

Deliverable No 2.3

Report on Learning Outcomes



Co-funded by the European Union's
Rights, Equality and Citizenship
Programme (2014-2020)

Project Information

Project Acronym:	Transcare
Project Title:	Improving access to healthcare for transgender individuals
Agreement number:	881952
EU programme:	Rights, Equality and Citizenship Programme (2014-2020)
Project coordinator:	National and Kapodistrian University of Athens
Project website:	www.transcare.ceu

Document's Information

Author:	Orlando LGBT+
Writers:	Christiana Gennata, Filippos Paganis, Nancy Papathanasiou, Elena-Olga Christidi
Contributors:	Agapi Angelaki, Marilena Anastasaki, Athanasios Kalligeris, Evika Karamagkioli, Erofilis Kokkali, Giorgos Kousoulis, Pinelopi Kroustalli, Nathanail-Evangelos Linardis, Christos Lionis, Eleni – Panagiota (Elda) Stoupa, Victoria Topalidi
Reviewer:	Steering Committee
Dissemination:	Public
Date:	March 2022

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Table of Contents

1. Introduction	6
2. Methodology	8
2.1 Online research	8
2.2 Focus Groups	18
3. Online research results	20
3.1 Healthcare professionals	22
3.1.1 <i>Comparison between doctors and mental health professionals</i>	23
3.1.2 <i>Comparison between LGBTQI+ and cis-heterosexual healthcare professionals</i>	26
3.1.3 <i>Training and knowledge on gender identity issues</i>	28
3.1.4 <i>Personal experience</i>	31
3.2 Students	34
3.2.1 <i>Comparison between LGBTQI+ and cis-heterosexual students</i>	35
3.2.2 <i>Comparison between medicine and psychology students</i>	38
3.2.3 <i>Training and knowledge on gender identity issues</i>	42
3.2.4 <i>Personal experience</i>	46
4. Focus groups results	48
4.1 The experience of trans people	48
4.1.1 <i>Perception of trans people's access to healthcare services</i>	48
4.1.2 <i>Experience from healthcare services</i>	48
4.1.3 <i>Experience from healthcare services related to medical transition</i>	53
4.1.4 <i>Need for policy reform and professionals' training</i>	56
4.2 The experience of healthcare professionals	59
5. Conclusions	64
5.1 Professionals' and students' attitudes	64
5.2 Experience from healthcare services	65
5.3 Training needs	67
5.4 Research limitations	70

6. References	71
7. Annexes	73
7.1 Students	73
7.1.1 Mann-Whitney test to compare means of all questions between LGBTQI+ and cis-heterosexual students	73
7.1.2 Mann-Whitney test for comparing means of all questions between medicine and psychology students	75
7.2 Healthcare professionals	77
7.2.1 Mann-Whitney test to compare means of all questions between doctors and mental health professionals	77
7.2.2 Mann-Whitney test to compare means of all questions between those who identify as LGBTQI+ and those who do not identify as LGBTQ+	78

TABLES

Table 1: Grouping of questions for the professionals' group.	13
Table 2: Grouping of questions for the students' group.	14
Table 3: Mann-Whitney test to compare means of all questionnaires between doctors and mental healthcare professionals.	20
Table 4: Mann-Whitney test to compare means of all questionnaires between LGBTQI+ and cis-heterosexual professionals.	21
Table 5: Mann-Whitney test to compare means of all questionnaires between LGBTQI+ and cis-heterosexual students.	29
Table 6: Mann-Whitney test to compare means of all questionnaires between medicine and psychology students.	31

GRAPHS

Graph 1: Professionals distribution based on profession	9
Graph 2: Professionals' and students' distribution based on gender	10



Graph 3: Professional's and students' responses to the question
"Do you identify as LGBTQI+?" 11

Graph 4: Students' distribution based on faculty
12



1. Introduction

Although access to health is, according to the World Health Organization (1946), a fundamental human right, trans people worldwide experience significant barriers in accessing health and psychosocial support services, which limit the care they can receive and thus the overall quality of their health and well-being. According to the Fundamental Rights Agency's most recent survey on the experience of LGBTIQ+ people in the European Union, one in five trans people (19%) report having experienced some form of discrimination in the health sector (FRA, 2020).

The pathologisation of trans identities over nearly four decades has been instrumental in reinforcing and entrenching the stigma faced by trans people in every aspect of their lives and everyday life, including health, and -although trans identities are no longer categorised as mental disorders by the diagnostic manuals of the World Health Organization (WHO, 2018) and the American Psychiatric Association (APA, 2013)- the impact of pathologisation is still pronounced and limits individuals' access to safe, inclusive and quality healthcare services.

The present report includes the main results of the research carried out in the framework of the project "Transcare - Improving Access to Healthcare services for Trans individuals", a two-year project co-funded under the European Programme Rights, Equality and Citizenship (2014-2020). The research followed a mixed methodology with primary data collection through an online survey and focus groups. The main objective of the research is to map the existing situation in healthcare and psychosocial support services in Greece regarding the provision of services to trans people. More specifically, through this research, the Transcare consortium aims to record the level of awareness, the attitudes, perceptions, and training needs of healthcare and psychosocial support professionals, as well as students of relevant faculties, on issues of gender identity, gender expression, and



trans identities, as well as to highlight trans people's own experiences from healthcare services.

The results of the research will be used to create online training material for (future) healthcare and psychosocial support professionals, in order to better inform them about trans identities, the needs of trans people from health and mental healthcare services, and to develop their skills to provide more inclusive services. In addition, the findings of the research will form the basis for policy recommendations to combat discrimination on the basis of gender identity in healthcare and improve access to health and mental healthcare services for trans people in Greece.



2. Methodology

Design: A mixed-methods research was carried out. Specifically, a descriptive study with data collection through an online survey, and a qualitative study with data collection through focused discussion groups were conducted.

2.1 Online research

The online survey consisted of two separate structured questionnaires, one addressed to professionals working in the healthcare sector (doctors, nurses, psychologists, social workers, health researchers, administrative employees in healthcare facilities, etc.) and the other to students of relevant faculties (medicine, nursing, pharmacy, psychology, social work, etc.). Although the initial design of the project's survey included exclusively the structuring of a questionnaire for healthcare professionals, the creation of a questionnaire targeted at students was a unanimous decision of the project consortium, recognizing the unique needs and experiences of students, and the importance of mapping their education, attitudes, and perceptions as future professionals.

The findings of the literature review (Lionis et al., 2020) conducted within the framework of the project were used for the construction of the questionnaires, which highlighted the main barriers faced by transgender people in accessing healthcare services. Furthermore, some questions from the questionnaire for professionals developed within the European project [FAROS's](#) survey, which concerned the access of LGBTIQ+ people to public services (Avani & Paganis, 2021), were included, after being adapted as needed.

At the beginning of each questionnaire, a list of key terminology used in the questions was included (e.g., trans, cis, transition, the LGBTIQ+ acronym) in order to facilitate the participants. Introductory questions asked basic demographic information, such as gender and age, as well as a question about whether

individuals identified as LGBTQI+. The students' questionnaire included additional questions about the university or educational institution, faculty and year of study, as well as whether participants had experience from an internship in a healthcare setting. Professionals, respectively, were asked about their occupation, employment agency and area of work.

The two questionnaires included questions that covered common themes, such as perceptions of transgender identities, participants' general perception of trans people's access to healthcare services, knowledge regarding incidents of violence and discrimination against trans people, and educational needs. Professionals were asked about their experience of serving transgender people in their work, while the questionnaire addressed to students included questions regarding their experience in the educational context, as well as from internships (for those who indicated that they had relevant experience).

All responses were anonymous and individuals gave their consent to participate in the survey before moving on to the main body of questions, having been informed about the aims of the project, the purposes of the survey and the use of their data. The Google Forms online platform was used for the questionnaire. The questionnaire was open for completion between May and September 2021.

Professionals

The questionnaire addressed to healthcare professionals gathered a total of 741 responses, of which 731 were valid. Those not included were from professionals not working in the healthcare sector.

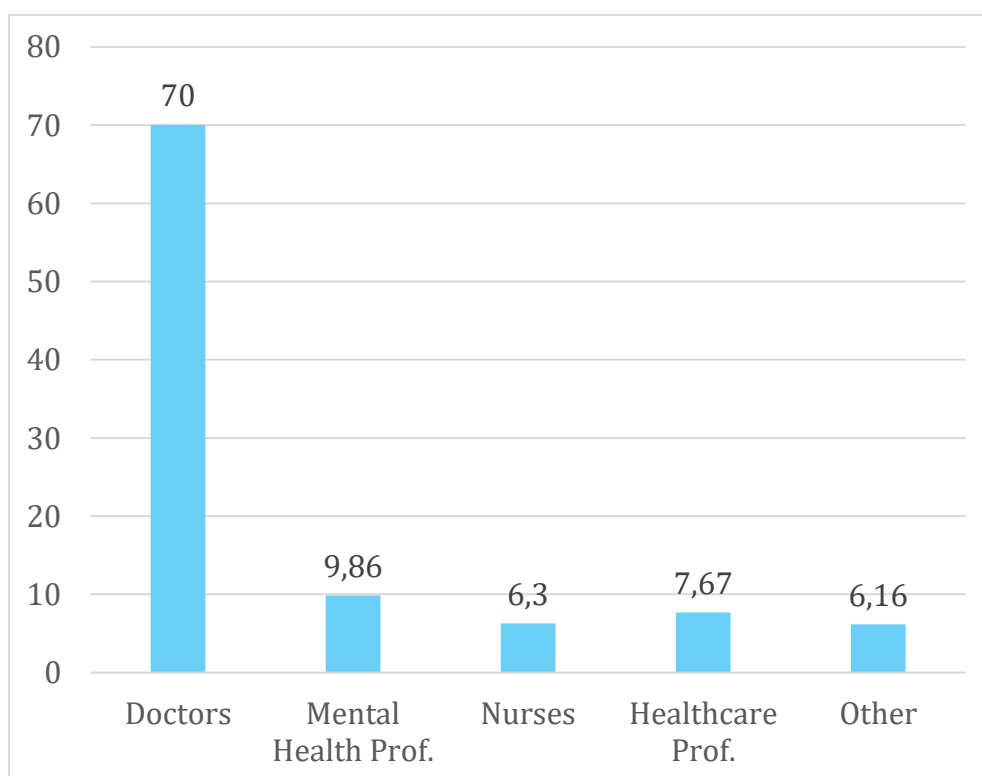
Participants' ages ranged from 18 to 55+ years, with the age range of 25 to 34 years being predominant (28%), followed by the age range 45 to 54 years, with 27%. Next, 24% of the participants were in the age range of 35 to 44 years, 18%



were 55 years and above, and finally the age range of 18 to 24 years included only 3% of the people who took part in the online survey.

In terms of gender, 36% men, 62% women participated in the survey. One percent did not identify their gender, while 1% identified as non-binary. 86.3% said they identified as cis and heterosexual, 10.4% identified as LGBTQI+, while 3.3% of participants preferred not to answer.

Regarding the employment provider, 34% of healthcare professionals worked in a public hospital, 29.5% in a private office, while 13% worked in a primary healthcare centre, 7.3% in a private clinic, and 3% in an NGO. 7.4% selected "Other". The majority of individuals reported working in an urban area (91.3%), 5.2% in a semi-urban area, and 3.6% of participants reported working in a rural area.



Graph 1: Professionals distribution based on profession

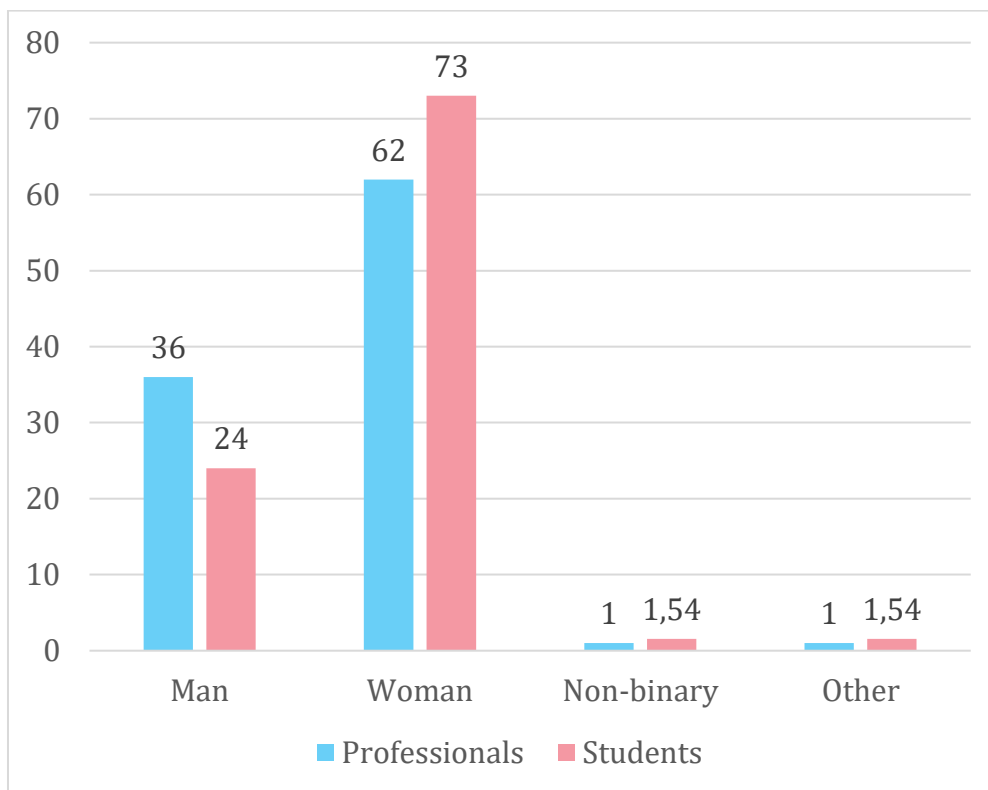
Students

The total number of responses to the student questionnaire was 264, of which 259 were valid. The invalid responses were from individuals who were studying in non-health related faculties and individuals who were not students at the time.

As for the age of the participants, it ranged from 18 to 30+ years, with the largest percentage being in the age range being from 18 to 22 years old (61%). Thirty-one percent of the participants were in the age range from 23 to 27 years old, 3% from 28 to 30 years old and finally 4% were from 30 years old and above.

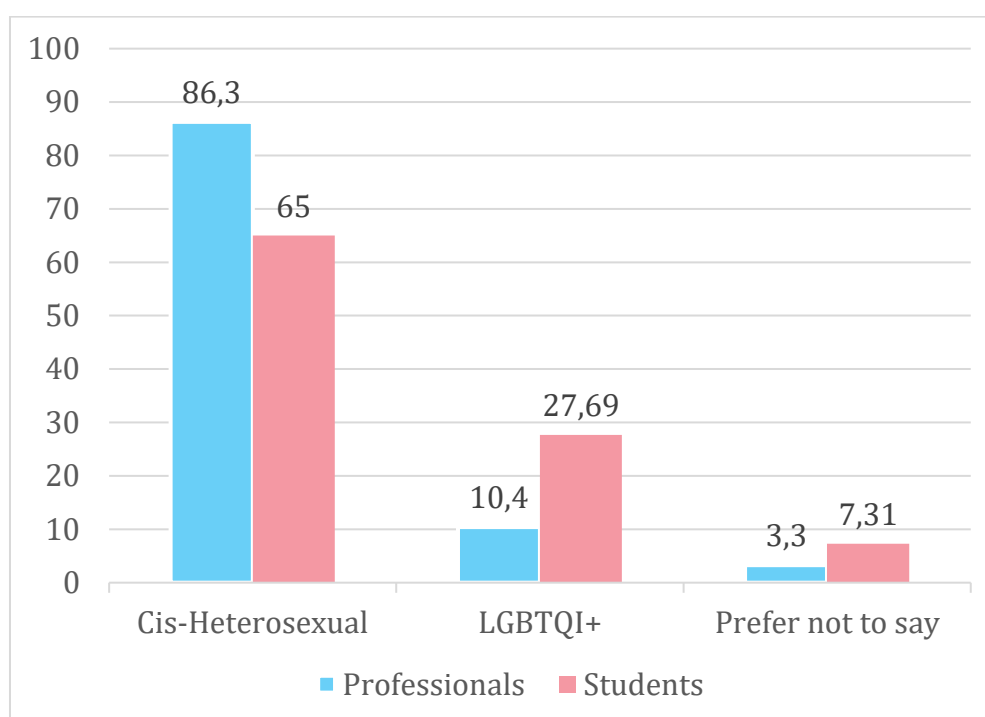
In terms of gender, 24% of people identified as men, 73% identified as women, 1.54% filled in the "Other" option, and 1.54% did not specify their gender. 28% percent identified as LGBTQI+, 65% identified as cis and heterosexual, and 7.3% chose not to answer.





Graph 2: Professionals' and students' distribution based on gender

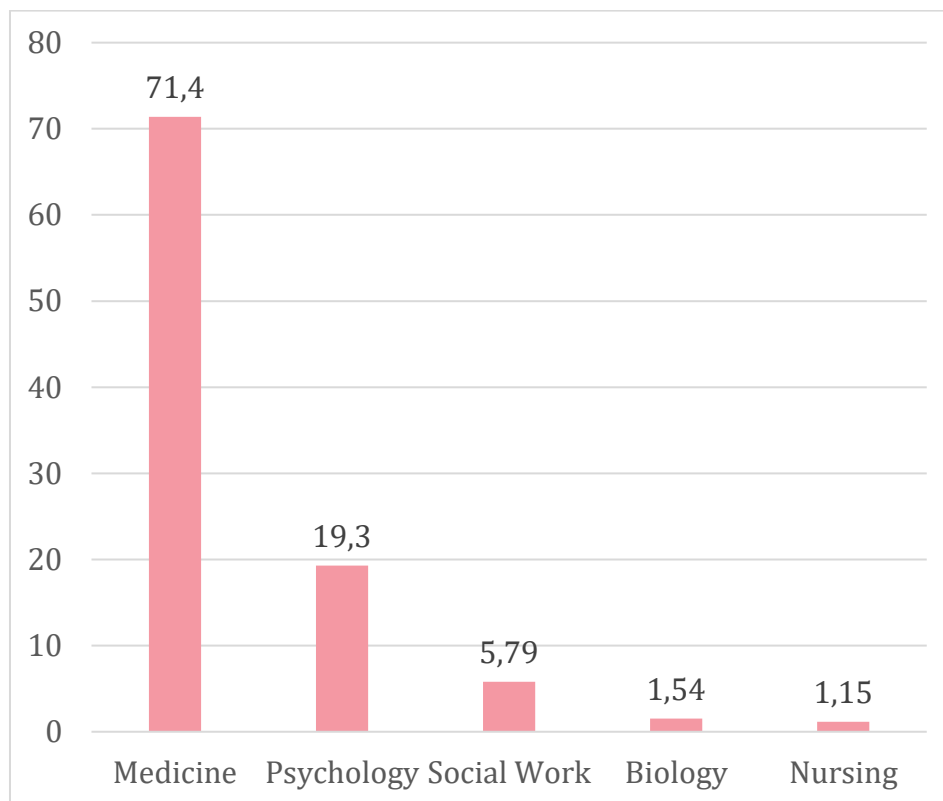
The majority, i.e., 185 students came from medical universities, while 50 students were in the faculties of psychology, 14 people were in faculties of social work and 4 in the faculties of biology, as well as 3 people in the faculty of nursing.



Graph 3: Professional's and students' responses to the question "Do you identify as LGBTQI+?"

Regarding the educational institution attended by the individuals, 39% of them were attending the National Kapodistrian University of Athens (NKUA), 14% were attending the University of Ioannina, 10% were attending the University of Patras and 7.6% were attending the University of Thessaly. Then 5.4% of the participants were studying at the Aristotle University of Thessaloniki, as well as at Panteion University (5.4%). The remaining 5% were studying at the University of Crete and 4% at colleges. Finally, 1.9% studied at the Democritus University of Thrace and 1.9% at the University of West Attica. 43% of the students had experience of an internship in a health care facility.

In terms of year of study, the sample of students is divided as follows: first year (16.15%), second year (16.15%), third (18.08%), fourth (16.92%), fifth (11.92%), sixth (13.46%), sixth year and above (4.62%), postgraduate studies (2.69%).



Graph 4: Students' distribution based on faculty

The questions of the questionnaires for students and healthcare professionals were categorized, based on their common themes, into subcategories. The subcategories created for each group are summarised in the tables below along with indicative examples of the questions they included:

Table 1: Grouping of questions for the professionals' group

Healthcare professionals
<p>General perception of transgender identities and LGBTQI+ people</p> <ul style="list-style-type: none"> • Trans people's rights: e.g., <i>"Trans people should have exactly the same rights as the rest of the population"</i> • Developing relationships with trans people: e.g., <i>"I would have no problem if a member of my family was trans"</i> • Prejudices: e.g., <i>"Trans people usually prove to be unreliable when recording their medical history"</i>
<p>General perception of trans people's access to healthcare services</p> <ul style="list-style-type: none"> • Operation of healthcare services: e.g., <i>"Trans people have the same access to healthcare services as cis people"</i> • Attitude of healthcare staff: e.g., <i>"Healthcare staff are able to identify the gender assigned to a trans person based on their self-identification"</i>
<p>Incidents of discrimination and violence</p> <ul style="list-style-type: none"> • Incidents of discrimination: e.g., <i>"When trans people visit healthcare services they are likely to be denied appropriate care due to staff ignorance"</i> • Incidents of violence: e.g., <i>"When visiting healthcare services, trans people are likely to be insulted or abused by other people who are present because of their gender identity"</i>
<p>Work experience</p> <ul style="list-style-type: none"> • Personal sense of serving trans people: e.g., <i>"I have felt fear before attempting to serve a trans person"</i>

- **Difficulties and/or abusive behaviours of colleagues when serving trans people:** e.g. *"A colleague has insulted or abused a person because of their gender identity and/or gender expression"*
- **Serving trans people:** e.g., *"I have served trans people"*
- **Working with a trans colleague:** e.g., *"In my organisation/agency, there is a colleague who has disclosed to us that they are trans"*

Table 2: Grouping of questions for the students' group

Students
<p>General perception of transgender identities and LGBTQI+ people</p> <ul style="list-style-type: none"> • Trans people's rights: e.g., <i>"Trans people should have exactly the same rights as the rest of the population"</i> • Developing relationships with trans people: e.g., <i>"I would have no problem if a member of my family was trans"</i> • Prejudices: e.g., <i>"Trans people usually prove to be unreliable when recording their medical history"</i>
<p>General perception of trans people's access to healthcare services</p> <ul style="list-style-type: none"> • Operation of healthcare services: e.g., <i>"Trans people have the same access to healthcare services as cis people"</i> • Attitudes of healthcare staff: e.g., <i>"Healthcare staff are able to identify the gender assigned to a trans person based on their self-identification"</i>
<p>Incidents of discrimination and violence</p> <ul style="list-style-type: none"> • Incidents of discrimination: e.g., <i>"When trans people visit healthcare services they are likely to be denied appropriate care due to staff ignorance"</i>

<ul style="list-style-type: none"> • Incidents of violence: e.g., <i>"When visiting healthcare services, trans people are likely to be insulted or abused by other people who are present because of their gender identity"</i>
<p style="text-align: center;">Educational experience</p> <ul style="list-style-type: none"> • References of trans identities in the curriculum: e.g., <i>"The curriculum of the university I attend includes courses that address issues of gender identity and gender expression."</i> • Information regarding trans issues in the university: e.g., <i>"I have been informed at my university on what the different types of gender transition (social, legal, medical) might include."</i> • Trans students at the university and openness: e.g., <i>"In my university there is a fellow student who has disclosed to us that they are trans."</i> • Desire about the content of the training: e.g., <i>"I have felt it is important to be trained in providing services to trans people."</i>
<p style="text-align: center;">Internship experience</p> <ul style="list-style-type: none"> • Personal sense of serving trans people: e.g., <i>"I have felt embarrassment with a trans person whose service I have been involved in."</i> • Difficulties and/or abusive behaviours of colleagues when serving trans people: e.g., <i>"My trainer(s) have refused to serve a person because of their gender identity and/or gender expression"</i> • Serving trans people: e.g., <i>"I have been present at the service of a trans person"</i> • Working with a trans colleague: e.g., <i>"In the healthcare facility where I train, there is a colleague who has disclosed to us that they are trans."</i>

Statistical analyses for quantitative data were performed using SPSS 22.0. A normality test was performed on the clustering subcategories.



To investigate whether there were differences between the healthcare professionals who participated in this online survey, a comparison of means was conducted using the non-parametric Mann-Whitney test (Feltovich, 2003). Specifically, a comparison of results was conducted between a) doctors and mental health professionals (psychologists, psychotherapists, social workers), and b) LGBTQI+ and cis-heterosexual professionals.

To investigate the existence of differences between different groups of students participating in the study, the non-parametric Mann-Whitney U test was used, as the Kolmogorov-Smirnov normality test of the sample (Tutorials, S. P. S. S., 2020), showed that the results do not follow a normal distribution. Specifically, a comparison of the results between a) medicine and psychology students, and b) LGBTQI+ and cis-heterosexual students was performed.

The main findings of the online survey are presented in Section 3.

2.2 Focus Groups

A total of three focus groups were conducted, with twenty (20) participants. Specifically, two focus groups were held with thirteen (13) transgender individuals and one group with seven (7) health and mental healthcare professionals. Eight trans men, three trans women and two non-binary individuals, aged 20 to 40 years, with an average age of 27.9 years, participated in the focus groups for trans people. The professional group consisted of one general practitioner, two general surgeons, one administrative assistant, two general surgery residents, and one psychiatry professor.

The group of professionals was implemented by the MSc "Global Health - Disaster Medicine" of the Medical University of the National and Kapodistrian University of Athens, the Clinic of Social and Family Medicine of the Medical University of the University of Crete, and the Medical Association of Athens. The method used for the implementation of the focus group was the "Participatory, Learning & Action"



(de Brún et al., 1994), while the analysis of the discussion was carried out using Thematic Analysis. Trans people's focus groups were implemented by Colour Youth, Positive Voice and Orlando LGBT+. A total of three reports were compiled, one for each focus group. The main findings of the focus groups are summarised in Section 4.



3. Online research results

Key findings

- 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 **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 identities are 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**.



3.1 Healthcare professionals

In terms of healthcare professionals' general perception of transgender identities, most people strongly agree (39%) or agree (30%) that they are not a mental disorder, although one in five people (15%) disagree or strongly disagree. On whether being trans is a choice, responses from healthcare professionals appear to be split, with 49% agreeing or strongly agreeing and 39% disagreeing or strongly disagreeing.

With regard to trans people's access to healthcare services, professionals also appear to have divided views, with 40% disagreeing or strongly disagreeing that trans people have equal access and 39% agreeing or strongly agreeing, while 64% disagree or strongly disagree that trans people will not face any harassment from service staff when visiting services. The majority (77%) agree or strongly agree that healthcare staff is not appropriately trained to provide services to trans people. Furthermore, in terms of understanding different terms and gender identities, most people (69%) believe that healthcare staff is not able to recognise the terms “trans woman”, “trans man”, “non-binary”.

In terms of their personal experience of serving trans people, the majority reported that they have rarely (30%) or never (32%) served trans people, with 20% reporting that they serve trans people often or always. Of those who had been involved in serving trans people, the majority (83%) reported that they had not felt embarrassed, with 17% reporting that they had felt embarrassed to some degree.

When asked if a trans person had been discriminated against in their service, the majority of healthcare professionals said this had not happened (60%) and 32% said they did not know. Most people did not report instances where a colleague had refused to serve (80%), insulted (80%) or used violence/threats (87%)



against a trans person. 85% of professionals reported not having an openly transgender colleague in the facility where they work.

3.1.1 Comparison between doctors and mental health professionals

To investigate whether there were differences between doctors and mental health workers, the means were compared using the non-parametric Mann-Whitney test. The results showed that doctors differ significantly from mental health professionals (psychologists, psychotherapists, social workers) in their perception of transgender identities, their perception of trans people's access to healthcare services, and their view of incidents of violence and discrimination against trans people within their workplace.

More specifically, professionals working in the mental health field appear to be significantly more in agreement that trans people should have equal rights with cis people ($U=9411$, $p<.000$) and significantly more in disagreement with expressing negative attitudes and prejudices about trans people ($U=7194.5$, $p<.000$) compared to doctors (Table, 3).

In terms of the operation of healthcare services, mental health professionals appear to disagree significantly more than doctors regarding the provision for equal access for trans people ($U=9149$, $p<.000$) (Table, 3). There is a similar difference regarding services' staff attitudes¹, with mental health professionals disagreeing significantly more than doctors regarding the adequate staff training in both communication and outreach to trans people ($U=11114$, $p<.000$) (Table, 3).

Regarding the existence of incidents of discrimination and violence against transgender people when accessing healthcare services, mental health professionals seemed to agree significantly more than doctors not only on the

¹ Personnel working in healthcare services, in any position (healthcare professionals, mental healthcare professionals, administrative staff, etc.)

existence of discrimination ($U=8468.5$ $p<.000$), but also on the existence of incidents of violence ($U=8510$, $p<.000$) (Table, 3).



Table 3. Mann-Whitney test for comparing means of all questionnaires between doctors and mental healthcare professionals.

	Mann-Whitney U	p value	Cohen's d (effect size)
General perception of transgender identities and LGBTQI+ people			
Rights of trans people	9411	0,000	1,04
Prejudices	7194,5	0,000	1,22
Developing relationships with trans people	17496	0,494	0,11
General perception of trans people's access to healthcare services			
Operation of healthcare services	9149	0,000	0,94
Attitudes of healthcare staff	11114	0,000	0,72
Incidents of discrimination and violence			
Incidents of discrimination	8468,5	0,000	0,98
Incidents of violence	8510	0,000	2,90
Work experience			

Personal sense of serving trans people	17787	0,648	0,06
Difficulties and/or abusive behaviour of colleagues when serving trans people	18111	0,793	1,89
Serving trans people	16206	0,100	0,22
Working with a trans colleague	17756	0,504	0,03

3.1.2 Comparison between LGBTQI+ and cis-heterosexual healthcare professionals

A comparison was also made between LGBTQI+ healthcare professionals and those who reported identifying as non-LGBTQI+. Among these groups, differences were observed in their personal perceptions of both trans identities and trans people's access to healthcare services.

More specifically, healthcare professionals who identify as LGBTQI+ are significantly more likely to agree that there should be greater advocacy for transgender rights ($U=11492$, $p<0.000$) and significantly more likely to disagree with anti-trans prejudice ($U=12282$, $p<0.000$) compared to those who do not identify as LGBTQI+ (Table, 4).

Furthermore, there is a significant difference between the two groups in the perception of trans people's access to healthcare services. That is, people who identify as LGBTQI+ disagree significantly more both on the orderly and trans-friendly functioning of healthcare services ($U=11794$, $p<0.000$) and on the existence of training and inclusive attitudes of health service staff ($U=13400$, $p<0.000$) compared to cis heterosexual people (Table, 4).

Table 4: Mann-Whitney test for comparing means of all questionnaires between LGBTQI+ and cis-heterosexual professionals.

	Mann-Whitney U	p value	Cohen's d (effect size)
General perception of transgender identities and LGBTQI+ people			
Rights of trans people	11492	0,000	1,02
Prejudices	12282	0,000	0,90
Developing relationships with trans people	23337	0,582	0,01
General perception of trans people's access to healthcare services			
Operation of healthcare services	11794	0,000	0,92
Attitudes of healthcare staff	13400	0,000	0,84
Incidents of discrimination and violence			
Incidents of discrimination	12004	0,000	0,93
Incidents of violence	14328	0,000	0,79

Work experience			
Personal sense of serving trans people	23962	0,862	0,05
Difficulties and/or abusive behaviour of colleagues when serving trans people	22148	0,1222	0,29
Serving trans people	23427	0,623	3,01
Working with a trans colleague	23255	0,396	0,07

3.1.3 Training and knowledge on gender identity issues

Regarding the legal framework on gender identity, the majority of healthcare professionals agree that it includes protections against discrimination in the provision of services (61%) and violence (68%) and a proportion of them said they did not know (34% and 26% respectively). The majority of healthcare professionals (58%) reported that they do not know whether surgical procedures are necessary to change of legal documents, while 16% said they are necessary.

Key terms related to gender identity seem to be familiar to healthcare professionals, who reported that they know the meaning of the terms trans (63%), cis (52%) and gender transition (63%). Other terms related to parts of gender transition seem to be less familiar: 80% didn't know or knew little the term binding, and respectively 85% didn't know or knew a little the term packing.

The majority of healthcare professionals stated that trans identities do not coincide with romantic/sexual attraction, however, one in four (23%) reported that they agree or strongly agree with the above statement. Their responses to the question of whether gender identity is defined by biological characteristics were

in similar proportions: 56% disagree or strongly disagree, 24% agree or strongly agree.

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%). With regard to insurance coverage of gender transition medical procedures, 57% agree or strongly agree that hormone therapy is not covered, with one in three people (31%) not knowing, and similarly, for surgical procedures 63% of people agree or strongly agree that they are not covered and 28% do not know. On the health needs of trans people, the vast majority (83%) agree that they are not different than those of cis people.

As to the extent to which healthcare professionals feel informed about transgender issues, most (49%) said they feel a little informed. Fifteen percent reported feeling not at all informed, 28% reported feeling quite informed, and about one in 10 felt very (7.5%) or completely (1.5%) informed.

The vast majority (89%) of healthcare professionals responded that they had not received any training on gender identity issues. Of those who have not received any training, 24% said they would not be interested in attending any training on this topic.

Of the healthcare professionals who responded that they had received some training on gender identity issues, most of them said that this had taken place as part of their studies or further education at universities abroad. Significantly fewer respondents reported that they had received some training as part of their studies at Greek universities. Some reported that they had received information about transgender identities as part of training in psychosexual disorders, in the programmes offered by the University Mental Health Research Institute (UMHRI) and the Sexual Disorders Clinic of the Eginitio Hospital. Others reported that training was provided by LGBTQI+ organisations and agencies specialising in



LGBTQI+ issues (e.g., Colour Youth, Orlando LGBT+). Seminars by HelMSIC, but also other private (e.g., Logo Psychis, Ackerman Institute) and public (e.g., Mental Health Centres) agencies were also mentioned.

When asked what issues they would like to be covered in a relevant training, healthcare professionals mentioned the following:

- Basic concepts about gender identity, terminology, and inclusive, non-stigmatizing communication.
- Information on medical transition: what it involves, what services exist in Greece, what is the procedure a person needs to follow and what documentation is required, whether there are protocols for hormone therapy, whether there is insurance coverage, what are the possible complications and long-term effects, what is involved in psychiatric evaluation and how can people be better prepared.
- Whether there are specialised healthcare needs compared to cis people, especially for those who have undergone gender reassignment procedures.
- Protocols and good practice for the provision of healthcare services for trans people.
- Scientific evidence in relation to gender identity and differences between ICD-11 and DSM-5 diagnostic categories.
- Mental health issues: basic guidelines for supporting trans people, gender exploration and coming out processes, family support and psychoeducation, trans people on the autism spectrum.
- Sexual and reproductive health issues.
- Information on the legal framework: legal gender recognition and transgender rights, especially in the context of healthcare services.
- Preventing and combating discrimination in the field of healthcare.
- How to record gender and names in medical records, tests and referrals and manage issues arising during hospitalisation.
- Providing services to transgender adolescents and family support.

- Challenges faced by trans people, especially in the workplace.
- Data and practices from other countries.
- Agencies and qualified professionals who provide services to trans people to connect.

It was also noted by some people that they would like the training to be experiential, and to involve people from the trans community.

3.1.4 Personal experience

In the open-ended questions about health professionals' experiences of incidents of discrimination against trans people in the context of their work, and more broadly of serving trans people, the majority of responses related to rude and offensive comments, taunting, intrusive and persistent stares, and comments about the person's appearance and gender expression by staff. Incidents were also reported where healthcare professionals were discussing with each other, making ironic and derogatory comments about trans beneficiaries and LGBTQI+ colleagues.

*"[...] two colleagues were discussing about this beneficiary and one of them said "imagine having dreams about your child and getting a tranny" and unfortunately that was the moment when the trans woman came into the room for her session and she probably heard it because she didn't come back. This made me leave as well and look for work elsewhere when I found out, because as an openly non-binary person I no longer felt safe."
(Non-binary person, Psychologist)*

"Trans people, up to my current experience, have been treated impersonally, without any discrimination or denial; comments



were made after they left the room, which made me feel uncomfortable [...]" (Woman, Healthcare Professional)

Several of the experiences shared by healthcare professionals related to their difficulty and embarrassment when recording the information of trans people and the use of their name and pronouns, as well as cases of deliberate and persistent deadnaming and misgendering. One healthcare professional noted the lack of protocols regarding ward selection during hospitalisation, and difficulties were also reported when identifying trans people's information.

"[I had] a single experience where a hormonal check for medical transition was required. There was embarrassment on my side, regarding which name to use, but also due to my insufficient training" (Woman, Endocrinologist)

"During a visit at the doctor, the administrative personnel refused to give a person their medical file because it was under a male name" (Woman, Social worker)

Other incidents reported included the treatment of trans people as mentally ill and as "curiosities", long delays in serving people, transphobic attitudes from other service users, and discrimination against sex workers.

"A person in a vulnerable position, in the sense that they have just been admitted to the hospital and are experiencing anxiety and/or distress about their health. After being placed in bed by the paramedics and the admission file was handed to the hospital, information about his [trans] status was shared but in the form of gossip. Many people suddenly wanted to work on that particular

ward to see him. I recall that he gave me the impression that he was looking at us with embarrassment (?). I don't know how he felt and what he was thinking, but I know it is shameful that in a healthcare facility doctors and nurses don't have the education to treat everyone the same." (Woman, Nurse)



3.2 Students

In terms of students' general perception of transgender identities, the vast majority strongly agree (70%) or agree (16%) that they are not a mental disorder. At the same time, most individuals (56%) disagree or strongly disagree that trans identity is a choice, although one in four (25%) seem to agree or strongly agree.

The majority of students reported that they disagree (37%) or strongly disagree (27%) that trans people have equal access to healthcare services, while 64% disagree or strongly disagree that trans people will not face any harassment from healthcare staff when visiting services. The vast majority (86%) agree or strongly agree that healthcare staff is not appropriately trained to provide services to trans people. Furthermore, in terms of understanding different terms and gender identities, most people (78%) believe that healthcare staff is not able to recognise the terms “trans woman”, “trans man”, “non-binary”.

Regarding the context of their studies, most people responded that clear references to transgender issues are never (48%) or rarely (30%) included in their courses, with the percentages reported for courses that address broader issues of gender identity or gender expression being similar (30% never, 35% rarely, 21% sometimes).

In relation to textbooks, most people responded that references to gender identity issues do not exist (43%) or are rare (27%), with a much smaller percentage stating that there are references often (10%) or always (5%). Where trans identities are referred to in textbooks, one in four (25%) stated that this is never done in a non-pathologising way, and 21% that this happens rarely, with smaller percentages stating that they see non-pathologising references often (19%) or always (10%).

The majority of people (80%) reported that they did not know an openly transgender person attending their university. In terms of their perception of the

difficulties trans people may face at their university, the majority of participants reported that trans people never receive negative attitudes from faculty (67%) or difficulties in service from administrative staff (68%), with approximately one in five people stating that this sometimes happens (16% and 17% respectively).

Specifically in terms of people's experience from their internship, the vast majority (89%) reported that they had not attended the provision of services to a trans person. Although the individuals who were present when serving a trans person were a small proportion of the total sample of students, the majority reported that there were no incidents of refusal of service (96%), insults (95%) or the use/threat of violence (98%) against trans people by the students, and the students themselves reported that they did not feel embarrassed during service provision (90%). Finally, only 5% of trainees reported having an openly trans colleague.

3.2.1 Comparison between LGBTQI+ and cis-heterosexual students

A first comparison was made between those who identified themselves as LGBTQI+ and those students who did not belong to the LGBTQI+ community. The two groups appeared to differ both in terms of their personal perceptions of trans identities, their perceptions of trans people's access to healthcare services, and their perceptions of discriminatory attitudes and violence against trans people. Differences were also found in their experience from their education at the universities they attend.

More specifically, students who identify as LGBTQI+ are significantly more likely to agree that there should be equal rights for trans people ($U=3604.5$, $p<0.000$), significantly more likely to disagree with negative perceptions and biases towards trans people ($U=4236$, $p<0.000$), and state that they would more readily develop an interpersonal relationship with a trans person ($U=2894$, $p<0.000$), compared to those who do not identify as LGBTQI+ (Table, 5).



In terms of trans people's access to healthcare services, students who identify as LGBTQI+ appear to disagree significantly more than those who do not identify as LGBTQI+ regarding the existence of training and appropriate treatment of trans people by the staff of the respective services ($U=4603.5$, $p<0.01$) (Table, 5).

There is also a difference in the two groups' perceptions of incidents of discrimination and violence when serving transgender people in healthcare services. It appears that people who identify as LGBTQI+ are significantly more in agreement with the existence of discriminatory behaviours against trans people ($U=718.5$, $p<0.05$) (Table, 5).

Regarding their experience from their educational institutions, students who identify as LGBTQI+ are significantly more likely to express a desire to include courses on trans issues in their curriculum than those who are not LGBTQI+ ($U=4393.5$, $p<0.000$) (Table, 5).

Table 5: Mann-Whitney test for comparing means of all questionnaires between LGBTQI+ and cis-heterosexual students.

	Mann-Whitney U	p value	Cohen's d (effect size)
General perception of transgender and LGBTQI+ people			
Rights of trans people	3604,5	0,000	7,67
Prejudices	4236	0,000	2,89

Developing relationships with trans people	2894	0,000	1,54
General perception of trans people's access to health services			
Operation of health services	5371,5	0,146	0,03
Attitudes of healthcare staff	4603,5	0,003	4,15
Incidents of discrimination and violence			
Incidents of discrimination	718,5	0,015	0,58
Incidents of violence	798	0,063	0,46
Experience from training			
References of trans identities in the curriculum	5604,5	0,332	0,15
Information regarding trans issues in the university	5234	0,059	0,30
Trans students at the University and openness	5299	0,075	0,63

Desire about the content of the training	4393,5	0,000	0,42
Internship experience			
Personal sense of serving trans people	837,5	0,081	0,36
Difficulties and/or abusive behaviours when serving trans people	953,5	0,297	0,19
Serving trans people	1010	0,715	1,60
Working with a trans colleague	1016	0,595	0,24

3.2.2 Comparison between medicine and psychology students

Statistical significance was found in the comparison between the responses of medicine students and psychology students. More specifically, medicine students seem to agree less that trans people should have exactly the same rights as cis people ($U=2947$, $p<0.000$), have more prejudice about trans people ($U=4336.5$, $p<0.01$), and state that it would be more difficult for them to develop a relationship with a trans person ($U=3572$, $p<0.05$) than psychology students (Table, 2). Next, a statistically significant difference was also found in their perception of the attitudes of healthcare staff, with medicine students being significantly more in agreement than psychology students that healthcare staff is well trained and behaves in an inclusive manner towards trans people ($U=3341.5$, $p<0.01$) (Table, 6).

In terms of their experience of their curriculum, medicine students report that there are significantly less mentions of trans identities in their faculty and courses compared to psychology students ($U=1796$, $p<0.000$) (Table, 6). Furthermore, they express that there is no information about trans issues at their university, again significantly differing from psychology students ($U=2904$, $p<0.000$) (Table, 2). They also are significantly less likely than psychology students to want a course on trans issues ($U=3684.5$ $p<0.001$) (Table, 2). Finally, of all the students who reported having experience in an internship, medicine students appear to experience greater embarrassment and more negative feelings when attending to and examining transgender individuals compared to psychology students ($U=642.5$, $p<0.05$) (Table, 6).

Table 6. Mann-Whitney test for comparing means of all questionnaires between medicine students and psychology students.

	Mann-Whitney U	p value	Cohen's d (effect size)
General perception of transgender and LGBTQI+ people			
Rights of trans people	2947	0,000***	0,68
Prejudices	3436,5	0,005**	0,47
Developing relationships with trans people	3572	0,012*	2,28

General perception of trans people's access to health services			
Operation of health services	4301,5	0,443	0,17
Attitudes of healthcare staff	3341,5	0,003**	0,63
Incidents of discrimination and violence			
Incidents of discrimination	788	0,558	0,13
Incidents of violence	735,5	0,306	0,34
Experience from training			
References of trans identities in the curriculum	1796	0,000***	1,25
Information regarding trans issues in the university	2904	0,000***	0,76
Trans students at the University and openness	4565,5	0,877	74,54
Desire about the content of the training	3684,5	0,018*	0,05
Internship experience			

Personal sense of serving trans people	642,5	0,041*	2,63
Difficulties and/or abusive behaviours when serving trans people	766	0,242	5,86
Serving trans people	737	0,228	0,31
Working with a trans colleague	849	0,874	2,64



3.2.3 Training and knowledge on gender identity issues

In terms of the students' knowledge around key issues related to gender identity and trans identities, it appeared that the majority of individuals agree or strongly agree that trans identities are not about romantic/sexual attraction (79%), and that gender identity is not defined by biological characteristics (78%), although one in ten individuals (12%) strongly disagrees with the above statement. A further 74% agree or strongly agree that you cannot know a person's gender identity from the way they dress. The majority (70%) of students believe that trans people have the same health needs as cis people.

Regarding knowledge of the legal framework for protection against discrimination, the answers given by the students were divided: 45% said that people are protected from physical and verbal violence on the basis of gender identity, while 40% did not know. On whether trans people are protected from discrimination in the provision of services, 32% agreed, while 50% said they did not know. One in four people (27%) believe that to change their legal gender and name trans people are required to undergo medical procedures, while 54% said they did not know if this requirement applies.

When asked about medical procedures for gender transition, 61% of students reported that they believe that hormone therapy is not covered by insurance funds, and 56% that surgical procedures are not covered by insurance, while 27% and 23% said that they did not know what is the case, respectively. The majority of people know a little (38%) or not at all (44%) about the process a person needs to follow to start hormone therapy and the services they can turn to (55% not at all, 30% a little). Similarly, 48% do not know at all and 33% know a little about the process required for gender reassignment surgery and the existing services to which a person can refer (57% not at all, 30% a little).

In terms of how familiar they were with basic identity-related terms, the majority of individuals said they were very or completely familiar with the terms trans (64%), cis (64%) and gender transition (64%). More specific terms related to parts of gender transition such as binding or packing were less familiar, with students saying they were somewhat or not at all familiar with them at 68% and 76% respectively.

Almost all of them said that references to transgender issues in their studies were minimal, and many reported that gender identity issues were not mentioned at all in their university. In most cases where trans identities are mentioned, it was within the context of other courses, rather than in specialised courses. However, even in faculties where there are courses that specifically cover LGBTQI+ identities, which were cited as positive examples (e.g., in the Faculty of Social Work at the University of West Attica and the Faculty of Psychology at Panteion University), individuals stressed that these are elective courses and their duration (one semester) is not sufficient for the education of the students. The need to have courses that specifically cover trans identities and service provision for trans people, and which are mandatory for the degree, was emphasised by several individuals.

Some individuals noted that references to trans identities in their studies were through a pathologising approach, both in lectures and textbooks, and there was a case of relevant topics being included in exams. It was also mentioned that it was necessary for professors to have appropriate training and to be able to bring these issues into lessons.

"Knowledge and sensitivity to LGBTQ issues [...] is the result of a personal quest by the medicine student rather than a systematic effort for holistic education by the faculty. The shortcomings are numerous and undeniable." (Medical student)



Students indicated that they would like their university's curriculum to include courses covering the following main topics:

- Key issues of terminology and concepts around gender identity
- Challenges faced by trans people
- Good practices for the provision of inclusive services
- Communication with transgender beneficiaries and building trust and rapport.
- Gender transition procedures and related protocols (e.g., pharmacological protocols for hormone therapy, surgeries in the context of general and plastic surgery courses).
- Issues relating to specialised disciplines (e.g., midwifery care).

Some people, mainly medicine students, although they mentioned that there are limited references in the curriculum, consider that gender identity issues are more relevant to the field of social sciences and it is not necessary to mention them separately in the context of medicine studies.

Just over a third (37%) of students reported that they had received some kind of training outside the context of their university. Of these, the majority stated that this was through HelMSIC and IFMSA trainings, citing specific seminars on history taking that included references to trans people, and a specialised seminar on trans people and gender transition. A large proportion of students reported that the training they had received was from seminars run by LGBTQI+ organisations and agencies specialising in LGBTQI+ identities (e.g., Colour Youth, Orlando LGBT+, Rainbow School) and events run by specialised programmes (e.g., Transcare, FAROS). Several reported that they had been informed through online materials and literature found after their own research. There were also references to seminars and courses from Greek universities (e.g., NKUA, Panteion University, University of the Aegean, University of Ioannina), but also from other institutions. Finally, some individuals reported that they are informed about gender identity

issues through their personal experience and research, being themselves LGBTQI+.

In terms of the content covered in these trainings students mentioned: LGBTQI+ terminology, the difficulties that trans people face in accessing services and the consequences of reduced access to health care, gender transition procedures, ways to communicate with trans people served, and legal gender recognition.

Of the 80% of students who answered the question on whether they would like to attend training on LGBTQI+ issues, 76% responded positively. When asked about the issues they would like a training to cover, students mentioned the following topics:

- Terminology and basic concepts around gender identity.
- Gender transition procedures: what they include, what are the conditions for access to gender transition procedures, what services exist in Greece and other European countries, the role of mental health specialists, how other health issues may be affected, in which cases professionals need to know if and which procedures a person has gone through.
- Good practices for communicating with trans people, taking a history, taking a physical exam, and recording data.
- Specific health needs of trans people compared to cis people.
- History of the transgender community in Greece and the reality of trans people today.
- Legal framework on gender identity.
- Mental health issues: Good practices in supporting and empowering trans people, family information and support, providing services to trans children.
- Sexual and reproductive health issues.
- Linking with agencies that provide services to trans people.



- Intersectionality and intersecting identities (e.g., LGBTQI+ migrants and refugees, LGBTQI+ older people).

It was also mentioned by some people that they would like the training to be experiential and interactive, and to use case studies, but also to include the lived experiences of trans people.

3.2.4 Personal experience

The experiences shared by the students from their contact with trans people in the context of their internship included cases where trans people were confronted with negative behaviours, such as intrusive questions, but also physical and verbal abuse, while an incident was reported where professionals mocked a trans person in their absence. However, instances were reported where individuals were treated equally and respectfully, either by the individuals themselves or by other professionals in the facility. Some individuals highlighted the awkwardness of professionals in approaching and managing gender identity issues or answering questions relating to the provision of services to trans people.



"As part of my internship in a child and adolescent psychiatric unit, we received a call from the mother of a transgender teenage boy due to her concern about suicidal thoughts. In the meetings with the child himself, there was a difficulty on the part of the psychologist in charge (and my supervisor) to handle the discussion around gender issues, and even to understand the vocabulary around these issues, given that the child himself was quite knowledgeable and often talked about genderfluid identities. Specifically, he reported that most of the time he felt like a boy, sometimes a girl, but did not want to choose just one of the two. These thoughts were most often met with embarrassment by the psychologist in charge who asked the question "'which one do you want to be though; a boy or a girl?'" while at other times she avoided discussing the issue of gender, arguing that this was also part of the general confusion that adolescents have about their identity. After some meetings the child announced that his name was now male and had already asked his close friends to address him by that name. My supervisor agreed, yet she avoided using it to address him. Through this it became clear that there was a big gap in training around gender issues for all staff in the facility which was limited around the diagnosis of gender identity disorder." (Woman, Psychology student)

"The respect I showed to this trans woman and my disapproval of the mistreatment she received from the rest of the medical staff led to her trusting me. The truth is that I had no experience in terms of, for example, examining a trans person, so I felt it was most appropriate to ask the person herself what she was comfortable with." (Woman, Medical student)

4. Focus groups results

4.1 The experience of trans people

4.1.1 Perception of trans people's access to healthcare services

Individuals were first asked about their broader perceptions of trans people's access to health care and whether they felt that trans people receive equal treatment compared to cis people when seeking healthcare and psychosocial support services. Individuals in both groups agreed that trans people face problems when accessing healthcare services that are not similarly experienced by cis people, and which are clearly related to their gender identity.

4.1.2 Experience from healthcare services

Individuals were then asked about their personal experience of healthcare and psychosocial support services not related to medical transition procedures. More specifically, individuals were asked about their experience of mental health, sexual and reproductive health and other healthcare services, including the service they received from the administrative staff of these services.

According to trans people's descriptions, every time they need to visit or contact healthcare services they are overwhelmed by fear and stress that they will be embarrassed, face offensive attitudes and their gender identity will be questioned, while at the same time they do not feel fully assured of proper and timely health care. Misgendering was one of the most reported problems, with individuals saying that they often have to correct professionals over and over again in order for them to accept their gender identity and address them by the correct name and gender. There were reports of contacts with health structures - although these were not universal for any service or structure- where individuals did not experience relevant problems, for example a trans woman who had not proceeded

with legal gender recognition, and was addressed by the staff in the correct gender when she visited a COVID-19 vaccination centre.

Visits to professionals such as dermatologists, radiologists, etc., are also a big challenge for trans people. It was reported that often doctors in these specialties ask indiscreet questions about the anatomy and reproductive organs of trans people without any medical necessity, and many are unable to recognize the term "trans" or confuse the terms "trans man" and "trans woman", resulting in a lack of understanding of the identification and needs of trans people. Two individuals shared their experiences of radiologists: one trans woman reported that her radiologist randomly decided on the gender to be listed on her exam, while another radiologist told a trans man that he had a "small prostate" and did not understand the term "transgender". Other trans men reported that doctors use problematic terminology to refer to them, such as *"transsexual"*, *"born a boy/girl"*, *"became a man/woman"*, etc. These attitudes cause additional discomfort for trans people, who already feel vulnerable when visiting doctors, hospitals or diagnostic centres. People also reported that they believe that general practitioners and pathologists are ignorant about the anatomy and needs of trans people. Several participants reported feeling like "guinea pigs" as doctors often have no other relevant experience with trans patients before serving them.

Gender segregation in hospital rooms is another issue that was discussed among the participants. Trans people often experience discomfort during their visits to hospitals and doctors because of their inclusion in rooms based on the gender assigned to them at birth. Two participants reported experiencing transphobia from healthcare staff during surgical procedures that were not part of their medical transition. The first reported that his anaesthesiologist repeatedly called him a "lady", while the second reported that as he was coming back from general anaesthesia, he found himself in front of a nurse who was looking at his genitals. Most people expressed concern about their safety in the event of an emergency

hospitalisation and about staying in rooms with cisgender patients, although two people reported positive experiences of being treated in public hospitals.

In terms of choosing a doctor, several people reported that they felt they were sacrificing the opportunity to choose a professional who was truly experienced in their specialty, choosing with the basic criterion of having minimal respect for the trans community. Individuals agreed that they are asked to choose between self-respect and healthcare, often putting their physical health at risk as they try to avoid a potentially negative or even traumatic experience from their practitioners. Some individuals also referred to the superficial, insincere friendliness and acceptance of several private healthcare professionals, who, the individuals felt, conceal their personal beliefs in order to retain their clients. Some individuals reported feeling that they are "buying" their dignity and respect by choosing private practitioners, and one participant expressed concern about not being able to find services even in private hospitals.

In terms of mental healthcare services, the experiences reported in one group were negative from both the public and private sectors, with the exception of experiences from services and organizations specializing in providing services to LGBTQI+ individuals, such as the Helpline "11528-By your Side" and Orlando LGBT+. As negative experiences, individuals reported invalidation of their gender identity by professionals, derogatory and offensive attitudes, reproduction of transphobic stereotypes, and abuse of power by professionals. These resulted in individuals not feeling safe, confident and satisfied with the services provided and often seeking out other professionals, as well as delays in receiving psychiatric diagnoses and medication prescriptions, which exacerbated the mental health challenges they faced. Several individuals still reported having experienced psychological trauma inflicted by their own mental health professionals.

Some people reported that their trans identity had been pathologised or treated according to the therapist's religious beliefs. One participant received as an



assessment that his way of experiencing his gender stemmed from problems in relation to his mother, while another that he had '*hidden issues in his subconscious*'. At the same time, the individual reported being manipulated into staying in a conversion therapy, while other mental health issues he had reported were not given attention by the specialist. A child psychologist previously visited by one of the participants believed that expressing a trans identity was a way for the child to get attention due to jealousy of a younger child in the family.

Participants expressed the view that mental healthcare professionals want to decide for themselves whether a person is or should be trans, and they agreed that it is very difficult to find mental healthcare professionals who do not pathologise trans identities, resulting in people having limited options in terms of finding the support and help they need. Based on their experiences, they noted that it is easier to find a trans-friendly psychologist than a psychiatrist.

When asked about their experiences of sexual and reproductive healthcare professionals, individuals again referred to being addressed in the wrong gender and to the lack of privacy, as they were often forced to correct the professionals and explain their gender identity in the presence of third parties. Furthermore, individuals reported having received questions from the practitioners which were not related to their visit and did not concern medical parts, such as intrusive questions about their sexual preferences. An issue also mentioned was the lack of access to free examinations related to internal and external reproductive organs for individuals following legal gender recognition. These healthcare services were reported to be covered by insurance for people whose sex characteristics match the sex assigned to them at birth.

During their contact with the administrative staff of the services, people reported that they often face misgendering, especially those who have not yet proceeded to correct their documents, but also in cases where people tried to make telephone

appointments and the secretarial staff refused to match the person's voice with the name on the official documents.

The discrepancy between gender identity and official documentation was cited by most people as a factor that makes it difficult for them to access healthcare services and leaves them exposed to discriminatory treatment and abusive attitudes, but similar difficulties, such as having to explain their gender identity, being subjected to intrusive questions, looks of puzzlement or surprise, and comments about the anatomy of their reproductive organs, were also reported by people who had had their legal documents corrected. The frequency of incidents of discrimination and violence faced by individuals appears to be related not only to their gender identity, but also to their gender expression and sex characteristics, and whether they are perceived as their gender by others.

Even more pronounced are the difficulties and invisibility that participants reported non-binary people face, as practitioners are even more ignorant about gender identities outside of the binary, and non-binary genders are not legally recognised. Professionals' stereotypes around gender identity and gender expression result in them being even more likely to be disrespected when their gender expression does not equally combine masculine and feminine elements.

Finally, one participant also mentioned blood donation, saying that given the exclusion from the process of people who have had at least one sexual encounter with a person of the "same" sex since 1977, trans people are worried about the information they are asked to give to doctors in blood donation centres. As with most data completion forms, there is no differentiation in the terms sex assigned at birth and gender, so trans people can gain or lose their right to donate blood based on the sex listed before or after they change their legal documents, even if their sexual experiences remain the same.



4.1.3 Experience from healthcare services related to medical transition

The next section included questions about people's experience with healthcare services related to medical transition (e.g., hormone therapy, surgery, mental health services). Individuals were first asked whether they had referred to a professional for medical transition procedures, the type of service they sought, the time period, and the context in which it was provided. Those who had not approached a professional were asked whether there was anything that discouraged them from seeking services.

Those who said they had sought services involving medical transition were then asked about their experience by the mental health professionals, endocrinologists and surgeons they had visited, as well as by the administrative staff of the services.

With regard to mental health services related to accessing a diagnosis to initiate medical transition, this has not been or is not yet an easy process for all trans people, both in the public and private sector.

One of the key barriers reported by individuals from their experience of public services was the unreasonably long wait before receiving a referral for hormone therapy and follow-up with an endocrinologist or surgery, with some individuals reporting that it took between seven months and several years to access hormone therapy through the public health system, with some individuals still not having access to medical transition. The big gaps between appointments also contribute to this delay, with some people reporting having to wait up to three months. At the same time, individuals reported that their appointments are extremely short and procedural, with one participant describing her sessions in a public hospital psychiatric ward as "*five-minute conversations*" around general issues of daily life, not related to her gender identity.

Furthermore, those who had relevant experience referred to the tests required to obtain a referral for hormone therapy, which they felt were not related to trans status (e.g., electroencephalogram, administration of MMPI² test, etc.). Some individuals stated that even after asking the practitioners about the necessity of these tests, they did not receive an adequate explanation. For the MMPI test in particular, there was a strong questioning around its usefulness and whether it is relevant to the current context, as its questions seem to perpetuate gender stereotypes. One participant mentioned the danger the requirement to 'live in the desired gender' for seven months before starting medical gender transition poses for a trans person, as this is impossible for trans people who do not live in safe environments where they can openly express their gender identity. One participant commented that *"only the bravest and strongest trans person survives in the system"* and that psychiatrists *"measure courage and patience, not the need for transition"*. Another individual reported that his request to a psychiatrist in the public sector for access to hormone therapy was denied, as his need for hormones was described as *"cosmetic"* and not for gender affirmation purposes.

Some particular challenges were reported as a result of the restrictive measures during the COVID-19 pandemic. In particular, individuals reported that sessions were only held in emergencies, with scheduled telephone appointments often being cancelled without notice and without this cancellation being followed up with the scheduling of a new appointment.

The significant barriers that people face when visiting public healthcare services lead many of them to turn to private psychiatrists to obtain the referral needed to start hormone therapy and/or undergo surgeries. Even in the private sector, however, individuals reported encountering significant difficulties, most notably increased costs and financial extortion on the part of professionals in obtaining referrals.

² MMPI: Minnesota Multiphasic Personality Inventory

As a consequence of these difficulties, some people reported that they were led to take hormones without the supervision of an endocrinologist, refusing to trust healthcare professionals again. One person reported his experience of a mental health facility in the public sector, where due to long delays he was forced to go privately to the psychiatrist working in the facility, who when contacted by the individual and his family denied knowing him, and when asked for the individual's medical records refused to hand them over.

When visiting endocrinology clinics, individuals reported experiencing anxiety and discomfort, with some reporting being asked to undress and have their body anatomy examined. One person reported that they had received fatphobic comments during a visit to an endocrinology clinic and was blackmailed by the doctor that if they did not change their eating habits and weight, they would stop monitoring him. Other participants expressed concerns about possible side effects and complications of hormone therapy that their doctors may be unaware of, or that trans people may not be adequately informed about. One participant reported that doctors do not understand the need for medical transition or other gender confirmation practices, such as binding, and the health problems that trans people may develop over time because of these practices. Other individuals noted that their endocrinologists are unable to address unexpected hormonal changes during hormone therapy. Some individuals stated that endocrinologists are not able to serve trans people who already have some serious health problems, that they are not concerned about their patients' symptoms, and that they do not collaborate with healthcare professionals from other disciplines when necessary.

Regarding gender reassignment surgery, most individuals reported that the approach of the doctors who perform it is often purely speculative, with professionals making unrealistic promises about the outcome of the procedures, such as that the outcome of an external genital surgery will be no different from



the appearance of cis people's organs, and the expected recovery times in order to "sell" their services. Two plastic surgeons were reported by individuals as using outdated techniques.

Several people also mentioned the cost of the procedures which is not covered by insurance funds, as they are considered "cosmetic" procedures. Even procedures such as orchiectomy and hysterectomy are not accessible to trans people who want them. This has led several individuals to launch public crowdfunding campaigns to cover the cost of the surgeries. One participant stated that the Ministry of Health, and '*people in power*' in general, do not show enough interest in the health needs of trans people, and there is hostility and ignorance around trans patients.

Difficulties were also reported when dealing with the administrative staff of the services, the main one being that they were often addressed by the wrong gender, even after corrections. Negative experiences of contacting pharmacists when purchasing hormones were also reported by some individuals due to the incongruence between their official documents and their gender identity.

Barriers in seeking healthcare services related to medical transition, ignorance and negative attitudes from healthcare professionals were reported to be known within the community and create serious concerns for those individuals who have not started medical transition, resulting in them being discouraged from starting or delaying it for a long period of time.

4.1.4 Need for policy reform and professionals' training

Finally, people were asked whether they think changes need to be made in the healthcare system to ensure that trans people receive better services. Furthermore, individuals were asked about their perception of the information that healthcare professionals have regarding gender identity issues and whether



they felt there was a need for professionals to receive training and/or guidelines on gender identity issues to be able to better serve trans people.

Regarding the need for institutional changes, in one group there was consensus that a *"holistic reform of the health system"* is necessary.

The information and training of healthcare professionals on issues of gender identity and gender expression was assessed by individuals of both groups as minimal to non-existent, while the significant lack of professionals who specialise and/or have experience in providing services to transgender people, especially those involved in procedures related to gender transition (e.g., psychiatrists, endocrinologists, etc.) was also mentioned. In particular, it was proposed that issues related to gender identity and sexual orientation should be compulsory in the training of students of all health professions, as well as in the training of professionals already working in public or private health structures. Emphasis was placed on the need for training for all healthcare staff: nurses, paramedics, security staff, administrative staff, canteen staff, etc. The need for the existence of educational material and manuals covering terminology and medical issues (e.g., anatomy) concerning transgender people, which will be in Greek and available to all healthcare professionals and students, was also highlighted.

The importance of educating staff around the appropriate terminology for transgender identities was also noted, in order to avoid the use of stigmatising and abusive terms and expressions (e.g., "transsexual", "sex change", etc.).

Regarding the need to educate healthcare staff, one participant shared that healthcare professionals have contacted him through social media to learn more about trans people and their needs. Although he described this as a positive move, he noted that the healthcare professionals admitted that they would not initiate

similar conversations with their colleagues, as they feared that they would be "laughed at".

Other proposals involved changing certain medical terms based on the gender binary, such as andrology/gynecology, which create distinctions that do not include trans people. In addition, they suggested including options on patient registration forms beyond the gender binary to better include non-binary individuals. Some individuals suggested the need for a medical specialty that would holistically address the health needs of trans people.

Regarding procedures related to medical transition, it was proposed to abolish mandatory psychiatric monitoring, and to provide psychological support services only for those persons who wish it, as well as the need for access to gender confirmation surgeries through public insurance. A proposal to establish specialised clinics providing gender transition services, modelled on other countries, was also mentioned.

In the context of the need for broader information and awareness about transgender identities, the introduction of a sex education course that includes gender identity issues, and the existence of properly informed psychosocial support professionals (psychologists, social workers) in the school context were mentioned.



4.2 The experience of healthcare professionals

The focus group of healthcare professionals concerned the perception of healthcare staff regarding transgender identities, as well as their general perception of trans people's access to health care services. It included incidents of discrimination that the healthcare professionals have witnessed, and in addition, their work experience was discussed. Finally, the training needs of healthcare professionals regarding diversity of gender identity and gender expression were explored. The research questions guiding the discussion were drawn from the online survey questionnaire and covered the aforementioned themes.

When asked about whether trans identities are a psychiatric disorder, healthcare professionals tended to agree that they are not, based on the fact that it is not included in taxonomic systems and descriptions, and that no biological, neurobiological or other pathway has been identified that is related to trans identities and is a blatantly abnormal function of the human body, which is classified as pathological. Other views expressed during the discussion related to the existence of a biological substrate, which cannot be considered pathological, with one participant citing as an example other characteristics, such as hair colour, but also the influence of other factors such as hormones and external stimuli. One participant (man, general surgeon) also referred to the possible association of trans identities with mental health challenges, saying that he agreed *"[...] that it's not a psychiatric disorder, but it can be associated I guess with psychiatric issues, with anxiety disorder, with depressive subscription, with different issues like that"*.

Participants stated that transgender people are a vulnerable population group, due to the marginalization and victimization, but also the consequent economic exclusion they experience, while reference was made to an increased morbidity rate.

All healthcare professionals agreed that elective medical procedures and gender reassignment surgeries should be covered by insurance funds, while they also raised questions about the mechanism that would confirm the necessity and reversibility of these procedures, and whether the healthcare system should cover these needs instead of making decisions for this population group. The need to create a relevant protocol that includes rules, conditions and practices was also noted, placing the discussion and the process of personal choice of self-determination, beyond medical opinions and psychological and psychiatric investigation, as fundamental criteria. It was also noted that the costs covered by insurance funds should include procedures related to the recovery of trans people, such as monitoring their post-operative course and the psychological support they may need. Going deeper, participants questioned whether these medical procedures should be fully or partially covered, as well as the procedures for finding the corresponding resources.

When asked how they would feel if someone close to them was transgender, healthcare professionals appeared to be positively disposed to accepting a trans person in their family, friends or professional environment on a theoretical level, although they expressed concerns about the treatment the person would receive from the wider society and the difficulties they would face. As one participant (man, general surgeon) reported *"I would have a problem, but on a secondary level, knowing what comes with it. It's a very similar question to whether I would have a problem if a person in my family was disabled [...]".*

According to healthcare professionals, the treatment that transgender people receive is left to the personal conscience and individual sensitivities of each professional, as medical education has not been updated on issues of gender expression and/or gender identity. Participants' responses regarding their knowledge around basic terminology (e.g., whether they can identify the terms "trans man" and "trans woman"), as well as their correct use of pronouns, highlighted their lack of preparation and readiness to serve trans people.

"I have the feeling that none of us are prepared, trained to deal with such people" (Woman, General Practitioner)

"[...] It is still a taboo subject so we don't discuss it, it is still a taboo subject so the official information we receive on a lot of issues does not include it, it always leaves it out and if we don't solve this first as a society how can it be systematized so that we can deal with it in the appropriate way?" (Man, General Surgeon)



Regarding their direct experience of serving transgender people, participants reported that it was extremely limited and mainly related to people visiting the emergency room rather than scheduled visits. One participant, a general surgeon, reported that his contact with trans people was primarily in the context of his residency abroad, in a department where transition procedures were also performed.

In particular, with regard to incidents of discrimination against trans people, although participants reported that they had not identified any abusive behaviours towards trans people that required intervention, they recognised that it is highly likely that a trans person would be treated negatively in the context of healthcare services because of their gender identity. One participant referred to the stigma faced by trans people and their victimisation, which is not solely about individual behaviours but the wider climate within services.

Regarding the information that health care staff have about transgender identities and the provision of services to transgender people, the need for systematic training with a scientific basis on basic definitions and terminology, as well as the procedures related to medical transgenderism was highlighted. As one participant (man, general surgery resident) mentioned the lack of training for health professionals: *"for me personally, the little knowledge I have on the subject is more from movies than from some information that is systematically and methodically provided"*.

Participating healthcare professionals reported that their knowledge around the legal framework for changing the documents of trans people is limited, as they did not know for sure whether the process of legal gender recognition is also linked to medical interventions, while one participant expressed a question about how to ensure that a person's data is linked before and after the correction of their gender and name. For the process of identifying individuals in the context of healthcare services, participants acknowledged that the social security number and the tax

identification number can be used, without descriptive characteristics such as gender being necessary. However, participants' views on the medical value of the gender category were divided, with one part of the sample noting the value of gender in terms of the anatomy and medical tests that each individual should follow, while another part noted the need to change medical protocols to not rely on gender. It was also argued that the scientific field is moving towards a medicine that will need different types of data (e.g., genome) for clinical tests and decisions for the patients.

Finally, when asked about the existence of specific protocols for the provision of services to transgender people, healthcare professionals stated that even if such a protocol exists, they are not aware of it, while one stated with certainty that it does not exist. The majority of healthcare professionals had no knowledge about the procedures that a transgender person needs to follow to start hormone therapy, as well as regarding the structures and/or services to which they can turn. One participant made the assumption that the process of hormone therapy would probably involve some psychiatric or endocrinological assessment.



5. Conclusions

5.1 Professionals' and students' attitudes

Despite the depathologising approach taken by international bodies regarding trans identities, and the removal of trans identities from psychiatric disorders in the recent version of the ICD, it seems that the pathologisation of trans identities is still strong among professionals, with one in five people believing that trans identities are a mental disorder, although the majority seem to agree that this is not the case. Students appear to be more informed, as the majority of them do not consider trans identities to be a mental disorder. Among both healthcare professionals and students, opinions seem to be divided as to whether trans identities are a choice. The majority of students seem to be able to separate gender identity from sexual orientation as well as sex characteristics. For healthcare professionals the corresponding percentages are lower, with one in four confusing gender identity with sexual orientation and identifying it with biological characteristics.

Our analyses revealed some differences in attitudes and perceptions within the two groups. With regard to students, it seems that individuals who identify as LGBTQI+ have a more friendly and open attitude towards trans issues compared to cis-heterosexual individuals. Similarly, psychology students seem to have a more friendly and open attitude compared to medicine students. Regarding the differences highlighted between medicine and psychology students, one hypothesis to explain them could be based on the greater visibility that LGBTQI+ identities seem to have in psychology departments (e.g., through the addition of specialised courses), but also to a broader approach that takes more into account social factors and may contribute to the perception of discrimination.



Similar differences were also observed among healthcare professionals, with LGBTQI+ professionals agreeing with the need to ensure trans people's rights, such as medical transition procedures being covered by insurance, but also access to rights equal to cis people, compared to cis-heterosexual professionals. Furthermore, LGBTQI+ healthcare professionals disagree with prejudice against trans people more than cis-heterosexual professionals. Mental health professionals appear to be significantly more in agreement that trans people should have equal rights, and disagree more with negative attitudes and biases compared to doctors.

5.2 Experience from healthcare services

The views of healthcare professionals and students on whether trans people have equal access to healthcare services appear to be divided, however for the most part both healthcare professionals and students feel that it is highly likely that a trans person will be treated negatively within healthcare services based on their gender identity. Doctors appear to perceive trans people's access to healthcare services as better than mental health professionals. Both healthcare professionals and students reported low rates of perceiving incidents of discrimination and/or violence towards trans people by colleagues, although a relatively small proportion of the overall sample reported being aware of having served a trans person. However, students and healthcare professionals who identify as LGBTQI+ appear to perceive discrimination and violence against trans people to a greater extent compared to cis heterosexuals, a finding that is consistent with existing literature on differences in perceptions of discrimination between LGBTQI+ and cis-heterosexual people (Lewis & Pitts, 2015).

The responses of trans people in the focus groups highlighted a significant difference in the perception of access to healthcare services and the treatment they receive from healthcare staff, with all people reporting that they had received



some form of discrimination on the basis of their gender identity, with misgendering and the use of stigmatising terminology being the most common problem. Other issues that individuals mentioned as barriers to accessing healthcare services included indiscreet and irrelevant questions about their physical/anatomical characteristics, professionals' ignorance around the needs of trans people, and offensive and abusive attitudes. In particular, in terms of the experience of mental health professionals, incidents of abuse of power on the part of professionals, pathologisation of trans people's identity and conversion therapies were reported. Difficulties were also reported in terms of accessing services related to transition, such as unduly long waits for referral to hormone therapy or surgeries in public services, and increased costs in the alternative of private services.

These experiences create fear and anxiety for trans people about how they will be treated when approaching services and discourage them from seeking care even when it is necessary, while several people felt that they were forced to choose based solely on the professionals' minimal respect for the trans community rather than their experience.

The students' personal experience of serving transgender people was limited among those who had experience of practicing in a health care facility, but it highlights the difficulties and adverse treatment that transgender people receive, such as intrusive questions, ridicule, and verbal and physical abuse. From the students' reports from their internship, it was evident that medicine students who served transgender people felt more embarrassment compared to psychology students.

Professionals, students and trans people also mentioned some positive experiences of service in healthcare settings, where the treatment trans people received from the staff was equal and respectful. However, it was commented that



these experiences are not universal and often the treatment received by an individual is based on the personal awareness of healthcare professionals.

Finally, in both healthcare services and universities it seems that trans people remain invisible, with the largest percentage of both healthcare professionals and students reporting that they are not aware of an openly trans person in their service or university, respectively. Although we do not have sufficient data on the experiences of trans healthcare professionals and students, this invisibility may be an indication of the level of safety trans people feel in openly sharing their identity in the context of their work or studies.

5.3 Training needs

Regarding the training of (future) healthcare professionals, it seems that it is still limited. Most of them have not received any training on gender identity issues, neither as part of their studies nor as part of their work. Trans identities and issues related to trans people's health are largely absent from university curricula, and references to trans identities through a pathologising lens are not rare. Although courses focusing on LGBTQI+ identities and the provision of inclusive services have been introduced in some universities in recent years, these are not compulsory.

Both students and healthcare professionals report that healthcare staff is not adequately trained to serve trans people, with the majority of both groups stating that they would be interested in receiving training on trans identities. Most students and healthcare professionals lacked knowledge around medical transition procedures, the medical protocols that exist, the process individuals need to follow and the services available in the country. Differences in perceptions about training appeared to exist between groups, with medicine students and doctors feeling that staff was more trained compared to psychology students and



mental health professionals, and reporting to a lesser extent a desire to receive training on trans identities. Furthermore, students and professionals who identified as LGBTQI+ described staff training as inadequate to a greater extent than their cis-heterosexual counterparts, and correspondingly indicated a greater desire to include courses covering gender identity issues.

The lack of education and the need for training for all healthcare staff was also highlighted as a key issue by trans people. From the responses of all three groups (healthcare professionals, students, trans people) there seems to be agreement on the need for training that includes the following topics:

- Basic concepts about gender identity, sexual orientation and sex characteristics.
- Terminology and inclusive, non-stigmatising communication.
- Information on medical transition: existing procedures, the procedure to start medical transition and the services a person can turn to, insurance coverage of the procedures, medical protocols, possible complications and long-term effects, preparation and support for people.
- Existence of specialised health needs, compared to cis people, especially in those who have undergone gender reassignment procedures.
- Protocols and guidelines for the provision of healthcare services for trans people.
- Up-to-date scientific data related to gender identity.
- Mental health issues: basic guidelines for support trans people, gender exploration and coming out process, family support and psychoeducation, trans people on the autism spectrum.
- Sexual and reproductive health issues.
- Information on the legal framework: legal gender recognition and transgender rights, especially in the context of healthcare services.
- Preventing and combating discrimination in the field of healthcare.

- How to record gender and name in medical records, tests and referrals and manage issues arising during hospitalisation.
- Providing services to transgender adolescents and family support.
- Challenges faced by trans people, especially in the workplace.
- Data and practices from other countries.
- Agencies and qualified professionals providing services to trans people for interconnection.
- History of the transgender community in Greece and the reality of trans people today.
- Intersectionality and intersecting identities (e.g., LGBTQI+ migrants and refugees, LGBTQI+ older people).

Although there were significant similarities in the topics in which the professionals and students indicated that they would be interested in receiving training, which can probably be explained by the lack of relevant references in all levels of education (academic and professional), we must stress that the approach and design of training programmes on gender identity issues should take into account the specific needs, knowledge and professional experience of each group.

The education of healthcare professionals on gender identity issues already in the context of their studies, which will be based on up-to-date scientific data and will not reproduce a pathologizing and stigmatizing approach to trans identities, is a key prerequisite for ensuring equal access of trans people to healthcare services and health care. Without appropriate training, healthcare professionals are unable to recognise and respond to the health needs of trans people. As one health professional who participated in the focus group discussion put it very well, *"I don't know whether it exists, and since I don't know about it, it doesn't exist."*



5.4 Research limitations

One of the main limitations of the research was the timespan of the survey, which did not allow for the collection of responses from a larger sample, nor did it allow for the exploration of other correlations, such as comparison in terms of experiences, attitudes and perceptions between professionals and students, or the influence of other demographics such as gender, age and place of work/study.

Furthermore, the increased awareness and familiarity with trans identities may be due to the way the responses were collected, which was mainly through a call from the project's partners, a significant part of which are specialized or highly active in the field of LGBTQI+ issues. Therefore, the possibility that participants may have already had some familiarity and/or personal interest around gender identity issues cannot be excluded.

Finally, the majority of professionals and students who reported having participated in some training stated that it was provided by agencies such as LGBTQI+ organisations and student groups, some of which are partners of the project. Although it is possible that these results have been influenced by the dissemination of the questionnaire through the partners' communication channels, increasing the chances that individuals have attended some relevant training, it is a reality that training providers in this field in Greece are limited and an overlap between training providers and project partners is to be expected.



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7. Annexes

7.1 Students

7.1.1 Mann-Whitney test to compare means of all questions between LGBTQI+ and cis-heterosexual students

	Yes ³ Median (IQR)	No Median (IQR)	Mann- Whitney U	p value	Cohen's d (effect size)
General perception of transgender identities and LGBTQI+ people					
• <i>Trans people's rights</i>	4,4 (±0,4)	4,0 (±0,8)	3604,5	0,000	7,67
• <i>Prejudices</i>	2,0 (±1,0)	2,33 (±1,0)	4236	0,000	2,89
• <i>Developing relationships with trans people</i>	1,0 (±1,0)	2,0 (±1,5)	2894	0,000	1,54
General perception of trans people's access to health services					
• <i>Operation of healthcare services</i>	3,4 (±0,6)	3,4 (±0,5)	5371,5	0,146	0,03
• <i>Attitudes of healthcare staff</i>	2,17 (±0,79)	2,5 (±0,83)	4603,5	0,003	4,15
Incidents of discrimination and violence					
• <i>Incidents of discrimination</i>	3,86 (±0,86)	3,71 (±0,57)	718,5	0,015	0,58
• <i>Incidents of violence</i>	3,7 (±1,20)	3,4 (±1,0)	798	0,063	0,46
Educational experience					
• <i>References of trans identities in the curriculum</i>	1,86 (±1,11)	2,0 (±1,0)	5604,5	0,332	0,15

³ "Yes" / "No" were answers to the question "Do you identify as LGBTQI+?"

• <i>Information regarding trans issues in the university</i>	1,0 (±0,33)	1,0 (±0,67)	5234	0,059	0,30
• <i>Trans students in the University and Openness</i>	1,0 (±1,33)	1,0 (±0,67)	5299	0,075	0,63
• <i>Desire about the content of the training</i>	5,0 (±1,0)	4,0 (±1,75)	4393,5	0,000	0,42
<hr/> Internship experience					
• <i>Personal sense of serving trans people</i>	1,0 (±0,31)	1,0 (±0,75)	837,5	0,081	0,36
• <i>Difficulties/abusive behaviours when serving trans people</i>	1,67 (±0,17)	1,67 (±0,0)	953,5	0,297	0,19
• <i>Serving Trans people</i>	1,0 (±1,08)	1,0 (±0,67)	1010	0,715	1,60
• <i>Working with a trans colleague</i>	1,0 (±0,0)	1,0 (±0,0)	1016	0,595	0,24



7.1.2 Mann-Whitney test for comparing means of all questions between medicine and psychology students

	Medicine Median (IQR)	Psychology Median (IQR)	Mann-Whitney U	p value	Cohen's d (effect size)
General perception of transgender identities and LGBTQI+ people					
• <i>Trans people's rights</i>	4,2 (±0,6)	4,5 (±0,4)	2947	0,000* **	0,68
• <i>Prejudices</i>	2,33 (±1,0)	2,0 (±1,0)	3436,5	0,005* *	0,47
• <i>Developing relationships with trans people</i>	2,0 (±2,0)	1,5 (±1,13)	3572	0,012*	2,28
General perception of trans people's access to health services					
• <i>Operation of healthcare services</i>	3,4 (±0,6)	3,4 (±0,6)	4301,5	0,443	0,17
• <i>Attitudes of healthcare staff</i>	2,5 (±0,83)	2,17 (±0,71)	3341,5	0,003* *	0,63
Incidents of discrimination and violence					
• <i>Incidents of discrimination</i>	3,71 (±0,57)	3,57 (±1,18)	788	0,558	0,13
• <i>Incidents of violence</i>	3,4 (±1,20)	3,5 (±1,2)	735,5	0,306	0,34
Educational experience					
• <i>References of trans identities in the curriculum</i>	1,86 (±0,79)	2,79 (±1,18)	1796	0,000* **	1,25
• <i>Information regarding trans issues in the university</i>	1,0 (±0,33)	1,33 (±1,75)	2904	0,000* **	0,76
• <i>Trans students in the University and Openness</i>	1,0 (±1,33)	1,0 (±1,33)	4565,5	0,877	74,54

• <i>Desire about the content of the training</i>	4,0 (±1,5)	5,0 (±1,0)	3684,5	0,018*	0,05
Internship experience					
• <i>Personal sense of serving trans people</i>	1,0 (±0,75)	1,0 (±0,0)	642,5	0,041*	2,63
• <i>Difficulties/abusive behaviours when serving trans people</i>	1,67 (±0,0)	1,67 (±0,0)	766	0,242	5,86
• <i>Serving Trans people</i>	1,0 (±0,67)	1,0 (±0,8)	737	0,228	0,31
• <i>Working with a trans colleague</i>	1,0 (±0,0)	1,0 (±0,0)	849	0,874	2,64



7.2 Healthcare professionals

7.2.1 Mann-Whitney test to compare means of all questions between doctors and mental health professionals

	Doctor Median (IQR)	Mental health professionals Median (IQR)	Mann- Whitney U	p value	Cohen's d (effect size)
General perception of transgender identities and LGBTQI+ people					
• <i>Trans people's rights</i>	3,8 (±1,0)	4,4 (±0,6)	9411	0,000*	1,04
• <i>Prejudices</i>	3,0 (±1,0)	2,17 (±1,0)	7194,5	0,000*	1,22
• <i>Developing relationships with trans people</i>	3,5 (±1,0)	3,5 (±1,0)	17496	0,494	0,11
General perception of trans people's access to health services					
• <i>Operation of healthcare services</i>	3,28 (±0,71)	2,79 (±0,57)	9149	0,000*	0,94
• <i>Attitudes of healthcare staff</i>	2,6 (±0,6)	2,2 (±0,75)	11114	0,000*	0,72
Incidents of discrimination and violence					
• <i>Incidents of discrimination</i>	3,4 (±1,0)	4,0 (±0,95)	8468,5	0,000*	0,98
• <i>Incidents of violence</i>	2,8 (±1,2)	3,6 (±0,8)	8510	0,000*	2,90
Work Experience					
• <i>Personal sense of serving trans people</i>	1,85 (±0,86)	2,0 (±1,11)	17787	0,648	0,06
• <i>Difficulties/ Abusive behaviour of colleagues when serving trans people</i>	1,0 (±0,25)	1,0 (±0,44)	18111	0,793	1,89
• <i>Serving trans people</i>	2,4 (±0,80)	2,2 (±1,35)	16206	0,100	0,22
• <i>Working with a trans colleague</i>	1,0 (±0,0)	1,0 (±0,0)	17756	0,504	0,03



7.2.2 Mann-Whitney test to compare means of all questions between those who identify as LGBTQI+ and those who do not identify as LGBTQI+

	Yes ⁴ Median (IQR)	No Median (IQR)	Mann- Whitney U	p value	Cohen's d (effect size)
General perception of transgender identities and LGBTQI+ people					
• <i>Trans people's rights</i>	4,4 (±0,6)	3,8 (±0,8)	11492	0,000*	1,02
• <i>Prejudices</i>	2,33 (±1,0)	3,0 (±1,33)	12282	0,000*	0,90
• <i>Developing relationships with trans people</i>	3,0 (±1,0)	3,5 (±1,0)	23337	0,582	0,01
General perception of trans people's access to health services					
• <i>Operation of healthcare services</i>	2,71 (±0,57)	3,14 (±0,71)	11794	0,000*	0,92
• <i>Attitudes of healthcare staff</i>	2,2 (±0,6)	2,6 (±0,6)	13400	0,000*	0,84
Incidents of discrimination and violence					
• <i>Incidents of discrimination</i>	4,0 (±0,9)	3,4 (±1,2)	12004	0,000*	0,93
• <i>Incidents of violence</i>	3,4 (±1,2)	3,0 (±1,2)	14328	0,000*	0,79
Work experience					
• <i>Personal sense of serving trans people</i>	1,86 (±0,86)	1,86 (±0,86)	23962	0,862	0,05
• <i>Difficulties/ Abusive behaviour of colleagues when serving trans people</i>	1,0 (±0,5)	1,0 (±0,25)	22148	0,122	0,29
• <i>Serving trans people</i>	2,2 (±1,0)	2,4 (±1,0)	23427	0,623	3,01
• <i>Working with a trans colleague</i>	1,0 (±0,0)	1,0 (±0,0)	23255	0,396	0,07

⁴ "Yes" / "No" were answers to the question "Do you identify as LGBTQI+?"



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