more risk of being sexually abused by a parent, the partner of a parent or an acquaintance?

No!

There is no scientifically supported reasoning for children of lesbian and gay parents to fear being sexually abused by their parents or their lesbian, gay or bisexual friends and acquaintances. Quite to the contrary in fact; growing up in a lesbian family was actually shown to rather protect children from sexual abuse.

In summary, it should be noted that it is scientifically proven that the above-mentioned concerns regarding the parenting abilities of lesbian or gay people are unfounded and can therefore be exposed as prejudices. Principally speaking, the studies show that in terms of their development, adaptability and general wellbeing, children of lesbian and gay parents are no different from children of heterosexual parents. Children who grow up with homosexual parents are just as happy as children with heterosexual parents.

References:

APA = American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, DC. [available at <http://www.apa.org/topics/sexuality/orientation.aspx>].

Transition

Authors: Isabelle Melcher & Kai Jannik

Transition (latin “transire“ = to go over) means a “going over” of the expressed gender. Fortunately, there is no defined transition path. The transition is different for each person and is based on the needs of the person involved. There are many questions and decisions to be made in connection with a transition. The information on the sub-pages should help to give an overview of the different aspects.

Some definitions:

Which gender constructions are there?

assigned sex according to several physical characteristics

Gender and gender roles

Which steps can transitioning (ideally) involve?

Transition (latin “transire“ = to go over) means a “going over” of the expressed gender. Fortunately, there is no defined transition path. The transition is different for each person and is based on the needs of the person involved. However, health requirements, the social environment and the financial situation of the individual also play a role. Transitioning can involve social/societal, medical and legal steps. After coming out internally and becoming aware of one’s own gender identity, the following points, among others, may follow:

- Coming out to close friends and family
- Expressing the wish to be addressed by other names and/or pronouns
- External representation in the expressed gender (e.g. through clothing)
- Coming out at work or school
- Starting therapy (a requirement if you wish to undergo a medical transition)
- Legally changing your name and civil status (often a lengthy and costly process involving specialist reports and court appearances)
- Hormone replacement therapy (hormones must be taken for life to keep their effect)
- Body reassignment operations (e.g. adjustment of primary and secondary gender characteristics)

For non-binary people, some of the medical and legal steps are very difficult to reach, or may only be reached indirectly, as the system we live in is geared towards a binary gender image.

Which legal aspects have to be considered?

The situation for trans* people under law is currently changing. It is an important step for many trans* people to have their first name and/or gender corrected by law. Until new legislation is created for trans* people, unfortunately old regulations according to the “Act on changing first names and determining gender in special cases” (Act regarding Transsexuals/TSG). This act still provides for a procedure requiring a hearing at the competent local court. (In some federal states this is regulated centrally by a competent court, in others by the nearest local court according to place of residence). This procedure also involves the preparation of two psychiatric reports. For many years this approach has been considered by both the community and politically to be out of date and discriminatory. Although there are different (and largely similar) legislative proposals from political parties and the community, the actual legislative process has been repeatedly postponed in recent years. As we are talking about proceedings before a court here, legal aid can be applied for. Changing your first name and gender is also possible in Germany regardless of the applicant’s residence status – they just have to live in Germany. However, this change only applies in Germany and would likely not be accepted in many other countries.

Even if being addressed in the desired way with the desired name is possible in most areas of life, there is only a legally enforceable obligation to do so after the name or gender has been legally changed. This means that trans* people still have to rely on the understanding and goodwill of others. Another big issue is that legislation up until now can only apply to binary trans* people. For non-binary trans* people, there is currently no option to change their gender to a third gender option (often referred to as “x” or “other” in administrative situations), neither through the TSG (Act regarding Transsexuals) nor through the new civil status law. In the meantime, some trans* people have succeeded in fighting for a change to using the third gender option, but unfortunately the corresponding judgments have not yet led to a general change in the procedure at the courts or registry offices. There is hope that there will soon be a clearer legal regulation which considers non-binary trans* people and a removal of the requirement for specialist reports. Putting an end to special separate legislation and integrating the law regarding the civil status of trans* people into general civil status legislation, as well as a change in responsibility away from the courts to registry offices would also be an important and necessary step.

What kind of support does the German health system (not) provide?

First of all, it should be noted that health insurance providers in Germany are obliged to provide benefits in terms of actual treatment and support (including body altering measures). Unfortunately there is currently a large discrepancy in content between the “S3 Guideline – Gender Incongruence, Gender Dysphoria and Trans Health: Diagnosis, Advice, Treatment” (by the Working Group of the Wissenschaftlichen Medizinischen Fachgesellschaften e.V. – AWMF) and the “Assessment Instructions – Gender Reassignment Measures in Transsexualism” (by the Medizinischer Dienst des Spitzenverbandes Bund der Krankenkassen e.V. - MDS), which concerns the necessary requirements for measures to be taken. Therapeutic work is primarily based on the “S3 Guideline”, but should not ignore the requirements of health insurance providers in the “assessment instructions”. Employees of health insurance providers and doctors at the MDK generally adhere closely to the requirements of the assessment instructions. This should therefore be strongly taken into account when formulating indication letters and specialist reports.

The health insurance providers’ obligation to provide benefits applies to all medical and therapeutic measures that are associated with an established state of suffering. This unfortunately means that there must be a corresponding therapeutic indication for all measures. For individual measures, health insurance providers repeatedly request up to two additional psychological or psychiatric reports. The following benefits are explicitly named in the assessment instructions: hormone treatment, epilation treatment, genital reassignment surgery and breast surgery, voice and larynx corrections as well as aids such as wigs and epithesis. Measures not explicitly named in the assessment instructions must either be very well justified or are generally considered to be “cosmetic surgery” (operations that are not medically necessary), which you have to pay for yourself.

Which medical options are available during transition?

Accompanying Therapy:

Seeing a therapist while transitioning is unfortunately, as described above, still a prerequisite in order for health insurance providers to assume the costs for all further medical measures – this is why therapy starts at the beginning of the medical transition. Nonetheless, it would be desirable for therapy to take place on a voluntary basis in future.

Hormone Therapy and/or Puberty Inhibition:

For many trans* people, the start of hormone treatment (taking hormones of the desired gender) is an important milestone. Over the course of hormone treatment, the first physical characteristics change towards those of the desired gender. For young people at the beginning of puberty, the option of hormonal puberty inhibition is a feasible intermediate step to ensure that the individual's level of suffering doesn't worsen. While the process of inhibiting puberty is reversible, hormone treatment entails changes that are irreversible or not so easy to reverse after a certain amount of time. Both should always be carried out under medical supervision.

Gender Reassignment Surgery(ies)

The term gender reassignment surgery is used to describe various surgical interventions to adjust the body to its gender identity. Some of these procedures are briefly elaborated upon here. There are however other possible options and various surgical procedures. It is important to always be well informed about the respective interventions and procedures, and, where possible, it is recommended to visit several clinics for a first opinion.

Mastectomy (for trans* males): This refers to the readjustment of the male breast. There are basically two different procedures. The choice of procedure also depends on the breast size of the person in question.

Breast Surgery (Breast Augmentation) for trans* females: The costs for this surgery are only borne by the health insurance provider if an established suffering has been proven in the patient. Whether the breast has already grown somewhat through hormone use also plays a role here.

Hysterectomy: This refers to the surgical removal of the uterus. This procedure is carried out in conjunction with the removal of the ovaries and fallopian tubes. In many cases this procedure is also undertaken to reduce the risk of cancer during ongoing hormone treatment.

Phalloplasty: Forming a male phallus (penis). There are several methods that differ in terms of appearance, difficulty of operation and procedure. This procedure is often combined with testicular plastic surgery. It is recommended that you read up on the various methods and outcomes before undergoing a procedure.

Vaginoplasty: Reconstruction of the female genital organs. In this case there are also several options that differ from one another specifically. The aim here is to achieve the most authentic look possible.

Epilation Treatment: Removal of body hair using various methods. (Laser and light therapy procedures, electrolysis or needle epilation procedures). In the case of trans* females, the removal of facial hair is covered by health insurance providers, once all requirements are met.

Vocal Cord Surgery: Various surgical techniques with the aim of changing the voice to a female sound profile. This operation is risky and results are only partially expectable. For this reason, the alternative of speech therapy (voice therapy) should be exhausted first.

Facial Feminization: This term encompasses a whole series of surgical interventions in the facial area, all of which aim to achieve a “more feminine” appearance. If such procedures cannot be confirmed to be medically or therapeutically necessary, they fall under the term “cosmetic surgery” and must then be paid for accordingly.

Further Complementary Measures:

- Speech Therapy: Voice Therapy with the aim of adjusting the voice profile to that of the gender identity.
- Epitheses: Aesthetic “prostheses” that replicate the female breast or male phallus.
- Wigs: If justified, the costs are to be borne by the health insurance provider.

What else is important?

Openness, patience and appreciation from those around you make it easier to cope with the medical and legal requirements and hurdles on the path of transition. Thanks to the increased visibility of trans* people in the media, further training services, the possibilities of the internet and other developments, an increasingly realistic public image of trans* people has been formed. Friends and family are often happy to provide support as a result. Reactions of rejection are often due to a lack of knowledge and personal fears. Having conversations can help in this regard. Usually, however, more people react positively to coming out than one would expect. Patience can also be an important factor. Your own inner coming out process can take a long time and others around you will also need time to deal with the topic. You also have to be patient with yourself. If your own path is clear, you might get the feeling that things aren't moving fast enough. At this point it is important to keep reminding yourself of your own goals, analyze how realistic and achievable they are, to maybe take a step back every now and then, give yourself the time to get used to everything and celebrate the goals that have already been achieved on the road to transition. The support of other people who listen to you and encourage you is also important in this process. You can find opportunities to exchange ideas with people who are on a similar path through self-help groups, coming out youth groups and online. The feeling of not being alone can be very relieving. Being able to talk to someone who simply listens and takes worries and fears just as seriously as positive experiences related to the transition can be a great source of relief. These people could be therapists, friends or family members. Specialists can now take advantage of further training services and many companies increasingly have diversity management teams that also take LGBTIQI* people into account.

Partnerships

Authors?

Same-sex partnerships work just as well as mixed-sex ones. Gay and lesbian couples' relationships are just as happy as those of heterosexuals. They are also as long lasting. The factors that make a relationship satisfying, committed and long lasting are largely similar in both cases (APA, 2008).

In this context, we would also like to refer to the study by Riggle et al. (2010), which demonstrates significantly lower stress levels and higher levels psychological wellbeing for same-sex couples in steady relationships. This heightened level of wellbeing is even higher in the case of same-sex couples who have entered into a state-recognized partnership.

However, like mixed-sex partnerships, same-sex partnerships are not without their difficulties. Two possible problem areas in terms of male-male partnerships were highlighted at the expert conference of the VLSP in 2009: the specific challenges that HIV discordant couplesface, and domestic abuse in homosexual partnerships.

In the context of analysing the particularities around lesbian couples, we recommend the somewhat older, but still current book by therapists D. Merilee Clunis and G. Dorsey Green

entitled “Geliebte – Freundin – Partnerin” (Lover – Girlfriend – Partner) (1995). The authors here address in detail the joys and challenges that come along with being a couple. Topics include closeness and distance, cohabitation, family, age, sex, monogamy and communication. A considerable portion of the book deals with differences, be they related to ethnicity, age, physical or social.

References:

- American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, DC. Available at <http://www.apa.org/topics/orientation.pdf>. Copyright © 2008 American Psychological Association.
- D. Merilee Clunis & G. Dorsey Green (1995). *Geliebte – Freundin – Partnerin*. Berlin: Orlanda.
- Riggle, E. D.B., Rostosky, S.S. & Horne, S.G. (2010). Psychological Distress, Well-Being, and Legal Recognition in Same-Sex Couple Relationships. *Journal of Family Psychology*, 21 (1), 82 – 86.

HIV

Authors?

HIV is a virus that infects the human immune system, attacks the body's immune cells, destroys them and uses their DNA to multiply in the blood, causing a decrease in the number of cells of the immune system, which leads to the weakening of the immune system gradually to render the body more susceptible to other viral, bacterial and more diseases. This can finally lead to the disease known as AIDS.

But being HIV positive and having AIDS is not the same. If you are HIV positive then you can use virus-suppressing treatment so that the effect of the virus on your body is almost non-existent.

Living with HIV:

HIV positive people can lead largely normal lives and people around them do not need to be in constant fear of virus transmission. HIV can only be transmitted through ways such as blood transfusion, unprotected sexual intercourse, and sharing injection needles. People with HIV neither need to isolate themselves nor do they have to disinfect their surroundings. Unfortunately, since this is not yet widely enough known, HIV-positive people continue to be subjected to discrimination and exclusion by others.

Psychological support for HIV-positive people:

Newly diagnosed people may not have enough knowledge about what their condition means, the possibility of treatment, and whether there will be a change in their social life. This causes a lot of questions, fears and sometimes even trauma. The psychological impact can therefore be severe on newly diagnosed individuals. It is therefore advised to seek support with psychological counseling or therapy after being diagnosed with HIV. This helps to avoid the formation of future mental health issues and it helps the diagnosed person to deal with simple changes that may come in his daily life and enhances chances of successfully dealing with potential social obstacles as well.

Prejudices and Discrimination

Germany as well has a long history of discriminating against LGBTQI people.

History

Social discrimination against LGBTQI people:

Authors: Leyla Jagiella & M. Albarzawi

Although the law protects the rights and freedoms of LGBTQI* people, they are often subjected to various forms of discrimination in the surrounding social environment, at schools, educational and sports centres, and in the work environment. The adoption of laws recognizing and protecting the rights of homosexual people does not necessarily mean that all social contexts in a given society accept them and respect their freedom.

Different forms of discrimination and violence against LGBTQI* people:

The severity and forms of discrimination against LGBT members vary, ranging from allusions and microaggressions, images and slogans, to direct verbal or even physical violence.

Homophobia:

In many societies there exist prejudices against people engaging in homosexual acts or having homosexual relationships. These prejudices can be expressed in ways ranging from insults over legal discrimination up to physical violence. Homophobia is often intertwined with transphobia and femiphobia e.g. gay men are often ridiculed as too feminine, lesbian women as too masculine.

Transphobia:

In many societies trans people are the most common victims of discrimination against lgbtqi* people because they are most easily identifiable in society. Trans people also experience discrimination within the lgbtqi* community e.g. because many gay men and lesbian women lack awareness about trans* issues.

Femiphobia:

Femiphobia is the rejection of feminine behavior and appearance in individuals in general and people assigned the male gender at birth in particular. Feminine men are often ridiculed and their gender identity is questioned. This is an issue not only in mainstream society but also within gay culture.

Racism within the LGBTQI community:

Discrimination based on race is one of the most prominent forms of discrimination found within the LGBTQI* community. Individuals belonging to ethnic minorities and different cultural backgrounds may feel marginalized by the majority. PoC lgbtqi* people also often face specific prejudices with regards to the way they deal with their gender identity and sexual orientation. Racism can also take the form of tokenizing or fetishization. In that context, lgbtqi* people of colour are often expected to fulfil specific roles and to cater to specific fantasies.

What can people do to reduce prejudice/discrimination towards LGBTQI* people?

Source: Text from APA, edited by Uta Krüger, Dr. phil. Gisela Wolf, Luise Kenntner

LGBTQI* people who want to combat prejudice and discrimination should be open about their sexual orientation and/or gender identity. In openly acknowledging their sexual orientation or gender identity, they thereby give heterosexuals and cissexuals the opportunity to have personal contact with LGBTQI* people who live their lives openly, allowing them to be perceived as individuals. This is important, as studies on prejudices in general, and prejudices against homosexual people in particular, repeatedly show that prejudices are reduced when the majority and minority come into contact with one another. Following this pattern, the

strongest factor in terms of the acceptance of LGBTQI* people by hetero and cissexual people is having personal contact with an LGBTQI* person. For example, having a negative attitude towards homosexuals is far less common in people who have homosexual friends or a homosexual family member – especially when the person in question has come out to this person personally.

Hetero and cissexual people who want to help in reducing prejudices and discrimination can consider their own way of dealing with hostile stereotypes and prejudices towards homosexual, trans* and intersex people. They should attach particular importance to getting to know LGBTQI* people and fight against prejudice and discrimination with them and the LGBTQI* community.

A good opportunity to do this could be at a family celebration, for example. Hosts who fear that an upcoming family celebration might not run smoothly can consult the advice of an advisor (Kiel) at the psychosocial women's advice center, Donna Klara: "Family Celebrations with Lesbian Daughters - Ingredients for Success" ("Familienfest mit lesbischen Töchtern - Zutaten für ein gutes Gelingen"). Most of the tips are also suitable for family celebrations with gay sons.

Furthermore, heterosexual and cissexual people can work to make coming out easier by making other heterosexual and cissexual people aware of their judgmental or discriminatory behavior. Heterosexual and cissexual allies can stand for anti-discrimination campaigns that include sexual orientation and gender identity, and support politicians and organizations that advocate equality for LGBTQI* people.

Reference:

APA = American Psychological Association. (2008). Answers to your questions: For a better understanding of sexual orientation and homosexuality. Washington, DC. [verfügbar unter <http://www.apa.org/topics/sexuality/orientation.aspx>].

LGBTIQ* Rights

Authors: Psych. (M.Sc.) Lu Kenntner & Moe Albarzawi

The legal situation for LGBTQI* persons differs around the world. Over the past few years there have been significant improvements towards equality in some countries, but also deteriorations in others. This often depends on the current political situation in a given country. Homosexuality is still a criminal offence in some 80 countries worldwide. Those affected are threatened with forced marriages, fines, prison sentences, torture or even the death penalty. This discrimination usually emanates from governments, religious institutions and parts of mainstream society. An overview of the rights of LGBTQI* persons worldwide was published by The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA): <https://ilga.org/maps-sexual-orientation-laws>. It should however be noted that laws do not always fully reflect how LGBTQI* issues are really dealt with in society. The situation for trans and intersex persons is more seldom rooted in law. Generally levels of marginalization, persecution, poverty, violence and murders of trans and intersex persons are still very high worldwide.

Even in Germany, where rights of LGBTQI* persons are largely protected, discrimination is still somewhat present. Hetero and cis sexuality are still considered the norm and are attribut-

ed to everyone. Furthermore, there are societal prejudices, which can take the form of discrimination towards persons who do not correspond to hetero and cisnormativity.

The following are some legislative developments in Germany:

- Same-sex marriage has been legal since October 1, 2017.
- The adoption of stepchildren first became legal in 2005.
- Any discrimination on the basis of ethnic origin, gender, religion, disability, age or sexual orientation is illegal and leads to the fulfillment or termination of civil law obligations (Part 3, section 19 of the German General Law on Equal Treatment (Allgemeines Gleichbehandlungsgesetz).
- Discrimination in the workplace and in the provision of goods and services is prohibited nationwide (the catholic church can dismiss persons who have entered into a same-sex marriage).
- Trans persons have been able to change their legal gender since 1980.
- Since the end of 2018, people can choose a third gender "divers" on legal records, as long as a doctor has certified "differences of sex development". However, for many non-binary persons this is still not an option.

For further information, see: <https://handbookgermany.de/en/rights-laws/lgbtiq.html>

Intersectionality

When speaking about terms, categories and identities, it is important to consider that the identity of a person is made up of a number of structural categories that cannot be added together, but rather have to be seen as interwoven and linked. The various categories include sex/gender, sexual orientation, ethnicity, class, nationality, age, religion, health, /body type etc.. The word intersectionality describes this interaction between different positions of social inequality. It also serves to analyze societal power and oppression regimes.

Sources:

http://www.antidiskriminierungsstelle.de/SharedDocs/Downloads/DE/publikationen/Expertise_n/Expertise_Mehrdimensionale_Diskriminierung_jur_Analyse.pdf

<https://gender-glossar.de/i/item/25-intersektionalitaet>

<https://www.gwi-boell.de/de/2019/04/28/reach-everyone-planet-kimberle-crenshaw-und-die-intersektionalitaet>

Traditions and Migration

Authors: Dr. phil., Dipl.-Psych. Jochen Kramer

LGBTQI* in different Countries and Religions

LGBTQI* persons have always existed and are present to more or less the same extent in all countries around the world. The fact that they were not so visible in the past, or even still today in some countries, can be attributed to the repression that LGBTQI* persons have experienced or continue to experience. In principal, being LGBTQI* does not necessarily contradict religious beliefs; most major world religions also feature more liberal interpretations of religious writings or rules. In many regions and religions around the world, the rejection of LGBTQI* persons was first “exported” from Europe in the time of colonization (source: AI2013 on Homosexuality).

The Meaning of Cultural Traditions

In some families or societal groups, being LGBTQI* is viewed as incompatible with their traditions. In this way, religious and ethnic traditions make it difficult for LGBTQI* persons to live their lives the way they would like. Religious and ethnic traditions can however also be an important source of strength. Whether ethnic and religious traditions and values have an empowering or debilitating effect depends (according to Kizilhan...) on whether the following factors in the family or community of the individual apply:

- Religious or ethnic traditions are lived openly and supportively (= source of strength) or in a more strict manner affecting daily life (= obstacle)
- Integration into the social environment is good (= source of strength) or not good (= obstacle).
- All members are granted the same rights (including all genders), the wellbeing of each member takes center stage and violence is rejected as a means of education (= source of strength), or a strongly hierarchical patriarchal structure reigns, there is a strong concept of honor, sexuality is controlled and violence is used as a means of education (= obstacle).

How these traditions are lived in reality is therefore crucial. It depends whether these traditions turn out to be resources or hazards. It does not depend on which religion or ethnic group one belongs to.

When traditions in their own environment are lived in such a way that they endanger the wellbeing of LGBTQI* persons, it is all the more difficult to be clear with yourself as to how to live your life in a such a way that you can be true to your sexual orientation and gender identity in a way that fits in with your beliefs and ethnicity (inner coming out)
It is all the more difficult to openly show yourself to others as you are (external coming out)
It is therefore all the more important to get support from people who are culturally sensitive and supportive of LGBTQI* persons. This can also be an important criterion when seeking psychological support.

Further links for persons with LGBTQI* and migration backgrounds

People coming from migrant backgrounds who grapple with the question as to whether they identify as having a homo, bi or transgender identity often face particular challenges arising from the relationship or interplay between their sexual orientation and their cultural background.

In 2010 on behalf of the LSVD, Prof. Dr. phil. Melanie Steffen published the first study on the living situation of gay and lesbian persons with migrant backgrounds. The findings of the study, as well as a summary of them, can be found on the website www.migrationsfamilien.de.

The LSVD has created an online methodological manual for educational activities with migrant families on the subject of homosexuality. This can be found on the same website as above.

Furthermore, donna clara, a psychosocial counselling centre for women, has released a flyer on lesbian life and migration in Schleswig-Holstein [<INSERT LINK>](#).

In our project “Arrive Differently – Understanding Diversity” (“Anders ankommen – Vielfalt verstehen”) we engage with the situation of LGTBQI* persons who have fled their home country. In this project we have developed some handouts for language mediation that can be downloaded in the downloads section of the website.

Project "Anders ankommen – Vielfalt verstehen"

The Project "Arriving differently - Understanding diversity"

The project is aimed at lesbian, gay, bisexual, trans, intersex and queer refugees and provides information on LGTBQI* life realities in various languages on this website. You can find multilingual information providing an overview of various sexual orientations and gender identities, on topics such as coming out, health, advocacy and therapy, as well as the topic of language mediation in advising LGTBQI* persons.

The project is also aimed at interpreters and psychosocial and therapeutic specialists, as well as voluntary and full-time helpers of refugees or migrants: Many LGTBQI* refugees experience particular exclusion in their countries of origin and while fleeing; some are traumatized. They also experience multiple discrimination here in Germany and need special protection. In order to meet their needs and adequately support LGTBQI* persons who have a refugee background, specified knowledge, an appreciative approach and sensitive language are required.

We offer workshops and advice:

In order to learn and better understand the diversity of sexual orientation and gender identity, or be able to transmit it more appropriately

In order to find out more about the situation and needs of LGTBQI* refugees and migrants

In order to work out concrete options for action together in practice

To answer your questions.

Can we be of support to you? Then contact us:

Contact

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