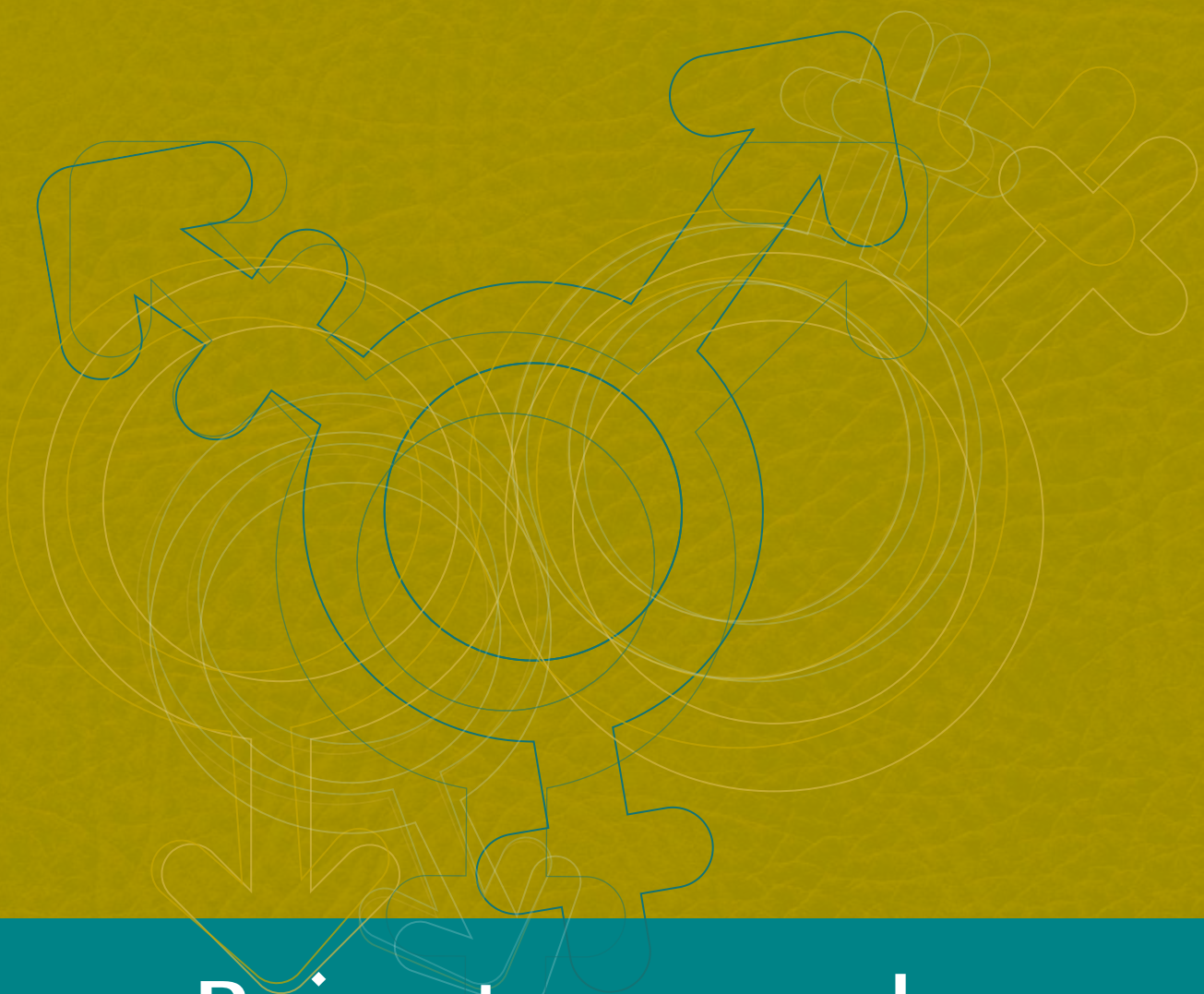

Being transgender in Belgium

Mapping the social and legal situation of transgender people

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in collaboration with
Inès de Biolley
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2010

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Foreword

In its Resolution of 12 September 1989 on discrimination against transsexual people, the European Parliament called upon Member States to develop provisions for the advice, support and treatment for transsexual people, in order to end the discrimination and inequality they face.

This Resolution was supported by Recommendation 1117 of the Council of Europe of 29 September 1989, which stated that, in the absence of specific provisions, transsexual people are often the victims of discrimination and infringement of their private life. The Committee of Ministers of the Council of Europe was, therefore, invited to draw up a recommendation inviting Member States to introduce legislation whereby, in the case of irreversible transsexualism, the person's sex is to be rectified on the births register and on identity papers, a change of forename is authorised, the person's private life is protected and all discrimination infringing upon the enjoyment of the person's fundamental rights and freedoms is prohibited.

In the Belgian context, a number of laws were recently enacted in line with the Resolution and Recommendation, which is now twenty years old. One is the law of 10 May 2007 on transsexualism (Belgisch Staatsblad/Moniteur belge/Belgisches Staatsblatt (Belgian State Gazette), 11 July 2007). This establishes the right to change one's forename and sex on their birth certificate and makes the official change of sex designation an administrative matter. The law of 10 May 2007 is designed to combat discrimination between women and men (Belgian State Gazette, 30 May 2007) and provides that, for the purpose of the law, direct discrimination on the basis of a change of sex is equated with direct discrimination on the basis of sex (Article 4 §2). This means that the Institute for the equality of women and men (IEWM) is authorised in the context of its judicial remit to combat discrimination against transsexual people on the basis of sex.

Thomas Hammarberg, the Council of Europe's Commissioner for Human Rights, in his Issue Paper on Human Rights and Gender Identity published in July 2009, points to continuing transphobia and discrimination against transgender people. He emphasises, among other things, that most national legislation refers only to transsexual people - namely those who wish to undergo, are undergoing or have undergone sex reassignment surgery (SRS, see below), excluding a large proportion of the transgender community. He identifies access to health care and to the labour market as precarious for transgender people, which also appears true in the case in Belgium.

The complaints received by the IEWM show that unfair treatment and discrimination against transvestite, transgender and transsexual people remains common in Belgium, and that current policy and existing legislation provide only a relatively small guarantee of protection for the rights of this highly diverse group.

The IEWM has, therefore, commissioned a study into the social and legal situation of transgender people in Belgium. Its aim is to map the discrimination and inequalities in practice, policy and legislation, enabling us to design an appropriate and efficient complaints-handling procedure, to develop an effective policy for transgender people and to formulate effective recommendations vis-à-vis the government, individuals and institutions.

The study was commissioned from the Steunpunt Gelijkekansenbeleid (Consortium University of Antwerp – Hasselt University), in collaboration with Cap-Sciences Humaines, a non-profit organisation (Université Catholique de Louvain). The study ran from March 2008 to June 2009 and was conducted by Joz Motmans (project leader), Inès de Biolley and Sandrine Debunne under the supervision of Prof. Josse van Steenberghe and Ada Garcia. This report contains the results of the first-rate work done by the study team. The IEWM wishes to thank them for their excellent collaboration in the context of this project.

I would also like to thank the Directorate General National Register – External Relations of the Federal Public Service Home Affairs, General Directorate Institutions and Population, which provided the IEWM with anonymous registration data in relation to the number of changes of sex designation, which has enabled us to present a fairly accurate estimate in this report of the size of (part of) the target group.

Finally, I would like to thank the members of the external supervisory committee for their interest in the research: Yves Dario (Centre for Equal Opportunities and Opposition to Racism), Dr. Griet De Cuypere (UZ Ghent), Eva Dumon (Çavaria), Erica (T-werkgroep), Prof. Jean Jacqmain (Council of Equal Opportunities for Men and Women / Université Libre de Bruxelles), Max Nisol (Genres Pluriels, non-profit organistion), Prof. Femke Olyslager, I.M. (Ghent University), Dr. David Paternotte (Université Libre de Bruxelles), Tanguy Pinxteren (Genres Pluriels, non-profit organisation) and Tim Wuyts (K.U.Leuven / CD&V parliamentary group). With their fascinating and enlightening insights, comments and suggestions, they have undoubtedly made a vital contribution to the success of this study.

Michel Pasteel,
Director of the Institute for the equality of women and men
September 2009

1. General introduction

1.1. Social and scientific context

The social position, life circumstances, experiences and difficulties of transgender people[1], as well as the possible discrimination they face, are areas that remain virtually unexplored scientifically. The transgender issue has been studied from various academic perspectives: as a legal problem, as a medical problem or as a socio-cultural phenomenon[2] However, research focusing on the existing problems of transgender people is available in only a few countries. These are often countries with strong transgender movements, such as the United Kingdom and Finland.[3] For the majority of European countries, and for southern and eastern Europe in particular, no research on the position of transgender people has been published to date.[4]

Another problem is the lack of inclusion of 'transgender' in so-called LGBT research.[5] The 'T' has been part of the acronym for a number of years now but, more often than not, trans-specific problems are not addressed in the relevant research. Research topics relevant to transgender people are overshadowed by topics which are only tangentally important to them (such as the recognition of same-sex relationships). Transgender people's problems are not explored due to an over-emphasis on the problems of LGBs. For example, detailed analyses of LGB issues simply says that things are 'much worse' for transgender people.[6] So while they use the LGBT acronym, they are in fact only talking about LGBs.

The existing Belgian research data is limited to legal and medical topics.[7] The socio-cultural position of transgender people has not been widely studied to date.[8] Additionally, transgender as a topic is not included in gender issues or 'holebi' (LGB) research in Belgium.

The few existing trans-specific studies reveal major problems in the areas of employment, health care, welfare and sport, as well as social and family life. To date (as far as we know), Belgium has not seen fatal acts of violence against transgender people; however, harassment, violence and discrimination are widespread. The number of complaints recorded by authorities (LGB or equal-opportunites institutions, anti-discrimination centres, police, etc.) indicate that transgender people in Belgium still face a number of problems in the social sphere. This study will map their situation in Belgium for the first time.

1.2. Research questions

The aim of this study is to map the social situation of transgender people and to look at possible problems and discrimination experienced by this target group. More specifically, it attempts to provide an answer to the following research questions:

- Which concepts or terminology relating to transgender people can be used in the Belgian context to best describe the target group? We will focus on the two national languages (Dutch and French).
- How can the target group be best defined? Is it possible to accurately estimate the number of transgender people?
- What problems and discrimination are experienced by the target group in the areas for which the federal government has responsibity (e.g. work and employment, health care, justice and social security)? What are the main problems in the Community and Regional Authorities (e.g. education and training, and housing policy)?
- What are the policies relating to this target group? Are there specific policies operating in certain areas that are relevant to transgender people (social security system, social benefits, health care, etc.)? What are the problems or weaknesses in those policies? What are the practices of institutions in, for example, the banking and insurance sector, advice and support centres, etc., in relation to the target group?

The research consisted of various phases, each with a specific methodological approach: a detailed literature review exploring terminology, prevalence, social position in various spheres of life and the legal position; an extensive online survey aimed at transgender people, followed by focus groups; a case study relating to the position of transgender people at the ground level. The research results are translated into policy recommendations in the conclusion section of the research. The different methodological steps are discussed in each chapter.

1.3. Reader's guide

In Chapter 2, we start by discussing the terminology (popular concepts used to express identities) used to describe the target group of transgender people, based upon international specialist literature. We examine which concepts and categories are most often used in Belgium to describe the target group. To this end, for the Dutch-speaking region, we examined popular discourse in Flanders, the Netherlands and the English-speaking countries. For the French-speaking region, we examined popular discourse in the French-speaking Community, France and Canada. In Chapter 3, we focus on the prevalence of the target group. Both in theory and in practice, it is impossible to determine the prevalence of this group accurately, since not every transgender person follows an (open) medical and/or legal path. To estimate the size of the target group, we discuss the figures produced by various sources. Since the legal situation of transgender people was investigated recently at both European and national levels[9], Chapter 4 contains a brief discussion of their precarious legal position. In Chapter 5, we describe the social position of transgender people in various spheres of life. We discuss the studies which outline the social and cultural circumstances in which transgender people live, in the fields of employment, health care, education, image/role model formation, social networks, partner relationships, sexual orientation and parenthood, self-help organisations and sport. Chapter 6 focuses on the 'Trans Survey'. This online survey was intended to map the problems and discrimination potentially experienced by people in various spheres of life, resulting from a gender identity and/or gender expression that differs from the norm or from a change of forename and/or sex designation. In Chapter 7, we describe a case study of transgender people in the labour market. In Chapter 8, we summarise the research results and formulate a number of policy recommendations. The questionnaires used in this research can be found in the appendices.

Notes

1 We use the term 'transgender' (or 'trans*' for short) as an umbrella term to refer to the wide variations of possible gender roles and identities, including transvestism, transgenderism and transsexuality. See Chapter 2 for a detailed discussion.

2 Wickman, Jan (2001). *Transgender politics. The construction and deconstruction of binary gender in the Finnish transgender community*, Abo: Abo Akademi University Press, p. 26.

3 Whittle, Stephen *et al*. (2007). *Engendered penalties: transgender and transsexual people's experiences of inequality and discrimination*, Wetherby: Equalities Review; Whittle, Stephen *et al*. (2008). *Transgender Eurostudy: legal survey and focus on the transgender experience of health care*, Brussels / Berlin: ILGA Europe / TGEU; Lehtonen, Jukka and Kati Mustola (2004). *Straight people don't tell, do they …? Negotiating the boundaries of sexuality and gender at work*, Helsinki: Ministry of Labor.

4 Eisfeld, Justus (2008). *The situation concerning transphobia and discrimination on grounds of gender identity and/or gender expression in the EU Member States*. Report Annex 8 for the European Union Agency for Fundamental Rights, June 2008, p. 3.

5 LGBT stands for Lesbian, Gay, Bisexual and Trans.

6 Eisfeld, *The situation concerning transphobia and discrimination*, p. 4.

7 Legal study: Uytterhoeven, Kristof (2000). *De staat van de transseksuele persoon, rechtsvergelijkende analyse en proeve van oplossing naar Belgisch recht* (dissertation), Louvain: KULeuven; Swatschek, Sheila (2005). Report on 'Transsexuality and international private law' (Title of the legal opinion given by the Max-Planck-Institut in the proceedings of AZ. I BvL 1/ 04 of the Constitutional Court in Germany); Senaeve, Patrick and Kristof Uytterhoeven (2008) (eds.). *De rechtspositie van de transseksueel*, Antwerp: Intersentia.

Medical study: De Cuypere, Griet, C. Jannes and R. Rubens (1995). 'Psychosocial Functioning of Transsexuals in Belgium', *Acta Psychiatrica Scandinavica* 91, pp. 180-84; T'Sjoen, Guy (2006). *Psycho-endocrinological aspects in aging males and transsexual persons* (dissertation), Ghent: Ghent University, Faculty Medicine and Health Sciences; Weyers, Steven (2009). *Treatment and follow-up of individuals with gender dysphoria: gynaecological aspects* (dissertation), Ghent: Ghent University, Faculty Medicine and Health Sciences.

8 With the exception of: Motmans, Joz (2006). *De transgenderbeweging in Vlaanderen en Brussel in kaart gebracht: organisatiekenmerken, netwerken en strijdpunten*, Antwerp: Policy Research Centre on Equal Opportunities (Consortium University of Antwerp - Hasselt University); Motmans, Joz (2009). 'De intrede van "trans" in genderstudies en sociale bewegingen', *Verslagen van het Centrum voor Genderstudies* – UGent 18, Ghent: Academia press, pp. 39-58.

9 European Union Agency for Fundamental Rights (2008). *Homophobia and discrimination on grounds of sexual orientation and gender identity in the EU member states*, Part I. *The legal situation*, Vienna: FRA; European Union Agency for Fundamental Rights (2009). *Homophobia and discrimination on grounds of sexual orientation and gender identity in the EU member states*, Part II. *The social situation*, Vienna: FRA; Whittle *et al*., *Transgender Eurostudy*; Senaeve and Uytterhoeven, *De rechtspositie van de transseksueel*.

2. The 'discovery' of trans*

The transgender topic has been discussed from the perspective of various scientific disciplines, most prominently from a medical viewpoint.[10] Most discussions about sex and gender, and most explanations of transsexualism, favour a biological origin explanation of aetiology.[11] Because the legal approach is based upon medical knowledge, the medical and legal approaches are often connected.

2.1. The history of trans* in the sciences

Every word has its own history. The history of the word 'transgender' is closely associated with academic thought about sexual orientation, gender and transvestism.

In the academic field, scientists such as Magnus Hirschfeld, Havelock Ellis and Harry Benjamin play a major role. Magnus Hirschfeld, a well-known German artist and activist, was the first to describe the phenomenon of cross-dressing in his book *Die Tranvestiten. Eine Untersuchung über den erotischen Verkleidungstrieb mit umfangreichen casuistichem und historischem Material* (1910), drawing attention to the differences between cross-dressing and homosexuality. Hirschfeld popularised the word 'transvestite' to describe those people living in a gender role that does not correspond to their birth sex. He showed that transvestism occurs in both sexes and in every sexual orientation, which was a revolutionary idea at that time.[12] The distinction between cross-dressing, cross-gender identification and homosexuality was important to Hirschfeld and Havelock Ellis and served to normalise homosexuality.[13] It was also Hirschfeld who first used the term 'transsexual', in 1923.[14] His ideas set the foundation for the body of thought of Harry Benjamin and others, who engaged in scientifically mapping the transsexual condition (see below).

However, it was not until 1952 that transsexualism became familiar to the wider public, when the story of the 'first' transsexual woman, Christine Jorgensen, was widely reported in the media.[15] Christine Jorgensen was an American woman (assigned male at birth) who received hormone therapy and underwent a sex reassignment operation in Denmark. Although she was not the first person to undergo such surgery[16], her story was covered extensively in the newspapers. From that grew a social awareness that sex and gender do not always match.

Yet it would be many more years before it became clear that transitions can also take place in the opposite direction, from female to male. The first transformation from woman to man took place as far back as 1949, several years before Christine Jorgensen's transition. In 1942, Briton Michael Laurence Dillon was the 'first' trans man to use testosterone and have a double mastectomy (breast removal). He benefitted from the knowledge of Dr Harold Gillies, who had experience of reconstructing the male genitalia of soldiers wounded during the Second World War. In 1944, Dillon changed his birth certificate, which rendered him officially male.[17] He then opted for a quiet existence as a doctor.[18]

After Christine Jorgensen's story had been discussed in detail in the media in 1952, her doctor, Christian Hamburger, was inundated with requests from people wanting to undergo the procedure. More than a hundred of those requests, or 23%, came from people who were biologically female but wished to live as men in future.[19] Transsexualism as a medical phenomenon was born.

From the 1960s onwards, the transgender topic cropped up in the literature as an illustration of the social construction of gender. Also in the mid-1960s, the first 'gender identity' clinic (gender clinic) opened at Johns Hopkins University (Baltimore, United States). In 1966, scientist Harry Benjamin published The Transsexual Phenomenon, an in-depth study of the phenomenon of transsexualism. Benjamin is often seen as the founding father of Western transsexualism because he took the revolutionary step of ensuring 'sex-changing surgery' for 'suitable' candidates (see below).[20] Whereas previously, the prevailing opinion was that the mind or psyche should be adapted to fit the body, he took the opposite – and highly revolutionary – standpoint: the body should be adapted to mind/psyche. Benjamin is, therefore, placed in the same sexological tradition as Havelock Ellis and Magnus Hirschfeld, namely, the more left wing of sexology which was tolerant of sexual variation and diversity. These early sexologists repeatedly questioned the pathological status of a range of sexual variations, such as homosexuality, transvestism, etc. For example, Benjamin was convinced that a biological feature would be found in the future which might explain the phenomenon of transsexualism. He therefore advocated for the medical and legal recognition of transsexual people.

Nevertheless, these scientists were still following a 'medical model', in the sense that they collected biographical and psychological data with a view to classifying, to make diagnoses and to construct an aetiological theory.[21] Benjamin drew up a typology: the Sex Orientation Scale (S.O.S.), a scale which he continued to use until his death.

Table 1 Type classifications on Harry Benjamin's Sex Orientation Scale

Group I	Type I	Pseudotransvestite
	Type II	Fetishistic transvestism
Group II	Type III	True transvestism
	Type IV	Nonsurgical transsexual
Group III	Type V	True transsexual, moderate intensity
	Type VI	True transsexual, high intensity

Source: Benjamin, Harry (1966). The transsexual phenomenon, New York: Julian Press, table 2.

This scale shows the different types of sex orientation (or: gender disorientation) as differentiated by Benjamin.[22] However, Benjamin stresses that the six types can never be completely separated from each other. The first group contains type 1 and 2 transvestites: type 1 are pseudotransvestites (whose interest in cross-dressing is only sporadic); type 2 are transvestites who cross-dress due to a 'fetishistic' urge. In group II, Benjamin has 'true transvestism' (type 3: transvestites who cross-dress as often as possible and already lean slightly toward transsexualism). This group also contains the first category of transsexualism, namely the non-surgical type (type 4: transsexual people who do not want surgery, waver between transvestism and transsexuality, live alternately as men or women and need hormone therapy for balance). The third group contains the transsexual people with moderately intense feelings (type 5: transsexual people who feel like women but have male bodies, live full-time as women and seek sex reassignment surgery) and with very intense feelings of transsexuality (type 6: transsexual people with very strong feelings of being women; living as a woman is not enough, and they urgently request physical changes).[23]

Research into transsexualism expanded rapidly in the 1960s, partly under the influence of Benjamin's work. In his later writings, Benjamin described his theory of transsexualism, which he called 'a disorder of gender identity'.[24] Robert Stoller's conceptualisation (1968) of gender and gender identity reflects this throughout. The 'psychological sex' (i.e. gender identity) is given priority over the body (i.e. anatomical sex).[25] Benjamin emphasised a neuro-endocrinological theory of causality and argued that a medically-facilitated transition is the only possible treatment for transsexualism because gender identity, in his opinion, is established by the age of four, rendering psychotherapeutic approaches ineffective.[26] He emphasised 'passing'[27] and encouraged transsexual people to adopt the social position of 'normal members' of the chosen sex, with all the associated social, economic and family consequences.[28] For transsexualism, protocol are being developed for transition-related treatments practised in specialised gender clinics, such as hormonal and surgical intervention. The distinction between transvestism and transsexualism is, therefore, very important in this respect, and the screening of candidates 'suitablility' for treatment is an essential task for psychiatrists.[29]

2.2. The current medical paradigm

In the following, we discuss the current medical view of the different forms of 'gender identity disorder': transvestism, transgenderism and transsexualism.[30] We refer extensively in this context to the classification systems used in the manuals of clinical psychiatry, such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) of the American Psychiatric Association (APA) and the ICD-10 International Statistical Classification of Diseases and Related Health Problems of the World Health Organisation (WHO).[31] We also reflect upon the debates taking place in the medical world.

2.2.1. Transvestitism/transvestism

Transvestism (or transvestitism) refers to the need to wear clothing associated with the opposite sex, also known as cross-dressing. 'The frequency or duration of cross-dressing can differ greatly from individual to individual.'[32] Strictly speaking, people who are transvestites do not experience 'gender dysphoria': in other words, the gender identity matches the sex they were assigned at birth. In general, two reasons for transvestism are identified: 'When the emphasis is on the erotic and sexual aspects of the cross-dressing, this is referred to as fetishistic transvestism. (...) This has less to do with a problematic experience of gender identity, and more to do with sexuality. Where cross-dressing is associated with a feeling of being male or female, transvestism is indeed seen as a question of gender identity.'[33]

The number of male transvestites over the age of twenty is estimated at between 1 and 5% of the population. These men are usually heterosexual in orientation, and many are in a relationship and/or have children.[34] In Finland, Mustola observed that the majority of transvestite men referred to themselves as heterosexual, and only a small proportion identify themselves as bisexual.[35]

'I am a passionate TV: I dress as a woman every day and live virtually the whole day like that. I dress mainly in a classic and dignified way. It has nothing particularly to do with sex. I feel like a woman both inside and outside, and it makes me happy. I find it hard to get up the courage to go out and what I regret most is that we have so much difficulty in being accepted. The age-old rhetorical question: "Who are we harming,

after all, and why shouldn't a man dress?" Women wear men's clothing, don't they? I would feel better if we could go out as TVs or "en femme".'

Source: Trans Survey, 2008.

Transvestism should be differentiated from the phenomenon of 'drag queens' and 'drag kings' (or 'male impersonators')[36] from gay/queer milieus, although both activities fall under the category of cross-dressing. The aim of lesbian and gay 'drag' is to play with gender roles and to create space within those roles through the use of irony. In transvestism, however, the gender expression is not intended to be humorous: men who dress are motivated by an internal need and are sincere in their efforts to identify themselves as women on occassion. Transvestism can be present in both men and women. However, since our culture finds male clothing and style in women acceptable, women who dress as men tend to remain invisible.[37] One result of this cultural dichotomy is that women are absent from the DSM category for transvestitism.

'Transvestism' was the first (and for a long time, the only) category included in the DSM: in DSM I (1952) and DSM II (1968), only 'tranvestitism' is present. From the late 1980s, the APA changed the term to 'Transvestic fetishism' (1987). The DSM IV-TR (2000) also contains the diagnosis 'Transvestic fetishism' (302.3), in the section 'Sexual and Gender Identity Disorders' under the subsection 'Paraphilias'. There is a great deal of criticism of this diagnostic label in the DSM from The GID Reform Advocates among others.[38] On the one hand, the category assumes that transvestism is always about fetishism, giving it a sexual connotation; however, cross-dressing in men can also be a social expression of an internal identity which does not involve sexuality. In addition, the definition from the DSM IV-TR limits the diagnosis to heterosexual men. Women and gay men are allowed to wear what they want without being labelled with a mental disorder. The criterion is, therefore, stricter for heterosexual men than for women or gay men, and also denies the existence of female transvestism. It is difficult to explain why the same behaviour should be regarded as pathological in one group but not for another.[39]

In the ICD-10 (2007) tranvestitism appears as 'Dual-role transvestitism' (F64.1) in the category 'Mental and behavioural disorders' (F00-F99), in the subcategory of 'Disorders of adult personality and behaviour' (F60-F69). There is no mention of gender or sexual orientation, so the definition can also be applied to gay men and to women. In addition, in the category 'Disorders of sexual preference' (F65), the ICD-10 contains the subcategory 'Transvestic fetishism' (F65.1). The subdivision between 'dual-role tranvestitism' and 'transvestic fetishism' is important. The first belongs in the more 'respectable' category 'Gender identity disorders' (F64); the second is included in the category 'Disorders of sexual preference' (F65). In the ICD-10, 'being part of a transvestism subculture' is classed, markedly, among the symptoms of 'transvestism phenomena'. The GID Reform Advocates assert that a psychiatric diagnosis on the basis of social, cultural or political affiliation is unheard of. They draw a comparison with the suffragettes who, in the early 1900s, demanded the vote, but were then classified as hysterical and interned. Transgender self-help groups are also motivated by a social concern. All over the world, they are the first source of support, information and civil rights activism for many gender-variant people, as well as their families, friends and those around them. In other words, their need is a consequence of social intolerance rather than a mental deficiency.[40] The GID Reform Advocates are surprised that this is not mentioned in the diagnosis of gender identity disorder (GID) in adults (see below).

Finally, the GID Reform Advocates also dispute the position of tranvestism in the DSM and the ICD-10, namely among sexual perversions such as a paedophilia, exhibitionism, fetishism, etc., because this classification

reinforces (false) stereotypes and insinuates that cross-gender expression is associated with criminal or harmful behaviour.

2.2.2. Transsexualism

A transsexual person is someone who perceives himself or herself, on a mental, social and sexual level, as belonging to the opposite sex. Usually, but not always, transsexual people want and are able to initiate transition-related treatment. Transsexualism has nothing to do with sexuality but, rather, everything to do with the conflict (or gender dysphoria) between their phenotypic sex and their gender identity.[41] The distinction between those who identify themselves as transvestite or transgender often lies in the so-called 'complete contradiction' between the gender assigned to them at birth and their gender identity.[42] For others, their transsexualism is not an identity, but a transitional phase between the two sexes.[43]

One possible gender expression, classified as transsexualism, is sometimes, but sometimes not, accompanied by severe mental suffering. Alternatively, mental suffering can be linked to ignorance, prejudice and general reactions from society and the cultural stigma surrounding trans* lives. When the discomfort with their body becomes severe, many transsexual people seek relief through hormonal treatments and/or surgery.

There is a lack of consensus as to the cause of gender identity disorders.[44] The factors most often proposed look at parental/familial and biological factors, but there have been no biological or psychological studies to date which offer a satisfactory explanation for its aetiology.[45]

In the DSM III (1980), a new category of disorder appears, entitled 'Psychosexual disorders', which includes 'Gender identity disorder'. In the DSM III-R (1987) the 'Psychosexual disorders' category is deleted entirety. Many of the disorders described in that category were then classed under the new category of 'Sexual disorders'. This includes various types of gender variance under the heading 'Gender identity disorders', in alphabetical order after eating disorders. The definitions remain the same as in the DSM III, but 'transsexualism' is given a more central position. Between the publication of the DSM III (1980) and the DSM IV (1994), the concept of 'transgender' comes into use[46], which is listed in the DSM IV (1994) under 'Gender identity disorder not otherwise specified' (302.6). In the DSM IV (1994) the category of 'Sexual disorders' is renamed 'Sexual and gender identity disorders'. The subsection titled 'Gender identity disorders' is replaced by 'Gender identity disorder' in the singular. The term 'transsexualism' (or 'transsexuality') is dropped. The main change is that gender identity disorder is reclassified as being a sexual disorder rather than a psychological one. The DSM IV-TR (2000) still refers to 'Gender identity disorder in adolescents and adults' (302.85) in the section 'Sexual and gender identity disorders', subsection 'Gender identity disorders'.

For the purpose of comparison, we should note that in the ICD-10 (2007) gender identity disorder appears in the category 'Mental and behavioural disorders' (F00-F99), subcategory 'Disorders of adult personality and behaviour' (F60-F69).

The GID Reform Advocates are opposed to the term 'Gender identity disorder'. The DSM IV-TR (2000) emphasises that cross-gender identity and expression are symptoms of a mental disorder. However, the GID Reform Advocates find the focus on mental disorder problematic and argue that the suffering caused by gender dysphoria is the problem, rather than the fact that someone has a cross-gender identity or expression. Because the APA does not

distinguish between gender diversity and discomfort with one's gender, it has undermined the principle that treatment to facilitate a transition for transsexual people is medically necessary. Gender dysphoria is not explicitly classified as a treatable medical condition, therefore surgical interventions which remove the discomfort are easily classified as cosmetic surgery by insurers, authorities and employers.[47] The GID Reform Advocates use this to formulate an argument that often arises from discussions about whether or not to remove GID from the classification systems: the fear that access to treatment (and, in particular, expensive operations) would be lost if GID had no official classification.

2.2.3. Transgenderism

The term 'transgender' is used in two ways: medically, it is seen as a (temporary) intermediate category; socially and politically, it is an umbrella term which refers to transvestism, transgenderism and transsexualism as a whole. In the first meaning, the word transgenderist is often used in Dutch[48]. A transgenderist is, in this sense, a person for whom female and the male gender identity are present in 'equal strength'.[49] This means that they may have a feeling of being both male and female, or neither male nor female. In addition, they may feel sometimes male and other times female. A (partial) physical adjustment is sometimes desired to bring their sex identity and gender identity into line. This can take the form of, for example, hormone therapy alone or breast removal alone. The 'gender dysphoric' feelings are described as partial, ambivalent and non-permanent.[50]

Others believe that transgenderism is merely a (drawn-out) intermediate stage on the way to complete gender transformation[51] and they see transgenderists as men who live as women and women who live as men without (in the first instance) wishing to undergo a complete transition. Contextual factors, such as their relationship with a partner, children, family or work, and the fear of losing them, may be one reason for an individual to sit in a transgender position in between transvestism and transsexualism.

To regard all transgenderists in this light would do an injustice to those who adopt a transgender position outside of these circumstances (or despite them). Even if someone has already been living as a transgenderist for some time and then, for various reasons, proceeds with a complete gender transition - it does not detract from the 'appropriateness' of the transgender identity they held previously.

2.2.4. WPATH Standards of Care

1979 saw the creation of the Harry Benjamin International Gender Dysphoria Association (HBIGDA), an international interdisciplinary organisation for professionals working in the field of gender identity disorder (GID).[52] HBIGDA recently changed its name to the World Professional Association for Transgender Health (WPATH) and has now become the leading medical and clinical voice within present-day discourse on transsexualism.[53] In the medical field, the treatment of transsexualism remains a sub-specialty, however, and although the majority of the actors in the area of transsexualism advocate medical treatment to facilitate gender transitions, there is still a conflict in some countries between the people who treat transsexual people and the medical and psychiatric mainstream.[54] WPATH asserts that the evaluation and treatment of transsexual people requires interdisciplinary collaboration between different medical specialties (psychiatry, endocrinology, surgery).[55]

WPATH has written the internationally accepted Standards of Care (SOC), the guidelines for treatment of 'gender identity disorder'.[56] These guidelines are revised in line with new scientific information; the sixth version was

published in 2001.[57] The focus of medical treatment, as formulated by WPATH in the SOC, is on relieving the suffering caused by gender dysphoria rather than on attempts to change someone's gender identity.[58] Three criteria are required for the diagnosis of GID: '1) the person concerned must have a desire to be accepted as a member of the opposite sex, usually accompanied by the wish to make his or her body as congruent as possible with the preferred sex through surgery and hormone treatment, 2) that wish must have been present for a fairly long period of time, 3) the request must not be a symptom of another mental disorder or a chromosomal abnormality'.[59] If GID is diagnosed, the body can be made congruent with the person's gender identity through hormone treatment and surgery. All of this is done, step-by-step, under psycho-social supervision and in accordance with the proposed SOC protocol.[60] The Belgian medical field recognises the diagnosis of transsexualism and has accepted sex reassignment surgery (SRS) as one of the stages of treatment since 1985.[61] The few follow-up studies on this treatment are positive about its outcome.[62] However, the outcome is highly dependent on the person's psychological robustness and the level of social and professional support available during and after the transition process.[63]

The different versions of the SOC reflect the changes in thinking about gender variance and gender diversity. Between Version 5 (SOC5, 1998, based on the DSM IV) and Version 6 (SOC6, 2001, based on the DSM IV-R), many changes can be noted. According to Califia, this has a lot to do with confrontations with increasingly well-organised and well-informed patients' organisations.[64] The language used in the SOC6 is much more respectful compared with that in the SOC5, and the layout of the SOC6 is also more 'patient-centred' than previous versions.[65] The SOC6 recognises, for example, that prescribing hormone therapy for some patients can help, even if the patient does not want surgery or the 'real-life experience' of living in the chosen gender role; in addition, it prevents individuals from buying hormones of unknown quality on the black market, using unknown quantities and failing to seek medical supervision. The SOC6 also recognises that the treatment of trans men is different from that of trans women. For example, trans men are permitted to undergo breast surgery and even take hormone therapy before the 'real-life period'.[66] In addition, topics such as the reproductive rights of transgender people and the position of confined transgender people (in institutions or prisons) are addressed, and the SOC6 says that the refusal of treatment purely on the basis of a haematological disease (such as HIV or Hepatitis B or C) is unethical.[67]

In recent years, a number of transgender people and even activists have become members of WPATH, giving rise to a critical voice within WPATH with regard to the terminology of 'gender dysphoria'. They argue that talking about gender dysphoria or gender-identity disorder pathologises the phenomenon, and that it labels what in fact is only a 'difference' as a disease or a 'disorder'. They also think that the name 'dysphoria' does not show respect for the current transgender diversity.[68] It is telling, therefore, that the former HBIGDA changed its name to WPATH in 2006. It is very striking that the term gender dysphoria is not included in the new name, and that the emphasis is now placed on the health of transgender people. In addition to the usual disciplines of medicine, psychology, counselling and psychotherapy, WPATH also brings together professionals from the areas of law, social work, family studies, sociology, anthropology, sexology, voice therapy and other related fields.

Nowadays, treatment practitioners notice that gender-variant behaviour is increasing and no longer fits within a binary system. They talk more and more about it as a phenomenon rather than a pathology, and a natural variation of the usual, binary male/female paradigm of gender.

Transgenderists have only recently become eligible for treatment according to WPATH's official guidelines (SOC). The gender teams still have no official treatment protocol for this group due to a lack of medical diagnosis, but there are signs of a willingness to abandon dichotomous patterns of thinking.[69] A number of doctors and centres in Belgium are gradually starting to provide treatment and support for transgenderism. For people who do not want to undergo a complete sex reassignment, a sound protocol must be developed that makes clear which cases would be suitable for treatment, according to Cohen-Kettenis.[70] Gooren indicates, for example, that many people who begin treatment for transsexualism do so only to stop half-way through at their desired intermediate stage.[71] To this end, they squeeze themselves into the restrictive category of transsexual. Recently, however, people in this intermediate stage have wanted to be recognised and treated as such. Although there is still a long way to go before male/female 'hybrid' or intermediate gender identities are accepted in medical, political and insurance realms, Gooren expects there to be a range of medical options to choose from in the long term. As an experienced practitioner, he wants to make sure that people are not treated to hastily. Thus an important question remains, especially for those in the intermediate group: how stable are people in their desires? Anxiety about treating patients whose gender identity changes more than once and the potential for lawsuits are sensitive issues for doctors. When treating a patient who is not (or is no longer) satisfied with the outcome of their treatment, doctors could potentially have a complaint lodged against them. One main drawback is that they have no one to call on as an expert witness.[72] The psychiatric diagnosis and support in a gender team therefore has the main purpose, on the one hand, of shielding treating practitioners against those people who subsequently regret their decisions and projecting the aura of scholarly rigourousness, and, on the other hand, of being able to guide the patient through the process using a professional and multidisciplinary team.

2.3. Critical reflections

Anthropological and historical research shows that there have always been people who do not follow the rules of their sex, or even go through life as the opposite sex.[73] Society has approached, interpreted and treated them differently, depending on the cultural conditions of the times in which they lived.[74] In other words: what we as society regard as abnormal in terms of gender and sexuality, and how we handle it, is by no means 'natural' but teaches us something about the standards and values we adhere to.

Since the late 1960s, there has been a great deal of criticism of the medical model and its typically 'naturalistic approach' by ethnomethodology and phenomenology. These criticisms can be summarised as (1) a criticism of any model in which everyone is classified in one of two social categories (gender), which are based on the biological 'naturalness' of the two sexes, and (2) criticism of the assumed correspondence between sex, sexuality and gender. According to an ethnomethodological and social-constructivist viewpoint and, later, taken up by queer theory, it is precisely this 'natural approach' and the binary divisions which should be the subjects of research. These topics are also on the agenda in many present-day studies by trans authors and trans self-help organisations.

2.3.1. The paradox of naturalness

The work of Harry Benjamin, considered a founding father for his work about transsexualism, is criticised by Ekins and others. According to Ekins, Benjamin's scientific approach was designed to fit within the limits of what was acceptable in treatment practice as well as to conform politically.[75] Benjamin's first conceptualisations of transsexualism took place at a time when all atypical sexualities were viewed as perversions, deviations or mental illnesses, and were often illegal as well.[76] According to Ekins, Benjamin developed the theory of gender dysphoria as a new clinical subspeciality to ensure gender reassignment treatment for selected patients.[77] To this end, he had to normalise transsexual people, make them respectable and fit them into the prevailing medical (and hence naturalistic) discourse. Ekins mainly criticises Benjamin's later work, due to its emphasis on the 'normality' of his transsexual patients and on their presence as inconspicuous (namely heterosexual and conventional) members of their reassigned sex. A 'normal transsexual' was, therefore, of heterosexual orientation in their new sex[78], looking for (and capable of) marriage and a settled family life.[79] This interpretation of the 'normal transsexual' resulted in the privileging of a particular narrative, a single type of transsexual experience and outcome, at the expense of other possible stories, experiences and models of transsexualism.[80] Anyone who ignores or transcends male/female binary, or who has a different sexual orientation and/or a different idea of how to express their discomfort, had to wait a long time before being considered eligible for treatment. It also meant that people with a different interpretation of their sex/gender were quickly described using pathological terminology such as 'deviant', 'sick' or 'abnormal'. Over the course of Benjamin's work. Ekins notes the emergence of words such as 'syndrome' and 'gender dysphoria'[81] in the 1970s, and 'gender identity disorder' (GID) in the 1980s. The 'incongruences' which faced Benjamin and others were regarded as 'dissonances' and 'deviations' or, at best, as 'atypical'.[82] Benjamin's work, therefore, displayed a relative openness to diversity at the outset but later evolved towards heteronormativity.[83] Doctors are keen to bring harmony between sex, gender and sexuality, and that is only possible when sex and gender clearly coincide in what Judith Butler calls the 'heterosexual matrix'.[84]

Another striking fact is the preponderance of social and medical attention devoted to male-to-female transsexual people (or 'trans women'). Only recently has there been an increase in the social visibility of female-to-male transsexual people ('trans men').

The terms transvestism, transgenderism and transsexualism - with their constructed medical meanings - are still used often, even by activists. In addition, a two-sex model is maintained in a hierarchical relationship. Moreover, the basic medical principle is pathological: there is a problem that needs to be solved. The gender dysphoric continuum of 'transvestism-transsexualism', as developed by Harry Benjamin, attempts to categorise non-conformist gender identities or gender expressions in a psychometric discourse - running from 'mild' dysphoria to 'extreme' dysphoria - still holds firm in the medical literature. This classification is artificial and the categories lack clear dividing lines. Therefore, the concepts of transvestism, transsexualism and transgenderism are confused because of the many similarities between the groups. It is not always clear to which group someone belongs. For example, how much stronger must the male identity be than the female identity in order for a person born female to be considered transsexual?[85] As a consequence, many critical voices are speaking out about the diagnostic criteria and treatment protocols.[86]

Besides, the diagnosis of gender identity disorder has a dual effect: on the one hand, the patient is shoehorned into the medical paradigm of transsexualism and, on the other hand, the theory of transsexualism is developed

and validated by the professional treatment practitioner. The authenticity of the narratives relayed in the psychiatrist's office is often queried; the patients know very well, of course, which story to tell in order to receive approval for treatment.[87] Califia mentions two problems relating to these topics in the psychiatric literature: first, the doctors don't reflect on their own role in the production of the constructed stories and, second, the problem of authenticity doesn't prevent doctors from building their transgender theory on the basis of these stories.[88] The setting in which a patient is dependent on the psychiatrist's approval in order to be recognised as a 'real' transsexual (and, thus, gaining access to medically supervised hormone therapy and surgery by experienced doctors) can seriously undermine an honest exploration of the patient's feelings, environment and expectations. Medical publications which are based upon stories told in such a setting should, therefore, be read through a critical lens.

In any case, existing medical treatments, as well as legislation, still take the bipolar gender system as their starting point and, thus, do not have room for people of a third sex or gender.

2.3.2. Sex, gender and sexual orientation

Present-day views of gender identity, including within WPATH, have changed greatly since Benjamin, and no longer use sexual orientation as a diagnostic criterion. Nowadays, every transgender person can steer their own course in terms of sexual preference. What remains is the distinction between transvestism and fetishistic transvestism. The latter is seen as a separate phenomenon which is not related to gender identity but to sexual excitement and fetishism in general. Research by Motmans shows that, in the environment of self-help organisations, every transgender group distances itself clearly from the connotations with sexuality and fetishistic transvestism.[89]

Another noticeable change concerns the simultaneous disappearance of homosexuality and the appearance of gender-identity disorder in the DSM. The decision to drop homosexuality from the DSM occurred in 1973, after much lobbying. In the 1980 edition (DSM III), homosexuality was no longer included as a category. Instead, 'Gender identity disorder' was included in the new category of 'Psychosexual disorders'. Owing to the invention of 'gender identity disorder' as a medical category and the medical options that this development brought with it, gender variance appears to be taken out of the category of homosexuality and put in the section 'psychosexual disorders'. Kosofsky Sedgwick asserts that 'GID for children' (diagnosed much more frequently in boys than in girls) has replaced the category of homosexuality that was previously in the DSM.[90] The practice of treating gender-variant children, a new field which is under discussion[91], confirms this. The study by Cohen-Kettenis et al. shows that only 23% of the children treated continue to report the same complaints later as adults and fit the diagnosis of GID.[92] The majority of the children reported are boys who display cross-gender behaviour as children but, in adolescence, turn out to be homosexual rather than trans girls. GIRES et al. state cautiously, rather, that the outcome of the gender-variant expression in adulthood of children with GID varies and cannot be predicted with certainty.[93] Opponents fear that parents who view their child's gender expression as problematic may misuse the diagnosis of GID in children and young people in order to send their child to treatment centres. Whatever the case, it is now no longer the homosexual person who is considered pathological, a third sex, or inverted; it is the trans person who is regarded as sick.

2.3.3. The future: towards greater tolerance?

Now that work by the APA's Sexual and Gender Identity Disorders Work Group on the DMS V is in full swing, different voices are again participating in the debate about the pathologising of transgenderism, transvestism and transsexualism. The evaluation and rewriting of the DSM will take several years and is expected to be completed around 2013.

In May 2008, after a meeting between American organisations and the APA, National Center for Transgender Equality (NCTE), Transgender Law and Policy Institute (TLPI), Transgender Law Center (TLC) and Transgender Youth Family Allies (TYFA) published a statement. They confirmed their confidence in a revision of the DSM, which is intended to lead to a more rational and more humane understanding of transgender people. They also stressed that the views in the DSM influence social understanding of gender variance.

This last statement was backed up by the steering group of Transgender Europe (TGEU, see below) in November 2008. In its press release, TGEU states that despite scientific controversy, different forms of transgender identities continue to be listed as psychological disorders in the DSM IV and ICD-10. They explicitly reject this pathologisation and wish to represent a critical voice in the revision of the DSM. TGEU takes the view that this stigmatisation, which is in fact based on the incorrect assumption that gender variance is prima facie a medical disorder, is discriminatory. They refer in this respect to the 'Yogyakarta principles' (see below) which have been adopted by a number of national authorities. In addition, a number of international bodies have enacted resolutions supporting these principles: the European Parliament, the Council of Europe and the Organization of American States. TGEU is working hard to ensure that any revision of the DSM or ICD is carried out in accordance with these principles.

2.4. Discussion of the terminology: guidelines[94]

The life stories recorded outside the institution of gender clinics show that many find the current classifications and designations inadequate to express the wide variety of people's experiences or desires.[95] 'In these cases, it becomes clear that language (…) has no room for designating people who do not perceive themselves as a he or a she.'[96]

The wealth of identities on the gender spectrum is also described increasingly in the specialist literature. 'Deviations' from the dual gender system have been studied in the social sciences under a number of names such as: 'gender migration',[97] 'gender variance',[98] 'gender diversity,[99] 'traversing gender'[100] and 'gender blending'.[101] Terms such as gender-queer, intergender, bi-gender, no-gender or gender-free are examples of self-chosen names of 'gender-variant' people who don't feel that they fit into the 'male' or 'female' pigeonhole and want to discard the oppressive classification system. These individuals challenge the compulsory dual gender system by blending the cultural features of masculinity and femininity and/or using some surgical options without completely 'changing over' to the opposite sex. Their guiding principle is that people should be free to change, temporarily or permanently, the sex that was imposed on them at birth.

'As far as the research world is concerned: I find that the definitions of transsexual, transgender, bigender and so on are often very different, which creates a lot of confusion, because it's not always clear what people are talking about. I think that work is needed to find clear definitions.'

Source: Trans Survey, 2008.

To bring some structure to the entangled terminology, the following section contains a number of guidelines for talking about trans*.

The terms transvestite, transgenderist and transsexual seem unavoidable. In themselves, these terms are not problematic if they are used with the correct meaning: as broad definitions of a phenomenon that can shift over the course of a person's life, which are difficult to define and subject to many personal interpretations. Their definitions can vary slightly. Nevertheless, it is possible to formulate a number of general rules which we should bear in mind in order to avoid the normative and pathologising connotations present in the medical categories, such as transsexualism and transvestism:[102]

- Don't use the words 'dysphoria', 'pathology' or 'disorder'; refer to a phenomenon rather than a problem, which may (!) be accompanied by discomfort and suffering.
- Place the emphasis on gender, not on the body. Not everyone desires physical interventions, and physical interventions are not the basis for a definition of identity (so talking about pre-op, post-op and non-op is not appropriate).
- Also avoid the connotation with sexuality: gender variance has nothing to do with sexual orientation or sexual practices, and gender variant people can have any of the possible sexual preferences.
- Don't assume that sex, gender and sexual orientation logically coincide at first sight (not every child who is male at birth feels male and is heterosexual), but be aware of variety in both sex and gender identity and don't consider these givens in dual terms. Leave room for a third/other category in addition to m/f and make these options optional in the record keeping. Considering ungendered ways of addressing and referring to someone (in addition to he/she). This can also be a first important step in creating a framework within which the neither/nor minority (neither male nor female) can have a place alongside the either/or majority (either male or female).
- If a distinction by sex is relevant and necessary in the group of transsexual people, refer to trans men and trans women, and avoid as far as possible the terms transsexual man, transsexual woman, male-to-female transsexual or female-to-male transsexual.
- If a distinction by sex is relevant and necessary in the group of transgenderists, refer to transgenderists and their respective sex at birth.
- If a distinction between trans and non-trans people is relevant and necessary, 'cisgender' can be used instead of less accurate terms such as biological or physical man or woman. Transgender people are also 'biological' after all (and not made of some or other non-biological material), and the 'physical' argument fails if we consider the genetic variations that can occur in intersex people. 'Born' male or female is also inaccurate because transgender and transsexual people also experience that they have been born with a male or female gender identity, irrespective of their physical gender. The use of the term 'true' man or woman is also incorrect, because every aspect that is normally attributed to 'real' (= cisgender) women is either not applicable to all cisgender women, or not to transsexual and/or many intersex women, or to transsexual men who are normally not regarded as 'real' women. (The same applies of course to 'true' men.) All things considered, all of these expressions testify to a lack of respect for transgender people.

- It is perhaps easier to use a single, all-encompassing umbrella term to cover the different forms of activities and identities which cannot be neatly contained in the binary gender system. To this end, terms such as ‘transgender’ (used as an umbrella term) and ‘gender diversity’ or ‘gender variance’ are recommended.
- If it is not clear which gender should be used to address or write about someone, it is certainly okay to ask. In any case, leave the definition of gender identity to the people in question: only they are the experts in what to be called.

Notes

10 The specific terms used in this chapter and the next are explained in section 2.4.1.

11 Devor, Holly (1997). *FTM. Female-to-male transsexuals in society*, Bloomington: Indiana University Press, p. 36; GIRES *et al*. (2006). 'Atypical gender development: a review', *International journal of transgenderism* 9(1), pp. 29-44.

12 Devor, *FTM*, p. 30.

13 King, Dave (1996). 'Gender blending: medical perspectives and technology', in: Richard Ekins and Dave King (eds.), *Blending genders: social aspects of cross-dressing and sex-change*, London: Routledge, pp. 79-98; Weeks, Jeffrey (2000). *Making sexual history*, Cambridge: Polity Press, pp. 31-38.

14 Hirschfeld, Magnus (1923). 'Die intersexuelle konstitution', in: *Jahrbuch für sexuelle Zwischenstufen* (23), p. 14.

15 Devor, *FTM*, p. 4.

16 German doctors such as Magnus Hirschfeld were experimenting with such operations as long ago as the 1920s and1930s. Their best-known patients were the Danish artist Lili Elbe and 'Dorchen'.

17 His birth certificate was altered by a procedures employed in cases of intersexuality. This was used by doctors and, sometimes, by parents in trans cases. The judgment in Corbett v Corbett (1970) made using the intersex procedures of changing birth certificates impossible for trans people until the law was changed in 2004. See: www.pfc.org.uk/node/319/.

Devor, *FTM*, p. 30.

18 In the wake of the media attention surrounding the Christine Jorgensen case, a reporter tracked down Dillon in 1958. He had escaped to India, where he lived for four years as a Buddhist monk.

19 Devor, *FTM*, p. 34.

20 Wickman, *Transgender politics*, p. 27; Ekins, Richard (2005). 'Science, politics and clinical intervention: Harry Benjamin, transsexualism and the problem of heteronormativity', *Sexualities* 8(3), p. 306, p. 309.

21 Ekins, 'Science, politics and clinical intervention', p. 311.

22 Benjamin, Harry (1966). *The transsexual phenomenon*, New York: Julian Press, pp. 22-23.

23 In his description of this typology, Benjamin also uses the Kinsey sexual orientation scale to distinguish between 'true transsexualism' and 'tranvestitism'. The Kinsey scale, which classifies people according to sexual orientation runs, from '0' (exclusively heterosexual without any homosexual experience) to '6' (exclusively homosexual without any heterosexual experience). The relationship between gender identity (Benjamin's scale) and sexual orientation (Kinsey's scale) has not been studied scientifically, however, they were later subject to severe criticism. See: Kinsey, Alfred C. *et al*. (1948). *Sexual behavior in the human male*, Philadelphia / Bloomington: W.B. Saunders / Indiana University Press; Kinsey, Alfred C. *et al*. (1953). *Sexual behavior in the human female*, Philadelphia / Bloomington: W.B. Saunders / Indiana University Press.

24 Benjamin, H. and C. Ihlenfeld (1973). 'Transsexualism', *American journal of nursing* 73, p. 457, cited in: Ekins, 'Science, politics and clinical intervention', p. 317.

25 Ekins, 'Science, politics and clinical intervention', p. 320.

26 Benjamin and Ihlenfeld, 'Transsexualism', p. 458, cited in: Ekins, 'Science, politics and clinical intervention', p. 317.

27 'Passing' refers to being seen as a member of the sex in which you present yourself, or not disclosing one's history. Transsexual people sometimes experience this need very strongly – the need to blend discreetly into the category of woman or man to which they feel they belong. 'Being absorbed' into the crowd and being invisible as 'trans' is known as 'going stealth'.

28 Benjamin and Ihlenfeld, 'Transsexualism', p. 460, cited in: Ekins, 'Science, politics and clinical intervention', p. 317.

29 Wickman, *Transgender politics*, p. 28.

30 A note about word usage: to some trans people, ending words with 'ism' is considered pejorative, thus some dislike the words transsexualism, transvestism and transgenderism. These words are used in the text because they specifically refer to the medical context; however, it should be noted that some trans people are very resistant to the medicalised categorisation of their identities.

31 The *Diagnostic and Statistical Manual of Mental Disorders* (DSM) is the most widely-used classification tool. The DSM is revised regularly and adjusted in line with the latest scientific understanding by an international group of psychiatrists, psychologists and epidemiologists under the auspices of the American Psychiatric Association (APA). The APA has now published four standard editions of the DSM and two revised editions: DSM I (1952), DSM II (1968), DSM III (1980), its revision: DSM III-R (1987), DSM IV (1994) and its revision: DSM IV-TR (2000). The final, approved version of the DSM-V is expected in 2013.

ICD is the International Statistical Classification of Diseases and Related Health Problems. They are currently on version ten, or ICD-10. See: www.who.int/classifications/icd/en/.

32 Vennix, Paul (1999). 'Transgenderisme', *Tijdschrift voor seksuologie* 23, pp. 211-217.

33 Taillieu, Koen (2005). 'De Genderstichting', *Vrouwenraad* (2), pp. 5-12.

34 Vennix, Paul (1997). *Travestie in Nederland en Vlaanderen*, Delft: Eburon.

35 Mustola, Kati (2004). 'Outline results of a questionnaire targeted at gender minorities', in: Jukka Lehtonen and Kati Mustola (eds.), *Straight people don't tell, do they …? Negotiating the boundaries of sexuality and gender at work*, Helsinki: Ministry of Labor, p. 65.

36 See: Halberstam, Judith (1998). *Female masculinities*, Durham / London: Duke University Press; Halberstam, Judith and Del LaGrace Volcano (1999). *The drag king book*, London: Serpentail.

37 Mustola, 'Outline results of a questionnaire targeted at gender minorities', p. 63.

38 The GID Reform Advocates are doctors, care providers, scientists, students, human-rights activists and members of the transgender and LGB communities and their supporters, who advocate for change in the psychiatric classification of gender diversity as a mental disorder. See: www.transgender.org/gidr/.

39 GID Reform Advocates. (2004). 'Because our identities are not disordered'. www.transgender.org/gidr/index.html.

40 Ibid.

41 Vennix, Paul (1999). 'Het NISSO-onderzoek over travestie', *Tijdschrift voor seksuologie* 23, pp. 17-27.

42 See: Taillieu, 'De Genderstichting'.

43 Wilchins, Riki (1997). *Read my lips: sexual subversion and the end of gender*, New York: Firebrand Books; Wilchins, Riki (2002). 'Gender rights are human rights', in: Joan Nestle, Clare Howell and Riki Wilchins (eds.), *Genderqueer. Voices from behind the sexual binary*, Los Angeles: Alyson Books, pp. 289-297; Wilchins, Riki (2002). 'A certain kind of freedom: power and truth of bodies - four essays on gender', in: Joan Nestle, Clare Howell and Riki Wilchins (eds.), *Genderqueer. Voices from behind the sexual binary*, Los Angeles: Alyson Books, pp. 21-63; Wilchins, Riki (2004). *Queer theory, Gender theory: an instant primer*, Los Angeles: Alyson Books; Bornstein, Kate (1998). *My gender workbook*, New York: Routledge.

44 GIRES *et al*., 'Atypical gender development', pp. 10-13.

45 Weyers, Treatment and follow-up of individuals with gender dysphoria, pp. 11-12.

46 HBIGDA (1998). *The Harry Benjamin International Gender Dysphoria Association's Standards Of Care For Gender Identity Disorders*, Fifth version, p. 13.

47 GID Reform Advocates, 'Because our identities are not disordered'.

48 To maintain accuracy while discussing the identity categories, the word 'transgenderist' will be used throughout the text with the intention of describing the identity used within the original Dutch language context.

49 Vennix, Paul (2001). *Travestie, een serieuze (nood)zaak*, Delft: Eburon, p. 9.

50 De Cuypere, Griet (2004). 'De wereld tussen man en vrouw', *Antenne* 22(3), pp. 6-11; Taillieu, 'De Genderstichting'.

51 Taillieu, 'De Genderstichting'.

52 See: www.wpath.org

53 Ekins, 'Science, politics and clinical intervention', p. 307.

54 Wickman, *Transgender politics*, pp. 29-30.

55 Ibid, p. 29.

56 The Standards of Care (SOC) contain treatment guidelines, while the DSM and ICD-10 do not formulate any diagnostic criteria or discuss treatment.

57 Meyer, W. *et al*. (2001). 'The Harry Benjamin International Gender Dysphoria Association's Standards Of Care For Gender Identity Disorders, Sixth Version', *Journal of psychology and human sexuality* 13(1), pp. 1-30.

58 HBIGDA, *The Harry Benjamin International Gender Dysphoria Association's Standards Of Care For Gender Identity Disorders*. Fifth Version, p. 13.

59 T'Sjoen, *Psycho-endocrinological aspects*, p. 138.

60 De Cuypere, 'De wereld tussen man en vrouw'; T'Sjoen, Guy (2005). 'Transseksualiteit', *Vrouwenraad* (2), pp. 13-19. For a description of the treatment process, see: T'Sjoen, *Psycho-endocrinological aspects*, pp. 138-140; www.genderstichting.be.

61 De Cuypere, Griet *et al*. (2007). 'Prevalence and demography of transsexualism in Belgium', *European psychiatry: the journal of the Association of European Psychiatrists* 22(3), p. 137.

Sex reassignment surgery (SRS) is often referred to as GRS (gender reassignment surgery), i.e. surgery that confirms the gender identity. However, what is being re-assigned is sex rather than gender (which is taken as a given). For this reason, 'sex reassigment surgery' (SRS) is used here, especially as 'GRS' can also be used in the more restrictive sense of 'genital reconstruction surgery'.

62 For example: Green, Richard and D.T. Fleming (1990). 'Transsexual surgery follow-up: status in the 1990s', *Annual review of sex research* (1), pp. 163-174; T'Sjoen, *Psycho-endocrinological aspects*.

63 The process of change whereby a person starts to live in the gender role opposite to the sex assigned to them at birth is referred to as 'transition'. See: GIRES *et al*., 'Atypical gender development', pp. 1-2.

64 Califia, Patrick (2003). *Sex changes. Transgender politics*, San Francisco: Cleis Press Inc., pp. xxii-xxvi.

65 For a detailed analysis, see: Ibid, p. xxii.

66 The SOC6 is more progressive in this respect than the treatment given by the Belgian gender teams. This aspect is inspired by the situation in the United States where, for a long time now, the treatment of transgender people is no longer the preserve of the medical schools and clinics but treatment is available as long as the individual has the financial means to fund hormone therapy and surgery out of pocket (Califia, *Sex changes,* p. xxv). This is also possible in Belgium, of course, and happens when the gender teams refuse to treat someone or when someone decides not to contact a gender team. However, since the costs mount up quickly, it doesn't happen very often and patients prefer to collaborate (in the first instance) with recognised psychiatrists and surgeons.

67 Califia, *Sex changes*, pp. xxiv-xxv.

68 Ekins, 'Science, politics and clinical intervention', p. 307

69 See: De Cuypere, 'De wereld tussen man en vrouw'; Meyer, 'The Harry Benjamin International Gender Dysphoria Association's Standards Of Care For Gender Identity Disorders'.

70 In: de Jong, Tim (1999). *Man of vrouw, min of meer: gesprekken over een niet gangbare sekse*, Amsterdam: Schorer boeken, p. 87.

71 In: Ibid, p. 131.

72 In: Ibid, p. 137.

73 Ibid, p. 14.

74 See *inter alia*: Kessler, Suzanne J. (1998). *Lessons from the intersexed*, New Brunswick, NJ: Rutgers University Press; Laqueur, Thomas (1990). *Making sex: body and gender from the Greeks to Freud*, Harvard: University Press; Schwartz, Adria E. (1998). *Sexual subjects. Lesbians, gender, and psychoanalysis*, New York / London: Routledge; Wils, Kaat (eds.) (2001*). Het lichaam (m/v)*, Louvain: Universitaire Pers.

75 Ekins, 'Science, politics and clinical intervention', pp. 307-310.

76 Ibid, p. 320.

77 Ibid, p. 318.

78 This means that a male-to-female transsexual person had to be sexually oriented towards men, so as to be heterosexual in the new sex (woman). If such a person had a preference for women, the patient was ineligible for treatment.

79 Ekins, 'Science, politics and clinical intervention', p. 316.

80 Ibid, p. 310.

81 The term 'gender dysphoria' was introduced by Norman Fisk (1973). Gender dysphoria refers to the feeling of uneasiness ascribed by a person to the incongruence between their gender identity on the one hand and their physical body on the other (De Cuypere, 'De wereld tussen man en vrouw', p. 10). Literally, the term means 'being out of tune with one's own gender'. But since it is often a question primarily not of dissatisfaction with the gender but rather with the sex to which one belongs, it would be better to talk about sex dysphoria, according to Vennix in: *Travestie, een serieuze (nood)zaak*, p. 9.

82 See for example: GIRES *et al*., 'Atypical gender development'.

83 Heteronormativity refers to a perspective or an ideological position which prefers heterosexuality, as formed in a binary male and female gender division, over other forms of sexual and gender expressions, and which also assumes a normative congruence between sex (the body), sexuality (heterosexual object choice) and gender (role behaviour). See: Ekins, 'Science, politics and clinical intervention', p. 307.

84 Butler, Judith (1993). *Bodies that matter. On the discursive limits of 'sex'*, New York: Routledge.

85 Vennix, *Travestie, een serieuze (nood)zaak*, p. 10.

86 Controversial theories in which the sexual motivation for sex reassignment is postulated are not considered here. See: Blanchard, R. (1989). 'The concept of autogynephilia and the typology of male gender dysphoria', *Journal of nervous and mental diseases* (177), pp. 616-623; Lawrence, Anne (1999). *Lessons from autogynephiles: eroticism, motivation, and the standards of care*, paper presented at the 16th Harry Benjamin International Gender Dysphoria Association Symposium, London; Lawrence, Anne (1999). *Men trapped in men's bodies; autogynephilic eroticism as a motive for seeking sex reassignment*, paper presented at the 16th Harry Benjamin International Gender Dysphoria Association Symposium, London; Bailey J.M. (2003). *The man who would be queen: the science of gender-bending and transsexualism*, Washington, DC: John Henry Press.

87 Wickman, *Transgender politics*, p. 30.

88 Califia, *Sex changes*, p. 68.

89 Motmans, *De transgenderbeweging in Vlaanderen en Brussel in kaart gebracht*.

90 Kosofsky Sedgwick, Eve (1999). 'How to bring your kids up gay: the war on effeminate boys', in: L. Gross and J.D. Woods (eds.), *The Columbia reader on lesbians & gay men in media, society, and politics*, Columbia: Columbia University Press.

91 When the children reach puberty (Tanner stage 2), hormone blockers can be prescribed to delay the sex-specific changes for a while longer, so that the young person has more time to develop their gender identity. Irreversible interventions such as surgery are deferred until the child has reached the age of consent. The Netherlands is the forerunner in this respect, but Ghent also has a gender team for children.

92 Cohen-Kettenis, P.T. *et al*. (2000). 'De behandeling van jonge transseksuelen in Nederland', *Nederlands tijdschrift geneeskunde* 144(15), pp. 698-702.

93 GIRES *et al*., 'Atypical gender development', p. 2.

94 The original French and Dutch version of this publication contained a summary of the terms most commonly used in Belgium. Its aim was to compare the terminology used to describe identities by transgender organisations and other stakeholders in the field. The summary contained the (often original) English term, followed by its translation and explanation in French and Dutch, as used by organisations and other actors.

95 See for example: Queen, Carol and Lawrence Schimel (eds.) (1997). *PoMoSexuals: challenging assumptions about gender and sexuality*, San Francisco, CA: Cleis Press; de Jong, *Man of vrouw, min of meer*; Nestle, Joan *et al*. (eds.) (2002). *Genderqueer. Voices from behind the sexual binary*, Los Angeles: Alyson Books; O'Keefe, Tracie en Katrina Fox (eds.) (2003). *Finding the real me: true tales of sex and gender diversity*, s.l.: Jossey-Bass.

96 de Jong, *Man of vrouw, min of meer*, p. 17.

97 Hirschauer, Stefan (1997). 'The medicalization of gender migration', *International journal of transgenderism* 1(1); King, Dave (2003). 'Gender migration: a sociological analysis (or the leaving of Liverpool)', *Sexualities* 6(2), pp. 173-194.

98 Lang, Sabine (1996). 'There is more than just women and men: gender variance in North American Indian Cultures', in: Sandra P. Ramet (1996). *Gender reversals and gender cultures: antropological and historical perspectives*, New York: Routledge.

99 Cromwell, Jason (1999). *Transmen and VNM's: identites, bodies, genders, and sexualities*, Urbana: Universty of Illinois Press.

100 Ramet, Sabrina P. (1996). 'Gender reversals and gender cultures: an introduction', in: Ibid (eds.), *Gender reversals and gender cultures: anthropological and historical perspectives*, New York: Routledge.

101 Devor, Holly (1989). *Gender blending, confronting the limits of duality*, Bloomington, Indiana: Indiana University Press; Ekins, Richard and Dave King (eds.) (1996). *Blending genders: social aspects of cross-dressing and sex-change*, London: Routledge.

102 See also: the guidelines drawn up for non-transgender people wanting to write about trans*: sandystone.com/hale.rules.html, and the 'Fabels of feiten?' page at: www.genderindeblender.be/fabels.htm.

3. Prevalence of trans*

3.1. Lack of data

Both in theory and in practice, it is impossible to determine the exact prevalence of the diverse group of gender variant people. Not all transgender people follow an (open) medical and/or legal path which will record them in some way.

Only a minority of the total target group can register a change of sex designation officially with the births, deaths and marriages register, namely those who have completed the entire transition process and meet the statutory criteria (see below). Registration is accompanied by a change of national insurance number. Therefore, for people in the transsexual group, we can rely on data from the National Register and the international specialist literature. For the other forms of gender variation, the only evidence we have is research. No figures are available for transgenderism to date, because hardly any research has been carried out in this group. For transvestism, however, there are some scientific indications. For example, Dutch research by Vennix shows that the number of male transvestites over the age of twenty is estimated at 1 to 5% of the population.[103] The figures will be similar for Belgium, because the Netherlands and Belgium are similar in many respects: economically, socially (health care insurance), culturally and demographically.[104]

De Cuypere and Olyslager give three reasons why it is important to know the prevalence of transsexualism.[105] First, there is the social importance: a proper understanding of the prevalence of the phenomenon can help to increase acceptance and to reduce and condemn transphobic behaviour. Second, knowing the prevalence is vital in terms of medical care because it indicates the extent of demand for care, thus the provision of care can be tailored accordingly. Third, having an accurate idea of the extent of the phenomenon benefits the government itself because it can devote appropriate attention to legislation, the reimbursement of medical expenses and initiatives that contribute towards greater social acceptance.

> 'Try a poster campaign in public places with an eye-catching telephone number, you'll find that the problem is much bigger than the scientists think. Most people hide it, afraid of losing their job or seeing their family fall apart.'
>
> 'I think it would be good just to remind people, for example by a TV ad, that trans people exist, that we're normal, and that we have rights just like everyone else.'

Source : TransSurvey, 2008.

In the following we discuss the available prevalence figures and calculation methods for transsexualism.

3.2. Prevalence of transsexualism in the specialist literature

Transsexualism is often regarded as a self-description, which means that a person is only transsexual if that is how they refer to themselves. Not all transsexual people undergo medical treatments and/or interventions. Nevertheless, this is how transsexualism is often understood: as a person who has completed all the stages of the transition process (diagnosis, hormone therapy, real-life experience, surgery, official change of sex).

3.2.1. Figures from Belgian gender teams

The literature on prevalence shows that transsexualism is more common in people who were born male than in people who were born female. The most recent Belgian figures (from 2003) indicate a general prevalence of 1:12,900 for trans women and 1:33,800 for trans men[106]; a sex ratio of 2.43:1.[107] These figures are based on the number of people coming to the gender teams for sex reassignment surgery (SRS).[108] In the most recent Dutch figures, the prevalence is 1:11,900 trans women and 1:30,400 trans men.[109] Western European countries such as the Netherlands, Germany, Sweden, Northern Ireland, England and Scotland report a similar sex ratio of 3:1.[110]

However, these prevalence figures should be interpreted with caution. The prevailing social conditions and ideas can inhibit transsexual people from expressing themselves, and the high cost of sex reassignment surgery can also be a substantial barrier.[111] In addition, it is difficult to trace back through transsexual people's medical records. There may be problems with overlapping data, making it hard to apply a substantiated differential diagnosis.[112] Finally, individual medical and social data can be incomplete, even if it were possible to trace all transsexual people.[113] By way of comparison: Singapore has a very accurate and complete registration system and reports higher prevalence figures: 1:2,900 trans women and 1:8,300 trans men.[114] This demonstrates the impact of social conventions and ideas, cultural factors and the availability of SRS on prevalence, but these factors also have an impact on the sex ratio. For example, the sex ratio in most Western European countries is very different from that in the Eastern European countries (5.5:1). This has to do with the different gender roles.[115]

Additionally, within Belgium, the prevalence figures and the sex ratio differ in the three regions, as shown in Table 2. The prevalence in Wallonia (French-speaking Belgium) is significantly lower than in Flanders (Dutch-speaking Belgium) and in Brussels.[116] One of the main reasons for this, according to De Cuypere et al., is the less progressive attitude to transsexualism in Wallonia among psychiatrists and in the Walloon Region in general.[117] Walloon psychiatrists, like their French colleagues, tend towards a psychoanalytical approach and view the treatment of gender variant people accordingly. Transsexual people also have fewer treatment opportunities in Wallonia, since there is only one gender clinic (in Liège) which offers only hormone therapy and psychological counselling. There are no plastic surgeons carrying out sex reassignment surgery.

Table 2 The prevalence of transsexualism and sex ratios in the three regions

	Number	Prevalence	Sex ratio (H/F)
Belgium (100%)			
Total	412	1/18.975	2,43/1
Trans women	292	1/12.886	
Trans men	120	1/33.784	
Flanders (73%)			
Total	309	1/15.385	2,51/1
Trans women	228	1/10.204	
Trans men	91	1/26.909	
Brussels (13%)			
Total	47	1/12.500	1,61/1
Trans women	29	1/9.363	
Trans men	18	1/17.575	
Wallonia (14%)			
Total	55	1/45.045	1,62/1
Trans women	34	1/34.483	
Trans men	21	1/75.758	

Source: De Cuypere, Griet et al. (2007). 'Prevalence and demography of transsexualism in Belgium', European psychiatry: the journal of the Association of European Psychiatrists 22(3), p. 138.

We also note that the sex ratio for Brussels and Wallonia differs significantly from that for Flanders. A possible explanation for this is that the trans men from Wallonia and Brussels go to the Ghent gender team for the actual sex reassignment surgery (phalloplasty), since there is no expertise in this area in Wallonia or Brussels, and the Ghent gender team is nationally and internationally renowned for its technical skills in this area. It is also possible that trans women prefer to have SRS carried out in France or Germany, which distorts the ratio between the figures for men and women.

3.2.2. Different calculations of prevalence

In a recent publication Olyslager and Conway discuss methods of calculating prevalence. They identify two problems with the calculation of the 'old' prevalence figures. First, most publications count the total number of patients treated during a given period of time in certain hospitals, and then divide it by the total population. This leads to increasing prevalence over time as more patients are treated and counted.[118] For example, figures from Bakker et al. and Eklund et al. show that the figures for trans women in the Netherlands increase as follows: 1:45,000 in 1980, 1:26,000 in 1983, 1:18,000 in 1986 and 1:11,900 in 1990.[119] As a result, it looks as if there are more and more patients, but the patients counted previously are still included.

Second, it is not always clear who is being counted: those meeting the definition of transsexualism, taking hormones or seeking help? Or simply undergoing SRS? As a consequence, different authors use different criteria, which leads to mutually incomparable figures in the different publications.[120] Therefore, it is important to indicate clearly which type of prevalence is involved. Olyslager and Conway distinguish between different types of prevalence:

- P(TS) = the prevalence of transsexualism
- P(HZ) = the prevalence of those seeking help

- P(HB) = the prevalence of those undergoing hormone treatment
- P(ST) = the prevalence of those undergoing a social transition
- P(SRS) = the prevalence of those undergoing SRS

They differentiate the categories according to the different steps that a gender variant person may or may not take; they take into account the fact that every individual can take a different path. Not everyone seeking help will take hormones, after all, or vice-versa. And not everyone undergoing a social transition will undergo surgery (such as SRS) or take hormones, and so on. In addition, the order of these steps may differ, for example, if a social transition is necessary in order to obtain hormone treatment or if people seek help only after they have already been taking hormones for a while. If the ratio between the different types of prevalence can be determined from studies, one type of prevalence can be inferred from another. These inequalities also make it possible to determine a lower limit for the prevalence of transsexualism. For example, if we count the number of individuals undergoing SRS and, from that, infer the prevalence of SRS, this is a lower limit for the prevalence of transsexualism.[121] Only a limited group will undergo SRS and that group (P(SRS)) may differ significantly in size from the prevalence group of, for example, those undergoing a social transition (P(ST)). As a result, Olyslager and Conway replaced the cumulative method with the incremental method. This method divides the number of individuals treated per year by the number of male or female births T years ago, where T is the average age of the individuals at the time of treatment. This method is suitable in a regime situation (the final situation after any transitional phenomena have disappeared) and answers the question of what proportion of the population has a gender-identity disorder and what proportion of the population is transsexual.[122]

Olyslager and Conway also distinguish between inherent and active prevalence. Since transsexualism is a life-long condition, unlike other conditions such as influenza, we cannot simply count the number of cases per year, multiply it by the duration of the condition and then divide by the total population. For example, if we have determined a prevalence of transsexualism of 1:4,000, this does not mean that, in a population of 4,000,000 people, 1,000 individuals have been identified as transsexual. What it does mean is that 1,000 individuals in that population will be identified as transsexual at a given time in their lives. This is what Olyslager and Conway call the 'inherent prevalence' of transsexualism: the chance of someone having a gender identity disorder at some point in his or her life; the chance of someone being transsexual.[123] Applied to this example: if the average age at which people are identified as transsexual is 35 and life expectancy is 70, only half of these 1,000 individuals will have already been identified. Olyslager and Conway define the 'active prevalence' by counting only those individuals who have been identified as transsexual, i.e. who are 'active'. The 'active prevalence' is then obtained by dividing the number of identified individuals by the total population.[124] It follows that the active prevalence is always lower than the inherent prevalence.

With this revised analysis and a mathematical recounting of earlier reports of the prevalence of transsexualism, Olyslager and Conway arrive at an inherent prevalence of SRS (P(SRS)) of 1:4,500 to 1:2,000.[125] Since the prevalence of transsexualism is a multiple of the prevalence of SRS, they determine a lower limit of 1:2,000 to 1:1,000 for the prevalence of transsexualism (P(TS)).[126] Many earlier publications therefore gave the false impression that transsexualism is much rarer than it is in reality. Recent data from Thailand, the United Kingdom and the United States suggest an even higher lower limit, of the order of 1:500 or more. 'The central conclusion is that transsexualism is at least one order of magnitude more frequent than the figures currently cited by WPATH.'[127]

Olyslager and Conway calculated the prevalence of SRS on the basis of the Belgian data obtained by De Cuypere et al.[128]

Table 3 Inherent prevalence of SRS in Belgium[129]

	Trans women	Trans men
Belgium	1 / 4.800	1 / 9.000
Flanders	1 / 3.600	1 / 6.700
Brussels	1 / 4.800	1 / 6.100
Wallonia	1 / 12.600	1 / 17.200

Source: Olyslager, Femke and Lynn Conway (2008). 'Transseksualiteit komt vaker voor dan u denkt. Een nieuwe kijk op de prevalentie van transseksualiteit in Nederland en België', Tijdschrift voor genderstudies 11(2), p. 48.

Table 4 Active prevalence of SRS in Belgium[130]

	Trans women	Trans men
Belgium	1 / 9.200	1 / 14.400
Flanders	1 / 6.900	1 / 17.200
Brussels	1 / 9.200	1 / 9.800
Wallonia	1 / 24.200	1 / 27.500

Source: Olyslager and Conway, 'Transsexualiteit komt vaker voor dan u denkt', p. 48.

If we divide the population figures for 2008 by the active prevalence for SRS, we arrive at the following rough estimate of the potential number of transsexual people in Belgium:[131]

Table 5 Active prevalence of SRS in relation to population figures for 2008

	Trans women	Trans men	Total
Belgium	5.224.309 / 9.200 = 567,86	5.442.557 / 14.400 = 377,96	945,82
Flemish Region	3.039.956 / 6.900 = 440,57	3.121.644 / 17.200 = 181,49	622,06
Brussels-Capital Region	505.963 / 9.200 = 55	542.528 / 9.800 = 55,36	110,36
Walloon Region	1.678.390 / 24.200 = 69,36	1.778.385 / 27.500 = 64,67	134,03

Source: FPS Economy, SMEs, Independent Professions and Energy – Directorate-General for Statistics and Economic Information, Demography Department; Olyslager and Conway, 'Transsexualiteit komt vaker voor dan u denkt', pp. 39-51 (own edit).

3.3. Data from the National Register

The Institute for the equality of women and men (IEWM) requested data from the National Register concerning the number of sex reassignments undergone by trans men and trans women per year, broken down by year of birth, age at reassignment, gender and region. The National Register has systematic registration data since 1993. The data presented here are for the years 1993 to 2008 (inclusive).

3.3.1. Numbers per year

Between 1993 and 31 December 2008, the National Register recorded 442 sex reassignments. Numbers have increased over the years, with striking peaks in 1995, 2002-2003 and 2008. The recent increase is a result of a

change in the recording procedure; since September 2007, a change of sex is an administrative matter rather than a court matter (entry by order of the law of 10 May 2007 on transsexualism (Belgian State Gazette 11 July 2007)).

Table 6 Number of official change of sex registrations per year

	Number
1993	6
1994	5
1995	32
1996	14
1997	20
1998	21
1999	23
2000	18
2001	22
2002	49
2003	44
2004	35
2005	28
2006	24
2007	27
2008	74
Total	**442**

Source: National Register (edit by IEWM).

3.3.2. Gender distribution

The National Register figures also show that over two thirds of registered sex reassignments that take place are for trans women. In total, 68% of official sex reassignments took place are for trans women and 32% are for trans men. This sex ratio of 2.18:1 tallies strongly with the figures obtained by De Cuypere et al. (see above), where the sex ratio for Belgium is 2.43:1.[132]

Table 7 Number of official change of sex registrations per year by sex at birth

	Trans women	Trans men	Total
1993	5	1	6
1994	4	1	5
1995	27	5	32
1996	11	3	14
1997	10	10	20
1998	13	8	21
1999	15	8	23
2000	12	6	18
2001	18	4	22
2002	30	19	49
2003	26	18	44
2004	23	12	35
2005	22	6	28
2006	19	5	24
2007	17	10	27
2008	51	23	74
Total	**303**	**139**	**442**

Source: National Register (edit by IEWM).

3.3.3. Age distribution

The majority of sex reassignments take place between the ages of 26 and 55. The oldest person was 82 at the time when the sex reassignment was officially registered.

Table 8 Numbers by age at the time of the official change of sex registration

Age	Number	Percentage
< 25	40	9,0%
25-34	158	35,7%
35-44	125	28,3%
45-54	84	19,0%
55-64	33	7,5%
65-74	1	0,2%
≥ 75	1	0,2%
Total	**442**	**100,0%**

Source: National Register (edit by IEWM).

The average age at the time of the sex reassignment over the years is 37.43. The average age for trans women is 38.96 and for trans men is 34.08.

Table 9 Average age at the time of the official change of sex registration, by year

Year	Average age
1993	35
1994	35
1995	35
1996	38
1997	37
1998	32
1999	36
2000	35
2001	34
2002	38
2003	39
2004	40
2005	36
2006	39
2007	35
2008	41

Source: National Register (edit by IEWM).

3.3.4. Regions

58% of people registering a sex reassignment live in the Flemish Region; 26% live in the Walloon Region and 13% in the Brussels-Capital Region. A minority (3%) organised the official registration from another country.

Table 10 Numbers by region at the time of the official change of sex registration

Region	Number	Percentage
Brussels-Capital Region	58	13%
Flemish Region	258	58%
Walloon Region	112	25%
Other countries	14	3%
Total	**442**	**100%**

Source: National Register (edit by IEWM).

If we break down the figures for sex reassignments by sex at birth and region, and calculate the sex ratio per region, we note a difference in the sex ratio from region to region. In comparison with figures obtained by De Cuypere et al. (see above), we find the greatest difference in Wallonia and, to a lesser extent, in Brussels.[133] This confirms the hypothesis that the treatment figures are an underestimate of the number of trans women in Wallonia and Brussels, because it is thought that many of them go to France. For all of the different regions, the sex ratio is close to 2:1. In other words, the proportions are 2/3 trans women and 1/3 trans men.

Table 11 Numbers by region and sex at birth at the time of the official change of sex registration, and sex ratio by region

Region	Trans women	Trans men	Total	Sex ratio (trans women/ trans men)
Brussels-Capital Region	39	19	58	2,05:1
Flemish Region	178	80	258	2,23:1
Walloon Region	79	33	112	2,39:1
Other countries	7	7	14	1,00:1
Total	**303**	**139**	**442**	**2,18:1**

Source: National Register (edit by IEWM).

3.3.5. Civil status

The majority of people were unmarried at the time that their change of sex was registered. It was only when civil marriages were opened up to same-sex partners in 2003[134] that couples no longer had to divorce before a sex reassignment could be officially registered.

Table 12 Numbers by civil status at the time of the official change of sex registration

Civil status	Number	Percentage
Unmarried	286	65%
Married	26	6%
Marriage annulled	2	0%
Widow/widower	6	1%
Divorced	104	24%
Unknown	20	4%
Total	**442**	**100%**

Source: National Register (edit by IEWM).

**The official sex reassignments for married people date from after the adoption of the law on same-sex marriage in 2003.*

***Both annulments date from before 2003.*

Table 13 Civil status at the time of the official change of sex registration before and after the adoption of the law on same-sex marriage of 13 February 2003 (Belgian State Gazette 28 February 2003)

Civil status	Before law on gay marriage		After law on gay marriage	
	Number	Pourcentage	Number	Pourcentage
Unmarried	150	70%	136	60%
Married	0	0%	26	11%
Marriage annulled	2	1%	0	0%
Widow/widower	3	1%	3	1%
Divorced	51	24%	53	23%
Unknown	8	4%	10	4%
Total	**214**	**100%**	**228**	**100%**

Source: National Register (edit by IEWM).

3.4. Conclusion

The method of calculation as developed by Olyslager and Conway, and applied to the Belgian population figures by De Cuypere and Olyslager, gives an estimate of the potential number of transsexual people in Belgium in 2008, namely a total of 945. These figures are based on the 412 registered people undergoing SRS between 1985 and 2003.

However, the official figures from the National Register between 1993 and 31 December 2008 mention 442 people. According to Olyslager and Conway's theory, this would mean that 503 files are yet to be adjusted. It is also possible that some people went through the entire transition process but, for one reason or another, have not (yet) had their sex reassignments registered.

Taking all contextual factors into account, De Cuypere and Olyslager estimate the inherent prevalence of transsexualism in the Netherlands and Flanders at between 1:2,000 to 1:1,000 for trans women and between 1:4,000 to 1:2,000 for trans men.[135] These new insights consequently show that transsexualism is much more common than was often previously assumed.

Notes

103 Vennix, *Travestie in Nederland en Vlaanderen*.

104 De Cuypere *et al*., 'Prevalence and demography of transsexualism in Belgium', p. 139.

105 De Cuypere, Griet and Femke Olyslager (2009). 'Genderidentiteitsstoornissen: nieuwe visies en trends in de behandeling aan het UZGent', in: *Verslagen van het Centrum voor Genderstudies-UGent* 18, Ghent: Academia Press, pp. 24-25.

106 De Cuypere *et al*., 'Prevalence and demography of transsexualism in Belgium'. These figures were collected by contacting all (188) plastic surgeons and all gender teams (Antwerp, Bruges, Ghent and Liège) and 412 people who undertook sex reassignment surgery (SRS) between 1985 and 2003.

107 The sex ratio expresses the ratio between women and men. A sex ratio (F/M) of 2:1 means that there are twice as many trans women as trans men.

108 See note 59.

109 T'Sjoen, 'Transseksualiteit', p. 14.

110 See: Bakker, A. *et al*. (1993). 'The prevalence of transsexualism in the Netherlands', *Acta Psychiatrica Scandinavica* 87, pp. 237-238; Eklund, P.L.E. *et al*. (1988). 'Prevalence of transsexualism in the Netherlands', *British journal of psychiatry* 152, pp. 638-640; Hoenig, J. and J. Kenna (1973). 'Epidemiological aspects of transsexualism', *The psychiatric clinics of North America* 6, pp. 65-80; O'Gorman, E.C. (1982). 'A retrospective study of epidemiological and clinical aspects of twenty-eight transsexual patients', *Archives of sexual behavior* 11, pp. 231-236; Wålinder, J. (1968). 'Transsexualism: definition, prevalence and sex distribution', *Acta Psychiatrica Scandinavica* 44(Suppl 203), pp. 255-258; Weitze, C. and S. Osburg (1996). 'Transsexualism in Germany: empirical data on epidemiology and application of the German transsexuals' act during its first ten years', *Archives of sexual behavior* 25, pp. 409-425; van Kesteren, P.J. *et al*. (1996). 'An epidemiological and demographic study of transsexuals in the Netherlands', *Archives of sexual behavior* 25, pp. 589-600; Wilson, P. *et al*. (1999). 'The prevalence of gender dysphoria in Scotland: A primary care study', *The British journal of general practice* 49, pp. 991-992.

111 Van Kesteren *et al*., 'An epidemiological and demographic study of transsexuals in the Netherlands'.

112 Weitze and Osburg, 'Transsexualism in Germany'.

113 De Cuypere *et al*., 'Prevalence and demography of transsexualism in Belgium'.

114 Tsoi, W.F. (1988). 'The prevalence of transsexualism in Singapore', *Acta Psychiatrica Scandinavica* 78, pp. 501-504.

115 De Cuypere *et al*., 'Prevalence and demography of transsexualism in Belgium', pp. 137-138.

116 Ibid, p. 137.

117 Ibid, p. 140.

118 Olyslager, Femke and Lynn Conway (2007). 'On the calculation of the prevalence of transsexualism', paper presented at the WPATH 20th International Symposium, Chicago, Ill., September 6, 2007, p. 3. (Submitted for publication in the *International journal of transgenderism*)

119 Bakker *et al*., 'The prevalence of transsexualism in the Netherlands'; Eklund *et al*., 'Prevalence of transsexualism in the Netherlands'.

120 Olyslager and Conway, 'On the calculation of the prevalence of transsexualism', p. 4.

121 Ibid.

122 De Cuypere and Olyslager, 'Genderidentiteitsstoornissen', p. 24.

123 Ibid.

124 Olyslager and Conway, 'On the calculation of the prevalence of transsexualism', p. 6.

125 Ibid, p. 11.

126 Ibid.

127 Ibid.

128 De Cuypere, Griet *et al*., 'Prevalence and demography of transsexualism in Belgium'; Olyslager, Femke and Lynn Conway (2008). 'Transseksualiteit komt vaker voor dan u denkt. Een nieuwe kijk op de prevalentie van transseksualiteit in Nederland en België', *Tijdschrift voor genderstudies* 11(2), pp. 39-51.

129 Calculated taking account of the average age for trans women (36) and trans men (28) at the time of gender reassignment.

130 Calculated on the basis of a life expectancy of 75.

131 We based the population figures on the data from the Belgian Federal Public Service SMEs, Independent Professions and Energy – Directorate-General for Statistics and Economic Information, Demography Department, see: www.statbel.fgov.be/FiGUres/d21_nl.asp#3.

132 De Cuypere *et al*., 'Prevalence and demography of transsexualism in Belgium'.

133 Ibid.

134 Law of 13 February 2003 opening up marriage to couples of the same sex and amending a number of provisions of the Belgian Civil Code (Belgian State Gazette 28 February 2003)

135 De Cuypere and Olyslager, 'Genderidentiteitsstoornissen', p. 26.

4. Legal position of transgender people

In legal terms, a person's gender affects their status. The 'status of a person' is the sum total of the circumstances that determine the legal position of an individual and distinguishes that person from other participants in society. The characteristics of an individual's status and its ability to change apply at any time. The status is written down in documents relating to civil status. Legal consequences are associated with their circumstances (name, gender, place of residence, and so on). The status is universal, unique, unavailable, unchangeable, etc. These principles are the foundations of the registration system. The registrar establishes the status of the person officially in terms of what can be established visually (objective and certain, which is the reason why the morphological criterion has been used up until now). At birth, the registrar is usually satisfied with a medical certificate issued by a certified doctor (art. 55 and ff. of the Civil Code) stating the gender.[136]

We can discuss the legal position of transgender people via two 'entry gates': the first relates to the aspect of human rights, including the right to change one's first name and gender, the right to marry and the right to family life, while the second deals with the right to be protected against discrimination. In both areas (human rights and anti-discrimination) a number of institutions on a European level are relevant for the situation of transgender people.

In 1989, the European Parliament passed a resolution on discrimination against transsexual people. The Parliament called on the Council of Ministers, the European Commission and the Member States to put provisions and regulations in place to safeguard the rights of transsexual people to medical sex reassignment and, in so doing, define minimum standards for the procedure, including legal recognition of their new civil status. 'The resolution called for protection against employment discrimination, reimbursement of the costs of sex reassignment treatments by health insurance, dissemination of information on the problems of transsexual people to relevant authorities, public funding for transsexual people' advice centres, self-help organisations, further medical research on transsexuality, and recognition of persecution on the grounds of transsexuality as grounds for asylum.'[137]

This resolution from the European Parliament was immediately supported by recommendation 1117 issued by the Council of Europe on 29th September 1989, aimed at its Committee of Ministers, to invite Member States to introduce legislation guaranteeing the right of transsexual people to bring their civil status into line with their gender identity, and to protect transsexual people against discrimination. In 1993, the Council of Europe also organised the 'XXIIIrd Colloquium on European Law' in Amsterdam, at which time the problems of transsexuality in medicine and law were discussed.[138]

The two European bodies that provide recourse to transsexual people who are victim of unjust treatment by their home country are: the European Court of Justice (ECJ)[139] (European Union) and the European Court of Human

Rights (ECtHR)[140] (Council of Europe). In legal terms, these two institutions work in tandem on the issues of sexual orientation and gender identity.[141] Both topics are interpreted at a Belgian federal level.

> 'More than anyone else, transsexual people need understanding, help and support. They are vulnerable individuals who live in situations that make them even more vulnerable, because it is very easy to become caught up with the new laws, so they are always at the mercy of people with bad intentions.'
>
> 'I simply wonder how cases of discrimination can be proved when a person is totally alone with work colleagues or a supervisor. It's true that there are laws in place, but actually applying them is another matter. How do you prove verbal aggression; how do you prove that you have been humiliated when even the police do nothing about it? The laxness and low level of protection that people get, serve no purpose at all.'

Survey: Trans Survey, 2008.

4.1. Human rights

Registering the gender of individuals at birth has an impact on a number of gender-specific rights and obligations at a later age.[142] For the group of transsexual people, after undergoing gender reassignment treatment, a contradiction exists between the socio-psychological gender role and the actual registration of gender on the birth certificate. The ability to change the first name and gender of a person on their birth certificate constitutes one of the fundamental rights for transsexual people. Also important are the right to marry and the right to family life.

4.1.1. Jurisprudence of the European Court of Human Rights

In what follows, we will summarise the main information about the area of human rights. A number of cases have been brought before the European Court of Human Rights that relate to the protection of the human rights of transsexual people.[143] Topics covered in these cases include: the right to gender reassignment treatment, the change to the person's status, the right to marry, the right to parenthood and the right to family life.

4.1.1.1. Gender reassignment treatment

A complete ban on any form of sex reassignment treatment would not pass the test of article 8 of the European Convention on Human Rights (ECHR).[144] When the surgical adaptation of gender characteristics constitutes a fundamental condition of a change in status of the transsexual, then that person is prevented from undergoing full gender reassignment treatment, breaching article 8 of the ECHR.[145] In the case L. v Lithuania (2007)[146], the ECtHR established that the petitioner, despite partial gender reassignment treatment, was unable to obtain a change in national registration number, which meant that certain aspects of the petitioner's private life remained tied to his original gender. The ECtHR was also of the opinion that article 8 of the ECHR had been breached because, as the result of a weakness in the Lithuanian legal system, a transsexual person was unable to undergo full gender reassignment in Lithuania.[147]

In the case Van Kück v Germany (2003)[148], the ECtHR ruled that the assessment of the medical necessity for gender reassignment treatment and the therapeutic effect of that treatment, is not a legal question. The Court took the basic principle that transsexuality must be considered as a medical condition for which a treatment exists that will improve the general wellbeing of the transsexual person.[149] Article 8 of the ECHR, therefore, guarantees a

certain right to self-autonomy. In the case Van Kück v Germany, the ECtHR ruled that transsexual people have the right to personal development and to physical and moral security.[150] According to Uytterhoeven, this also means that in their social legislation, the Treaty States are required to include the necessary stipulations that make it possible for the (high) costs of gender reassignment treatment to be reimbursed.[151] The fundamental right to self-development (article 8 ECHR) may be threatened by the high cost of hormone and surgical treatment: not every transsexual person considered medically for gender reassignment always has sufficient financial resources to be able to pay these costs. This is especially the case if undergoing gender reassignment treatment is imposed as a condition for a legal change of sex, as is the case in Belgium.[152]

4.1.1.2. Change of the person's status

a) Inhuman or degrading treatment (article 3 ECHR)

The former European Commission for Human Rights ruled that refusal to change the gender on the birth certificate of a postoperative transsexual person is not a breach of article 3 of the ECHR: refusal to adjust the birth certificate is not deemed sufficiently serious to come under the scope of application of article 3 of the ECHR.[153]

However, according to Uytterhoeven, the legal denial of a physical change of sex does breach article 3 of the ECHR if, on the basis of his/her unchanged legal gender, a postoperative transsexual person is incarcerated in a facility designed for members of his/her original gender.[154] In fact, the discrepancy between morphological gender characteristics and the individual's official gender results in serious humiliation and causes serious psychological harm to the person involved, as well as provoking feelings of fear for physical and/or psychological violence.

b) Infringement of the right to the respect of private life (article 8 ECHR)

The issue of the official recognition of a postoperative transsexual person's gender has resulted in individual complaints to the Control Bodies of the Council of Europe on several occasions. In view of the fact that third parties may, as a result of the discrepancy between one's official identity and morphological gender characteristics, obtain knowledge of private details relating to the physical condition, health and personality of the person involved, these complaints come under the scope of application of article 8 of the ECHR.[155]

In 2002, the ECtHR issued a ruling in favour of transsexual people. In the cases *Goodwin v the United Kingdom* and *I. v the United Kingdom*[156], the ECtHR departed from its earlier reasoning and ruled that the lack of legal recognition of the postoperative gender of a transsexual person breaches the right to respect private life (article 8 ECHR) and the right to marry (article 12 ECHR). Article 8 of the ECHR also states that the Treaty States also have a positive obligation to legally recognise the changed gender of a postoperative transsexual person.

4.1.1.3. Right to marry

Article 12 of the ECHR safeguards the right of any man and any woman of marriageable age to enter into a marriage and start a family.[157] The ECtHR states that transgender people are free to marry a person of their choice, even if this leads to the marriage of two persons on the same biological gender.[158] This ruling means that the United Kingdom had to provide legislation (the Gender Recognition Bill), which recognised the postoperative gender of a transsexual person.[159]

4.1.1.4. Right to parentage and the right to family life

In the case X, Y, and Z v the United Kingdom (1997)[160], the ECtHR recognised that a transgender person, his or her partner and their child are entitled to the respect of family life.[161] But, also in this case, the ECtHR adopted a very conservative position that allowed the Treaty States a wide margin of judgment in relation to granting parental rights and obligations. This means that the Treaty States can decide how they resolve practical problems in national law caused by the legal recognition of the altered status of a postoperative transsexual person.[162] However, according to Uytterhoeven, unfair weight was given to the importance of the artificial insemination using donor sperm (AID) technique and problems with family law, rather than to the suffering that children face due to the lack of legal protection.[163] He believes that nowadays, it should be accepted that the law on respecting family life should require the Treaty States, in the context of the legal recognition of the actual change of sex of a postoperative female-to-male transsexual, to enable that person in accordance with his new gender, to establish a parental link with a child produced by AID in a female partner with whom he has a permanent and stable relationship.[164] And the same applies for postoperative transsexual people who wish to adopt a child with their partner in accordance with the new gender role.

4.1.1.5. Social-legal consequences of a change of sex

In the case of Grant v the United Kingdom (2006),[165] the British government refused to apply the women's retirement age of 60 to a postoperative male-to-female transsexual woman whose gender could not be changed under the law at the time. The Court decided that the refusal to legally recognise her sex reassignment constituted a breach of the right of respect to one's private life, guaranteed in article 8 of ECHR.

4.1.2. Belgian law of 10 May 2007 on transsexuality

Since civil marriage and adoption were opened up to same-sex couples,[166] the Belgian state has been playing a pioneering role in these two areas, which also works in favour of transsexual people. For example, transsexual people no longer have to divorce before one of the partners is able to change sex. However, recommendation 1117 of the Council of Europe has only recently been applied in Belgium.

4.1.2.1. Background

During the 1995-1999 legislative session, a 'Draft resolution regarding the legal recognition of transsexuality' was tabled by Bert Anciaux in the Belgian Senate.[167] It failed to progress because the Parliament was dissolved. In a policy memo of the then Minister of Justice, Marc Verwilghen, for the budget year 2001, it was recorded that 'a number of areas of discrimination that exist in different segments of society will be removed. This includes the development of proper partnership regulations for same-sex partners, tied to the development of regulations for social parenthood and a more detailed interpretation of legal cohabitation. Belgian transsexual legislation will also be developed to put an end to the situation of uncertainty in law, as well as to prevent unfairness in that area.' The administrative department of the Ministry of Justice, after a complaint from a transsexual person, conducted, studied and examined a survey to compare the laws regarding the legal situation of transsexual people in various countries where legislation does exist on the matter (Netherlands, Germany, Italy, Austria and Turkey). It was not until the legislative session 2003-2007 that a law was passed. In March 2004, Hilde Vautmans (VLD), Valérie Déom (PS), Marie-Christine Marghem (MR) and Guy Swennen (SP.A-Spirit) tabled the 'Draft law on

transsexuality' in the Belgian Parliament. The aim of this draft law was to recognise changes to first names and gender as a right and to have the administration procedures to carry it out. It was passed on 25 April 2007 in the Chamber of Representatives and ratified on 10 May 2007 by the King.[168] The law was published in the Belgian State Gazette on 11 July 2007.

The situation prior to 2007 was as follows: transsexual people in Belgium could change their first name by way of a Ministerial Decree, albeit at the discretion of the Minister of Justice. Changing gender officially on birth certificates was possible, but in case law and doctrine there was some discussion as to how this was supposed to take place. There were two main lines of thought: one was of the opinion that an application for a change of status needed to be lodged in order to change sex (mainly from the Dutch-speaking side of the country); the other view was that an application to amend the civil status documents (mainly from the French-speaking side) needed to be lodged. There is a real difference between the two. The first claim is constitutional in nature, which means there is an assumption that one is creating a new status in life (as if the person was changing sex). The other is declarative and establishes the new gender as though it has always been the case, but had been incorrectly recorded by the registrar (in terms of the certificate). The procedure and legal consequences of both claims are also different. Of interest is the type of thinking behind the claim. In the first, emphasis is placed on the morphological criterion, which can be observed from the outside. In the second case, emphasis is placed on the psychological/social criterion: outwardly you used to be gender A, but you feel/want/believe that you have always been gender B. This claim places transsexual people on the same footing as intersexual people.[169]

Because both the change of first name and gender reassignment caused legal uncertainty, the federal Parliament transferred recommendation 1117 from the Council of Europe into federal law.

4.1.2.2. Legal criteria

The law of 10 May 2007 regarding transsexuality (Belgian State Gazette 11 July 2007) provides the right to officially change the registration of first names and gender in accordance with recommendation 1117 of the Council of Europe. This law finally guaranteed legal rights for transsexual citizens. The previous split between an administrative procedure (change of first name) and a legal procedure (change of the registration of birth gender) was also replaced by a uniform administrative procedure.

Under the law, the right to change first name is subject to a number of (cumulative) conditions.[170] Individuals with a constant and irreversable inner conviction that they belong to the other sex than the one stated on their birth certificate and who have taken on the corresponding gender role, must attach a statement from their psychiatrist and endocrinologist to their application, to the effect that:

1. the individual has a constant and irreversable inner conviction that they belong to the sex other than the one stated on their birth certificate;
2. the individual is undergoing or has undergone hormone replacement therapy for the purpose of inducing the physical gender characteristics of the sex to which the individual in question believes they belong;
3. the change of first name is an essential part of the change of role.

According to article 2 of the Transsexuality law, which is inserted into article 62b of the Civil Code, a person who legally wishes to change sex must demonstrate this to the registrar by presenting a statement from the psychiatrist and surgeon that he/she meets the following conditions:

1. the individual has a constant and irreversable inner conviction that they belong to the sex other than the one stated on their birth certificate;
2. the individual has undergone gender reassignment that makes him/her correspond with the (other) gender to which the individual in question is convinced he/she belongs, if this is possible and justified from a medical point of view;
3. the individual is no longer capable of producing children in accordance with his/her previous gender.

The registrar will then check the legal conditions regarding gender reassignment but will not conduct any discretionary physical checks relating to the gender reassignment. The registrar can refuse to draw up a certificate reflecting the new gender if the summarised conditions have not been met.

4.1.2.3. Evaluation

Since civil marriage was opened up to people of the same gender (2003), a m/f couple of which one of the pair is undergoing gender reassignment no longer has to go through a divorce first before his/her new gender can be officially recognised. Belgium is a pioneer in this area, with Spain, the Netherlands, South Africa and Canada.[171] Yet there are still some problematic points worth mentioning that appear to infringe human rights.[172] For an extensive discussion of the legal sticking points in question, we refer to Uytterhoeven and Senaeve.[173] But here we can only mention those points that we are able to deal with from a sociological perspective.

(1) Strict medical criteria provide for exclusion and unintentional practices

The medical conditions required to be considered for legal gender reassignment (2° that the individual has undergone gender reassignment making him/her correspond with the gender to which the person is convinced he/she belongs, if this is possible and justified from a medical point of view; 3° that the individual is no longer capable of producing children in accordance with his/her previous gender) are not included in the legislation in Spain and the United Kingdom (Gender Recognition Act, 2004) because they constitute a breach of the right to private life (article 8 ECHR).

Also, there is not always clarity about the precise meaning of points three and four. For example, is a hysterectomy (removal of the uterus) a sufficient condition for a female-to-male transsexual? Or the removal of the testicles for a male-to-female transsexual? It appeared from discussion in parliament that removal of the gonads (testicles/ovaries) was sufficient reason, yet in practice there are officials and lawyers who will only accept an actual genital reconstruction surgery as sufficient.

The conditions governing the exact medical criteria, such as the requirement of hormone use to change one's first name and for irreversible infertility for gender reassignment excludes a large group of people from claiming the right to change their first name and gender. This reinforces the man/woman divide. Some transgender people do not wish or are unable for personal, social, financial or medical reasons to go through all of the stages

in the treatment process. Also, each treatment has a phase in which the official sex identity and gender identity do not yet correspond with one another. The law has provided nothing to bridge this period (which can last for a number of years) in terms of identification documents, despite the recommendations about this in the European Parliament resolution on discriminating against transsexual people (and recommendation 1117 of the Council of Europe).

Of course, transgender people can always use the regular law on name changes (law of 15 May 1987 regarding last names and first names), if they cannot or do not wish to use the reason of transsexuality. They are then bound by the legal requirements associated to this process. This means that choosing a name that fits with the other (desired) gender is out of the question (although a neutral name can be used) and the name change costs more.

(2) Unfair treatment in parentage

The draft law is also out of step with medical developments such as the practice of freezing sperm and ova. As a result, the law is creating future legal problems and inequalities from the outset. The law is unclear about the precise interpretation of the right of parentage when applied to a transsexual person.[174] The circular dated 1 February 2008 (Belgian State Gazette 20 February 2008) from the former Minister of Justice states as follows: 'Further to the new article 62b, § 8, paragraph two, of the Civil Code, the stipulations regarding the parentage of paternity contained in book I, section VII, chapter II of the Civil Code do not apply from the moment of the drafting of a document making mention of the new gender after registration by a male registrant, even if the registrar does not enter the civil status on the document. Once this document has been drawn up, paternity can no longer be established in relation to a male registrant who declares that he/she is of female gender. A male registrant can therefore no longer become the father of a child, either through suspicion of paternity, nor by acknowledgment nor by a paternity test. (…) Once the new gender has been registered or transferred in the birth register, new parentage links are established in principle, corresponding with the new gender. With regard to a transsexual who takes on female gender, the rules of maternal parentage apply. With regard to a transsexual who takes on male gender, the rules of paternal parentage apply.'

This means that a female-to-male transsexual whose partner falls pregnant, can register the birth and be recognised as the father of the child, as would be the case for another heterosexual couple where insemination was achieved using donor sperm. For a transsexual woman, this paragraph has no meaning in actual fact: getting pregnant is not possible. Even more, a transsexual woman who uses her own sperm to inseminate her female partner loses any connection with her own genetic material and is considered as a non-related co-mother and will need to adopt her own (genetically related) child in accordance with the law (as is the case with lesbian couples) in order to create a legal connection.

The recommendation to deal with insemination using frozen sperm in discussing the law on medically supervised reproduction has been forgotten, leaving this practice in the twilight zone. Using equal treatment with lesbian couples as an argument for equality is a false argument. Lesbian co-mothers who must adopt a child born from donor insemination and who are not being referred to and acknowledged as co-mother in terms of civil status are in an unequal position vis-à-vis heterosexual couples for whom this is entirely possible. Treating lesbian couples in which both individuals are biological parents of the child (which is not always the case with heterosexual couples) equal to those with the fewest rights by comparison is an over-simplistic solution. This means that legislators are indirectly forcing transsexual women who wish to recognise their (biological) child

without having to adopt it, to postpone their official change of gender until after the birth of the desired children (even if both parents are living socially and physically as two women). A legal review of parenthood and lineage – separate from biological lineage and social parenthood – is also a matter of great interest for transsexual parents.

(3) Breach of privacy

Under the new article 62b, § 4, paragraph 2, of the Civil Code, the document stating the new gender comes into effect from the time it is entered in the births register. In contrast with other countries, applicants do not receive a new birth certificate, nor (if applicable) a new marriage certificate and new birth certificates for children already born. Instead, a note is made in margin of the original certificates, which does not always protect the privacy of the people involved. Privacy is not protected when extracts and copies are issued. A change to the article, in the sense that extracts may only mention the new gender as provided for in the original draft, was rejected in order not to infringe current practice. In principle, an extract will include the new details without any reference to the original status. Out of respect for the private life of the transsexual person, issuing copies in which reference is made to the former gender must be avoided as much as possible. Also, the justifiable interest of the other individuals to whom the certificate may relate must be taken into account. For example, children must be able, at their request, to obtain an extract of their parents' birth certificates stating the original gender. Likewise, they must be able, notwithstanding a possible margin note, to obtain an extract showing their parentage from their own birth certificate without there being any mention made of the parent's change of gender. It must also be possible to obtain an extract from the marriage certificate stating the original gender.

4.1.3. The Yogyakarta principles

The International Commission of Jurists and the International Service for Human Rights have set up a project on behalf of a coalition of human rights organisations to produce a number of international legal principles regarding the application of international law relating to breaches of human rights on the grounds of sexual orientation and gender identity, in order to make the obligations of States more clear and more coherent in the area of human rights. These principles have been developed, discussed and fine-tuned by a group of leading experts.[175] As the result of a meeting of experts held in November 2006 at Gadjah Mada University in Yogyakarta, Indonesia, 29 prominent experts from 25 countries and with a wide range of backgrounds and expertise in the area of human rights legislation, unanimously adopted the Yogyakarta principles relating to the application of international law on human rights in relation to sexual orientation and gender identity.

The Yogyakarta principles deal with a broad spectrum of standards in the area of human rights and their application on questions of sexual orientation and gender identity. The principles confirm the primary obligation of States to implement human rights. Detailed recommendations were made to all States on each principle. However, the experts also emphasise that everyone has the responsibility to promote and protect human rights. Additional recommendations were made to other parties, such as the UN human rights system, national human rights institutions, the media, non-governmental organisations and financiers.

The experts agree that the Yogyakarta principles provide a good picture of current international human rights legislation is relation to issues of sexual orientation and gender identity. They also recognise that States need to enter into additional obligations due to the constant development of laws relating to human rights.

The Yogyakarta principles confirm the binding international legal standards with which all States must comply. They make a different kind of future possible in which all people, born free and equal in dignity and rights, are able to enjoy the valuable rights that they obtained by virtue of their birth.

In these principles, the term 'gender identity' is understood to mean: 'anyone's deeply felt, personal perception of their gender, whether or not it corresponds with the gender they were born with, including their personal perception of their body (which may involve adaptations to its external appearance or physical functions through medical or surgical procedures or otherwise, on the understanding that this is done in all freedom) and other expressions of gender, including clothing, speech and behaviour.'

In particular, principle 3: 'The Right to recognition before the law', is of special interest for transgender people. It states that:

> Everyone has the right to recognition everywhere as a person before the law. Persons of diverse sexual orientations and gender identities shall enjoy legal capacity in all aspects of life. Each person's self-defined sexual orientation and gender identity is integral to their personality and is one of the most basic aspects of self-determination, dignity and freedom. No one shall be forced to undergo medical procedures, including sex reassignment surgery, sterilisation or hormonal therapy, as a requirement for legal recognition of their gender identity. No status, such as marriage or parenthood, may be invoked as such to prevent the legal recognition of a person's gender identity. No one shall be subjected to pressure to conceal, suppress or deny their sexual orientation or gender identity.
>
> States shall:
>
> 1) Ensure that all persons are accorded legal capacity in civil matters, without discrimination on the basis of sexual orientation or gender identity, and the opportunity to exercise that capacity, including equal rights to conclude contracts, and to administer, own, acquire (including through inheritance), manage, enjoy and dispose of property;
>
> 2) Take all necessary legislative, administrative and other measures to fully respect and legally recognise each person's self-defined gender identity;
>
> 3) Take all necessary legislative, administrative and other measures to ensure that procedures exist whereby all State-issued identity papers which indicate a person's gender/sex — including birth certificates, passports, electoral records and other documents — reflect the person's profound self-defined gender identity;
>
> 4) Ensure that such procedures are efficient, fair and non-discriminatory, and respect the dignity and privacy of the person concerned;
>
> 5) Ensure that changes to identity documents will be recognised in all contexts where the identification or disaggregation of persons by gender is required by law or policy;
>
> 6) Undertake targeted programmes to provide social support for all persons experiencing gender transitioning or reassignment.

This article – and more specifically the phrase 'No one shall be forced to undergo medical procedures, including sex reassignment surgery, sterilisation or hormonal therapy, as a requirement for legal recognition of their gender identity' – is clearly in conflict with the law of 10 May 2007 regarding transsexuality (Belgian State Gazette 11 July

2007) (see above). In the Netherlands, in any event, the adoption of the Yogyakarta principles means that the current Minister for Emancipation, Ronald Plasterk, will re-examine the mandatory sterilisation of transsexual people. This intention was recently confirmed by the Dutch Minister for Foreign Affairs. On 15 May 2009 (International Day Against Homophobia) the Dutch Parliament organised a conference about LGBTIQ rights.[176] At the conference, the Minister for Foreign Affairs, Maxime Verhagen, promised to amend the Dutch law to remove the requirement that transsexual people to undergo irreversible surgery, in accordance with principle 18 of the Yogyakarta principles (the right to be protected from medical abuses).

In Belgium, Senator Martine Taelman has tabled a 'Proposed Resolution regarding the general acceptance and equal treatment of gays' in the Belgian Senate (Legislation document 4-687/1, 10 April 2008). The proposed resolution includes a request to the federal government to underwrite the 29 Yogyakarta principles, although the wording includes no other mention of transgender people or gender identity, only mentioning gay people and sexual orientation. The Proposed Resolution was submitted to the Commission for Social Affairs on 17 April 2008, where it is still waiting to be addressed.

On 11 June 2008, Zoé Genot and Meryem Almaci in the Chamber of Representatives also tabled a 'Proposed Resolution about recognising the Yogyakarta principles with regard to the application of human rights in relation to sexual orientation and gender identity' (Doc 52-1240/001). The aim of this proposal is for Belgium, like other national parliaments in Europe, to recognise the Yogyakarta principles officially, with the aim of actually applying its terms on the grounds of sexual orientation and gender identity. The proposed resolution also deals in depth with the topic of transsexuality and gender identity. For example, it states in paragraph F: 'Whereas many countries, including certain Member States of the European Union, do not recognise some of the most fundamental human rights for homosexuals and transsexual people', and urges the federal government to: '1) underwrite the Yogyakarta principles and apply their terms in full in all areas of public life and private life in order to put an end to discrimination on the grounds of sexual orientation and gender identity', and also: '5) to strengthen the policy of non-discrimination, prevention of suicide among homosexuals and awareness and education in relation to the free choice of sexual orientation and gender identity'. Regarding the proposals in the resolution, the matter is waiting to be dealt with in the Working Group of the Foreign Relations Committee.

4.2. Discrimination on the basis of gender

There is 'discrimination' if a difference in treatment is based on gender, race, colour, origin, nationality, ethnic origin, sexual orientation, religious or political beliefs, health, disability, etc. that is not objectively and reasonable justified. Discrimination may be direct or indirect.[177] Sexual orientation and gender identity are personal characteristics of an individual that are protected by anti-discrimination measures on a national and European level.

4.2.1. The legal provisions at the European level and the jurisprudence of the European Court of Justice

'Both the conduct and the identity of lesbian, gay, bisexual and transgender (LGBT) people, are protected by Articles 8 and 14 of the European Convention on Human Rights (respect for private life and non-discrimination).

(…) The European Union demonstrated their commitment to improving the situation of LGBT people with the inclusion of a provision inserting a new Article 13 in the 1997 Treaty of Amsterdam, which empowered the European Community to "take appropriate action to combat discrimination based on sex, racial or ethnic origin, religion or belief, disability, age or sexual orientation". The new powers enabled the Community to adopt new rules against sexual orientation discrimination in the workplace, namely the Employment Equality Directive of 2000.'[178] In 2000, the European Union Charter of Fundamental Rights was also adopted. It was signed by the majority of Member States in December 2007, making the Charter as legally binding as EU Treaties themselves. The Charter includes sexual orientation and gender – including gender identity – as forbidden grounds for discrimination in its non-discrimination clause (article 21), making it the first international human rights charter to mention it.[179]

The Hague Programme (2004)[180] does not specifically mention the position of transgender people and their families. 'The main point is that EC law has not anticipated the issues that may arise when gender recognition takes place in a cross-border context, for example where medical procedures for gender reassignment are completed in one State and the individual later seeks recognition in another State. This situation might be exacerbated should transgender people encounter other obstacles in relation to free movement. In practice, they may not be able to marry nor to adopt children abroad nor to have their domestic marriage recognised abroad.' [181] The differences between the transgender legislation in different countries (governing matters such as the modification of legal documents, medical treatment or marriage) creates problems of mutual recognition.[182] In the United Kingdom for example, an individual can obtain an alteration to his/her birth certificate if he/she has lived for two years in the 'chosen' gender and has signed a sworn declaration that he/she plans to do so for the remainder of his/her life. Most of the other Member States (including Belgium) have their legislation based on the completion of medical treatment and would be able to refuse this more liberal procedure.

In the past, the Court of Justice of the European Communities (ECJ) handled all matters brought by transgender people regarding employment and dismissal, pension payments or pensionable age.[183] The multitude of cases makes it clear in general that progressive directives and recommendations have not (yet) made their way into national law.[184] We can mention the most important legal cases:

- As the result of a ruling by the ECJ in the matter of P v S and Cornwall County Council (1996)[185] discrimination towards transsexual people is considered a form of discrimination based on gender, and, consequently, is forbidden under European Directive 76/207/EEC issued by the Council on 9th February 1976 regarding the implementation of the principle of equal treatment for men and women in relation to access to the employment process, occupational training and chances of promotion, as well as in relation to employment conditions. The ruling from this case was crucial in establishing that this Directive also applies to transgender people.[186]

- The case K.B. v National Health Service Pensions Agency (2004)[187] dealt with the right of a transsexual man to benefit from the pension of his female partner if she dies before him. The pension scheme of his employer only allowed payment of the pension to the survivor of the legally married spouse. K.B., the employee, argued to the ECJ that the refusal to pay his partner's pension was a breach of article 141 EUC and Directive 75/117/EC regarding equal pay for men and women. 'The Court ruled that even when

inequality of treatment concerns not the right protected by Community law, but one of the conditions (the capacity to marry) for granting that right, the Treaty is in principle violated.'[188]

- In 2006, a ruling by the ECJ was included in the implementation of a directive: Directive 2006/54/EC from the European Parliament and the Council, issued on 5th July 2006. 'This Directive aims to consolidate (and repeal) a number of separate Directives that already exist on gender equality as well as codifying some of the case law – all with a view to making the law more transparent. It includes explicit protection against discrimination arising from the gender reassignment of a person.'[189] In particular, this Directive states that 'The Court of Justice ruled that the scope of the principle of equal treatment for men and women cannot be limited to forbidding discrimination in relation to belonging to one or other gender. In view of its aim and the nature of the rights that it seeks to protect, the principle also applies to discrimination based on a person's change of gender.' The Directive is designed to prevent confusion in the future and specifically states for the first time that discrimination resulting from 'gender reassignment' is part of the principle of equal opportunity and equal treatment for men and women in employment and occupation.
- In the case of Richards v Secretary of State for Work and Pensions (2007)[190], the ECJ recently ruled that refusing to allow a transsexual woman to retire at 60 instead of 65 (the age at which men can retire in the United Kingdom) is a breach of Directive 79/7/EEC about the progressive implementation of the principle of equal treatment for men and women in matters of social security.[191]

4.2.2. Belgian law of 10 May 2007 with a view to combat discrimination between women and men

In Belgium, the European directives and rulings of the European Court of Justice regarding discrimination against transsexual people have been taken seriously.

The law of 10 May 2007 against discrimination between women and men (Belgian State Gazette 30 May 2007) states that for the application of this law, any direct discrimination on the grounds of gender reassignment is the same as a direct discrimination on the grounds of gender (article 4 §2).

People in Belgium who feel they are being discriminated against on account of their gender identity can also appeal to this Act. The body with jurisdiction is the Institute for the equality of women and men (IEWM). The IEWM has jurisdiction to rule on all complaints relating to discrimination on the basis of gender, including transsexuality, in all areas of federal authority, including employment and access to goods and services. This means that it cannot act in matters that come under the authority of the Communities and Regions.

In dealing with complaints, the IEWM makes a distinction between complaints in the actual sense and 'requests for information'. People often contact the IEWM with questions about their rights and obligations, aimed at tackling their problems themselves. When someone lodges a complaint, the IEWM takes action. As the IEWM becomes better known to a wider public, the complaints are becoming more specific and people are being mis-referred less often.[192]

Table 14. Summary of the number of requests for information lodged with the Institute for the equality of women and men in relation to trans*

	Requests for information	Complaints	Total
2006	4	0	4
2007	6	8	14
2008	4	7	11
2009	3	10	12
Total	17	25	41

Source: IEWM, Genderclaim database.

'One remark: in my opinion, the name of the Institute for the equality of women and men does not define people who are different: this means it is difficult to know whether the Institute is able to support intersexual and transgender people.'

'One aspect that has restricted me in particular and has had a major impact on my social life, is the fact that it is impossible to travel, to get a passport or a visa and to leave the country by air (which restricts the number of destinations). This is because my identity papers do not match because I am considered to be of female gender and from the beginning my photo reflected the way I am (I have a beard.)'

'I wonder whether, when I am wearing women's clothes and am in my car, if I go to a club in women's clothes, the police are able to mention my gender if I am given a ticket for a traffic violation for excess speed or drink-driving.'

'What is the situation with hospitalisation insurance? My insurance company refuses to pay because they say it is not an illness.'

Source : TransSurvey, 2008.

The Centre for Equal Opportunities and Opposition to Racism (CEOOR) also receives complaints regularly from transgender people. Because the CEOOR is not authorised to rule on discrimination on the basis of gender, its role is restricted more to mediation, providing information and referring people on to the IEWM.

A few examples of complaints about discrimination or unfair treatment from transgender people in the area of employment received by the IEWM and the CEOOR:[193]

- A male-to-female transsexual employed in the army, is told by the army doctor not to come to work shortly after the transition period. The person involved does not agree, because there is no medical justification for it. She should be able to reintegrate perfectly well into her previous job. She also obtains a contrary opinion from another doctor.
- A transsexual person is bought out by his business partner, with transsexuality given as the specific reason.

- A transsexual person indicates having no chance when applying for jobs because of their gender identity.
- A female-to-male transsexual person is not hired, according to the union, because of a problem with use of the toilets.
- A female-to-male transsexual person is not allowed to change his e-mail address at work, which means that he still has a female e-mail address even though he now lives in the male role.
- A transsexual person is ordered to work as a penalty, but is unable to find work because of his transsexuality.
- A male-to-female transsexual insulted at work as being a 'cross-dressing man'.
- A transsexual person is fired because of their transsexuality.
- To work as a truck driver, a medical certificate is needed to get an EC driving licence. The medical adviser refers the person to a psychiatrist on account of a bout of depression from a few years earlier, mainly during the sex-change treatment. However, the complainant refuses to pay for the additional consultation.
- A transsexual teacher feels discriminated against by his employer because his employment contract is not extended.

A few examples of discrimination or unfair treatment complaints from transgender people received by the IEWM in the area of goods and services:

- A female-to-male transsexual has to pay an additional premium for his life insurance because the insurance company is of the opinion that a transsexual person has a shorter life expectancy than other people.
- An insurer cancels a hospitalisation insurance policy, meaning that the person involved will not be reimbursed for the additional cost of his sex reassignment operation.
- An insurance company refuses to provide cover for sex reassignment surgery (SRS).
- A transsexual person experiences problems on the train and in relation to accessing hospitality establishments (in the Netherlands and Belgium).
- A male-to-female transsexual experiences problems in connection with housing.
- An energy provider refuses to accept the name change of a female-to-male transsexual.
- A transsexual person is refused entry to a (sports) club, because the person wants to use the new first name, but does not physically match up with this name.

A transsexual person experiences difficulties in attending a training course, because the school feels it would be simpler to enrol after the SRS rather than before.

Notes

136 Source: e-mail communication with Tim Wuyts, May 2009.

137 Wickman, *Transgender politics*, pp. 34-35.

138 Delvaux, Henri (1993). 'Transsexualism, medicine and law: legal consequences of sex reassignment in comparative law', *XXIIIrd Colloquium on European Law*, Strasburg: Council of Europe.

139 See: curia.europa.eu/jcms/jcms/Jo1_6308/ecran-d-accueil.

140 See: www.echr.coe.int/echr/.

141 Bonini-Baraldi, Matteo (2007). 'Different families, same rights? Freedom and justice in the EU: implications of The Hague Programme for lesbian, gay, bisexual and transgender families and their children', *ILGA-Europe* 48, p. 37.

142 Wickman, *Transgender Politics*.

143 For an in-depth discussion of the thirty years of case law relating to transsexuality and the European Convention on Human Rights, we refer to: Uytterhoeven, Kristof (2008). 'Deel II. Transseksualiteit en de mensenrechten', in: Patrick Senaeve and Kristof Uytterhoeven (eds.), *De rechtspositie van de transseksueel*, Antwerp: Intersentia, pp. 29-111.

144 Uytterhoeven, 'Deel II. Transseksualiteit en de mensenrechten', p. 38.

145 Ibid, p. 40.

146 European Court of Human Rights, ruling L. v Lithuania of 11 September 2007, more specifically §42-43, 60.

147 Uytterhoeven, 'Deel II. Transseksualiteit en de mensenrechten', p. 38.

148 European Court of Human Rights, ruling Van Kück v Germany of 12 June 2003, §54-55.

149 Uytterhoeven, 'Deel II. Transseksualiteit en de mensenrechten', p. 42.

150 European Court of Human Rights, ruling Van Kück v Germany of 12 June 2003, §69.

151 Uytterhoeven, 'Deel II. Transseksualiteit en de mensenrechten', p. 42.

152 Ibid, p. 43.

153 Ibid, p. 43.

154 Ibid, pp. 45-46.

155 Ibid, p. 46.

156 European Court of Human Rights, ruling Goodwin v United Kingdom of 11 July 2002 and ECtHR, ruling I. v United Kingdom of 11 July 2002.

157 Uytterhoeven, 'Deel II. Transseksualiteit en de mensenrechten', p. 78.

158 Bonini-Baraldi, 'Different families, same rights?', p. 37.

159 Press for Change (2006). 'Legal matters'. www.pfc.org.uk/node/294.

160 European Court of Human Rights, ruling X, Y, and Z v the United Kingdom of 22 April 1997.

161 Bonini-Baraldi, 'Different families, same rights?', p. 37.

162 Uytterhoeven, 'Deel II. Transseksualiteit en de mensenrechten', p. 106.

163 Ibid, pp. 106-110.

164 Ibid, p. 110.

165 European Court of Human Rights, ruling Grant v the United Kingdom of 23 May 2006.

166 Law of 13 February 2003 to open up marriage to persons of the same gender and to amend a number of stipulations in the Civil Code (Belgian State Gazette 28 February 2003); Law of 18 May 2006 to amend a number of stipulations in the Civil Code, for the purpose of making adoption possible by persons of the same sex (Belgian State Gazette 20 June 2006).

167 Proposed resolution regarding the legal recognition of transsexuality, tabled by Mr Anciaux, Belgian Senate, Sitting 1998-1999, 28 April 1999 (legislation document 1-1416). Morbé, Eric (2008). *Mrs/Mrs. The law on transsexuality*, Brussels: UGA, p. 11.

168 For a summary of the history of the law, see: Morbé, *Mevrouw/Meneer*, pp. 11-12.

169 Source: e-mail communication with Tim Wuyts, May 2009.

170 For an in-depth discussion, see: Wuyts, Tim (2008). 'Deel III. De voornaamswijziging van de transseksueel', in: Patrick Senaeve and Kristof Uytterhoeven (eds.), *De rechtspositie van de transseksueel*, Antwerp: Intersentia, pp. 113-141.

171 Hodson, Loveday (2007). *Different Families, Same Rights? Lesbian, Gay, Bisexual and Transgender Families under International Human Rights Law*, Brussels: ILGA-Europe, p. 35.

172 See also: Motmans, *De transgenderbeweging in Vlaanderen in kaart gebracht*; Motmans, Joz (2006). 'Wat te doen met de man met de eileiders?', *Lover* (4), pp. 26-29; Senaeve and Uytterhoeven, *De rechtspositie van de transseksueel*.

173 Senaeve and Uytterhoeven, *De rechtspositie van de transseksueel*.

174 Ibid.

175 For the complete text, see: www.yogyakartaprinciples.org/.

176 LGBTIQ stands for lesbian, gay, bisexual, transgender, intersex and queer / questioning.

177 In Directive 2004/113/EC of the European Council dated 13 December 2004 relating to the application of the principle of equal treatment of men and women in accessing and offering goods and services, 'direct discrimination' is described as 'when someone is or would be treated less favourably on the grounds of gender than someone else in a comparable situation'; 'indirect discrimination' occurs 'when an apparently neutral condition, standard or way of working particularly disadvantages persons of a specific gender in comparison with persons of a different gender, unless this condition, standard or way of working is objectively justified be a legitimate aim and the means for achieving that aim are appropriate and necessary'. These definitions are also included in the Act of 10th May 2007 to fight discrimination between women and men (Belgian State Gazette 30 May 2007).

178 Bonini-Baraldi, 'Different families, same rights?', pp. 8-9.

179 Ibid, p. 9.

180 On 4 November 2004, the Council of Europe met in The Hague and adopted a plan aimed at promoting activities within the Community in various areas, such as visas, asylum, immigration, citizenship and legal cooperation in civil and criminal legal matters. See: Bonini-Baraldi, 'Different families, same rights?', p. 13.

181 Ibid, p. 37.

182 Ibid.

183 Ibid.

184 Wickman, *Transgender politics*, pp. 35-36.

185 European Court of Justice, 30 April 1996, Case C-13/94, P v S and Cornwall County Council [1996] ECR I- 2143.

186 Press for Change, 'Legal matters'.

187 European Court of Justice, 7 January 2004, Case C-117/01, K.B. v National Health Service Pensions Agency [2004] ECR I-541.

188 Bonini-Baraldi, 'Different families, same rights?', p. 37.

189 Press for Change, 'Legal matters'.

190 European Court of Justice, 27 April 2007, Case C-423/04, Richards v Secretary of State for Work and Pensions [2006] ECR I- 3585.

191 Bonini-Baraldi, 'Different families, same rights?', p. 37.

192 See: igvm-iefh.belgium.be/nl/klacht_melden/index.jsp.

193 State of affairs at 6 March 2009. Source: legal department of the IEWM and Marieke Arnou from the CEOOR.

5. The situation of transgender people in different spheres of life

In the following paragraphs, we examine existing studies outlining the social and socio-cultural conditions in which transgender people live. We focus on the problems, discrimination and inequalities facing transgender people in their day-to-day lives in the fields of employment, health care, education, media/image portrayal, social networks, relationships and parenthood, self help organisations and, finally, sport.

5.1. Employment

5.1.1. Importance of work

According to many researchers, employment is one of the most problematic areas in the lives of transgender people.[194] The research by Whittle et al. lists the different spheres of life in which transgender people experience discrimination.[195] This research showed that transition in the workplace was the time when the most discrimination and inequality was experienced.[196] Vennix reports that the Dutch organisations concerned with (problems associated with) transsexualism declared the employment situation of transsexual people to be the main sticking point as far back as 1993.[197] Motmans' research into self-help organisations for gender variant people also identified employment as very important.[198]

Work is not just important for the financial status of the gender variant people in question. For the group of transsexual people, being able to handle the reactions to their transition by colleagues, employers or clients plays an important role. Having (and keeping) a job during transition is an important factor which is taken into consideration in assessing the robustness of the person seeking help. During the 'real-life experience' (the period in which the other gender role is assumed), the person should also transition in the workplace.[199] However, it is precisely at the time of their workplace transition when there is a major risk of unequal treatment and discrimination (see below).[200] Therefore, work can hinder people from being open about their gender identity for many. In the study conducted by Whittle et al. in the UK, 42% of those who do not live full-time in their desired gender role (39% of the 872 respondents) reported that they did not do so because of their job or workplace.[201] This means that this group of people are living in what might be termed 'transvestism', but actually want to transition and live in the desired gender role in future.

> 'At the moment my employer has me on compulsory sick leave, resulting in a loss of earnings and social contacts. I feel badly discriminated against in that respect.'

Source: Trans Survey, 2008.

5.1.2. Status

A Finnish study by Lehtonen and Mustola investigated the situation of 726 LGB and 108 transgender people in the labour market and compared the two groups.[202] The two groups were similar in terms of level of education but, strikingly, 16% of the transgender group were self-employed (and 61% were employees). In the LGB group, 71% were employees and 3% self-employed. Transgender people are clearly more likely to choose independence in the labour market, which gives them more freedom than employees in terms of their gender expression.[203] Belgian figures from De Cuypere et al. show that, in the group of 412 respondents, just over 9% were self-employed, 21% were blue-collar workers, 25% white-collar workers and 1.7% public servants.[204]

5.1.3. Sectors

According to Mustola and Lehtonen, there are large differences between transvestite and transsexual people in terms of the influence of their gender identity or gender expression on their choice of employment sector.[205] For example, almost all transvestite people report that their gender identity and gender expression had no influence on their choice of career. And although the majority of the transsexual men and women also shared that view, a minority in this group nevertheless reported that positive or negative attitudes influence their choice of career. (In comparison, that view was shared by around 10% of the the LGB group, which is significantly more.) Consequently, there were only a few trans people who reported that they had changed jobs due to the atmosphere at work.

5.1.4. Unemployment figures

The fear of losing work or running into problems at work because of one's transgender feelings is not imaginary. Kuiper studied a group of the same transsexual people in 1982 and 1990.[206] In 1982, 72% of the trans women whose treatment was not yet complete (n=50) were unemployed; the figure for those who had completed treatment (n=55) was 60%. In 1990, six in ten (59%) of these trans women (n=44) were still unemployed. Of the trans men still undergoing treatment in 1982 (n=11), 64% were unemployed; the figure for those who had completed treatment (n=25) was 40%. In 1990, 16% of this group (n=25) were still unemployed. It can, therefore, be inferred that it is mainly trans women who experience a lot of trouble finding work. But, even for the trans men, the proportion of unemployed people is unusually high. In Mulder's study of transsexual people, 42% of the trans women were unemployed before their SRS.[207] Six months after the SRS, the unemployment rate in this group had risen to 62%. The figures for the trans men were 42% and 45% respectively. Vennix believes the higher unemployment rate after SRS of the trans women group compared with the trans men group to be due to several factors:[208]

- male-to-female transsexual people are less able to 'pass' in the role of the desired sex than female-to-male transsexual people and, as a result, are less often considered 'presentable' in the work place;
- male-to-female transsexuality appears to be less socially accepted than female-to-male transsexuality because a man's role is more strictly socially regulated than a woman's[209];
- male-to-female transsexual people generally experience more mental health difficulties than female-to-male transsexual people.[210]

In the European study by Whittle et al., only 40% of the trans women and 36% of the trans men had paid work, which is significantly below the average European employment rates of 57.4% for women and 72% for men (Eurostat figures).[211]

In the study by De Cuypere et al., 37% of the group of trans women (n=292) were unemployed and 61% in employment. In the group of trans men (n=120), 35% were unemployed and 62.5% in employment. The male/female differences therefore appear to be less marked in Belgium.[212]

Mustola and Lehtonen again found more unemployed people in their transgender group compared with their LGB group.[213] They add that unemployed transgender people are under-represented in their group of respondents, so the unemployment figures could be much higher in reality.

The exact factors that help to explain the high unemployment rates are cited in the above studies but require further research. For example, the question of the (non-)adjustment of the old training and educational certificates appears to be one explanation for the high unemployment figures. A major problem for adults who change their name and gender officially is that they can no longer rely on past certificates or diplomas without being forced to come out to their new employer. Submitting a CV, letters of recommendation, and so on, can also pose a problem. The person concerned can, though, apply to the institution which issued the certificates or diplomas in order to obtain an amended document. With luck, he or she will receive a certificate made out in the new name. In any case, it is the institution where the student was registered which awards the grades and issues the diplomas. Those institutions can then insert deletions and annotations in the original diploma in order to comply with the change of sex. This procedure is entirely lawful, but nowhere are the rules described explicitly.

5.1.5. Coming out and harassment

According to Lehtonen and Mustola, transgender people found it harder than LGBs to come out at work, both to colleagues and to superiors.[214] The transvestites and trans women in particular were found to be the most uncomfortable sharing this information. Transsexual people were often forced to come out because diplomas still stated their old name or because colleagues found out indirectly. In general, 14% had been harassed at their current workplace, and 8% had been harassed directly because of their gender expression.[215] The study also investigated where these people sought support if problems arose at work. In the first instance, people experiencing discrimination contacted their own self-help groups, direct superiors and treatment providers. In principle, gender identity is a private matter and cannot be asked about in a job interview, however it is often hard to hide because of diplomas and CVs.

> 'Gender identity must be included in diversity plans as a matter of urgency, even seen as an "opportunity group" where a business receives a bonus for employing a transgender/transsexual person.'

Source: Trans Survey, 2008.

Research by Vennix about transgender people (specifically people who have not registered for sex reassignment) suggests that, where transgender people (who were born male) fulfil the social expectations relating to men ("masculine not feminine"), they find it relatively easy to remain in the workplace. But where they are feminine as well as masculine ("masculine and feminine"), problems may arise. As a result, most transgender people do

not come out with their transgender identity in the workplace. Only 5% have ever worn women's clothing at work and only 23% have told one or more colleagues (whose reactions were usually positive (44%) or neutral (46%)). Vennix also established that acceptance by colleagues declines the lower the level of education of the transgender person in question.[216]

5.2. Health care

5.2.1. Trans-specific health care

Within the group of gender variant people there are some who, sooner or later, wish to register for (partial) sex reassignment treatment and/or counselling. In Belgium, a number of doctors are working on and are familiar with the issue of transsexuality. There is the Department of Sexology and Gender Problems at Ghent University Hospital, which is internationally renowned for its expertise in the treatment of transsexual people. There are gender teams in Antwerp, Bruges and Liège. In addition, there are a handful of doctors working in various Belgian hospitals who have experience in this subject-area (mainly plastic surgeons, endocrinologists, etc.). However, the imbalance in the provision of health care between Flanders and Wallonia is striking. In addition to these specific centres, the Gender Foundation in Flanders, as a primary health care provider was, until recently, a reception and support centre for transgender people and those around them. However, the Gender Foundation has recently undergone cuts in its staffing and area of activity as part of the restructuring of the CAW Artevelde welfare organisation, of which it is a division. CAW Artevelde plans to limit the activities connected with transgender issues to offering an intake and appropriate referral service. If necessary, psychosocial counselling can also be offered, but there appears to be virtually no demand for this. The Gender Foundation's activities will therefore be confined in future to providing support; self-help, promotion of interests, policy work, etc. will no longer be included. The change in the accessibility and activities of the Gender Foundation is greatly lamented by the transgender population.[217] Moreover, in Wallonia and Brussels, there is no specific primary health care provision of this kind.

'Transvestites … I think that too little thought is given to this group. In my personal case (as a transvestite), I want to live in harmony with my surroundings and more especially with my wife. But I really don't know who to turn to, to deal with this relationship problem. I'm looking for a relationship therapist, but I am not at all sure that I will meet the right person. In the academic environment, transvestites, transsexual people etc. are still too often regarded as mentally ill. To see that, you only need to look on the Internet. A number of small groups are fighting to have these terms removed from the official list of mental illnesses (such as the activities of the Genres Pluriels association).'

Source : TransSurvey, 2008.

Another problem for many transgender people seeking psychomedical help is the high cost of the care (consultations, hormones, surgery, epilation) and the lack of clarity surrounding the reimbursement of such costs by insurers and the National Institute of Health and Disability Insurance (RIZIV). The financial barrier can be very high for some.

A lack of specific help can result in gender variant people sometimes keeping their feelings to themselves, or

these feelings developing in a negative way (isolation, depression, suicide attempts) or people seeking refuge in LGB circles for a long time. The European organisation ILGA-Europe conducted a study in 2006, together with the youth organisation IGLYO, about the social exclusion of lesbian, gay, bi and transgender youth (average age 23.7).[218] Transgender respondents reported having to go through a double coming out. Before identifying themselves as transgender people, they believed they were gay or lesbian.[219] Lack of reliable information to facilitate identification is the main cause of this. Gender-variant people are also known to be a risk group for suicide attempts. Research by Mathy showed that transgender men and women (irrespective of sexual orientation) have a greater likelihood of having suicidal thoughts and make more suicide attempts than non-transgender heterosexual women and non-transgender (heterosexual or gay) men.[220] In the European study by Whittle et al., 29.9% of the respondents reported a suicide attempt in adulthood.[221] In their UK study, Whittle et al. found similar figures: 34% of respondents had attempted suicide. These high figures are very disturbing.[222]

Research into the mental and physical health of transgender people is primarily carried out by the various 'gender clinics' to which transgender people and, in particular, transsexual people turn when looking for help and when seeking a transition. In Belgium, too, figures are available from De Cuypere et al. concerning sexual and physical health after SRS.[223] These show that the expectations of transsexual people were often fulfilled in emotional and social terms, but less often in physical and sexual terms. No research has been carried out to date into the effects of long-term hormone use or correct dosage.

5.2.2. General health care

The literature shows that transgender people sometimes have trouble accessing ordinary health care, or have negative experiences there: a GP refusing to help, being put in the wrong ward in hospital, etc.

Some research has been carried out into the elevated risks of HIV among transgender people. Research by Bockting et al. investigated whether transgender people are at greater risk than other sexual minorities, but found no significant difference between transgender people and non-transgender men and women in terms of condom use or attitudes to condom use.[224] Transgender people were less likely to have multiple partners and more likely to be monogamous compared with men who have sex with men. There were no differences between transgender people and non-transgender women in this area. When data on the aspects of condom use, monogamy and multiple partners were combined, the researchers found no difference between transgender people and non-transgender people in terms of HIV risk. However, transgender people suffered from depression more often than non-transgender men and made more suicide attempts than both non-transgender men and women. Transgender people also reported the lowest levels of support from family and friends. The researchers assert that transgender people run a low risk of HIV but a higher mental health risk than men who have sex with men. There were remarkably few differences between the group of transgender people and the group of women who have sex with men and women.

5.3. Education

For young people, the educational setting can proove a significant obstacle. Secondary-school environments are often more difficult for trans youth; on the one hand there is enormous peer pressure to conform with prevailing

gender norms and on the other, there is often a total absence of information about transgender issues.[225] Hardly any research data or information on gender-variant people in education is available.

5.3.1. Gender conformity 'stronger' than heteronormativity

The UK study by Whittle et al. shows that 64% of trans men in education had experienced threats or harassment, compared with 44% of trans women.[226] 55% of the trans women reported that they had not experienced any violence or harassment in education, compared with 36% of the trans men. This is in contrast to another study of gender non-conformist behaviour in children, which claims that there is less tolerance of 'sissy boys' than of 'tomboys'.[227] Whittle et al. state that it is possible that boys learn to hide their non-conformist gender behaviour or identity effectively because they are aware of the pressure exerted by classroom peers.[228] Students conform to gender norms (behaviour traditionally expected of men and women) to avoid social rejection.

Gender conformity plays an important role not only in transgender youth, but is also associated with the acceptance of LGB sexuality.[229] In adolescents in particular, attitudes to gender norms are important in assessing the acceptability of peers. In the recent study by Dewaele, the discourse of heterosexual youth showed that they still use the 'tough guy' image as the ideal self-representation.[230] In their discourse, heterosexual girls reject male dominance and traditional role patterns with regard to domestic duties on the one hand but, on the other, the traditional ideal of the man as protector remains. In addition, a man with many feminine characteristics was not seen as an attractive ideal, just as a woman with many masculine characteristics was not very attractive to heterosexual boys. In this study, heterosexual boys tended to take a negative view of people who depart from traditional role patterns. The result of this for girls is that they are not judged by the same standard for certain behaviours. Girls are quicker to be rebuked for certain acts. The result of this for boys is a taboo surrounding the display of emotions and affection between them. Boys do so only in private, when they feel less inhibited (e.g. if they are drunk), or in a masked way (e.g. in a sporting situation). Dewaele refers to a 'heteronormative paradox' in the attitude that boys adopt to LGB sexuality. For example, they assume that there is always a 'male' and a 'female' in an LGB relationship but, conversely, see the raising of a child by an LGB couple as inadequate because of the lack of a mother or father figure. Finally, it was found that the gender norms also lead to (in) visibility among LGBs: lesbians are less visible because there are fewer 'butch dyke' stereotypes than 'nancy boy' stereotypes. This has to do with the wider social boundaries in regard to what is regarded as feminine: a girl wearing trousers is not a lesbian, but a boy wearing makeup is quickly seen as gay, according to Dewaele.

Horn investigated the acceptance of sexual orientation and gender expression of peers by adolescents.[231] She concluded that both heterosexual and LGB young people who display non-conformist gender behaviour and appearance, as well as those who participate in non-conventional activities, were regarded as 'less acceptable' by their peers as compared to young people who display gender conformist behaviour. Heterosexual adolescents, therefore, employ social conventions in relation to both gender conformity and sexual orientation in assessing the acceptability of other young people. Horn's research confirms existing literature which claims that adolescents' attitudes to gender conventions play an important role in assessing the acceptability of peers[232], as well as the literature indicating that gender non-conformity is a risk factor in LGB adolescents becoming victims.[233] Horn's research illustrates that the attitudes to LGB adolescents point to an integration of concepts relating to sexual orientation and gender conventions, and are not merely based on one-dimensional attitudes towards sexual orientation. In particular, the finding that gay boys who were gender-conformist were regarded as more

acceptable than gay boys whose appearance and behaviour violated gender norms shows clearly that gender norms appear to be very important for boys in particular. This is similar to previous studies which indicated that boys/men in particular attached great importance to compliance with gender norms.[234] Horn's research also suggests that gender norms connected to physical attributes and appearance weigh more heavily in adolescence as compared with the norms relating to certain activities regarded as 'appropriate' for boys and girls. Although the latter norms have not disappeared completely, they have weakened to some extent.

Recent research into the experiences of violence towards LGBT youths at school shows that the lack of 'community' and 'empowerment' are the main problems of this group.[235] The most common coping behaviour used by young people to escape and avoid stress factors was to distance themselves from school. The researchers formulate a series of recommendations for the creation of an inclusive school: specific policy and rules, awareness-raising among peers and educational activities and training for school staff in connection with LGBT young people.

Whittle et al. discuss the problems of school performance and absenteeism amoung trans youth[236], which research has discovered for LGBs as well.[237] Despite these problems at school, the group of respondents in Whittle's research are highly educated – indeed, more highly than the UK average. According to the researchers, this has to do with a return to education in adulthood, as reported by many transgender respondents. After a transition and the changes in lifestyle that this can entail, many transsexual people evidently decide to change their working environment or even opt for an entirely new course of training. On the other hand, the respondents' highly educated status may be explained by the fact that a transition is such a complicated and difficult matter that highly educated people find it easier to complete the process successfully.[238] Also, the Finnish research by Mustola and Lehtonen found no difference between the trans respondents and the LGB respondents in terms of level of education.[239] Both groups were spread evenly over the different levels of education. However, there was a difference in the number of self-employed people and in the unemployment figures (see above).

5.3.2. Lack of information causes problems

'As a person confronted with TG/TS feelings later in life, I find that reliable information is hard to obtain. I still have trouble believing that I am in this category, although all the elements in my personal history point to it. I find it very regrettable that nothing in my environment at the time pointed me in the right direction. Otherwise, I could have led my life differently and more happily.'

Source : TransSurvey, 2008.

Beemyn points to the school boards and teaching staff's lack of knowledge about transgender issues, and says that most schools do not become aware of the potential problems until a crisis arises, such as when a trans girl wants to use the girls' changing rooms.[240]

Young people can encounter all sorts of problems in secondary and higher education, including safety problems, toilet facilities, access to health care and the stating of the correct gender on the school ID pass.[241] The attitude of teaching staff is vital for these young people. In Takács' research, some young people accused teachers of not respecting their privacy.[242] Unsolicited interference by teachers in pupils' private lives was interpreted as a lack of respect and recognition. In so doing, trans youths sometimes found themselves in specific problem situations – especially where their gender expression was seen by teachers as 'ambiguous'.[243] Transgender respondents also mentioned the fear of coming out and specific difficulties related to their transition.[244]

In Belgium, too, information relating to gender variance in adolescents and/or in school is very scarce. The Gender Foundation published an information brochure in the past entitled 'Transsexualism at school or work: questions and answers for colleagues, boards and fellow students', but it talked in very general terms. In Flanders, an initiative was undertaken recently to map the issues of gender diversity and transgender identities at school. The Diversity and Equal Opportunities Service of the Province of Flemish Brabant brought out an educational package in 2008 and created a website about these issues. The educational package was distributed to all Flemish schools by the Flemish Government (Department of Education).[245]

5.4. Image formation

In recent years transgender people have been appearing more often in the media but, unfortunately, not always in the best light. However, good reporting is hugely important for two reasons; first, to help people exploring or trying to find their gender identity and second, it leads to more clarity, respect and acceptance among the wider public. To this end, the Gender Foundation published a set of 'Guidelines for journalists'.[246] In addition to vital basic information and terminology, this brochure contains useful guidelines for journalists and the media.

The importance of gender identity's media portrayal has been investigated to a moderate extent. Burns collected stories from transgender people about their experiences in the media.[247] Ringo investigated the impact of the media on the identification processes of trans men (transgender and transsexual), finding that the media facilitated the process of finding one's identity to different degrees and that the media act as an 'actualising agent' in the identity development of transgender respondents.[248] In other words, the information provided by the media helps the people in question with their recognition of themselves, may or may not improve access to information and provides a more colourful, detailed image of trans people in society. Research by Motmans has already mentioned the influence of major media events (e.g. Dana International at the Eurovision Song Contest) on the Gender Foundation's registration figures.[249] Whittle et al. also mentioned the influence of the media on registrations with self-help organisations.[250] They refer to the role of the media in portraying trans men and trans women. Trans women are rarely portrayed in a family setting; in their case, the focus is often on sex reassignment surgery rather than on social acclimatisation and ultimate acceptance.

5.5. Social networks

Although very important to the person in question, the experiences with and reactions from family and friends when one comes out as transgender are described only sporadically in the literature. Changes in someone's social network are accompanied by a loss or gain in support, identification, recognition and emotional well-being.

5.5.1. Community life

After a gender transition, role change, coming out as a transvestite or living as a transgenderist, the person's position in their neighbourhood, social group and local community may change enormously. For example, 20% of the respondents in the UK survey by Whittle et al. felt informally excluded from their local neighbourhood and community since they transitioned.[251] For example, they were no longer invited to social events and/or no longer took part in local networks.

'I am a woman. I look like one. I live like one. I think like one. I feel like one. But if I really want to live an undisturbed life as a woman I will have to leave everything and everyone behind me. And that is terribly painful. I can't describe it. The only solution for me is to move house and break off all contact with everyone I know from before my transition. I hope that the world will really become a place of tolerance and respect one day. I really hope so. But I don't expect it.'

Source : TransSurvey, 2008

According to Mustola and Lehtonen, negative or positive environmental factors cause 1/3 of their transsexual respondents to move house.[252] Such factors were not significant for transvestites. Mustola and Lehtonen explain this by saying that transsexual people experience more social control and reactions of surprise in their environment when they undergo a transition process.[253] Transvestites, on the contrary, often go to other towns to live out their female identity (in secret), which makes the atmosphere in their workplace less important to them.

5.5.2. Family

Many trans people experience the loss of their relationship, which can, in turn, lead to the loss of their home, major financial problems, and/or the loss of contact with family members and children. This is a significant trigger of a personal crisis which can lead to suicide or attempted suicide. For others, the support of their family of origin is excellent and the person is accepted in their assumed gender identity.[254] Reactions of parents, grandparents, children and other family members are difficult to predict.

Whittle et al. describe the risk of abuse in the domestic environment: trans people run the highest risk of abuse at the start of cross-dressing, when seeking help for a change of sex, when informing children or other family members, and when undergoing SRS.[255] When trans people start cross-dressing, family members may find it very difficult to understand these changes and, especially at the start, they may reject it. For trans people, this can lead to the loss of their long-term social and family networks and support: 45% of the respondents mention the loss of the relationship with their family or a family member as a result of their cross-dressing, transition or chosen/assumed gender role; 37% feel excluded from family events as a result of their transition or chosen/assumed gender role and 36% have family members who no longer speak to them on account of their transition or chosen/assumed gender role.[256] It is self-evident that this loss is associated with huge emotional tension and can lead to poor mental health and even depression.

5.6. Partner relationships, sexual orientation and parenthood

Hines notes correctly that the subject of partnerships and parenthood of transgender people is not only neglected in the sociology of the family but also continues to escape notice in gender research.[257] There has also been little research into the subjects of sexuality and sexual orientation, desire to have children and handling (a loss of) fertility.

5.6.1. Partner relationships and sexual orientation

Partner relationships are placed under huge pressure when someone comes out as a transvestite, transgender or transsexual. Little research has been conducted into the relationship between a transgender person and his/her

partner; the focus of most studies to date has been mainly on the difference between the relationships of trans men and trans women.[258] Trans people's experiences of sexuality have hardly been studied at all.[259]

Even today, stubborn myths persist about transvestism and transgenderism going hand in hand with homosexuality. Research by Vennix demonstrates the nuances.[260] He found that the sexual orientation of male transvestites is predominantly heterosexual (89.5%); in transgenderism, bisexuality or a sexual orientation towards one's own sex is relatively common, and, finally, transsexual women are usually oriented towards men (transsexual men were not included in the study).[261] Mustola's findings, as mentioned above, are along the same lines: she observed in Finland that the majority of transvestites are men who refer to themselves as heterosexual, and that only a small proportion identify themselves as bisexual.[262]

For transsexual people, a follow-up study by the Ghent gender team asks questions about (sexual) relationships and sexual preferences.[263] In the group of respondents of De Cuypere et al., 52.7% had a stable sexual relationship after SRS, compared with 35.3% before SRS. Almost a quarter of the respondents had had no sexual partner since the SRS.[264] Half of the respondents had a relationship before or during the transition, while the others started a new relationship after the surgery. These results were the same for men and women. However, other studies also show that trans men are more often in a stable relationship than trans women.[265]

As far as sexual orientation is concerned, it is usually assumed that trans men are attracted to women, and so have a heterosexual identity, but some authors report a number of cases of trans men being attracted to men.[266] The group of trans women has long been described as heterogeneous, and figures for attraction to women range from 23 to 58%.[267] In their study, De Cuypere et al. found that 56.3% of the trans women and 91.3% of the trans men had a preference for women.[268] For the group of trans women in particular, these results are strikingly different from the figures for the average population, where the (Flemish) figures for homosexuality point to 3 to 8% of the population.[269]

In addition, it was generally assumed that the sexual orientation of transsexual people does not change during their transition, although this is questioned by some.[270] The literature says that trans men usually stay with the same partner after their treatment.[271] In the study by De Cuypere et al., all of the trans men had a female partner before their SRS; after treatment, one trans man chose a male partner.[272] Among trans women, the difference was greater: 45.5% had a female partner before their SRS and after the surgery only 26.3% had a female partner. Whereas Daskalos suggests that trans women 'conform' before the SRS in terms of sexual orientation and seek a female partner[273], De Cuypere et al. suggest that a number of trans women also 'conform' after SRS (and so seek a male partner).[274] Of the nineteen trans women who had a male partner, only fourteen reported being attracted exclusively to men.[275]

In the study by Kins et al. the heterosexual relationship between trans men and their female partners were compared with traditional couples (cisgender/non-trans man and woman).[276] Research shows that trans men are not only more likely to choose a female partner, but also regard that relationship as heterosexual.[277] However, researchers disagree over whether or not there is an existing preference for a very feminine type of partner. Kins et al. studied the heterosexual relationships of trans men and biological men from the perspective of the female partner in three areas: satisfaction within a relationship, sexual satisfaction and sex typing.[278] Their research shows that the partner relationship between a woman and a trans man does not differ substantially from a 'traditional' heterosexual relationship as far as the degree of relationship and sexual satisfaction with

their partner are concerned. The women reported the fact that a trans man knows and understands women better than a non-trans man as the main advantage of their partner being trans. The inability to have children with their partner was described as the main drawback of a relationship with a trans man. Finally, as far as sex typing is concerned, the results confirmed the findings of Steiner and Bernstein:[279] a relationship between a trans man and a woman is characterised as a relationship with a stereotypical sex typing, while this explicit male and female sex type was not present in the relationships of non-trans men and women. But despite the fact that the female partner ascribed a traditional female gender role to herself in the relationship, this does not automatically mean that she herself belongs to the very feminine type. Kins et al. found in any case that the women regarded themselves in general as not very typically feminine women.[280]

5.6.2. Parenthood

Although many trans people have children themselves, little research has been conducted into the experiences of parents who are or were in transition (or into the experiences of children whose parent is transitioning). Indeed, while parenthood for LGBs is a subject of much debate in our society, there is a cultural reticence to talk about transgender or transsexual parents. As a result, the practice of transgender parenthood remains invisible and uninvestigated.[281]

5.6.2.1. Being a parent before the transition: the effect on children

Many transsexual people are married and have children before they come out as transsexual. According to Ettner and White, around 50% of trans women and a smaller proportion of trans men have children.[282] Unfortunately, a transition of one parent often leads to divorce and a custody battle over the children. In such situations, transsexualism is used as a ground for not awarding custody to the transsexual parents, with the underlying reasoning that their transsexual status would have a harmful influence on the welfare of the child. It is, of course, a relatively rare occurance that one of a child's parents undergoes a transition from one sex to the other.[283] Unlike in the case of divorce or a psychiatric condition on the part of one parent, the child is unlikely to come into contact with other children in a similar situation. There is very little research which describes how these children adjust to such a situation, and how the nature of the relationship with their parents or peers changes. Such information would be very welcome for the people helping these families, according to White and Ettner.[284]

In any case, there may be strong opposition when a transsexual person remains in their parental role following a change of sex. According to Green, this is because people assume that a child might become confused in its own gender identity during the crucial years of psychosexual development.[285] They are mainly referring to the first few years in which the basis of a gender identity is laid down and the Oedipus conflict is resolved. Puberty, during which sexual orientation emerges and previous Oedipus conflicts may be relived, is cited as another vulnerable time. A second focus of concern about the impact on the child relates to the potential reactions of peers: will the children be harassed, excluded or mocked as a result of their parent's transsexualism? In addition to the concerns often expressed about the children's welfare, the feelings of the (ex-)partner also play a major role. The latter may experience feelings of betrayal, abandonment and animosity and some (ex-)partners are so angry that they forbid all contact with the child. Where this parent has custody of the child, he or she may impose a negative image of the absent (or rarely present) parent, which is referred to as 'parental alienation syndrome'.[286] As a result, the child too may oppose continued or renewed contact. In this case, judges should decide whether the conflict

and trauma caused by requiring the child to maintain contact with the transsexual parent if the other parent is opposed to it outweigh any distress caused by breaking off contact with the transsexual parent.[287]

Consequently, the various parties involved need accurate information about the effects of one parent's transsexual status on any children. The few studies carried out to date on this subject do not reveal any problems as yet.[288] Of course, this does not mean that a parent's transition is a neutral event in a child's life[289], but it does mean that this event per se need not have adverse consequences.

Green studied 37 children between the ages of three and twenty who were raised by lesbian parents or by parents who changed sex (21 children of lesbian parents, seven children of a trans woman and nine children of a trans man).[290] 36 children reported or remembered preferring toys, clothes and peers typical of their own sex. The thirteen slightly older children reported erotic fantasies and displayed sexual behaviour that was heterosexual in orientation.

Twenty years later, Green noted that not one single new study had been done in this field since his research in 1978.[291] In his second study, he interviewed (nine) transsexual parents and their children (eighteen, aged between 5 and 16) about two often-cited potential problematic influences: their own gender identity and stigmatisation by peers. In terms of their own gender identity, no child fulfilled the criteria from the DSM IV or ICD-10 for 'gender identity disorder'. One boy and one girl thought about change of sex for a while when they were told about their parent's transsexual past, but that curiosity did not evolve into a desire to change sex, and did not persist. Green also reports no significant cross-gender behaviour. Regarding peer pressure, Green observes that three children were selective in telling peers about their parent's transsexual status: they chose those friends that they thought could be trusted, and who wouldn't harass them or pass on the information. Three children had experience of harassment, but it was temporary and later resolved. The other children (twelve) had no problems. Three children did not remember the parent in the original birth gender. The others had become aware of the parent's transsexual status one to three years before the interview. The children had a reasonable understanding of the parent's gender identity and the treatment process. Green concludes that the available evidence does not support the concern that the parent's transsexuality results directly in adverse consequences for the children. On the contrary, there is extensive clinical experience which shows how harmful the consequences are for children where contact with a parent is severed after a divorce. The cases described here and those from twenty years previously show that transsexual parents can continue to be effective parents and that children can understand their transsexual parent and can empathise with the parent's feelings. These studies also show that there is no gender identity confusion in the children and that harassment is no more or less of a problem than the harassment that children may experience for a variety of other reasons.

On the basis of his research, Green makes a number of recommendations in the interest of the children. First, judges can be educated about clinical data or the results of research about transsexualism. While waiting for or during the change of sex, transsexual parents can benefit from counselling sessions together with their children in which concerns and questions can be addressed. Partner counselling at the start of the transition might limit the animosity on the part of the non-transsexual parent. It is hoped that the feelings of disappointment, loss and perhaps even anger on the part of the non-transsexual parent will be contextualised together with the benefits the children get out of maintaining contact with both parents. In any case, the children's interests are not served by the dirty tactics of an (ex-)partner who opposes continued contact with both parents. Green concludes that

divorce may be inevitable between the two parents, but it should not be inevitable between parent and child.

In the study by Ettner and White, a number of therapists who are members of WPATH were asked to identify the potential risk factors and protective factors for girls and boys at the different stages of development.[292] The researchers also collected the therapists' opinions regarding the harmful and beneficial aspects of disclosing about transition with respect to the children. A very common answer was that delaying the transition until the children are older and, at the same time, withholding all information about it is in fact much harder for children to deal with. The exception was late adolescence, which is why some therapists favour waiting until the child has reached the stage of young adulthood. The therapists were in agreement that certain factors in the parental relationship and family makeup have a significantly greater consequences for children than the transition per se. These factors include a sudden separation from the transsexual parent, unsupportive family members, parental conflict and the inability of the family to work together. These factors imply a risk of problems of adaptation for the child. Parental conflict also has an adverse effect on the child's capacity for adaptation in the long term.

Freedman also conducted research into the psychosocial development of eighteen children of transsexual parents (couples where one parent came out as transsexual after having children).[293] He studied how and when the parental gender role affects the gender development, mental health, family relationships and friendships of the child. He found temporary problems concerning gender identity in only one of the eighteen children. Compared with children who had gender identity issues of their own and were followed up in the same clinic, he observed that the children of transsexual parents suffered less from depression and had less trouble with intimidation by peers, and were targeted or victimised less often. However, they were more effected by their parents' marital ups and downs, resulting difficulties in the parent-child relationship and general difficulties in relationships with peers.

Recently, White and Ettner also carried out research into the children's adaptation and the nature of the relationship with parents and peers after a parent's transition.[294] They interviewed 27 parents of 55 children, on average six years after a parent's transition. Their results show that the children who were younger at the time of their parent's transition had better relationships and fewer problems of adaptation. It also emerged that a pre-existing parental conflict that continued after the transition led to more conflict in the family between the transsexual parent and the child.

5.6.2.2. Being (wanting to be) a parent after transition: a number of avenues

Recently, the media attention devoted to a pregnant trans man caused a great deal of controversy.[295] However, as long ago as 1998, More studied trans men who intentionally became pregnant before or after their gender transition. She interviewed nine female-to-male transsexual people about the experience of their pregnancy and their perception of masculinity. More concluded that the desire to start a family is gender neutral, but that being pregnant is seen in our society as an activity exclusively intended for women.[296]

In the Belgian context, the topic of parenthood is very delicate. This has a lot to do with the criteria for an official change of sex as they feature in the Law on Transsexuality (2007) (see above). Since the criterion 'no longer being able to reproduce in accordance with the original sex' in practice means the removal of the gonads, it is theoretically impossible for a transsexual still to be able to conceive or bear a child after the transition and official change of sex. The extent to which the legal condition of sterilisation results in gender-variant people deciding

not to undergo sex reassignment treatment or not to register it legally is not known. Nor has there been any study of the extent to which transsexual people make use of frozen gametes (eggs or sperm).

'The desire to have children wasn't consciously there. Too much noise and bother with your own problems. Perhaps now, subconsciously, it is there. Because I like children. As a result I do feel lied to and deceived by my psychiatrist: I can't legally freeze any sperm. Although there are stories that some transsexual people do get permission. It's all very doubtful. So is my psychiatrist's story that your semen can never be your own sperm after your change of sex. While the law knows well enough that you did that once.'

Source : TransSurvey, 2008.

a) Fertility treatment

Transsexual people can have children with a female partner via (donor) insemination, and so become either a father (a trans man) or a co-mother (a trans woman).

In a heterosexual relationship, a trans man whose female partner gives birth to a child conceived via donor insemination can recognise the child officially as his and so be recorded as the father on the birth certificate (just like an infertile biological man whose wife gives birth following donor insemination). This was made clear by the circular relating to the transsexuality legislation of 1 February 2008.

In a relationship between two women, one of whom is trans, it is possible that frozen sperm from the trans woman may be used for the insemination. As a result, a child is born to two biological parents in a lesbian relationship. However, the co-mother (the trans women) needs to adopt her own biological child in accordance with the procedure for adoption by a step-parent, as for a child born into a lesbian relationship.

It is not known how (in)accessible infertility clinics in Belgium are where one parent is transsexual, and where and under what conditions these couples are eligible for fertility treatment. Nor is it clear whether all transsexual people are offered the option of freezing gametes during their transition.

Through the gender team at Ghent University Hospital, patients can have sperm cells or ovarian tissue frozen before they start a transition process. Couples where one partner is transsexual who apply to Ghent University Hospital for fertility treatment are treated in the same way as, for example, lesbian couples, single people, surrogate mothers, etc. - namely via psychological screening, multidisciplinary assessment and, if necessary, an opinion from the ethics committee. Applications are normally discussed with the plenary gender team if patients are known there and, in principle, fertility treatment is carried out before or after, rather than during, the transition process.

b) Adoption, surrogacy, etc.

Other potential avenues for transsexual people seeking to fulfil their desire for children are adoption or surrogacy. Surrogacy still lacks any legal framework to date, which gives rise to uncertainty and possibly abuse. The situation is different for adoption: since adoption was opened to same-sex couples, the gender per se of the adoptive parents has become irrelevant. A change of sex in itself cannot therefore be grounds for a refusal. In adoption, however, the interests of the child are always paramount: parents are selected depending on the child, not the other way round. In the case of adoption within Belgium, the existing services select the prospective adoptive

parents. The procedure consists of compulsory preparation and an evaluation. A question remains to what extent the services regard the transsexual status of a prospective adoptive parent as 'acceptable', rather than considering it counter to the child's interests. Here too, the lack of information and research into the welfare of children of transsexual parents plays a role.

International adoption appears to be out of the question for gender-variant people (especially for transgender and transsexual people). In any case, it is the countries of origin which determine the conditions to be met by prospective adoptive parents. Since the number of accessible adoption channels is very limited, the recognised agencies in the countries of origin have more than enough prospective adoptive parents to choose from. The conditions are very strict in terms of age, marriage, religion, etc. and reflect the customs of the country of origin.

5.7. Self-help organisations

Most transgender groups in Europe are self-help and social support groups, with no financial income or official structure, are run by volunteers, are not recognised or supported by the government. The existing groups are organised in cities and have emerged over the last ten to fifteen years. These groups are gradually becoming more professional. Lobbying is becoming an important objective and they are organising themselves at national and European level. [297]

'I have the feeling that even within the LGB community there is a lot of prejudice and discrimination connected with gender identity.'

'As a bi-gender person, it is very hard to become accepted in both LGB circles and hetero circles. In the first you are often seen as a "defector", in hetero circles as strange and "not normal". In fact you don't belong anywhere.'

Source : TransSurvey, 2008.

Two interest groups for transgender people are active at European level: ILGA-Europe and TransGender Europe (TGEU). The European interest group ILGA-Europe added the 'T' to its target group in 2000-2001 and is currently working for LGBTI (lesbian, gay, bisexual, transgender and intersex) people. 'ILGA-Europe's political discourse in most instances includes references to gender identity and gender expression in the same line with sexual orientation. Special attention is given to transgender issues in our policy documents and guidelines.'[298] However, attention to transgender issues and transgender politics within an LGB organisation is not automatic.[299] In April 2001 a working group was set up within ILGA-Europe for transgender issues; the 'trans working group', works closely together with TGEU.[300]

In 2005 a handful of transgender volunteers organised the First European Transgender Council on civil and political rights in Vienna, Austria. As a result, TransGender Europe (TGEU) was set up as an international network and council for all trans people.[301] Its objective is to lobby for the rights of transgender people in the areas of first name and change of sex, anti-discrimination, accessible health care, strengthening the transgender community and education. In May 2008, TGEU organised its second European conference, which was attended by 200 participants from 83 different groups in 38 countries. As a lobbying organisation, it maintains contacts with the Council of Europe's Steering Committee for Human Rights, Human Rights Watch and Amnesty International.[302]

The transgender community is a hidden minority group in Belgium. Research only exists into the Flemish transgender landscape.[303] It shows that this community is young and small, but rapidly developing. There have never been as many organisations as there are now, but many are short-lived.[304] As a result, relations between the different organisations are sometimes tense, and the need for self-preservation sometimes prevails over collaboration. The fact that the community does not have a clear profile can be attributed to a dearth of experience, problems of continuity and a lack of spokespeople. Few transgender people are willing or able to enter into a long-term commitment, so the groups have a high turnover and knowledge transfer is difficult. Most gender variant people are active only when 'the need is greatest' and 'disappear' once they have found their personal path. In addition, only a few people are willing to be known as 'trans' in public and to act as a point of contact for the outside world. Transsexual people, usually women, are visibile. Incidentally, the predominance of women in these groups is striking. The 'transgender movement' is still very much at the coming out stage: transgender people are coming out of their isolation, appearing in public, and with their presence getting a debate underway.

Despite the fact that transgender people are subject to negative discrimination on the basis of sex in terms of legislation, and are also working on the issue of gender, there is hardly any networking or collaboration with women's groups in the Flemish-speaking region. Transgender groups do collaborate regularly with LGB groups, and a number of transgender organisations are themselves members of a regional LGB umbrella group. The historical presence of transgender people in the LGB movement is, of course, nothing unusual.

In 2007 there was a renewed attempt from the Flemish transgender groups to form their own interest organisation. This led to the creation of the 'T-werkgroep', an independent transgender consultation platform of transgender empiricist experts in which all interested groups and individuals are represented, which is capable of representing the entire transgender community in Flanders as a whole, in contacts with the outside world. For example, the organisation represents the voice of the transgender community by taking part in steering groups for transgender projects and work to improve the visibility and emancipation of the community.[305] The T-werkgroup also joined the 'Holebifederatie', or Flemish LGB umbrella organisation. In June 2009 the organisation changed its name and area of activity. Its new name is Çavaria and it represents LBGs and transgender people.

Wallonia has far fewer self-help groups or interest groups than Flanders. Three groups are active in Brussels: Beaumont Continental[306], a group for transvestites and transgender people, Trans-Action[307], an action and support group (mainly French-speaking) for transsexual people in Belgium, and Genres Pluriels[308], an association which works to improve the visibility of people with fluid and intersex gender identities. Genres Pluriels and Trans-Action are members of the Brussels Rainbow House and maintain contact with LGB organisations there.

5.8. Sport

In the world of sport, which is highly segregated by sex, transgender issues are very complex. During the Olympic Games in Beijing in 2008, for example, (female) athletes who were suspected of being male were subjected to a gender verification test on the instruction of the Asian Olympic Committee. To this end, the Chinese government set up a laboratory to determine whether the participating athletes were indeed 'really' male or female. The

Union Medical College, which was responsible for conducting the tests, wanted to do so by an examination of athletes' physical characteristics, a blood sample to check hormone levels and a chromosome test.[309]

Such tests were carried out regularly in the past, but in 1999 the International Olympic Committee (IOC) decided not to carry them out because they were considered inappropriate and unreliable. The IOC now bases its approach on rules drawn up in the Statement of the Stockholm consensus on sex reassignment in sports. On 28 October 2003, an ad hoc committee put together by the IOC's medical commission decided that people undergoing a sex reassignment before puberty must be recognised in their new sex. People undergoing a sex reassignment after puberty should be regarded as members of their new sex and be permitted to take part in men's or women's competitions provided they meet the following conditions:

1. surgical anatomical changes have been completed, including external genitalia and gonadectomy;
2. they have had a legal recognition of their assigned sex confirmed by the official authorities;
3. they have received hormone therapy appropriate to their assigned sex in a verifiable manner and for a sufficiently long time so as to minimise sex-related advantages in sports competitions.

The IOC considers it appropriate to wait for two years after the gonadectomy and reserves the right to carry out a confidential case-by-case evaluation if there is doubt about an athlete's sex.

On 17 May 2004 the Executive Board of the IOC again confirmed the consensus proposed by the IOC Medical Commission. That consensus laid down the criteria applicable to every person who has undergone a change of sex and wishes to participate in sport. These conditions were applicable during the Games of the XXVIII Olympiad in Athens in 2004.[310]

Notes

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196 Ibid, p. 14.

197 Vennix, 'Genderidentiteit en werk bij man-naar-vrouw transgenders'.

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199 This is, of course, to the extent that the person in question had not already assumed the gender role in accordance with his or her gender identity.

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213 Lehtonen and Mustola, *Straight people don't tell, do they …?*, p. 69.

214 Ibid.

215 This proportion may be even higher bearing in mind that it does not include the transvestites (who made up almost half of the respondents), since they did not come out at work.

Vennix, 'Genderidentiteit en werk bij man-naar-vrouw transgenders', p. 240, p. 250.

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308 See: www.genrespluriels.be/

309 We also refer to the commotion that was caused following the 'sex test' imposed at the request of the international athletics federation (IAAF) on the South African athlete Mokgadi 'Caster' Semenya, who won the women's 800 metres at the World Championships in Berlin in August 2009.

310 See: www.olympic.org/uk/includes/common/article_print_uk.asp?id=841

6. The online survey

The Trans Survey (the online survey) constituted the principal part of this study. It was the first time in Belgium that a large-scale sociological survey of this type has been aimed directly at the target audience itself. In this chapter we present the main results of the survey.

6.1. Methodology

Owing to the invisibility of the target group, we used the online method for the data collection. The survey's target group were those who are either gender variant, engage in cross-dressing, are transgender (in the broadest possible sense) or transsexual. The study design was intentionally defined in very broad terms. If we were to aim the survey to only those undergoing full sex reassignment treatment (so, up to and including their legal gender change following medical treatment, and living full-time as a man or woman), we would not reach those respondents who appear to need the most attention. International research shows that the barriers which exist in terms of health care and/or employment can prevent someone from living full-time in the desired gender role and adjusting their personal characteristics accordingly. For example, Whittle et al. established that, of the category of respondents who are not currently living in their chosen gender role, 42% are inhibited by their work.[311]

Achieving statistical representativeness for this target group is impossible. As mentioned in the first chapter, the exact size of the target group of transgender people and transvestites is unknown. For the category of transsexual people, we know that the method of calculation developed by Olyslager and Conway, applied to the Belgian population figures, gives an estimate of the potential number of transsexual people in Belgium in 2008, namely 945.[312] However, the official figures from the National Register from 1993 to 2008 indicate 442 people. So we can expect a minimum of 442 transsexual respondents and a (theoretical) maximum of 945 transsexual respondents. However, we wanted to reach not only transsexual people but also other gender-variant people. To estimate the diversity and variety in the transgender community as accurately as possible, we used terminology that was as broad and inclusive as possible.

In drawing up the questionnaire, which is attached as an appendix, the researchers took the following existing surveys from other countries as their basis:

- the study *Engendered penalties*: *transgender and transsexual people's experiences of inequality and discrimination*, by Stephen Whittle, Lewis Turner and Maryam Al-Alami (2007) in the United Kingdom;
- *Transgender Eurostudy*: *legal survey and focus on the transgender experience of health care*, by Stephen Whittle, Lewis Turner, Ryan Combs and Stephenne Rhodes (2008), which was a European follow-up to *the*

Engendered penalties study and included Belgian respondents;

- the ESF project *Straight people don't tell, do they? Negotiating the boundaries of sexuality and gender at work*, by Jukka Lehtonen and Mustola Kati (2004) in Finland, which also contained a separate questionnaire for the transgender respondents and focused on their position in the workplace.

In terms of content, defining the study was a difficult balancing act. On the one hand, no such research has been conducted in Belgium to date, thus ground-breaking work was required. On the other, examples from other countries are scarce, therefore a great deal of time was devoted to the study design in terms of content and the precise questions asked about the different selected topics. The questionnaire was drawn up in close collaboration between the researchers and the parties commissioning the study.

After extensive feedback from the supervisory committee in June 2008, the survey was finalised and set up online at www.surveymonkey.com. We created a website (www.transsurvey.be) stating the aim, the organisation that commissioned the research and contact details for the Trans Survey in two languages. The Trans Survey was online from early July to 15 September 2008. A link took visitors to the actual survey, which they could complete anonymously. Depending on the answer given by the respondent, they were taken to the next appropriate question. For many questions, we provided the option of an open response category of 'other', where the respondent could explain in more detail if required. Some of these 'testimonies' are included in the analysis in order to add colour to the 'dry' figures and to give a rough idea of the stories behind the figures. There were also some questions where we explicitly encouraged respondents to report positive and negative experiences in the area in question. Some of these results are also included in the discussion below.

Completing the survey took a total of 45 minutes. To reward the respondents for their efforts and co-operation, we raffled off twenty 25 euro vouchers.

Respondents could also download the questionnaire from the website or request a copy on paper. 200 copies (100 in French, 100 in Dutch) of the survey were printed as a folding form, in A5 format, in order to reach the segment of the target population without Internet access.

We also devoted a great deal of attention to the promotion and distribution of the study. The call was disseminated via an information brochure about the study, describing its objectives and containing the researchers' contact details for further information and/or to order paper copies. The information brochure was printed (double-sided, French/Dutch) in 3,000 copies. Publication was in two phases. The call was distributed in early July 2008, with a covering letter, paper questionnaire and some information brochures. An electronic mailing was also carried out (with the information brochure as an appendix). To distribute the survey, we used the snowball method. We contacted the following groups or agencies:

- via the *Gender Foundation*, we obtained a list of people treating transgender people in Belgium, and contacted all of them;

- sexology associations, *General Welfare Work Centres (CAWs), Sensoa, Mental Health Care Centres (CGZZs), Life Issue and Relationship Problem Centres (CLVs), Youth Advisory Centres (JACs)* and family-planning associations;

- via the self-help organisations: (at that time) *Franjepoot, Vlaamse Genderkring, Travestieweb, Genderactiegroep*, Trans-Action, TGV-West and Beaumont Continental;
- via *chat rooms* and Internet sites frequented by the target population;
- via women's and LGB associations;
- via the *Roze Huizen* and the Brussels Rainbow House, the *Gelijke Kansen Huis* and Amazone;
- via networks of researchers and the research institutes to which they are affiliated.

In late July 2008, the Institute for the equality of women and men distributed a press release bringing the study to media attention and reviving interest in the study among the organisations and individuals who had been contacted.

In the interim, we evaluated the incoming data and identified segments of the target group that were under-represented. In August 2008, we issued a second call in which the under-represented target groups (namely trans men and transvestites) were asked specifically to take part in the study.

The assumed difference in visibility and social acceptance of the topic of transgender and transsexualism in the two regions of the country meant that we expected the response from Wallonia to be slightly lower than the response from Flanders. Special attention to promoting the study in Wallonia via health care channels, the press and civil society organisations was therefore indicated.

After the closing of the Trans Survey (15 September 2008) we undertook an initial rough analysis of the results. In the spring of 2008, we planned an exercise feeding back the results to the survey respondents who indicated that they would be prepared to participate in a focus group. There were 48 Dutch speakers and 34 French speakers. Since we mainly had e-mail addresses, we contacted the respondents by e-mail (from Cap-Sciences Humaines for French-speaking respondents and from the University of Antwerp for Dutch-speaking respondents). The research team specified two dates during which respondents could register. We organised two focus groups in Flanders and two in Wallonia, which were ultimately attended by 16 and 6 people respectively.[313] We presented the provisional results of the Trans Survey's analysis to these respondents in a PowerPoint presentation that we had prepared in advance (the Dutch-speaking respondents were given the results of the Dutch-language surveys; the French-speaking respondents discussed the French-language results).

In the first focus group, we mapped the three chosen topics (employment, safety and health care). These topics were selected by the researchers on account of their remarkable results. At the end of the first focus group, each participant chose one of the three topics which, in his or her view, merited most attention in the remainder of the study. Almost everyone agreed that employment merited the most attention. In any case, employment is vital for the financial situation of those concerned, which has repercussions for access to health care and so on.

The second focus group then focused solely on the topic of employment, and investigated it in greater depth. It also became the topic for the case study (see Chapter 7). For each focus group, a written report of the main findings was drawn up. The feedback received from the focus group helped the researchers to clarify and explain the results further, and also to formulate solutions and recommendations.

6.2. Response: numbers

We received only a small number of requests for paper copies of the questionnaire. For the Dutch version, we received requests from three individuals and two trans organisations; only one individual requested the French version. Only the questionnaires requested individually were returned to the researchers and could be entered in SPSS for Windows.

As mentioned above, the questionnaire was distributed by a snowball method. As a result, many respondents from the Netherlands and France completed the questionnaire. For the analysis, we selected respondents who either live in Belgium (irrespective of nationality) or live in another country but have Belgian nationality (among others). The first category are the respondents who live on Belgian territory and therefore come under the laws and powers of the Federal (and other) authorities; the second group of respondents are Belgians (or have Belgian nationality among others) who are subject to the relevant Belgian legislation for the official adjustment of their identity and other documents. On the basis of this selection, we were able to analyse the questionnaires of 100 French-speaking respondents and 144 Dutch-speaking respondents. 81 of these were prepared to participate in the feedback sessions and 158 respondents left their personal details so that they could be kept informed of the results of the study.

Table 15 Number of respondents

	Total	Living in Belgium or having Belgian nationality	Willing to participate in feedback sessions	Wants to be kept informed
French-speaking	132	100	34	67
Dutch-speaking	178	144	48	91
Total	**310**	**244**	**81**	**158**

In the description of the results, we indicate explicitly when the question concerned was not answered by all respondents. In any case, we opted to make the majority of questions non-compulsory, to minimise the number of respondents dropping out when they felt the questions to be too personal or too intimate.

6.3. Socio-demographic variables: description of the survey group

The answers from the respondents enable us to describe the survey group using a number of socio-demographic characteristics. It is stated each time in the tables how many respondents did not answer a particularly question ('missing'). The percentages have been calculated without taking these missing responses into account.

6.3.1. Sex

Out of the survey group (n=244) 176 of the respondents (72.1%) were born male and 65 respondents (26.6%) were born female. Three respondents (1.2%) described themselves as intersexual. We do not know their official gender at birth.

Table 16 Birth gender

Birth gender	Number	Percentage
Male	176	72,1%
Female	65	26,6%
Intersexual	3	1,2%
Total	**244**	**100,0%**

Split into language groups, we obtain the following breakdown in terms of gender: in the French-speaking group of respondents, 79% were born male, 20% female, and 1% intersexual; in the Dutch-speaking group of respondents, 67.4% were born male, 31.2% female and 1.4% intersexual.

Table 17 Birth gender and language

		Birth gender			
Survey language		**Male**	**Female**	**Intersexual**	**Total**
French	Number	79	20	1	100
	% in survey language	79,0%	20,0%	1,0%	100,0%
Dutch	Number	97	45	2	144
	% in survey language	67,4%	31,2%	1,4%	100,0%
Total	**Number**	**176**	**65**	**3**	**244**
	% in survey language	**72,1%**	**26,6%**	**1,2%**	**100,0%**

6.3.2. Age

When we examine the age breakdown, we can see clearly that the largest category is aged between 40 and 49. Nine respondents are younger than 19 and 43 respondents older than 50. The average age is 39.

Table 18 Age breakdown

Age	Number	Percentage
10-19	9	4,2%
20-29	44	20,6%
30-39	53	24,8%
40-49	65	30,4%
≥ 50	43	20,1%
Total	**214**	**100,0%**
Missing	30	

6.3.3. Civil status

The largest category of respondents (44.4%) is unmarried (and never been married). 14% of respondents are divorced. 28% are married to a female partner and 9.5% cohabit officially with a female partner. Only 1.2% are married to a man and 2.5% cohabit officially with a man. Finally, one respondent is a widow/widower.

Table 19 Civil status

Civil status	Number	Percentage
Married to a woman	68	28,0%
Married to a man	3	1,2%
Cohabiting officially with a woman	23	9,5%
Cohabiting officially with a man	6	2,5%
Unmarried (and never been married)	108	44,4%
Divorced (or separated)	34	14,0%
Widow/widower	1	0,4%
Total	**243**	**100,0%**
Missing	1	

The respondents' civil status differs significantly according to birth gender (Chi^2=0.00), even when we omit intersexual respondents. This is explained to a large extent by the fact that respondents born female are unmarried significantly more often (see table 20). For example, we can see that 36.4% of respondents born male are married to a woman, compared with 4.7% of respondents born female; 17.6% of respondents born male are divorced, compared with 3.1% of respondents born female; 33% of respondents born male are unmarried, compared with 76.6% of respondents born female.

Table 20 Civil status by birth gender

Civil status		Birth gender		
		Male	Female	Total
Married to a woman	Number	64	3	67
	% in birth gender	36,4%	4,7%	27,9%
Married to a man	Number	1	2	3
	% in birth gender	0,6%	3,1%	1,2%
Cohabiting officially with a woman	Number	16	7	23
	% in birth gender	9,1%	10,9%	9,6%
Cohabiting officially with a man	Number	6	0	6
	% in birth gender	3,4%	0,0%	2,5%
Unmarried (and never been married)	Number	58	49	107
	% in birth gender	33,0%	76,6%	44,6%
Divorced (or separated)	Number	31	2	33
	% in birth gender	17,6%	3,1%	13,8%
Widow/widower	Number	0	1	1
	% in birth gender	0,0%	1,6%	0,4%
Total	**Number**	**176**	**64**	**240**
	% in birth gender	**100,0%**	**100,0%**	**100,0%**

In addition to official civil status, respondents were also asked about their living or family circumstances (see Table 21). The table shows that 42.6% are cohabiting with a partner and 6.6% are in a permanent relationship but live alone. 26.4% live alone and are not in a relationship.

Table 21 Family circumstances

Family circumstances	Number	Percentage
I live with my parent(s)	28	11,6%
I live with my partner	103	42,6%
I live alone and am in a relationship	16	6,6%
I live alone and am not in a relationship	64	26,4%
I am a single parent and am in a relationship	3	1,2%
I am a single parent and am not in a relationship	10	4,1%
I live in a house/flat-share	7	2,9%
I live with an acquaintance or family member	11	4,5%
Total	**242**	**100,0%**
Missing	2	

6.3.4. Children and desire to have children

43.6% of the respondents have children. It should be pointed out that they were not asked whether the children were 'biologically theirs'. So the children reported may be the partner's children.

Table 22 Number of respondents with children

	Number	Percentage
Yes	106	43,6%
No	137	56,4%
Total	**243**	**100,0%**
Missing	1	

We also investigated whether these children were still part of the family (see Table 23). 58.1% of the children live full-time with the respondent, and 10.8% have the children with shared custody. 22.6% have only access rights.

Table 23 Child(ren) living with the respondent

	Number	Percentage
Always	54	58,1%
Shared custody	10	10,8%
No, but I have access rights	21	22,6%
No, and I don't have access rights	8	8,6%
Total	**93**	**100,0%**
Missing / Pas d'application	151	

In addition, 17.9% (also) live with children of the partner or house-mate (see Table 23).

Table 24 Living with partner's/housemate's child(ren)

	Number	Percentage
Yes	42	17,9%
No	193	82,1%
Total	**235**	**100,0%**
Missing	9	

We compared the desire to have children, if any, with age. Table 25 shows that 55.6% of the under 19s wanted to have children, compared with 63.6% of the 20–29 year-olds, 44.2% of the 30–39 year-olds, 38.7% of the 40–49 year-olds and even 16.7% of the over 50s. This table shows that an average of 42.4% of the respondents want to have children.

Table 25 Desire to have children by age

	Desire to have children	
Age	**Number**	**Percentage**
10-19	5	55,6%
20-29	28	63,6%
30-39	23	44,2%
40-49	24	38,7%
≥ 50	6	16,7%
Total	**86**	**42,4%**

6.3.5. Regional distribution and language

The largest proportion of respondents come from the province of Antwerp (23.8%), followed by the Brussels-Capital Region (16.3%) and East Flanders (11.7%).

Table 26 Distribution by province

Province	Number	Percentage
Antwerp	57	23.8%
Hainaut	17	7.1%
Limburg	18	7.5%
Liège	18	7.5%
Luxembourg	3	1.3%
Namur	5	2.1%
East Flanders	28	11.7%
Flemish Brabant	11	4.6%
Walloon Brabant	13	5.4%
West Flanders	20	8.4%
Brussels-Capital Region	39	16.3%
Not living in Belgium currently	10	4.2%
Total	**239**	**100.0%**
Missing	5	

The distribution by language and province shows that region and language do not coincide: the differences are mildly significant (Chi²=0.017).

Table 27 Province/region and original survey language

Province		Survey language		
		French	Dutch	Total
Antwerp	Number	19	38	57
	% in province	33.3%	66.7%	100.0%
Hainaut	Number	10	7	17
	% in province	58.8%	41.2%	100.0%
Limburg	Number	5	13	18
	% in province	27.8%	72.2%	100.0%
Liège	Number	11	7	18
	% in province	61.1%	38.9%	100.0%
Luxembourg	Number	1	2	3
	% in province	33.3%	66.7%	100.0%
Namur	Number	2	3	5
	% in province	40.0%	60.0%	100.0%
East Flanders	Number	8	20	28
	% in province	28.6%	71.4%	100.0%
Flemish Brabant	Number	9	2	11
	% in province	81.8%	18.2%	100.0%
Walloon Brabant	Number	8	5	13
	% in province	61.5%	38.5%	100.0%
West Flanders	Number	6	14	20
	% in province	30.0%	70.0%	100.0%
Brussels-Capital Region	Number	13	26	39
	% in province	33.3%	66.7%	100.0%
Not living in Belgium currently	Number	6	4	10
	% in province	60.0%	40.0%	100.0%
Total	**Number**	98	141	239
	% in province	41.0%	59.0%	100.0%
	% in survey language	**100,0%**	**100,0%**	**100,0%**

On average, 67.1% live in an urban district and 32.9% in a rural district.

Table 28 Province/region and town or country

Province		Town or country		
		In an urban distric	In a rural district	Total
Antwerp	Number	36	21	57
	% in province	63.2%	36.8%	100.0%
Hainaut	Number	10	6	16
	% in province	62.5%	37.5%	100.0%
Limburg	Number	12	5	17
	% in province	70.6%	29.4%	100.0%
Liège	Number	14	4	18
	% in province	77.8%	22.2%	100.0%
Luxembourg	Number	2	1	3
	% in province	66.7%	33.3%	100.0%
Namur	Number	2	3	5
	% in province	40.0%	60.0%	100.0%
East Flanders	Number	20	8	28
	% in province	71.4%	28.6%	100.0%
Flemish Brabant	Number	10	1	11
	% in province	90.9%	9.1%	100.0%
Walloon Brabant	Number	8	5	13
	% in province	61.5%	38.5%	100.0%
West Flanders	Number	12	8	20
	% in province	60.0%	40.0%	100.0%
Brussels-Capital Region	Number	27	12	39
	% in province	69.2%	30.8%	100.0%
Not living in Belgium currently	Number	6	4	10
	% in province	60.0%	40.0%	100.0%
Total	**Number**	**159**	**78**	**237**
	% in province	**67,1%**	**32,9%**	**100,0%**

6.3.6. Nationality

90.4% of the respondents are of Belgian nationality and 4.2% have dual nationality, including Belgian nationality. 5.4% of the respondents are of another nationality.

Table 29 Nationality of the respondents

	Number	Percentage
Belgian	216	90,4%
Dual nationality, including Belgian	10	4,2%
Other	13	5,4%
Total	**239**	**100,0%**
Missing	5	

26 respondents have one parent of non-Belgian nationality and 22 respondents have two parents of non-Belgian nationality. In total, therefore, 48 respondents have at least one parent of non-Belgian nationality.

Table 30 Nationality of the parents

	Nationality of parent 2		
Nationality of parent 1	Belgian	Other	Total
Belgian	177	19	196
Other	7	22	29
Total	**184**	**41**	**225**

The majority of the respondents (56.6%) speak Dutch as their mother tongue, and 36.9% French. 4.4% speak neither Dutch nor French as their mother tongue.

Table 31 Mother tongue

	Number	Percentage
French	90	36,9%
Dutch	138	56,6%
German	4	1,6%
English	4	1,6%
Dutch and French	4	1,6%
Spanish	1	0,4%
Vietnamese	1	0,4%
Thai	1	0,4%
French and italien	1	0,4%
Total	**244**	**100,0%**

6.3.7. Education and employment

21.8% of the respondents have completed only lower secondary education. 27.6% have completed higher secondary education; 26.3% higher non-university education; 24.3% university education. This means that the respondents are more highly educated on average compared with the OECD figures for Belgium (according to which 34.1% had completed lower secondary, 33.7% higher secondary, 20.7% higher non-university and 11.2% university education in 2005).[314]

Table 32 Highest educational level attained

	Number	Percentage
Primary education	8	3,3%
Lower secondary education	45	18,5%
Higher secondary education	67	27,6%
Higher non-university education	64	26,3%
University education	45	18,5%
Post-university education	14	5,8%
Total	**243**	**100,0%**
Missing	1	

11.1% of the respondents are students at present. 9% are self-employed (or assistants); 15.6% are unemployed; 6.1% are retired or in early retirement; 5.7% are sick or disabled. 51.2% are in employment; of these, 28.1% are private-sector blue-collar workers, 54.2% private-sector white-collar workers and 17.7% public sector employees.

Table 33 Current employment status

	Number	Percentage
I am a student	27	11,1%
I am self-employed	19	7,8%
I am a self-employed person's assistant	3	1,2%
I am in employment	125	51,2%
I am unemployed	38	15,6%
I am retired or in early retirement	15	6,1%
I am sick/disabled	14	5,7%
Other	3	1,2%
Total	**244**	**100,0%**

In the category of respondents who are working at present (including studying), only 10.1% have an indefinite contract and 19.6% have a permanent appointment. The largest category have limited contracts (57.6%) and 4.4% are in temporary jobs.[315]

Table 34 Type of contract

	Number	Percentage
Indefinite contract	16	10,1%
Limited contract	91	57,6%
Temporary work	7	4,4%
Permanent appointment	31	19,6%
Other	13	8,2%
Total	**158**	**100,0%**
Missing/Pas d'application	86	

A large majority of the working respondents work full-time (80.2%).

Table 35 Full-time or part-time

	Number	Percentage
Full-time	134	80,2%
Part-time	33	19,8%
Total	**167**	**100,0%**
Missing/ Not applicable	77	

21% of the respondents work in the public sector, 14.8% in wholesale or retail and 14.2% in industry. The other categories are listed in Table 36.

Table 36 Sector of employment

	Number	Percentage
Public sector	34	21,0%
Education	12	7,4%
Health care	10	6,2%
Social services	9	5,6%
Non-profit sector	15	9,3%
Industry	23	14,2%
Utilities	5	3,1%
Construction	12	7,4%
Wholesale and retail	24	14,8%
Catering	6	3,7%
Banking and insurance	4	2,5%
Transport	8	4,9%
Total	**162**	**100,0%**
Missing/ Not applicable	82	

The majority have no staff working under them (70.8%). 29% have a managerial position.

Table 37 Number of subordinants

	Number	Percentage
1 to 9 employees	25	15,5%
10 to 49 employees	7	4,3%
More than 50 employees	15	9,3%
None	114	70,8%
Total	**161**	**100,0%**
Missing/ Not applicable	83	

Only a minority have no colleagues (6.5%). Most respondents have fewer than 10 colleagues. A large category (39.1%) don't know how many colleagues they have.

Table 38 Number of colleagues

	Number	Percentage
I have no colleagues	11	6,5%
1 to 9 colleagues	51	30,2%
20 to 49 colleagues	20	11,8%
50 colleagues or more	21	12,4%
I don't know	66	39,1%
Total	**169**	**100,0%**
Missing/ Not applicable	75	

Asked how often the respondent has to deal with clients, pupils, students, patients, etc. in his/her job, 46.7% responded 'all the time'. Only 8.9% do not come into contact with clients.

Table 39 Number of contacts with clients, pupils, students, patients, etc.

	Number	Percentage
All the time	79	46,7%
Occasionally	45	26,6%
Sometimes	30	17,8%
Never	15	8,9%
Total	**169**	**100,0%**
Missing/ Not applicable	75	

6.4. Identity and lifestyle

6.4.1. Gender, gender identity and self-identification

All respondents (n=244) answered the questions relating to gender identity and birth gender. If we investigate the ratio between birth gender and gender identity, we see that 43.8% of the category 'born male' replied that they feel 'completely female', and 23.9% said that they feel 'mainly female'. Of the respondents in the category 'female birth gender', 35.4% feel 'completely male' and 26.2% 'mainly male'. The categories of 'fully male' (or female) and 'mainly male' (or female) can be referred to as 'transsexual people'. As a result, 67.7% of the respondents from the category 'male birth gender' feel female; in the category 'female birth gender', 61.6% of the respondents feel male.

In addition, 23.3% of the respondents from the category 'male birth gender' and 13.8% from the category 'female birth gender' feel 'both male and female'. 3.4% of the category 'male birth gender' and 9.2% of the category 'female birth gender' feel 'neither male nor female'. 0.6% of the category 'male birth gender' and 7.7% of the category 'female birth gender' feel 'other'. These respondents can be described as 'transgender'. In other words, 27.3% of the category 'male birth gender' do not feel psychologically comfortable with the male/female distinction; in the category 'female birth gender', the figure is 30.7%.

Finally, 2.3% of the category 'born male' feel 'mainly male' and 1.1% 'fully male' and, in the category 'female birth gender', 4.6% feel 'mainly female'. Checked against the variable 'self-identification', it was found that these people described themselves as transvestites. In other words, 3.4% of the category 'male birth gender' and 6% of the category 'female birth gender' call themselves transvestites. We refer to these groups as transvestites. Noticeably, the groups of transvestite people (according to gender identity) contain relatively more women than men.

According to this classification, the study group contains 65% transsexual people, 29% transgenderists and 4% transvestite people. The other 2% are intersexual people.

Table 40 Gender identity and birth gender[316]

		Birth gender			
Gender Identity		Male	Female	Intersexual	Total
Fully female	Number	77	0	2	79
	% in birth gender	43,8%	0,0%	66,7%	32,4%
	% of the total	31,6%	0,0%	0,8%	32,4%
Mainly female	Number	42	3	1	46
	% in birth gender	23,9%	4,6%	33,3%	18,9%
	% of the total	17,2%	1,2%	0,4%	18,9%
Both male and female	Number	41	9	0	50
	% in birth gender	23,3%	13,8%	0,0%	20,5%
	% of the total	16,8%	3,7%	0,0%	20,5%
Mainly male	Number	4	17	0	21
	% in birth gender	2,3%	26,2%	0,0%	8,6%
	% of the total	1,6%	7,0%	0,0%	8,6%
Fully male	Number	2	23	0	25
	% in birth gender	1,1%	35,4%	0,0%	10,2%
	% of the total	0,8%	9,4%	0,0%	10,2%
Neither male nor female	Number	6	6	0	12
	% in birth gender	3,4%	9,2%	0,0%	4,9%
	% of the total	2,5%	2,5%	0,0%	4,9%
Don't know	Number	3	2	0	5
	% in birth gender	1,7%	3,1%	0,0%	2,0%
	% of the total	1,2%	0,8%	0,0%	2,0%
Other	Number	1	5	0	6
	% in birth gender	0,6%	7,7%	0,0%	2,5%
	% of the total	0,4%	2,0%	0,0%	2,5%
Total	**Number**	**176**	**65**	**3**	**244**
	% in gender Identity	**72,1%**	**26,6%**	**1,2%**	**100,0%**
	% in birth gender	**100,0%**	**100,0%**	**100,0%**	**100,0%**
	% of the total	**72,1%**	**26,6%**	**1,2%**	**100,0%**

If we compare the respondents' self-identification with their birth gender, we note that the terminology suggested was ambiguous. For example, there are four respondents with a male birth gender who call themselves a 'trans man', abbreviated from 'transsexual man', or a female-to-male transsexual. Conversely, there is also one respondent with a female birth gender who calls herself a trans woman, and there is one respondent with a female birth gender who refers to himself as a cross-dressing man. We cannot give a precise explanation of this terminology on the basis of this study: confusion of terms is possible, as is a perception of the terminology other than indicated in the literature. However, this calls for follow-up research.

From Table 41 we can infer primarily that the terms transsexual and transgender were preferred by many.

Table 41 Self-identification and birth gender

	Birth gender			
Self-identification (identity)	Male	Female	Intersexual	Total
Transsexual person	43	6	0	49
Trans man	4	12	0	16
Trans woman	8	1	0	9
Man with transsexual past	0	6	0	6
Woman with transsexual past	10	0	0	10
Man	3	5	0	8
Woman	28	2	2	32
Transgender	27	19	0	46
Cross-dressing man	40	1	1	42
Cross-dressing woman	0	4	0	4
Other	2	2	0	4
Neither male nor female	6	7	0	13
Total	**171**	**65**	**3**	**239**

In order to simplify the analyses for the following sections, we distinguish between the following identity types in the respondents set:

- Where the birth gender is male and the gender identity 'fully male' or 'mainly male', we call this respondent a transvestite (with male birth gender) (TVm).
- Where the birth gender is male and the gender identity 'fully female' or 'mainly female', we call this respondent a (trans)woman (TSf).
- Where the birth gender is male and the gender identity 'both male and female', 'neither male or female' or 'other', we call this respondent a transgenderist (with male birth gender) (TGm).
- Where the birth gender is female and the gender identity 'fully female' or 'mainly female', we call this respondent a transvestite (with female birth gender) (TVf).
- Where the birth gender is female and the gender identity 'fully male' or 'mainly male', we call this respondent a (trans)man (TSm).

- Where the birth gender is female and the gender identity 'both male and female', 'neither male or female' or 'other', we call this respondent a transgenderist (with female birth gender) (TGf).
- Where respondents answer 'don't know' with regard to gender identity, they are recorded as missing.

We use these categories of 'identity types' to categorise the respondents. The missing category here therefore consists of the respondents who answered 'don't know' with regard to gender identity, or 'intersex' with regard to birth gender.

Table 42 Identity types

Identity Types	Number	Percentage
TSf	119	50,4%
TSm	40	16,9%
TGm	48	20,3%
TGf	20	8,5%
TVm	6	2,5%
TVf	3	1,3%
Total	**236**	**100,0%**
Missing	8	

This frequency distribution shows that the category of trans women is the largest identity type in this study group (50.4%). The second-largest identity type are the transgenderists with male birth gender (20.3%), followed by the trans men (16.9%) and the transgenderists with female birth gender (8.5%). Male and female transvestites are greatly under-represented (2.5% and 1.2% respectively). Eight respondents cannot be categorised within this type classification. As a result, we will use this type classification only where relevant.

6.4.2. Becoming aware of gender identity

We asked the respondents how long they had felt the way they reported with regard to their gender identity.

Table 43 Longevity of gender identity (all respondents)

	Number	Percentage	Cumulative percentage[314]
Less than 2 years	6	2,5%	2,5%
2 to 5 years	22	9,0%	11,5%
5 to 10 years	24	9,8%	21,3%
Longer than 10 years	192	78,7%	100,0%
Total	**244**	**100,0%**	

We can infer from this that most respondents (78.7%) indicate that they have felt the way they reported with regard to gender identity for more than ten years. The category who became aware of their gender identity only very recently (less than two years ago) is very small (2.5%). This means that, for four fifths of the respondents, their perception of not belonging (or not belonging entirely) to the birth gender has already been present for a long time.

If we look at this separately for the identity types (TGm, TGf, TSm and TSf), we notice a significant difference between the groups TSf and TSm, and TGm and TGf.

Table 44 Longevity of gender identity (GI) and identity type

		Identity type				
GI in time		TSf	TSm	TGm	TGf	Total
Less than 2 years	Number	2	1	1	0	4
	% in identity type	1,7%	2,5%	2,1%	0,0%	1,8%
2 to 5 years	Number	6	5	6	3	20
	% in identity type	5,0%	12,5%	12,5%	15,0%	8,8%
5 to 10 years	Number	10	3	5	4	22
	% in identity type	8,4%	7,5%	10,4%	20,0%	9,7%
Longer than 10 years	Number	101	31	36	13	181
	% in identity type	84,9%	77,5%	75,0%	65,0%	79,7%
Total	**Number**	**119**	**40**	**48**	**20**	**227**
	% in identity type	**100,0%**	**100,0%**	**100,0%**	**100,0%**	**100,0%**

If we compare these data with the age of the respondents, we can investigate at which age on average the people with different identity types became aware of their gender identity (as differing from their birth gender). This analysis shows that the average age of the TSf and TGm is 31; for the category TSm it is 22 and for the TGf 20.

Table 45 Average age at which respondents became aware of gender identity (GI)

Identity type		**Number**	**Minimum**	**Maximum**	**Average**	**Standard deviation**
TSf	Probable GI awareness	102	10,5 years	56,5 years	31 years	10,84
TSm	Probable GI awareness	35	6,5 years	42,5 years	22 years	9,14
TGm	Probable GI awareness	46	13,5 years	49,5 years	31 years	10,16
TGf	Probable GI awareness	21	5,5 years	39,5 years	20 years	9,31

6.4.3. Living according to gender identity: openness, obstacles and consequences

We asked the respondents if they are currently living according to their aquired gender identity. 8.6% never did so and 41.8% did so occasionally. 12.3% live according to their chosen gender identity almost always, and 37.3% always do so. This means that 50.4% of the respondents do not (almost) always live in their chosen gender identity.

Table 46 Living according to gender identity (all respondents)

	Number	**Percentage**
Never	21	8,6%
Occasionally	102	41,8%
Almost Always	30	12,3%
Always	91	37,3%
Total	**244**	**100,0%**

Among the respondents who currently live almost always or always in their chosen gender identity (n=121), we investigated around whom they live in their chosen gender identity and how for long this has been the case. Table 47 shows that 45.1% of the respondents currently living according to their chosen gender identity do so generally; 38.9% do so only at home or in intimate circles.

Table 47 Living in the desired gender identity: around whom and for how long

	At home / intimate circle	With close friends	With like-minded people	Colleagues / fellow students	Generally
Less than 2 years	12,6%	22,5%	20,9%	38,5%	30,0%
2 to 5 years	30,5%	37,1%	32,6%	29,2%	26,4%
5 to 10 years	18,9%	19,1%	25,6%	16,7%	19,1%
Longer than 10 years	37,9%	21,3%	20,9%	15,4%	24,5%
Total	**38,9%**	**36,5%**	**35,2%**	**32%**	**45,1%**

30% of this category of respondents have been generally living in their chosen gender identity for less than two years, 56.4% for less than five years. Only 24.5% have been living in their chosen gender identity generally for more than ten years.

Combined with the fact that 78.7% of all respondents indicated that they had been feeling the way they reported with regard to gender identity for more than ten years (see Table 43), and only 2.5% had become aware of it only recently (less than two years ago), this means that the respondents had been living with these feelings for a very long time before they started to act in accordance with them.

It is, therefore, interesting to look at the desire to live in the role corresponding with their gender identity in the future and at the reasons cited by respondents for doing so or not doing so.

Of the respondents who currently never or only occasionally live in their chosen gender identity (n=123), 40% reported that they did want to do so in the future; 50.4% didn't know yet. 9.8% reported that they didn't want to change this in the future.

Table 48 Desire to live according to gender identity in the future

	Number	Percentage
Yes	49	39,8%
No	12	9,8%
Don't know yet	62	50,4%
Total	**123**	**100,0%**

Work (56.1%) was put forward as the main obstacle to living in the desired gender identity, followed by family (49.6%) and other people's opinions (43.1%).

Table 49 Obstacles to living in the desired gender identity

	Number of responses	Percentage of respondents[315]
Partner as obstacle	46	37,4%
Children as obstacle	39	31,7%

Family as obstacle	61	49,6%
Other people's opinions as obstacle	53	43,1%
Other reasons as obstacle	26	21,1%
Work as obstacle	69	56,1%
Total	**294**	

Not living the way they feel can lead to negative thoughts and feelings. But even leaving aside the fact of whether or not respondents are living in the preferred gender role, suicidal thoughts and suicide attempts are common in the study group. As many as 62.3% of the respondents (n=228) have contemplated suicide at one time or another.

Table 50 Respondent has had suicidal thoughts

	Number	Percentage
No	86	37,7%
Yes	142	62,3%
Total	**228**	**100,0%**
Missing	16	

Of the respondents who had contemplated suicide, 38.6% had attempted suicide at least once. That is 22% of the study group as a whole (n=244). These percentages did not differ significantly by age, language or gender.

Table 51 Number of suicide attempts

	Number	Percentage	Percentage related to study group as a whole
Once	29	20,7%	11,9%
More than once	25	17,9%	10,2%
No	86	61,4%	35,2%
Total	**140**	**100,0%**	**57,4%**
Missing / Not applicable	104		42,6%
Total	**244**		**100,0%**

It also emerges that the reactions to the desired gender identity are not entirely positive. The positive and negative reactions from those around them obviously have an effect on the respondents' emotional life. For example, 48.6% of the respondents reported being happier but, at the same time, 39.2% have feelings of depression.

Table 52 Consequences of and reactions to the desired gender identity

	Number of responses	Percentage	Percentage of respondents
Less self-confidence	58	8,4%	27,4%
Feelings of depression	83	12,0%	39,2%
Indifferent	36	5,2%	17,0%
More secretive	64	9,3%	30,2%
More vulnerable	90	13,1%	42,5%

More self-confidence	82	11,9%	38,7%
Happier	103	14,9%	48,6%
New zest for living	78	11,3%	36,8%
More open to others	95	13,8%	44,8%
Total	**689**	**100,0%**	

We can break down the figures and investigate whether there are differences between the category which lives (almost) always in the chosen gender role and the category which does not do so, or does so only occasionally. We point out here that the category which (almost) always lives in the chosen gender identity is less secretive, more self-confident, happier, has more zest for living and is more open to others than the category which never or only occasionally lives in the chosen gender identity. For less self-confidence, feelings of depression and vulnerability, we find no differences.

Table 53 Consequences of and reactions to living or not living in gender identity

	Living in gender identity	
	Never or occasionally	(Almost) always
Less self-confidence	51,7%	48,3%
Feelings of depression	49,4%	50,6%
Indifferent	58,3%	41,7%
More secretive	64,1%	35,9%
More vulnerable	52,2%	47,8%
More self-confidence	35,4%	64,6%
Happier	29,1%	70,9%
New zest for living	25,6%	74,4%
More open to others	33,7%	66,3%

6.4.4. Seeking help in connection with gender identity

We asked the respondents to what extent they had ever contacted an organisation or self-help group. It emerged that 51.3% of the respondents had contacted a transgender organisation, 14.7% an organisation for transvestites and 7.1% a group for drag kings or queens. In addition, 22.7% had contacted an LGB group and 7.6% a women's group. 32.8% had not contacted any organisations.[317] This shows on the one hand that the self-help organisations for transgender people and transvestites are important for the target group and, on the other hand, that LGB organisations were contacted more readily than women's organisations.

Table 54 Contact with organisation or self-help group

	Number of responses	Percentage	Percentage of respondents
No contact with self-help group or organisation	78	23,6%	32,8%
Contact with LGB group	54	16,3%	22,7%
Contact with women's group	18	5,4%	7,6%

Contact with transgender or transsexual group	122	36,9%	51,3%
Contact with transvestite group	35	10,6%	14,7%
Contact with drag kings/queens	17	5,1%	7,1%
Contact with other self-help group	7	2,1%	2,9%
Total	**331**	**100,0%**	**139,1%**

We also asked the respondents if they had ever sought psychological and/or medical help for their gender identity. 60% of the respondents (n=144) replied affirmatively, and 40% (n=96) negatively. When we investigated which identity types had or had not sought medical and/or psychological help for their gender identity, we obtained the following distribution:

Table 55 Sought help by identity type

			TSf	TSm	TGm	TGf	Total
Sought help	No	Number	35	9	30	17	91
		% in identity type	29,7%	22,5%	60,0%	73,9%	39,4%
	Yes	Number	83	31	20	6	140
		% in identity type	70,3%	77,5%	40,0%	26,1%	60,6%
	Total	**Number**	**118**	**40**	**50**	**23**	**231**
		% in identity type	**100,0%**	**100,0%**	**100,0%**	**100,0%**	**100,0%**

There are significant differences in this distribution: seeking help is clearly closely associated with gender identity. We compared the categories TSf and TSm on the one hand with the categories TGf and TGm on the other. From this, we can infer that there are significant differences between the two types and, according to the typology, significantly more transgenderists have not sought help compared with transsexual people.

Table 56 Sought help: differences between transgenderists and transsexual people

			TSm + TSf	TGf + TGm	Total
Sought help	No	Number	44	47	91
		% in identity type	27,8%	64,4%	39,4%
	Yes	Number	114	26	140
		% in identity type	72,2%	35,6%	60,6%
	Total	**Number**	**158**	**73**	**231**
		% in identity type	**100,0%**	**100,0%**	**100,0%**

If we also analyse these data on the basis of birth gender (are there differences in help-seeking between respondents of male and female birth gender?), we do not obtain any significant differences.

Of the category of respondents (n=144) who sought help, 32% contacted their GP, 38.1% a psychiatrist, 32.3% a psychologist, 18% another care provider and 36.5% a gender team. Their experiences are discussed later in this report.

Among the category of respondents (n=96) who did not seek help, we investigated the reasons they gave for not doing so. Half of them (51.6%) said that they did not want or need help.

Table 57 Reasons why respondents did not seek help

	Number of responses	Percentage of respondents
Don't want any help	17	17,9%
Help not possible financially	17	17,9%
Don't need any help	32	33,7%
Don't dare to ask for help	29	30,5%
No confidence in existing services	10	10,5%
Don't know where to get help	28	29,5%
Can't get any help in neighbourhood	4	4,2%
Waiting lists are too long	4	4,2%
Don't agree with treatment method	8	8,4%
Afraid of prejudice on part of care providers	20	21,1%
Don't seek help for other reasons	3	3,2%

If we focus on the people who don't need nor want help among the respondents who did not seek help (n=96), we get a more accurate picture of the factors which prevented the respondents who did not seek help but would like help (n=64) from actually seeking help (see Table 58). We can infer from this that there is, above all, huge anxiety about seeking help: as many as 45.3% do not dare to seek help. In addition, 43.8% say they do not know where to get help. 31.2% are afraid of prejudice on the part of care providers. For 26.6%, help is not possible financially. 15.6% have no confidence in the existing services and 12.5% do not agree with the treatment method.

Table 58 Reasons why respondents want help but did not seek help

	Number of responses	Percentage of respondents
Help not possible financially	17	26,6%
Don't dare to ask for help	29	45,3%
No confidence in existing services	10	15,6%
Don't know where to get help	28	43,8%
Can't get any help in neighbourhood	4	6,2%
Waiting lists are too long	4	6,2%
Don't agree with treatment method	8	12,5%
Afraid of prejudice on part of care providers	20	31,2%
Don't seek help for other reasons	3	4,7%
Total	**123**	

Why don't respondents seek help?

'Where can you go as someone who falls in between everywhere and doesn't fit in any box?'

'My cultural background makes it taboo.'

'It's difficult for me to go because I am married.'

'It's not a medical question, the body can't be the problem. The social manifestations are the problem.'

Source : TransSurvery, 2008.

We created a typology of the different steps that respondents can take in living according to their desired gender identity. This allows us to investigate who is at which stage.

- Phase 1: conversations with a psychiatrist, psychologist or care provider.
- Phase 2: living in the desired gender role.
- Phase 3: taking hormones.
- Phase 4: at least one of the following steps: epilation, breast enlargement or breast removal or reduction, feminisation of the face, adam's apple reduction, voice-raising or voice-lowering operation, speech therapy, hair transplant, liposuction.
- Phase 5: vaginoplasty, removal of uterus, removal of Fallopian tubes, creation of a penis.

These phases are ordered cumulatively: respondents in phase 4 who are also living in the desired gender role and/or also taking hormones and/or also having conversations, are placed only in phase 4.

From Table 59 we can infer that 32.1% of the study group are in phase 5, 45% in phase 4, 9.3% in phase 3, 6.4% in phase 2 and 7.1% in phase 1.

Table 59 Transition phases

	Number	Percentage	Percentage of the total study group
Phase 1	10	7,1%	4,1%
Phase 2	9	6,4%	3,7%
Phase 3	13	9,3%	5,3%
Phase 4	63	45,0%	25,8%
Phase 5	45	32,1%	18,4%
Total	**140**	**100,0%**	**57,4%**
Missing / Not applicable	104		42,6%

However, we do not wish to suggest in the least that all respondents go through these phases or would do so in this numerical ascending order. A number of respondents did not seek help in interpreting their desired gender identity or role. We can control for those seeking help (phase 1) and those living according to the desired gender role. This shows that six respondents are currently living according to the desired gender role, without conversations with a psychiatrist, psychologist or care provider, or having taken other steps.

Table 60 Living in desired gender role and seeking help

		Phase 2		
		No	Yes	Total
Phase 1	No	101	6	107
	Yes	29	103	132
	Total	130	109	239

In order to control, for example, for individual hormone use outside of treatment, we look at the cross tables between those seeking help (phase 1) and those taking hormones (phase 3). This shows that only three people are taking hormones without speaking to a psychiatrist, psychologist or care provider and without having taken other steps.

Table 61 Hormone use and seeking help

		Phase 3		
		No	Yes	Total
Phase 1	No	104	3	107
	Yes	40	92	132
	Total	144	95	239

6.4.5. Sexual orientation

The respondents' sexual preferences are very diverse. The largest category (46.4%) are attracted only to women; 28% are attracted to both men and women.

Table 62 Sexual orientation[318]

	Number of responses	Percentage of respondents
Attracted only to men	30	12,6%
Attracted only to women	111	46,4%
Attracted to men and women	67	28,0%
Attracted to transgender and transsexual women	20	8,4%
Attracted to transgender and transsexual men	15	6,3%
Attracted to transgender and transsexual women and men	22	9,2%
Attraction unknown (I don't know)	21	8,8%
Other definition	15	6,3%
Total	**301**	

In the category 'other definition', we noticed that quite a number of respondents refer to themselves as asexual or find gender completely irrelevant to their sexual attraction to other people.

'I am attracted to people, irrespective of gender (man, woman, intersex) or gender identity.'

'I am attracted to personality m/f/T.'

'No orientation.'

'I am not attracted to anything any more.'

'I don't have any sexual inclination.'

Source : TransSurvey, 2008.

If we look at sexual attraction for the different identity types and only for the clearly oriented attraction (so not including the categories 'unknown' or 'other'), we see that 21.7% of the trans women (TSf) are attracted only to men, 52.5% only to women, and 47.4% to both women and men. In the case of the trans men (TSm), 21% are attracted to men, 22.1% to women and 12% to women and men.

Table 63 Sexual orientation by identity type

	Identity type	
Sexual orientation	TSf	TSm
Attracted only to men (including transgender and transsexual men)	21,7%	21%
Attracted only to women (including transgender and transsexual women)	52,5%	22,1%
Attracted to men and women (including transgender and transsexual men and women)	47,4%	12%

When we asked the respondents whether their sexual orientation changed as a result of a change in gender identity, 29.2% replied that this is the case. This is not the case for the vast majority (70.8%).

Table 64 Sexual orientation changed because of gender identity

	Number	Percentage
Yes	57	29,2%
No	138	70,8%
Total	**195**	**100,0%**
Missing	49	

'Since I've known drag kings and transsexual people, I am aware that I could be attracted to them too. Before that, I only felt anything for women.'

'Since I've accepted my own 'male' sexuality and identity, I have also been attracted to masculine women and not just feminine ones, and also to (homosexual) men (without wanting to do anything about it, because I could never see myself having a sexual relationship with a man).'

'Androcur has ensured that I perceive my sexual experience and feelings towards my fellow men differently.'

'It is a complicated business. As a child I was bi. In prepuberty I was initially attracted to boys, later to girls. As a young adolescent, mainly to women. I did feel something for men, but had the wrong "equipment"! Now, after a complete SRS, I would like to be able to have sex with men, because I am now physically a "man"."My bisexuality only surfaced when I became a transvestite.'

'Previously, I was only attracted to women. But since accepting myself as a transvestite/transgender, I need a man ultimately to be able to experience my "womanhood".'

'I used to make attempts to fit into the hetero framework, but they kept coming up against that "male" side of them. Since I have my m/f sides more in balance, I can also experience my attraction to women more.'

'At the start I was not attracted to men, but since I did have a fair bit of success going out, I enjoyed being courted and getting done up.'

'I am more flexible than before so I see more possibilities. Sexual inclination is no more a super-fundamental fact; the encounter between two people is now to the forefront.'

Source : TransSurvey, 2008.

6.5. Experiences and reactions of acquaintances

6.5.1. General

We investigated whether or not people are recognised or addressed in their birth gender by people they don't know in the street. In the light of the literature relating to the importance of gender normalisation (see Chapter 5), we know that the perception of gender ambiguity plays a role in any negative experiences and/or discrimination.

First, we carried out this exercise for the four (significant) identity categories together. This shows that, on average, 24% are never or are rarely recognised in their birth gender, and 18.1% report being recognised daily or always. However, the transgenderists (TGm and TGf) are recognised significantly more than the transsexual people (TSm and TSf).

Table 65 Recognition by others by identity category

		Identity category				
Recognition by others		TSf	TSm	TGm	TGf	Total
Never	Number	31	12	7	1	51
	% in identity category	26,3%	30,8%	15,9%	5,0%	23,1%
Rarely	Number	36	12	3	4	55
	% in identity category	30,5%	30,8%	6,8%	20,0%	24,9%
Monthly	Number	4	2	2	0	8
	% in identity category	3,4%	5,1%	4,5%	0,0%	3,6%
Weekly or more often	Number	12	5	5	5	27
	% in identity category	10,2%	12,8%	11,4%	25,0%	12,2%
Daily	Number	15	5	6	5	31
	% in identity category	12,7%	12,8%	13,6%	25,0%	14,0%
Always	Number	20	3	21	5	49
	% in identity category	16,9%	7,7%	47,7%	25,0%	22,2%
Total	**Number**	**118**	**39**	**44**	**20**	**221**
	% in identity category	**100,0%**	**100,0%**	**100,0%**	**100,0%**	**100,0%**

Proportionately, trans men are no longer recognised in their birth gender slightly more often, but the differences are not major. Moreover, Table 65 does not take account of the different steps that a transgender person may have taken in seeking help (see above).

If we compare the TSm and TSf who have already reached an advanced stage in their transition (role change) (min. phase 4) (we can assume that this category is recognised less than others in their original birth gender), we find no significant differences here either. The analysis shows that there is no significant difference between male-to-female transsexual people and female-to-male transsexual people, not even if we look at the different phases of role reversal (see definitions above). This is contrary to the assumption that transsexual women are recognised in the street more often than transsexual men. 'Passing' (being taken for a man or woman) cannot therefore play a role according to gender in the following described experiences of these groups.

Then we investigated the extent to which being trans has an effect, in the respondents' view, on the way in which they are treated. Effects may be both positive and negative.

Table 66 Effect of being trans on the way people are treated in different places

	In sports and leisure facilities	In social life	At the bank	In a shop	In a restaurant	In the street	On average for the different situations
My being trans was an advantage	6,1%	6,0%	3,2%	3,5%	4,1%	3,5%	4,4%
I never experience any problems	55,8%	61,5%	73,3%	69,8%	66%	53,5%	63,3%
I am sometimes treated les well	28,7%	22,5%	18,2%	21,1%	22,2%	30,7%	23,9%
I am frequently treated less well	5,0%	7,1%	2,7%	3,5%	6,2%	9,4%	5,7%
I am constantly treated less well	4,4%	2,7%	2,7%	2,0%	1,5%	3,0%	2,7%

On average, the majority (63.3%) reported that they never experienced any problems in the different situations. In the street and in sports and leisure facilities, people are sometimes treated less well.

27% of the study group avoid certain social venues that they did frequent previously. For example, these are the places they were brought up and went to school, family celebrations, swimming pools and sports clubs, some places of entertainment (often after negative experiences), places frequented by people from their past where they can be recognised. They also avoid places where there is a risk of danger.

'I also have to watch where I go. I've been kicked out a couple of times, or just called names. I have had to change all my habits in fact; now I stay at home much more and only go out in my neighbourhood if it is not too far from my flat.'

'I am barred from sports clubs, some cafes; I don't go out in the evenings any more; I don't use public transport (bus and tram) any more.'

'I avoid large gatherings, especially places where there are large groups of drunken men.'

'The very "masculine" and heterosexual places.'

'Because I still don't have any valid identity papers, I avoid all places where I would have to prove who I am!'

'Any place where you have to undress.'

Source : TransSurvey, 2008.

On the other hand, for 35.6% of the respondents, there are also some neighbourhoods which they do seek out on account of being trans, including LGB and trans meeting places such as specific meetings, but also cafes, Pink houses[319], drag king festivals, etc. They can be themselves and exchange experiences.

It also emerged that 8.4% of the respondents have moved house because of being trans. For 7.1%, it was partly a reason for moving house.

Table 67 Moved house on account of gender identity

	Number	Percentage
No	191	84,5%
Yes, it was the main reason for moving	19	8,4%
Yes, it was partly the reason for moving	16	7,1%
Total	**226**	**100,0%**
Missing	18	

6.5.2. Family and friends

As far as the reactions of family, friends and neighbours are concerned, we link this first to the extent to which the respondents are open to these people about their being trans. Table 68 shows that, on average for the various friends and family members, 42.1% are completely open, 22.8% are partially open and 30.3% keep it fully hidden.

The respondents are the least fully open to neighbours (53% keep it fully hidden), and they are the most open towards the partner (67.4% are fully open). However, we also notice a marked difference in terms of openness towards their mother (46.2%) and their father (34.2%). Many respondents keep it fully hidden from their father (45.8%) and from other family members (aunts, grandparents, nephews and nieces, etc.) (49.7%).

Table 68 Degree of openness towards family and friends

	Fully open	Partially open	Fully hidden
Mother	46,2%	23,6%	30,3%
Father	34,2%	20,0%	45,8%
Partner	67,4%	18,1%	14,6%
(Ex-)partner	59,8%	15,7%	24,4%
Children	39,1%	24,3%	36,5%
Brother(s)/sister(s)	42,9%	22,4%	34,7%
Other family members	31,4%	18,8%	49,7%
Friends	44,5%	33,5%	22,0%
Neighbours	23,3%	23,8%	53,0%
Moyenne	**42,1%**	**22,8%**	**35,1%**

We asked the respondents how these people reacted to their being trans. The possible answers ranged from 'he/she reacted positively' to 'he/she reacted mainly disapprovingly'. On average, 32.9% of the family and friends were not aware, 26% reacted with acceptance, and 24.6% reacted positively, 8.6% were aware but don't want to talk about it and 7.9% reacted mainly disapprovingly.

Table 69 Reactions of family or friends to gender identity

	Positive	Predominantly accepting	I don't know yet	Aware but don't want to talk about if	Mainly disapproving
Mother	20,1%	28,3%	27,2%	13,6%	10,9%
Father	13,8%	22,1%	37,2%	14,5%	12,4%
Partner	44,9%	26,5%	15,4%	7,4%	5,9%
(Ex-)partner	32,5%	21,7%	20,0%	11,7%	14,2%
Children	24,0%	22,0%	43,0%	6,0%	5,0%
Brother(s)/sister(s)	20,9%	29,7%	30,8%	9,3%	9,3%
Other family members	12,5%	26,2%	48,2%	5,4%	7,7%
Friends	38,6%	30,9%	22,2%	3,9%	4,3%
Neighbours	15,8%	21,8%	52,7%	6,7%	3,0%
Average	**24,6%**	**26,0%**	**32,9%**	**8,6%**	**7,9%**

We asked all of the respondents to indicate the extent to which they encountered negative experiences in their circle of family and friends. 201 respondents answered this question. The items that score highest are 'criticism of appearance, behaviour or ideas', 'being made a fool of', 'being ignored' and 'verbal violence'. It is also striking that, in the case of friends, the experience 'complete break/refusal of further contact' and 'no longer welcome at events/meetings with others' score more highly than in the other groups.

Table 70 Negative experiences with family or friends

	(Ex-) partner	Father	Mother	Brother(s)/ sister(s)	Other family members	Friends
Criticism of appearance, behaviour or ideas	36,3%	30,3%	43,3%	28,9%	22,4%	23,9%
Being made a fool of	10,4%	12,4%	16,4%	16,4%	11,4%	19,4%
Being ignored	8,0%	13,4%	13,9%	15,4%	13,9%	22,4%
Deliberate damage to property or clothing	4,5%	3,0%	4,5%	2,5%	2,0%	4,0%
Verbal violence	12,4%	11,4%	11,4%	10,0%	6,0%	10,0%
Threats	7,5%	6,5%	5,5%	3,0%	4,0%	6,0%
Physical violence	3,5%	7,0%	2,5%	2,5%	2,0%	2,5%
Unwanted advances	2,0%	1,0%	1,0%	3,0%	6,5%	5,5%
Inappropriate curiosity	5,5%	2,5%	4,5%	6,5%	6,0%	23,4%
Cutting off the flow of money	2,0%	4,0%	2,0%	0,5%	0,5%	1,0%
Abuse of income	3,5%	1,5%	0,5%	2,0%	1,0%	2,0%
Complete break/refusal of further contact	6,0%	5,0%	5,0%	9,5%	9,5%	14,9%
No longer welcome at events/meetings with others	4,5%	3,5%	2,5%	8,0%	8,0%	14,4%
Limited contact with own children	7,5%	1,5%	1,5%	1,5%	1,5%	1,0%
Limited contact with other children	0,5%	1,0%	0,0%	3,5%	3,0%	1,5%

Transgender people have both positive and negative experiences with family and friends.

'My current partner and ex-husband take absolutely no notice of my being different. On the contrary, I even think I get a benefit from it. They really accept me and I know I can take advantage of their feelings more easily as a woman. I can also call the relationship between my current partner, my son, my ex and myself an example.'

'Positive: through being trans, I am sheltered more by my mother and grandmother, in money matters, and so on. Negative: my stepfather had a certain inappropriate curiosity about my new sex, going as far as sexual advances.'

'When I came out some friends tried to discourage me from a transition. With the best intentions, they gave (this) advice because I have doubts. My family reacted very openly and gave me space. However, they don't talk about their own questions and doubts. After the coming out, some friends act as if it there was nothing the matter and, for example, give clothing advice that takes no account of my being trans. Friends in trans and queer circles, though, give useful advice and a lot of support.'

'The best tokens of respect and love come from my children and from one of my sisters. When my children come to me with existential questions or small details that preoccupy them and that they find important. They ask me, for example, if I have to shave every day like they do, or what their children should call me.'

'My parents have supported me financially from time to time and everyone, family, partner and friends have constantly encouraged and helped me.'

'My family has given me a lot of support.'

'To date, everyone who is aware of my problem has reacted very well; no-one has made any comments and one person has even let me get dressed at hers and she helps me.'

'My wife accepts my dressing as a woman and going to meetings, but she refuses to see me in drag.'

'I have acquaintances from whom I got unexpected solidarity, and those have become friends through thick and thin; others accepted me in theory but in fact stabbed me in my back. I have learned that acceptance has nothing to do with social origin, social status or intellectual development, but with a possibility of absorbing a higher emotional quotient.'

'My parents reacted very badly at first. My mother thought that I would now be marginalised for the rest of my life. My father saw in me his "legacy", especially in professional terms. My friends, with one exception, were very kind. Some of them confided in me that they thought I was gay.'

'My ex-wife and my son have accepted me the way I am! My ex said: "I have lost a husband but gained a friend."'

Source : TransSurvey, 2008.

6.5.3. School

The degree of openness and reactions at school are measured only for the respondents who are still attending school at present (n=27). We note that the students are most often fully open with respect to their friends (32%). Nevertheless, 36% keep it fully hidden from them. People are not very open with respect to the teaching staff either: 66.7% keep it fully hidden and only 12.5% are fully open. With respect to fellow students, 20.8% are fully open and 58.3 fully hidden.

Table 71 Degree of openness at school

	Fully open	Partially open	Fully hidden
Friends	32,0%	32,0%	36,0%
Fellow students	20,8%	20,8%	58,3%
Teaching staff	12,5%	20,8%	66,7%

The reactions at school tend to be positive, although we should point out that the respondents have often not (yet) told their friends, fellow students and teachers about their gender identity.

Table 72 Reactions to gender identity at school

	Positive	Predominantly accepting	I don't know yet	Aware but don't want to talk about if	Mainly disapproving
Friends	38,5%	11,5%	42,3%	7,7%	0,0%
Fellow students	20,0%	12,0%	60,0%	4,0%	4,0%
Teaching staff	13,0%	17,4%	69,9%	0,0%	0,0%

We sounded out all of the respondents (so not just those currently attending school) about any negative experiences at school. 93 respondents answered this question. Strikingly, students mainly have to deal with negative reactions from fellow pupils.

Table 73 Negative experiences at school

	Other pupils/ students	Teaching staff	Management	Other staff members	Others
Criticism of appearance, behaviour or ideas	66,7%	40,9%	25,8%	15,1%	14,0%
Being made a fool of	63,4%	30,1%	10,8%	9,7%	14,0%
Being ignored	50,5%	23,7%	11,8%	10,8%	12,9%
Deliberate damage to property or clothing	22,6%	1,1%	0,0%	0,0%	1,1%
Verbal violence	47,3%	14,0%	4,3%	3,2%	7,5%
Threats	25,8%	7,5%	5,4%	1,1%	5,4%
Physical violence	24,7%	3,2%	1,1%	0,0%	3,2%
Unwanted advances	10,8%	1,1%	0,0%	2,2%	8,6%
Inappropriate curiosity	28,0%	8,6%	6,5%	8,6%	10,8%
Expelled from school	2,2%	3,2%	7,5%	0,0%	0,0%
Other school sanctions imposed	0,0%	15,1%	10,8%	1,1%	7,5%
Limited contact with other pupils	7,5%	6,5%	5,4%	0,0%	3,2%

Transgender people have both positive and negative experiences at school.

'I mean that there was always something at school.'

'At school no-one knew about my situation. I wasn't ready for it then. I did sometimes get comments about the masculine style of my clothes.'

'In secondary school I had no contact with other pupils outside of lessons for over six months. During playtimes and breaks I had to go and sit in a separate room or straight to my room at boarding school. I couldn't talk to anyone at school about my problems.'

'The vice-principal of the school where I was doing a degree at evening school gave a course on communication. He used photos of male-to-female transsexual people as often as possible, linked to moral values, criticism and misplaced comments. The comments were aimed directly at me. He tried to get me into trouble during the practical exercises and to make a fool of me in front of the class for other reasons.'

'My being trans was unknown at that time. I did have constant trouble with harassment by peers because I wasn't like the other boys.'

'I was different from the other boys, so that caused a lot of problems.'

'Support from lesbian, gay and androgynous students, teachers, board members.'

'The secretariat at my school suggested that I register as a woman under my new woman's name. So I didn't have to give any explanations to my classmates or bosses when I did a placement and worked as a student.'

'I was able to change my name on the school lists (but not in the pupil register), although I still hadn't changed my civil status, and the teaching team were very understanding. Some pupils even stood up for me against a lot of malicious gossip. In general, everything went well, but the fact that it was a small humanist high school undoubtedly helped. I don't doubt for a second that it would have been different at a university (having seen how university types behave towards me).'

'I think that I attracted both men and women due to my identity when I was a student. Perhaps everyone enjoyed being confronted with something different in terms of identity and sexuality. I think that the people who had the most problems with my identity were the traditional women who saw in me a faint reflection of the masculinity they dreamed of!'

Source : TransSurvey, 2008.

6.5.4. Work

The degree of openness and reactions at work are measured only for those who are currently working (n=147). On average, 25.3% are fully open at work, 20.6% partially open and 54.1% keep it fully hidden at work. Openness to their immediate superior is highest (32%), which may have to do with a 'forced' coming out. Secrecy is greatest (65%) with respect to clients, pupils or patients.

Table 74 Degree of openness at work

	Fully open	Partially open	Fully hidden
Colleagues	25%	27%	47%
Immediate superior/ head of department	32%	17%	50%
Clients, patients, pupils, etc.	17%	17%	65%
Average	**25%**	**21%**	**54%**

The reactions at work are mainly positive – at least if the respondents are open.

Table 75 Reactions to gender identity at work

	Positive	Predominantly accepting	I don't know yet	Aware but don't want to talk about if	Mainly disapproving
Colleagues	21,2%	31,7%	39,4%	5,8%	1,9%
Immediate superior/head of department	26,7%	23,8%	40,6%	4,0%	5,0%
Clients, patients, pupils, etc.	15,6%	17,7%	57,3%	7,3%	2,1%

We asked all of the respondents (so, not just those currently working) about any negative experiences at work. 101 respondents answered this question. Here too, we see mainly negative reactions from colleagues – just as students experienced most problems with fellow students.

Table 76 Negative experiences at work

	Colleagues	Immediate superior/ head of department	Clients, patients, pupils, etc.
Criticism of appearance, behaviour or ideas	54,4%	33,7%	23,8%
Being made a fool of	29,7%	17,8%	11,9%
Being ignored	30,7%	27,7%	9,9%
Being assigned tedious duties	13,9%	29,7%	3,0%
Deliberate damage to property or clothing	5,9%	1,0%	14,9%
Verbal violence	14,9%	10,9%	5,9%
Threats	7,9%	8,9%	4,0%
Physical violence	4,0%	2,0%	1,0%

Unwanted advances	5,9%	4,0%	6,9%
Inappropriate curiosity	29,7%	19,8%	10,9%
No chance in application procedures	4,0%	24,8%	0,0%
Being made redundant during reorganisation	4,0%	22,8%	0,0%
Not getting any training opportunities	4,0%	16,8%	1,0%
Missing out on promotion or career opportunities	5,9%	31,7%	0,0%
Being dismissed	2,0%	20,8%	1,0%
No longer being allowed to have contact with clients, patients or pupils	3,0%	9,9%	0,0%

Transgender people have both positive and negative experiences at work.

'Once again, we know right from the start of an application procedure that we have no chance, but we have to go through with it or we lose our unemployment support.'

'Applying for jobs as a trans person is a disaster; good references are not even checked. You get very few opportunities to prove yourself.'

'In response to applications, I very often get the answer: over-qualified.'

'Inappropriate curiosity during job interviews.'

'For a long time now, I haven't been able to show anyone my diploma. I have simply gone back to studying to get a diploma with my new identity. I have no regrets about this new status but I'd have been able to complete my new studies quicker if we'd been able to change the first one. In addition, I could have got work sooner if I had been able to put my new first names on my old diploma.'

'Three years ago I started to go by a name that I had chosen myself, on account of my transgender identity. At my work at the time, my head of department refused to use that name and I was banned from using it within working hours with clients or colleagues from my own or other departments … . At that point it was a huge blow to my self-confidence. Before that I was highly motivated to work there, afterwards I knew for certain that I wouldn't stay there much longer, with a lot of regrets, because I really liked my work environment.'

'Non-verbal reaction from immediate supervisor prompted by a necklace I was wearing. The reaction can be summed up as: "What are you wearing? A man shouldn't wear that."'

'I stopped working before my transition. In my previous work environment, a transition would have been completely impossible.'

'Work is the only place where I am not out; but I am looking for a job where it will be accepted.'

'At my current work I have struck it lucky. They respect my preferred name and pronoun of their own accord; being trans is not an issue.'

'My employer treated me properly and tolerated long absences. I received support and understanding from all of my superiors and colleagues. I just got a promotion! Discrimination is absolutely forbidden in our company …'

'A client once tried to blacken my reputation with my current employer so that he didn't have to pay his invoices, but my employer informed me immediately and gave me the opportunity and support to respond. However, my financial situation didn't allow me then to continue legal proceedings against that client at the stage of appeal against a decision of the judge. The institute for the equality of women and men helped me behind the scenes but then I needed a lawyer and I couldn't afford one.'

'Positive experience: during my transition I was taken on for temporary work with a chance of a permanent contract even though my administrative data didn't yet tally and I still had to have all of the surgery. In other words, they were prepared to give me a chance.'

Source : TransSurvey, 2008.

Nevertheless, only 66 respondents had ever contacted anyone with a view to raising such problems. 57.6% of them contacted a confidential adviser, 37.9% the head of the department, 36.4% the union and 30.3% a colleague.

Table 77 Contact in the event of problems at work

	Number of responses	Percentage of reports
Union	24	18,9%
Immediate superior/head of department	25	19,7%
Colleague(s)	20	15,7%
Ombudsman or prevention service at work, safety and welfare officer	12	9,4%
Confidential adviser	38	29,9%
Other	8	6,3%
Total	**127**	**100,0%**

When respondents raise problems, there are a number of different possible consequences. 33.7% of the respondents (n=86) reported that action was taken and the problem was resolved. For 15.1%, action was taken but the problem had not yet been resolved. 18.6% lodged an official complaint. 19.8% report that the complaint was not followed up.

Table 78 Consequence of raising problems

	Number	Percentage
No consequences	17	19,8%
Action was taken and the problem was resolved	29	33,7%
Action was taken but the problem has not (yet) been resolved	13	15,1%
An official complaint was lodged	16	18,6%
Don't know	11	12,8%
Total	**86**	**100,0%**
Missing / Not applicable	158	

We asked the respondents (n=199) if there was an equal opportunities or diversity policy at their place of employment. In 37.7% of the cases there was a policy, 30.7% reported that there was no such policy, and 31.7% didn't know. If there was such a policy, only 19 respondents reported that it dealt with trans issues (9.5%). 26

respondents knew that the equal opportunities policy did not deal with trans (13.1%), and 29 respondents didn't know (15.1%). This shows that trans* is very often a 'forgotten' category for an equal opportunities policy, or that people are not aware that the equal opportunities policy on the basis of sex also applies to change of sex.

Table 79 Presence of an equal opportunities or diversity policy

	Number	Percentage
Yes, and it deals with trans issues	19	9,5%
Yes, but it doesn't deal with trans issues	26	13,1%
Yes, but I don't know if it deals with trans issues	30	15,1%
No	61	30,7%
Don't know	63	31,7%
Total	**199**	**100,0%**
Missing / Not applicable	45	

It is perhaps unsurprising that a quarter of the respondents change jobs due to their gender identity. 25.9% of the respondents have changed jobs on account of being trans, as a result of problems or in order to avoid problems. Broken down by identity groups, we notice that mainly the transsexual people and transgenderists report this, which is explained by the fact that transvestites are usually not visible at work.

Table 80 Changed jobs on account of gender identity

	TSf	TSm	TGm	TGf	TVm	TVf	Total	Percentage
Yes	27	8	10	3	2	1	51	25,9%
No	73	26	30	14	2	1	146	74,1%
Total	**100**	**34**	**40**	**17**	**4**	**2**	**197**	**100,0%**

6.5.5. Health care

As we saw above, 144 respondents (60%) have sought help specifically in connection with their gender identity. The experiences tend generally to be positive. Only exceptionally did people encounter someone who refused to help. On the other hand, it is striking that not an inconsiderable number of respondents report that GPs, psychologists and other care providers wanted to help but didn't have any information. The psychiatrists consulted are clearly better informed, but that probably has to do with the fact that the respondents specifically contacted psychiatrists who are known for their expertise in this field.

Table 81 Reactions in care provision specifically for gender identity

	GP	Psychiatrist	Psychologist	Gender team	Other care provider
Was informative and helpful	39,7%	74,2%	69,9%	93,3%	72,7%
Wanted to help but had no information	42,3%	9,7%	17,7%	0,0%	22,7%

Didn't seem to want to help me	10,3%	14,0%	12,7%	5,6%	2,3%
Refused to help me	7,7%	2,2%	0,0%	1,1%	2,3%

The (often long) waiting times before being considered for help are a thorn in the side of many respondents: 77.4% of the respondents report that long waiting times have been a problem.

'Waiting time of nearly a month between making the appointment and the admission interview to the gender team, because they were "fully booked".'

'A two-year wait for the operation was really much too long. Now I would certainly go to Thailand!'

'Until I was 35, I denied that I had gender dysphoria. Now I am living as a woman but I still have to wait a long time before I can start my treatments, because I now have to convince them that I am absolutely sure about it, and then every month of waiting is too much. Because you are neither a man nor a woman in the interim and that is much harder than the denial phase or the being phase (I think, because I am still right in the middle of it).'

'According to the procedure followed, there must be a certain period between the initial contact with a psychiatrist, the start of hormones and the mastectomy. That mastectomy was very important to me and came very late to my mind, but on time according to the procedure.'

'When I realised what was the matter with me, I wanted immediate confirmation from a professional that that was indeed the case. The appointment was over a month in coming, and at the time I found that too long.'

'There is a long waiting time for phalloplasty and huge uncertainty about the right time for phalloplasty.'

'The time between the different stages is long. The appointments are too far apart, so you can never get an accurate picture.'

'First I wasted my time and my parents' money on a psychologist who had no information. He wanted me to go into psychoanalysis. My mother advised against it so I escaped that system. After that I got the contact details of a psychiatrist who was more "specialised in the subject-matter". It was a waste of time and money, but he prepared a "Harry Benjamin" diagnosis dossier for me that was in my view completely absurd, that gave me credibility despite my appearance.'

'A transformation requires a waiting time of many years for every step. The most difficult things are a document from a psychiatrist and the change of first name.'

Source : TransSurvey, 2008.

The respondents who want to take steps towards a change of sex are confronted with high costs (consultations, hormone therapy, examinations, surgery, etc.). 58% of the respondents had hospitalisation insurance at the time when they sought help. Only 14.9% obtained a full refund of the expenses incurred, and 39.2% were refunded for a large portion of them.

Table 82 Reimbursement by insurance

	Number	Percentage
Full reimbursement	11	14,9%
Largely reimbursed	29	39,2%
Limited reimbursement	14	18,9%
No reimbursement	10	13,5%
Don't remember	10	13,5%
Total	**74**	**100,0%**
Missing / Not applicable	70	

For 29% of the respondents, the personal contribution towards their medical expenses was limited to less than 1,000 euros. 25.2% spent between 1,000 and 2,500 euros, and 20.6% between 2,500 and 5,000 euros. The last quarter spent more than 5,000 euros.

Table 83 Personal contribution to medical expenses

	Number	Percentage
Less than 1.000 euros	38	29,0%
1.000 to 2.500 euros	33	25,2%
2.500 to 5.000 euros	27	20,6%
5.000 to 7.500 euros	13	9,9%
7.500 to 10.000 euros	7	5,3%
More than 10.000 euros	13	9,9%
Total	**131**	**100,0%**
Missing / Not applicable	13	

All respondents (including those who didn't seek help specifically for their gender identity) were asked about the degree of openness they have with their GP or other care providers, and their experiences with the latter's reaction to their being trans. 57.9% of the respondents are open with their GP and 64% are open with other care providers.

Table 84 Degree of openness with care providers

	Fully open	Partially open	Fully hidden
GP	57,9%	16,3%	25,8%
Care provider(s)	64,0%	13,5%	22,5%

The reactions from GPs are mostly positive: 41% reacted positively and 26.1% mainly positively. 2.7% are aware but don't want to talk about it, and a further 2.7% reacted mainly disapprovingly. 27.7% of the respondents do not tell their GP about their gender identity. However, the situation cannot be described as entirely positive: 34% of the respondents have changed care provider due to negative reactions.

Asked about specific experiences in health care, 30% reported that they had had no negative experiences in the health care sector. 70% did report problems. 48.5% reported experiencing restrictions in contact with other patients; 21.3% were criticised in terms of their appearance, behaviour or ideas; 15% had to deal with unwanted

sexual advances; 15% received a lower standard of care; 17.3% were ignored; 17.3% were made a fool of; 14.2% had to deal with inappropriate curiosity and 12.6% were put in the wrong ward or department (in terms of gender).

Table 85 Negative experiences in health care

	Number of responses	Percentage of respondents
Difficulty in gaining access to health care	11	8,7%
No access to health care	2	1,6%
Receiving a lower standard of care	19	15,0%
Being put in the wrong ward or department in a hospital	16	12,6%
Criticism of appearance, behaviour or ideas	27	21,3%
Being made a fool of	22	17,3%
Being ignored	22	17,3%
Deliberate damage to property or clothing	5	3,9%
Verbal violence	4	3,1%
Threats	2	1,6%
Physical violence	5	3,9%
Unwanted sexual advances	19	15,0%
Inappropriate curiosity	18	14,2%
Limited contact with other patients	61	48,0%
Total	**233**	

'Administrative staff who hadn't cottoned on to the fact that I am a trans man and that my papers don't tally as a result, but who thought it was a mistake on the part of the health fund.'

'You are treated less well by the doctors when you tell them you are a transsexual.'

'As a woman, having to take a bed with the men.'

'A terrible experience in a fertility clinic.'

'Superficial examination and ditto for follow-up, because they don't know according to what sex they should treat you.'

Source : TransSurvey, 2008.

We asked the respondents which type of care provider they had had these negative experiences with. Most of the problems were reported with 'other' doctors in a hospital (53.7%) or with nursing staff (50.7%). The administrative services were also mentioned as problematic by 43.3% of the respondents.

Table 86 Negative experiences by type of care provider

	Number of responses	Percentage of respondents
GP	14	20,9%
Gynaecologist	8	11,9%
Urologist	3	4,5%
Physiotherapist	3	4,5%
Other doctors in a hospital	36	53,7%
Nursing staff	34	50,7%
Fertility centre	3	4,5%
Health fund	11	16,4%
Administrative services (secretaries, finance department, etc.)	29	43,3%
Total	**141**	

Finally, 23.1% of the respondents reported that they avoid contact with the regular health care services because they are trans.

Table 87 Avoid contact with regular health care

	Number	Percentage
Yes, I never go to a care provider	6	2,7%
Yes, I go only if I really have to	45	20,4%
No	170	76,9%
Total	**221**	**100,0%**
Missing	23	

6.5.6. Police and the justice system

43.1% of respondents (n=225) has been in touch with the police in their aquired gender role. We surveyed them for their experiences of treatment by police officers (see table 88). 40.2% of respondents said they were treated (very) appropriately; 28.9% found their treatment neutral; 18.6% thought their treatment was (totally) inappropriate. For 13.4%, gender identity was not an issue because the police officer was not aware of it.

Table 88 Treatment by police officers

	Number	Percentage
Very appropriate	20	20,6%
Appropriate	19	19,6%
Neutral	28	28,9%
Inappropriate	11	11,3%
Totally inappropriate	6	6,2%
Does not apply, they did not know I was transsexual	13	13,4%
Total	**97**	**100,0%**
Missing / Does not apply	147	

16.9% of respondents (n=225) have never had any contact with the courts in their acquired gender role. 36.9% of respondents stated that they found their treatment by the courts in relation to being transsexual (very) appropriate; 21.1% found their treatment neutral; 34.2% thought their treatment was (totally) inappropriate. For 7.9% gender identity was not an issue because the court was not aware of it.

Table 89 Treatment by the courts

	Number	Percentage
Very appropriate	6	15,8%
Appropriate	8	21,1%
Neutral	8	21,1%
Inappropriate	7	18,4%
Totally inappropriate	6	15,8%
Does not apply, they did not know I was transsexual	3	7,9%
Total	**38**	**100,0%**
Missing / Does not apply	206	

We also asked respondents if they had ever had specific problems or positive experiences with the police, the courts or associated services in relation to being trans. Out of the respondents who answered this question (n=220), 80.9% responded that they had had problems.

Table 90 Problems with the police, the courts or associated services

	Number	Percentage
No	42	19,1%
Yes	178	80,9%
Total	**220**	**100,0%**
Missing	24	

Transgender people have both positive and negative experiences with the police and the courts.

'My name was changed, but not the gender on my identity card, hence I was called "sir/mister".'

'They think that they are being polite by calling people "madam" or "sir" the whole time. And naturally they choose the form of address themselves.'

'After being physically attacked by a gang in Brussels, I was first kept for three hours at the police station for a statement, even though I was the victim. I had a broken nose and eye socket and was bleeding heavily; I was in shock. I was offered a packet of cigarettes and a roll of toilet paper. After three hours, during which I was told repeatedly that I should have known better and be happy that I was still alive, I was finally taken to a French-speaking hospital, whereas I barely speak any French. Ten years later and this matter has still not been finally settled through the courts; I am still waiting for part of the compensation.'

'They didn't want to take a record of my complaints after the attack against me and said that I was being provocative by going around like this and was looking for problems.'

'The police didn't know much about people like me. I had to tell them a lot, including about the "gender pass", and I was very open about it. The female officers were well aware of my being trans-gender.'

'When I was stopped by police for a check, the officer was very understanding and even allowed me to proceed.'

'Before my birth certificate was changed, when my papers did not correspond with who I was, I was assisted by the police authorities on a passport problem and by the justice of the peace in order to avoid any unnecessary humiliation at the polling station.'

6.5.7. Official change of identity

68 respondents (30.2%) have changed their first name officially; 107 respondents (47.6%) have not changed their first name; 50 respondents thought this did not apply to themselves (22.2%).

Table 91 Change of first name

	Number	Percentage
Yes	68	30,2%
No	107	47,6%
Does not apply	50	22,2%
Total	**225**	**100,0%**
Missing	19	

For those respondents who have changed their first name (n=68) 14.9% used the regular procedure for changing first names. In 85.1% of the cases, specific use was made of the procedure in the context of transsexuality, of which half went through the procedure as it was prior to the Act on transsexuality (2007) coming into effect, while the other half did it according to the Act on transsexuality.

Table 92 Procedure used for name change

	Number	Percentage
Name change as part of gender reassignment, before the Act on transsexuality	29	43,3%
Name change as part of gender reassignment, in accordance with the Act on transsexuality	28	41,8%
Permit for a first-name change (regular procedure)	10	14,9%
Total	**67**	**100,0%**
Missing / Does not apply	177	

When we asked those respondents who have not registered a change of first name (n=107) for their reasons, 39% said they still intended to do so in the future. 37% said they did not wish to or it was not needed. 4.8% had problems with it and didn't know whether they can, or were afraid that it might be too difficult or expensive.

Table 93 Reason for not registering a change of first name

	Number	Percentage
I have not taken on a new name	10	6,8%
I don't want to	29	19,9%
I don't think it's necessary	25	17,1%
I would like to do so in the future	57	39,0%
I don't know if I can	2	1,4%
I think it's too difficult or too expensive	5	3,4%
Other	18	12,3%
Total	**146**	**100,0%**
Missing / Does not apply	98	

'Why should I …? I can't see any difference, because everyone calls me by the first name I took on myself.'

'I'd like to, but because I can't/won't take hormones, it won't be possible because the new law discriminates against transgender people.'

'If I have to identify myself, I use my gender pass.'

'Coincidence or not, but my first name fits both genders.'

'I don't think so, because then the name won't correspond with the gender.'

'I'm a transgender, I live both as a male and female.'

Source : TransSurvey, 2008.

In addition to changing their first name officially, 44 respondents (19.8%) have also registered an official change of gender. 45.5% of respondents have not done so and 34.7% believe it does not apply to them. 56.8% of the first category (n=44) have used the administrative procedure, which has been possible since the law of 10 May 2007 was introduced.

Table 94 Official registration of change of sex

	Number	Percentage
Yes	44	19,8%
No	101	45,5%
Does not apply	77	34,7%
Total	**222**	**100,0%**
Missing	22	

Table 95 Type of procedure to register change of sex

	Number	Percentage
Through the courts	19	43,2%
Through the registrar (administrative procedure – the Act on transsexuality)	25	56,8%
Total	**44**	**100,0%**
Missing / Does not apply	200	

When we asked the category of respondents who have not registered their change of sex (n=101) the reason why, 36% said they still intended to do so in the future. 36% also said they did not wish to do so or found it unnecessary. 13.6% found problems with it and didn't know whether they could (4.3%), were afraid that it would be too difficult or expensive (2.5%), weren't eligible (6.2%) or had been refused (0.6%).

Table 96 Reasons for not registering a change of sex

	Number	Percentage
I don't want to	28	17,4%
I don't feel it's necessary	30	18,6%
I still intend to do so in the future	58	36,0%
I don't know whether I can	7	4,3%
I think it's too difficult or expensive	4	2,5%
I'm not eligible	10	6,2%
My application was refused	1	0,6%
Other	23	14,3%
Total	**161**	**100,0%**
Missing / Does not apply	83	

Transgender people have a range of reasons for not considering registration of their gender reassignment.

'I'm transgender, and I have decided not to have my gender changed fully.'

'I'm not totally "converted".'

'I don't want an operation on my ovaries/uterus. As long as I don't (decide to) take hormones, I don't have to. But even if I just do that (and possibly a breast operation), I can't do it.'

'Having dual f/m gender isn't possible.'

'I have not undergone a change of sex.'

Source : TransSurvey, 2008.

There are various reasons why transgender people don't want an official gender reassignment.

'In exchange for "not being able to have children any more", or the justified castration in a sex-change operation... Is this fair exchange? It doesn't sit well with my being, plus a serious, expensive gender reassignment / intensive post-surgical recovery. I call it a "transsexual pogrom". I need an "F" to find work. Whether I can get an "F" I don't know, but in Belgium there are men or women and nothing in between. But: no work means no money for a sex-change operation. The state is discriminating against me at the moment, while they stand there talking about diversity.'

'My first preference is to content myself with a change of first name; changing my gender legally requires a sterility certificate, which I think is discriminating.'

'I don't think of myself either as a man or a woman. Because I don't want to be "difficult" about it, I'd rather keep my male identity.'

'Unfortunately, in this country you have to wait for your vaginoplasty before you can do it.'

'I'm not transsexual, but bi-gender. I thought about having my breasts removed, but don't know if it's possible. They get in the way of my bi-gender identity. But it doesn't keep me awake; I dress as a man or a woman, depending on how I feel, and call myself XX/YY.'

'If you're a cross-dresser, the two genders should be on the identity card with two photos (male and female).'

'I'm not sure yet whether I want it. When you have your name and gender changed on your identity card, there's really no way back.'

'I haven't had my gender changed on my identity card because I can't reconcile myself with the options available. But if I could have my gender deleted from my identity papers, I'd do it immediately!'

'They should add another box in addition to F and M, but I'd rather see them all disappear.'

'I'd rather have gender not stated on the identity card. F or M (currently the only two options) does not define my identity. I believe that's a personal detail and belongs in your private life. It's a medical detail based on the shape of your genitals at birth! I think that private companies and government departments shouldn't be allowed to ask for someone's gender. Our whole life and all our rights are determined by the two letters F or M. If we're allocated M, we're privileged, but if it's an F, we have to plod our way through life … So the Institute for the equality of women and men would do well to remove this discrimination at the basis of our society.

Source : TransSurvey, 2008.

174 respondents indicated that they have had their first name and/or gender changed with one of the official bodies below. The process went smoothly in an average of 66% of cases, moderately well for 24.7% and badly in 9.3% of cases. If we look at the table below in more detail, we see in particular that universities, colleges and secondary schools score lower than the other bodies. In our opinion, this is because some trans people are told that their diplomas cannot be changed. The National Employment Service (RVA), health fund and union scored best.

Table 97 Assessment of changing identity category with various official bodies

	Good	Moderate	Bad
Registrar	60,3%	29,3%	10,3%
Health fund	78,2%	14,5%	7,3%
Union	78,8%	12,1%	9,1%
Child allowance fund	54,5%	36,4%	9,1%
VDAB / BGTA (employment office)	65,0%	25,0%	10,0%
RVA (employment policy office)	81,3%	6,3%	12,5%
RVP (pensions)	66,7%	27,8%	5,6%
Bank	62,7%	30,5%	6,8%
Insurance company(ies)	63,0%	30,4%	6,5%
Universities, colleges or secondary schools	42,9%	33,3%	23,8%
Employer	64,7%	25,5%	9,8%

We asked the respondents if, in addition to a change in identity data, they had had negative or positive experiences with a number of specific bodies.

Transgender people have both positive and negative experiences in relation to social security (unemployment, pensions, health insurance, etc.).

'During an initial interview I mentioned my being trans "off the record". That had a positive effect. As a result he understood my unemployed status. However, I had a feeling he would be open to it; with someone else I'd have kept quiet. I do assume that it's better left out of my file.'

'My previous health fund did not approve the reimbursement for my inhibitors. With my current health fund, everything is going perfectly. Huge pat on the back for them!'

'I have had a huge amount of problems with the health fund in getting a new SIS card because they were still getting my old national insurance number via the Kruispuntbank, although I obtained a new national insurance number ages ago.'

'Since the change of sex is still very recent, I am still in the transformation process. I have problems with the health fund, which did change the national number after a month, but not the sex … .'

'To social security (and the social security officials I come into contact with) I am always just a number and not a person who calls themself by a name other than the one in my papers … For that reason alone, any contact with social security tends to be negative. So I try to keep it to a minimum.'

'Social security didn't manage to link my old and new national insurance number, so contributions to the health fund were not forwarded automatically. I still have to check my pensions. In 2008, I received two forms for submitting a personal tax return.'

Source : TransSurvey, 2008.

Transgender people have both positive and negative experiences with the union.

'They also had trouble with my identity; they had to get over it, because they had known me as a man.'

'They didn't accept me, and will never accept me. To them, I will always stay a transvestite.'

'I refuse to join the union … because, with them, I have even worse experiences than in direct contact with the government agencies. So there is at least one less agency that I have to communicate with.'

'It mainly depends on the person: some people just turn away from anything strange, others are very open.'

Source : TransSurvey, 2008.

Transgender people have both positive and negative experiences with banks and insurance companies.

'Insurance company for my housing loan: the man lives in my street and handled everything like a good neighbour. Bank: my first name was changed in just five minutes. Post Office: made a lot of trouble, did it all, only the Post Office Bank wouldn't do it. It took months! There were problems with the computer, or with the office side of the Post Office Bank, which is a separate company.'

'I changed bank now that I have been a happy pre-op woman for a while, and they have always responded positively. They couldn't believe it until I showed them my passport.'

'The insurance company tried not to give me cover for hospitalisation after having my breasts and uterus removed saying it was cosmetic surgery. After some correspondence, they reviewed their position, but the matter has still not been settled and I don't know how much it will cost in the end. We're talking about +/- 1,200 euro.'

'The hospitalisation cover didn't want to reimburse the additional charges for the phalloplasty as part of cosmetic surgery, whereas they did reimburse the extras for the mastectomy. In other words, there's no logic in how it works and if you complain, the insurance company hides behind a heap of clauses.'

'Positive, because I was reimbursed by my hospitalisation insurance for the operations (breasts and hysterectomy).'

'Yes, the car insurance and tax people refused to transfer my number plates to another vehicle. They said that I could not use the number plates of a dead person. Yet they were my number plates. I had to change them. They had the information, but they didn't want to change them.

'The bank also had obvious problems to link my change of gender and state register number to my (life) insurance debt balance.'

'Once I was discriminated against by a bank employee about my "being different", which led to a stream of complaints, although it only worked to our disadvantage. We were discriminated against from the moment we signed the documents. The lack of knowledge about procedures means that we still have to live with the frustrations.'

'It was handy to make an appointment with the contact person at your bank and provide the necessary explanation while you present your (temporary or) new identity details. That way the procedure was quickly dealt with.'

'With most banks I was lucky to obtain a bank card with my new first name before it was official, which is very important during the transition period. Only my then current bank refused, so I left them as a customer.'

'One of the banks sent me a request for a death certificate for my old first name because they thought that my old first name had died.'

'The contact person (at the bank) was not comfortable. It was her first time, but she was sympathetic, so it was positive.'

Source : TransSurvey, 2008.

Transgender people have both positive and negative experiences with employers, employment offices, education establishments, the registrar or other official bodies.

'My employer doesn't want to give parental fringe benefits for my child who I had within an ex-lesbian relationship by artificial insemination as long as I have not adopted or recognised her, which is a time-consuming procedure. In the meantime, there is no cover nor provision for my child should something happen to me (although there is for the children of other members of staff).'

'My employer was fantastic, supportive and asked no invasive questions.'

‘In my previous job, my department head wouldn’t allow me to use my nickname. In my current, just-started job, I am at least accepted by my nickname but, in principle, neither my workmates nor my department head know my exact gender identity. Although I hide it much less than I used to.’

‘I should actually lodge a complaint with the employment office because they don’t see us as a person who finds it very difficult on the employment market. I hope to get better guidance towards finding the right kind of job and am looking for more targeted assistance with their cooperation. They should act more as an intermediary between companies and transsexual looking for work, rather than just passing the hot potato.’

‘When I wanted to register with the employment office during my transition, I was dealt with totally according to my birth gender, even though I was already completely a woman from a social point of view. They told me to go and stand in the men’s queue for the stamp check. That’s the reason why, at the time, I gave up on applying for unemployment benefits.’

‘The employment office can only alter your gender when it has been changed officially. That is very irritating when potential employers read your CV on the Internet, because there you are with a male name and a female gender. According to the employment mediation people, there’s no way round it.’

‘Good experience with the person responsible for my file at the employment office. I registered under my “social first name” (changing my first name in the computer program was all it took).’

‘I did a year’s secretarial course through the employment office. I didn’t say anything in the beginning. But after I took part in a television programme, everyone knew. Nothing changed – on the contrary. My teachers and trainee friends became even more friendly. An extremely positive experience to be in a social and professional environment under your own gender.’

‘It strikes me that many schools still send out letters that have to be signed by “mother” and “father”. In actual fact, it should be “parent 1” and “parent 2”. It’s not only more neutral that way, it also saves the parents and children from hurtful and humiliating confrontations.’

‘My diplomas, certificates and references have not been changed, so I can no longer use them without my past becoming known. So I am officially deprived of part of my CV. Fortunately, I didn’t have to use these papers for my current job, but I am working well below my level.’

‘Very bad experience with college and the Ministry of Education about changing my name on my diploma. They didn’t want to change it at first, which caused me an enormous number of problems in looking for work. After insisting and much discussion, they still didn’t want to amend it properly (crossing out my name and writing the new name in over the top so that the old name was still visible), which did not solve the problem. In the end, I did not get what I wanted and so “falsified” my diploma. I scanned it in and changed the name myself so that I don’t have any more problems with “mandatory explanation” at work. But it was a very disillusioning experience, although subsequently my name and identity card were changed.’

‘At college, my state register number was recorded in the IT database next to my gender, so I was always “deleted” from the system because they selected “Male” manually. Through the ombudsman I had direct contact with the IT department, which each year took the steps required to get all of the correspondence and results in order.’

'At my college, I was able to change my name on the lists and my student card, but not in the registers (you need to have a change of civil status for that). That was not a problem for the exams, I just had to cross out my name on the results lists, because they were the names from the register.'

'When I made my application, the new law had just been passed and the employee in question didn't know what the proper procedure was. Which slowed everything down, but all in all it went well.'

'In the town where I was born, they didn't know which procedure to take to do a name change.'

'I received a letter from the court addressed to "Mrs". I immediately called the clerk's office and was given an impolite reception. They started by saying I was a liar, then they asked: "What should I call you now: Mr or Mrs?" I found that very rude.'

'Some government departments still send me documents (with payment) to my "ex" first name. And each time when they ask I have to send in an amended birth certificate!?!'

Source : TransSurvey, 2008.

6.5.8. Rights and anti-discrimination

We surveyed the respondents to find out the extent to which they are aware that since 2007 there has been an Act with a view to combat discrimination between women and men, which also protects transsexual people against discrimination. Of the 221 respondents who answered this question, 44.3% were aware of the Act (see table 98).

Table 98 Awareness of the Law with a view to combat discrimination between women and men

	Number	Percentage
Yes	98	44,3%
No	123	55,7%
Total	**221**	**100,0%**
Missing	23	

We also checked to see the extent to which respondents were aware that it is possible to lodge a discrimination complaint on the grounds of gender reassignment with the Institute for the equality of women and men (IEWM). 42.7% of respondents answering this question (n=220) were aware of it.

Table 99 Aware of the role of the Institute for the equality of women and men

	Number	Percentage
Yes	94	42,7%
No	126	57,3%
Total	**220**	**100,0%**
Missing	24	

17.3% of the 220 respondents had lodged a complaint about discriminatory treatment (e.g. violence, dismissal, non-provision of services, etc.). Of these 38 individuals, 34.2% went to the police, 23.7% to the union, 23.7% to the IEWM and 28.9% to the Centre for Equal Opportunities and Opposition to Racism.

Table 100 Where the complaint was lodged

	Number of responses	Percentage of complaints	Percentage of respondents
Police	13	18,8%	34,2%
Union	9	13,0%	23,7%
Employment tribunal	1	1,4%	2,6%
Criminal court	2	2,9%	5,3%
Justice of the peace	2	2,9%	5,3%
Organisation for travestism/ transgender/transsexuality	5	7,2%	13,2%
Ombudsman department	7	10,1%	18,4%
Institute for the equality of women and men	9	13,0%	23,7%
Centre for Equal Opportunities and Opposition to Racism	11	15,9%	28,9%
Local anti-discrimination reporting centre	2	2,9%	5,3%
Other authority	8	11,6%	21,1%
Total	**69**	**100,0%**	

Those respondents who have lodged complaints are mainly (48.6%) male-to-female transsexual people and to a lesser extent (21.6%) female-to-male transsexual people. There is also a significant difference between male and female in the identity type of transgender people: 18.9% of transgender people born male have lodged complaints, compared with 10.8% born female.

Table 101 Complaint per identity type

	Identity Type			
	TSf	TSm	TGm	TGf
% of the total	48,6%	21,6%	18,9%	10,8%

Asked about the result of their complaint, 2.7% answered that the problem was dealt with thoroughly; 8.1% stated that the complaint was registered, but that nothing has happened (yet).

Table 102 Result of the complaint

	Number	Percentage
My complaint was dealt with properly	6	2,7%
My complaint was registered, but nothing has happened (yet)	18	8,1%
My complaint was not registered	4	1,8%
Other[318]	193	87,3%
Total	**221**	**100,0%**
Missing / Does not apply	23	

6.6. Representativeness of the study

We reached a total of 244 respondents with Belgian nationality or living in Belgium, of whom 44.4% were unmarried, 14% separated, 28% married to a female partner and 9.5% officially co-habiting with a female partner.

We created identity types based on birth gender and gender identity rather than on the basis of medical or morphological criteria, as is customary in the literature in the field of transgender studies. We can compare the response with the figures for prevalence (see Chapter 3). The study group contains 159 transsexual people from the 945 potential transsexual people in Belgium in 2008[320], or 17%. If we restrict the definition of transsexualism and include only the people who have undergone or are undergoing complete sex reassignment treatment and (want to) have their new sex recognized officially, i.e. as is customary in the medical and legal literature, we find that, of those 244 people, only 44 have already had a change of sex registered officially. In comparison with the 442 official change of sexs (figures from the national register between 1993 and 2008), this means that we reached 10% of the target group. We therefore have, depending on the criteria, a reach of 10% to 17% for the category transsexual people. That is a lot for an online study. The fact that this target group was being surveyed directly in Belgium for the first time goes some way towards explaining this extensive reach. We also assume that the anonymous nature of the study contributed to the response.

The category of transsexual people (taken together) was the largest identity type in this survey, at 67.4%. We also reached a large category of transgenderists, namely 31.7% (according to the definition, see 6.4). It was the first time this category had been mapped. The fact that approximately a third of this survey consists of transgenderists does not automatically mean that this is an accurate reflection of the ratio between transsexual people and transgenderists, but it may indeed be an indication of it. However, we should again point out (see Chapter 2) that the groups cannot be strictly deliniated: some of the transsexual respondents will not (be able to) have the change of sex registered officially (for example, because they don't want to or are not eligible) and, on the other hand, some of the transgenderists may evolve in future towards a transsexual identity. In any case, it is striking that the group of transgenderists is much larger than is sometimes thought.

'The problem with questionnaires is being able to give precise answers. In any case, thanks for the study. I hope that the scientific rigour can be protected and that the results may lead to a better, more people-friendly and more balanced policy or society.'

'This questionnaire stirs up a lot of questions and doubts in me again, that I had long ago hidden away. Perhaps in this study I will find the strength and support to be able to do something about it … .'

'I'm pleased that more research is being done into how transsexual people feel and how they are treated in society.'

Source : TransSurvey, 2008.

Notes

311 Whittle *et al., Engendered penalties*.

312 Olyslager and Conway, 'On the calculation of the prevalence of transsexualism'; De Cuypere and Olyslager, 'Genderidentiteitsstoornissen'.

313 We cannot fully explain the reasons why only 22 of the 81 potential respondents ultimately took part in the focus groups. Some of the people contacted could not make the proposed dates and times. The interval between the completion of the survey and the focus groups (three months) may also explain why few respondents replied.

314 This applies to the majority of surveys: the more highly educated are more prepared to participate than the less highly educated.

315 The low number of respondents with an indefinite contract may be an effect of the way the question was worded; people with such a contract may actually have clicked on 'limited contract'.

316 The percentage in birth gender is the proportion of a given type of gender identity (e.g. feeling fully female) within the group with male birth gender or female birth gender. The percentage of the total is the proportion of a given type of gender identity and birth gender (e.g. male birth gender, and feeling fully female) compared with the complete group of respondents.

317 The cumulative percentage is the percentage of respondents belonging to a given category plus the percentages for the previous categories. E.g. 11.5% of the respondents have experienced their current gender identity for less than five years.

318 In this question, people were able to indicate more than one category. The percentage of respondents is the percentage of the total number of respondents to this question who indicated a given category.

319 Because the online survey was publicised via organisations, this proportion might actually be higher.

320 Various respondents indicated more than one answer, taking the total number of answers to 301.

321 A 'pink house' is a house where LGBT organisations have their offices, often also a pub, shop, meeting rooms.

322 Some respondents who have not lodged a complaint appear to have clicked on 'other' as their category of response.

323 See above, according to: De Cuypere and Olyslager, 'Genderidentiteitsstoornissen'.

7. The case study: transgender people in the job market

As described above, four focus groups were organised 1) to discuss the results of the Trans Survey, 2) to distil an area for priority action from those results and 3) to explore experiences related to this subject in greater depth. During the first series of focus groups, the participants from both the Dutch-speaking and the French-speaking groups – independently of each other – chose to prioritise employment in the remainder of the study. The second series of focus groups focused on this topic. The results of the discussions about employment are contained in this chapter. The study team then decided to survey both unions and agencies such as VDAB (Flemish employment service), FOREM (Walloon employment service) and ACTIRIS (Brussels regional employment service) by means of a short written questionnaire (see Appendix 2). In addition, a number of businesses were contacted to find out about transgender inclusion in their diversity policy.

7.1. Focus groups

Since participants indicated that work was the main obstacle to being able to live in the desired gender role/identity and identified employment as a priority in the first focus groups, we organised a second series of focus groups specifically on this topic. The two focus groups (one Dutch-speaking and one French-speaking) provided a great deal of additional information about employment, as well as a wealth of evidence about problems and success factors in the job market.

Various problem areas were identified and solutions put forward.

1) The dilemma 'to tell' or 'to keep quiet'?

Even when not known as transgender at work, many live with the constant dilemma of whether or not to inform their colleagues. Keeping quiet might bring a risk of being confronted with an unintentional 'coming out' at some point in time (because someone finds out indirectly), which might be considered by colleagues or superiors as a breach of trust.

> 'I just started to apply for jobs, and one of the first points that I raised was that I am transsexual, although the boss hadn't noticed that yet, he hadn't realised. I thought that was great. I thought it very important to tell him, because I didn't want any problems later. Because you have to hand over your identity card if you want to register. And it will never be changed. I'm not going to have an operation, so I remain a 'man' on my identity card, I can't get round that. So I always have to be honest about it. (…) So if you apply for jobs and they pick you up on it later, they could just throw you out, because you haven't been honest.'
>
> "I always say: "I used to be a transsexual; I'm not a transsexual any more.""

‘Even if they don’t see it, I am just very open about it. And my experience is: the more open you are about it, the fewer problems you have, the easier it is.’

‘With most people it’s: “okay, okay”, and ten seconds later it’s not an issue any more. But if you don’t say it, and they find out, then it’s not just a fact, it’s a fact that they have found out, which is much worse. Because then they say: “You weren’t honest at the start.” So you’re honest from the start and then there’s no problem. Well, that is my experience.’

‘If I apply for a permanent job now, I really want to apply fully as a man. And perhaps I’ll tell them later. It depends on what the situation is like, and the contacts with colleagues, etc. But that is not something you start off with, in my view. Especially not with things the way they are now; it’s hard enough to find work as it is.’

Source: Trans Survey focus groups, 2008.

At the beginning of their gender transition, some people resign, report sick long-term or do temporary work for a while in order to avoid difficult situations. They only look for a permanent job when their official identity documents are in order. Others are able to talk about it at work but (for the time being) opt not to come out.

‘At the end of January, I am leaving work. But then I’m having surgery and I’ll be out of circulation for two months. I am hoping that my identity card will be in order by April and, if not, I’ll just go and do some temporary work. I don’t want to stay at home. (…) It is nicer for me to be accepted as I actually want to be. That the people who knew me before [I transitioned] stil remember … okay.’

‘I chose just to keep working as a man because … people know about it. My immediate superior knows. I talked about it for two hours, but he was very positive about it. But I decided not to start working as a woman, because it is pretty difficult. That’s because I often travel, for my job, to countries where such a thing would absolutely not be accepted. And you can’t jump from one role to the other.’

Source: Trans Survey focus groups, 2008.

When people decide to be open, the reactions are not always predictable.

‘I have a group with twelve or so colleagues and I explained it to them personally one by one. Some in half an hour, others in five minutes, depending on the person’s outlook. You know that it’ll be passed on. It also depends perhaps on the group of people you work with. If it’s a close-knit group, a tight group, and you know how they feel about it, it is easier.’

‘At my previous work place, a very large public agency, there were around 250 employees. The comments weren’t all meant badly, and when looking for a way out you are, in fact, better to laugh it off, but I would just like to tell those people that some reactions are not at all normal. If your male colleagues give you a very sexy thong as a birthday present … I liked that in some respects because they were thinking: “We’re going to show that we don’t have a problem with it.” But I then asked if they would also give something like that to another female colleague. And then there was silence … . They are missing the essence of it somehow.’

Source: Trans Survey focus groups, 2008.

Transgender people also attest to the need to have a strong personality and courage to come out in the workplace about the upcoming (or completed) transition.

> 'You have to have a certain strength to come out about it.'
>
> 'A degree of open-mindedness also plays a role, I think.'
>
> You have to allow a degree of emotionality, you need to have a certain level of intelligence, you need to have the courage for a number of things. And perhaps you have learned a number of things … . Perhaps that, if you are better-educated, you have acquired more ways of getting up the courage.'

Source: Trans Survey focus groups, 2008.

Therefore, the factor of level of education also plays a role: those who are better-educated find it easier to access information and are (sometimes) better able to contextualise or explain their transition at work.

> 'But might that not also mean that people who, for example, have only had a primary education, are much less inclined to come out with it? I think that that is perhaps the case.'
>
> 'A factor that may come into play for the older ones is that you just didn't have the information. If you are cleverer, you can find that access more easily. Because I know that was one of the reasons for waiting so long in my case: I just didn't know.'

Source: Trans Survey focus groups, 2008.

2) Need for provision of information and training by people external to the organisation.

The respondents preferred contacts who were not associated with the organisation to give training to unions and confidential advisers. The publication of an information brochure, as in other countries, appears to be necessary to ensure that ombudsmen, confidential advisers and unions are aware of the rights and obligations of both parties and have basic information (which transgender people would otherwise often have to provide themselves).

Many respondents feel that they have to educate their colleagues and those around them to some extent, and even learn about the subject-area themselves and start to explain everything. The lack of an independent agency (such as the Gender Foundation in the past) to mediate in the event of problems was also cited as a major problem.

'A colleague of mine asked an awful lot of questions about it; we spent weeks dealing with them. But he just wanted to put it into context. And he never asked a bad question. I mean he didn't ask any sexual questions or anything like that.'

'My colleagues came along themselves with things out of the paper: "Have you read this, or this, or that?" They come along with them because they want to put it into context. And it's one way for them to talk about it without having to ask difficult questions.'

'I told my employer: "There is a Gender Foundation, there is someone there who can explain professionally what it's all about." She spent a whole Friday afternoon there. So I did ask to have better communication, to minimise prejudice as far as possible.'

'If you can get someone to come and explain it professionally. That's what I did. Together with the big boss, or with the head of personnel.'

'After a while you're tired of explaining it.'

Source: Trans Survey focus groups, 2008.

3) How to explain the professional experience acquired in the old gender role?

Transgender people sometimes have had a long career in a particular field of employment (which may or may not be highly gender-segregated). If the CV mentions work experience that is atypical of the new gender, this can sometimes lead to questions or problems.

4) Problem of diplomas in the old name.

Diplomas obtained in the old name cannot always be changed. The same applies to references and certificates. This sometimes leads to a forced coming-out. Transgender people suggest that anonymous CVs should be possible or that forms should not ask about gender at all.

5) How to deal with dress codes at work?

People who work in the airline sector, for example, attest to how an imposition of clothing rules (custom-made suits for gentlemen and tailoring for ladies) is perceived as a failure to respect their gender identity. In addition, access to toilets and changing rooms is a problem in some sectors: transgender people are referred temporarily or permanently to the disabled toilet as a changing room and are not always given access to the facilities in their new gender.

6) The sex-neutral description of job vacancies.

Something that is a legal requirement, namely stating explicitly that job vacancies are open to both men and women, can in fact be improved by describing jobs in a sex-neutral manner and by referring to a 'person' rather than a 'man' or 'woman'. In French, this can also be done by using verbs in the infinitive. In addition, an employer can indicate clearly that he/she is open to diversity and mention LGBT explicitly in this respect.

7) Transgender people as part of diversity policy.

There is a lack of information and knowledge on the part of those in authority in companies, unions, employment agencies and public authorities. Consequently, transgender as an issue is often not included in the equal opportunities policy.

> 'My employer is concerned with LGBs at the moment. I have already put my hand up, because I am one of the LGBs, not to leave out the transgender people, to set up a sort of working group on these issues.'
>
> 'The union is not informed, it comes out of thin air. They don't do anything for us; we simply don't exist.'

Source: Trans Survey focus groups, 2008.

8) Need for professional support, lobbying and backing.

The curtailment of the Gender Foundation's activities means that there are no longer any professionals providing support to trans people in their place of employment.

> 'There is a total lack of resources. So at the moment, to be completely honest and with all due respect for the Gender Foundation, all primary care for trans people is in the hands of volunteers. And that is not acceptable … .'

Source: Trans Survey focus groups, 2008.

7.2. Unions

The three main unions were contacted in both Dutch and French and asked to assist with the research by completing a short questionnaire (see Appendix 2).

We received a reply from Patricia Biard from the CSC (Confédération des Syndicats Chrétiens, Belgium's Confederation of Christian Trade Unions), officer for 'women' and 'gender equality', and from Gitta Vanpeborgh, the ABVV/FGTB (Belgian socialist Trade Union) officer for m/f equality – integrated gender approach for the whole of Belgium. The CSC and the ABVV/FGTB have an equal opportunity or diversity policies with the following target groups: disabled people, women and people of foreign origin or resident aliens. Mrs Biard (CSC) says:

> 'The ACV/CSC defends all employees irrespective of their sexual orientation. In January 2007, the ACV/CSC published a practical brochure entitled: "Gender notebook: equal opportunities for men and women". This tool relates to gender equality, but it is intended that the proposed method of working can also be used in relation to equal opportunities for other groups of people: people of foreign heritage, disabled people, older employees, LGBs, etc.'

Both unions pay attention to gender by organising conferences or seminars (possibly in collaboration with NGOs), networking and creating notice boards, brochures, mailing lists, websites, newsletters and publications connected with anti-discrimination legislation. Mrs Biard (CSC) has no experience of transgender issues in her post, but replies:

> 'The question should be the subject of wider consultation: permanent officers of professional organisations and legal departments of federations. Union field work and the legal departments of the ACV/CSC are certainly capable of tackling a number of problems of transgender and transsexual people in the field of employment.'

She is prepared to organise this discussion in the CSC, but of course this will take more time. In the ABVV/FGTB as well, there appears to be no specific experience of transgender issues. If any problems did arise, both Mrs Biard (CSC) and Mrs Vanpeborgh (ABVV/FGTB) would refer to the Institute for the equality of women and men (IEWM) or, for Flanders, to a local discrimination reporting point.[321] Both respondents know that the law for the prevention of discrimination between men and women also protects transsexual people against discrimination, and that it is possible to lodge a complaint with the IEWM in the event of discrimination on the basis of a change of sex.

In response to the question of whether specific attention should be paid to transgender people in the workplace, Mrs Biard (CSC) replies:

> 'Attention to the defence of these employees' interests: yes, certainly. As far as special attention is concerned, it seems to me that we should avoid marginalising or even stigmatising these employees.'

Mrs Vanpeborgh (ABVV/FGTB) believes that the specific objectives of the IEWM in this context are not sufficiently known, and that there is confusion about the objectives of the Centre for Equal Opportunities and Oppostition to Racism. She also believes that the duties of the local reporting points (which are also responsible for gender) are not sufficiently known. With regard to the target group itself, she considers it important that their problems should be recognised and that their need is met with actual and equivalent support/help (which, in her view, also applies to LGBs in the workplace).

In response to the question of whether there is a need for training concerning the social and legal situation of transgender and transsexual people in the workplace, Mrs Biard (CSC) replies:

> 'Certainly information sessions on the legal situation of transgender and transsexual people, for the permanent officers, the legal department employees. Training courses on the social situation of transgender and transsexual people for the target public concerned in the field.'

Mrs Vanpeborgh (ABVV/FGTB) considers such training necessary for the NGOs which lack knowledge of the field of employment and the 2007 gender law. This also seems appropriate for the unions (legal departments, diversity counsellors, management personnel), because they are not sufficiently familiar with the legal aspects of the problem, namely the 2007 law on transsexualism, and also lack sufficient understanding of the target group's specific problems.

7.3. Employment agencies

We contacted VDAB, FOREM and ACTIRIS with the same questionnaire as the unions (see Appendix 2). We only received an answer from the VDAB.

At the VDAB, we were in contact with Mrs Veerle Depauw of the Diversity/integrity department, diversity manager VDAB/Staff function for internal personnel policy and diversity policy vis-à-vis clients (job-seekers, employers, etc.). The department has both an internal and an external equal opportunity or diversity policy which addresses disabled people, women, ethnic and cultural minorities, early school-leavers and over-fifties. Attention is also devoted to LGBs and transgender people. This mainly takes the form of the dissemination of information, such as articles in the staff newspaper about transgender people in the VDAB, and an information brochure on the intranet about transgender. The diversity manager attended a conference on gender identity in order to investigate the subject-area and took the gender identity training course at the Katholieke Universiteit Leuven. She also gave feedback on Transgender in the workplace, a T-werkgroep publication, via a VDAB employee, and maintains personal contact with transgender people. In addition, she informally consults a transgender colleague at the VDAB for information when a given situation arises.

The department has experience of (problems of) transgender or transsexual people (employees or clients), and more specifically of threats made by clients against a transgender staff member and complaints or problems associated with the use of changing rooms/toilets. The department attempts to resolve such issues by providing a network, raising awareness, developing expertise and through personal contacts.

In the event of problems/complaints that the organisation cannot resolve itself, the department would refer them to the police, ombudsman, work-related discrimination reporting point of the Department of Work and Social Economy and the IEWM. The department says it wants to contact transvestite/transgender/transsexualism organisations 'to offer our support so that we, as an organisation, know better who to refer to when we can't handle it ourselves or because we lack jurisdiction (I am thinking about complaints from clients where we have to refer on for some things)'.

The department has only recently become aware that the law of 10 May 2007 for the prevention of discrimination between men and women also protects transsexual people against discrimination, and that it is possible to lodge a complaint with the IEWM in the event of discrimination on the basis of a change of sex.

The department considers that specific attention paid to the problems of transgender and transsexual people in the workplace is certainly relevant, but doesn't yet know exactly how to tackle them. There is a need for training on the social and legal situation of transgender and transsexual people in the workplace, namely for the confidential advisers of the VDAB, for HR officers, for diversity managers and for legal departments, which have an advisory function. 'The aim is to handle challenges better instead of problematising on the basis of a narrow framework. There are four transgender people working in our organisation. Since there is a real chance of them being vulnerable in some areas, it is appropriate to offer support.'

7.4. Good practices in business: IBM

Finally, we wanted to devote attention to 'good practice'. Therefore, we tried to find businesses who operate an LGBT policy, to investigate what exactly this means for the transgender group. The most 'trans-aware' policy we found was at IBM. The information was gathered on the basis of a topic list of pre-determined questions (see Appendix 3). This topic list was drawn up on the basis of the 'good business practices' of ILGA-Europe, which describe seven steps in creating an inclusive work place for LGBTs.[322]

IBM has an equal opportunity statement in which the company prohibits discrimination on the basis of gender identity or gender expression in the workplace by including the words 'gender identity' and 'gender expression' in the written policy texts:

> 'IBM is committed to creating a diverse environment and is proud to be an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, gender, gender identity or expression, sexual orientation, national origin, genetics, disability, age, or veteran status.'[323]

This equal opportunity statement can be found on the external website. Trans people are treated in the same way as other employees (e.g. invited to company social events). The recruitment policy makes it clear that transgender people are welcome, and transgender people are not excluded from certain positions (e.g. public roles, contact with clients).

Gender identity and gender expression are recognised not only in the statement but also in practice as part of the equal opportunity policy/diversity policy, and more specifically as part of the policy with regard to LGBT. IBM has a formal working group on LGBT: EAGLE (Employee Alliance for Gay, Lesbian, Bisexual and Transgender Employees). This group is supported worldwide by IBM and is also active in Belgium. In Benelux, the Benelux country general manager is the executive sponsor of this group.

Harassment and unwanted advances in the workplace are not tolerated. IBM has a training programme for managers and employees, 'Recognizing and preventing workplace harassment', which also includes this element. The issue of gender (identity) or transgender is included in the general diversity and inclusion training for both managers and employees. IBM also has specific LGBT awareness training for both managers and employees.

IBM has a team of confidential advisers headed by a prevention adviser, whom employees can turn to in order to discuss problems. The Confidentially Speaking programme states:

> 'Relationships are becoming increasingly complex in the current business environment – and also increasingly important. Trust and personal responsibility in all of our relationships are not simply admirable qualities; they are of exceptional importance for the success of the company. At the rare times when trust disappears, personal responsibility is not assumed or no consensus can be reached, IBMers have a formal way of resolving such disputes thanks to the Confidentially Speaking programme.'

The existing plan for social facilities (hospitalisation insurance) provides for reimbursement for transgender cases if the (external) medical adviser gives his or her approval. This approval depends on medical reports, namely psychiatric and endocrinological reports.

IBM has no clearly formulated procedure in relation to the transition process. The procedure is continually adapted according to the individual, because each person goes through his or her own transition process and views it differently. IBM takes the wishes of the person him or herself into consideration as far as possible, so each transition process is a made-to-measure formula, always in dialogue with the transgender person, the management and the HR manager. A transgender person is dealt with in their chosen gender role irrespective of the official identity data, and there is the option of adjusting personal details as soon as the trans person requests it (e.g. email address, business card, personal HR file, website). All documents are updated, old documents

removed and confidentiality is guaranteed. In addition, confidentiality is offered with regard to the emergence of a transsexual's history (e.g. in relation to diplomas in the old name, gaps in the CV, etc.) during a job interview or test.

Absence connected with surgery as part of a change of sex is treated as sick leave. The trans person is able to use the changing rooms and toilets for the chosen gender as soon as he/she requests this.

7.5. Good practices: drawing up information brochures and codes of conduct

There is an enormous need for prepared information. The main questions for many stakeholders are: What is transgender exactly? What are my rights and obligations in the workplace? Where can I go if I have any problems?

The publication of information brochures on transgender in the workplace, usually created at the initiative of self-help organisations and sometimes in collaboration with unions or public authorities, has been a tool used successfully elsewhere.

In the United Kingdom, the union Unison is doing ground-breaking work about the position of transgender people in the workplace, with a separate website, mailing list and fact sheet for LGBTs.[324]

The most extensive project is at European level. In 2008, the European Trade Union Confederation (ETUC) carried out the 'Extending equality' project (funded by the European Commission) as a partner of the European Region of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA-Europe). Together, they organised the conference on 'Extending equality: Union actions to organise and promote equal rights, respect and dignity for workers regardless of their sexual orientation or gender identity' in Brussels on 29/30 January 2008[325], and organised two surveys to raise awareness of LGBT issues in unions to illuminate the challenges facing unions and to share good practices within Europe. As a result, they published a report entitled Extending equality: Union actions to organise and promote equal rights, respect and dignity for workers regardless of their sexual orientation or gender identity.[326] The ETUC also published a leaflet in several languages including Dutch, French and English. The English title is 'Extending equality. Trade Unions in Action! Organising and promoting Equal Rights, Respect and Dignity for LGBT workers.' The leaflet sums up, in ten points for action, what unions can do to promote LGBT equality in the workplace.[327]

1) Raise awareness in your union that sexual orientation is one of the non discrimination grounds protected under EU law, and that LGBT rights must therefore be explicitly addressed in the framework of your union agenda.

2) Make sure that there is a clear commitment from the senior levels of your union on LGBT equality.

3) Draw up specific policies on LGBT workplace rights and ensure that LGBT issues are explicit and visible within your union's equality policies.This could include specific policies on addressing workplace bullying and harassment.

4) Make it a goal to organise and recruit LGBT people into your union. This also means increasing the visibility and participation of LGBT members at all levels of the union.

5) Set up a LGBT union network and group in your union to bring together LGBT members so that they can help the union to develop policies, procedures and practices on equality.

6) Provide resources for a newsletter, email list and web site to raise awareness of your union's role in promoting LGBT equality. Hold seminars, workshops and conferences on LGBT issues to give visibility to your union's work in this area.

7) Mainstream LGBT equality issues into all areas of your union's work so that it is progressed through your decision-making bodies and in collective bargaining.

8) Ensure that LGBT rights and equality are included in your union's education and training programmes. Ensure that union representatives and negotiators are trained on LGBT rights.

9) Make LGBT workplace issues a part of equality policies that can be discussed with employers. Improving the working lives of LGBT workers can only be achieved by working with employers to tackle discrimination and harassment in the workplace.

10) Work in partnership with LGBT community organisations and NGOs and hold joint campaigns and community based events.

In the United Kingdom, the UK Parliamentary Forum on Transsexualism chaired by Dr Lynne Jones drew up a code of practice published by the Press for Change Employment Working Group (1998).[328] This information leaflet details the legal rights, legislation and competent authorities for transsexual people in the job market and lists all of the issues which may play a role in the workplace.

In France, the GesT (Groupe d'Étude sur la Transidentité), with the support of the Mouvement Français pour le Planning Familial (AD 34) and the Languedoc Rousillon Region, published a brochure entitled 'Accueillir les personnes transidentitaires (destinée aux professionnels de la santé et aux travailleurs sociaux)' ('Welcoming people with transidentity (intended for health professionals and social workers').[329] This brochure contains a great deal of basic information about transgender issues. Policy support came about here as well.

In Scotland, we also find detailed information from the Scottish Transgender Alliance (STA), which was set up 'to address issues of prejudice and the lack of information and support for transgender people in Scotland'.[330] Subsidised by the Scottish Government, and more specifically by the Scottish Government Equality Unit, the Equality Network appoints one full-time project co-ordinator (within the Equality Network) with the task of co-ordinating the work of the STA and promoting the rights of transgender people in Scotland. They too have published various information leaflets.[331]

In Belgium, a number of attempts have been made by transgender organisations to disseminate information on this issue. For example, the Gender Foundation published a small brochure based on Dutch examples entitled Transsexualism at school or work: questions and answers for colleagues, boards and fellow students, which contained very brief, basic information.[332] The T-werkgroep recently published the brochure Transgender: items in the work environment. Guidelines for managers, which also attempts to work out some guidelines and map problem areas.[333] With it, the T-werkgroep has made a good first attempt to gather and package information on a voluntary basis. To that end, it used the foreign examples described above, which show good collaboration between prominent actors from the transgender milieu and the authorities.

Recommendations from the various information leaflets to promote the inclusion of transgender people in the workplace can be summarised by the following important points:

1) Include gender identity and gender expression in the general equality policy. Refer to the components of equality: racial and ethnic origin, nationality, gender, gender identity and gender expression, sexual orientation, religion and belief, disability, age, etc.

2) Take steps to ensure that transgender workers can report harassment and intimidation. Make sure that the existing anti-harassment or anti-discrimination policy also refers to transphobic harassment and intimidation and that this is distributed to all staff members.

3) Set up a support network for LGBT staff members and provide a spokesperson on transgender inclusion. If your organisation has thousands of staff members, setting up a trans support network is important. If your organisation is not large enough to organise a trans support network, make sure the contact details of external trans support organisations are available to the staff via ombudsmen, your organisation's website and your human resources/welfare advisers.

4) Draw up procedural guidelines for your organisation with a list of all computer and paper files recording the gender of workers, and make sure that they can be fully updated so that people are informed that a worker has begun a gender transition process.

5) Update the absence policy of your workplace to make it clear that absence due to the medical consultations and treatment required for the gender-reassignment process, including therapy, speech therapy, epilation and surgery, must be treated in the same way as other instances of medically necessary exceptional leave, as customary in your policy.

6) Make it clear, by positive proactive announcements in all toilets, that your organisation supports the right of all transgender people to use public toilets in complete safety.

7) Identify a senior employee to carry out transgender equality and encourage him or her to speak out publicly against transphobia in the workplace.

8) Check your current diversity training to ensure that it contains a description of transgender problems in the workplace. This will help to raise the awareness of all staff members in relation to trans* issues.

9) Carry out an assessment of attitudes among your staff members which includes questions about attitudes towards transgender people. This will investigate where continued education and awareness raising is needed within the organisation.

10) Improve your reputation with transgender employees and potential employees by mentioning a commitment to transgender equality in job vacancies and by publishing job vacancies in LGBT media.

Notes

324 In the context of the Flemish decree of 10 July 2008 containing a framework for the Flemish equal opportunity and equal treatment policy, thirteen discrimination reporting points were set up in Flanders (not all of them are operational as yet), where people can go to lodge complaints about discrimination on the basis of gender, sexual orientation, health status or disability, age and ethnicity in the various spheres of competence.

325 See: www.ilga-europe.org/europe/issues/employment

326 See: www-05.ibm.com/employment/be

327 See: www.unison.org.uk/out/

328 See: www.etuc.org/a/4439

329 Available in English and French on the ETUC website: www.etuc.org/a/5244.

330 For the brochures in various languages, see: www.etuc.org/a/5611.

331 See: www.pfc.org.uk/node/238

332 See: www.transidentite.fr/fichiers/medicsocweb.pdf

333 Scottish Transgender Alliance (2008). *Transgender experiences in Scotland. Research summary. Key research findings of the Scottish Transgender Alliance survey of transgender people living in Scotland*, March 2008, p. 3.

334 See: www.scottishtrans.org/

335 See: www.genderstichting.be/nl/files/Transseksualiteit_op_school_of_werk.pdf

336 See: files.twerkgroep.be/bestanden/Transgender_op_de_werkvloer.pdf

8. Summary and policy recommendations

In this final chapter we summarise the main research results for each sphere of life and also formulate a number of initial policy recommendations.

8.1. The legal position

In Chapter 4, we have considered at length the importance of gender from a legal point of view, as well as from the angle of human rights and the notion of equality between women and men. In Belgium, the legal consequences relating to parenthood and origin or descent are particularly open to criticism. Criticism can also be levelled at the medical criteria inherent to legislation on transsexuality. It is important to remember that when changes are made to the legislation, we not only have to take account of the interests of transgender people, but also the interests of other people involved (children, employers and so on) and of society as a whole (legal security, stability, no new forms of discrimination, no abuses, etc.).

8.1.1. Right to gender reassignment

8.1.1.1 Reformulation of the criteria on gender reassignment

Transgender organisations criticise the criteria that applicants must meet before they can change their name (in particular the use of hormones) or gender (in particular being rendered irreversibly infertile). These conditions have been omitted from the laws on name and gender changes in Spain and the United Kingdom because of their inherent breach of human rights. Also, the Yogyakarta principles (see above) explicitly state that no-one may be forced to undergo medical procedures, including sex reassignment surgery, sterilisation or hormone therapy in order to meet the legal criteria for statutory recognition of their gender identity.

The ability to change a birth certificate must be opened up to all gender-variant individuals who are able to submit a statement from a psychiatrist saying that the person in question has been diagnosed with GID (see above) and has been living permanently for some time in a gender role other than the one stated on his/her birth certificate, as is the case with the law on transsexual people in the United Kingdom. The medical criteria requiring the use of hormones and gender reassignment surgery conflicts with human rights, as set out in the international Yogyakarta principles. They are also restrictive and leave no room for future developments and advances in treatment protocols according to WPATH (see above).

8.1.1.2. Measures for protecting privacy

When a birth certificate is amended, in practical terms a note is made in the margin with regard to the alteration. This means that the change can be accessed by all departments and persons who have a right to see it (see above), which threatens the privacy of transsexual people. Privacy is not guaranteed when copies and extracts are issued. A change in the article in the sense that extracts may only mention the new gender, as provided for in the original draft, has been rejected in order not to affect current practice. The circular sent out by the Minister for Justice in 2008 states that in principle, an extract will feature the new details without reference to the original status.

The ways in which the privacy of transgender people can be best guaranteed needs to be examined further in a legal sense. Extracts of birth certificates should no longer mention the original gender.

8.1.1.3. Need for a transition identification document

In the usual phase during which the official sex designation and the gender identity do not correspond with one another, law-makers need to provide for regulations to bridge this period (which may last for a number of years) in terms of identity documents, following on from the recommendations contained in the European Resolution on discrimination against transsexual people (1989) and recommendation 1117 of the Council of Europe (1989). Transgender people regularly talk about the so-called 'gender pass', which used to be distributed by the Gender Foundation (Genderstichting). This document, with photo and name in the two gender roles and signed by the treating doctor, details the person's transition phase. The person in question can, if he or she wishes, present this pass to any inspection bodies (customs, police, etc.).

An official identity document needs to be introduced that states personal details for both genders for the transition period (and possibly for transgender people who do not wish to make a full transition or do not qualify medically). This would avoid any lack of clarity and defuse difficult situations.

8.1.2. Protection of the right to marry and family life

Since civil unions were introduced (law of 30 January 2003) and adoption (law of 20 April 2006) for same-sex couples, the Belgian state has played a pioneering role in these two areas, which also benefit transsexual people. Only the topics of family life and parentage remain delicate and complex matters. The Trans Survey shows that 43,6% of respondents have children. 42.4% of respondents wish to have children.

In terms of the legal parentage/descent rules, we urge that the genetic criterion be dropped and that 'social parenthood' be developed.

The literature also shows that there has been little research conducted in the area of parenthood for transsexual people. We believe that it is important for research to be carried out into how children deal/cope with having transsexual parents. After all, the right to privacy and private life also applies to the children of transgender parents.

There is a need for research into how children deal with the transition of one of their parents. A study of this kind would contribute towards social acceptance.

8.1.3. Need for appropriate anti-discrimination legislation

Available research and the work done by Whittle et al. indicates that a large number of transgender people fall outside the protection provided by the law because they have not undergone gender reassignment.[334] In our study, only 30.2% had changed their first name and 19.8% their gender. We also found that 56.1% of respondents considering a transition were hampered by their employment situation (out of fear of losing their job or harming their career opportunities). Family (49.6%) and other people's opinion (43.1%) was also frequently mentioned as obstacles. This means that a large proportion of the respondents do not live full-time in their desired gender role. Therefore, we feel that it is not sufficient that they be protected merely on the basis of a change of sex rather than on the basis of gender expression and gender identity.

Those respondents who have lodged a complaint of discrimination or unfair treatment on the basis of their gender identity (17.3%) are 48.6% male-to-female transsexual people and 21.6% female-to-male transsexual people. There is also a major difference between male and female in the identity type of transgender people: 18.9% of transgender people who were born male have lodged a complaint, compared with 10.8% born female. The fact that so few respondents lodge complaints has to do, in our opinion, with the fact that only 4.3% of respondents are aware that the Act with a view to combat discrimination between women and men also governs discrimination based on gender reassignment. Also, only 42.7% realise that they can lodge a complaint with the IEWM. The fact that more respondents go to the CEOOP in the first instance demonstrates the confusion experienced by respondents about what the exact responsibilities of each of the two bodies are – something that the unions also point out.

The grounds for discrimination stated in the Act on anti-discrimination need to be reviewed so that they no longer work exclusively and so that more transgender people are protected – including those who have not undergone sex reassignment surgery (SRS). This can be achieved by including grounds for gender identity and gender expression in addition to just gender alone.

8.2. Education and employment

Despite the fact that their level of education is slightly above-average (see above), we found high levels of unemployment among the respondents to this survey. In addition, they are often the victim of harassment due to their gender expression, experience difficulties in applying for jobs and have problems as the result of (a forced) coming-out to superiors, colleagues, clients or pupils. In our study group, 15.6% were unemployed and 26.6% have changed jobs on account of being trans, as a result of problems or in order to avoid problems.

On average, 25.3% are fully open at work about their gender identity, 20.6% partially open and 54.1% keep it fully hidden at work. Openness is greatest (32%) with their immediate superior, which may have to do with a 'forced' coming-out. Secrecy is greatest (65%) with respect to clients, pupils or patients. Where people are open, negative reactions come mainly from colleagues.

In only 37.7% of the cases were there equal opportunity or diversity policies in the workplace, and in only 9.5% of those cases did it deal with trans issues. This shows that transgender is very often a 'forgotten' category for an equal opportunities policy, or that people are not aware that the equal opportunities policy on the basis of sex also applies to change of sex.

8.2.1. Need for information and mediation agency

Employment plays a very important role for the transgender population on account of the delicate social and financial position in which people can find themselves, as the focus groups also revealed. The lack of information held by unions, and the lack of a mediation agency – a role which was previously assumed by the Gender Foundation – is felt very strongly in the field. At the same time, there is a readiness on the part of certain companies as well as of the unions and employment agencies that we consulted to get to grips with these issues.

There is a need to disseminate information about transgender issues and the rights and responsibilities of employees and workers in the various competent authorities, employers' organisations, temporary staff agencies, trade unions, HR managers and the government. The lack of knowledge about transgender issues among employment experts in various agencies, and the lack of knowledge about rights and responsibilities, among both workers and employers, appears to be huge. Training and education for stakeholders may create openness, and also make clear what simple interventions might make a big difference to transgender employees.

In the past, the Gender Foundation mediated with the employer where necessary, and their experience shows that such an explanation of the aspects of a worker's transition is often sufficient to prevent problems.[335] The loss of the Gender Foundation's mediation role (due to internal restructuring and staffing cuts) has resulted in a need for information being felt even more strongly.

Several foreign examples (see Chapter 7) show that the dissemination of leaflets containing clear guidelines on the statutory framework, rights and obligations, basic information, glossary of terms, referral addresses and specific contact points is often a useful tool for many actors in the field of employment. The foreign examples of 'codes of conduct' with collaboration between government and target group may be an example for Belgium to follow.

The activity and the role of the IEWM in clarifying transgender issues remains necessary, especially with respect to unions, employers' organisations, employment agencies and the target group. The IEWM should also be able to assume a pioneer's role in drawing up a code of conduct for the workplace. In addition to specific information about trans issues, the rights and obligations in the area of employment should also be explained. Such a code of conduct is best drawn up in consultation with the target group and signed by all of the parties concerned (employers, workers, confidential advisers, etc.). There is also a need to organise training and awareness-raising for employers' organisations and government agencies, and to train diversity workers in unions.

8.2.2. Need for gender changes on diplomas and certificates

When applying for jobs, having identity documents which no longer match, sex-stereotypical occupations and diplomas which state the old name are significant obstacles to (re)integration into the employment market. A major problem for adults who change their name and gender officially is that they can no longer rely on past certificates or diplomas without being forced to come out to their new employer. Submitting a CV, letters of recommendation, and so on, can also pose problems. The person concerned can, though, apply to the institution which issued the certificates or diplomas. With luck, he or she will receive a certificate stating the new name. In any case, it is the institution where the student was registered which awards the grades and issues the diplomas.

There is a need for statutory rules in relation to the adjustment of personal details on diplomas. Adding annotations and corrections to the old diploma – as is now possible – is problematic and a breach of the person's private life. The issue of an updated diploma with valid personal details is necessary for a smooth reintegration into the employment market, to combat high unemployment among trans people on the one hand and, on the other, to avoid forced coming out, harassment and so on.

8.3. Health care

60% of the respondents have sought specific medical or psychological help in connection with gender identity problems. Of the respondents who didn't seek help but would have liked it, 45.3% did not have the courage to ask. In addition, 43.8% didn't know where to go for help. 31.2% were afraid of prejudice on the part of care providers. For 26.6%, help is not possible financially. 15.6% have no confidence in the existing services and 12.5% do not agree with the treatment method. The fact that the provision of care is a sensitive business for transgender people is demonstrated by the high figures of suicide attempts. Thoughts of suicide and suicide attempts are common in the study group. As many as 62.3% of the respondents had contemplated suicide, and 22% had attempted suicide at least once.

As far as trans-specific health care is concerned, it is important to point out that respondents in this survey indicate that the accessibility of experienced services and doctors leaves something to be desired. Belgium has four gender teams (Antwerp, Bruges, Ghent and Liège). Waiting times had been a problem for as many as 77.4% of the respondents and personal financial contributions to medical expenses are sometimes very high. The high cost of the various interventions such as epilation, hormone therapy, surgery, etc. has not been reimbursed to date, or only in part, and many hospitalisation insurance policies include transsexualism in the list of medical complaints that do not quality for reimbursement. For 29% of the respondents, the personal contribution towards their medical expenses was limited to less than 1,000 euros; 25.2% paid between 1,000 and 2,500 euros and 20.6% between 2,500 and 5,000 euros. The last quarter spent more than 5,000 euros. Nevertheless, according to Uyterhoeven, the Contracting States should include in their social legislation the necessary provisions to permit reimbursement of the (high) cost of sex reassignment treatment.[336] The fundamental right of self-development (Article 8 ECHR) might be compromised by the high cost of the hormone and surgical treatments: not every transsexual who is medically eligible for sex reassignment treatment has sufficient financial resources to bear those costs. Where sex reassignment treatment is specified as a condition for a legal change of sex, as is the case in Belgium, this is doubly unjust.

There is also an urgent need for information on these issues in the regular health care sector, for example among GPs and other primary health care providers. All too often, transgender people are confronted with a lack of knowledge (e.g. connected with referral) or even an unwillingness. The respondents in this study report that a not inconsiderable number of the GPs, psychologists and other help providers they consulted wanted to help but didn't have any information.

Attention to transgender in training for doctors, nurses and other care providers is absolutely essential. The distribution of information leaflets in primary health care facilities is necessary, and helps to increase knowledge about referral channels to more specialised centres and self-help groups.

The accessibility of reliable and specialised centres should be safeguarded. Future doctors should be trained by doctors experienced in this field, and knowledge should be expanded and shared between the different regions of the country (we note that Wallonia in particular has a lack of specialised centres), which will benefit the waiting lists.

It is necessary to recognise the specialised medical interventions involved in a transition process as reconstructive surgery rather than cosmetic surgery, and to include them in the social security reimbursement system.

Finally, awareness-raising among insurance companies is necessary and the legal position of transgender people in the relevant legislation should be clarified.

8.4. Education[337]

For young people, the educational context can be a serious obstacle. Secondary-school environments are often more difficult for trans youth, because there is enormous peer pressure to conform with prevailing gender norms and, also, there is often a total absence of information about transgender issues.[338] There is hardly any research data or information on gender-variant people in education. Problems for the area of education are the lack of proper information and specific guidelines which address the problems experienced by transgender people.

8.4.1. Lack of proper information and training

Beemyn points to the lack of knowledge on the part of school boards and teaching staff about transgender issues, and says that most schools do not become aware of the potential problems until a crisis arises.[339]

Paying attention to transgender issues in education is crucial. It helps young people, the next generation, who are looking for information in their identity development as well as fosters tolerance and respect among young people as a group. Transgender organisations often receive requests for testimonials and schools show a readiness to make these issues part of the general curriculum. The Centres for Pupil Counselling (CLBs) should also have the correct information, and play an important role in picking up signs of gender variance and referring as appropriate.

In Belgium, too, information relating to gender variance in young people and/or in school was very scarce until recently. In the past, the Gender Foundation published an information brochure entitled Transsexualism at school or work: questions and answers for colleagues, boards and fellow students, but it remained very general. In Flanders, an initiative was recently taken to map the issues of gender diversity and transgender at school. The Diversity and Equal Opportunities Service of the Province of Flemish Brabant brought out an educational package in 2008 and developed a website on gender diversity and transgender. The educational package was distributed to all Flemish schools by the Flemish Government (Department of Education).[340] The people who developed the package are frequently invited to come and present it in schools.

Lesson plans such as 'Gender in the blender' (www.genderindeblender.be) should also be developed in the French-speaking region of the country. Teaching staff should be made familiar with these issues during their own training. CLB workers should be given training in this area.

8.4.2. Specific guidelines about transgender youth at school

On the one hand, the literature suggested boys/men in particular attach a lot of importance to compliance with gender norms. On the other, gender norms connected with physical attributes and appearance weigh more heavily in adolescence than gender norms relating to the types of activities regarded as appropriate for boys and girls. Although the latter norms have not disappeared completely, they have weakened to some extent.

Young people can encounter all sorts of problems in secondary and higher education, including problems with safety, access to toilet facilities, access to health care, and an incorrect gender on the school ID pass.[341] Our study revealed that students have to deal with negative reactions mainly from fellow pupils.

Schools confronted with a transgender pupil or teacher have no 'codes of conduct' or the equivalent to fall back on. Discussing and outlining policies in advance can ensure that the different parties involved are able to assess each other's needs and expectations correctly. For example: When can a pupil appear at school in the new gender role?; When can he or she join in PE lessons in the chosen gender?; How should toilets, changing rooms, dormitories (at boarding school or on school trips) be handled?; How should the privacy of the pupil/teacher in question be safeguarded? The education of fellow pupils, teaching staff and school boards in connection with transgender issues is also important.

There is a need for specific school policies for transgender youth which mention safety, information provision, stating the correct gender on the school ID pass, permission to adopt the new gender role (access to toilet facilities, changing rooms, dormitories, etc.) and respect of privacy.

8.5. Image formation

Prejudice and misconceptions about gender variance, rejection or blatant discrimination due to lack of knowledge and a general lack of information are frequently reported by the transgender population.

A general awareness-raising campaign is an obvious way of combating prejudice in connection with transgender issues among the public at large, breaking down stereotypes and informing the target group about available channels of help and the protection of their rights within the statutory arrangements for equality between men and women.

8.6. Support of organisations

51.3% of the respondents had contacted an organisation for transgender/transsexual people, 14.7% an organisation for transvestites and 7.1% a group for drag kings or queens. This shows that the self-help organisations for transgender people and transvestites are important to the target group. The variety of small transgender organisations in Belgium shows that it has been necessary to offer self-help in the absence of institutional arrangements. Self-help is shouldered by volunteers at present, often within the structures of the LGB community. The reduced accessibility of the Gender Foundation precisely at a time when the group of people seeking help is growing, and the delicate position of the many volunteers, means that self-help organisations need support and recognition within an equal opportunities policy. There are also no facilities for family members and those close to transgender people.

Support and financial assistance for the co-ordination point for transgender organisations is absolutely essential. The work of the self-help organisations is literally a matter of life and death to many individuals seeking help. A co-ordination point could also be a point of contact for the government in connection with relevant policy issues.

Notes

337 Whittle *et al., Engendered penalties*, p. 32.

338 Motmans, *De transgenderbeweging in Vlaanderen en Brussel in kaart gebracht.*

339 Uytterhoeven, 'Deel II. Transseksualiteit en de mensenrechten', p. 42.

340 It is true that education is not an area of federal remit but, because international research has shown that transgender youth experience considerable difficulties during their school career, the topic was also discussed in this study. Based on its results, we aim to formulate a number of recommendations which might inspire the competent authorities and responsible educational bodies to develop an appropriate policy.

341 Beemyn, 'Transgender issues in education'.

342 Ibid.

343 See: www.genderindeblender.be/

344 Takács, *Social exclusion of young lesbian, gay, bisexual and transgender (LGBT) people in Europe*, p. 31.

9. Appendices

Appendix 1. Trans Survey questionnaire

The aim of this study by the Institute for the equality of women and men is to chart the situation of transgender people in Belgium for the first time, in order to provide an answer to potential problems in future.

This questionnaire is therefore aimed only at those people who are gender variant, engage in cross-dressing or are transgender (in the broadest possible sense) or transsexual. Even if you don't refer to yourself in these terms, but do recognise these feelings, we invite you to complete this questionnaire honestly.

By completing this questionnaire, you are making an important contribution to this study which aims to improve the situation for trans people in future. We hope that you will help us to spread the word about this survey by encouraging other people around you to take part. As a thank you, we will put all of the fully completed questionnaires into a draw to win 20 vouchers to the value of 25 euros!

The questionnaire takes around 30 minutes to complete and is completely anonymous. All of the answers remain strictly confidential and no details will ever be published (such as your place of work) which would enable other people to identify you.

Answer the questions as accurately and fully as possible according to your current situation, i.e. as they apply to you now. The progress bar indicates the stage you have reached in completing the questionnaire.

Thank you very much for your participation!

Aim of the study

The Institute for the equality of women and men is aiming to obtain an up-to-date picture of the situation of transgender people in Belgium, and of the discrimination and inequalities in policy and legislation that they face.

On the basis of the results of the study, the Institute for the equality of women and men will be able to handle complaints more efficiently, to develop an effective policy for trans people and to formulate effective recommendations vis-à-vis the government, individuals and institutions.

A questionnaire was developed by the Steunpunt Gelijkekansenbeleid at the University of Antwerp and the C.A.P. Sciences Humains, a nonprofit organisation, at the Université Catholique de Louvain. The results of the study will be published and presented at a workshop in 2009.

YOUR SITUATION

In this first part of the questionnaire we ask about your current situation. These questions are personal, but we hope that you will answer them honestly. This will enable us to frame your answers in the next part of the questionnaire.

PERSONAL SITUATION

1. What is your year of birth? 19

2. What is your current civil status?

- ❑ Married
  - ❑ to a woman
  - ❑ to a man
- ❑ Officially cohabiting
  - ❑ with a woman
  - ❑ with a man
- ❑ Unmarried (and never been married)
- ❑ Divorced or separated
- ❑ Widow/widower

3. What are your living arrangements?

- ❑ I live with my parent(s)
- ❑ I live with my partner
- ❑ I live alone
  - ❑ and am in a relationship
  - ❑ and am not in a relationship
- ❑ I am a single parent
  - ❑ and am in a relationship
  - ❑ and am not in a relationship
- ❑ I live in a flat/house-share
- ❑ I live with an acquaintance or family member
- ❑ Other:

4. Do you have any children?

❑ No

❑ Yes

> Give each child's year of birth

	Year of birth
Child 1	
Child 2	
Child 3	
Child 4	
Child 5	
Child 6	

> Does/do your child(ren) live with you?

❑ Always

❑ Shared custody

❑ No, but I have access rights

❑ No, and I don't have access rights

5. Do you live with your partner's or housemates' children?

❑ Yes

❑ No

6. Do you want to have children?

❑ Yes

❑ No

Origins

7. I live in:

❑ a town

❑ a rural district

In the province of:

❑ Antwerp

❑ Hainaut

❑ Limburg

❑ Liège

❑ Luxembourg

❑ Namur

❑ East Flanders

❑ Flemish Brabant

❑ Walloon Brabant

❑ West Flanders

Or in the:

❑ Brussels-Capital Region

Or:

❑ I am not living in Belgium currently

8. What is your nationality?

❑ Belgian

❑ Dual nationality: Belgian and

❑ Other:

9. What was your parents' nationality at birth?

Parent 1:

❑ Belgian

❑ Other:

Parent 2:

❑ Belgian

❑ Other:

10. What is your mother tongue?

❑ Dutch

❑ French

❑ German

❑ Other:

Education & employment

11. What level of education have you reached?

❑ Primary education

❑ Lower secondary education

❑ Higher secondary education

❑ Higher non-university education

❑ University education

❑ Post-graduate education

12. What is your current work situation?

❑ I am a student (go to question 14)

❑ I am self-employed (go to question 15)

❑ I am a self-employed person's assistant (go to question 15)

❑ I am an employee (go to question 14)

❑ I am unemployed (go to question 13)

❑ I am retired or in early retirement (go to question 13)

❑ I am sick/disabled (go to question 13)

❑ Other: (go to question 15)

13. If you are retired, unemployed or disabled, what was your last work situation?

❑ I was a student (go to question 14)
❑ I was self-employed (go to question 15)
❑ I was a self-employed person's assistant (go to question 15)
❑ I was an employee (go to question 16)
❑ Other: (go to question 15)

Answer the following questions as they apply to your last work situation.

14. Are you working as a student with a part-time job?

❑ Yes (go to question 16)
❑ No (go to question 22)

15. Do you have staff working for you?

❑ Yes
  ❑ 1 to 9 employees
  ❑ 10 to 49 employees
  ❑ More than 50 employees
❑ No

Now go to question 18.

16. I am working as a:

❑ Blue-collar worker in the private sector
❑ White-collar worker in the private sector
❑ Public servant

17. At present I have:

❑ a limited contract
❑ an indefinite contract
❑ a temporary contract
❑ a permanent appointment
❑ Other:

Now go to question 18.

18. Do you work full-time or part-time?

❑ Full-time
❑ Part-time

19. In which sector are you working at present?

❑ Public sector
❑ Education
❑ Health care
❑ Social services
❑ Non-profit sector
❑ Agriculture, hunting and fisheries

- ❑ Industry
- ❑ Utilities
- ❑ Construction
- ❑ Wholesale and retail
- ❑ Catering
- ❑ Banking and insurance
- ❑ Other:

20. Approximately how many colleagues do you have at your workplace? A workplace is a unit such as a factory, office, hospital, shop, etc.

- ❑ I have no colleagues
- ❑ 1 to 9 people
- ❑ 10 to 19 people
- ❑ 20 to 49 people
- ❑ 50 people or more
- ❑ I don't know

21. How often do you have to deal with clients, pupils, students, patients, etc. in your job?

- ❑ All the time
- ❑ Occasionally
- ❑ Sometimes
- ❑ Never

IDENTITY & LIFESTYLE

22. I was born as:

- ❑ A boy
- ❑ A girl
- ❑ intersexual (I was born with both male and female physical characteristics)

23. How do you describe your psychological gender? In your feelings, thoughts and fantasies are you: (check only one option that best fits you)

- ❑ Fully female
- ❑ Mainly female
- ❑ Both male and female
- ❑ Mainly male
- ❑ Fully male
- ❑ Neither male nor female
- ❑ Don't know
- ❑ Other:

In the rest of the questionnaire, this description of your 'psychological gender' is referred to as your 'gender identity'.

24. How long have you felt this way?

- ❑ Less than 2 years
- ❑ 2 to 5 years
- ❑ 5 to 10 years
- ❑ More than 10 years

25. Are you currently living according to your chosen gender identity?

- ❑ Never
- ❑ Occasionally (go to question 28)
- ❑ Almost always (go to question 28)
- ❑ Always (go to question 28)

26. If not, do you intend to do so in future?

- ❑ Yes
- ❑ No
- ❑ Don't know yet

27. If not, what are your reasons for not doing so? (Several answers are possible.)

- ❑ My work
- ❑ My partner
- ❑ My children
- ❑ My family
- ❑ Other people's opinions
- ❑ Other:

Now go to question 29.

28. If so, with whom are you living in your chosen gender identity? In each row, place a cross to indicate how long you have been doing so.

	Less than 2 years	2 to 5 years	5 to 10 years	Longer than 10 years
At home, in intimate circle				
With close friends				
With like-minded people				
With colleagues and/ or fellow students				
Generally				

29. How do you currently present yourself in your environment?

- ❑ As a masculine man
- ❑ As a feminine man
- ❑ As a masculine woman
- ❑ As a feminine woman
- ❑ Androgynous (not clearly male or female)
- ❑ Don't know
- ❑ Other:

30. Do strangers (shop assistants, people in the street, etc.) address you as someone of your birth gender?

- ❑ Never
- ❑ Rarely
- ❑ Monthly
- ❑ Weekly or more often
- ❑ Daily
- ❑ Always

31. Which of the following options fits best with how you refer to yourself at present? Check only one answer that fits you best at present.

I am :

- ❑ a transsexual
- ❑ a trans man
- ❑ a trans woman
- ❑ a man with transsexual past
- ❑ a woman with transsexual past
- ❑ a man
- ❑ a woman
- ❑ transgender
- ❑ neither male nor female
- ❑ a cross-dressing man
- ❑ a cross-dressing woman
- ❑ Other:

32. How do you describe your current sexual orientation? (Several answers are possible.)

- ❑ I am attracted only to men
- ❑ I am attracted only to women
- ❑ I am attracted to men and women
- ❑ I am attracted to transgender/transsexual women
- ❑ I am attracted to transgender/transsexual men
- ❑ I am attracted to transgender/transsexual women and men
- ❑ Other:
- ❑ Don't know

33. Are you attracted to the same group of people as previously, since you have been living in your chosen gender identity?

- ❑ Yes
- ❑ No (Explain)
- ❑ Don't know

34. Have you ever sought contact with an organisation or self-help group?

❑ No

❑ Yes, specifically: (Several answers are possible.)

- ❑ LGBs
- ❑ women
- ❑ transgenders/transsexual people
- ❑ transvestites
- ❑ drag kings/queens
- ❑ other:

35. Have you ever sought psychological or medical help for your gender identity?

❑ Yes (go to question 37)

❑ No

36. If you have not sought help, why not? (Several answers are possible.)

❑ I don't want help

❑ I can't at the moment for financial reasons

❑ I don't need help

❑ I don't dare to

❑ I don't have confidence in what's on offer

❑ I don't know where to go

❑ I haven't found any professional help in my neighbourhood

❑ I find the waiting times too long

❑ I don't agree with the treatment method in Belgium

❑ I am afraid of prejudice on the part of care providers

❑ Other reasons:

Go to question 46.

37. If so, from whom did you seek help and what was his/her reaction? For each person, place a cross to indicate the reaction which best fits with your experience.

	GP	Psychiatrist	Psychiatrist	Gender team	Other care provider
Was informative and helpful					
Wanted to help but had no information					
Didn't seem to want to help me					
Refused to help me					

38. Have you ever changed GP, psychiatrist, psychologist or other care provider due to his/her reaction to your request for help?

❑ Yes
❑ No

39. What steps have you taken towards living in your chosen gender identity? Check all options that apply to you.

❑ Conversations with a psychiatrist, psychologist or care provider
❑ Living in the desired gender role
❑ Taking hormones, since

If you were born in a female body:

❑ Breast removal/reduction
❑ Removal of uterus
❑ Removal of Fallopian tubes
❑ Creation of a penis
❑ Liposuction
❑ Voice masculinsation surgery
❑ Speech therapy
❑ Other:

If you were born in a male body:

❑ Epilation
❑ Creation of a vagina
❑ Breast enlargment
❑ Facial feminisation
❑ Adam's apple reduction
❑ Voice feminisation surgery
❑ Speech therapy
❑ Hair transplant
❑ Other:

❑ None of the above

40. Which of the following steps do you intend to take in future?

❑ Further conversations with a psychiatrist, psychologist or care provider
❑ Living in the desired gender role
❑ Taking hormones

If you were born in a female body:

❑ Breast removal/reduction
❑ Removal of uterus
❑ Removal of Fallopian tubes
❑ Creation of a penis

❑ Liposuction
❑ Voice-lowering operation
❑ Speech therapy
❑ Other:
❑ Don't know yet

If you were born in a male body:
❑ Epilation
❑ Creation of a vagina
❑ Breast enlargment
❑ Facial feminisation
❑ Adam's apple reduction
❑ Voice feminisation surgery
❑ Speech therapy
❑ Hair transplant
❑ Other:
❑ Don't know yet

❑ None of the above

41. Have you found professional help close to where you live?
❑ Yes
❑ No, but I did find it in Belgium
❑ I went to another country

42. Have the waiting times associated with your request for help ever been a problem for you?
❑ Yes. Can you tell us what that was for?
❑ No

43. Did/do you have hospitalisation insurance at the time of surgery?
❑ Yes
❑ No (go to question 45)

44. If so, to what extent has your hospitalisation insurance contributed towards your medical costs to date?
❑ Full reimbursement
❑ Mostly reimbursed
❑ Limited intervention
❑ No reimbursement
❑ Don't remember

45. How much have you yourself had to pay towards your medical costs to date? (e.g. hormones, consultations, hospital admissions and surgery, after-care, etc.)
❑ Less than 1,000 euros

- ❑ 1,000 to 2,500 euros
- ❑ 2,500 to 5,000 euros
- ❑ 5,000 to 7,500 euros
- ❑ 7,500 to 10,000 euros
- ❑ More than 10,000 euros

EXPERIENCES & REACTIONS OF ACQUAINTANCES

In the next part of the questionnaire we explore in greater depth your experiences and the reactions of those around you to your being trans. With the general term 'being trans', we aim to include the entire spectrum of transgender/transsexualism/tranvestism/… as gender perception. The main intention behind this is to make the questions shorter, to be able to address everyone using the same term and not to exclude anyone.

GENERAL

46. How open are you about your being trans around the following people? In each case, check only one option which is most appropriate:

1 = I am fully open
2 = I am partially open (I can't tell them everything; some people don't know)
3 = I keep it fully hidden
4 = not applicable (I don't have this relationship)

	(1) Fully open	(2) Partially open	(3) Fully hidden	(4) Not applicable
Mother				
Father				
Partner				
Ex-partner(s)				
Child(ren)				
Brother(s)/sister(s)				
Other family members				
Friends				
GP				
Care provider(s)				
Neighbours				
Colleagues or fellow students				
Immediate superior/head of department or teaching staff				
Clients, patients, pupils, etc. at work				

47. How have the following people reacted to your being trans? In each case, check only one option which is most appropriate:

1 = he/she doesn't know yet

2 = he/she reacted mainly disapprovingly

3 = he/she is aware but doesn't want to talk about it

4 = he/she was predominantly accepting

5 = he/she reacted positively

6 = not applicable (I don't have this relationship)

	(1) I don't know yet	(2) Mainly disapproving	(3) Aware but don't want to talk about if	(4) Predominantly accepting	(5) Positive	(6) Not applicable
Mother						
Father						
Partner						
Ex-partner(s)						
Child(ren)						
Brother(s)/sister(s)						
Other family members						
GP						
Friends						
Neighbours						
Colleagues or fellow students						
Immediate superior/head of department or teaching staff						
Clients, patients, pupils, etc. at work						

48. Have you ever had the feeling that you were treated differently on account of your being trans? In each case, check only one option which is most appropriate:

1 = my being trans was an advantage

2 = I never experience any problems

3 = I am sometimes treated less well

4 = I am frequently treated less well

5 = I am constantly treated less well

	(1) An advantage	(2) Never any problems	(3) Sometimes treated less well	(4) Frequently treated less well	(5) Constantly treated less well
In sports and leisure facilities					
In social life					
At the bank					
In a shop					
In a restaurant					
In the street					

49. Have you ever moved house on account of your being trans?

- ❑ Yes
  - ❑ It was the main reason for moving
  - ❑ It was part of the reason for moving
- ❑ No

50. Are there particular social venues (such as cafés, community centre, sports club, hobby club, local neighbourhood) where you went previously but which you now avoid on account of your being trans?

- ❑ Yes, which? (Describe)
- ❑ No

51. Are there particular social venues (such as cafés, community centre, sports club, hobby club, local neighbourhood) where you didn't go previously but which you now seek out on account of your being trans?

- ❑ Yes, which? (Describe)
- ❑ No

52. What consequences have negative and positive reactions to your being trans had for you? (multiple answers possible.)

I have/I am:

- ❑ Less self-confidence
- ❑ Feelings of depression
- ❑ Indifferent
- ❑ More secretive
- ❑ More vulnerable
- ❑ More self-confidence
- ❑ Happier
- ❑ New zest for living
- ❑ More open to others
- ❑ Other:

53. Have you ever considered committing suicide?

❑ No (go to question 55)

❑ Yes

54. If so, have you ever attempted suicide?

❑ I attempted suicide once at the age of …

❑ I have attempted suicide several times, for the first time at the age of …

❑ No

FAMILY AND FRIENDS

55. Have you ever experienced one of the following situations on account of your being trans? If so, place a cross to indicate with whom.

	(Ex-) partner	Father	Mother	Brother(s)/ Sister(s)	Other family members	Friends
Criticism of appearance, behaviour or ideas						
Being made a fool of						
Being ignored						
Deliberate damage to property or clothing						
Name-calling or verbal abuse						
Threats						
Physical violence						
Unwanted advances						
Inappropriate curiosity						
Cutting off the flow of money						
Abuse of income						
Complete break/refusal of further contact						
No longer welcome at events/ meetings with others						
Limited contact with own children						
Limited contact with other children						

If you have experienced other situations, can you tell us what they were and with whom you experienced them? You can also describe positive situations here.

.....

At School

56. As a student, have you ever experienced one of the following situations at your school/college/university on account of your being trans? If so, place a cross to indicate with whom.

	Other students	Teaching staff	Management	Other staff members	Others
Criticism of appearance, behaviour or ideas					
Being made a fool of					
Being ignored					
Deliberate damage to property or clothing					
Name-calling or verbal abuse					
Threats					
Physical violence					
Unwanted advances					
Inappropriate curiosity					
Expelled from school					
Other school sanctions imposed					
Limited contact with other students					

If you have experienced other situations, can you tell us what they were and with whom you experienced them? You can also describe positive situations here.

At work

If you are still a student and/or have not yet been employed, go to question 62. If you are not working at present but do have work experience, you can answer these questions.

57. Have you ever experienced one of the following situations at work on account of your being trans? If so, place a cross to indicate with whom.

	Colleagues	Immediate superior/ head of department	Clients, patients, pupils
Criticism of appearance, behaviour or ideas			
Being made a fool of			
Being ignored			
Deliberate damage to property or clothing			
Name-calling or verbal abuse			
Threats			
Physical violence			
Unwanted advances			

Inappropriate curiosity			
No chance in application procedures			
Being made redundant during reorganisation			
Not getting any training opportunities			
Missing out on promotion or career opportunities			
Being dismissed			
No longer being allowed to have contact with clients/patients/ students			

If you have experienced other situations, can you tell us what they were and with whom you experienced them? You can also describe positive situations here.

58. Have you ever contacted anyone in connection with these problems? (multiple answers possible.)

- ❑ Yes, specifically:
  - ❑ Union
  - ❑ Immediate superior/head of department
  - ❑ Colleague(s)
  - ❑ Ombudsman or awareness service at work, safety and welfare officer
  - ❑ Confidential adviser
  - ❑ Other:
- ❑ No (go to question 60)

59. What were the consequences?

- ❑ None
- ❑ Action was taken and the problem was resolved
- ❑ Action was taken but the problem has not (yet) been resolved
- ❑ An official complaint was lodged
- ❑ Don't know

60. Is there an equal opportunity or diversity policy at your workplace, or is positive action taken for certain target groups?

- ❑ Yes

  If so, is attention paid to trans issues?
  - ❑ Yes
  - ❑ No
  - ❑ Don't know
- ❑ No
- ❑ Don't know

61. Have you ever changed jobs on account of your being trans (as a result of problems or in order to avoid problems)?

- ❑ Yes
- ❑ No

HEALTH CARE

These questions relate to situations in the health care sector in general, so not connected with your being trans. For example, a visit to the dentist or hospital admission for a broken leg.

62. Have you ever experienced one of the following situations in the health care sector on account of your being trans? (Several answers are possible.)

- ❑ Difficulty in gaining access to health care
- ❑ No access to health care
- ❑ Receiving a lower standard of care
- ❑ Being put in the wrong ward or department in a hospital
- ❑ Criticism of appearance, behaviour or ideas
- ❑ Being made a fool of
- ❑ Being ignored
- ❑ Name-calling or verbal abuse
- ❑ Threats
- ❑ Physical violence
- ❑ Unwanted advances
- ❑ Inappropriate curiosity
- ❑ Limited contact with other patients
- ❑ Other:
- ❑ None of the above (go to question 64)

63. With which professional care providers did you experience these situations? (multiple answers possible.)

- ❑ GP
- ❑ Gynaecologist
- ❑ Urologist
- ❑ Physiotherapist
- ❑ Other doctors in a hospital
- ❑ Nursing staff
- ❑ Fertility centre
- ❑ Health fund
- ❑ Administrative services (secretariat, finance department, etc.)
- ❑ Other:

64. Do you avoid contact with regular health care on account of your being trans?

- ❑ Yes
  - ❑ I never go to a care provider
  - ❑ I go only if I really have to
- ❑ No

POLICE AND JUSTICE

65. Have you ever had contact with the police in your chosen gender identity?

- ❑ Yes
- ❑ No (go to question 67)

66. How would you describe your treatment by the police officers with regard to your being trans?

- ❑ Very appropriate
- ❑ Appropriate
- ❑ Neutral
- ❑ Inappropriate
- ❑ Totally inappropriate
- ❑ Not applicable, they didn't know about my being trans

67. Have you ever had contact with the courts in your chosen gender identity?

- ❑ Yes
- ❑ No (go to question 69)

68. How would you describe your treatment by the courts in relation to your being trans?

- ❑ Very appropriate
- ❑ Appropriate
- ❑ Neutral
- ❑ Inappropriate
- ❑ Totally inappropriate
- ❑ Not applicable, they didn't know about my being trans

69. Have you ever had any specific problems, or indeed positive experiences, with the police, courts or associated services in relation to your being trans?

- ❑ No
- ❑ Yes

  Which?

OFFICIAL CHANGE OF IDENTITY

70. Have you had your first name changed on your birth certificate?

❑ Yes

> When was that?

❑ … (year)

> What procedure did you use for this?

❑ Change of first name in the context of transsexuality

❑ Before the law on transsexuality

❑ In accordance with the law on transsexuality

❑ Permit for a first-name change (regular procedure)

❑ No, why not?

❑ I have not taken on a new name

❑ I don't want to

❑ I don't think it's necessary

❑ I would like to do so in the future

❑ I don't know if I can

❑ I think it's too difficult or too expensive

❑ My application was rejected, because

❑ Other:

❑ Not applicable

71. Have you had your gender changed on your birth certificate?

❑ Yes

> When was that?

❑ The procedure is ongoing and started in (month + year) …

❑ The procedure has been completed. It started in (month + year) and took around … years … months

> What procedure did you use for this?

❑ Through the courts

❑ Through the registrar (administrative procedure – the law on transsexuality)

❑ No

❑ I don't want to

❑ I don't think it's necessary

❑ I would like to do so in the future

❑ I don't know if I can

❑ I think it's too difficult or too expensive

❑ I am not eligible, because

❑ My application was rejected, because

❑ Other:

❑ Not applicable

72. Have you had your identity data changed with the following authorities? In each case, indicate how the procedure went ('well', 'adequately' or 'badly', or 'not applicable' if you didn't have anything changed with this authority).

	Well	Adequatly	Badly	Not applicable
Registrar				
Health fund				
Union				
Child benefit fund				
VDAB/BGTA (employment office)				
RVA (employment policy office)				
RVP (pensions)				
Bank				
Insurance company(ies)				
Universities, colleges or secondary schools				
Employer				

73. If, in addition to a change of identity data, you have had bad experiences with social security (unemployment, pensions, health insurance, etc.), can you explain what exactly was the matter? If you have had good experiences, or have examples of solutions which could also be of use to others, you can also describe them here.

.....

74. If, in addition to a change of identity data, you have had bad experiences with the union, can you explain what exactly was the matter? If you have had good experiences, or have examples of solutions which could also be of use to others, you can also describe them here.

.....

75. If, in addition to a change of identity data, you have had bad experiences with banks and insurance companies, can you explain what exactly was the matter? If you have had good experiences, or have examples of solutions which could also be of use to others, you can also describe them here.

.....

76. If you had bad experiences with one of the other authorities listed in question 72 (registry of births, deaths and marriages, VDAB/BGTA, universities, colleges or secondary schools, employer) or with other authorities, can you explain what exactly was the matter? If you have had good experiences, or have examples of solutions which could also be of use to others, you can also describe them here.

.....

RIGHTS & ANTI-DISCRIMINATION

77. Have you ever lodged a complaint about discriminatory treatment? (e.g. violence, dismissal, failure to provide services, etc.)

- ❑ Yes
  - ❑ With the police
  - ❑ With the union
  - ❑ With the employment tribunal
  - ❑ With the criminal court
  - ❑ With the justice of the peace
  - ❑ With an organisation for transvestism/transgender/transsexuality
  - ❑ With an ombudsman department
  - ❑ With the Institute for the equality of women and men
  - ❑ With the Centre for Equal Opportunities and Opposition to Racism
  - ❑ With a local anti-discrimination reporting point
  - ❑ With another authority:
- ❑ No

78. What was the outcome of your complaint?

- ❑ My problem was dealt with properly.
- ❑ My complaint was registered, but nothing has happened (yet).
- ❑ My complaint was not registered.
- ❑ Other:

79. Did you know that, since 2007, a law for the prevention of discrimination between women and men has existed that also protects transsexual people against discrimination?

- ❑ Yes
- ❑ No

80. Did you know that you can lodge a complaint of discrimination on the basis of a change of sex to the Institute for the equality of women and men?

- ❑ Yes
- ❑ No

THANK YOU!

That is the end of the questionnaire. Thank you very much for your participation.

Any more questions to ask/stories to tell?

If you still have a pressing question to ask, you can ask it below. And if you think that an important aspect has been overlooked, you can describe it below.

I would also like to mention the following:

Registration

If you would like to kept up to date with this study or to be in with a chance of winning one of our prizes, you can give your contact details below:

Surname : ..... First name : .....

Street : ..... Housenumber : .....

Post code : ..... Town : .....

E-mail : .....

Check the options you want to be considered for: (Several answers are possible.)

- ❑ I want to participate in the feedback sessions discussing the results of the study in small groups (autumn 2008).
- ❑ I would like to be in with a chance of winning one of the 25-euro vouchers.
- ❑ I would like to be kept informed of the results of the study and to receive information about it.

These details will not be kept together with your answers or passed on to third parties. All correspondence will take place under anonymous cover without mentioning 'Trans Survey'.

You can also send us this page separately by e-mail or post if you prefer.

Appendix 2. Questionnaire for employment agencies and unions

I. YOUR PROFESSIONAL SITUATION

1. What is the name of your organisation/service?

2. Can you describe your current post within your service?

3. Which region do you deal with?

The province of:

- ❑ Antwerp
- ❑ Hainaut
- ❑ Limburg
- ❑ Liège
- ❑ Luxembourg
- ❑ Namur
- ❑ East Flanders
- ❑ Flemish Brabant
- ❑ Walloon Brabant
- ❑ West Flanders

Or:

- ❑ Brussels-Capital Region
- ❑ Flanders
- ❑ Wallonia

Or:

- ❑ Belgium

Or:

- ❑ .....

4. Does your service have an equal opportunity or diversity policy, or is positive action taken for certain target groups?

- ❑ Yes
- ❑ No

5. Which groups are you responsible for?

- ❑ Disabled
- ❑ Women
- ❑ Ethnic and cultural minorities
- ❑ LGBs
- ❑ Transgenders
- ❑ Other:

6. If you deal with transgender issues, what do you do exactly?

- ❑ Organising conferences or seminars concerned with awareness-raising (possibly in collaboration with NGOs)
- ❑ Creating notice boards, brochures, mailing lists, websites, newsletters, etc. to promote networks among this target group
- ❑ Publications connected with anti-discrimination legislation etc.
- ❑ Specific charter or policy with respect to transgender or transsexual people
- ❑ Other

II. EXPERIENCE OF TRANSGENDER ISSUES

7. Have you had experiences at work with (problems of) transgender or transsexual people (employees or clients)?

- ❑ Yes
- ❑ No (go on to question 11)

8. What sort of experiences have you had with transgender or transsexual people?

8.1. Complaints relating to harassment:

- ❑ Criticism of appearance, behaviour or ideas
- ❑ Being made a fool of
- ❑ Being ignored
- ❑ Being assigned tedious duties
- ❑ Deliberate damage to property or clothing
- ❑ Verbal abuse
- ❑ Threats
- ❑ Physical violence
- ❑ Unwanted advances
- ❑ Inappropriate curiosity
- ❑ No chance in application procedures
- ❑ Being made redundant during reorganisation
- ❑ Not getting any training opportunities
- ❑ Missing out on promotion or career opportunities
- ❑ Being dismissed
- ❑ No longer being allowed to have contact with clients, patients or pupils
- ❑ Other:

8.2. Complaints or problems relating to:

- ❑ Official documents (identity card which does not match the actual appearance)
- ❑ Diplomas which still state the old first name
- ❑ Registration in your department's systems (e.g. client or personnel files)
- ❑ Training or employment opportunities turned down
- ❑ Use of changing rooms/toilets
- ❑ Other:

9. In which sectors do you think that transgender or transsexual people experience most problems?

- ❑ Public sector
- ❑ Education
- ❑ Health care
- ❑ Social services
- ❑ Non-profit sector
- ❑ Agriculture, hunting and fisheries
- ❑ Industry
- ❑ Utilities
- ❑ Construction
- ❑ Wholesale and retail
- ❑ Catering
- ❑ Banking and insurance
- ❑ Other:

10. What sort of solutions can your organisation offer to the problems mentioned above?

11. Which services or authorities would you refer transgender or transsexual people to in the event of problems/complaints that your organisation is unable to resolve itself?

- ❑ Police
- ❑ Union
- ❑ Employment tribunal
- ❑ Criminal court
- ❑ Justice of the peace
- ❑ Transvestism/transgender/transsexualism organisation
- ❑ Ombudsman
- ❑ Institute for the equality of women and men
- ❑ Centre for equal opportunities and opposition to racism
- ❑ Local anti-discrimination reporting point
- ❑ Other:

III. RELEVANCE OF THE ISSUES

12. Did you know that, since 2007, a law to prevent discrimination between women and men has existed that also protects transsexual people against discrimination?

- ❑ Yes
- ❑ No

13. Did you know that it is possible to lodge a complaint of discrimination to the Institute for the equality of women and men on the basis of a change of sex?

- ❑ Yes
- ❑ No

14. Do you think it is relevant that specific attention is paid to the problems of transgender and transsexual people in the workplace?

- ❑ Yes
- ❑ No
- ❑ No opinion

15. Do you think there is a need for training dealing with the social and legal situation of transgender and transsexual people in the workplace?

- ❑ Yes, why or for whom?
- ❑ No, why not?
- ❑ No opinion

Appendix 3. Topic list interview 'Good practices'

1. Is an equal opportunity policy operated, announced, implemented and monitored?

– Does your organisation/business prohibit discrimination in the workplace on the basis of gender identity or gender expression by including the words 'gender identity' and 'gender expression' in the written policy texts?

– Are gender identity and gender reassignment recognised in practice as part of the equal opportunity/diversity policy?

2. Building up a culture of respect:

– Is a lead role taken at all levels, e.g. public statements, role models in the business, participation in diversity programmes and equality awards?

– Are trans people treated the same as other employees, e.g. invited to company social events?

3. Are networks for LGBT workers built up and supported?

– Does your organisation/business have an official/formal working group or a diversity team that includes LGBT?

4. How are harassment and unwanted advances in the workplace tackled?

– Is there a policy that mentions harassment and unwanted advances on the basis of gender identity and gender expression?

– What options are available for reporting problems and what effective complaints handling mechanisms are there?

5. Are there training and awareness-raising programmes connected with gender (identity) or transgender for (all) workers?

6. Employment conditions:

– Have you opted for social arrangements (hospitalisation insurance) which also insure expenses associated with transsexualism?

– Is a transgender person treated in their chosen gender role irrespective of the official identity data?

– Is it possible to adjust personal details as soon as the trans person makes a request? (e.g. e-mail address, business card, personal HR file, website, etc.)

– Are all documents updated, old documents removed and confidentiality guaranteed?

– Is it possible to use the changing rooms and toilets for the chosen gender as soon as the transgender person requests it?

– Are there clearly written procedures in relation to the transition process (the transition from female to male or vice-versa)?

– Is absence connected with surgery as part of a change of sex treated as normal sick leave?

7. Recruitment, selection and promotion:

- Does the recruitment policy state explicitly that transgender people are welcome?
- Is confidentiality offered with regard to the emergence of a transsexual's past (e.g. due to diplomas in the old name, gaps in the CV, etc.) during a job interview or test?
- Are transgender people barred from certain posts? (e.g. public post, contact with clients)

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