



Intersex Status in Greece, Hungary, Bulgaria and the UK: The Needs of Social and Health Care Professionals

BRING-IN – Training Needs Assessment Report

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1 Foreword

This report includes the main findings of the field research - namely, focus groups and personal interviews - conducted in Bulgaria, Hungary, Greece and the UK, focusing on the identified knowledge gaps, training needs as well as recommendations of social care/services and health professionals on intersex-related issues.

Initially, focus groups for both professionals' groups were planned. As has been already indicated in the social survey literature (Babbie, 2017; Bryman, 2016) this method presents a number of constraints, one of which is the difficulty/challenge in reaching the desired number of participants and/or ensuring their participation (despite the fact that some may have agreed to take part, they finally do not show up). In some cases, people may hesitate to be part of such research methods, as they may feel uncomfortable to express opinions, feelings, thoughts and/or share their experiences with a group of people, most or all of whom may be totally unknown to them. In the case of health professionals, despite the efforts of all project's partners, focus groups had to be replaced with personal interviews, while keeping the same topics/questions to be covered with necessary adaptations. Moreover, due to the COVID-19 pandemic protective measures, research activities with both target groups had to be conducted online in all four participating countries.

We would like to thank all focus groups' participants and interviewees in Bulgaria, Hungary, Greece and the UK, who shared their thoughts and experiences with Bring-In project's partners, thus allowing them to proceed to the next major step of the project that is the design and delivery of training activities focused on their needs.

Thanasis Theofilopoulos

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December 2020

2 Part A: Focus groups (and/or interviews) with social services/care professionals – Thanasis Theofilopoulos

2.1 Professional and educational background of participants

In total, 17 social care/services professionals have taken part in focus groups in Greece (5), Bulgaria (5), Hungary (4) and the UK (3). The majority of participants – ten out of seventeen - have a psychology, psychotherapy and/or mental health counselling educational background. In the case of Greece, all five participants work in their own private offices – as psychologists, psychotherapists or mental health counsellors - while in Bulgaria all five participants work in NGOs, as social services providers (psychosocial – psychological support). On the other hand, participants from the UK work in government authorities (2) or public health service (1) and most participants in Hungary - three out of four - work in public bodies and institutions as well.

2.2 Knowledge gaps identified

Most of the participants were unable to provide clear definitions of terms “intersex” and/or “sex characteristics”. In few cases, participants reproduced negative stereotypes and prejudices against intersex people.

While participants in Greece were quite aware of both terms, participants in the UK - despite the fact that they were aware of Intersex Variation of Sex Characteristics (IVSC) as a concept – stated that the terminology related to IVSC was quite new to them. In Hungary, only one – out of four - participant could provide a satisfying enough definition of the term “intersex”, explaining that intersex *“are people who are born with sex characteristics that cannot be labeled as belonging to either of the sexes in a biological sense, regarding chromosomes or sex organs. They are in between the two sexes”*. Another participant in the same country asked whether intersex people are included in the LGBTQI+ spectrum.

In Bulgaria, most of the participants tried to explain the term “intersex” by referring to the presence of sexual traits of the two sexes or as an *“undefined gender”*. Moreover, three out of the five respondents were able to provide a quite correct definition of sex characteristics. But at the same time, two participants referred to the term intersex as a type of deficiency and just one participant provided a human rights perspective by pointing the fact that intersex people *“have no right of choice what to be”*. In this context, participants from the

UK admitted that they were unaware of the appropriate language/terminology when referring to intersex people, while underlying the importance of using appropriate language and acknowledging the potential harm made by the use of an abusive one. As a participant from the UK stated:

I really feel like I've got no words at all so again apologies if I'm being incredibly clumsy ... I really feel incredibly uneducated and potentially could say something that could be taken in a discriminatory way which would not be my intention but with lack of education, lack of training you can fall into the trap.

Participants were also asked to provide a definition of discrimination on the grounds of sex characteristics – including examples – and identify the possible differences between hate speech, hate crime and discrimination. Again, most participants could not provide a clear definition and/or examples while some of them – in Greece and Bulgaria - also argued that discrimination, hate speech and hate crime are parts of the same continuum.

In Greece none of the participants could give a clear definition of discrimination on the grounds of sex characteristics and tried to explain by using examples: during pregnancy (suggest abortion of an embryo identified as intersex), after birth (registered only as male or female), school years (bullying from other kids), employment sector. In Bulgaria, participants focused on the term “discrimination” and explained it as “rejection”, “lack of acceptance”, “intolerance” or “prejudices”. All Greek participants argued that discrimination is the first part of a continuum that leads to hate speech and hate crime – where the latter are considered more “serious” incidents while discrimination incidents are of less importance. On the other hand, participants from Bulgaria expressed different opinions: for example, some of them argued that the difference between discrimination, hate speech and hate crime is not very substantial, while others referred to different level of seriousness – as participants in Greece did – estimating that a hate crime is the most serious incident/phenomenon. Finally, some referred to discrimination as a cause of hate speech, while others did not.

In Hungary, all participants expressed vague ideas about discrimination, but they argued that binary sex categories and gender roles define the way many people think in the country and that not conforming to gender/sex norms is regarded as sickness by many. Participants in Hungary could hardly list concrete examples or areas of discrimination. They assumed that there might be discrimination in health care, but the only other field they could think of was education, and then they were not sure if there's discrimination of intersex people / youth in educational institutions.

When asked about the relevant national legal framework on discrimination and patients' rights from the sex characteristics perspective, the vast majority of participants from all four countries were unaware of the relevant legal provisions and/or just made assumptions.

In Greece and the UK, all participants were not sure or did not know at all whether sex characteristics were protected under the law against discrimination or not. In Bulgaria, participants had different opinions regarding the effectiveness of the existing national legal framework on discrimination on the grounds of sex characteristics. In Hungary, all participants were thinking that the existing legal provisions prohibiting discrimination do not cover intersex people.

When it comes to patients' rights from the sex characteristics / body integrity perspective, all participants from Greece and the UK and the majority from Bulgaria were unaware of the relevant legal framework.

2.3 Status and support of intersex people in the country

The vast majority of social care/services professionals who took part in the project's focus groups had never provided support services to an intersex person and/or a close family member of an intersex person (for issues related to the intersex status of their family member) during their career. In the case of Greece, Hungary and the UK, none of the persons interviewed had such an experience. However, interviewees in the UK pointed out that they might have provided support services to intersex people, but intersex people might not have wanted to disclose their intersex status or were not aware that they were intersex.

When asked what happens when a baby born in the country, is identified as intersex – if there are any standard procedures/protocols/guidelines and if yes who follows/implements them – almost none of the participants in Greece, the UK, Hungary and the Bulgaria could provide any specific information and some made only assumptions.

For example, in Greece, some participants were thinking that an intersex baby may undergo surgeries and hormonal treatment in order to be "normalized", while another participant argued that if the baby is identified as intersex during the pregnancy, doctors may suggest the termination of the pregnancy. In Hungary, participants assumed there were no relevant specific protocols and procedures in the health system. One participant assumed that doctors wanted to take action as soon as possible, thus putting pressure on parents and trying to influence them to make quick (and thus often inappropriate) decisions.

Similarly, in Bulgaria, a participant assumed that parents of intersex new born children are advised to provide their consent for medical procedures which will lead to the “*definition of sex*” of the child. The same participant believed that this practice – when it actually occurs – is the right one. On the other hand, another participant believed that intersex children are deprived of the right to decide on their own “*what will happen to them*”. A third participant focused on practical issues, assuming that there will be obstacles regarding sex registration and later registration at a kindergarten. In general, four out of five participants in Bulgaria could not provide any information whether specific protocols and/or guidelines are available and/or implemented, while one participant assumed that there is none.

Finally, participants were asked where would they refer an intersex person who needed/asked for support services (e.g., psychosocial support, medical support etc.) and/or to report an incident of discrimination on the grounds of sex characteristics and what are the services provided and procedures followed in each situation.

Regarding support services, about half of the total number of participants – two in Greece and three in Bulgaria – mentioned LGBTI organizations and/or activists, while in the UK participants generally responded that they would refer intersex people accordingly. In most cases, no detailed information was provided about the available services and the relevant procedures followed.

In Greece, participants could not name any public or private organizations/institutions/bodies in Greece specialized in intersex issues. And that is not far from the truth since there is only one intersex focused organization in the country. One participant referred to an LGBTI organization; another participant mentioned mental health professionals who are trained on LGBTI-related issues while another named an activist of the human rights of intersex people. Participants in the UK said that they are unaware of any protocol or referral pathways specifically for intersex people, though they would refer them to existing specialisms depending on the problem they presented with (e.g., psychotherapy for those presenting with anxiety and depression symptoms). In Bulgaria, two participants said that they would refer intersex peoples seeking for support services to public general practitioners, municipal services or “Social Support” directorates at the Agency for Social Protection, while the rest three participants named LGBTI organizations.

Regarding reporting services, the respective answers of Greek respondents varied, while four out of five participants in Bulgaria focused on public bodies. In general, most responses included public bodies and services.

For example, in Greece while one participant wrongly referred to the Police Service for combating hate crime, another one named a human rights NGO. Others said that they would refer the intersex person accordingly: if the incident occurred in a working environment, they would refer the person to the Labour Inspectorate. Quite surprisingly, none of them referred to the Greek Ombudsman which is the national authority that is responsible for receiving and investigating official reports/complaints about discrimination incidents, including discrimination on the grounds of sex characteristics. Moreover, participants did not provide detailed information regarding the procedures that are followed. In Bulgaria, four out of five participants named workers the Commission for Protection against Discrimination, the Court and/or the Police. But two among these participants could not provide any information regarding the procedure. The fifth participant said that they would refer intersex people to lawyers of the organisation where they work for charge free legal counselling that is actually a support service and not a reporting service.

2.4 Training background

None of the participants had ever had a course or training on intersex-related issues / status during his/her studies.

The majority of participants – twelve out of seventeen – had never had a course or training on LGBTI and/or human rights-related issues during their studies. The rest of them did have some course or training mainly on human rights.

Similarly, just one out of the seventeen participants had had a training on intersex related issues during his/her career. This participant came from Bulgaria.

On the contrary, the majority of participants – nine out of seventeen – have had training on Human Rights in general or LGBTI rights/issues in particular, during their careers. In the case of Greece and Bulgaria, it was the majority of participants that did have such training during their careers, while in the UK none of the three-social care/services professionals ever had such training during their careers. Finally, half of Hungarian participants had had at least one training on LGBTI issues during their careers.

2.5 Training needs

One positive aspect of the training assessment results is the fact that only one out of the thirteen participants said that he/she was not interested to take part in a training activity focus on intersex-related issues, explaining that there would be no link between such training and his/her current work position.

Most usually desirable training topics identified were:

- Available support services for intersex people and/or referral of intersex people to these services as well as creation of a network of supporting organizations (7 participants – four in Greece and three in the UK)
- The relevant national legal framework on discrimination, informed consent etc. (4 participants – three from Greece and one from Bulgaria)
- Psychological support of intersex people – guidelines (4 participants – all in Greece)
- Basic terminology and definitions (3 participants – all in the UK)
- The status of intersex people in terms of statistics, social/demographic profile, discrimination incidents, hate crime, perceptions towards them etc. (3 participants – one from Greece, one from Bulgaria and one from Hungary).
- Psychological – psychosocial aspects of being intersex e.g., the psychological consequences of hate crime and hate speech on intersex people, what it is like for people belonging to different age groups to realize that they are intersex, family relations, coming out and acceptance (three participants – one in Bulgaria and two from Hungary)

Moreover, a participant from Greece suggested the inclusion of a topic (in the training curriculum) regarding medical issues related to intersex people, another participant from the same country suggested the participation of intersex people sharing their personal stories, a participant from the UK suggested a topic regarding support for professionals who provide services to intersex people. Moreover, a participant from Bulgaria said they would like to know everything regarding intersex people that they do not already know and another one from the same country simply said that they would take part in such training activity in order to have a broader knowledge of human rights, including the rights of intersex people. Another participant in Hungary suggested the organization of training activities on LGBTI-related issues in general.

3 Part B: Interviews with health services/care professionals – Thanasis Theofilopoulos

3.1 Professional and educational background and profile of interviewees

In total, 16 health care/services professionals have been interviewed in Bulgaria (5), Hungary (3), the UK (3) and Greece (5). Four out of 16 interviewees were endocrinologists (1 in Greece, 1 in Bulgaria and 2 in Hungary), three were psychiatrists (1 in Greece and 2 in the UK), while the rest of them were specialized in other fields namely, Oncology, Urology, Surgery, General Medicine, Gynecology etc. In general, the vast majority of participants were doctors – fifteen out of thirteen participants – and only one was a nurse (an interviewee from Greece), who took part in the research. Finally, all health professionals from Bulgaria, Hungary and the UK – in total eleven interviewees – work in public hospitals / public health services, while most professionals from Greece work in the private health sector.

3.2 Knowledge gaps identified

Most health professionals interviewed – especially in Greece, Hungary and the UK – seemed to have – at least – basic understanding of the meaning of terms “intersex” and “sex characteristics”, even though they do not use these terms when referring to intersex people. The usage of obsolete and abusive terminology, lack of in-depth knowledge and/or false perceptions could be traced among participants, even those who had a better knowledge and understanding from the rest ones.

In Hungary, while all Interviewees knew the medical terminology, only one of them seemed to have knowledge of human rights perspective namely the respect towards the bodily integrity and autonomy of intersex people and their fundamentals rights to self-determination and self-identification. One of them (an elderly, retired doctor and university professor) did not hesitate to declare that “Transsexuality” and “homosexuality” are “aberrations” and that intersex people are sick people whose bodies need to be reshaped and turned into healthy heterosexual bodies. In the UK, most professionals initially believed that the project was about transgender people while all of them stated that the relevant terminology was very alien to them as medical professionals who are used to describing ISVC as “disorders”. In Bulgaria, one participant associated the word “intersex” with “something connected with the sexual orientation”; another mentioned the word “hermaphroditism” as a valid medical term; and another one believed that all individuals are born with only

feminine or only masculine sexual traits. Moreover, some interviewees in Bulgaria explained the term “sexual characteristics” as – only physical – “sexual traits”. One of them also wrongly suggested that there are only external sexual traits – “this what we see”. The reasons behind such misinformation, mis-knowledge and negative perceptions, may be found back in higher education. As a participant from Greece admitted, during his/her studies in Medicine, the term “hermaphrodite” was used to describe intersex people.

The majority of interviewees in Greece and the UK could not provide a clear definition of discrimination on the grounds of sex characteristics. In Bulgaria, while all interviewees explained the term *“discrimination based on sexual characteristics” as an unfavorable attitude towards a person, because of his/her/their sexual characteristics, two of them wrongly associated “discrimination based on sexual characteristics” with the term “sexism”*.

Furthermore, only some of the total number of interviewees could argue regarding the possible links and differences between discrimination, hate crime and hate speech. For example, two interviewees in Greece suggested that discrimination is the source of hate crime and hate speech, while an interviewee in the UK argued that hate speech is expressed verbally and discrimination is expressed behaviorally. In Bulgaria, some interviewees suggested that discrimination, hate crime and hate speech are linked to each other and are parts of a scale. Their cause, consequences, form of expression (latent or explicit) character (passive and active) may vary.

All participants in Greece, the UK and Bulgaria were unaware or not sure whether sex characteristics were protected in the national legal framework on discrimination. The same goes for the vast majority of participants when asked if there is a reference and/or provision for intersex people in patients’ right framework. On the other hand, participants in Hungary seemed to be familiar with the relevant legal framework.

An interviewee in Greece stated that they are obliged to seek for the patient’s consent for any procedure on their body but, on the other hand, they were not sure whether there is a specific relevant legal provision for intersex people (e.g., their body integrity). Another interviewee in Greece stated that a reference or provision in relation to the integrity of the body, *“certainly exists”* in the national legal framework, but he/she couldn’t provide any details. Similarly, an interviewee from the same country, said that such provision exists but did not know whether it applies on intersex people or not. None of the interviewees in the UK could give an answer regarding patient’s rights in relation to intersex status. In Bulgaria, two interviewees expressed doubts that the rights of intersex people (as patients) are protected; another one stated that he/she does know

any relevant, specific legal documents; one recalled a law protecting patients' rights but could not explain if it is appropriately enforced; and one shared that could not be sure about intersex patients. Regarding an explicit reference or provision to body integrity in general and/or to intersex people in particular, four out of five interviewees in the country were sure that such does not exist in Bulgaria – the other suggested that it does not exist without being sure.

Most health professionals interviewed – three in Greece, two in the UK and all five interviewees in Bulgaria – had never had provided their services to intersex people and/or close family members of them (in relation to the intersex status of their family member). In Greece, one interviewee referred to numerous cases that involved treatment of intersex person regarding the reproductive system and/or sex hormones. The description of the personal professional experience of another interviewee in Greece, reveals the lack of professional knowledge and guidance accompanied by feelings of embarrassment of some health professionals towards intersex people and their needs:

"When I – incidentally – came in contact [with an intersex person] in the hospital, I remember that I did not even understand, but I remember the reaction of both the director and the curator A' [of the Medical Clinic of the Hospital] then, who started shouting, screaming in surprise and hid... and left me at that time to manage the incident. As you can understand, he was a person who had been given a female name, but his characteristics because he was an adult were more masculine... and the name was inconsistent with the image... so I was quite embarrassed and surprised at the time... I tried to stay calm, because I was mainly disturbed by the reactions of those around me... so I started talking to HIM and ... yes, I started to understand what exactly is happening, he explained to me and I tried to treat him like all the other patients... (...) He asked me to use male pronouns when addressing him".

The same interviewee highlighted the fact that they treated that intersex person without having any related guidelines or protocols targeting intersex people to follow. In the case of the UK, a professional interviewed reported that they had provided treatment to intersex patients before, though he/she clarified this was not because of their intersex variations but due to a mental health problem which the patient did not perceive as connected with their intersex status. When questioned further, the interviewee did state that they believed that the mental health problem was closely related to the patient's variations in sex characteristics and that the medical team helped the patient realize it and, thus, mental health was improved. In Bulgaria, while all interviewees did not have such professional experience, four out of five provided some insights into what could be the usual practices in similar cases in the country. One of them focused on the point of view of



the parents who would wonder *“if this is normal”*; another one focused on the need for the formulation of a group of professionals of different medical specialization to support both intersex people and their families; a third one did not put in question the practice to “correct” the child’s sex and discussed how the decision is made based on which sexual traits are predominant; and a fourth one focused on ethical aspects, arguing that intersex persons in fact are deprived of the right to make decisions on their own and they are being “corrected” as very young children according to the decisions of parents and doctors.

When asked what happens when a baby born in the country is identified as intersex – if there are any standard procedures/protocols/guidelines and if yes who follows/implements them – little less than half of the participants – 3 in Bulgaria and all 3 in the UK – could not provide any information.

In Bulgaria, two out of five interviewees clearly claimed that the aforementioned procedures, protocols and guidelines do not exist in the country, while the remaining three were unaware of the issue or not sure about it. In the UK, none of the interviewees was aware of any clinical protocol or pathways specifically designed for caring for intersex people. It’s worth mentioning that the harms associated with surgeries performed on intersex infants and children were not mentioned by any of our healthcare professionals in the country: in fact, one of them questioned whether IVSC people were able to access surgery at an early age in order to help them.

In Hungary, an interviewee referred to the change of the relevant medical procedure. In the early 2000s, future doctors were taught that a decision had to be made when a baby is identified as intersex, meaning that medical procedures should be performed. But during the last couple of years, the common practice involves a team of doctors deciding what should be done and their decision must be unanimous. As the same interviewee added *“For the last 5 years, the practice has been to leave the children alone, that is the best way”*. Another interviewee from the same country pointed out that medical operations should be performed only on adult intersex people.

In Greece, all interviewees – to a bigger or a lesser degree – could provide some information. One interviewee said that there are guidelines, especially for the most common syndromes, while for the rare ones they do not exist – in the latter cases, what plays an important role is the prevalence of relevant experience and the availability of specialized medical centers. The same interviewee assumed that there should be a specialized team of doctors – a pediatric endocrinologist, surgeon and psychologist – at the Children's Hospital who will support the family. Another interviewee said that when an intersex child is born *“they [the health professionals] will try to impose the preservation of one of the two sexes, based on what is*

obviously more powerful, based mainly on the genitals. That is, they will try to eliminate the other option, without ever asking the person". He/she added that such practices are performed by medical staff after putting pressure to the parents to give their consent.

An interviewee in Greece also said that the doctors – in collaboration with the parents – decide what procedures – such as surgeries – they are going to perform. He/she added that parents, due to their lack of knowledge and awareness and since they are afraid for the child's life, stick to what the doctor tells them. A fifth interviewee referred to a case – about which he has personal knowledge and experience – of an infant who had "both genitals". According to the interviewee, a doctor insisted on performing a surgery removing the male genitals. The parents were in a panic and a lot of tension and asked for time to think about it, but the doctor put a lot of pressure on them, as the baby "had to be registered".

Finally, as in the case of focus groups with social care/services professionals, interviewees were asked where would they refer an intersex person who needed/asked for support services (e.g., psychosocial support, medical support etc.) and/or to report an incident of discrimination on the grounds of sex characteristics and what are the services provided and procedures followed in each situation.

Regarding support services, the majority of interviewees – four out of five interviewees both in Greece and Bulgaria – proposed LGBTI organizations. In the UK, none of the three interviewees could name a body or organization.

Another common answer in Greece was psychologists – it was mentioned by three out of five interviewees. In the UK, interviewees were unaware of any charities or support groups working on intersex-related issues, though they all state that they were sure some did exist. The fact that medical professionals were unaware of the support available from any of the variation specific support groups (e.g., AISSG, Klinefelter's Syndrome Association) or other groups such as DSD families, reveals the limited knowledge among medical professionals of the work being done by these groups, and the lack of collaboration between the two groups. In Bulgaria, four of the five interviewees answered that only LGBTI NGOs could provide appropriate support to intersex people. On the other hand, they did not name any specific organization – half of them named Bilitis which contacted them for the Bring-in project's survey. The fifth one just referred to private hospitals, assuming that intersex people who will seek for medical services there will be treated better compared to public hospitals.

Regarding reporting of discrimination incidents, in general, participant's responses varied and, in some cases, revealed the lack of the relevant knowledge.

The most common answer in Greece – given by two participants – was generally lawyers which is not a reporting service but a non-free support service. Another interviewee wrongly referred to the Police Service for Combatting Hate Crime, while another one said that there should be an anti-discrimination body – which actually exists - but couldn't give any information. In Bulgaria most common answers included the Commission for Protection against Discrimination (CPD) – given by two interviewees – and NGOs that provide legal services – namely Bulgarian Helsinki Committee (BHC), Bilitis foundation and one Youth Organisation Deystvie – again mentioned by two participants. As in the case of some Greek interviewees, some Bulgarian interviewees seemed to confuse support services (e.g. legal services) with official or unofficial (e.g. to a NGO that collects reports) reporting procedures of discrimination incidents. No information regarding the procedures followed were given by either the interviewees in Greece or Bulgaria.

3.3 Training background

The majority of the health professionals interviewed – nine out of sixteen – had never had any relevant course or training on intersex people / status during their studies.

In Hungary, all three interviewees had a – medical focused – training on intersex status. One interviewee in the UK said that he/she had a course on endocrinology – underlying biology behind differences in sexual development, while an interviewee in Bulgaria, one professional said that such issues were just mentioned among other topics during his/her studies and not as a separate topic. Another interviewee from Greece said that when he/she had a course on Pediatrics, there were references about medical procedures performed when a person is identified as intersex but, as he/she added "*We did not go deeper in terms of the psychosocial impact they [the procedures] have on the individual*".

Similarly, the vast majority of the health professionals interviewed – fifteen out of sixteen – had never had any course or training on Human Rights and/or on LGBTI rights/issues during their studies. The only interviewee that did have such training was an interviewee from Greece who said that, during his/her postgraduate studies, he/she had a course that dealt extensively with human rights and vulnerable populations including "*LGBT+ immigrants*".

The vast majority of health professionals interviewed – fifteen out of sixteen – had never had a training on intersex status – issues during their professional career. One interviewee from Hungary referred to presentations (on relevant topics) he/she attended during a conference.

Finally, all health professionals in Bulgaria, Hungary and the UK had never had any training on Human Rights and/or on LGBTI rights/issues during their careers. The only interviewees who answered that they have been trained on LGBTI-related issues during their career were all from Greece: one is a medical doctor who stated that he/she has attended Endocrinology conferences covering medical treatment of trans people, while in Germany he/she has taken part in seminars focused on "Gender Differentiation Disorders". The other one was again a medical doctor who has participated in a training event on gender identity issues. Finally, two respondents – again from Greece – added that they have conducted a personal research and study on LGBTI issues.

3.4 Training needs

Almost all health professionals – 14 out of 16 – interviewed expressed their will to take part in a training on intersex-related issues. Most usually desirable training topics identified were:

- The legal framework on discrimination, informed consent etc. (7 interviewees – two from Greece, two from Bulgaria and all three from Hungary)
- intersex status from a medical, biological, anatomical perspective – characteristics and/or variations (5 interviewees – two from Greece, two from the UK, one from Bulgaria)
- basic terms and definitions (4 interviewees – three from the UK and one from Bulgaria)
- needs (medical social etc.) of intersex people (3 interviewees – one from Bulgaria and two from Hungary).
- intersex status from a psychosocial perspective – social context, effects on family etc. (4 interviewees – one from Greece, one from the UK and two from Hungary)
- medical treatment of intersex people e.g., medical operations, side effects (2 interviewees – one from Greece and one from Hungary),
- personal stories and experiences from intersex people (2 interviewees – one from Greece and one from Bulgaria).

Other recommended topics or activities including referral of intersex people to relevant supporting organizations, institutions etc. (1 interviewee from Greece), medical and psychological protocol and guidelines



targeting intersex people (1 interviewee from Greece), good practices in supporting intersex people (1 interviewee from Greece), legal/human rights claiming of intersex people (1 interviewee from Greece), procedures followed in other countries when treating an intersex person (1 interviewee from Greece),

Furthermore, an interviewee from Bulgaria suggested the participation of intersex people as trainers, another interviewee from the same country suggested the organization of an initial/basic training – perhaps, meaning covering the major topics – while an interviewee – again from Bulgaria – asked for a full training activity, perhaps referring to his/her will for a deeper knowledge and understanding. Finally, another interviewee from Bulgaria said that he/she would be interested only if the training activity was a multi-disciplinary one, covering different fields – namely health, legal and educational aspects – and every member to provide information. Separate courses could also be made.

4 Part C: Online surveys – Dr Andromachi Bouna

4.1 Social/demographic data

4.1.1 GENERAL RESULTS PER COUNTRY

Greece

In Greece, 73 people took part in the research - 23% of them were between 20-29 years old, 33% were 30-39 years old, 27% were between 40-49 years, 11% were 50-59 years and 4 persons stated that they are over 60 years old. As for the gender identity of the participants, the majority of them - 80% - were women, while 13 persons were men and one person was non-binary person and another one did not provide that information. Regarding the participants' sexual orientation, 85% of them were straight, while four persons were gay / lesbian and five were bisexual. Only three participants self-identified as transgender and another one as intersex. Most professionals - 70% of the sample – were working in the field of social services / social care – especially, sixteen people were psychologists, six were social workers, seven were sociologists etc. most of whom work in Public social services – while the rest 30% of the participants were health professionals and, in particular, nurses and psychiatrists working in public hospitals. The majority of the total number of participants - 68% - did not provide services or support to intersex people while seventeen people in the sample stated that during their professional careers they have supported "a few" intersex people.

Bulgaria

In Bulgaria 28 people took part in the research - 47% of them were 20-29 years old, 32% were 30-39, 14% were 40-49 and 7% were 50-59. Regarding the gender identity of the participants, the majority of them - 89% - were women, while two persons 2 were men and one was non-binary. Regarding the participants' sexual orientation, 70% of them were straight, five were gay / lesbian, three were bisexual and one was pansexual. None of the participants self-identified either transgender or intersex. As for the professional status of the participants, 75% were working in the field of social services / social care - specifically one person was a psychologist, seventeen were social workers, one was sociologist etc. most of whom work in public social

services – while the rest 25% of the participants were health professionals - in particular nurses and psychiatrists, working in public hospitals. The vast majority of the total number of the participants - 93% - have provided services or support to "some" intersex individuals.

Hungary

In Hungary 33 people took part in the research - 6% of them were 20-29 years old, 27% were 30-39, 21% were 40-49 years, 30% were 50-59 years and 12% were 60+. Regarding the gender identity of the participants, the majority of latter - 79% - were women, 4 persons were men and three were non-binary. Regarding the participants' sexual identification, 70% were straight, five were gay / lesbian, four were bisexual and one was pansexual. Only one participant self-identified as transgender while none of the participants was intersex. Regarding the participants' professional status, 70% of them were working in the field of social services / social care - specifically sixteen participants were psychologists, one participant was a social worker, one was a sociologist etc. most of whom work in NGOs – while the rest 30% of the participants were health professionals - in particular doctors working in public hospitals. The majority of the total number of the participants - 55% - have provided services or support to "some" intersex individuals while the rest of them stated that they had never provided support services to any intersex persons.

United Kingdom

In the UK 69 people took part in the research. Regarding the age of the participants, 10% of them were 20-20 years old, 38% were 30-39, 19% were 40-49, 17% were 50-59 and 16% were 60+. Regarding the participants' gender identity, the majority of them - 80% - were women, 19% were men and one person was non-binary. Regarding their sexual orientation of the sample, 91% identified themselves as straight, three as gay / lesbian, one as bisexual and three did not want to answer. Only two participants self-identified as transgender while another two self-identified as intersex.

Regarding the professional status of the participants, the majority of them - 72% - were working in the field of social services / social care – specifically, eight participants were social workers etc. most of whom work in public social services – while the rest 28% of the participants were health professionals - in particular nurses and pediatricians working in public hospitals. Almost one out of two participants – 46% - had never provided support services to intersex people during their careers, while 25% of them replied that they had provided

support services to "some" intersex individuals. Furthermore, twelve participants stated that they had provided support services to just one intersex individual while eight participants said that they had provided their services to "enough" intersex people.

4.1.2 CORRELATION BETWEEN "SOCIAL DEMOGRAPHIC DATA" SECTION'S RESULTS AND EACH PARTICULAR PROFESSIONAL GROUP

Greece

The majority of the professionals of the social services sector (58%) belonged to the 30-39 age group—the same goes for the health professionals who took part in the research. The majority (80%) of social services professionals were women, and 90% of health professionals were women respectively. In terms of sexual orientation, the largest percentage of the sample of both groups of professionals identified themselves as heterosexual and cisgender. One social services / social care professional self-identified as transgender man/woman. More social service professionals than health professionals came in contact with "some" intersex people, while more health professionals than social care professionals said that they had never provided support services to an intersex person.

Bulgaria

The majority of the professionals of the social services sector (89%) belonged to the 30-39 years age group – the same goes for the health professionals who took part in the research. 76% of the sample reported as professionals in the social services sector are women, and 75% of health professionals are women respectively. In terms of sexual orientation, the largest percentage of the sample of both groups of professionals identified themselves as heterosexual and cisgender. More social service professionals than health professionals came in contact with "some" intersex people.

Hungary

Almost one out of two social services professionals (40%) belonged to the age group of 50-59 years while most health professionals belonged in the 30-39 age group. 77% of the total number of social service professionals were women – similarly, 66% of health professionals were women too. In terms of sexual orientation, the largest percentage of the sample of both groups of professionals identified themselves as

heterosexual and cisgender and one health professional identified himself as intersex. More social service professionals than health professionals came in contact with "some" intersex people – the vast majority of health professionals (83%) had never come in contact with any intersex person.

United Kingdom

Almost one out of two social services professionals (40%) belonged to the 30-39 age group – the same goes for the health professionals who took part in the research. 76% of the sample reported as professionals in the social services sector are women, and 58% of health professionals are women respectively. In terms of sexual orientation and gender identity, most participants from both professional groups identified themselves as straight and cisgender men/women, while two social service professionals were self-identified as transgender men/women. Another two social service professionals identified themselves as intersex. More social service professionals than health professionals came in contact with "some" intersex people, while the majority of health professionals (57%) had never come in contact with any intersex person.

4.1.3 COMPARATIVE ANALYSIS OF RESPONSES FROM THE FOUR PARTICIPATING COUNTRIES

Regarding the social / demographic profile of participants in all four countries, the age of the participants was between 20 and 59 years. Regarding the participants' sexual orientation and gender identity in all four countries, most of them were straight cisgender women. As for the professional profile of research participants in all four countries, the majority of participants in each country were social service professionals.

Finally, there is a slight difference between some countries in terms of the experience of social services and health professionals with intersex people. In Greece the majority of professionals have not come in contact with any intersex person. On the contrary 93% of professionals in Bulgaria, 55% in Hungary and 46% in the UK stated that they had come in contact with "some" intersex people. In all countries, the majority of those who have come in contact with intersex people were social service professionals.

4.2 Basic knowledge data

4.2.1 GENERAL RESULTS PER COUNTRY

Greece

Regarding the basic knowledge on the subject and specifically about the term intersex and its relation to the body, the majority of participants (74%) answered "Yes", while the rest answered "They do not know / do not answer". When asked if the status "intersex" refers to a disorder or disability, 72% answered "No", nine people answered "yes" and eleven people of the total sample answered "Do not know / do not answer". When asked if a person may be identified as intersex during pregnancy (pre-natal screening) as well as when they are born, during puberty and / or during adolescence, 60% answered "Yes", 30% did not answer and 10% answered "No".

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", 56% answered "Yes", sixteen people answered "No" and sixteen people did not answer the question. 70% of respondents agreed that "Intersex people may have any gender identity" while the rest answered that they do not know / do not answer. Finally, 86% of respondents agreed that "Intersex people may have any sexual orientation", while one person disagreed.

Bulgaria

Regarding the basic knowledge on the subject and specifically about the term intersex and its relation to the body, the majority of participants (82%) answered "Yes", while the rest answered "No". When asked if the status "intersex" refers to a disorder or disability, 75% answered "No", four people answered "yes" and three people of the total sample answered "Do not know / do not answer". When asked if a person may be identified as intersex during pregnancy (prenatal screening) as well as when they are born, during puberty and / or during adolescence, 79% answered "Yes", 18% did not answer and one person answered "No."

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", 64% answered "Yes", eight people answered "No" and two people did not answer the question. 90% agreed that "Intersex people may have any gender identity", while the rest answered that they do not know / do not

answer. Finally, 97% of respondents agreed that "Intersex people may have any sexual orientation" while one person disagreed.

Hungary

Regarding the basic knowledge on the subject and specifically about the term intersex and its relation to the body the majority of participants (64%) answered "Yes", four people answered "no" while the rest answered that they do not know / do not they answer ". When asked if the status "intersex" refers to a disorder or disability, 79% answered "No", four people answered "yes" and three people of the total sample answered "Do not know / do not answer". When asked if a person may be identified as intersex during pregnancy (prenatal screening) as well as when they are born, during puberty and / or during adolescence, 70% answered "Yes", 21% did not answer and three people answered "No."

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", 79% answered "Yes" two people answered "No" and five people did not answer the question. 82% of the participants agreed that "Intersex people may have any gender identity", while the rest answered that they do not know / do not answer. Finally, 88% of respondents agreed that "Intersex people may have any sexual orientation" and the rest answered that they "do not know / do not answer".

United Kingdom

As for the basic knowledge on the subject and specifically for the term intersex and its relation to the body the majority of participants (68%) answered "Yes", 22% answered "no" while the rest answered that they do not know / do not they answer ". When asked if the status "intersex" refers to a disorder or disability, 62% answered "No", 20% answered "yes" and 17% of the total sample answered "Do not know / do not answer". When asked if a person may be identified as intersex during pregnancy (prenatal screening) as well as when they are born, during puberty and / or during adolescence, 70% answered "Yes", 29% did not answer and one person answered "No."

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", 68% answered "Yes", 20% answered "No" and ten people did not answer the question. 77% of participants agreed that "Intersex people may have any gender identity», while six people disagreed and the rest answered

that they do not know / do not answer. Finally, 81% of respondents agreed that "Intersex people may have any sexual orientation", five people disagreed and the rest answered that they "do not know / do not answer".

4.2.2 CORRELATION BETWEEN "BASIC KNOWLEDGE" SECTION'S RESULTS AND EACH PARTICULAR PROFESSIONAL GROUP

Greece

Both social service and health professionals consider that the term "intersex" is about the body, specifically in the view "Intersex status refers to a disorder and / or disability", 75% of social service professionals consider that it does not apply and 14% that applies. As for health professionals, 40% do not consider it as a disorder, 30% consider it as a disorder and the remaining 30% do not know / do not answer. 59% of the social services professionals and 60% of the health professionals believe that a person may be identified as intersex during pregnancy (prenatal screening) as well as when they are born, during puberty and / or during adolescence while about 30% of both groups of professionals answered that they do not know / do not answer.

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", the majority of participants in both professional groups - 52% of the social services professionals and 70% of the health professionals - agreed on the above position. 30% of social services professionals answered that they do not agree with the position. When asked if "Intersex people may have any gender identity, any sexual orientation" both social service and health professionals agreed.

Bulgaria

Both social service and health professionals consider that the term "intersex" is about the body, specifically in the view "Intersex status refers to a disorder and / or disability", 81% of social service professionals consider that it does not apply while 50% of health professionals answered that it is valid and the remaining 50% that it is not valid. 71% of the social services professionals and all health professionals believe that a person may be identified as intersex during pregnancy (prenatal screening) as well as when they are born, during puberty and / or during adolescence.

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", the majority of participants in both professional groups - 83% of the social services professionals and 66% of

the health care professionals – agreed. 34% of health professionals answered that they do not agree with the position. When asked if "Intersex people may have any gender identity, any sexual orientation" both social service and health professionals agreed.

Hungary

Both social service and health professionals consider that the term "intersex" is about the body: 60% consider that it is valid, specifically in the view "Intersex status refers to a disorder and / or disability", 87% of social services professionals consider it not valid, as 66% of health professionals answered that it is not valid. 70% of the social service professionals and 83% of the health professionals believe that a person may be identified as intersex during pregnancy (prenatal screening) as well as when they are born, during puberty and / or during adolescence.

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", the majority of participants in both professional groups - 87% of the social services professionals and 66% of the health professionals - agreed. When asked if "Intersex people may have any gender identity, any sexual orientation" both social service and health professionals agreed.

United Kingdom

Both social service and health professionals believe that the term "intersex" is about the body; 78% believe that in terms of "Intersex status refers to a disorder and / or disability", 62% of social service professionals consider that it does not apply, as 58% of health professionals answered that it does not apply, however, ten people from social services professionals answered that Intersex status refers to a disorder and / or disability. 76% of the social service professionals and 50% of the health professionals consider that a person may be identified as intersex during pregnancy (pre-natal screening) as well as when they are born, during puberty and / or during adolescence and 50% of health professionals answered I do not know / I do not answer.

When asked if "Being intersex means that the sex of the person is unspecified / unclear / unknown", the majority of participants in both professional groups - 70% of the social services professionals and 66% of the health care professionals - agreed. When asked if "Intersex people may have any gender identity, any sexual orientation" both social service and health professionals agreed.

4.2.3 COMPARATIVE ANALYSIS OF RESPONSES FROM THE FOUR PARTICIPATING COUNTRIES

Regarding the basic knowledge of the sample of professionals from all four countries, no differences were observed between them related to the fact that the term intersex is related to the body, all countries agreed with this position. Following the status of "intersex" that refers to a disorder or disability, there is no difference between the countries in the general total of professionals in the sample, with a larger percentage answered negatively but found a difference in terms of health professionals in Greece and Bulgaria who compared to other countries are higher rates that it is considered a disorder or disability.

When asked if a person may be identified as intersex during pregnancy (prenatal screening) as well as when they are born, during puberty and / or during adolescence, if being intersex means that the sex of the person is unspecified / unclear / unknown", if "Intersex people may have any gender identity" and if "Intersex people may have any sexual orientation", all professionals in all four countries similarly agreed.

4.3 National legal framework and policy

4.3.1 GENERAL RESULTS PER COUNTRY

Greece

Regarding the national legal and policy framework and more specifically when asked if "According to the relevant national framework, when a child is born in the Greece it must be registered as either male or female", 78% of the total sample answered positively, the eleven answered do not know / do not answer and five people answered negatively. When asked to agree or disagree that "When a child is identified as intersex in Greece, doctors have the right to proceed to medical interventions without the consent of the parents", 64% of the participants disagreed, 31% did not know / did not answer and the rest disagreed.

When asked if "Sex characteristics are explicitly protected under national legal framework on discrimination, on hate crime and on hate speech", 52% did not answer and 35% answered positively. Finally, when asked if "National law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions", most participants did not know / did not answer.

Bulgaria

Regarding the national legal and policy framework and more specifically when asked if "According to the relevant national framework, when a child is born in the Bulgaria it must be registered as either male or female", 89% of the total sample answered positively, the two they answered they do not know / they do not answer and one answered negatively. When asked to agree or disagree that "When a child is identified as intersex in Bulgaria, doctors have the right to proceed to medical interventions without the consent of the parents", 90% of the participants disagreed and the rest did not know / did not answer.

When asked if "Sex characteristics are explicitly protected under national legal framework on discrimination, on hate crime and on hate speech", 36% did not provide an answer, 36% disagreed and 28% agreed. Finally, when asked if "National law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions", 61% of the participants disagreed while the rest of them did not know / did not answer.

Hungary

Regarding the national legal and policy framework and more specifically when asked if "According to the relevant national framework, when a child is born in Hungary it must be registered as either male or female", 97% of the total sample answered positively. When asked to agree or disagree that "When a child is identified as intersex in Hungary, doctors have the right to proceed to medical interventions without the consent of the parents", 85% disagreed and just two participants agreed and other three did not know / did not answer.

When asked if "Sex characteristics are explicitly protected under national legal framework on discrimination, on hate crime and on hate speech", 70% agreed. Finally, when asked if "National law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions", 67% of the participants disagreed, four participants agreed and the rest did not know / did not answer.¹

¹ As our colleague Bea Sándor from our partner Háttér Society informed us, the legislation changed in May 2020, coming into force in July 2020. Previously, the right answer was "yes", but from this time (July 2020), it is "no". "Birth sex" (either male or female) has to be registered within 6 weeks from birth, and this data cannot be changed. The legislation is contested by many, its constitutionality is under supervision by the Constitutional Court.

United Kingdom

Regarding the national legal and policy framework and more specifically when asked if "According to the relevant national framework, when a child is born in the UK it must be registered as either male or female", 85% of the total sample answered positively, and nine people answered do not know / do not answer. When asked to agree or disagree that "When a child is identified as intersex in the UK, doctors have the right to proceed to medical interventions without the consent of the parents", 62% of the participants disagreed, 25% did not know / did not answer and the rest agreed.

When asked if "Sex characteristics are explicitly protected under national legal framework on discrimination, on hate crime and on hate speech", 60% of the participants agreed. Finally, when asked if "National law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions", 51% of the participants agreed, eight participants disagreed and the rest did not know / did not answer.

4.3.2 CORRELATION BETWEEN "NATIONAL LEGAL FRAMEWORK AND POLICY" SECTION'S RESULTS AND EACH PARTICULAR PROFESSIONAL GROUP

Greece

Regarding the national legal framework and policy section's results showed that the majority of both social services and health professionals - 73% and 80% respectively - agreed that "when a child is born in Greece it must be registered as either male or female ». The majority of social service professionals (63%) answered that they do not agree that when a child is identified as intersex in Greece, doctors have the right to proceed to medical interventions without the consent of the parents, while 70% of health professionals agreed. When asked if sex characteristics are explicitly protected under national legal framework on discrimination, 49% of the social services professionals did not know / did not answer while 37% of them considered that sex characteristics are protected. As for the health professionals, 60% of them did not know / did not answer while the rest 40% of them agreed.

The same percentages prevail in regard to if sex characteristics are explicitly protected under national legal framework on hate crime and on hate speech - the majority of participants from both professionals'

groups did not know / did not answer. Finally, when asked if national law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions, 56% of social services professionals and 70% of health professionals did not they know / did not answer while 26% and 20% respectively agreed.

Bulgaria

Regarding the national legal framework and policy “section’s results showed that the majority of both social services and health professionals - 80% and 75% respectively - agreed that “when a child is born in Bulgaria it must be registered as either male or female». The vast majority of social service professionals (90%) did not agree that when a child is identified as intersex in Bulgaria, doctors have the right to proceed to medical interventions without the consent of the parents – similarly 75% of health professionals disagreed too. When asked if sex characteristics are explicitly protected under national legal framework on discrimination, the vast majority of social services professionals (90%) disagreed and the rest did not know / did not answer. Regarding health professionals, 75% of them did not know / did not answer and the rest 25% of them agreed.

The same percentages prevail in regard to if sex characteristics are explicitly protected under national legal framework on hate crime and on hate speech. Finally, when asked if national law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions, 67% of social services professionals and 50% of health professionals disagreed. Six social services professionals did not know / did not answer.

Hungary

Regarding the national legal framework and policy section’s results showed that all social services and health professionals knew that “when a child is born in Hungary it must be registered as either male or female”. The majority of social service professionals (82%) did not agree that when a child is identified as intersex in Hungary, doctors have the right to proceed to medical interventions without the consent of the parents, while all health professionals disagreed too. When asked if sex characteristics are explicitly protected under national legal framework on discrimination, 73% of the social services professionals agreed while the rest disagreed. As for health professionals, 66% of them agreed.

The same percentages prevail in regard to if sex characteristics are explicitly protected under national legal framework on hate crime and on hate speech. Finally, when asked if national law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions, 74% of social services professionals disagreed and 66% disagreed too.

United Kingdom

Regarding the national legal framework and policy "section's results shown that the majority of both social services and health professionals - 90% and 67% respectively - agreed that "when a child is born in the UK it must be registered as either male or female " , with 25% of health professionals answering do not know / do not answer. The majority of social service professionals (70%) did not agree that when a child is identified as intersex in the UK, doctors have the right to proceed to medical interventions without the consent of the parents – similarly 75% of health professionals disagreed too. When asked if sex characteristics are explicitly protected under national legal framework on discrimination, 64% of the social services professionals agreed. As for health professionals, 58% agreed too.

The same percentages prevail in regard to if sex characteristics are explicitly protected under national legal framework on hate crime and on hate speech. Finally, as when asked if national law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions, 52% of social services professionals agreed, 12% of them disagreed and 36% did not know / did not answer while 50% of health professionals agreed, one health professional disagreed and five of them did not know / did not answer.

4.3.3 COMPARATIVE ANALYSIS OF DATA FROM THE FOUR PARTICIPATING COUNTRIES

Regarding the national legal framework and policy, no differences were observed between the four countries or between the professionals' groups. Participants in all countries agree that according to the relevant national framework, when a child is born in their country, it must be registered as either male or female. Health professionals participants in the participating countries disagreed that when a child is identified as intersex in their country four countries, doctors have the right to proceed to medical interventions without the consent of the parents.

Regarding the question whether sex characteristics are explicitly protected under national legal framework on discrimination, on hate crime and on hate speech, differences were observed between the countries. More specifically in Greece and Bulgaria most professionals did not know / did not answer if this is true. On the contrary, in Hungary and UK most professionals agreed. Another difference was found in the last question if "National law allows intersex (as well as trans) people to proceed to their legal recognition of their gender without having undergone medical procedures / interventions": participants in Greece mainly did not know/did not answer, while participants in Bulgaria and Hungary mainly disagreed and participants in the UK mainly agreed.

4.4 Training

4.4.1 GENERAL RESULTS PER COUNTRY (FOR BOTH PROFESSIONALS' GROUPS)

Greece

In Greece 73% of the total number of participants, had never had at least one class/course on intersex issues in particular and / or LGBTI issues in general during their studies. Moreover, 70% of the total number of participants had never received a training on intersex issues in particular and / or LGBTI issues in general during their professional career. On the other hand, almost 88% of the total number of participants, were interested in taking part in such training activities and only six participants said that they were not interested in participating in such activities.

Of those participants who said that they were willing to attend a relative training event / activity, most were interested in topics such as basic terminology, definitions and personal stories / experiences of intersex people. Finally, when asked if their colleagues would be interested in taking part in such training, 50% of the participants agreed while 37% did not know / did not answer and the rest disagreed.

Bulgaria

In Bulgaria, 53% of the total number of participants, had never had at least one class/course on intersex issues in particular and / or LGBTI issues in general during their studies. Moreover, 61% of the total number of participants had never received a training on intersex issues in particular and / or LGBTI issues in general during

their professional career. On the other hand, 79% of the total number of participants, were interested in taking part in such training activities and only six participants said that they were not interested in participating in such activities.

Of those participants who said that they were willing to attend a relative training event / activity, most were interested in topics such as basic terminology, definitions and personal stories / experiences of intersex people, relevant legal framework, challenges / difficulties faced by intersex people in various areas of life, guidelines and protocols related to supporting, monitoring and directing intersex individuals to other service providers, support services available to intersex individuals. Finally, when asked if their colleagues would be interested in taking part in such training, the majority of the participants (54%) agreed while 29% answered did not know / did not answer and the rest disagreed.

Hungary

In Hungary, 54% of the total number of participants, had never had at least one class/course on intersex issues in particular and / or LGBTI issues in general during their studies. Furthermore, 70% of the total number of participants had never received a training on intersex issues in particular and / or LGBTI issues in general during their professional career. On the other hand, most (79 of the total number of participants, were interested in taking part in such training activities and only six participants said that they were not interested in participating in such activities.

Of those participants who said that they were willing to attend a relative training event / activity, most were interested in topics such as basic terminology, definitions and personal stories / experiences of intersex people,, Relevant legal framework, challenges / difficulties faced by intersex people in various areas of life, guidelines and protocols related to support, monitoring and referral of intersex individuals to other service providers and support services available to intersex individuals. Finally, when asked if their colleagues would be interested in taking part in such training, 45% of the participants agreed while 30% did not know / did not answer and the rest disagreed.

United Kingdom

In the UK 55% of the total number of participants, had never had at least one class/course on intersex issues in particular and / or LGBTI issues in general during their studies. Moreover, 53% of the total number of

participants had never received a training on intersex issues in particular and / or LGBTI issues in general during their professional career. On the other hand, 81% of the total number of participants, were interested in taking part in such training activities and only six participants said that they were not interested in participating in such activities.

Of those participants who said that they were willing to attend a relative training event / activity, most were interested in topics such as basic terminology, definitions and personal stories / experiences of intersex people, relevant legal framework, challenges / difficulties faced by intersex people in various areas of life, guidelines and protocols related to the support, monitoring and referral of intersex individuals to other service providers, support services available to intersex individuals. Finally, when asked if their colleagues would be interested in taking part in such training, 58% of the participants agreed while 37% answered did not know / do not answer and the rest disagreed.

4.4.2 CORRELATION BETWEEN “TRAINING” SECTION’S RESULTS AND EACH PARTICULAR PROFESSIONAL GROUP

Greece

The vast majority (80%) of both social services and health professionals had never had at least one course / class on intersex issues in particular and / or LGBTI issues in general during their studies. Similarly, 90% of health professionals and 60% of social services professionals had not taken part in any relevant training activity during their professional careers. The vast majority (98%) of social services professionals expressed their interest to participate in relevant training activities. Similarly, the majority of health professionals were willing to participate in such activity, but in a lesser degree (60%), while 40% stated that they were not interested at all.

Most participants from both professionals’ groups who would take part in training activities on intersex issues, identified some topics that - according to them - such training should cover: basic terminology, definitions, personal stories / experiences of intersex people, with no difference in their interests. Finally, most participants from both professionals’ groups believed that their colleagues would be interested to take part in such training activities.

Bulgaria

Most social services professionals (62%) had never had at least one course / class on intersex issues in particular and / or LGBTI issues in general during their studies – the respective percentage for health professionals was lower. Eight social service professionals have attended a relevant course. Most health professionals (75%) have attended a relevant course. 75% of health professionals and 62% of social services professionals have not attended any relevant training, as well as 62% of social services had not taken part in any relevant training activity during their professional careers. 71% of social service professionals and all health professionals expressed their will and interest to participate in such activity,

Most participants from both professionals' groups who would take part in training activities on intersex issues, identified some topics that - according to them - such training should cover: basic terminology, definitions, personal stories / experiences of intersex people, relevant legal framework, challenges / difficulties faced by intersex people in various fields Life guidelines and protocols related to supporting, monitoring and directing intersex individuals to other service providers, support services available to intersex individuals, with no differentiation in their interests. Finally, most participants from both professionals' groups believed that their colleagues would be interested to take part in such training activities.

Hungary

Most social services professionals (56%) had at least one course / class on intersex issues in particular and / or LGBTI issues in general during their studies – the respective percentage of health professionals was lower. 43% of social service professionals answered that they have not attended a relevant course. All health professionals of the sample (100%) answered that they have not attended a relevant course. In their professional field, all health professionals and 65% of social services professionals had not taken part in any relevant training activity during their professional careers. 82% of social services professionals and 83% of health professionals expressed their will and interest to participate in such activity,

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United Kingdom

Most social services professionals (56%) had never had at least one course / class on intersex issues in particular and / or LGBTI issues in general during their studies – the respective percentage for health professionals was lower. 42% of social service professionals answered that they have attended a relevant course. 67% of the health professionals of the sample answered that they have not attended a relevant course and 33% that they have attended. 75% of health professionals and 52% of social services professionals had not taken part in any relevant training activity during their professional careers. 86% of social services professionals and 58% of health professionals expressed their will and interest to participate in such activity,

From the professionals of both groups who responded positively to the monitoring of educational activity with relevant content, everyone is interested in topics, basic terminology, definitions, personal stories / experiences of intersex people, relevant legal framework, challenges / difficulties faced by intersex people in various fields Life guidelines and protocols related to supporting, monitoring and directing intersex individuals to other service providers, support services available to intersex individuals, with no differentiation in their interests. Finally, most social services professionals believed that their colleagues would be interested to take part in such training activities, while 50% of health professionals did not know / did not answer.

4.4.3 COMPARATIVE ANALYSIS OF DATA FROM THE FOUR PARTICIPATING COUNTRIES

In all four countries, no major differences regarding the training background of professionals on relevant issues were identified. During their studies, most social services professionals had never had at least one course / class on intersex issues in particular and / or LGBTI issues in general, while the respective number of health professionals who did have was bigger. Moreover, most social services and health care professionals in all four countries - with the exception of health professionals in Bulgaria – had never had at least one training on intersex issues in particular and / or LGBTI issues in general during their professional careers.



Most participants in all four countries were interested in taking part in such training activities, with health professionals in Greece adopting a more negative stance compared to the one of health professionals from the rest countries. Possible training topics often identified in the participating countries included: basic terminology, definitions and personal stories / experiences of intersex people, relevant legal framework, challenges / difficulties faced by intersex people in various fields life, guidelines and protocols related to the support, monitoring and guidance of intersex individuals to other service providers, support services available to intersex individuals. Finally, most participants from both professionals' groups in all participating countries – with the exception of the UK where 50% of health professionals did not know / did not answer - believed that their colleagues would be interested to take part in such training activities.

5 References

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