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Good Practices Guide on Fighting Discrimination on Gender Identity in Health Care Systems



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Executive Summary

The purpose of this deliverable is to identify three (3) transferrable Good Practices for addressing gender identity discrimination in Health care Systems and to compare them to inefficiencies in the Greek Health care System, as these represent one of the major obstacles to LGBTQI+, particularly transgender people, exercising their right to equality in Health.

The methods used to identify good practices include online research, identifying research findings through TGEU's Trans Rights Map 2022, and comparing and contrasting the experiences and reality of trans people in Greece when it comes to transgender healthcare, including healthcare services about transition, fertility, and general health issues.



1. Introduction

The Greek Experience

The Council of Europe (CoE) has been one of the most significant international factors in advancing trans rights for the past 20 years. Despite the CoE's early support for gender and sexuality rights largely ignoring sex-based discrimination, various CoE institutions have recently become more involved with intersex lives and experiences. One of the few international or regional agreements that explicitly guarantees protection without discrimination on the basis of "gender identity" is the Council of Europe Convention on preventing and combating violence against women and domestic violence, also known as the Istanbul Convention.

Healthcare professionals in Greece often find themselves unready to approach/treat transgender health issues, and they practically fill the education gaps by using theories of patriarchal heteronormative standards or religious beliefs, while transgender people feel most of the time unwanted or invisible in the Greek public healthcare system. When they do become visible, usually it is not a positive experience for them due to multiple reasons unrelated to scientific protocols. The most important reason for this is the Greek government's everlasting denial to recognize the human right for total equality for LGBT+ transgender/ non-binary people.

According to ILGA Europe RAINBOW MAP 2022, Greece has a score of 52% and ranks in the 17th position, just above Germany (15th) and United Kingdom (14th), out of 49 countries. Especially at the topic of "equality and discrimination" Greece (54%) has an even better score than Germany (45%) and United Kingdom (44%) but when it comes to the "family" topic Greece scores only 33%.

Any transgender person, either binary or non-binary, who has tried to seek help, ask questions and get information about transitioning in the Greek healthcare system, has experienced intrusive, abusive and also manipulative behaviors close to what we could describe as an "oral conversion therapy". Psychiatrists and psychologists most of the times from the very first appointment clearly try to prevent individuals from physically transitioning or even from coming out as trans, appealing to the multiple stigmatization (no passing, social marginalization, sex work as the only solution to unemployment for trans women), the high cost, the diseases caused by hormone replacement and many other predictions resembling "self-destructive scenarios".



The vulnerable adult population in Malta as well as minors under the age of 16 are both protected by the law. Use of conversion treatment on a minor is an aggravating offence in other union member states, such as France.

Certain regulations essentially only protect minors and individuals without the capacity to make decisions for themselves. Both German and Greek law reflect this.

The vulnerability of adults is not described nor recognized in the Greek law, according to all its existing versions. Specifically, it gets placed in the limited field of **legal capacity**.

Amongst the LGBT+ community it is well known that even adults can be manipulated or even threatened and bullied by their families, in order to change their sexual orientation or gender identity/expression in exchange of remaining members of the family. This deal includes living at the family's home, working in the family business, reassurance in the family's heritage, or even gaining the love of God and acceptance when it comes to religious people.

Also the Greek law bans "professionals" (described as those who get paid to provide conversion therapy exclusively) but doesn't mention anything about people who would provide conversion therapies voluntary/ for free or among other kind of therapies starting from child psychologists and child psychiatrists, and also excludes professionals whose job objective is to take care of minors, such as teachers, orphanage directors and directors of institutions for unprotected children, workers of youth centers, military schools, Sunday schools, sports clubs, workers of penal institutions for minors and last but not least spiritual leaders and priests.

It's shocking to consider how easily all these examples could influence a minor, or even an adult to give consent.

Also, the law in Greece does not totally ban conversion therapies, by including the clear consent of the person.

While we have all the time ahead to think about the meaning of all these contradictions, let's see how the Greek experience in the Greek healthcare system can be used as a negative example. The resulting transferrable proposals can benefit all sides.

2. Good Practices

2.1. Good Practice (1)



Being Me - Inclusive Aged Care

Country of origin	The Netherlands
Year proposed	2018
Responsible authority	Initiative project /Nationaal Ouderenfonds/ Outhouse LGBT community resource center/Univerza u Ljubljani/ Trinity College Dublin/Middlesex University London/ University of Strathclyde/ Consortium Beroepsonderwijs
Targeted level	Education Service

This project is targeting the education system, it includes handbooks, online seminars and it is free of charge.

LGBT seniors in Greece experience negative reactions in the healthcare system and their needs are often overlooked, most of the time they have to face homophobic and transphobic behaviors and also ageism, stigma, transmisogyny, sex work stigmatisation and generation gap issues among medical students in their practice period or doctors.

It is no surprise that most of them lived their lives forced in the closet and some of them will never find the courage to come out. But we all know that when it comes to health any person should feel respected and deserves access to services. It is a common secret and at the same time a deep wound, that health care professionals in Greece have never been -at least not properly-educated on LGBT+ people's issues, and so far, nothing has changed.

Any transgender person, either binary or non-binary, feels excluded, unwanted and shamed to share their medical files. At the same time, knowing that healthcare professionals have no trans-specific education, they feel fear and they don't trust the public healthcare system. This is why an updated educational program which includes trans-specific knowledge and helping tools is more than needed and can help raise a new generation of healthcare professionals.



An illustration of a potential best practice for educating healthcare and social service professionals in the Netherlands about elder LGBT concerns involves the Ouderenfonds. In the realm of education, the Ouderenfonds has developed complimentary eLearning resources on LGBT aging in partnership with a consortium of MBO schools, available through DigiBib. These lesson materials are disseminated to the consortium's member institutions, encompassing over 60,000 students, and instructors can readily access them using a DigiBib account at no cost.

It is very important for the access to be free, available on line, and reachable to the general public as well. Within the Greek education system, there are almost zero references about transgender health, while when they are part of the education, they have nothing to do with the real-life experience of LGBT+ and specifically of transgender individuals, binary and non-binary. Health providers have no connection and no idea about how transgender people have to survive in a society that since their childhood or since their coming out, kicks them out of schools, hospitals, rented houses and workplaces.

Subjects such as unemployment, homelessness, forced sex-work as the only choice, and all kinds of bullying and lynching could and should be discussed and studied, and there is no question that since transgender people are pushed to a marginalized life, they lose or let go of their rights while struggling to survive across their lifespan.

Older trans people face even more harsh marginalization, especially trans women, as they cannot provide for themselves by sex working after a certain age and they cannot be hired at a “non-sex work business” because of the sex workers stigma. During the quarantine we came to the saddest place, when informed from media sources about a hit and run accident that left a trans woman dead on the street. Also, a trans woman's body was found days after her death in a ground floor box room, which she rented for “home”. They were all older individuals.

Even more recently a trans woman's body was denied recognition by her family, and was abandoned at the morgue for weeks. It would be more than helpful for the health care system and absolutely necessary for transgender people's survival, to be included in societies, communities and health care systems and the collective awareness.

According to reports, teachers encounter difficulties when broaching the topic of aging within the LGBT community and require assistance.

To raise awareness all tools and allies should team up, Universities, Clinics, hospitals, teachers and professors.



We lack data that provides insight into the extent to which educators focus on the topic of older LGBT individuals.

A free membership could be helpful in collecting data, as well as exclusive content for members. For example: Interviews of transgender individuals, binary and non-binary. Voluntary participation in resolving challenges and barriers in the health-care system.

The Ministry of Education, Culture and Science in the Netherlands has recently mandated that MBO schools must include instruction on sexual diversity and how students can interact with LGBT students (Nu.nl, 2018). While the focus isn't specifically on older individuals, the broader discussion about LGBT individuals should serve to raise awareness about the needs of older LGBT individuals. In nursing and social work schools, instructors should be able to seamlessly integrate this topic into students' professional conduct when working with older LGBT individuals. This program for vocational education aims to educate professionals about their attitudes and interactions in the context of sexual diversity.

In the Greek context of education, sexual orientation, gender identity and fertility courses need to be included in the curriculum of all types of High schools.

Guidebook for caregivers and educators concerning elderly LGBT individuals and sexual diversity: This guidebook is designed to equip instructors and caregiving professionals with the knowledge needed to provide inclusive care to elderly LGBT individuals. It encompasses details about the elderly LGBT community, presents specific case studies, and provides references to relevant books and film resources.

Online handbooks as well as an educational app for every category of LGBT+ Transgender /binary and non-binary people, covering all phases of life, Trans Childhood – Trans Puberty-Trans Mature, could help teachers, students, healthcare professionals, future parents, employers, families and allies too.



2.2. Good Practice (2)

Gender Well Being Clinic

Country of origin	Malta
Year proposed	2018
Responsible authority	Government – Ministry of Health
Targeted level	Policy service

This practice embodies the solution for major matters such as safety, trust, educated healthcare professionals in a clinic. It was established to welcome transgender/binary and non-binary people.

It has been well-known among the LGBT+ community for decades that whenever a transgender/binary and non-binary person is in need and searches for any kind of healthcare service, they are going through a really challenging experience. Even the privileged ones can be harassed or ignored by healthcare professionals. Despite the fact that, in recent years the trans community has been liberated and become more visible than ever, at least compared to the last decades, respective stigma is still at sky high levels.

One of the reasons for which a trans binary or non-binary person interested in medical transition or in need of psychological support has to perform labyrinth walking at first, is the lack of communication and co-working among the responsible healthcare providers (psychiatrist/psychologists, endocrinologists, plastic surgeons)

Firstly, it is a matter of luck if the healthcare professional's skills are properly assessed and their competence officially certified, since some of them work exclusively based on their own personal protocol, meaning that they ignore the ICD11 and basically their appointments and their services are provided with "protocols" borrowed from black market or DIY rules.

These practices are "legalized" because plastic surgery for transgender/binary and non-binary people cannot be covered by public health insurance.

This is a common knowledge amongst the trans community, mainly regarding endocrinologists, plastic surgeons and psychiatrists, and it has been recorded in the project's focus groups on

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multiple cases.

Even healthcare professionals employed by public hospitals, specifically those in clinics long referred to as "transgender clinics" (although they officially maintain the title of 'Sexual Disorder Clinic'), exhibit a reluctance to engage with or disregard the revised guidelines for transgender healthcare. This situation is notably observed at Aiginiteio University Hospital.

Furthermore, they consistently assert that their schedules are fully booked, leading to appointments that demand months of waiting or are abruptly canceled without any prior notification or communication. Consequently, this lack of healthcare provision persists for an extended duration.

The Clinic offers gender-affirming healthcare services customized to meet the requirements of its clients through a diverse team of psychosocial and medical experts. Malta's healthcare policy for transgender individuals aligns with the Sustainable Development Goals, particularly focusing on SDG 3 (good health and well-being) and SDG 10 (reducing inequalities).

It is for the best interest of all, transgender binary and non-binary people, healthcare professionals and society, to receive competent services from a hospital that is run by the Ministry of Health, and can secure that every professional, as well as every beneficiary, will cooperate on the basis of the best practices, under the law and the ICD11 instructions, while all expenses are fully covered by public health insurance.

Along the planning and implementation phase, a diverse committee consisting of medical and psychosocial experts was assigned the responsibility of creating clinical pathways under the guidance of public health specialists. This committee also took on the task of identifying the training requirements for the multidisciplinary team (MDT) professionals and arranging inclusive sensitivity training for healthcare personnel throughout the general health services. This training initiative will encompass all staff, both medical and non-medical, who may be the first point of contact for individuals seeking general health services.

The policy development process aimed to enact the necessary legislative changes that would officially recognize 'gender identity and sex-characteristics-related conditions' as a statutory condition, thereby granting transgender individuals a free access to hormone therapy. A core clinical team was assembled from within the members of the multidisciplinary working group, composed of professionals already employed in the public health sector. This team included psychologists, family therapists, social workers, specialists in endocrinology, psychiatry, urology,



gynecology, plastic surgery, speech and language pathology, as well as a nurse coordinator.

Impact

Because of the fact the Gender Wellbeing Clinic began receiving clients in November 2018, it is currently too soon to measure the exact influence of this service. As the Clinic gathers data in the future, it will enable improved planning and alignment of resources with the needs of the clients. What is evident at this early stage, though, is the positive reception from users regarding the inclusive policy approach and the increased cooperation between the LGBTIQ community and the Department for Policy in Health. Individuals who previously tended to avoid general health services appear to be finding the Clinic's services well-suited to their needs.

Finally, while all these gaps have to be dealt with, when a transgender, binary or non-binary person is suicidal, depressed, hormone challenged, questioning or not satisfied with the result of a surgery, there is no one available to take scientific, professional and scientific responsibility. Despite the fact that healthcare professionals receive payment for their services -often without a receipt, they do not feel obliged to follow-up their patients.

Apart from the professional and updated healthcare approaches, responsibility, obligation and a sense of duty is the baseline for all services provided to transgender, binary and non-binary individuals, thus positively affecting their families, partners, friends and allies.

2.3. Good Practice (3)

The Gender Teams

Country of origin	Belgium
Year of propose	2010
Responsible Authority	Ghent University Hospital - Government supported initiative



Targeted level	Policy Service Education
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This practice takes it a step further by including minors in transition procedures while equally providing them with all-inclusive care, from psychological help and puberty suppression to surgical interventions.

Till 2017, when the gender identity legislation was voted in the Greek Parliament, transgender/binary and non-binary individuals had even less recognition on issues related to gender, body change, hormone therapy and psychological/psychiatric support.

Many things have changed since then, slowly and not completely, regarding access to education or work. Nonetheless, when it comes to health issues, especially gender health issues, trans (binary and non-binary) individuals have no one else to count on but themselves, meaning the trans community, within which they can exchange opinions, criticisms, good and bad experiences from healthcare professionals, phone numbers and doctor's names. Transgender people who live far from the big cities should not be forgotten either, since they are helpless most of the time and have no access even to the basic healthcare services, because of the stigma and the distance from the capital and big cities.

TWO GENDER TEAMS

ADULT CLINIC
From age 17 yo
Focus on all-round assessment
Assistance to partners – families
Intake → end process
Possibility obligation of psychotherapy

PEDIATRIC CLINIC



Children up to 17 yo
Focus on healthy developing on all areas of functioning
Dutch protocol
Puberty suppression
Hormones from 16yo
Surgery from 18yo

CHANGING POLICIES

Gatekeeping position “Who to treat”?
Empowering individuals during the process and healthcare delivery
Tailored patient - centered care
Importance of working alliances
Triadic therapeutic sequence: diagnostics - hormones - surgery
Flexible treatment opinions/recognizing large diversity in gender transitions
Visualizing existing expertise → building a network of trans friendly psychotherapists
Regular intervision concerning specific clinical changes
Dissemination of knowledge and policies
Increasing the possibility of local healthcare
Counseling on possibility of sperm freezing in trans women → medical advances: oocyte freezing in trans men

IMPACT

Satisfaction with life was assessed by asking respondents to rate their overall satisfaction at the present moment on a scale of 1 to 10, where 10 indicated a high level of satisfaction. The average rating was 6.1 (with a standard deviation of 2.2), and no discernible variations were observed among different identity categories. In comparison, the Belgian standard data from 2012 indicated an average satisfaction level of 7.6. A noteworthy regional difference was found ($p =$



0.037), with respondents from the Brussels-Capital Region reporting higher life satisfaction compared to those from other regions. This discrepancy cannot be attributed to other influencing factors such as economic stress (which negatively impacts satisfaction) or living in alignment with one's gender identity (which positively influences satisfaction).

Gender Teams as described in the Belgian healthcare transgender system, would be the best solution to many problems, beginning from teenage trans (binary and non-binary) people who will be able not only to identify correctly with their gender but also stay mentally healthy. They are assisted by educated healthcare professionals, who accept them and empower them with knowledge, thus minimizing their risk for exposure to bad practices, educational gaps of healthcare professionals, and social stigma. At the same time, they are given the opportunity to educate themselves as well, instead of searching online interviews of frauds and hoaxers. This is also beneficial for their family members who have the will to stand by them on this journey.

Local care is notably absent, and when we factor in the array of other challenges at play, such as appointment cancellations, societal stigma, and the financial burden of traveling to Athens or Thessaloniki, it becomes increasingly difficult to avoid the conclusion that transgender, non-binary individuals, whether they are workers, students, teenagers, or older adults, find themselves largely marginalized and often excluded from accessing essential healthcare services. Last but not least, the recognition of the gender spectrum and related transition options, choices and barriers will help teenagers and adults feel sure for their gender identity, realistic about their expectations and safe and confident for their self-realization.

Trans individuals, both binary and non-binary, spanning various age groups, ethnic backgrounds, and identities, have endured dehumanizing experiences while seeking assistance and support within the public healthcare system. The majority among them often feel as though they are being subjected to punishment and retribution when seeking healthcare services. Consequently, establishing a clinic capable of offering Multi-Disciplinary Team (MDT) services in a secure and inclusive environment is an essential responsibility that the Greek government and Ministry of Health should fulfill.



3. Bad Practices

3.1. Malpractices existing within the Greek Health Care System

Health professionals are mainly educated by society, transgender patients or good practices coming from other European countries. Scientific knowledge cannot be transferred though, -due to government's refusal to fund and implement educational programs for LGBTQI+ health. Some concrete examples of the issues a transgender person might face when accessing healthcare services in the Greek healthcare system are:

- Inappropriate curiosity, comments or even refusal of treatment by healthcare personnel after disclosure of trans identity.
- Same sex partners not being consulted on the care given to their partner or their children or even being denied visitation rights.
- Barriers for lesbian and bisexual women receiving fertility treatments or discrimination during pregnancy.
- No prevention for transgender people fertility issues, regarding trans people who are in long term hormonal treatment or/and surgical procedures to remove the gonads and are no longer fertile.
- There could be options available for transgender people to be parents in other ways.
- Fertility treatment and adoption should assist transgender people to create a family, if they want to.
- Double stigma towards trans people living with HIV/AIDS
- No education for healthcare professionals on trans and diverse gender health.
- No government plan, difficulties and stigmatization when the trans community is trying to seek dialogue with policy makers.
- Lack of context where healthcare professionals of all necessary departments, psychologists, psychiatrists, plastic surgeons, endocrinologists and fertility counselors could work as a team for each transgender individual from the start till the accomplishment of their transition.
- Transgender women still face the sex work stigmatization while it is still hard for them to graduate from high school and continue to University studies. Even if they are not sex workers, they still feel they are expected to apologize for all matters related to their sexual



health. However transgender sex workers can reach first grade healthcare services (free HIV/AIDS, HBV, syphilis tests and psychological/legal support) but only in Athens (Red Umbrella Athens) and Thessaloniki (Red Umbrella Thessaloniki).

- Transgender people who do not reside in the cities of Athens, Thessaloniki and Patra have no access to gender healthcare services unless they travel to the cities for appointments with psychiatrists, endocrinologists and plastic surgeons. The expenses of a trip like this are totally unaffordable for most of them.
- Despite the fact that legal recognition of gender identity was voted by the Greek parliament in 2017, it is still not accessible to all transgender individuals because of its high cost, the long wait till the court and other limitations (exclusion of married individuals, etc).
- We should also keep in mind that transgender people also face the major problem of unemployment and several barriers to education.
- Due to the justice system's systemic delays, healthcare professionals can deny anything concerning transgender people's healthcare and even blame them for forgery.
- People living with HIV/AIDS often face double stigma, due to the healthcare providers' lack of understanding regarding realistic HIV transmission methods. In some instances, even a handshake is discouraged, driven by concerns for their own health and the enduring social and medical stigma that originated during the HIV/AIDS pandemic of the 1980s and 1990s. Back then, comprehensive medical therapy and a cure, like antiretroviral therapy (ART), were not widely available/accessible.
- Current criteria concerning sexual practices and lifestyles tend to align more with heteronormative religious norms and fail to consider globally recognized scientific advancements such as PEP, PREP and U=U.
- People living with HIV/AIDS also face homophobic/transphobic interpretations about HIV transmission, such as: "If you were straight ", "If you were married", "if you had a normal sex life", "If God approves homosexuality you wouldn't be HIV positive".
- Even though campaigns about ending HIV/AIDS stigma have become popular and mainstream in the last few years, there are still strong barriers when we have to talk about sexual health.
- Same sex partners are not recognized by the Greek government as good enough to be parents and even though the civil partnership is voted by the Greek Parliament (2015), same sex partners are not "legally" allowed to co-parent or to adopt.
- Lesbian or bisexual women who want to have children are still judged by health care professionals about their choice and identity, and also, they are threatened that their choice will finally fail them.



- If we include transgender men looking for fertility options, we can observe that sometimes healthcare professionals don't even recognize the existence of transgender men as an "official" gender identity, denying services or counseling on fertility options and empowering the stigma on transgender men while ignoring the right of self-determination of their bodies.
- Although these problematic practices continue to be carried out within the healthcare system legally and officially, society has progressed. Despite the fact that same-sex couples and transgender individuals are denied the opportunity to establish families that are legally recognized and protected, this issue has become an open secret in our heteronormative society. Next chapter could be even worse because in a few years all these "unofficial" children of "unidentified" families will face stigma experienced as an inheritance from the stigmatization their parents endured. At the same time, a new dark era of conversion therapy has already started.



4. Conclusion

Educational, depathologizing programs that include LGBTQI+ gender and sexual identities, is probably the key to solve existing problems and reduce the barriers that LGBTQI+ people face. There is a need for clinics that can support professional healthcare teams, including all departments needed for a transition, like psychologists, psychiatrists, endocrinologists, plastic surgeons and fertility counselors. Unfortunately, within the Greek health care system the problems surpass the ones at hand, as transgender people who need hospitalization but haven't yet changed their identity cards, are forced to stay in hospital rooms where their gender is approached as problematic or even as a joke, while they are afraid to even sleep while hospitalized, for fear of attack, rape, harassment or exposure by cisgender patients or hospital's personnel.

Trans youth and trans seniors without familial acceptance may find themselves living on the streets, facing unemployment and social isolation, amidst a backdrop of various potential dangers. This is a result of Greek society's lack of education and readiness to address matters concerning gender and sexuality, which is quite the opposite of what is needed.

Currently, there is a notable absence of LGBTQI+ shelters and medical facilities catering to individuals in need of essential medical and psychological support to either progress in their lives or simply to survive. Furthermore, even in instances where public hospitals feature emergency departments, healthcare providers often fail to extend equal and welcoming treatment to LGBTQI+ individuals.

A recent and tragic illustration of a non-binary transgender individual who defied societal norms is "Dimitra of Lesbos." She gained recognition through interviews and documentaries that showcased her unique journey. Dimitra's life was cut short tragically due to a hit-and-run car accident. Throughout her life, she faced numerous struggles related to her non-conforming gender identity. Her family made the decision to confine her to a psychiatric clinic against her will from a young age. This confinement, enforced without her consent, deprived her of the freedom to communicate with anyone outside her immediate environment.

After a delayed notification of her disappearance, activists, friends, and allies embarked on a search for her in the streets of Athens. This distressing situation shed even more light on the existing discriminations within the public healthcare system. When the incident was made public through television and social media reports, it was revealed that her deceased body had



remained unidentified in the morgue for several days because no one had taken the initiative to locate her family.

If access to healthcare was equal for transgender people, and healthcare professionals had the education and experience to take care of LGBTQ+ patients, maybe Dimitra would not have had such a tragic life and such an unfair end.

"How many years has it taken people to realize that we are all brothers and sisters and human beings in the human race?"

Marsha P. Johnson (1945-1992)



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