

SUPPORTING TRANSGENDER PEOPLE IN INPATIENT EMERGENCY HOUSING FACILITIES IN GERMANY

Natalie Haug discusses the challenges, and potential solutions, for the integration of trans-care into emergency housing, through the case example of the Diakonie Frankfurt and Offenbach facility: “Hannah - Living for Women”. The article expands on the process followed by the facility in opening its services to transwomen, including the establishment of guiding principles, identification of key challenges, and the adaptation of services. This case study offers a glimpse at how to offer informed and professional housing care for transgender persons.



By **Natalie Haug**, Educationalist and Social Worker,
Diakonie Frankfurt and Offenbach, Germany

TRANS ISSUES AS AN INCREASING PHENOMENON IN EMERGENCY HOUSING

Issues related to transgender people are becoming increasingly important for emergency housing assistance in Germany with many concrete cases arising throughout different assistance services. Indeed, the number of cases may be linked to trends identified in initial studies which point to a connection between transgender self-description and the risk of becoming homeless.¹

The German system for inpatient emergency housing and emergency homeless shelters is currently organised predominantly along binary gender lines. Where transitional facilities are not structured to provide for mixed-gender accommodation, it is generally the case that those seeking assistance are distinguished according to their assigned sex, the supposedly 'natural' cis-gender,² and would be accommodated in facilities for homeless men or women as applicable.

This inevitably raises the question of how to support clients who define themselves as transgender within this system.

1 cf. Ohms, Constance (2019): Wohnungslosigkeit und Geschlecht. Sexuelle Orientierung und Geschlechtsidentität für und in Wohnungs- und Obdachlosigkeit. Frankfurt/Main: Broken Rainbow e.V., p.12 ff.

2 The adjective cis implies the mostly present conformity of gender identity with the sex assigned at birth, commonly judged by visible physical sexual characteristics.

A GAP IN PRINCIPLES AND GUIDANCE

Transgender people are in many cases exposed to a wide variety of personal and general social discrimination, stigma, and exclusion.³ Binary-gendered emergency housing facilities run the risk of perpetuating the effects of these stigmatising and exclusionary factors if trans people are denied access to facilities corresponding with their identified gender simply because they are trans. Since there were no overarching guidelines or frameworks for handling this issue in Germany, in 2020/21 the Federal Working Group on Assistance for the Homeless (Bundesarbeitsgemeinschaft Wohnungslosenhilfe), with the help of a group of experts from emergency housing facilities, academia, and law, set about developing recommendations for actors in emergency housing facilities.⁴ The recommendations described possible special needs of transgender people in the field of emergency housing assistance and, at the same time, pointed out that applying generalised 'special treatment' is not always either desired or the best approach.

3 cf. FRA – European Union Agency for fundamental rights 2013; Antidiskriminierungsstelle des Bundes 2010, 2015, 2017

4 This recommendation for action can be found at <https://www.bagw.de/de/publikationen/pos-pap/diversitaet>

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PRACTICAL EXPERIENCES OF SUPPORTING TRANSGENDER WOMEN IN FRANKFURT

In the following practical example, the process of opening an inpatient emergency housing facility to transgender women is described in brief to illustrate both potential challenges and opportunities.

The Diakonie Frankfurt and Offenbach facility, “Hannah - Living for Women”, is an inpatient transitional facility to assist women dealing with exceptional social difficulties. It is divided into an inpatient area and an emergency overnight area.

In the inpatient area, homeless women can live in apartments temporarily in a setting offering social and educational assistance. In contrast, the emergency overnight area has single rooms and shared common rooms and bathroom facilities where women can stay overnight and receive counselling in acute emergency situations on a short-term basis and with a low threshold for admission.

The facility’s first encounter with transgender issues came in 2018 when a woman defining herself as transgender sought help in an inpatient setting. Due to the facilities’ structure with individual flats in the inpatient area, it was possible to admit the woman as an inpatient. However, there remained some uncertainties about the optimal way of supporting the client. Facility staff therefore sought advice from an external expert, which was found to be very helpful.

INITIAL PRINCIPLES APPLIED TO ASSESSING TRANSGENDER ADMISSIONS

Although this initially remained an isolated case where transgender issues were at play, it led to the facility developing some principles on the admission of transgender women as follows. Admitting transgender women to the facility who are already in the transition process and are predominantly read as 'female' posed no issue thanks to the single flats in the inpatient area. In the emergency overnight stay area, admissions were viewed as infeasible due to the sanitary facilities used in common and the special need to protect the other women using the facility.

INCREASING NUMBERS OF REQUESTS FROM TRANSGENDER WOMEN 2020-22 – FURTHER REFLECTIONS AND IDENTIFYING KEY CHALLENGES

In the course of 2020 - 2022, there were more and more admission requests from authorities, counselling centres and transgender women themselves, especially for the emergency overnight accommodation. It became clear that accessing women's facilities, especially to emergency overnight accommodation, is often difficult for transgender women seeking help. Aware of this, the staff members reflected on whether changes and alternative approaches could improve this situation.

As a result, staff arranged for an external consultant to lead an offsite seminar on the topic in the summer of 2022. Given the broad relevance of the topic, the seminar was also attended by staff members of a second residential women's facility run by the Diakonie in Frankfurt and Offenbach.

Within the framework of a reflection process, some of the main questions arising were:

- Is it possible to accommodate transgender women in the emergency overnight area? If so, how? What are the limits and who sets them?
- How can the facility support transgender women who are at the very beginning of their transition process and who have not (yet) legally formalised their gender in official documents or do not want to do so?
- How do other residents perceive and interact with the transgender women and how can they be supported and potentially make more aware of transgender issues?
- What changes are needed in how the facility is set up and its house rules?
- How do staff deal with their own uncertainties? What support do they need?
- What special requirements might there be in a residential group setting compared to single flats?

A CASE-BY-CASE APPROACH PREFERABLE TO ENSURE RESPECTFUL AND OPTIMAL OUTCOMES

Within the seminar's open exchanges, participants indicated that they found it particularly difficult to know how to set rules on assessing transgender women's physical characteristics. For example, they found it problematic that someone would have to determine that a transgender woman seeking to be admitted was 'too masculine' or 'feminine enough'. Here it became clear that there were no clear answers to some questions (yet), but that despite some remaining uncertainty facilities could nevertheless begin to be more open to admitting transgender women.

As a result of the offsite seminar, a common consensus was found that an admission of transgender women should be made possible both in the emergency overnight stay area and in the residential group setting, and that admission should no longer be rejected as a matter of principle. The following criteria, among others, were developed for this purpose:

- The person's gender self-determination as a woman should be recognised in principle and not determined solely on the basis of official identity documents and/or physical characteristics. As with all women, including cisgender women, a decision on admission is made in the admission interview.
- If a transgender woman is admitted who is possibly still read as 'male', it is discussed with her how she herself and the staff would like to deal with possible questions from or even difficult interactions with other residents.

- The overall set-up of the facility and the house rules, which all clients have to sign upon admission, should be revised and supplemented with an express reference to the fact that the facility is a discrimination-free space.
- Staff members are offered training on the topic of gender and sexual diversity.

In the meantime, both areas of the facility have had positive experiences with the admission of transgender women. One woman was admitted to the inpatient setting, who was at the very beginning of her transition process and was largely still read as 'male'. Also in this case, after several months, the experience was positive and other residents quickly accepted her as a co-resident and recognised her identity as a woman. There were no major conflicts, and smaller issues could be dealt with in discussions with staff.

REFORMING EXISTING SERVICES EFFECTIVE TO AVOID PERPETUATING EXCLUSION

The experience of the Diakonie facilities in Frankfurt and Offenbach shows that it may be more efficient to break with binary gender structures and ideas and integrate transgender people into existing emergency housing services instead of reproducing exclusionary structures or automatically resorting to individual placements. A participatory and anti-discriminatory approach to transgender people should always be based on the individual needs and wishes of the affected transgender people themselves. In addition, it should combine the possibilities of specific shelter on the one hand, and integration into existing services through rethinking and reflecting on existing binary gender structures on the other.