

Being transgender in Belgium Ten years later

Publisher:

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File number:

D/2018/10.043/12

*Cette publication est également disponible en français.
Deze publicatie is eveneens in het Nederlands beschikbaar.*



Being transgender in Belgium

Ten years later

2017

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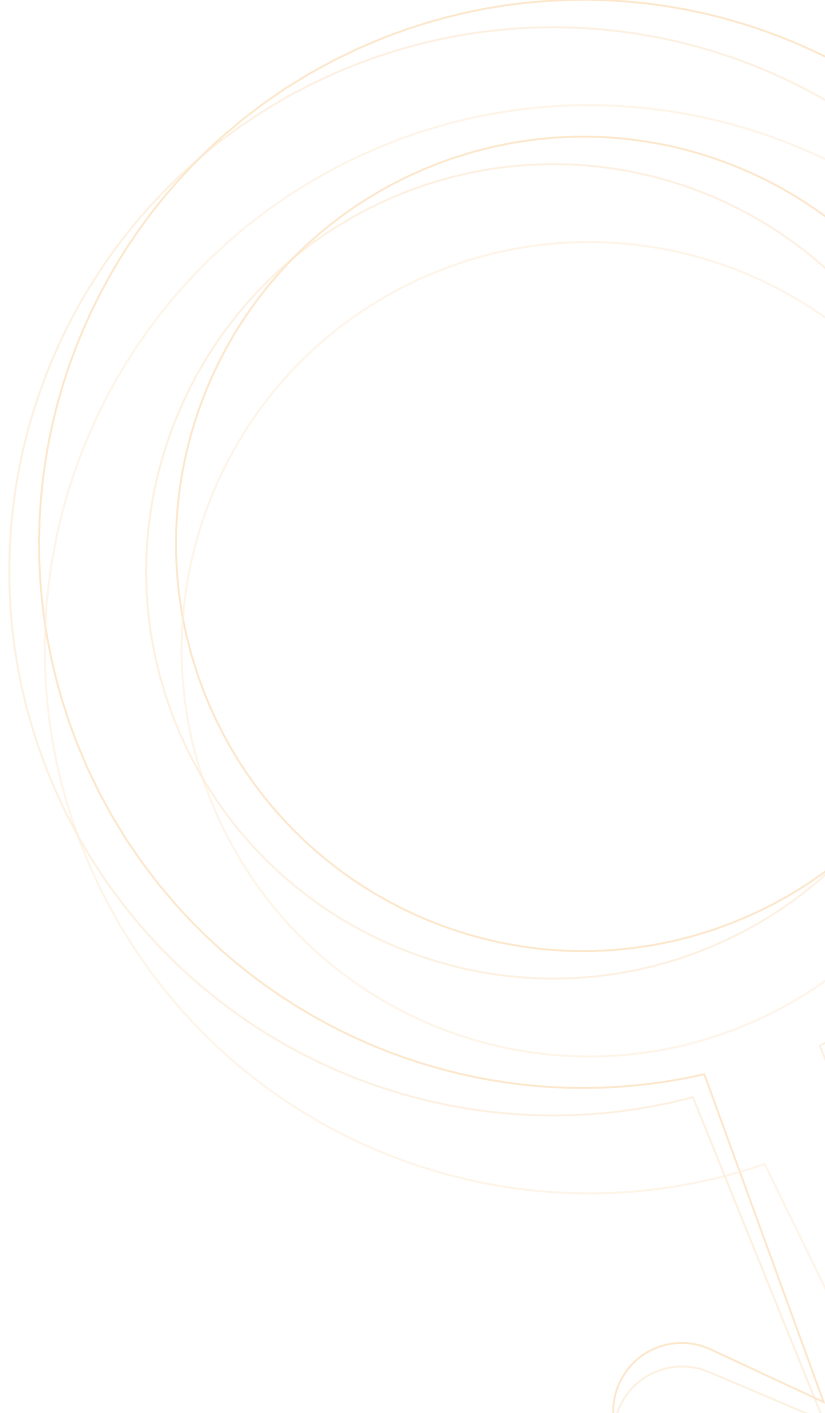


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Foreword

10 years of transgender policy at the Institute

This report is the result of the second major study conducted by the Institute for the equality of women and men into the experiences of transgender people, the concrete situations they encounter and the discriminations they face. The publication of the results of this study provides a good opportunity to reflect on the achievements of the last decade. After all, there are few policy areas that have undergone such a strong evolution as transgender policy. It was an interesting development to be a part of. Despite the positive achievements, however, there is also an ever-increasing number of reports about experiences with discrimination. On the one hand, these can be attributed to the Institute's increased visibility among its target group. On the other hand, they are also a serious indication that the battle for equal treatment for transgender people is not yet won. Equal rights on paper are a necessary first step, but they do not guarantee a life without discrimination. This observation led to this second study, which is a follow-up study to the first one, but also broadens the thematic scope and goes into greater depth on a number of issues.

Transgender people under the Institute's wing

The first complaint from a transgender person reached the Institute in 2004. At that time there was no legal protection for transgender people specifically and only the Institute's founding law of 16 December 2002 existed. In it, the Institute's mission was described as follows: *'The Institute's mission is to ensure respect for the equality of women and men; to combat all forms of discrimination and inequality based on sex; and to develop instruments and strategies based on an integrated approach to the gender dimension'*. There were no indications that the protection of the rights of transgender people would become a natural part of the Institute's activities. However, the European jurisprudence interpreted the fight against gender discrimination in a broad sense. Transsexual persons – at the time this term was less contested than it is now – could not be regarded as less competent employees after their transition. The reasoning was that they were still the same persons, that only their gender had changed and that it was precisely this criterion that should not play any role in a work context.

The Law of 10 May 2007 on Combating Discrimination between Women and Men (the so-called Gender Act) more clearly established the Institute's competence and the scope of the non-discrimination principle. Article 4(2) of the Gender Act states that *'direct discrimination based on sex reassignment shall be treated as a direct*

discrimination based on sex. Thanks to this formulation, transgender people who underwent, had undergone or intended to undergo 'sex-changing' treatment were legally protected against any form of discrimination. In practice, however, this proved an unstable basis for many transgender people for whom such treatment was not desirable, or possible, and who were at least equally at risk of various forms of discrimination. The extension of article 4 of the Gender Act with a third paragraph which specified that '*...direct discrimination on the grounds of gender identity or gender expression is assimilated to direct discrimination on the grounds of sex*', provided them with an explicit protection. This more comprehensive protection came into force in 2014 and was carried out in consultation with the various state governments. This cooperation resulted in parallel extensions of the legislation at different policy levels. The Institute had insisted on this expansion of the Gender Act and cooperated intensively with the state governments during its preparation.

The right to legal recognition of gender identity

One of the most important findings from the first study '*Being transgender in Belgium. Mapping the social and legal situation of transgender people*' (2009) was the uncertain legal position of many transgender people. In addition to the risk of discrimination in daily life and the at the time implicit protection against it, a number of legal provisions lead to quite a few problems. On the same day as the Gender Act, 10 May 2007, the Transsexuality Act passed which regulated the procedure to legally change one's first name and sex. This law signified a positive evolution for a limited group of transgender people: for those who met the conditions, a 'legal sex change' – as it was still called at the time – became a simple, administrative procedure. However, the conditions were very strict. By means of a certificate from a psychiatrist and a surgeon, one had to prove that one had been irreversibly sterilized, medically resembled the new sex as closely as was possible, and that one was irreversibly convinced that one belonged to the sex other than the one mentioned on one's birth certificate. A change of first name required not only a psychiatrist's certificate, but also an endocrinologist's certificate stating that a hormone treatment was being followed. Furthermore, the new first name had to fit the 'role change'. For many transgender people, these strict requirements meant that their official sex did not correspond to their own gender identity and expression. The first name could, in principle, also be changed via the normal procedure for a name change, but this cost ten times more.

In 2013, the Institute published a vision paper entitled '*Eliminating structural discrimination against transgender people in Belgium*', which argued why the criteria for sex change and first name change in the Transsexuality Act of 10 May 2007 should be revised so as to adhere to basic human rights. On 25 June 2017, the law was amended after an extensive discussion in the Parliament Committee on Justice, attended by representatives of the transgender movement in Belgium, the academic world and the Institute. The amendment of the law came into force on January 1st 2018. That is to say, after the period of data collection of this study.

Essential in the new law is that the recognition of the right to one's own gender identity is used as the starting point. Recognition is no longer based on a factual assessment in medical certificates, or an estimation by the Court as was the case before 2007, but on the right to self-determination. The future will determine what consequences this will have on daily life, but a Copernican revolution has taken place here.

Towards an integrated approach to discrimination and violence

In May 2012, Belgium was shocked by the brutal murder of Ihsane Jarfi. The perpetrators clearly had homophobic motives, and the judge recognised this as an aggravating circumstance. The shock wave caused by the murder resulted in a broad political commitment to permanently combat violence and discrimination against LGBT people. In 2013, two inter-federal action plans were proposed. The Institute was closely involved in preparing, drawing up and evaluating these action plans. The various government services were asked to make concrete commitments in the fight against violence and discrimination against LGBT people.

Important actions that were taken were the systemic inclusion of an LGBT perspective in the diversity training of police schools, raising awareness in education, awareness campaigns for victims of violence and discrimination, a better registration of hate crimes, putting LGBT rights on the agenda of international organisations and improving the situation in other countries through diplomacy, including a LGBT perspective in asylum policy and the reception of refugees, scientific research into the experience of discrimination and violence and social opinions.

The Institute called for testimonies from transgender people who had experienced difficulties with insurance firms and brought a number of lawsuits to court, advised on the replacement of diplomas for transgender people in the French-language education system and participated in the 'Beyond the box' survey. The cooperation with civil society was intensified. The National Institute for Health and Disability Insurance (INAMI-RIZIV) was urged to improve the reimbursement of medical costs, and increase its transparency. A campaign 'Et toi, t'es casé-e?' was launched and the leaflet 'Living as a transgender person without discrimination' was distributed. In 2016, the Institute published its 'Transgender at work' guide. Specifically for the problems with insurance, the leaflet on 'Taking out hospitalisation insurance - Tips for transgender people' followed. In short, the train has left the station and it hasn't stopped since.

Learning how to express respect

Over the years, tackling the fight for transgender rights has also been an exploration for the Institute's staff. In 2012, the Institute received representatives from Genres Pluriels for a workshop on addressing transgender people respectfully. Gender-inclusive language has been a focus of attention and a challenge since then. In view of its legal mission and its competencies on the federal policy level, the Institute must work in a bilingual manner. However, French and Dutch have very different language sensitivities when it comes to dealing with 'gender'. In Dutch, the masculine form is often considered to be neutral. In French, this is much less the case. The French translation of the research report therefore refers to 'ils-elles', while the Dutch translation refers to 'them' (plural). The thematic terminology has also evolved over the years. Where the term 'transsexual' was initially used to refer to persons who had undergone medical treatment to bring their physical sexual characteristics into line with their gender identity, this distinction is no longer made today and only the overarching term 'transgender people' is mentioned in this report.

A study into the well-being of transgender people

In this second major study the well-being and social functioning of transgender people will also be investigated in detail. After the hard and necessary legislative work, it is now a challenge to translate these legal provisions into a social reality. Raising awareness among the general public and of specific target groups remains necessary.

This is why the Institute reiterates its call for an end to restrictive gender stereotypes. It is not the intention to keep transgender people in a separate category, but to treat them as people with the right to their own gender identity and gender expression, just like everyone else. After all, breaking down stereotypes and the sexism that results from them, benefits everyone.

We hope you find this report informative.

Michel Pasteel
Director of the Institute for the equality of women and men

Liesbet Stevens
Deputy director

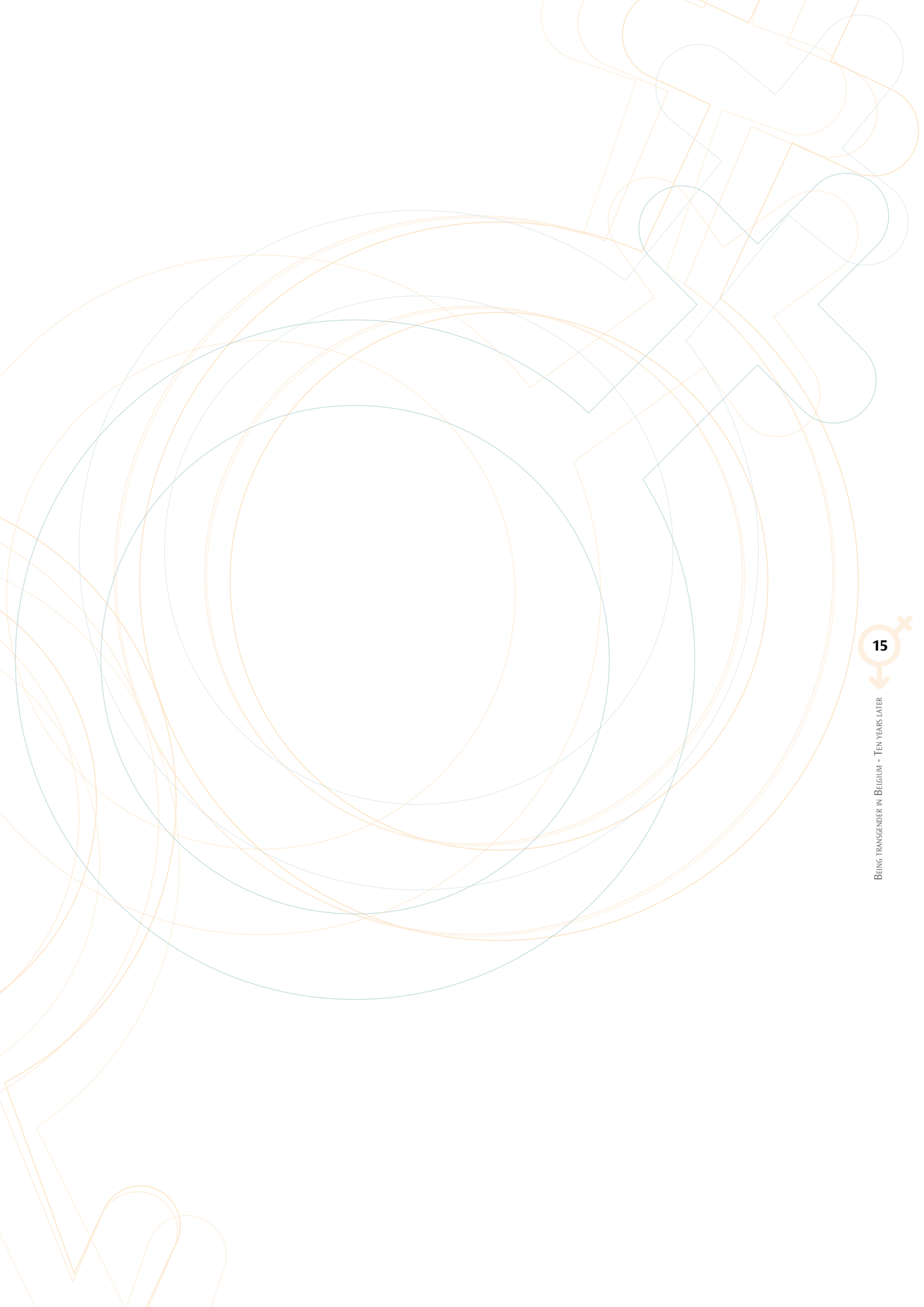
May 2018



Introduction

Ten years ago, the Institute for the Equality of Women and Men organised a large-scale study into the discrimination and inequalities faced by transgender people in Belgium (published as 'Being transgender in Belgium'). This pioneering study was the impetus for a range of measures, initiatives and recommendations concerning the legal situation of transgender people. A lot has changed in ten years, but the question still remains how transgender persons perceive the current legal and social situation in Belgium. This prompted the study 'Being transgender in Belgium – 10 years later'.

Liesbet Stevens, Deputy Director of the Institute for the Equality of Women and Men: *'Compared to ten years ago, transgender people are now much more visible. This is clearly a positive development, but for individual transgender people, this can also mean greater vulnerability. Moreover, certain bottlenecks still remain, including in healthcare and insurance.'*





Objective and methodology

1.1 Social and political framework

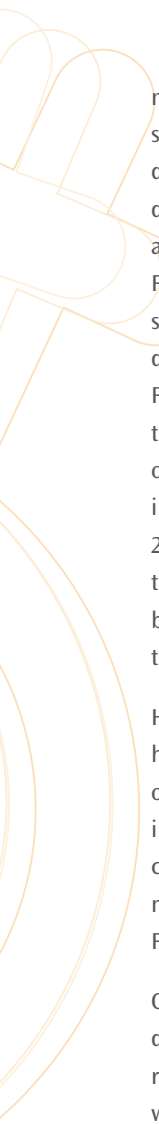
Since the previous data collection in 2007, carried out on behalf of the Institute for the Equality of Women and Men (Motmans, 2009), the social science research in this field has grown strongly in Belgium, especially on the Flemish side. Both policy preparation studies and fundamental scientific research into issues such as violence, quality of life, trans-families and sexual health have been carried out. Initiatives have also been developed, albeit on a limited scale, to get a picture of the public's attitude towards transgender people.

Under strong encouragement from transgender civil society organisations and equal chances policy, a number of initiatives to strengthen the emancipation of transgender people have been initiated in various regions. Although visibility of transgender people has increased significantly in many industrialised Western societies over the last decade, a stigma is nonetheless still prevalent today (Motmans, 2017). Transgender people are still seen as deviant or abnormal, and many transgender people are discriminated against on the basis of their gender identity or expression (European Union Agency for Fundamental Rights, 2014).

Belgium has also undergone a major shift in terms of legislation over the last decade. In 2014, for example, the grounds for discrimination 'gender expression' and 'gender identity' were added to various anti-discrimination legislation, both at the federal level and the level of the Flemish and French Communities, as well as for the Brussels-Capital Region. (This is not yet the case for the French Community Commission, the Walloon Region and in the German-speaking Community).¹ Since the 'Law to increase the aggravating circumstance referred to in Article 405quater of the Criminal Code', with respect to the protected ground 'gender reassignment', a higher penalty may be imposed for the offences of 'manslaughter' and 'assault and battery' (Motmans, T'Sjoen, & Meier, 2015) The discrimination grounds gender expression and gender identity have not yet been included, nor have the harsher penalties been extended to other offences.²

Gender identity and gender expression were also added as grounds for discrimination to the so-called Well-being Act³ in 2014. Finally, the Transsexuality Act (2007) was also at a turning point: on July 10th 2017, the Belgian Official Journal published the 'Law of June 25th 2017 on the reform of regulations concerning transgender persons with regard to the notification of a change to the registration of gender in civil status records and their consequences', which, together with a necessary implementing decree and accompanied by a ministerial circular, entered into force on January 1st 2018. This new regulation means that an official amendment of the registration of one's first name and/or gender in a birth certificate is no longer subject to medical conditions for persons over 18 years of age. Other, stricter rules apply for minors.⁴

Transgender persons are now legally able to change the official registration of their gender in many countries, and they enjoy legal protection against discrimination in many European countries, but this formal equality (insofar as it is achieved) does not always translate into informal equality in day-to-day life. In practice, the



non-discrimination application of the grounds ‘gender identity’ and ‘gender expression’ often appears to be subordinate to the official registration of the person’s sex. Instances of discrimination and transphobia are frequently reported by transgender people, and these experiences have a strong impact on the lives of transgender people and on their mental health: depression, suicidal thoughts, low self-esteem and a fatalistic attitude are common. A recent international comparative study in the European Union (European Union Agency for Fundamental Rights, 2014) revealed that the experiences of transgender persons in Belgium are better for some issues (e.g. access to care), compared to the other European countries, but worse in other areas (e.g. discrimination in job searches). Recent figures on suicidal thoughts and suicide attempts (Seynaeve, Missiaen, Portzky, Dumon, & Motmans, 2016) and incidences of violence (Motmans et al., 2015) show that there are still thorny issues in the lives of transgender people in 2017. Studies into attitudes also show that social acceptance of transgender people still has a long way to go (Dierckx, Meier, & Motmans, 2017). However, the recent alarming figures from studies into discrimination and violence (European Union Agency for Fundamental Rights, 2014; Motmans et al., 2015) do not reflect the reported figures from the police or contact points. Although the reports and complaints based on gender reassignment, gender identity and gender expression recorded by the Institute have been steadily increasing in recent years, they only show the tip of the iceberg regarding the problems, discrimination or even instances of violence experienced by transgender people in Belgium.

However, there are also many positive changes to highlight. For example, the threshold to care appears to have decreased sharply (given the large influx into care) and, with the new convention on transgender care, one centre has already been recognised in both parts of the country, where psychological support and puberty inhibitors are available free of charge.⁵ Associations are also thriving, especially in the Flemish part of the country, where more than ten transgender organisations are active. These days, trans organisations are much more firmly embedded in the wider LGBTI field, although financial support is still sometimes very precarious. Finally, attention from public opinion and the media has also increased noticeably.

On behalf of the Institute, the Transgender Infopoint carried out a new study into the experiences and possible discrimination of transgender people in Belgium in 2017. On the one hand, the Institute wanted to have more recent figures on the situation of transgender people in Belgium and their experiences with discrimination, with a view to optimising the handling of complaints and policy preparation work; but on the other hand, it wanted to examine the extent to which, and in which areas, a change has been observed over the last ten years; and finally, to examine the impact of measures taken in the past on the lives, well-being, perception and experiences of transgender people. Studying these questions should help get a clear picture of the social situation of gender variant people in Belgium, while carrying out the Institute’s legal requirements (including complaint handling and policy development and support) and its mission to achieve gender equality.

1.2 Methodology

This study uses a quantitative research method and was carried out by an interdisciplinary research team consisting of Elia Wyverkens, Justine Defreyne, Joz Motmans and Guy T'Sjoen (Centre for Sexology and Gender, UZ Ghent) in collaboration with Chia Longman (Research centre for Culture and Gender, UGent) and Petra Meier (Research group Citizenship, Equality and Diversity, UAntwerpen). The interdisciplinary research team was assisted by a steering committee, which included representatives from LGBT civil society. Ethical approval for this study was requested and obtained from the UZ Ghent Ethics Committee (EC 2017/0599).

1.2.1 Structure of the questionnaire

In the first phase, the 2007 questionnaire was evaluated together with the steering committee. After ten years, transgender research in Belgium and neighbouring countries has made great strides; a lot more validated yardsticks have been incorporated into transgender research, and new themes and insights have been developed. In order to ensure the best possible comparability with 2007, as well as optimise the international positioning of the research results, it was necessary to update the existing questionnaire, while retaining as much of it as possible. As was the case for the questionnaire in 2007, a broad approach was used. On the one hand, the target group was broadly defined, in the sense that not only transgender persons, but any gender variant, gender non-binary, gender fluid, transsexual or transvestite person could participate in the study. Secondly, not only did the study examine discrimination, but it also illustrated the context (e.g. experience with care, assistance) and questions were asked about possible protective factors (e.g. social support).

New themes

New themes included in the current study include fertility, sexual health and parenthood. Ten years ago, fertility and parenthood were still very much taboo subjects, and the medical possibilities were not as advanced as they are today. Transgender persons increasingly ask questions about fertility and future parenthood possibilities when seeking care. This study therefore also questioned experiences regarding the loss of fertility, the need for information about fertility treatments, obstacles in fulfilling the desire to have children, etc.

The subgroup of gender non-binary persons has seen a strong rise in the last decade, and the issue of an alternative to 'man' or 'woman' is now discussed more regularly in our society. It was necessary to examine the extent to which this sub-population faces specific problems (e.g. administrative, social acceptance). The same applies for sub-populations of transgender refugees and transgender sex workers.

Standardised measuring instruments

Finally, the following measuring instruments were used for the survey:

- *The Multidimensional Scale of Perceived Social Support* (Zimet, Dahlem, Zimet, & Farley, 1988): this scale for measuring social support contains twelve items that are scored on a 7-point scale ranging from 'very strongly disagree' to 'very strongly agree' (see questionnaire Q41). For example: 'I get the emotional help and support I need from my family'. In addition to a total score on the scale, a distinction is possible in three sub-scales: support received from family, support received from friends and support received from important other persons. The average scores are calculated per sub-scale and for the total scale. An average score from 1 to 2.9 indicates little in the way of support, a score from 3 to 5 indicates average support, and a score from 5.1 to 7 indicates a high level of support.

- *Subjective health* is based on a self-assessment by the individual of their own state of health on a five-point scale, from 'very good' to 'very poor'. This is therefore an entirely subjective approach which may include physical health, mental health and social health. The subjective aspect refers to the fact that it is more an emotional reaction than systematic cognitive analysis (Tafforeau, 2014). For the scoring, the answers 'very good' and 'good' are distinguished from the answers 'reasonable', 'bad' and 'very bad' as recommended by the World Health Organisation (de Bruin, Picavet, & Nossikov, 1996). The subjective health indicator is also included in the European Health Interview Survey (EHIS), the Survey on Income and Living Conditions (SILC) and the Belgian Health Monitor, meaning that standard data are available in this case.
- *Suicidal thoughts and suicide attempts*: The questions related to suicidal thoughts and attempts (life-long, and in the last 12 months) were used as in the Belgian Health Survey (items SL.02, SL.03, SL.04, and SL.05, see Gisle (2014)).
- *The Gender Minority Stress and Resilience Measure (GMSRM)* (Testa, Habarth, Peta, Balsam, & Bockting, 2015): this scale was developed based on the concept of 'minority stress' by Meyer (2003) and was adapted to the experiences of transgender and gender non-binary persons. The GMSRM contains nine constructs: gender-related discrimination, gender-related negative treatment, gender-related victimisation, internalised transphobia, negative expectations regarding future events, nondisclosure, community engagement and pride (see questionnaire Q59-Q69).

The approved questionnaire was translated into French and checked by the French-speaking partners from the steering committee in terms of language sensitivities related to the target group. It was also decided to use an English-language version to give foreign-speaking residents the opportunity to participate in the survey.

1.2.2 Data collection

As was the case in 2007, an online method was chosen for data collection due to the invisibility of the target group of the study. Achieving representativeness was impossible in this case. However, efforts were made to approximate the diversity and variety of the transgender community as much as possible. Specifically, the survey was open to anyone who was gender variant, gender non-binary, gender fluid, transgender or transsexual, or who identified as a transvestite. Due to the length of the questionnaire and extensive data-cleaning, we tried to avoid undue bias.

The survey could be filled incompletely anonymously on the SurveyMonkey platform via www.transgender-inbelgium.be, or it could be downloaded in pdf format, completed on paper and sent back. The various civil society organisations were also provided with sufficient paper versions of the survey (with pre-addressed envelopes) which they could distribute to their members. The website was accessible for 2 months (from 4 May 2017 until 30 June 2017). The questionnaire was available in Dutch, French and English.

Announcement of the survey took place through various channels, in collaboration with the client, the Institute for the equality of women and men. In total, 5000 information flyers (in three languages) and 150 posters were distributed. Flyers were distributed via Pink Houses, organisations, waiting rooms, etc. Information leaflets were also distributed at events such as the Belgian Pride.

Invitations for the survey were also distributed digitally and by post using the snowball method, via the following channels:

- through organisations for transgender people and their relatives in Belgium (n = 14, see <http://transgenderinfo.be/l/zorgaanbod/?counselorType=vereniging>);
- through social media and websites which are visited by this population;
- through the extensive network of care providers available to users (n = 111, <http://transgenderinfo.be/l/zorgaanbod/>);
- through equal opportunities bodies such as, Unia, and women's' and LGBT associations, etc.;
- through an advertisement in the LGBT magazine ZiZo.

In addition, a press release and interviews attracted attention for the launch of the survey, and articles appeared in *Knack*, *De Standaard* and *Le Soir*. Finally, a comprehensive campaign was conducted via social media with banners and promotional messages (websites, Facebook, Twitter, LinkedIn).

In the meantime, the data received was analysed to determine which segments of the target group were under-represented (e.g. elderly people). The aim was to achieve a balanced spread across the regions, taking into account differences in education, family situation, employment status, age, nationality and origin. The analysis mid-way through the data collection showed that the French-speaking community was under-represented in the dataset. This prompted us to make additional efforts to reach the French-speaking population. For example, French-speaking civil society organisations were contacted again, and a targeted Facebook campaign for Walloon central cities was launched.

1.2.3 Response and analysis

When the data collection was finished, the data from the three surveys were downloaded and consolidated, and analysed using the statistical programme SPSS Version 24 (IBM Corp., 2016). The significance level for all analyses was established at $p < 0.05$. Averages and standard deviations are calculated. A standard deviation is a measure of the dispersion of the data: the further apart the data for the respondents, the higher the standard deviation. Figures were rounded off to one decimal place after the point.

Data-cleaning

A total of 754 respondents started the questionnaire, of which 534 respondents remained after data-cleaning. During the data-cleaning, respondents who did not agree with the consent form (this was the case for one participant), or who were younger than sixteen, were excluded. Furthermore, people who did not respond to the target group of the survey (cisgender people, or people who had not resided in Belgium in the previous 24 months) were also excluded. Finally, respondents whose participation lasted less than fifteen minutes were filtered out from the analysis, since it is impossible to respond qualitatively to the extensive questionnaire in such a short time. The average participation time for half of the respondents was 42 minutes or less, and 75% took 64 minutes or less.

As such, the analyses in this report are based on a total of 534 transgender respondents who were sixteen or older, and who had resided in Belgium during the previous 24 months. The vast majority of these were Dutch-speaking.

Table 1. Number of respondents

	Total having started		Total after data-cleaning	
	Number	Percentage	Number	Percentage
Dutch-speaking	527	72,1	385	72,1
French-speaking	205	25,2	135	25,2
English-speaking	22	2,6	14	2,6
Total	754		534	100,0

Source: *Transgender in Belgium survey, 2017.*

Notes

- 1 The legal database of the Institute for the Equality of Women and Men provides access to the legislation related to gender equality in Dutch and French: <http://www.igym-wetgeving.be/>.
- 2 As is the case for Art. 377bis (increased penalties for assault, rape), Art. 422quater (increased penalties for culpable omission), Art. 438bis (increased penalties for deprivation of liberty), Art. 442ter (increased penalties for harassment), Art. 453bis (increased penalties for desecration of cemeteries), Art. 514bis (increased penalties for arson), Art. 525bis, 532bis and 534quater (increased penalties for damage to immovable and movable property, graffiti).
- 3 In full: Draft Law supplementing the Law of 4 August 1996 on the well-being of workers in the performance of their work as regards the prevention of psychosocial risks at work, including in particular violence, harassment and unwanted sexual behaviour at work, see <http://www.ediv.be/site/nl/content/welzijnswet-antipestwet>
- 4 For all information, consult the website of the Institute in Dutch or French: (<http://igym-iefh.belgium.be/nl/activiteiten/transgender/wetgeving>).
- 5 For Flanders this is the UZ Ghent, for Wallonia the CHU Liege.



Characteristics of the research group

In order to get a clear picture of the respondents, we will first map out certain demographic data. We will pay attention to significant differences to be taken into account in subsequent analyses as a covariate or as a control variable.

2.1 Gender identity

In total, 61.6% of the sample was assigned male at birth, and 38.4% female⁶. Based on the table below, we can deduce that most persons assigned male at birth identify as women (47.7%) and/or trans women (56.2%). Of the persons assigned female at birth, man (36.6%) and/or trans man (59%) are generally indicated. It should be borne in mind that respondents could indicate multiple responses.

Table 2. Gender identity by gender assigned at birth

Gender identity	Gender assigned at birth					
	Number			Percentage		
	Male	Female	Total	Male	Female	Total
Man	15	75	90	4,6	36,6	16,9
Woman	157	5	162	47,7	2,4	30,3
Man with a transgender past	0	29	29	0,0	14,1	5,4
Woman with a transgender past	47	0	47	14,3	0,0	8,8
Cross-dressing man	27	1	28	8,2	0,5	5,2
Cross-dressing woman	1	1	2	0,3	0,5	0,4
Trans man: a person who was born female but has a male gender identity	0	121	121	0,0	59,0	22,7
Trans woman: a person who was born male but has a female gender identity	185	0	185	56,2	0,0	34,6
Genderqueer	23	33	56	7,0	16,1	10,5
Non-binary	39	63	102	11,9	30,7	19,1
Polygender	11	2	13	3,3	1,0	2,4
Gender fluid	32	31	63	9,7	15,1	11,8
Other terms	25	16	41	7,6	7,8	7,7



Question: Q0009: How were you registered at birth? (gender as listed on your birth certificate) and Q0007: How would you describe your gender identity? In your feelings and thoughts, you are (multiple options possible).

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

The description 'genderqueer', 'non-binary', 'polygender' and 'gender fluid' are indicated relatively often, namely 234 times (25.0% of responses). Cross-dressing man or woman is only indicated 30 times (3.2%).

It is striking that a small group of respondents (fifteen) assigned male at birth indicate that they *also* referred to themselves as a 'man'. The same applies to respondents who are assigned female at birth, but to a lesser extent, with respondents indicating five times that they also identify as being a 'woman'. For the majority of these respondents, this appears to be part of their gender identity, in addition to other responses such as genderqueer, non-binary, gender fluid, polygender, and so on. It is clear that almost all respondents consider themselves to be in multiple identity labels.

'I could indicate 'trans man', but 'A person assigned female at birth BUT with a male gender identity' is not how I see it - the following would be more accurate: 'A person assigned female at birth AND a male gender identity'.... And in any case it is not that relevant.. I don't spontaneously think about my identity in relation to my gender. Actually, I do not really think much about my sex (organs); as far as I am concerned, they do not have any influence over my life, except for practical or medical reasons; they do not play a determining role in who I am, and should certainly not have any influence on my life in society (unfortunately this is not the case under current law).'

The second way of formulating questions, in which the respondent is allowed to classify him or herself in one of the proposed categories, gives the distribution as shown in the table below with a proportionally large prevalence of trans women and trans men (72.9% combined).

Table 3. Chosen gender label and recoding

	Chosen gender label		Recoding	
	Number	Percentage	Number	Percentage
(Trans) man	141	26,4	141	26,4
(Trans) woman	249	46,6	256	47,9
Cross-dresser	20	3,7	20	3,7
Genderqueer / non-binary / gender fluid / polygender / agender	109	20,4	117	21,9
I don't know, I don't have a preference	15	2,8	-	-
Total	534	100,0	534	100,0

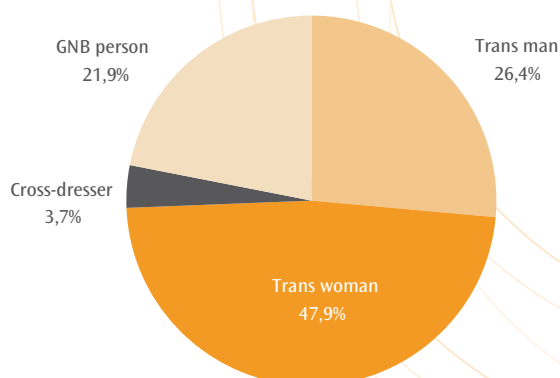
Question: Q0008: We can only use a limited number of categories for analysing the study data. That is why we would like to ask you which group best matches your current gender identity as you define it? Check the answer that fits you best at present. I prefer to be in the group of...

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

Fifteen people have no preference, or do not know in which category they belong. In order not to lose these respondents for further data analysis, it was investigated which answers they gave to the previous question about the description of their gender identity. Based on these responses, they were recoded to one of the four chosen gender labels (seven respondents were recoded as trans women and eight to gender non-binary). This recoding is explained in detail in Annex 1. This gives us a total of 141 trans men, 256 trans women, 20 cross-dressers and 117 gender non-binary respondents. These categories will be used in the analyses. The group of gender non-binary persons is abbreviated to 'GNB person' in the graphs and tables.

Graph 1. Chosen gender label after recoding (identity category)



Question: Computed variable based on Q0008: We can only use a limited number of categories for analysing the study data. That is why we would like to ask you which group best matches your current gender identity as you define it? Check the answer that fits you best at present. I prefer to be in the group of...

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

2.2 Age

The average age in the sample is 35.9 years old, with a standard deviation of 14.3 years. The minimum age to participate is 16 years old and the oldest participant is 75 years old. The age is significantly different for the identity categories. Trans men are the youngest group and cross-dressers are the oldest group ($p < 0.001$).

This difference can be brought back to the gender assigned at birth, with respondents assigned male at birth being significantly older (Average = 41.7; Standard deviation = 13.6), than those assigned female at birth (Average = 26.4, Standard deviation = 9.4) ($p < 0.001$). Age is not significantly different for the regions.

Table 4. Average age by identity category

	Average age	Standard deviation
Trans man	25,9	9,6
Trans woman	40,3	13,6
Cross-dresser	50,0	10,0
GNB person	35,8	14,3
Total	35,9	14,3

Question: Computed variable based on Q0002: In which year were you born (please enter the year)?

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

Identity categories are represented differently in the sample, per generation ($p < 0.001$). There are hardly any trans men in the oldest generations, and no cross-dressers in the youngest. It is unclear whether this is a coincidence, or a sign that the labels used are shifting over the generations. It is, for example, striking that more than half of the respondents who choose the gender non-binary label are from the youngest generation (50.4%) (see table below). Awareness of existing alternative identification options, as well as increasing social acceptance, are just two of the many possible factors that could explain the higher use of non-binary labels by the younger generation. Another explanation may be that the sense of identity and identity labels shift away from the gender non-binary interpretation as one gets older. These hypotheses need to be clarified in future studies.

Table 5. Identity category by generation

	Number					Percentage				
	Protest generation	Generation X	Pragmatic generation	Generation Y	Total	Protest generation	Generation X	Pragmatic generation	Generation Y	Total
	(°1941-1955)*	(°1956-1970)	(°1971-1985)	(°1986-2000)		(°1941-1955)*	(°1956-1970)	(°1971-1985)	(°1986-2000)	
Transman	1	6	23	111	141	0,7	4,3	16,3	78,7	100,0
Transwoman	12	84	75	85	256	4,7	32,8	29,3	33,2	100,0
Cross-dresser*	3	10	7	0	20	15,0	50,0	35,0	0,0	100,0
GNB person	8	22	28	59	117	6,8	18,8	23,9	50,4	100,0
Total	24	122	133	255	534	4,5	22,8	24,9	47,8	100,0

Question: Computed variable based on Q0002: In which year were you born (please enter the year)? and Q0008: We can only use a limited number of categories for analysing the study data. That is why we would like to ask you which group best matches your current gender identity as you define it? Check the answer that fits you best at present. I prefer to be in the group of...

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Note: * Fewer than 30 cases.

Source: Transgender in Belgium survey, 2017.

2.3 Nationality and origin

First of all, we consider the nationality of the respondents and that of their parents.⁷ The data indicate a predominantly Belgian sample of people born as Belgians to Belgian parents.

Table 6. Nationality of the respondents

	Number	Percentage
Belgian	398	92,3
Dual nationality	15	3,5
Other	18	4,2
Total	431	100,0

Question: Q0098: What is your current nationality?

Basis: Respondents to the Transgender in Belgium Survey (n = 431).

Source: Transgender in Belgium survey, 2017.

The eighteen respondents with a different nationality are Dutch (n = 4), German (n = 2), English (n = 1), French (n = 1), Canadian (n = 1), Austrian (n = 1), Italian (n = 2), and 3 respondents indicate that they are refugees, one of whom indicates having Congolese nationality.

Table 7. Nationality of the parents

	Number	Percentage
Both Belgian	365	84,7
One of my parents is Belgian, the other is not	40	9,3
Other	26	6,0
Total	431	100,0

Question: Q0099: What was your parents' nationality at birth?

Basis: Respondents to the Transgender in Belgium Survey (n = 431).

Source: Transgender in Belgium survey, 2017.

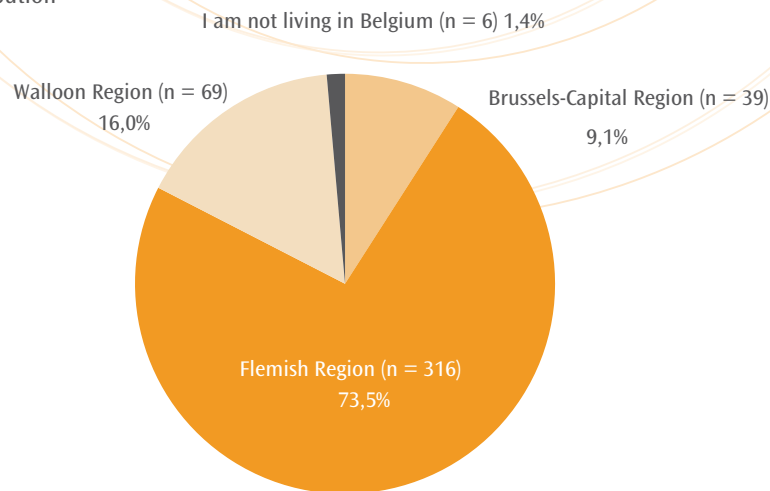
Three respondents from the complete group have an asylum application procedure in progress. They indicate that they had problems in their country of origin due to their experienced gender identity or expression.

2.4 Place of residence and language

Approximately three-quarters of all respondents live in the Flemish Region (n = 316). Almost one in ten live in the Brussels-Capital Region (n = 39) and 16% in the Walloon Region (n = 69). The six respondents who do not currently live in Belgium resided in Belgium in the previous 24 months. There is no significant difference between the identity categories or educational level and according to the regions.

On average, half of the respondents (50.3%) live in a central city, with no difference between the regions. There is also no significant difference between the identity categories in terms of whether or not they lived in a central city. Nor is there a difference in educational level between those who live or do not live in a central city. However, there is a significant difference in age between those living in a central city and those not living in a central city ($p = 0.038$).

Graph 2. Regional distribution



Question: Q0103: In which Belgian region do you live?

Basis: Respondents to the Transgender in Belgium Survey (n = 430).

Source: Transgender in Belgium survey, 2017.

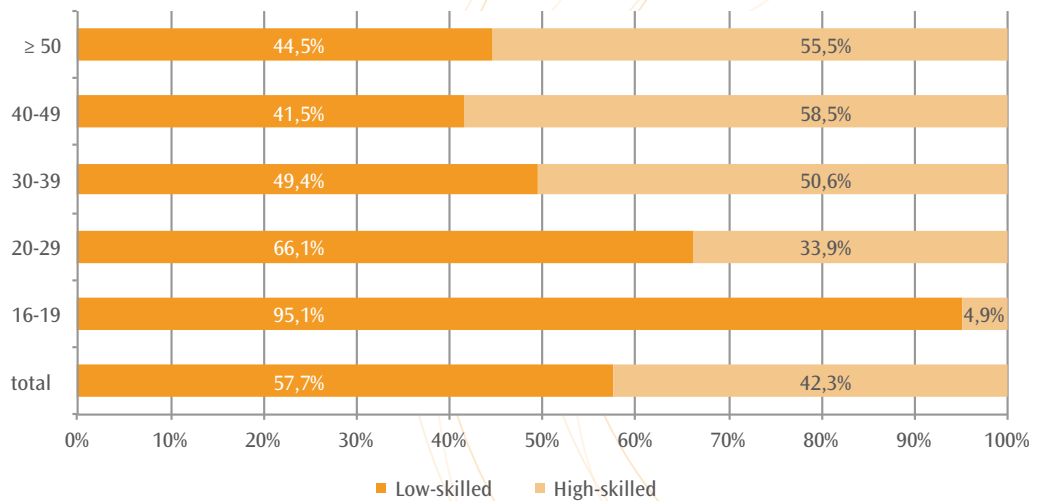
For 73.3% of respondents, Dutch is their mother tongue, and for 23.3% it is French. The majority of respondents from the Brussels-Capital Region have French as their mother tongue (74.4%), 20.5% Dutch and 5.1% another language. Respondents from Flanders mainly have Dutch as their mother tongue (95.2%), 2.5% French and 2.2% another language. In Wallonia, 88.4% have French as their mother tongue, 7.2% Dutch and 4.3% other languages.

This difference in participation per region and per language can partly be explained by the difference in the number of trans-specific and LGBTI organisations, of which there are proportionally more in Flanders than in Brussels and Wallonia. This may have led to less promotion of the survey in the French-speaking part of Belgium. Promotion mainly took place during the Pride month (May 2017), which generally attracted a lot of media attention.

2.5 Education

In terms of education, a fairly equal distribution can be seen between low-skilled and high-skilled respondents in the sample: 57.7% of respondents are low-skilled (n = 308) and 42.3% high-skilled (i.e. a diploma of higher non-university education, university or post-graduate level) (n = 226). Given their age, there is a logical predominance of low-skilled people in the youngest age group, because they haven't completed their education.

Graph 3. Education according to age category



Question: Q0003: What level of education have you reached (or equivalent)? And Q0002: In which year were you born (please enter the year)?

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

The level of education differs considerably for the identity categories ($p = 0.017$): 31.9% of trans men, 44.9% of trans women, 46.2% of gender non-binary persons and 60% of cross-dressers have high levels of education. However, this difference can be explained by the different incidence of identity categories across age groups (see also Table 4). When comparing the 24-55 age group and excluding the younger age group, there is no difference in education level for the different identity categories. There is no difference in education level between regions, when controlled for age.

2.6 Work situation

Respondents were asked about their work situation during the previous 24 months. They could indicate multiple possibilities if different situations applied during the course of these two years. In the two years prior to the survey, most respondents were students (33.9%) and/or employees (48.1%). A significantly large group also appears to have been unemployed (21.7%). The respondents who are employed mostly have a permanent contract (73.2%), 16.3% have a contract with a fixed duration. 79.4% work full-time and 20.6% part-time.

Table 8. Work situations in the previous 24 months (applicable for at least a short period of time)

	Number	Percentage of responses	Percentage of respondents ⁸
I am/was a student	181	25,9	33,9
I am/was self-employed or a self-employed person's assistant	44	6,3	8,2
I am/was an employee or civil servant	257	36,7	48,1
I am/was unemployed	116	16,6	21,7
I am/was retired or in early retirement	18	2,6	3,4
I am/was sick/disabled	78	11,1	14,6
I am staying home to care for family members	6	0,9	1,1
Total	700	100,0	131,1

Question: Q0004: What was your work situation during the past 24 months? Tick every option that applies/applied (e.g., student + employee)

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

Further analysis shows that only one situation was applicable for three quarters of respondents (77%) in the previous 24 months. If we only analyse the group that had the same status in the previous 24 months, the largest groups appear to be employees, or civil servants (43.6%) or student (27%). Over one in ten were unemployed and 8.8% unfit for work during the previous 24 months.

Table 9. Work situation in the previous 24 months (uninterrupted)

	Number	Percentage of respondents
Student	111	27,0
Self-employed	22	5,4
Employee	179	43,6
Unemployed	46	11,2
Retired	15	3,6
Unfit for work	36	8,8
Care at home	2	0,5
Total	411	100,0

Question: Computed variable based on Q0004: What was your work situation during the past 24 months?

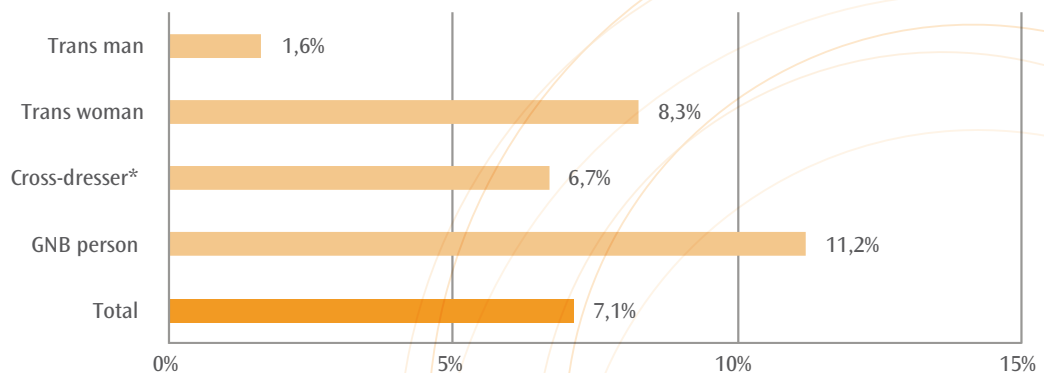
Basis: Respondents to the Transgender in Belgium Survey with just one status in the previous 24 months (n = 411).

Source: Transgender in Belgium survey, 2017.

2.7 Sex work

International research shows an increased participation of transgender women in sex work (Van Schuylenbergh et al., 2018). It was decided to also chart this activity in the Transgender in Belgium Survey. The analysis shows that 7.1% of all respondents (n = 32) had previously been engaged in sex work, and of these 32 respondents, 13 were engaged in sex work in the previous year (40.6%). Being previously engaged in sex work does not correlate with educational level, but does vary for identity category ($p = 0.034$). A fairly large percentage of the respondents assigned male at birth (9.3%) was at some point in time engaged in sex work, compared with respondents assigned female at birth (3.8%). The data differs further per region ($p = 0.009$): 15.9% of the respondents from Wallonia were (former) sex workers, 7.7% from the Brussels-Capital Region, and 5.4% from Flanders. This can be partly explained by the recruitment of respondents, as a Walloon organisation that maintains contacts with transgender sex workers was very active in recruiting respondents.

Graph 4. Ever engaged in sex work, by identity category



Question: Q0078: Have you ever been engaged in sex work? Yes.

Basis: Respondents to the Transgender in Belgium Survey (n = 450).

*Note: *Fewer than 30 cases*

Source: Transgender in Belgium survey, 2017.

These figures are very similar to the recent data from the TGEU Trans Survey (Smiley et al., 2017), where an average of 7% was also recorded in the five countries surveyed (Poland, Spain, Sweden, Georgia and Serbia), of which 42.4% of these respondents had been active in sex work in the previous twelve months.

Respondents were asked about their reasons for doing sex work. The most frequently cited reason is to earn additional income (58.1%), a lack of other opportunities (29%) or because of being accepted for who one is in sex work (22.6%).

Table 10. Reasons for doing sex work

	Number	Percentage of responses	Percentage of respondents
Due to a lack of other opportunities	9	17,6	29,0
Because I prefer sex work to other kinds of work	2	3,9	6,5
Because I am accepted for who I am in sex work	7	13,7	22,6
Because it is how I earn my living	5	9,8	16,1
Because it is how I earn additional income	18	35,3	58,1
Other	10	19,6	32,3
Total	51	100,0	164,5

Question: Q0080: Can you tell us why you are / were engaged in sex work? Please select all answers that apply to you.

Basis: Respondents to the Transgender in Belgium Survey, who indicated having previously engaged in sex work (n = 32)

Source: Transgender in Belgium survey, 2017.

Some stories relating to 'other' reasons:

'This used to be the case, as well as for the cost of operations and paperwork. Then you did night work.'

'Not for long, just a few months... it wasn't really my thing, but it allowed me to find some financial means to pay for all the medical and administrative procedures...'

'To be recognised as the person I am.'

'Because of run-up debts, illness, work incapacity, loss of work due to lack of understanding of clients/ employers, and another reason: because it is great for my female ego when men find me beautiful and sexy.'

'I like to do it every now and then. It actually gives me confidence. It provides a counterweight to the 'disapproving looks' that I occasionally get from others in the public space.'

'Super for people who find it difficult to find and enjoy great sex, it gives them a boost'

'Because I have always dreamed of doing this since puberty.'

'I was living on the streets and no longer respected myself.'

Seven respondents indicated not having experienced any problems as a result of sex work, while six said that they suffered from lack of respect, lack of safety or psychological difficulties.

2.8 Economic status

The questionnaire also looked at 'subjective economic stress', a widely used indicator to reflect on the ability of households to make ends meet (Anderson, Mikulić, Vermeulen, Lyly-Yrjanainen, & Zigante, 2009, p. 11). If the respondent experiences (great) difficulties to make ends meet financially, the household is considered as being under economic stress (Motmans, Meier, & T'Sjoen, 2011, p. 56). Almost one in three respondents (30.8%) indicate that they are struggling to make ends meet, taking into account all sources of income. The Belgian percentage from the European Quality of Life Survey 2012 (EQLS 2012) is 13.7% (Eurofound, 2014).

Table 11. Make ends meet with the available income

	Transgender in Belgium		EQLS2012 (B)	
	Number	Percentage	Number	Percentage
Very easily	44	10,4	80	7,9
Easily	57	13,5	320	31,7
Fairly easily	100	23,7	269	26,6
With some difficulty	91	21,6	202	20,0
With difficulty	80	19,0	94	9,3
With great difficulty	50	11,8	44	4,4

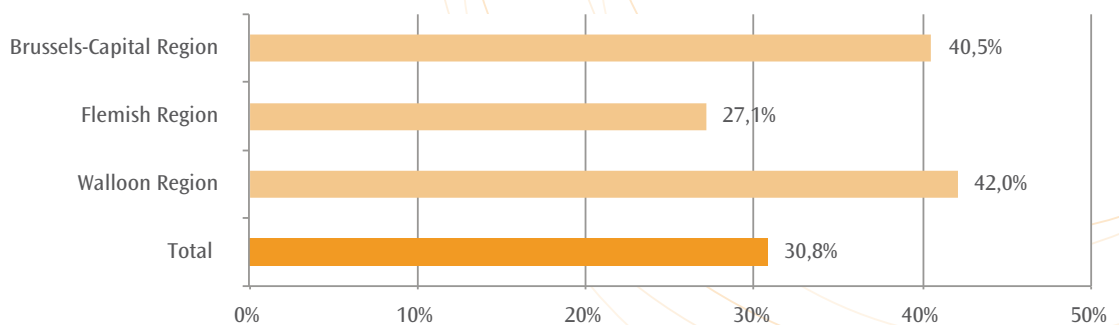
Question: Q0108: A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet? Is this...?

Basis: Respondents to the Transgender in Belgium Survey (n = 422).

Source: Transgender in Belgium survey, 2017.

When analysing economic stress in more detail, it becomes clear that the differences are significant with regard to education level ($p < 0.001$). Low-skilled people are more often subject to economic stress than high-skilled people (39% versus 20.4%). Region also plays a part ($p = 0.021$), with respondents from Flanders reporting significantly lower levels of economic stress (27.1%) compared to respondents from the other regions. However, differences in the degree of economic stress between regions cannot be explained by the level of education, as there is no significant difference in education levels between regions.

Graph 5. Economic stress per region



Question: Q0108: A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet? Is this...?

Basis: Respondents to the Transgender in Belgium Survey who make ends meet 'With difficulty' and 'With great difficulty' (n = 128).

Source: Transgender in Belgium survey, 2017.

There is no difference in whether economic stress had been experienced or not among the identity categories, or with regard to age, or whether or not care was sought.

2.9 Household composition

The respondents were asked who they lived with, and this revealed a wide variety of cohabitation forms. Some respondents also supplemented this list with pets or housemates (other than friends or family).

Table 12. Form of cohabitation

	Number	Percentage of responses	Percentage of respondents
No-one	116	19,2	27,1
Partner(s)	139	23,1	32,5
Child(ren)	83	13,8	19,4
Parent(s)	122	20,2	28,5
Other family member(s)	80	13,3	18,7
Friend(s)	25	4,1	5,8
Other (specify here)	38	6,3	8,9
Total	603	100,0	140,9

Question: Q109. Can you please tell us who is living with you (all or most of the time)?

Basis: Respondents to the Transgender in Belgium Survey (n = 428).

Source: Transgender in Belgium survey, 2017.

For the data analysis, a new classification was made for type of family, taking into account all possible combinations of household compositions. Single persons are persons who do not live together with anyone else, even temporarily. In the 'lone parents' group, respondents who only have the children in their household at certain times, for example during the weekend, are also included. A distinction is also made between couples with and without children. Respondents who live with their parents also often live with other family members. All other possible forms of cohabitation are in the remaining category 'other types of family'. A large proportion of these respondents live with friends.

Table 13. Household composition

	Number	Percentage
Singles	114	26,9
Lone parents (only living with children, even part-time)	20	4,7
Couples with children	59	13,9
Couples without children	70	16,5
Living with parents (and possibly other members of family, but without children and partner)	117	27,6
Other types of family	44	10,4
Total	424	100,0

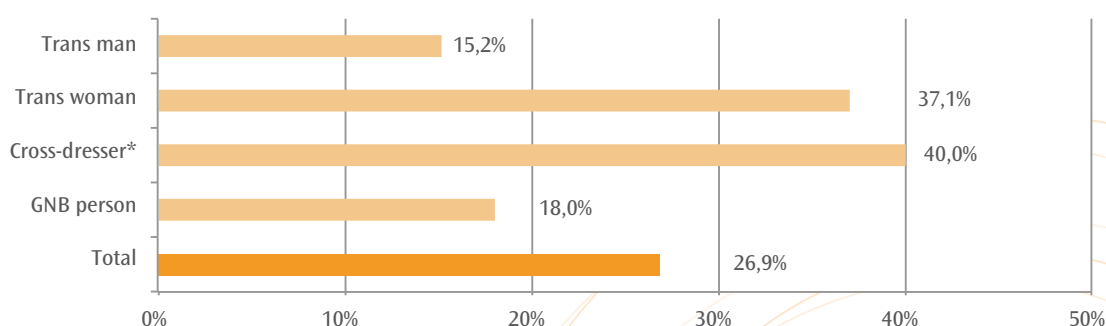
Question: Q109. Can you please tell us who is living with you (all or most of the time)?

Basis: Respondents to the Transgender in Belgium Survey (n = 424).

Source: Transgender in Belgium survey, 2017.

When comparing 'singles' (26.9%) with 'non-singles' (73.1%), a significant difference for the identity categories ($p < 0.001$) becomes apparent, being that trans men and gender non-binary respondents live alone less often than trans women and cross-dressers.

Graph 6. Lone persons by identity category



Question: Computed variable based on Q109. Can you please tell us who is living with you (all or most of the time)?

Basis: Respondents to the Transgender in Belgium Survey (n = 424).

Note: *Fewer than 30 cases.

Source: Transgender in Belgium survey, 2017.

2.10 Sexual orientation

Sexual orientation was surveyed via questions about actual sexual attraction. Respondents could indicate all the answers that were applicable.

The analysis shows that almost four in ten say they feel attracted to women (39.9%). A significant group indicates that they feel attracted to transgender persons (25.6%) or that gender is not important (25.9%). Of the respondents who ticked 'other', a large proportion indicates that they feel pansexual, and that sex or gender is not important. A large number of people also describe themselves as asexual.

Table 14. Sexual attraction

	Number	Percentage of responses	Percentage of respondents
I am attracted only to men	81	11,2	18,9
I am attracted only to women	171	23,6	39,9
I am attracted to men and women	130	17,9	30,3
I am attracted to transgender persons	110	15,2	25,6
I don't feel attracted to anyone	33	4,5	7,7
I don't find gender important ⁹	111	15,3	25,9
Don't know	30	4,1	7,0
Other	60	8,3	14,0
Total	726	100,0	169,2

Question: Q0111: How do you describe your current sexual orientation? (Several answers are possible).

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

When we look at sexual attraction per identity category, the large proportion of trans men who (among other things) feel attracted to men (24.1%) is striking. The large proportion of trans women who (among other things) feel attracted to women (39.9%) is also noteworthy. Among gender non-binary respondents, 37.6% indicates that they do not consider gender to be important, making them the largest group of respondents in this response option.

Table 15. Sexual attraction by identity category

	Number				Percentage			
	Trans man	Trans woman	Cross dresser*	GNB person	Trans man	Trans woman	Cross dresser*	GNB person
I am attracted only to men	28	39	2	12	24,1	19,7	14,3	11,9
I am attracted only to women	51	79	7	34	44,0	39,9	50,0	33,7
I am attracted to men and women	30	65	3	32	25,9	32,8	21,4	31,7
I am attracted to transgender persons	21	50	8	31	18,1	25,3	57,1	30,7
I don't feel attracted to anyone	5	18	1	9	4,3	9,1	7,1	8,9
I don't find gender important ⁹	33	40	0	38	28,4	20,2	0,0	37,6
Don't know	6	19	1	4	5,2	9,6	7,1	4,0
Other	9	25	1	25	7,8	12,6	7,1	24,8
Total	116	198	14	101	100,0	100,0	100,0	100,0

Question: Q0111: How do you describe your current sexual orientation? (Several answers are possible). Computed variable based on Q0008.

Basis: Respondents to the Transgender in Belgium Survey (n = 429).

Note: * Fewer than 30 cases.

Source: Transgender in Belgium survey, 2017.

Although there are no comparable data available, the above figures clearly reflect the fluidity of sexual orientation in this transgender research group. Whether this is different for transgender persons than for cisgender persons is not immediately clear due to a lack of comparable data in Belgium.

Notes

- 6 In the survey, the question was formulated as follows: 'How were you registered at birth? (gender as listed on your birth certificate): M/F' This question merely enquired as to the decision taken by the doctor at birth and the registration of the baby's civil status with the registrar. In this report, we refer to this registration as 'assigned male/female at birth'.
- 7 Many of the background variables which were not strictly necessary for the analysis were at the end of the questionnaire. As a result, the numbers were not always equal to the number of respondents as in the rest of the report, because a number of respondents did not complete the questionnaire to the end (N = 534).
- 8 Respondents could indicate more than one response category.
- 9 It should be noted that a translation error was found in the questionnaire, which in the French version was translated as 'Je trouve que la sexualité n'a aucune importance', which indicated the insignificance of sexuality, rather than the insignificance of gender.



Openness, recognition and well-being

3.1 Realisation of gender identity and coming-out

The average age at which people became aware that their gender assigned at birth did not match their experienced gender identity in this sample is 12.7 years old, the youngest reported age is one year old and the oldest 62 years old. This age of realisation barely changes across the generations.

Table 16. Average age of realisation, by generations

	Number of respondents	Average age	Standard deviation
Protest generation (°1941-1955)	18	12,6	15,4
Generation X (°1956-1970)	99	14,0	12,2
Pragmatic generation (°1971-1985)	116	12,8	9,3
Generation Y (°1986-2000)	225	12,0	5,4
Total	458,0	12,7	8,8

*Question: Q0010: How old were you when you first realised that the gender you were assigned at birth did not (fully) match your gender identity? * Generations*

Basis: Respondents to the Transgender in Belgium Survey (n = 458).

Source: Transgender in Belgium survey, 2017.

When we look at this separately for the identity categories, we notice a significant difference ($p < 0.001$) in age of realisation: trans men became aware of their gender identity at a younger age, while cross-dressers were on average older. A number of respondents did not share their age of realisation, either because they did not know it, or they felt it was not applicable to their situation.

Table 17. Average age of realisation, by identity category

	Number of respondents	Average age	Standard deviation
Trans man	125	10,5	6,0
Trans woman	229	12,5	8,7
Cross-dresser*	14	16,1	12,3
GNB person	90	15,6	10,5
Total	458	12,7	8,8

Question: Q0010: How old were you when you first realised that the gender you were assigned at birth did not (fully) match your gender identity?

Basis: Respondents to the Transgender in Belgium Survey (n = 458).

*Note: * Fewer than 30 cases.*

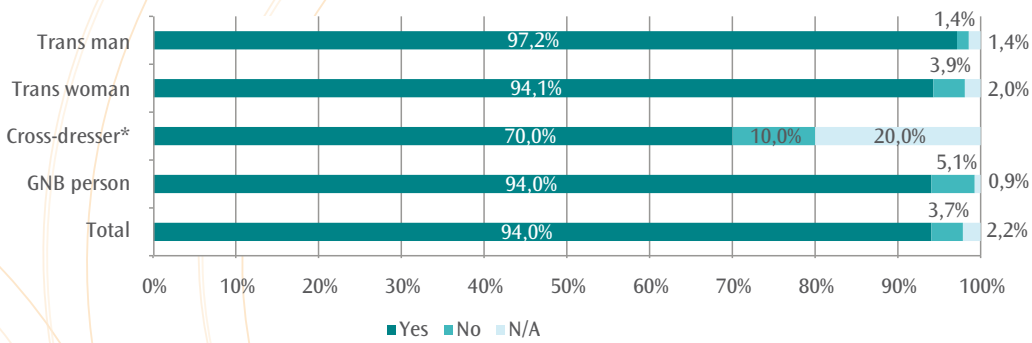
Source: Transgender in Belgium survey, 2017.

3.2 Openness

3.2.1 Age at first coming out

Almost all of the respondents (94%) have already told at least one person about their experienced gender identity. There is no significant difference in education related to the age of coming out. However, there is a difference between identity categories, most notably the group of cross-dressers reported more frequently that they had not yet told anyone.

Graph 7. Informed at least one person, by identity category



Question: Q0011: Have you already told at least one person that your gender identity is different from the gender you were assigned at birth?

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

*Note: * Fewer than 30 cases.*

Source: Transgender in Belgium survey, 2017.

The average age at which people first tell someone about their situation is 24 years old (the youngest age is three years old and the oldest 61 years old). This means that, on average, there is a difference of twelve years between the first realisation of gender identity and the first time it is expressed. In the group of respondents, there are also twenty people who have not yet told anyone that their gender identity is different from their gender assigned at birth. It seems plausible that openness is closely linked to generations, which is also illustrated by the data: the average age of coming-out in the protest generation is similar to that of generation X; the average age for the pragmatic generation is younger, and most prominently makes a sharp decline in generation Y, to 17.5 years old.

Table 18. Average age at first coming out, by generations

	Number of respondents	Average age	Standard deviation
Protest generation (°1941-1955)	20	35,4	17,6
Generation X (°1956-1970)	93	33,2	13,1
Pragmatic generation (°1971-1985)	120	27,7	10,1
Generation Y (°1986-2000)	234	17,5	4,9
Total	467	24,0	11,4

*Question: Q0011: Have you already told at least one person that your gender identity is different from the gender you were assigned at birth? * Generation (computed variable)*

Basis: Respondents to the Transgender in Belgium Survey (n = 467).

Source: Transgender in Belgium survey, 2017.

'It is highly personal and sensitive. Fear for the consequences (family, work environment, social environment, etc.). I've been on the verge of talking about it three times, and even started to twice, but I didn't get any further during the conversation than 'I'd like to wear women's clothing'.

There is also a significant difference between the identity categories when it comes to the age of the first coming out, with trans men being significantly younger than the other groups. This can be explained by the fact that trans men are primarily found among younger generations and the generational differences as described above.

Table 19. Average age at first coming out, by identity category

	Number of respondents	Average age	Standard deviation
Trans man	131	17,2	7,7
Trans woman	224	26,9	11,8
Cross-dresser*	11	31,0	13,0
GNB person	101	25,8	11,0
Total	467	24,0	11,4

Question: Q0011: Have you already told at least one person that your gender identity is different from the gender you were assigned at birth?

Basis: Respondents to the Transgender in Belgium Survey (n = 467).

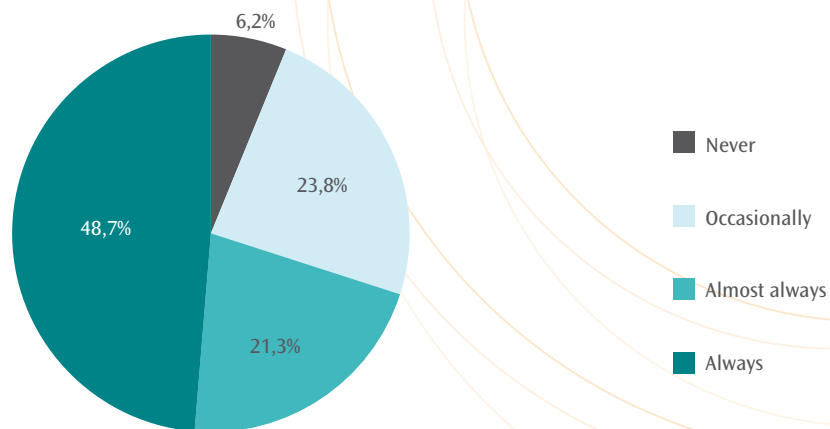
Note: * Fewer than 30 cases.

Source: Transgender in Belgium survey, 2017.

3.2.2 Living according to gender identity

Respondents also indicate the extent to which they currently live according to their experienced gender identity. It appears that only half of the total sample (48.7%, n = 260) always live according to their experienced gender identity, even though 94% of respondents have already informed someone.

Graph 8. Living according to gender identity



Question: Q0014: Are you currently living according to your experienced gender identity?

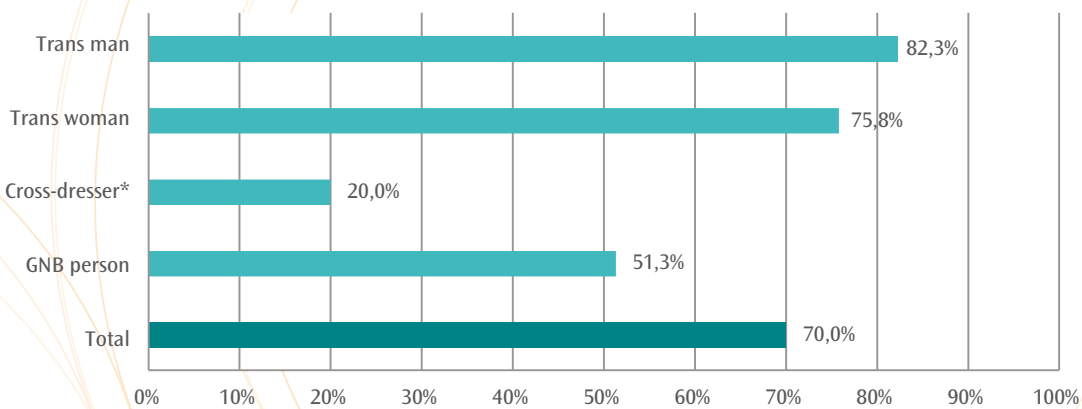
Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

There is no significant difference for age, region or educational level in this regard.

The picture becomes more nuanced when looking at this for the different identity categories. The percentage that (almost) always lives according to their gender identity is highest for trans men (82.3%) and trans women (75.8%), and much lower in gender non-binary respondents (51.3%) and cross-dressers (20%). There is a possibility that cross-dressers interpreted the question 'living according to gender identity' as living in their transvestite gender role, which explains the low percentage which indicated 'almost always' and 'always'. Nonetheless, the differences according to identity category appear to be statistically significant, even if we leave cross-dressers out of the comparison ($p < 0.001$).

Graph 9. Always or almost always living according to experienced gender identity, by identity category



Question: Q0014: Are you currently living according to your experienced gender identity? % almost always and always

Basis: Respondents to the Transgender in Belgium Survey (n = 374).

*Note: *Less than 30 cases.*

Source: Transgender in Belgium survey, 2017.

3.2.3 Partial openness

Of the respondents who indicated that they occasionally ($n = 127$) or almost always ($n = 114$) live according to their experienced gender identity, we also looked at who it referred to and how long they have lived this way. Most of the respondents (82.9%) live according to their experienced gender identity at home or in an intimate circle. It is also striking that the majority of respondents have only lived according to their experienced gender identity over the past two years, or at most five years.

Table 20. Context in which a person lives according to their gender identity (in percentages)

	At home, in intimate circle (n = 234)	With close friends (n = 243)	With transgender people/transgender associations (n = 243)	With colleagues and/or fellow students (n = 240)	In public places (n = 243)	In care (n = 237)	Everywhere (n = 238)
Not	17,1	25,4	23,2	56,4	32,5	49,1	57,8
Less than 2 years	38,9	41,7	43,4	30,2	38,6	35,1	26,9
2 to 5 years	17,1	23,7	23,2	9,3	16,7	11,3	9,9
5 to 10 years	6,8	7,0	4,8	3,1	5,7	3,6	4,5
Longer than 10 years	20,1	2,2	5,3	0,9	6,6	0,9	0,9

Question: Q0017: Are you currently living according to your experienced gender identity?

Basis: Respondents to the Transgender in Belgium Survey, who 'occasionally' or 'almost always' live according to their experienced gender identity (n = 241).

Source: Transgender in Belgium survey, 2017.

3.2.4 Obstacles to living according to gender identity

Of the respondents who have *never* lived according to their experienced gender identity (n = 33), 45.5% intended doing so in the future, while 48.5% did not yet know.

Table 21. Plans to inform others about experienced gender identity in the future

	Number	Percentage
Yes	15	45,5
No	2	6,1
Don't know yet	16	48,5
Total	33	100,0

Question: Q0015: Do you intend to do so in the future?

Basis: Respondents to the Transgender in Belgium Survey, who 'never' live according to their experienced gender identity (n = 33).

Source: Transgender in Belgium survey, 2017.

The main obstacles reported by those who never live according to their gender identity are family (72.2%), reactions from other people (66.7%) and work (50%).

Table 22. Experienced obstacles to living according to gender identity

	Number	Percentage of responses	Percentage of respondents
My work	9	17,6	50,0
My partner	3	5,9	16,7
My children	7	13,7	38,9
My family	13	25,5	72,2
Reactions of other people	12	23,5	66,7
Other	7	13,7	38,9
Total	51	100,0	283,3

Question: Q0016: What are your reasons for not doing so?

Basis: Respondents to the Transgender in Belgium Survey, who 'never' live according to their experienced gender identity (n = 33).

Source: Transgender in Belgium survey, 2017.

'I see it a little bit like a missed opportunity..... I was born in a man's body... I can modify myself, but then I am just a modified man and still not a woman. If I had been born in the right family nowadays, I might have thought differently about it.'

'The transition has such an immense impact on all aspects of your life, it is almost unbearable. I take sedatives otherwise I can't cope. I get support from a psychologist twice a week, to help me cope with the situation. It is a battle. I am so terrified of the whole rollercoaster, and yet I am trapped in my fear.'

3.2.5 Addressed and treated according to the experienced gender identity

All respondents were also asked to what extent they were addressed according to their experienced gender identity by strangers in their daily lives. In order to determine the experiences of the respondents who at least occasionally express themselves in their desired gender identity, a selection is made of the respondents who are not cross-dressers and who at least occasionally live according to their experienced gender identity (n = 482). The table below shows that the level of being addressed according to one's experienced gender identity increases with the extent to which one lives according to that identity. However, only half (52.7%) of all respondents who always live according to their gender identity are always addressed or treated as such.

Table 23. Being addressed and treated according to the experienced gender identity, by openness

	Lives occasionally according to gender identity	Lives almost always according to gender identity	Always lives according to gender identity	Total
Not applicable	3,6	2,7	2,7	2,9
Never	37,5	12,7	2,7	13,1
Rarely	32,1	30,0	8,1	18,7
Sometimes	17,9	21,8	6,9	12,9
Often	7,1	23,6	26,9	21,6
Always	1,8	9,1	52,7	30,9
Total	100,0	100,0	100,0	100,0

Question: Q0018: To which extent do strangers (currently) address and treat you in accordance with your gender identity?

Basis: Respondents to the Transgender in Belgium Survey, who occasionally live according to their experienced gender identity (n = 482).

Source: Transgender in Belgium survey, 2017.

If we look at these results only for people who *always* live according to their experienced gender identity, we obtain significant differences for the identity groups ($p = 0.029$). In proportion, trans men indicate more often than trans women that they were *often* or *always* treated according to their experienced gender identity (84.4% versus 79.4%). Gender non-binary respondents indicate less frequently that they were often or always treated according to their experienced gender identity (61.1%).

Table 24. Being addressed and treated according to the experienced gender identity, by identity category

	Trans man	Trans woman	GNB person	Total
Not applicable	1,3	3,6	0,0	2,7
Never	0,0	3,0	11,1	2,7
Rarely	5,2	7,9	22,2	8,1
Sometimes	9,1	6,1	5,6	6,9
Often	23,4	27,3	38,9	26,9
Always	61,0	52,1	22,2	52,7
Total	100,0	100,0	100,0	100,0

Question: Q0018: To which extent do strangers (currently) address and treat you in accordance with your gender identity?

Basis: Respondents to the Transgender in Belgium Survey, without the respondents who identify themselves as a cross-dresser and only those who always live according to their gender identity (n = 260).

Source: Transgender in Belgium survey, 2017.

Even if we extend the selection to people who have officially changed their first name and gender (and always live according to their gender identity), we find that only 69% of the respondents are *always* addressed according to their gender identity. The differences for the identity categories remain significant. Trans men have a 88.5% chance of always being addressed according to their gender identity, trans women 62.5% and gender non-binary respondents 50.0%.

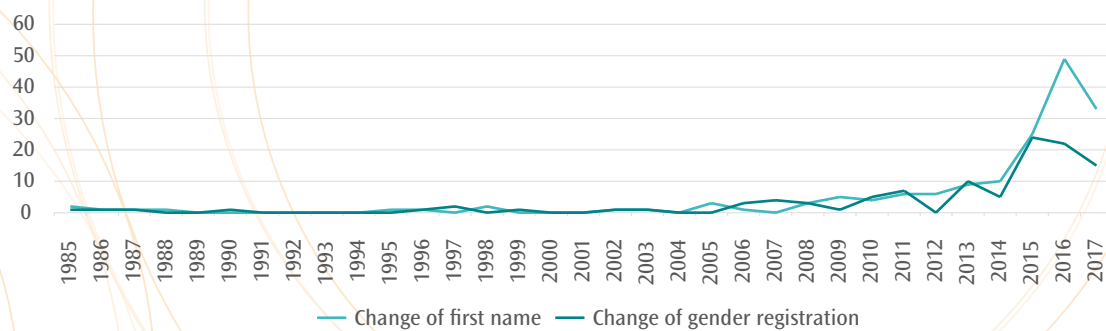
3.3 Changing the official registration of first name and gender

Of all respondents, only 34.8% of respondents officially changed their first names (n = 186). To this end, the majority (95.2%) used the Transsexuality Act of 2007. Only in 5 cases was the standard licence for changing a first name used (2.7%). Four people used another procedure (e.g. through the courts).

In addition to the first name change, the registration of gender was also officially modified by one fifth of the respondents (20.2%). 85.2% of the respondents who registered the change of gender made use of the administrative procedure via the registry office, while 14.8% followed the judicial procedure through the courts.

The sample shows a large number of recent legal changes of first name and gender registration. Most first name changes were requested in 2015 (n = 25) and 2016 (n = 49). In 2017, 33 first name changes were recorded, even though the data collection only took place in May of that year. The official changes of gender registration primarily took place in 2015 (n = 24) and 2016 (n = 22), with a relatively high number in 2017 (n = 15) given the time of the year (May-June 2017).

Graph 10. Changes in first name and gender registration



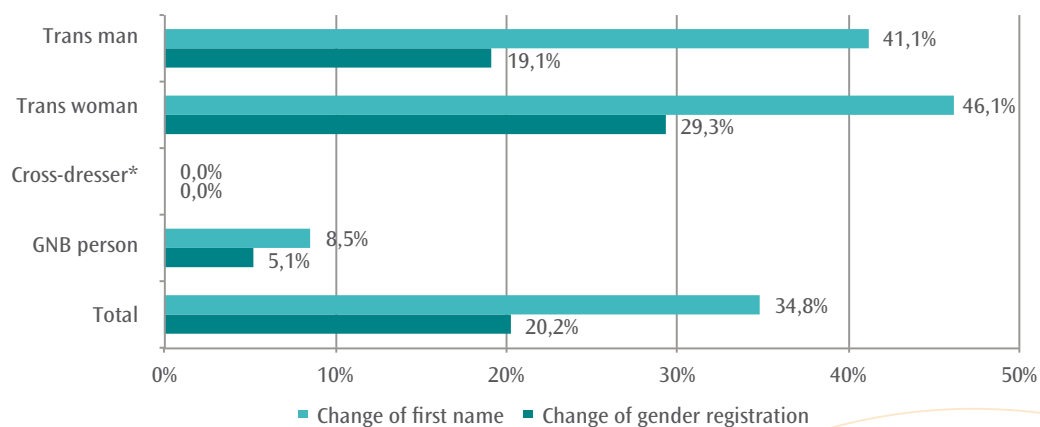
Question: Q0019: Have you had your first name changed on your birth certificate? And Q0023: Have you had your gender changed on your birth certificate?

Basis: Respondents to the Transgender in Belgium Survey who changed their first name (n = 186) and gender (n = 108).

Source: Transgender in Belgium survey, 2017.

It is primarily the trans men and trans women group who officially changed their first name or gender ($p < 0.001$). But also in the gender non-binary group, a small percentage reported a change of their first name (8.5%) or even their gender (5.1%). None of the cross-dressers took any official steps.

Graph 11. Changes in first name and gender registration, by identity category



Question: Q0019: Have you had your first name changed on your birth certificate? And Q0023: Have you had your gender changed on your birth certificate?

Basis: Respondents to the Transgender in Belgium Survey who changed their first name (n = 186) and gender (n = 108).

Source: Transgender in Belgium survey, 2017.

*Note: *Fewer than 30 cases.*

A remarkably large group have not taken any official steps. This can be for a variety of reasons: because there is no wish for legal changes (11.5%) or because there is no need for them (13.5%), and so on. The analysis shows that most respondents intend to request an official change of their first name (28.9%). This is also evident from the 'other' response category, where people indicate that they are still in the middle of the transition and (out of necessity) decided to wait for hormone therapy. A substantial proportion also says that they are waiting for the new law (28.9%). In other words, a very sharp increase in the number of changes of first names can be expected in 2018, as soon as the new legal procedure enters into force.

Table 25. Reasons not to change first name

	Number	Percentage of responses	Percentage of respondents
I'm waiting for the new legislation	101	17,5	28,9
I did not change my first name	35	6,1	10,0
I don't want to	40	6,9	11,5
I don't think it's necessary	47	8,1	13,5
I do not agree with the provisions of the law	40	6,9	11,5
I would like to do so in the future	174	30,2	49,9
I don't know if I can	13	2,3	3,7
I think it's too difficult or too expensive	30	5,2	8,6
My application was rejected	1	0,2	0,3
Not applicable	10	1,7	2,9
Other	86	14,9	24,6
Total	577	100,0	165,3

Question: Q0022: Is there a reason why did you did not do this/have not done this yet? (multiple answers are possible, please indicate all that apply to you)

Basis: Respondents to the Transgender in Belgium Survey who did not change their first name (n = 349).

Source: Transgender in Belgium survey, 2017.

'I don't want to at the moment, as I am not always living according to my experienced identity. Given that I am gender non-binary, only a gender-neutral first name would bring peace of mind.'

'What appears on my passport is of little importance. How I can live is much more important than what will appear on a piece of paper.'

The desire to change the registered gender in the future is most frequently indicated (56.9%). Over one third indicates that they do not comply with the legal conditions (33.6%) and 22.4% says they do not agree with the legal conditions. The response category 'other' shows that many people prefer not to be pigeonholed as 'M' or 'F' and hope for a different form of registration. Nevertheless, these figures indicate that a sharp increase in the number of applications can also be expected in terms of official registrations of gender in 2018.

Table 26. Reasons not to change the registration of gender

	Number	Percentage of responses	Percentage of respondents
I don't want to	30	3,9	7,1
I don't think it's necessary	48	6,3	11,3
I do not agree with the provisions of the law	95	12,5	22,4
I do not fulfil the requirements of the law	143	18,8	33,6
I would like to do so in the future	242	31,8	56,9
I don't know if I can	28	3,7	6,6
I find the procedure too difficult	28	3,7	6,6
I find the procedure too expensive	27	3,5	6,4
Not applicable	21	2,8	4,9
My application was rejected	3	0,4	0,7
Other	96	12,6	22,6
Total	761	100,0	179,1

Question: Q0026: Is there a reason why did you did not do this/have not done this yet? (multiple answers are possible, please indicate all that apply to you)

Basis: Respondents to the Transgender in Belgium Survey who did not change their gender (n = 425).

Source: Transgender in Belgium survey, 2017.

'As far as I am aware, Belgium does not (yet) have any 'non-specific' category for gender registration. Should this possibility arise and should there be no physical conditions for change, then I would like to be able to do so.'

'My gender identity is not an option on the identity card.'

'I wish that 'M/F' was no longer indicated on my identity card.'

'I hope that the indication gender/sex completely disappears for everyone. I am gender fluid and do not want any labels. If it's a question of knowing what my sex organs look like, I'd be willing to stick a photo of them to better answer the question.'

'I don't want these false 'gender' criteria to be indicated on my ID card any more. Anyway, M/F are not 'gender criteria' but expressions of genders among many others which are not included.'

Half of the respondents who completed a change in the registration of their first name and gender (n = 91) did so in the same year ($M = 0.9$, $SD = 1.3$). For 60.5% of respondents, there was one to two years between both procedures.

Of those who carried out a legal name change and/or change of gender registration, 59.3% reports that they spent less than 100 euros on it. A quarter of respondents indicates that the costs were between 100 and 250 euros. However, this increases in the group of respondents who have gone through both procedures: 17.5% indicates that the total cost amounted to at least 250 euro.

Table 27. Cost of the change of registration of gender and/or first name

	Change in the registration of first name or gender		Change in the registration of first name and gender	
	Number	Percentage	Number	Percentage
Less than 100 euros	102	59,3	50	48,5
100 to 250 euros	46	26,7	35	34,0
250 to 500 euros	11	6,4	8	7,8
More than 500 euros	13	7,6	10	9,7
Total	172	100,0	103	100,0

Question: Q0027: All in all, how much did your legal first-name change and/or the change of your gender registration cost you?

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

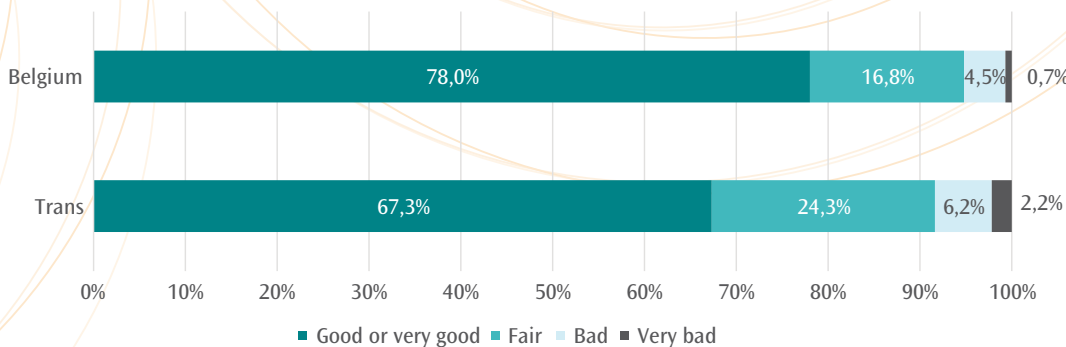
3.4 Psychosocial well-being

In order to get a picture of the well-being of the respondents, mental and physical health was surveyed, as well as suicidal thoughts and suicide attempts, the degree of social support people receive, the extent to which they feel connected with their social environment and sources of resilience.

3.4.1 Subjective health

Subjective health is described by 67.3% of the respondents as good or very good. By way of comparison, in Belgium, 78% of the population aged 15 and over assessed their health as being good or very good in 2013 (Tafforeau, 2014).

Graph 12. Subjective health



Question: Q0045: In general, would you say your health is..

Basis: (a) Respondents to the Transgender in Belgium Survey (n = 514). (b) Health Survey, Belgium, 2013 (= 6555).

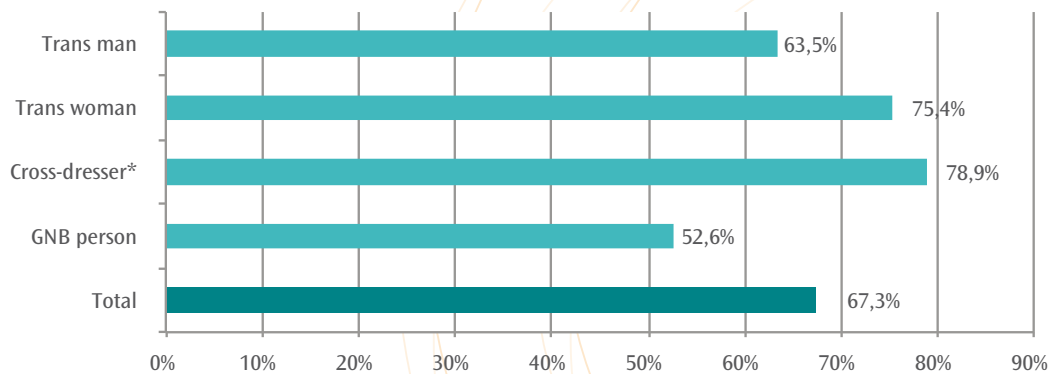
Source: Transgender in Belgium survey, 2017 & Health Survey, Belgium, 2013

Subjective health does not significantly differ in terms of educational level¹⁰, whether or not the person has undergone ‘trans care’, and also in terms of whether or not they live openly according to their gender identity. There is, however, a significant link with what is called ‘passability’: the less often people are addressed according to their gender assigned at birth, the better the score on subjective health ($p < 0.001$), regardless of whether they (almost) always live openly according to their gender identity. There is also an age effect, with older respondents reporting poorer subjective health ($p = 0.007$).¹¹

A significant difference is also observed with the indicator for economic stress, where respondents under economic stress report a lower level of good health compared to people without economic stress (51.9% versus 74.5%, $p < 0.001$). There is also a difference by region, with respondents from the Walloon Region reporting a higher level of subjective health (81.2%) than respondents from the Brussels-Capital Region (73.7%) and respondents from the Flemish Region (63.9%) ($p = 0.015$).¹² Given that economic stress also varies from region to region, the effect of it on subjective health was controlled, but the significant differences remained.

A look at the differences between the identity categories (which do not differ according to region or level of economic stress) shows that trans women report a remarkably better subjective health compared to trans men and gender non-binary persons ($p < 0.001$), also when checked by age. The latter two groups do not differ significantly.

Graph 13. Good subjective health by identity category



Question: Q0045: In general, would you say your health is.. % Good and very good.

Basis: Respondents to the Transgender in Belgium Survey (n = 514).

*Note: * Fewer than 30 cases.*

Source: Transgender in Belgium survey, 2017.

3.4.2 Suicidal thoughts and suicide attempts

Although the overall self-reported state of health paints a positive picture on average, the figures for suicidal thoughts and suicide attempts are less positive. 77.1% of the respondents have previously seriously considered suicide, more than half (58.5%) in the past year. 33.5% of the respondents have previously attempted suicide, one in five of which (20.8%) during the last year. Compared to the entire group of respondents, this means that 45.1% considered suicide during the last year and 6.9% actually attempted suicide.

Compared to the Belgian population, these figures are very high (Health Survey Belgium, 2013). In a representative sample of Belgians, 14% reports having previously considered suicide and 4.2% previously attempted suicide. The figures are in line with a Flemish study of mental well-being among transgender and LGB respondents, in which 38.7% of the transgender respondents reported that they had previously attempted suicide (Seynaeve et al., 2016).

Table 28. Suicidal thoughts and suicide attempts

	Number	Percentage
Have you ever seriously considered suicide?	400	77,1%
Have you had suicidal thoughts in the past 12 months?	234	45,1%
Have you ever attempted suicide?	174	33,5%
In the past 12 months have you attempted suicide?	36	6,9%

Question: Q0052: Have you ever seriously considered suicide? And Q0053: Have you had suicidal thoughts in the past 12 months? And Q0054: Have you ever attempted suicide? And Q0055: In the past 12 months have you attempted suicide?

Basis: Respondents to the Transgender in Belgium Survey (n = 519).

Source: Transgender in Belgium survey, 2017.

In view of the age differences between the identity categories, we will limit ourselves in the next analysis to the suicidal thoughts and suicide attempts during the past year. There are no significant differences between the identity categories in terms of suicidal thoughts in the last year, nor in the attempts previously made or in the last year. If we only look at the most recent suicide attempts (attempts in the twelve months prior to the data collection), we note that there is no significant difference in suicide attempts in the last year by gender assigned at birth, educational level, economic stress or region. However, respondents who attempted suicide in the previous twelve months were significantly younger (*Average age = 27.9, Standard deviation = 11.4*) than people who did not make a suicide attempt (*Average age = 34.2, Standard deviation = 12.7*) ($p = 0.008$). It also appears that respondents who openly live according to their gender identity report suicide attempts in the last year (17.4%) significantly less often than those who do not live openly (31.7%) ($p = 0.049$). However, there is no difference between receiving ‘trans’ care or not.

The following data add some nuance and insight, since we also asked respondents to indicate to what extent, in their opinion, the suicidal thoughts (and/or attempts) were linked to their experienced gender identity. This shows that for 29.5% of respondents, their suicidal thoughts (and/or attempts) were not at all linked to their gender identity, or only to a limited extent. Contrary to this, 58.5% of respondents indicate that this was very clearly linked to their gender identity or to the fact of being transgender.

Table 29. Suicidal thoughts or suicide attempts linked to gender identity

	Number	Percentage
Not at all related	31	10,8
Limited relation	54	18,7
Neutral/I don't know	34	11,8
Strongly related	102	35,4
Very clearly related	67	23,3
Total	288	100,0

Question: Q0056: If you ever considered suicide or attempted it, to which extent do you think this was related to your gender identity/the fact that you are transgender?

Basis: Respondents to the Transgender in Belgium Survey, who had previously had suicidal thoughts and/or had made a suicide attempt (n = 288).

Source: Transgender in Belgium survey, 2017.

Respondents were given the opportunity to discuss or interpret this link. They refer to a combination of different factors and circumstances.

'Before I realised I was a non-binary trans woman, I often thought I was crazy. That I was a 'fraud' who was confused and had convinced herself that she was someone who wasn't real. Due to other circumstances as well, including my marriage that went through difficulties, I often saw no way out, no future. I never really dared to do anything drastic, but I have come close.'

'Especially wondering whether there was still any point in waking up, life seemed to be just a succession of days that you have to survive without opportunities to grow and space to be worthy in all your potential, not just trans-related.'

'The general unhappiness associated with not living the gender identity I wanted to, influenced my mental health. But it was not the main reason.'

'The problems with gender and gender expression have dragged on all my life and make it meaningless for me personally. Achieving something meaningful in life is very difficult and I do not form a real bond with others, because they don't know me.'

'Despite the fact that everyone now recognises me as a woman, I find it difficult to fully be a woman. I lack social skills because in my childhood I could never be myself and so could not develop my own personality. Being childless also weighs heavily on me. Before the transition 'I' did not exist. After the transition I try to survive, living without a solidly grounded past. <deep sigh>'

'Despite all the (medical) care there is for transsexuals, it remains difficult for me to accept myself. I will never physically be able to fully approach my feelings as a man. This is a persistent problem and still causes a lot of unease after all my operations.'

'My suicide attempts are not related to the fact that I am a transgender person. They are linked to the fact that I face discrimination on a daily basis as a transgender person and because I had a burn-out.'

'It is difficult to know whether depression is the cause of transgender-related unease, or vice versa. They seem to strengthen each other both ways. If I feel generally worse, I also feel worse in my body (perhaps because I have less strength to bear these things).'

3.4.3 Looking for help in the event of suicidal thoughts and suicide attempts

Finally, we asked respondents who had had suicidal thoughts or had attempted suicide in the twelve months prior to the data collection, from whom they had sought help. Around half of the respondents indicate that they did not seek help or dealt with it by themselves (51.5%) and slightly less than half indicate that they did seek professional help (44.6%).

Table 30. Searching for help in the event of suicidal thoughts and suicide attempts

	Number	Percentage of responses	Percentage of respondents
I looked for help among peers, friends, or family	85	22,9	36,8
I looked for professional help (mental health care)	103	27,8	44,6
I looked for anonymous help (suicide hot-line, etc.)	28	7,5	12,1
I looked for trans-specific help lines, trans services, or trans organisations	17	4,6	7,4
I did not seek any help/ dealt with it myself	119	32,1	51,5
Other	19	5,1	8,2
Total	371	100,0	160,6

Question: Q0058: Where did you turn to for help when you had suicidal thoughts / attempts?

Basis: Respondents to the Transgender in Belgium Survey, who had had suicidal thoughts and/or had made a suicide attempt in the previous 12 months (n = 234).

Source: Transgender in Belgium survey, 2017.

3.4.4 Experienced support and connectedness

In addition to risk factors in the well-being of transgender persons, we also examined protective factors such as social support and resilience. On average, respondents receive high levels of support from friends and 'special people' in their circle. Family support is mediocre, as well as the average total experienced support.

Table 31. Experienced support

	Number	Average score	Standard deviation
Support from a special person	513	5,4	1,7
Support from family	517	4,1	1,9
Support of friends	510	5,2	1,5
Total experienced support	500	4,9	1,3

Question: computed variable based on Q0041: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.(see annex 2 for the full questionnaire) (4 = neutral score).

Basis: Respondents to the Transgender in Belgium Survey (n = 517).

Source: Transgender in Belgium survey, 2017.

There is a significant difference in the perception of support among the identity categories, with trans men experiencing a significantly higher level of support than any other group ($p < 0.001$). Cross-dressers, trans women and gender non-binary respondents do not differ in the level of experienced support. This link remains significant, even when checked for age (social support is also strongly negatively correlated with age: the older the respondent the lower the experienced social support reported ($p < 0.001$)).

Not only did we survey the support of friends and family, we also tried to gain insight into the level of perceived support from transgender associations, LGBT organisations or self-help groups. In the first instance, it appears that the majority of respondents contacted such organisations or participated in activities (63%) over the previous two years. Next, we surveyed the extent to which respondents felt connected with these associations, in addition to other important support figures. The average score on the scale from 0 to 20 for feeling connected with the community is just above the neutral middle, as is the average score on the scale (from 0 to 32) for experiencing pride due to gender identity (see table).

Table 32. Connectedness and pride

	Number	Average	Standard deviation
Connectedness with the community	456	11,8	4,2
Experience of pride	476	15,8	7,0

Question: computed variable based on Q0069 (connectedness) and Q0046 (support).

Basis: Respondents to the Transgender in Belgium Survey.

Source: Transgender in Belgium survey, 2017.

Being of an older age has a positive influence on both the degree of connectedness with the community ($p = 0.006$) and experiencing pride ($p < 0.001$). When controlled for age, we see a significant difference between identity categories. Trans men report a lesser degree of pride than trans women or gender non-binary respondents ($p < 0.001$). Gender non-binary respondents, on the other hand, indicate a higher degree of connectedness with the community in comparison with trans women or trans men ($p = 0.002$) (controlled for age). Respondents who actively participated in activities during the two previous months indicate a higher degree of connectedness ($p = 0.020$) as well as pride ($p < 0.001$) (controlled for age).

3.4.5 Life satisfaction

Respondents were asked about their satisfaction, all things considered, at this moment in their lives, with a score of 1 to 10, 10 meaning that they were very satisfied. The average score is 6.1 (*Standard deviation* = 2.2) and no difference is observed between the identity categories. The Belgian standard data from 2012 was 7.6. There is a significant difference per region ($p = 0.037$). Respondents from the Brussels-Capital Region show a higher level of life satisfaction than respondents from the other regions. This difference cannot be explained by other influencing factors such as economic stress (a negative influence on satisfaction) or living according to gender identity (a positive influence on satisfaction).

Table 33. Life satisfaction per region

Region	Number of respondents	Average	Standard deviation
Brussels-Capital Region	38	6,97	1,9
Flemish Region	309	6,00	2,2
Walloon Region	68	6,03	2,3
Total	415	6,09	2,2

Question: Q0135: All things considered, how satisfied would you say you are with your life these days? Please tell us on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied. Please move the little ball to indicate how satisfied you are.

Basis: Respondents to the Transgender in Belgium Survey (n = 421).

Source: Transgender in Belgium survey, 2017.

Notes

- 10** This is in contrast to the Belgian data from the Health Survey, which showed that the (relative) risk of reporting poor subjective health is 2.5 times higher among lower-educated people than among higher-educated people (Tafforeau, 2014).
- 11** This corresponds with the findings of the Health Survey, where older people also reported good health to a lesser extent ($p = 0.015$) (Tafforeau, 2014).
- 12** This finding contradicts the Belgian data from the Health Survey, where the level of subjective health is the highest in Flanders. See Tafforeau (2014, p. 41).

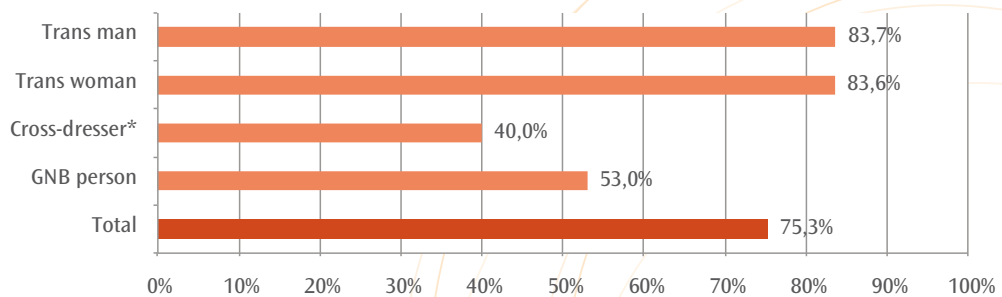


Experiences with transgender care

4.1 Contact with care providers

Three quarters of all respondents have sought out help from a professional care provider (75.3%). Seeking professional help varies according to gender identity, with trans men and trans women showing a fairly similar distribution. Among gender non-binary respondents on the other hand, only a little more than half have sought help.

Graph 14. Seeking help according to identity category



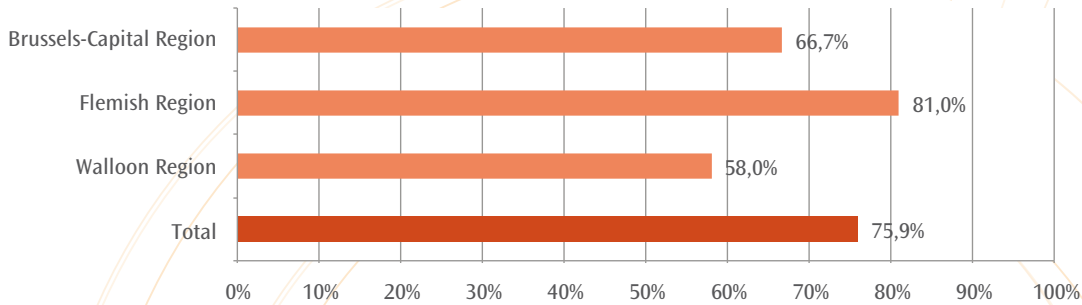
Question: Q0028: Have you ever sought assistance from a professional healthcare provider because of your gender identity?
Basis: Respondents to the Transgender in Belgium Survey (n = 534).

*Note: * Fewer than 30 cases*

Source: Transgender in Belgium survey, 2017.

No difference was reported in educational level or age in terms of seeking trans care or not. However, we do note a significant difference for the regions, with respondents from the Walloon Region seeking help significantly less often compared to respondents from the Flemish Region or the Brussels-Capital Region ($p < 0.001$). Living in a central city or not made no significant difference, even when checked for different regions. An expected link was found between previously having sought help and living according to gender identity: in the group that had previously sought help, 82.6% lived according to their gender identity. In the group that had never sought help, this was only 17.4% ($p < 0.001$).

Graph 15. Seeking help according to region



*Question: Q0028: Have you ever sought assistance from a professional healthcare provider because of your gender identity?
Q0103: In which Belgian region do you live?*

Basis: Respondents to the Transgender in Belgium Survey (n = 424).

Source: Transgender in Belgium survey, 2017.

The average age at which the first consultation with a care provider takes place is 30.9 years. Compared with the age at which respondents first ‘came out’ (Average age = 24, Standard deviation = 11.4) we can see a difference of 6 years on average. The average time period between the first realisation (Average time = 12.7, Standard deviation = 8.8) and the first consultation of a care provider is 17 years or more.

Furthermore, we also find differences in the age of seeking help depending on educational level, identity categories and gender assigned at birth. On average, respondents with low levels of education, trans men and respondents who were assigned female at birth are younger when they first seek help. A small difference can be noted for the regions, which only becomes significant when comparing Flanders with Wallonia ($p = 0.029$), which shows that the respondents from Flanders are significantly younger than respondents from Wallonia when they seek help.

4.1.1 Reasons for not seeking help

The 132 respondents who did not seek help from a care provider (24.7% of the total sample) give various reasons for not seeking help. More than one in three indicates that they do not need it (35.6%) and/or do not want it (15.9%). Fear of asking for help often appears to be a reason (25.8%), as well as the fear of prejudice among care providers (24.2%).

Table 34. Reasons not to seek help

	Number	Percentage of responses	Percentage of respondents
I don't want to	21	7,7	15,9
I can't at the moment for financial reasons	24	8,8	18,2
I don't need help	47	17,3	35,6
I don't dare to	34	12,5	25,8
I don't have confidence in what's on offer	21	7,7	15,9

	Number	Percentage of responses	Percentage of respondents
I don't know where to go	28	10,3	21,2
I haven't found any professional help in my neighbourhood	17	6,3	12,9
I find the waiting times too long	14	5,1	10,6
I don't agree with the treatment method in Belgium	15	5,5	11,4
I am afraid of prejudice on the part of care providers	32	11,8	24,2
Other	19	7,0	14,4
Total	272	100,0	206,1

Question: Q0029: If you have not sought help, why not? (Several answers are possible).

Basis: Respondents to the Transgender in Belgium Survey, who did not seek help (n = 132).

Source: Transgender in Belgium survey, 2017.

'You don't need to go to the doctor if you're not sick. So why would I need help?'

'The problems that would prompt me to seek professional help are not causally related to my gender identity, but I am terrified that they will all be put down to gender in the medical world, or that I will have to justify my identity.'

'I have been following intensive therapy for many years for a variety of mental illnesses, and I'm more or less at peace with my identity. When I need help of any sort, queer communities online are far more helpful anyway.'

4.1.2 Experiences with care providers

Of the 402 respondents with experience in trans care, 143 had this first experience in the two years prior to the data collection. We asked about the response they got when they visited a care provider.

Table 35. Experiences with care providers during the last two years

	GP		A psychologist or psychiatrist or another psychosocial care provider, not specifically working in transgender care		A psychologist or psychiatrist or another psychosocial care provider, with experience in the area of transgender care	
	Number	Percentage	Number	Percentage	Number	Percentage
Was informative and helpful	42	56,8	43	55,1	120	96,0
Wanted to help but had no information	26	35,1	30	38,5	1	0,8
Didn't seem to want to help me	5	6,8	4	5,1	4	3,2
Refused to help me	1	1,4	1	1,3	0	0
Total	74	100,0	78	100,0	125	100,0

Question: Q0031: In the last two years, did you seek assistance regarding your gender identity and what was the response? For each person, place a cross to indicate the reaction which best matches your experience.

Basis: Respondents to the Transgender in Belgium Survey, who sought help in the last two years (n = 143).

Source: Transgender in Belgium survey, 2017.

Respondents report that just over half of the GPs and psychologists/psychiatrists who were not specifically active in the area of trans care were informative and helpful (GPs: 56.8%, psychologists/psychiatrists: 55.1%). For psychosocial care providers with experience in the field of transgender care, the numbers for being informative and helpful were much higher (96%). Furthermore, the transgender respondents report that while people wanted to help them, 35.1% of general practitioners and 38.5% of psychologists/psychiatrists could not provide information. Only a few respondents report that care providers did not seem to want to help, or that help was refused, primarily among GPs (8.2%).

No significant differences in age were found, but there are differences between the identity categories¹³. Trans men who sought help in the last two years report less often than trans women that a psychologist was informative and helpful (51.3% versus 73.3%), or that they wanted to help, but did not have any information (46.2% versus 13.3%) ($p = 0.019$). Experiences with the GP reflect a similar difference between trans men and trans women. 37.5% of the trans men report that the GP was informative and helpful, versus 69.7% of the trans women. 50% of the trans men felt that the GP wanted to help but had no information, compared to 24.2% of the trans women.

4.1.3 Changing care providers

Of all 402 respondents who previously sought help, about one in five changed their GP, psychologist or psychiatrist (21.4%). Specifically, 10% of cases involved a change of psychologist, 6.7% involved a change of GP and 5.7% involved a change of psychiatrist. In the group of respondents who sought help in the last two years, this share was still 19.6%. No significant connection was found between having to change care provider or not, and the time since the first contact with this care provider. In addition, no differences were found for identity categories, gender assigned at birth, educational level, age or region.

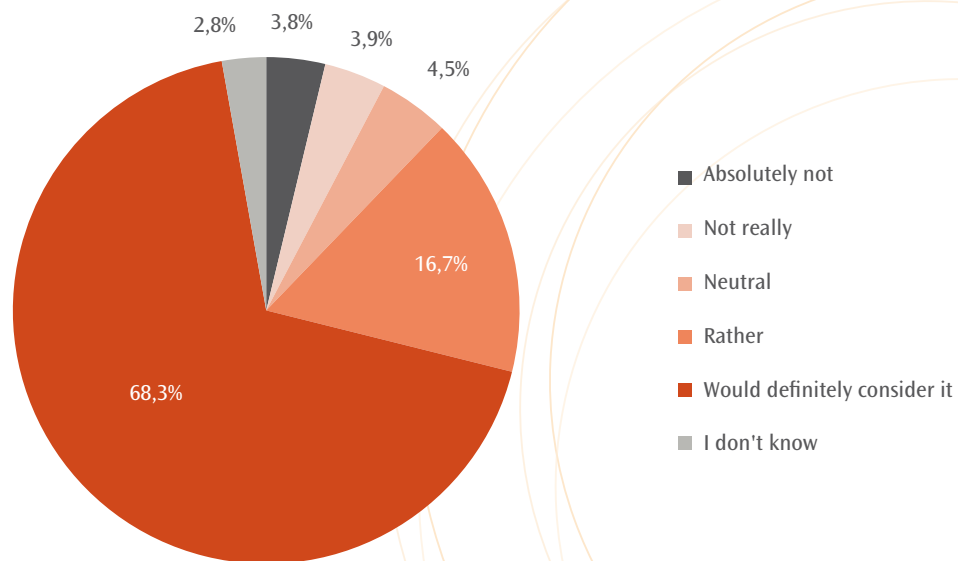
'I am currently looking for a new GP, as she does not recognise the legitimacy of my gender identity. In her opinion, it is a mental illness that can be cured, or at least my feelings can be explained by another problem. She says it is a phase, because transgender people are in the media more often now. Also with previous mental complaints (depression) I clashed with her due to her lack of understanding. It is very sad since she is a front-line care provider.'

4.1.4 Transition steps

Regardless of whether or not respondents had sought psycho-medical help, they were asked whether or not they wished to change their bodies with medical assistance in order to better reflect their gender identities. These questions took into account whether such steps had already been taken by the respondents in the past.

The overwhelming majority of respondents (85%) indicated that they decided to definitely or probably change their body to better match their gender identity. Only 7.7% said absolutely not, or not really.

Graph 16. Wish to change the body



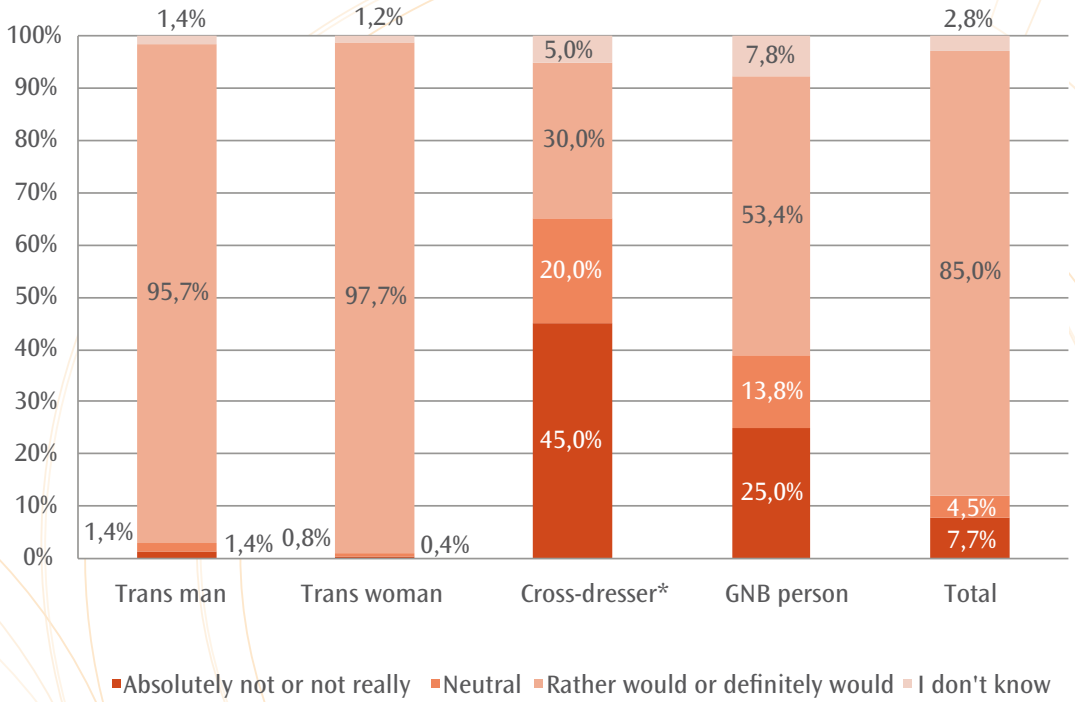
Question: Q0034: Would you consider changing your body (with medical assistance) or have you ever had your body changed (with medical assistance) so it better matches your gender identity? Indicate with a cross.

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

If we look at the distribution by identity type, it is striking that – as expected – primarily people who identify as gender non-binary give the most divided answers to the question regarding the wish to change their body. Approximately half (53.4%) want to change their body and 25% don't really want to change it, or absolutely not. This group also indicates more often that it is neutral with respect to a physical transition, or do not know if they wanted a physical change. By contrast, almost the entire group of trans men and trans women respondents want to change their body (95.7% and 97.7% respectively). The differences by identity category are statistically significant ($p < 0.001$).

Graph 17. Wish to change the body according to identity category



Question: Computed variable on Q0034: Would you consider changing your body (with medical assistance) or have you ever had your body changed (with medical assistance) so it better matches your gender identity? Indicate with a cross.

Basis: Respondents to the Transgender in Belgium Survey (n = 533).

*Note: * Fewer than 30 cases.*

Source: Transgender in Belgium survey, 2017.

Of the 85% of respondents who indicated that they changed their bodies or want to change their bodies, we asked about the specific steps that were taken, or intended. If a step had already been taken, we asked when this took place (more than two years ago, more than one year but less than two years ago, or in the last twelve months).

Table 36 shows which treatments were undertaken by the respondents assigned female at birth, while table 37 shows these figures for respondents assigned male at birth. In total, we see that 381 out of the 467 respondents had actually taken at least one of the steps.

Table 36. Transgender-specific care for persons assigned female at birth

	Number						
	> 2 years ago	1-2 years ago	< 1 year ago	Planned in the near future	Interested, but impossible	Not interested	I don't know
Assessment with a psychologist/psychiatrist	47	32	45	25	11	10	8
Hormone blockers or puberty blockers	15	5	5	12	46	57	23
Cross-sex hormone treatment (such as testosterone)	33	18	38	56	12	3	17
Chest surgery: reducing or removing breasts (mastectomy)	25	11	27	85	16	1	13
Removal of uterus or ovaries	20	8	7	56	5	40	41
Genital surgery (phalloplasty)	14	1	3	36	8	51	64
Voice-lowering operation	3	0	0	5	3	114	48
Other gender-related surgery	4	0	1	12	3	56	91
	Row percentage						
	> 2 years ago	1-2 years ago	< 1 year ago	Planned in the near future	Interested, but impossible	Not interested	I don't know
Assessment with a psychologist/psychiatrist	26,4	18,0	25,3	14,0	6,2	5,6	4,5
Hormone blockers or puberty blockers	9,2	3,1	3,1	7,4	28,2	35,0	14,1
Cross-sex hormone treatment (such as testosterone)	18,6	10,2	21,5	31,6	6,8	1,7	9,6
Chest surgery: reducing or removing breasts (mastectomy)	14,0	6,2	15,2	47,8	9,0	0,6	7,3
Removal of uterus or ovaries	11,3	4,5	4,0	31,6	2,8	22,6	23,2
Genital surgery (phalloplasty)	7,9	0,6	1,7	20,3	4,5	28,8	36,2
Voice-lowering operation	1,7	0,0	0,0	2,9	1,7	65,9	27,7
Other gender-related surgery	2,4	0,0	0,6	7,2	1,8	33,5	54,5

Question: Q0035: Can you tell us what type of trans-specific healthcare you have already undergone, and how long ago this took place? Please remember that trans-specific healthcare means everything related to your social or medical transition.

Basis: Respondents to the Transgender in Belgium Survey, with female gender assigned at birth (n = 178).

Source: Transgender in Belgium survey, 2017.

Table 37. Transgender-specific care for persons assigned male at birth

	Number						
	> 2 years ago	1-2 years ago	< 1 year ago	Planned in the near future	Interested, but impossible	Not interested	I don't know
Assessment with a psychologist/psychiatrist	127	39	57	26	4	24	12
Hormone blockers or puberty blockers	79	31	35	51	17	37	21
Cross-sex hormone treatment (such as estrogen)	105	32	48	68	9	4	17
Chest surgery: making breasts larger (breast augmentation)	36	9	14	101	9	46	66
Removal of testes	41	12	15	100	9	57	43
Genital surgery (vaginoplasty)	46	7	12	103	10	54	51
Voice feminisation surgery	14	2	7	58	13	105	80
Facial feminisation	9	2	7	78	23	76	80
Removal of hair using laser or electrolysis	80	22	73	78	13	7	11
Reshaping or removal of Adam's apple	14	3	3	64	15	119	56
Other gender-related surgery	7	1	1	32	8	66	150
	Row percentage						
	> 2 years ago	1-2 years ago	< 1 year ago	Planned in the near future	Interested, but impossible	Not interested	I don't know
Assessment with a psychologist/psychiatrist	43,9	13,5	19,7	9,0	1,4	8,3	4,2
Hormone blockers or puberty blockers	29,2	11,4	12,9	18,8	6,3	13,7	7,7
Cross-sex hormone treatment (such as estrogen)	37,1	11,3	17,0	24,0	3,2	1,4	6,0
Chest surgery: making breasts larger (breast augmentation)	12,8	3,2	5,0	35,9	3,2	16,4	23,5
Removal of testes	14,8	4,3	5,4	36,1	3,2	20,6	15,5
Genital surgery (vaginoplasty)	16,3	2,5	4,2	36,4	3,5	19,1	18,0
Voice feminisation surgery	5,0	0,7	2,5	20,8	4,7	37,6	28,7
Facial feminisation	3,3	0,7	2,5	28,4	8,4	27,6	29,1
Removal of hair using laser or electrolysis	28,2	7,7	25,7	27,5	4,6	2,5	3,9
Reshaping or removal of Adam's apple	5,1	1,1	1,1	23,4	5,5	43,4	20,4
Other gender-related surgery	2,6	0,4	0,4	12,1	3,0	24,9	56,6

Question: Q0036: Can you tell us what type of trans-specific healthcare you have already undergone, and how long ago this took place? Please remember that trans-specific healthcare means everything related to your social or medical transition.

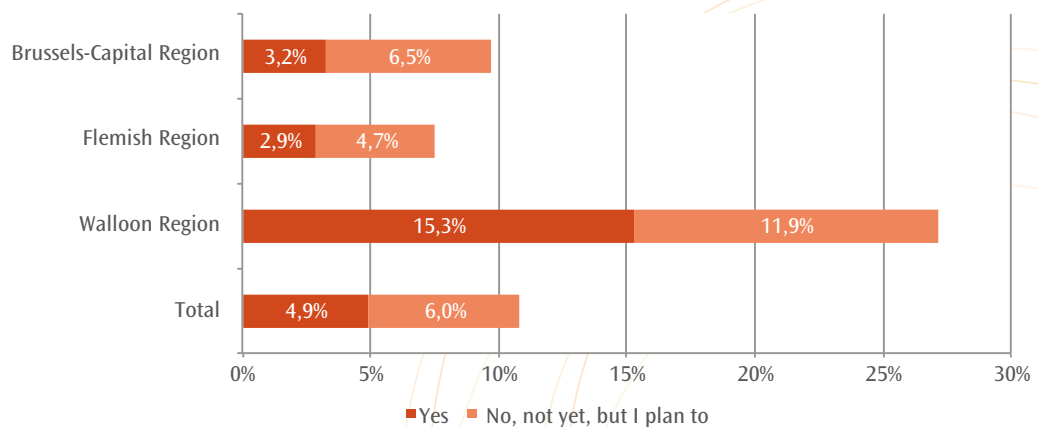
Basis: Respondents to the Transgender in Belgium Survey, with male gender assigned at birth (n = 289).

Source: Transgender in Belgium survey, 2017.

A few striking elements can be concluded from the above tables. Firstly, the use of hormones appears to be widespread. As many as 81.9% to 89.4% of respondents respectively assigned female and male at birth had already started to use hormones, or were planning to. Among the group of respondents assigned female at birth, 83.2% had undergone or planned to have breast removal. In the group assigned male at birth, 56.9% had undergone or planned to have breast augmentation. Genital surgery was more likely to be undergone or planned by the group assigned male at birth (59.4%) than by the group assigned female at birth (30.5%).

Respondents who sought transgender-specific medical/psychological care mainly did so in Belgium. Only 4.5% went abroad and 5.4% still intended to go abroad. Several reasons played a role in this decision: expertise abroad for certain operations, different techniques, or because of excessively long waiting lists in Belgium. Mainly trans women tend to go abroad. There is also a difference per region, as significantly more respondents from Wallonia went abroad compared to Flanders (see figure) ($p < 0.001$).

Graph 18. Desired care sought abroad according to region



Question: Q0038: Have you ever travelled abroad for care (while living in Belgium)?

Basis: Respondents to the Transgender in Belgium Survey (n = 369).

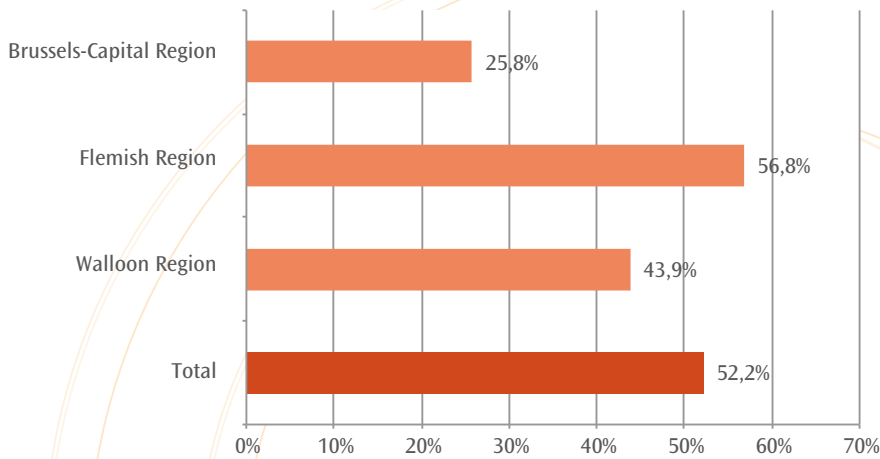
Source: Transgender in Belgium survey, 2017.

‘I would like to have gender reassignment surgery (vaginoplasty) and I believe that the techniques used in some countries are much better than in Belgium.’

‘Uncertainty about the skills of surgeons practising in Belgium for facial feminisation surgery and genital surgery. It is very difficult to obtain testimonies and possibly photographs of the results of people (with their consent) who have undergone these procedures in Belgium. There are many surgeons abroad who offer testimonials and before/after photos for free consultation, whether it is for facial feminisation surgery or genital surgery. It is also possible to discuss objectively, on Facebook groups or other forums, with people who have undergone these procedures with these surgeons. To have both positive and negative testimonials. There is no information anywhere about surgeons in Belgium...’

However, respondents from the Flemish Region are more likely than respondents from the Walloon Region to see long waiting times as an issue ($p = 0.002$).

Graph 19. Long waiting times perceived as a problem, according to region



Question: Q0040: Have the waiting times associated with your request for help ever been a problem for you? % Yes.

Basis: Respondents to the Transgender in Belgium Survey (n = 366).

*Note: * Fewer than 30 cases.*

Source: Transgender in Belgium survey, 2017.

There is also a significant difference for the identity categories ($p < 0.001$). Trans men (67.4%) perceive the long waiting times as problematic, compared to 47.8% of trans women and 33.3% of the gender non-binary group of respondents. A comparison by generation shows that the youngest generation also reported the highest percentage of problems with long waiting times ($p < 0.001$).¹⁴

4.2 Fertility

Fertility was not included in the questionnaire as a topic in the previous 'Being Transgender in Belgium' survey. Given the increasing options for preserving the fertility of transgender persons and the limited data on the wish to have a child and the use of fertility preservation options by transgender persons, questions about the attitude of transgender persons towards the various fertility topics were added to the current questionnaire.

4.2.1 Wish to have children

For the majority (58%) of respondents, the wish to have children is either already satisfied or non-existent, or was present in the past but not currently. In addition, one quarter (27.2%) indicated that they want to have children (whether or not very soon or whether or not it is achievable).

Table 38. Current wish to have children

	Number	Percentage
Yes, I actively do. I wish to have children soon	9	2,1
Yes, I hope to have children in the future	69	16,2
Yes, but I cannot fulfil my wish/my wish will remain unfulfilled	32	7,5
I used to, but now I no longer do	31	7,3
I do not wish to have children	121	28,4
I already have/had children	95	22,3
I already have one or more children, but I wish to have more	6	1,4
I don't know	35	8,2
Other	28	6,6
Total	426	100,0

Question: Q0117: Do you currently wish to have children?

Basis: Respondents to the Transgender in Belgium Survey (n = 398).

Source: Transgender in Belgium survey, 2017.

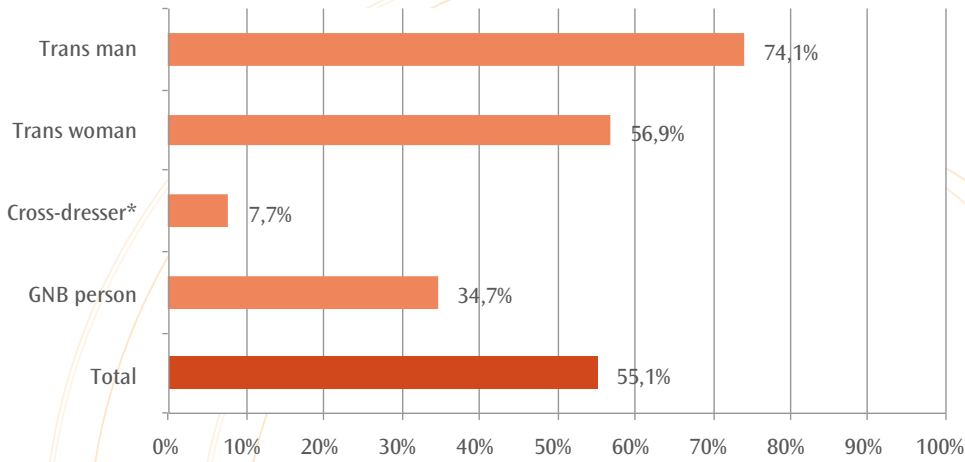
Having a wish to have children varies significantly depending on gender identity ($p < 0.001$): trans men indicate more often that they do not want to have children (38.8%), or want to have children in the future (28.4%), while trans women indicate more often that they already fulfilled their wish to have children (29.1%), had a wish to have children in the past (8.7%) or that they were/are unable to fulfil this wish (11.7%). This can be explained by the difference in age between the identity categories, with trans men being significantly younger. Indeed, respondents with a wish to have children are on average younger (*Average* = 27.9, *Standard deviation* = 10.8) than those without a wish to have children (*Average* = 40.49, *Standard deviation* = 13.8) ($p < 0.001$).

If we look at having a wish to have children for the age group 21-45, there is no difference between the identity categories or between the genders assigned at birth. In addition, the wish on the part of respondents to have children is independent of their level of education, whether or not a gonadectomy was performed, financial stress in their household and whether or not they live in a central city or region.

Information about fertility options

Slightly more than half of the respondents (55.1%) report having received information on fertility options as a transgender person. However, this information came through various channels: 30.5% obtained it from care providers, 10.7% from an LGBT organisation and 13.8% searched for it themselves or asked friends/acquaintances for information. Only 24 respondents (5.7%) indicate that they didn't receive any information at all on fertility options, but wanted such information. With regard to obtaining information or not, there appears to be a difference for the identity categories. Gender non-binary respondents obtained information significantly less often ($p < 0.001$).

Graph 20. Obtained information about fertility options, by identity category



Question: Computed variable based on Q122: Did you receive information about your fertility options as a transgender? Percentage 'yes'.

Basis: Respondents to the Transgender in Belgium Survey (n = 419).

*Note: * Fewer than 30 cases.*

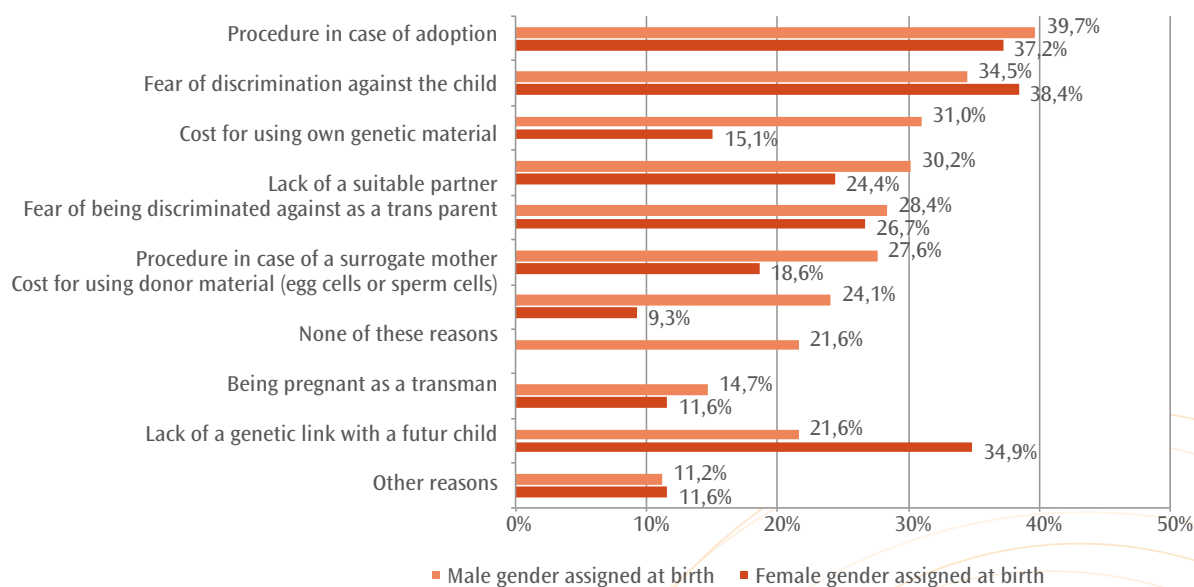
Source: Transgender in Belgium survey, 2017.

All in all, about half of the transgender sample report not being informed about their fertility options. A significant difference can be observed between transgender persons who sought some form of care and those who did not. Those who sought care were informed significantly more often about fertility options (63.4%) compared to those who had never sought help (26.6%) ($p < 0.001$). Even among the respondents who were already seeking help due to their gender identity, there is still a significant difference between the identity categories ($p < 0.001$).

Obstacles to fulfilling the wish to have children

The main obstacles to fulfilling the wish to have a child as indicated by the respondents are the adoption procedure, the fear of discrimination against the child and the cost of using their own genetic material.

Graph 21. Obstacles to fulfilling the wish to have children



Question Q129 and Q134: Which of the reasons below prevent you from having children? (multiple answers possible)

Basis: Respondents to the Transgender in Belgium Survey (n = 116).

Source: Transgender in Belgium survey, 2017.

4.2.2 Loss of fertility

The loss of fertility due to medical treatments (removal of uterus and/or ovaries or removal of testicles) was undesirable for 23.1% of the respondents (n = 355) for whom this was applicable. Just over half (52.1%) indicates that this was not undesirable and a quarter (24.8%) did not know. There is no difference in terms of the respondents' level of education and whether or not they had any trans care.

The group of respondents who indicate that they do not know is on average significantly younger (*Average* = 28.5, *Standard deviation* = 12.0) than the group who perceived the loss of fertility as undesirable (*Average* = 34.0, *Standard deviation* = 12.9) or as not undesirable (*Average* = 36.7, *Standard deviation* = 14.2).

In addition to age, there is also a difference by region. Respondents from the Flemish Region to whom this question applied (n = 350) indicate that they do not perceive the loss of fertility due to medical treatment as undesirable (57.5%), whereas respondents from the Brussels-Capital Region (46.7%) and the Walloon Region (37.0%) do perceive it as undesirable ($p < 0.001$).

Table 39. Unwanted loss of fertility by region

	Number				Column percentage			
	Brussels-Capital Region	Flemish Region	Walloon Region	Total	Brussels-Capital Region	Flemish Region	Walloon Region	Total
Yes	14	48	20	82	46,7	18,0	37,0	23,4
No	6	153	23	182	20,0	57,5	42,6	52,0
I don't know	10	65	11	86	33,3	24,4	20,4	24,6
Total	30	266	54	350	100,0	100,0	100,0	100,0

Question: Q123: Is the loss of your fertility as a result of certain medical treatments (removal of your uterus and ovaries/ removal of your testicles) an undesirable option? Q0103: In which Belgian region do you live?

Basis: Respondents to the Transgender in Belgium Survey (n = 350).

Source: Transgender in Belgium survey, 2017.

When asked *why* the loss of fertility as a result of medical treatments is perceived as being undesirable, 45 respondents (54.2%) indicated that they found this emotionally difficult, 15 respondents (18.3%) reported that their partner wanted to have children, 41 people (50.0%) wanted to have their own genetically-related children, and 21 respondents (25.6%) indicated other reasons, primarily the right to self-determination.

Gonadectomy following the transgender law?

Until the end of 2017, transgender persons who wanted to have the registration of their gender changed in their birth certificate had to have their uterus or testicles removed (gonadectomy). This regulation was in force at the time of the data collection. The respondents were asked whether they would have undergone this surgery if this had not been a legal requirement. The planned legislative amendment of January 2018¹⁵, which will remove the medical condition of a gonadectomy, might affect the desirability of these operations in the future.

However, responses were divided ($p = 0.003$). 28.0% of the respondents assigned female at birth indicated that they would not have this procedure carried out, while 26.6% would. More than one quarter did not know. On the other hand, 48.1% of the respondents assigned male at birth indicated that they would have this procedure carried out, while 24% would not.

When we look at the responses according to gender identity, it is striking that trans men (43.5%) and trans women (60.3%) are more likely to undergo a gonadectomy than expected, compared to the gender non-binary group (10.3%) ($p < 0.001$). In addition, it also appears that respondents from the Flemish Region are more willing to undergo this procedure, even if it would not be necessary for the official change to the registration of gender (46.5%), compared to respondents from the Walloon Region (28.1%) and the Brussels-Capital Region (23.7%). The desire for surgery does not differ across the different age groups/generations. There is also no difference with regard to educational level and financial stress in the household.

Of the respondents who indicated that they did *not* want this surgery, we have charted the reasons why. The main reasons for not undergoing a gonadectomy are not wanting to undergo unnecessary surgery and not needing this surgery to experience their gender identity. Respondents assigned female at birth primarily indi-

cate that removing the uterus was not important to their sense of gender identity. Respondents assigned male at birth indicated that they did not want unnecessary surgery most often.

Table 40. Reasons for not wanting a gonadectomy

	Assigned female at birth		Assigned male at birth	
	Number	Percentage of respondents	Number	Percentage of respondents
The removal of my testicles/uterus does not change my sense of gender identity	51	83,6	35	70,0
I do not want to undergo unnecessary surgery	48	78,7	37	74,0
I do not want to give up my fertility	25	18,8	8	16,0
Other	9	14,8	4	8,0
Total	133	218,0	84	168,0

Question: Q0119 and Q121 (male and female birth gender respectively): What are/would be your reasons for not having this operation? (several replies possible)

Basis: Respondents to the Transgender in Belgium Survey, assigned female at birth (n = 205) and assigned male at birth (n = 330).

Source: Transgender in Belgium survey, 2017.

Notes

- 13** A comparison with gender non-binary participants was not possible because too few GNB participants had sought help in the last two years. The same applies to a comparison between the regions, where too few respondents from the Brussels-Capital Region or Wallonia had sought help in the last two years to make an analysis possible.
- 14** This difference cannot be explained by the absence of trans men in the oldest groups, the significant difference for generations broken down by identity categories shows that it is primarily found in the trans women group.
- 15** The ‘Law of 25 June 2017 on the reform of regulations concerning transgender people with regard to the notification of a gender change in the civil status records and their consequences’ was published in the Belgian Official Journal on 10 July 2017.

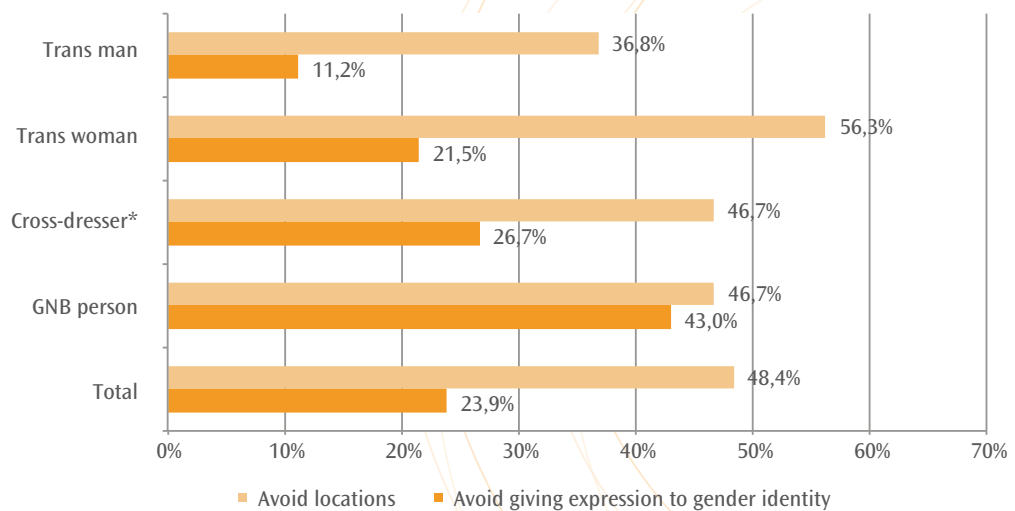


Negative experiences and discrimination

Before describing the negative experiences and experiences with discrimination in the 24 months prior to the data collection, we will first reflect on the respondents' avoidance behaviour. The data shows that almost one quarter of the respondents (23.9%) avoid expressing their own gender identity through physical appearance and clothing, for fear of being assaulted, threatened or harassed. Almost half of the respondents (48.4%) also indicate that they avoid certain locations out of fear of being assaulted, threatened or harassed.

There is a significant difference for the identity categories that cannot be attributed to the age differences between the groups. Primarily trans women avoid certain locations, and gender non-binary respondents largely avoid expressing their gender identity through physical appearance and clothing, for fear of being assaulted, threatened or harassed.

Graph 22. Avoidance behaviour out of fear of being assaulted, threatened or harassed, by identity category



Question: Q0070: Do you avoid expressing your gender (or your desired gender) through your physical appearance and clothing for fear of being assaulted, threatened or harassed? Yes. And Q0071: Do you avoid certain places or locations for fear of being assaulted, threatened or harassed because of your gender identity or expression? Yes.

Basis: Respondents to the Transgender in Belgium Survey (n = 456).

Note: * Fewer than 30 cases.

Source: Transgender in Belgium survey, 2017.

Respondents exhibiting avoidance behaviour report significantly reduced subjective health (avoidance of places: $p = 0.009$, avoiding expression of gender identity: $p = 0.001$).

The reported experiences of discrimination described below should therefore be read with the information regarding the respondents' avoidance behaviour in mind.

In order to get a detailed picture of the extent of negative experiences and experience of discrimination, we surveyed specific situations in various contexts (at school, at work/labour market, in healthcare, other areas of life, and with regards to insurance) during the past two years. We also examined to what extent the respondents have previously complained about the event they experienced as discriminatory.

5.1 At school

In the table below, the respondents who were students during the previous two years ($n = 181$) reported on their experiences at school. This concerns 85 trans men, 55 trans women and 41 gender non-binary respondents, with an average age of 23 (*Standard deviation* = 6.4).

The table below shows that the most frequent occurrences were: inappropriate curiosity (54.7% sometimes or more frequently), invasion of privacy (54.7% sometimes or more frequently) and being addressed with a different name/pronoun to their chosen first name and/or pronoun (55.6% sometimes or more frequently).

Table 41. Negative experiences at school linked to gender identity (in percentages)

	Never	Rarely	Sometimes	Regularly	Often	Always
Bullying (e.g., being made a fool of, name-calling, being ignored)	60,9	13,2	16,6	5,3	2,6	1,3
Not being addressed by your chosen first name and gender marker (being misgendered)	33,8	10,6	12,6	10,6	15,9	16,6
Criticism of appearance, behaviour or ideas	45,0	15,2	19,9	7,9	7,9	4,0
Physical violence or deliberate damage to property or clothing	89,3	5,4	2,7	2,7	0	0
Threats	88,0	3,3	4,0	2,7	0,7	1,3
Unwanted advances	83,9	6,0	8,1	0,7	1,3	0,0
Inappropriate curiosity	33,3	12,0	25,3	11,3	13,3	4,7
Infringement of privacy (ex. Unintentional outing through administration)	59,3	8,0	10,0	8,0	9,3	5,3
Expelled or suspended from school	98,0	0,7	0,7	0,0	0,0	0,7
Other school sanctions imposed	68,7	11,3	11,3	2,7	4,0	2,0
Conflicts regarding dressing rooms and toilets	91,9	2,7	2,7	2,0	0,7	0,0
Not offered traineeships	75,3	6,7	8,7	3,3	2,0	4,0
Limited contact with other students	60,9	13,2	16,6	5,3	2,6	1,3

Question: Q0072: As a student, in the past 24 months, have you ever experienced one of the following situations at your school/college/university on account of the gender identity you experience or of being trans? If yes, place a cross to indicate the extent. Check all options that apply to you.

Basis: Respondents to the Transgender in Belgium Survey, who were students during the previous 24 months ($n = 182$).

Source: Transgender in Belgium survey, 2017.

When the respondent does NOT live openly according to gender identity, the risk of experiencing criticism of appearance, behaviour or ideas increases significantly ($p = 0.033$). 60% of respondents who do not live openly according to their gender identity report being criticised sometimes or always, compared to 30.5% of those who do live openly.

However, those who live openly according to their gender identity do experience significant infringements of privacy more often than those who do not live openly ($p < 0.001$) (43.8% versus 6.7%). This is also the case for experiencing disputes related to changing rooms and toilets ($p = 0.047$) (56.6% versus 53.3%).

If we only compare the respondents who live openly according to their gender identity, we see some significant differences between the identity groups. The analysis shows that 67.2% of trans men, 29.6% of trans women and 61.1% of gender non-binary persons are sometimes to always addressed with the wrong first name at school ($p = 0.008$). It is also trans men (67.2%) who indicate more often than gender non-binary persons (41.2%) or trans women (3.3%) that they sometimes to always experience inappropriate curiosity at school.

‘The administration of my previous university refuses to give me a new diploma with my male name, even if I show male identity papers. But I don’t intend to give up.’

‘I did not experience any problem when I changed my first name and wished to be addressed as a woman, either from fellow students, teachers or administration. The fellow students (all adults) were part of the story in some way, and that gave them a different perspective.’

‘There was a trans girl at school with me and the student counsellors put us together so that we could share our experiences with each other. The management and the student counsellors had a lot of understanding for my situation.’

‘One teacher refused to call me by my chosen first name until it was indicated as such on the lists, and I could not change it on the lists until my official first name had been changed. The silver lining was that my class (it was in high school, when I was in the very beginning of my transition) supported me a lot and every morning someone took care to cross my old name off the list to replace it with the current one, which, in the end, made my teacher finally start using my new name.’

Some respondents also mention positive situations they experienced at school.

‘I was registered at my university under my chosen first name and gender.’

‘Creating new student cards with a new name and adjusting all lists where possible.’

‘The school wanted to change my name in their system even though I hadn’t officially changed it yet. This was possible by filling in a nickname.’

If we add up all the negative experiences at school over the past 24 months for those who had been students over the previous two years, we notice a number of striking differences. The frequency of negative experiences is significantly correlated with age ($p = 0.023$): younger respondents report more negative experiences than older students. The negative experiences are also more common in primary and secondary education than in higher education (although this difference was almost negligible: $p = 0.053$).

Respondents with trans care experiences report more negative experiences ($p = 0.024$) than those without. However, there is no difference for living openly according to gender identity, or with being addressed or treated according to gender identity.

Trans men report negative experiences at school significantly more often than trans women ($p = 0.004$). Gender non-binary students score in between trans men and trans women, but the differences are not significant.

There is also a significant link with general health ($p \leq 0.001$). More negative experiences at school strongly correlate with poorer general health.

There is no link between the frequency of all negative experiences at school and region, living in a central city, or experiencing economic stress.

5.2 At work

Respondents who were employed and/or self-employed during the previous two years also reported on situations they experienced in their work context ($n = 288$). This concerns 55 trans men, 149 trans women, 18 cross-dressers and 66 gender non-binary respondents, with an average age of 40.2 years (*Standard deviation* = 12.1).

The table below shows that the most frequent occurrences are inappropriate curiosity (37.2% sometimes or more frequently), not being addressed with their chosen first name and/or gender pronoun (36.3% sometimes or more frequently) and criticism of appearance, behaviour or ideas (30% sometimes or more frequently).

Table 42. Negative experiences at work linked to gender identity (in percentages)

	Never	Rarely	Sometimes	Regularly	Often	Always
Bullying (e.g., being made a fool of, name-calling, being ignored)	72,8	10,9	9,2	5,0	2,1	0,0
Criticism of appearance, behaviour or ideas	52,1	17,9	17,5	7,1	3,8	1,7
Not being addressed by your chosen first name and gender marker (being misgendered)	51,9	11,8	13,5	6,8	11,0	5,1
Physical violence or deliberate damage to property or clothing	92,1	6,6	1,2	0,0	0,0	0,0
Threats	87,6	8,3	2,9	0,8	0,4	0,0
Inappropriate curiosity	46,9	15,9	16,3	9,2	10,0	1,7
Infringement of privacy (ex. Unintentional outing through administration)	69,2	10,1	10,1	4,2	3,8	2,5
Unwanted advances	89,2	7,5	3,3	0,0	0,0	0,0
Conflicts regarding dressing rooms and/or toilets	80,8	7,9	5,9	2,1	2,1	1,3

	Never	Rarely	Sometimes	Regularly	Often	Always
No invitation/chances in job interviews	82,6	5,5	4,7	2,1	2,6	2,6
Being made redundant during reorganisation	86,9	3,8	4,2	2,1	1,7	1,3
Not getting any training opportunities	86,9	3,4	5,9	2,1	0,8	0,8
Missing out on promotion or career opportunities	80,9	5,1	6,8	3,4	3,0	0,9
Being dismissed	88,5	3,8	2,1	0,9	3,0	1,7
No longer being allowed to have contact with clients/patients/students	88,0	3,0	3,8	2,1	1,7	1,3

Question: Q0074: In the past 24 months, have you ever experienced one of the following situations at work on account of the gender identity you experience or of being trans? If yes, place a cross to indicate the extent. Check all options that apply to you.

Basis: Respondents to the Transgender in Belgium Survey, who were employees and/or self-employed during the previous 24 months (n = 288).

Source: Transgender in Belgium survey, 2017.

When the respondent does NOT live openly according to gender identity, the risk of experiencing criticism of appearance, behaviour or ideas increases significantly ($p = 0.045$). 42.1% of respondents who do not live openly according to their gender identity report getting criticism sometimes to always, compared to 24.4% of those who do live openly. Those who live openly according to their gender identity experience significant infringements of privacy more often than those who do not ($p < 0.045$) (24.4% versus 12.3%).

If we only compare the respondents who live openly according to their gender identity in terms of their experiences at work/on the labour market, we only see a significant difference ($p = 0.045$) between trans women and trans men for 'No invitation/chances in job interviews'. Trans women indicate significantly more often (20.2%) that they experience problems with access to work compared to trans men (2.7%).

'I am bullied in my own home because of being transgender. Mail has been stolen, my bicycle vandalised, I am constantly calling police, knocking, and nothing is done about it, the municipality turns a blind eye.'

'I am (and feel) completely accepted on my work floor. It used to be a different story, at the start of my transition. I have lost jobs in the past due to my transsexuality.'

If we add up all the negative experiences at work for those who were employees and/or self-employed over the previous two years, we notice a number of striking differences.

The frequency of the negative experiences at work in the previous 24 months is significantly correlated with general health ($p = 0.001$). More negative experiences are very strongly correlated with poorer general health. There is also a significant link with experiencing economic stress ($p \leq 0.001$). Respondents who report a lot of negative experiences also experienced more economic stress.

There is also a significant link between the frequency of negative experiences and the avoidance of certain places or locations due to fear of being assaulted, threatened or harassed for reasons of gender identity or expression. Respondents with more negative experiences report this avoidance behaviour more frequently ($p = 0.024$). In addition, low-skilled workers report negative experiences at work significantly more often than those with a higher education ($p = 0.002$).

There is no further link with the frequency in the negative experiences and age, gender assigned at birth or identity categories, education, region, living in a central city or not, whether or not the person received trans care, whether or not they live openly according to their gender identity, whether or not they were addressed or treated according to their gender identity.

The results also show that 7.9% actually left their job because of reactions to their experienced gender identity, or to avoid reactions. 26.6% are also discouraged from (further) applying for jobs. No differences between the identity categories are observed in this respect. Respondents were able to share their stories. These include several positive experiences.

‘I was able to start at all the places where I had applied. In the meantime I found a job, where I follow 6 months of training (IBO) from the VDAB. My contact person at the VDAB addresses me according to my preference. After the initial 6 months, my contract becomes permanent. So no problems when applying for jobs!’

‘After handing in my notice due to discrimination, I started applying under my new name without explicitly mentioning my transgender history (despite my soft voice). This worked well and now I work at a company where every effort is made to meet my needs as a transgender person by the departments who have been informed. I have not been outed by colleagues who are aware of my situation.’

‘My employer completely supports me. Any kind of discriminatory behaviour is not at all tolerated.’

‘Both of my bosses reacted very positively to my transition (HRT). They both supported me a lot and we informed the rest of the team together. This makes me feel a lot safer and much less anxious.’

‘I informed my 1600 colleagues through an extensive mailing about my situation, and received hundreds of personal positive reactions of respect for my decision to finally live as I had always felt. Apparently, quite a lot of colleagues knew that I had felt unhappy for a long time, without me even realising. A strange but positive consequence since my new gender identity is that some colleagues I hardly know come to me, praise my courage and then whisper that they have a son or daughter in the same situation and ask me for information on how to deal with it.’

5.3 Healthcare

We also asked all respondents about negative healthcare experiences based on a list of possible incidents. The most common experiences are 'not being addressed by your chosen first name and/or gender marker' (40.9% sometimes to always), 'inappropriate curiosity' (24.7% sometimes to always) and 'infringement of privacy' (20.5% sometimes to always).

Table 43. Negative experiences in healthcare linked to gender identity (in percentages)

	Never	rarely	Some-times	Regu-larly	Often	Always
Difficulty in gaining access to health care	84,1	6,8	4,2	2,6	2,1	0,2
No access to health care	92,5	3,8	2,1	0,9	0,7	0,0
Receiving a lower standard of care	83,8	8,0	4,9	2,3	0,5	0,5
Being put in the wrong ward or department in a hospital	87,9	5,4	3,5	1,9	0,9	0,7
Not being addressed by your chosen first name and gender marker (being misgendered)	50,2	8,9	13,6	9,3	9,6	8,4
Criticism of appearance, behaviour or ideas	73,6	12,5	8,5	2,4	0,2	0,2
Bullying (e.g., being made a fool of, being ignored, name-calling or verbal abuse)	85,0	7,3	4,0	2,8	0,9	0,0
Threats	92,0	5,2	1,9	0,7	0,2	0,0
Physical violence or deliberate damage to property or clothing	94,8	3,1	1,4	0,5	0,2	0,0
Unwanted advances	94,6	2,8	1,7	0,7	0,2	0,0
Infringement of privacy (ex. Unintentional outing through administration)	72,8	6,8	9,4	4,5	3,5	3,1
Inappropriate curiosity	61,8	13,6	11,5	5,2	5,4	2,6
Limited contact with other patients	92,9	3,3	2,1	1,2	0,0	0,5

Question: Q0082: In the past 24 months, have you experienced one of the following problems in healthcare on account of your gender identity or of being trans? If yes, place a cross to indicate the extent. Check all options that apply to you.

Basis: Respondents to the Transgender in Belgium Survey (n = 428).

Source: Transgender in Belgium survey, 2017.

Respondents who live openly according to their gender identity are more often confronted with the most common negative experiences than those who do not live according to their gender identity. 47.4% of those who live openly versus 24.2% for those who do not live openly according to their gender identity report being sometimes to always not being addressed by their chosen first name and/or pronoun ($p < 0.001$). The same trend is observed for inappropriate curiosity (28.1% versus 15.7% sometimes to always) ($p = 0.001$), as well as experiencing infringements of privacy (25.5% versus 7.5% sometimes to always) ($p < 0.001$). In addition, they also report experiences of being placed in the wrong department in a hospital significantly more often (8.3%

versus 2.5% sometimes to always) ($p = 0.027$) as well as more often being restricted in their contact with other patients (8.9% versus 2.5% sometimes to always) (8.5%) ($p = 0.035$).

If we compare the respondents who live openly according to their gender identity in terms of their experiences in healthcare, we only see a significant difference between trans women and trans men for 'not being addressed by your chosen first name and/or pronoun'. Trans men indicate significantly more often (62.9%) that they experienced this compared to gender non-binary respondents (36.5%) ($p = 0.037$) as well as to trans women (42.0%) ($p < 0.001$). The last two groups do not significantly differ from each other.

Some respondents report both positive and negative experiences relating to healthcare.

'The standard notification of medical history irritates me immensely. If it is not relevant for the current consultation, I don't think it should be there.'

'I understand inappropriate curiosity as being repeatedly asked why I am not taking certain medical steps in my transition.'

'I present myself as a man in these situations so I only get some strange looks sometimes if I have to undress.'

'In general, I have had very positive experiences with healthcare since I have been openly transgender.'

If we add up all the reported negative experiences in healthcare over the past 24 months, we notice a number of striking differences. For example, there is a strong correlation between age and the frequency of negative experiences in healthcare ($p = 0.035$). Younger respondents report negative experiences in healthcare over the last 2 years more often than older people. This also has a negative effect on general health ($p \leq 0.001$), as more negative experiences are strongly correlated with poorer general health.

Negative experiences in healthcare are reported significantly more often by respondents who received some form of trans care ($p < 0.001$), respondents who live openly according to their gender identity ($p = 0.006$), respondents who were assigned female at birth ($p = 0.012$), and respondents with a lower level of education ($p = 0.019$).

Finally, there is also a significant difference in the regions: respondents from Wallonia report more negative experiences in healthcare than respondents from Flanders ($p = 0.004$). There is no significant difference between Wallonia and the Brussels-Capital Region. Respondents from the Brussels-Capital Region report negative health care experiences slightly less often than respondents from Flanders ($p = 0.053$). Within Flanders, respondents report negative experiences in healthcare more frequently when they live in a central city ($p = 0.005$). It is the opposite situation in Wallonia, although the difference is not significant.

There is also a significant link between the frequency of negative experiences in healthcare in the previous 24 months and the avoidance of certain places or locations due to fear of being attacked, threatened or harassed for reasons of gender identity or expression. Respondents with more negative experiences report this avoidance behaviour more frequently ($p = 0.001$).

There is no further link with the frequency of the negative experiences and identity categories, economic stress, and whether or not a person is addressed or treated according to their gender identity.

5.4 Insurance

In addition to healthcare, respondents also need to rely on insurance policies, which sometimes poses problems for transgender persons. For this analysis, we select only those respondents who previously sought medical assistance. More than one in ten respondents who previously sought medical assistance indicate experiencing problems with the reimbursement of medical costs by the health insurance company (10.4%).

Table 44. Problems with insurance when seeking medical assistance

	Number	Percentage
Problems with the compulsory health insurance/health fund	30	7,5
Problems obtaining hospitalisation insurance coverage	14	3,5
Problems with the reimbursement of medical expenses by your hospitalisation insurance	42	10,4
Problems obtaining outstanding balance insurance	5	1,2
Problems obtaining car insurance	4	1,0
Problems obtaining life insurance	3	0,7
Problems obtaining household insurance	3	0,7
Problems with another insurance policy	8	2,0
None of the above	273	67,9
Total	30	7,5

Question: Q0083: In the past 24 months, have you ever experienced any of the following problems because of your being trans or your gender identity?

Basis: Respondents to the Transgender in Belgium Survey, who had previously sought help (n = 402).

Source: Transgender in Belgium survey, 2017.

The stories of the respondents below clearly demonstrate the nature of these problems.

‘Revised loans: a new debt balance application was refused on the basis of being transgender; and could only be reconsidered two years after stopping the transition (i.e. not being transgender, that is how I understand it). I kept my previous debt balance, but it obviously does not cover the entire revised loan. It seems to me to be completely discriminatory, but I didn’t take any action because it seemed pointless...’

‘Given that the registration of my sold vehicle was linked to my old national registration number, I could not keep the registration for my new vehicle. I also had to change my number plate and therefore also my motorcycle insurance policy for the same reasons. As such, I had to pay an additional circulation tax. (all this, despite the contacts between my insurer and the department for the registration of motor vehicles).’

‘The hospitalisation insurance did not want to pay my hospitalisation costs during my mastectomy. Because it wasn’t an illness or an accident. Since it wasn’t a huge sum of money, I left it at that.’

‘An advising physician from the CM was being pedantic for 6 months about the word ‘simultaneously’ as regards the approval and reimbursement of Androcur. The report had to be signed ‘simultaneously’ by the endocrinologist and the psychiatrist. Given that both persons worked independently of each other, this was practically impossible. So I had to fake the ‘simultaneous’ signing in order to get what I am entitled to. I also decided to cancel the CM.’

Out of all respondents, six indicate that they experienced problems when taking out hospitalization insurance. On two occasions, the insurer only wanted to conclude an insurance contract if a supplementary premium was paid. However, the most common complaint is that the insurer only wanted to conclude the policy if additional exclusions were added to it. Respondents explained:

‘The insurer wanted complete exclusion for gender-related operations and surgery.’

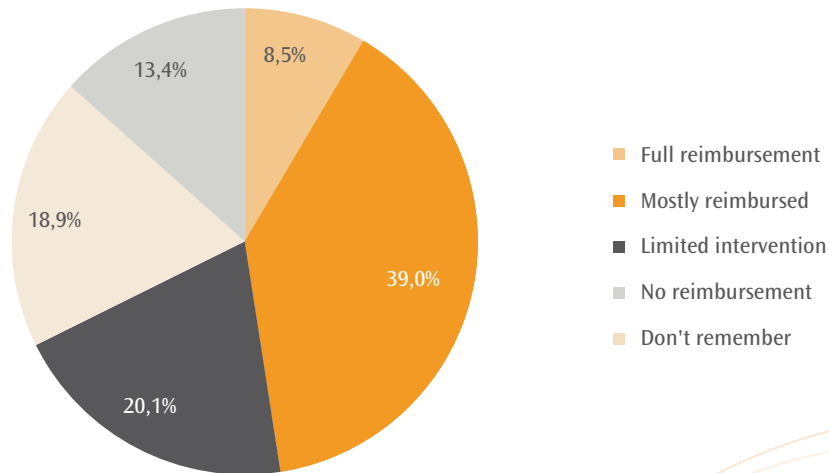
‘I had depression as a result of my gender dysphoria; life insurance and hospitalisation insurance were only agreed to if mental disorders were excluded.’

Of the 42 people who claim to have experienced problems with the reimbursement of medical expenses by their hospitalisation insurer, the primary reason (35.7%) for the refusal was that ‘They do not want to intervene in the costs because, in their opinion, it is cosmetic surgery and this is excluded’. The reason ‘They don’t want to intervene in the cost because they do not consider this an illness and they only intervene in expenses related to illness’ was also used 23.8% of the time.

Hospital insurance

Less than half of the respondents who took medical steps (43.3%) had hospital insurance at the time of surgery (n = 167). 39% of the respondents with insurance report that the surgery was not reimbursed by the hospitalisation insurer, or only partially.

Graph 23. Reimbursement by hospital insurer



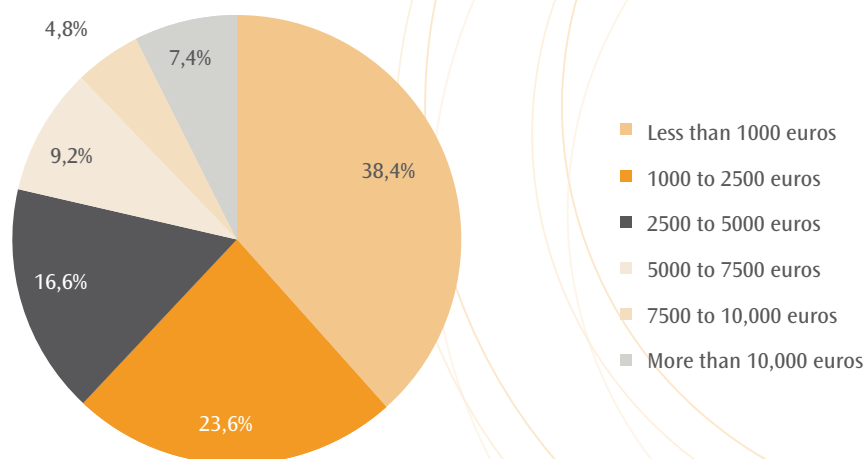
Question: Q0088: If so, to what extent has your hospital insurance contributed towards your medical costs to date?

Basis: Respondents to the Transgender in Belgium Survey, who had already had medical surgery (n = 164).

Source: Transgender in Belgium survey, 2017.

The personal contribution to medical costs for 61.6% of the respondents was more than 1000 euros. For more than one in five (21.4%), the personal share of medical costs was more than 5000 euros.

Graph 24. Personal share of medical costs



Question: Q0089: How much was your personal contribution to your medical costs to date? (e.g. hormones, consultations, hospital admissions and surgery, after-care, etc.)

Basis: Respondents to the Transgender in Belgium Survey, who had already had medical surgery (n = 271).

Source: Transgender in Belgium survey, 2017.

5.5 Other services or organisations

In order to get a clearer picture of experiences of discrimination in other areas of life, we asked respondents about their experiences of discrimination over the previous 24 months in some important areas or with certain bodies, as listed in the table below.

Almost one in three respondents report discrimination in their digital life sometimes or more frequently (31.4%), with only just over half of them reporting that they had never experienced this. Although the difference is not significant, gender non-binary respondents (42%) tended to experience this ‘sometimes to always’ more often than trans men (30.8%) or trans women (28.2%). There is no regional difference in this respect, but lower educated respondents report it significantly more often compared to higher educated respondents (39.5% versus 20.3%) ($p < 0.001$).

It is also striking that over one in five respondents report discrimination in sports ‘sometimes to always’ (22.8%). Once again this is significantly more often the case among lower educated respondents ($p = 0.044$): 27.6% of lower educated respondents experience this ‘sometimes to always’ compared to 15.8% of respondents with a higher education. Discrimination in sports is also significantly more often the case for trans men (32.6%) than for trans women (16.8%) ($p = 0.001$). The experiences of gender non-binary respondents (22%) fluctuate between those of trans men and trans women without resulting in a significant difference.

Table 45. Discrimination in other areas of life or with certain bodies (in percentages)

	Never	Rarely	Sometimes	Regularly	Often	Always
Housing	87,8	2,3	5,0	1,3	2,3	1,3
Tourism	75,6	8,5	10,1	3,3	2,3	0,3
Sport	67,9	9,3	10,0	5,2	3,1	4,5
Social services (e.g. OCMW)	83,6	5,1	5,1	3,5	1,6	1,2
Child benefit fund	97,2	0,9	0,9	0,0	0,5	0,5
Registrar	79,9	4,7	6,7	2,3	1,7	4,7
Health fund	81,5	5,4	6,7	2,9	1,9	1,6
Trade union	92,3	3,0	1,7	0,9	1,7	0,4
VDAB / Actiris (regional employment offices)	83,4	2,2	4,5	2,7	4,5	2,7
RVA (national employment office)	90,3	2,9	1,9	1,9	1,9	1,0
RVP (pensions)	96,2	1,1	0,0	1,6	0,0	1,1
Bank	81,0	5,2	5,9	2,3	2,6	3,0
Insurance company(ies)	88,1	4,1	2,2	2,2	1,9	1,5
School/child care	90,6	3,1	2,6	1,6	1,0	1,0
Digital life (social networks, online platforms)	56,2	12,4	14,9	6,9	7,2	2,5
Judiciary	88,3	2,1	4,6	0,8	1,3	2,9
Utilities (e.g., telecom companies)	87,9	3,7	4,0	2,2	1,1	1,1

Question: Q0090: In which other areas of life did you possibly experience discrimination during the past 24 months? Check all options that apply to you.

Basis: Respondents to the Transgender in Belgium Survey (n = 534).

Source: Transgender in Belgium survey, 2017.

Respondents who live openly according to their gender identity indicate significantly more frequently that they experienced problems with the RVA (national employment office) ($p = 0.018$) and with the bank ($p = 0.049$) than those who do not live openly. Of those who live openly according to their gender identity, 9.3% report that they sometimes to always experienced discrimination during the previous 24 months. Of those who do not live openly according to their gender identity, the figure was 0.0%. With regard to discrimination experiences with the bank, 15.1% of respondents who live openly according to their gender identity report that they had sometimes to always experienced discrimination during the previous 24 months. For those who do not live openly according to their gender identity, the figure was 9%.

If we only compare the experiences of respondents who live openly according to their gender identity, and then look at the differences between the identity categories, we see some striking differences. For example, trans men report significantly higher levels of discrimination experiences in sports compared to trans women (33.3% versus 18.0% sometimes to always) ($p = 0.013$) as well as at the registry office (23.5% versus 13.7%) ($p = 0.036$). These differences are not explained by age differences. Given that we have no information on the frequency of participation in sports, the results require further study.

If we consider all the discrimination experiences from the above table, we notice a significant link with economic stress ($p = 0.001$), as respondents who experience more economic stress also report significantly more discrimination experiences. There is also a significant link with general health ($p = 0.014$): since experiencing more discrimination is strongly correlated with poorer general health.

Finally, there is a significant link between the frequency of discrimination experiences and avoiding certain places or locations for fear of being assaulted, threatened or harassed because of gender identity or expression. Respondents with more discrimination experiences report this avoidance behaviour more frequently ($p = 0.023$).

There is no link with the frequency of the discrimination experiences and gender assigned at birth or identity categories, age, education, region, living in a central city or not, whether or not the person received trans care, or whether or not they live openly according to their gender identity.

5.6 Filing a complaint

One in ten respondents (10.6%, $n = 46$) filed a complaint at some point about a discrimination they had experienced. There is no difference between the different identity categories, gender assigned at birth, educational level, region or age. However, it seems as though respondents who live openly according to their gender identity file complaints more frequently than those who do not live openly (13.8% versus 3.1%, $p = 0.001$). This is unsurprising, as they also report negative experiences more often (see above). Respondents who could be considered as being 'under economic stress' also file complaints more frequently (19.2% versus 7.2%, $p < 0.001$). Almost one in three complaints primarily concerns discriminatory experiences in the workplace (31.9%).

Table 46. Complaints according to area

	Number of responses	Percentage of responses	Percentage of respondents
School	9	10,2	19,1
Work	15	17,0	31,9
Healthcare	2	2,3	4,3
Housing	3	3,4	6,4
Tourism	2	2,3	4,3
Sport	4	4,5	8,5
Social services	2	2,3	4,3
Registrar	4	4,5	8,5
Health fund	4	4,5	8,5
Trade union	1	1,1	2,1
VDAB/BGTA/Actiris (regional employment office)	5	5,7	10,6
RVA (national employment office)	2	2,3	4,3
Bank	4	4,5	8,5
Insurance company(ies)	2	2,3	4,3
School/child care	1	1,1	2,1
Digital life (social networks, on-line platforms)	6	6,8	12,8
Judiciary	5	5,7	10,6
Utilities (e.g., telecom companies)	1	1,1	2,1
Other	16	18,2	34,0
Total	88	100,0	187,2

Question: Q0092: If yes, about which of the below areas? (several answers are possible).

Basis: Respondents to the Transgender in Belgium Survey, who had previously filed a complaint (n = 46).

Source: Transgender in Belgium survey, 2017.

The respondents who previously filed a complaint were then asked what their complaint was about.

'I was once beaten up on a stationary bus by 5 people. Nobody reacted to it, not even the driver. He just opened the doors and said after 5 minutes something like they had to leave. I went to the hospital and filed a complaint. Nothing ever came of it. At the time I asked for victim support and didn't hear anything back. After a month I asked for it again and heard nothing back again.'

'The swimming pool at Ypres decided last year that men were no longer allowed to cover their torso because too many men were wearing T-shirts in the swimming pool. When I told the council official in charge of sports that I did not agree with this rule, I was simply shown the door.'

The 46 people who filed a complaint mainly went to the police (43.2%) and to the Institute for the equality of women and men (36.4%).

Table 47. Complaints according to contacted body

	Number	Percentage of responses	Percentage of respondents
Police	19	25,0	43,2
Trade union	5	6,6	11,4
Labour court	3	3,9	6,8
Criminal court	1	1,3	2,3
Justice of the peace	1	1,3	2,3
Organisation for transvestism/transgender/transsexuality ¹⁶	6	7,9	13,6
Transgender Infopoint Belgium	5	6,6	11,4
Flemish Ombudsman Gender Chamber	3	3,9	6,8
Institute for the Equality of Women and Men	16	21,1	36,4
UNIA	4	5,3	9,1
Local anti-discrimination reporting point	2	2,6	4,5
Other	11	14,5	25,0
Total	76	100,0	172,7

Question: Q0093: If yes, where did you file a complaint? (several answers are possible)

Basis: Respondents to the Transgender in Belgium Survey, who had previously filed a complaint (n = 46).

Source: Transgender in Belgium survey, 2017.

If we look at the outcome of the complaint, it is striking that in 40% of the cases the complaint was registered, but nothing subsequently happened. Unfortunately, the total number of complaints is too small to analyse the action taken per instance.

Table 48. Follow-up of the complaint

	Number	Percentage
Other (provide further explanation)	16	35,6
My problem was dealt with properly	5	11,1
My complaint was registered, but nothing has happened (yet)	18	40,0
My complaint was not registered	4	8,9
I was referred from one instance to another	2	4,4
Total	45	100,0

Question: Q0095: What was the outcome of your most recent complaint?

Basis: Respondents to the Transgender in Belgium Survey, who had previously filed a complaint (n = 46).

Source: Transgender in Belgium survey, 2017.

In the category 'other', it was often the case that the competent authority was contacted, but that no official complaint was filed or it was not pursued further.

5.7 Awareness of the Gender Act and of the Institute for the equality of women and men

The fairly low number of reports and complaints is in line with previous research into the reporting of discrimination and violence (Motmans et al., 2015) and may have various reasons and explanations. These were not surveyed in the questionnaire. However, we did investigate how many respondents were aware of the existence of a law against discrimination on grounds of gender, gender reassignment, gender identity and gender expression, and how many respondents knew that complaints could be filed with the Institute for the equality of women and men.

In total, 16.3% of the respondents indicate that they are not aware of the existence of a law to protect against discrimination on the grounds of gender, gender reassignment, gender identity and gender expression. Significantly more respondents assigned female at birth (22%) than male (12.5%) are unaware of the existence of such a law ($p = 0.009$). Lower educated respondents are also less aware of the law (21.1%) than higher educated respondents (10.1%) ($p = 0.002$). Respondents who live openly according to their gender identity are significantly more aware (86.8%) than those who do not live openly according to their gender identity (76.6%) ($p = 0.009$). Awareness of the existence of the so-called Gender Act increases significantly with age ($p = 0.020$). There is no difference in terms of regions.

In addition, more than a quarter (27%) of the respondents are not aware that they can file a complaint with the Institute for the equality of women and men. Again, these are mainly respondents assigned female at birth (36.4%) compared to those assigned male at birth (20.6%) ($p < 0.001$). Lower educated respondents are also less aware of this right (33.9%) than higher educated ones (18.1%) ($p = 0.001$). Respondents who live openly according to gender identity are significantly more aware (76.2%) than those who do not live openly according to their gender identity (65.6%) ($p = 0.024$). Awareness of the existence of the so-called gender law increases significantly with age ($p = 0.020$). There is no difference in terms of regions.

It is unclear whether these figures on awareness of the law and the Institute's role are high or low, due to a lack of comparability of awareness of these subjects among other target groups.

5.8 Protective factors

At the end of the questionnaire, the respondents were asked which factors contributed to feeling good about themselves throughout their lives. They could choose multiple answers. Most respondents indicate that support from friends or family, self-acceptance and their own resilience are of great importance.

Other studies have already shown that support from family and friends helps people overcome negative experiences and discrimination in society. Skills such as self-acceptance, coping and resilience certainly also play a role.

Table 49. Factors contributing to well-being

	Number	Percentage of responses	Percentage of respondents
Parental support	164	9,7	39,5
Support of friend(s)/family members	309	18,2	74,5
Support from the transgender movement	160	9,4	38,6
Own resilience	304	17,9	73,3
Self-acceptance	302	17,8	72,8
Positive climate at school or work	149	8,8	35,9
Positive political climate	47	2,8	11,3
Mental health care	185	10,9	44,6
Other	78	4,6	18,8
Total	1698	100,0	409,2

Question: Q136. Which factors contributed to making you feel good about yourself throughout your life? Several answers are possible. Feel free to add matters that were relevant for you.

Basis: Respondents to the Transgender in Belgium Survey (n = 415).

Source: Transgender in Belgium survey, 2017.

Finally, we asked respondents how the government and transgender organisations could strengthen and protect the well-being of transgender people even more. Many respondents referred to the announced amendment of the transgender legislation and their wish for a regulation on the basis of self-determination. Reducing waiting times in the care sector was also repeatedly highlighted. Social awareness and the need for more information were also frequently cited.

Respondents expressed the following with regards to image portrayal and representation:

‘Much more public information, especially the different forms of being transgender. If there is ever something in the press it is usually about transsexuals. Transgender people who need to change gender from time to time are not covered. If, however, the latter group does appear in the press, it is usually in a negative light. Society has the idea that transvestites are only interested in sex. As a man I sometimes feel like a woman, both are strongly represented; I dress both as a man and sometimes as a woman, without getting aroused. I dress very smartly and acceptably, and people then address me as woman when I go shopping. It is difficult though and requires a great deal of energy to come out as a woman because society is very negative in this respect, perhaps out of ignorance.’

Respondents clearly establish the link between ignorance and lack of information in society as a whole, and the difficulties encountered by transgender persons.

‘Give as much information as possible and organise campaigns for the people who are struggling, and try to instil a little understanding and an open mind in others.’

‘Continue to inform through the media, demystify our community, get rid of clichés, better inform people who want to become transgender/transsexual about the procedures, give them more help to achieve this, reduce the obstacles to gender change... the list is long and although I think we are heading in the right direction, there is still a lot to do.’

The need for specific care and information for health services was also highlighted, as well as the reimbursement of transgender care costs:

‘Better information, also in terms of sexual education. More funds for transition-related care; there are currently very long waiting lists. Better information for care staff in general.’

‘Incorporate this topic into education so that future generations are less prone to prejudice.’

‘Make reimbursement for medical costs compulsory.’

‘By requiring insurance policies to reimburse ALL treatments, even when carried out abroad. Also for costs incurred in the past (the financial burden of this continues to haunt me, it cost me all of my savings).’

Combating social exclusion and discrimination was also often cited:

‘Keep fighting poverty and the lack of access to jobs.’

‘Make it clearer where to report discrimination and inform about it.’

‘By no longer creating any obstacles for people who feel different from the majority. In my opinion, registering gender is only useful for medical purposes, and should not be compulsory on official documents.’

Notes

- 16** A number of organisations including çavaria (LGB hotline), Genres Pluriels and the Transgender Infopoint allow transgender persons to file a complaint or report incidents. These organisations have a cooperation agreement with the Institute regarding complaints and follow-up. However, it cannot be ruled out that respondents also used this option to ‘tell their story’ with a local transgender organisation which is unable to pursue a complaint.



Overall conclusions and recommendations

The results of this national survey provide an up-to-date and comprehensive overview of the situation of transgender persons in Belgium and their experiences with discrimination. In this final chapter, we will look at the extent to which progress has been observed in the past ten years, and in which areas. We will also formulate a number of policy recommendations.

6.1 Response and characteristics

Compared to the study from 2007 (see table below for full details), the present study more than doubles the number of respondents. However, the breakdown of the questionnaire by region as well as by language is less balanced compared to 2007, with a predominance of Flemish / Dutch-speaking respondents this time around. This could be related to the data collection methods and the preponderance of transgender-specific organisations in Flanders that have resulted in a higher degree of participation.

In the current study, we see more low-skilled respondents compared to 2007, and a lower rate of unemployment. Nonetheless, the unemployment rate is still remarkably high when compared to the Belgian average (8% in 2016). The group of respondents is also somewhat younger, and contains proportionally more trans men in comparison to 2007.

Table 50. Overview of responses, comparison between 2007 and 2017

		2007		2017	
		Number	Percentage	Number	Percentage
Response		244	100%	534	100%
Region	Flemish Region	134	56,1%	316	73,5%
	Walloon Region	56	23,4%	69	16%
	Brussels-Capital Region	39	16,3%	39	9,1%
	Not in Belgium	10	4,2%	6	1,4%
Language	Dutch	144	59%	385	72,1%
	French	100	41%	135	25,2%
	English			14	2,6%
Age (Average, Standard deviation)		39,0 (12,1)		35,9 (14,3)	
Level of education	Low	120	49,4%	308	57,5%
	High	123	50,6%	226	42,3%

		2007		2017	
		Number	Percentage	Number	Percentage
Employment status	Unemployed		15,6%		11,2%
Identity category ¹⁷	Trans man	40	16,9%	141	26,4%
	Trans woman	119	50,4%	256	47,9%
	Cross-dresser	9	1,3%	20	3,7%
	GNB person	68	28,8%	117	21,9%

RECOMMENDATIONS

- MORE THAN ONE QUARTER OF THE RESPONDENTS DO NOT FEEL THE TERMS (TRANS) MAN OR (TRANS) WOMAN FULLY CORRESPOND TO THEM. DESPITE THE NEW TRANSGENDER ACT OF 2017, THEY CAN'T HAVE THEIR GENDER IDENTITY REGISTERED BECAUSE OF THE ABSENCE OF A THIRD OPTION. THE GOVERNMENT NEEDS TO EXAMINE WHETHER A THIRD SEX DESIGNATION SHOULD BE CREATED, OR WHAT REMAINS OF THE ADDED VALUE OF SEX REGISTRATION.
- LEGAL AND SOCIOLOGICAL EVALUATIVE RESEARCH INTO THE FUNCTIONING OF THE SO-CALLED GENDER ACT IN PRACTICE IS NECESSARY TO ASSESS WHETHER THE LAW IS SUFFICIENTLY EFFECTIVE IN COMBATING DISCRIMINATION, OR WHERE THE EFFECTIVENESS OF THE GENDER LAW COULD BE IMPROVED.

6.2 Obstacles in the lives of transgender persons

In 2007, 49.6% of respondents indicated that they almost always lived according to their gender identity. In 2017, this rose to 70%. The main obstacles reported by the respondents who have never lived according to their gender identity are family (72.2%), reactions from other people (66.7%) and work (50%). These are exactly the same top three reasons that were also mentioned in 2007 (work: 56.1%, family: 49.6%, the opinion of others: 43.1%), although in the current study the importance of family is indicated by more respondents.

In any case, a positive finding is that the age of coming out in the youngest generation dropped significantly, from an average age of around 30 in previous generations to 17.5 in the youngest generation. This means that – given the observation that realisation still occurs at around 12 years old – the youngest generation is less likely to wait to inform at least one person about their experienced gender identity. So we see a positive evolution in this respect.

Unfortunately, we don't see an improvement in mental well-being. In 2007, 62.3% of all respondents reported having previously had suicidal thoughts, and 38.6% had previously made at least one suicide attempt. In 2017, we found that suicidal thoughts and attempts among this target group have increased. 77.1% of respondents report suicidal thoughts and 33.5% attempted suicide.

Furthermore, 45.1% reported having had suicidal thoughts in the past year, and of the 33.5% respondents who reported having previously attempted suicide, 20.7% did so in the past year. The data from 2007 do not allow for a breakdown of suicidal thoughts and attempts in the year prior to the survey.

It is also especially striking that half of the respondents indicate that they had not sought help or had dealt with it by themselves (51.5%) and slightly less than half indicate that they did seek professional help (44.6%). Given that family support is reported as being only 'mediocre', and that support came primarily from friends and 'special persons' in their circle, the efforts to strengthen the social networks of transgender persons appears to be very important. Especially among the older respondents, support proves to be less prevalent in the social environment.

RECOMMENDATIONS

- TRANSGENDER PERSONS ARE MORE VISIBLE THAN TEN YEARS AGO, BUT THERE IS STILL A LONG WAY TO GO TO RAISE AWARENESS AMONG THE WIDER SOCIETY. MISUNDERSTANDINGS ARE STILL WIDESPREAD. THERE IS A CLEAR NEED FOR POSITIVE IMAGE FORMING.
- SUPPORT FROM FAMILY IS PRECARIOUS, BUT MAKES A BIG DIFFERENCE IN THE WELL-BEING OF TRANSGENDER PERSONS, ALTHOUGH NOT EVERYONE CAN COUNT ON IT. A SPECIFIC CAMPAIGN TO REACH FAMILY MEMBERS COULD BE VERY USEFUL.
- THE SOCIAL NETWORKS OF TRANSGENDER PERSONS ARE VERY IMPORTANT TO COMPENSATE FOR THE POSSIBLE LACK OF SUPPORT FROM FAMILY. ADEQUATE FINANCIAL RESOURCES NEED TO BE PROVIDED FOR CIVIL SOCIETY TO TACKLE THIS.

6.3 Transgender care

Three quarters of all respondents already sought help from a care provider (75.3%). This is an increase compared to the survey ten years ago (60.6% in 2007), which could indicate that access to care services has improved. There are also fewer respondents who don't know where to turn to for help, and fewer indicate that they are scared to seek help.

The reasons why respondents do not seek help remain broadly similar, although relatively more respondents indicate that they did not find any help in their neighbourhood and that the long waiting lists were holding them back compared to ten years ago.

Table 51. Reasons to not seek help, comparison 2007 and 2017 (in percentages)

	2007	2017
I don't want to	17,9	15,9
I can't at the moment for financial reasons	17,9	18,2
I don't need help	33,7	35,6
I don't dare to	30,5	25,8
I don't have confidence in what's on offer	10,5	15,9
I don't know where to go	29,5	21,2
I haven't found any professional help in my neighbourhood	4,2	12,9
I find the waiting times too long	4,2	10,6
I don't agree with the treatment method in Belgium	8,4	11,4
I am afraid of prejudice on the part of care providers	21,1	24,2
Other	3,2	14,4

Whereas in 2007, 34% of respondents indicated that they had changed their care provider due to negative reactions, in 2017 this was 21.4%. We can cautiously identify a positive evolution regarding the experiences with general practitioners. (The results are not immediately comparable because the 2007 data cover the respondents' entire lives, while the 2017 data only referred to the last two years.) Nevertheless, we generally see that GPs are increasingly rated as 'informative and helpful' compared to ten years ago. The proportion of 'didn't seem to want to help me' and 'refused to help me' responses also decreased.

Table 52. Experiences with general practitioners, comparison 2007 and 2017 (in percentages)

	2007	2017
Was informative and helpful	39,7	56,8
Wanted to help but had no information	42,3	35,1
Didn't seem to want to help me	10,3	6,8
Refused to help me	7,7	1,4

RECOMMENDATIONS

- THE REIMBURSEMENT OF TRANSGENDER CARE NEEDS TO BE MADE MORE TRANSPARENT AND BETTER ORGANISED.
- SUFFICIENTLY ACCESSIBLE AND SPECIFIC TRANSGENDER CARE IS NEEDED (SUFFICIENT OFFER, CHOICE, RESOURCES, AND INFORMATION).
- SPECIFIC ASSISTANCE FOR FAMILY MEMBERS IS OFTEN NOT AVAILABLE, BUT IT IS ESSENTIAL.

6.4 Negative experiences, discrimination and complaints

In the current study, negative experiences are reported in many areas of life.

6.4.1 Education

More than half of the respondents who were students during the previous two years (n = 181) indicate that they had to deal with inappropriate curiosity, infringement of privacy, and weren't addressed by their chosen first names and/or pronoun. Those who do not live openly have a greater risk of experiencing criticism about their appearance, behaviour or ideas. Those who do live openly according to their gender identity have a significantly increased risk of infringement of privacy and conflicts related to changing rooms and toilets. Among the respondents who live openly according to their gender identity, there is also an increased vulnerability of trans men with regard to being addressed with the wrong first name at school and experiencing inappropriate curiosity. Gender non-binary persons report a slightly smaller risk, and trans women are the least likely to have such experiences.

If we add up all the negative experiences at school over the past 24 months for those who were students during the previous two years, we notice that:

- Younger respondents report more negative experiences than older students. Negative experiences are more common in primary and secondary education than in higher education.
- The more negative experiences a respondent reports, the worse their general health.
- Respondents who received transgender care report more negative experiences than those who had not received transgender care. There is no difference between respondents who live openly and those who don't.
- Trans men report significantly more negative experiences than trans women. There is no significant difference with gender non-binary respondents.

RECOMMENDATIONS

- ONE OF THE STRIKING ELEMENTS OF THE STUDY IS THAT YOUNG PEOPLE ARE 'COMING OUT' INCREASINGLY EARLIER, BUT AS A RESULT THEY ARE ALSO YOUNGER (AND MORE VULNERABLE) WHEN CONFRONTED WITH ALL THE ASSOCIATED NEGATIVE REACTIONS.
- SUFFICIENT ATTENTION NEEDS TO BE PAID TO YOUNG TRANSGENDER PEOPLE AND THEIR ENVIRONMENT (PARENTS & SCHOOL). SCHOOL BOARDS NEED TO DEVELOP A PROACTIVE POLICY IN THIS AREA, ESPECIALLY IN PRIMARY AND SECONDARY EDUCATION.
- THERE IS A NEED FOR REGULATION FOR ADAPTED DIPLOMAS AND CERTIFICATES (AS IS THE CASE IN FLANDERS) IN ALL REGIONS.

6.4.2 Work

A large proportion of the respondents who had the same status in the two years prior to the study were employees or civil servants (43.6%) or students (27%). More than one in ten were unemployed and 8.8% were unfit for work.

Over one-third of the respondents who were employees and/or self-employed during the previous two years (n = 288) report frequent experiences with inappropriate curiosity, not being addressed by their chosen first name and/or pronoun, and criticism of their appearance, behaviour, or ideas. Respondents who do not live openly according to their gender identity have an increased risk of frequently experiencing criticism about their appearance, behaviour or ideas. Respondents who do live openly according to their gender identity have an increased risk of frequently experiencing infringements of privacy. Trans women who openly live according to their gender identity report significantly more often that they do not stand a chance when applying for a job in comparison with trans men who openly live according to their gender identity. The results also show that almost one in ten of all respondents had actually left their jobs because of reactions to their experienced gender identity, or to avoid reactions. More than one quarter also became discouraged from applying (further) for jobs.

If we add up all the negative experiences at work for those who were employees and/or self-employed over the previous two years, we notice some striking results:

- Respondents who report many negative experiences also report having experienced economic stress more often.
- Low-skilled workers report negative experiences at work significantly more often than high-skilled workers.
- Respondents with more negative experiences with regard to work also more frequently exhibit avoidance behaviour, meaning they avoid certain places or locations due to fear of being assaulted, threatened or harassed because of their gender identity or gender expression.
- As was the case with experiences at school, the more often a respondent reports negative experiences at work, the worse their general health is.

RECOMMENDATIONS

- GIVEN THE UNEMPLOYMENT AND WORK INCAPACITY NUMBERS, EMPLOYMENT REMAINS AN IMPORTANT FOCUS FOR TRANSGENDER PERSONS. SPECIFIC ACTIONS AND TOOLS NEED TO BE DEVELOPED TO COUNTER DISCRIMINATION DURING THE APPLICATION PROCESS.
- JOB APPLICATION COURSES COULD HELP JOB-SEEKING TRANSGENDER PERSONS IN THEIR SEARCH PROCESS.
- MANY TRANSGENDER PERSONS ARE FORCED TO CHANGE THEIR JOB BECAUSE OF NEGATIVE REACTIONS, WHICH INDICATES THAT AWARENESS RAISING AND INFORMATION CAMPAIGNS ARE STILL NEEDED ON THE WORK FLOOR AS WELL. IN CONTRAST TO 2007, THERE IS NOW A CLEAR LEGAL FRAMEWORK, BUT THIS APPEARS TO BE INSUFFICIENT.

6.4.3 Healthcare

Experiences with healthcare are very diverse: four in ten respondents report that they were frequently not addressed with their chosen first name and/or pronoun, and a quarter indicates that they often had to deal with inappropriate curiosity or infringement of privacy. These three experiences are significantly more frequent among respondents who openly live according to their gender identity. In addition, they also report experiences of being placed in the wrong department in a hospital significantly more often, and being restricted in their contact with other patients more often. Within this group of respondents who live openly according to their gender identity, we also see that trans men are not addressed with their chosen first name and/or pronoun more often than the other respondents.

If we add up all the reported negative experiences in healthcare over the past 24 months, we can make a number of remarkable observations:

- Younger respondents are more likely than older people to have had negative healthcare experiences in the previous 2 years, although they sought out healthcare just as often.
- Negative experiences in healthcare are significantly more common among respondents who already received some form of transgender care, respondents who openly live according to their gender identity, respondents who were assigned female at birth, and respondents with a lower level of education.
- As was the case with negative experiences at work, respondents with more negative experiences with regard to healthcare also more frequently exhibit avoidance behaviour (the avoidance of certain places or locations for fear of being assaulted, threatened or harassed because of their gender identity or expression).
- As is the case with negative experiences at school or at work, more negative experiences are again very strongly associated with poorer general health.
- In contrast to experiences at school or work, respondents from Wallonia report negative healthcare experiences significantly more often than respondents from Flanders. In Flanders, respondents report negative experiences in healthcare more frequently when they live in a central city. It is the opposite situation in Wallonia, although the difference is not significant.

RECOMMENDATIONS

- AS WAS THE CASE IN THE 2007 STUDY, HEALTHCARE IS SEEN AS PROBLEMATIC. IT IS STRIKING THAT THERE IS A LARGE DIFFERENCE BETWEEN FLANDERS AND WALLONIA. THIS CAN PARTLY BE EXPLAINED BY THE INITIATIVES ON THE FLEMISH SIDE REGARDING HEALTHCARE AND EQUAL OPPORTUNITIES, INCLUDING THE ESTABLISHMENT OF THE TRANSGENDER INFOPOINT, THE ORGANISATION OF THE 'CARE CARD', THE 'CARE PATH' AND INITIATIVES AIMED AT FRONT-LINE CARE.
- ESPECIALLY TRANS MEN AND GENDER NON-BINARY PERSONS OFTEN APPEAR TO BE CONFRONTED WITH A LACK OF INFORMATION AND SUPPORT IN HEALTHCARE. IN TRAINING COURSES FOR HEALTHCARE PROVIDERS, STRUCTURAL ATTENTION MUST BE PAID TO THIS TOPIC AS WELL AS TO THE DIVERSITY WITHIN THE TARGET GROUP.
- THE SUICIDE FIGURES ARE CLEARLY ALARMING. TRANSGENDER PERSONS SHOULD BE A TARGET GROUP FOR SUICIDE PREVENTION. SPECIFIC PROGRAMMES AIMED AT TRANSGENDER PERSONS ARE ESSENTIAL.

- THIS STUDY CLEARLY SHOWS THAT POOR MENTAL WELL-BEING IS VERY STRONGLY CORRELATED WITH NEGATIVE EXPERIENCES AT SCHOOL, WORK, IN HEALTHCARE, AND WITH VARIOUS SERVICES AND ORGANISATIONS. SPECIFIC ATTENTION MUST BE GIVEN TO THE WELL-BEING OF TRANSGENDER PERSONS BY IMPROVING SOCIAL ACCEPTANCE AND AWARENESS AMONG THE GENERAL PUBLIC, AS WELL AS IN VARIOUS BODIES AND ORGANISATIONS.

6.4.4 Services and leisure

A final group of experiences covers all kinds of bodies and organisations. It is striking that almost one in three respondents report that they ‘sometimes to always’ experience discrimination in their digital life (social networks, online platforms). Low-skilled persons report discrimination more often than high-skilled persons. Given the other areas of life surveyed, this is a significant number. Just about half of the respondents never experienced online discrimination. Unfortunately, it wasn’t possible to ask more questions about online discrimination in the questionnaire. Moreover, one in five report that they ‘sometimes to always’ experience discrimination in sport .

Respondents who openly live according to their gender identity indicate significantly more frequently that they experienced problems with the RVA (national employment office) and with the bank. Of those who openly live according to their gender identity, trans men indicate significantly more often than trans women that they experienced discrimination in sports, as well as in the registry office.

When considering all the discrimination experiences from the table above, we see that respondents who reported significant discrimination experiences also experience more economic stress, and report poorer general health. They also avoided certain places or locations for fear of being assaulted, threatened or harassed because of their gender identity or expression.

RECOMMENDATIONS

- GENDER IDENTITY AND GENDER EXPRESSION ARE LEGALLY PROTECTED GROUNDS FOR DISCRIMINATION, BUT A PREVENTIVE POLICY IS NEEDED TO REDUCE OCCURRENCES OF DISCRIMINATION.
- THE GOVERNMENT NEEDS TO PROVIDE INFORMATION, AND ADVISE EMPLOYERS AND VARIOUS SERVICES ABOUT THEIR OBLIGATIONS. A TARGETED AND PROACTIVE POLICY IS NECESSARY.
- ACTION AND AWARENESS-RAISING IS NEEDED IN THE AREA OF DIGITAL MEDIA AND SPORTS IN PARTICULAR. BUT THERE IS ALSO MUCH ROOM FOR IMPROVEMENT AT THE RVA (NATIONAL EMPLOYMENT OFFICE) AS WELL AS IN THE BANKING SECTOR.

6.4.5 Reporting complaints

Given the frequency of experienced problems in different areas of life listed above, the number of reported complaints is relatively small. Only one in ten respondents (10.6%) had previously filed a complaint regarding a discriminatory act they had experienced, which is significantly lower than the percentage of complaints reported in 2007 (17.3%).¹⁸ These complaints primarily concern discrimination in the workplace. Respondents who openly live according to their gender identity often complain more frequently than those who do not live openly, which is logical since they experience negative experiences more frequently.

Compared to the figures of 2007, there is an increase in contacts with the police (from 34.2% to 43.2%) and the Institute for the Equality of women and men (from 23.7% to 36.8%), although the numbers still remain relatively small.

The results of the current study show that 83.7% of respondents are aware that there is a law against discrimination on the grounds of gender, gender reassignment, gender identity and gender expression. This is a sharp increase compared to the 2007 results, when 44.7% reported that they were aware of the existence of this law.¹⁹ Furthermore, 73% reported that they know that they can file a complaint with the Institute for the equality of women and men for discrimination on the grounds of gender, gender reassignment, gender identity and gender expression, which is the same percentage as in 2007 (73.0%). The group assigned female at birth is less informed, as are those with a lower level of education or younger respondents.

RECOMMENDATIONS

- THE WILLINGNESS TO REPORT AMONG THIS TARGET GROUP IS QUITE HIGH . THIS DOES NOT CHANGE THE FACT THAT THE PREVALENCE RATES (PREVENTING DISCRIMINATION) ARE ALSO VERY HIGH. EFFECTIVE HANDLING OF COMPLAINTS REMAINS ESSENTIAL.
- PROPER FINANCIAL SUPPORT FOR THE INSTITUTE FOR THE EQUALITY OF WOMEN AND MEN, CARE PROVIDERS AND CIVIL SOCIETY ARE ALL CRUCIAL IN THIS RESPECT.
- AWARENESS OF THE INSTITUTE NEEDS TO BE IMPROVED FOR CERTAIN TARGET GROUPS (YOUNG PEOPLE, THE LOW-SKILLED AND TRANS MEN).

Notes

- 17** The identity categories were put together in 2007 on the basis of questions on gender assigned at birth and identity labels (only one choice was possible). This time, we used a different classification (see Table 3).
- 18** In comparison with the proportion of complaints lodged on grounds of gender, for example, this figure is very high.
- 19** In 2007 the law was new, and it offered less protection than currently. In 2007 it only applied to 'gender reassignment'. The elements of 'gender identity' and 'gender expression' were added in 2014.



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Annex 1. Re-encoding gender identity

If on question Q0008 the respondent indicated 'I don't know / I don't have a preference', the respondent was re-encoded to another option in question Q0008 based on their answer as described in question Q0009, (see Table 2).

The respondents with the following (combination of) responses were recoded as 'trans women':

1. Trans woman: a person assigned male at birth.
2. Woman with a transgender past
3. Woman
4. Woman + trans woman: a person assigned male at birth.
5. Woman
6. Woman + cross-dressing woman + trans woman: a person assigned male at birth.
7. Trans woman: a person assigned male at birth.

The respondents with the following (combination of) responses were recoded as 'Gender non-binary person':

1. Man + Woman
2. Man + Other (provide further explanation)
3. Man + Woman
4. Non-binary
5. Woman + Genderqueer+ Non-binary
6. Man + Trans man: A person assigned female at birth + Genderqueer + Non-binary
7. Man with a transgender past + Non-binary + Gender fluid
8. Gender fluid + Other (provide further explanation)



Annex 2.

The questionnaire

Mapping the situation of transgender people in Belgium

Welcome to the website for the study of transgender people in Belgium by the Transgender Infopoint Belgium (TIP) and the Institute for the equality of women and men.

By completing this questionnaire, you are making an important contribution to this study that aims to improve the situation for transgender people in future.

You can invite others to also participate via ... or like and share the study on Facebook.

Aim of the study

The Institute for the equality of women and men aims to obtain an up-to-date overview of the situation of transgender people in Belgium, and of the discrimination and inequality they face.

This questionnaire is therefore aimed only at trans people*, including those who are gender variant, genderqueer, gender non-binary, 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 related feelings, we invite you to complete this questionnaire as honest as possible.

In this questionnaire, the general terms 'trans person/trans people' are employed to cover the entire spectrum of transgender/transsexualism/transvestism/... as a gendered experience. The main objective is to keep the questions short to be able to address everyone using the same term and avoid excluding anyone.

The results of the study will allow for the Institute for the equality of women and men to be able to handle complaints about discrimination more efficiently, and to develop better policies for trans people and efficient recommendations towards the government, individuals, companies and institutions.

The questionnaire was designed by the Centre for Sexology and Gender (Ghent University Hospital) together with the Centre for Research on Culture and Gender (Ghent University) and the research group on Citizenship, Equality and Diversity (CED) (University of Antwerp). The results of this study will be compared with the results of the first study of its kind in 2007, which was titled 'Being transgender in Belgium'. The final research results will be published in 2018.

Paper questionnaire

Should you prefer to receive a printed version of this questionnaire, you can request a paper version and pre-stamped envelope from the researchers, by phone, e-mail or letter.

Phone: Transgender Information Centre: 0800 96 316

Any further questions?

If you have any questions about the study or the questionnaire you can also call:

Transgender Infopoint Belgium at 0800 96 316 (from Tuesday until Friday, from 9 a.m. until 4 p.m.)

If you require assistance or support:

Call Tele-Onthaal at 106 (24/7, a free and anonymous helpline)

Call Suicide Hotline at 1813 (24/7, a free and anonymous helpline)

the Transgender Infopoint Belgium at 0800 96 316 (from Tuesday until Friday, from 9 a.m. until 4 p.m.)

How to fill out the questionnaire?

The questionnaire takes about 40 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.

Please 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.

Many of the questions relate to your experiences of the past two years (or 24 months).

This questionnaire is also available in French or Dutch.

- [*Vers la version en Français de la questionnaire*](#)
- [*Link to the Dutch version of the questionnaire*](#)

Thank you very much for your participation!

Note

- 1 In this questionnaire, the general term 'transgender person' is used to cover the whole spectrum of transgender/transsexuality/crossdressing/... as a gender experience. This is mainly intended to make the questions shorter and to be able to address everyone with the same term and not to exclude anyone.

Informed consent

Before you can participate in this study, you must declare that you have read the consent form and agree to it.

Q1. I agree to participate in this scientific study.

Agree

I herewith declare that I have been informed in writing, in an understandable way, about the nature, method and aim of this study.

I am aware that this project has been submitted for assessment and control to the Ethics Committee of Ghent University Hospital and that I should not consider this approval as a motive for participation in this study.

I am aware that participation in this study does not incur any additional expenditure and that I do not stand to benefit from it financially.

I can withdraw from this study at any time until such time that the data are stored in the database without having to state a reason for my withdrawal.

Do not agree

Disqualification page: Thank you for your interest in this study. Unfortunately you do not meet the requirements to be able to participate. Hopefully till next time!

Your life situation

In this first part of the questionnaire we ask you about your current situation. These questions are personal, but we hope that you will answer them as honest as you can. This will enable us to frame your answers in the next part of the questionnaire.

Q2. In which year were you born (please enter the year)?

Q3. What level of education have you reached (or equivalent)?

- Primary education
- Lower secondary education
- Higher secondary education
- Higher non-university education
- University education
- Post-graduate education

Q4. What was your work situation during the past 24 months? Tick every option that applies/applied (e.g., student + employee)

- I am/was a student
- I am/was self-employed or a self-employed person's assistant
- I am/was an employee or civil servant
- I am/was unemployed
- I am/was retired or in early retirement
- I am/was sick/disabled
- I am staying home to care for family members (e.g., housewife/homemaker, palliative leave, time credit)

Q5. At present I have (multiple answers are possible):

- A limited contract or a temporary contract or am employed as a student worker
- An open-ended contract or a permanent appointment
- Other: ...

Q6. Do you work full-time or part-time?

- Full-time
- Part-time

Identity & lifestyle

Q7. How would you describe your gender identity? In your feelings and thoughts, you are (multiple options possible):

1. A man
2. A woman
3. A man with a transgender past
4. A woman with a transgender past
5. A cross-dressing man
6. A cross-dressing woman
7. A trans man: a person who was born female but has a male gender identity.
8. A trans woman: a person who was born male but has a female gender identity.
9. Genderqueer

- 10. Non-binary
- 11. Polygender
- 12. Gender-fluid
- 13. Other: (complete) ...

Q8. We can only use a limited number of categories for analysing the study data. That is why we would like to ask you which group best matches your current gender identity as you define it? Check the answer that fits you best at present. I prefer to be in the group of:

- (trans) man
- (trans) woman
- Cross-dresser
- Genderqueer / agender / polygender / gender-fluid / non-binary
- I don't know, I don't have a preference

Q9. How were you registered at birth? (gender as listed on your birth certificate)

- M
- F

Q10. How old were you when you first realised that the gender you were assigned at birth did not (fully) match your gender identity?

- Age (expressed in years)
- Not applicable
- I don't know

Q11. Have you already told at least one person that your gender identity is different from the gender you were assigned at birth?

- Yes
- No
- Not applicable

Q12. If not, what is the reason for this?

...

Q13. How old were you when you first told someone about this?

- ... Age (expressed in years)
- Not applicable
- I don't know

Q14. Are you currently living according to your experienced gender identity?

- Never
- Occasionally
- Almost always
- Always

Q15. Do you intend to do so in future?

- Yes
- No
- Don't know yet

Q16. What are your reasons for not doing so? (Several answers are possible.)

- My work
- My partner
- My children
- My family
- Other people's reactions
- Other: ...

Q17. 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.

	Not	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 trans people/transgender associations					
With colleagues and/or fellow students					
In public places					
In care facilities					
Generally					

Q18. To which extent do strangers (currently) address and treat you in accordance with your gender identity?

Not at all	Rarely	Neutral/I don't know	Often	All the time	N/A
1	2	3	4	5	n.v.t.

The following questions relate to your official first name and gender.

Q19. Have you had your first name changed on your birth certificate?

- Yes
 No

Q20. When was that?

- In (year)

Q21. What procedure did you use for this?

- Change of first name in the context of transsexuality (This procedure costs €49, you need a declaration from a psychiatrist and an endocrinologist for this)
 Permit for a first-name change (This procedure costs €490, you must submit a motivation for this)
 Other:

Q22. Is there a reason why you did not do this/have not done this yet? (multiple answers are possible, please indicate all that apply to you)

- I'm waiting for the new legislation
 I did not change my first name

- I don't want to
- I don't think it's necessary
- I do not agree with the provisions of the law
- I would like to do so in the future
- I don't know if I can
- I think it's too difficult
- I think it's too expensive
- My application was rejected
- Not applicable
- Other: ...

Q23. Have you had your gender changed on your birth certificate?

- Yes
- No

Q24. When was that?

- In ... (year)
- Which procedure did you follow for this?
 - Legal procedure through the courts (before the Act of 2007)
 - Administrative procedure through the registrar (the Transsexuality Act of 2007)
 - Other: ...

Q25. Is there a reason why you did not do this/have not done this yet? (multiple answers are possible, please indicate all that apply to you)

- I don't want to
- I don't think it's necessary
- I do not agree with the provisions of the law
- I do not fulfil the requirements of the law
- I would like to do so in the future
- I don't know if I can
- I think it's too difficult

- I think it's too expensive
- My application was rejected, because
- Not applicable
- Other: . . .

Q27. All in all, how much did your legal first-name change and/or the change of your gender registration cost you?

- Less than 100 euros
- 100 to 250 euros
- 250 to 500 euros
- More than 500 euros
- Not applicable

Trans care

ASSISTANCE AND TREATMENT

The following questions relate to your experiences with care.

Q28. Have you ever sought assistance from a professional healthcare provider because of your gender identity?

- Yes
- No

Q29. 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 side of care providers
- Other reasons: . . .

Q30. How old were you when this first discussion took place?

.... (age in years)

Q31. In the last two years, did you seek assistance regarding your gender identity and what was the response? For each person, place a cross to indicate the reaction which best matches your experience.

	Was informative and helpful	Wanted to help but had no information	Didn't seem to want to help me	Refused to help me	Undermined my integrity (e.g., made hurtful comments)	Not applicable
GP						
A psychologist or psychiatrist or another psychosocial care provider, not working in transgender care						
A psychologist or psychiatrist or another psychosocial care provider, working in transgender care						

Q32. Did this first response subsequently change into a more positive response?

- Yes
- No

Q33. Have you ever switched GP, psychiatrist, psychologist or another care provider due to their reaction to your request for help?

- Yes
- No

Q34. Would you consider changing your body (with medical assistance) or have you ever had your body changed (with medical assistance) so it better matches your gender identity?

Absolutely not	Rather not	Neutral	Rather would (/had)	Definitely would (/had)	I don't know
1	2	3	4	5	

Q35. *(If sex registered at birth = F)* Can you tell us what type of trans-specific healthcare you have already undergone, and how long ago this took place? Please remember that trans-specific healthcare means everything related to your social or medical transition. (Source: TGEU survey)

1. I had this treatment more than two years ago.
2. I had this treatment more than one year ago, but less than two years ago.
3. I had this treatment in the past 12 months.
4. I plan to have this treatment in the near future or I would consider this treatment.
5. I want/ed to have this treatment, but it is/was impossible.
6. I'm not interested in this treatment.
7. I don't know (yet).

	1	2	3	4	5	6	7
Assessment and/or monitoring by a mental health professional (psychologist / psychiatrist)							
Hormone blockers or puberty blockers							
Cross-sex hormone treatment (such as testosterone)							
Chest surgery: reducing or removing breasts (mastectomy)							
Removal of uterus / ovaries (hysterectomy / ovariectomy)							
Genital surgery (metoidioplasty, phalloplasty)							
Voice surgery							
Other gender-related surgery							

Q36. *(If sex registered at birth = M)* Can you tell us what type of trans-specific healthcare you have already undergone, and how long ago this took place? Please remember that trans-specific healthcare means everything related to your social or medical transition.

1. I had this treatment more than two years ago.
2. I had this treatment more than one year ago, but less than two years ago.
3. I had this treatment in the past 12 months.
4. I plan to have this treatment in the near future or I would consider this treatment.
5. I want/ed to have this treatment, but it is/was impossible.
6. I'm not interested in this treatment.
7. I don't know (yet).

	1	2	3	4	5	6	7
Assessment and/or monitoring by a mental health professional (psychologist / psychiatrist)							
Hormone blockers or puberty blockers							
Cross-sex hormone treatment (such as estrogen)							
Chest surgery: making breasts larger (breast augmentation)							
Removal of testes (orchidectomy)							
Genital surgery (vaginoplasty)							
Voice surgery							
Facial feminising surgeries							
Removal of hair using laser or electrolysis							
Reshaping or removal of Adam's apple (tracheal shave or removal)							
Other gender-related surgery							

Q37. If you selected 'other gender-related surger(ies)', please describe which type of procedure(s).

...

Q38. Have you ever travelled abroad for care (while living in Belgium)?

- Yes
- No
- No, not yet, but I plan to.

Q39. Can you tell us for which treatment?

...

Q40. Have the waiting times associated with your request for help ever been a problem for you?

- Yes
- No

Social well-being

SOCIAL SUPPORT

The following questions concern your relations with your next of kin and friends and the extent to which you can count on their support.

Q41. We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement. (SOURCE: MSPSS)

Circle the '1' if you Very Strongly Disagree

Circle the '2' if you Strongly Disagree

Circle the '3' if you Mildly Disagree

Circle the '4' if you are Neutral

Circle the '5' if you Mildly Agree

Circle the '6' if you Strongly Agree

Circle the '7' if you Very Strongly Agree

	1	2	3	4	5	6	7
There is a special person who is around when I am in need							
There is a special person with whom I can share my joys and sorrows							
My family really tries to help me							
I get the emotional help and support I need from my family							
I have a special person who is a real source of comfort to me							
My friends really try to help me							
I can count on my friends when things go wrong							
I can talk about my problems with my family							
I have friends with whom I can share my joys and sorrows							
There is a special person in my life who cares about my feelings							
My family is willing to help me make decisions							
I can talk about my problems with my friends							

Q42. Did you contact or did you participate in the activities of a trans or LGBT organisation or self-help group in the past 24 months?

Yes

No

Q43. To which extent do you feel a connection with the following groups of people?

	No connection	Not much of a connection	Neutral	Connection	Strong connection	N/A
The people with whom you live						
Your non-transgender friends						
Your transgender friends						
Family members						
Colleagues or fellow students						
Transgender associations						
LGBT associations						
Other important people or groups:.....						

Q44. To which extent do you feel you can count on the support of the following groups of people?

	No support	Not much support	Neutral	Support	Strong support	N/A
The people with whom you live						
Your non-transgender friends						
Your transgender friends						
Family members						
Colleagues or fellow students						
Your employer or superior						
Transgender associations						
LGBT associations						
Other important people or groups:.....						

MENTAL HEALTH

Q45. In the next section, we would like to ask you a few questions about your health. In general, would you say your health is ... (SOURCE: National Health Survey)

Very good	Good	Fair	Bad	Very bad

Under each heading, please tick the ONE box that best describes your health TODAY. (SOURCE: National Health Survey)

Q46. How best to describe your situation today concerning mobility? (Please indicate one option)

- I have no problems in walking about
- I have slight problems in walking about
- I have moderate problems in walking about
- I have severe problems in walking about
- I am unable to walk about

Q47. How best to describe your situation today concerning self-care? (Please indicate one option)

- I have no problems washing or dressing myself
- I have slight problems washing or dressing myself
- I have moderate problems washing or dressing myself
- I have severe problems washing or dressing myself
- I am unable to wash or dress myself

Q48. How best to describe your situation today concerning your daily activities (ex. Work, studies, householding, family and leisure activities)? (Please indicate one option)

- I have no problems doing my usual activities
- I have slight problems doing my usual activities
- I have moderate problems doing my usual activities
- I have severe problems doing my usual activities
- I am unable to do my usual activities

Q49. How best to describe your situation today concerning pain/discomfort? (Please indicate one option)

- I have no pain or discomfort
- I have slight pain or discomfort
- I have moderate pain or discomfort
- I have severe pain or discomfort
- I have extreme pain or discomfort

Q50. How best to describe your situation today concerning anxiety/depression? (Please indicate one option)

- I am not anxious or depressed
- I am slightly anxious or depressed
- I am moderately anxious or depressed
- I am severely anxious or depressed
- I am extremely anxious or depressed

Q51. We would like to know how good or bad your health is TODAY. (SOURCE: National Health Survey)

This scale is numbered from 0 to 100.

100 means the best health you can imagine.

0 means the worst health you can imagine.

Move the little ball to indicate how your health is TODAY.



Q52. Have you ever seriously considered suicide? (SOURCE: National Health Survey)

- Yes, on several occasions
- Yes, once
- No, never

Q53. Have you had suicidal such thoughts in the past 12 months? (SOURCE: National Health Survey)

- Yes
- No

Q54. Have you ever attempted suicide?

- Yes, on several occasions
- Yes, once
- No, never

Q55. In the past 12 months have you attempted suicide?

- Yes
- No

Q56. If you ever considered suicide or attempted it, to which extent do you think this was related to your gender identity/the fact that you are transgender?

Not at all related	Limited relation	Neutral/I don't know	Strongly related	Very clearly related
1	2	3	4	5

Q57. If you wish to, you can explain it briefly here

....

Q58. Where did you turn to for help when you had suicidal thoughts / attempts? Please select all answers that apply to you.

- I looked for help among peers, friends, or family
- I looked for professional help (mental health care)
- I looked for anonymous help (hot lines, etc)
- I looked for trans-specific help lines, trans services, or trans organisations
- I did not seek any help / dealt with it myself
- Other, please specify:

STRESS FACTORS AND RESILIENCE

In this section, we ask about your experiences as a transgender person in Belgium, in your contacts with others.

*In this survey gender expression means how masculine/feminine/androgynous one appears to the world based on many factors such as mannerisms, dress, personality, etc.

Q59. Below you'll find some statements. Please check all that applies to you. (For example, you may check both 'after age 18' and 'in the past year' columns if both are true). (SOURCE: GMSRM)

Because of my gender identity or expression*, I have had difficulty / I experience difficulty in:

D: GENDER-RELATED DISCRIMINATION

	Never	Yes, before age 18	Yes, after age 18	Yes, in the past year	N/A
Getting medical or mental health treatment (transition-related or other)					
Finding a bathroom to use when i am out in public					
Getting identity documents that match my gender identity					
Finding housing or staying in housing					
Finding employment or keeping employment, or being promoted					

Q60. Below you'll find some statements. Please check all that applies to you. (For example, you may check both 'after age 18' and 'in the past year' columns if both are true).

R: GENDER-RELATED REJECTION

	Never	Yes, before age 18	Yes, after age 18	Yes, in the past year	N/A
I have had difficulty finding a partner or have had a relationship ended because of my gender identity or expression.					
I have been rejected or made to feel unwelcome by a religious community because of my gender identity or expression.					
I have been rejected by or made to feel unwelcome in my ethnic/racial/cultural community because of my gender identity or expression.					
I have been rejected or distanced from friends because of my gender identity or expression.					
I have been rejected at school or work because of my gender identity or expression.					
I have been rejected or distanced from family because of my gender identity or expression.					

Q61. Below you'll find some statements. Please check all that applies to you. (For example, you may check both 'after age 18' and 'in the past year' columns if both are true).

V: GENDER-RELATED VICTIMIZATION

	Never	Yes, before age 18	Yes, after age 18	Yes, in the past year
I have been verbally harassed or teased because of my gender identity or expression. (For example, being called 'it'.)				
I have been threatened with being outed or blackmailed because of my gender identity or expression.				
I have had my personal property damaged because of my gender identity or expression.				
I have been threatened with physical harm because of my gender identity or expression.				
I have been pushed, shoved, hit, or had something thrown at me because of my gender identity or expression.				
I have had sexual contact with someone against my will because of my gender identity or expression.				
I have heard negative statements about transgender or gender nonconforming people.				

Please indicate how much you agree with the following statements.

NA: NON-AFFIRMATION

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
i have to repeatedly explain my gender identity to people or correct the pronouns people use.					
I have difficulty being perceived as my gender.					
I have to work hard for people to see my gender accurately.					
I have to be 'hypermasculine' or 'hyperfeminine' in order for people to accept my gender.					
People don't respect my gender identity because of my appearance or body.					
People don't understand me because they don't see my gender as I do.					

Q63. Please indicate how much you agree with the following statements.

IT: INTERNALIZED TRANSPHOBIA

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
i resent my gender identity or expression.					
My gender identity or expression makes me feel like a freak.					
When I think of my gender identity or expression, I feel depressed.					
When I think about my gender identity or expression, I feel unhappy.					
Because my gender identity or expression, I feel like an outcast.					
I often ask myself: Why can't my gender identity or expression just be normal?					
I feel that my gender identity or expression is embarrassing.					
I envy people who do not have a gender identity or expression like mine.					

Q64. Please indicate how much you agree with the following statements.

P: PRIDE

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
my gender identity or expression makes me feel special and unique.					
It is okay for me to have people know that my gender identity is different from my sex assigned at birth.					
I have no problem talking about my gender identity and gender history to almost anyone.					
It is a gift that my gender identity is different from my sex assigned at birth.					
I am like other people but I am also special because my gender identity is different from my sex assigned at birth					
I am proud to be a person whose gender identity is different from my sex assigned at birth.					
I am comfortable revealing to others that my gender identity is different from my sex assigned at birth.					
I'd rather have people know everything and accept me with my gender identity and gender history.					

Q65. (If currently not living or occasionally living in affirmed gender) Please indicate how much you agree with the following statements.

NE: NEGATIVE EXPECTATIONS FOR FUTURE EVENTS

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
if I express my gender identity, others wouldn't accept me.					
If I express my gender identity, employers would not hire me.					
If I express my gender identity, people would think I am mentally ill, 'crazy.'					
If I express my gender identity, people would think I am disgusting or sinful.					
If I express my gender identity, most people would think less of me.					

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
If I express my gender identity, most people would look down on me.					
If I express my gender identity, I could be a victim of crime or violence.					
If I express my gender identity, I could be arrested or harassed by police.					
If I express my gender identity, I could be denied good medical care.					

Q66. *(If currently (almost) always living in affirmed gender)* Please indicate how much you agree with the following statements.

NE: NEGATIVE EXPECTATIONS FOR FUTURE EVENTS

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
if I express my gender history, others wouldn't accept me.					
If I express my gender history, employers would not hire me.					
If I express my gender history, people would think I am mentally ill, 'crazy.'					
If I express my gender history, people would think I am disgusting or sinful.					
If I express my gender history, most people would think less of me.					
If I express my gender history, most people would look down on me.					
If I express my gender history, I could be a victim of crime or violence.					
If I express my gender history, I could be arrested or harassed by police.					
If I express my gender history, I could be denied good medical care.					

Q67. *(If currently not living or occasionally living in affirmed gender)* Please indicate how much you agree with the following statements.

ND: NON-DISCLOSURE

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
because I don't want others to know my gender identity, I don't talk about certain experiences from my past or change parts of what I will tell people.					
because I don't want others to know my gender identity, I modify my way of speaking.					
Because I don't want others to know my gender identity, I pay special attention to the way I dress or groom myself.					
Because I don't want others to know my gender identity, I avoid exposing my body, such as wearing a bathing suit or nudity in locker rooms.					
Because I don't want others to know my gender identity, I change the way I walk, gesture, sit, or stand.					

Q68. *(If currently (almost) always living in affirmed gender)* Please indicate how much you agree with the following statements.

ND: NON-DISCLOSURE

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
because I don't want others to know my gender history, I don't talk about certain experiences from my past or change parts of what I will tell people.					
Because I don't want others to know my gender history, I modify my way of speaking.					
Because I don't want others to know my gender history, I pay special attention to the way I dress or groom myself.					
Because I don't want others to know my gender history, I avoid exposing my body, such as wearing a bathing suit or nudity in locker rooms.					
Because I don't want others to know my gender history, I change the way I walk, gesture, sit, or stand.					

Q69. Please indicate how much you agree with the following statements.

CC: COMMUNITY CONNECTEDNESS

	Strongly disagree	Somewhat disagree	Neither agree/disagree	Somewhat agree	Strongly agree
i feel part of a community of people who share my gender identity					
I feel connected to other people who share my gender identity					
When interacting with members of the community that shares my gender identity, I feel like I belong					
I'm not like other people who share my gender identity					
I feel isolated and separated from other people who share my gender identity					

Rights & anti-discrimination

AVOIDING SITUATIONS

Q70. Do you avoid expressing your gender (or your desired gender) through your physical appearance and clothing for fear of being assaulted, threatened or harassed? (SOURCE: FRA research)

- Yes
- No
- Don't know

Q71. Do you avoid certain places or locations for fear of being assaulted, threatened or harassed because of your gender identity or expression? (SOURCE: FRA research)

- Yes
- No
- Don't know

DISCRIMINATION/BAD EXPERIENCES AT SCHOOL

These questions relate to your experiences at school

Q72. As a student, in the past 24 months, have you ever experienced one of the following situations at your school/college/university on account of the gender identity you experience or of being trans? If yes, place a cross to indicate the extent. Check all options that apply to you.

	Never	Rarely	Some-times	Regu-larly	Often	Always
Bullying (ex. Being made a fool of, name-calling, being ignored)						
Not being addressed by your chosen first name and/or gender marker (being misgendered)						
Criticism of appearance, behaviour or ideas						
Physical violence or deliberate damage to property or clothing						
Threats						
Unwanted advances						
Inappropriate curiosity						
Infringement of privacy (ex. Unintentional outing through administration)						
Expelled or suspended from school						
Other school sanctions imposed						
Conflicts regarding dressing rooms and toilets						
Not offered traineeships						
Limited contact with other students						

Q73. If you have experienced other situations at school, can you tell us what they were and with whom you experienced them? You can also describe positive situations here.

...

DISCRIMINATION/BAD EXPERIENCES ON THE JOB MARKET

These questions relate to your experiences at work or on the job market

Q74. In the past 24 months, have you ever experienced one of the following situations at work on account of the gender identity you experience or of being trans? Check all options that apply to you.

	Never	Rarely	Some-times	Regu-larly	Often	Always
Bullying (ex. Being made a fool of, being assigned tedious duties, being ignored)						
Not being addressed by your chosen first name and/or gender marker (being misgendered)						
Physical violence or deliberate damage to property or clothing						
Threats						
Inappropriate curiosity						
Infringement of privacy (ex. Unintentional outing through administration)						
Unwanted advances						
Conflicts regarding dressing rooms and/or toilets						
No invitation/chances in job interviews/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						

Q75. Did you leave your employment in the past 24 months because of the response to your being trans/your gender identity or to avoid reactions?

Yes

No

Q76. Did you get discouraged in the past 24 months to (further) apply for any jobs because of negative experiences or to prevent these?

Yes

No

Q77. If you have experienced other situations at work, can you tell us what they were and with whom you experienced them? You can also describe positive situations here.

...

Little research has been done on trans sex workers, but they are a population which faces many additional obstacles. Please help us by stating whether you have ever been engaged in sex work so that we can focus more specifically on the needs of sex workers.

Q78. Have you ever been engaged in sex work?

Yes

No

Q79. Have you been engaged in sex work in the last 12 months?

Yes

No

Q80. Can you tell us why you are / were engaged in sex work? Please select all answers that apply to you.

Because of lack of other opportunities

Because I prefer sex work to other kinds of work

Because I am accepted for who I am in sex work

Because it is how I earn my living

Because it is how I earn additional income

Other (please specify): ...

Q81. Can you tell us if you experienced any problems because of your sex work and if so, which problems?

...

DISCRIMINATION/ BAD EXPERIENCES IN HEALTHCARE

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.

Q82. In the past 24 months, have you experienced one of the following problems in healthcare on account of your gender identity or of being trans?

	Never	Rarely	Some- times	Regu- larly	Often	Always
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						
Not being addressed by your chosen first name and/or gender marker (being misgendered)						
Criticism of appearance, behaviour or ideas						
Bullying (e.g., being made a fool of, being ignored, name-calling or verbal abuse)						
Threats						
Physical violence or deliberate damage to property or clothing						
Unwanted advances						
Infringement of privacy (ex. Unintentional outing through administration)						
Inappropriate curiosity						
Limited contact with other patients						
Other:						

DISCRIMINATION/BAD EXPERIENCES WITH INSURERS

Q83. In the past 24 months, have you ever experienced any of the following problems because of your being trans or your gender identity? (several answers possible)

- Problems with the compulsory health insurance/health fund
- Problems obtaining hospitalisation insurance coverage
- Problems with the reimbursement of medical expenses by your hospitalisation insurance
- Problems obtaining outstanding balance insurance
- Problems obtaining car insurance
- Problems obtaining life insurance
- Problems obtaining household insurance
- None of the above
- Problems with another insurance policy, namely: ...

Q84. Which problems have you experienced with obtaining a hospitalisation insurance coverage?

Check all options that apply to you:

- Not applicable
- The insurer did not want to sign an insurance contract with me
- The insurer only wanted to sign an insurance contract with me if I paid a supplementary premium
- The insurer only wanted to sign an insurance contract with me if an additional waiting period was included in the policy
- The insurer only wanted to sign an insurance contract with me if additional exemptions were included in the policy (for gender (dysphoria), aesthetic interventions, breast reconstruction...)
- Don't know
- Other: ...

Q85. Which problems have you experienced with the reimbursement of medical expenses by your hospitalisation insurance? Check all options that apply to you:

- Not applicable
- They don't want to intervene in the cost because they do not consider this an illness and they only intervene in expenses related to illness.
- They don't want to intervene in the cost because they consider this a psychological disorder and these are excluded
- They don't want to intervene in the cost because they consider this an aesthetic intervention and these are excluded
- Other: ...

Q86. Can you tell us which problems you experienced with your compulsory health fund or car insurance or household insurance or life insurance or outstanding balance insurance or other insurance? (depending on answer on previous question)?

...

Q87. *(If medical transition)* Did/do you have hospitalisation insurance at the time of surgery?

- Yes
- No
- Not applicable

Q88. (If medical transition) 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

Q89. (If medical transition) How much was your personal contribution to 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

OTHER AREAS OF LIFE

Q90. In which other areas of life did you possibly experience discrimination during the past 24 months? Check all options that apply to you.

	Never	Rarely	Sometimes	Regularly	Often	Always	N/A
Housing							
Tourism							
Sport							
Social services (ex. OCMW/CPAS)							
Child benefit fund							
Registrar							
Health fund							
Trade union							
VDAB / Actiris (employment office)							
RVA (employment policy office)							

	Never	Rarely	Sometimes	Regularly	Often	Always	N/A
RVP (pensions)							
Bank							
Insurance company(ies)							
School/child care							
Digital life (social networks, online platforms)							
Justice							
Utilities (e.g., telecom companies)							
Other:							

COMPLAINTS

Q91. Have you ever lodged a complaint about discriminatory treatment? (e.g. violence, dismissal, failure to provide services, etc.)

- Yes
- No

Q92. If yes, about which of the below areas? (Several answers are possible.)

- School
- Work
- Healthcare
- Housing
- Tourism
- Sport
- Social services
- Child benefit fund
- Registrar
- Health fund
- Trade union
- VDAB / BGTA / Actiris
- RVA (employment policy office)

- RVP (pensions)
- Bank
- Insurance company(ies)
- School/child-care of children
- Digital life (social networks, online platforms)
- Justice
- Utilities (e.g., telecom companies)
- Other: ...

Q93. If yes, where did you file a complaint? (Several answers are possible.)

- 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 the Transgender Infopoint Belgium
- With the Flemish Ombudsman Gender Chamber
- With the Institute for the equality of women and men
- With UNIA (the former Centre for Equal Opportunities and Opposition to Racism)
- With a local anti-discrimination reporting point (e.g. Holebifoon helpline)
- With other instances: ...

Q94. What did your most recent complaint(s) relate to?

...

Q95. What was the outcome of your most recent complaint?

- My problem was dealt with properly.
- My complaint was registered, but nothing has happened (yet).
- My complaint was not registered.
- I was referred from one instance to another.
- Other: ...

Q96. Did you know that legislation exists to protect you against discrimination on account of your gender, gender reassignment, gender identity and gender expression?

Yes

No

Q97. Did you know that you can file a complaint with the Institute for the equality of women and men for discrimination on account of your gender, gender reassignment, gender identity and gender expression?

Yes

No

Your background

To better understand your experiences with discrimination, we must take into account your background.

We want to better understand this in the following questions. While these questions are personal, we will treat your answers as strictly confidential.

Q98. What is your current nationality?

Belgian

Dual nationality

Other: . . .

Q99. What was your parents' nationality at birth?

Both Belgian

One of my parents Belgian, the other not

Other: . . .

Q100. What is your mother tongue?

Dutch

French

German

English

Turkish

Arabic

Other: . . .

Q101. Have you applied or did you ever apply for asylum?

- Yes
- No

Q102. If yes, is this related to problems you had in your country of origin, because of your experienced gender identity or expression?

- Yes
- No

Q103. In which Belgian region do you live?

- Brussels-Capital Region
- Flemish Region
- Walloon Region
- I am not living in Belgium

Q104. In which country do you currently live?

- Netherlands
- France
- Germany
- UK
- Other: ...

Q105. Have you lived in Belgium in the past 24 months?

- Yes
- No

Q106. Do you live in one of the following cities?

- Aalst
- Antwerp
- Bruges
- Genk
- Ghent
- Hasselt

- Kortrijk
- Mechelen
- Leuven
- Ostend
- Roeselare
- Sint-Niklaas
- Turnhout
- No, I don't live in one of these cities

Q107. Do you live in one of the following cities?

- Arlon
- Charleroi
- Eupen
- La Louvière
- Liège
- Mons
- Nivelles
- Namur
- Seraing
- Tournai
- Verviers
- No, I don't live in one of these cities

Q108. A household may have different sources of income and more than one household member may contribute to it. Thinking of your household's total monthly income: is your household able to make ends meet....? (SOURCE: EUROFOUND -EQLS)

Very easily	Easily	Fairly easily	With some difficulty	With difficulty	With great difficulty
1	2	3	4	5	6

Q109. Can you please tell us who is living with you (all or most of the time)? Please select all that apply to you.

- no-one
- Partner(s)
- Child(ren)
- Parent(s)
- Other family member(s)
- Friend(s)
- Other (please specify) . . .

Q110. To which extent do the following matters play a role in your life?

	Does not play a role at all	Not really	Neutral/I don't know	Rather	Plays major role	N/A
	1	2	3	4	5	
My ethnic-cultural background						
My religious background						
My sexual preference (gay, lesbian, bisexual, queer or asexual)						
My physical or other disability My chronic illness						
Other: . . .						

Q111. 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 persons
- I don't feel attracted to anyone
- I don't find gender important
- Don't know
- Other : . . .

SEXUAL HEALTH

Q112. Did you ever receive any trans-specific information about STI prevention or safer sex? Please select all answers that apply to you. (SOURCE: Trans Europe Questionnaire)

- Yes, from health care providers
- Yes, from trans or LGBTI organisations
- Yes, I looked it up myself / got information from my peers
- No, and I don't need it
- No, but I would like to

Q113. Do you know your HIV status? (SOURCE: Trans Europe Questionnaire)

- Yes, I am HIV positive (I am living with HIV)
- Yes, I am HIV negative (I am not living with HIV)
- No, I don't know my current HIV status

Q114. When was your last HIV test? (SOURCE: Trans Europe Questionnaire)

- I have never tested for HIV
- More than 5 years ago
- 1-5 years ago
- 6-12 months ago
- Fewer than 6 months ago

The following questions relate to your sexual life of the past 24 months.

Q115. How satisfied are you about your sex life in the past 24 months (even if you did not have any sex, how satisfied are you)? Please tell us on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied. Please move the little ball to indicate how satisfied you are.

Not at all satisfied					Completely satisfied				
1	2	3	4	5	6	7	8	9	10

Q116. How often have you had sex in the past 4 weeks?

Never	Exceptionally	A few times	Almost weekly	Several times a week	Daily	Several times a day
1	2	3	4	5	6	7

FERTILITY AND PARENTHOOD

In the following part, we would like to ask about your experiences with fertility.

Q117. Do you currently wish to have children?

- Yes, I actively do. I wish to have children soon.
- Yes, I hope to have children in the future.
- Yes, but I cannot fulfil my wish/my wish will remain unfulfilled.
- I used to, but now I no longer do.
- I do not wish to have children.
- I already have/had children.
- I already have one or more children, but I wish to have more.
- I don't know
- Other: ...

Q118. (If sex registered at birth = F) Currently, the removal of your uterus is a condition for legally changing your gender. Would you have this operation if this was/is not necessary to legally change your gender?

- Yes
- No
- I don't know
- I didn't have a uterus at birth / this does not apply to me.

Q119. (If sex registered at birth = F) What are/would be your reasons for not having this operation? (several replies possible)

- The removal of my uterus (hysterectomy) does not change my sense of gender identity.
- I did not want to undergo an unnecessary surgery.
- I do not want to give up my fertility.
- Other: ...

Q120. (If sex registered at birth = M) Currently, the removal of your testicles is a condition for legally changing your gender. Would you have this operation if this was not/had not been necessary to legally change your gender?

- Yes
- No

- I don't know
- Not applicable

Q121. (If sex registered at birth = M) What are/would be your reasons for not having this operation? (several replies possible)

- The removal of my testicles (orchidectomy) does not change my sense of gender identity.
- I did not want to undergo an unnecessary surgery.
- I do not want to give up my fertility.
- Other: ...

Q122. Did you receive information about your fertility options as a transgender?

- Yes, from care providers
- Yes, from an LGBT organisation (LGB and/or transgender)
- Yes, I searched for this information myself or asked friends/acquaintances for information
- No
- No, I don't need it
- No, but I wish to

Q123. Is the loss of your fertility as a result of certain medical treatments (removal of your uterus and ovaries/removal of your testicles) an undesirable option?

- Yes
- No
- I don't know
- Not applicable to me

Q124. Why do you consider the loss of your fertility as a result of medical treatments undesirable (several replies possible)?

- This is an emotional issue and I find it difficult to cope with this
- My partner wants/wanted children
- I want/ed children that are genetically my own
- Other: ...

Q125. (If sex registered at birth = F) Have you had gametes frozen?

- I had egg cells frozen
- I had one of my ovaries frozen
- No
- I'm considering this in the future
- Not applicable

Q126. (If sex registered at birth = F) Why did you not have gametes frozen? (several answers possible)

- I had no idea this was an option
- I didn't feel the need for this
- My care provider told me this was impossible
- I don't think having a genetic link with my (future) child/ren is important
- I considered it, but I never discussed this with a care provider.
- I did not want to put off the taking of puberty blockers or cross-sex hormones (testosterone) any longer or have to stop taking them
- I didn't want to have to take a high dose of estrogen (female hormone) to develop a sufficient number of egg cells.
- I didn't want to undergo multiple vaginal ultrasounds.
- I find the cost of freezing egg cells or an ovary an obstacle
- I find the chances of a successful fertilisation of a frozen egg cell/an egg cell from a frozen ovary too low
- Other:

Q127. (If sex registered at birth = F) Which of the reasons below would make you decide not to have genetic material (egg cells, ovary) frozen and stored? (several answers possible)

- Having to put off the taking of puberty blockers or cross-sex hormones (testosterone) or stop taking them altogether.
- Having to take a high dose of estrogen (female hormone) to develop a sufficient number of egg cells.
- The need for having multiple vaginal ultrasounds
- The cost of having egg cells stored (indicative prices 2016: €150 for the freezing, €900 for the hormones, €100 for the storage).

- The cost for having an ovary stored (indicative prices 2016: €150 for the freezing, €100 for the storage).
- The chance of a successful fertilisation of a frozen egg cell (5%)
- The chance of a successful fertilisation of an egg cell from a frozen ovary (chances of success currently unknown)
- None of the above
- Other: ...

Q128. *(If sex registered at birth = F)* If you were to use your own genetic material (egg cells, ovary) to have children, how would you go about this?

- I would become pregnant myself with donor sperm
- My (future) partner would become pregnant of a child with my egg cell and donor sperm
- I would become pregnant myself with sperm of my partner
- I don't know
- Other: ...

Q129. *(If sex registered at birth = F)* Which of the reasons below prevent you from having children? (multiple answers possible)

- I find the cost of freezing my own genetic material (egg cells or ovary) an obstacle
- I find the lack of a genetic link with my future child an obstacle
- I find the cost of using donor material (egg cells or sperm cells) an obstacle
- I'm afraid to be discriminated against as a trans parent
- I'm afraid that my child will be discriminated as the child of a trans parent
- I find the adoption procedure (e.g., the cost, the waiting period, the threshold for registering as a trans person) an obstacle
- I find the procedure for a surrogate mother (e.g., the cost, the legal uncertainty) an obstacle
- I find being pregnant as a trans man an obstacle
- I find the lack of the right partner is an obstacle
- None of the above
- Other: ...

Q130. *(If sex registered at birth = M)* Have you had sperm frozen?

- Yes
- No
- I'm considering this in the future
- Not applicable

Q131. *(If sex registered at birth = M)* Why did you not have any sperm cells frozen? (several answers possible)

- I had no idea this was an option
- I didn't feel the need for this
- My care provider told me this was impossible
- I don't think having a genetic link with my (future) child/ren is important
- I considered it, but I never discussed this with a care provider.
- I did not want to put off the taking of puberty blockers or cross-sex hormones any longer or have to stop taking them
- I didn't want to have to masturbate to produce a sperm sample
- I find the cost of freezing sperm an obstacle
- Other: ...

Q132. *(If sex registered at birth = M)* Which of the reasons below would make you decide not to have your sperm cells frozen and stored? (several answers possible)

- Having to put off the taking of puberty blockers or cross-sex hormones or stop taking them altogether.
- The cost for storing sperm (indicative prices 2016: €100 a year for freezing and storing sperm)
- Having to masturbate to produce a sperm sample
- None of the above
- Other: ...

Q133. *(If sex registered at birth = M)* If you were to use your own genetic material (sperm cells) to have children, how would you go about this?

- Fertilise a female partner with my sperm
- Fertilise a surrogate mother with my sperm
- Fertilise a donor egg cell with my sperm, a surrogate mother would have the baby.

- I don't know
- Other: ...

Q134. *(If sex registered at birth = M)* Which of the reasons below prevent you from having children? (multiple answers possible)

- I find the cost of freezing my own genetic material (sperm cells) an obstacle
- I find the lack of a genetic link with my future child an obstacle
- I find the cost for using donor material (egg cells or sperm cells) an obstacle
- I'm afraid to be discriminated against as a trans parent
- I'm afraid that my child will be discriminated as the child of a trans parent
- I find the adoption procedure (e.g., the cost, the waiting period, the threshold for registering as a trans person) an obstacle
- I find the procedure for a surrogate mother (e.g., the cost, the legal uncertainty) an obstacle
- I find the lack of the right partner is an obstacle
- None of the above
- Other: ...

Finally

Q135. All things considered, how satisfied would you say you are with your life these days? Please tell us on a scale of 1 to 10, where 1 means very dissatisfied and 10 means very satisfied. Please move the little ball to indicate how satisfied you are.

Very dissatisfied					Very satisfied				
1	2	3	4	5	6	7	8	9	10

Q136. Which factors contributed to making you feel good about yourself throughout your life? Several answers are possible. Feel free to add matters that were relevant for you.

- Parental support
- Support of friend(s)/family members
- Support from the transgender movement
- Own resilience
- Self-acceptance
- Positive climate at school or work
- Positive political climate

- Mental health care
- Other matters: . . .

Q137. Finally, how could the government and trans organisations strengthen and protect the well-being of transgender people even more?

. . .

Thank you for participating!

Please press the 'ready' button

If you feel the need for support or want to chat about certain things during or after filling out this questionnaire, please feel free to contact:

The Transgender Infopoint Belgium at 0800 96 316 (from Tuesday until Friday, from 9 a.m. until 4 p.m., a free and anonymous helpline)

The Tele-Onthaal helpline at 106 (24/7, a free and anonymous helpline)

The Suicide Hotline at 1813 (24/7, a free and anonymous helpline)

Do you have questions about discrimination? Please contact:

The Institute for the equality of women and men, via 0800/12 800

