INSIGHT

Towards an Equal Healthcare System for LGBTI People

GOOD PRACTICES GUIDE FOR LGBTI+ INCLUSIVE HEALTHCARE

An insight on LGBTI+ health in Greece, Italy and Belgium

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GOOD PRACTICES GUIDE FOR LGBTI+ INCLUSIVE HEALTHCARE

An insight on LGBTI+ health in Greece, Italy and Belgium

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Contents

About the INSIGHT Project

The INSIGHT project is based on the EU Charter of Fundamental Rights and the Treaty on European Union and on the idea that everybody has the right to feel free and comfortable and have the vital right to entry healthcare services without being afraid to deal with negative attitudes and stigma, or face discrimination.

The main aim of the INSIGHT project is to tackle discrimination against LGBTI+ people in the healthcare field. This will be achieved by increasing awareness for the rights of LGBTI+ people in the healthcare services and building the capacity of HEI healthcare undergraduate students and healthcare professionals, assisting them in acquiring new competences, skills and guidelines about best practices regarding LGBTI+ people and their needs when accessing the health sector. Through its main activities, the project aims to:

- Increase awareness, recognition and acceptance of the factors that affect LGBTI+ people's well-being and physical health.
- Promote and enhance Digital Transformation in HEI by creating a flexible and easily accessible digital learning material.
- Establish an equal health care provision for LGBTI+ people.
- Build acceptance and trust between all participants.
- Implement the final product within the respective partner countries to stimulate health initiatives and policies that support LGBTI+ people's rights and dignity.

To achieve its objectives the INSIGHT project will create three main results:

1. **Good Practices Guide:** The major aim is to develop a Good Practices Guide which identifies what the needs of LGBTI+ people in healthcare settings, including healthcare needs, levels of discrimination and obstacles to accessing services and gaps in legal protections, along with good practices from the participating countries and EU practices. These results will lay the foundation for HEI healthcare undergraduate students and current healthcare professionals training needs in order to embrace LGBTI+ people and have a positive impact on their wellbeing.

2. **INSIGHT Microlearning Programme**: The INSIGHT project will create an innovative Microlearning Programme which will lead HEI Healthcare undergraduate students and current healthcare professionals to greater acknowledgement of LGBTI+ people's needs, and promote an inclusive healthcare system. It will enhance knowledge, skills and attitudes by diminishing the competency gaps and assumptions regarding the clinical assessment and treatments of LGBTI+ individuals. This learning material will respond to the target group's needs and willingness to improve the healthcare system and establish innovative initiatives that will lead in more inclusive and equal treatments. The course will include 4 modules that will address the well-being but also the physical health issues that may occur to LGBTI+ people's lives.
3. **INSIGHT MOOC:** A freely accessible Virtual Learning Environment will be created, containing the learning material, workshops, virtual activities and a community forum which allows interactions and communication.

The project effectively uses the strong experience of all its consortium members in global public health issues, life and health sciences, on LGBTI people's well-being and in designing and delivering innovatory e-learning solutions for educational organizations, to develop a high-quality Microlearning Programme for HEI healthcare undergraduate students and healthcare professionals.

About the Guide

The Good Practices Guide, one of the core results of the INSIGHT project, aims to contribute to the establishment of an inclusive healthcare system by offering HEI healthcare undergraduate students and current healthcare professionals up-to-date information on LGBTI+ healthcare needs and the existing barriers for LGBTI+ individuals when accessing health services, along with concrete guidance and examples of good practices for the participating countries on fighting barriers, avoiding prejudicial behaviours and finding the courage to challenge anti-LGBTI attitudes in the healthcare system. The INSIGHT Good Practices Guide aims to have a valuable impact on the readers, by stimulating them to take responsibility and encourage others to also take part in those initiatives. Change starts with individuals, thus any modification regarding behaviours and health treatments towards LGBTI individuals, can benefit the positive changes in a local, national, European or even international level.

The Good Practices Guide is comprised of three parts:

- Part A' "LGBTI+ Health: Theoretical background & Current data"
- Part B' "National Data on LGBTI+ people's health: Greece, Italy and Belgium"
- Part C' "Creating safe and inclusive healthcare services for LGBTI+ people: Guidelines for professionals & Good Practices"

The first part provides an overview of the theoretical background on LGBTI+ health, including an introduction to key concepts and terminology, European and international data on LGBTI+ individuals' healthcare needs and the obstacles LGBTI+ face when accessing healthcare services.

In the second part of the guide readers can find a thorough presentation of the current situation in each of the three partner countries, and become familiar with the specific healthcare needs of LGBTI+ people, the legal framework on LGBTI+ human rights and the unique barriers LGBTI+ people face when trying to access healthcare in each country. Each national chapter also includes targeted recommendations for policy reform, aiming to secure LGBTI+ people's rights and ensure they have equal access to quality healthcare services.

In the final part of this guide, readers can find targeted guidelines for (future) healthcare professionals on creating healthcare environments that are welcoming LGBTI+ people, eliminating access barriers, and providing safe and inclusive services that take into account the specific needs of each person. Furthermore, readers can find a comprehensive list of good practices for enhancing LGBTI+ people's access to quality healthcare services from the participating countries, as well as good practices implemented on a European and/or international level.

PART A’

LGBTI+ Health:

Theoretical background & Current data

Key concepts, terms and identities

In the effort to cultivate healthcare environments that are non-discriminatory and inclusive to LGBTI+ people, one of the first steps is to increase our understanding of the diversity around gender and sexuality, and to become familiar with the terms and language used to describe the experiences and various identities under the LGBTI+ umbrella.

To do so, we will start by examining the core concepts with which different identities -including, but not limited to, LGBTI+ identities- are connected. These include:

- Sex characteristics & Gender assigned at birth
- Gender identity
- Gender expression
- Sexual orientation

Sex characteristics & Gender assigned at birth

The term **sex characteristics** refers to the biological characteristics associated with sex. These consist of the primary sex characteristics (chromosomes, internal and external reproductive organs, sex hormones, gonads) and the secondary sex characteristics (e.g., breasts' development, muscle and fat distribution, hair growth, etc.).

At birth, most people are assigned, based on their sex characteristics, either as male (having XY chromosomes, penis, testicles, etc.) or female (having XX chromosomes, ovaries, vagina, etc.). However not all people's sex characteristics fall within these two strictly defined categories.

Intersex people are born with sex characteristics that do not fall strictly within the category of male or female. Intersex variations include a wide spectrum of biological and anatomical differences; not all intersex people will share the same sex characteristics. Examples of intersex variations can include having a combination of typically female and typically male characteristics (e.g., XY chromosomes, a vulva and uterus), having external reproductive organs that cannot be classified either as male or female, having an atypical chromosomal combination such as XXY, and many more.

Depending on a person's unique combination of sex characteristics, the fact that they have an intersex variation may be noticed at different stages of life: some intersex variations can be noticeable prenatally or at birth (e.g., variations of sex chromosomes or external reproductive organs), while others may become noticeable later in life (e.g., during puberty a person's hormone levels may not be typical for their assigned sex) or even never (Interact, 2021).

Gender Identity

Gender identity refers to a person's inner sense of their gender. It may or may not match the gender the person was assigned at birth, based on their sex characteristics.

- **Cisgender/Cis:** People whose gender identity is the same as the gender they were assigned at birth.
- **Transgender/Trans**: People who have a gender identity that is different than the gender they were assigned at birth. The term transgender includes multiple gender identities, such as trans man, trans woman, non-binary, agender, genderqueer, gender fluid, etc.
- **Non-binary:** People who do not identify their gender within the male/female binary, but somewhere outside or in-between. Some non-binary people use gender neutral pronouns, such as they/them or other neo-pronouns (e.g., ze/zir, etc.). Non-binary is often used as an umbrella-term, which includes many different experiences of gender identity that fall outside the gender binary, such as genderfluid, agender and others.
- **Gender non-conforming (GNC):** People whose gender expression or gender identity differs from gender norms associated with their assigned sex.

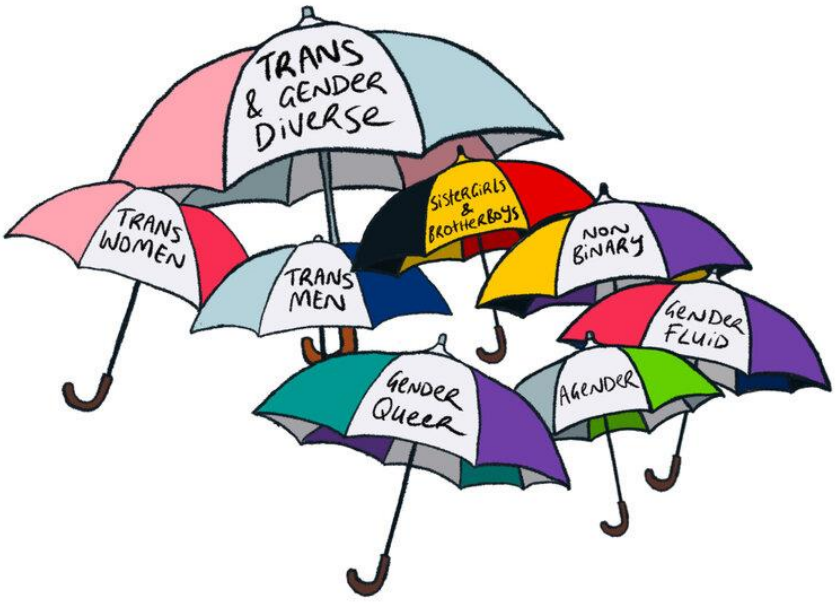


Image: The trans umbrella by Briar Rolfe

Some trans people may choose to make changes in the way they present themselves to better express their gender identity. This procedure is called **gender transition** and can include some or all the following personal, medical, and legal steps:

- telling one's family, friends, and co-workers;
- using a different name and new pronouns;
- dressing differently;
- changing one's name and/or gender marker on legal documents (this procedure is commonly referred to as legal gender recognition);
- hormone therapy;
- one or more types of surgery (referred to as gender reassignment or gender confirmation surgeries).

A common misconception around gender transition is that it follows a specific route, starting with coming out and social transition, gradually moving to hormone therapy, with the ultimate and final goal being having gender confirmation surgeries. While this might be true for some trans people, the exact steps involved in gender transition vary from person to person and there is no specific

order in which they should be pursued or a common final "goal". Each person chooses which changes they want to undergo based on their unique experience of their gender. Some limitations may apply to legal gender recognition procedures or medical transition, based on each country's laws and regulations. For example, in some countries, it's impossible to have your gender recognized by law, while others place specific requirements such as having a psychiatric diagnosis or having undergone certain forms of medical transition.

Gender Expression

Gender expression refers to the ways through which a person chooses to express themselves, such as haircuts, clothing, way of speaking, movements and other behaviours or interests. People are expected to express their gender in a manner that is congruent with the norms for the gender they identify as, but this is not always the case. Gender expression does not always follow the social norms for a person's gender, and this applies not only to those who are LGBTI+, but to cis-heterosexual people as well.

Some examples of gender expression that break gender expectations are more socially acceptable and may go relatively unnoticeable (e.g., a woman having short hair or wearing a suit), while others may attract more attention and even be met with hostility (e.g., a man wearing make-up or a dress).

Gender expression is commonly used as an indicator of person's sexual orientation, (e.g., it may be assumed that a woman who expresses herself in a masculine way identifies as a lesbian) or gender identity (e.g., a person who wears dresses and make-up will identify as woman). While masculine lesbians and feminine gay men definitely exist, and many people have a gender expression that is in line with and affirms their gender identity, a person's gender expression cannot tell us anything more than the way they feel comfortable expressing themselves.

Sexual Orientation

Sexual orientation describes the romantic/emotional and sexual attraction a person can feel towards other people, including a wide spectrum of experiences based on the type and level of attraction a person feels, as well as towards whom.

Some people fall within the **spectrum of asexuality**, which means that they may not experience sexual attraction (asexual), or they may experience sexual attraction rarely (graysexual) or under certain circumstance (demisexual).

Respectively, some people may fall on the **aromantic spectrum** if they don't experience romantic attraction (aromantic), or experience it rarely (grayromantic) or under certain circumstances (demiromantic).

Apart from the type and level of attraction a person experiences, sexual orientation includes identities based on the gender of the person and the gender(s) of the people they are attracted to.

One categorisation of identities regarding sexual orientations is based on whether a person is attracted to people of one gender (***monosexuality***) or people of multiple genders (***polysexuality***).

Monosexual identities include the following:

- **Lesbian**: A person that identifies as a woman and is attracted exclusively by other women.
- **Gay**: Mostly used for men who are attracted exclusively to other men. However, some women who are attracted to women may also identify as gay.
- **Heterosexual / Straight**: A person who is attracted to people of a different gender. Often, heterosexuality is described as attraction towards the "opposite" gender, however this approach is based on the view of gender as a binary, erasing the existence of both non-binary and intersex people.

Although the terms used to describe monosexual identities are based on the gender binary, non-binary people may also identify as lesbian, gay or straight. For example, a non-binary person who identifies to a greater extend with masculinity and is attracted to men might identify as gay.

Some of the identities that fall within the spectrum of polysexuality are:

- **Bisexual**: A person that experiences attraction to people of two or more genders. The term bisexual is also used as an umbrella-term to describe various forms of polysexuality.
- **Pansexual**: People who are attracted to people of all genders or irrespectively of a person's gender.

People may use multiple identities to describe their sexual orientation. For example, a person who does not experience romantic attraction but is sexually attracted to people of all genders may identify both as aromantic and pansexual.

Key points

Some key points to keep in mind while navigating the different concepts and identities around gender sexuality (Paganis, 2020):

- The four concepts mentioned in this section are interconnected to a certain degree, since some identities are defined by the interaction of more than one - e.g., the terms trans and cis are defined by the (in)congruence of a person assigned gender and gender identity. However, they are not inextricably linked. We cannot use one of them to assume any of the others. For example, a person's gender identity cannot tell us their sexual orientation, we can't assume a person's gender based on their gender expression, and so on.
- When talking about gender we are always referring to the gender a person identifies as. This means, for example, that the term "women" includes both cis and trans women (with cis and trans being used as adjectives to describe the term "women").
- This categorisation is merely a tool to understand the diversity of gender and sexuality. It should not be used as a "checklist" to determine a person's identities. **Self-identification** should always be respected. Some people may identify with terms that do not exactly follow this structure, and there may be various reasons for this:
    - a person may feel closer or more connected to an identity due to past experiences;
    - they may choose an identity that feels easier to explain or is more visible;
    - they may not find terms that specifically describe their experience, etc.
- The language used to describe experiences around gender and sexuality is tied to the socio-cultural context and the specific time-period we are in. The creation and use of language is also a dynamic process; as visibility around LGBTI+ identities grows, new terms are coined to highlight experiences that have been so far invisible, and older terms are being replaced with others, which carry less stigma. We should note that the terms mentioned above and used through-out this guide reflect a western-European view of gender and sexuality; people with different cultural backgrounds may use other

terms to describe their identities or use some of the above-mentioned terms to describe a different experience.

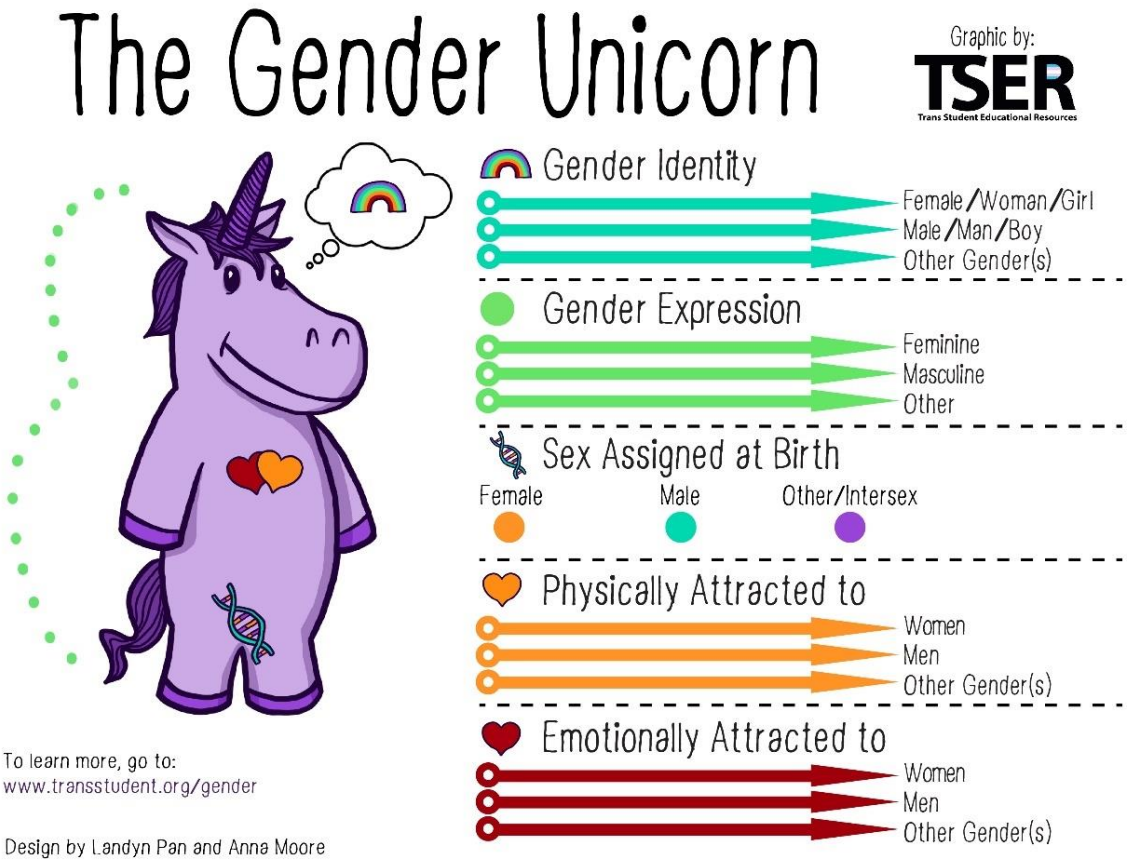


Image: The Gender Unicorn by Trans Student Educational Resources

Identities and other terms related to sexual orientation, gender identity and sex characteristics		
Term	**Definition**	**Connected to**
Lesbian	A woman who is attracted exclusively by other women.	Sexual orientation
Gay	Mostly used for men who are attracted exclusively to other men. Some women who are attracted to women may also identify as gay.	Sexual orientation
Bisexual	People who are attracted to people of more than one gender. Also, an umbrella-term for all polysexual identities.	Sexual orientation
Asexual spectrum	It includes people who experience no (asexual) or little (graysexual) sexual attraction, or experience sexual attraction under certain circumstances (demisexual).	Sexual orientation
Pansexual	People who are attracted to people of all genders or irrespectively of a person's gender.	Sexual orientation
Aromantic spectrum	It includes people who experience no (aromantic) or little (grayromantic) romantic attraction, or experience romantic attraction under certain circumstances (demiromantic).	Sexual orientation
Heterosexual / Straight	Men who are exclusively attracted to women and women who are exclusively attracted to men.	Sexual orientation
Intersex	People with variations of sex characteristics that cannot be strictly defined within the categories of male and female.	Sex characteristics
Transgender / Trans	People whose gender identity is different than the sex assigned to them at birth.	Gender identity
Cisgender / Cis	People whose gender identity is the same as the sex assigned to them at birth.	Gender identity

Non-binary	An umbrella-term for all gender identities outside the gender binary. Some identities within the non-binary umbrella are: genderfluid, agender, bigender, etc.	Gender identity
Gender non-conforming (GNC)	Umbrella-term for people whose gender expression or gender identity differs from gender norms associated with their assigned sex.	Gender identity
Gender Transition	All the processes a trans person can go through to better express their gender identity. It can include social, medical and legal steps and is different for each person.	Gender identity
Queer	Queer is a complex term with multiple interpretations. In the past, it was used as derogatory term for LGBTI+ people, but since the 80's it has been reclaimed by activists and academics as a positive and confrontational self-description to challenge social norms around sexuality, sexual orientation, gender identity and/or other forms of normativity. It is often used by people that do not accept the traditional concepts of gender and sexuality and do not identify with any of the terms of the LGBTI+ acronym, but also as an umbrella term for all LGBTI+ people.	
**More terms related to sexual orientation, gender identity and sex characteristics can be found in the Appendix*		

Other relevant terms

- **Discrimination**: Under EU law "*direct discrimination shall be taken to occur where one person is treated less favourably than another is, has been or would be treated in a comparable situation*" on the grounds of a protected characteristic such as racial or ethnic origin, religion or belief, disability, age, sex, sexual orientation, while *"indirect discrimination shall be taken to occur where an apparently neutral provision, criterion or practice*" would put people of a protected characteristic *"at a particular disadvantage*" compared with people who have other characteristic(s*) "unless that provision, criterion or practice is objectively justified by a legitimate aim and the means of achieving that aim are appropriate and necessary*". There are various forms of discriminations, such as direct and indirect discrimination, victimisation, multiple discrimination and harassment (Theofilopoulos, Paganis, 2019).
- **Hate crime:** A criminal act motivated by bias or prejudice towards particular groups of people. To be considered a hate crime, the offence must meet two criteria: the act must constitute an offence under criminal law, and it must have been motivated by bias (OSCE-ODIHR, n.d.).
- **Hate speech:** According to ECRI (2016): *"(…) hate speech is to be understood (…) as the advocacy, promotion or incitement, in any form, of the denigration, hatred or vilification of a person or group of persons, as well as any harassment, insult, negative stereotyping, stigmatization or threat in respect of such a person or group of persons and the justification of all the preceding types of expression, on the ground of "race", colour, descent, national or ethnic origin, age, disability, language, religion or belief, sex, gender, gender identity, sexual orientation and other personal characteristics or status (…) hate speech may take the form of the public denial, trivialisation, justification or condonation of crimes of genocide, crimes against humanity or war crimes which have been found by courts to have occurred, and of the glorification of persons convicted for having committed such crimes"*
- **Heteronormativity:** The social enforcement of the gender binary, as well as the belief that heterosexuality is the only normal and acceptable sexual orientation. This belief results in the invisibility, stigmatisation and discrimination against people who are not or are perceived not to be heterosexual.

- **Heterosexism:** A phenomenon directly linked to heteronormativity, defined as the discriminatory behaviours emanating from the belief that gender is binary and favouring heterosexuality and heterosexual relationships.
- **Homophobia:** Irrational fear, hate and prejudice against gay men and lesbians. They can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents.
- **Transphobia:** Irrational fear, hate and prejudice against transgender people and people who do not conform to normative social attitudes regarding gender and/or gender expression. It can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents.
- **Biphobia:** Irrational fear, hate and prejudice against bisexual people. Biphobia differs from homophobia, as it refers to stereotypes and prejudices that target specifically bisexual people, e.g., the stereotype that bisexual people are "greedy". It can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents.
- **Interphobia:** Irrational fear, hate and prejudice against intersex people and people who may be perceived to have intersex variations. It can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents, including "normalising" medical interventions.
- **Prejudice:** Prejudice is to make a judgment about an individual or group of individuals on the basis of their social, physical or cultural characteristics. Such judgments are usually negative, but prejudice can also be exercised to give undue favour and advantage to members of particular groups. Prejudice is often seen as the attitudinal component of discrimination.

Health of LGBTI+ people

From pathologisation to LGBTI-affirmative practice

A very first step to understand the experiences of LGBTI+ people from healthcare services, the obstacles they face and the limitations in receiving quality care, is to understand how modern medicine and psychiatry, as health sciences, have approached LGBTI+ identities, and the process through it moved from perceiving non-normative sexual orientations and gender identities as “pathologies” and “mental illnesses”, to an approach of inclusion and affirmation.

The approach to sexuality and gender identity through the prism of pathology starts from the early 19th century. Until then, sexuality (especially) and gender were not approached in terms of 'identities', but were understood mostly as practices and behaviours. Until then sexuality, and homosexuality in particular, was seen through a religious prism (as "immoral" or even "sinful"), but also through a legal prism (with the widespread criminalisation of homosexuality and same-sex sexual relations) in many countries. Laws concerning homosexuality were in force in many Western countries until after the second half of the 20th century. Similar laws were carried over into the legal systems of many other non-Western countries through the colonial campaigns of countries, such as Great Britain and France.

However, with the gradual development of medical science, and its ever-increasing influence, a shift in the discourse around sexuality and gender occurred: from sin and unlawfulness, the approach was moved to illness. This shift set the basis for the first theoretical attempts to explain and understand homosexuality through the prism in which human nature was understood from the end of the 19th century to the middle of the 20th century: medical and psychoanalytic theories, on the basis of binary concepts (male/female, heterosexuality/homosexuality; concepts that are separate, mutually exclusive and firmly opposed to each other. Through this view of gender and sexuality, any deviation was labelled as pathology.

Homosexuality was officially introduced as a mental disorder – as a ‘sexual deviation’ specification of 'sociopathic personality disorder' - in the first edition of the American Psychiatric Association's

(APA) Diagnostic and Statistical Manual (DSM) in 1952, and remained in the second edition of the DSM in 1968 as a 'sexual deviation'.

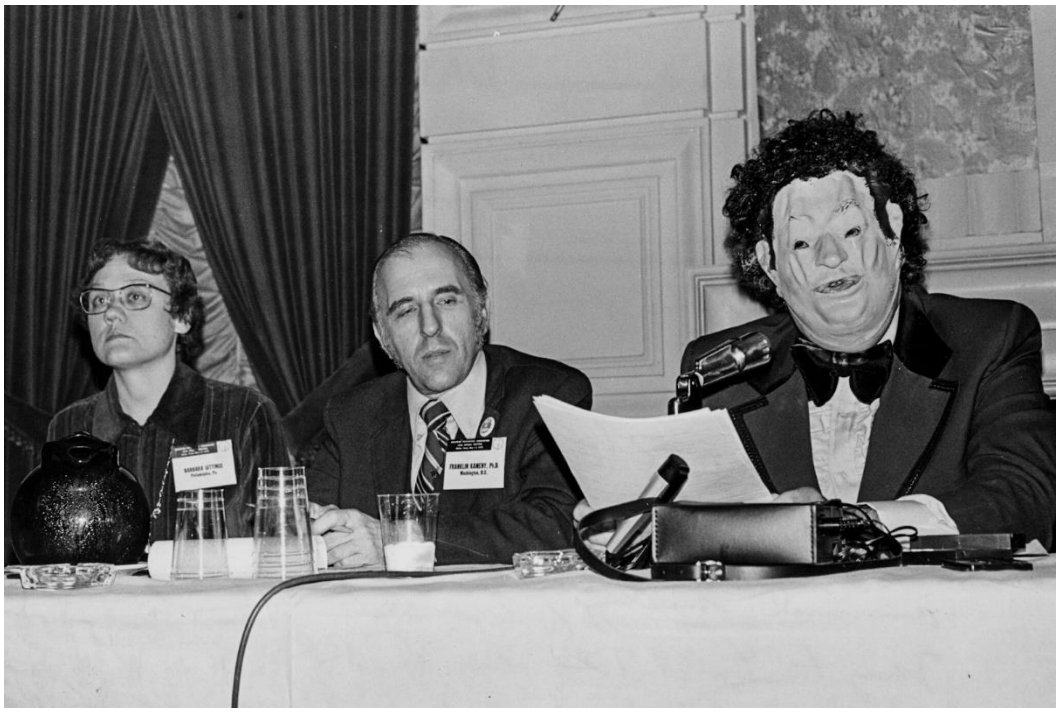
Parallel to the introduction of homosexuality into the DSM, the first steps were taken to facilitate its depathologization through a series of studies. In particular, the researches of Alfred Kinsey (1946, 1953) and Evelyn Hooker (1957) was crucial. Kinsey's research succeeded in raising the first opposition to the dominant notion that homosexual individuals are a minuscule number of people with an impaired social adjustment, constituting a pathological deviation of the population. According to his research, 13% of women and 37% of men had a homosexual experience in their lifetime, while 2-6% of women self-identified as exclusively homosexual, and correspondingly 10% of men defined themselves as exclusively homosexual. Of course, we need to take into account both the lack of visibility of homosexual individuals and the general invisibility of female sexuality in how they may have influenced the percentages recorded in the survey (e.g., the significant difference in percentages between men and women).

Following, in 1957, Evelyn Hooker managed to shake up entrenched notions of homosexuality and pathology again. Hooker, addressing herself exclusively to psychologists, experimentally reinforced the belief that homosexuality was not associated with any type of psychopathology or mental illness, as was the prevailing view in the scientific community), by asking psychologists to compare the findings of specific projective tests in a sample of 30 heterosexual men and 30 homosexual men, without knowing the sexual orientation of the participants. The result showed that the psychologists could not distinguish the homosexual men through any possible signs of psychopathology.

However, even these findings were not enough to be able to radically change the attitudes of health professionals towards LGBT+ people. This approach to homosexuality, as a pathological condition, had paved the road for the creations and enforcement of various practices to “cure” it (namely, “conversion therapies”). In the first half of the 20th century, attempts to change sexual orientation and gender identity included approaches such as use of substances (e.g., cocaine, cannabis), lobotomy (a practice that continued until the 1970s), hormone therapy, castration or clitoridectomy. Since the 1960s with the categorization of homosexuality, initially, and then trans identities, as psychiatric disorders, conversion therapies have for the most part involved the use of behavioural techniques (e.g. the creation of conditioned learning reflexes through masturbation

with heterosexual content, or the establishment of sexual relationships with people of the "opposite" sex), aversion techniques (electric shocks to the hands and genitals, chemical and deprivation treatments, etc.), as well as cognitive and psychodynamic approaches.

In addition to the efforts being made in the scientific field to depathologize homosexuality, through research such as Kinsey's and Hooker's, a wave of activists began attending APA conferences, putting pressure on psychiatrists to study and acknowledge the research and literature that existed up to that point on the depathologization of homosexuality. For the first time, two activists, Frank Kameny and Barbara Geetings, talked to psychiatrists about the stigma of diagnosing homosexuality, at a conference in 1971 conference. A key figure was the - at the time - anonymous psychiatrist who, wearing a mask that hid his face and using a voice altering machine, spoke for the first time about the discrimination faced by LGBT+ psychiatrists within their own profession at a conference in 1972. The psychiatrist was John Freyer, possibly the first one to speak out against homophobia in both his capacity as a mental health professional and as a gay man. In 1973, the APA board of directors decided to remove homosexuality from the list of diagnoses.



Psychiatrist John Fryer at the 1972 American Psychiatric Association convention (Kay Tobin)

However, the diagnostic category of "Ego-Dystonic Homosexuality" remained in the new version of the manual. "Ego-Dystonic Homosexuality" referred to a gay person who wanted to become heterosexual: a desire that is, however, inextricably linked to the discrimination and stigma experienced by non-heterosexual people in society.

Ultimately, the complete depathologisation of homosexuality came on 17 May 1990, with the World Health Organisation removing homosexuality from the International Classification of Diseases (ICD). These removals and changes also provided a scientific impetus for a change in attitude among professionals and society, moving from the non-scientific search for the "causes" of homosexuality (and its potential “cures”) to fighting stigma and finding ways to provide support and protective factors for the better well-being of LGBTQ+ people.

The history of depathologisation about gender identity follows a similar path with sexual orientation. The American Psychiatric Association (APA) introduced the diagnosis of "Gender Identity Disorder" only seven years after homosexuality was removed from the DSM III, in 1980. Its association with medical interventions that some trans people might desire essentially meant that the diagnosis and the resulting stigma was the extortionate trade-off for medical care. The first strong reaction to this diagnostic category within the APA came in 2003 at its annual conference, when for the first time the removal of all relevant diagnoses was brought forward, arguing that they did not meet the criteria to be considered a mental disorder. Nevertheless, the diagnosis of “gender identity disorder” persisted and it was suspected that it was also used as a cover for the “treatment” of homosexuality in children, in a chaotic and unscientific causal association between gender identity and sexual orientation.

In the DSM-V, the diagnosis of "Gender Identity Disorder" was replaced by "Gender Dysphoria" and the emphasis was placed on the dissatisfaction caused by the discrepancy between the gender assigned at birth and the gender experienced by the individual, rather than on their trans identity per se. In DSM-V the APA recognised for the first time, that gender is non-binary construct and that people may identify with genders other that man and woman.

In the International Statistical Classification of Diseases and Related Health Problems (ICD), the first appearance was in ICD-8 (1965), where a new diagnosis, that of "Paraphilia", was included among the sexual deviations, which in ICD-9, was changed to "Paraphilia & Transsexualism". In 1990, in ICD-

10, the categorisation was changed to "gender identity disorder", matching the diagnosis included in DSM at the time. The step for the complete depathologisation of gender identity in the ICD was made in in 2018, when the diagnosis of "Gender Identity Disorder" was replaced by the new diagnosis of "Gender Incongruence" and all transgender-related diagnoses were included under a new diagnostic category, "Sexual Health-Related Conditions" and not under the category of "Mental and Behavioral Disorders". According to the World Health Organization, the rationale for including diagnoses in this new category is that, although it is now clear that trans identity is not a mental disorder and that classifying it as such stigmatizes trans people, there are still important health needs that can be better met if the relevant diagnosis is part of the ICD (e.g., access to medical transgender services).

The removal of trans identity from the list of mental disorders is a historic victory for the trans movement, which can form the basis for destigmatising trans identities, while ensuring trans people's access to health services related to their gender identity.

Variations in sex characteristics continue to be highly pathologised, despite the significant progress that has been made toward the complete depathologisation of non-normative sexual orientations and gender identities. Intersex variations are still listed by the WHO as "Disorders of sex development" in ICD-11; a classification that is directly related to the persistent and severe violations of intersex people's rights to their physical and psychological integrity that occur as a result of "normalization" surgeries and other medical procedures, which aim to force their bodies to conform to binary male/female standards.

Minority Stress Model

An important part for the continuing, for more than seven decades, pathologisation of LGBTI+ identities was that research findings suggested that LGBTI+ people faced higher levels of mental health challenges, compared to cis-heterosexual people. These discrepancies were then interpreted as a direct outcome of their non-normative identities.

A different interpretation of these findings was offered by the Minority Stress Model, first introduced by Meyer and his colleagues, in 1995. According to Meyer (2003), minority stress is a

distinct type of stress experienced by individuals carrying a minority identity, which is different from stressful life events that are common to all individuals, and contributes to increased levels of mental health challenges, such as substance abuse, mood disorders and suicidality. Minority stress is also described as a form of chronic stress, as it is directly linked to socio-political structures that remain largely stable, and is not based at the individual, but at the societal level (Testa et al., 2015).

This model attributes the disparity in mental health outcomes between LGBTI+ and cis-heterosexual individuals, not to LGBTI+ identities per se, but to the psychosocial stress experienced by LGBTI+ individuals due to carrying a socially stigmatized identity. The model of minority stress was formulated based on studies of LGB people, however was later adapted for trans people as well (Hendricks & Testa, 2012). Trans people - like LGB+ people - in addition to general life stressors common to all individuals, face discrimination and events of victimization and rejection specifically related to carrying a minority gender identity.

Meyer (1995) distinguishes three types of stressors that contribute to minority stress.

1. **External or "objective" events**: these include incidents of discrimination, victimisation and rejection by others. The experience of victimisation, especially in extreme cases of violence, disrupts an individual's sense of the world being fair and meaningful, as well as their sense of security, and can reduce their self-esteem (Garnets et al. 1990), leaving them feeling vulnerable (Meyer, 2003). Even seemingly minor incidents of victimization can have a strongly negative impact on individuals because of the social perceptions they reflect and the feelings of fear and rejection they evoke (Brooks, 1981). External stressors also include systemic injustice, such as lack of legal protections or outright discrimination, and even criminalisation of LGBTI+ identities.
2. **Rejection expectation**: this involves the expectation on the part of the individual that others will reject them, that they will be subjected to violence and/or discrimination because of their identity, and their consequent constant vigilance. Individuals' knowledge of social perceptions around LGBTI+ identities prepares them for what they may face if they disclose their identity (or if it is perceived/assumed by others). Even when individuals do not face violence and discrimination directly, the knowledge of other people's experiences can act as a form of indirect trauma (Rood et al., 2016). The very anticipation of rejection -

regardless of whether it is confirmed or not - causes intense psychological distress for individuals. To protect themselves from potential rejection or violence individuals may choose to conceal their identity. According to Miller and Grollman (2015), stigma visibility, the extent to which others can 'read' or assume individuals' LGBTI+ identity based on their appearance or behaviour is related to experiences of victimisation, with individuals who are more visible reporting more discrimination. Concealing one's identity is a common defence mechanism, which, however, comes at its own cost, as it requires individuals to be constantly on guard (Meyer, 2003).

3. **Internalised stigma**: LGBTI+ individuals grow up aware of homophobic, biphobic and transphobic social beliefs, which they may internalise. Even when individuals do not face overt discrimination, internalised stigma plays an important role in their adjustment. This internalised stigma is not necessarily expressed only through explicit and/or extreme homophobic, biphobic or transphobic perceptions; it can include the existence of negative attitudes and feelings of shame even in individuals who appear to fully accept their LGBTI+ identity. Internalised stigma is potentially the greatest risk factor for individuals, as it negatively affects their ability to cope with external stressors and reduces their mental resilience (Meyer, 2003). Research has highlighted the strong correlation that exists between internalized homophobia and increased mental health challenges such as depression, anxiety symptoms, substance use, suicidality (DiPlacido, 1998; Meyer & Dean, 1998; Williamson, 2000), and other behaviours of self-harm (Williamson, 2000; Meyer & Dean, 1998). Internalized stigma may even prevent individuals from coming into contact with other LGBTI+ people, denying them access to support networks and necessary resources.

The Minority Stress Model shifted the prism in our approach and understanding of LGBTI+ identities and the mental (and physical) health challengeσ LGBTI+ people face, by bringing forward the main factors affecting these outcomes: discrimination and social stigma against LGBTI+ identities.

Health disparities and care needs

International research has identified health disparities between LGBTI+ people and cis-heterosexual people, regarding both mental and physical health. The Minority Stress Model (presented in the previous section) provides the framework for understanding the existence of such disparities. In this section we will present some key health disparities that have been identified for the various sub-groups within the LGBTI+ community and the subsequent healthcare needs.

Gay and bisexual men

Gay and bisexual men may experience health problems similar to those experienced by all men, such as prostate, testicular, and anal cancers, erectile dysfunction, and early ejaculation. However, might be more challenging for this particular group to discuss these issues openly with their healthcare providers as a result of social stigmatization. Over 10% of gay men, according to a study, have chronic illnesses or disabilities that limit their daily activities and ability to work. There may be an increase in drug, tobacco, and alcohol use among gay men. In general, gay and bisexual men report worse general health than heterosexual men more frequently, and they are twice as likely to report a diagnosis of anal cancer, with those with HIV having the highest risk. It has been established that gay men are more likely to develop cancers like lung or liver cancer. Due to the social campaign and preventive messages calling for more frequent testing not including gay/bisexual men as a target population, they are also more likely to develop testicular cancer.

Studies on mental health have revealed that gay men experience depression issues more frequently than heterosexual men. In the case of anxiety disorders, a similar pattern was found. Suicidality (gay and bisexual men have a lifetime risk of attempting suicide that is up to four times higher than that of men in general), addiction (alcohol, smoking), and drug dependence (2.4 times higher risk) are other significant issues. Studies have also shown that the likelihood of gay men using psychoactive substances is significantly influenced by homophobia and high levels of minority stress, which result in low self-esteem for those who are discriminated against. Bisexual men tend to report decreased mental health outcomes compared to gay men.

Sexually transmitted infections (STIs) are a risk for gay/bisexual men, who are also referred to as MSMs (men having sex with men) in epidemiological terminology. These include diseases with more

difficult-to-treat symptoms (HIV, hepatitis B or C, human papillomavirus), as well as infections that can be effectively treated (gonorrhea, chlamydia, syphilis, pubic lice). Key strategies for preventing sexually transmitted diseases include safe sex, the use of condoms, and PrEP (Pre-exposure Prophylaxis) for HIV. Epidemiological data indicates that MSMs in many countries have a higher incidence of sexually transmitted infections. This is likely due to increased public awareness of the issue and increased testing for these infections (Rodzinka & Pawlęga, n.d.).

Lesbian and bisexual women

There is some evidence regarding lesbian and bisexual women's specific health disparities and health needs. Numerous studies have shown that lesbian and bisexual women face significant health disparities in physical and mental health. According to current research, lesbian and bisexual women are more likely than heterosexual women to report poor general health. When it comes to cancer, bisexual women reported cervical cancer rates were more than double those of other women. In addition, lesbian women had a higher rate of polycystic ovaries (80% vs. 32%) and polycystic ovary syndrome than heterosexual women. When compared to heterosexual women, lesbian and bisexual women have a significantly higher risk of gaining weight (Rodzinka & Pawlęga, n.d.).

There are also significant differences in mental health between lesbian and bisexual women and their straight counterparts. Bisexual women, for example, report poor mental health and psychological distress more frequently than heterosexual women - enduring emotional or psychological conditions are reported nearly twice as frequently as straight women. Suicide and intentional self-harm are also major issues for non-straight women. When compared to heterosexual women, lesbian and bisexual women are nearly twice as likely to attempt suicide. In a study of over 6,000 women, 5% attempted suicide in the previous year, and 20% intentionally harmed themselves during the same time period (College et al., 2012). There is also strong scientific evidence that bisexual women are significantly more likely than lesbian women to report poor physical health, as well as an increased risk of substance dependence and drug use. Lesbian women are also three times more likely than other women to develop alcohol and drug dependence (Rodzinka & Pawlęga, n.d.).

The lack of medical literature on the sexual health of lesbian and bisexual women Is due to the stereotype that women are less interested in sex and that women who have sex with women (WsW) don’t have "real sex”. Additionally, because of this belief, fewer STI tests are performed on this group, and some diseases may even be misdiagnosed (Rodzinka & Pawlęga, n.d.).

Transgender people

According to the report by Open Doors (n.d), trans persons experience mental discomfort at far higher rates than cis people. Symptoms of depression, rates of social discomfort, and greater than in the general population, anxiety levels. Studies carried out in Europe, the US, and Canada also shown rising rates of suicidal thoughts and attempts among trans persons. The main issues raised by trans persons included gender-based victimization, prejudice, bullying, violence, rejection by family, friends, and the community, harassment by an intimate partner or family member, by the police, by the general public, and by the healthcare system. The UK Trans Mental Health Study (Russel et al., 2014) demonstrates that transition significantly lowers rates of suicidal thoughts and attempts.

Transgender people may identify as heterosexual, homosexual, or bisexual, among other terms. According to research, there are no appreciable differences between the incidence of STDs in the transgender population and the general population. However, it is advised to pay particular attention to the prevention of sexually transmitted infections among transgender people due to the low level of inclusivity of preventive programs.

Trans people also have specific healthcare needs that are directly related to the process of transitioning. Transition refers to a series of actions people take to live as the gender with which they identify as. Social, legal, or medical transitions are all possible. It can involve the process of coming out, living in accordance with one's gender, changing one's name, changing one's legal name, and undergoing hormone and/or surgical treatments (Rodzinka & Pawlęga, n.d.).

LGBTI+ people's access to healthcare

Non-Heterosexual people

Several studies have shown that lesbian, gay or bisexual (LGB+) are more likely to run into obstacles when trying to access healthcare than their straight peers.

Many LGB+ persons struggle to find healthcare professionals who understand their requirements, face prejudice from insurance or healthcare professionals, or put off or refuse care out of fear of how they will be treated (Human Rights Watch, 2018). Compared to their straight counterparts, gay and bisexual men reported having difficulty locating healthcare providers (Dahlhamer et al., 2016). Financial barriers also affect access to services: LGB+ people are also more likely than straight people to delay or not receive care because it was too expensive or because they have limited access to insurance; bisexual individuals are more likely to defer treatment for reasons other than cost. (Dahlhamer et al., 2016).

Transgender people

Lack of access to care is one of the most significant barriers to both safe gender affirming care and appropriate general medical care for transgender people. A lack of providers with expertise in transgender medicine is reported as one pf the most important obstacles to accessing care; although variances exist between countries, around the world health professionals who specialise in trans health are not easily available, as trans health issues are not taught in traditional medical schools, and far too few professionals have the necessary knowledge and comfort level to competently treat trans people (Safer et al., 2016). In the 2015 U.S. Transgender Survey out of nearly 28,000 transgender people, 23% had delayed getting the care they required because they were worried about being treated unfairly because of their gender identity (James et al., 2016). Along with the lack of knowledge and appropriate training, professionals' personal negative attitudes and pathologising beliefs around gender identity can severely hinder trans people's access to care. Negative beliefs can to direct and indirect discrimination from professionals, verbal harassment and refusal to care. For transgender people specifically, misgendering and deadnaming are one of the

most common issues they face while asking for care. Other barriers such as financial (lack of insurance, lack of income), health system barriers (inappropriate electronic records, forms, lab references, clinic facilities), and socioeconomic barriers have also been reported (Safer et al., 2016).

Intersex people

In recent years, due of the work of intersex human rights defenders and activists, awareness of the existence of intersex people, as well as recognition of the specific human rights violations they face, has gradually grown. These violations include the risk of forced and coercive medical interventions, harmful practices, and other forms of stigmatization due to the physical characteristics of intersex people. Only a few countries have implemented measures to prevent and respond to such abuses to date, and the effectiveness of existing measures has yet to be fully documented (Office of the High Commissioner for Human Rights, 2015).

Human rights violations against intersex people include, but are not limited to: prenatal abortions, infanticide, pathologizing their bodies, forced and coercive medical interventions without their own prior and fully informed consent, lack of self-determination; discrimination -both structural and individual- in education, sport, employment, and other areas; lack of access to justice and remedies; violation of their physical integrity and psychological trauma, harassment and inability to obtain relevant or/and required medication (Office of the High Commissioner for Human Rights, 2015).

Access to general healthcare is often impaired by prejudices of healthcare professionals and the refund policies of health insurance companies. Intersex people report discrimination when seeking particular services (e.g.: availability of preventive check-ups for certain conditions or general health services) related to the sex/gender of the individual or where the medical history of a person matters (e.g.: life insurance, private health insurance, own-occupation disability insurance). Disbelief, prejudice, and disgust among health-care workers have been repeatedly reported. Intersex people who have previously faced discrimination and disrespect in the healthcare system are hesitant to seek medical attention when it is required. Health professionals have also denied intersex people access to health care. Such incidents have been brought to the attention of Organization Intersex International Europe (OII Europe) and its member organizations (Ghattas, 2015).

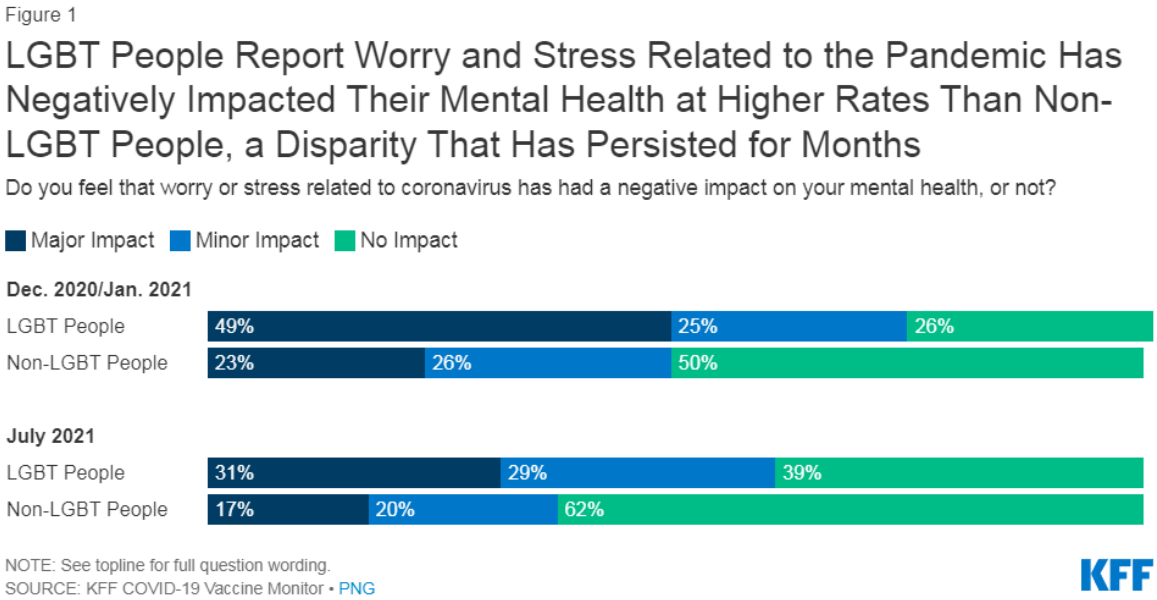
Contrary to popular belief, having irreversible sex-altering surgery does not remove these barriers to health care in later life: both intersex individuals who have had surgery and those who have not have reported discriminatory and offensive incidents. Intersex people have reported in the Human Rights Watch Report (2017) that they have been subjected to repeated invasions of privacy, including abusive and unnecessary genital exams, as well as humiliating comments. They have also repeatedly reported physical and psychological abuse by medical staff to the OII Europe (e.g., unconsented examination, rough use of examination tools, or blame for not cooperating when their body's anatomy does not facilitate or allow traditional clinical examination practices). Another common problem for intersex people in Europe is a lack of access to hormone replacement therapy (after surgical removal of a hormone-producing tissue). Hormonal substitution (also known as HRT: Hormone Replacement Therapy) aims to enforce the assigned female or male sex rather than addressing the individual's actual needs.

The impact of COVID-19

The past three years, the COVID-19 pandemic has put a strain on healthcare systems worldwide. This, along with various changes that happened as a result of the self-constricting measures implemented during the pandemic led to an increase in the obstacles faced by LGBTI+ people while accessing health and mental health services. LGBTI+ people report that the COVID-19 pandemic had a greater and more severe negative impact on their mental health than their non-LGBTI+ peers. They report that their sleep, appetite, and temper were all affected more severely than non-LGBT people. They also report that they were more likely than non-LGBTI+ people to seek mental health care during the pandemic, including through telemedicine. A variety of factors, including work, life, and health care experiences, may contribute to these mental health disparities among LGBT+ people during the COVID-19 pandemic. LGBTI+ people are more likely to have quit a job due to COVID, taken time off work due to becoming ill with COVID-19 or quarantining, or taken time off work to care for a family member who was sick with COVID-19. Another factor that may contribute to these disparities is LGBTI+ people having higher rates of mental health and substance use problems prior to the pandemic, including those associated with more common experiences of stigma and discrimination than their non-LGBTI+ peers. Because of

these underlying experiences, LGBTI+ people may have been more vulnerable to stress during the pandemic. Despite the fact that LGBTI+ people seek mental health care at a higher rate, many face barriers, specifically financial, to receiving the care they require. LGBT+ people are more likely to report being unable to afford mental health care and having difficulty paying medical bills. Other reported obstacles include scheduling issues and negative provider experiences (Dawson et al., 2021).

Figure 1



A variety of factors, including their different circumstances during the pandemic, may contribute to these mental health disparities among LGBTI+ people. According to the 2020 KFF Women's Health Survey, a higher proportion of LGBTI+ people reported having to quit a job due to COVID-19 than non-LGBT+ people (15% vs. 7%). Furthermore, 19% of LGBTI+ people report taking time off work due to becoming ill with COVID-19 or quarantining, compared to 11% of non-LGBT+ people. One in ten (10%) LGBTI+ people report missing work to care for a family member who has COVID-19 or is quarantined, a rate double compared to non-LGBTI+ people). While these factors can be stressful for anyone, LGBTI+ people seem to be particularly vulnerable (Dawson et al., 2021).

Negative provider experiences may also discourage LGBT+ people from seeking necessary care. As pictured in the following figure, LGBTI+ people are more likely to report a provider not believing they were telling the truth (16% v. 8%), suggesting they were to blame for a health problem (13% v. 8%), assuming something without asking (21% v. 11%), and dismissing their concerns (29% v. 16%).

Overall, more than one-third (36%) reported at least one of these negative experiences with a provider, compared to less than one-fifth (22%) of non-LGBTI+ people.

OII-Europe has published a report (2021) on the situation of intersex people during the COVID-19 pandemic. The survey's findings indicated a highly elevated risk for intersex people to be unable to access healthcare due to their history of medical trauma, even when infected with COVID. Another concerning finding is the high percentage of respondents who reported having more mental health problems. This is because intersex people are more susceptible to developing mental health problems due to the harm done to their physical and psychological integrity, the stress of living invisibly, in solitude, and surrounded by stigma and taboo. Additionally, the COVID-19 crisis has made it more difficult for intersex people to get assistance due to the pre-existing shortage of trained psychological counselling. Almost two thirds (62%) of the respondents reported that their mental health was worsened; 40% said their doctor

appointments were rescheduled, while 22% said their appointments were cancelled. Due to lockdowns, cancelled appointments, shortened office hours, or distances to travel to the doctor's office, restrictions brought on by the pandemic made medical personnel unavailable. This made even more difficult for intersex people to access consultations with a medical expert who has at least a basic understanding of the circumstances and with whom they felt comfortable: 14% of intersex respondents lacked access to a doctor they trust, and 21% said they don't have access to a doctor who is knowledgeable about their body. Many intersex individuals must adhere to a medication schedule or regularly take HRT. This might involve hormone replacement therapy as a result of surgically induced loss of hormone-producing tissue, but it's not the only possibility. Intersex respondents reported following a routine on a regular basis in 40% of cases. Of those, only 64% continue to take their medication as frequently as they did prior to the pandemic, but 28% of intersex people who follow a regular regimen reported that they had to stop taking their medication or would eventually stop. Accordingly, 10% of all intersex respondents were either going to have to stop taking their prescribed medications in July 2020 or had already done so.

Transgender people faced similar challenges during the pandemic, including the delay, rescheduling or cancellation of appointments with health professionals for gender affirming procedures. Many gender affirming surgeries were postponed, as in most counties non-essential procedures were cancelled to accommodate the heightened needs of the services/hospitals, and to prevent contamination. This placed a great burden on trans people who had their surgeries planned, as most of them had been in waiting lists for months if not years, and may had taken already additional steps to accommodate their procedures (e.g., payments, requiring sick leave or quitting their jobs, arranging support systems, etc.). Similarly, for HRT people who had been on the wait to start were postponed for months, heightening mental health challenges and feelings of dysphoria, while those who were already in HRT had difficulties getting their prescriptions, as well as doing necessary tests, and having a follow up with their doctors for potential health issues related to their gender transition (D' Angelo et al., 2021; Kloer, Lewis, Rezak, 2022).

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PART B’

National data on LGBTI+ people’s health:

Greece, Italy and Belgium

Greece

Health of LGBTI+ people

The health needs of LGBTI+ people in Greece are a topic that has received limited attention from researchers. Only in the most recent years research data have become more available on the various healthcare needs of LGBTI+ people, risk factors and discrepancies compared to cis-heterosexual people in Greece.

Physical Health

In Greece, data regarding the physical health of LGBTI+ people are limited, with the majority of the existing data pertaining on HIV and other sexually transmitted infections (STIs) for men who have sex with men (MSM). The National Public Health Organisation (NPHO) is the public agency with the mandate, among others, to "monitor and assess the health of the population and the biological, socio-economic and environmental parameters that affect it" as well as to conduct "epidemiological surveillance and monitoring of the effects of communicable diseases on public health" (Law 4613/2019). Through a review on NPHO website on the reporting systems instructions and forms, only men who have sex with men (MSM) are recognised as a vulnerable group, without any mention to other groups at all. MSM are mentioned in the instructions or reporting forms for HIV/AIDS, Hepatitis A, Hepatitis B, Syphilis, Gonorrhoea, Chlamydia and Shigellosis, and most recently Monkeypox. From those, the most detailed and regular one is the HIV/AIDS report. It is important to note that NPHO was originally created as Center for Special Diseases Control in 1992 in order to "address and assess, coordinate and support activities, for the prevention of spreading special communicable diseases and for their treatment" with HIV/AIDS being a crucial part of its mandate at the time (Law 2071/1992). The HIV/AIDS reports from NPHO are published regularly on a yearly basis with data since 1981. The trends are similar to other western countries with HIV/AIDS in Greece predominantly affecting MSM (232 or 54.1% of new diagnoses in 2021, and 9234 or 54.8% since the beginning of the epidemic). In the Hepatitis A report from NPHO (n.d. a) for the period 2004-2021, an epidemic is reported in 2017 among MSM (96 cases; 33 of them (34.4%) HIV-positive).

The last report of NPHO on STIs was last published in 2013, however, NPHO provides the ECDC with data reported from Greece. On the ECDC Surveillance Atlas on Infectious Diseases, for 2019 MSM account for 66.3% of diagnoses for Syphilis, and 43% of diagnoses for Gonorrhoea. There are no findings mentioned in the 2008 HEPNET study for Hepatitis B or on the report for Shigellosis, although MSM are mentioned as vulnerable groups on the instructions, probably due to long-standing international bibliography. In the case of monkeypox, the epidemic is still emerging in 2022 with 82 cases having been reported in Greece as of October 18, according to the ECDC. The majority of the cases concern men, however no data are available regarding the percentage of MSM among them.

Apart from data reported by NPHO, the European MSM Internet Survey (EMIS) was conducted on 2017 covering a wide range of social and health issues of men who have sex with men (Weatherburn et al., 2019). From the 2909 responses considered as qualifying cases from Greece, the following finding are note-worthy:

In regards to morbidity:

- 24.1% reported being sexually unhappy (scored less than 5 on the 1 to 10 scale),
- 18.5% had self-harm thoughts in the last 2 weeks,
- 11.1% have been diagnosed with HIV,
- 10.1 report potential alcohol dependency, and
- 9.1% had severe anxiety and depression in the last 2 weeks.

On key behaviour:

- 5.3% had taken PEP at least once,
- 16.1% reported condomless intercourse with non-steady partners of unknown HIV status in the last 12 months
- 12.7% reported lacking social support
- 5% reported lacking control over unwanted sex
- 8.4% reported lacking control of safer sex

On key needs:

- 44.8% were unaware of PEP
- 41.5% were without confidence to access PEP,
- 18.8% had condomless intercourse because lacked condoms in the last 12 months
- 18.7% were concerned about own drug use
- 49.3% not knowing U=U
- 30.1% were uncertain whether would use PrEP or not
- 63.7% not knowing where to get hepatitis B vaccination, among those vulnerable
- 63.2% not knowing where to get hepatitis A vaccination, among those vulnerable
- 41.0% not knowing where to get HIV test among those never tested

As indicated by the above findings, MSM are the main group for which there are publicly available health data in Greece. Data on the physical and/or sexual health of other group within the LGBTI+ community is scarce – if available. It is important to note however that, in some cases, trans women and non-binary AMAB people are also accounted for in the MSM group, due to data being based on the person's legal gender, as well as to a lack of awareness and proper data collection systems. There is a clear need for more systematic research on the health outcomes of LGBTI+ people in Greece, in order to better capture and understand the existing healthcare needs, and to promote interventions for the improvement of health services.

Mental health

Data on the mental health of LGBTI+ people in Greece are also available to a limited extend. Mental health services on a national or local level do not systematically collect information regarding sexual orientation, gender identity or sex characteristics.

Data from the helpline "11528-By your side", who is the only mental health service in Greece specialising in LGBTI+ issues, have been presented in conferences[1] and informative events,

[1] https://11528.gr/diimero-seminario/

showcasing the number of calls the helpline receives, statistics based on sexual orientation, gender identity and age, as well as regarding people's request. However, systematic up-to-date reports are not available online.

In 2019 Orlando LGBT+, in collaboration with the National and Kapodistrian University of Athens (NKUA) and Panteion University, conducted a wide research on the mental health of LGBTI+ people in Greece, the effect of discrimination and the role several protective factors can play, based on the minority stress model, with 689 participants. Some first findings of the research were presented in two academic studies. The first study focused on study investigating the impact of experiences of discrimination, victimization, expectation of rejection and non-affirmation of gender identity on the self-esteem and mental health of transgender people, as well as the impact of association with the LGBTI+ community, sense of pride and the existence of a support network, in the presence of the risk factors. The results highlighted the negative impact of expectation of rejection, gender identity non-affirmation, discrimination and victimization events on the self-esteem and mental health of individuals, in line with existing literature. In terms of the effect of protective factors, community connectedness appeared to have a significant positive effect on self-esteem, intercepting its decline in conditions high victimization and expectation of rejection. The findings were consistent with existing literature regarding the positive effect of community connection on the development of psychological resilience. Furthermore, a sense of pride showed to act protectively for the mental health against victimization events (Paganis, 2020). The second study focused on the impact of discrimination and violence on the self-esteem and mental health of non-heterosexual people. Data for non-heterosexual people were also consistent with the international bibliography: a high percentage of LGBTI+ people are often exposed to discrimination in the form of unequal treatment, verbal harassment and even physical violence in the public sphere, the workplace, school, public health institutions, and other areas; the more frequent the exposure, the more negative the impact on mental health and adjustment, manifested in the form of depressive and anxiety symptoms, high rates of suicidality, self-harm and substance abuse. In addition, experiencing discrimination is associated with a more negative self-image and a lower sense of self-efficacy. At the same time resilience factors, such as a connection with the LGBTI+ community, the existence of a support network, the sense of pride, play a mediating role in reducing this negative impact (Petraki, 2020).

With regards to chemsex prevalence, a research in 2019 with MSM showed that around 30% had at least taken part in chemsex; numbers were higher for those who were HIV positive (30,2%), compared to those who were not (17%) (Poulios, et al.). The majority of the participants had not reached out for help, due to the lack of appropriate services.

LGBTI+ people's access to health

LGBTI+ people's access to services, and most specifically health and mental health services has been the object of more systematic research in the last six years. One of the first research on LGBTI+ people's experiences within the healthcare system was published in 2017, with the characteristic title "Normalized Absence, Pathologised Presence" (Giannou, 2017). Data collected from LGBT people and health care workers showed that homophobia and transphobia are key factors contributing to systematic exclusion and restricting access to health services. The key factors that reinforce the invisibility of LGBTI+ people are:

- the assumption that all people are heterosexual
- the use of homo-transphobic language in the medical context
- the perception that the medical needs of LGBT people are identical to those of cis heterosexual people,
- the perception that sexual orientation is not related to the patient's health and the quality of the services provided or is only related to some aspects of the patient's health and the quality of services,
- the individual-centred perception of stigma and the depersonalized health services.

The findings of this study are in line with the international literature, which has also documented that LGBTI+ people, due to the homo-bi-transphobia they expect to experience, often decide to conceal their sexual orientation and/or gender identity, even when they know that this may be directly related to their medical condition.

With regard to data on mental health services, research data is also limited. The first study to document the experiences of LGBT+ people with mental health professionals in Greece highlighted the lack of professionals' information and knowledge about the current scientific data around LGBT+ identities, the LGBT+ individuals' specialized needs, as well as the increased challenges that LGBT+ individuals face in the due to their identity (Christidi & Papathanasiou, 2020). In addition to ignorance and limited awareness among professionals around LGBT+ issues and the impact of negative social perceptions on the mental health of individuals, the research further demonstrates pathologizing and anti-scientific attitudes of professionals, which included even attempts to change the sexual orientation or gender identity of individuals.

A recent survey on the access of LGBTI+ people to public service, implemented as part of the EU project "FAROS", compared the experiences of professionals and LGBTI+ people from various public services, including health and mental health public services. The online survey on the experience of LGBTQ+ people in public sector institutions and services recorded 150 responses from LGBTI+ people and 202 responses from professionals. The findings show that there is a significant difference in the way LGBTI+ people and professionals perceive public services, with LGBTI+ people rating services as less safe and neutral than professionals. LGBTI+ people were less likely to agree that LGBTI+ people have equal access to public bodies/services and that they will not face harassment from staff when visiting public bodies/services. In terms of general experience of the public sector, 1 in 2 people (50%) said that as an LGBTI+ person they felt no or little safety and comfort when visiting public bodies. Regarding their experience from health services specifically, the majority of LGBTI+ people said that they never (23%) or rarely (25%) feel comfortable talking to health professionals about their sexual orientation and/or gender identity, even when needed, and 47% are concerned that if they disclose their LGBTI+ identity to professionals they will not receive quality health services. Also, the majority (65%) of people feel that staff in public health services do not take into account their needs as LGBTI+ people. The majority of professionals say they have not received information about LGBTI+ issues from their services, with the vast majority of professionals (96%) saying they have not received guidance about offering inclusive services to LGBTI+ people. A significant proportion of participants/users also stated that services have received no (24%) or little (48%) information about recent institutional changes affecting LGBTI+ people.

Through its research, the project "FAROS" also produced a publication with real-life experiences from both professionals and LGBTI+ people. One of them comes from a social worker who mentioned that his colleagues were deliberately misgendering and deadnaming a trans woman who was hospitalised: *« When I go into a ward and say: "Hi Paola", the doctor laughs in a very ironic tone and says: "It's Paul, not Paola", but I will call her Paola because this is how she want to be called and this is how she feels well»*. In another incident, a lesbian woman shared the difficulties she faces being in a same-gender relationship and having kids*: «One of the kids went to the hospital with fever and a bit later the other one got sick too. So, my partner came with the second one with an ambulance because the kid had spasms because of the fever. And the hospital's personnel started asking "Who are you? What are you? Where did you get this child?". They almost arrested them until I got there and said "Here I am, the mother, I have both kids. Get the other one here [the second child that has arrived], in the same room"»*. Deliberate denial of LGBTI+ people's identities and relationship/family structures, irony, disrespect and judgment are only a few examples of the ways health professionals treat LGBTI+ people unequally.

In 2022 the research report from the European project "Transcare" was published (Gennata, Paganis, Papathanasiou, Christidi, 2022). Transcare aims to improve transgender people's access to healthcare in Greece, through by building the capacity of healthcare professionals. Its research targeted healthcare professionals and students of respective fields, as well as transgender people, in a quantitative and qualitative study. The main findings of the online research, which included professionals and students in HEI, are the following:

- One in seven people (15%) among professionals agree or strongly agree that trans identities are a mental disorder.
- 23% of professionals believe that trans identities are coincide with romantic/sexual attraction and 24% believe that gender identity is defined by biological characteristics.
- One in four people (25%) among students agree or strongly agree that trans identity is a choice.

- 77% of professionals and 86% of students agree or strongly agree that the staff at healthcare services is not adequately trained to provide services to trans people.
- 17% of professionals report having felt embarrassed to some degree when serving a trans person.
- 58% of healthcare professionals do not know if surgeries are necessary for the change of legal documents of trans people.
- 89% of healthcare professionals responded that they have not received any training on gender identity issues.
- Clear references to trans issues in lessons are never (48%) or rarely (30%) made.
- References to gender identity issues in educational textbooks are absent (43%) or rare (27%), while, in cases where they do exist, 25% said that they are pathologising.
- 63% of students reported that they had not received any kind of training outside the context of their university.
- The majority of healthcare professionals are not at all aware of the process a person needs to follow to start hormone therapy (66%) or to undergo surgery (65%).
- Students know little (38%) or not at all (44%) about the process a person needs to follow to start hormone therapy and, respectively, little (33%) or not at all (48%) about the process required for surgery.

Primary data on the experiences of intersex people in Greece remain scarce. In 2022, Intersex Greece, the only intersex-led organisation in Greece, led a survey on hate speech against intersex people, the results to which were published in May 2023. The research results presented a wide spectrum of hate speech incidents on the basis of sex characteristics in many settings, the majority of which were for the sector of healthcare. The incidents are presented as shared by the intersex persons or parents of intersex children, bringing into light the human rights violations that intersex people face within healthcare. Anong the incidents presented are cases of doctors pressuring future parents to proceed to abortions once variations in sex characteristics where detected, medical professionals insisting that intervention (surgery and/or hormone therapy) is needed, blatantly disrespecting patients, treating them as “sick”, “anomalies” or, at best, as “case studies” to increase

or practice their knowledge, breaches of confidentiality, and many more. The research report concluded with a detailed list of policy recommendations for the protection of intersex people's rights (Vouvaki et al., 2023).

Regarding the training of mental health professionals, it is important to mention the introduction, for the first time at undergraduate level, of elective courses covering exclusively issues of sexual orientation, identity and gender characteristics and the provision of services to LGBTQ+ people in two university departments: the Department of Social Work of the University of West Attica and the Department of Psychology of Panteion University. Furthermore, in 2019, Orlando LGBT+ held the first interdisciplinary, training programme for mental health professionals on the provision of services to LGBT+ people.

National legal framework

In recent years, important steps have been made regarding the protection of LGBTQI+ people's rights. Within the Greek national framework, the most important changes of the past few years are relevant to the protection of hate crimes, hate speech and discrimination, access to civil union and fostering for same-gender couples, legal gender recognition. Four changes, related more specifically to healthcare, were introduced in 2022: a lift of the ban on blood donations for non-heterosexual people, a ban on conversion therapies, a ban on "normalising" interventions for intersex people, and the provision of PreP through the National Healthcare System.

Protection from hate crimes & hate speech (Law 4285/2014): Sexual orientation, gender identity and sex characteristics are included in the protected characteristics for hate crimes, as well as from hate speech, which is defined as *"publicly inciting, provoking, or stirring either orally or through the press, the Internet, or any other means, acts of violence or hatred against a person or group of persons or a member of such a group defined by reference to (…) sexual orientation, gender identity (…) in a manner that endangers the public order and exposes the life, physical integrity, and freedom of persons defined above to danger*". Harsher penalties are applied if the perpetrator is a public official or employee. Violations of this law are investigated and prosecuted ex officio, meaning that victims no longer need to pay a fee.

Equal treatment (Law 4443/2016): In the law for equal treatment, which, was updated in 2016 to incorporate EU directives, sexual orientation, gender identity, and sex characteristics are included in the protected characteristics in the field of employment in the private and public sector. However, they are not explicitly mentioned in other areas of life the law covers such as education, social protection (including insurance and healthcare, social and tax benefits, and access to the provision of goods and services, including housing). The law also includes provisions for positive actions and measures aimed to prevent or counteract the effects of discrimination against people with protected characteristics (including LGBTQI+ people). It also refers to "assumed characteristics" putting emphasis on the motive of the perpetrator and not the real characteristics of the victim.

Civil Union (Law 4356/2015): The civil union was originally introduced in the Greek legal framework exclusively for different-gender couples, in 2008. Following the conviction of Greece by the European Court for Human Rights for discriminating against same-gender couples, the law was expanded in 2015 to cover all couples irrespectively of gender. With a common ministerial decision issued in 2016 people who are in a civil union have the same rights as those who are married with regard to social security and welfare. However, same-gender couples are excluded from the parental rights the civil union provides to couples of different genders.

Legal gender recognition (Law 4491/2017): Since 2017, adult trans people can change their official documents without any medical or psychiatric requirements. For those who are 17 years old, parents' or guardians' consent is required. The law also includes an important provision for confidentiality, which prohibits mentioning that a legal gender recognition has taken place in the new documents issued, and is binding for all professionals who take part in the process of the documents' correction. However, the law has several gaps and setbacks, such as the exclusion of gender options beyond the binary, the exclusion of youth under 15 years old, and the provision of an evaluation from a multidisciplinary committee for those between 15 and 16 years old, the time-consuming and expensive judicial procedure, the exclusion of people who are married and those who don't have their birth certificate issued in Greece.

Foster care (Law 4538/2018): Since 2018 all couples who have signed a civil union (including same-gender couples) can become foster parents. This is the only form of parenthood the state has recognised for same-gender couples.

National Strategy for LGBTQI+ Equality: Following the following the publication of the European Commission's first European Union LGBTQ+ Equality Strategy in November 2020 and the call for Member States to build on existing best practices and develop their own LGBTQ+ equality action plans, a National LGBTQ+ Equality Committee was convened in March 2021. The Committee published the National Strategy for LGBTQ+ Equality in June 2021, which outlines the existing situation for LGBTQI+ people, highlighting the shortcomings and gaps in the national institutional

framework, and proposing specific measures and legal changes to ensure the protection of LGBTQI+ people's rights.

Lift of ban on blood donations: For more than 40 years, persons who had "*even one same-sex sexual contact since 1977"* were excluded from blood donations in Greece. This ban, a remnant of the increased moral panic and social stigma towards gay and bisexual men specifically - and LGBTQI+ people in general - in the early days of the HIV/AIDS epidemic in the 1980s, continued to be in place despite the current scientific data on HIV. In the updated blood donation form that was released in January 2022, the abovementioned criterion was removed completely.

Ban on conversion therapies: In May 2022, a ban on conversion therapies was introduced in Greece. The law places a ban on "conversion practices" for vulnerable persons (minors and people under judicial assistance) and prohibits professionals from advertising such practices. Although the ban is a positive step towards the right direction, it has been characterised by LGBTQI+ organisations as incomplete, as it explicitly protects only minors and adults who do not have legal capacity, and excludes church representatives and other religious mentors from the provision that prohibits the advertising of such practices. Furthermore, Orlando LGBT+ along with LGBTQI+ organisations, have brought attention to the provision covering adults with legal capacity, which mentions that "*Anyone who applies conversion practices to others* [i.e., not vulnerable persons] *must have their explicit consent beforehand"*, characterising it as dangerous and potentially harmful. By including the requirement of explicit consent, the law legalises psychological or other abuse against adults who are in a weak position due to the absence of valid scientific information, and under the power of the "experts" or spiritual guides. The requirement of informed consent implies that conversion therapies do not constitute a harmful practice and/or could be potentially effective, although such practices have been proven to be not only ineffective but harmful, with long-lasting effects on the mental and physical health, and have even been characterised as a form of torture by the UN.

Ban on "normalising" surgeries for intersex people (Law 4958/2022): In July 2022 a law was introduced banning medical interventions on intersex children and adolescents. Medical interventions can be legally performed on intersex youth over the age of 15, with their free and

informed consent - along with their parents'/guardians' consent. For those who have not reached the age of 15 years old, all medical interventions are banned, unless approved by the local Magistrate's Court, following the consultation of a multidisciplinary committee with relevant expertise and the presence of one representative of the intersex community. Only interventions that cannot be postponed for after the person has reached the age of 15, and will not cause irreversible or serious complications to the child's health, may be approved by the Court. In cases of medical emergencies, where the health of the intersex child is in danger, interventions can be performed without the approval of the Court. The law provides for a minimum of 6 months' imprisonment, loss of licence and a fine for doctors who perform operations on minor intersex persons without a court's approval.

Access to Pre-Exposure Prophylaxis – PreP (Law 4975/2022): In September 2022, the provision of preventive administration of antiviral/antiretroviral drugs (pre-exposure prophylaxis' - PrEP) to HIV-negative individuals exposed to a high risk of infection through the National Healthcare System was introduced.

Professionals' Codes of Ethics: In Greece, codes of ethics exist for the majority of healthcare professions, including doctors, nurses, health visitors, psychologists, social workers and psychotherapists. However, not all codes are binding on a national level: some codes of ethics have been sanctioned by the Hellenic Parliament, constituting part of the law and, therefore, covering all professionals; other codes of ethics are obligatory only for the members of a specific association.

Codes of ethics binding on a national level:

- Medical code of ethics (Law 3418/2005)
- Psychologists' code of ethics (Law 2344/2019)
- Nursing code of ethics (Presidential decree 216/2021)
- Dentists' code of ethics (Presidential decree 39/2009)

- Panhellenic Health Visitor's Association (PHVA, 2018)[2]

The following professionals' associations' have their respective codes of ethics publicly available:

- Social Workers' Hellenic Association (SWHA, n.d.)
- National Organisation for Psychotherapy in Greece (NOPG, n.d.)
- Hellenic Psycho-analytic Society (HPS, 2014)
- Hellenic Association for Systemic Therapy (HELASYTH, 2005)
- Hellenic Association for Counselling (HAC, n.d)
- The Hellenic Association for Person-centered & Experiential Approach has incorporated HAC's and NOPG's codes of ethics for counsellors and psychotherapists, respectively.

This distinction effectively creates "two-tier" codes of conduct and makes it difficult to apply common rules across the board for all practitioners, while also creating obstacles to investigating unethical practices, leaving the recipients of services exposed to unethical behaviour.

More specifically regarding the protection of LGBTQ+ people from unethical practices the provisions of existing codes of conduct do not prove to be sufficient. Of the above-mentioned codes of conduct, explicit reference to sexual orientation issues was made in the SWHA's code of ethics, the medical code of ethics, the code of ethics of HAC, the code of NOPG and of PHVA. Gender identity and gender characteristics were not explicitly included as a field of protection against discrimination, or mentioned in any other way, in any of the above ethics codes. The codes of conduct for psychologists, nurses and dentists, and HELASYTH's codes contained provisions on the obligation of professionals to follow the principles of equal treatment, but without explicit reference to sexual orientation, gender identity or gender characteristics. HPS's code of ethics mentions that psychoanalysts should respect human rights as specified in the UN Human Rights Charter, with no specific mention to identities and/or characteristics.

[2] The registration of health visitors in the Panhellenic Association of Health Visitors is mandatory for the practice of the profession and, consequently, the Code of Conduct of the Association binds all professionals.

Policy recommendations

Although important steps have been made to ensure that LGBTQI+ people enjoy equal rights, there are still many sectors and parts of everyday life where LGBTQI+ people are not protected from discrimination or other human rights violations. Some of the most central demands of the LGBTQI+ community, which have not yet been covered, are:

- Marriage equality for all, regardless of gender.
- Full protection of parental rights for same-gender couples and trans parents.
- Expansion of the existing legal framework on discrimination, to ensure protection on the basis of sexual orientation, gender identity, and sex characteristics in all the areas covered by the law.
- Modification of the law on legal gender recognition, ensuring a quick, transparent and accessible procedure for all trans people.

Policy recommendations more specifically related to health and access to healthcare services for LGBTQI+ people:

- Complete ban on conversion therapies, protecting all adults without the provision of "consent" that cover all potential actors.
- Coverage of all medical transition expenses of trans people by public insurance.
- Access to assisted reproduction for all LGBTQI+ people regardless of marital status.
- Complete decriminalisation of sex work, ensuring the protection of sex workers and their access to necessary healthcare services and treatment.
- Implementation of ICD-11 according to WHO guidelines for trans people's access to gender affirming care
- Introduction of codes of ethics for all healthcare professions on a national level, protecting explicitly LGBTQI+ people from discrimination and malpractice, and establishing clear disciplinary sanctions.
- Introduction of mandatory undergraduate courses on sexual orientation, identity, gender expression and sex characteristics, with the aim of providing inclusive and safe services.

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Κοινό Δελτίο Τύπου του Orlando LGBT+ και των ΛΟΑΤΚΙ+ Οργανώσεων για την ποινικοποίηση των θεραπειών μεταστροφής [Joint Press Release of Orlando LGBT+ and LGBTQI+ organizations on the ban on conversion therapies] (2022, May 11). *Orlando LGBT+.* https://orlandolgbt.gr/koino-deltio-typoy-toy-orlando-lgbt-kai-ton-loatki-organoseon-gia-tin-poinikopoiisi-ton-therapeion-metastrofis/

Italy

Health of LGBTI+ people

There is still a long way to go before lesbian women, gay men, bisexual and transgender people are fully accepted in the countries of the Organisation for Economic Co-operation and Development – OECD (OECD, 2019). Overall, LGBTI+ people are still victims of various forms of discrimination. Discrimination is not only unacceptable on ethical grounds, but also carries considerable economic and social costs. To date, no population census has included questions on sexual orientation and/or gender identity to identify LGBTI+ people, and only a few nationally representative studies include this type of question. In the 14 OECD countries where estimates are available, LGB people represent 2.7 percent of the adult population. In other words, in these 14 OECD countries, at least 17 million adults self-identify as LGBT. Seventeen million is a lower limit, because transgender people are not included in the count due to insufficient data. LGBTI+ status increasingly emerges in nationally representative studies from one data collection period to the next. This trend is likely to continue in the future as coming out is more common among younger cohorts. Despite the trend toward greater acceptance of sexual and gender minorities, there is still widespread discomfort toward LGBTI+ people. Attitudes toward LGBTI+ people are generally improving worldwide and are consistently more positive in OECD countries than in other countries, however, there is still considerable room for progress. OECD countries are only halfway to full acceptance of homosexuality, recording a five-point level of acceptance on a scale of 1 to 10. Moreover, in OECD countries, only a minority of people surveyed responded that they would accept a child dressing and expressing themselves as a child of another gender. Embarrassment toward transgender people is slightly higher than the self-reported sense of discomfort toward LGB people. In OECD countries, on average, more than one in three LGBT people reported feeling personally victimized by discrimination because of their sexual orientation and/or gender identity. Perceptions of discrimination are higher among transgender than among gay, lesbian and bisexual individuals (OECD, 2019).

Data from representative studies indicate widespread psychological distress among LGBT people. More fragile mental health among sexual and gender minorities stems in part from social stigma.

Living in a social environment that regards heterosexuality and congruence between sex assigned at birth and gender identity as the norm, LGBTI+ people experience stress to which heterosexual and cisgender people are not subjected. Collecting information on sexual orientation and gender identity in censuses as well as in national labour market, health, and victimization studies is essential for improving awareness of the difficulties faced by LGBTI+ people. Despite being a minority, OECD countries that include sexual orientation and gender identity issues in their national baseline studies can inform on how to collect this sensitive information. Enforcement of anti-discrimination and pro-equality laws improves LGBTI+ inclusion not only by deterring potential offenders, but also by reorienting the social norm. Individuals perceive changes in the law as reflecting the evolution of what society can accept and are willing to adapt to these changes. For example, acceptance of homosexuality has progressed much more rapidly in those countries that have adopted policies recognizing same-sex couples, thereby suggesting that legislative changes actually bring about changes in attitudes. Educational actions related to unconscious biases aim to make people aware of their unconscious biases and stereotypes and teach them how to overcome them. Factual data on the impact of bias-related training interventions are scarce, but they indicate that those interventions can be very effective, even when they are brief. In the United States, a short-term door-to-door initiative made citizens more open and accepting of transgender people, with effects still visible three months after the initiative (OECD, 2019).

Health disparities: data comparing the health outcomes of LGBTI+ and cis-heterosexual people

To date, there are still few Italian studies that determine the actual mental and physical health status of LGBTI+ people compared with heterosexual people. International social indicators of the OECD (2019), suggest that LGBTI+ people face health disparities related to social stigma, discrimination, and denial of their civil and human rights. Discrimination against LGBTI+ people has been associated with high rates of psychiatric disorders, substance abuse, and suicide. Experiences of violence and victimization are common for LGBTI+ people, and have lasting effects on the individual and the community. Personal, family, and social acceptance of sexual orientation and gender identity affects the mental health and personal safety of LGBTI+ people.

As stated above, few surveys have asked the question about sexual identity and sexual orientation and the barriers, especially in the health sector, faced by LGBTI+ people are not supportive in the statistical landscape. At the community level, it is now recognized that LGBTI+ health requires specific attention from health and public health professionals to address a range of disparities, including:

- LGBTI+ youth are 2 to 3 times more likely to attempt suicide;
- LGBTI+ youth are more likely to be homeless;
- Lesbians are less likely to receive cancer prevention services;
- Gay men are at higher risk of HIV and other sexually transmitted infections, especially in communities of colour;
- Lesbian and bisexual women are more likely to be overweight or obese;
- Transgender people have a higher prevalence of HIV/STIs, mental health challenges and suicidality, and are less likely to have health insurance than cisgender people (either heterosexual or LGB);
- LGBTI+ populations have the highest rates of tobacco, alcohol, and other drug use

(OECD, 2019).

Impact of discrimination on the physical and mental health of LGBTI+ people.

LGBTI+ people experience more mental health problems such as depression, anxiety, suicide attempts, post-traumatic stress disorder (PTSD), and physical health problems (e.g., cardiovascular disease) than cisgender/heterosexual individuals.

Several studies have revealed higher psychological distress among sexual minority youth compared to heterosexuals. An international study revealed higher odds of psychological distress among sexual minority youth compared to their heterosexual peers (Burgess et al., 2007). It has been found that LGBTI+ youth experience greater psychological distress characterized by somatization symptoms, depression, and anxiety; in addition, LGBTI+ youth experience greater stressors from

childhood to early adulthood, such as greater likelihood of childhood abuse and rejection by family of origin, as well as factors that exacerbate mental health problems, such as depression and anxiety. What has become clear regarding the health and mental health challenges LGBTI+ people face, is that they are a result of the environmental conditions created around LGBTI+ people, which expose them to chronic stressors related to their stigmatized identities, including victimization, prejudice, and discrimination, and do not stem from their LGBTI+ identity per se, as proposed by the Minority Stress Theory (Meyer, 2003). These experiences, in addition to daily stressors and other stressful life events, undermine the mental health and well-being of LGBTI+ people.

It would seem, then, that in some ways LGBTI+ people are doomed to have a more suffering-filled existence, but this is not quite the case. Mustanski et al. (2011) conducted a study of a sample of 248 U.S. LGBT youth, measuring levels of victimization (verbal and physical threats experienced, aggression or strong disapproval), major depressive disorder and post-traumatic stress disorder. It was found that LGBT people experience more discrimination, harassment and victimization throughout their lives than heterosexuals and that, in response to these stressors, LGBTI+ people experience more mental health problems than heterosexual individuals. In addition, youth who experienced moderate levels of victimization that increased over time or who consistently experienced high levels of victimization were at greater risk for depression and post-traumatic stress disorder than youth who experienced low levels of victimization. However, it also turned out that by repeating the same study on the same sample years later, psychological distress was far lessened. This may be because, as one grows older, one becomes less exposed to peer victimization, becomes more likely to choose one's friendships, and becomes more likely to take advantage of resources from the LGBT world itself.

This means that on the one hand multiple forms of victimization and negative childhood events can have a negative influence on mental health, but it is also true that on the other hand LGBTI+ people can be particularly resilient in the face of cumulative stressors. Although the lives of LGBTI+ youth are generally affected by heterosexism and marginalization, which exposes them to some form of mental distress, the degree to which these experiences accumulate over the course of their lives and affect them permanently can vary. It therefore becomes crucial to identify the key factors that can lead to positive development and ways to reduce the

problems of psychological distress experienced by LGBT people. This is not a condemnation of unhappiness, but it is possible to transform everything negative that one has experienced over the course of one's life into greater resilience to stress and greater ability to cope with negative events (Mustansky, 2011).

In Italy, the only demographic study was performed by the National Institute of Statistic (2011), which reported that, among 7725 Italian people ranged in age from 18 to 74 years old, 2.4% of the sample declared to be gay or bisexual (ILGA Europe, 2022a). A study (Scandurra et al., 2020) aimed at assessing in 381 Italian bisexual individuals (62 men and 319 women) the effects of anti-bisexual discrimination, proximal stressors (i.e., anticipated bi-negativity, internalized bi-negativity, and outness), and resilience on psychological distress. The results suggested that only anti-bisexual discrimination and internalized bi-negativity were positively associated with psychological distress, and that resilience was negatively associated with mental health issues. Furthermore, the results suggested that internalized bi-negativity mediated the relationship between anti-bisexual discrimination and mental health problems.

In addition to a high risk of distress that has negative health consequences, as far as trans patients are concerned, the main health needs mentioned by the professionals interviewed as part of the funded research project (2014-2020) 'Open door: promoting inclusive and competent Health care for LGBTI+ people", are related to the transition process and cancer screening. For intersex people, some professionals emphasised the importance of specialised and well-trained medical personnel for intersex conditions, who are able to assess when medical interventions are needed and when they should be avoided (i.e., purely cosmetic surgery that often worsens rather than improves patients' health).

Beyond the extremely negative consequences associated with internalized homo/transphobia, for some people living in an environment that discriminates against them on the basis of their sexual orientation can take on distinctly traumatic connotations, i.e., its effects may be comparable in chronicity and severity to those of other experiences generally recognized as "traumatic." In such cases, we speak of Homophobia-Related Trauma, the trauma associated with homophobia. In addition to this, a significant body of empirical data has shown that gay, lesbian, and bisexual people

report higher percentages of so-called Adverse Childhood Experiences (ACEs) than heterosexual adults and, at the same time, are more likely to have experienced multiple forms of them (ILGA Europe, 2022a).

LGBTI+ people's access to health

The 2013 European Union (EU) report highlighted the situation in Italy in terms of both social and health policies. On the one hand, it highlighted the support for marriage equality and the visibility of the LGBTI+ community (European Union Agency for Fundamental Rights, 2013); on the other hand, it highlighted the still negligent healthcare system for the specific needs of LGBTI+ people. In support of this, the Turin City Council's report (2013) highlighted how the training of healthcare personnel and social workers did not cover issues related to LGBTI+ people's needs in a systematic and structural manner, with obvious negative repercussions on the services provided and the hospital environment. Furthermore, the lack of legal recognition of the union of same-sex couples and the rights of same-sex parents created significant problems during health emergencies when it was necessary to define the child's next of kin.

The Italian legislation, therefore, did not take into account the specific needs of LGBTI+ patients, despite data showing the difficulties LGBTI+ people encountered in accessing and using healthcare services, with potentially serious consequences in terms of the health of the LGBTI+ population, as they were often victims of discriminatory treatment, harassment and abusive behaviour by healthcare personnel. In fact, in 2013, the National Institute of Statistics (ISTAT) showed that 10.2% of the LGBTI+ population had suffered discrimination in accessing the healthcare system by medical and paramedical personnel. Research conducted in 2006 by Arcigay under the auspices of the Istituto Superiore di Sanità (ISS) had revealed that 31.6% of homosexual or bisexual men and 34.6% of lesbian or bisexual women feared discrimination in the national health service. The same study had revealed that 12.1% of homosexual or bisexual men and 10.8% of lesbian or bisexual women had experienced a negative reaction from their GP after informing them of their sexual orientation. Almost 1 in 5 (17.6%) homosexual or bisexual men, and 21% of lesbian or bisexual women who had undergone psychotherapy did not disclose their sexual orientation to their therapist. This percentage had increased with reference to the

relationship with other physicians: 78% of the men and 86.8% of the women surveyed reported that they did not disclose their sexual orientation to their treating physician. Only 29.7% of lesbian or bisexual women had disclosed their sexual orientation to their gynaecologist. The same study also found that LGBTI+ people did not have access to sexual and reproductive health information in relation to their specific needs at a ratio of 1:3 for men and 77.6% for women (Centro Risorse LGBTI, 2013).

Unfortunately, almost a decade later, nothing seems to have changed in Italy (Ipsos, 2021) In fact, the ISTAT report of 2022 (relating to the years 2020 and 2021) shows that in Italy there are over 20 thousand (95.2% of the total) people who identify as gay, lesbian or bisexual, 0.2% as asexual, and 1.3% identify with another sexual orientation, with 3.3 preferring not to answer. Furthermore, 38.2% of the respondents stated that they had experienced at least one incident of discrimination in health contexts on the grounds of their sexual orientation (Istat & UNAR, 2022). Such discrimination may have been related to medically assisted procreation, to the activation of support services/measures for LGBTI+ people in a fragile condition (i.e., nursing homes, family homes) and for the elderly, to the process of obtaining a name change free of surgery and relief for health care (Council of Europe, 2010).

The factors that make it more difficult for LGBTI+ people to access health services coincide with those that prevent health professionals from providing good quality care. Research has shown that although in principle the healthcare system guarantees (or should guarantee) equal access for all and that HCP are expected to treat every patient equally, there are cultural and structural factors that make non-discriminatory access to services misleading. Most of the professionals interviewed believe that the main barriers encountered by LGBTI+ patients when accessing the healthcare system are: fear of encountering unprepared, inhospitable and judgmental people who make patients feel even worse, discrimination and lack of acceptance of their sexual orientation by taking patients' heterosexuality for granted. Fear of being discriminated against or encountering stigmatising anti-LGBTI+ attitudes from health professionals, often based on previous negative experiences, can lead LGBTI+ people to delay or avoid accessing health services and seeking care.

For fear of not being accepted, LGBTI+ people cannot adequately communicate their problems (Togni, 2020).

With specific regard to trans patients, in Italy, the healthcare environment is even more challenging and the main barriers highlighted by the interviewees are: stigmatisation by the medical profession, the impossibility or difficulty in accessing both hormone treatment and surgery and using them free of charge, the difficulty in organising spaces for examinations related to sexual health (andrological/gynaecological), and documents that do not correspond to their identity.

In Italy there is a great gap in the provision of trans-specific healthcare, including the lack of options for specific gender transition surgeries and procedures, and the lack of medical professionals specialised to perform them. This results in trans people seeking these procedures, having to get to other countries to access them, where there is a higher risk of having to pay for the procedures on their own instead of relying on public insurance. The good news is that Italy has agreements allowing trans people to get the needed procedure in a different country/region and still get reimbursed for it. But even when one successfully navigates the, often confusing, environment of laws and public insurance, it is not certain that they can access the procedures they need. One of the reasons is the long waiting times before procedures. Italy, for example, has a limited number of clinicians specialising in trans healthcare outside of these clinics. This makes waiting times for hormone therapy long and the people can wait up to many years for the public insurance system to simply get diagnosed. (Dvořáková, n.d.).

A worrying refusal to provide care for trans people was reported by two participants in the EU-funded research project (2014-2020) 'Open door: promoting inclusive and competent Health care for LGBTI+ people" (Togni, 2020): *"there are doctors here who don't want to deal with trans people, the stigma towards trans people by the population in general and the medical class in particular is very strong" [head of medical research in a non-profit foundation, Italy]]* (ibid, p. 12). Obstacles can become even greater in the case of vulnerable trans people especially in relation to free access to antiretroviral treatment*: "Brazilian trans people enter the country with a visa that does not allow them access to the national health system. A certain period*

of time must elapse before they are granted this access. If they cannot pay for treatment there is a problem of continuity of care and this is of serious concern. However, we try to find a way to guarantee treatment and avoid transmission" [university professor in infectious diseases, Italy]] (ibid, p. 12).

With regard to intersex patients, the main obstacle highlighted by one professional interviewed is the widespread ignorance of the medical profession about the intersex condition*: "[…] medicalised intersex people do not want to go to doctors because of the trauma they have suffered from surgery or unintentional hormone treatment"* [sociologist and activist, Italy]] (ibid, p. 12). Several interviewees explicitly stated that they did not have adequate knowledge of intersex variations and, therefore, were not able to talk about them. According to the professionals interviewed, adequate training and education is the most effective strategy that should be implemented to overcome the barriers LGBTI+ people face in accessing the health care system and to provide them with good quality health services. One respondent suggested support for coming out and the introduction of an inclusive register for trans people, while another emphasised the need to collect data on the trans and intersex population in order to establish appropriate health policies and strategies.

Professionals had different opinions on whether LGBTI+ people have different health needs than the general population, and many distinguished between lesbian, gay and bisexual patients, on the one hand, and trans and intersex patients, on the other. According to some respondents, minority stress, anxiety, lack of acceptance and understanding can influence the health of LGBTI+ people. These factors should be considered when assessing the health status of LGBTI+ patients: this would require more sensitive, inclusive staff who are able to overcome the heteronormativity approach. One interviewee stated that there are special needs related to some pathologies, e.g., the increased risk of diseases of the rectal apparatus for gays, but *"[…] their mapping is difficult because the sexual orientation of patients is usually not investigated and many situations escape the national health system*"[legal researcher, Italy] (ibid, p.13).

Professionals do not share a common view on the importance of knowing patients' sexual orientation, gender identity and sexual characteristics for health purposes: *"In general, health*

professionals are very unprepared about trans and intersex issues and this can cause serious harm" [sociologist and activist, Italy] (Togni, 2020, p. 14). Professionals who support the view that it is important to know the sexual orientation of patients indicated two main reasons: 1) to have a more complete picture of the patient which is essential to provide a better service; 2) to identify risky habits and behaviours.

However, one participant [orthopaedist, Italy] emphasised the risk of preconceived opinions (e.g., gay = sexually transmitted diseases). Participants who ask about the sexual orientation, gender identity and sex characteristics of their patients stated that they do so indirectly using mainly neutral and inclusive language and according to one professional: *"["how to ask] is a practice that needs to be introduced and taught: for example, the heterosexual spouse is not asked if he has sex with other men/trans, but it is fundamental to know in order to do prevention"* [psychiatrist, Italy] (p. 14). The reluctance to recognise specific needs is perhaps partly linked to a lack of knowledge and training but also to a different understanding of the term 'health needs' (Togni, 2020).

LGBTI+ people are less likely to access the national health service, mainly due to rejection by their families during childhood or adolescence, unemployment or homelessness (Togni & Viggiani, 2021). In addition, universal health insurance does not cover the services they need (e.g., plastic-reconstructive surgery) and they may experience discrimination from health workers while seeking care. Previous negative experiences with health professionals often lead patients to delay or even forgo medical treatment as well as having to rely on caregivers who have no knowledge or experience of gender and sexual diversity. This experience is often difficult for both patients and health professionals and can lead to various misunderstandings and obstacles in obtaining good care.

LGBTI+ people who live with HIV are a group within the community that reports experiencing increased level of discrimination in the field of healthcare based both on their LGBTI+ and HIV status. Four out of ten people felt they were treated unfairly or differently because of their HIV status by health workers in general; almost 8 out of 10 by dentists; 1 out of 7 by health workers in the emergency services. Finally, 12% of the participants felt

they were treated unfairly or differently because of their HIV status by general practitioners and health workers in infectious disease departments. Approximately four out of ten participants reported feeling uncomfortable when interacting with a health and social worker, while one out of four reported feeling treated with contempt or superiority or with an attitude of avoidance. It is worth noting that 17% claimed to have been refused a healthcare service because of their HIV status. A large proportion of the participants reacted to the discrimination or fear by changing health professionals or the facility.

This is especially common when dealing with the general practitioner. In other cases, instead of changing doctors, participants preferred not to disclose their HIV status. Specifically, almost half of the participants did not disclose their HIV status to their GP on at least one occasion. In many cases, they preferred to go to a facility away from home or whose access guaranteed a minimum of privacy. Interestingly, the dimensions of internalised stigma are associated, among the socio-demographic variables, with having a religious faith and knowing an HIV-positive person. It is possible to hypothesise that frequenting religious people led participants to feel more negatively about their condition, whereas sharing their experience with another person living with the same condition had the opposite effect (Arcigay, 2012).

National legal framework

Anti-discrimination legislation: Italy has laws that cover discrimination. First, the Italian Constitution establishes the principle of equality with a specific prohibition of discrimination. Indeed, Article 3 of the Constitution establishes that *"All citizens have equal social dignity and are equal before the law, without distinction of sex, race, language, religion, political opinion, personal and social conditions".* Moreover, *Law 9 July 2003, n.216* implementing Directive 2000/78/EC establishes a general framework for equal treatment in employment and occupation. While this law explicitly covers sexual orientation, it does not include gender identity/expression or sex characteristics. It also does not include access to goods and services. Therefore, in Italy, anti-discrimination law regarding LGBTI+ rights exists and, in the employment sphere, includes sexual orientation. However, Italian anti-discrimination laws do not extend to gender identity/expressions or sex characteristics. Furthermore, there are no anti-discrimination laws covering healthcare services (ILGA Europe, 2022b). Finally, Article 1 of *Law 26 July 1975, n.354,* as revised by the *Legislative Decree 123 of 2018*, prohibits discrimination based on gender identity and sexual orientation as it regards penitentiary treatment.

Legislation on hate speech and hate crimes: *Law 25 June 1993* sanctions and condemns phrases, gestures, actions, and slogans aimed at inciting hatred, incitement to violence, discrimination, and violence on racial, ethnic, religious, or national grounds. However, it does not include sexual orientation, gender identity/expression, or sex characteristics.

National professionals' codes of ethics: In Italy, all health, and mental health professions have a national code of ethics. This applies, for example, to doctors (Federazione Nazionale degli Ordini dei Medici Chirurghi e degli Odontoiatri, 2014) , nurses (Comitato Centrale della Federazione e dal Consiglio Nazionale degli Ordini delle Professioni Infermieristiche, 2019), and psychologists (Consiglio Nazionale Ordine Psicologi, n.d.) . However, in no code of ethics, LGBTI+ issues/people are explicitly mentioned.

Other legal protections for LGBTI+ people: The Italian legislation provides just a few tools for the protection and recognition of LGBTI+ rights. Indeed, *Law*

20 May 2016, n. 76 introduced civil unions for same-sex couples. Regarding sexual and reproductive rights, there is no ad hoc law in Italy. In April 2020, a bill to regulate surrogacy was deposited in parliament but, to date, no related bills have been discussed (ILGA Europe, 2020).

With regard to legal gender recognition, *Law 14 April 1982, n. 164* regulates this process. Even though the law did not require surgery, case law and doctrine have made it de facto mandatory as a prerequisite for legal gender recognition. However, *Corte di Cassazione* (2015) ruled that surgery is no longer necessary for gender reassignment (Maestri, 2015). Psychological and psychiatric evaluation is still required to access legal gender recognition, and only two gender markers are available i.e., male and female. Legal gender recognition procedures exist for minors (TGEU, 2022), usually starting from 14 years old. Single status is not required, but since Italy has not recognised equal marriage, if the trans person obtains legal gender recognition, the marriage they had is automatically dissolved. In case the couple wants to keep the relationship, they must express this will, and the only option is a civil union. Moreover, for now, legal gender recognition has only been available to those who are formally listed on the national population registry (Cubeddu Wiedemann, 2017). As far as concerns parental rights, a person does not automatically lose them after the access of legal gender recognition. However, in some cases Italian courts considered the access to LGR as a possible psychological harm to children (Cubeddu Wiedemann, 2017).

Currently, the procedure for legal gender recognition is judicial, i.e., the trans person must appear before a judge who authorizes it. Similarly, sex reassignment surgery must be authorised by the court. Following a positive sentence, the costs of any surgery and other medical expenses are borne by the national healthcare system. This procedure is currently available only for people over 18. Both for legal gender recognition and sex reassignment surgery, there are no specific data about the percentage of positive response by Italian courts.

In Italy, there are no laws banning conversion therapies. Likewise, Italian legislation does not recognise and protect intersex people (ILGA Europe, 2022). *Law 19 February 2004,* n. 40 explicitly

ban surrogacy and, among other things, this results in a legal vacuum for those who turn to clinics abroad. In this situation, judges decide on a case-by-case basis.

National policies on LGBTI+ issues in healthcare: In the field of gender identity issues in healthcare, it's worth mentioning the National Observatory on Gender Identity (*Osservatorio Nazionale sull'Identità di Genere*) - ONIG - established in 1998. It is an association consisting of professionals and association representatives who are interested in transgender issues from different perspectives (Osservatorio Nazionale sull'Identità di Genere, n.d.). Among the objectives of the association, there is the design of guidelines for professionals in medical, surgical, psychological, and legal fields. Therefore, ONIG drew up its own guidelines, entitled "Standard on gender affirmation pathways in the context of taking into care transgender and gender nonconforming (TGNC) people" (Osservatorio Nazionale sull'Identità di Genere, n.d.).

Moreover, in 2018, the Guidelines for Psychological Practice with Transgender and Gender Nonconforming People written by the American Psychological Association were translated into Italian (Valerio et al., 2018). Similarly, the 7th version of the Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People by the World Professional Association for Transgender Health (WPATH, 2012) has been translated into Italian (World Professional Association for Transgender Health, 2012).

Policy recommendations

Considering the gaps in Italian law described so far, and the suggestions made by the most important institutes (e.g., European Commission, Council of Europe, ILGA-Europe, Organisation Intersex International Europe (OII-Europe), Transgender Europe (TGEU), European Agency for Fundamental Rights (FRA), European Institute for Gender Equality (EIGE) it is recommended:

- Adoption of positive measures to promote access to healthcare by LGBTI+ people, e.g., dedicated counselling centres.
- The adoption of national legal measures establishing the principle of non-discrimination in the access of healthcare service, explicitly covering sexual orientation, gender identity/expression, and sex characteristics as ground of protection.
- The adoption of national legal measures explicitly banning Intersex Genital Mutilations.
- The adoption of national legal measures explicitly banning conversion therapies.
- The adoption of an administrative process for legal gender recognition.
- Total de-pathologisation of the legal gender recognition, i.e., psychological support, but based on the principle of self-determination and removal of the diagnosis as a requirement for accessing it.
- The adoption of legal measures to combat hate speech against LGBTI+ people.
- Raising awareness activities and policies on sexual health, e.g., HIV prevention.

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Belgium

Health of LGBTI+ people

A deep insight into LGBTI+ people's overall health results in several EU countries can be found in the Health4LGBT Synthesis Report (pp. 25-40), also in regards to Belgium. LGB people report unfair or poor physical health more frequently, while they are more prone to developing specific types of cancer at a young age. The state of mental health of LGBTI+ people is reported to be significantly poorer than the average, as shown by the higher occurrence of depression, suicide attempts, substances misuse, anxiety, and self-harm. The arguments regarding health inequalities faced by LGBTI+ persons are backed by research cited in the Synthesis Report.

Lesbian and bisexual women experience worse health conditions in comparison to other women. At first, they face health inequalities in regards to prevention activities, since they attend less frequent cervical screenings due to false perceptions that they do not need those. This has been showcased by a study by Meads et al. (2012, cited in Health4LGBTI Scientific Review, 2017, p. 32) where only 50% of lesbian and bisexual women attended screening programmes. Additionally, lesbian and bisexual women face significantly higher occurrence of cervical cancer, they report a poorer post-treatment mental health as cancer survivors, they feature higher rates of polycystic ovaries, increased risk of higher weight, higher distress, enduring psychological conditions, suicide and self-harm, use of substances, and smoking. In many aspects, bisexual women face worse conditions than lesbian ones, yet women of both orientations fare significantly worse than heterosexual women.

A similar situation exists concerning the general health conditions of gay and bisexual men. Men of those sexual orientations report a fair or poor general health compared to heterosexual men. Moreover, they face disproportionately more long-term conditions, significantly higher occurrence of anal cancer and a higher tendency of being overweight. Gay and bisexual men also report lack of adequate physical activity. Mental health conditions such as depression and anxiety are more prevalent among gay and bisexual men, with the rate of suicidality and completed suicides being disproportionately high. Use of alcohol, tobacco, and drugs is also reported in much higher rates in comparison to heterosexual men.

Furthermore, lesbian, gay, and bisexual persons are more likely to face unfavourable treatment when accessing healthcare facilities, and are more dissatisfied by their experience with healthcare professionals. Among others, gay men are less likely to trust the doctor, and report poor communication skills on behalf of the doctors and the nurses. Disclosing one's sexual orientation is regarded by many LGBTI+ people as a problematic subject, due to past experiences raising fears of rejection and discrimination. Healthcare professionals have been furthermore unable to grasp the consequences of specific medical procedures on their patients' sexuality and body image.

Trans people face significant health inequalities as well, and issues of trans people's health and conditions remain underrepresented in the academic research. Higher rates of HIV and Sexually Transmitted Infections (STIs) are an important issue trans people face, together with alarmingly high rates of distress, depression, and suicide attempts. The misuse of substances such as alcohol, tobacco, and drugs among trans people is not yet sufficiently studied. The academic literature seems to agree that transitioning significantly improves the mental health of trans people and raises their satisfaction with their lives.

Academic publications on health inequalities of intersex persons in Belgium are scarce, since most researchers focus around the issues of surgical interventions. Furthermore, the studies and surveys carried out on intersex persons usually feature a low number of participants. The reason for that is low visibility of intersex people in Belgium and the indifference of the Belgian government in conducting independent investigations on the issue of intersex genital mutilation - IGM (Bosman and Lacroix, p. 20). The limited literature on the state of health of intersex persons mentions frequent incidents of bullying, discrimination, rejection from family and peers, and isolation of young intersex persons. The extant research remains divided on the issue of satisfaction regarding genital surgeries. Intersex Belgium, a Belgian NGO advocating for intersex rights, mentions that a multitude of Belgian medical professionals openly support IGM practices (ibid., pp. 20-22).

More specifically on Belgium, the Health4LGBTI project's Comprehensive Scoping Review (ibid., p. 51) illustrates that trans people in Belgium are more likely to suffer from depression and attempt suicide. They receive much lower support from family and friends, and are more at risk of mental health issues. Lesbian and bisexual women aged between 18 and 23 years are more likely to have suicidal thoughts, since 56.6% of them have thought about ending their life at least once, while a

share of 14,4% had already attempted suicide. External stress factors such as verbal abuse and bullying are the main drivers of mental health issues such as depression, suicidal thoughts, and self-harm. Furthermore, gay men show higher HIV rates, with 1 out of 20 men being HIV-positive.

According to a report published in 2020 by the Flemish NGO Çavaria[3], LGBTI+ people in Flanders face worse mental health issues compared to heterosexual people, with suicidal thoughts being far more prevalent among trans people. Trans people also report a lower life satisfaction (6.1 out of 10). Regarding the general physical health of LGBTI+ persons, Çavaria admits no specific research has taken place in Flanders. What is more researched is LGBTI+ sexual health. The report identifies a higher risk for Sexually Transmitted Infections (STIs) and HIV for gay men in Flanders, and also establishes a link between poor mental health and riskier behaviours in sexual activities. This could be described as a *syndemic*, a term describing the simultaneous existence of health issues that reinforce and maintain each other. The disproportionately higher risks of mental health issues facing LGBTI+ people are also recognised by the government of the region of Flanders in its "Horizontal integration and equal opportunities policy plan 2020-2024" (Horizontaal Integratie- en Gelijke Kansen-Beleidsplan, p. 54). The Flemish government is thus taking up initiatives to combat those acute health inequalities. Those initiatives will be outlined in Part 3 of this report.

The COVID-19 pandemic had severe consequences for the LGBTI+ community in Belgium. An additional report by Çavaria (Jans et al., 2020) delves into the effect lockdowns and other measures had on LGBTI+ lives. The impact of the lockdowns on the mental health of LGBTI+ people has been detrimental; the LGBTI+ hotline Lumi reported an 65% increase of calls between 2019 and 2020, and a 100% increase of the calls specifically pertaining to issues of anxiety, loneliness, depression, stress, or burnout. Conversations on the subject of suicide rose from 1.6% to 5.7% (ibid., p. 5). The authors argue that the government-imposed measures added more pressure to the overall wellbeing of LGBTI+ persons during the pandemic.

Another result of the COVID-19 pandemic pertains to the accessibility of healthcare services. With waiting lists for trans healthcare getting longer and longer, trans persons in immediate need of

[3] https://cavaria.be/node/409

assistance were left stranded. The number of trans people seeking care in Flanders during 2021 skyrocketed, forcing the Ghent University Hospital gender clinic to urge other hospitals to accept patients as well (ILGA annual review, 2022, p. 38).

In addition to longer waiting lines, the pandemic caused the disruption of important relief services that could not be switched to online mode. Many psychologists stopped offering counselling services and many patients deliberately ceased visiting their psychologists and instead turned to other alternatives, such as the Lumi hotline (Jans et al., ibid., p. 10).

With hospitals prioritising COVID-patients, and most non-urgent surgeries postponed, many trans people could not access transition surgery. Taking into consideration the overwhelmingly positive impact gender reassignment surgeries are proven to have, such delays must have furthermore aggravated the state of mental health of the trans people unable to access treatment.

LGBTI+ people's access to health

Access of LGBTI+ people to healthcare has been the subject of research of numerous studies and projects. The Health4LGBTI Project's State-of-the-Art Synthesis Report (2017) gives a deep insight into the health inequalities facing LGBTI+ people in Europe as well as the impediments encountered by healthcare professionals. The project's consortium was made up by healthcare providers, universities, and NGOs in Italy, Belgium, Poland, and the UK. Based on data from those countries, the report delves deep into the roots of health access inequalities experience by LGBTI+ people.

The report attributes health inequalities to a multitude of factors ranging from environmental and social to cultural and political ones (ibid., pp. 20-24). The first concrete cause of health inequalities is heteronormativity. Heteronormativity is defined as those beliefs dictating that gender is strictly binary, thus establishing heterosexuality as an unquestionable norm. Heteronormativity results in heterosexuality being perceived as the only "normal" sexuality, excluding all others. The next root cause of health inequalities is heterosexism, a phenomenon directly linked to heteronormativity, defined as the discriminatory behaviours emanating from the belief that gender is binary and favouring heterosexuality and heterosexual relationships. Victimisation also leads to health

inequalities, since it implies the unfavourable treatment of individuals based on gender identity, sexual orientation, etc.

Institutional discrimination is another cause of the inequalities facing LGBTI+ people in healthcare, and it pertains to the legal framework creating and sustaining inequalities or not protecting people against discrimination based on their (actual or assumed) sexual orientation and gender identity. The report mentions stigma as a final root cause of health inequalities. Stigma in that sense is a situation where a person's characteristic is perceived by others as negative, resulting in the devaluation of the person as a whole.

Belgium is considered to be one of the most progressive countries in Europe in regards to LGBTI+ rights, ranking 3rd among 49 European states in ILGA-Europe ranking[4]. According to Equaldex[5], Belgium scores higher than the European average in the equality index, legal rights, and public opinion. More concretely, Belgium scores 77 out of 100 in the equality index, 87 out of 100 in the legal rights index, and 67 out of 100 in the public opinion index. Eighty-four percent of Belgians support marriage equality for LGBTI+ persons, 72% agree with same-sex couples' right to adopt, 82% accept same-sex relationships, 74% believe gay people are accepted in their area, and 70% support trans people's right to change their legal gender.

During an interview in 2019, LGBTI+ activists stressed that, even though Belgium has achieved much in ensuring equal rights through legislation, there are several demands that are still to be satisfied, especially in the healthcare sector (Guidesocial, 2019). Apart from HIV, which is affecting mainly non-heterosexual men, progress is yet to be seen in improving the quality of access to healthcare for transgender and intersex persons.

The inequalities and difficulties regarding LGBTI+ people's access to healthcare were confirmed by Sarah Schlitz, Belgium's Secretary of State for Gender Equality, Equal Opportunities and Diversity. During an interview in 2022, Ms. Schlitz expressed her sorrow that LGBTI+ people are still afraid to visit healthcare professionals. The reasons for that are either the fear of disclosing their sexual

[4] https://rainbow-europe.org/#8624/0/0

[5] https://www.equaldex.com/region/belgium

orientation and identity to a non-supportive doctor, or the fact that doctors are ignorant about the different realities LGBTIQ+ people face (Grosfilley, 2022).

This quote sheds light to the situation of Belgian healthcare professionals. In the Health4LGBTI Project's State-of-the-Art Synthesis Report (ibid., p. 51) the problems facing medical staff in Belgium are being identified. The report specifically mentions that in Belgium healthcare professionals have been trained into a health system that supports binary thinking regarding gender (male/female) and orientation (homosexual/heterosexual) and into pathologising intersex people's lives. This was also confirmed by a survey carried out in 2019 by the Secular Federation of Family Planning Centres (*Fédération Laïque de Centres de Planning Familial*-FLCPF) (Minders, 2019, cited in Moeremans, 2020, pp. 5-6). The survey focused on five family planning centers in Belgium. The results corroborated the arguments presented above, with the survey's author concluding that health professionals in Belgium face a lack of resources regarding LGBTI+ health issues and fail to grasp the specific health needs of LGBTI+ people. Furthermore, publications and posters in medical waiting rooms predominantly depict cisgender people and heterosexual relationships, thus excluding LGBTI+ persons. A challenge here would be to make the posters more inclusive while remaining generalist.

"Finding a qualified psychologist or psychiatrist is not obvious at all. I managed to find a general practitioner who is willing to follow my transition. So, it is impossible for me to officially change my name because I need a letter from a psychiatrist."

(Belgium, transgender lesbian, 33) (EU LGBT survey, 2014, p. 93)

The issues of disability and migration background further inhibit LGBTI+ persons' access to healthcare in Belgium. Based on the rapid review of grey literature in Belgium, the Health4LGBTI Project's Comprehensive Scoping Review (2017, p. 51) concludes that LGBTI+ people with disabilities face double discrimination in the kingdom. This is so, because they are more dependent on others and have less privacy exploring and developing their sexual orientation and gender identity. On the other hand, LGBTI+ people with a migration background (among which, asylum seekers and refugees) also face a double-edged sword of discrimination due to racism and anti-LGBTI attitudes.

More concretely on health inequalities facing trans persons, the "Being transgender in Belgium: Ten years later" report (Motmans et al., 2017) sheds light into the discriminations existing against trans persons in Belgium. According to a survey presented in the report, most respondents reported they are often not addressed with the correct name or gender (40.9% sometimes to always), they face inappropriate curiosity (24.7% sometimes to always), and infringement of privacy (20.5%). Younger respondents more often reported discriminatory behaviours in healthcare in comparison to older respondents. From a geographic point of view, respondents residing in Wallonia report more negative experiences than respondents in Flanders. The situation is slightly better in the Brussels region, where respondents reported less negative experience than in Flanders. Within Flanders, respondents encountered more negative experiences in healthcare if they were based in a central city, whereas the opposite trend was observed in Wallonia. (ibid., pp. 78-79)

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

Table 1: Negative experiences in healthcare linked to gender identity (Motmans et al., 2017., p. 78)

There is also ample room for improvement regarding the access of transgender people to hormonal treatments and surgeries, which needs to be facilitated (Guidesocial, 2019.). In terms of insurance, many transgender persons encountered problems with the reimbursement of their medical costs in Belgium, which are covered in their majority by private insurance. The respondents reported that private insurers are insisting in excluding gender reassignment operations from the contracts concluded, while in 35.7% of the cases a respondent had faced problems with the reimbursement of their hospitalisation expenses, the insurer opined that reassignment operations constitute cosmetic surgeries, and are as such not included in the insurance (Motmans et al., ibid., pp. 80-81). Regarding public insurance, there exist only two public hospitals in Belgium offering gender transition surgeries where the costs are reimbursed. Those are the UZ Ghent and the CH Liege, however due to the large demand, waiting lines in those hospitals are extremely long, amounting fifteen months in average (Metrotime, 2022).

Intersex persons are also facing severe discriminations in healthcare in Belgium. According to a report by Intersex Belgium (Bosman and Lacroix, 2019) the Belgian national healthcare system is still sponsoring invasive mutilating genital surgeries on intersex children. Currently no legal protections of intersex children's physical or mental integrity exist in Belgium, no data collection measures for the monitoring of intersex genital mutilation (IGM) practices, no measures to hold doctors performing IGM accountable, and finally no legal ways for adult IGM survivors to claim redressive justice (ibid., p. 8). In parallel to the widespread support IGM receives by Belgian medical professionals, the practice is furthermore covered by the public health system and the government does not even consider it mutilation (ibid., p. 20). Further Belgian LGBTI+ NGOs have highlighted the need for the de-pathologisation of intersex persons, and the ban on mutilating practices, e.g., surgeries, psychiatric treatments, and other procedures. (Guidesocial, ibid.)

National legal framework

As mentioned earlier, Belgium has one of the best legal frameworks establishing equal treatment for LGBTI+ persons and banning most types of discrimination against them. LGBTI+ persons enjoy legal protection against all types of hate speech. The anti-discrimination law of 2003 (*Act of February 25, 2003 pertaining to the combat of discrimination*, English text accessible on the UNIA website[6]) bans all types of *discrimination, hatred or violence on the grounds of sex, sexual orientation, marital status, birth, fortune, age, religion or belief, current or future state of health, disability or physical characteristic* and is based on article 77 of the Belgian Constitution.

The Code of Ethical Conduct of the National Council of the Belgian Order of Physicians (current version[7] updated in 2021) stipulates that doctors are obliged to treat all patients with the same conscience and without discrimination (Art. 30, p. 79). The commentary to that article clearly states that "*the physician may not discriminate and has a duty to treat any patient, regardless of age or sex, ideological, philosophical or religious conviction, race or orientation, and regardless of the person's financial situation*"[8].

Also, the Royal Decree Setting the Rules of Ethical Conduct of Psychologists (entered into force in 2018[9]) bans any discriminatory behaviour on behalf of psychologists. Article 21, paragraph 4 of the Decree states that "*the psychologist respects and defends, without discrimination, the fundamental rights of individuals* […]."[10] The next paragraph forbids any discrimination on the grounds of ethnicity, culture, sex, language, wealth or birth reasons, as well as political, religious, or other

[6] https://www.unia.be/en/law-recommendations/legislation/act-of-february-25-2003-pertaining-to-the-combat-of-discrimination

[7] https://ordomedic.be/uploads/generalUploads/KR-CommentCode-version-actualisee-decembre-2021_2022-03-29-153000_iafv.pdf

[8] *«Le médecin ne peut dès lors pas faire de discrimination et a le devoir de soigner tout patient, sans distinction d'âge ou de sexe, de conviction idéologique, philosophique ou religieuse, de race ou d'orientation, et sans distinction de situation patrimoniale de l'intéressé.»*

[9] https://www.compsy.be/assets/images/uploads/code_de_deontologie_fr_2018.pdf

[10] *«Le psychologue respecte et défend sans aucune discrimination les droits fondamentaux des personnes […].»*

opinions, and national or social origins[11]. It is worth noting here that discrimination based on sexual orientation is not explicitly mentioned.

According to Equaldex (ibid.), Belgium has established marriage equality since 2003, and adoption of children by same-sex couples is legal since 2006. Individuals may furthermore change their legal gender without having to undergo any medical procedure as of 2018. The process to change one's gender is, as of 2018, a purely bureaucratic one, with the sole exception of underage trans persons, who need a psychiatrist's confirmation that their choice is free and conscious (Belgian Federal Public Service Justice, 2020). However, conversion therapies remain legal, non-binary legal gender identities remain unrecognised, genital mutilation of intersex children is widespread, while men who have sex with men face a one-year deferral for donating blood.

On 17 May 2022, International Day Against Homophobia and Transphobia, the Belgian federal government – under the coordination of Secretary of State for Gender Equality, Equal Opportunities, and Diversity Sarah Schlitz – promulgated a new strategy including 133 measures for an "LGBTQI+ friendly Belgium" (Noulet, 2022).

Those measures are accompanying the third national action plan 2021-2024. Enhancing the safety of LGBTI+ persons and maximising inclusivity is the declared goal of the federal government's plan. This will be achieved through four channels; first, the government wishes to increase visibility and awareness of the reality of LGBTI+ people. The government additionally aspires to ensure that the demands of the LGBTI+ community are represented in every piece of public policy and legislation. In the healthcare sector, the Belgian federal government wishes to promote healthcare access of LGBTI+ people as well as improving their general access to public services. This is done in line with the fight against exclusionary practices against LGBTI+ people. Violence prevention is the final method proposed by the government in order to ensure a more LGBTQI+ friendly Belgium. This will be achieved through training and awareness-raising as well as through strengthening support for victims of LGBTI-phobic violence (Pour une Belgique LGBTQI+ friendly, ibid., p. 9).

[11] *«L'exercice de la profession de psychologue exige dans n'importe quelle situation le respect de la personne humaine dans son intégralité psychologique et physique. Ceci implique : a) le respect sans aucune discrimination basée sur des différences ethniques, culturelles, de sexe, de langue, de fortune ou de naissance. De même, il n'y aura aucune discrimination basée sur des opinions religieuses, politiques ou autres, d'origine nationale ou sociale.»*

The 133 measures of the Belgian federal government go into great detail and address most of the inequalities mentioned in part 1 of this report. In order to combat discrimination at its root, the federal plan envisages raising awareness of healthcare professionals concerning the reality of trans, non-binary, genderfluid, and intersex people (p. 15). Furthermore, it provides directions for introducing a ban on conversion therapies, as well as intersex genital mutilation (IGM), and for establishing a framework for the legal recognition of non-binary identities (pp. 21-22). An additional proposal in abolishing discriminations is mentioned in page 27 of the federal plan. There, the government explicitly mentions its wish to explore the possibility of abolishing the mandatory deferral period for blood donation for men who have sexual intercourse with men.

In parallel to the federal inclusion strategies, the regions of Brussels, Flanders and Wallonia have developed their own action plans, complementing the federal government's activities in curbing inequalities facing LGBTI+ people in Belgium. Given Belgium's federal structure, where many significant capacities and responsibilities are assigned to the regions, it is necessary to include those regional initiatives to the present report.

The Brussels region has launched the LGBTQIA+ inclusion plan 2022-2025 encompassing thirty-five concrete actions spread over ten categories (Plan bruxellois d'inclusion des personnes LGBTQIA+ 2022-2025, pp. 5-6). Those are:

- equal opportunities
- housing
- public services and local authorities
- employment
- security
- urban
- planning
- mobility
- scientific research
- Brussels' image and international relations
- sports, health, and family

The plan was developed by relevant working groups including ministers and secretaries of state of the Brussels region, and features clearly designated leaders, partners, a budget, monitoring indicators and an implementation schedule.

Actions 33 and 34 are pertinent to health issues of LGBTI+ people in Brussels. Namely, Action 33 "to support projects related to LGBTQIA+ people in the social/health field" is closely connected to the 2018-2022 Strategic Plan for Health Promotion inaugurated by the French-speaking Parliament of Brussels, and aspires to support a series of project aiming to eradicate health inequalities facing LGBTI+ people in Brussels (pp. 98-99). Finally, Action 34 "raising awareness of LGBTQIA+ inclusion in care and service centres and in in nursing homes and rest homes" takes into consideration and addresses the needs of senior LGBTI+ persons in nursing homes to ensure their inclusion.

The region of Wallonia has also launched its "2022-2024 Walloon Plan for the Inclusion of LGBTQIA+ persons" (*Plan Wallon d'inclusion des Personnes LGBTQIA+ 2022-2024*). The Walloon plan incorporates sixteen measures assigned to five strategic objectives. The five strategic objectives are:

1. Conducting an integrated policy and supporting research on LGBTQIA+ issues
2. Combatting discriminations regarding LGBTQIA+ persons
3. Promoting the inclusion of LGBTQIA+ persons
4. Promoting an inclusive approach to the health of LGBTQIA+ persons
5. Defending the rights of LGBTQIA+ persons around the world

Strategic objective 4 is of particular interest for the scope of this report. This objective includes three measures. The first measure aims to promote "medical literacy", thus improving LGBTI+ persons' ability to access, understand, evaluate, and apply information pertaining to their health. In parallel, LGBTI+ issues should be systematically integrated to the healthcare sector. Medical professionals should thus be better informed and trained regarding the reality of LGBTI+ individuals, and adapt to their needs. The Wallon plan highlights that the information provided to the medical professionals should focus on depathologising LGBTI+ persons and respecting their human rights.

The second measure focuses on ensuring LGBTI+ persons' access to quality healthcare services. To this end, the Wallon plan foresees cooperation arrangements between local "rainbow houses" and medical centres in order to improve LGBTI+ person's access to high quality medical care. The plan also stipulates the provision of social workers to the medical centres cooperating with rainbow houses, as well as the dissemination of the cooperation through the traditional communication means.

The third and final measure of this objective refers to strengthening healthcare access for transgender persons. This measure envisages the creation of a trans-specific healthcare, building on the Regional Platform for Trans, Intersex, and Queer Associations (PraTIQ). Through an enhanced cooperation with PraTIQ, the Wallonia region aims to inform transgender persons on the new healthcare possibilities. At the same time, PraTIQ will be in contact with healthcare professionals in order to provide the latter with the information and skills needed for improving transgender persons' healthcare.

The region of Flanders is also implementing its own "Horizontal integration and equal opportunities policy plan 2020-2024". It inaugurates a wider policy framework to establish equal opportunities by combatting discrimination based on gender, sexual identity, disability, age, social capital, and others (Horizontaal Integratie- en Gelijke Kansen-Beleidsplan, ibid., p. 6). The Flemish plan includes ten objectives, the tenth of which specifically refers to LGBTI+ persons. Thus, objective number 10 bears the title "Everyone in Flanders should be able to feel good about themselves. We are committed to wellness for LGBTQI+"[12]. This objective mainly focuses on countering heteronormativity, homophobia, biphobia and transphobia, and it is being developed through a dual approach. It is aiming at detecting and satisfying the needs of the LGBTIQI+ community on the one hand, and at approaching the entire society on the other hand. The Flemish plan heavily relies on raising awareness through education and training. The three possible actions envisaged in objective 10 are the following:

1. informing and sensitising stakeholders in education and wellness on the importance of being gender-sensitive and LGBTQI+ inclusive
2. developing youth work initiatives to strengthen the well-being for LGBTQI+ children and youth
3. expanding the training of future diplomats to include LGBTQI+ issues.

[12] "*Iedereen in Vlaanderen moet zich goed kunnen voelen. We zetten in op welbevinden van LGBTQI+"*

Policy recommendations

In conclusion, Belgium can be characterised as a very progressive country when it comes to combatting discrimination and ensuring equal rights, however improvements need to be made in several fields, especially in healthcare. The policy proposals about to be outlined have already been addressed in the federal and regional LGBTQI+ action plans, yet it remains to be seen whether the latter bear fruit.

The main policy proposals regarding the improvement of LGBTI+ persons' access to healthcare in Belgium are of either legal or educational nature;

- Conversion therapies ought to be banned.
- Intersex Genital Mutilation ought to be outlawed and medical professionals should be trained on intersex issues.
- Training of medical professionals regarding LGBTI+ health issues needs to be accelerated, so as to achieve a better and more respectful treatment for LGBTI+ individuals.
- Non-binary identities need to be legally recognised and accepted by the medical system in Belgium so as to ensure a more inclusive approach in healthcare, and help make hospitals and medical institutions safe spaces also for non-binary people.
- Gender-related medical infrastructure needs to be expanded. More gender clinics should be available apart from the ones in Ghent and Liege. This way waiting lines will be shortened and medical services for trans people will be more accessible.
- Exclusionary policies, including the deferral period for gay and bi men wishing to donate blood, need to be abolished.

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PART C’

Creating safe and inclusive healthcare services for LGBTI+ people: Guidelines for professionals & Good practices

Guidelines for healthcare professionals

Creating healthcare environments that are sensitive to the needs of LGBTI+ people, and providing inclusive and affirming healthcare, in many cases does not require much effort or financial resources, but it does require special attention and determination. Its implementation needs to follow an approach that is based on the cultural competence model. Cultural competence refers to the ability to successfully negotiate intercultural differences in order to achieve practical goals and has four main components: Awareness, Attitude, Knowledge and Skills (Open Doors, n.d.).

Awareness

It is important to examine our values and beliefs in order to recognise any ingrained prejudices and stereotypes that may create barriers to our learning, personal development and work in which we are involved. Many of us have blind spots when it comes to our beliefs and values; diversity training can be helpful in discovering these.

Attitude

Values and beliefs influence the effectiveness of cultural issues because they show the extent to which we are open to different views and opinions.

Knowledge

The more knowledge we have about people from different cultures and backgrounds, the more likely we are to avoid making mistakes. Knowing how culture affects problem solving, people management, asking for help, can help us remain aware when we are in intercultural interactions.

Skills

One may have the 'right' attitude, considerable self-awareness and a lot of knowledge about cultural differences, but not yet have the ability to handle differences effectively. Adequate educational oppurtunities are needed to build competence.

The guidelines presented in this chapter are based on the guidelines and recommendations of international health organisation and associations, such as the World Health Organisation (2018), the American Psychological Association (2012, 2015, 2021), the CDC (2022), the World Professional Association for Transgender Health-WPATH (2022), the American College of Obstetricians and Gynecologists (2012), and others.

They are aimed towards healthcare professionals, professionals working in the field of mental health and social services, as well as professionals in administrative positions within healthcare services.

General guidelines

Health professionals and other professionals working in healthcare services should strive to:

- ✓ Understand that LGBTQ+ identities are not mental disorders.
- ✓ Understand that intersex variations are a normal manifestation of the variation of sex characteristics.
- ✓ Avoid making assumptions about a person's sexual orientation, gender identity, gender expression or sexual characteristics based on appearance.
- ✓ Recognise that self-identification and behaviour or expression may not always be aligned.
- ✓ Avoid assuming that all people have a partner/spouse of different gender, or that they have two parents of different genders.

Respectful and inclusive communication

- ✓ Use the terms that people use to describe themselves and their family/partners. For example, if someone calls himself “gay,” do not use the term “homosexual.” If a woman refers to her “wife,” then say use the same term when referring to her; do not say “your friend”.
- ✓ Avoid using disrespectful and offensive language. If you see other staff using offensive language, intervene and explain to them why this is not appropriate. In many cases people are not aware that a term is not appropriate or has negative connotations.
- ✓ It is important to note that some people may use for themselves terms that may be considered out-dated or offensive. Some people do this to reclaim terms that have been

used in a hurtful way ("queer" is a great example of reclaiming); others -especially older people- may use terms that were commonly used in the past; or they may use these terms for other personal reasons. In such cases it is important to follow the persons self-identification but do not generalise this to everyone. For example, the fact that one person might chose to identify as "transsexual" does not mean that all trans people are comfortable with this term.

- ✓ Be mindful of any non-verbal cues you might be sending, as well as expressions of surprise regarding a person's identity or expression.
- ✓ Frame questions about close relationships in a gender-neutral way, e.g., "Do you have a partner" or "what are your parents' names".
- ✓ Avoid unnecessary or very private questions, when they are not necessary for providing care. *"Is my question necessary for the patient's care, or am I asking it for my own curiosity?"* is a good question to ask yourself. If it is for your own curiosity, it is probably not appropriate to ask. Think instead about what you need to know. Patients are not there to educate you but to receive care. Receiving personal questions not related to their health can make them feel unsafe and uncomfortable.
- ✓ Ask patients in a discreet but simple way what name and pronouns they prefer to use. For example, you can say, "How would you like to be addressed?" or, "What name and pronouns would you like me/us to use?"
- ✓ Always use the correct name and pronouns of patients, even when they are not present. Correct your colleagues if they use the wrong names and pronouns
- ✓ When addressing all patients for the first time, avoid using pronouns and other terms that indicate a gender. For example, instead of asking, "How may I help you, sir?" you can simply ask: "How may I help you?" You can also avoid using "Mr./Mrs./Miss/Ms.". Instead, you can try calling out patients only with their last name.
- ✓ It is also important to avoid gender terms and pronouns when talking to others about a new patient
- ✓ Only use gender pronouns if you are certain of the patient's gender identity and/or the pronouns they use.

- ✓ Avoid making comments on trans people's medical transition, such as asking questions about previous/future transition procedures when not relevant (e.g. "Have you had the surgery?"), or making comments about their appearance. Even comments with positive intentions, like "I'd never think that you are trans, you are such a beautiful woman!" can feel inappropriate and imply that trans people "look" a certain way or that not being able to be read as trans makes someone more beautiful or "successful" in their transition.

Inclusive use of facilities

The use of restrooms and other facilities is one of the most important safety concerns for transgender people.

- ✓ Single-occupancy bathrooms should be labelled as "All Gender." If this is not possible, implement a policy that allows trans and intersex patients to use the bathroom that best suits their needs.
- ✓ Allow people to use restrooms based on their gender identity. If you witness staff or other patients harassing someone for using the restroom of their choice it is important to intervene.
- ✓ For in-patient services that have sex-segregated wards, it is important to offer trans people the choice of which ward they want to be put in regardless of their legal gender. As with restrooms, being put in the ward designated for another gender can out trans people and leave them vulnerable to harassment.

Building trust and ensuring confidentiality

- ✓ Ensure confidentiality by creating a trusting environment in which people can open up without fear of being judged.
- ✓ Make sure to see each person in a private setting to make them feel more at ease and safe in sharing personal information.
- ✓ Inform people if their information (including their LGBTI+ identities) may need to be shared with other professionals and obtain their permission to do so.

- ✓ Avoid sharing people's personal information or experiences with co-workers without their permission, even when referring them to other services or professionals.

Promoting visibility

- ✓ Make your service a welcoming environment for LGBTI+ people by displaying informational materials/flyers or other LGBTI+-friendly symbols or signs (for example, a rainbow flag, pink triangle, etc.).
- ✓ Exhibit posters or place leaflets or magazines from non-profit LGBTI organizations showing diverse same-sex couples, transgender people, or others in the health facility (e.g., in the waiting room), or non-profit LGBTI+ or HIV/AIDS organizations' posters.
- ✓ Distribute brochures about LGBTI+ health concerns in your facility (if appropriate, in multiple languages).
- ✓ Celebrate important day for the LGBTI+ community such as International Day against Homophobia, Biphobia and Transphobia (17th May), World AIDS Day (1st December), LGBT Pride Month (usually celebrated in June), and International Transgender Day of Visibility (31st March) in your facility.

Inclusive forms and information registering

- ✓ In intake forms, include questions, on sexual orientation, gender identity and sex characteristics. These questions however should not be mandatory, and people should be able to refuse to answer them if they do not wish to (e.g. by adding the option "I do not want to say").
- ✓ Questions around gender should be as inclusive as possible, separating sex assigned at birth from gender identity. Third or open options should be included for people that do not identify within the binary, and also for intersex people.
- ✓ Offer separate fields for legal name and gender, and the name a person uses. Pronouns could also be noted in intake forms.

- ✓ Whenever possible, use inclusive, gender-neutral language in intake forms and other files (e.g., have a third or empty gender option, or ask for "parents' names" instead of "mother/father name").

The CDC offers guidelines and suggestions on how to include questions about sexual orientation and gender identity on intake forms.

Building competence

- ✓ Have in their services specialised training on LGBTQI+ identities and offering inclusive services to LGBTQI+ people.
- ✓ Prepare trainees who are competent in working with LGBTQI+ people.
- ✓ Provide training for all facility staff to develop LGBTI awareness and cultural competence
- ✓ Become familiar with online and local resources available for LGBTI people (webpages, non-profit organisations).
- ✓ Seek information and stay up to date on LGBT health topics. Be prepared with appropriate information and referrals.
- ✓ Educate colleagues working in other positions (e.g., administrative) on LGBTI+ issues and offering inclusive services, in order to ensure beneficiaries' safety in every step.

Creating safe environments

- ✓ Include a non-discrimination policy related to sexual orientation, gender identity, gender expression and sex characteristics for both staff and patients. Make sure it is publicly available.
- ✓ If you witness an incident of a patient or staff member being harassed or discriminated against based on their (perceived) LGBTI+ identity it is crucial to intervene and offer support to the person. Depending on the incident and the policy of your service/facility, as well as the national legal protections filing a report might be required – either internally or to national bodies, such as the Police or Ombudsperson.
- ✓ Protect staff from discrimination that is based on personal characteristics, including sexual orientation, gender identity, gender expression, or sex characteristics.

Guidelines related to sexual orientation and non-heterosexual people

- ✓ Avoid making assumption about a person's relationships and family history, sexual behaviour or health needs based on their sexual orientation. For example, if a woman identifies as a lesbian or indicates her partner is a woman, do not assume that she has no children, she has never been pregnant, or that she is at low or no risk of STIs.
- ✓ In many countries same-sex couples might not be legally recognised and partners might not have access to the same rights (e.g., around visitation or access to information) that couples of different genders have. Try to find ways that patients can receive care and support from their same-sex partners.
- ✓ Similarly, many people might not have close relationships with their family of origin due to being rejected for their sexual orientation, and instead choose to be supported by close friends (what is commonly referred to as "family of choise"). Ensure that every person has access to their support network.
- ✓ Same-sex parents can also face immense difficulties when seeking care for their children, especially in countries where it hard for both parents to be legally recognised. Do not minimise or ignore the role of the non-recognised parent, and instead treat them the same way you would do with couple of different gender.

Guidelines related to gender identity and trans people

- ✓ Be informed about and offer appropriate and up-to-date information on medical transition procedures.
- ✓ Respect trans people's choices regarding medical transition: Avoid pressuring a person to undergo a procedure they do not wish to, and respectively, avoid impeding a person's access to a service/procedure they want to undergo.
- ✓ In a situation where patients' names or gender do not match their insurance or medical records, you can ask, "Could your chart be under a different name?" or, "What is the name on your insurance?" You can then cross-check identification by looking at date of birth and address. Never ask a person what their "real" name is. This could imply that you do not acknowledge their preferred name as "real."

- ✓ Offer alternatives for examinations or other procedures that may increase levels of dysphoria, e.g., by giving them the option to keep on certain parts of clothing.
- ✓ Transgender people may be at any stage of the transition process when seeking care. Some may not be taking hormonal therapies or have had surgery. Others may be using hormones but not have had surgery, and still others may have undergone one or more surgeries. When medically necessary (e.g., taking a sexual history), health care providers may consider asking about current anatomy and what, if any, hormonal or surgical interventions have been undertaken.

WPATH offers, in the most recent (2022) 8th version of its Standards of Care, more specific guidance on providing gender-affirming healthcare services, including -among other issues- hormone therapy and gender-confirmation surgeries.

Guidelines related to sex characteristics and intersex people

- ✓ Strive to increase your understanding on issues regarding intersex variations and sex characteristics, acquiring knowledge from a human rights perspective.
- ✓ Strive to establish measures for the protection of intersex babies, children and adolescents from "normalising" medical interventions.
- ✓ Inform parents of intersex children what it means to have an intersex variation, answer any questions they may have, and offer them further resources on intersex issues.
- ✓ Inform intersex children about their intersex variation and any potential medical procedure they may need to follow in a simple and age-appropriate way.
- ✓ Avoid asking questions related to a person's intersex variation, unless it is necessary for the services you provide. When you need to ask such questions, explain the reason and clarify that they will be confidential or inform the person to whom you may need to share them.

Mental Health

Mental health and social service professionals should strive to:

- ✓ Understand that efforts to change sexual orientation or gender identity ("conversion therapies") are not only inefficient, but potentially unsafe and harmful for the person's mental and physical health.
- ✓ Understand the ways stigma can manifest and its effect on the lives of LGBTQI+ people
- ✓ Differentiate between issues related to sexual orientation and gender identity or expression.
- ✓ Recognise the unique experiences of bisexual people.
- ✓ Understand the need to promote social change aiming to counter the negative effect of stigma in LGBTQI+ people's lives.
- ✓ Recognise the mechanisms through which their personal opinions and knowledge may affect evaluation and therapy, and search for counselling, or appropriate referrals when needed.
- ✓ Create a supportive environment where people can explore their sexual orientation and gender identity.
- ✓ Recognise that trans people can achieve positive life outcomes when they receive social support and gender-affirming services.
- ✓ Understand the effect changes in gender identity may have on the sexual/romantic relationships of trans people.
- ✓ Recognise the effect of institutional barriers in the lives of trans people and contribute in advancing positive circumstances.
- ✓ Recognise the potential benefits of an interdisciplinary approach when working with trans people and strive to work cooperatively.
- ✓ Increase their understanding on the diversity of sex characteristics and intersex variations, in order to better support people in their coming out and possible trauma they may have experienced.
- ✓ Understand the experiences of LGBTI+ parents and the challenges they face.
- ✓ Recognise and respect the importance of LGBTI+ people's relationships, understanding that their families may include people with whom they have no legal / biological connections.
- ✓ Understand the ways in which an LGBTI+ identity may affect a person's relationship with their family of origin.
- ✓ Understand the way LGBTI+ identities intersect with other cultural identities.

- ✓ Understand the challenges connected with multiple, and often contradictory, norms and beliefs for LGBTI+ people of racial and ethnic minorities.
- ✓ Understand the effect of religion on the lives of LGBTI+ people.
- ✓ Recognise the differences between different generations of LGBTI+ people.
- ✓ Understand the unique challenges older LGBTI+ people face, and the resilience they may have developed.
- ✓ Understand the unique problems and risks that exist for LGBTI+ youth.
- ✓ Understand the unique challenges LGBTI+ people with physical, sensory, and cognitive-emotional disabilities experience.
- ✓ Understand the effect of HIV/AIDS in the lives of LGBTI+ people, especially gay men.
- ✓ Understand the effect of socio-economical level on the mental health of LGBTI+ people.
- ✓ Understand the work-related issues LGBTI+ people face.

Sexual Health

- ✓ Encourage all persons to talk openly about issues of sexual health, by asking questions about their sexual practices without judgement.
- ✓ Understand LGBTI+ people's potential difficulty to open up about their sexual health and sexual practices, due to previous negative experiences and stigmatisation.
- ✓ Discuss sexual health issues in a way that does not assume a person is cisgender, heterosexual or dyadic.
- ✓ Discuss safer sex practices and be informed about sexually transmitted infections (STIs) and the risk for different sexual practices.
- ✓ Promote messages that support safer sex practices.
- ✓ Avoid assuming a person's sexual practices based on their identity (e.g., assuming that a cisgender woman who identifies as a lesbian is not interested in contraception).
- ✓ Take into account that women who have sex with women (WsW) and men who have sex with men (MsM), may not necessarily identify as LGBTI+
- ✓ Understand that people who face increased marginalisation are disproportionately affected by STIs and sexual violence.

- ✓ Some transgender people, specifically transgender women, engage in sex work, often because employment discrimination limits other avenues for making a living, or they receive nonmonetary items such as food, drugs, or shelter. Asking sexually active patients if they have ever exchanged sex for money or other goods, and make sure to avoid any body or language cues that may be perceived as judgmental.
- ✓ Health care providers should not assume that a patient is at high risk on the basis of gender identity; rather, risk assessment should be based on each individual's sexual history.

Good practices

The final part of the present guide focuses on presenting good practices regarding LGBTI+ health, aiming to showcase examples of successful practices that can be transferred in different countries, combatting discrimination and exclusion of LGBTI+ people from the health sector and promoting inclusive services, but also to provide healthcare professionals with further resources.

The good practices presented below include:

- support services specialising in LGBTI+ health;
- awareness-raising campaigns targeting healthcare professionals or focusing on the inclusion of LGBTI+ people in the healthcare system;
- educational and informational material published targeting healthcare professionals and/or focusing on LGBTI+ health issues;
- training courses on LGBTI+ health;
- projects focusing on the creation of inclusive healthcare services for LGBTI+ people;
- research on the health of LGBTI+ people and/or their access to healthcare services;
- guidelines and policies for LGBTI+ inclusive services.

The good practices have been categorised based on the core elements of each practice, to facilitate the readers' navigation. The categories include: "support services", "educational material, "informational material", "training programmes", "guidelines", policies, "projects", "awareness-raising campaigns", "research", and more. Some of the practices may fall under more than one category; for example, a "project" may also include "research" and "training material".

Our aim was to gather a wide spectrum of practices, including different types of practices, implemented in a variety of countries, and with various stakeholders involved (e.g., civil society organisations, universities, governmental bodies, etc.). The good practices listed below are (or have been) implemented in the partners' countries, as well as in other European countries. Although the focus of our research was mainly within the geographical region of Europe, high-impact good practices implemented in non-EU countries, such as the USA or Canada, have also been included.

Good practices implemented on a European and/or international level

Title	LGBT Helpline Scotland- LGBT Health and Wellbeing
Category	Support services; Educational material
Year(s) of implementation or publication	Since 2003
Responsible organisation/stakeholder & other partners	LGBT Help and Wellbeing (no-profit organization)
Country of implementation	Scotland
Description	LGBT Health and Wellbeing promotes the health, wellbeing and equality of lesbian, gay, bisexual and transgender (LGBT) people in Scotland. The organization's key objectives are to: - Provide a programme of activities which tackle the life circumstances that contribute to the ill-health of LGBT people - Reduce levels of isolation and social exclusion experienced by LGBT people - Strengthen the capacity of the LGBT community to promote the health of individuals - Support individuals to adopt and sustain healthy lifestyles - Ensure that LGBT people have equity of access to mainstream health services and information responsive to their needs.
Website/Social media	https://www.lgbthealth.org.uk/ https://www.facebook.com/lgbthealthy

	https://twitter.com/lgbthealthy https://www.instagram.com/lgbt_healthy/

Title	**SPoD (Association of Social Policy Studies, Gender Identity and Sexual Orientation)**
Category	Support Service
Year(s) of implementation or publication	Since 2011
Responsible organisation/stakeholder & other partners	SPoD
Country of implementation	Turkey
Description	SPoD offers legal, social, and psychological counseling to LGBTI+ people; pursues campaign litigation; provides training to mental health professionals, lawyers, institutions, and municipalities; conducts academic research; organizes seminars, panels, schools of politics and activism, and election campaigns; forms support groups and holds advocacy meetings.
Website/Social media	https://spod.org.tr/

Title	May 17 Association
Category	Support service
Year(s) of implementation or publication	Since 2019
Responsible organisation/stakeholder & other partners	May 17 Association
Country of implementation	Turkey
Description	Through the involvement of psychologists, social workers, and lawyers, the psychosocial and legal support programme aims to provide relevant support for the LGBTI+ community. The programme aims to tackle the obstacles the community faces in exercising their rights, strengthen them against the violations faced as a result of their LGBTI+ identities, and improve their psychosocial well-being. The support mechanism also aims to bring the LGBTI+ persons and the relevant supporting parties together, to spot the violations encountered, and to follow through the whole process of addressing issues of violations.
Website/Social media	https://www.17mayis.org/en/

Title	NHS Long Term Plan
Category	Educational material
Year(s) of implementation or publication	2019
Responsible organisation/stakeholder & other partners	NHS England
Country of implementation	United Kingdom
Description	The Children and Young People's Mental Health Green Paper set out proposals to improve mental health support in schools and colleges. Teams will receive information and training to help them support young people more likely to face mental health issues – such as Lesbian, Gay, Bisexual, Transgender (LGBT+) individuals or children in care, and as they are rolled out, we will test approaches to support children and young people outside of education settings.
Website/Social media	https://www.longtermplan.nhs.uk/

Title	Gayten
Category	Support service
Year(s) of implementation or publication	Since 2001
Responsible organisation/stakeholder & other partners	Gayten

Country of implementation	Serbia
Description	Gayten builds and empowers trans, intersex and queer communities through support groups, an LGBT SOS help line, culture and arts, education, and networking.
Website/Social media	https://www.transserbia.org/ https://www.facebook.com/GetenLGBTIQA/ https://twitter.com/GetenLGBTIQA https://www.instagram.com/geten_lgbtiqa/

Title	**OD PRAZNINA DO PRISTUPA – TRANS I INTERSPOLNE OSOBE U ZDRAVSTVU (From gaps to access- Trans and Intersex People in Healthcare)**
Category	Project
Year(s) of implementation or publication	2021-2023
Responsible organisation/stakeholder & other partners	kolekTIRV
Country of implementation	Croatia, Slovenia
Description	This project aims to reduce health discrimination and inequalities faced by trans and intersex people in Croatia and Slovenia by using evidence-based best practices to educate and engage stakeholders. Project activities address the key policy goals set out in the LGBTIQ Equality Strategy 2020-2025: to combat inequalities

	in education, health, culture, and sports (particularly health) and to improve the recognition of trans and non-binary identities and intersex people through an intersectional approach and comprehensive action to prevent and combat discrimination, pathologizing, harassment, stigmatization, and stereotyping of trans and intersex people in the health care system.
Website/Social media	https://kolektirv.hr/projekt-od-praznina-do-pristupa-trans-i-interspolne-osobe-u-zdravstvu/

Title	**A-Z of LGBTQ Inclusion - Meeting the mental health needs of LGBTQ people**
Category	Educational Material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	Mind Out LGBTQ mental health service
Country of implementation	United Kingdom
Description	This training course will allow participants to come together, review and improve their practice when encountering LGBTQ clients with mental health issues. Bringing together both theoretical and real-life experiences, we will offer participants a unique perspective into understanding LGBTQ mental health and how our identities intersect with our mental health. Participants will gain insight and skills in assessing and addressing the needs of LGBTQ clients/customers/staff with mental health

	issues and gain confidence in dealing with heterosexism, homophobia, biphobia and transphobia. We will address good practice around monitoring for sexual orientation and gender, and participants will go away with action plans around how to make their workplaces and services more inclusive. This course will count as 6.5 CPD hours and CPD certificates are available upon request. The A-Z of Inclusion course will aim to: • Increase understanding of LGBTQ identities and terminology • Explore LGBTQ mental health, what's different and why? • Deepen awareness of trans issues, experiences and care pathways • Develop affirmative practice interventions and inclusion • Review information for signposting to LGBTQ specific support
Website/Social media	https://mindout.org.uk/training-2/ https://www.facebook.com/mindoutlgbtq https://www.instagram.com/mindoutlgbtq/ https://twitter.com/MindOutLGBTQ https://www.youtube.com/channel/UCsk5WhZ1Pb-5OZUm7zRJWyQ https://uk.linkedin.com/in/mindout-lgbtq-932005176

Title	LGBTQ+ Mental Health Wellbeing Support Group
Category	Support service
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	University of Manchester
Country of implementation	United Kingdom
Description	This is a peer support group supported by the Counselling and Mental Health Service and run by students trained to support LGBTQ+ peers. The group provides a welcoming environment for all LGBTQ+ students to talk about their mental health openly.
Website/Social media	https://www.manchester.ac.uk/study/experience/student-support/lgbtq-support/

Title	The Proud Trust
Category	Educational material
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	The Proud Trust
Country of implementation	United Kingdom
Description	The Proud Trust delivers training opportunities for teachers and other youth professionals, and creates LGBT+ positive resources

	for schools, colleges, and other youth settings, to equip them in being fully LGBT+ inclusive in their practice, policy, and curriculum.
Website/Social media	https://www.theproudtrust.org/schools-and-training/ https://www.instagram.com/the_proud_trust/ https://www.youtube.com/user/LGBTYouthNorthWest https://www.facebook.com/theproudtrust/ https://twitter.com/theproudtrust

Title	**Best Practices for Working with LGBTQ Individuals on Campus**
Category	Guidelines
Year(s) of implementation or publication	2016
Responsible organisation/stakeholder & other partners	Montana State University
Country of implementation	USA
Description	We all strive to be respectful and appropriate in our communications. To do so, we must continually educate ourselves on a broad spectrum of issues and terminology
Website/Social media	https://www.montana.edu/lgbtq/best_practices.html

Title	Best Practices for Mental Health Facilities Working With LGBT Clients
Category	Guidelines
Year(s) of implementation or publication	2011
Responsible organisation/stakeholder & other partners	American Psychological Association
Country of implementation	USA
Description	Because LGBT people are members of a minority group that is the target of social stigma, mental health facilities and their personnel who serve people with serious mental illness face important challenges in addressing the needs of LGBT clients.
Website/Social media	https://www.apa.org/pi/lgbt/resources/promoting-good-practices

Title	Closing The Gap
Category	Research
Year(s) of implementation or publication	2018
Responsible organisation/stakeholder & other partners	One Colorado Education Fund
Country of implementation	USA

Description	In 2018, One Colorado Education Fund (OCEF) conducted a multi-method survey of the health needs and experiences of more than 2,500 LGBTQ Coloradans, who shared their individual health stories and experiences. Closing the Gap: The Turning Point for LGBTQ Health serves as a comparison to the data collected and reported on in 2011 in Invisible: The State of LGBT Health in Colorado. It summarizes the findings from the 2018 survey to shed light on the many obstacles faced by LGBTQ Coloradans and their families, as well as provides recommendations to continue to advance their health.
Website/Social media	https://one-colorado.org/wp-content/uploads/2019/05/Closing_The_Gap_2018-LGBTQ-Health-Assessment_FINAL_5.17.19.pdf

Title	**Creating an LGBTQ-friendly practice**
Category	Guidelines
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	AMA (American Medical Association)
Country of implementation	USA
Description	Physicians who create an environment where all patients feel welcome can better meet their patients' often complex health care needs. Find recommended standards of practice with lesbian,

Website/Social media	gay, bisexual or transgender patients and additional resources to assist making your practice LGBTQ-friendly. https://www.ama-assn.org/delivering-care/population-care/creating-lgbtq-friendly-practice

Title	Welcoming Spaces: Treating Your LGBTQ+ Patient
Category	Educational material
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	National LGBT Cancer Network
Country of implementation	USA
Description	The National LGBT Cancer Network is proud to launch Welcoming Spaces: Treating Your LGBTQ+ Patient, our updated and expanded LGBTQ+ Cultural Humility training designed specifically for healthcare professionals. Modules: • Terminology and Pronouns • The root causes of health disparities • Barriers to care • Creating a welcoming environment • Overcoming barriers and data collection • Considerations and risks for gynecologic and breast/chest cancers in transgender patiens • Consideration during and after gynecologic care for transgender patients • Hormone considerations in transgender patients with gynecologic cancer session

Website/Social media	https://cancer-network.org/welcoming-spaces/#freelgbtqtraining https://www.facebook.com/nationalLGBTcancerNetwork/ https://twitter.com/cancerLGBT

Title	APA guidelines for Psychological Practice with Sexual Minority Persons
Category	Guidelines
Year(s) of implementation or publication	2021
Responsible organisation/stakeholder & other partners	American Psychological Association
Country of implementation	USA
Description	The Guidelines for Psychological Practice with Sexual Minority Persons provide psychologists with: (1) a frame of reference for affirmative psychological practice (e.g., intervention, testing, assessment, diagnosis, education, research, etc.) with sexual minority clients across the lifespan, and (2) knowledge and referenced scholarship in the areas of affirmative intervention, assessment, identity, relationships, diversity, education, training, advocacy, and research.
Website/Social media	https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf

Title	Gender-Affirming Pediatric Care Toolkit
Category	Educational material
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	National LGBTQIA+ Health Education Centre
Country of implementation	USA
Description	Transgender and gender diverse (TGD) children, adolescents, and their families are increasingly seeking out pediatricians and mental health providers for education, treatment, and services related to gender-affirming care. TGD children, adolescents, and their families are looking for care that is welcoming, affirming, and safe. However, due to a lack of training and information about providing gender-affirming care, providers may feel unprepared to offer this level of care to children and adolescents in TGD communities. This toolkit is a curated list of resources created by the National LGBTQIA+ Health Education Center to aid medical and behavioral health providers who are either starting on their journey in gender-affirming care for TGD youth or are looking to refresh or further their learning and understanding of creating safe, supportive, affirming health care experiences for TGD children and adolescents. We hope this toolkit can serve more than just pediatricians and behavioral health specialists, but also all healthcare staff who may work directly with youth, or determine policies and practices related to the care of TGD children and adolescents.

Website/Social media	https://www.lgbtqiahealtheducation.org/collection/trans-pediatric-care-toolkit/

Title	**Health at the Intersection of Sexuality, Gender, and Disability**
Category	Educational Material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	National LGBTQIA+ Health Education Centre
Country of implementation	USA
Description	At the intersection of LGBTQIA+ identities and disability status, patients face increased health disparities and increased barriers to care. This webinar will focus on the unique needs of disabled, mad, chronically ill, and neuro divergent LGBTQIA2S+ patients, helping health care providers and centers to provide support for overcoming challenges in access to care, including how to provide culturally responsive care, and how to manage and advocate for affirming and accessible referrals when additional services are needed.
Website/Social media	https://www.lgbtqiahealtheducation.org/courses/health-at-the-intersection-of-sexuality-gender-and-disability/

Title	Reentry, Referrals, and Responsive Care: How Health Care Centers Can Support Justice-Involved LGBTQIA+ Patients
Category	Education material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	National LGBTQIA+ Health Education Centre
Country of implementation	USA
Description	The goal of this panel webinar is to increase the capacity of health centers to meet the health care and support needs of LGBTQIA+ patients who have experienced incarceration or who are justice-involved. Participants will learn from an expert panel about how to improve screening, support, and referral services as well as explore opportunities and promising practices in developing community-based partnerships for reentry support.
Website/Social media	https://www.lgbtqiahealtheducation.org/courses/reentry-referrals-and-responsive-care-how-health-care-centers-can-support-justice-involved-lgbtqia-patients/

Title	Body Image, Perception, and Health Support for Older LGBTQIA+ Adults
Category	Educational material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	National LGBTQIA+ Health Education Centre
Country of implementation	USA
Description	This National LGBTQIA+ Health Education Center and the National Center for Equitable Care for Elders (NCECE) webinar will examine the relationship between body image, perception, and healthy movement for overall health and diabetes prevention, particularly for older LGBTQIA+ adults. Expert panelists will present approaches for supporting LGBTQIA+ patients with their health goals as they age, provide strategies for developing LGBTQIA+ and body-affirming and inclusive environments for older adults, and share best practices for connecting older LGBTQIA+ patients to appropriate and affirming services aimed at improving health outcomes.
Website/Social media	https://www.lgbtqiahealtheducation.org/courses/body-image-perception-and-health-support-for-older-lgbtqia-adults/

Title	Affirming Reproductive Health Care for LGBTQIA+ People
Category	Educational material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	National LGBTQIA+ Health Education Centre
Country of implementation	USA
Description	This webinar is designed to help health centers understand the unique needs of LGBTQIA+ people when seeking reproductive health care. Participants will explore the unique barriers to reproductive health care for LGBTQIA+ people and discover promising practices for providing affirming pre-conception counseling and OBGYN and reproductive health care, including strategies for health navigation, and considerations for LGBTQIA+ patients who seek to raise children.
Website/Social media	https://www.lgbtqiahealtheducation.org/courses/affirming-reproductive-health-care-for-lgbtqia-people/

Title	Body Image, Perception, and Health Beyond the Binary
Category	Educational material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	National LGBTQIA+ Health Education Centre
Country of implementation	USA
Description	This webinar is designed to improve the capacity of health centers to meet the needs of non-binary patients, particularly through the understanding the relationship of body image and perception to health for people with gender identities and expressions beyond the binary. Participants will learn affirming language and terminology, including foundational concepts to understand the unique healthcare needs of non-binary people, and gain strategies for creating a welcoming and affirming environments for all patients.
Website/Social media	https://www.lgbtqiahealtheducation.org/courses/body-image-perception-and-health-beyond-the-binary/

Title	Rainbow Heights Club
Category	Support service; educational material
Year(s) of implementation or publication	2001
Responsible organisation/stakeholder & other partners	Rainbow Heights Club
Country of implementation	Brooklyn, NY
Description	Rainbow Heights Club, located in Downtown Brooklyn, New York, is a drop-in space that offers peer support and advocacy for lesbian, gay, bisexual & transgender New Yorkers who are living with mental illness. We are committed to creating a safe place for community members to socialize, access peer support and take the next step forward on their recovery journey, together.
Website/Social media	https://www.rainbowheights.org/who-we-are https://www.instagram.com/rainbowheightsclub/ https://twitter.com/rainbow_heights https://www.youtube.com/channel/UCXUbWHPBKcumSjlwb9TDPLg?view_as=subscriber

Title	State of LGBTQ Health
Category	Educational material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	The National Coalition for LGBTQ Health
Country of implementation	USA
Description	The National Coalition for LGBTQ Health administered the Inaugural State of LGBTQ Health National Survey™ to identify the unique primary and supportive healthcare needs of LGBTQ+ people. The goal of this survey was to better inform ongoing advocacy, education, research, and training activities. The results provided insight into patient and provider pathways that optimize primary and support services for these communities. To identify the healthcare needs, the Coalition surveyed providers (clinical and non-clinical) across the United States.
Website/Social media	https://healthlgbtq.org/state-of-lgbtq-health/ https://www.facebook.com/HealthLGBTQ https://twitter.com/Health_LGBTQ https://www.linkedin.com/company/national-coalition-for-lgbtq-health

Title	Expert Cultural Competency and Wellness Training
Category	Training program; educational material
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	LGBTQ Caregiver Center
Country of implementation	USA
Description	The LGBTQ Caregiver Center provides LGBTQ Cultural Competency Training and LGBTQ Caregiving focused training programs for small businesses, community agencies, and other organizations, as well as medical and human service providers to provide you with the tools, terms and an understanding of how to better meet the needs specific to the LGBTQ community.
Website/Social media	https://lgbtqcaregivers.org/training/ https://www.facebook.com/lgbtqcaregivers https://twitter.com/lgbtqcaregivers https://www.linkedin.com/showcase/lgbtq-caregiver-center/ https://www.youtube.com/channel/UCQvS0nBJkMJjDU63Hhp6E9Q

Title	Transgender Training Institute, Inc.
Category	Educational material
Year(s) of implementation or publication	Since 2015
Responsible organisation/stakeholder & other partners	Transgender Training Institute, Inc.
Country of implementation	USA
Description	The Transgender Training Institute (TTI) is team of transgender and non-binary educators who facilitate professional development and personal growth trainings. We provide tailored trainings for a wide range of clients, and also offer webinars and classes for individuals. The TTI offers Live Virtual Trainings, Pre-Recorded Trainings with Live Q&A Sessions, and in Person Trainings for health and mental health providers, among others Some indicative training topics include: • Trans 101 • Working with Families of Trans& Non-Binary Youth • Basics of Trans Affirming Medical Care • Surgery Letter Writing TTI also holds an online Clinical Supervision Group for clinicians supporting transgender and non-binary people, and a Training-of-Trainers program.
Website/Social media	https://www.transgendertraininginstitute.com/

Good practices implemented in Greece

Title	Psychological Support Line "11528 - DIPLA SOU"
Category	Support Service
Year(s) of implementation or publication	Since 2012
Responsible organisation/stakeholder & other partners	OLKE, Athens Pride, Thessaloniki Pride, Positive Voice
Country of implementation	Greece
Description	Psychological Support Line for lesbian, gay, bi, transgender people, their families, for educators & for anyone who has questions about sexual orientation and gender identity and/or expression.
Website/Social media	https://11528.gr/

Title	Empowerment Groups for LGBTQ youth
Category	Support Service
Year(s) of implementation or publication	Since 2012
Responsible organisation/stakeholder & other partners	Colour Youth – Athens LGBTQ Youth Community
Country of implementation	Greece
Description	The aim of the groups is to explore different identities as they are experienced by each person and to share experiences and emotions. The groups' ultimate goal is our personal empowerment through interacting and coexisting in a safe space. Empowerment Groups: ● Sexual Orientation Group for non-straight people (lesbian, gay, bisexual, asexual, pansexual, queer, or other) ● Gender Identity Group for non-cisgender people (trans men, trans women, non binary, genderqueer, questioning and other).
Website/Social media	https://www.colouryouth.gr/en/omades-endynamosis/

Title	A guide for young trans people: Basic information on gender identity issues
Category	Informational material
Year(s) of implementation or publication	2019
Responsible organisation/stakeholder & other partners	Colour Youth
Country of implementation	Greece
Description	The goal was to create a guide that would include, gathered and adapted to Greek data, basic information on as many topics as possible that may concern new trans people and people exploring their gender identity. In this guide, you can therefore find information and advice on: ● trans identities and terminologies ● coming out ● medical gender transition procedures, but also non-medical interventions (e.g. binding) ● procedures for changing legal documents ● sexual health and relationships ● mental health ● handling incidents of transphobic violence and discrimination, and more. Also, at the end of the guide, we have included a list of organizations, agencies and services that specialize in transgender

	issues, or provide support services that also cover gender identity issues. This guide can also be a useful source of information for parents and friends of transgender people, educators, health and psychosocial support professionals, and allies.
Website/Social media	https://www.colouryouth.gr/wp-content/uploads/2020/03/%CE%9F%CE%94%CE%97%CE%93%CE%9F%CE%A3-%CE%93%CE%99%CE%91-%CE%9D%CE%95%CE%91-%CE%A4%CE%A1%CE%91%CE%9D%CE%A3-%CE%91%CE%A4%CE%9F%CE%9C%CE%91.pdf

Title	Red Umbrella Athens
Category	Support service
Year(s) of implementation or publication	Since 2015
Responsible organisation/stakeholder & other partners	Positive Voice
Country of implementation	Greece
Description	Red Umbrella Athens operates under the scientific supervision of the Department of Psychology of the University of Crete and the Clinical Research Laboratory: Subjectivity and Social Bonding at the National and Kapodistrian University of Athens. The initiative aims to promote health, ensure the rights of sex workers, inform and raise awareness of the state and society as a whole, but also to provide empowerment services contributing to the social inclusion of sex workers in Greece. Red Umbrella Athens is designed and implemented by people from the sex worker community and other vulnerable social groups (e.g., people living with HIV/HCV, LGBT+ people, refugees.migrants, etc), in cooperation with human rights activists and mental health professionals. Its operation is based on guidelines and examples of best practice from global sex worker organizations and associations (e.g. NSWP, WHO). It provides services and implements a variety of information and awareness programs and campaigns with equal and substantial participation in organization, management, planning and implementation by sex workers.

Website/Social media	https://redumbrella.org.gr/
Title	**Athens & Thessaloniki Checkpoint**
Category	Support Service
Year(s) of implementation or publication	Since 2012
Responsible organisation/stakeholder & other partners	Positive Voice
Country of implementation	Greece
Description	Checkpoints are prevention centres, offering services of counselling and rapid testing for HIV and hepatitis B and C, anonymously and free of charge. Checkpoint runs also a mobile unit wit the same services in Attica and the rest of Greece. The Mobile Unit approaches populations that live outside of large urban centers and that don't have access to testing and counseling services for sexual education and health. At the same time, it is used by the street work group of "Positive Voice" in order to provide equivalent services to vulnerable social groups such as men who have sex with men, intravenous drug users and sex workers.
Website/Social media	https://mycheckpoint.gr/

Title	Young LGBTQI+ People and the Pandemic: A Support Guide
Category	Informational material
Year(s) of implementation or publication	2020
Responsible organisation/stakeholder & other partners	Colour Youth
Country of implementation	Greece
Description	An inclusive a handbook e listing information about Covid-19, also known as the coronavirus, aimed at LGBTI+ youth, including basic information regarding COVID-19, the effects of the coronavirus pandemic on the mental health of LGBTI+ people, practical advice for transgender people, relaxation and CBT techniques to deal with stress, links and phone numbers from support lines.
Website/Social media	https://www.colouryouth.gr/wp-content/uploads/2020/05/Οδηγός-Υποστήριξης-για-ΛΟΑΤΚΙ-άτομα-1.pdf

Title	FAROS – Feature a protective environment for LGBTI+ persons
Category	Project; research; educational material
Year(s) of implementation or publication	2020-2022
Responsible organisation/stakeholder & other partners	KMOP, Colour Youth, Orlando LGBT+, Rainbow Families, Positive Voice, Ministry of Justice
Country of implementation	Greece
Description	The project aims to strengthen protection, monitoring and prevention mechanisms as well as combat hate crimes and homophobic, biphobic, transphobic and interphobic discrimination and violence against LGBTI+ people, by expanding the knowledge and enhancing the skills of public servants to better understand the needs of LGBTI+ people and respond to cases of violence and discrimination against them, as well as by developing a network of stakeholders and interested parties which will serve as a safety net for LGBTI+. Project's activities: ● Implementation of research to identify the gaps between norms and reality through focus groups and an online survey, addressing public servants and LGBTI+ people. ● Development of guide for public servants. ● Development of an online course for public servants on offering inclusive services to LGBTI+ people ● Organisation of training seminars for public servants
Website/Social media	https://www.faros2020.eu/

Title	Transcare: Improving access to healthcare for transgender individuals
Category	Project; research; educational material
Year(s) of implementation or publication	2020-2023
Responsible organisation/stakeholder & other partners	MSc "Global Health- Disaster Medicine", "Attikon" University General Hospital, School of Medicine, National and Kapodistrian University of Athens (NKUA), University of Crete - Clinic of Social and Family Medicine (CSFM), Colour Youth, Orlando LGBT+, Hellenic Medical Students International Committee, Positive Voice, Medical Association of Athens, Institute of Vocational Training AKMI, ReadLab
Country of implementation	Greece
Description	"Transcare: Improving Access to Healthcare for Transgender Individuals" is project aiming to enhance trans people's access to healthcare by increasing the capacity of clinic staff and providers about the healthcare rights and needs of transgender people, addressing policy gaps and proposing potential solutions. The main activities of the project include: ● Assessment of the current situation in health care facilities of the country. The goal being to obtain data and information on the degree of familiarization of healthcare professionals with the diversity of gender identity and expression, as well as to record and showcase the experiences that transgender individuals share from health care facilities visits.

	● Based on these data, educational material will be created, while information days and awareness events for health care providers will be organized, aiming to improve the services provided to transgender individuals and secure their rights. ● With the completion of the project, outputs will be disseminated and shared with from health care units and health care professionals across the country, contributing to the creation of an inclusive public healthcare culture health care that encompasses the understand the needs of transgender individuals and responds to them.
Website/Social media	https://transcare-project.eu/

Title	Color Health - Information and awareness campaign for LGBTI+ access to health
Category	Awareness-raising campaign
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	HelMSIC
Country of implementation	Greece
Description	The objectives of the campaign are: ● Highlighting the need to raise the awareness of health professionals in matters of medical care for members of the LGBTI+ community ● The provision of necessary knowledge for the correct treatment of LGBTI+ people in clinical practice ● Highlighting the role of the medical student and the health professional in the issue of access of LGBTI+ people to health services The themes that the campaign focuses on are: ● The medical care needs of LGBTI+ people in terms of both physical and mental health ● The unequal access of LGBTI+ people to health services and the stigma they face from medical staff at national and global level ● The basic knowledge about sexual orientation, gender identity and expression necessary for the right approach to the patient

	• The role of the health professional and the medical student in treating the patient holistically and breaking down stereotypes • The need to integrate the subject into the curriculum of Medical Schools
Website/Social media	https://www.helmsic.gr/blog/2022/06/06/color-health/ https://www.helmsic.gr/blog/2022/06/07/color-health-2/ https://www.helmsic.gr/blog/2022/06/07/color-health-3/

Title	“Your identity does not need to change”
Category	Research; awareness-raising campaign
Year(s) of implementation or publication	Since 2020
Responsible organisation/stakeholder & other partners	Orlando LGBT+
Country of implementation	Greece
Description	The first research to be conducted on the experiences of LGBTI+ people from practices aiming to change their sexual orientation and/or gender identity (“conversion therapies”). The results of the research where utilised to hold and an awareness raising and advocacy campaign aiming to ban conversion therapies in Greece and in Cyprus.
Website/Social media	https://orlandolgbt.gr/itaytotitasoydetheleiallagi/

Good practices implemented in Italy

Title	6 Come Sei
Category	Support service
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	Department of Psychology of Developmental and Socialisation Processes, Sapienza University of Rome
Country of implementation	Italy
Description	It provides Individual, couple and relational psychological interventions for LGBTI+ people as well as prevention and educational programs in school and organizational settings
Website/Social media	https://web.uniroma1.it/dip38/orientamenti-sessuali-e-identità-di-genere

Title	Synapse Centre
Category	Support service
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	University of Naples Federico II

Country of implementation	Italy
Description	It provides psychological counseling and brief psychotherapy to LGBT people and their relatives, support to organizations to tackle discrimination, as well as prevention and informative programs
Website/Social media	https://www.sinapsi.unina.it/cultura_differenze

Title	**Alias Career**
Category	Policy
Year(s) of implementation or publication	2003 (First implementation in University of Turin)
Responsible organisation/stakeholder & other partners	32 Italian Universities, including the Universities of: Torino, Bologna, Firenze, Padova, Bari, Milano, Bergamo, Verona, Urbino, Napoli, Roma, Salerno, Ferrara, Pisa.
Country of implementation	Italy
Description	It provides an alternative and temporary bureaucratic profile, reserved for students and in some cases also for staff who have embarked on a gender transition pathway, which allows the applicant's registry name, assigned at birth on the basis of biological sex, to be replaced with the name of choice
Website/Social media	-

Title	LGBT Service City of Turin
Category	Support service; Informational material; Educational material
Year(s) of implementation or publication	2001
Responsible organisation/stakeholder & other partners	City of Turin - Youth and Equal Opportunities Area
Country of implementation	Italy
Description	Promotes awareness-raising and information initiatives on LGBT+ issues and training courses in public administration and schools
Website/Social media	http://www.comune.torino.it/politichedigenere/lgbt/

Title	Lenford Network
Category	Support services
Year(s) of implementation or publication	2007
Responsible organisation/stakeholder & other partners	Lenford Network
Country of implementation	Italy
Description	Provides legal protection services and produces information material and training events on LGBT issues to combat discrimination and protect rights
Website/Social media	https://www.retelenford.it

Title	Infotrans
Category	Educational material
Year(s) of implementation or publication	-
Responsible organisation/stakeholder & other partners	Infotrans
Country of implementation	Italy
Description	Provides information material on health and legal issues for transgender people
Website/Social media	https://www.infotrans.it

Title	READY Network
Category	Web Portal
Year(s) of implementation or publication	2006
Responsible organisation/stakeholder & other partners	Network of more than 230 public administrations
Country/-ies of implementation	Italy
Description	Provides a space for local public administrations to share good practices in anti-discrimination and diversity protection
Website/Social media	https://www.reteready.org

Title	TO Housing
Category	Support service
Year(s) of implementation or publication	2018
Responsible organisation/stakeholder & other partners	Quore Association
Country of implementation	Italy
Description	Welcomes LGBT people in difficulty by providing them with a housing solution and facilitating their social reintegration
Website/Social media	https://www.quore.org/to-housing-accoglienza-lgbtqi/

Title	CIDIGeM
Category	Support service
Year(s) of implementation or publication	2005
Responsible organisation/stakeholder & other partners	Molinette Hospital of the City of Health of Turin
Country of implementation	Italy
Description	It provides psychological and medical support to people who do not recognise their gender, so that they can start on the path of gender transformative interventions
Website/Social media	https://www.cittadellasalute.to.it/index.php?option=com_content&view=article&id=149:urologia-u&catid=140:strutture-sanitarie-citta-della-salute-molinette

Title	Against Homophobia. European local Administration Devices (AHEAD) - Training materials
Category	Educational material
Year(s) of implementation or publication	2011
Responsible organisation/stakeholder & other partners	City of Turin
Country of implementation	Italy
Description	Training material on LGBT-related issues (family, school, social inclusion, public space)
Website/Social media	http://www.comune.torino.it/politichedigenere/lgbt/ahead/ahead_materiali/index.shtml

Title	CasaArcobaleno
Category	Support service
Year(s) of implementation or publication	2012
Responsible organisation/stakeholder & other partners	Casa Arcobaleno
Country of implementation	Italy
Description	Integrated cluster of public interest services for the LGBTQIA+ population
Website/Social media	https://casarcobaleno.it

Good practices implemented in Belgium

Title	Lumi Hotline
Category	Support Service
Year(s) of implementation or publication	Since 1995 (renamed in 2018)
Responsible organisation/stakeholder & other partners	Çavaria
Country of implementation	Belgium
Description	One of the best practices in Belgium aiming to improve the health of LGBTI+ people is the Lumi hotline. The Dutch-speaking hotline was first inaugurated in 1995 under the name "Holebifoon". In 2018 the hotline was renamed "Lumi". At first it was a standard landline phone number which later became free of charge and soon included an email function as well as a chat function in 2007. In 2017 a website was also added to Lumi's activities. Lumi addresses all possible LGBTI+ issues, including general and sexual health.
Website/Social media	https://www.lumi.be/

Title	Keep an eye for sexual identity (Oog voor seksuele identiteit)
Category	Training material
Year(s) of implementation or publication	2009

Responsible organisation/stakeholder & other partners	NGO HolebiFederatie
Country of implementation	Belgium
Description	In 2009, the Flemish LGBT NGO HolebiFederatie launched the "Keep an eye for sexual identity" (Oog voor seksuele identiteit) manual addressing Dutch-speaking healthcare professionals, mainly counselors. The manual's focus lies in educating health professionals about LGBT people and also guides the former into recognising their own bias and becoming better listeners. Then it sets out to support counsellors in approaching and understanding the issues of sexual and gender identity and in identifying complications. Social issues are also adequately addressed, with emphasis given to coming out, visibility strategies (how LGBT people manage their visibility), coming in (seeking contacts and socialising with other LGBT people), relationships, and family. Attention is also paid to the influence of society. Under the title "how does the client deal with homonegativity?" the manual gives healthcare professionals an overview on how negative social perceptions, speech, and actions can influence LGBT people's mental health and wellbeing. Stigma awareness and minority stress are also explicitly mentioned. HolebiFederatie's manual mentions how LGBT people are aware that disclosing their identity may trigger negative reactions from others. Therefore, in anticipation of negative comments and abusive speech, LGBT people develop distrust and feel stressed while being around others. Finally, an introduction to several sexual orientations is presented, together

	with definitions and information about trans people, LGBT people with disability, and LGBT people from different ethnic and cultural backgrounds.
Website/Social media	https://www.zorg-en-gezondheid.be/sites/default/files/2022-04/80%20Tinten%202018%20-%20Oog%20voor%20seksuele%20identiteit.%20Gids%20voor%20hulpverleners%20met%20checklist%20%28Holebifederatie%202009%29.pdf

Title	**Rainbowhouse Brussels**
Category	Community center
Year(s) of implementation or publication	Since 2001
Responsible organisation/stakeholder & other partners	Several French and Dutch-speaking LGBTI+ organisations in Brussels (listed in detail here)
Country of implementation	Belgium
Description	Rainbowhouse Brussels functions as a meeting point for coordination activities for the member organisations, and also features a café as a social space. LGBTI+ persons can receive guidance on legal, medical, or psychological matters. The projects carried out by Rainbowhouse include among others projects on sexual education, movie festivals, street art, annual conferences on continuous education, reporting LGBTQI+phobia, and also antiracism and cultural diversity
Website/Social media	http://rainbowhouse.be/en/about-us/

Title	"Beyond the box"
Category	Research
Year(s) of implementation or publication	2014
Responsible organisation/stakeholder & other partners	Research group 'Burgerschap, Gelijkheid en Diversiteit' of the University of Antwerp, Observatory of AIDS and Sexualities of the University Saint-Louis in Brussels
Country of implementation	Belgium
Description	"**Beyond the box**" was an attitude survey launched in 2013 investigating sexism, homophobia, and transphobia among the Belgian population, and aimed at identifying the reasons behind those phenomena.
Website/Social media	https://igvm-iefh.belgium.be/fr/publications/beyond_the_box

Title	"Inclusion" - Fédération Laïque de Centres de Planning Familial
Category	Educational material
Year(s) of implementation or publication	2022
Responsible organisation/stakeholder & other partners	Secular Federation of Family Planning Centres (FLCPF)
Country of implementation	Belgium

Description	In 2022 the FLCPF has announced a series of events in online and presence mode on several issues around sexual and reproductive health. Two training are being organised regarding the health of LGBTI+ persons. The target audience of the trainings are healthcare professionals working at family planning centres in the field of psychology. Through those trainings, the Federation is aiming to create awareness on LGBTI+ health issues, deconstruct heteronormative and cis-normative representations, improve awareness on LGBTI+ rights, disseminate attitudes that create a welcoming environment, and to feel comfortable in discussing LGBTI+ issues. The methodology of the trainings includes a participative approach favouring the sharing of experience and practical ideas, and the provision of education resources and material. The trainings are offered in French.
Website/Social media	https://www.planningfamilial.net/index.php?id=202

Title	**KLIQ**
Category	Educational material; training programme
Year(s) of implementation or publication	Since 2002
Responsible organisation/stakeholder & other partners	Çavaria
Country of implementation	Belgium
Description	KLIQ functions as a non-profit organisation and focuses on the well-being, equal rights and equal opportunities of LGBTI+

	persons. KLIQ strives for a solidary and inclusive society with a broad view on sexual orientation, gender identity, gender expression and gender characteristics. The organisation receives funding and support by the government of Flanders' Department of Culture, and is currently offering trainings on gender and sexual diversity.
Website/Social media	https://kliqvzw.be/wie-zijn-we

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Appendix: Glossary of terms

Agender: People who experience a lack of gender identity. Some people use this term to refer to a "neutral" gender identity.

Alloromantic: People who experience romantic attraction; people who do not identify within the aromantic spectrum.

Allosexual: People who experience sexual attraction; people who do not identify within the asexual spectrum.

Aromantic spectrum: It includes people who experience no or little romantic attraction, or experience romantic attraction under certain circumstances.

Aromantic: People who experience no romantic attraction.

Asexual spectrum: It includes people who experience no (asexual) or little (graysexual) sexual attraction, or experience sexual attraction under certain circumstances (demisexual).

Assigned female at birth (AFAB): Acronym used to refer collectively to individuals who have been assigned as female at birth (cis women, trans men and non-binary people).

Assigned male at birth (AMAB): Acronym used to refer collectively to individuals who have been assigned as male (cis men, trans women and non-binary people) at birth.

Biphobia: Irrational fear, hate and prejudice against bisexual people. Biphobia differs from homophobia, as it refers to stereotypes and prejudices that target specifically bisexual people, e.g., the stereotype that bisexual people are "greedy". It can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents.

Bisexual: People who are attracted to people of more than one gender. Also, an umbrella-term for all polysexual identities.

Cisgender: People whose gender identity is the same as the sex assigned to them at birth.

Cisnormativity: The assumption that everyone is cisgender, and that cisgender identities are superior to trans identities.

Coming out: [to oneself] The process of identifying/accepting one's sexual orientation, gender identity or intersex variation; [to others] the process of sharing with others one's sexual orientation, gender identity or intersex variation.

Deadnaming: Addressing a trans person by the name legally and/or socially assigned to them. This can happen either accidentally or intentionally, as a way of abusing and belittling the trans person, and denying their identity.

Demiromantic: People who experience romantic attraction under certain circumstances.

Dyadic: Term sometimes used to refer to a person who is not intersex, that is, a person whose sex characteristics fall within the male or female sex category.

Female-to-male (FtM): A term used to refer to trans men. Many people, however, do not feel comfortable with the use of these terms as they feel that they reproduce the stereotypical perception that trans people "are" one gender and "change" to another, failing to acknowledge that trans people are the gender they self-identify as, even before coming out. Also, the terms place particular emphasis on the medical aspect of gender transition.

Gay: Mostly used for men who are attracted exclusively to other men. Some women who are attracted to women may also identify as gay.

Gender assigned at birth: At birth people are assigned a gender, based on their sex characteristics, which is also registered in their official documents. A person's gender identity and expression is assumed to be in alignment with this assignment.

Gender diverse: People whose gender identity and/or expression are different from social and cultural expectations attributed to their assigned gender.

Gender expression: The ways through which a person chooses to express themselves, such as haircuts, clothing, way of speaking, movements and other behaviours or interests.

Gender identity: A person's inner sense of their gender. It may or may not match the gender the person was assigned at birth, based on their sex characteristics.

Gender non-conforming (GNC): Umbrella-term for people whose gender expression or gender identity differs from gender norms associated with their assigned sex.

Gender reassignment surgeries: The term refers to a set of surgical procedures used to change sex characteristics that cannot be (completely) changed by hormone therapy or other non-medical interventions. (Also: *gender affirming surgeries*)

Gender transition: All the processes a trans person can go through to better express their gender identity. It can include social, medical and legal steps and is different for each person.

Genderfluid: People whose gender identity or expression may change over time depending on existing circumstances and/or the individual's personal sense of gender. Individuals' gender identity may move between identities and experiences within and/or outside the binary. This fluidity differs from the exploration of gender identity, as it is a fixed identity.

Grayromantic: People who experience little or rarely romantic attraction.

Heteronormativity: The social enforcement of the gender binary, as well as the belief that heterosexuality is the only normal and acceptable sexual orientation. This belief results in the invisibility, stigmatisation and discrimination against people who are not or are perceived not to be heterosexual.

Heterosexism: A phenomenon directly linked to heteronormativity, defined as the discriminatory behaviours emanating from the belief that gender is binary and favouring heterosexuality and heterosexual relationships.

Heterosexual: Men who are exclusively attracted to women and women who are exclusively attracted to men. (Also: *straight*)

Homophobia: Irrational fear, hate and prejudice against gay men and lesbians. They can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents.

Homosexual: Term used to refer to gay men and lesbians. However many people prefer to use the term “gay”, due to the medical and pathologising connotations of the term homosexual.

Interphobia: Irrational fear, hate and prejudice against intersex people and people who may be perceived to have intersex variations. It can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents, including “normalising” medical interventions.

Intersex: People with variations of sex characteristics that cannot be strictly defined within the categories of male and female.

Legal gender recognition: The process of changing one’s name and/or gender marker on legal documents.

Lesbian: A woman who is attracted exclusively by other women.

LGBTI+: Lesbian, gay, bisexual, transgender, and intersex people. The + symbolises the various other identities not that are not represented in the acronym.

Male-to-female (MtF): A term used often to refer to trans women. Many people, however, do not feel comfortable with the use of these terms as they feel that they reproduce the stereotypical perception that trans people "are" one gender and "change" to another, failing to acknowledge that trans people are the gender they self-identify as, even before coming out. Also, the terms place particular emphasis on the medical aspect of gender transition.

Men having Sex with Men (MSM): A term mostly used in the field of sexual health to refer to men who have sexual relationships with other men, regardless of their sexual orientation.

Misgendering: The incorrect use of pronouns and gendered terms. It can be done either inadvertently or deliberately, with the aim of abusing and humiliating a trans person and denying their identity.

Monosexuality: Experiencing attraction towards people of one gender only. It includes identities such as gay, lesbian, heterosexual.

Non-binary: An umbrella-term for all gender identities outside the gender binary. Some identities within the non-binary umbrella are: genderfluid, agender, bigender, etc.

Pansexual: People who are attracted to people of all genders or irrespectively of a person's gender.

Polysexuality: Experiencing attraction towards people of multiple genders. It includes identities such as bisexual, pansexual, etc.

Outing: Involuntary or unwanted disclosure of another person's sexual orientation, gender identity, or intersex variation.

Queer: A complex term with multiple interpretations. In the past, it was used as derogatory term for LGBTI+ people, but since the 80's it has been reclaimed by activists and academics as a positive and confrontational self-description to challenge social norms around sexuality, sexual orientation, gender identity and/or other forms of normativity. It is often used by people that do not accept the traditional concepts of gender and sexuality and do not identify with any of the terms of the LGBTI+ acronym, but also as an umbrella term for all LGBTI+ people. As a term, it also connects with certain parts of Queer Theory.

Questioning: A term used by people who are in the process of exploring their sexual orientation and/or gender identity.

Sex characteristics: The biological and anatomical characteristics associated with sex, including the primary sex characteristics (chromosomes, internal and

external reproductive organs, sex hormones, gonads) and the secondary sex characteristics (e.g., breasts' development, muscle and fat distribution, hair growth, etc.).

Sexual orientation: The romantic and/or sexual attraction a person can experience towards other people. Romantic and sexual attraction may not coincide.

Stealth: A term to describe a trans person who is not "out" as trans, and is perceived by others as cisgender.

Transgender: People whose gender identity is different than the sex assigned to them at birth.

Transphobia: Irrational fear, hate and prejudice against transgender people and people who do not conform to normative social attitudes regarding gender and/or gender expression. It can include a wide range of negative beliefs, stances and behaviours, from stereotyping to extreme violence incidents.

Transsexual: A term used commonly in the past by and for transgender people undergoing medical transition procedures. It is now no longer commonly used due to stigma and negative connotations, however there are trans people – mostly of older age - who wish to use this term to identify themselves.

Women having Sex with Women (WSW): A term used to refer to women who have sex with women, regardless of the way they identify with regards to their sexual orientation. Is used in the same as way the term MSM, though less frequently.

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