#### The Year in Review:

"Transgender health care in Croatia- Are we ready for the next step?"

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#### TRANS RIGHTS MAP

#### Europe & Central Asia 2021



28 countries in Europe and Central Asia require a mental health diagnosis for legal gender recognition of trans people.

TGEU Trans Rights Map illustrates the legal situation of 49 countries in Europe and 5 in Central Asia. It shows country-specific requirements for legal gender recognition, as well as existing protections for trans people in asylum, hate crime/speech, non-discrimination, health, and family.

The Trans Rights Map does not claim to exhaustively portray the complex realities of trans people's lives.

This map shows which countries do not request a mental health diagnosis in legal gender recognition (blue) and those that do have this abusive requirement (red). Countries in gray lack legal gender recognition procedures.

#### Mental Health Diagnosis

Of the 39 countries where legal gender recognition is available, 28 still require a trans person to provide a mental health diagnosis while 10 countries no longer list diagnosis as a requirement for legal gender recognition. 15 countries do not provide any procedure. No changes have been observed with regard to a mental health requirement since 2020.

The diagnosis requirement contributes to stigma, exclusion, and discrimination. The World Health Organisation stopped categorising trans identities as mental health disorders in 2019. States should base procedures on the self-determined gender identity of a person.

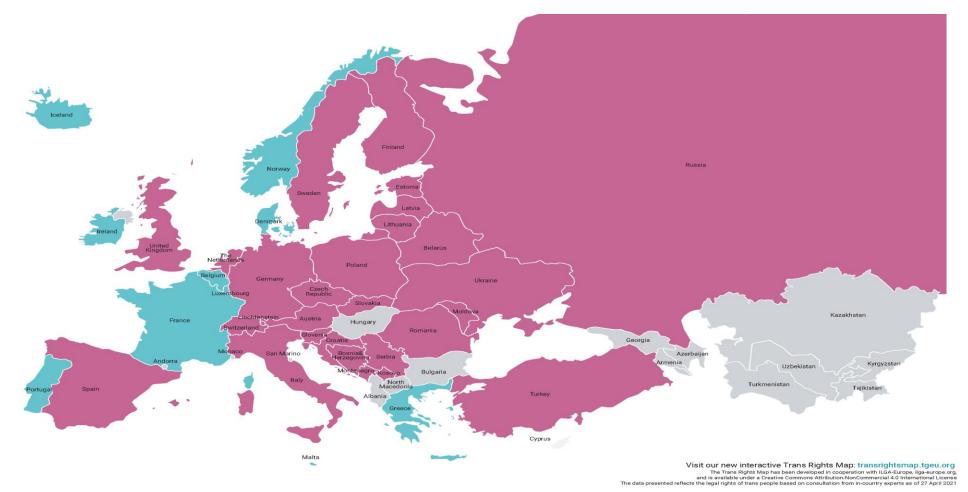
#### Self-determination

States must put in place legal gender recognition procedures that are quick, transparent, accessible, and based solely on the self-determination of the person. The Council of Europe and numerous United Nations mandates have established that a mandatory mental health diagnosis or any third-party opinion violates trans people's dignity and their right to self-determination.

Learn more about legal gender recognition and what you can do to improve it:

- Mental Health Diagnosis required
  No Mental Health Diagnosis required
- No Legal Gender Recognition
- No sufficient data

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### Croatian professional context

- Population = 4.076.000 (2019)
- Psychologists/ clinical and health psychologists = 3953/ 195 licenced clinical psychologists
- Number of experts in a field of transgender care = 16 (4 clinical psychologists)
- Number of new transgender people in gender ambulance (University Psychiatric Hospital Vrapče) in last 6 months = 16





 Although 64.4 % of transgender participants are highly informed about the new legalization, only 24.5 % are very satisfied with it (Žegura et al., 2015)

 A study by Žegura et al. (2015) revealed that trans-women, in comparison to trans-men, have significantly lower levels of quality of life and experience significantly higher levels of sexual violence





- Partially covered costs of gender transition process ("cosmetic treatments", only top surgery, no special clinic for reproductive health)
- Lack of educated professionals and sensibility from the side of the legal system to ensure for each transgender client time appropriate treatment and legal protection (especially during the COVID-19 pandemic)
- ICD 10 is still main diagnostic manual (old and pathologizing terms regarding gender identities and trans people)





- The past and present status of LGBTQ+ issues in the Croatian mental health system reflects this invisibility of LGBTQ+ people in society more generally
- Until 2000, topics related to sexual health, gender identity and sexual orientation, together with issues concerning human rights were almost never mentioned during university undergraduate and postgraduate education and therapy training
- There are no specific guidelines aimed toward an affirmative work with LGBTQ+ people from the side of the professional associations and professional chambers
- No standardized and obligatory curriculum components regarding LGBTQ+ issues on faculties (psychology, medicine, social work, etc.)





- Same-sex relationships are not second-order relationships for 82% of psychologists, while 13% of them are indecisive about that
- 40% of respondents consider gender roles to be variable, while 80% of them believe that there are exclusively two binary biological sexes
- 50% of respondents are not sure whether LGB people also have problems with their gender role
- Round 24% of respondents think that same-sex and bisexual orientations are less mature form of sexual identity

(Poštić, Đurković & Žegura, 2006)





- 75% of psychologists believe that society and the environment create a problem around the diversity of sexual and gender expression
- Almost 40% of them think that LGBTQ+ people do not know how to assess the social climate regarding the possibility of "coming out", while 34% of them think that the environment is homophobic/ transphobic
- Approximately 80% of psychologists never had experience working with an intersex or transgender people, while this percentage decreases when it comes to homosexual orientations (42.5%) or bisexual people (52.2%)

(Poštić, Đurković & Žegura, 2006)





## Croatian psychologists on intersectionality issues and human rights (Žegura & Vrbat, 2017)

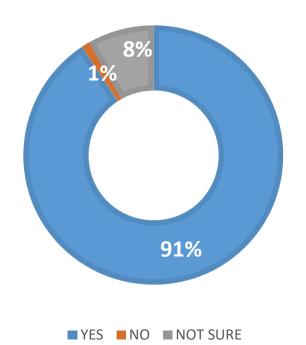
- 20.5% psychologists say that they did not receive enough knowledge and skills in the area of human rights and their protection during the undergraduate study
- 24.5% said the same for the post-graduate study,
- 19.1% reported that psychotherapy education has not equipped them with necessary knowledge and skills in the field of human rights,
- and 33.5% declared that they rarely actively participate in the promotion and protection of human rights through their professional work



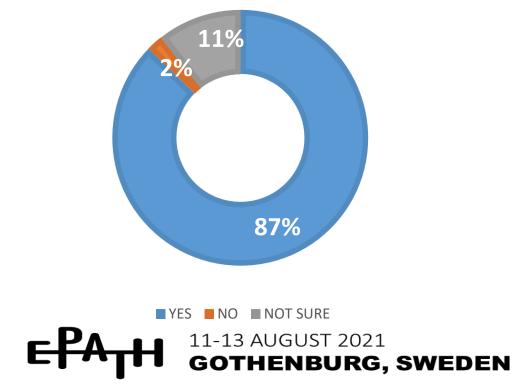


### Croatian psychologists on intersectionality issues and human rights (Žegura & Vrbat, 2017)

 Professional sections from CPA should create specific guidelines for practice with vulnerable and marginalized groups which are based on the best practice evidences:



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### Graduate psychology students on gender dysphoria classification (Žegura & Vrbat, 2016)

• (N= 36)

• Majority of them consider it as a "A separate diagnostic category that reflects conditions associated with a range of gender identities"

#### WORRYING:

- Psychiatric disorder
- Sexual disorder
- Personality disorder





Transgender people who do not have their gender designation changed in personal documents, but live in preferred gender, should be allowed within health care system to be:

Addressed with the preferred name within the health system (YES-24, NO-12)

Addressed in the preferred gender (YES-27, NO-9)

Hospitalization in a room according to the gender in which the person lives (YES- 23, NO-13)

(Žegura & Vrbat, 2016)





## Rank of preferred professionals among trans respondents ( $N=45 \rightarrow TF=18$ ; TM=26 & intersex=1)

▼ 80% of all participants prefer a clinical psychologist in the process of transition compared to other professionals involved in the process of gender affirmation



♥ 15,6 % - preferred psychiatrist

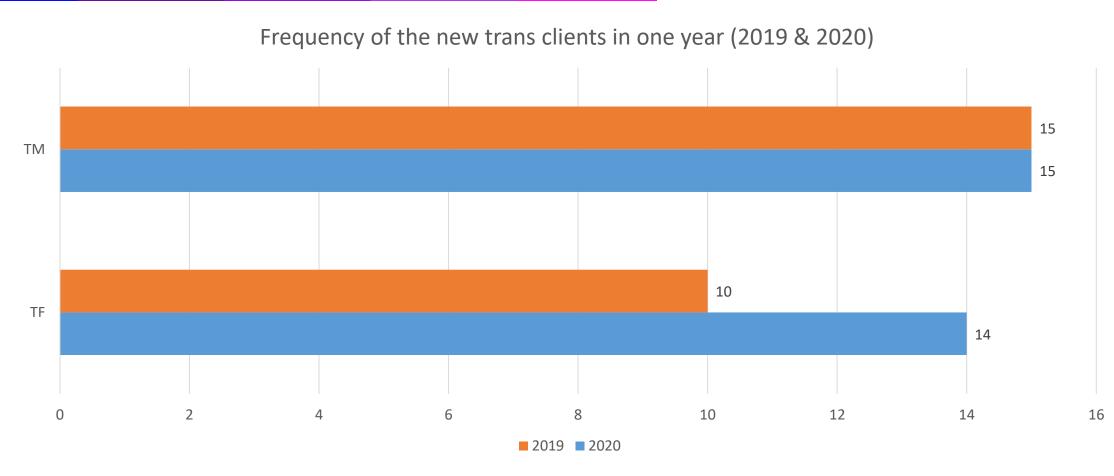
♥ 4,4 % - preferred endocrinologist

(Žegura & Vrbat, 2016)





## Clinical psychologist's gender outpatient ambulance

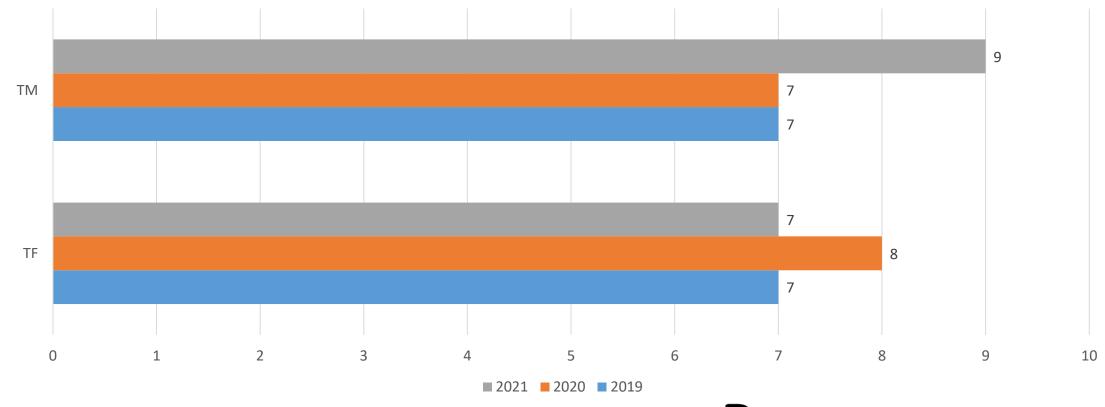






## Clinical psychologist's gender outpatient ambulance



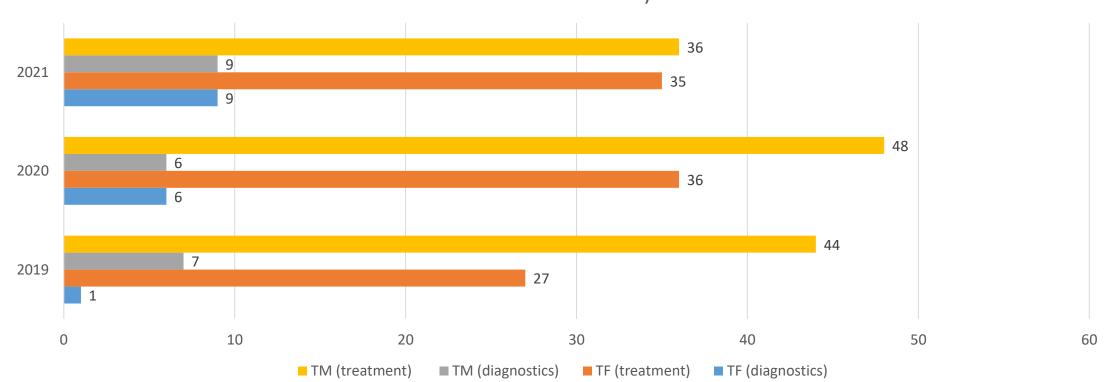






### Clinical psychologist's gender ambulance

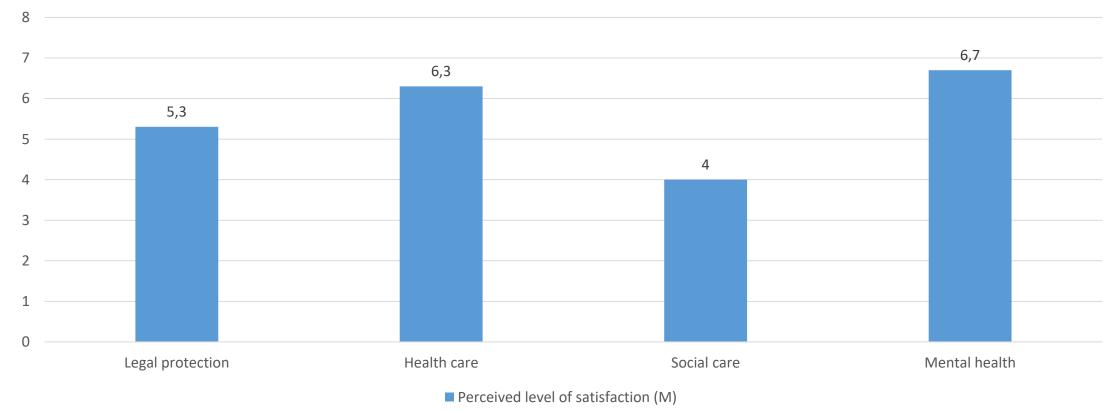
Frequency of diagnostic assessment and treatments for TF & TM clients (the first 6 months)







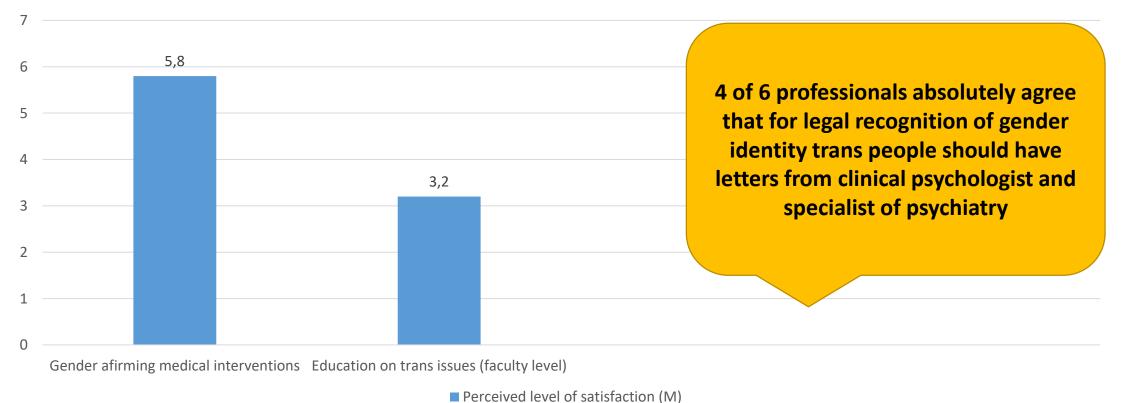






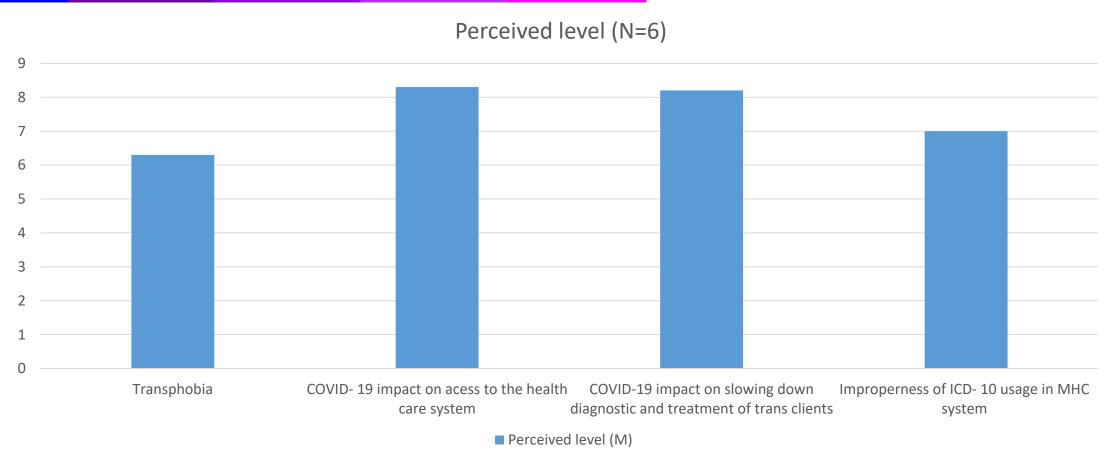
















- There is a national list of experts in transgender health care
- Not enough professionals
- It is necessary to standardise procedures based on WPATH SOC in all health care institutions and from profession to profession
- Unequal level of experience in working with transgender people (the need for continuous education)





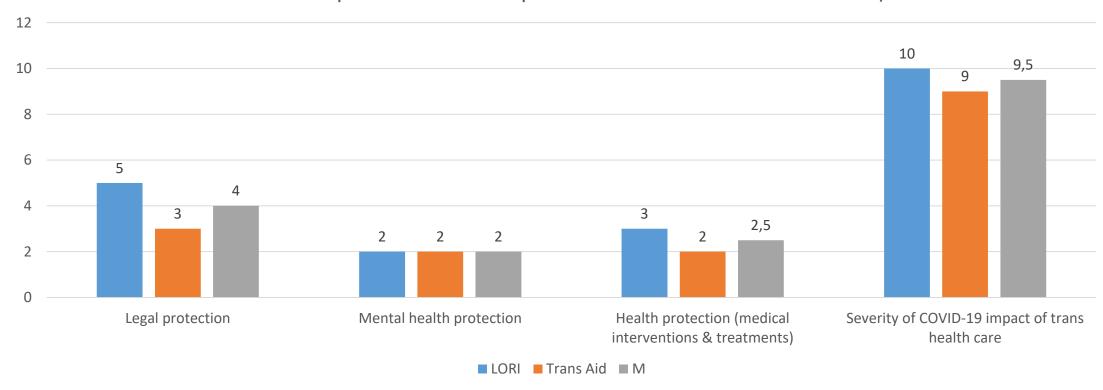
- Providing coverage of all interventions during transition process at the expense of health care insurance (medical affirmation of gender identity is not cosmetic procedure)
- Guidelines for an affirmative approach in working with trans people
- Taking into account the use of professional terminology
- Prejudices, insensitivity to interculturality and intersectionality, gender binary understanding of the transition process based on one's own beliefs, the attitude of experts as "authorities"





## Online research on LGBTQ+ NGOs on the level of legal and health care protection in Croatia (Žegura, 2021)

(Level of satisfaction with legal, mental health, health care system and the estimated level of impact of COVID- 19 pandemic on trans health care 0-10)







## Online research on LGBTQ+ NGOs about the level of legal and health care protection in Croatia (Žegura, 2021)

- Trans minors are lacking information on procedures and support from parents and caregivers
- Lack of educated professionals
- All health care is centralized and located in Zagreb
- No specialized surgeon for "bottom" gender affirmation surgical procedures
- Different criteria and conditions among health care professionals despite of WPATH SOC
- Pathologizing from the side of medical doctors (diagnosis based on ICD-10, obligatory "psychiatric council" for all transgender people)





## Research on LGBTQ+ NGOs on the level of legal and health care protection in Croatia (Žegura, 2021)

- The list (network) of LGBTQ+ educated and affirmative professionals is missing
- Partial coverage of medical interventions from health insurance
- Problems with unregular implementation of legislative
- Suspended processes of legal recognition of gender during COVID- 19 pandemic
- Suspended medical health care (endocrinologic examinations, internist examinations, "top" surgery) and suspended psychiatric health care during COVID-19 pandemic





#### What future holds?

- The future of health and mental health care for transgender people in Croatia lies on the systematic implementation of current WPATH Standards of care and maintaining the highest level of mental health and health care by following the example of the best practice from the side of the leading European gender teams and their standardized procedures
- Results point to the urgent need for education about transgender issues for:
  - all health and mental health professionals included in the care of transgender people
  - stakeholders and health insurance companies
  - general public to stress the issues of transphobia





#### Final Remarks

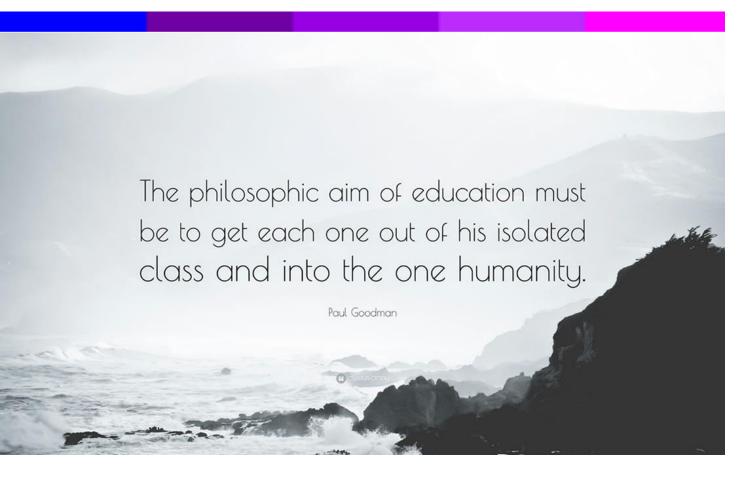
 Significant political and social change for transgender people in Croatia during the last several years have contributed to a greater public visibility of LGBTQ+ people

 As allies of LGBTQ+ people and even as belonging to the LGBTQ+ population, mental health professionals have the leading role in ensuring that the results of their scientific findings and professional corpus of knowledge have ethical and practical implementation and beneficial impact on society





### Thank you!



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