Information guide

destined to Trans* people, their loved ones, and professionals

Welcome / Rights / Health / Accompaniment / Youth

Made by

LA MAISON ARC-EN-CIEL DE VERVIERS

Ensemble autrement

PRISME Fédération wallonne LGBTQI+
PRATIQ
Avec le soutien de la Wallonie
VERVIERS

Responsible publisher :

Maison Arc-en-Ciel de Verviers – Ensemble Autrement ASBL
Rue Xhavée 21 – 4800 Verviers
+32 495 13 00 26 – contact@ensembleautrement.be – https://www.ensembleautrement.be

Publishing date : December 2022

Credits :

Writing :

Bovy Jonathan
Clerckx Antoine
Collard Siméon
Hardenne Vinciane
Renard Sasha

Illustrations :

Fédération Prisme (via the PraTIQ.be platform)
Célestin Eléonore Verbessem

Proofreading :

Brasseur Sabrina
Defaut Nathéo (for the *Face à toi-même* NFPO)
Delmée Clint
Drigo Justine
Fievez Déborah
Montes Anaïs
Poidlin Emilie

Graphics and layout :

Gany Mélissa
Brasseur Sabrina

Translated to English by :

Denis Roselyne

Translation proofreading :

Indigo

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Introduction

The ***Maison Arc-en-Ciel de Verviers « Ensemble Autrement »*** is an association in activity in the Liège Province since 2013. Our missions consist in welcoming and supporting **L**esbian, **G**ay, **B**isexual, **T**ransgender, **Q**ueer, **I**ntersex, **A**sexual, and other (**+**) people.

There are indeed multiple ways of living, of feeling and defining - or not - one's gender identity(ies) as well as one's sexual orientation(s), which is why it is important to respect the right to self-definition. This means anyone has the right to refer to themselves and define themselves according to their feelings and their comfort zone.

These concepts may seem difficult to grasp, which is why, as part of our missions, we offer a welcome and following, support groups for LGBTQIA+ people and their loved ones (family, friends, spouse, etc.), but also awareness campaigns, activities, and formations aimed at professionals. Indeed, we are sometimes solicited by social and pedagogical workers looking for information on the thematics we work with in order to offer better care to their clients.

Within this framework, we wished to create an information booklet focusing on the Trans* topic, which still seems misunderstood to this day.

Before getting to the topic at hand, let us redefine the **LGBTQIA+** acronym and then look over specific vocabulary regarding the **T** thematic, via the lexicon on the next page.

Lexicon

Lexicon specific to the LGBTQIA+ acronym

Lesbian

In accordance with the right to self-definition, “lesbian” refers to a homosexual woman (Cis* or Trans*). It is a woman whose desire is exclusively aimed towards people belonging to the same sex/gender. A lesbian is a woman who is affectively and/or sexually attracted to other women (Cis* or Trans*).

Gay

In accordance with the right to self-definition, "gay” refers to a homosexual man (Cis* or Trans*). It is a man whose desire is exclusively aimed towards people belonging to the same sex/gender. A gay man is a man who is affectively and/or sexually attracted to other men (Cis* or Trans*).

Bisexual

In accordance with the right to self-definition, “bisexual” refers to a person whose sentimental and/or sexual desire is aimed towards both people belonging to the same sex/gender and people of a different sex/gender from theirs.

Transgender

A transgender person is a person whose gender identity does not match their assigned gender at birth (by the biological sex).

It is an umbrella term that includes multiple gender identities, depending on each person’s self-definition. The term Trans* can also be used to include all groups that define themselves as transgender. By contrast, the term “cisgender” refers to a person whose gender identity matches their assigned gender at birth (by the biological sex).

Queer

Word meaning “strange”, “unusual”, “weird”, or “crooked”. It refers to any person who doesn’t identify with gender, sexual, or romantic norms, without confining themselves in a more precise category. The term also expresses a more political stance linked to the refusal of accepting the fact that society assigns roles at birth. For instance, a woman can define herself as cisgender heterosexual and refuse to have children, work in “masculine” areas, not want to get married, be at ease with public speaking, be ambitious, be able to hold her own against a man, participate in combat sports, not be “feminine”... Even though she is cis hetero, she could, in accordance with her right to self-definition, recognize herself in the term “Queer”.

Queer is thus a political movement against roles, binarity, and patriarchal influence. This term could easily be used as an umbrella term for LGBTIA+.

The word queer, a call to extravagance, to the unusual, had been a homophobic slur for a long time before American activists of the homosexual movement, at the beginning of the 90s, reappropriated this term to refer to themselves and gave it a positive connotation.

Intersex

Refers to any person who presents sexual characteristics which, because of a broad array of natural genetic variations, do not correspond to the usual definition of male or female types (or phenotypes), notably regarding sexual anatomy, internal or external reproductive organs, sexual chromosomes' structure and/or number, hormones, fat distribution, pilosity... These natural variations can be present at birth or appear later during growth, notably during puberty. Some of these variations aren't necessarily visible, which means they can sometimes, for instance, be detected during adulthood in the course of sterility testing, during an operation, or even never be detected.

There are dozens of different forms of intersex variations. The proportion of population that shows intersex characteristics is estimated at 1.7%. For the most part, these different forms of intersex do not cause health issues. Being intersex is not an illness.

Caution: Intersex , not to be confused with hermaphrodism

Indeed, the term "hermaphrodism", used in medical fields since the end of the nineteenth century, is biologically erroneous : intersex people aren't half-male, half-female beings with double functional genitals.[1]

[1] Genres Pluriels(2017), "Visibilité Intersexe, informations de base", BXL.

Endosex (antonym of intersex) : Term used to designate any person who isn't intersex.

Agender

Refers to a person who doesn't identify with any gender..

Asexual

Refers to a person who doesn't feel sexual attraction towards anyone, regardless of their emotional or romantic orientation.

A romantic

Refers to anyone who doesn't feel romantic/emotional attraction towards anyone, regardless of their sexual orientation.

But also :

+ others

In accordance with the right to self-definition, any other definition in which a person recognizes themselves and feels comfortable is, thus, legitimate.

Lexicon specific to the T thematic

Gender

Refers to a sociocultural construct of roles considered by the collective as masculine or feminine. They influence our representations and our social relations. It can evolve through time and environment. In other words, "**gender**" is the sociocultural construct of masculine and feminine roles expected by society, which involves hierarchical relations between men and women. While "sex" refers to biological characteristics, being born male or female, **gender** describes culturally assimilated and taught social functions (masculinity/femininity).

Gender identity

Refers to the gender a person identifies with, whether it matches their assigned gender at birth or not. In other words, some people may feel "man/masculine", "woman/feminine", of a more fluid gender, or outside of binary norms[2] depending on the time, on spaces, and regardless of biological "male" / "female" sex.

Gender expression

For some people, gender expression designates the different ways of expressing the gender(s) they identify with (attitude, clothing, posture, haircut, way of talking, ...) and other people's perception of them.

For others, gender expression may be different from the gender(s) they identify with. For instance : someone may identify as "man/masculine" while wearing clothes and accessories considered "feminine" (skirt, makeup,...), just as someone may identify as a "woman" and have, for instance, a beard.

[2] Manichean view which tends to think and explain that there are only two poles and absolutely nothing in between.

In other words, gender doesn't necessarily indicate gender expression, just as gender expression doesn't necessarily indicate gender. In both cases, it is proper to respect people, always remember the right to self-definition.

Cisgender

Refers to a person who isn't trans, whose gender identity matches their assigned gender at birth. Example : a baby is born with a vulva, and is thus assigned not female but girl, a woman with expectations of a feminine role (gender). When growing up, this little girl agrees with this assignment. According to her right to self-definition, she could define herself as a cis(gender) person.

Etymologically, cis = on this side, trans = beyond/across. Cisgender is thus the antonym of transgender.

Transgender

Refers to a person whose gender identity is different from the gender they were assigned at birth. Example : a baby is born with a vulva, and is thus assigned not female but girl, a woman with expectations of a feminine role (gender). When growing up, this child does not recognize themselves in this attribution. According to their right to self-definition, they could define themselves as a trans(gender) person.

Transidentity(ies)

Umbrella term regrouping every gender identity that cannot be qualified as cisgender.

Non-binary

Refers to a person who doesn't identify their gender as part of the man/woman binary. Indeed, gender could be represented as a continuum or a spectrum instead of just two boxes. Some people define themselves as agender, having no particular gender. Others identify as bigender (being both genders), or genderfluid (which means they can place themselves at different positions on the gender continuum depending on the time and the environment). There are many other terms defining gender identities, which makes sense according to the right to self-definition.

Transphobia

Negative attitude shown towards trans people, leading to rejection and discrimination. Discrimination can take many forms : verbal violence, physical violence, employment or housing discrimination, but also sometimes in an institutionalized way such as : binarity in administrative documents, healthcare reimbursement, gendered languages...

Transition

Term used to designate everything a trans person might put into place to reach their comfort zone and thus be in accordance with their gender identity. We often speak of social transition and medical transition. Note that every transition is different and there are no specific steps to follow concerning one's own choices, the typical journey doesn't exist.

Comfort zone

Mental representation of an area to reach in order to be comfortable physically and mentally. Example : changing one's haircut, changing one's wardrobe, getting surgery, changing one's name (officially or not), changing one's gender marker on their ID, using other pronouns, undergoing a hormonal treatment,... This term often applies to trans people but can also apply to cis people. Examples : someone who is extremely uncomfortable with their nose and would like to have it redone, someone who wants to undergo bariatric surgery (sleeve, bypass), breast augmentation,...

Misgendering

Misgendering someone means not using and thus not respecting the name or pronouns a person identifies with. Example : a friend asks you to gender him in a masculine way and you use the feminine when you talk to him. Misgendering someone isn't necessarily deliberate or malicious, it can be caused by clumsiness (you've gendered someone femininely for years, it's not always easy to switch to the masculine). Do note that misgendering redundancy can be hurtful. If the person corrects you in an aggressive manner, don't take it personally, keep in mind you might be the nth person to get it wrong in the same day. Gendering someone in accordance with their demands is a mark of respect. If the person isn't there when you talk about them, it is proper to gender them correctly as well. Same thing if you bring up memories of the past, you should use their current name/ pronouns.

Transsexual, transsexuality, transsexualism

Terms once used instead of "transgender" and "transidentity". These words are used less and less because of their psychiatric origin. Pathologizing trans people can do a lot of damage, preventing their inclusion in society, slowing transition, hurting self-worth,...

Some trans people keep using them and reappropriate them, in accordance with their right to self-definition. Cis people aren't encouraged to use these words, the easiest course of action is to use the term "Trans*".

These terms also lead to confusion between transidentity and sexual orientation, which are two distinct dimensions.

Also note that it is often said that the term "transsexual" has a different meaning from "transgender" because it designates people who got genital surgery : this isn't the case.

Gender dysphoria

Another term originating from psychiatry, "diagnosis" of transidentity. Its use is also controverted, a diagnosis term strengthening the idea that trans people suffer from mental illness. However, the terms "dysphoria" and "dysphoric" are still commonly used by many trans people to express malaise or discomfort regarding their body or their identity. Its intensity differs from one person to another and can fluctuate with time. However, not every trans person is affected by dysphoria. If there is suffering, let's question the system, the inequalities and discrimination that some minorities experience.

Gender euphoria

Term describing a feeling of well-being or comfort from being respected in one's gender or being able to express one's gender as needed (which, like gender dysphoria, can vary in intensity, concern various elements, and fluctuate with time). For instance, one can feel gender euphoria when wearing clothes that correspond to them. [3]

Passing

This term, within the context of gender identities, means "to pass for" cisgender, idea according to which the trans person does not look like a trans person. This idiom is used by the people concerned (ex : "Today I didn't pass very well, I was misgendered several times !") but one should be careful about its use. Indeed, everyone is different and there is no "trans appearance". Some people ban this term and others use it. In case of doubt, it's best to compliment or underline a particular aspect rather than the passing itself (example, to a Trans* man : "Oh, your beard is growing !" or to a trans woman : "Your voice got a lot more feminine lately, didn't it ?").

Coming-out

This term, from the idiom "to come out of the closet", refers to the action of revealing one's homosexuality/bisexuality, transidentity, or serological status. Most of the time, it's a process that takes several steps of variable duration, both internal (awareness, self-acceptance) and external (progressive opening to one's circle). Coming out is repetitive and each time represents some sort of risk.

Outing

An outing is defined by the action of revealing someone's gender identity, sexual orientation, or serological status without their consent. It can come from clumsiness or maliciousness but in both cases it can have serious consequences for the person : risk of rejection or aggression, for instance.

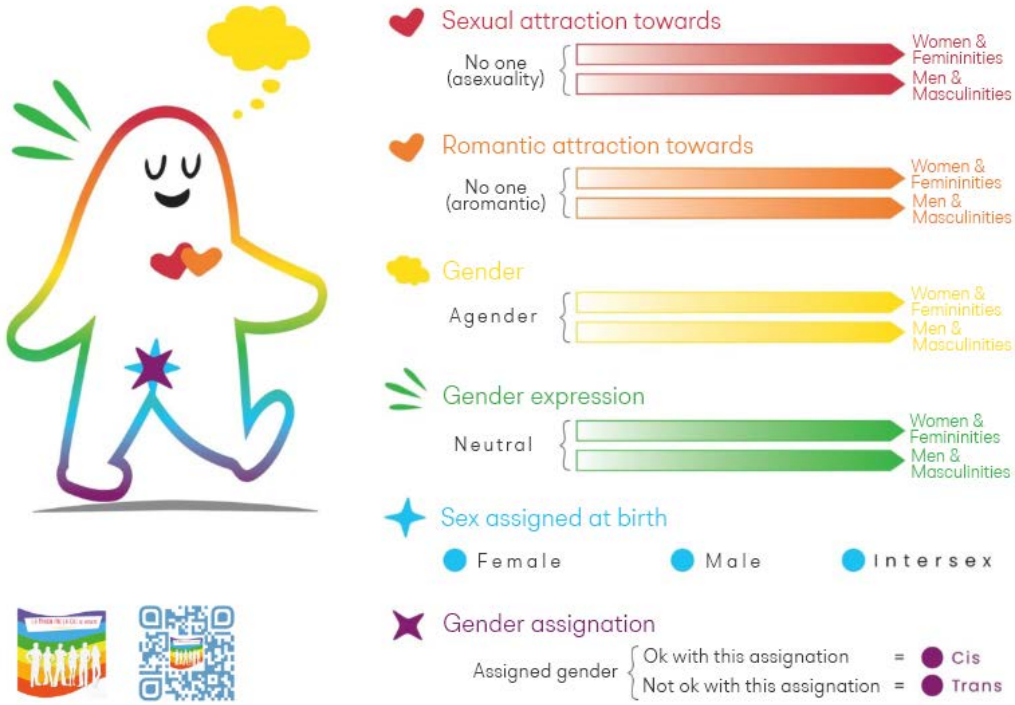
Outing someone can be legally reprehended, as it is part of the concerned person's private life..[4]

[3] Source : https://lavieenqueer.wordpress.com/2018/05/01/leuphorie-de-genre/
[4] This right to private life is part of article 8 in the European Convention on Human Rights, and of articles 22 and 22bis of the constitution and in the Yogyakarta Principles

Important concepts (diagram)

The diagram below allows a double reading :

1. A focus on the difference between sexual attraction, romantic attraction, gender (gender identity), gender expression, assigned sex at birth, and assigned gender.
2. A focus on the way of understanding these concepts in a non-rigid and non-binary manner via the different continuums.



1. Differentiation of the different concepts

sexual orientation - the physical and sexual attraction you feel towards someone, with or without romantic feelings ;

romantic orientation - the romantic feelings you have towards someone, with or without sexual attraction ;

gender - the identity you identify with, something personal, a feeling aimed towards yourself ;

gender expression - linked to your image, your cover, what people perceive of you at a glance ;

assigned sex at birth - your external genital organs, what determines at birth, at a glance, whether you are male, female, or inter ;

assigned gender - a gender is assigned to you via the purple star (vulva = woman/feminine, penis = man/masculine, inter* = chirurgical reattribution to resemble either a vulva or a penis)..

The hetero/cis* norms make all these concepts interlinked by default. For instance, being born with a penis brings the assumption of the acceptation of the masculine gender (cisidentity), the roles that come with it, and an attraction automatically aimed towards women (heterosexuality). This blueprint is perfectly legitimate for people who intrinsically fit it, but let's not forget that for some others, this normative pattern could result in conformity pressure.

There are numerous paths, possible trajectories outside of what society considers to be THE hetero/Cis* norm. They are ALL valid. They are complex realities.

Thus, one must differentiate sex (biological), gender (sociocultural construct), and sexuality (attraction, action).

A few examples :

- **Biological sex doesn't necessarily define gender** ; one could be born with a penis which would lead to - according to the norm - expectations or masculine roles, and not feel aligned with this attribution. The person could thus start a "feminization" transition, identify as a woman, and still keep her penis.

- **Biological sex doesn't necessarily define sexual orientation** ; one could be born with a vulva/vagina which would lead to, according to the norm, sexual attraction towards men (heterosexuality). The person could, however, like women (homosexuality).

- **Gender expression doesn't necessarily define gender** ; one could have a "feminine" gender expression without identifying with femininity.

- ... everything is possible according to the right to self-definition and one's feelings...

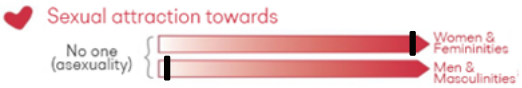
2. Continuums

Whether it is sexual orientation, romantic orientation, gender identity, or gender expression, nothing is necessarily fixed in time.

Indeed, some people's cursor will stay at the same position on the different continuums their whole lives because it fits their feelings or because of conformity pressure. For others, this cursor will move along with feelings and experiences.

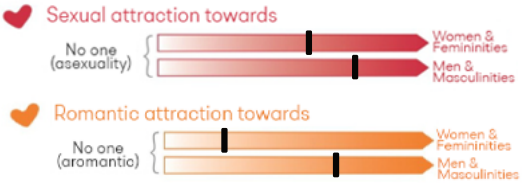
Let's look at some examples :

Ex. 1 : A man could, during the first years of his affective and sexual life, feel attraction exclusively towards women. His cursors could be placed like this :

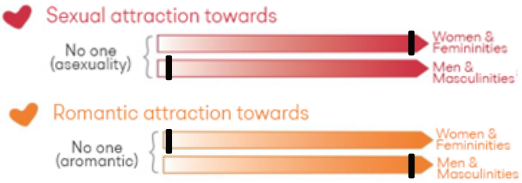


After a few years, his attraction towards men could evolve without necessarily changing his attraction towards women.

Ex. 2 : A woman could, at some point in her life, be sexually attracted to men and women with a slight preference for men. She could, at the same time, be romantically attracted to men and women with a slight preference for men. Here are her cursors at this particular point in life :



A few years later, depending on her feelings, her experiences...her cursors could evolve. She could thus, at another point in her life, be sexually attracted only to women and romantically attracted only to men :



Ex. 3 : A young boy could feel a part of femininity greater than his masculinity :

Some time later, he could question himself, evolve, and feel in perfect adequation with the feminine gender, recognize himself in the term Trans*, and begin a “feminization” transition. CAREFUL : A man could feel a great part of femininity while not identifying as Trans*, same thing for women.

Ex. 4 : A man could feel more comfortable in clothing, attitudes, manners of speaking, or haircuts considered “masculine”.

He could, at another point in his life, use both “masculine” and “feminine” codes simultaneously; have long hair, wear eye makeup, wear nail polish, and have a beard, have attitudes and behaviors said to be “masculine”.

Preconceived ideas

Transidentity = sexuality

Transidentity has no direct link with sexual orientation/sexuality, but everything to do with gender identity. There are no more assumptions to make on a trans person's sexuality than on a cis person's. It is a distinctly personal matter that only involves oneself. For instance, a Trans* woman can be bi, a Trans* man can be gay, a non-binary person can love only women, etc.

Transidentity = intersex

There is sometimes confusion between the two ("you're both sexes ?"). Some trans people are intersex, but it doesn't mean it's always the case ; transidentity does not imply intersex and intersex does not imply transidentity (more information on intersex in the lexicon and on https://cia-oiifrance.org/)

Reminder that transidentity refers to a feeling linked to gender. Being intersex is a biological fact. A cisgender person can also be intersex.

Every trans person got/wants genital surgery

This assumption is often accompanied by the phrase "sex change", which is often criticized : some trans people reject it because it doesn't fit the definition they have of their own transition. Indeed, transitioning doesn't necessarily mean "changing one 's sex" ; others, on the contrary, decide to use it, in accordance with their right to self-definition. In any case, one should respect the definition someone has of their own transition. This idiom should thus be used with caution.

To conclude, many trans people don't wish to undergo a medical transition and want genital surgery even less. There is a lot of variety in trans journeys and every experience is valid. Every step is different and each trans person can choose to stop once they reach their comfort zone.

Note that questioning a trans person on this topic is intrusive and disrespectful. On one hand, it's an intimate subject and on the other, it implies a reductive view of identity that would be validated only based on what one has between their legs.

Ask yourself : is it proper to question any random chap on their private parts ?

There are only two genders

Many people don't find themselves in the man/woman binary. They often identify as non-binary. Non-binary people (umbrella term), as well as trans people, have always existed in many cultures.

"It's a phase"

In an American study (2015 US transgender survey), 8% of participants who began a transition decided to go back. Of these 8%, only 5% indicated having "de-transitioned" because transition wasn't meant for them. This represents only 0.4% of the total number of participants, so 4 people out of 1000. In the most cited reasons for de-transition, there was familial pressure, pressure from a partner, increase of discrimination after beginning the transition, difficulty to find a job... We can also mention that the influence of some practitioners who have a binary vision of gender pushes some people to transition in a way that fits this binarity. These people, sometimes pushed out of their comfort zone, have their right to self-definition disregarded and can end up de-transitioning. People can also sometimes de-transition following an evolution of their gender identity (fluid genders).

We can thus conclude that the overwhelming majority of trans people isn't going through "just a phase".

"It's a trend"

Thanks to the facilitation of information access through social media and the internet, more and more people were able to put words on their feelings, hence this assumption. Add to this the tendency of some medias to talk about these topics with a sensationalist flair. This results in the impression that "there are more of them than before", even though it's not actually the case. Let's also keep in mind that the positive evolution of mentalities, both at a social and legislative level, as well as the multiplication of queer-friendly associations (and thus representation) offer more suitable grounds to coming-outs.

Transidentity has always been there in some capacity in history, and in numerous cultures (Hijra in India, Two-Spirits native Americans, Mahu in Polynesia, to give a few examples). There are unfortunately few resources on this topic in Europe, following the destruction of LGBT+ archives during the second World War.

Too old/too young to transition

It's never too early nor too late to begin a transition. The idea that every trans person knows they are trans since childhood is wrong. This said, awareness can happen very early and it is necessary to take the child seriously, to listen to what they're going through and to support them in their self realisation, no matter what form it takes ; the feeling of identity develops from 3 or 4 years old. Every journey is different and finding the courage to transition can sometimes take time. Depending on their needs, it could be useful to attend support groups in associations and/or to be followed by psychologists who are familiar with these topics.

In Belgium, a name change in the context of transidentity is accessible from 12 years old (with the accompaniment of the parents/a legal guardian). Hormonal treatment is accessible from 16 years old. However, it is of course possible to use another name and the pronouns the child asks for before all this. (Maybe you're scared your child will change their mind. In this case, understand that ignoring your child's coming-out will only isolate them, risk lowering their self-worth, generate conflict, making things more complicated for you both. Also note that simply changing the way you address them is completely reversible.)

Transidentity = mental illness

There has never been proof that transidentities are mental illnesses, even though they're still included in the DSM (Diagnostic and Statistical Manual of Mental Disorders), and the CIM (OMS classification) to describe a transgender person's distress when faced with a dissonance between their assigned gender and their gender identity. As the DSM got revised, phrases such as "transsexualism","gender incongruence", then "gender dysphoria" were successively used in relation to transidentity and fell into usual language. However, since 2013, the APA (American Psychological Association), who created the DSM, has communicated that transidentities themselves aren't a mental disorder and thus rejoins what activists have been claiming for many years : Trans* people's suffering isn't caused by a mental illness, but by the transphobia that permeates society.

Transitioning is a luxury one can do without

When someone starts a transition, we often hear that it's a choice, that they could do without it. To understand why this isn't the case, one must first grasp that transidentity itself isn't a choice but a deep, intrinsic feeling. We could conceivably talk about choices inside the transition (what we want, what we don't want), but in the end, it's more about understanding what is best for oneself, what brings one closer to their comfort zone ; all of this is a necessity to attain harmony with oneself. Some people describe their transition as an act of survival.

Indeed, reaching one's comfort zone allows to reach psychological well-being. In the opposite case, when transition takes too long or isn't a possibility, mental health can suffer disastrous consequences. This is why it is not a luxury.


Célestin Eléanore Verbessem

How to come out ?

This chapter should be taken with a grain of salt. Indeed, you and you alone are capable of knowing what the best way to come out is according to your own situation. The advice you're going to read here is only made of potential avenues and suggestions, and should be taken as such. There is no secret formula for a guaranteed perfect coming out. Note that you're never obligated to come out. Once again, the decision is in your hands, according to what you find is the best thing to do for yourself. Take your time to do it if that is what you want, wait until you're sure of yourself. Even if people are pressuring you to do it from the outside, listen to yourself above all.

There are numerous factors to take into account when deciding on how to come out : your personality, the relationship you have with the other person...

Where, when, how ?

After deciding to come out, it is necessary to question yourself on the manner and context in which you want to do so. Regarding the "when", it is of course when you feel you're ready, but also ideally when the other person is ready to receive this information and open to dialogue. This doesn't necessarily mean you should make it a formal and dramatic announcement; you can breach the topic in a lighter mood if it fits you. The important thing is to be in a calm environment, open to discussion. This said, if you're afraid of a hostile reaction, you can decide to bring the other person in a public space (a park, a café...) so as to avoid outbursts.

If you're not comfortable breaching the topic verbally, are scared of forgetting to say some things, or don't feel capable of facing a direct reaction, you can also write a letter or send a message explaining the whole situation. This choice's disadvantage is not knowing when the answer will come, which can be anxiety-inducing, but on the other hand, it gives the person time to think and assimilate all the information, to avoid impulsive reactions.

You can also let someone else do it for you, which still means you won't be able to see the reaction straight away, and you won't be certain of how the informationwas passed on, if what was said is okay with you. Moreover, some people could be vexed that you didn't tell them personally. This said, it can allow you to keep your energy and even to protect yourself. So, choose a person you trust to delegate the task to.

Another way to save your energy is to come out to more than one person at once, whether it's face-to-face or through messaging. Maybe some people will feel the need to discuss it further with you afterwards,or others will be vexed to be in second place for the same attention. It's your job to decide whether this would work depending on your relationships, their personalities, and your own wishes.

Preparation

Before the announcement, it's important to consider preparing yourself psychologically to all types of reactions you could receive, but also to prepare yourself to answer potential questions. It is also wise to think precisely about what you want to say or not. This will allow you to be as clear and understandable as possible when the time comes. Sometimes, you should also be prepared to set boundaries in case you don't want to answer intrusive questions. Don't hesitate to formulate the expectations you have regarding the person, whether it is for them to accompany you to choose new clothes or you simply want them to show their support and acceptance... Sometimes, we don't expect some reactions at all, like culpability or a personal questioning on the side of a loved one. You will sometimes have to comfort them.

Prepare yourself to stay calm and pedagogical ; most people know very little, or even nothing, about transidentities. Also remember to reassure the person by telling them you feel better this way and that, even if you risk hitting difficulties and obstacles, you'll be more fulfilled.

Various reactions

Most reactions aren't as terrible as what one could expect, many are kind and positive. This said, it is good to be prepared to receive other types of reactions.

When preparing a coming out, one can imagine all kinds of scenarios but a possibility is often overlooked : indifference. However, this reaction isn't rare and it is interesting to be aware of it. Note that a loved one's silence doesn't necessarily mean they don't care about your situation or that they're being close-minded. Perhaps they simply accepted it instantaneously and don't see what they could say. Perhaps they got information elsewhere by themselves. Or perhaps they're confused and/or didn't quite grasp the situation. Some people would like to ask questions or simply continue the discussion but prefer to say nothing because they don't know how to bring the subject back on the table or are afraid of upsetting you. In this kind of case, if you feel the need to talk with the person again to clarify their stance, don't hesitate ! Better to do this than to interpret the situation on your own.

Sometimes, it's also possible that the person shows indifference because they don't know how to apprehend the situation and are in shock, in a form of denial to protect themselves from something they don't understand. In this case, it's not easy to revive communication, but it is sometimes possible if you want to do it with patience and some other tools (for instance, you can offer the person documentation, show them trans people are just like anybody else, insist on the fact that you are still the same person...).

You can also redirect them towards associations that could receive them for an individual consultation and/or offer them to go to support groups for trans people's loved ones which aim for sharing and support.

Even more sensitive than indifference, hostile reactions should be considered even though they're far from being the majority. They can manifest themselves through a straight denial of your identity, in a categorical refusal to breach the subject again, a clear-cut rejection of your being, or more viciously through repeated attempts to make you feel guilty, reproaches, or even attempts to "reason" with you. And this whether it is in an angry tone or a calmer one. No matter the shape, those are psychologically violent situations and they're complicated to handle emotionally. They can be explained by numerous reasons but the important thing is to keep in mind that you are never, in no case at all, responsible for this rejection.

The hostile person could position themselves as the victim in the situation even though they are only the victim of their own prejudice and ignorance regarding your transidentity. Remember that you are entitled to as much respect as anybody else. However, if you still want to keep a link with those people, it is sometimes possible. It could be interesting to understand what the origin of their rejection is (shock regarding the perception they had of you, deception that you didn't talk to them earlier, or more commonly and simply preconceived ideas coming from a fixed vision of gender roles perpetuated by society) in order to know how to reconnect with them as effectively as possible. Time helps too, the person could end up appeased and fully assimilate your transition. Indeed, they sometimes have to mourn the projections they had made concerning your future. Don't forget that if you had to take some time to prepare your coming-out, the same thing applies to the person it's destined to. Another idea is to call a trusted, supportive person to act as a mediator between the hostile person and yourself.

That said, in some situations, it is understandable you would consider cutting ties with the person. It's sometimes the best solution when faced with a particularly hostile/violent attitude. As always you are the only one able to decide whether it is right, taking the risks (what you risk losing) into account as well as the advantages, while questioning whether you have the necessary energy to revive contact ; your well-being must be a crucial part of your priorities. However, cutting ties can be temporary and you could revive the relationship once you are ready. In any case, if you're in a complicated situation you can seek help with a supportive acquaintance, an association, or a psychologist if you feel the need to.

If the person becomes violent or if, for instance, you live with your parents and they threaten to throw you out, you can contact an emergency housing association (in Belgium, Brussels' Le Refuge or Liège's Le refuge Ihsane Jarfi are places specifically destined to LGBTQIA+ people).

Célestin Eléanore Verbessem

Advice for loved ones

Someone in your circle just came out as trans and you feel a bit lost? It's understandable, here is some advice to support them as best you can.

First of all, it's important to understand the person stays the same in spite of their transition. They don't suddenly become a stranger ! Their personality, tastes, interests... won't, in principle, change all of a sudden. Everything your loved one is going to put in place regarding their transition is essentially part of a positive change to allow them to reach a better well-being. However, this period often makes trans people more "vulnerable" to discrimination, it is thus important to show your loved one they can count on you.

Perhaps you're asking yourself why the person came out to you "only" now. Keep in mind that it is not necessarily a matter of lacking trust, but rather of feeling ready. Indeed, coming out is the result of a long personal reflection that can go through all sorts of feelings: denial, doubt, shame, fear, incomprehension ... all of it slowing self-acceptance. This also explains why transidentity is not a "phase". Note that transidentity is often painted by society as negative, ridiculous, shameful, strange, or full of suffering, which doesn't make the coming out process any easier.

You may feel some apprehension if your loved one asked you to refer to them differently from now on, with a new name and/or different pronouns. Your adaptation time can take a while and that is normal, changing habits is hard ! It is however of great importance to refer to your loved one in the way they wish you to, to show them you respect their identity. Every mistake could be taken as rejection. If you make one (and it will most likely happen), correct yourself, apologize briefly, and get back to the conversation ! It can be tempting to immediately offer excessive excuses and explanations, but it can easily be useless or even make your loved one uncomfortable. Don't worry, they do realize that adapting to these changes isn't the easiest thing. However, if your mistakes continue to happen frequently some time after their coming out, it could be necessary to talk and clarify the situation. Also note that changing a name and/or pronouns is retroactive: it also applies to conversations about the past !

It is also wise to avoid what we call "false compliments", phrases like "you look like a real woman/a real man!". It most likely comes from good intent but could prove vexing. In this example, your loved one IS a real woman/a real man. Instead of giving compliments about transidentity, you could simply settle for compliments regarding clothing, makeup, confidence, etc.

A good way of helping your loved one is to offer them help with their coming outs, being there to take on the role of a mediator. This can avoid them some stress. Indeed, coming out is tiring, it often requires patience, pedagogy, and one is rarely certain their

interlocutor will react positively. It is thus possible your loved one will accept your proposition in order to get some relief. But be careful ! Handling their coming out without their consent is out of the question. Revealing someone's gender identity/sexual orientation without their accord is called outing and it can have devastating effects. When they come out to you, your loved one is putting their trust in you, do not betray it ! The trans person has to choose who should know and when, they're the one who can best decide whether the situation is right for it.

If the person agrees to let you help them, ask them which information you're allowed to share or not. If you have any doubt at all, don't reveal things in their place !

However, don't hesitate to raise awareness in your circle. You can correct them in a kind manner while staying firm: no compromise in respect. Of course, only do it if you're certain about what you're claiming.

As a parent, maybe you're asking yourself what the "origin" of your child's transidentity is. In truth, there are no reasons. Parents/education have nothing to do with the situation: trans people come from various backgrounds and have always existed, there are no factors responsible for transidentity. Even if there were, it would be quite useless to know about them ; better to focus on the present rather than the past. Indeed, transidentity isn't a problem in itself, there is no solution aside from supporting your child. Maybe you're feeling guilty; "we should have noticed earlier". Again, better to focus on the present. If you had suspected something, it wouldn't have been wise to talk to your child about it in the first place. Asking them about it directly could make them panic if they aren't ready to talk about it, and cause them to lie about it, making a later coming out even more complicated. If you think your child might be trans, the best thing to do is to show you're open-minded about the topic.

If your partner just came out to you, you most likely have many questions both regarding your partner and yourself. First of all, don't hesitate to take some time to assimilate the information. Be honest with yourself on what exactly it is you're feeling. Maybe you feel betrayed, maybe you hold a grudge. The coming out probably shook you, including for reasons already discussed here earlier. Why only now? Like written above, lack of information and representation in media about transidentity can greatly slow the awareness process and the moment the person feels ready to come out. Add to this a fear of rejection and/or a fear you won't love them anymore. Silence from your partner regarding their transidentity isn't a betrayal or a deliberate lie, but a self-acceptance process. And they probably feel guilty about putting you through this silence.

Many couples break up following a transition, directly after the coming out, or some time after. Your partner obviously stays the same person you've met, but your relationship might change and push you towards finding a new balance together. As in most situations, communication is key. Be honest with your partner about your feelings and your boundaries, ask questions ...

Beyond the questions you have about your partner or your relationship, perhaps you also have some concerning your sexual orientation. If you've always been exclusively attracted to the gender your partner was assigned at birth, it's understandable. If you wish to continue the relationship, keep in mind that you don't have to choose a label to define your orientation.

How to address a non-binary person ?

Although English is thankfully not the most gendered language, some issues can still appear when referring to a non-binary person. Note the use of "can" rather than "will", as some non-binary people still choose to use only "usual" pronouns and typically-gendered words (he or she + associated masculine or feminine words).

This said, non-binarity includes numerous identities, and with them come various ways of adapting language to get as close as possible to a comfort zone. The best way of knowing how to talk about/to a non-binary person is to simply ask them ("What are your pronouns ?") or listen to how the person genders themselves.

Here are a few possibilities

- Consistently uses the pronoun "he" : use of only one pronoun, masculine words.
- Consistently uses the pronoun "she" : use of only one pronoun, feminine words. **It would be unwelcome to assume that, since the person is non-binary, they necessarily use more than one pronoun or a neopronoun.**
- Alternates between the pronouns he and she : use of both pronouns, sometimes one and sometimes the other, changing it up from time to time. Some people use only one pronoun for a day and switch to another the next, the best way to figure out what to do is always to ask. One shouldn't assume that someone who uses both "he" and "she" will be comfortable with you using only one of them. If the person asks to use both, there is a reason.
- Uses singular "they": it's the most used neutral pronoun in English and has been used for a very long time. Conjugation is the same as with plural "they".
- Uses a "neopronoun" such as "ze" or "xe" : while more rarely seen, there are many neopronouns one could use. If you're unsure of how to use or pronounce them, ask the person. Some people also use the pronoun "it", generally with the same conjugation as the regular third person "it".
- Alternates between "he", "she" and "they" (or others) : same as alternating between he and she, as discussed above.

Regardless of how a person is comfortable gendering themselves, the important thing is to respect their wishes. It costs nothing to get used to it and thus show respect, making the person comfortable.

Note to language lovers : languages change and evolve over time, lest they become dead languages. It is normal for people who use them to adapt them and use new words to express their feelings as best they can.

Gender-neutrality in speech

There are many instances in which non-binary people (and sometimes even simply women) are put aside by language. Gendered language is part of everyday speech, but there are ways to make it more inclusive depending on the issue at hand.

Words that include “man” are easy cases of gendered language to spot, and they can be replaced by more neutral alternatives. For instance, using “person” instead of “man/woman”, “humanity/humankind” instead of “mankind”, “police officer” instead of “policeman”, etc.

Other cases of gendered language may also be replaced, you will need to figure out what works best as an alternative each time. To give a few examples, you could use “parent” instead of “mother/father”, “everybody/folks” instead of “ladies and gentlemen”, “partner” instead of “girlfriend/boyfriend”, etc.

In trickier situations, like words that imply gender without being directly linked to it (Ex. pretty/handsome, etc.), don’t hesitate to ask the person what they’re most comfortable with.

Sir, madam ?

It is easy to avoid using gendered words such as Mr./Mrs. or Sir/Madam, whether it is verbally or in writing. For instance, you could begin your letter/email by “to whom it may concern” if you need to stay formal, but there are other alternatives :

The neutral version of Mr./Mrs. is Mx. (pronounced “mix”).

Depending on the context, professional titles like Doctor or Professor may be used without implying gender.

Informal openings are more easily malleable, don’t hesitate to simply use the person’s name.

Advice for professionals

There is a number of possible adjustments that can be put into place to make trans people's lives easier at school, at work, or during leisure activities. If you believe it isn't necessary in your establishment, remember that you can't know whether a person is trans or cis, and you won't lose anything by being able to welcome everyone in the most optimal way. Moreover, it will prevent alienating part of your potential clientele !

Here are some good practices and tips to put in use to attain this objective :

- Using the right pronouns.
  Setting up: privately ask each new person how you should refer to them (of course, respect their answer without asking for a justification). If it isn't possible, avoid gendering them and listen to how they gender themselves. Include pronouns on nametags and in their email signature, ... to help normalizing this practice.

- Using gender-inclusive language.

- Avoid titles (mister, sir, Mrs., madam,..) both in writing and verbally.
  As a general rule, avoid assuming anyone's gender.

- Avoid separating groups by gender when it isn't necessary/relevant. When it is, let the person choose in which group they would rather go.

- Avoid putting gender options in forms when possible. Otherwise, don't restrict it to two choices. There is also the possibility of letting the person write the gender they identify with themselves.

- Make it so preferred names can be used in the potential database and make sure everyone is aware of this possibility.

- If they must be registered, protect legal names and genders.

- Prioritize neutral spaces over gendered ones, or offer a gender-neutral third option.

- Mention transphobia in the same way as homophobia or racism in punishable behaviors in the rules, and mention that gender identity and gender expression cannot be discriminated against.

- Limit the use of dress codes or make them gender neutral.

- Provide staff with training regarding trans thematics by contacting relevant associations..

When it comes to higher education, you can click here to download the *Guide d'accompagnement pour l'inclusion des personnes trans* (FR) or go to this address: : https://ensembleautrement.be/documents/guidetrans.pdf
Such guides can easily be found in English on the internet, search for "trans inclusivity in higher education".


Célestin Eléanore Verbessem

Legislation

In Belgium, the 10th May 2007 law regarding "transsexuality" was promptly criticized by LGBTQIA+ activists because it didn't take into account different people's comfort zones. It had a "pathologizing", irreversible dimension, and forced sterilization. It mentioned[5] : *"Any Belgian or any foreigner registered in the population register who has a constant and irreversible inner conviction that they belong to the opposite sex from the one stated on their birth certificate and whose body has been adapted to this opposite sex in every measure possible and justified from a medical standpoint, may declare this conviction to the registrar [....] The individual is no longer capable of producing children in accordance with their previous sex. During the declaration, the individual must give the registrar a declaration from the psychiatrist and from the general practitioner."* Thanks to the work of these activist associations, the law was edited in 2018. We're thus going to present you those modifications[6] below with a focus on major people. Concerning legislative news for minors, see the last chapter, called "trans youth".

First name change

Major trans people who wish to change their first name(s) no longer have to "prove" their transidentity with medical certificates.

A name change request now simply consists in a document, a sworn statement attesting one's sex indicated on their birth certificate doesn't correspond to their privately experienced gender identity. Asking for a name change can only be done once based on this reason and the chosen name(s) must match this conviction (it can be a gender-neutral name).

The procedure is handled by a state registrar in the commune the person is domiciled in. The request is possible starting from twelve years old with the accompaniment of the parents or a legal representative. Cost is decided by each commune (50 euros maximum for the name change + the cost of the card, which depends in the commune).

Gender marker change

This procedure is done in two steps.

First step: First declaration to the state registrar of the commune the person is domiciled in. This declaration testifies the conviction that the sex mentioned on the birth certificate doesn't match the privately experienced gender identity.

[5] Source : https://etaamb.openjustice.be/fr/loi-du-10-mai-2007_n2007009570.html
[6] Source : https://www.genrespluriels.be/La-cour-constitutionnelle-suit-notre-position-la-loi-trans-doit-etre-adaptee

Within three days, the registrar conveys the request to the royal prosecutor, who gives their decision within three months. The decision can be a refusal on the grounds of public nuisance (very rare) or if the person is trying to escape debt. In the absence of such a decision or if no decision has been reached within three months, the request is considered accepted.

Second step : Three to six months after the first declaration, the person presents themselves to the state registrar a second time and makes a second declaration. The registrar then modifies the registered sex. In case of a refusal from the registrar (very rare), it's possible to appeal to the family court within sixty days.

For minors:

The administrative procedure is identical except for the fact that, regarding a **first name change,** the child's parents or legal representative must give their consent, and regarding a **gender marker change**, the parents or guardian must give consent and a child psychiatrist must produce a certificate.

Just like a name change (with transidentity as the reason), this procedure is only feasible once in this manner. This means, if you want to go back, it's possible to introduce a request to the family court. (The sex marker change itself is free, + the card's price, which depends on the commune).

Advice: *if you intent to change both your name and gender marker, it is wiser to make both changes at the same time to avoid paying for the card twice.*

But be careful, in the case of some transition surgeries, refund could be different once the gender marker has changed. For instance: some health insurances might not reimburse a trans man's hysterectomy if he's changed his gender marker to M. Indeed, still today, many institutions lack proper knowledge on the subject. To continue with the previous example, the fact that you have a M on your ID card implies you're a man (male), and since a male supposedly doesn't have a uterus, it causes malfunctions and bugs in some insurances' computer systems, thus slowing the possibility of refunds. Don't hesitate to contact your insurance advisor to explain the situation. If you encounter difficulties when communicating with them, don't hesitate to contact the closest MAC.

Protection regarding discrimination

Gender expression, gender identity, and “sex change” are linked to the concept of “sex” in the “May 10th 2007 law aiming to fight against discrimination between women and men”. It is thus part of the 19 criteria protected against discrimination in Belgium. This law prohibits direct or indirect discrimination, injunctions to discriminate, harassment and sexual harassment. It’s important to know that any discrimination linked to any of these 19 criteria may lead to aggravated penalties because they’re considered hate crimes.

(For more information: https://www.unia.be/en/grounds-of-discrimination)

If you’re the victim of one or more of these discriminations, you can file a complaint. You can also report it to the Institute for the equality of women and men, which can intervene in these situations and procure information and legal council (for free). Reporting such discriminations is also useful to gather numbers, statistics on their frequency and nature.

(For more information : https://igvm-iefh.belgium.be/en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Health

According to the World Health Organization, health is a state of complete physical, mental, and social well-being, and doesn't only consist in the lack of illness or infirmity. In the previous parts, we've already brought up mental and social dimensions that contribute to well-being through advice regarding accompaniment by professionals, respect toward comfort zones, advice for loved ones, etc. We're now going to focus on the physical aspect of transitioning (hormone therapy, surgery) but also on sexual health, knowing that all these axes participate in one's complete well-being.

Comfort zone

As explained on page 11 in the lexicon dedicated to the T thematic, a comfort zone is a state to attain in order to feel in adequation with oneself. To attain it, Trans* people may take some steps such as hormonal treatments, surgeries, etc.

The comfort zone is comprised of all the things that allow trans people to feel content regarding their gender identity. They are mental, behavior, clothing, or body characteristics. Every transition is different. This means someone may choose to come out in certain environments or not, change their clothing style or not, undergo a medical transition or not ... The important thing is to feel in accordance with oneself before all else. A transition is thus supposed to be "à la carte" ; you have the right to choose what you want or don't want, and when. In principle, this also applies to whether you choose to undergo a medical transition. Do not let pressure from anyone (family, medical professionals ...) influence you, you are doing this for yourself above all else.

Note : some treatments and surgeries may be reimbursed, make inquiries to your doctor and insurance.

Hormonal treatments

Know that if you want to begin a hormonal treatment, you're not required to meet an endocrinologist. In theory your general practitioner can handle it. This said, remember that an endocrinologist has a specialization in things related to hormones and physiological phenomena. You're not required to meet with a psychologist either, but some specialists you'll meet during your transition may ask you to. Indeed, in practice, it's not always easy to find a physician who doesn't ask for at least one psychologist's certificate (they don't necessarily ask for a following, but they may ask for a document).

The Maisons Arc-en-Ciel have a network of safe and activist psychologists who can facilitate the situation if this certificate request becomes a roadblock. Don't forget that, if your physician's methods don't suit you, you may get an appointment with another one.

Concretely, here are the steps that will allow hormone therapy (HT):

- Meet a physician who is competent on this topic (or someone who can redirect you to one), explain your wish to begin a HT. They will inform you about its impact on health, ask you about relevant antecedents and those of your family (breast or uterus cancer, for instance).
- They will prescribe a complete blood checkup to verify your state of health and adapt the beginning of your treatment to your situation. You will discuss the results of this checkup on the second appointment, don't hesitate to ask any question you may have to your physician. It is your right to be informed and to understand your health.
- If the physician doesn't see any contraindication in your antecedents and blood test results, you'll have your first hormone prescription !

Three or six months after starting treatment, you'll get another blood checkup. If the results are okay, you'll keep seeing your physician (and getting blood checkups) once or twice a year. This following is important to make sure everything is going well, and to adapt your hormone dosage if necessary.

Masculinizing HT

Reversible effects:

- Change in fat distribution
- Muscle development
- Stopping menstruation (Careful ! doesn't necessarily act as a contraceptive, more information in the part about sexual health)
- Changes in skin thickness and texture
- Acne
- Increase in sweating and change in body odor
- Increase in libido
- Increase in blood pressure (more visible veins and increase in body heat)

Irreversible effects :

- Voice change
- Facial and body hair
- Hair implantation (receding hairline on forehead and temples, possible apparition of baldness depending on your genes)
- Clitoris growth ("dicklit")
- Adam's apple growth
- If HT begins while growth hormones are still active, it's possible to grow a little (but don't hope for 10 cm)

Note that effects and their intensity may vary from a person to another, the ones listed above are the most frequent. Some people also report an increase in appetite, sleeping trouble, energy variation depending the injections' schedule ...

These undesirable effects often disappear or fade with time. If something seems strange or you wish to adapt your treatment because some of the side-effects are affecting you too much, don't hesitate to talk about it with your physician.

Some effects take more time to appear in some people than others, and with a different intensity. For instance, it's possible you'll never have a complete beard. Genes have a lot of influence.

Most effects generally appear during the first year of treatment and continue to develop for some time. Notably, facial hair takes time to stabilize.

Absolute contraindications to masculinizing HT are:

- Pregnancy and breastfeeding
- A type of breast cancer sensitive to androgens
- Uncontrolled coronary artery disease
- Endometrial cancer (active)

Other contraindications exist, but they don't necessarily prevent a hormonal treatment, it could be possible with a rigorous following (liver illnesses, kidney or heart failure, antecedents of breast or uterus cancer, addiction, ongoing HIV treatment...).

It is often said that taking testosterone increases risk of uterine, ovarian, breast, and cervical cancer, but there are no conclusive studies on the topic, as there isn't enough data available. So take this with a grain of salt.

Summary:

Effect	Presence					Reversible
	0 to 3 months	3 to 6 months	6 months to 1 year	1 year to 2 years	2+ years	
Acne		✓	✓			✓
Stopping menstruation (amenorrhea)		✓	✓	✓	✓	✓
Body heat increase		✓	✓			✓
Libido increase	✓	✓	✓			✓
Blood pressure increase		✓	✓			✓
Sweating increase	✓	✓	✓			✓
Body odor change		✓				✓
Fat distribution change			✓	✓	✓	✓
Muscle mass development		✓	✓			✓
Body hair development		✓	✓	✓		
Facial hair development			✓	✓	Max. 7 years	
Skin thickening		✓				✓
Adam's apple growth			✓			
Clitoris growth (dicklit)	✓	✓	✓	✓		
Voice change		✓	✓			
Hair loss (alopecia)			✓	✓	✓	
«More masculine» face (light bone and fat changes)		✓	✓	✓		

Source : https://pratiq.be

Types of treatments

Intramuscular injections : Injections are the most used and effective method. They're generally done through the buttocks or thigh, sometimes the arm. The most often prescribed product is Sustanon and the usual posology is one vial every three weeks. However, some prefer a vial every two weeks. It is advised to get the help of a physician or a nurse for the first few injections, but it is completely possible to do it yourself.

Advice : change the side you use every injection; they make your skin harden !

Gels : They can be prescribed alone or along with injections. They must be applied daily, on a large area of one's body. Effects don't take longer to appear but have a lesser intensity compared to what injections can do.

Tablets : It is possible to take testosterone in tablet form but this method is taxing on the liver and the effects are less substantial.

	Sustanon	**Nebido**	**Testarzon**
Taking method	Intramuscular injection (buttocks, thigh, or shoulder)	Intramuscular injection (buttocks, thigh, or shoulder)	Dermal application (stomach, chest, or alternating arms)
Time of taking	Whenever	Whenever	Always at the same time, if possible after showering
Frequency of taking	1x / 14-28 days	1x / 10-14 weeks	1x / day
Price per dose	10.56€ per ampoule	116.20 € per ampoule	51,16 € per vial (lasts for about a month)
Price after refund	2.02 € (1.21 € with BIM status)	No refunds	No refunds

Source : https://pratiq.be

Reversible effects :

- Reduction of musculature
- Fat distribution
- Changes in skin (thinner and soft, less greasy)
- Decrease in sweating and change in body odor
- Decrease in blood pressure and body heat
- Decrease in libido (sometimes)
- Decrease in pilosity without complete disappearance. If balding has started, interruption of hair loss.

Irreversible effects:

- Breast development
- Areola widening
- Stretch marks (sometimes)

Note that the effects and their intensity can vary from a person to another, the ones listed above are the most frequent. Some people also report a more developed emotivity, a slight decrease in penis and testicles size, as well as a decrease in hands and feet size.

Some effects take longer to appear in some people than others, and with a different intensity. Your genes greatly influence hormonal activity. Age can also have an impact – if you begin the treatment while you're young, breast development might be faster and more significant.

Summary:

Effect	Presence					Reversible
	0 to 3 months	3 to 6 months	6 months to 1 year	1 year to 2 years	2+ years	
Favored apparition of bruises and stretch marks		✓	✓			✓
Body fat increase		✓	✓	✓	✓	✓
Hair loss stop		✓	✓			✓
Skin change : less greasy, thinner, softer, brittle nails	✓	✓	✓			✓
Fat shifting (more feminine hips, thighs, buttocks, and face)		✓	✓			✓
Slight breast development	✓	✓	✓			✓
Body heat decrease (recurring sensation of cold in extremities)		✓				✓
Libido decrease			✓	✓	✓	✓
Muscle mass decrease		✓	✓			✓
Penis and testicles size decrease		✓	✓	✓		
Body odor decrease			✓	✓	Max. 7 years	
Stronger emotivity, facility to cry		✓				✓
Erections more difficult to induce and maintain, disappearance of spontaneous erections			✓			
Partial pilosity decrease (body and face)	✓	✓	✓	✓		
Sterility		✓	✓			

Source : https://pratiq.be

Types of treatments

There are different methods of feminizing hormonal therapy, each with its advantages and shortcomings, and some are quite controverted. Research as much as possible and talk to your physician about it to find which would suit you best.

All these treatments exist in different forms. Oestrogens can be prescribed as tablets, gel, or patches. Progesterone can be found in tablets or gel. It is ill-advised to take these treatments orally as it is more taxing on the liver. Antiandrogens are found in tablet form.

These treatments are taken daily. Regarding oestrogen, the initial dosage is generally 1.25g/day and can then be increased up to 3g/day. Most of the time, 2g are sufficient. The usual dosage of progesterone is 100mg/day but can sometimes go up to 200mg.

Only oestrogen : It is possible to take only oestrogen because a high enough level decreases (even interrupts, in some cases) testosterone production. This method bypasses taking antiandrogens and thus the risks associated with them, and is cheaper. However, the dosage must be progressively increased.

Oestrogen and progesterone : Progesterone is often considered inefficient to reduce the testosterone level. However, when added to oestrogen, a synergy effect can be observed which allows enough testosterone diminution to see effects. Unfortunately, this method isn't efficient and cannot be prescribed to everyone for various medical reasons.

Oestrogen and antiandrogens : Antiandrogens aim to completely block testosterone production. There are multiple types of them, some posing significant risk ; it is thus important to research them and to talk about it to your physician. The better-known of these medications is Androcur, a very controverted product because of its side effects. These can lead to, among others, liver failure, depression, thromboembolic events, meningioma (this last one linked to the dosage and duration of treatment).

Contraindications :

- Severe hypertension
- Antecedent of brain hemorrhage
- Antecedent of thrombosis
- Severe liver failure

It is thus important to examine every option with your physician in order to find the hormonal treatment that could suit you without putting yourself in danger. Also note that the treatment against HIV can interact with hormone therapy, but both can coexist with a rigorous following by your HIV specialist and the one who prescribes your hormones. *(More information on this topic in the sexual health chapter)*

Surgeries

There are many possibilities of surgery in the context of a transition. Again, you are obligated to nothing and no surgery acts as an "obligatory step". What matters is getting closer to your own comfort zone. So, you can very well want no surgery or want one but not another without bringing your transidentity into question.

You are free to choose, but it is important to remember that a surgical intervention has its risks, whether it is on a physical or psychological level. You should be sure of yourself and have undergone a deep personal reflection regarding what you really want, what will bring you closest to your comfort zone..

Not every surgery is going to be described in detail here, it's more about giving you a general description and informing you about multiple possibilities.

Masculinizing surgeries

Face surgeries

There are surgeries that aim to masculinize faces. They aren't often used in the context of transitions, but some people use them, so here are some possibilities :

- Forehead masculinization
- Temporal implants. Implants aren't enough to masculinize a face. There needs to be additional cheekbone, chin and/or maxillary masculinization. The most stable alternative to this technique is temporal fat transfer.
- Malar implants (cheekbones)
- Masculinizing liposuction: fat removal in the cheeks
- Masculinizing rhinoplasty
- Mouth masculinization: thinning of the lips
- Genioplasty (chin augmentation)

Top surgery

This surgery consists in a double mastectomy (breast removal) and the construction of a "masculine" chest. Two different techniques are frequently used : peri-areolar and double incision. The first is only possible for smaller breasts and leaves less scars than the other. A third technique called keyhole exists for very small breasts. This one only leaves a scar on the lower areola. Depending on the technique, the operation lasts two to four hours. Depending on your case, you can go home the same day or stay a night or two at the hospital. Post-surgery consultations will happen no matter the technique. The need for adjustments can arise (which are much less heavy, without general anesthesia, and sometimes included in the price of the first operation). The final result appears about a year after surgery (the time to let the skin heal, scar, regain sensitivity, etc.).

Phalloplasty

This surgery consists in the creation of a penis from a flap of skin, generally extracted from the forearm, sometimes the thigh, more rarely the side of the chest, the back, or the stomach. This area will need to be permanently shaved beforehand. A sample from the forearm generally yields better results but leaves a significant scar on a rather visible body part.

In general,a urethra extension is also performed to allow the patient to urinate standing. A graft of nerves rejoining the clitoral tissue is also done. The result normally gives a medium-sized penis (12-14cm) that doesn't change in size when erect (made possible after adding an erectile prosthesis, which can be done a year after the phalloplasty). The operation is long (8-10h) and presents many risks and potential complications,it is necessary to be aware of it to make an informed choice.

Metoidioplasty

Another genital surgery, it takes less time than phalloplasty and presents less risk of losing sensitivity. However, the result is very different. Indeed, this operation being based exclusively on the existing clitoris, the resulting neopenis attains an average of 5.7 cm (between 4 to 7 cm when erect). In fact, the surgeon cuts the clitoris from the labia minora and severs the suspensory ligament, which makes it stand out in the way of a penis. It's also possible to lengthen the urethra during this surgery to allow the patient to urinate standing.

Scrotoplasty

This surgery consists in the construction of a scrotum from the labia majora. This can be done during or after a phalloplasty or metoidioplasty. During a second intervention, testicular implants are placed. As with any implant, there is a risk of rejection.

Hysterectomy

A hysterectomy is a surgery aiming to remove the entirety or a part of the uterus. There are thus multiple versions of this surgery :

- Total hysterectomy : removal of the uterus, cervix, ovaries, and fallopian tubes.
- Partial (or subtotal) hysterectomy : Removal of the uterus, ovaries, and fallopian tubes, with preservation of the cervix.
- Simple hysterectomy : removal of only the uterus.

Since 2018, this surgery is no longer necessary to change one's gender marker, but you can still ask for it if it fits into your comfort zone and/or you fear the potential risk of cancer.

Ovariectomy

After ovariectomy,or removal of the ovaries, the body stops producing oestrogen. Since the body needs sexual hormones to function, it will be necessary to follow a life-long treatment.

Feminizing surgeries

Head and face surgeries

There are various surgeries that aim to feminize the face ; they are of course not obligatory and you're the one who must choose if one or the other fits into your comfort zone, or simply none of them.

- Three visible bony areas in a "masculine" forehead can be reduced/smoothed : the brow ridge, frontal bone, and lateral orbital rim.
- Forehead lift : common in order to make a face appear younger and more feminine, this corrects skin collapse in the forehead, brows, and eyelids area.
- Hairline reshaping or hair implants if balding is too advanced.
- Rhinoplasty
- Chin reshaping
- Lips lifting

Neck and voice surgeries

- Tracheal shave : reduction of the size of the Adam's apple. This is achieved through a small incision on the upper neck, which will leave a discrete scar hidden by the chin.
- Vocal cords surgery : can be used alongside orthophony in order to feminize the voice. The aim is to increase tension in the vocal cords to raise the pitch of the voice.

Mammoplasty

Breast augmentation surgery that consists in the addition of silicone or physiological serum filled implants, either under the mammary glands or under the pectoral muscle. It is advised to people undergoing feminizing HT to wait at least a year since it began before undergoing this operation. Indeed, breast growth takes a certain amount of time, waiting thus allows to not end up with bigger-sized breasts than intended.

The life duration of an implant is 10 to 15 years. It is sometimes necessary to replace it prematurely in the case of tearing. Scars will be discrete, the access being located at the armpit or under the breast.

Vaginoplasty

Surgery aiming to create a vagina and a vulva from the penis and scrotum. There are a few different techniques, the most commonly used one in Europe being penile inversion. Vaginoplasty includes a number of surgical procedures :

- Creation of the neovagina
- Labiaplasty : creation of the labia majora and minora
- Creation of the neoclitoris from the glans
- Urethra redirection

This surgery is thus quite heavy, long, and involves consequent hospitalization (8 to 9 days) and convalescence (6 to 8 weeks) time.

There can be complications : difficult scarring, hemorrhage, urinal function perturbation... And in some cases, a cosmetic adjustment is necessary. Before surgery, it is also necessary to permanently shave genital areas.

Orchidectomy

Surgery consisting in the removal of both testicles. Sometimes, it is the only conceivable genital surgery, for instance because the person isn't capable of undergoing heavy surgery. Sometimes, it is simply where one's comfort zone lies. After this surgery, the body stops producing testosterone, it is thus necessary to undergo life-long HT. If a HT was already ongoing, it could need adjustments. Careful, orchidectomy doesn't always prevent erections and ejaculation.

Permanent hair removal

For people undergoing feminization, HT is rarely enough to effectively reduce pilosity (especially regarding facial hair). If you wish to curb this issue (or if you have to undergo definitive shaving in anticipation of a surgery), there are three shaving methods said to be "definitive" : laser, pulsed light, electrolysis. Each of these methods has its own specificities and is more suitable to different types of hair : a dermatologist can advise you on the most suitable option. Definitive shaving treatments aren't refundable, take some time, and aren't cheap. (Count about a hundred euros for a 15 minutes session).

Laser hair removal : for any type of hair and skin except white or very light hair.

Pulsed light hair removal : for any type of hair except white or very light hair. Less effective on dark skin tones.

Electrolysis hair removal : for any type of hair and skin, even white or very light hair. It is more painful than other methods.

In practice, treatment often begins with the laser method then switches to electrolysis. For every method, the number of necessary sessions can greatly vary from a person to another but we consider the average amount to be 8 sessions. There is about 6 weeks of spacing between each session. It is highly unadvised to shave with wax/ an epilator/tweezers before a session. Also, after each session, it is imperative to not expose skin to the sun.

Sexual health

Why is it necessary to give particular attention to trans people's sexual health ? The answer is simple, there is a dire lack of information on the topic.

We need to have some lines of questioning :

- Can a hormonal treatment interact with another treatment such as antiretroviral or HIV, or even PrEP or TPE [8] ?
- Can any surgery modify the risk of STD transmission ? What about a neovagina's permeability (after a vaginoplasty) ? And a neopenis' ? What about mucosal tissue ?
- What about HT on fertility ? Note that undergoing HT doesn't mean the person is necessarily sterile. It depends on the individual.

It is preferable to talk to specialists when it comes to these three questions. You will find some more information below.

It should be noted that HT can influence sexual life, contraception, and/or fertility [9] [10] :

Masculinizing treatment

Taking testosterone has a few effects on sexual life :

- In general, there is an increase in libido.
- Vaginal dryness is sometimes induced. There are creams to handle the situation, but a physician should be contacted about it. This dryness is uncomfortable but also leads to greater risks of irritation/tearing, and thus greater risks of catching an STD. Don't forget the lube (and condom) !
- The clitoris growth ("dicklit") can require slight adjustments in STD protection methods. Indeed, a dental dam may be more difficult to use. A solution could be cutting a glove from the wrist to the base of the thumb. This would allow covering the dicklit and leave the rest to protect the vulva.

Regarding contraception, if there was no hysterectomy, be aware that testosterone doesn't necessarily make one sterile ! Indeed, if the time between each dose or their dosage changes, it can lead to ovulation. If you don't wish to get pregnant, talk about contraception methods with your physician, alongside using condoms of course.

Following an encounter that could induce pregnancy, it is possible to take a morning-after pill. It is available in pharmacies or Planned Parenthoods (for free in these). It should be taken as early as possible, maximum 72h after intercourse. This pill's aim is to induce a period, thus preventing the fertilized egg to attach to the endometrium. If you take testosterone regularly, there is in principle no endometrium and thus no reason to take a morning-after pill. If not, it is an efficient solution.

[7] Source : https://www·exaequo.be/fr/ta-sante/tpe-et-prep/prep
[8] Source : https://www·exaequo.be/fr/ta-sante/tpe-et-prep/urgence-ppe
[9] Source : https://infotransgenre.be/m/soins/masculinisation/hormones/
[10] Source : https://transgenderinfo.be/m/soins/feminisation/hormones/

In case of an unwanted pregnancy, abortion is a right in Belgium and trans masculine people may have access to it.

If you do desire a pregnancy, it can still be possible after beginning HT. It will however require to stop taking testosterone to allow ovulation to happen, which can take some time. If HT is interrupted during a pregnancy, there is no risk for the fetus. On the other hand, if you continue your HT, there is an increased probability of malformation.

It is also possible to preserve oocytes. Before harvesting them, you will have to undergo three weeks of hormonal injections which aim to stimulate their maturation. It is preferable to undergo this procedure before beginning a masculinizing hormonal treatment because if you don't, you'll have to stop taking testosterone for 3 to 6 months. The total cost of this procedure lays between 1.500 and 3.000 euros, with an additional 100 a year for "rent".

Feminizing treatment

A feminizing hormonal treatment can induce a decrease in sexual desire, but it is not always the case. If you're on Androcur, erections disappear and sterility occurs.

Spermatozoa production decreases after approximately two months of feminizing hormonal treatment, but it isn't enough to act as an effective contraception method, so don't forget the condoms !

It is possible to have your sperm preserved before beginning HT, to retain the best quality of gametes. Prices are reasonable for sperm cryopreservation : 100 euros of "rent" for the first couple years, and 50 euro per additional year.

Hormonal treatments and HIV treatments

Feminizing HT and ART (antiretroviral therapy)

Oestrogen + ART if the person is already on ART when starting HT :

HT is adapted depending on ART in order to limit their interactions. There are generally none with natural oestrogen, but interactions with artificial oestrogen can be a health hazard, even if it happens less and less with modern ART. You should discuss all of this with your HIV specialist.

Oestrogen + beginning ART

The treatment against HIV destabilizes HT, so it has to be adapted.

Progesterone + ART :

Progesterone can also interact with ART. If your practitioner considers progesterone necessary in your HT, they'll adapt it based on the molecule used for your HIV treatment.

Masculinizing HT and ART

There are many possible interactions between ART and testosterone which depend on the molecules used in ART. You can access this site about interactions between these molecules and other treatments: http://www.hiv-druginteractions.org/ and talk about it with your HIV specialist.

Hormonal treatments and PrEP

The lack of data prevents the guarantee of an absence of interaction between these two treatments. You may take PrEP, but you should still ask the opinion of your practitioners (HIV specialist and the one prescribing your hormones).

Coming out to a potential partner

This part aims to inform you about the particularities of this topic regarding transidentity, but it is also destined to partners who aren't informed about trans people's bodies, so that they can respect you better.

When meeting a potential sexual partner, you will have to make a choice : either tell them about your transidentity or not. Various things can influence this decision : your own acceptance or lack thereof of you trans identity, the stage of your transition, and your comfort regarding the announcement. It all depends on the relation of trust you've established.

It can be difficult to know when the best time to announce you are transgender to your potential partner is. You'll probably fear a negative reaction : contempt, rejection, even violence... whether it is justified or not. The important thing is to put your safety above all else ; if you're convinced the person could become violent (whether psychologically or physically), best not to take the risk, you'll find better elsewhere ! Revealing (or not) your transidentity is thus a choice to make for yourself above all. Like in any other context, don't forget you don't have to justify who you are - explain if necessary, but no one has the right to "agree" or "disagree" with your identity.

If you have a good feeling regarding your partner's reaction, you can ask yourself a few questions to make sure it's the right moment to come out :

- The place : do you feel at ease and safe, both physically and mentally ?
- Do you feel ready to explain transidentity and its implications if necessary ?
- Are you ready to listen to your needs if the situation makes you uncomfortable ?
- Are you capable of handling a potential rejection (emotional or sexual) ?
- Can you leave the premises easily ?
- Do you have a place you can go to for safety ?
- Did you inform anyone about where you are and who you are with ?
- If necessary, do you have someone you trust to comfort or help you ?

In summary, you can inform your potential partner about your transidentity or not, it's your right. It's difficult to anticipate the exact outcome of a situation, but the important thing is to be prepared for different reactions and to set (and thus know) your limits. This said, coming out opens the way towards a trust relationship and allows to communicate about what you want or not, including sexually.

How to approach a trans person ?

- Respect the way they refer to themselves : name, pronouns ... It is the basis of respect.
- Avoid gaping when you see their body ; they know they don't fit the cis norms, no need to underline it.
- Don't be afraid to ask the meaning of a word they're using if you don't know it, it'll be more convenient to communicate. Also use the same words they do to talk about their body, some other words could make them uncomfortable !
- If your partner is out, that is their choice and you have no right to ask them to hide for your own comfort. However, if they aren't out, you should keep the information private.
- Don't ask "then are you the girl/the guy in bed ?", this means nothing whatsoever. Instead, ask what acts they prefer.
- Don't say "you're exotic/fascinating" or anything like it. It leans toward fetishization and no one wants to feel like an object / a novel experience to break routine. Trans people are like other people and sex is sex !

Trans youth

First name change for minors

The first name changing procedure is possible starting at twelve years old with the consent of parents / legal guardians. This means that the only difference with the procedure for adults is their signature.

If one or both parent(s) / legal guardian(s) refuses the name change, it is possible to contact the family court in order to designate an "ad hoc guardian". They would then replace the parental authority to accompany the minor in their name change. In this case, the judge can designate a lawyer to fill this role. All of this happens through a procedure at the family court. As a minor, it is possible to have recourse to a lawyer for free.

It is possible to change a first name for a second time with a discount, before reaching 18 years old and if the sex marker hasn't been modified. The first name must also correspond to the sex marker that originally appears on the birth certificate, it is thus a procedure allowing you to "go back".

Changing the sex marker for minors

The sex marker (M/F mention) changing procedure is possible starting at 16 years old. Differences with the adult procedure are that both parents or the legal guardian must accompany the minor throughout the procedure (and thus sign the declarations) and that a psychiatrist certificate is required. In this certificate, the psychiatrist indicates the minor has "the capacity for discernment" necessary to make this decision.

Like for the name change, if the parent(s)/guardian(s) refuse to accompany the minor, it is possible to appeal to the family court in order to designate an "ad hoc guardian".

School

It is possible to respect a student's transidentity by putting a few things into place. First, simply calling them by their chosen name, even if it hasn't officially been changed. Schools also have the possibility of using a chosen name on internal documents : tests, student lists, student IDs, e-mail addresses, ...

Referring to a person the way they wish is obviously beneficial to everyone. Indeed, in this case, it allows the student to feel comfortable in their school environment (this also works for sports clubs and other leisure locations !) as well as avoids confusion. Moreover, when a student is called by their administrative name at school and by their chosen name

elsewhere – with friends for instance – they end up in a permanent state of outing, which is a privacy breach that could lead to severe consequences.

There is no clear legal obligation to follow these guidelines. However, taking into account the right to privacy and the fact that "sex change" and gender identity are criteria protected by the Gender Law (anti-discrimination law), it seems reasonable for schools to accept the use of a chosen name.

Hormonal treatment

It is possible to begin a masculinizing or feminizing hormonal treatment starting at 16 years old. Before that point, it is possible to obtain a treatment to block sexual hormones. This stops puberty, "pauses" it. These hormone inhibitors can be taken starting at a certain stage in puberty development. Since puberty doesn't happen at the same time for everyone, we can't give a precise age to reach before being able to undergo this treatment ; it will be the role of an endocrinologist to analyze the puberty's development stage. This treatment is not definitive and is reversible : if one stops taking puberty blockers, puberty will resume normally.

This pause in puberty allows trans / questioning youth to have more time to explore their gender identity, while removing the pressure of a puberty that would go in the wrong direction for them. Secondary sexual characteristics (hair, breasts, voice change, ...) not appearing or appearing very little, this treatment can also make a later potential medical transition easier.

Useful contacts

Fédération Prisme

Rue Sainte Marie, 15 – 4000 Liège
04 222 17 33

https://www.federation-prisme.be/
info@federation-prisme.be
fb.me/federationprisme

Les Maisons Arc-en-Ciel (MAC)

Maison Arc-en-Ciel du Brabant Wallon

Rue des Deux Ponts, 15 – 1340 Ottignies - LLN
0478 15 45 79 ou 0486 60 75 17

https://macbw.be/
info@macbw.be
fb.me/MacBrabantwallon

Maison Arc-en-Ciel de Charleroi

Rue Prunieau, 1 – 6000 Charleroi
0470 39 17 30 ou 0472 99 17 03

https://maccharleroi.be/
info@maccharleroi.be
fb.me/maccharleroi

Maison Arc-en-Ciel de Liège

Rue Hors-Chateau, 7 – 4000 Liège
04 223 65 89

https://www.macliege.be
courrier@macliege.be
fb.me/macliege.be

Maison Arc-en-Ciel du Luxembourg

Avenue Bouvier, 87 – 6762 Virton
063 22 35 55

https://www.lgbt-lux.be
courrier@lgbt-lux.be
fb.me/MaisonArcenCielduLuxembourg6760

Maison Arc-en-Ciel de Mons

Boulevard John Fitzgerald Kennedy, 7 – 7000 Mons
065 78 31 52

https://www.mac-mons.be/
info@mac-mons.be
fb.me/maisonarcencieldemons

Maison Arc-en-Ciel de Namur

Rue Eugène Hambursin, 13 – 5000 Namur
0471 52 44 21

https://macnamur.be
info@macnamur.be
fb.me/macnamur

Maison Arc-en-Ciel de Verviers

Rue Xhavée, 21 – 4800 Verviers
0495 13 00 26 (général) - 0491 30 22 28 (service social)

https://www.ensembleautrement.be
contact@ensembleautrement.be
fb.me/macverviers

Genres Pluriels

Rue Marché au Charbon, 42 – 1000 Bruxelles
0487 63 23 43

https://www.genrespluriels.be
contact@genrespluriels.be
fb.me/genres.pluriels

Face à Toi Même

Rue Jardon, 25 – 4800 Verviers
0455 15 34 04

https://faceatoimeme.com
faceatoimeme@outlook.com
fb.me/asblfaceatoimeme

Les CHEFF

Cercles Homosexuels Estudiantins Francophones Fédérés,
for any LGBTQIA+ person under 30 years old

Rue Eugène Hambursin, 13 – 5000 Namur
081 22 09 19 ou 0486 35 43 61

https://www.lescheff.be
info@lescheff.be
fb.me/lesCHEFF

Jeunesse Queer Verviétoise

LGBTQIA+ youth circle in Verviers

Point de Confort - Rue Jardon, 25 – 4800 Verviers
0455 15 34 04

https://www.pointdeconfort.be/chev
sasha@ensembleautrement.be

Le CHEL

Cercle Homosexuel Etudiant Liégeois, for any LGBTQIA+ person

1st thursday of every month :
MAC de Liège - Rue Hors-Château, 7 – 4000 Liège
Other thursdays :
Locaux du SIPS - Rue Soeurs-de-Hasque, 9 – 4000 Liège

https://www.chel.be
comite@chel.be
fb.me/chel.jhl

Le CHEM

Cercle Homosexuel Estudiantin de Mons, for any LGBTQIA+ person

Rue de la Seuwe, 20 – 7000 Mons
081 22 09 19 ou 0486 35 43 61

https://www.lescheff.be/mons/
cercle.chem@gmail.com - accueil.chem@gmail.com
fb.me/chem.mons.1

Le CHEC(K)

CercleLGBT+ de Charleroi

Rue Prunieau, 1 – 6000 Charleroi
081 22 09 19 ou 0486 35 43 61

https://www.lescheff.be/charleroi/
check.charleroi@gmail.com
fb.me/CHECharleroi

Chez Marsha

Cercle LGBTQI de Namur

Rue de l'Arsenal, 5a – 5000 Namur
081 22 09 19 ou 0486 35 43 61

contact.chezmarsha@gmail.com
fb.me/ChezMarshaNamur

Le CHE

Le Cercle Etudiant LGBTQI de Bruxelles

Campus Solbosch (local S.E1.3.117)
Avenue Adolphe Buyl – 1050 Ixelles

https://www.lescheff.be/bruxelles/
checercle.ulb@gmail.com
fb.me/CHE.Bruxelles/

Le CHELLN

Le Cercle LGBTQIAP+ de Louvain-la-Neuve

Foyer de l'AGL - Rue des Wallons, 67 – Louvain-la-Neuve

https://www.lescheff.be/lln/
cercle.chelln@gmail.com
fb.me/CHELLNLouvainLaNeuve

IdenTIQ

Rue Eugène Hambursin, 13 – 5000 Namur
https://www.lescheff.be/identiq/
identiq@lescheff.be
fb.me/identiqcheff

TransKids Belgium

Rue du Fort, 85 – 1060 Saint-Gilles
0486 83 17 88
https://www.transkids.be
hello@transkids.be
fb.me/TranskidsBelgique

Point de Confort

Rue Jardon, 25 – 4800 Verviers
0455 15 34 04
https://www.pointdeconfort.be
contact@pointdeconfort.be
fb.me/pointdeconfort

This booklet is destined to Trans* people, their loved ones, and professionals, with the aim of providing useful information.

With the participation of

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With the financial support of

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