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STEERING COMMITTEE FOR EQUALITY BETWEEN WOMEN AND MEN (CDEG)

STUDY ON "DISCRIMINATION AGAINST LESBIAN AND BISEXUAL WOMEN AND GIRLS AND TRANSGENDER PERSONS"

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*The views expressed in this publication are the authors' and do not necessarily reflect
those of the Council of Europe".*

GENDER EQUALITY AND HUMAN DIGNITY DEPARTMENT

JUSTICE AND HUMAN DIGNITY DIRECTORATE

DGI - HUMAN RIGHTS AND RULE OF LAW

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1. INTRODUCTION

End of August 2011, the Secretary General of the Council of Europe represented by Ms. Simon Tonelli, Head of Gender Equality, Public and Family Law Division, Directorate General of Human Rights and Legal Affairs (DGHL), tasked the University Medical Center Hamburg-Eppendorf, Center for Psychosocial Medicine, Department for Sex Research and Forensic Psychiatry in Hamburg, Germany, represented by Ms Hertha Richter-Appelt with drafting a study on discrimination against lesbian, bisexual and transgender persons in the Council of Europe member states. The study and the subsequent report were prepared by Ms. Hertha Richter-Appelt and her associate Ms. Susanne Cerwenka.

Within the framework of the 11th Informal Network on Gender Mainstreaming held by the Council of Europe on September, 21st, 2011, it was defined that the study should put a focus on the fields of health, violence as well as private and family life of LBT girls and women in order to identify different types of discrimination by which these groups are affected in the Council of Europe member states. By means of an online survey distributed by the Council of Europe to the Steering Committee on Gender Equality (CDEG) members, comparative analyses on basic aspects within the fields focused on were requested in order to prepare a number of measures to promote a policy to combat discrimination against LBT girls and women.

Followed by an executive summary of the findings in chapter one, the methodology of gaining and analysing data will be described in chapter two. Subsequently the detailed empirical results related to discrimination against LBT girls and women in the focused on fields of health, violence as well as private and family life are presented and each summarized with a conclusion. The findings will be discussed and the limitations to the study are analyzed. At the end, recommendations are derived from the present study in order to point out important areas of inequality that need to be considered.

2. EXECUTIVE SUMMARY

Background

This report prepared by Hertha Richter-Appelt and Susanne Cerwenka, University Medical Center Hamburg-Eppendorf, Center for Psychosocial Medicine, Department for Sex Research and Forensic Psychiatry in Hamburg, Germany, was commissioned by the Council of Europe, Strasbourg, to shed light on the discrimination against lesbian, bisexual and transgender persons in the Council of Europe member states. Main obstacles in the fields of health, violence as well as private and family life had to be identified for the purpose of elaborating measures to promote a policy to combat discrimination against LBT girls and women.

Method and Sample

Stakeholders of the member states were invited by the Council of Europe to participate in an online survey covering key areas of discrimination in the fields of health, violence and private and family life. Eighty-nine Stakeholders from twenty-seven countries associated with Public Authorities, National Equality Bodies and Non-Governmental Organisations participated in the study.

Key Findings

Health

Health care providers or facilities addressing specifically to lesbian, bisexual and transgender persons appear to be lacking in the majority of participating countries. In numerous states, persons concerned are reported to be hindered in accessing health-related information addressing to their specific needs. Only a minority of states support the existence of sensitivity training of medical staff and health care providers in their country. Throughout most of the participating member states, the attitude of medical staff towards lesbian, bisexual and transgender persons is described as in need of improvement.

Lesbian girls and women seem to have little difficulties in accessing health care providers and health insurance in most of the countries, as long as they do not disclose their sexual orientation. Though, the majority quote a high level of confidentiality for lesbian and bisexual girls and women in health care relating to their sexual orientation and gender identity.

For transgender persons the situation appears to be considerably worse in several countries in terms of access both to health care providers and to health insurance as well as concerning the attitude of professionals towards them. Scarce possibilities to disclose their status towards health care providers appear to be a critical issue in many states. At the same time, persons concerned are to be protected in their right to privacy to prevent them from being forced into unconsensual outing.

Gender confirming treatment is reported to be available to transgender persons in most of the participating countries, but not in each country the costs are reimbursed by health insurance. Furthermore, the administrative and procedural barriers to get gender confirming treatment seem to be rather high in the majority of the countries.

Violence

Within the present study, the majority of countries report a moderate level of assaults and harassment incidents lesbian and bisexual girls and women are exposed to. In several countries, the situation for transgender persons appears to be more precarious in this point. Transgender persons also appear to be less protected by the criminal legislation in many countries.

Reporting an experienced homophobic or transphobic crime appears to be complicated for lesbian, bisexual and transgender persons in some countries, however most of the states only assess moderate or low difficulties and a fairly high or high confidentiality relating to their sexual orientation or gender identity when reporting hate crimes. Nevertheless, in some countries the protection of private data is only taken into account on a low level or not proven at all.

The majority of countries provide feature trainings and guidelines in tackling hate crimes sensitively for law enforcement police officers or other legal institutions, but in several countries this issue remains critical. Furthermore, in many states there is a perceived lack of effort concerning the pursuit and solving of homophobic and transphobic crime and a low acceptance towards LBT girls and women in general.

Private and Family Life

The present study shows a lack of legislation publicly sanctioning and registering partnerships of lesbian, bisexual and transgender persons across the member states, meaning that marriage for persons concerned is reported to be authorized in only seven countries. Generally, lesbian, bisexual and transgender persons appear to be predominantly disadvantaged in terms of family laws. In terms of social legislation and property regulation laws, the majority of countries quote a predominantly high protection of the rights of lesbian, bisexual and transgender persons. Discrimination becomes apparent when considering access to public services such as recognition of the partner in school or hospital, adoption

rights and parenting and access to fertility treatment and reproductive medicine, which are the fields to be identified as key features of obstacles in private life of lesbian, bisexual and transgender persons across the majority of the participating member states.

Transgender persons still struggle against barriers when gaining legal change of the first name and legal recognition of the preferred gender in many participating countries, as well as when getting appropriate documents. Though, there are also some countries that appear to have facilitated the administrative difficulties for persons concerned.

Limitations and Perspective

The present study is to be seen as a pilot study tackling some central issues in the fields of health, violence and private and family life in order to give a hint about the situation in the participating twenty-seven countries. Missing data from the countries not participating as well as small sample sizes and heterogeneous sources of information limit the validity of the present study, which therefore is not feasible to mirror a representative picture of the situation in the Council of Europe member states.

In fact, it becomes clear that further research needs to be done across the member states addressing lesbian, bisexual and transgender persons directly to reveal the living environments they are embedded in and to detect their experiences of discrimination in manifold contexts in daily life in their country.

Recommendations

Derived from the findings of this study, the report is concluding with recommendations to prepare a number of measures to promote a policy to combat discrimination against lesbian, bisexual and transgender persons.

3. METHODOLOGY

3.1. Measure and Data Collection

Based on previous publications by the Council of Europe⁽¹⁾, the European Union Agency for Fundamental Rights^(2,3,4), ILGA-Europe⁽⁵⁾ and the Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination in grounds of sexual orientation or gender identity, key areas of discrimination LBT girls and women are affected by were identified in the fields of health, violence and private and family life.

The focused contents were then selected corresponding to the sample group consulted, namely CDEG-members, Public Authorities, National Equality Bodies and Non-Governmental Organisations in the forty seven Council of Europe member states.

An online survey was constructed and the Council of Europe invited the target groups to participate in the study within a timeframe of twenty days. At the same time, a print version of the questionnaire (attached as appendix) was distributed to facilitate well-funded answering by the stakeholders.

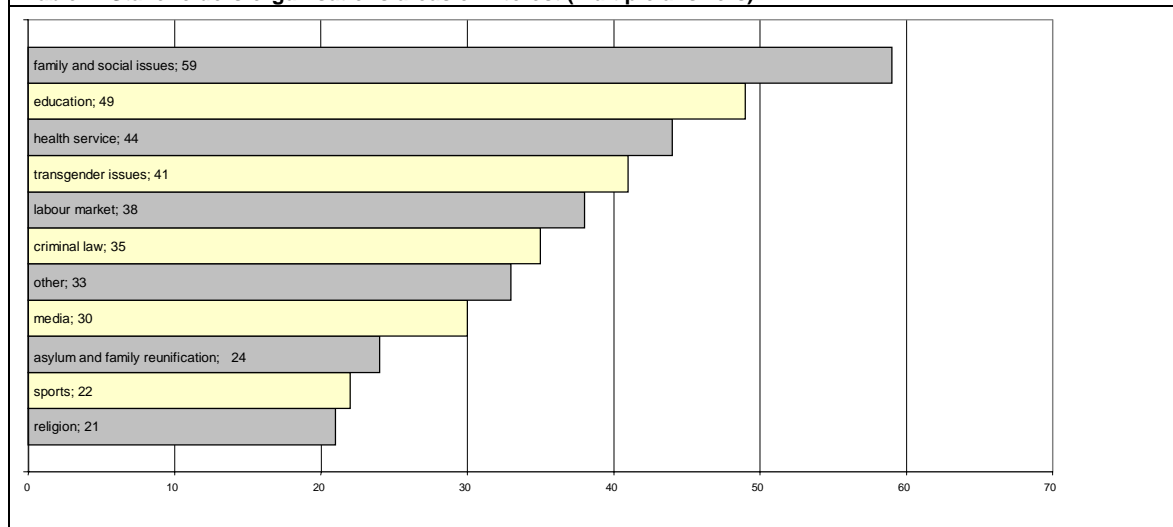
The definitions related the two main grounds of discrimination against LBT girls and women were taken from the Council of Europe⁽¹⁾ and presented to the stakeholders before filling out the questionnaire (see Chapter 9. Appendix: Questionnaire). In this sense, individuals with intersex conditions (Disorders of Sex Development DSD) were not incorporated as it is an umbrella term for diverse characteristics of congenital conditions with an atypical somatosexual development.

3.2. Sample

Stakeholders from 27 countries participated in the study. Drop outs (n=149) were excluded from the sample, unless marked answers were the only information source from the member country concerned, which was the case for Bosnia Herzegovina and Denmark. In total, 89 stakeholders were included in the study. The number of participating stakeholders per country ranges from 1 to 14.

Table 1 gives an overview of the number of participating stakeholders and their allocation concerning related organisation in the countries as well as a list of the countries not participating in the study.

The total sample consists of n=27 stakeholders (30,3%) working in a Public Authority (PA) in their country and n=16 (18,0%) working in a National Equality Body (NEB). The n=46, remaining participants (51,7%) are associated with a Non Governmental Organisation (NGO), targeting specifically lesbian/bisexual persons (n=13), transgender persons (n= 6) and dealing with other target groups (n=27), mainly combining different issues of LGBTI. The majority of stakeholders' organisations cover several areas of interest at once, foremost family and social issues (n=59), education (n=49) and health service (n=44) (listed in table 2).

Table 2: Stakeholders' organisations areas of interest (multiple answers):

3.3. Analysis

Statistical analyses were done with SPSS 17.0. Multiple assessments of stakeholders within one state were averaged to obtain one integrated appraisal for each country, in the event of nominal data the majority decision was selected. In case there was no other answer available from one country than “don’t know”, the assessment was set to “unsure”. Countries who were not participating in the study are not mentioned any further in the context of the results.

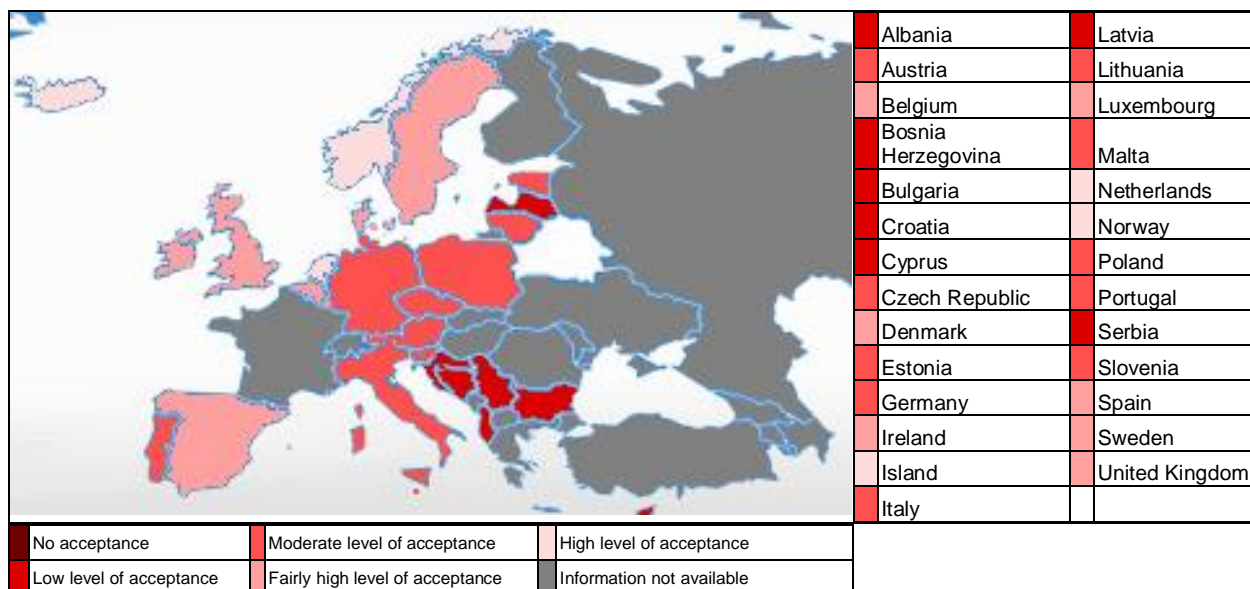
4. RESEARCH RESULTS

4.1. General Opinions

4.1.1. Results

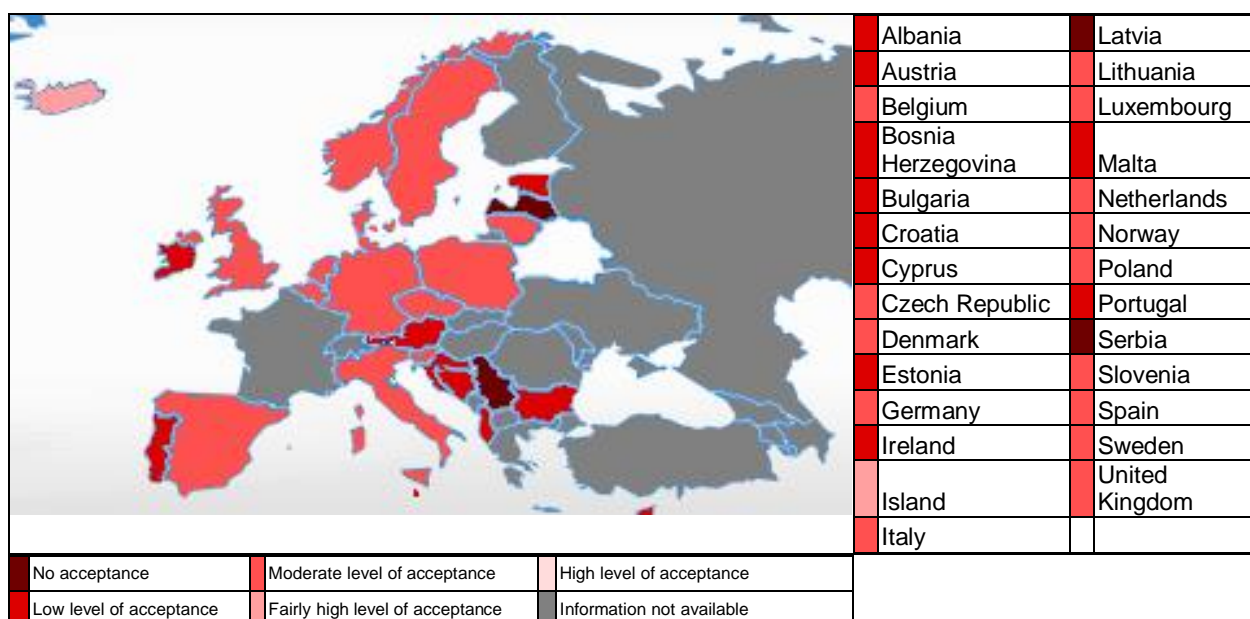
Assessment of the general public opinion and level of acceptance

a) towards lesbian/bisexual girls and women:



In seven countries mainly located in the eastern regions, the level of acceptance towards lesbian/bisexual girls and women is assessed as low. A moderate level of acceptance is assessed in ten countries. Seven countries evaluated the level of acceptance in their country as fairly high and only Norway, the Netherlands and Island declare a high level of acceptance among their population towards persons concerned.

b) towards transgender persons:



While the majority of fourteen participating member states assess the public opinion towards transgender persons in their country with a moderate level of acceptance, there are also eleven countries assessing of only a low level of acceptance. Latvia and Serbia even estimate no acceptance at all. Only Island assesses a fairly high level of acceptance.

4.1.2. Conclusion

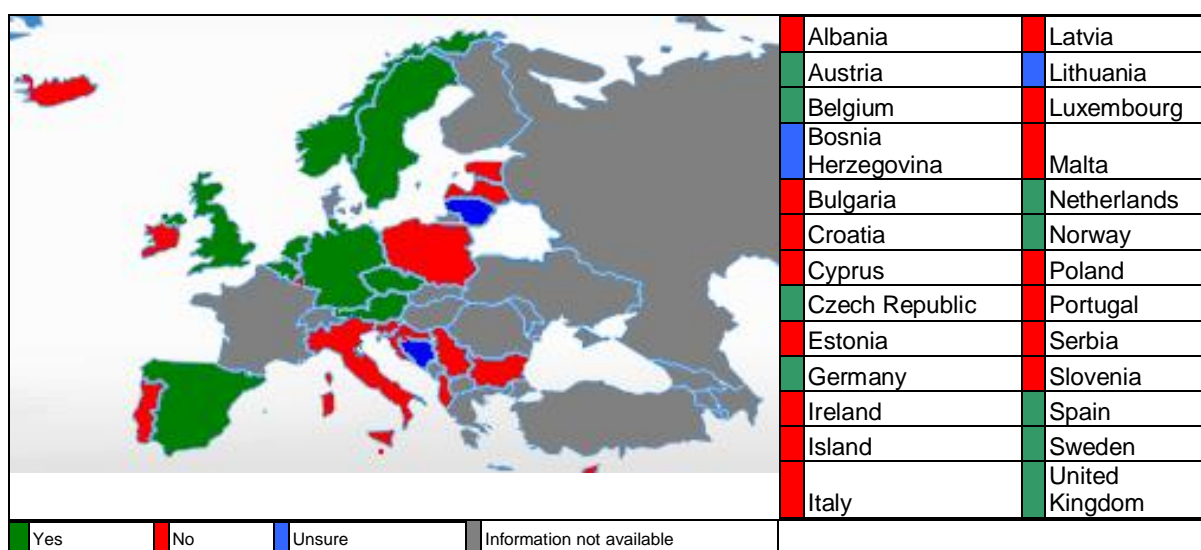
Assessments of the general opinion towards persons concerned across the participating member states show that the attitudes towards lesbian/bisexual girls and women are on average more open and positive in western and especially Scandinavian states than in Easter European states. It becomes apparent that throughout the whole territory the acceptance toward transgender persons is still lower. Especially in Latvia and Serbia the situation appears to be serious for transgender persons.

4.2. Experienced Discrimination in terms of health

4.2.1. Results

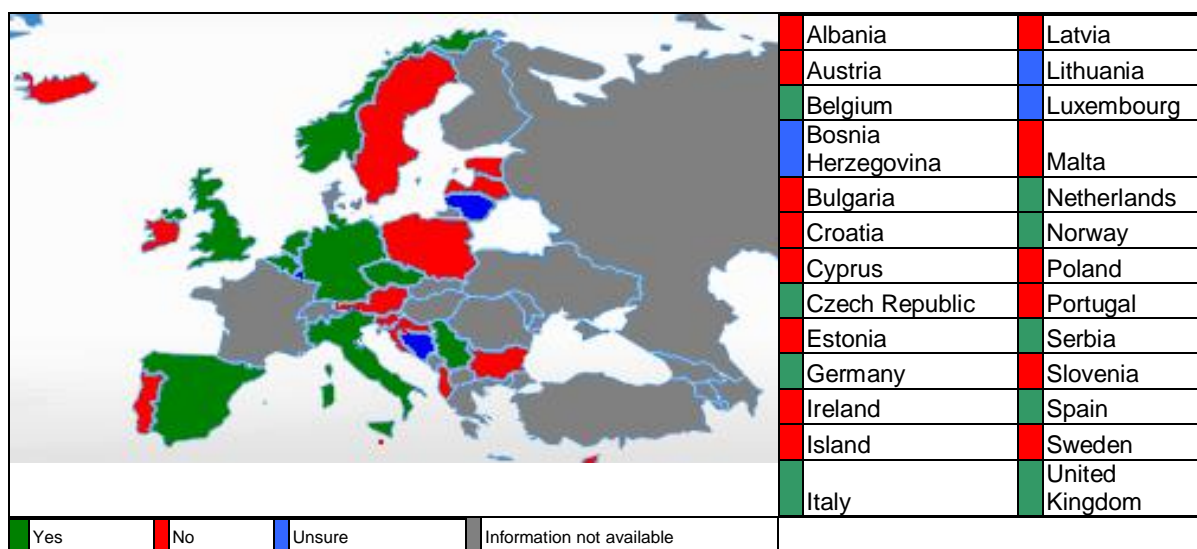
I. Existence of health care providers or facilities that specifically address the needs of persons concerned, e.g. places to go and information centres

a) for lesbian/bisexual girls and women:



In nine countries, the existence of health care providers or facilities that specifically address the needs of lesbian/bisexual girls and women is approved, while the majority of fifteen member states answer in the negative. The situation remains unclear in Bosnia and Herzegovina and Lithuania, where the stakeholders do not have notice of quoted facilities.

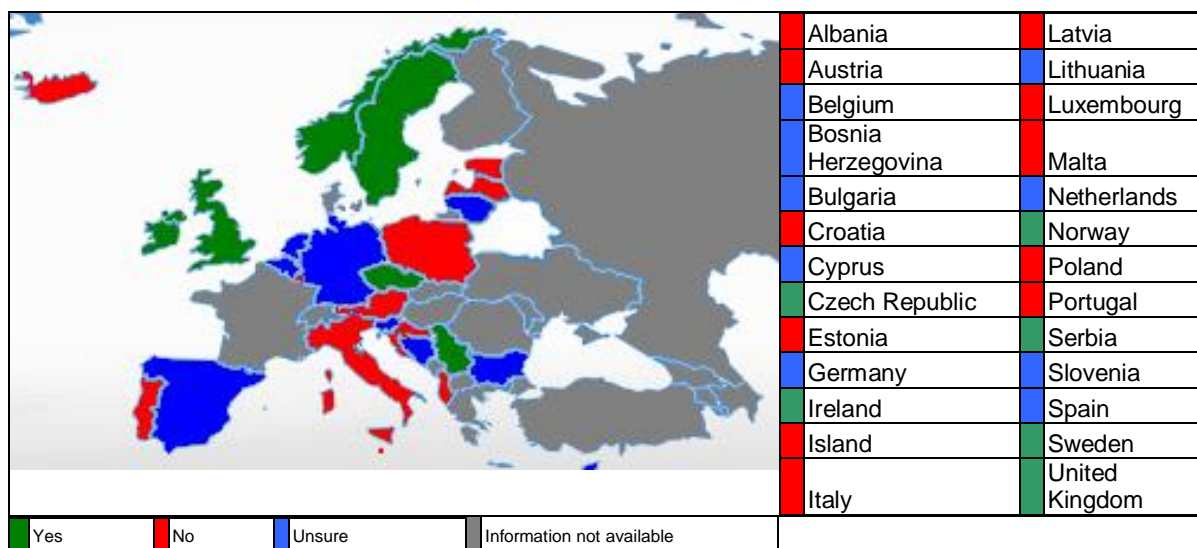
b) for transgender persons:



Nine countries declare to have health care providers or facilities addressing specifically to transgender persons, fourteen do not. The assessment was unsure for Bosnia and Herzegovina, Lithuania and Luxembourg.

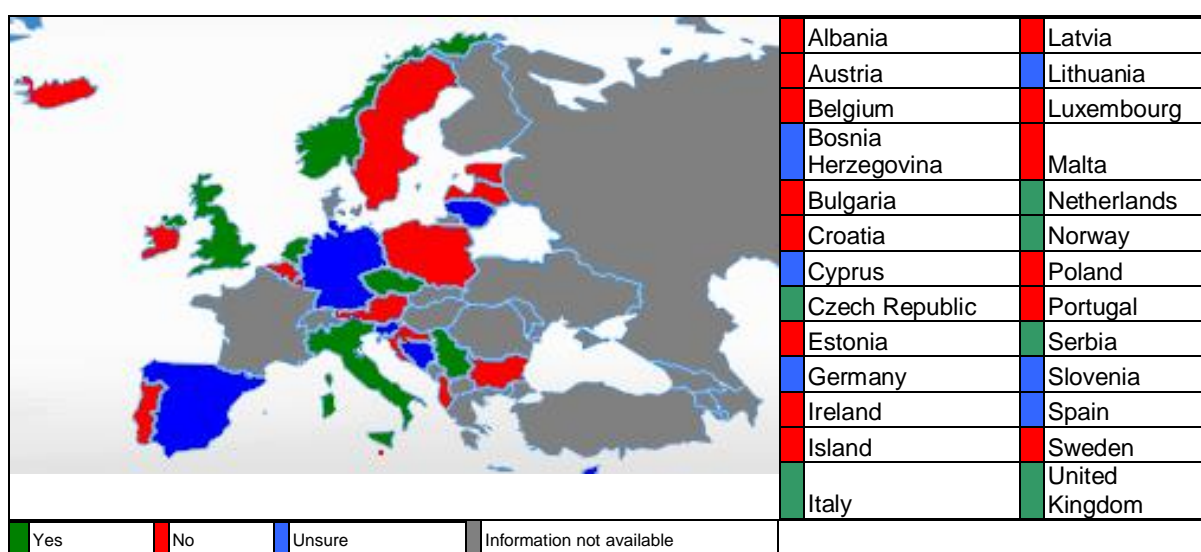
II. Existence of training for medical staff or health care providers in tackling LBT issues sensitively

a) directing to issues of lesbian/bisexual women



Whether medical staff or health care providers are trained in tackling lesbian/bisexual issues sensitively remains unsure to participating stakeholders of eight countries. Only six countries do clearly report the existence of trainings and eleven countries negate.

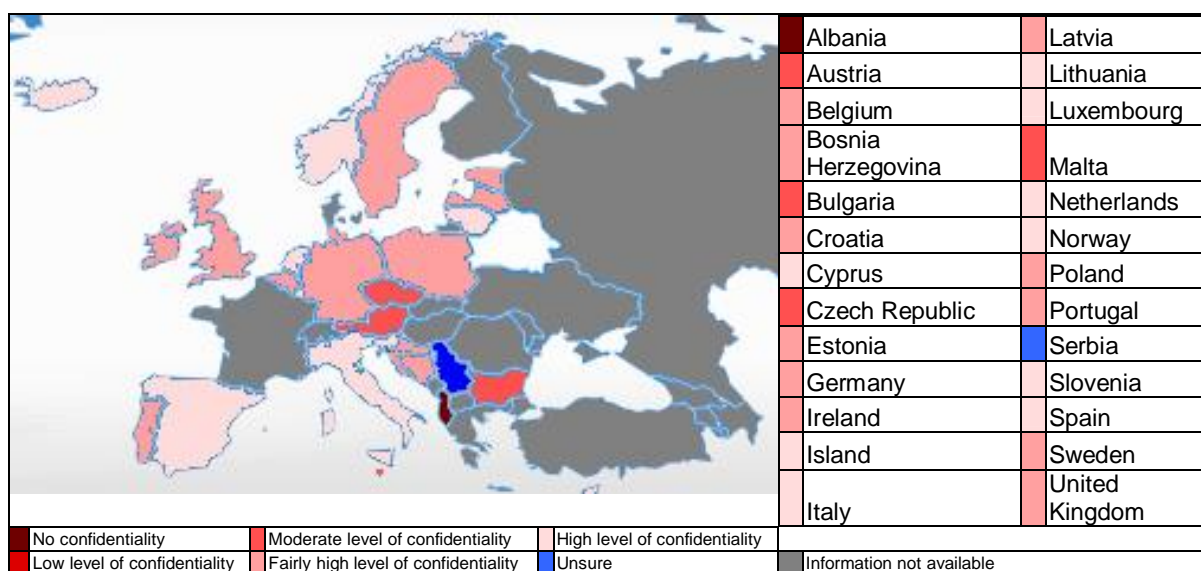
b) directing to issues of transgender persons



Concerning issues of transgender persons, the education and training situation for medical staff and health care providers is even worse. First, there is lack of knowledge about the existence of such trainings in six countries. Fourteen member states report not to have these measures. Only five countries indicate training measures.

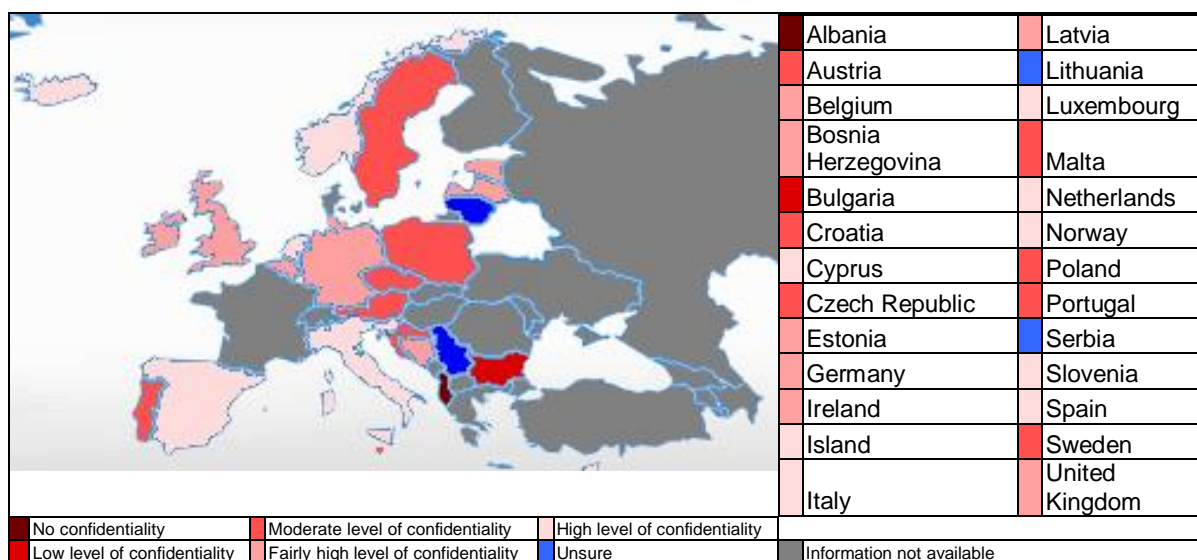
III. Level of confidentiality / protection of the private data of LBT girls and women in health care, especially that relating to sexual orientation / gender identity

a) applying to lesbian/bisexual girls and women



Throughout the majority of twenty member states, the level of confidentiality and the protection of private data in health care are considered as either fairly high or high relating to lesbian and bisexual girls and women. The situation appears to be rather critical in Albania, where there is reported to be no confidentiality at all. Furthermore, only a moderate level of confidentiality is reported from four countries. Serbia's status in this point remains unclear.

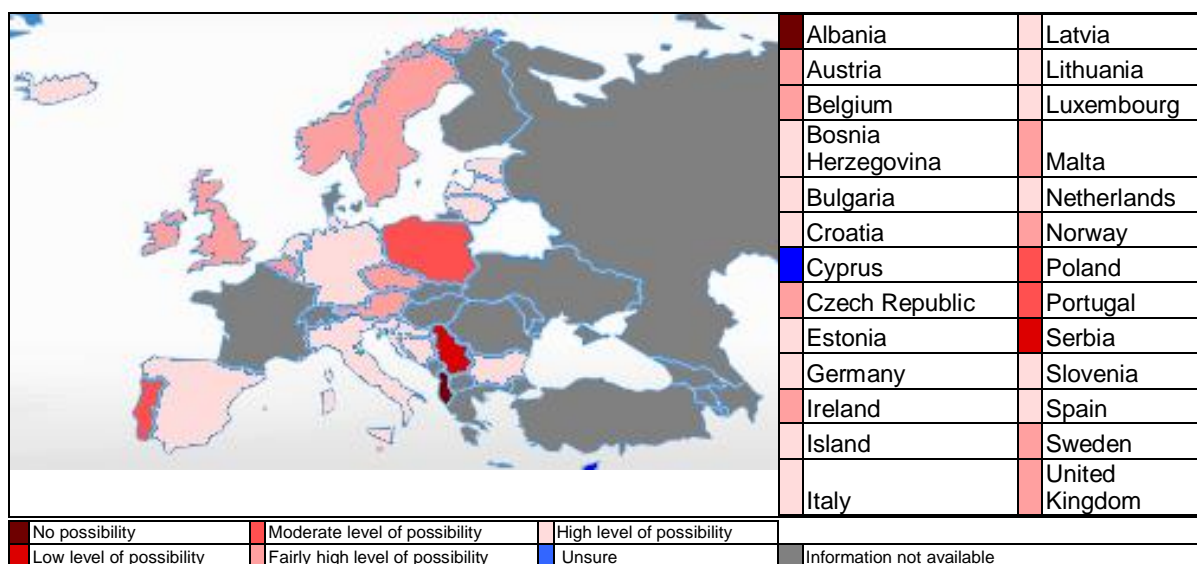
b) applying to transgender persons



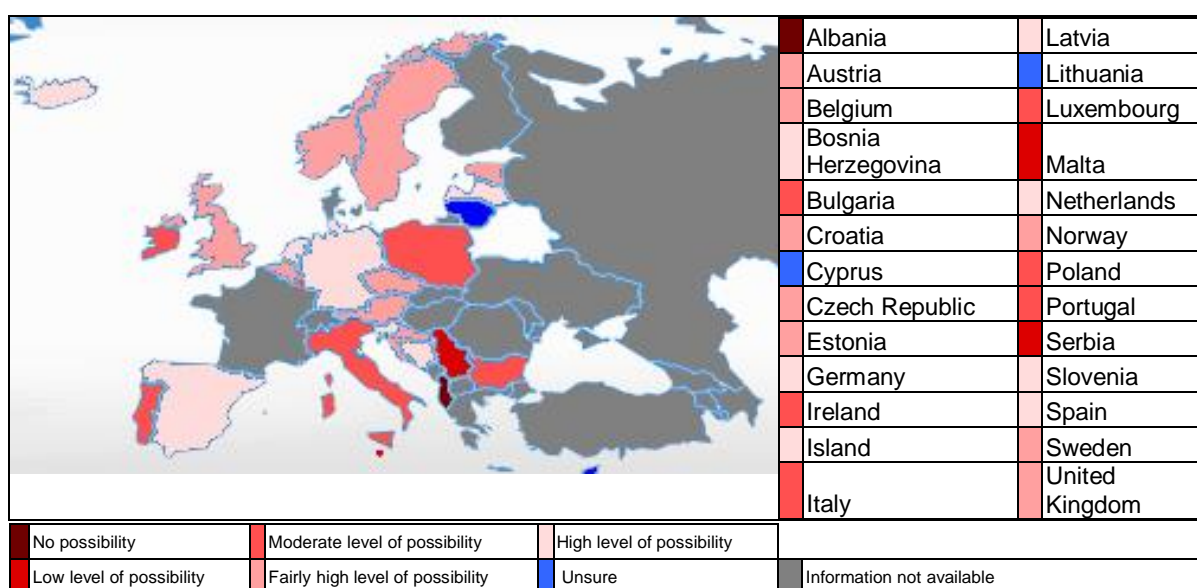
The situation for transgender persons in terms of confidentiality and protection of private data in health care appears to be slightly inferior in several countries. There are seven countries assessing only a moderate level of confidentiality. In Bulgaria, the current status seems to be even worse with only a low level of confidentiality, and in Albania the private date of transgender persons in health care is outlined with no confidentiality at all. In Lithuania and Serbia, the assessments are unclear due to lack of knowledge.

IV. Access to health care providers

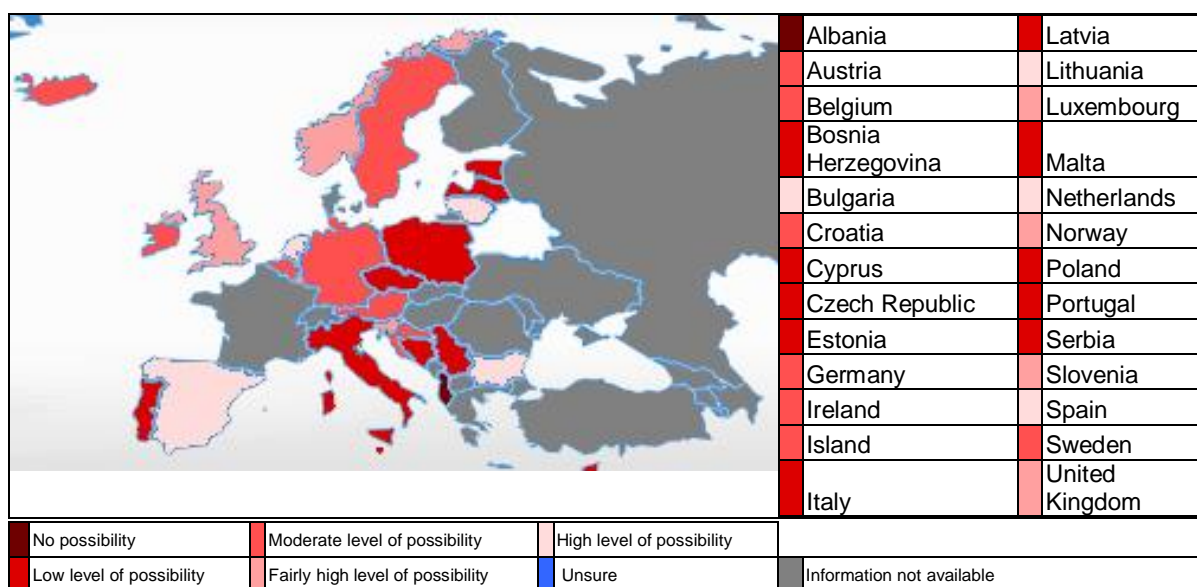
a) for lesbian/bisexual girls and women



The majority of stakeholders from twenty-one states assess the level of possibility for lesbian and bisexual girls and women to access healthcare in their country as fairly high or high. In Poland and Portugal the situation is evaluated only with a moderate level of possibility. Only Serbia and Albania give an inferior estimation of the situation in their country.

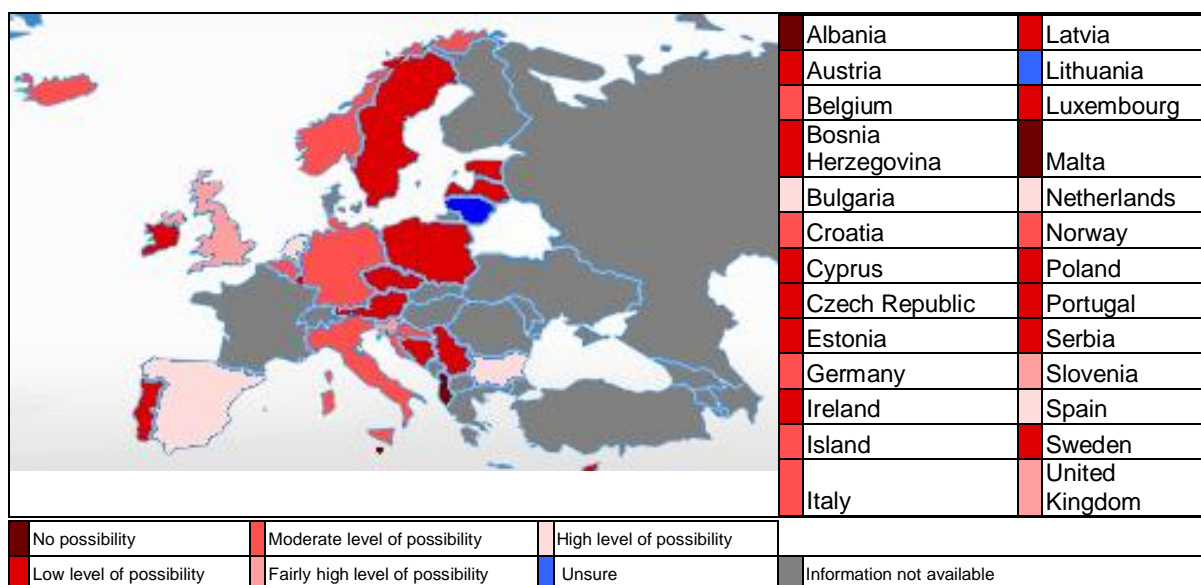
b) for transgender persons

A moderate level of possibility for transgender persons to access health care providers is assessed by six countries. For **Malta** and **Serbia**, the assessments are set to low possibilities and in **Albania** persons concerned are reported to have no possibility at all. Answers from Cyprus and Lithuania cannot be ranked due to lack of knowledge of participating stakeholders.

V. Access to health-related information addressing LBT specific needs**a) for lesbian/bisexual girls and women**

In ten countries, the level of possibility to access health-related information addressing specific needs of lesbian and bisexual girls and women is evaluated as low, Albania even states there is no possibility at all for persons concerned. A high level of possibility is only reported from four countries, namely Bulgaria, Lithuania, the Netherlands and Spain.

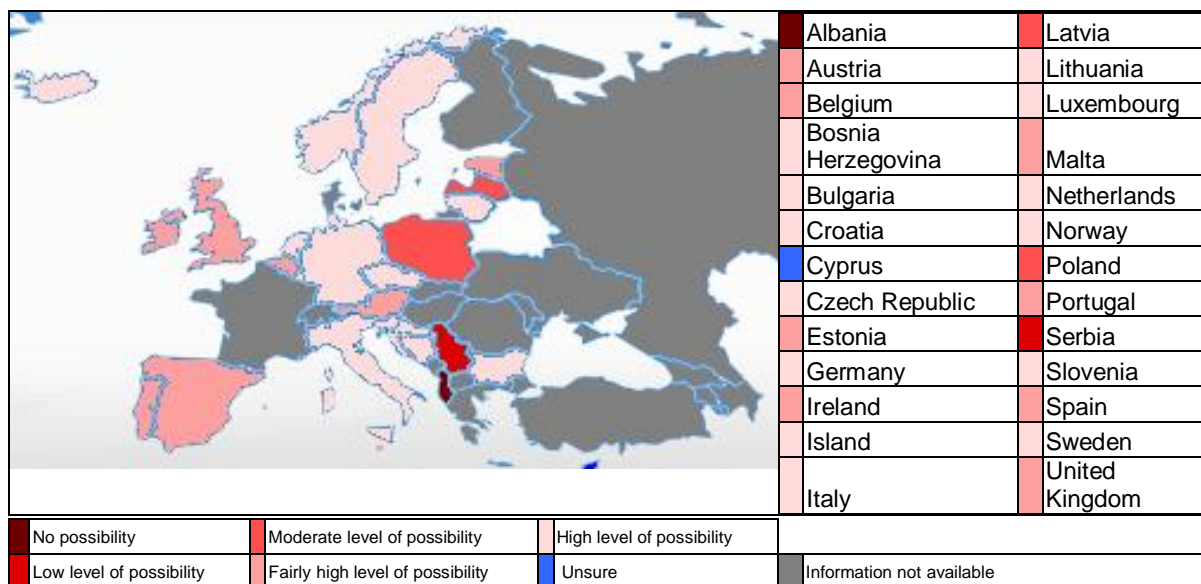
b) for transgender persons



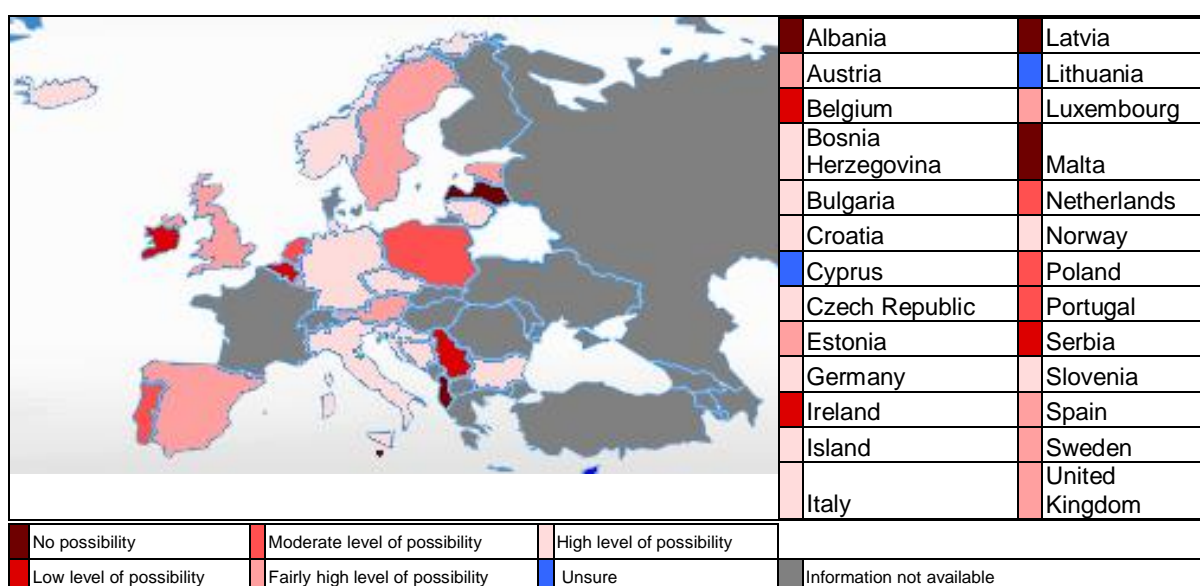
Again, Albania and Malta report no possibility for transgender persons to access health relation information addressing specifically their needs. In further twelve countries, the level of possibility is estimated as low. Only Bulgaria, the Netherlands and Spain report a high level of possibility for persons concerned.

VI. Access to health insurance

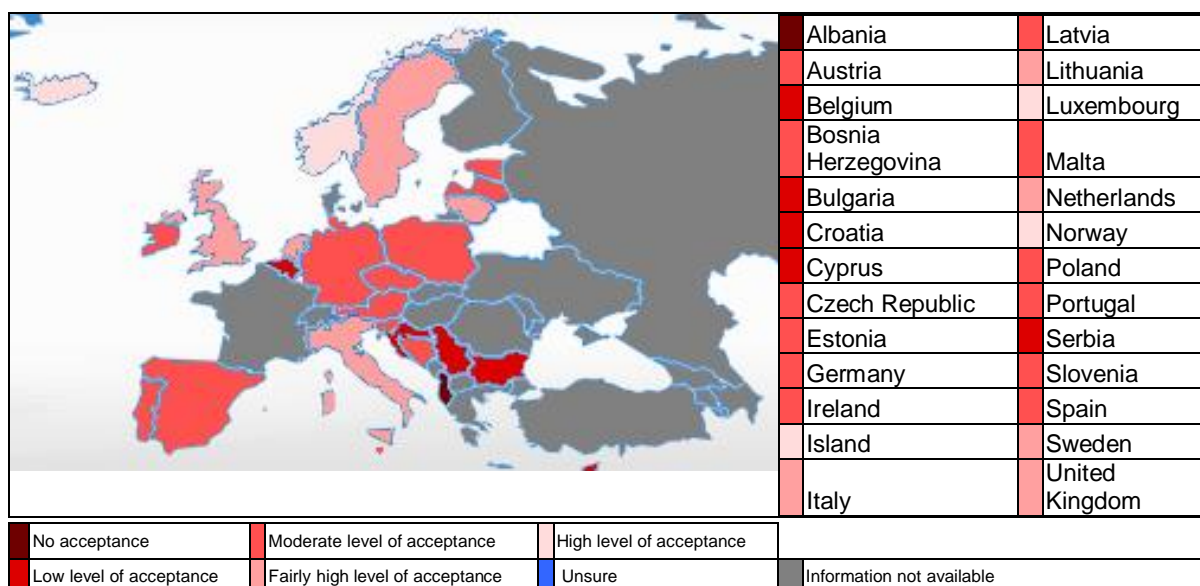
a) for lesbian/bisexual girls and women



Throughout the majority of twenty-one member states, the possibility to access health insurance is evaluated as fairly high or high for lesbian and bisexual girls and women. Just a moderate level of possibility is reported from Latvia and Poland. In Serbia, the situation appears to be more serious evaluating only a low level of possibility, and Albania announces no possibility at all.

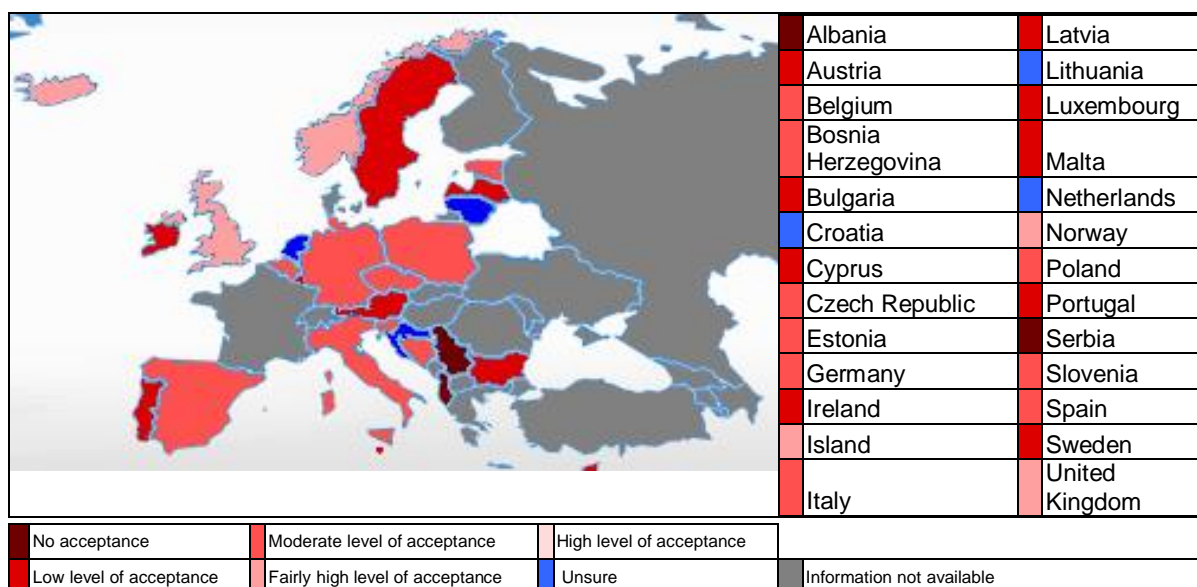
b) for transgender persons

Transgender persons in Albania, Latvia and Malta are reported to have no possibility to access health insurance at all. Three further states quote a low level of possibility, namely Belgium, Ireland and Serbia. Still, the majority of fifteen countries report a fairly high or high possibility to access health insurance for persons concerned.

VII. General attitude of health service personal / medical staff**a) towards lesbian/bisexual girls and women**

The general attitude of health service personal and medical staff towards lesbian and bisexual girls and women is specified with a moderate level of acceptance in twelve countries. Only Island, Luxembourg and Norway report a high level of acceptance. In five countries, the acceptance towards persons concerned is reported as low, and in Albania even completely absent.

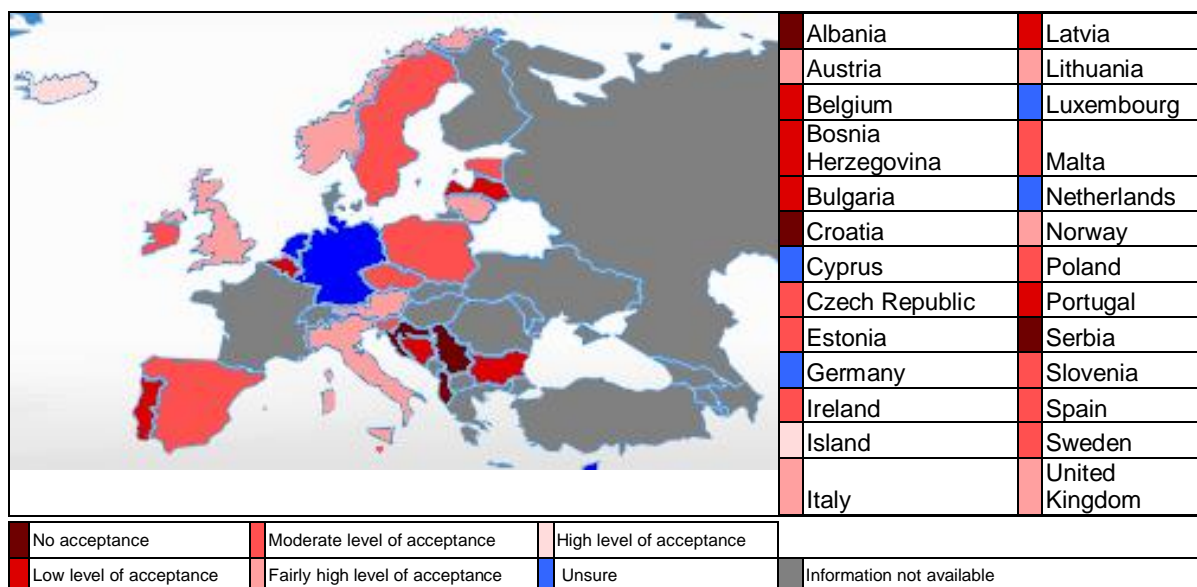
b) towards transgender persons



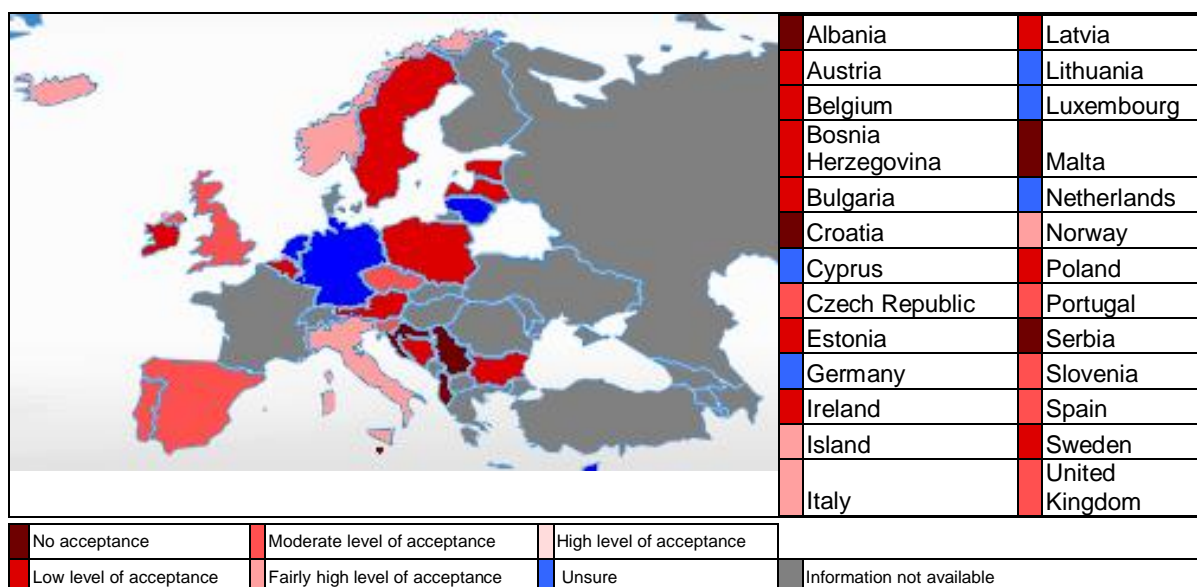
Albania and Serbia report in their country no acceptance towards transgender persons by health service personal and medical staff. Further nine countries report a low level of acceptance. Comparatively, Island, Norway and the United Kingdom assess the highest level of acceptance in their country, but no country characterizes the level of acceptance towards transgender persons as high.

VIII. General attitude of health care providers to LBT specific needs (e.g. for elderly women in retirement homes)

a) towards lesbian/bisexual girls and women

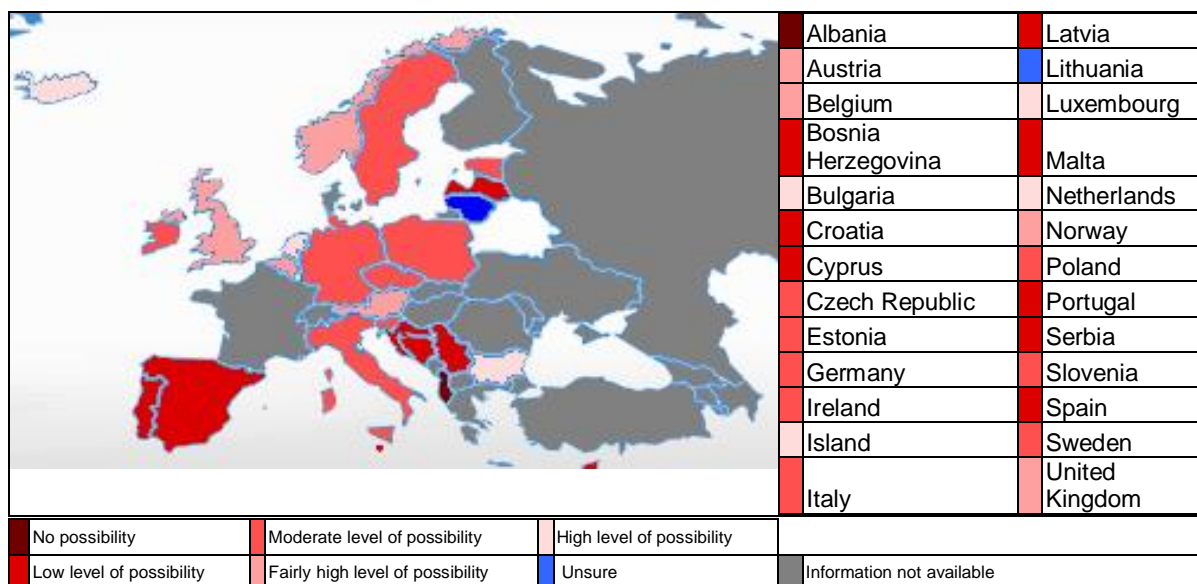


Only six countries report a fairly high or high level of acceptance by health care providers towards specific needs of lesbian and bisexual girls and women, foremost Island. In contrast, the acceptance is rated low in five countries. Albania, Croatia and Serbia even report there is no acceptance at all. Four countries marked no evaluation unaware of the situation in their country.

b) towards transgender persons

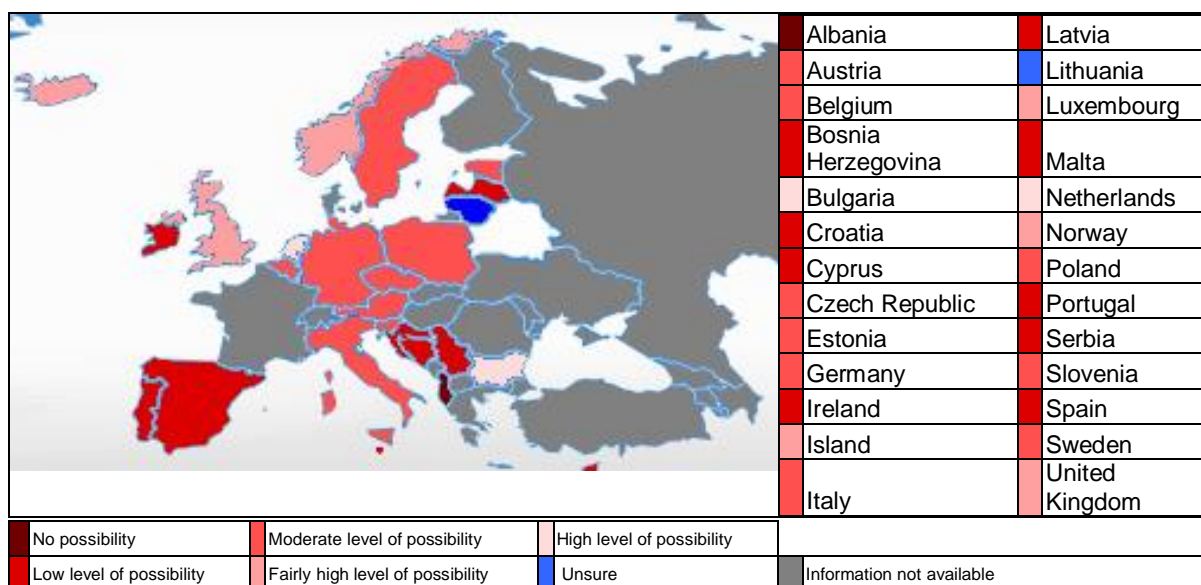
Thirteen countries report a low level of acceptance or even no acceptance towards specific needs of transgender persons by their health care providers. A fairly high level of acceptance is reported only by three countries, namely Island, Italy and Norway.

IX. Level of the extent to which persons concerned can be open about their sexual orientation/gender identity when accessing health care

a) applying to lesbian/bisexual girls and women

When accessing health care, for lesbian and bisexual girls and women the possibility to be open about their sexual orientation is reported to be low or even totally absent in nine countries. Four countries report a high level of possibility, these are Bulgaria, Island, Luxembourg and the Netherlands.

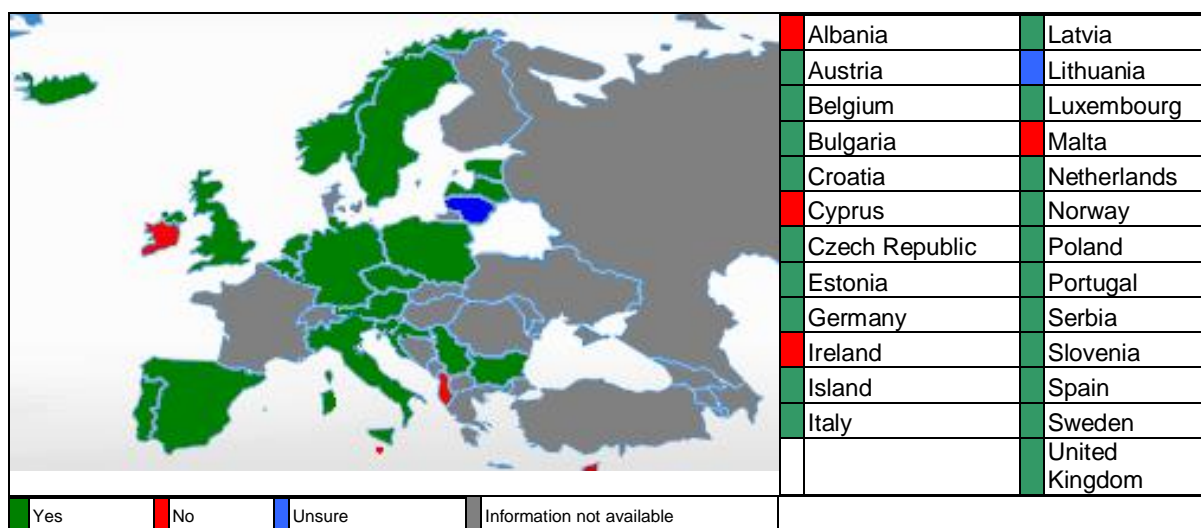
b) applying to transgender persons



For transgender persons, the situation appears to be quite similar in this point. Though, a high level of possibility to be open about their gender identity when accessing health care is only reported by Bulgaria and the Netherlands.

X. Related specifically to transgender persons

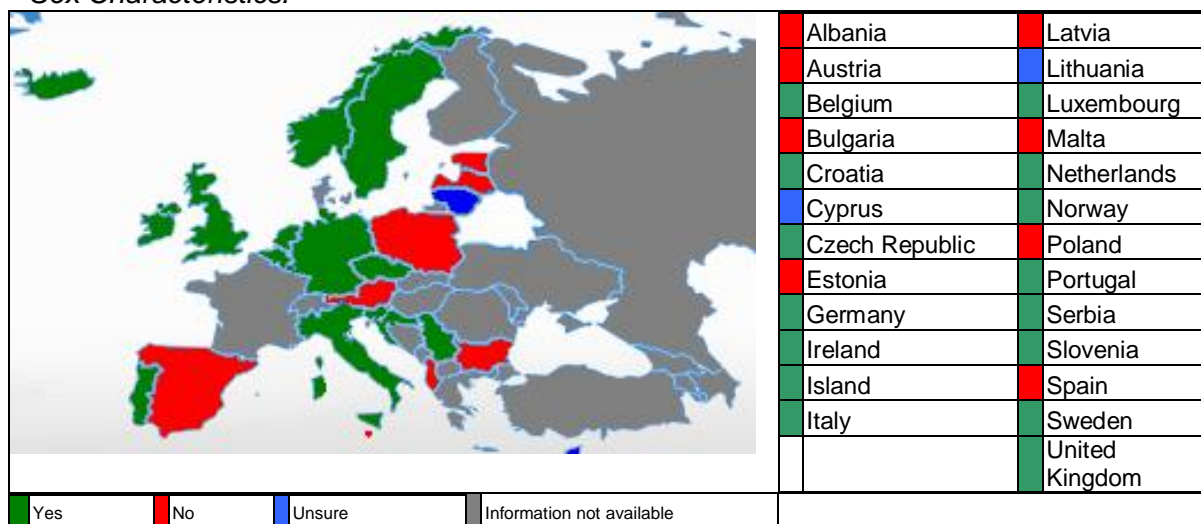
a) Availability of gender confirming treatment



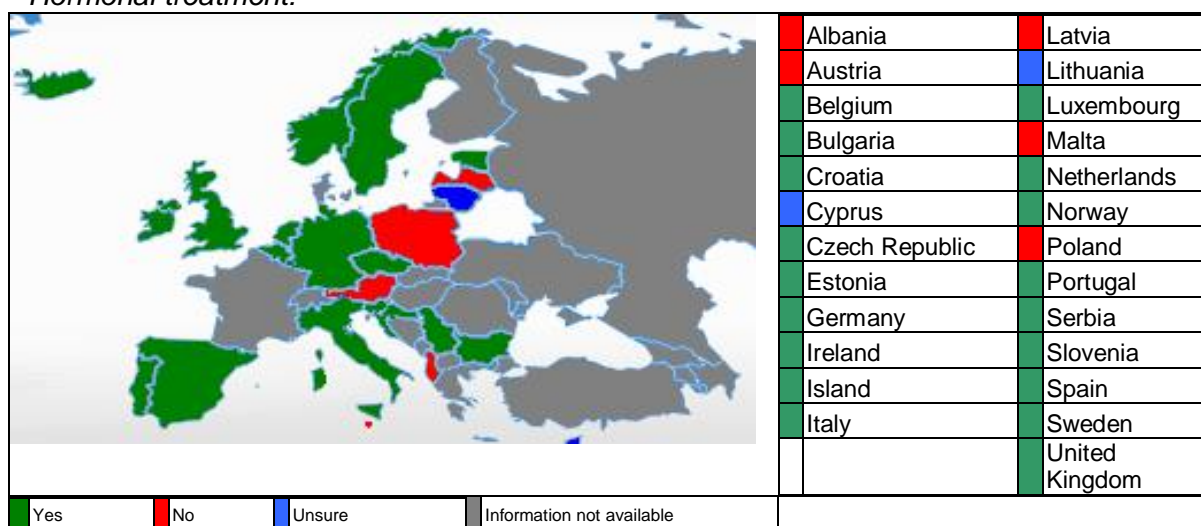
The majority of twenty member states affirm the availability of gender confirming treatment for transgender girls / women in their country. In Albania, Cyprus, Ireland and Malta, gender confirming treatment appears to be not available.

b) Reimbursement for gender-confirming treatment by the health insurance

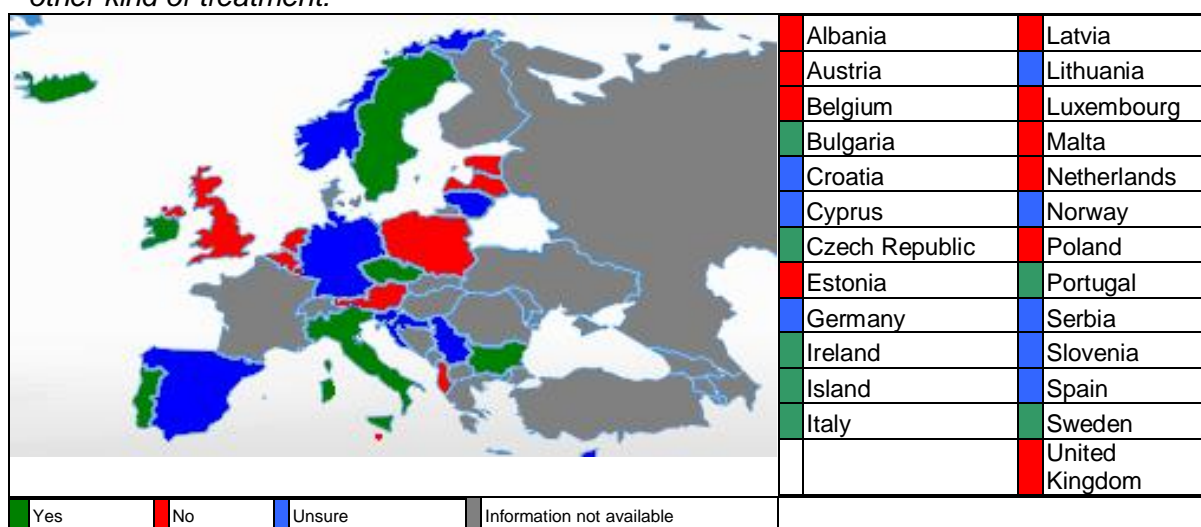
- Sex Characteristics:



- Hormonal treatment:



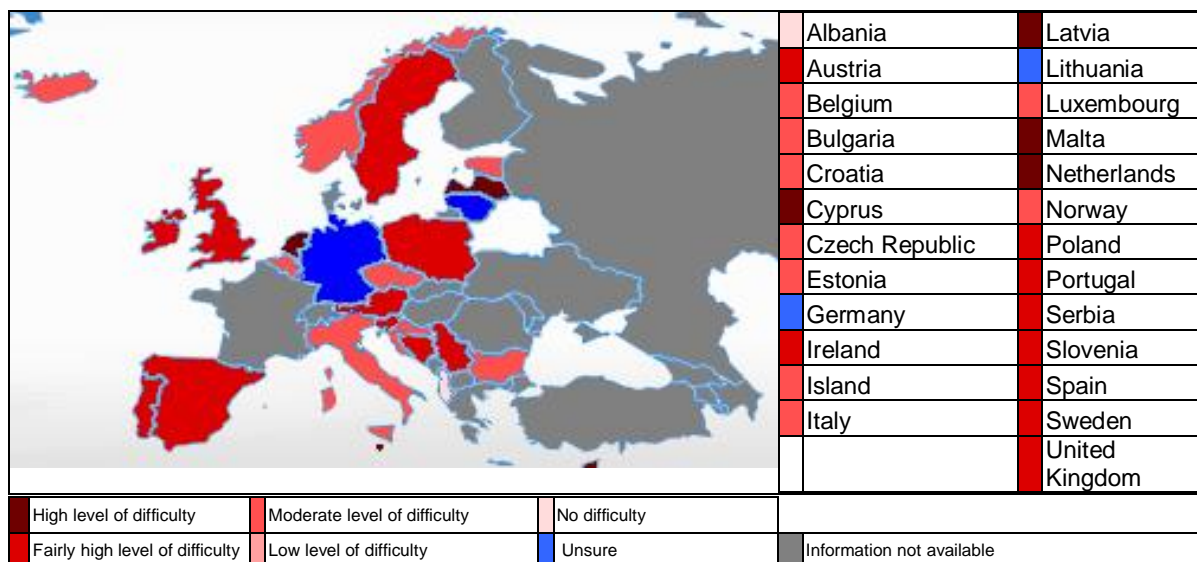
- other kind of treatment:



Gender confirming interventions related to sex characteristics are reported to be reimbursed by the health insurance in fifteen countries, hormonal treatment in eighteen countries. Other

kinds of treatment are clearly reported to be covered in seven countries, whereat in this regard stakeholders of eight states made no assessment due to lack of knowledge.

c) Level of administrative and procedural barriers to / difficulties in getting gender confirming treatment



Thirteen countries assess a fairly high or even high level of difficulty in getting gender confirming treatment for transgender persons in terms of administrative and procedural barriers.

4.2.2. Conclusion

While the majority of countries report little or no impairment for lesbian and bisexual girls and women in accessing health care providers, the situation seems to be worse for transgender persons across the member states. When it comes to LBT specific needs, the conditions appear to be more critical for lesbian, bisexual and transgender persons. The possibility to access LBT specific information in health care is seen as restricted in the majority of the countries. The majority of member states are still lacking of health care providers or facilities addressing specifically to LBT girls and women. LBT specific needs in health care are tackled only in a minority of countries at a fairly high or high level. The attitude of health care providers to responding to their needs is characterized by low acceptance or even no acceptance at all in several countries. Transgender persons seem to be particularly disadvantaged in this point.

Although most of the member states report that LBT girls and women have fairly high or high access to health insurance in their country, some states indicate severe problems in this matter for persons concerned, especially for transgender persons.

There is a lack of knowledge concerning the situation on sensitivity training of medical staff and health care providers across the member states. Only in a minority of the participating countries, stakeholders can approve the existence of such measures in their country. The general attitude of health service personal and medical staff towards persons concerned is only moderately accepting and appears to be in need of improvement within the most countries, especially towards transgender persons who comparatively seem to be confronted with more prejudices. There are only a few countries where medical staff provides a fairly high or high level of acceptance towards LBT girls and women.

When accessing health care, there is a widespread lack of possibility for LBT girls and women to be open about their sexual orientation / gender identity. The protection of private data in the context of healthcare appears to be a critical issue in a few countries. Though, most of the states quote a high level of confidentiality in terms of sexual orientation and gender identity.

For transgender persons, gender confirming treatment appears to be predominantly available in the member states with exception to a few countries. However, reimbursement by the health insurance seems to be a critical issue in some countries, especially relating to surgical interventions on sex characteristics. The administrative and procedural barriers to get gender confirming treatment are specified with fairly high or high difficulties in the majority of the countries.

Within the focused aspects of health, LBT girls and women appear to come upon the best living conditions in Island, Norway, the Netherlands and the United Kingdom. Regarding lesbian and bisexual girls and women, Lithuania assesses comparatively good conditions as well, and specifically relating to transgender persons the situation in Spain is quoted rather positively.

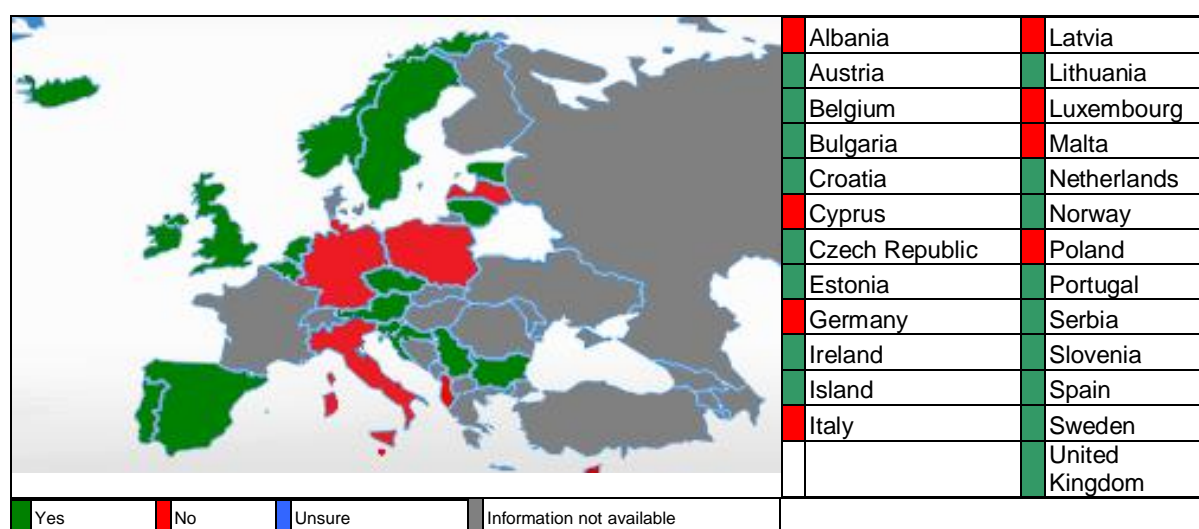
At the other end of the line there are to be mentioned Albania, Latvia and Serbia apparently providing the worst living conditions for LBT girls and women compared to the other participating states. The situation for lesbian and bisexual girls furthermore appears to be particularly serious in Portugal and Croatia, for transgender persons also in Malta and Ireland.

4.3. Experienced Discrimination in terms of violence

4.3.1. Results

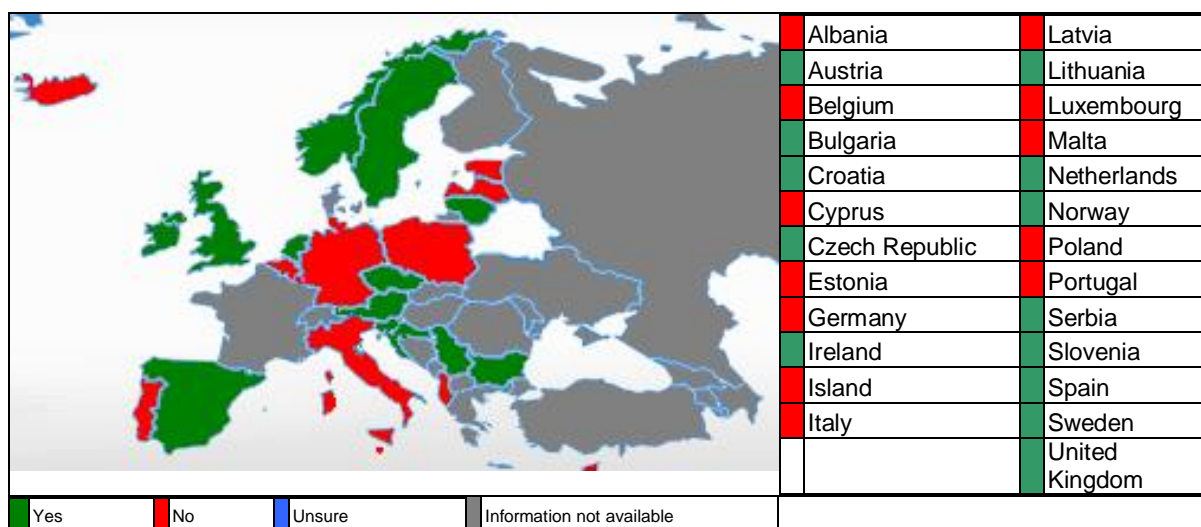
I. Existence of criminal legislation tackling homophobic and transphobic violence

a) to protect the rights of lesbian/bisexual girls and women



Eight states quote that there is no criminal legislation existing tackling homophobic violence to protect the rights of lesbian and bisexual girls and women in their country, while seventeen countries approve the existence of such legislation.

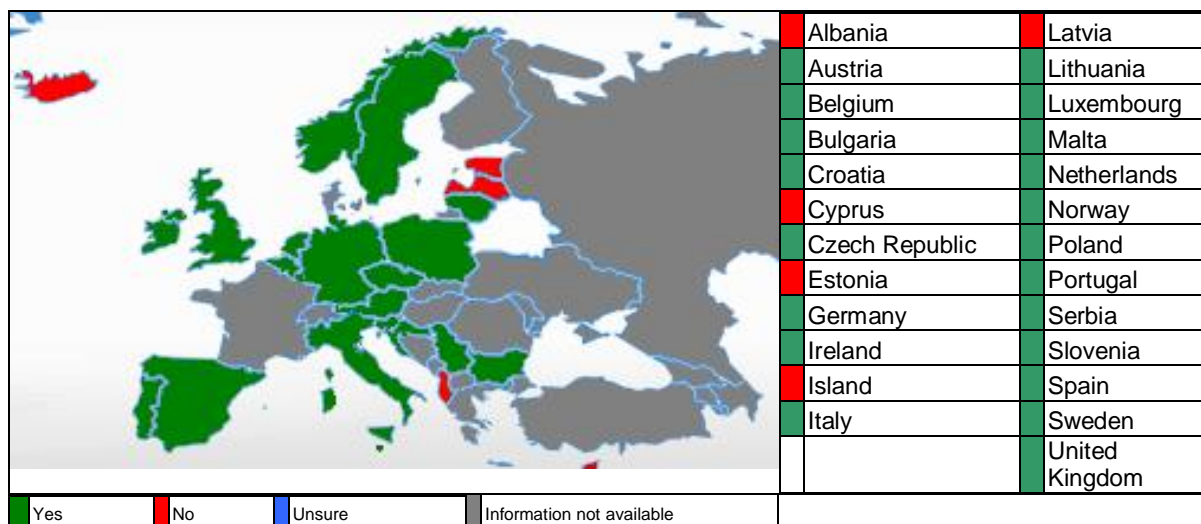
b) to protect the rights of transgender persons



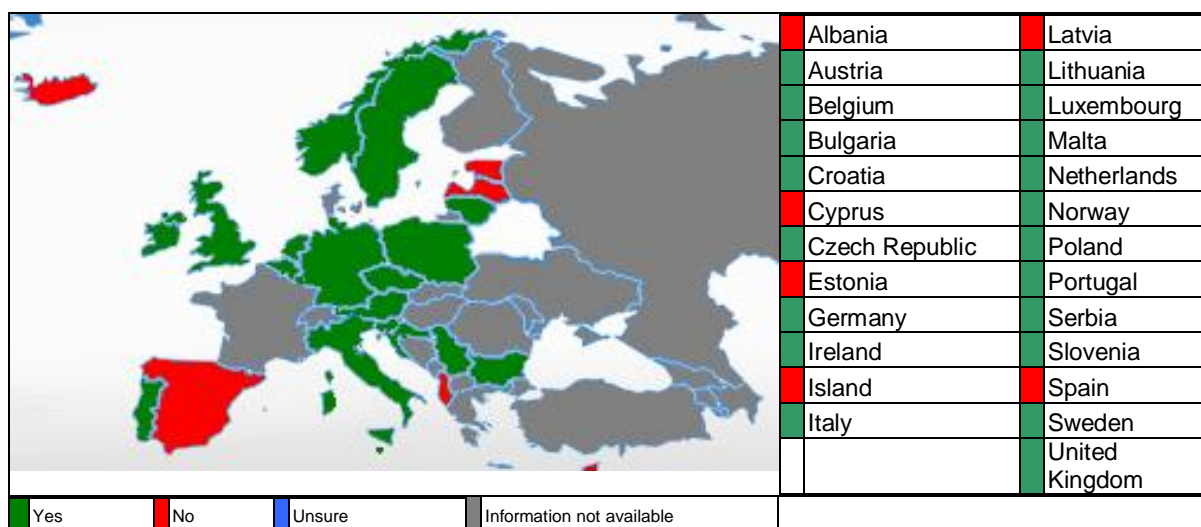
Concerning the legal protection of transgender persons, the situation appears to be worse across the member states. Twelve countries state that there is no criminal legislation specifically tackling transphobic violence, thirteen countries answered in the affirmative.

II. Existence of facilities or measures specifically protecting the rights of persons concerned (e.g. helpline, personal advice, counselling and assistance for victims)

a) for lesbian/bisexual girls and women

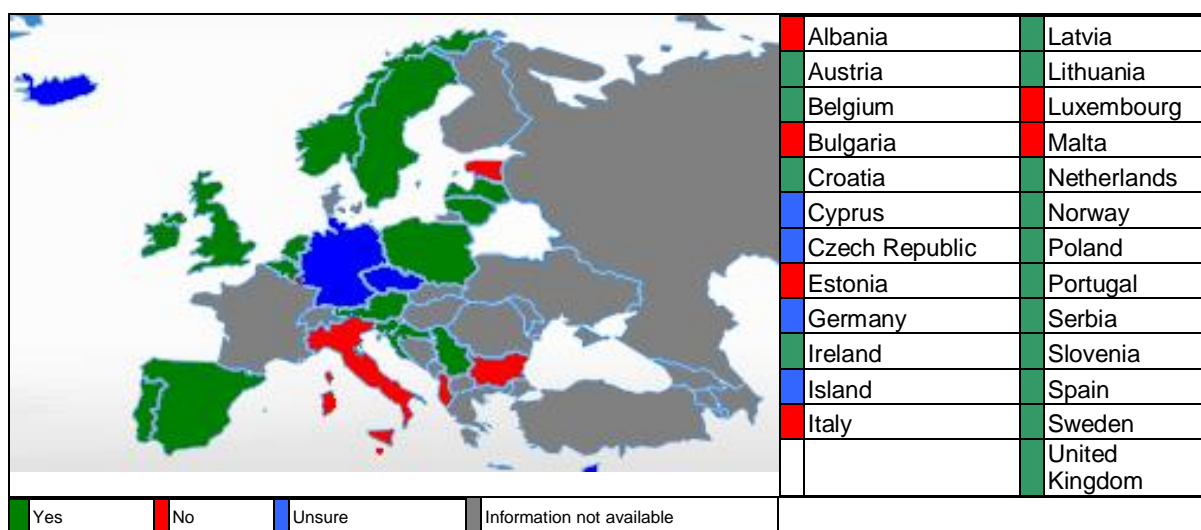


Throughout the participating member states, the majority of twenty countries confirm to have established facilities or measures specifically protecting the rights of lesbian and bisexual girls and women. This is not the case for Albania, Cyprus, Estonia, Island and Latvia.

b) for transgender persons

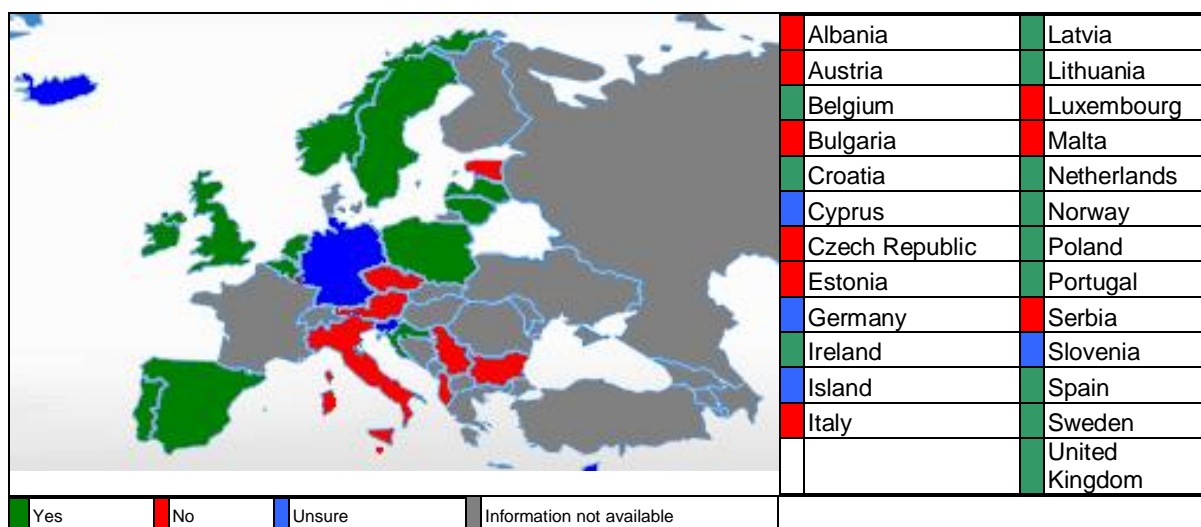
The picture regarding transgender persons looks quite similar to the one of lesbian and bisexual girls and women, except for Spain that reports to offer no facilities or measures specifically protecting the rights of persons concerned.

III. Existence of training/guidelines for law enforcement police officers or other legal institutions in tackling hate-crimes sensitively

a) applying to lesbian/bisexual girls and women

While the majority of fifteen member states declare to have implemented training / guidelines for law enforcement police officers or other institutions in tackling hate-crimes towards lesbian and bisexual girls and women sensitively, six states report that there are no trainings or guidelines in their country. In four countries, the situation remains unclear in this point.

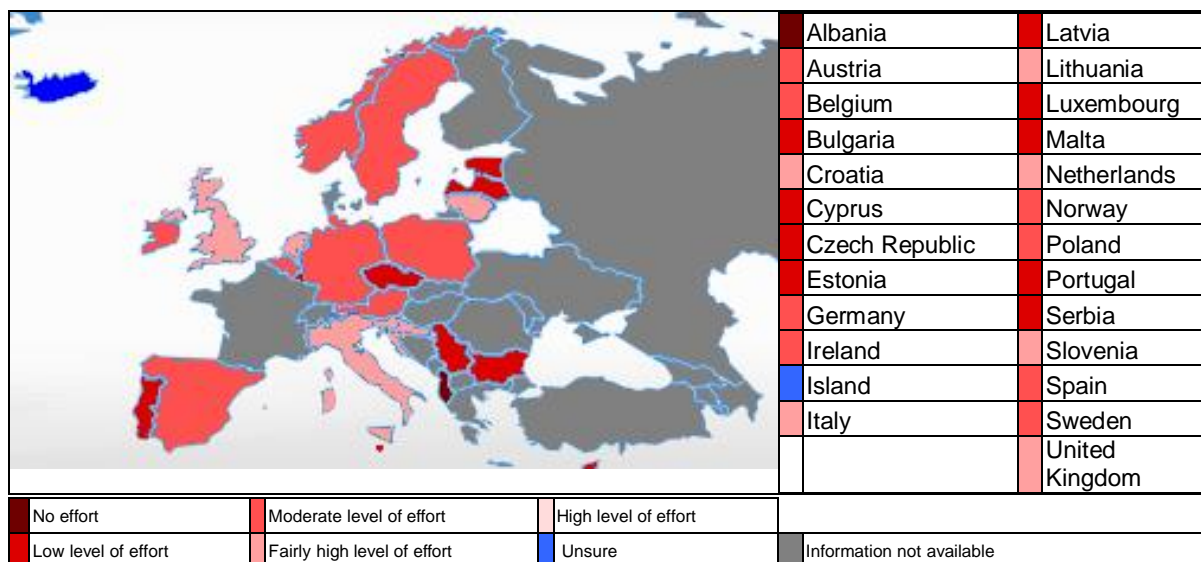
b) applying to transgender persons



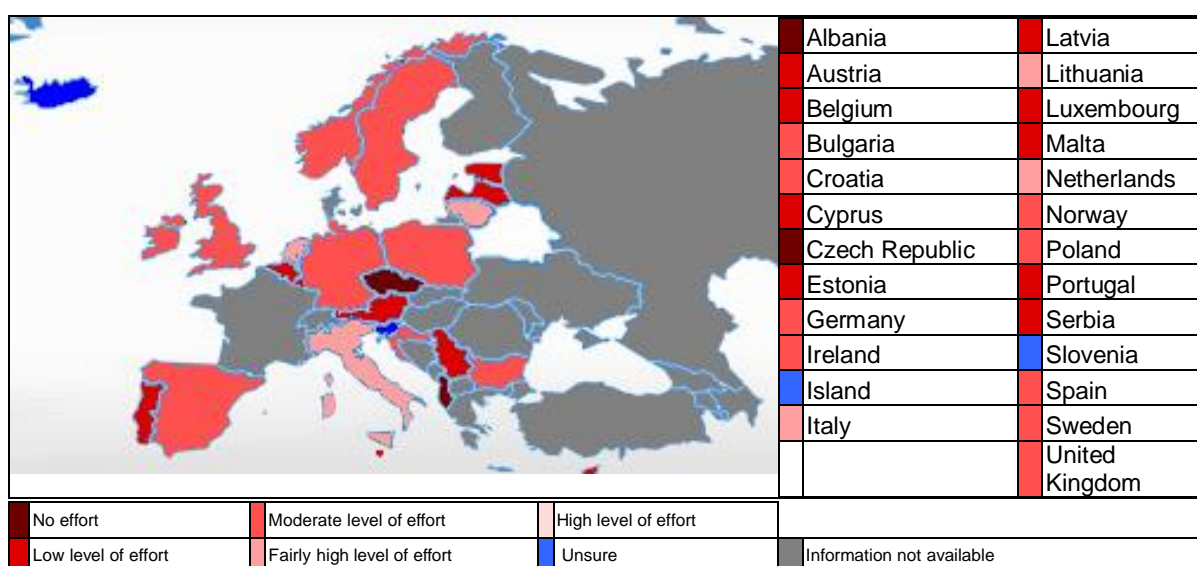
Nine countries report that there are no trainings / guidelines for law enforcement police officers or other institutions in tackling hate-crimes towards transgender persons sensitively, twelve countries declare the existence of such measure. Again, four countries could not evaluate this issue due to lack of knowledge.

IV. Level of effort that police / institutions put into pursuing and solving homophobic/transphobic crime

a) applying to lesbian/bisexual girls and women

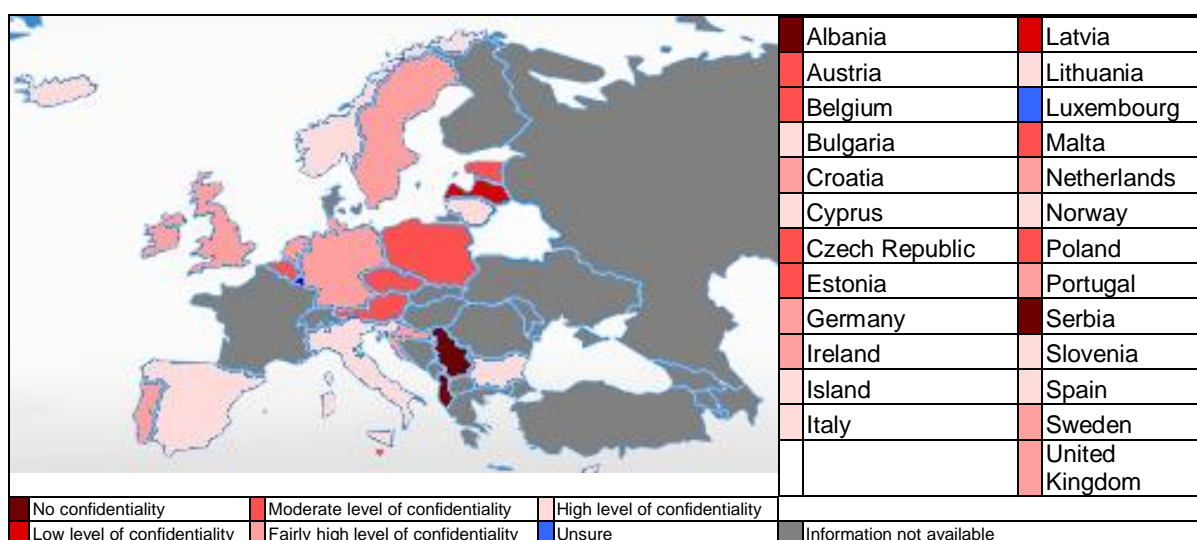


Only six countries evaluate the effort that police or other institutions put into pursuing and solving homophobic crime against lesbian and bisexual girls and women in their country as fairly high, but no country reports a high level of effort. The situation is serious in at least ten countries, where the level of effort reported is low or even totally absent.

b) applying to transgender persons

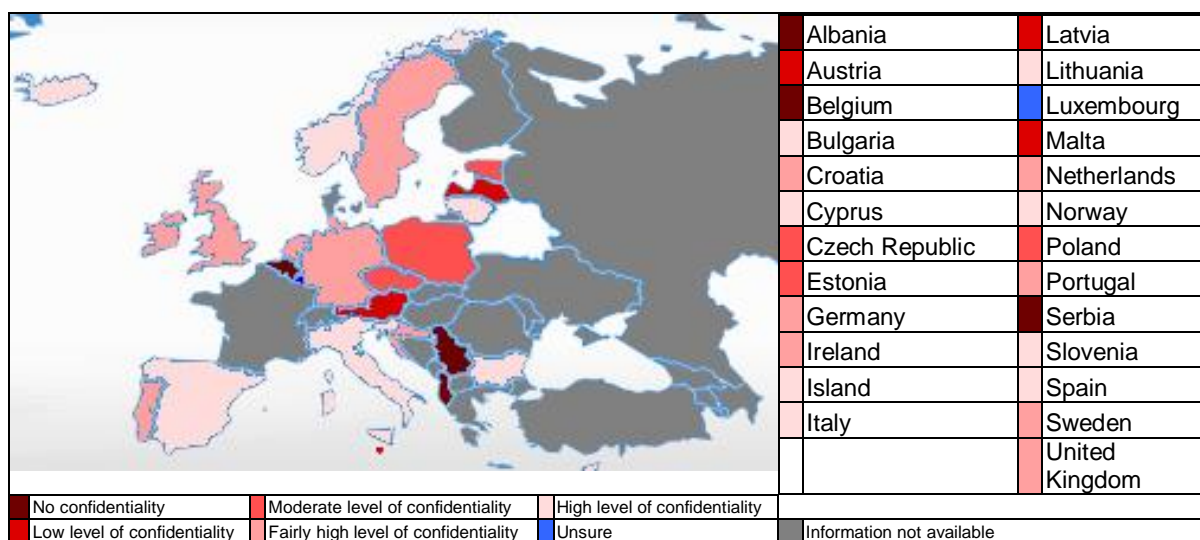
Relating to transgender persons, only Italy, Lithuania and the Netherlands report a fairly high level of effort that police or other institutions put into pursuing and solving transphobic crime. Nine countries report a low level of effort. Albania and the Czech Republic even specify no effort at all.

V. Level of confidentiality / protection of the private data of persons concerned in interaction with police or other administration facilities, especially relating to sexual orientation / gender identity

a) applying to lesbian/bisexual girls and women

While in the majority of fifteen member states the level of confidentiality / protection of the private data of lesbian and bisexual girls and women in interaction with police or other administration facilities is evaluated as fairly high or high, Latvia reports only a low level of confidentiality. Albania and Serbia even assess a total absence of confidentiality.

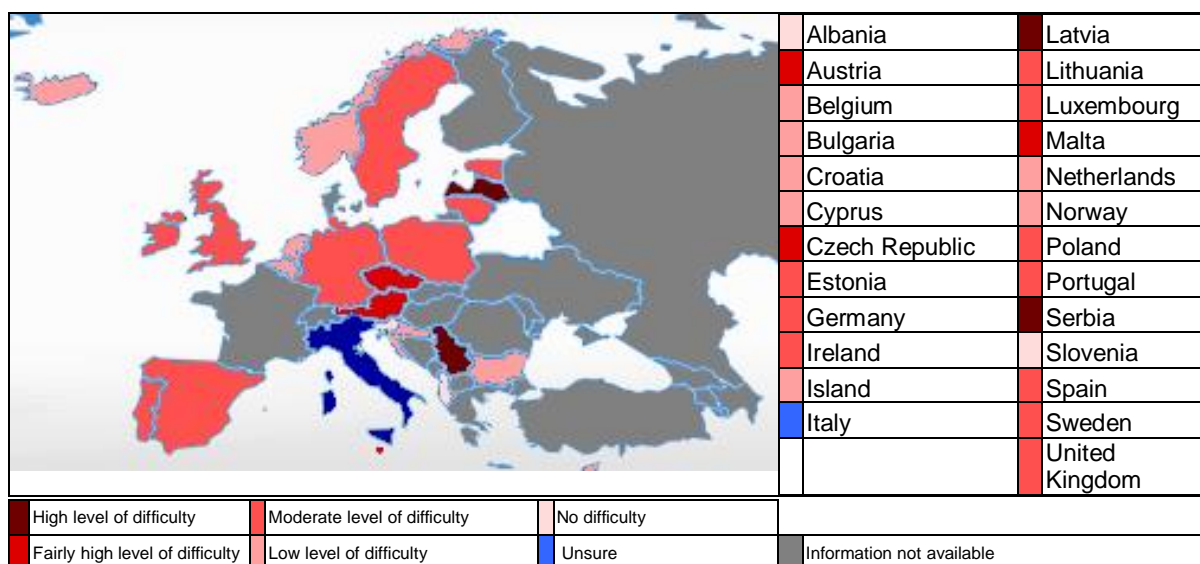
b) applying to transgender persons



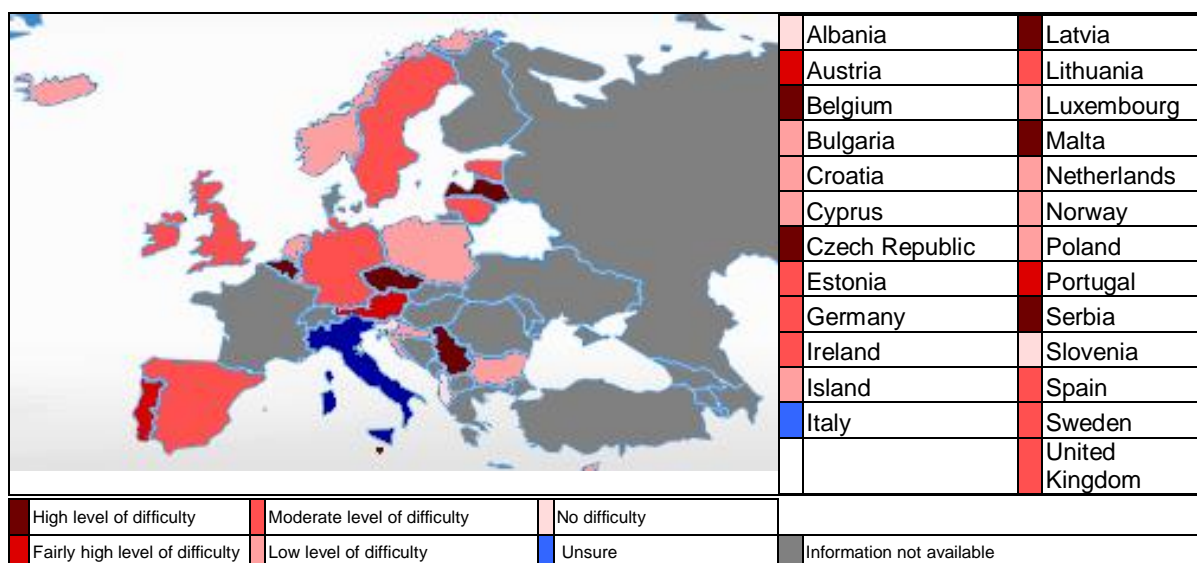
Regarding transgender persons, the level of confidentiality / protection of the private data in interaction with police or other administration facilities is reported to be fairly high or high in fifteen countries. Though, there are even three countries stating only a low level of confidentiality, namely Austria, Latvia and Malta. In Albania, Belgium and Serbia there appears to be no confidentiality at all.

VI. Level of administrative and procedural barriers to / difficulties in addressing or reporting homophobic/transphobic crime

a) for lesbian/bisexual girls and women

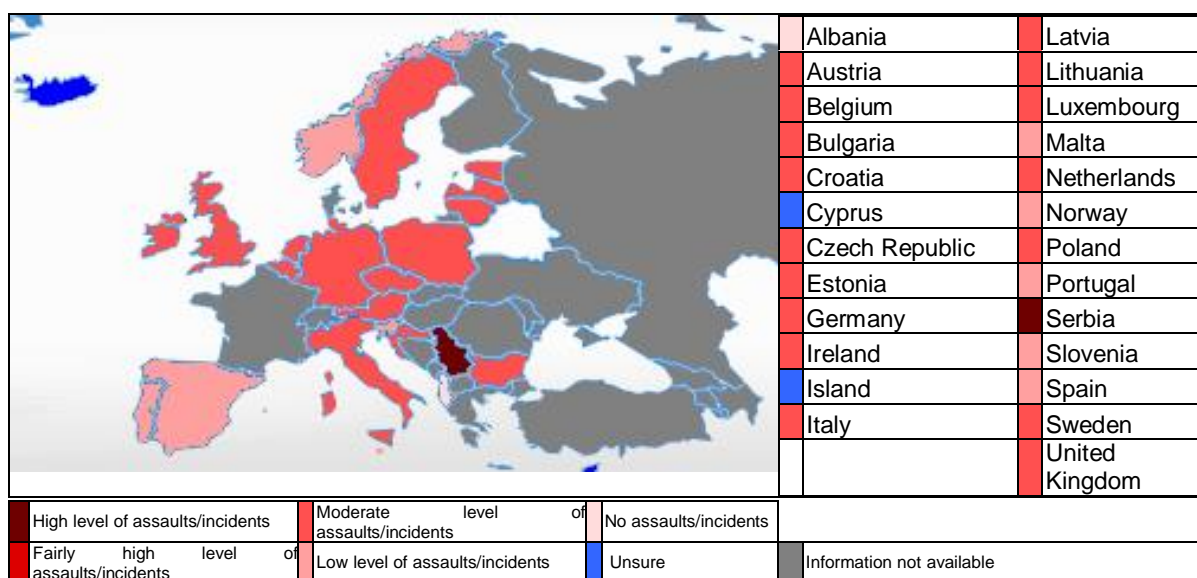


Ten countries estimate a moderate level of difficulty for lesbian and bisexual girls and women in addressing or reporting homophobic crime, while five countries report a fairly high or high level of difficulty, namely Austria, the Czech Republic, Malta, Latvia and Serbia. Nine participating countries assess a low level of difficulty or no difficulty at all.

b) for transgender persons

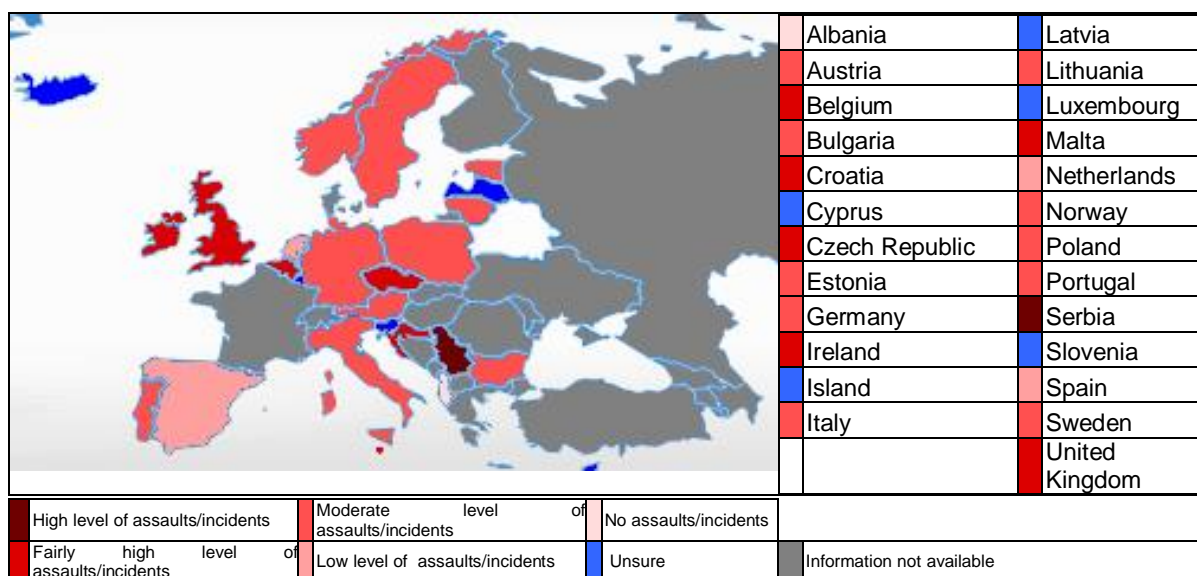
Regarding transgender persons, ten member states assess a low level of difficulty in addressing or reporting transphobic crime or even the absence of any difficulty. Seven countries report a fairly high or high level of difficulty for persons concerned in this point.

VII. Level of assaults and harassment incidents due to sexual orientation/gender identity

a) applying to lesbian/bisexual girls and women

The majority of sixteen member states assess a moderate level of assaults and harassments incidents towards lesbian/bisexual girls and women in their country. Serbia states a high level and Albania reports no assaults.

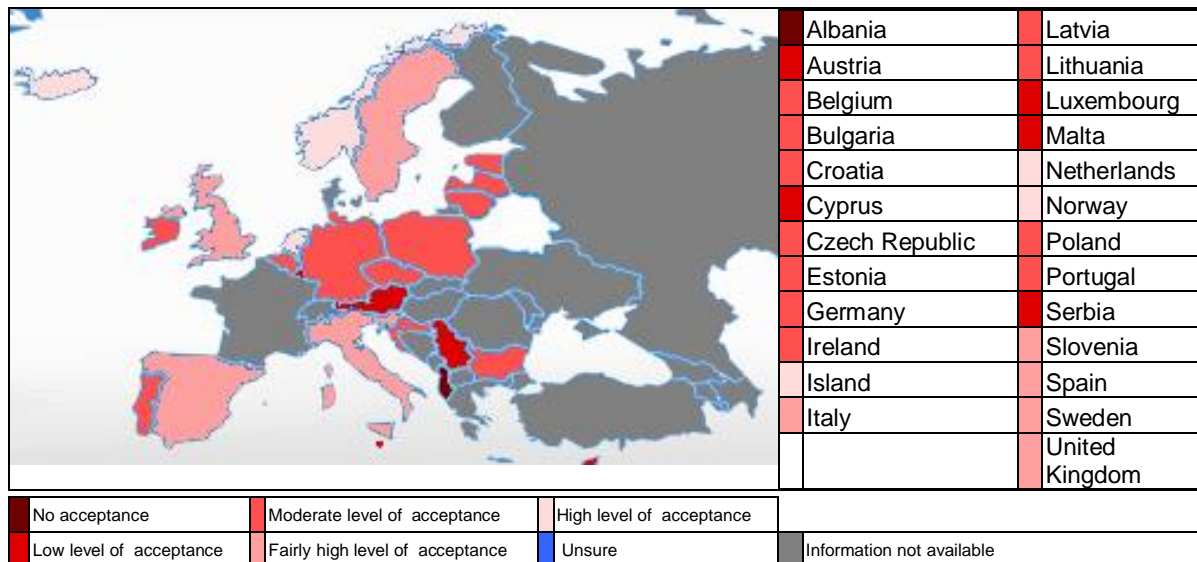
b) applying to transgender persons



A fairly high or high level of assaults and harassments incidents towards transgender persons is reported by seven countries. Albania, the Netherlands and Spain assess only a low level or no assaults and harassments incidents at all.

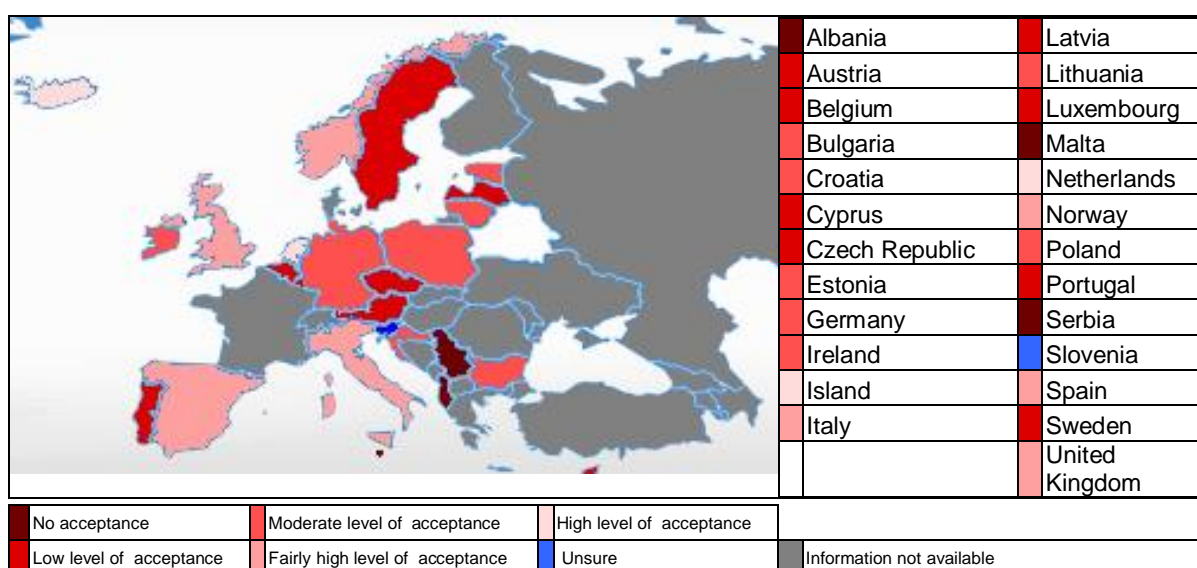
VIII. General attitude of law enforcement officers / legislation and police staff

a) towards lesbian/bisexual girls and women



In five countries, the general attitude of law enforcement officers, legislation and police staff towards lesbian/bisexual girls and women is assessed with a low level of acceptance, in Albania even without any acceptance at all. Only Island, the Netherlands and Norway report a high level of acceptance, five countries estimate the level of acceptance towards persons concerned as fairly high.

b) towards transgender persons



Albania, Malta and Serbia report that in their country, law enforcement officers, legislation and police staff confront transgender persons without any acceptance. Further eight states assess a low level of acceptance. Six countries state the acceptance towards transgender persons as fairly high or high.

4.3.2. Conclusion

While in a higher proportion of participating member states criminal legislation protecting the rights of lesbian and bisexual girls and women has already been implemented, the situation relating to legislation tackling transphobic violence appears to be worse in multiple countries.

Most of the countries report providing facilities and measures to protect the rights of and to support LBT girls and women, such as helpline, personal advice, counselling or assistance for victims. Nevertheless there are a few countries reporting not to offer any of these services to persons concerned. The majority of countries declares to feature trainings and guidelines in tackling hate crimes sensitively for law enforcement police officers or other legal institutions, though there is a large minority of states who have not installed these measures.

The level of assaults and harassment incidents lesbian and bisexual girls and women are exposed to is reported to be moderate in the majority of participating member states. For transgender persons the situation appears to be worse in several countries, where fairly high or high levels of assaults and incidents are noticed. At the same time, the effort that police put into pursuing and solving homophobic and transphobic crime is considered rather critical in many states. There are only a few countries, where police is reported to make a fairly high level of effort to go after crimes person's concerned experience. The attitude of law enforcement officers, legislation and police staff towards LBT girls and women appears to be a serious problem in several countries. Only a minority of states report a fairly high or high level of acceptance towards lesbian and bisexual girls and women. In many countries, the situation transgender persons face seems to be even worse with only low level of acceptance or absent acceptance by police staff.

Reporting an experienced homophobic or transphobic crime appears to be complicated in some states, albeit most of the countries only assess a maximum moderate level of difficulty for LBT girls and women. When interacting with police or other administration facilities, persons concerned can anticipate a fairly high or high level of confidentiality relating to their sexual orientation / gender identity in the majority of countries. In a few states however, when

reporting experienced assaults or incidents the protection of private data is only taken into account on a low level or not proven at all.

Although findings from the present study must not be over-interpreted, the living conditions for LBT girls and women in terms of violence appear to be comparatively best in Norway and the Netherlands. Regarding lesbian and bisexual girls and women, Croatia, Slovenia and the United Kingdom seem to feature good conditions to persons concerned as well, and in Spain and Lithuania the situation for transgender persons is looked upon favourably by way of comparison.

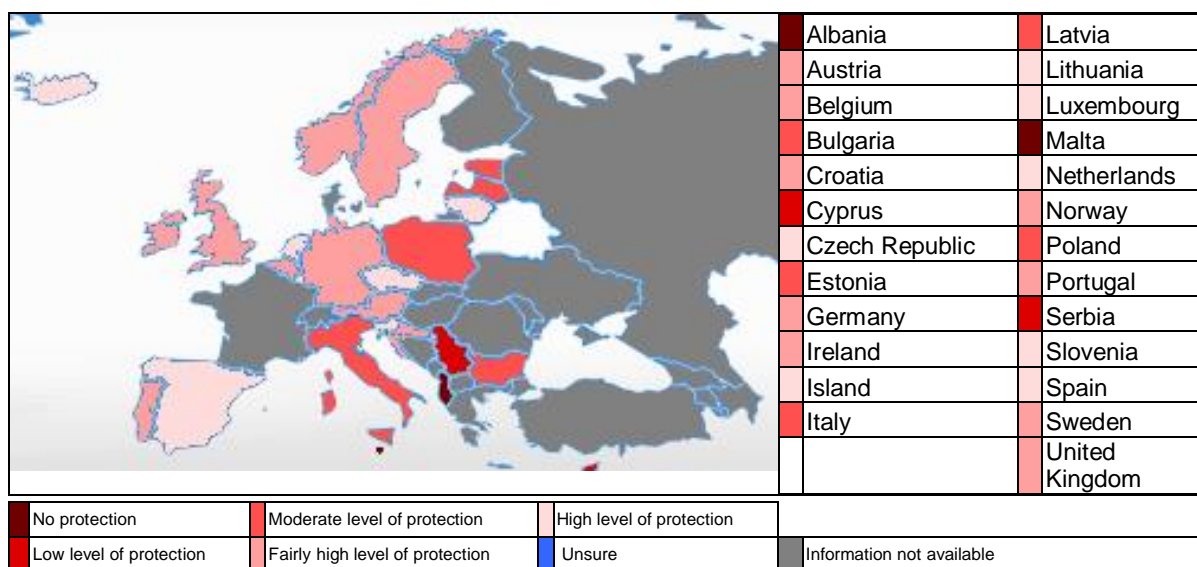
The bottom of the league appears to be built by Albania, Latvia, Malta and Serbia concerning LBT girls and women. Relating to lesbian and bisexual girls and women, the situation in Cyprus, Latvia and Luxembourg appears to be comparatively alarming as well, and the living conditions of transgender persons are also assessed to be precarious in Belgium compared to the other countries.

4.4. Experienced Discrimination in terms of private and family life

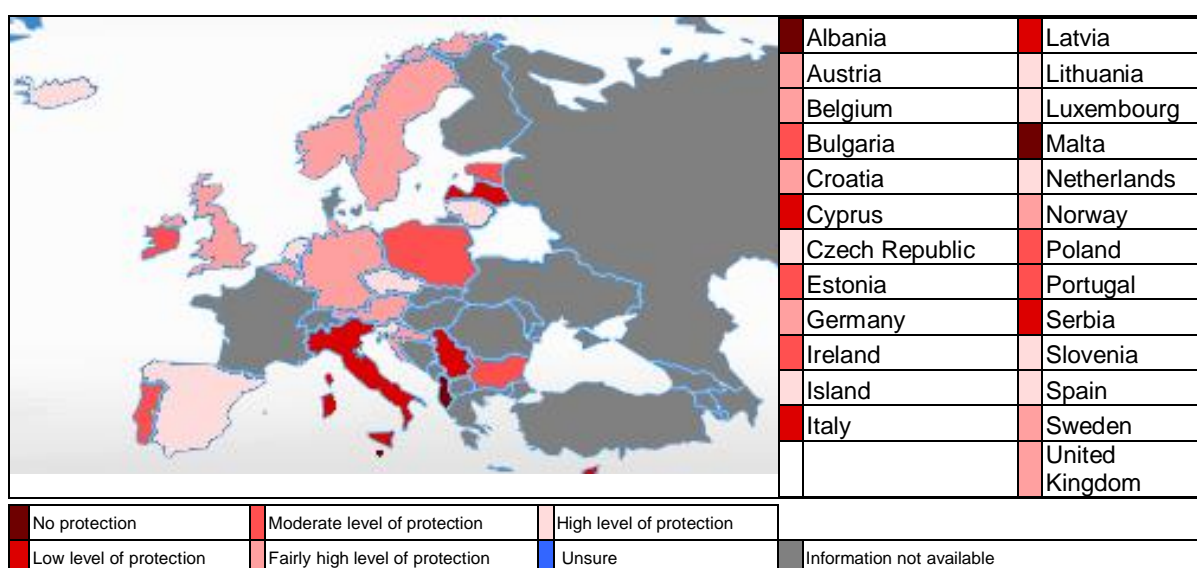
4.4.1. Results

I. Level of protection against discrimination/unequal treatment in terms of social legislation (e.g. equal access to social benefits)

a) applying to lesbian/bisexual girls and women

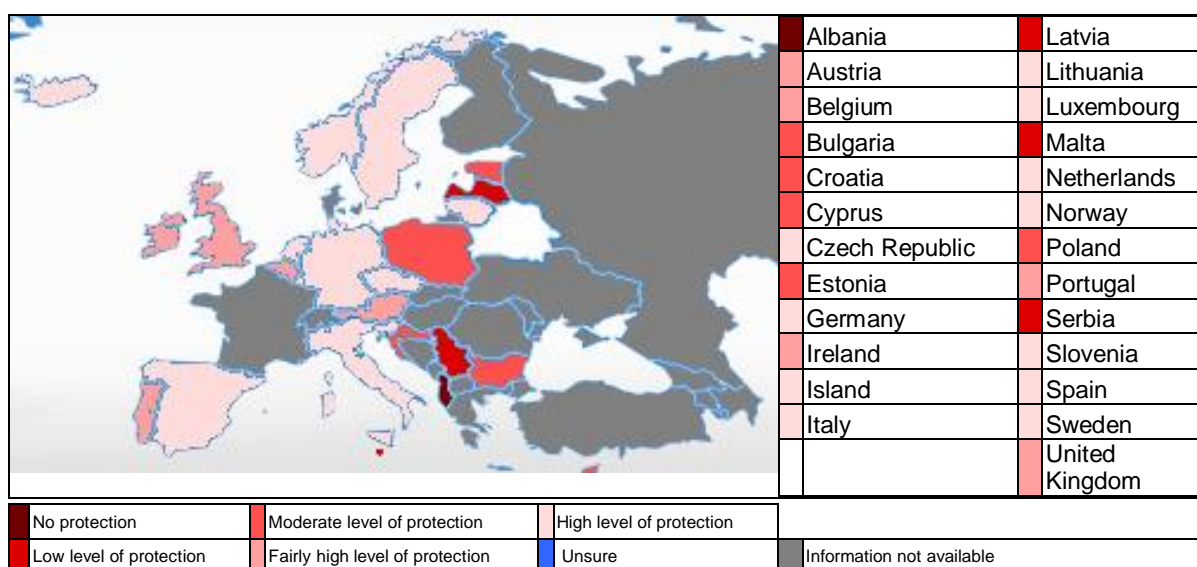


Sixteen states report that lesbian and bisexual girls and women are fairly high or highly protected against discrimination or unequal treatment in terms of social legislation in their country. A low level of protection or no protection at all is states by Cyprus, Serbia, Albania and Malta.

b) applying to transgender persons

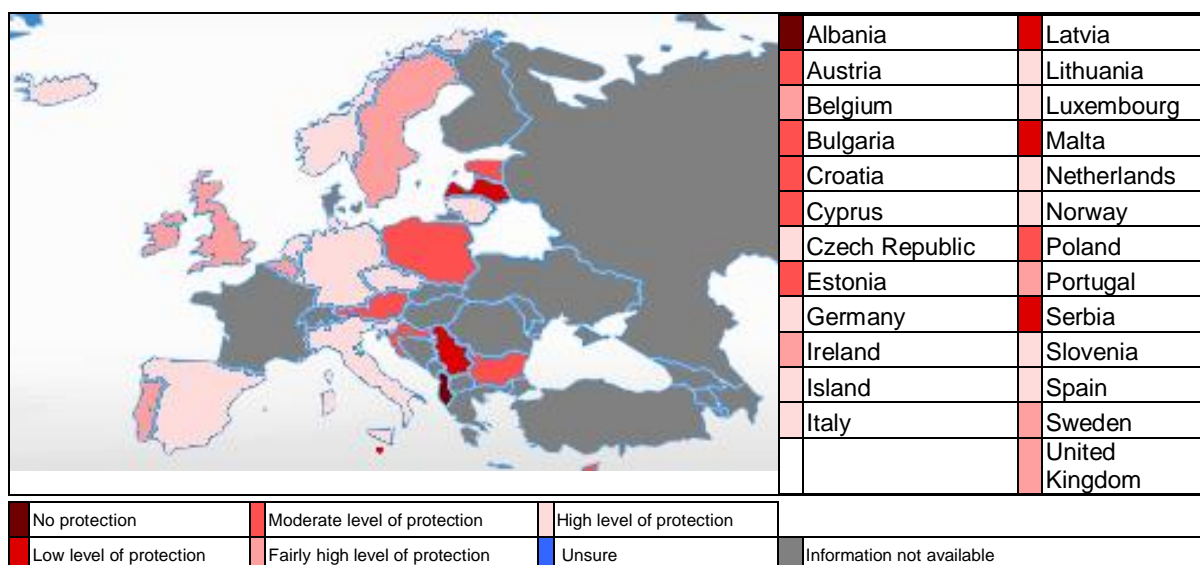
Regarding transgender persons, fourteen countries estimate the level of protection against discrimination in social legislation as fairly high or high. Four countries give an assessment of a low level of protection, namely Cyprus, Italy, Latvia and Serbia. Albania and Malta quote even no protection at all.

II. Level of protection against discrimination/unequal treatment in terms of property regulation laws (e.g. not being allowed to own or buy certain things, inheritance)

a) applying to lesbian/bisexual girls and women

In terms of property regulation laws, a majority of sixteen states evaluate the level of protection against discrimination for lesbian and bisexual girls and women in their country as fairly high or high. Latvia, Malta and Serbia quote a low level of protection, Albania no protection at all.

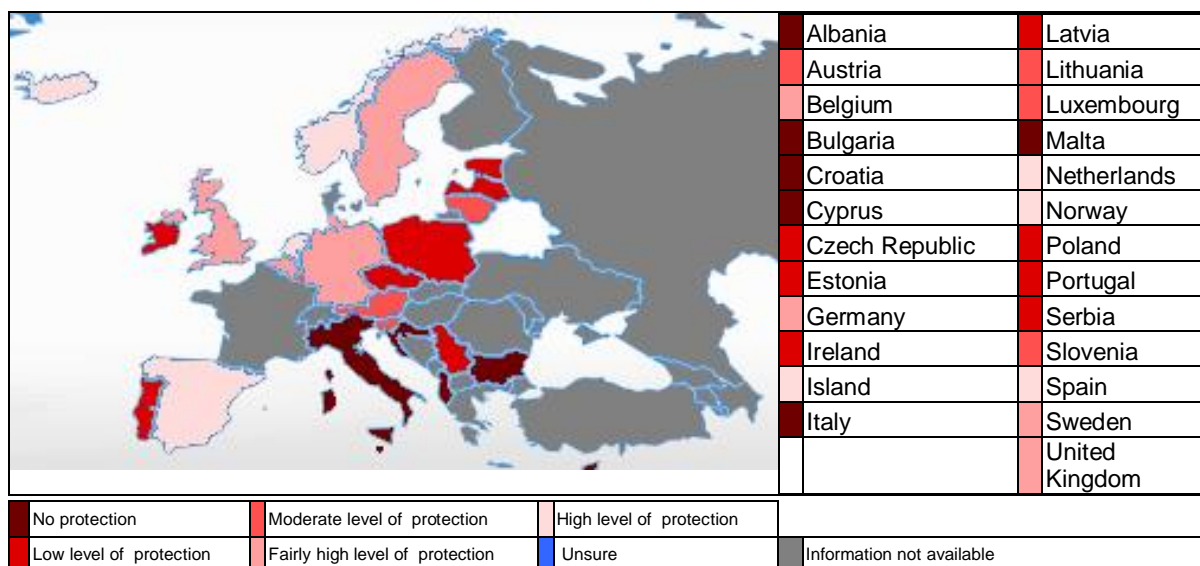
b) applying to transgender persons



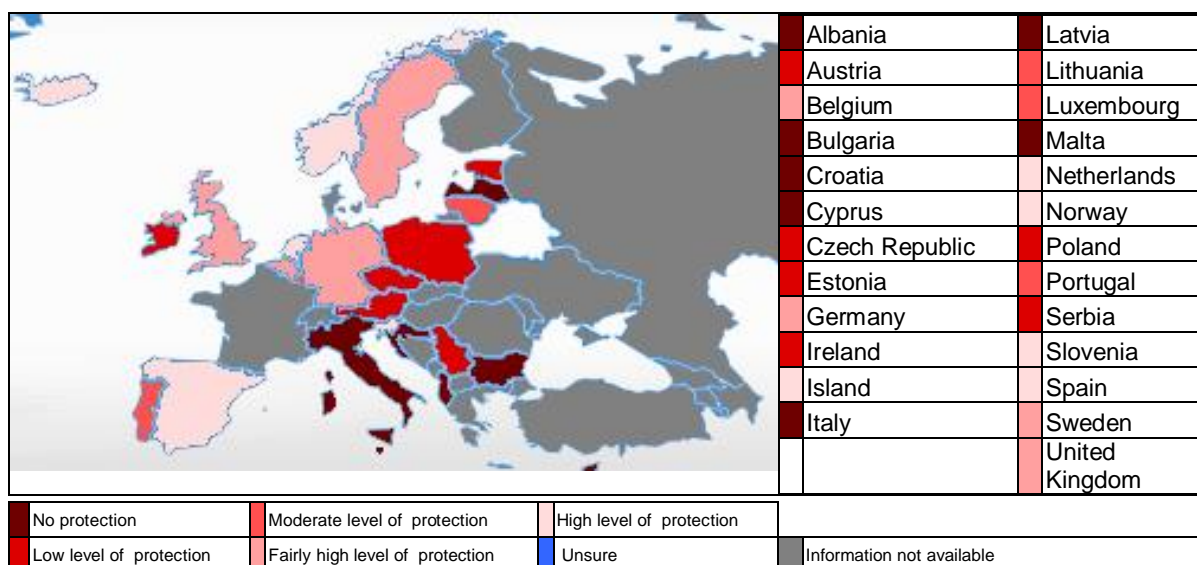
For transgender persons the situation appears to be quite similar across the member states. Fifteen countries assess a fairly high or high level of protection in terms of property regulation laws, four countries report a low level or no protection, namely Latvia, Malta, Serbia and Albania.

III. Level of protection against discrimination/unequal treatment in terms of family laws (e.g. certain laws which only apply to heterosexual couples, thus treating same-sex partnerships differently)

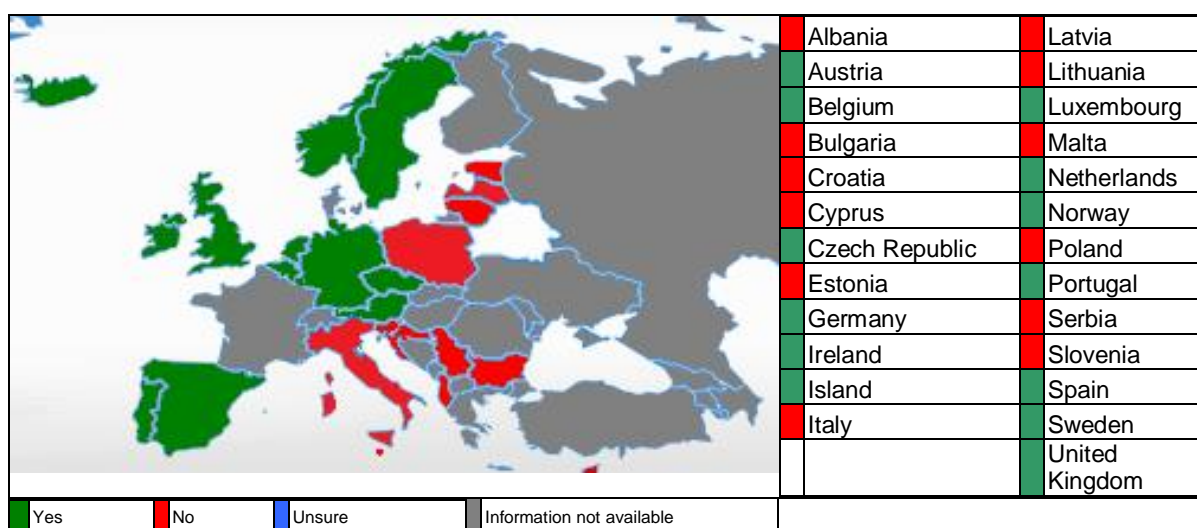
a) applying to lesbian/bisexual girls and women



In six countries, lesbian and bisexual girls and women appear to experience no protection at all against discrimination in terms of family laws, in further seven countries the level of protection is assessed as low. Eight countries report a fairly high or high level of protection against discrimination within their legislation regarding family laws.

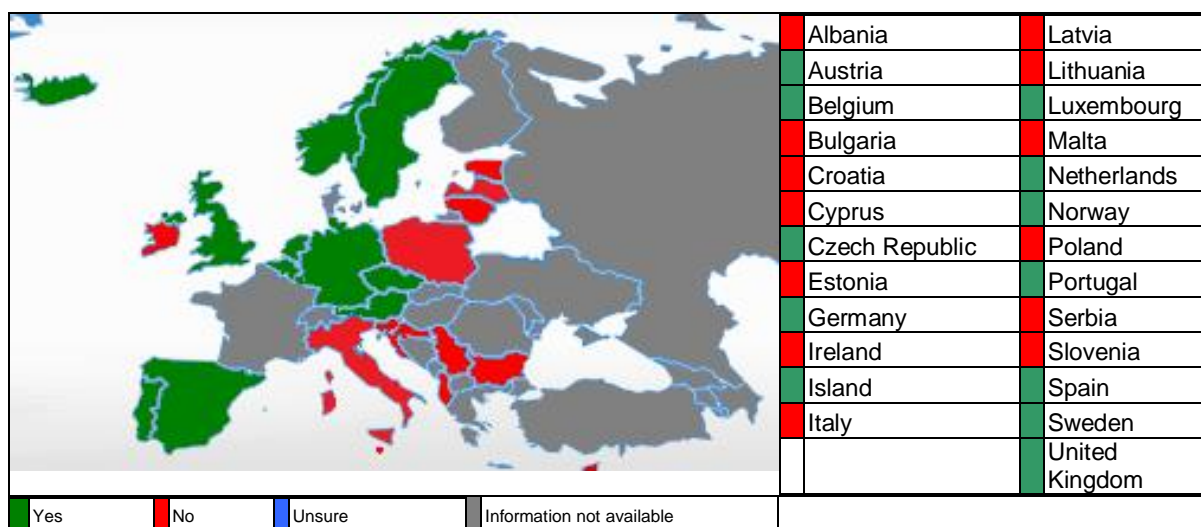
b) applying to transgender persons

Regarding the situation of transgender persons in terms of protection against discrimination or unequal treatment concerning family laws, seven countries declare no protection at all. Six countries report a low level of protection. Nine states evaluate the level of protection as fairly high or high.

IV. Existence of legislation for having a partnership publicly sanctioned and registered**a) for lesbian/bisexual women**

While the existence of legislation for lesbian and bisexual women having a partnership publicly sanctioned and registered is approved by thirteen countries, no legal legitimization is reported by twelve countries.

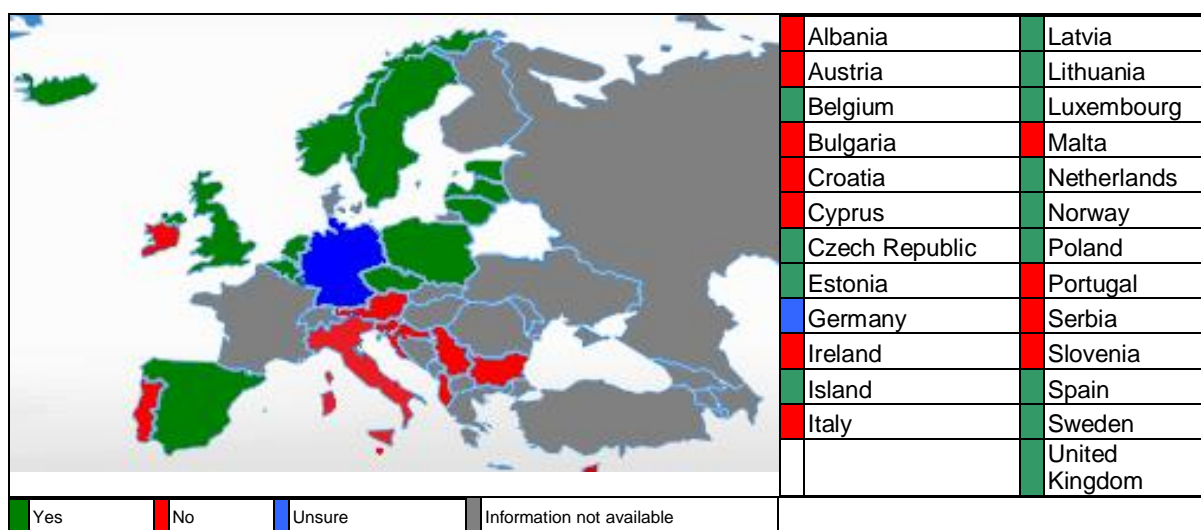
b) for transgender women



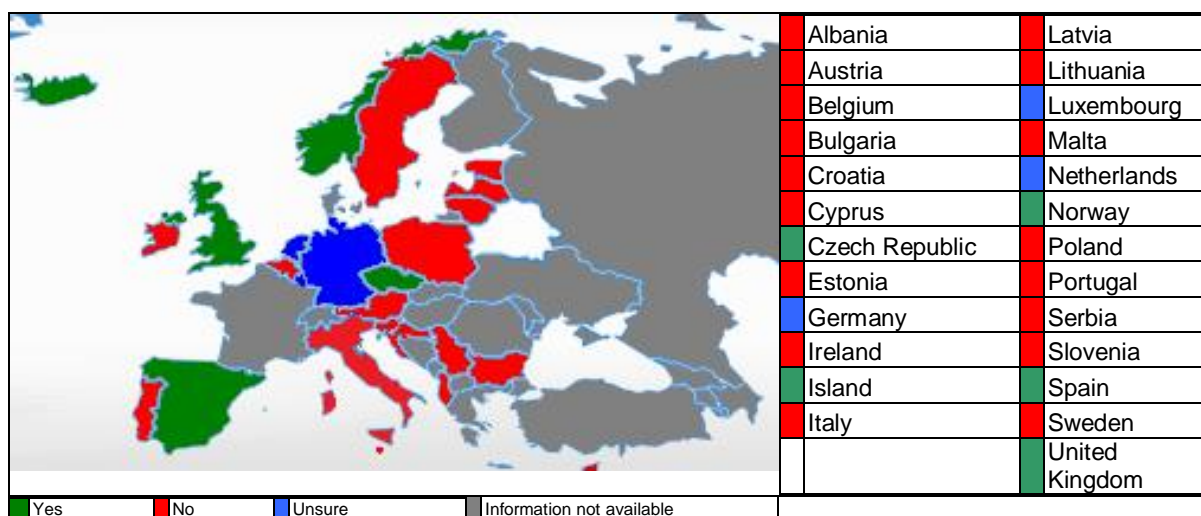
The situation for transgender women appears to be very similar in terms of legislation for having a partnership publicly sanctioned and registered. The only difference shows up in Ireland, where the majority of stakeholders specify no existing legislation in this point for persons concerned.

V. Access to fertility treatment/reproductive medicine

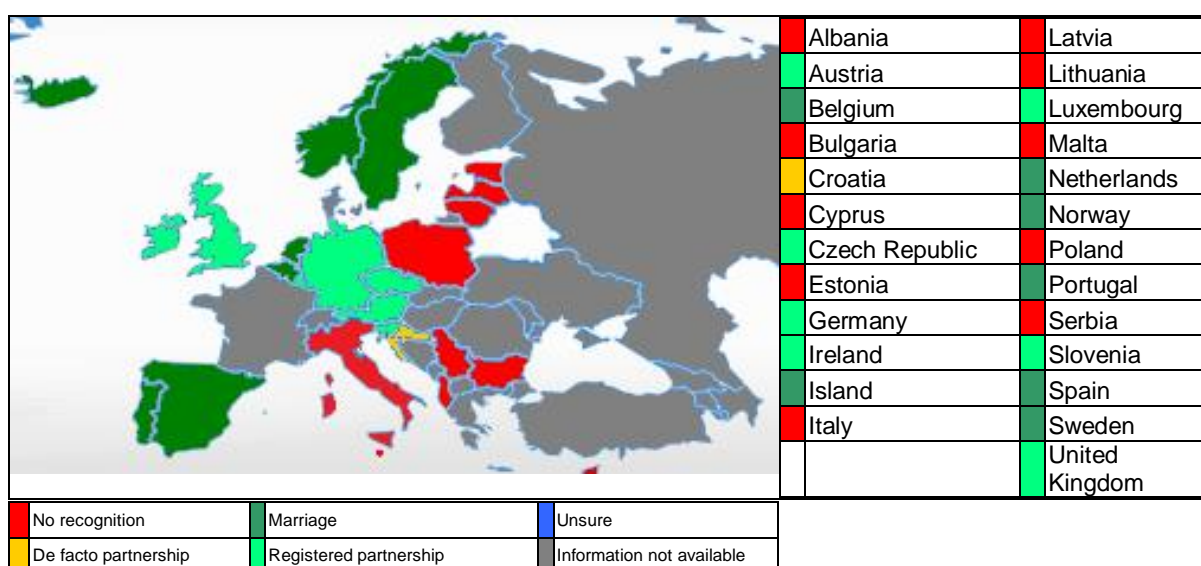
a) for lesbian/bisexual women



Eleven states report that lesbian and bisexual women do not have access to fertility treatment or reproductive medicine in their country, while thirteen states approve.

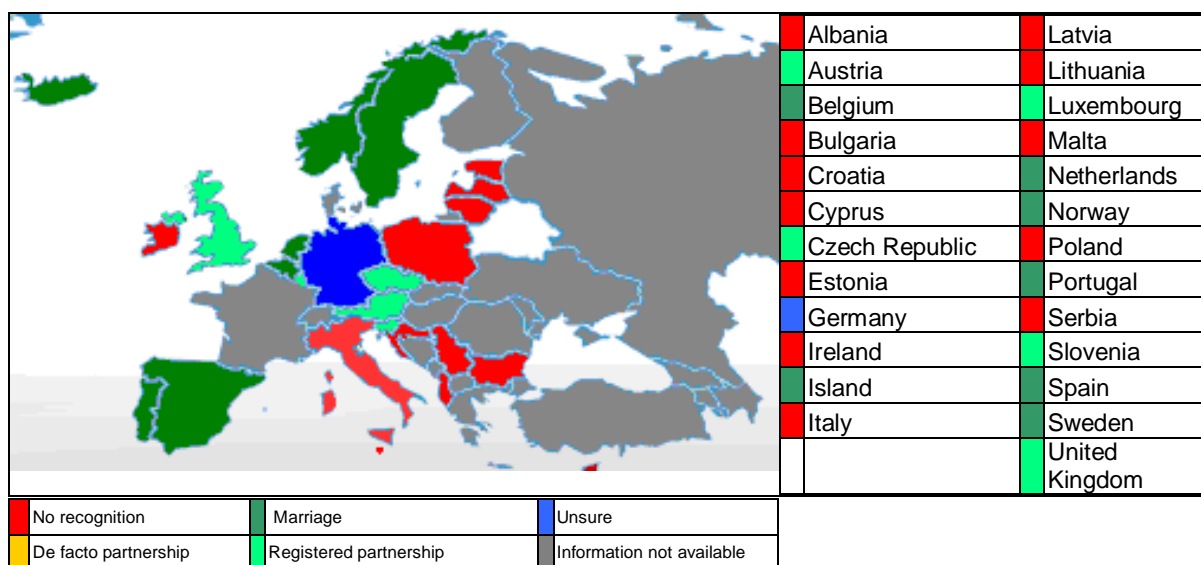
b) for transgender women

The situation of transgender women appears to be worse across the member states in terms of access to fertility treatment or reproductive medicine. Only five countries report that persons concerned do have access to such facilities, seventeen countries answer in the negative.

VI. Terms of legalised partnership recognition**a) applying to same-sex lesbian/bisexual couples**

For same-sex lesbian and bisexual couples, a registered partnership is quoted to be available in seven countries. A marriage is reported to be legal in further seven countries. In Croatia, only a de facto partnership is assessed to be legalised.

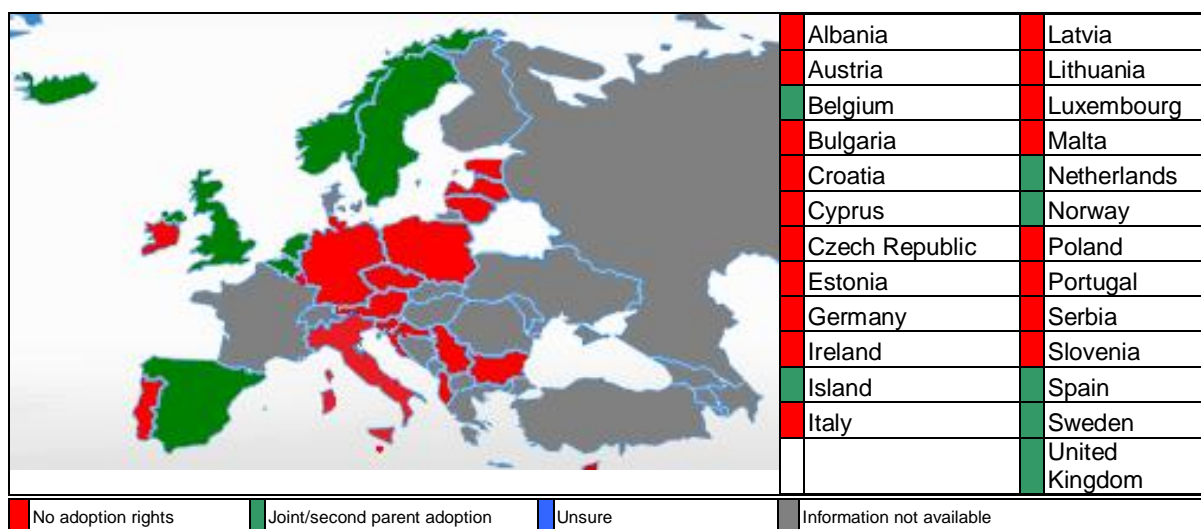
b) applying to same-sex trans couples



The availability of a registered partnership to same-sex trans couples is quoted by five countries, namely Austria, the Czech Republic, Luxembourg, Slovenia and the United Kingdom. A marriage is stated to be legalized in the seven countries.

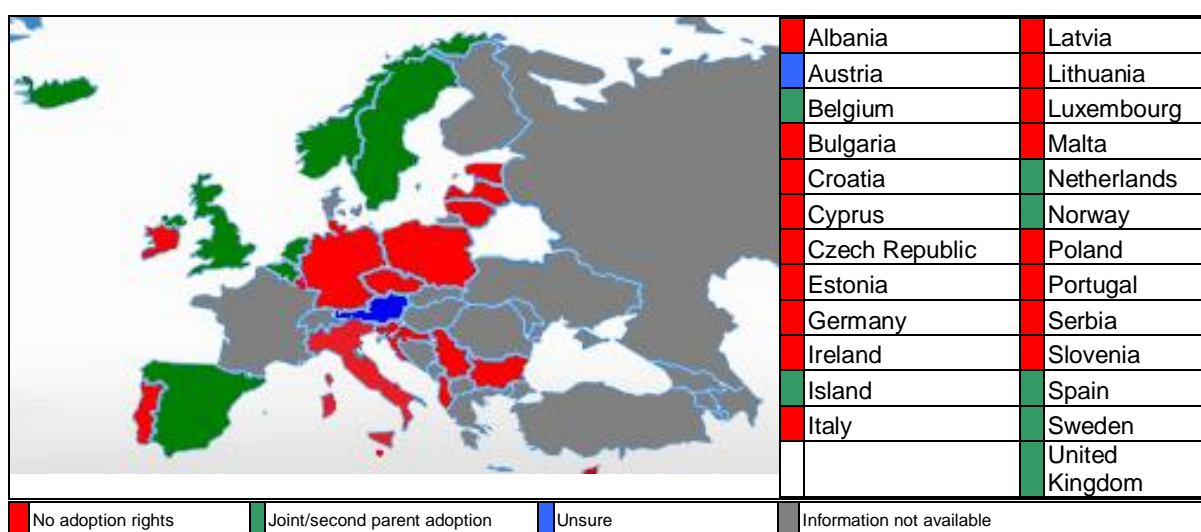
VII. Terms of legalised adoption rights/parenting

a) applying to same-sex lesbian/bisexual couples



Throughout the majority of eighteen member states, adoption or parenting is not legalised for same-sex lesbian and bisexual couples. Only seven countries approve legalised adoption rights, whereof the United Kingdom reports joint adoption to be legalised and the other six countries both joint adoption and second parent adoption.

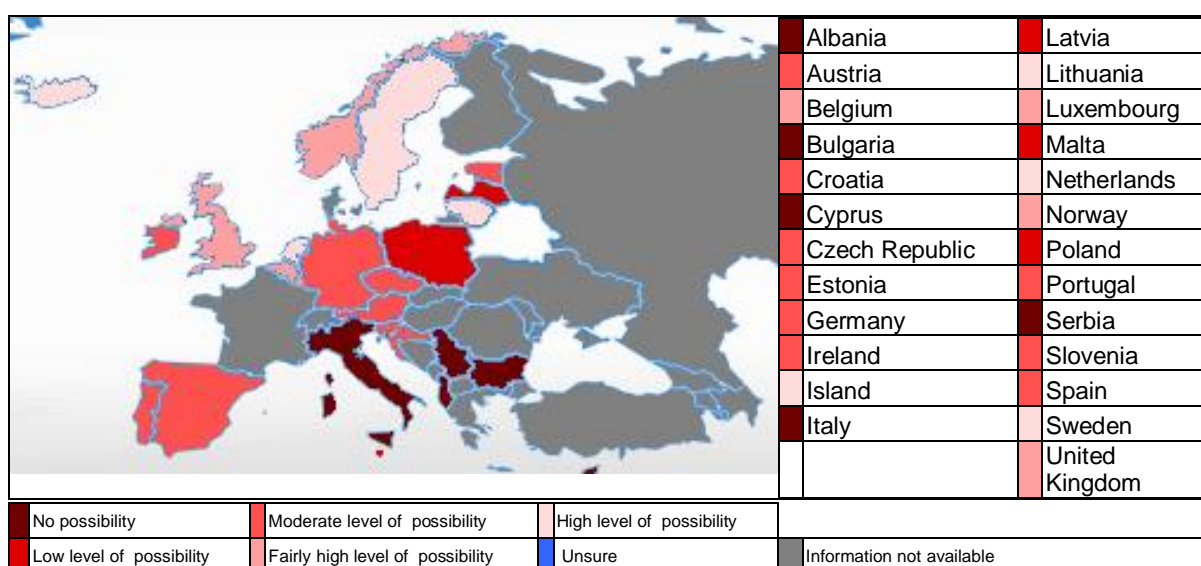
b) applying to same-sex trans couples



The situation for same-sex trans couples in terms of legalised adoption rights and parenting appears to be very similar, with the only difference lying in the assessment of **Austria**, where stakeholders had no knowledge in this point.

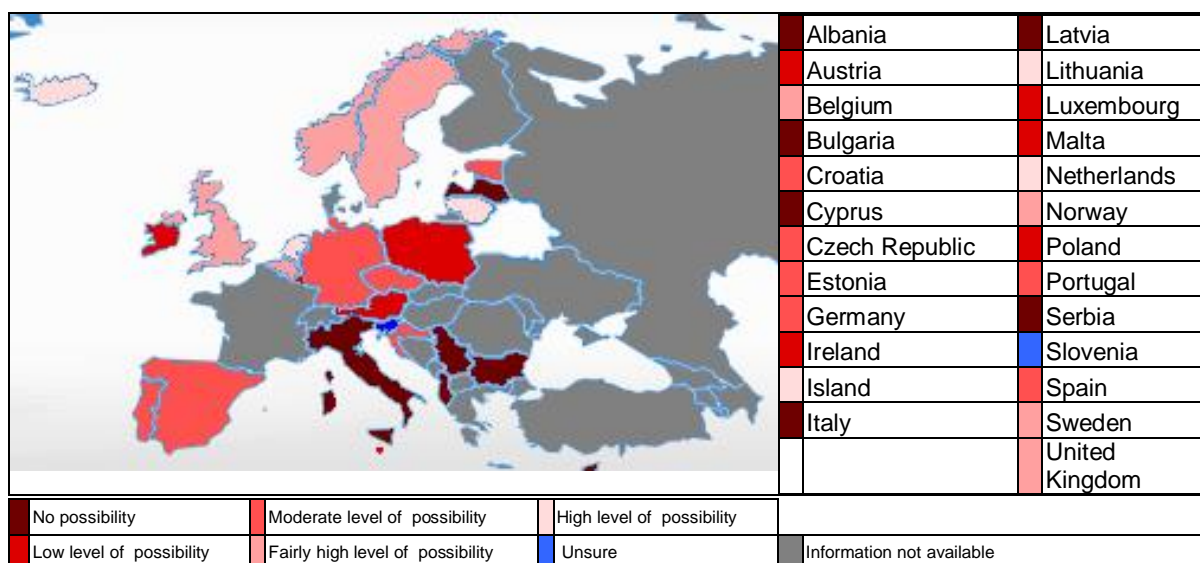
VIII. Access to public services compared with heterosexual couples (e.g. in relation to the recognition of partner in school or hospital)

a) applying to same-sex lesbian/bisexual couples



Five countries assess that same-sex lesbian and bisexual couples do not have any possibility to access public services compared with heterosexual couples, e.g. in relation to the recognition of partner in school or hospital. Latvia, Malta and Poland report a low level of possibility. Eight states evaluate the access to these public services for same-sex lesbian and bisexual couples with a fairly high or high level of possibility in their country.

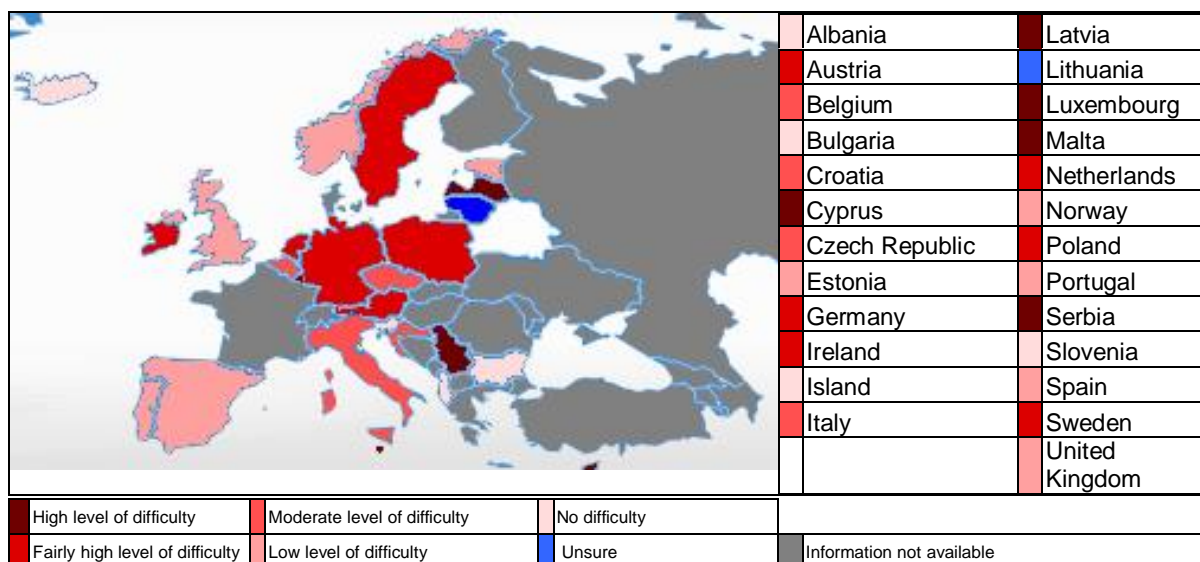
b) applying to same-sex trans couples



In six countries the access to named public services for same-sex trans couples is evaluated with no possibility, five countries report a low level of possibility. Seven countries report a fairly high level or a high level of possibility for same-sex trans couples in this matter.

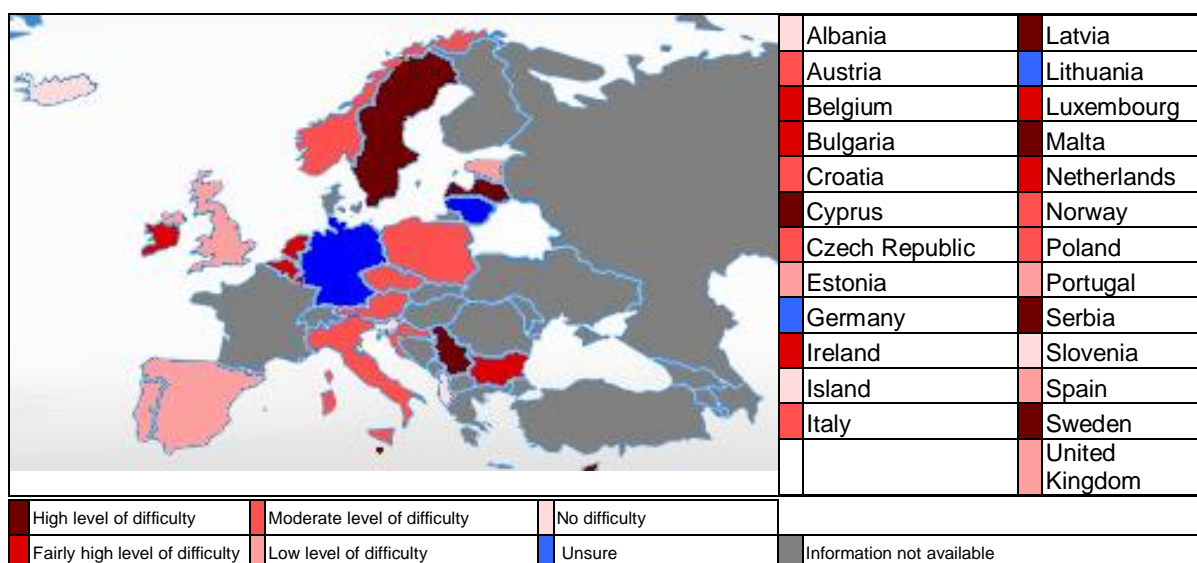
IX. Related specifically to transgender persons

a) Level of administrative and procedural barriers to / difficulties in legally changing the first name / gaining recognition of the preferred gender



While in eleven countries the level of administrative and procedural barriers to legally changing the first name or gaining recognition of the preferred gender for transgender persons is assessed with a fairly high or high level of difficulty, nine countries evaluate this issue with a low level or no difficulty.

b) Level of administrative and procedural barriers to / difficulties in getting legal gender and name entered into or changed in a passport or birth certificate



Regarding the level of administrative and procedural barriers in getting legal gender and name entered into or changed in the passport or the birth certificate, nine countries assess a fairly high or high level of difficulty for transgender persons. Seven countries rate this issue with a low level or no difficulty.

4.4.2. Conclusion

In terms of social legislation and property regulation laws, the majority of countries assess the level of protection against discrimination for LBT girls and women as fairly high or high. Nevertheless, in some countries these issues are evaluated to be critical for persons concerned, especially for transgender persons. Relating to family laws, stakeholders all across the member states consider the situation of LBT girls and women in their country predominantly disadvantaged. The level of protection against discrimination and unequal treatment is evaluated as low or completely absent in more than half of the participating countries. Across the member states, there is a widespread lack of legislation publicly sanctioning and registering partnerships of LBT girls and women. Only just above half of the countries quote to have legislation authorizing partnerships of persons concerned. Marriage for LBT girls and women is reported to be authorized in seven countries, a registered partnership is possible in further nine countries. Considering access to public services such as recognition of the partner in school or hospital, LBT couples are assessed to be disadvantaged compared to heterosexual couples in numerous countries.

In nearly half of the participating states, the access to fertility treatment and reproductive medicine for lesbian and bisexual women appears to be inhibited, and for transgender persons the circumstances are even worse throughout the countries. The situation for LBT girls and women respectively couples concerning adoption rights and parenting is seen as very serious in the majority of countries, meaning that there is predominantly reported to be no legislation authorizing adoption for persons concerned. Only a minority of participating states offer LBT couples the possibility to conduct joint respectively second parent adoption.

For transgender persons, gaining legal change of the first name and legal recognition of the preferred gender appears to be a problematic issue in many participating countries, as well as changing or entering new name and preferred gender in documents like a passport or a birth certificate. Though, there are some countries that evaluate the administrative difficulties as low or absent.

A consolidated view indicates that LBT girls and women appear to find the best living conditions in Island, the Netherlands, Norway and Spain compared to the other participating countries. For lesbian and bisexual girls and women, the conditions seem to be comparatively good in Belgium, Sweden and the United Kingdom as well.

In contrary, life conditions for lesbian, bisexual and transgender persons appear to be comparatively alarming in Albania, Cyprus, Latvia, Malta, Serbia, Italy and Bulgaria.

4.5. Examples of discrimination in the countries

4.5.1. Health

Several countries report that LBT girls and women are hindered in terms of *access to health care providers* and confronted with *prejudices*. Portugal reports that „there are no health services...specifically for LBT women. Also, there are no LBT sensitivity training programs for health staff yet”. A lack of sensitivity by medical staff is reported by Austria where “doctors are homophobic and refuse to answer questions related to same sex relationships or ignore that their patients are lesbians and therefore surely not pregnant”. Furthermore Austria indicates that it is “hard to find lesbian friendly physicians, gynecologists or specialists in skin diseases...another problem area is psychotherapy, many practitioners still see the lesbian lifestyle as the problem of the clients”.

In the United Kingdom, *health protection* appears to be impaired for LBT girls and women as “15% of lesbian and bisexual women over the age of 25 have never had a cervical smear test, compared to 7% of women in general (R. Hunt and J. Fish (2008) Prescription for Change – Lesbian and Bisexual Women’s Health Check London: stonewall)” and “less than half of lesbian and bisexual women have ever been screened for sexually transmitted infections (see above report)”.

In Latvia, *homophobic language* is reported to be a serious problem in “lesbians being verbally abused by gynaecologist [and] trans women being verbally insulted by medical staff”.

Transgender persons seem to be especially disadvantaged concerned access to health care and *health insurance*, e.g. in Belgium “Transgender people have difficulties in getting private health care insurance (higher insurance rates).”, and in Cyprus currently “a complaint referring to the covering of costs of a transsexual person by the national health system is under investigation”. In Ireland, for transgender persons it appears to be “extremely difficult to access health care as there is [only] one endocrinologist in Ireland who treats Transgender people” and “surgical procedures involve travel to another country, and there is no specialised after-care here”.

4.5.2. Violence

Homophobic and transphobic incidents are indicated by several participating countries. In Ireland, “there is no general hate crimes legislation” and homophobia is reported to be a problem already at school, e.g. in terms of “homophobic comments from peers and teachers”. In the United Kingdom, “1 in 5 gay or lesbian people have experienced a homophobic hate crime or incident in the last three years (S. Dick, (2008) Homophobic hate crime: The gay British crime survey London: Stonewall)”, Also, Belgium reports cases of physical violence in the streets and harassments by neighbours of LBT girls and women. In Bulgaria, “on June 28, 2008, about 150 people participated in Bulgaria's first ever gay pride parade in Sofia. The participants of the parade were attacked with a petrol bomb, rocks, and bottles of urine by right-wing groups and football hooligans, which had called for a “week of intolerance”. The police handled the situation and no one was hurt”. A serious case of violence is as well reported from Croatia, where “in September 2011 the State Attorney's

Office in Rijeka brought criminal charges against the former director of Lopaca Psychiatric Hospital for 2008 abuses against a lesbian women Ana Dragicevic, who was forcibly institutionalized because of her sexual orientation, and four other unnamed patients". In Portugal, there are several registered cases of "transsexual women who are victims of hate crimes (notorious case of Gisberta Salce JÃºnior, in 2006)", and in the United Kingdom, "between 2009 and 2010, there has been a 14% increase in transgender related hate crime – going up from 312 incidents to 357 incidents (Association of Chief Police Officers (ACPO) figures, released on 8 September 2011)".

Another field of hate crime and hate speech are the *media*. Estonia describes that "online articles on LGB issues receive numerous negative/aggressive comments, some of them containing threat to health and life".

Addressing or reporting experienced violence is a further critical field for persons concerned. In Luxembourg, "in case of discrimination people don't go to the police or other institutions to tell about it. Luxembourg is a small country where everybody 'knows everybody' and there is a great fear that the 'case' would become public".

Particularly relating to transgender persons, a *lack of protection by means of legislation* appears to be an important issue. Belgium reports that there is "no police registration of hate crimes against transgender people (or registered as LGB hate crimes)". Also, in Sweden "the hate crime law doesn't cover gender identity. The law criminalising hate speech doesn't cover gender identity".

4.5.3. Private and Family Life

Fertility treatment, adoption and child fostering appear to be areas of life lesbian women experience discrimination in. In the Netherlands, "IVF treatment lesbian couples [is] only possible in few hospitals", and in Portugal there is a "law on medically assisted reproduction that applies exclusively to women who are married or in a de facto partnership with a man". Portugal reports a case about a "lesbian woman who is told by a doctor not to worry about fertility issues because lesbians don't have children". Furthermore, in "Portugal Women can't adopt unless they're married with a man, so LBT women are unable to adopt unless they're single and do not disclose their sexual orientation...". Malta reports a case of "A lesbian foster parent (mother of five children) of two babies who lives with her partner (an experienced social worker)... [she] was approved by the fostering panel and the social work agency. The sexual orientation of the foster parent was declared from the start. When the case was brought to the attention of the Minister the foster parent encountered huge difficulties and the social work agency was instructed to seek alternative care arrangements for the foster children despite the fact that the foster children are thriving. They were also instructed to inform and seek permission from Ministry should there be other lesbian or gay persons applying for fostering".

Further fields of discrimination are related *legal recognition of partnerships and family law*. In Ireland, the "lack of access to marriage is a huge issue for LBT women because of the lack of equality for them and their relationship but also because many of them are already or would like to become parents and their families and children are completely ignored in Irish law despite the recent Civil Partnership legislation". In Estonia, "there have been cases of lesbian couples not receiving certain benefits from local municipalities due to their same-sex relationship".

Applying to transgender persons, in several countries the *legislations relating to name change and recognition of the preferred gender* still constitute discriminating barriers for persons concerned. In Ireland there is "no legal recognition of gender change in Ireland, but government actively developing legislation, based on report just published. Full civil partnership with the substantial rights and obligations of civil marriage [is] now in place in

Ireland. There is a constitutional difficulty around civil marriage. Equal Status and Employment Equality laws in place since 1998 - giving protection on nine grounds, including sexual orientation ground, in employment and in the provision of goods and services. Transgender protection is provided under the 'gender' ground (and case law confirms this)". Under the current Irish legislation, "gender recognition...would require the dissolution of a heterosexual marriage and the registration of the couple concerned as civil partners if the gender change resulted in the couple being same-sex". Also it is required to obtain "birth certs that have no reference to our past identities". Production of new personal documents appears to be a critical issue for transgender persons in Norway as well, as "...those who want to keep their reproductive organs...get no recognition for name-change or change of gender in passport". In Sweden, "transsexual people are required to undergo sterilization (and may not deposit sperm/eggs to be used later in life) before the gender is legally recognized ('changed') by the state"; "In order to get permission for legally changing your sex and getting access to sex reassignment you have to be sterile, unmarried, above the age of 18 and a Swedish citizen". Malta as well reports a case of a transsexual woman denied the right to marry, which was "only one example which got to the media. But all TS persons encounter huge difficulties and obstacles on the island. The Malta Gay Rights Movement have tried to address these various issues at a legal level were they proposed policies and amendments in legislation but as usual government does not hear any suggestions brought forward by NGOs in Malta".

Another critical issue in Ireland seems to be the *protection of private data*, because "if you are gid or tg you have no privacy as your history is open to all in the health tax service at the click of a computer".

Other fields LBT girls and women suffer from discrimination in are *education* and *housing*. In Lithuania, discrimination against LBT girls and women "at school / university" seems to be serious problem. Island refers to a topic that "has not been researched fully but we know that transgender people have lost jobs and also some incidents of transgender people losing their rented housing, related to them being transgender. This is not the same for lesbians".

4.6. Examples of good practice in the countries

4.6.1. Health

Provision of helpful *contact addresses* and *helplines* are measures reported by several countries as well as the implementation of *training programs* and preparation of *guidelines*. Portugal's participating organisation reports to „compile and disseminate a List with contacts of inclusive health care professionals (recommended by youngsters that have attended these services) as well as a list with help and support lines and services in our website and forum" and Sweden works "with LBT sensitivity training of health service employees, police, teachers etc.". In Austria, there has been "established a data base for lesbian friendly psychotherapists". Ireland refers to "Recognising LGB Sexual Identities in Health Services in North West Ireland by Maria Gibbons, Mary Manandhar, Caoimhe Gleeson and Joan Mullen various Equality Authority [which] reports on Implementing Equality for LGB and Partnership rights". Belgium established a "pregnancy guide for lesbian women - 2010: information on the practical and administrative procedures, for e.g. adoption, surrogates, medically assisted reproduction, foster care, inheritance laws, etc".

For transgender persons, establishing *places to go* is reported to be of particular significance. Belgium reports about the "creation of a transgender contact centre (Ghent) - 2011: complementary with the medical assistance, there was a need for a contact point where transgender people can receive information and practical advice on for e.g. administrative procedures and care provides. The contact centre will be open for the broad group of transgender people: people in a medical trajectory volgen, but also for those in

doubt or not wanting medical treatment". In the Netherlands, there exists a "specialised genderdysphoria help & reassignment center for youth...Modernization of Gender Identity (reassignment) Law is in the process of making (internet consultation) International consultation of Experts in regard to modernization of the ICD-listing (WHO)".

4.6.2. Violence

Encouraging persons concerned to *report experienced violence* is an important issue to tackle. Austria "did a campagne "Sichtbar und Selbstbewusst" after a mentally ill person tried to kill a gay man in the Rosa Lila Villa, the LGBTQ center in Vienna, where we invited people to report hate crimes and homophobic incidents. The response was rather large. Many incidents in public streets were reported especially by women, one was hospitalized after being beaten up in a subway station after she had left the center. Violence around the center has been an issue for decades". Also, in Ireland one stakeholder "practice is in reporting and recording any incidents of crime. We use two bullying resources and then plan activities to enable our group 'cope' with these crises". Portugal and Sweden refer to helplines for LBT victims that have been established, as well as Italy that installed "A free national toll number (number 800 90 1010) and contact center (www.unar.it) to receive calls from any persons and to collect cases of discriminations, based also on sexual orientation and gender identity. The cases based on these grounds can be detected through the monitoring of media". Furthermore, in Italy "the National Office against Racial discriminations (UNAR) has started and developed a cooperation with the Observatory for the protection against discriminatory acts (OSCAD - instituted within the Ministry of Interior) with the aim of processing discriminatory cases based also on homophobia and transphobia".

Establishing *trainings and education for police officers* in tackling hate-crimes and handling victims sensitively is a goal pursued by several countries. In Latvia, "Mozaika provides legal assistance for everyone in need [and] is training police officers on how to trace and tackle hate crimes against LGBT persons". Training for police officers is also reported from Portugal and Sweden. In Belgium, there was started "a campaign of the Brussels' police for awareness raising of LGBT victims of hate crime, and of police officers: <http://www.hatecrime.be>", and in Croatia "since 2011 Zagreb Pride works on implementation of a project supported by the European Commission on education of police officers and state attorneys. The curriculum has been made and the agreement has already been made that Zagreb Pride will continue to collaborate with the National Police Academy". Poland reports that "there is no specific hate crime against LBT girls and women in the Polish Criminal Code. Nevertheless the Police is aware of the problem and organize special internal trainings, etc. Recently the Police adopted special questionnaire for newcomers which helps to eliminate people prejudiced against LBTs at the very early stage of recruitment". In Bulgaria, "the 2009 pride went peacefully and had about 300 participants mainly from Bulgaria but also from Great Britain, Macedonia, and Greece. It was the first pride to be supported by foreign embassies and a political party. The third Sofia Gay Pride took place in late June 2010 and drew about 700 participants".

4.6.3. Private and Family Life

Campaigns and actions plans carried out are quoted by some of the participating member states. Estonia "participated in nation-wide campaign promoting diversity ("Diversity Enriches"), which has a focus of LGBT status. The campaign is organised by the Tallinn University of Technology for the second year in a row", Ireland refers to "We are family & Just Love? Visibility campaigns - see link at <http://www.marriageequality.ie/getinformed/justlove/billboards> Missing Pieces Report highlighting 169 legislative differences between civil partnership and marriage - see link at <http://www.marriageequality.ie/getinformed/justlove/missingpieces.html> Short viral film Rory's Story see link at <http://www.marriageequality.ie/getinformed/justlove/rory.html> Voices of Children Report and Conference to highlight lack of rights for children in same sex families

see link at http://www.marriagequality.ie/events/me_events/voc_conference.html". Portugal points to "Conference <'Families' is plural> - <http://conferencia.ilga-portugal.pt>; successful campaigns for same-sex marriage and gender recognition legislation" and the United Kingdom reports, that "in March 2011, the UK Government published Working for Lesbian, Gay, Bisexual and Transgender Equality: Moving Forward, which included commitments to progress lesbian, gay, bisexual and transgender (LGB&T) equality, including for LBT women, in all areas of public policy, including healthcare, hate crime and family life. This detailed action plan can be accessed on the following link: <http://www.homeoffice.gov.uk/publications/equalities/lgbt-equality-publications/lgbt-action-plan?view=Binary>. This document also included a commitment to publish the first ever Government transgender equality action plan by the end of this year. This action plan will include commitments to improve equality for transgender people, including transgender women".

Furthermore, *guides* and *guidelines* are reported to be constituted. Belgium describes for "2009: dubble objective: a guide free of heteronormative information or images - guide on LGBT parenthood" and for "2010: information on the practical and administrative procedures, for e.g. adoption, surrogates, medically assisted reproduction, foster care, inheritance laws, etc. - 'Welebi'-study (Welfare of Lesbian and Bisexual girls) - 2009: research on factors contributing to the reduced welfare of LBT girls". In Italy, "UNAR has established a national working group on equal treatment and non-discrimination of transgender people in the labour market. This working group acts as a consultative body and it is composed by representatives coming from transgender NGOs and associations. The main mandate of the group is drafting a Report focused on the transgenders' access and conditions into the labour market and the elaboration of relevant proposals and guidelines. At this regard, UNAR has concluded an Agreement with the National Office of the Equality Advisor in order to process with cases of transgender discriminations in the labour market".

In some countries, a *revision of legislation* is contributing to an improvement of the situation of LBT persons. Island implemented "one marriage law for all citizens. The act is no. 31/1993 and is beeing translated as we speak. (Is the responsebility of the Ministry of the Interior)". In the Netherlands, there are the "same Parental Rights for lesbian couples as for different sex couples (recent Family Law change)". Norway announces "next year a new antidiscrimination law: with specified rights for lesbian/gay and transgenders. My organisation is a Public athority body, a National Knowledge Centre for LGBT which strive to make all offical services (and much more) including, equal and relevant for LGBT. We do also initiate scientific studies about life condition and more". In Malta, "the Malta Gay Rights Movement drew up a new Gender Identity Act for Malta which was tabled in parliament by opposition MP Evarist Bartolo on the 5th December 2011. It is still to be put on parliament's agenda". Lithuania reports to be working in "seminars/projects to promote legal opportunities and legal treatment".

Raising awareness for LGBT issues and *supporting* persons concerned are further important field in strengthening their rights. Luxembourg implemented "training of juridical personnel (awareness raising of LGBT discrimination)" and "Transgender Luxembourg offers seminars, colloquia, invidual and institutional training about transgender specifiv issues". In Estonia, LBT persons are supported in terms of "court proceedings, media awareness and support, journalist education, politicians education". In Malta, the participating voluntary organisation is to "offer support and try to support the person overcome the major barriers they encounter but in very limited ways. Change needs to happen at a policy level. Unfortunately, the TS persons we meet describe their life in Malta as hell, and it is true that the difficulties they face are enormous". In Portugal, LBT women are referred to "specific NGO's and partners, such as ILGA Portugal and AMPLOS (Parents Association for Sexual Orientation Rights)". In Sweden, there is an "organisation [that] provides education in work places in the public and private sector - the most extensive one is called LGBT certification and provides a screening

of a workplace in order for it to improve and meet certain standars regarding sensitivity to LGBT issues and LGBT patients/clients/customers”.

5. DISCUSSION

5.1. Health

Previous research revealed that lesbian girls and women are disadvantaged compared with heterosexual women in terms of health protection as they are less likely to get preventative measures^(4, 5). Furthermore, they often face the problem that neither structural facilities nor medical staff is prepared to respond to LBT specific needs^(4, 5). The present study shows that the majority of participating countries are still lacking of health care providers or facilities addressing specifically to LBT girls and women and persons concerned are hindered in accessing health-related information addressing to their specific needs. Heteronormative attitudes from health professionals carry the risks of wrong or neglectful treatment^(2, 4), but only a minority of states approve the existence of sensitivity training of medical staff and health care providers in their country. Throughout most of the participating member states, the attitude of medical staff towards lesbian, bisexual and transgender persons is described as in need of improvement. For example, Austria reports that some doctors refuse to answer questions related to same-sex relationships and dismiss being lesbian as a problem. Latvia reports cases of verbal harassment experienced when accessing health care services. In the United Kingdom, LBT girls and women are reported to have problems getting a cervical smear test or being screened for sexually transmitted infections.

Lesbian girls and women appear to have little difficulties in accessing health care providers and health insurance in most of the countries, as long as they do not disclose their sexual orientation. Previous research indicated that negative attitude from medical staff and health care providers often disposes LGBT persons not to disclose their sexual orientation / gender identity when seeking medical support, which may lead to a worse medical care⁽⁴⁾. Though, most of the states quote a high level of confidentiality for LB girls and women in health care in terms of sexual orientation and gender identity. In this context it also has to be mentioned that disclosing oneself might not always be worthwhile for persons concerned. A persons' wish not to reveal this private information is related to a fundamental personal right to privacy that is in need to be respected.

For transgender persons the situation appears to be considerably worse in several countries in the fields of access both to health care providers and health insurance as well as concerning the attitude of professionals towards them. Particularly transgender people often have fear from rejection in health care when being open about their gender identity. For this reason, some of them avoid seeking medical help^(2, 5). A lack of possibility to disclose their status towards health care providers was also found within the present study.

In many countries the access to gender confirming interventions is impaired or impeded by excessive requirements⁽⁴⁾. Transgender persons do not get a reimbursement by their health insurance and have to cover the costs for gender confirming treatment by themselves⁽²⁾. As per the present study, gender confirming treatment appears to be available to transgender persons in most of the participating countries, but not in each country the costs are reimbursed by the health insurance. Furthermore, the administrative and procedural barriers to get gender confirming treatment seem to be rather high in the majority of the countries. For example, Ireland reports that there is only one endocrinologist in the country treating transgender persons, and for surgical interventions persons concerned have to travel to another country. In contrary, Belgium and the Netherlands report about the implementation of transgender contact centres, where persons concerned get information, support and medical treatment.

Some countries also report to offer other support tools to LBT girls and women and sensitivity training programs for medical staff, for example Portugal, Sweden and Austria. With these examples of good practice, they are following the *Recommendation*

CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination in grounds of sexual orientation or gender identity.

5.2. Violence

Within the present study, the majority of countries report a moderate level of assaults and harassment incidents lesbian and bisexual girls and women are exposed to. Nevertheless, it is documented in many cases, that LGBT persons run a high risk of becoming victims of hate crimes⁽¹⁾. Lesbian girls and women are less likely to seek support on a private or institutional level than the other groups do⁽⁵⁾. Data on prevalence are generally rare due to a poor reporting and registering situations in some member states, though others have started with recording these data in official statistics⁽³⁾. In most of the countries, homophobic and transphobic assaults are not registered in their official hate crime statistics⁽¹⁾. Some stakeholders gave examples of homophobic or transphobic incidents in their country, for example Bulgaria referring to its first gay pride parade in Sofia in 2008, where participants were attacked with a petrol bomb, rocks, and bottles of urine by right-wing groups and football hooligans, which had called for a "week of intolerance". The United Kingdom registered an increasing number of transgender related hate crime from 2009 to 2010.

Reporting an experienced homophobic or transphobic crime appears to be still complicated for persons in some countries, but most of the countries only assess moderate or low difficulties and a fairly high or high confidentiality relating to their sexual orientation / gender identity when reporting hate crimes. Though, in some countries the protection of private data is only taken into account on a low level or not proven at all. Underreporting of homophobic and transphobic crime was previously lead back to missing tools for reporting and a lack of sensitivity training for police officers to recognize crime motivated by discrimination on grounds of sexual orientation and gender identity⁽²⁾. In the present study, the majority of countries quote to feature trainings and guidelines in tackling hate crimes sensitively for law enforcement police officers or other legal institutions, but in several countries this issue remains critical. Furthermore, in many states there is perceived a lacking effort that police put into pursuing and solving homophobic and transphobic crime and a low acceptance towards LBT girls and women in general. This finding may contribute to previous reports about scarce possibility for persons concerned to disclose themselves⁽²⁾. This is also a critical point in Luxemburg, where the stakeholder describes the situation as everybody 'knows everybody', leading to a great fear that cases would become public.

Concerning experienced violence, the situation appears to be worse for transgender persons in several countries compared to lesbian and bisexual girls and women, in accordance with previous findings of transgender persons to be more vulnerable in becoming victims of hate crimes than homosexual persons⁽²⁾. Transgender persons also appear to be less protected by the criminal legislation in many countries. For example Sweden reports that their criminal legislation does not cover gender identity. The absence of proper legislation and guidance is found to be a parameter nurturing negative attitudes towards persons concerned⁽³⁾.

Most of the countries report providing support tools for LBT girls and women, such as helpline, personal advice, counselling or assistance for victims to encourage victims and witnesses of hate crime to report these acts, which is a key feature of the Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination in grounds of sexual orientation or gender identity. Another one is the implementation of training programs for law enforcement officers to provide persons concerned with adequate assistance. Latvia, Belgium, Portugal, Sweden, Croatia and Bulgaria give a good example of proactive work on training and education of police officers. Nevertheless it must not be disregarded that there still are a few countries reporting not to offer any support services at all for LBT girls and women.

5.3. Private and Family Life

The present study shows a lack of legislation publicly sanctioning and registering partnerships of LBT girls and women across the member states, meaning that marriage for persons concerned is reported to be authorized in only seven countries. The precarious legal situation for same-sex couples concerning authorisation of marriage in many countries was already described in previous studies that found a higher portion of member states providing a registered partnership, but also countries prohibiting any legal recognition of partnerships⁽³⁾. Since then, the overall picture seems not to have changed much. Generally, LBT girls and women appear to be predominantly disadvantaged in terms of family laws. Different legalised partnership states are related to different legal rights, for example in terms of residence, parenting, property, next-of-kin status etc ^(1, 2, 3). Exclusion from entering a marriage or a registered partnership deprives same-sex couples from rights and benefits that are provided to different-sex couples⁽¹⁾. Iceland gave an example of good practice by implementing “one marriage law for all citizens”, some other countries reported to be currently working on legislation revisions as well.

In terms of social legislation and property regulation laws, the majority of countries quote a predominantly high protection of the rights of LBT girls and women. Discrimination becomes apparent when considering access to public services such as recognition of the partner in school or hospital, adoption rights and parenting and access to fertility treatment and reproductive medicine, which are the fields to be identified as key features of obstacles in private life of LBT girls and women across the majority of participating member states. In many countries, legislative barriers inhibit lesbian girls and women from accessing fertility treatment^(1, 4, 5) and in the majority of the member states adoption is not legalized for same-sex couples ⁽¹⁾. For example, Portugal reports that women are not permitted to adopt a child unless they are married with a man. Campaigns and action plans were mentioned to take place in Portugal and other countries to promote diversity.

Transgender persons still have to struggle with barriers when gaining legal change of the first name and legal recognition of the preferred gender in many participating countries, as well as when getting appropriate documents. The conditions often remain either complicated or vague and not determined by law as many states follow a very medical approach advancing stigmatization of persons concerned^(3,4). Ireland even reports that there is no legal recognition of the preferred gender at all until now, but government is working on a revision of the legislation. The change of name and gender in official documents is sometimes characterized by disproportional burdens, such as surgical interventions relating to sex characteristics and permanent sterilization, being not married or divorced⁽³⁾. Sweden describes the requirements for getting a legal recognition of the preferred gender are being sterile, unmarried, above the age of 18 years and being a Swedish citizen. Though, there are also some countries that appear to facilitate the administrative difficulties for persons concerned. Some countries report about the implementation of facilities supporting the rights of transgender persons and raising awareness for LBT issues. For example, in Luxembourg there is an organisation offering seminars, colloquia, individual and institutional training about transgender-related topics. Measures like this can be evaluated as steps in supporting the *Recommendation CM/Rec(2010)5 of the Committee of Ministers to member states on measures to combat discrimination in grounds of sexual orientation or gender identity* in terms of “...full legal recognition of a person’s reassignment gender in all areas of life, in particular by making possible the change of name and gender in official documents in a quick, transparent and accessible way...”.

5.4. Final Note

Detailed analyses on the focused topics reveal that in many cases the consulted stakeholders show a tendency to differ in their response behaviour depending on the type of organisation they work for. For examples, in the field of health, both the access to health care providers and to LBT specific health-related information are being evaluated significantly different by stakeholders from Public Authorities, National Equality Bodies and Non-Governmental Organisations across the participating member states. NGO's appear to assess the living conditions for LBT girls and women as more alarming in numerous areas of life than Public Authorities or National Equality Bodies do.

6. LIMITATIONS

First, designing a questionnaire to be administered in forty seven countries means keeping at a few basic and elementary aspects of a topic that are appropriate and applicable in different societies with different cultural backgrounds. By this approach, going into details on specific perspectives or regulations of society, culture, and country is not possible. This leads to the fact that only the explained topics can be focused by a questionnaire and other aspects remain neglected. Concurrently, specific cultural and social backgrounds form the framework in which stakeholders make their assessments. Resultant different benchmarks in the member states relate to different standards in health care, legislation, attitudes etc. and make it difficult to compare evaluations across the countries.

Another problem may be the language, as the questionnaire was exclusively distributed in English. It is conceivable that not all stakeholders from the participating countries may have had sufficient commands of the English language or there might have been some comprehension problems that biased the results. A missing translation into further languages respectively into the countries' languages may as well be the reason for twenty countries not to participate at all. A further cause for scarce participation could also be the distribution of the questionnaire via internet and the short timeframe for the data collection, which may have constituted certain barriers for some countries to take part. And of course, the reasons for not participating may also be found in unfavourable information not to be revealed. In fact, due to these fragmentary data, the present study cannot be seen as a representative investigation of the situation in the Council of Europe member states, but rather gives a hint about the situation in the participating countries.

When exploring perceived discrimination against certain social groups such as lesbian, bisexual and transgender persons in this case, it is indispensable to ask the persons concerned for their personal and individual experiences. Nobody can provide information about experienced discrimination better than the aggrieved party. As with the present study LBT girls and women could not be consulted directly, some aspects particularly of personal discrimination could not be tackled at all by the questionnaire, for example perceived disadvantage in getting health benefits, in daily life or experienced homophobic / transphobic violence, not only physically but also psychologically. The results of the present study derive from assessments that persons not-concerned made about experiences of LBT girls and women in their country and are therefore mainly based on questions relating to structural and institutional aspects of discrimination. In this sense, the assessments are of a limited validity regarding the living environments of persons concerned in the different countries.

In this context it should also be kept in mind that lesbian, bisexual and transgender persons do not form homogenous groups and their discrimination experiences in daily life underlie manifold factors. Furthermore, individuals with intersex conditions (Disorders of Sex Development DSD) could not be considered because of diversified manifestations that could not be captured within the present study.

Another aspect restricting the value of the study is the number of stakeholders participating. In several countries, the estimation of the situation is based on only a singular opinion. In just a few other countries, the assessments were composed of up to fourteen opinions with a rather wide variance. Low case numbers per country vitiated separating opinions from public authorities, national equality bodies and non-governmental organisations. In addition, the skills of the stakeholders giving qualified and objective assessments related to different areas of life of LBT girls and women or to specific legislations remain unclear.

Furthermore, data reveal that filling out the questionnaire may not always have been conditioned by a high level of accuracy. In some cases the answer patterns suggest that

there was a tendency to select the first answer to each question (notably with regard to Albania), in other cases contradictory statements were made. These errors in answering do not only bias the results, they are especially critical in the context of the low sample number per country. Where only one stakeholder describes the situation in his or her state with his or her assessment, answering mistakes lead to a false picture of the situation LBT girls and women experience in this country.

In addition, the allocation of the sample consisting of stakeholders from Public Authorities, National Equality Bodies and Non-Governmental Organisations carries the risk of biased assessments. Findings within the present study show significantly differing evaluations depending on the answering type of organisation in several fields. As the partial samples vary from country to country, the composed assessments are based on diversified information sources per country and therefore comparable only in a very limited way. Future research should consult different types of organisations separately for the appraisal of the living conditions LBT girls and women face in their country, which was not feasible within the present study due to very small sample sizes.

In this context, the present study is to be seen as a pilot study tackling some central issues in the fields of health, violence as well as private and family life. On this basis, further research needs to be done by addressing persons concerned directly to reveal the living environments they are embedded in and to detect their experiences of discrimination in manifold contexts in daily life in their country.

7. RECOMMENDATIONS

The results of the present study identify several areas in the fields of health, violence as well as private and family life that appear to be in need of improvement. On this basis, the subsequently deduced recommendations aim at contributing to the promotion of a policy to combat discrimination against LBT girls and women across the Council of Europe member states.

7.1. Health

Equal **access to health care**, health protection and health insurance is to be provided for LBT girls and women, while pathologizing diagnostic classifications and heteronormative structural conditions are to be abolished. **Facilities** specifically addressing to health-related needs of persons concerned are to be established in order to provide **support** and **information** enabling LBT girls and women to obtain the highest attainable standard of health. **Training** of health care professionals and medical staff in acceptance and sensitivity towards LBT girls and women and their specific requirements has to be considered as a key feature in addition to **raising awareness** on general diversity issues. In this sense, avoiding homophobic and transphobic **language** both in verbal interaction and in written documents constitutes another central point of considering the needs of persons concerned.

The **protection** of the private data, especially that relating to sexual orientation and gender identity, is to be reassured targeting the creation of an environment enabling LBT girls and women to disclose themselves when accessing health care without having fear of rejection, harassment or other forms of discrimination. At the same time, persons concerned are to be protected in their right to **privacy** to prevent them from being forced into unconsensual outing.

Transgender persons are to be enabled to **access** gender confirming treatment in their country in terms of surgical, hormonal and other specific benefits. These health care services are to be **reimbursed** by the health insurance without being subjected to disproportional or humiliating administrative and procedural barriers.

7.2. Violence

Specific criminal **legislation** is to be passed that explicitly addresses to hate crimes and other harassment incidents motivated by homophobic or transphobic bias and committed on persons because of their perceived sexual orientation or gender identity.

The **implementation** of these legislations tackling homophobic and transphobic violence is to be enforced, for example by establishing **facilities**, **measures** and **guidelines** specifically protecting and supporting the rights of persons concerned as well as **training** of law enforcement officers or institutions and policies in **registering**, **pursuing** and **resolving** these crimes properly.

The **reporting** of homophobic and transphobic crime is to be facilitated for LBT girls and women, for instance by easing procedural barriers, establishing **places to go** and **contact points** as well as providing contact **addresses** supporting victims. Police and other executive personal is to be **educated** and **trained** in supporting and responding to persons concerned in an accepting and sensitive way to build up a trustful setting that enables LBT victims to confide in them. At the same time, **confidentiality** and the protection of the victim's private data has to be reassured, especially that relating to sexual orientation and gender identity.

Homophobic and transphobic crimes are to be **monitored** systematically and **recorded** properly and further research has to be carried out to obtain a realistic picture of the situation LBT girls and women face in their country in order to improve the identification of the fields in need for action.

Campaigns are to be initiated raising the **public awareness** for the increased vulnerability of LBT girls and women and promoting equality. A public **dialogue** between LGBT groups, the media, political representatives and religious institutions may contribute to enhancing positive and balanced attitudes towards persons concerned as well as **education** on LBT issues and anti-discrimination from an early age on, especially at school.

7.3. Private and Family Life

LBT girls and women are to be enabled to enter a **partnership** publicly sanctioned and registered. **Legislation** is to provide equal rights and benefits to LBT same-sex partners compared to different-sex partners, particularly in the fields of **access to public services, adoption, parenting and family rights**. Furthermore, LBT same-sex partners are to be acknowledged as family members equivalently to different-sex partners in a legalized partnership in order to have equal access to public services, such as next-of-kin status. For that purpose, appropriate laws are to be passed and their implementation has to be promoted and supervised.

Not only family laws have to be revised as sources of potential discrimination against LBT girls and women, but also **social legislation** and **property laws** have to be reworked and disadvantaging regulation abolished.

LBT girls and women have to be enabled to **access fertility treatment** and reproductive medicine equally to persons not concerned, regardless of their sexual orientation or gender identity.

For transgender persons, the **access to legal procedures** for getting name alteration and legal recognition of preferred gender is to be facilitated by establishing adequate, comprehensible and transparent legislative processes. Disproportional barriers in gaining legal recognition of the preferred gender are to be abolished and legislation is to be reviewed continuously in terms of legal preconditions, for example concerning sterilization, genital surgery, not being married or other medical or psychological treatment that is likely to attack the personal dignity of a person. Transgender persons are to be **supported** in gaining information and exercising their rights, also in terms of getting personal data relating to the first name and preferred gender changed or entered in personal documents such as in passport or birth certificate. Establishing **places to go, information centres** or other **facilities** specifically transgender persons can address to may contribute to this goal as well as **training** of executive personal and the provision of **guidelines**.

In general, **campaigns** and **action plans** aiming at bringing forward the visibility of LBT girls and women and enlightening the diversity of manifold LBT identities and issues in a society may contribute to higher levels of public acceptance towards persons concerned. Moreover, raising public awareness for the living environments of LBT girls and women connects them to the society they live in and targets the goal of providing unbiased information about persons concerned.

Affected by two grounds of discrimination, namely sex and sexual orientation or gender identity, LBT girls and women have to face particular difficulties in manifold areas of life and are confronted with an increased vulnerability that is subject to **special care** and **attention**. In this context, the implementation of **task forces** specifically advocating for the rights of LBT girls and women and speaking up for equal treatment in legislation and all areas of daily life may constitute a further important measure to combat discrimination.

Further research is needed, especially by means of consulting LBT girls and women directly to reveal their personal experiences in daily life and their perception of discrimination in different areas of life.

8. REFERENCES

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⁴ European Union Agency for Fundamental Rights (2011). Homophobia, transphobia and discrimination on grounds of sexual orientation and gender identity in the EU Member States. Summary of findings, trends, challenges and promising practices. Vienna.

⁵ Quinn, Sheila (2006). Accessing health: the context and the challenges for LGBT people in Central and Eastern Europe. The European Region of the International Lesbian and Gay Association (ILGA-Europe), Brussels.

APPENDICES

APPENDIX 1

COMMENTS FROM THE COUNTRIES TO THE PRESENTATION OF THE STUDY

In the context of the presentation of the findings during the CDEG meeting on Dec 1st, 2011 in Strasbourg, several countries commented on the limitations of the study such as the composition of the sample and the representativeness of the results in this context. It was also asserted that lesbian, bisexual and transgender persons do not form homogenous groups and in spite of interesting results the present study therefore can only be seen as a pilot study.

The subsequent additional comment from Belgium was sent by mail to the COE after the presentation of the present study during the CDEG meeting on Dec 1st, 2011. The authors of the study were requested to include it into the report.

" **From:** JOLY Carine [<mailto:Carine.JOLY@iefh.belgique.be>]

Sent: Friday 2 December 2011 13:31

To: FARADJI Anne-Marie

Cc: alexandra.adriaenssens@cfwb.be; marian.vandenbossche@dar.vlaanderen.be; HINCHY Paula; JOLY Carine

Subject: commentaires de la Belgique à propos du projet d'étude sur les femmes et filles LBT

Bonjour Anne-Marie,

Voici comme convenu un bref commentaire de la Belgique à propos de l'étude précitée.

Cordialement,

au nom des représentantes de la Belgique au CDEG, Alexandra Adriaenssens, Directrice de la Direction de l'égalité des chances de la Communauté française et Marian Van den Bossche, International Equal Opportunities in Flanders.

Carine Joly,

Institut pour l'égalité des femmes et des hommes

Commentaires de la Belgique à propos du projet d'étude : « Discrimination against Lesbian and Bisexual Women and Girls and Transgender Persons »

Belgium would firstly like to remind the researchers and the CDEG that the LGBT issue is at the heart of its preoccupations and would like to thank the authors for their efforts for realizing a study in this short period of time.

Our main concern, as said during the meeting, is the methodology regarding the survey and the handling of the answers given.

We feel that the answers cannot reflect the Belgian situation considering that they are a mix of responses of NGO's, equality bodies and Public Authorities, whilst other participating countries' situations are only reflected by answers given by PA.

Considering the fact that we found some contradictions in the report, we would like to have a clear view on how the answers were summarized.

Technical commentaries

p. 18 : access to health insurance for transgender persons

Belgium has a high possibility to access health insurance if social security (public insurance) is covered (see answers : reimbursement of health insurance : yes). It seems to be a problem of language (because when we speak of insurance in our country, it's understood as PRIVATE). There could be a differentiation when talking about private insurance in light of duepremiums (situation that not only exists for transgender women, but could also be found when it comes to other target groups with larger health care needs).

p. 29 : level of confidentiality applying to transgender persons

There is no difference in the level of protection of the private data between LB women and T women in Belgium.

p. 30 : level of administrative barriers... in reporting transphobic crimes

There is no difference in the level of administrative barriers in reporting crimes between LB women and T women in Belgium.

p. 33 : conclusion 4.3.2

Regarding the answers, saying that "the living conditions of transgender persons are also assessed to be precarious in Belgium compared to the other countries" seems to be clearly exaggerated and should be nuanced, also considering that on p. 43 the researchers mention that the living conditions of LBT girls and women are considered as comparatively good (in line with Sweden and UK). "

APPENDIX 2

QUESTIONNAIRE

Comparative study on discrimination of LBT girls and women in the Council of Europe member states

Introduction

This questionnaire is the basis for a comparative study on discrimination against lesbian, bisexual and transgender (LBT) girls and women in the Council of Europe member states.

As affected by multiple discrimination on the grounds of sex and sexual orientation / gender identity, LBT girls and women turn out to be particularly vulnerable groups in society. Measures that specifically address the needs of LBT girls and women are therefore required to promote a policy to combat different types of discrimination these groups suffer from in the Council of Europe member states.

The aim of this questionnaire is to focus on the main ground of discrimination against LBT girls and women such as

- Sexual orientation when being lesbian/bisexual:

“Sexual orientation is understood to refer to each person’s capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, individuals of ... the same gender (homosexual, **lesbian**) or more than one gender (**bisexual**).”¹

And

- Gender identity when being transgender:

“Gender identity refers to a person’s deeply felt individual experience of gender, which may or may not correspond with the sex assigned at birth, and includes the personal sense of the body and other expressions of gender... The sex of a person is usually assigned at birth and becomes a social and legal fact from there on. However, some people experience problems identifying with the sex assigned at birth – these persons are referred to as “transgender” persons. Gender identity is not the same as sexual orientation, and transgender persons may identify as heterosexual, bisexual or homosexual.”²

“Transgender persons include persons who have a gender identity which is different from the gender assigned to them at birth and those people who wish to portray their gender identity in a different way from the gender assigned at birth... This includes, among many others, persons who do not identify with the labels “male” or “female”, transsexuals, transvestites and cross-dressers... A transgender woman is a person who was assigned “male” at birth but has a gender identity which is female or within a feminine gender identity spectrum.”¹

¹ Council of Europe Publishing “Discrimination on grounds of sexual orientation and gender identity in Europe”, Strasbourg, 2011, p. 132.

² Council of Europe Publishing “Discrimination on grounds of sexual orientation and gender identity in Europe”, Strasbourg, 2011, p. 129.

There are two parts to the questionnaire.

1. Describing your organisation
2. Providing an assessment of the current situation in terms of discrimination and unequal treatment of LBT girls and women in your country relating to different topics.

In doing so, you will be asked to answer the questions each for lesbian/bisexual girls and women and for transgender persons. Within this context it is noteworthy that these groups are not mutually exclusive: Transgender persons may be lesbian/bisexual as well as vice versa.

You will be asked to answer the questions each for lesbian/bisexual girls and women and for transgender persons.

Within this context it is noteworthy that these groups are not mutually exclusive: Transgender persons may be lesbian/bisexual as well as vice versa.

Filling out the questionnaire will not take you more than max. 20 minutes. Please be advised that the survey has to be completed in one go and cannot be interrupted.

Thank you for participating!

© Hertha Richter-Appelt, Susanne Cerwenka
Department of Sex Research and Forensic Psychiatry
Center for Psychosocial Medicine
University Medical Center Hamburg-Eppendorf
Germany

1. Character of your organisation

1 Please state in which country your organisation is based in:

.

- ☐ Albania
- ☐ Andorra
- ☐ Armenia
- ☐ Austria
- ☐ Azerbaijan
- ☐ Belgium
- ☐ Bosnia and Herzegovina
- ☐ Bulgaria
- ☐ Croatia
- ☐ Cyprus
- ☐ Czech Republic
- ☐ Denmark
- ☐ Estonia
- ☐ Finland
- ☐ France
- ☐ Germany
- ☐ Greece
- ☐ Georgia
- ☐ Hungary
- ☐ Ireland
- ☐ Island
- ☐ Italy
- ☐ Latvia
- ☐ Lichtenstein
- ☐ Lithuania
- ☐ Luxembourg
- ☐ "the former Yugoslav republic of Macedonia
- ☐ Malta
- ☐ Republic of Moldova
- ☐ Monaco
- ☐ Montenegro
- ☐ Netherlands
- ☐ Norway
- ☐ Poland
- ☐ Portugal
- ☐ Romania
- ☐ Russian Federation
- ☐ San Marino
- ☐ Serbia
- ☐ Slovakia
- ☐ Slovenia
- ☐ Spain
- ☐ Sweden
- ☐ Switzerland
- ☐ Turkey
- ☐ Ukraine
- ☐ United Kingdom

2 Please state the type of organisation you work for:

.

- ☐ Public Authority (PA) (except when PA is a National Equality body)
- ☐ National Equality Body (NEB)
- ☐ Non Governmental Organisation (NGO)

3 If NGO: Please state the target group(s) of your organization:

.

- ☐ Lesbian/Bisexual
- ☐ Transgender
- ☐ Other:

4 Please state the areas of interest of your organisation:

.

- ☐ Criminal law (e.g. hate crimes)
- ☐ Family and social issues
- ☐ The Labour market
- ☐ Asylum and Family Reunification
- ☐ Education
- ☐ Health service
- ☐ Religion
- ☐ Sports
- ☐ Media
- ☐ Transgender issues
- ☐ Other:

2. Assessment of the current situation in terms of discrimination and unequal treatment of LBT girls and women in your country

A) General Opinion

Please provide your assessment of the general public opinion towards LGBT people in your country and state the general level of acceptance of ...

1 Lesbian/bisexual girls and women

.

- ☐ No acceptance
- ☐ Low level of acceptance
- ☐ Moderate level of acceptance
- ☐ Fairly high level of acceptance
- ☐ High level of acceptance

2 Transgender persons

.

- ☐ No acceptance
- ☐ Low level of acceptance
- ☐ Moderate level of acceptance
- ☐ Fairly high level of acceptance
- ☐ High level of acceptance

B) Health service

Please provide your assessment of the situation of LBT girls and women with regard to the health service sector.

1. Existence of health care providers or facilities that specifically address the needs of LBT girls and women, e.g. places to go and information centres

	Lesbians/Bisexuals	Transgender
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2. Existence of training for medical staff or health care providers in tackling LGBT issues sensitively

	Lesbians/Bisexuals	Transgender
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

3. Level of confidentiality / protection of the private data of LBT girls and women in health care, especially that relating to sexual orientation / gender identity

	Lesbians/Bisexuals	Transgender
No confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Low level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
High level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

4. Access to health care providers for...

	Lesbians/Bisexuals	Transgender
No possibility	<input type="checkbox"/>	<input type="checkbox"/>
Low level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
High level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

5. Access to health-related information addressing specific needs related to LBT for...

	Lesbians/Bisexuals	Transgender
No possibility	<input type="checkbox"/>	<input type="checkbox"/>
Low level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
High level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

6. Access to health care insurance for...

Lesbians/Bisexuals	Transgender
--------------------	-------------

No possibility	<input type="checkbox"/>	<input type="checkbox"/>
Low level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
High level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

7. General attitude of health service personal / medical staff towards...

	Lesbians/Bisexuals	Transgender
No acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Low level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
High level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

8. General attitude of health care providers to the specific needs of LBT people (e.g. elderly women in retirement homes)

	Lesbians/Bisexuals	Transgender
No acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Low level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
High level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

9. Level of the extent to which LBT girls and women can be open about their sexual orientation / gender identity when accessing health care

	Lesbians/Bisexuals	Transgender
No possibility	<input type="checkbox"/>	<input type="checkbox"/>
Low level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
High level of possibility	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

Health service - relating specifically to transgender persons:

Please provide your assessment of their situation with regard to the health service sector.

10. Availability of gender confirming treatment...

	Transgender
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

11. Reimbursement for gender-confirming treatment by the health care insurance, related to...

a) sex characteristics:	Transgender
-------------------------	-------------

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
b) hormonal treatment:	Transgender
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
c) other treatment:	Transgender
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
If „other“, please state kind of treatment:	

12. Level of administrative and procedural barriers to / difficulties in getting gender confirming treatment

	Transgender
No difficulty	<input type="checkbox"/>
Low level of difficulty	<input type="checkbox"/>
Moderate level of difficulty	<input type="checkbox"/>
Fairly high level of difficulty	<input type="checkbox"/>
High level of difficulty	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

C) Criminal Law and Hate-crimes

Please provide your assessment of the status of LBT girls and women relating to harassment and assaults on the grounds of sexual orientation / gender identity in your country (so-called hate-crimes).

1. Existence of criminal legislation tackling homophobic and transphobic violence in order to protect the specific rights of...

	Lesbians/Bisexuals	Transgender
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2. Existence of facilities or measures specifically protecting the rights of LBT girls and women (e.g. helpline, personal advice, counseling and assistance for victims) for...

	Lesbians/Bisexuals	Transgender
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

3. Existence of training / guidelines for law enforcement police officers or other legal institutions in tackling hate-crimes sensitively against...

	Lesbians/Bisexuals	Transgender
Yes	<input type="checkbox"/>	<input type="checkbox"/>

No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

4. Level of effort that police / institutions put into pursuing and solving homophobic / transphobic crime for...

	Lesbians/Bisexuals	Transgender
No effort	<input type="checkbox"/>	<input type="checkbox"/>
Low level of effort	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of effort	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of effort		
High level of effort		
Don't know		

5. Level of confidentiality / protection of the private data of LBT girls and women in interaction with the police or other administration facilities, especially relating to sexual orientation / gender identity...

	Lesbians/Bisexuals	Transgender
No confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Low level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
High level of confidentiality	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

6. Level of administrative and procedural barriers to / difficulties in addressing or reporting homophobic/transphobic crime for...

	Lesbians/Bisexuals	Transgender
No difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Low level of difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of difficulty	<input type="checkbox"/>	<input type="checkbox"/>
High level of difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

7. Level of assaults and harassment incidents due to sexual orientation / gender identity...

	Lesbians/Bisexuals	Transgender
no assaults and incidents	<input type="checkbox"/>	<input type="checkbox"/>
Low level of assaults and incidents	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of assaults and incidents	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of assaults and incidents	<input type="checkbox"/>	<input type="checkbox"/>
High level of assaults and incidents	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

8. General attitude of law enforcement officers / legislation and police staff towards...

	Lesbians/Bisexuals	Transgender
No acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Low level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>

High level of acceptance	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

D) Private and Family Life

Please provide your assessment of the legal status and social situation of LGBT people in your country and state the degree of legal protection against discrimination/unequal treatment for LBT girls and women regarding private and family issues.

1. Level of protection against discrimination/unequal treatment in terms of social legislation (e.g. equal access to social benefits)

	Lesbians/Bisexuals	Transgender
No protection	<input type="checkbox"/>	<input type="checkbox"/>
Low level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of protection	<input type="checkbox"/>	<input type="checkbox"/>
High level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

2. Level of protection against discrimination/unequal treatment in terms of property regulation laws (e.g. not being allowed to own or buy certain things, inheritance)

	Lesbians/Bisexuals	Transgender
No protection	<input type="checkbox"/>	<input type="checkbox"/>
Low level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of protection	<input type="checkbox"/>	<input type="checkbox"/>
High level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

3. Level of protection against discrimination/unequal treatment in terms of family laws (e.g. certain laws which only apply to heterosexual couples, thus treating same-sex partnerships differently)

	Lesbians/Bisexuals	Transgender
No protection	<input type="checkbox"/>	<input type="checkbox"/>
Low level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Moderate level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Fairly high level of protection	<input type="checkbox"/>	<input type="checkbox"/>
High level of protection	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

4. Existence of legislation for having a partnership publicly sanctioned and registered ...

	Lesbians/Bisexuals	Transgender
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Don't know	<input type="checkbox"/>	<input type="checkbox"/>

5. Access to fertility treatment / reproductive medicine for LBT women...

	Lesbians/Bisexuals	Transgender
Yes	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>

- Don't know ☐ ☐
6. Terms of legalised partnership recognition for...
- a) Same-sex lesbian/bisexual couples
- No recognition ☐
- De facto partnership ☐
- Registered partnership ☐
- Marriage ☐
- Don't know ☐
- b) Same-sex trans couples
- No recognition ☐
- De facto partnership ☐
- Registered partnership ☐
- Marriage ☐
- Don't know ☐
7. Terms of legalised adoption rights / parenting for...
- a) Same-sex lesbian/bisexual couples
- No adoption rights ☐
- Joint adoption ☐
- Second parent adoption ☐
- Other: ☐
- Don't know ☐
- b) Same-sex trans couples
- No adoption rights ☐
- Joint adoption ☐
- Second parent adoption ☐
- Other: ☐
- Don't know ☐
8. Access to public services compared with heterosexual couples (e.g. in relation to the recognition of partner in school or hospital) for...
- a) Same-sex lesbian/bisexual couples
- No possibility ☐
- Low level of possibility ☐
- Moderate level of possibility ☐
- Fairly high level of possibility ☐
- High level of possibility ☐
- Don't know ☐
- b) Same-sex trans couples
- No possibility ☐
- Low level of possibility ☐
- Moderate level of possibility ☐
- Fairly high level of possibility ☐
- High level of possibility ☐
- Don't know ☐

Private and Family Life - relating specifically to transgender persons:

Please provide your assessment of their situation with regard to administrative and procedural barriers.

9. Level of administrative and procedural barriers to / difficulties in...

a) legally changing the first name / gaining recognition of the preferred gender:

	Transgender
No difficulty	<input type="checkbox"/>
Low level of difficulty	<input type="checkbox"/>
Moderate level of difficulty	<input type="checkbox"/>
Fairly high level of difficulty	<input type="checkbox"/>
High level of difficulty	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

b) getting legal gender and name entered into or changed in a passport or birth certificate

No difficulty	<input type="checkbox"/>
Low level of difficulty	<input type="checkbox"/>
Moderate level of difficulty	<input type="checkbox"/>
Fairly high level of difficulty	<input type="checkbox"/>
High level of difficulty	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

E) Examples and further comments

If you have any examples to demonstrate discrimination of LBT girls and women in your country in the fields of health service, hate-crime or private and family life, please state them below. Also, examples of good practice within/by your organisation (e.g. anti-discrimination initiatives including sexual orientation/gender identity) will be appreciated. Closing, you can give us your comments on this survey.

1. Examples for discrimination of LBT girls and women in the fields of health service, hate-crime or private and family life
2. Examples of good practice within/by your organisation (primary in the fields of health service, hate-crime or private and family life)
3. Further comments on the survey

Thank you for your contribution to the survey.