WE KNOW WHAT WE ARE. PEOPLE.

For health care that is adequate, competent and sensitive to the diversity of gender identities and expressions.

Associação Ilga Portugal
Lesbian, Gay, Bisexual and Transgender Intervention
WE KNOW WHAT WE ARE. PEOPLE.

for the dignity of transexual people
CONTENTS

WHAT DOES IT MEAN TO BE A TRANSEXUAL PERSON? 4

DISCRIMINATION AND ITS IMPACT ON PHYSICAL, PSYCHOLOGICAL
AND SOCIAL WELL-BEING 6

INTERNATIONAL RECOMMENDATIONS: STANDARDS OF CARE 9

THE DIFFERENT ROLES OF MENTAL HEALTH CARE PROFESSIONALS 11

ACCESS AND BARRIERS TO HEALTH CARE 13

CHILDREN AND TEENAGERS 22

REPRODUCTIVE HEALTH 24

WHAT IS THE GENDER IDENTITY LAW? 25

FINAL CONSIDERATIONS 27

RESOURCES 28
WHAT DOES IT MEAN TO BE A TRANSEXUAL PERSON?

Each one of us knows well what is one’s own gender. We know what we are: we identify ourselves, in general, either as a woman or a man. It is this deep and personal identification that constitutes a person’s gender identity. It is a fundamental part of everyone’s identity and therefore it must be respected.

As a rule, and through a genital quick exam, a determined sex is attributed to everyone right after birth. Transexual people are those people whose gender identity – this “psychological” identification either as man or woman – does not match the sex assigned at birth. Therefore, a transexual man has a male gender identity (and his assigned sex at birth was female); a transexual woman has a female gender identity (and her assigned sex at birth was male).

The suffering that this discrepancy between gender identity and assigned sex at birth not infrequently causes is often called, especially within the medical community, as gender dysphoria.

HOW DOES TRANSEXUALITY RELATE TO HOMOSEXUALITY?

It doesn’t: gender identity is an independent concept from sexual orientation. The fact that we identify ourselves either as women or men is independent of the fact that we feel attraction towards either women or men. Transexual women are either lesbian or heterosexual or bisexual, just as transexual men can have different sexual orientations. Nonetheless, both sexual orientation and gender identity have in common the fact that
they are categories which generate discrimination by society, who still privileges a rigid gender structure in detriment of People.

Transexual people are very diverse among themselves: they have different ages, they belong to different types of families, they can be either married or not, they can have children, they perform the most varied types of professional activities, etc... What they have in common is that they face specific problems and difficulties as a result of their gender identity and their assigned birth sex being incongruent, mainly being victims of discrimination based on gender identity.

Some people experience gender dysphoria so intensely that this discomfort translates into a pronounced difficulty in social, occupational functioning, or in other important areas of their development, thus meeting the criteria that substantiate a mental health care diagnosis. However, no diagnosis can be ground to stigmatise or deprive any transexual person of their civil rights. The diagnosis of a mental problem is the description of a difficulty that a person lives at a certain moment and not a description of their identity.

**HOW CAN HEALTH CARE PROFESSIONALS HELP TRANSEXUAL PEOPLE?**

There are well-studied and scientific community approved clinical interventions that transexual people can receive. Clinical care is always individualized: what helps one person solve the discomfort caused by their gender identity and assigned birth sex discrepancy can be different from what helps another person in the same situation. This process may or may not include changes in gender expressions and/or body modifications. The clinical care in general includes medical treatments, such as surgery and/or hormonal therapy, which
shape the bodies and gender expressions more accordingly to one’s gender identity and thus help one feel more comfortable in their identity – and therefore happier. On the other hand, the psychotherapeutic interventions aim to help one find strategies to attain their own well-being, quality of life and personal development, within the context of a sometimes very discriminatory society.

**DISCRIMINATION AND ITS IMPACT ON PHYSICAL, PSYCHOLOGICAL AND SOCIAL WELL-BEING**

Unfortunately, many societies tend to privilege a strict gender system in detriment of the diversity of gender expressions and roles. As a consequence, anyone that in some manner does not match those gender norms (as it is also the case of transexual people) is often stigmatised and victim of prejudice and discrimination.

“These people have usually had a complicated life journey, with integration difficulties, sometimes involving very violent, very hard situations. I remember, for instance, a young man who was undressed in the police station in order to have his sex identified – “so, you say you
are Maria, let us see if you are Maria or not” – and his clothes are taken off. This is an experience of great violence.”

*Medical Doctor*

“Until they reach out for help, they are extremely discriminated, even by their families, their parents. And by people where they live, and if we talk about less urban environments...”

*Psychologist*

A recent national study¹ has found out that the group of people perceived as most discriminated, within a list of more than 20 social groups vulnerable to discrimination, are transexual people. In fact, transexual people are often victims of different types of discrimination, ranging from social exclusion to victimisation through *psychological and physical abuse*. This reality has also been documented at an international level.

Moreover: **not infrequently the stigmatisation and abuse occur within the context of significant interpersonal relationships, as family or work relationships**. These situations can create serious obstacles to the physical, psychological and social well-being of transexual people.

“My father was very strict. He tore my trousers off and tried to convince me I was a girl, but I knew I wasn’t. He tried to instill in me that people did not accept me as I was. He would go with my siblings to the restaurant and I would stay at home. My father did not accept me. [...]. My siblings distanced themselves from me.”

 Mostly due to stigmatisation and discrimination, transexual people can be more vulnerable to develop problems such as anxiety and depression. It is important to stress that these symptoms are not inherent to the transexual condition: they are, rather, the result of the difficulties society offers against their needs and dignity and of the discriminatory context in which they grow up and live.

“Sometimes depression has to do with secondary aspects to transexuality itself: it is related to the experience of living outside, in their own environment. Not only at a professional level, but also at a family and social level.”

Psychologist

Consequently, it is fundamental that health care professionals, especially in the mental health field, are available to support transexual people and do understand the impact that stigma and discrimination can have on their well-being. An intervention with their families and/or communities can also help maximise the social inclusion and the physical and psychological well-being of transexual people.
“Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past, yet without success, particularly in the long term. Such treatments is [sic] no longer considered ethical.”

WPATH, 2011 – p.32

The World Professional Association for Transgender Health$^2$ (WPATH) is an international association composed by professionals from different fields, which has the mission to promote adequate health care based on scientific evidence, training, research, public policy and respect for transexual people.

The WPATH has published international recommendations for clinical follow-up of transexual people: the Standards of Care (SOC). The SOC are international guidelines that aim to guarantee (or at least promote) adequate health care, that respects transexual people’s identity and promotes their well-being and happiness.

The most recent version$^3$ of these standards (September 2011) states that any health care professional should respect the following fundamental principles:

$^2$ www.wpath.org

- Show respect to their patients, irrelevant of their gender expressions and gender identity (not to pathologise the different gender expressions and identities);
- Provide health care (or direct assistance to better trained colleagues) geared towards diminishing the discomfort caused by gender dysphoria, in a manner consistent with one’s gender identity;
- Stay well informed about transexual people’s needs, mainly the benefits and risks of different treatment options;
- Facilitate access to adequate health care;
- Match the treatment to the specific needs and wishes of each patient – namely what concerns their gender expressions;
- Obtain informed consent from each patient before beginning any treatment;
- Provide continued health care;
- Be prepared to deliver support to their patients by intervening with their families and communities.

THE DIFFERENT ROLES OF MENTAL HEALTH CARE PROFESSIONALS
Health care professionals can help transexual people in different ways: they may provide clinical support, psychotherapy, family therapy, training/awareness or even advocacy – that is, support and defend transexual people’s rights within their communities. However, one of the tasks performed by these professionals, and of great impact on the lives of people whose gender identity is not accordant to the sex assigned to them at birth, concerns clinical evaluation.

“It is an area (...) that requires from our part, the specialists, ongoing knowledge and training or otherwise we will not provide a good treatment.”

*Psychologist*

Access to medical treatment, especially to surgeries and hormonal therapies, is in general conditioned by approval from mental health care specialists – who must indicate, on the one hand, if the person is eligible and, on the other hand, if they are ready to begin a specific treatment at that moment. Hence, the aim is to certify that transexual people receive the most adequate treatment for their own situation and the treatment that better reduces the suffering caused by gender dysphoria. Nonetheless, it is important to emphasise that, such as with any health care related decision, it must always be the patient to decide about the care they will receive.

The SOC regulate, at an international level, this job by mental health care professionals and try to secure that the dignity and rights of transexual people are respected.

**To begin hormonal therapies it is required a recommendation** (for example, a letter or a clinical report) **from a competent mental health care professional in the field.** For this, the following eligibility criteria should have been met: (1) Persistent and well-documented gender dysphoria;
(2) Capacity to take informed decisions and give consent to treatment; (3) Being of legal age (with exceptions – see chapter “Children and Teenagers”); (4) In the case of other medical or mental health conditions, these must be reasonably well controlled.

**To initiate chest surgical therapies** (such as mastectomy or breast augmentation) **it is also necessary a recommendation** (for instance, a letter or a clinical report) **from a competent mental health care professional in the field.** The eligibility criteria are similar to those required for hormonal therapy.

**To begin genital surgical therapies it is required a recommendation** (for example, a letter or a clinical report) **from two competent mental health care professionals in the field.** For gonad removal surgeries the following eligibility criterion should be added to the four already mentioned before: (5) 12 months of continued hormonal therapy (except for patients with medical contraindications or who, in some way, are unable or do not wish to take hormones).

For the remaining genital surgeries, the following eligibility criterion should be added to the five already mentioned before: (6) 12 months of continued life experience in accord to their gender identity.

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**ACCESS AND BARRIERS TO HEALTH CARE**

In Portugal, the adequate medical treatments for gender dysphoria can be carried out under the National Health System. **There are countless cases of success**, that is to say, **of transexual people who, with the help of**
specialised professionals and treatments of scientifically proven efficacy, are able to maximise their physical, psychological and social well-being.

“I am very pleased! The doctor was excellent, the psychologist too. During the very first appointment [(s)he] crossed the name and said [(s)he] had to replace it with the right name. (...) I did not feel any discriminatory behaviour from the doctors.”

Andreia

However, access to health care services specialised in treating transexual people is not always easy. The information about where transexual people seeking clinical care can find it is scarce, even among different health care professionals – for instance, family doctors. It is vital that this information be available, in order to guarantee access to care and professionals that are fit to help transexual people adequately and efficiently.

“There is no dissemination of information about where people with doubts about their sexual identity can go to.”

Medical Doctor

“Before they arrive to the appointment, people are often misguided and have been around knocking on the wrong doors, without any guidance. Not because of some kind of opposition, but because frequently health care professionals themselves do not know what is supposed to be done.”
CLINICAL EVALUATIONS

One of the tasks that mental health care professionals are responsible for is clinical evaluation and hormonal and/or surgical treatments recommendations. As we have mentioned before, this function should respect international criteria and carries a major duty with it: to guarantee that transexual people’s rights and dignity are not violated. There are many positive examples of this. But unfortunately there are exceptions– which need to be stressed in order to promote more competent clinical practices that are sensitive to gender expression diversity.

The SOC (referred above) are held firmly in the defense of the diversity of gender roles and expressions and in the affirmation that health care professionals cannot privilege a rigid gender order to the detriment of the respect for people. Unfortunately, in Portugal, there are reports of situations where the professionals’ personal (stereotyped and narrow) gender conceptions interfere with their clinical practice.

“I don’t agree with the terminology that the psychiatrist that is following us uses. He says transexual man for women and transexual woman for men. At the beginning of this follow-up my hair was long, I had a piercing in my tongue, a piercing in my nose and he would say: “You come with little braids and you want to be a man?” At the time I
was studying to be a primary school teacher, which was very disturbing to him. He would say: “You are a man and you decided to study for a woman’s job.”

Nuno

Most health care professionals specialised in following transexual people meet the SOC fundamental principles and recognise the difference between gender identity and sexual orientation and respect the diversity of gender expressions and family models. Still, there are examples of professionals who (wrongly) use sexual orientation, parenthood and/or marital status of transexual people as core criteria to diagnose gender dysphoria.

“Both marital status and being a mother or a father are more a legal component than a clinical component.”

Psychologist

“We have had cases, even with younger people, of people in parenthood situations and in legal conjugal situations, that is, marriage. Several cases. They had become fathers or mothers or are or have been married. (...) The diagnosis does not entail either marital status or parenthood. First, because gender identity disorder has nothing to do with sexual orientation. And therefore they are topics that, unfortunately, generate a lot of confusion, but we clearly separate it from each other.”

Medical Doctor

“I remember a situation (...) of a married person who had a daughter. Advancing the process was an issue. And then it is the [Medical] Association itself, the group themselves who will solve the situation. Which raises very complicated questions.”
“In relation to children some questions arise, because effectively the mother is no longer a mother, the mother is now a man, so the mother-figure is gone. We have approved cases of people with very small children. I, myself, have asked all those questions, in particular, during the evaluation of the process. It is not easy. (...) Deep down the child has the right to have a female parent.”

The SOC are clear in stating that the simultaneous presence of gender dysphoria and other mental health care problems (generally associated to discrimination and stigma) cannot be a barrier to appropriate health care access – namely to hormonal and/or surgical treatments. Even psychotic disorders cannot constitute a non-eligibility criterion to proper health care access: as long as they are duly controlled, they should not be an obstacle to receive treatments that aim to reduce the discomfort caused by their gender identity and assigned birth sex discrepancy. In order to respect transexual people’s dignity and rights, it is fundamental to fulfill this directive – which, unfortunately, does not always happen.

“Schizophrenia (...), in particular, is immediately excluded. (...) We do an evaluation, but the mental checkup is part of the evaluation, to quickly screen if there is any psychiatric pathology, because there might be psychosis, schizophrenia, dysmorphism. (...) All these pathologies rule out any type of intervention.”

Psychologist
The decision to receive a certain medical treatment is not indicative of one being transexual or not. **Transexual people find different ways to adapt their gender expressions and their body to their gender identity.** And there are people who take distinct options among the different available medical treatments (mainly the hormonal and surgical treatments). However, there are health care professionals that – and, in doing so, they do not respect international recommendations – cast doubt on transexual people’s identity based on their decisions about the treatments they wish to receive.

“There are transexuals who do not want to have surgery, even though they think they have to say they want it, because otherwise, in Portugal, their process will not advance. Let us hope one day we can evolve at that level too.”

*Psychologist*

“I know what I am going to say is not very scientific, but I have to say that, from my perception, it is true that, if someone comes up to me at an initial stage and says they do not want to do surgeries, this will make me be more cautious in my diagnosis. But that is bias coming from my experience, because everyone has wanted to do them. Theoretically, that should not negatively influence my diagnosis, but that is what will happen, because I am human.”

*Medical Doctor*

There are also situations in which transexual people have to submit themselves to a superior number of clinical evaluations than what is required
by the SOC. For instance, there are health care professionals who demand two independent evaluations before beginning any treatment (it should be noted that international criteria assert the need of only one clinical report to begin hormonal treatments). **It is fundamental that health care professionals respect international guidelines and, thus, transexual people’s autonomy and rights.**

“We never advance to any treatment without two diagnoses. One was done in our case in the hospital (...) the other came from an independent entity.”

*Medical Doctor*

**THE MEDICAL ASSOCIATION**

“Then we come up against the greatest difficulty of them all, which is the Medical Association. Portugal is the only country, and I would appreciate this to be stressed, in the European Union where an authorization by the Medical Association to perform the surgeries is compulsory.”

*Medical Doctor*

In Portugal, genital surgeries on transexual people are dependent on approval by the Medical Association. That is to say, after being evaluated (in processes that, not rarely, take more than 2 years) by 2 independent health care professionals (or even by two independent multidisciplinary teams), transexual people have to wait for the Medical Association to allow the genital surgeries – which, in some cases, can take several months.

“What took longer was the Medical Association process: it took 7 months.”

*Andreia*
“The elaboration of the report itself for the [Medical] Association evaluation must include a very detailed, substantiated clinical history, which takes some time to prepare. And then the approval by the Association itself, until the next meeting and the commission takes a decision, takes that typical length of time necessary to gather several people (...). After all, it ends up being several people that work in the field. In most cases, exception given to one or two, when there is a problem, [someone in] the commission knows the case first hand, so therefore…”

*Medical Doctor*

The genital surgeries on transexual people are dependent on approval by the Medical Association. **This practice** (that hampers access to health care that is fundamental to transexual people’s physical and psychological well-being) is contrary to international recommendations concerning transexual people’s access to surgical treatment regulations. Indeed, health care professionals themselves point out the negative impact of this procedure.

“There were some obstacles in what concerns the [Medical] Association. There were requests that took too long to be solved, because there were changes in the Association, etc. It was an unnecessary stumbling block and very harmful clinically. Because the person is ready, and instead of helping this person (...) we are asking them to wait for what they desire the most. (…)

No process has been rejected up to today, but the waiting is very exasperating. Even at the physical level, because the body is producing hormones we don’t want it to produce (...). Because, even physically, there are risks.”

*Psychologist*
It is noteworthy to mention that, besides this approval requisite, the Medical Association Code of Ethics also stipulates that a pre-surgery evaluation must involve a Psychiatrist instead of just a “mental health care professional”, which is a more comprehensive term established in the SOC, and requires a two-year minimum of follow-up before genital surgeries, while the SOC establish significantly shorter periods.

**It is urgent that, in Portugal, international guidelines related to transexual people’s access to health care be respected.**

**CHILDREN AND TEENAGERS**

Transexual people’s life trajectories are very different among themselves. The discrepancy between gender identity and the assigned sex at birth can manifest itself and become evident to the person themselves at different stages of life. However, many transexual people state that they feel this discrepancy very early on.

It should be noted that the **diversity of gender behaviours and expressions in infancy** is absolutely “normal” – as it is, in fact, throughout life. There are children, however, that later in life recognise themselves as transexuals. What matters is that, from early on, families, communities and health care professionals, in particular, do not impose a rigid and narrow notion of gender. **Every child must be given room to express and explore freely their own gender expressions.**
“Follow-up, let things happen, reassure the family. (...) This is the option that should be taken. Explain that any intervention must be postponed until an age that allows a more responsible and matured decision, and not influence, let things happen, and most of all reassure the family and reassure the person themselves.”

*Medical Doctor*

Transexuality or gender dysphoria in children/teenagers is a study field in expansion. Nonetheless, today **there is a consensus that any treatment aiming for a hypothetical gender identity change**, to conform to the assigned sex at birth (in particular in children and teenagers), **is neither effective nor ethical**. Health care professionals can intervene in these situations in different ways: by providing counselling and psychotherapy services, both to children and teenagers and their families – by helping the child/teenager to explore their gender identities and expressions; by assessing a possible gender dysphoria throughout their development; by evaluating and treating other possible problems that compromise their psychological well-being; by educating and providing information, in particular through other forms of support such as community groups; or even by doing advocacy within the communities, as for instance, in school context.

Before any medical intervention with teenagers one should guarantee that identity, psychological, family and social aspects are adequately explored. Physical interventions in teenagers can be divided into 3 categories or stages: **totally reversible interventions**, related to the suppression of oestrogen or testosterone production in order to postpone typical puberty physical changes; **partially reversible interventions**, that include hormonal therapy to masculinise or feminise the bodies; and **irreversible interventions**, which correspond to surgical treatments. The SOC state that
teenagers may be eligible for hormonal therapy, but that this should always be a joint decision taken by the teenager, the family and the health care professionals. International guidelines assert that irreversible interventions should not happen before 18 years of age, but that there may be exceptions (for instance, mastectomies in transexual boys, as long as they have had continued life experience according to their gender identity for a considerable time and have been receiving hormonal treatment for at least one year).

“Here we do not do interventions before 18 years of age. (...) If it happens earlier, as it has already happened, it is an earlier hormonal intervention, with the parents’ consent. (...) If parents agree, they give consent and the hormonal part can begin one year, one year and a half earlier.”

Psychologist

“We have already had some special cases, which with the parents’ authorisation we were able to do it [hormonal therapy]. However, most parents guard themselves a little behind this rule, almost to make sure that what their child is going through is not a phase.”

Psychologist
Many transexual people have children, sometimes born before medical treatments were initiated or, for instance, through adoption. Naturally, one person’s gender identity is not related with parenthood, that is to say, with the wish to be a mother or a father.

Because hormonal therapy for body masculinisation/feminisation limits reproductive functions, it is recommended to take (in)fertility-related decisions before beginning any hormonal treatment or any genital surgeries.

Health care professionals (from different fields: mental health, endocrinology and surgery) have the duty – as asserted by the SOC – to discuss different reproductive options with transexual people, before beginning any medical treatment. Such discussion should happen even when, at that moment, the person does not manifest interest in being a mother or a father – something that may be more common in teenagers and young adults.

One of the possibilities for transexual people is to resort to gametes cryopreservation, which should be done before hormonal therapy is begun (or even a considerable time after it has been suspended). Even if certain Medically Assisted Procreation (Law 32/2006) procedures are not fully available – either for financial or legal reasons – transexual people have the right to be informed about them before beginning treatment.

**WHAT IS THE GENDER IDENTITY LAW?**

“The essential is that not only are we filling an extremely grave legal gap but we are also providing better chances for our transexual fellow-citizens to overcome the severe discrimination and marginalization problems they are subject to.”

*Miguel Vale de Almeida*
Member of Parliament, Parliament Intervention, 30 September 2010
One of the functions of the State is the legislative function that, in summary, consists of creating norms to regulate life in society. Up to March 2011, part of our society lived without any regulation and, therefore, without protection – and subject to systematic violations of their Human Rights.
The recent past: excerpt from the leaflet edited by ILGA Portugal for the Gender Identity Law approval campaign
The Gender Identity Law makes it possible to define a few terms, procedures and agents in the process of sex change, thus entitling those interested with a guiding, defining and protective line for that process.

The law that regulates sex and first name modification is Law 7/2011, of March 15, and is currently in force.

The sex change procedure is of secret nature, which means anyone who wishes to change sex has the right to privacy and confidentiality in the process.

WHO CAN BEGIN THE PROCESS?

Any person of Portuguese nationality, legal of age, who has been diagnosed with gender identity disorder. Privacy and confidentiality during the process are guaranteed.

HOW SHOULD YOU PROCEED?

You should present, at the Civil Registration Office, an application for this effect accompanied by a medical report that ascertains the described gender identity disorder.

The report should be signed by 1 Medical Doctor and 1 Psychologist, who collaborate in the same multidisciplinary team of clinical sexology, in a common, private or public, medical institution, in Portugal or abroad.

There is no clear description of qualified or authorised professionals to produce such report, therefore any medical doctor or psychologist, in the terms defined by law, can and should elaborate the report, if requested to.

In case of dual nationality, the Portuguese State recognises the sex change performed in the other State.
The Portuguese law, at last, recognises transexual people’s right to identity, but their full citizenship requires continued work against the discrimination they are targeted and the guarantee of their access to health care.

In spite of many positive examples, several discrepancies between the WPATH’s Standards of Care (SOC) and practices in Portugal still happen.

Additional requisites for health care (from hormonal therapies to surgeries) access than those in the SOC are still imposed, which clearly hinders the speed of the process and exacerbates and extends transexual people’s discomfort and their experience of discrimination.

Another factor that intensifies this difficulty is the need for an endorsement by the Medical Association to get access to surgeries. Additionally, the Association’s Code of Ethics specifies more restrictive requisites than those recommended by the SOC.

It is also identifiable the existence of health care professionals who show high rigidity concerning gender roles and expressions, lacking specific training in this area. Indeed, there is no guarantee that health care professionals from different fields will discuss reproductive options with transexual people before beginning any treatment. There is also resistance to the idea that clinical care should be individualised and that not all transexual people will seek the same type of body transformation. And there is yet the absence of clear criteria specifying procedures in the case of minors.

Contrary to this, it is fundamental that health care professionals, especially in the mental health field, respect international guidelines, understand the impact of stigma and discrimination, recognise
transexual people’s autonomy and rights and know how to suit health care to each person. Health care professionals must also be aware of how their personal conceptions about gender interfere with their clinical practice.

The access to health care that is adequate, competent and sensitive to the diversity of gender identities and expressions is fundamental. For the dignity of transexual people – and of all people.

RESOURCES

LGBT Center
Rua de São Lázaro, 88, 1150-333 Lisboa
[Wednesday to Saturday, from 6 p.m. to 11 p.m.]

SAP – Associação ILGA Portugal’s Psychological Counselling Service
927 247 468 | sap@ilga-portugal.pt

LGBT Line – Support and Information Phone Line
21 887 39 22
[Wednesday to Saturday, from 6 p.m. to 11 p.m.]

GRIT – Group for Reflection and Intervention about Transexuality
Associação ILGA Portugal
grit@ilga-portugal.pt

National Line for Social Emergency - LNES
144 (free call; everyday/24 hours)

SNS - National Health Service
Health Line 24 – Ministry of Health
808 24 24 24 (local call cost; everyday/24 hours)
Júlio de Matos Hospital (Lisbon Psychiatric Hospital Center)
Av. do Brasil, 53
1749-002 Lisboa
217917000

Magalhães Lemos Hospital
Rua Prof. Álvaro Rodrigues
4149-003 Porto
226 192 400

Santa Maria Hospital
Avenida Professor Egas Moniz
1649-035 Lisboa
21 780 5000

Santo António Hospital
Largo Prof. Abel Salazar
4099-001 Porto
222 077 500

São João Hospital
Alameda Prof. Hernâni Monteiro
4200 – 319 Porto
225 512 100

Coimbra University Hospitals
Praceta Prof. Mota Pinto
3000-075 Coimbra
239 400 400
TRANSformation Project
This publication is supported by ILGA-Europe under its Human Rights Violations Documentation Fund. Opinions expressed in this document do not necessarily reflect any official position by ILGA-Europe.

The quotations included in the text are excerpts from interviews with health care professionals from public and private health institutions and from a focal group with transexual people hosted under this project.

TECHNICAL DETAILS
TITLE: We Know What We Are. People.
PROPERTY: Associação ILGA Portugal
COORDINATION: ILGA Portugal’s TRANSformation Project and Group for Reflection and Intervention about Transexuality
ACKNOWLEDGMENTS: “Health in Diversity” Project Research Team
TRANSLATION: Rita Paulos da Silva
GRAPHIC DESIGN: Tiago Veras (www.tiagoveras.com)
PHOTOGRAPHY: Filipe Faleiro (http://www.wix.com/ffaleirophotography/)
PRINTER:
PRINTED COPIES: 2000
LEGAL DEPOSIT: 000000 ISBN: ***.***.***
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