

**ATME e.V.**

Aktion Transsexualität und Menschenrecht<sup>1</sup>

*(Campaign Transsexuality and Human Rights)*

**Statement  
to the WHO  
about the necessary abolition  
of the diagnoses F.64.0 to  
F.64.9  
(transsexualism)**

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ATME e.V.

Aktion Transsexualität und Menschenrecht e.V.

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Committee on Economic, Social and Cultural Rights:

*"The Committee notes with concern that transsexual [...] persons are often considered to be persons with mental illness [...] have led to discrimination against these persons as well as to violations of their sexual and reproductive health rights. (art. 12, 2.2)<sup>2</sup> "*

## Content

<b>Preamble</b> .....	<b>3</b>
<b>ICD und DSM</b> .....	<b>4</b>
<b>ICD, DSM and human rights violations</b> .....	<b>4</b>
<b>The background of ICD- and DSM-Diagnoses</b> .....	<b>5</b>
Psychoanalytical Ideologies:.....	5
John Money, The 60s and the Transformability of Sex.....	6
John Money, Psychoanalysis and WPATH.....	8
<b>Biological causes of transsexuality</b> .....	<b>10</b>
<b>Neurobiology: Dick Swaab</b> .....	<b>10</b>
<b>Genetics: UCLA/Prince Henry's Institute</b> .....	<b>11</b>
<b>Twin Studies</b> .....	<b>12</b>
<b>Transsexuality – a form of Intersexuality</b> .....	<b>12</b>
<b>Transsexuality and psychological disorders</b> .....	<b>14</b>
<b>Human Rights Facets</b> .....	<b>16</b>
<b>Conclusion</b> .....	<b>19</b>
<b>The Aktion Transsexualität und Menschenrecht e.V. (ATME)</b> .....	<b>21</b>

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2 Committee on Economic, Social and Cultural Rights, Forty-sixth session, Geneva, 2-20 May 2011, Consideration of reports submitted by States parties under Articles 16 and 17 of the Covenant, Concluding Observations of the Committee on Economic, Social and Cultural Rights, Germany, Passage 26

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## Preamble

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When we talk about Transsexuality, we firstly don't talk about gender. When we talk about Transsexuality we don't talk about sex changes. When we talk about Transsexuality, we talk about persons, who belong to those persons who were born with a sexual especialness – that is to say, girls who are born with a penis and xy-chromosomes and about boys who are born with a vagina and xx-chromosomes. Our knowledge about sexual variations tells us: transsexual people do exist in nature. We conclude that the self-expression of transsexual people about their sex is true. We also conclude that no man on earth does have the right to raise doubt about this truth by establishing laws or medical standards that define transsexual people as biologically non-existent or unnatural.

However, despite this, reality is quite different today for transsexual people - awareness of their sex, which is expressed with statements like "I am a girl" or "I am a boy" is still considered a mental disorder and is sold as such to the public. The discourse turns to so called „sex changes“; for example, a transsexual girl could be changed by operation from a "boy with a gender identity disorder" and „becoming a girl“ instead of recognizing her original sex.

Transsexual people are people born into the wrong bodies, a fact backed by numerous scientific examinations. Despite this, however, transsexual people are still considered legally and medically as mentally disordered and are victims of prejudice and extreme religious perceptions.

In 1995, scientists were able to prove for the first time that transsexual women are actually women, because anatomically they have a female brain. Further brain research may show that the brains of transsexual women are not only anatomically female, but also function just like female brains.

Scientific sex research is convinced by now that the knowledge about the own sex is determined before birth and cannot be changed after birth; therefore, transsexuality cannot be cured by therapy.

We demand the WHO to remove transsexualism from the F-section of the ICD in order to clarify that transsexual people may no longer be compulsory pathologized or declared to be mentally disordered.

The WHO should remind international psychologist and psychiatrist associations that the forced pathologization of transsexual people is a violation of human rights.

The WHO should, in particular, demand that the APA, the American Psychiatrists Association, to delete the term "gender identity disorder" or „gender dysphoria“ from the DSM without replacement and discontinue their practice of human rights violations against transsexual people. In addition to this the WHO should point out the fact, that Transsexuality primarily doesn't have to do with gender roles, but is existent per se.

### ICD, DSM and human rights violations

The discrimination of transsexuals is based on the intentional false representation of transsexuality (transsexualism) in the ICD and DSM. Psychoanalysts and devotees of John Money<sup>3</sup> have a strong influence over the ICD and DSM<sup>4</sup>. They even lead the formulations in the DSM (see below).

Therefore, it is no wonder that rather transsexuality is merely considered and described from an ideological viewpoint.

Transsexuals are thus always forced to declare themselves mentally disordered (diagnosis according to the ICD: F64.0) in order to be able to change their birth name and their sex on record and undertake necessary medical procedures – not only in Germany. In the light of this diagnosis, transsexual women are defined as mentally ill (biological) males and transsexual men are defined as mentally ill (biological) females instead of accepting, that transsexual people – people whose body characteristics partly differ from their true sex – really exist.

300 organizations from 75 countries and numerous individuals, including 3 Nobel Prize winners, have already signed the international call to action "*Reject Transphobia, Respect Gender Identity: An Appeal to the United Nations, the World Health Organisation and the States of the World*"<sup>5</sup>. Notable signers include: Green party member Daniel Cohn-Bendit, the famous feminist Judith Butler, former President of the EC Commission Jacques Delors, and Nobel Prize winner in literature Elfriede Jelinek.

The signers see the main causes of discrimination as the false and unscientific assumption that transsexuality is a mental disorder and the classification associated with this in the ICD (published by the World Health Organization) under F64.0.

*"This is why we ask:*

- *The W.H.O. to stop considering Trans people as mentally disordered [...]*
- *The States of the World*
  - *to adopt the international Yogyakarta Principles and ensure that all Trans people benefit from appropriate health care, including gender reassignment if they so wish; [...]*

The UNESCO Declaration of Principles on Tolerance also state that:

*"[Tolerance] also means that one's views are not to be imposed on others."*

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3 John William Money (8 July 1921 – 7 July 2006) was a psychologist, sexologist and author (Wikipedia)

4 The DSM V-taskforce, charged with revising the "gender identity disorder" section, is thus a group of good "buddies" who describe one another as friends and all adhere to Money's and psychoanalytical ideologies. In Germany this is considered "nepotism".

5 The complete IDAHO text is available at: <http://idahomophobia.org/wp/?cat=34&lang=en>

## The background of ICD- and DSM-Diagnoses

### *Psychoanalytical Ideologies:*

*„In this country, psychology and psychoanalysis still dominate the field of sexual deviations. Many psychologists, particularly analysts, have little biological background and training. Some seem actually contemptuous of biological facts and persistently overstate psychological data, so much so that a distorted, one-sided picture of the problem under consideration results.“*

(Harry Benjamin, M.D.: *The Transsexual Phenomenon* (1966))

In contrast to Harry Benjamin's opinion, transsexuality to psychoanalysts (and the like) is a disorder and not an inherent trait, but rather something that develops after birth<sup>6</sup>. This includes that persons who do not find their identity in their genitals, but in their brain<sup>7</sup> are considered to have a "gender identity disorder" or „gender dysphoria“.

The so-called "gender identity disorder in childhood" supposedly leads to either homosexuality or transsexuality according to psychoanalytical based theory<sup>8</sup>.

*"Unlike in the past, today the early manifestation of gender identity disorders and sexual orientation toward men are seen as belonging together... in light of the fact that the majority of boys with a manifested gender identity disorder in childhood become homosexuals and only a minority become transsexuals." (Sophinette Becker)<sup>9</sup>*

The thesis, that for e.g. transsexual women are intrinsically „homosexual males,“ is raised often in the environment of a psychoanalytic orientated sexology and it is part of the psychopathologization of transsexual people:

*„Thus one finds in biological males persons, who experienced themselves living in the wrong body since infancy, as well as men, who have previously taken a gay way.“ (Hertha Richter-Appelt)<sup>10</sup>*

For Psychoanalysts, transsexuality along with homosexuality are classified as a consequence of a childhood mental disorder (that could develop differently later on) that is considered to be curable, which is why

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6 "Today there is a consensus that a persisting transsexual longing is the result of sequential influencing factors found in various stages of psychosexual development that have potential accumulative effects." Sophinette Becker, Hertha Richter-Appelt, German Society for Sex Research, *Journal of Sex Research* (German: *Zeitschrift für Sexualforschung*), Sept. 2001.

7 ICD 10 and DSM-IV

8 Professor Mayenburg: *"The majority of gender identity disorders in childhood constitute a preliminary stage of homosexuality."* Source: <http://www.vivats.de/zeitung/00-2/artikel/mayenburg.html>

9 Sophinette Becker: *Transsexualität - Geschlechtsidentitätsstörung*. In: Götz Kockott/Eva-Maria Fahrner (Editors): *Sexualstörungen*. Thieme Verlag Stuttgart New York 2004, p. 172 [English: *Transsexuality - Gender Identity Disorder*. In: Götz Kockott/Eva-Maria Fahrner (Editors) : *Sexual Disorders*]

Sophinette Becker is a psychoanalyst and primary author of "Standards for the Treatment and Assessment of Transsexuals" (German: "Standards zur Behandlung und Begutachtung von Transsexuellen" (SBBT)), and a member of the German Society for Sex Research. Together with Bernd Meyenburg, she is active at the Institute for Sexology in the clinic of the J. W. Goethe University in Frankfurt.

10 Richter -Appelt, Hertha, Verena Schönbucher, Katinka Schweizer (2008): *Transsexualität versus Intersexualität, Zwei unterschiedliche Varianten der Geschlechtsentwicklung*. Gynäkologie + Geburtshilfe, Bayerische Landesärztekammer 2008, Seite 25

reparative therapies are practiced worldwide on children with a so-called "gender identity disorder".

### ***John Money, The 60s and the Transformability of Sex***

It was in the 60s that the theory of "Transformability of Sex" hit the mainstream and people began to believe that the sexual identity of a person has not necessarily anything to do with nature.

John William Money<sup>11</sup> developed a theory that purports sexual identity develops according to the genitals:

*"Upon birth, the form of the genitals determines behavior in the environment and self-perception of the genitals the body image. Body image, environment and the brain, shaped by hormones, form the childhood gender identity and role; hormones during puberty would cause the appearance of the body to change and influence "pubertal eroticism," leading to the further development of the adult gender identity"<sup>12</sup>*

This ideology can be summarized with: "the psyche is a result of upbringing as well as the genitals". John Money's (and others) conclusions were thus:

- Gender and Sex are transformable (you can create men out of women and women out of men) as a result of upbringing and/or genital changes
- Transsexuality is a mental disorder because the psyche has not developed analogous to the genitals
- Persons born with ambiguous genitals can be assigned a sex by altering their genitals (by surgery) and raising them properly<sup>13</sup>

Money also applied his theory of „psychosexual neutrality“ to transsexuals. John Money published his first book (with Richard Green) in 1969 about his opinions regarding the treatment and diagnosis of transsexual people<sup>14</sup>. This was the inception of the „standards of care“. Whoever reads deeper into the recommendations made by John Money and Richard Green<sup>15</sup> in the 1960s will discover their work contains the origins of the same human life disdaining treatment methods still practiced today<sup>16</sup>.

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11 born July 8, 1921 in Morrinsville, New Zealand; deceased July 7, 2006 in Towson, Maryland. Money migrated in 1947 to the United States and studied psychology at the University of Pittsburgh. He earned his PhD in psychology from Harvard University. He had no children. Money was a professor for medicinal psychology at John Hopkins University from 1951 until his death.

12 Volker Weiß on John Money, in: *"Eine weibliche Seele im männlichen Körper". Archäologie einer Metapher als Kritik der medizinischen Konstruktion der Transsexualität*. Dissertation, FU Berlin, 2007. p. 388  
[English: *A Woman's Soul in a Man's Body: Archeology of a Metaphor as Critique of the Medical Construction of Transsexuality*]

13 This is the premise even today for common forced surgeries on intersexual persons, mostly as children and sometimes in later years, whose genitals are organically adapted to a certain gender appearance (by surgery) without their knowledge or consent. More information is available at:  
[http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/AIP\\_Germany43\\_en.pdf](http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/AIP_Germany43_en.pdf)

14 Richard Green, John Money: *Transsexualism and Sex Reassignment*. The Johns Hopkins Press 1969.

15 The term "transsexualism" emerged for the first time as a mental disorder in the DSM-III. The names "John Money" and "Richard Green" are included on the list of responsible authors.

16 The following diagnostical criteria for transsexuals is thus found in the above-mentioned work, among others, including the "real life test": "- *The test person must be 'authentically' motivated, i.e.: Identification with the opposite*

So from which transsexual people suffer, is a definition of sex that openly or indirectly highlights a person's phallus or lack thereof in the centre as the primary definition of sex and a pretending, that standardized gender-role-behaviour could be derived from reproductive organs.

To gain recognition that in reality humans are not just composed of a penis or a vagina, but rather that the sexual facets of humans are much more present and multifaceted in the expression of their characteristics<sup>17</sup> is the greatest task in once and for all ending the human rights crimes being committed against persons with special sexual characteristics.

*"Beyond its meaning and usage in grammar, the term "gender (role)" was introduced in the 50s by psychologist John Money (1921-2006) in order to separate social gender affiliations from biological sex characteristics. He [...] wanted to prove that not biology, but socialization and visual appearance are responsible for the feelings of gender association.*

*In 1967, a two-year-old boy named Bruce Reimer was surgically "changed into a girl" at the recommendation of Money when he was injured in a poorly conducted circumcision. His parents supposedly raised him as "Brenda" with Money's help. Money presented the case in his book "Man & Woman, Boy & Girl"<sup>18</sup> (1973) as documentation of a successful gender reassignment.*

*But David didn't want to be a girl. After a troubled youth, he learned the truth about his sex in 1980. Once again, he underwent a surgery to „became a man“ again - to the greatest extent possible - and renamed himself David. He recounted his tragic story in a 1997 book titled "As Nature Made Him: The Boy Who Was Raised as a Girl"<sup>19</sup>. In 2004 he took his own life.*

*The tragic fate of Reimer and other patients "treated" by Money did not hinder the lasting academic (and political) success of his concept. "A sort of global gender consensus has captured the world regarding all disciplinary limits and has penetrated all political groupings", wrote historian Tove*

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*sex and not the gender of the desired sex partner or other factors determines his/her longing.*

*- In contrast, a patient admitted to the gender identity clinic may not be a candidate for psychotherapy. (For 'real' transsexuals, behavior therapy, psychoanalysis and all other methods of mental influence fail).*

*- No indications whatsoever of mental illness or disorder may be found*

*- It must be able to be largely precluded that the patient will experience a sociocultural crisis situation upon finishing treatment. This risk is minimized, among other things, if the test person has lived exclusively or even predominantly for two years in the new gender role*

*- Marriages lived in the old gender roles must be absolved before beginning treatment."*

From: DIE ZEIT, 09.25.1970 No. 39

17 It is already known that persons with xy chromosomes have given birth to children. This is documented in reports from Frydman, R. (among others) et. al. (1988) "Pregnancy in a 46 XY patient", Kan, A.K.S., et. al. (1997) "Two successful pregnancies in a 46, XY patient" or Selvaraj, K., et. al. (2002) "Successful pregnancy in a patient with a 46, XY karyotype".

As a result: Neither the presence or lacking of a penis, nor a xx of xy set of chromosomes are suitable for determining a person's sex in 100% of cases. In case of doubt, a person's innate sexual identity is the best factor for determining the person's biological sex. This requires, however, complete respect for a person's own awareness of their "gender identity". Whoever respects a person's self-determination of their sexual identity could never declare them to be afflicted with a gender identity disorder.

18 Money, John, and Anke Ehrhardt. *Man & Woman, Boy & Girl: Gender Identity from Conception to Maturity*. Northvale, N.J.: Jason Aronson, 1996. Originally published: Baltimore: Johns Hopkins University Press, 1972. ISBN 1-56821-812-5

19 Colapinto, J (2001). *As Nature Made Him: The Boy Who Was Raised as a Girl*. Harper Perennial. ISBN 0-06-092959-6. Revised in 2006

*Soiland in "Glossar der Gegenwart" (2004) (translates as "Glossary of the Present")<sup>20</sup>.*

### **John Money, Psychoanalysis and WPATH**

*"[John Money]... was recognized in 2002 by the German Society for Social Scientific Sexuality Research (he worked for them) with the Magnus-Hirschfeld Medal for his life work." (Wikipedia)*

Volkmar Sigusch, one of Germany's most renowned sexologists and a devotee of the psychoanalysis, founded the so-called "International Academy for Sex Research" with John Money and others in 1973.

Friedemann Pfäfflin<sup>21</sup>, a psychoanalyst, the publisher of the „International Journal for Transgenderism“ and a former president of WPATH, wrote in his book "Sexualitäten" (Sexualitäten, 2008) about how he and his colleagues had not followed the British organization GIRE's<sup>22</sup> call to accept the biological facts (such as the innateness of transsexuality):

*"Richard Green,... founder and long-time editor of the Archives of Sexual Behavior, the official organ of the International Academy of Sex Research, Ken Zucker, current editor of the same journal, and I didn't act on the calling to sign this manifesto, we only wrote critical comments "*

The names that appear here are also interesting: you'll find the usual names from the International Academy of Sex Research but also names like Richard Green, the buddy of Money, and Kenneth Zucker<sup>23</sup>, an openly professed Money-Jungians who performs reparative therapies on transsexual and homosexual children and says, that an "atypical gender behavior" could be healed - assuming that a person's genitals are at the forefront.

Presidents of WPATH, such as Friedemann Pfäfflin, consider transsexuality to be an invention of the last century ("what we now call transsexuality was invented around the same time as psychoanalysis."<sup>24</sup>). Transsexual women, like Christine Jorgenson, are humiliated in principle by him and referred to as "he"

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20 Handelsblatt (Trade journal) from 19.09.2007: "Feministinnen erforschen sich selbst" ("Feminists are researching themselves") from 09.19.2007 by Ferdinand Knauss

21 Self-proclaimed German sexologists and psychoanalysts

22 <http://www.gires.org.uk/index.php>

23 *"The head of the child and adolescent gender identity clinic at Toronto's Centre for Addiction and Mental Health, Dr. Kenneth Zucker, has made a career promising the parents of intersexed, transsexual and transgender children that he can make them "normal". His method, called reparative therapy, in which children are pushed into assigned gender roles and discouraged from behaving or dressing in a way that is counter to their 'assigned' sex, was once standard practice, but in recent years, has been increasingly scrutinized. A 2003 report in the Journal of the American Academy of Child and Adolescent Psychiatry called his techniques 'something disturbingly close to reparative therapy for homosexuals,' and author Phyllis Burke has questioned the idea that transsexual children should be treated as mentally disordered, saying, '[t]he diagnosis of GID in children, as supported by Zucker and [his colleague J. Michael Bailey] Bradley, is simply child abuse.'"*

From: "Dr. Kenneth Zucker's War on Transsexuals" from the website:

<http://womenborntanssexual.com/2009/02/11/dr-kenneth-zuckers-war-on-transsexuals/>

24 Quotations in this paragraph are taken from the text: Pfäfflin, Friedemann (2008). Transsexuelles Begehren. In: Springer A, Münch K, Munz D (Hrsg) Sexualitäten. Psychosozial-Verlag, Gießen, 311-330

(*"Famous is the autobiography of George / Christine Jorgensen [...], an American soldier [...] As his family came from Denmark [...] "*<sup>25</sup>), Pfäfflin denies that Christine knew who she was (*"His [sic] thesis was: I'm born as a woman. [...] that no man knows from birth, whether he is woman or man"*<sup>26</sup>). Pfäfflin also claims the treatability of transsexuality, if the therapist indicates acceptance of transsexual people (*"If the patient feels being accepted, he can develop his own doubts and may give up the goal of a sex change."*<sup>27</sup>). Friedemann Pfäfflin holds transsexualism for a subculture, a "scene" (*"the scene of the afflicted"*<sup>28</sup>) and calls transsexual people *"the oscillating, negating, and transcendent."*<sup>29</sup>

These views are shared by the majority of the so called „experts.“ It should be clear that a person who understands transsexual women as "sex-changed men", as „lunatics“<sup>30</sup> and considers transsexuality not to be a variation of human life, but rather holds that it is a mental state, something *"oscillating, negating and transcending"*, has no understanding of transsexuality.

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25 ibid

26 ibid

27 ibid

28 ibid

29 ibid

30 Sigusch, Volkmar (1994): Transsexueller Wunsch und zissexuelle Abwehr. Fachzeitschrift Psyche 1995, 49, S. 811 - 837.

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## Biological causes of transsexuality

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### Neurobiology: Dick Swaab

Transsexual women have an anatomically female brain. This was shown by the scientists Zhou, Hofman, Gooren and Swaab. They examined in 1995 brains of dead transsexual women with the following results:

*„Here we show that the volume of the central subdivision of the bed nucleus of the stria terminalis (BSTc), a brain area that is essential for sexual behaviour, is larger in men than in women. A female-sized BSTc was found in male-to-female transsexuals. The size of the BSTc was not influenced by sex hormones in adulthood and was independent of sexual orientation. Our study is the first to show a female brain structure in genetically male transsexuals and supports the hypothesis that gender identity develops as a result of an interaction between the developing brain and sex hormones”<sup>31</sup>*

The excerpts below were taken from the book “We are our brain”<sup>32</sup> by Dick Swaab<sup>33</sup>:

*“All facts indicate that (...) (gender differentiation) takes place in the uterus. Small deviations in genes, which influence the effect of the hormones being involved in the development of the brain were found, increasing the probability of transsexuality. An abnormal hormone level of the fetus in the uterus or medication taken by the mother during pregnancy and which constrain the depletion of sex hormones could increase the probability of transsexuality. The differentiation of our sexual organs are implemented in the first half of pregnancy, while the differentiation of the brain is implemented in the second half. Both processes take place in different phases, which leads to the theory that these processes are influenced by different effects.” ((page.104))*

*“The sex organs of the fetus develop to male or female organs between the 6th and 12th week of pregnancy, dependent upon testosterone being produced or not. Later during the second half of pregnancy, the brain differentiates into a male or female direction. (...) During this phase our gender identification - the (...) (knowledge) to be a man or woman, is irreversibly manifested.” ((page 87))*

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31 Zhou, M.A. Hofman, L.J. Gooren and D.F. Swaab: A Sex Difference in the Human Brain and its Relation to Transsexuality.

See also: Wilson C J Chung, Geert J De Vries, Dick F Swaab: Sexual differentiation of the bed nucleus of the stria terminalis in humans may extend into adulthood.

also: FRANK P. M. KRUIJVER, JIANG-NING ZHOU, CHRIS W. POOL, MICHEL A. HOFMAN, LOUIS J. G. GOOREN, AND DICK F. SWAAB: Male-to-Female Transsexuals Have Female Neuron Numbers in a Limbic Nucleus

and also: Alicia Garcia-Falgueras and Dick F. Swaab: A sex difference in the hypothalamic uncinate nucleus: relationship to gender identity

32 Dick Swaab (2011): Wir sind unser Gehirn. Wie wir denken, leiden und lieben. ISBN: 978-3-426-27568-9. Droemer-Verlag (translated from German to English)

33 Dick Swaab born in 1944 is known as one of the internationally leading brain researchers. He was Professor for neurobiology at the University of Amsterdam and director of the Institute for Brain Research in the Netherland for 30 years. He was awarded numerous commendations for his research.

## Genetics: UCLA/Prince Henry's Institute

*„UCLA<sup>34</sup> scientists have identified 54 genes that may explain the different organization of male and female brains.*

*„Vilain<sup>35</sup> and his colleagues explored whether genetic influences could explain the variations between male and female brains. Using two genetic testing methods, they compared the production of genes in male and female brains in embryonic mice - long before the animals developed sex organs.*

*To their surprise, the researchers found 54 genes produced in different amounts in male and female mouse brains, prior to hormonal influence. Eighteen of the genes were produced at higher levels in the male brains; 36 were produced at higher levels in the female brains.*

*"Our findings may explain why we feel male or female, regardless of our actual anatomy," said Vilain. "These discoveries lend credence to the idea that being transgender --- feeling that one has been born into the body of the wrong sex -- is a state of mind.*

*"From previous studies, we know that transgender persons possess normal hormonal levels," he added. "Their gender identity likely will be explained by some of the genes we discovered."<sup>36</sup>*

Lauren Hare<sup>37</sup> et al (2009) added<sup>38</sup>:

*"In conclusion, our findings indicate a significant association between male-to-female transsexualism and the long polymorphism for the AR repeat. This finding links the androgen receptor and further implicates genes in the steroidogenesis pathway as playing a role in male-to-female transsexualism. We speculate that reduced androgen and androgen signalling might contribute to the female gender identity of male-to-female transsexuals. Further studies including replication in other populations, larger patient collections, and analysis of other polymorphisms, both for the genes studied here and other sex steroidogenesis genes, should be undertaken."<sup>39</sup>*

Study leader Associate Professor Vincent Harley, Head of Molecular Genetics at Prince Henry's Institute<sup>40</sup>, said:

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34 UCLA: The University of California, Los Angeles

35 Eric Vilain, MD, PhD. Professor, Human Genetics, Pediatrics, Urology at The University of California, Los Angeles

36 Reuters News Service 10/20/2003. <http://transgenderlondon.com/What%20Causes%20It.htm>

37 Lauren Hare is a researcher at Prince Henry's Institute of Medical Research, Australia's leading centre for hormones and reproductive medicine research

38 Lauren Hare, Pascal Bernard, Francisco J. Sánchez, Paul N. Baird, Eric Vilain, Trudy Kennedy and Vincent R. Harley: Androgen Receptor Repeat Length Polymorphism Associated with Male-to-Female Transsexualism. *BIOL PSYCHIATRY* 2009; 65: 93–96

39 see also:

Susanne Henningssona, Lars Westberga, Staffan Nilssonb, Bengt Lundströmc, Lisa Ekseliusd, Owe Bodlund, Eva Lindströmd, Monika Hellstrand, Roland Rosmond, Elias Erikssona and Mikael Landén: Sex steroid-related genes and male-to-female transsexualism

and:

Alicia Garcia-Falguerasa, Helena Pinoso, Paloma Colladoa, Eduardo Pasarob, Rosa Fernandezb, Cynthia L. Jordanc, Santiago Segovias, Antonio Guillamona: The role of the androgen receptor in CNS masculinization

40 <http://www.sciencedaily.com/releases/2008/10/081030111005.htm>

*"There is a social stigma that transsexualism is simply a lifestyle choice, however our findings support a biological basis of how gender identity develops."*

## Twin Studies

Van Beijsterveldt and colleagues could point out in a major twin study with 7 and 10 year old twins<sup>41</sup>:

*"Genetic structural equation modeling showed that 70% of the variance in the liability of cross-gender behavior could be explained by genetic factors, at both ages and for both sexes." [...]*

And Moeller et al (2009)<sup>42</sup> writes::

*„The one prospective study of 314 twin children 4-7,8-12 with clinically significant GID symptoms found a “significant additive genetic component accounting for 62% of the variance and a nonshared environmental component accounting for 38% of the variance.”<sup>43</sup> [...]*

*Knafo and coworkers<sup>44</sup> [...] review two studies that found atypical gender behavior to be significantly heritable, with genetics accounting for 37% and 62% of the variance. [...]*

*Iervolino and coworkers<sup>45</sup> found in a large twin study (N = 3990) that both genetic and shared environmental factors contribute to sex-typical behavior. They found twin-specific environmental effects, which accounted for approximately 22% of the shared environmental variance, to be similar for boys and girls, and additive genetic influences of 57% for girls and 34% for boys. (“)*

## Transsexuality - a form of Intersexuality

Milton Diamond considers that transsexuality must be a form of intersexuality:

*„I maintain that transsexuality is a form of intersex. I conclude this derived from my own clinical experiences, my own experimental research, and knowledge of the research of others.”<sup>46</sup>*

*„And why should we not take the verbal declarations of transsexual's feelings in regard to their*

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41 C. E. M. van Beijsterveldt; James J. Hudziak; Dorret I. Boomsma: Genetic and Environmental Influences on Cross-Gender Behavior and Relation to Behavior Problems: A Study of Dutch Twins at Ages 7 and 10 Years. Arch Sex Behav (2006) 35: 647–658

42 Moeller, Birgit, Herbert Schreier, Alice Li and Georg Romer, MDa (2009): Gender Identity Disorder in Children and Adolescents. Curr Probl Pediatr Adolesc Health Care 2009;39:117-143

43 Coolidge FL, Thede LL, Young SE. The heritability of gender identity disorder in a child and adolescent twin sample. Behav Genet 2002;32:251-7.

44 Knafo A, Iervolino AC, Plomin R. Masculine girls and feminine boys: genetic and environmental contributions to atypical gender development in early childhood. J Pers Soc Psychol 2005;88:400-12.

45 Iervolino AC, Hines M, Golombok SE, Rust J, Plomin R. Genetic and environmental influences on sex-typed behavior during the preschool years. Child Dev 2005;76:826-40.

46 Diamond, Milton (1994): Intersexuality. In: Human Sexuality: An Encyclopedia. Edited by Erwin J. Haeberle. Original editors: Vern L. Bullough and Bonnie Bullough. Originally published by Garland Publishing Inc., New York & London 1994, Garland Reference Library of Social Science (Vol. 685).

<http://hawaii.edu/PCSS/biblio/articles/2010to2014/2010-intersexuality.html>

*identity with any less credibility than that given to their statements about sexual orientation? I predict we will continue to find additional evidence that transsexuals are biologically intersexed in their brains and thus different from typical males and females.*<sup>47</sup>

To deny a person his/her inherent knowledge about his/her sex means depriving him/her of his/her dignity and calling into question his/her personality. No one has the right to do this, no doctor, no psychiatrist, no psychologist.

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47 Milton Diamond (2009): Clinical implications of the organizational and activational effects of hormones. Commentary. In: *Hormones and Behavior* 55 (2009) 621–632. Accepted 12 March 2009. © 2009 Elsevier Inc.

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## Transsexuality and psychological disorders

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In a text of the SPD Uri<sup>48</sup> (Switzerland) states:

*„The profound social impairment is a core characteristic of the mental disorder. [...] Any type of mental disorder [...] has a typical, specific social impairment.*

*[...]the case histories available to us allow clear conclusions: The majority of transsexual people has no social function limitations. Based on the available studies<sup>40</sup> two-thirds of transsexual people are to be classified as mentally trouble free. The finding of the absence of mental disorders among transsexual people is not new at all; Schorsch wrote in 1974(!) [...]:*

*'Apart from the extremely rare cases in which transsexuality is a symptom of a mental or brain disease, transsexuality is found with on average well intelligent personalities who are usually not mentally disordered ... If, however, in the course of development, particularly in male transsexuals occur psychological impairment to an increasing degree, it is usually the result of the strong social pressure and the resulting conflicts that they experience as a minority'<sup>49</sup>*

Even Friedemann Pfäfflin, who likes to call transsexual people "lunatics"<sup>50</sup>, "the oscillating, negating, and transcendent"<sup>51</sup> must acknowledge that

*"transsexual patients don't [have] a specific pathological characteristic profile"<sup>52</sup>*

Kurt Seikowski, from the Society for Sexual Sciences Membership Association, examined transsexuals' physical health:

*"In examinations of 95 men... and 76 women, ... K. Seikowski and colleagues got to the bottom of things. They were extensively questioned about psychosomatic complaints, behavior problems, personality characteristics and neurosis relevant restrictions in the interpersonal sphere." As a result... the following was concluded: transsexuals are as normal as you and I mentally."<sup>53</sup>*

And again, in the opinion of the SPD Uri<sup>54</sup> we read:

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48 Haupt, Dr. med. univ. Dr. phil. Horst-Jörg (2012): Stop Pathologization of Transsexual People! A Statement of Social Psychiatric Service Cantone Uri (SPD Uri) on the Presentation by Helena Nygren-Krug, Health and Human Rights Advisor, World Health Organisation (WHO) at the launch of the report "DISCRIMINATION ON GROUNDS OF SEXUALORIENTATION & GENDER IDENTITY IN EUROPE", Strasbourg, 23 June 2011. As published on 02/25/2012 by Sozialpsychiatrischer Dienst Kanton Uri. P. 21 - 23

49 E. Schorsch: Phänomenologie der Transsexualität. Therapie: Geschlechtsumwandlung ohne Alternative. Sexualmed 1974, 3: 195

50 Sigusch, Volkmar (1994): Transsexueller Wunsch und zissexuelle Abwehr. Fachzeitschrift Psyche 1995, 49, S. 811 - 837

51 Pfäfflin, Friedemann (2008). Transsexuelles Begehren. In: Springer A, Münch K, Munz D (Hrsg) Sexualitäten. Psychosozial-Verlag, Gießen, 311-330

52 Pfäfflin, Friedemann (1993): Transsexualität. Beiträge zur Psychopathologie, Psychodynamik und zum Verlauf. Enke, Stuttgart. S. 98

53 Source: <http://www.ftm.ch/Ne-Int-Therapie-Contra.shtml>

54 Haupt, Dr. med. univ. Dr. phil. Horst-Jörg (2012): Stop Pathologization of Transsexual People! A Statement of Social Psychiatric Service Cantone Uri (SPD Uri) on the Presentation by Helena Nygren-Krug, Health and Human Rights Advisor, World Health Organisation (WHO) at the launch of the report "DISCRIMINATION ON GROUNDS OF SEXUALORIENTATION & GENDER IDENTITY IN EUROPE", Strasbourg, 23 June 2011. As

„[Udo] Rauchfleisch points out<sup>55</sup> [...]:

*'Again and again I met transsexual women and men, who showed ... no psychopathological signs and - on the contrary - had a great mental stability. Any occurring depressions, anxiety disorders and other developments often proved as consequences of the difficult circumstances in which transsexual people are often still found even today. But a lot of them have a great carrying capacity, which enabled them to cope with their difficult living conditions ... with flying colors, a feat I hold in high regard without limitation.'*

*Conclusion: Where there is no mental disorder, there is also no social impairment.“*

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55 Rauchfleisch: Transsexualität – Transidentität, Göttingen 2006 7f.

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## Human Rights Facets

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A transsexual woman:

*"He pressed me to agree that several homosexual practices which he exactly described were pleasant as he and I were alone in the room. Among other things, he meant I really needed to give a man a blow job so as to be certain of my identity. And anal sex would also be very important, no matter whether I was keen on it or not. It would only be important for me to have tried this once, he said. Then I would know whether I was truly transsexual.*

Thomas Hammarberg, the Council of Europe Commissioner for Human Rights wrote:

*„Secondly, the WHO International Statistical Classification of Diseases and Related Health Problems (ICD) lists transsexualism as a mental and behavioural disorder.<sup>56</sup> It is important to stress that transgender persons are thus labelled as having a mental disorder. [...]*

*These classifications are in turn problematic and increasingly questioned by civil society actors<sup>57</sup> and health care professionals.<sup>58</sup> Such classifications may become an obstacle to the full enjoyment of human rights by transgender people, especially when they are applied in a way to restrict the legal capacity or choice for medical treatment.“ (Thomas Hammarberg, quoted with original footnotes)<sup>59</sup>*

Article 12 of the International Covenant on Economic, Social and Cultural Rights<sup>60</sup> also guarantees the right to *mental health*:

*„1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and MENTAL health.“*

Whoever wants to write off a mentally healthy transsexual person as mentally disordered because the occurrence of transsexuality does not pass into their ideology or worldview is committing a human rights crime<sup>61</sup>.

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56 The ICD can be found at [www.who.int/classifications/icd/en/](http://www.who.int/classifications/icd/en/). Transsexuality is listed under chapter 5 (Mental and Behavioural Disorders), category F64.

57 Statement on the Reform to the DSM, Transgender Europe (TGEU), 2 November 2008. TGEU is the European network of transgender groups and individuals.

58 Many specialised health care professionals point out that the treatment consists primarily of physical modifications to bring the body into harmony with one's perception of mental (psychological, emotional) gender identity, rather than vice versa. This line is maintained by WPATH, the World Professional Association for Transgender Health. However, WPATH has not yet updated its Standards of Care from 2001 and still includes transsexualism as mental disorder yet changes are currently under discussion.

59 Hammarberg, Thomas (2009): Human Rights and Gender Identity. Issue Paper by Thomas Hammarberg, Council of Europe Commissioner for Human Rights. Strasbourg, 29 July 2009. CommDH/IssuePaper(2009)2. Original version

60 The Federal Republic of Germany signed the contract on October 9, 1968, ratified it without reservation on December 17, 1973 and it came into force on January 3, 1976. The International Covenant on Economic, Social and Cultural Rights is therefore also a right in Germany.

61 *"It is shown that the current handling of transidentity [transsexuality] is based on more rarely questioned, yet nevertheless systematic and problematic settlements. These include (1) the pathologization of transidentity"* in Steinmetzer, Jan; Dominik Groß; Tobias Heinrich Duncker: *Ethische Fragen im Umgang mit transidenten Personen – Limitierende Faktoren des gegenwärtigen Konzepts von „Transsexualität“*, Ethik in der Medizin

To this day, there is no evidence or any scientific findings documenting or proving that transsexuality could be a mental disorder! In contrast, the dominant paradigm of the last 90 years holds that transsexuality is not *treatable*<sup>62</sup>, or rather, that therapy does nothing to change the transsexuality. The claim that transsexuality is a mental disorder primarily disseminates from the area of psychoanalysis.<sup>63</sup>

Apart from the fact that no scientific data whatsoever exists in support of the assumption that transsexuality is the result a mental disorder, investigations have actually shown that transsexual people are *not* "mentally disordered" compared to the "average normal" person (see above).

The International Covenant on Civil and Political Rights from 12.19.1966, (BGBl. 1973 II 1553), Article 7 reads as follows:

*"No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation."*

A psychotherapeutic intervention for transsexual people can be considered only as a "medical or scientific experimentation" without scientific basis, to which to transsexual people are forced to obtain medical or legal services.

Forced pathologization is a humiliating and degrading procedures that robs a person of their dignity. In the Convention against Torture any form of humiliation and degradation by state agents, such as by a psychologist or psychiatrist, is prohibited. It is stated in Article 16:

*"1. Each State Party shall undertake to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined in article I, when such acts are committed by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity."*

Interestingly with regard to this is the opinion of the Committee on Economic, Social and Cultural Rights, which states clearly:

*"26. The Committee notes with concern that transsexual and inter-sexed persons are often considered to be persons with mental illness and that the State party's policies, legislative or otherwise, have led to discrimination against these persons as well as to violations of their sexual*

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30.08.2006 18:1-16 doi: 10.1007/s00481-006-0452-81 [English: *Ethical questions in dealing with transient persons – Limiting factors to the current concept of "transsexuality"* , Medical Ethics 30.08.2006 18:1-16 doi: 10.1007/s00481-006-0452-81].

62 Already Magnus Hirschfeld, true inventor of the word "transsexualism", assumed at the beginning of the last century that transsexuals could only be helped by medicine, which is why he began treating transsexual people with hormones in 1919. In 1923 his institute colleague Felix Abraham reported on the first surgical genital alterations. The first Magnus Hirschfeld Institute for Sexual Sciences in Berlin was a private institution. It was opened on July 6, 1919 and destroyed on May 6, 1933 over the course of the NAZI book burnings.

63 In psychoanalysis there are two sexes, the one with a penis and the one with penis *envy*. Freud believed that all people - even women - want to have a penis. And because women do not have penises, they develop penis envy, the source of which is their "typical female" behavior. If a person is a woman (because this person has an anatomically female brain), yet still possess a penis but wants to be rid of her penis, although she has to be happy with this existence; for psychoanalysts, this can only be a mentally disordered person. If psychoanalysts were to see *no* mental disorder behind transsexuality, the whole entire unscientific premise of psychoanalysis would shatter. Psychoanalysis *must* therefore view transsexuals as "mentally disordered" in order to maintain its right to exist and not be called into question as theory.

*and reproductive health rights. (art. 12, 2.2)<sup>64</sup>*

Thomas Hammarberg, the Human Rights Commissioner of the Council of Europe notes on the diagnostic procedure:

*"In addition, access to gender reassignment surgery is further complicated or conditioned by so-called "protocols" and conditions regarding childhood, sexual orientation, or clothing tastes, which are highly questionable. There are accounts of transgender people having to undergo genital examinations by psychiatrists, having to tell a set story of their childhood which is the only acceptable one; sometimes their claims are only considered genuine if they have at least one proven suicide attempt. Other transgender persons are being forced to stereotype themselves to the extreme in their preferred gender to fit eligibility criteria, leading to ridicule in daily life. The examples are too numerous to list, but it is safe to state that the majority of tests and processes conducted in most countries will usually include aspects that can at best be called incomprehensible."<sup>65</sup>*

The Yogyakarta Principles<sup>66</sup> reflect the application of binding international human rights law to issues of sexual orientation and gender identity. They were developed and unanimously adopted by a distinguished group of human rights experts, from diverse regions and backgrounds.

*Principle 18:*

*No person may be forced to undergo any form of medical or psychological treatment, procedure, testing, or be confined to a medical facility, based on sexual orientation or gender identity. Notwithstanding any classifications to the contrary, a person's sexual orientation and gender identity are not, in and of themselves, medical conditions and are not to be treated, cured or suppressed.*

*States shall: [...]*

*f) Ensure that any medical or psychological treatment or counselling does not, explicitly or implicitly, treat sexual orientation and gender identity as medical conditions to be treated, cured or suppressed.*

In Footnote 115 of the Jurisprudential Annotations to the Yogyakarta Principles<sup>67</sup> is written:

*see also Mauro Isaac Cabral, Omitir la sangre (paper delivered at expert workshop, Yogyakarta, Indonesia, November 2006), p. 7:*

*"Gender identities differing from that assigned at birth, or socially rejected gender expressions, have been treated as forms of mental illness. The pathologization of difference has led to gender-transgressive children and adolescents being confined in psychiatric institutions, and subjected to aversion techniques - including electroshock therapy - as a "cure"."*

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64 Committee on Economic, Social and Cultural Rights, Forty-sixth session, Geneva, 2-20 May 2011, Consideration of reports submitted by States parties under Articles 16 and 17 of the Covenant, Concluding Observations of the Committee on Economic, Social and Cultural Rights, Germany, Passage 26

65 Strasbourg, 29 July 2009 CommDH/IssuePaper(2009)2 Original version, Human Rights and Gender Identity, Issue Paper by Thomas Hammarberg, Council of Europe Commissioner for Human Rights, Page 45, [http://www.transrespect-transphobia.org/uploads/downloads/Publications/Hberg\\_dt.pdf](http://www.transrespect-transphobia.org/uploads/downloads/Publications/Hberg_dt.pdf)

66 THE YOGYAKARTA PRINCIPLES. on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity. Source: [http://www.yogyakartaprinciples.org/principles\\_en.htm](http://www.yogyakartaprinciples.org/principles_en.htm)

67 <http://www.yogyakartaprinciples.org/yogyakarta-principles-jurisprudential-annotations.pdf>

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## Conclusion

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*"I fully agree with you: the brain determines the gender. That idea is of course also the basis of the operation (adapting the body to the gender identity of the brain)."*

(Professor Dr. Dick F. Swaab, Amsterdam, in an email response about "human rights and transsexuality"<sup>68</sup>)

Neither sex nor sexual variations have anything to do with socialization or the upbringing of a person. The knowledge about your own sex is not a mental disorder. This is documented with numerous scientific studies. In contrast to the results of these studies, till today there is no scientific proof to the claim that suggests the knowledge about the own sex isn't inherent.

A human who detects his/her knowledge about him/her self in his/her brain instead of his/her genitals, is not mentally disturbed or mentally disordered.

It is a scientific fact that a person's biological sex doesn't depend exclusively on the presence or lack of a penis or on the xx and xy combination of chromosomes. The biological reality of sex is much more complex than most would like to believe. Non-existent in biological reality are "man and woman" in a binary sense<sup>69</sup>. At the least, these terms are unsuitable for drawing the lines and are therefore unsuitable for deriving definitions.

Nonetheless, every person has a clear knowledge about his/her sex. A person's knowledge about his/her sex is a part of his/her personality and dignity. To deny a person their inherent knowledge about his/her sex means depriving him/her of his/her dignity and calling into question his/her personality. Both, personality and dignity are actually protected in numerous human rights conventions.

The medical and psychological understanding of sex and must be adapted to the current state of science. Subsequently, societal behaviors toward sexual variations and forms of expression must change.

We demand the WHO once more to remove transsexualism from the F-section of the ICD in order to clarify that transsexual people may no longer be force pathologized. In all likelihood, transsexuality is a form of intersexuality.

The WHO should remind international psychologist and psychiatry associations that the forced pathologization of transsexual people is a violation of human rights.

The WHO should, in particular, demand that the APA, the American Psychiatrists Association, delete the term "gender identity disorder" or „gender dysphoria“ from the DSM without replacement and discontinue their practice of human rights violations against transsexual people.

In addition, psychologists, psychiatrists and doctors worldwide should be committed to human rights and scientific knowledge. To be a psychologist or psychiatrist does not mean holding free reign in the pathologization of humans for the sake of earning more money at the expense of people in suffering.

The basics of reparative therapies must be banned as adverse to human rights. The ideology that "gender identity disorders" or „gender dysphoria“ exist must be banned worldwide as inhuman and hate speech. Any

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68 ATME e.V. comes from the "human rights and transsexuality" pool of interests.

69 In addition see: Callahan, Gerald N.: Between XX and XY: Intersexuality and the Myth of Two Sexes. Chicago Review Press. 2009

additional dissemination of the claim that "gender identity disorders" or "gender dysphoria" exists must be prohibited. The corresponding literature must be removed from circulation.

At the same time, transsexuality must be recognized internationally as an innate affliction, by which the body or parts of the body deviate from the person's actual sex. Transsexuality is suffering in one's own body - it is not a physical disease or insanity.

This suffering can only be alleviated if the body parts and organs deviating from the real sex can be medically adapted as closely as possible. This fact is acknowledged and should be treated as such.

Hormone therapies and genital altering surgeries are only a part of what transsexual people need. Breasts are sex characteristics as well, as are our face, hair, voice, body hair, facial hair etc.

*"Health is a fundamental human right indispensable for the exercise of other human rights."*<sup>70</sup>

Health also means being able to live in harmony of body and soul/spirit/mind. For transsexual people, health means being able to look yourself in the mirror and see your true sex. All outwardly visible and audible sex characteristics must be adapted to the real sex as far as medically possible.

Comprehensive sex alignment procedures are not only necessary for the purpose of minimizing the suffering of transsexual people and allowing them their "right to health", but also for protecting them against discrimination.

Transsexual people who are recognizable as such are discriminated against, humiliated and killed worldwide. This can only be prevented by way of comprehensive sex alignment procedures.

Furthermore, the innateness and the true nature of transsexuality need to be clarified using scientific data, free of all ideologies. Certainly, this can only occur once the term "gender identity disorder" or „gender dysphoria“ has been banned worldwide as hate speech and transsexual people are protected from being diagnosed as mentally disordered.

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70 The right to the highest attainable standard of health: 11/08/2000. E/C.12/2000/4. (General Comments)

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## The Aktion Transsexualität und Menschenrecht e.V. (ATME)

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Aktion Transsexualität und Menschenrecht e.V. (ATME) (Campaign Transsexuality and Human Rights Inc.) is an independent non-profit organization founded in April 2008. ATME fights for to end the discrimination of transsexual people.

In our reports concerning international human rights conventions and point out the violations of these conventions. The human rights reports should also help to sensitize the public to the fact that sex (and stereotypical gender behavior) is not defined in all cases by the presence or absence of a penis. The sensitization of the public and media to the problems and hardships of transsexual people is one of the goals of our work.

All people should be equal before the law, including transsexual people. No one should be declared mentally disordered just because they want to change their first name or correct the gender listed on their birth certificate.

Gender assignments using subjective criteria and gender stereotypes are human rights violations. We advocate the real and complete recognition, that every person knows what sex he or she has, and this knowledge has to be accepted as a part of human dignity and personal rights.

Moreover, transsexual people must have the right of access to all medical benefits necessary to empower a life of dignity.

A membership association such as Aktion Transsexualität und Menschenrecht needs active members and financial supporters. If you want to do something to help achieve respect for the knowledge about his/her own sex of every individual, even if they don't conform to stereotypes, we will appreciate your membership or donation. At the very least, please visit our website: <http://atme-ev.de>

*„All human beings are born free and equal in dignity and rights“*

(Article 1, Clause 1, Universal Declaration of Human Rights)

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