

TGDI+ sensitive general healthcare practice

This dossier is an adaptation developed for the Fight Cancer Project of the [LGBTQIA+ sensitive general healthcare practice](#) dossier, which was created in collaboration between [Cavaria](#), [Transgender Inforpunkt](#), the [ICRH](#) (International Centre for Reproductive Health) of Ghent University, [the Institute for Gender Equality](#) and [Domus Medica](#).

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Problem statement

Given the stigma within our society and the barriers transgender, gender-diverse and intersex (TGDI+) people face in healthcare, it's advisable to make topics like gender, sex, and sexuality open to discussion in general practice. This way, general practitioners gain a more complete picture of someone's identity. A diversity-sensitive general practitioner is aware of their own biases and respects the principle of self-identification.

The general practitioner's office is a very important and accessible point of contact for TGDI+ people. Therefore, GPs are increasingly confronted with questions about gender and sexual diversity. However, results of focus group research conducted with TGDI+ people often show negative experiences with GP care.

- Existing general services are often still experienced as **inaccessible and not inclusive**
- Care providers indicate that they do not have **the right knowledge and expertise** and are unsure how to **act**
- There is a very **limited supply** of targeted care and therefore long **waiting lists** for specialist services

However, general practitioners have a crucial role for reducing the health gap for this group.

There is therefore a need for well-trained healthcare professionals in TGDI+ sensitive communication and support, as well as awareness of this competence, providing a gender-inclusive environment and working with gender-inclusive procedures such as the electronic medical record.

This thematic dossier provides you with context, figures and more information about accessible TGDI+ sensitive care, mental health, collaboration with primary, secondary and tertiary care, etc. By paying more attention to the care and support needs of TGDI+ people, we hope to remove the barriers to seeking help from their GP and consequently reduce the health problems of TGDI+ people.

The basics

Language is alive and evolving, including the language and terms used for and by the LGBTQIA+ community. Below, you'll find a brief overview of relevant links to help you navigate the language.

Sex

Sex refers to the different biological and physiological characteristics of females, males and intersex people, such as chromosomes, hormones and reproductive organs.

Sex assigned at birth

Sex assigned at birth refers to the sex (female, male or, in countries where it's possible, another sex) assigned to individuals at birth, usually on the basis of external sexual characteristics ('phenotypic' sex). This is the sex recorded on the birth certificate.

Gender

Gender refers to the characteristics of women and men that are socially constructed. This includes norms, behaviors and roles associated with being a woman or man, as well as relationships with others. As a social construct, gender varies from society to society and can change over time.

Gender expression

Gender expression is the way in which someone expresses themselves to the outside world. This can be in the form of clothing and make-up, but also through a certain posture, speech or way of moving. According to current gender norms, women are expected to express themselves in one way, and men in another. However, the expectations these norms create often don't correspond to reality and a person's gender expression isn't strictly linked to a specific gender identity.

Gender identity

Gender and sex are related to but different from gender identity. Gender identity refers to a person's internal and individual experience of gender, which may or may not correspond to the sex assigned at birth, and can change over the course of one's life. Today, we view gender identity as a spectrum of possibilities, including feminine, masculine and non-binary identities.

Sexual orientation

Sexual orientation refers to how people define themselves with regards to the people they fall in love with and/or to whom they experience attraction. An individual's sexual orientation is independent of their gender identity.

Below are some useful links:

- What's the difference between gender, sex, gender expression, etc.? The Çavaria website offers an explanation in PDF format: [genderkoek](#)
- You will also find a short [e-learning course](#) on the KLIQ website.
- For a more detailed explanation, you can watch this [video](#) from Wel Jong.
- Çavaria also provides a comprehensive [glossary](#) of LGBTQIA+ terms on its website. This website is updated annually.

LGBTQIA+

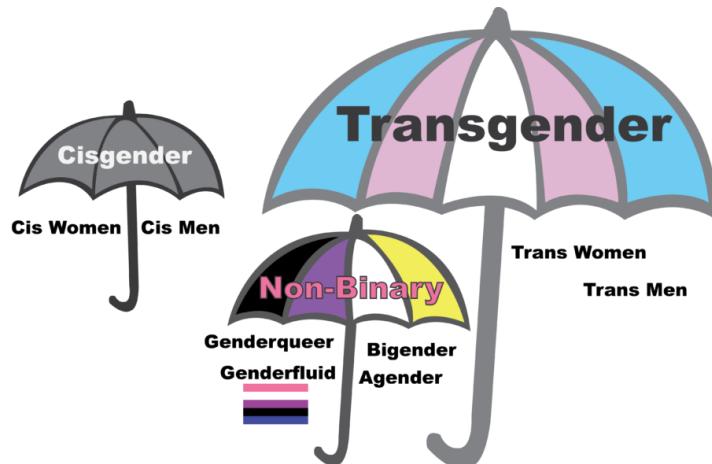
LGBTQIA+ is the acronym for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and more. The “+” represents other identities that are not specified in this acronym, for example: pansexual, gender fluid, nonbinary, etc.

In Flanders, we assume that 3% to 8% of the population is LGBTQIA+.

Transgender and gender diverse people

Transgender means that someone's sense of being a man or a woman differs from their sex assigned at birth. This includes both **binary gender identities**, such as trans boys/men and trans girls/women, and **non-binary gender identities**, such as non-binary/genderqueer/genderfluid people.

Gender-diverse is a broader term indicating that someone's gender identity or expression is different from what is culturally considered typical for their sex assigned at birth. Examples are non-binary, genderqueer, gender fluid, or agender people. Some gender diverse people also call themselves transgender, others do not.



TGD is the acronym for Transgender and Gender Diverse. TGDI+ is used to include Intersex people and other gender identities.

It's impossible to say *exactly* how many people in our society are transgender or gender diverse. This is not only because the group is so diverse, and it's not always clear who should be counted, but also because not all transgender and gender diverse people take the social, medical, and/or legal steps that would allow them to be registered or visible. In this sense, they constitute a "hidden" group in our society.

Trans people who have applied for a legal change to their gender registration, and are therefore visible in statistics, are the 'tip of the iceberg'. The latest publication shows that between 1993 and 2024, **5,188** Belgians changed their gender registration. Of these, 54% with a male sex assigned birth who changed their gender registration to female, and 46% with a female sex assigned birth who changed their gender registration to male. A large, representative Flemish population study that surveyed the gender identity of the general population showed that 0.7% of people assigned

a male at birth and 0.6% of people assigned female at birth identify with a different gender than their birth sex. (i.e., they have an incongruent gender identity). Furthermore, approximately 2.2% of people assigned male at birth and 1.9% of people assigned female at birth identify equally or less strongly with another gender than with their sex assigned at birth (i.e., they have an ambivalent gender identity). This means that in Belgium, approximately 134,000 people could be categorized as transgender or gender non-conforming. More information can be found on the [website](#) of Transgender Infopunt.

Intersex people

Scientific research shows that biological sex comprises several dimensions:

Phenotypic sex, typically used to assign sex at birth, reflects only external anatomy and may not reliably indicate a person's underlying gonadal or chromosomal sex.

Gonadal sex is defined by the type of gonads present, including ovaries, testes, or mixed gonadal tissue.

Genetic sex is determined by chromosomal configurations, for example, XX, XY, or variants such as XXY, X0, or mosaic patterns.

More than 40 medically recognized intersex variations, including conditions like androgen insensitivity syndromes or congenital adrenal hyperplasia, illustrate the natural complexity and diversity of human sex development.

Did you know?

- It is estimated that 1.7% of the Belgian population has intersex variations.
- Every day, 5 to 6 babies are born with intersex characteristics.
- There are about as many people with intersex variations as there are people with green eyes or people with a twin.

More information about these variations in sexual characteristics, or intersex variations, can be found here:

- [GP brochure: 46,XY Disorders/Differences of Sex Development \(DSD\)](#)
- [Information brochure for parents of children with variations in sexual characteristics](#)
- [IDEM: variations in sex characteristics](#)
- [Short animated video: What is an intersex variation?](#)

Healthcare aspects

About 30% of transgender people in Belgium report having experienced discrimination in healthcare. As a result of these negative experiences - or fear of them - many TGDI people feel **anxious about medical examinations**, which can lead to delaying or avoiding care altogether. Research shows that nearly 25% avoid contact with regular healthcare services, and only about 60% feel able to discuss their situation openly with their GP or healthcare provider. Creating a transgender-friendly healthcare environment in which people feel safe, respected, and welcome is therefore essential to ensuring equitable access to care.

As a caregiver it is important to be mindful of the psychosocial stress that may accompany a medical examination for TGDI people. [Explaining why a particular physical examination is necessary and what exactly will be done can reassure the person.](#)

Some TGDI people don't have the anatomy typically expected of a particular sex. This always depends on the individual's physical status and whether or not the person has undergone or is currently undergoing gender-affirming care:

- On one hand, some aspects of gender-affirming surgery or hormone therapy can affect certain body parts: for example, estrogen therapy causes breast growth in people assigned male at birth, or testosterone therapy causes a clitoris to grow in people assigned female at birth.
- On the other hand, not all trans people consider all gender-affirming surgery options necessary, or certain adjustments are not possible or desirable. For example, a trans man may still have breasts, or their genitals may not have been altered.

TGDI people may struggle with certain body parts (and their names) that are typical of a particular sex, such as "penis", "vagina," "breasts", and so on. Some of these terms can be used neutrally (i.e. by replacing "penis" with "genitals", or "breasts" with "chest" etc).

Avoid assuming a typical male or female anatomy, and ensure that the language you use aligns with the individual's treatment history and preferences. When in doubt, ask them which terminology they feel most comfortable with.

This rule of thumb also applies to communication more broadly, for example, asking which name or pronouns someone would like you to use and respecting those choices. For more information about **inclusive communication**, see here:

- [General guidelines for healthcare providers](#)
- [Guidelines for consultations with transgender people](#)

Physical health

Transgender and gender diverse people

Transgender people can come to a GP practice with a wide range of questions or problems, which don't necessarily have to be directly related to their gender identity or any transition process.

Types of possible *transitions*:

- Emotional (process of self-acceptance)
- Social (coming out, living according to inner gender identity)
- Legal (official first name change)
- Medical (pharmacological or surgical interventions)

In Flanders, various professionals offer [transgender-specific care](#) in various areas (such as endocrinology, psychological counseling, surgical procedures, etc.). But even in general healthcare, there are aspects that may be important to pay extra attention to.

A (medical) transition doesn't carry any serious health risks. However, it's important to be extra vigilant about potential **cardiovascular, diabetes, osteoporosis risks**. Read more about it on the [website](#) of Transgender Infopunt.

Sexual health is an important component of general care for transgender and gender-diverse people. Transgender identity, in itself, is not associated with an increased susceptibility to sexually transmitted infections (STIs). However, patterns of risk can be influenced by specific sexual behaviors, such as condomless intercourse, or by contextual factors that limit access to prevention and care. In Belgium, approximately 2% of [newly reported HIV diagnoses](#) occur among transgender

people, predominantly transgender women. It is essential to base STI assessment and prevention counselling on documented risk behaviours and on potential social determinants, rather than on gender identity alone. A structured, non-judgmental approach to **discussing sexual practices and regular STI screening**, and facilitating access to preventive measures, including condoms and PrEP, can contribute meaningfully to the sexual health of transgender patients. Read more about it on the [website](#) of Sensoa.

Among sexual health concerns, the transmission and early detection of papilloma viruses (HPV) is also particularly relevant for gender and sexual minorities, given its role in several cancers, including cervical, anal, penile, and oropharyngeal cancers. Research shows that the LGBTQIA+ community, including TGDI people, carries a disproportionate **cancer risk**. This can be partly attributed to risk factors potentially driven by the stress associated with living as a sexual or gender minority, including higher rates of smoking, alcohol use, obesity, and higher rates of HIV. Furthermore, Gender Affirming Hormone Therapy (GAHT) has been linked to an increased risk of breast cancer in transgender women receiving oestrogens compared with cisgender men who did not receive oestrogens, although their risk remains lower than that of cisgender women.

While some cancer prevention services and outreach efforts include TGDI people, their impact is limited. In Flanders, transgender and gender diverse people who are not legally identified as female still need to personally contact a doctor to arrange **cancer screening** for breast and cervix.

It's important that screening is based on the organ or body part present. As a rule, if an individual has a specific body part or organ and meets the criteria for screening based on risk factors or symptoms, this screening should still be done regardless of hormone use or legal sex. Clear, affirming information on appropriate screening and HPV vaccination (including catch-up vaccination up to 45 years old, regardless of legal sex) can help ensure timely diagnosis and reduce avoidable disparities in health outcomes. For more information visit the [Fight Cancer project](#) website.

Intersex people

A variation in sex characteristics is not a pathology or inherently unhealthy. Approximately 1.7% of the population is intersex, which equates to 1 in 60 people. Medical and psychological challenges can arise, and these are best managed by a multidisciplinary team.

Available information about the health and well-being of Intersex people, the various care needs, and what welfare care for variations in sex characteristics consists of can be found on the [website](#) ideminfo.

Mental health

A large number of international and national studies have shown **increased risks of depression, anxiety, substance use and suicidality** among TGDI compared to the general population. These increased rates have been associated with lack of access to gender affirming care, complex trauma, social exclusion, stigma, violence and discrimination. More info can be found on the [website](#) of Transgender Infopunt.

It's important to note the following nuance: mental health problems among LGBTQIA+ people, including TGDI people, are not an inherent consequence of one's identity, but rather a consequence of societal responses to diverse gender identities and characteristics. These responses can trigger external stressors (discrimination, violence, bullying, etc.), which in turn can lead to internal stressors. These are the ones thought to increase the risk of mental health problems.

In recent decades, social acceptance of LGBTQIA+ people has increased, and rights and equal opportunities have been strengthened. However, the mental well-being of this target group does

not appear to be improving. LGBTQIA+ people still have a significantly increased risk of lower mental well-being than the general population.

There's often a correlation between mental and physical health. Poorer mental health can sometimes lead to risky behavior that impacts physical health, and poorer physical health can lead to lower mental well-being.

More information about specifics mental health concerns can be found here:

- Interpersonal violence
 - [Guidelines on invisible violence against LGBTQIA+ people and domestic violence](#)
 - [Genoeg Enough Assez research](#)
 - [Domestic violence against transgender people](#)
- Increased risk of mental health problems
 - [Living as a transgender person in Belgium: Ten years later](#)
 - [An exploratory study into the living situation of persons with intersex/DSD](#)
- Higher prevalence of suicide. Figures from the '[Genoeg Enough Assez' study](#)
 - 3 in 4 TGD people and 3 in 5 intersex people have struggled with suicidal thoughts at some point
 - Nearly 2 in 5 TGD people and 1 in 5 intersex people have attempted suicide one or more times

VLESP has developed a [safety plan](#) that can be developed by the GP together with the patient. It can teach the patient to recognize a suicidal process step by step and better cope with a potential crisis.

Work on accessible sensitive care yourself

Strengthening the mental, social, and physical well-being of TGDI+ people remains a significant challenge. Below, you'll find some tips and useful links.

1. Work on inclusive communication and consultation

- Points of interest
 - How inclusive is your own practice? Take the [self-assessment](#) here
 - [General guidelines for healthcare providers](#)
 - [Guidelines for consultations with transgender people](#)
 - Check [the Dutch Language Union's recommendations on gender-conscious language use](#) and make your correspondence, emails, and forms of address gender-conscious
 - Check the [fact sheet](#) for creating a trans-friendly healthcare environment
 - Read the [Standards of Care](#) for the treatment of individuals with gender dysphoria developed by the World Professional Association for Transgender Health (WPATH)

2. Be aware of terminology and imagery

Some terms are no longer used because some find them offensive. Some TGDI+ people associate some terms with a negative period, the medicalization of their identity, or other negative experiences. It is therefore best to avoid these terms.

- [Information about the terminology surrounding intersex that should no longer be used](#)
- [Including use of imagery and terminology](#)

- This [glossary](#) of LGBTQIA+ inclusive terms

3. Be a warm referrer

TGDI+ people may not always find it easy to engage with a new organization or service. For some, the step of calling or emailing a provider recommended by their GP can feel too daunting. A warm referral can help reduce this barrier by directly connecting the patient - always with their consent - to the appropriate support organization. To facilitate this process effectively, it is important to be familiar with the healthcare landscape and the resources available to TGDI+ people:

- [For transgender care](#)
- [For intersex care](#)
- [For LGBTQIA+ in general](#)
- [Referrals from experienced experts and discussion groups](#)

Organizations within the healthcare landscape

- [Cavaria](#) – umbrella organization for LGBTQIA+ associations and advocates for LGBTQIA+ people
- [Lumi](#) – anonymous information and helpline for questions about gender, sex and sexual diversity
- [Overview](#) of the more than 125 LGBTQIA+ associations affiliated with Cavaria
- [Bimonthly intervision group](#) for doctors, psychologists and therapists
- [Transgender Infopunt](#) – expertise center and information and reception line for the themes of transgender and gender diversity
- [Intersekse Vlaanderen](#) - association for intersex people
- 'It's Pronounced Metrosexual' is a free [online tool](#) for learning and teaching about gender, sexuality, and social justice.