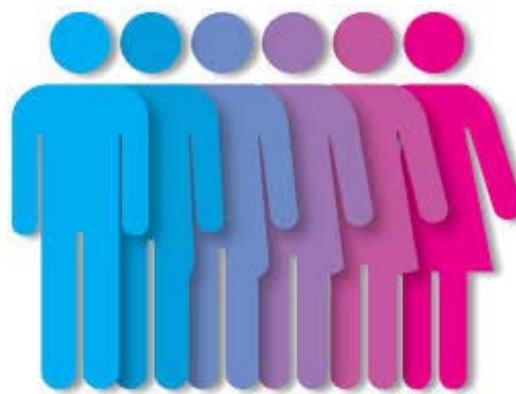
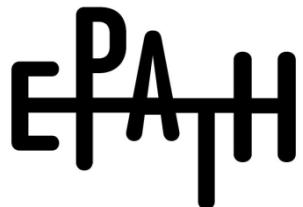


# Transgender health care in Belgium



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



## Psychiatrie et Psychologie Médicale



Prof. Dr. William Pitchot  
psychiatrist



Frédéric Burdot  
psychologist

# Brussels

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



Dr. Fabrice Jurysta  
psychiatrist



Dr. Esther Hirsch  
sexologist

# Ghent



INTER  
disciplinary



# Two genderteams

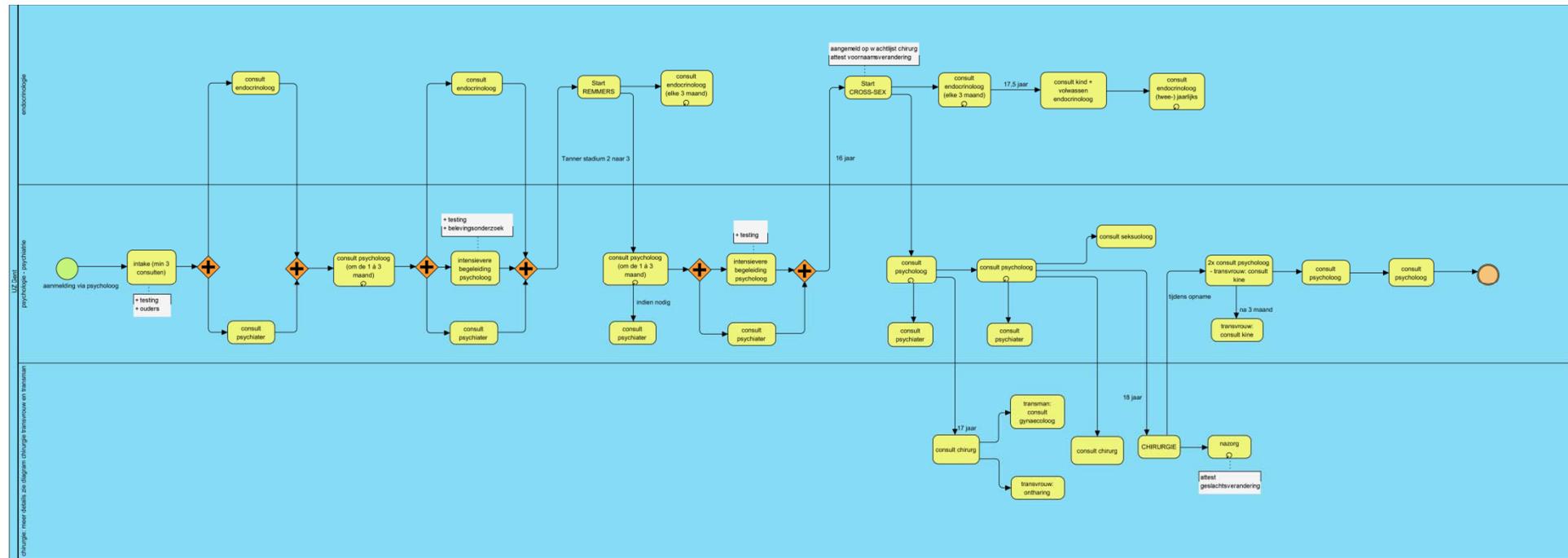
## Adult clinic

- from age 17
- focus on allround assessment
- assistance to partners/families
- intake -> end process
- possibility ( $\neq$  obligation) of psychotherapy

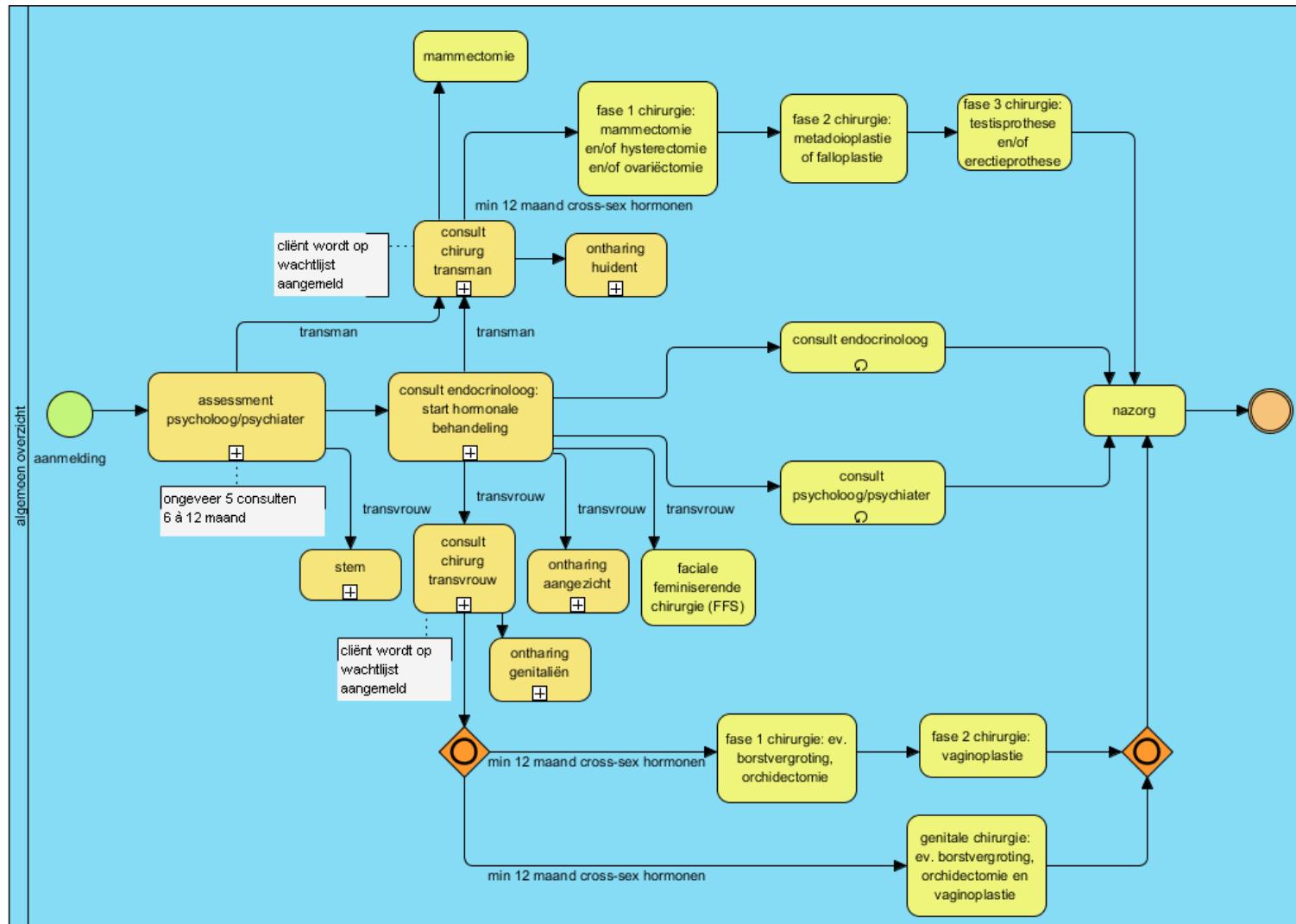
## Pediatric clinic

- 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





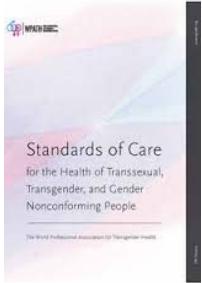
## Gouvernement-supported initiative

(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 government

[www.transinfo.be](http://www.transinfo.be)



# Changing policies



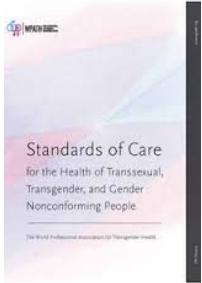
gate keeping position ‘who to treat?’



empowerment of individual  
in both process and care

tailored, patient-centered care

importance of working alliance



# Changing policies



triadic therapeutic sequence:  
diagnostics – hormones - surgery

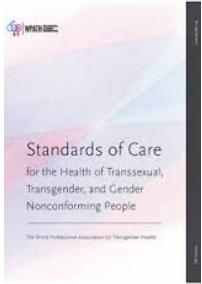


flexible treatment options



recognizing large diversity in gender  
transitions





# Changing policies



a few highly-specialised centers



visualising existing expertise

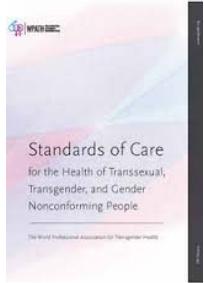
building a network of trans-friendly  
psychotherapists

# Network trans-friendly psychotherapists



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





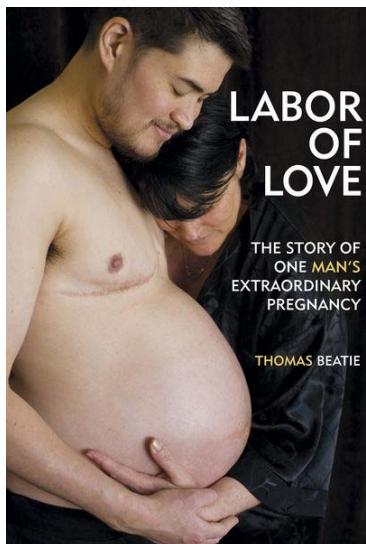
# Changing policies



counselling on possibility of sperm freezing in trans women



medical advances:  
oocyte freezing in trans men



Wierckx, K, Stuyver, I, Weyers, S, Hamada, A, Agarwal, A, De Sutter, P & T'Sjoen, G (2012). Sperm freezing in transsexual women. *Archives of Sexual Behavior*, 41, 1069-1071

Wierckx, K, Van Caenegem, E, Pennings, G, Elaut, E, Dedecker, D, Van de Peer, F, Weyers, S, De Sutter, P & T'Sjoen, G (2012). Reproductive wish in transsexual men. *Human Reproduction*, 27(2), 483-487.

# Prevalence in Belgium

## State register

1/1/1993 - 30/6/14 => **N=730**  
(IGVM, 2013)

## Medical records

1:12.900 men; 1:33.800 women => **N=443**  
(De Cuypere et al., 2007)

## Gender dysphoria

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

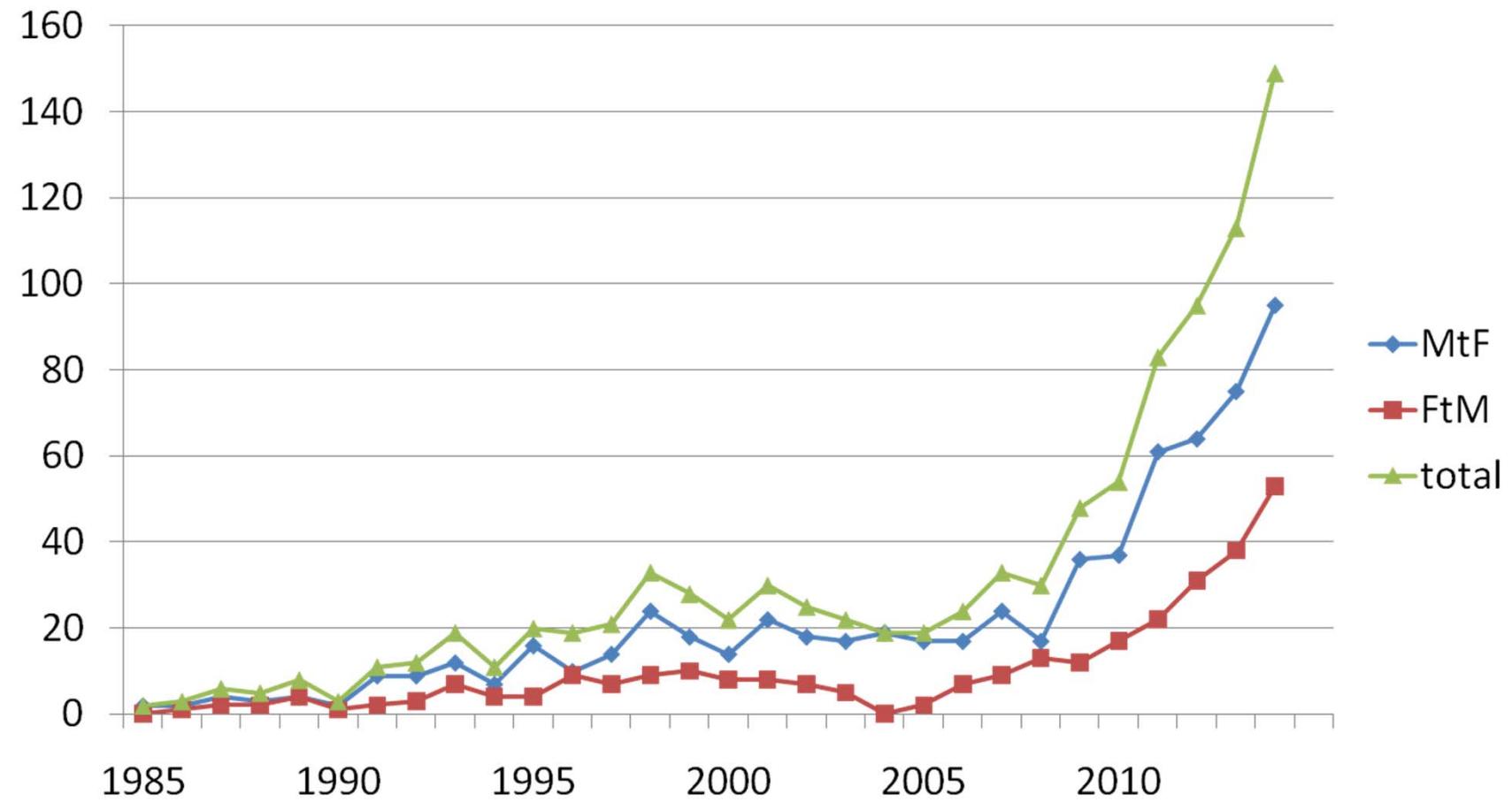
## Gender incongruence

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

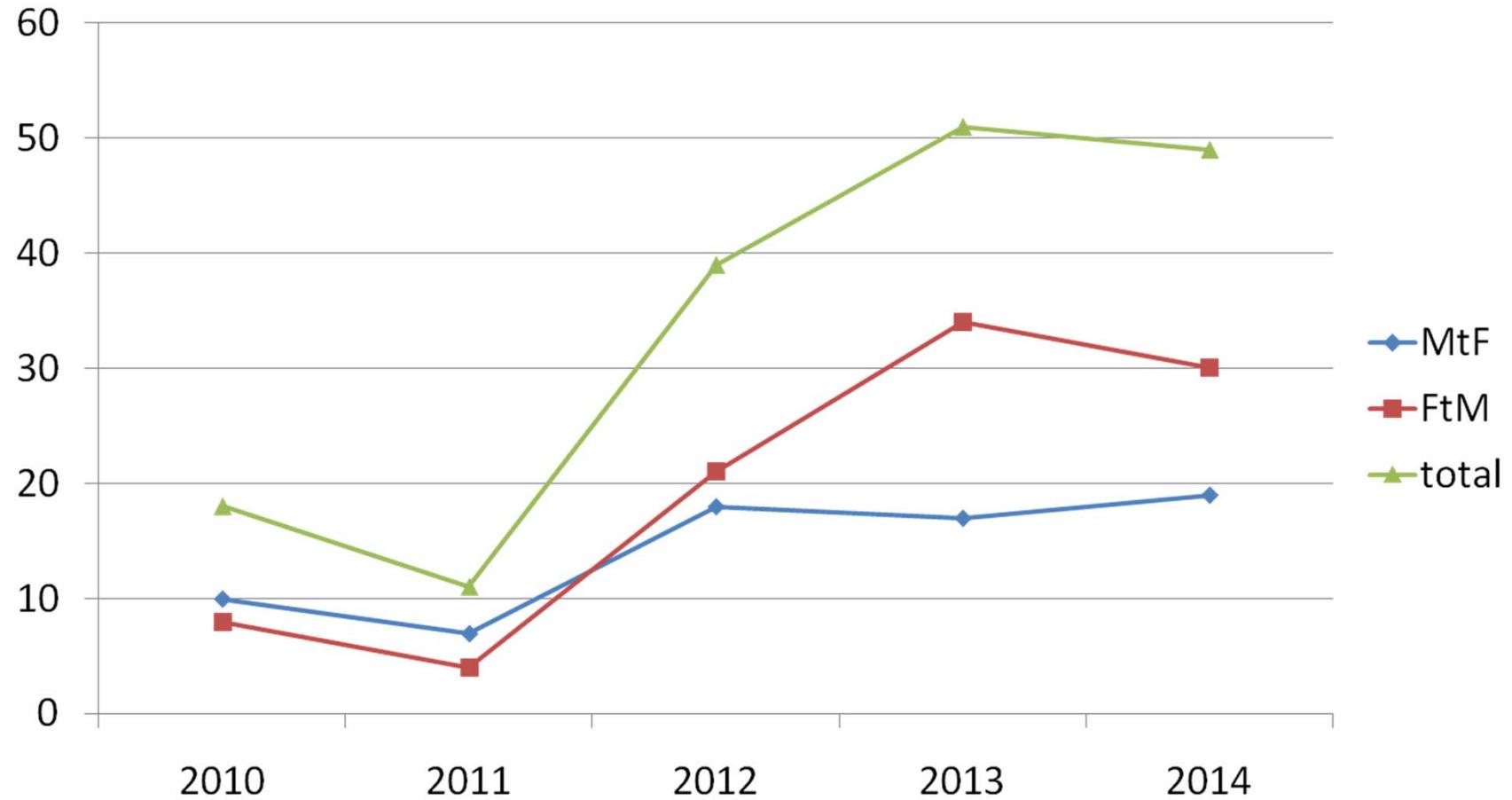
## Gender ambivalence

2.2% men; 1.9% women => **N= 102.150**  
(Wierckx, Van Caenegem, Elaut et al., 2015)

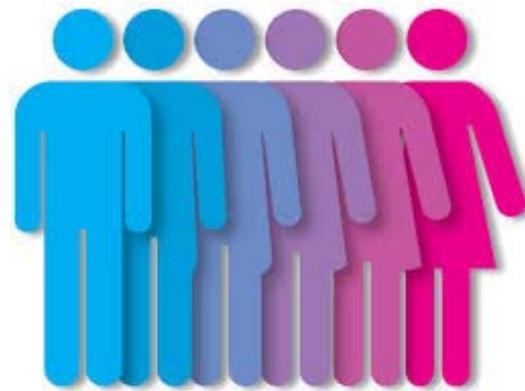
# Belgian referrals: adult clinic



# Belgian referrals: pediatric clinic



# Thank you for your attention



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EPAH

UZ gen der team