Transgender health care in Belgium

Els Elaut, Mr Sc, Ph D

psychologist-sexologist-psychotherapist
Center for Sexology and Gender
Ghent University Hospital
• Transgender health care:
  - overview of services in Belgium

• Ghent genderteams
  – 2 genderteams
  – clinical care pathways
  – changing policies

• Prevalence rates and numbers
Belgian genderteams
Luik

Psychiatrie et Psychologie Médicale

Prof. Dr. William Pitchot
psychiatrist

Fréderic Burdot
psychologist
Brussels

Centre de Sexologie et des Troubles de l’identité du Genre (CESTIG)

Dr. Fabrice Jurysta
psychiatrist

Dr. Esther Hirch
sexologist
Ghent

INTER disciplinary
Two gender teams

Adult clinic
• from age 17
• focus on allround assessment
• assistance to partners/families
• intake -> end process
• possibility (≠ obligation) of psychotherapy

Pediatric clinic
• children/ado’s up to 17
• focus on healthy development in all areas of functioning
• ~ Dutch protocol
• puberty suppression
• hormones from 16y
• surgery from 18y
Clinical care pathway pediatric clinic
Clinical care pathway
adult clinic
(1) Lowering threshold towards health care through
• dissemination of up-to-date information on available health care
• providing approachable first contact (e-mail/telephone)
  – with free advice from a neutral position
  – helping to close the gap between health care providers and individuals with gender dysphoria
≠ clinical position

(2) Help build alliances with gouvernement

www.transinfo.be
Changing policies

gate keeping position ‘who to treat?’

empowerment of individual in both process and care

tailored, patient-centered care

importance of working alliance
Changing policies

triadic therapeutic sequence:
diagnostics – hormones - surgery

flexible treatment options

recognizing large diversity in gender transitions
Changing policies

a few highly-specialised centers

visualising existing expertise

building a network of trans-friendly psychotherapists
Network trans-friendly psychotherapists

- regular intervision concerning specific clinical challenges
- dissemination of knowledge and policies
- increasing the possibility of local health care
Changing policies

counselling on possibility of sperm freezing in trans women

medical advances:
oocyte freezing in trans men


## Prevalence in Belgium

<table>
<thead>
<tr>
<th>State register</th>
<th>Medical records</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/1993 - 30/6/14 =&gt; N=730</td>
<td>1:12.900 men; 1:33.800 women =&gt; N=443</td>
</tr>
<tr>
<td>(IGVM, 2013)</td>
<td>(De Cuypere et al., 2007)</td>
</tr>
</tbody>
</table>

### Gender dysphoria

1:2.000 à 1.000 men; 1:4.000 à 2.000 women => N=3.125  
(De Cuypere & Olyslager, 2009)

### Gender incongruence

0.7% men; 0.6% women => N=32.388  
(Wierckx, Van Caenegem, Elaut et al., 2015)

### Gender ambivalence

2.2% men; 1.9% women => N=102.150  
(Wierckx, Van Caenegem, Elaut et al., 2015)
Belgian referrals: adult clinic
Belgian referrals: pediatric clinic
Thank you for your attention

els.elaut@ugent.be