



Participatory Approach for Raise Awareness and fighting Discrimination concerning Sexual and gender Orientation in the healthcare sector



This Booklet was produced within "777338/PARADISO" project which was funded by the European Union's Rights, Equality and Citizenship Programme (2014-2020). The contents of this booklet are the sole responsibility of the implementing beneficiaries and can in no way be taken to reflect the views of the European Commission.

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The “PARADISO” project

The programme *Participatory Approach for Raising Awareness and fighting Discrimination concerning Sexual and gender Orientation in the healthcare sector (PARADISO)*, is funded by the European Union’s Rights, Equality and Citizenship Programme (REC-DISC-AG-2016) and implemented by the National School of Public Health ESDY-NSPH (Coordinator), the Hellenic Midwives Association (HMA), the NGO PRAKSIS-Programs of Development, Social Support and Medical Cooperation, the Lesbian and Gay Community of Greece (OLKE), the Association for Regional Development and Mental Health (EPAPSY), the Consulting Management Training (CMT Prooptiki Ltd), the European Forum for Primary Care (EFPC), the Centre Hospitalier de Maison Blanche (EPSMB) and the Nursing Department of the National and Kapodistrian University of Athens (NKUA).

About this guide

This manual has been produced under the program “PARADISO”. It is the result of the scientific collaboration of PRAKSIS, EPAPSY, the Nursing Department of the NKUA, SEMMA and OLKE and editing undertaken by the Scientific Committee of the project and the Psychological support Line “11528-Dipla sou”.

All booklets aim to create the best conditions for both LGBTQI+ people and healthcare providers, so they feel comfortable, and a relationship of trust can be built. Additionally, these booklets will provide healthcare providers with basic instructions on how to avoid potential questions which may be embarrassing or abusive for the LGBTQI+ patients, etc.

We hope these booklets will provide an insight as well as raise awareness and help combat discriminatory attitudes and behaviors against LGBTQI+ people.

Basic terminology

Here are the basic concepts and terms that may help develop a common understanding as well as to improve communication skills with LGBTQI+ people. LGBTQI+ acronym stands for Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex.

Explaining gender, its expression and the physical and/or romantic attraction:

A. Sexual Orientation: The emotional and/or sexual attraction towards other people.

Here we are talking about: Gay – Homosexual, Lesbian, Bisexual, Pansexual, Asexual spectrum, Straight - Heterosexual

Lesbian: A person that identifies as a woman and experiences emotional, romantic and/or sexual attraction to people of the same gender

Gay - Homosexual: A person that identifies as a man, and experiences romantic and/or sexual attraction to people of the same gender. The term gay in Greece is used mainly by men, although there are women that use this term to describe their sexual and/or romantic orientation, identifying as gay or gay women.

Bisexual: A person that experiences romantic and/or sexual attraction to people of two or more genders. It is often used as an umbrella term to describe various forms of polysexuality.

Pansexual: A person that experiences romantic and/or sexual attraction to people of all gender identities. These people often state that a person's gender identity is not an essential aspect in defining whether they will experience attraction towards that person. Alternatively, they may use the term gender blind, meaning that they are "blind" when it comes to gender.

Asexual: A person that does not experience (or experiences little) sexual attraction to other people. An asexual person can experience romantic attraction to other people, of the same or different genders.

Straight - Heterosexual: A person that experiences romantic and/or sexual attraction to people of the "other" gender. The term is based on the notion that gender is a binary, which is why the component "hetero-" is used.

B. Gender Identity: The personal and internal way a person experiences their gender or the lack of gender. The term gender, in this case, refers to the sum of roles, behaviors, norms, and characteristics that each society, culture and/or class in a specific historical period ascribes as "typical" of men and women (based on the binary model of gender. It can coincide with the gender assigned at birth or not.

Here we are talking about: Trans-gender, Nonbinary, Cis-gender

Trans - Transgender: People whose gender is not the same as the gender they were assigned at birth. Trans people can identify their gender within the gender binary (identifying as trans men or trans women), or not (identifying as trans-non-binary).

Nonbinary: Nonbinary describes gender identities that are outside the gender binary (man-woman). It is often used as an umbrella term, in which terms such as genderfluid, agender and others are included.

Cis - Cisgender: Someone whose gender identity is the same as the gender that was assigned to them at birth. The term is used as the opposite of the term trans.

C. Gender Expression: How a person expresses to others gendered behaviors and characteristics (such as masculinity, femininity or others). Features such as haircuts, clothing, and the way a person speaks and moves can be an expression of gender. We live in a society in which gender expression is expected and imposed to coincide with a person's gender identity; a man is expected to have a masculine gender expression and a woman feminine. This results in people that do not conform to this simplistic model being treated in a phobic or hateful way by society.

D. Sex Characteristics: Sex characteristics include the primary (such as internal and external reproductive organs, chromosomes and hormones), as well as the secondary (such as muscle mass, body hair, breast development and other) characteristics of sex.

Here we are talking about: male, female, intersex

Intersex: Intersex individuals are born with sex characteristics that do not belong strictly to male or female categories, or that belong to both at the same time. 'Intersex' is an umbrella-term and stands for the spectrum of variations of sex characteristics that naturally occur within the human species. Intersex people can have any sexual orientation, gender identity, and gender expression.

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

LGBTQI+ Rights

Protection from discrimination and hate crimes

In 2014, the Greek Parliament passed a new law against certain forms and manifestations of racism and xenophobia through the criminal law (N. 4285/2014), in which sexual orientation and gender identity are explicitly mentioned. Thus, according to Article 81A of the Greek Penal Code, which was introduced in Law 4285/2014, a criminal offense committed due to his/her/it gender identity or sexual orientation is considered an aggravating circumstance and a higher sentence are imposed by the competent penal court¹.

The law provides penalties for incitement to acts of violence against people on the basis of their sexual orientation or gender identity (hate speech).

With the enactment of Law 4356/2015, Article 81A of the Penal Code for crimes with racist characteristics was amended, foreseeing more substantial penalties for criminal acts with racist motive, in which victimization on the basis of sexual orientation, gender identity or sex characteristics is included. With the same law, Article 361B of the Penal Code was added to the Greek legal framework, which foresees penalties for the exclusion from goods or services on the basis of sexual orientation, gender identity, and sex characteristics, amongst others.

With the law N. 4443/2016² the principle of equal treatment is applicable, along with opposing discrimination on the basis of – amongst others – sexual orientation, gender identity, and sex characteristics. The principle of equal treatment on the basis of sexual orientation, gender identity, and sex characteristics, pertains only to sectors of employment and the transaction of goods or provision of services to the public.

Civil Union

In December 2015 the law for the civil union was expanded covering same-sex couples as well (N. 4356/2015)³. According to the law, same-sex couples –and not only different-sex couples as it was until then- can, referring to a public notary, form a legal agreement through which they regulate their cohabitation. The right to parental care and adoption are not foreseen for same-sex couples, in contrast to different-sex couples. Civil Union is the only form of legal recognition for same-sex couples since the right to marriage is only available to different-sex couples. Also, the right to adoption has not been recognized for same-sex couples.

Legal Gender Recognition

The term «Legal Gender Recognition» describes the procedure through which a person can change the name and gender, as these stated in their legal documents (e.g., ID card, birth certificate, etc.) so that they can reflect their gender identity. In October 2017 Greece passed a new law for legal gender recognition (N. 4491/2017)⁴. With this law, transgender people over 17 years old can change their legal documents without the prerequisite of a psychiatric diagnosis or any other medical intervention. Access to the procedure is also available for underage people between 15 and 16 years old, with the agreement of their parents/legal guardians, and after a positive consultation of a specialized multidisciplinary

¹ Law 4285/2014, GAZETTE OF THE HELLENIC REPUBLIC

² Law 4443/2016, Official Government Gazette A'232/09.12.2016.

³ Law 4356/2015, *civil partnership, exercise of rights and other provisions*, Official Government Gazette A'181/24.12.2015.

⁴ Law 4491/2017, *Legal recognition of gender identity*, Official Government Gazette, A' 152/13.10.2017.

committee. Unfortunately, the current law does not include gender options beyond the gender binary, whereas people who are married are required to get a divorce before they apply for the change of their documents.

Fosterage

In May 2018 the Parliament passed the law 4538/2018⁵, which makes provision for, among other things, the right to fosterage for same-sex couples that are in a civil union.

⁵ Law 4538/2018, Measures for the Promotion of Foster Care and Child Adoption, Official Government Gazette, A' 85/16.05.2018.

How to treat LGBTQI+ people in Health Sector

Good practices

Healthcare professionals should:

- ✓ Know the meaning of the LGBTQI+ acronym and the basic terminology for gender identity, sexual orientation, sex characteristics, and gender expression.
- ✓ Understand that gender identity, gender expression, sex characteristics, and sexual orientation are distinct concepts.
- ✓ Understand that gender is a nonbinary construct that allows for a range of gender identities, and that a person's gender identity may not coincide with the gender that was assigned to them at birth.
- ✓ Introduce themselves with their name and the pronouns they use, when they first meet a person and ask their name and pronouns politely.
- ✓ Use the name and the pronouns that the person uses.
- ✓ Apologize and continue the conversation when they make a mistake (e.g., in the name/pronouns). Do not make a big deal (e.g., explaining the error) because that can make the person feel uncomfortable.
- ✓ Use the name and the pronoun that the person gave them when they speak to their colleagues and other people, after taking the person's permission.
- ✓ Correct their colleagues and other personnel if they refer to a person with the wrong name and/or pronouns.
- ✓ Create the appropriate environment so LGBTQI+ people can feel safe to share with them their sexual orientation, gender identity or sex characteristics.
- ✓ Use gender-neutral language when they do not know a person's gender identity.
- ✓ Use gender-neutral language when they ask questions about the relationships or the sexual history of a person. For example, say "your partner" instead of "your wife" if you do not know the partner's gender.
- ✓ Avoid gendered words (e.g., use "child" instead of "son") if the gender identity of the person is nonbinary or if the person has not communicated with you their gender identity.
- ✓ Avoid referring to gender in forms and other papers, unless it is necessary.
- ✓ Note down in forms and papers the name a person uses. Use the name in their ID only if it is necessary.
- ✓ Understand that sex characteristic cover a range beyond "male" and "female," and that intersex variations are not a disorder.
- ✓ Understand that intersex variations do not need surgical, hormonal or by any other medical means corrective interventions.
- ✓ Try your best to help the person in cases when there are procedural problems (e.g., if a trans woman after changing her ID loses the right to have an exam or medication prescribed, like a prostate exam).
- ✓ Let each person choose the bathroom they want to use.
- ✓ Support the right of people to choose the bathroom they want to use if you notice a person being harassed and hindered while trying to use the bathroom.
- ✓ Pursuit to have gender-neutral bathrooms for nonbinary people or people who do not feel safe/comfortable to use gendered bathrooms.
- ✓ Keep in mind that LGBTQI+ can have different types of family. Respect the family model of the person.
- ✓ When you take the medical history of the patient, general and open questions must be used.
- ✓ If during an examination or intake it is necessary to make personal questions (e.g., about their transition, sexual practices), explain to them why that information is essential.
- ✓ Listen with attention and empathy, and respect people's boundaries.

- ✓ Seek help from a colleague who is informed about LGBTQI+ issues or ask LGBTQI+ organizations, after asking for the person's permission, in case they do not know the answer to an LGBTQI+ related question made by a patient or is not sure what to do.
- ✓ Respect the personal space of each person. Ask for permission before you touch, exam or come in close contact. Make sure that the person feels comfortable during the whole examination.
- ✓ Respect the way a person chooses to describe their body.
- ✓ Ask to be replaced by another healthcare professional who can respond to the LGBTQI+ person's needs, in case they are not able to take them as a patient.
- ✓ Ensure the safety, privacy, and confidentiality for LGBTQI+ people.
- ✓ Treat LGBTQI+ people with the necessary respect and professionalism, responding to the different needs they may have based on their LGBTQI+ identity.

Bad practices

- ❖ Behave in a homophobic, transphobic and sexist way.
- ❖ Assume that all people are heterosexual and cisgender.
- ❖ Make assumptions for the gender identity of a person based on their sexual orientation and vice versa.
- ❖ Make assumptions for the gender identity of a person based on their gender expression, appearance and/or legal documents.
- ❖ Make assumptions for the sex characteristics of a person based on their gender identity or/and gender expression.
- ❖ Use gendered terms if they do not know the gender identity of a person (e.g., "ma'am" "young man," etc.)
- ❖ Guess a person's pronouns. Ask the person's name and pronouns and respect them.
- ❖ Put in quotation marks or brackets the name that the person used to introduce themselves when you write it down (e.g., in a file).
- ❖ Use expressions such as "these people," "you people" when you refer to LGBTQI+ people.
- ❖ Use the term "transsexual" to refer to a trans person, unless they have asked you to.
- ❖ Use the term "queer" for a person, unless the person has told you that identifies as such.
- ❖ Comment on the gender expression of an LGBTQI+ person (e.g., how "masculine" or "feminine" they act or dress). More specifically avoid commenting on the gender expression of a trans person and how well they have conformed to the conventional standards of femininity or masculinity (e.g., "you do not look like a man," "you are not woman enough").
- ❖ Comment on a trans person's appearance and the results of their transition (e.g. "you do not look trans").
- ❖ Use gendered words when you refer to body characteristics or services (e.g., gynecological examination, male hormones).
- ❖ Indicate which toilet a person should use.
- ❖ Share a person's gender identity, sexual orientation, sex characteristics without their permission.
- ❖ Discriminate against LGBTQI+ patients as well as members of the personnel.

Basic guidelines in terms of Primary Health for the Health providers

Good practices

Health professionals to respond appropriately to LGBTQI + individuals should:

- ✓ Be aware that LGBTQI + individuals often experience unethical discrimination based on their identities, such as denial of health services due to their gender identity, sexual orientation or gender characteristics, and need a properly trained and safe environment to approach Primary Health services without anxiety and fear
- ✓ Ensure that if the use of gender-separated rooms (e.g., wards, toilets) is necessary, trans people have access to those that match to their gender identity (e.g., a transgender should be hospitalized in the room, regardless of the gender reported in his / her papers). In case of objections and difficulties from third parties, health professionals have to find a solution respecting the sex of the person and his/ her safety (e.g., single room).
- ✓ Inform people about the prevention of various health problems, taking into account the individuals' gender identity and gender characteristics.
- ✓ Be informed about hormone therapy in trans people and their effects on health, and they should be able to provide appropriate information on that to individuals.
- ✓ Be able to recognize signs of violence and provide individuals with appropriate services, including liaison with psychological support services, as well as with LGBTQI+ organizations in cases of homophobic or transphobic violence (hate crime).
- ✓ Inform LGBTQI + people about the prevention of sexually transmitted diseases (STDs), or other infections and available preventing measures. The information should be based on the needs of each and according to their sexual practices.
- ✓ Inform all sexually active individuals about the importance of screening for STDs with the aim of early diagnosis.
- ✓ Inform HIV-positive individuals about the importance of continues viral load control that evaluates the effectiveness of treatment and compliance with it.
- ✓ Inform LGBTQI + individuals about their rights when receiving health services.
- ✓ Complain to the officials, cases of violation of equal treatment when they come to their perception.
- ✓ Updated and implement the relevant legislation, Codes of Conduct, and European and international papers on the rights of LGBTQI + individuals
- ✓ Refer LGBTQI + individuals to healthcare professionals who know they have the appropriate training on LGBTQI + issues.
- ✓ Strive to improve Primary Healthcare services from whatever position they serve in the health care system and reduce possible barriers to access to it for LGBTQI+ individuals
- ✓ Be trained to manage the physical and psychosocial needs of LGBTQI + people seeking help in primary health care.
- ✓ Trained on legal issues regarding the rights of LGBTQI + individuals. They know that LGBTQI + individuals have the same rights to access Primary Health Care with the rest of the population

Bad practices

Health professionals should not:

- ❖ Communicate information that comes to their knowledge when they contact people without their permission.
- ❖ Reproduce stereotypes when they contact LGBTQI + individuals.
- ❖ Mock, comment, criticize or reject self-determination and LGBTQI + identity of the individual.

- ❖ Have inappropriate and abusive behaviors that cause severe anxiety and may lead to discontinuation of treatment and non-compliance with instructions/advice.
- ❖ Demonstrate phobic, unprofessional, unethical behaviors when treating HIV/ AIDS patients.
- ❖ Make assumptions about the use of unsafe sexual practices by LGBTQI + individuals.

LGBTQI+ inclusive Mental Health services

The American Psychiatric Association removed at 1987 homosexuality from the Diagnostic and Statistical Manual of Mental Disorders (DSM). From that time, the focus of the research questions shifted from “what causes homosexuality and how we can treat it” to “what are the challenges that LGB people face and what do they need to have a better mental and physical health.”

On the other hand, gender identity was included as a disorder in DSM-III for the first time in 1980, in the category of Gender Identities Disorders, and remained as such until 2015, when it was replaced by Gender Dysphoria in DSM-V. In DSM-V it is recognized that gender is a nonbinary construct and the emphasis was placed on the feeling of dysphoria a person experiences, rather than their gender identity per se. It is worth mentioning that in ICD-11 the Gender Identities Disorders category was replaced by Gender Incongruence. The diagnosis was removed from the Mental and Behavioral Disorders and, instead, was included in a new category named Conditions Related to Sexual Health. This change was an effort to depathologize trans identities while ensuring that trans and gender non-conforming people can have access to gender-affirming health services.

Basic principles:

- Mental health professionals recognize how stigma, prejudice, discrimination, and violence affect the health and wellbeing of LGBTQI+ people. The fear of coming out and being discriminated against for their sexual orientation and gender identity can lead to depression, post-traumatic stress disorder, thoughts of suicide and substance abuse.
- Mental health professionals strive to recognize the effects of institutional (systemic) barriers on the lives of LGBTQI+ people and assist in developing LGBTQI+-affirmative environments.
- Mental health professionals strive to understand that mental health concerns may or may not be related to sexual orientation or/and gender identity and the psychological effects of stress experienced by LGBTQI+ people as a minority group.

Sexual orientation:

- Lesbian, gay, and bisexual orientations are not mental illnesses, and efforts to change them are not practical or safe. More precisely, attempts to change sexual orientation can cause severe harm and are not scientifically valid.
- Mental health professionals strive to understand the effects of stigma (i.e., prejudice, discrimination, and violence) and its various contextual manifestations in the lives of lesbian, gay, and bisexual people.
- Mental health professionals are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation.
- Mental health professionals are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.

Gender Identity:

- Trans identity does not entail any deficit in judgment, stability, reliability or the general social and professional abilities of the person.

- Mental health professionals understand that gender is a nonbinary construct that allows for a range of gender identities and that a person's gender identity may not align with the gender assigned at birth.
- Discrimination and inequality against TGNC⁶ people are destructive for their mental health.
- Mental health professionals hold a great responsibility in promoting social change that decreases the adverse effects of stigma in the mental health and wellbeing of TGNC people, as well as in promoting their rights, by clearly taking a public stance as professionals, against discrimination and inequality.
- Mental health professionals are aware of how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TGNC people and their families.
- Mental health professionals recognize that TGNC people are more likely to experience positive life outcomes when they receive social support or trans-affirmative care.

LGBTQI++ Families:

International associations for mental health and the American Academy of Pediatrics support the legal recognition of the right of same-sex couples to marriage, adoption, co-parenting and jointly fosterage or custody of children. Furthermore:

- According to international research data that studied children who grow up with same-sex parents, there are no differences in their psychosocial adjustment and mental health when compared to children growing up with parents of different genders.
- Mental health professionals should recognize and respect the importance of LGBTQI+ individuals' interpersonal relationships.
- Mental health professionals should understand the experiences and challenges that LGBTQI+ parents face.
- Mental health professionals strive to understand that parenthood and family formation for LGBTQI+ people can take many forms.
- For many LGBTQI+ people, a small network of close friends can be a different form of family - one that not based on biological or legally recognized relationships. These types of chosen families, offer LGBTQI+ people social connections and a family framework that is often more important for them than their biological family. Family structures of this type can reduce the effects of stigma and lack of legal recognition.

Good practices

Mental Health professionals should:

- ✓ Recognize and understand that sexual orientation and gender identity are distinct and not necessarily connected constructs and differentiate them when working with LGBTQI+ people.
- ✓ Understand that gender is a **non-binary construct** that allows for a range of gender identities and that a person's gender identity may not align with the sex assigned at birth.
- ✓ Recognize that **stigma, prejudice, discrimination, and violence** affect the health and wellbeing of LGBTQI+ people.
- ✓ Recognize the **effects of institutional (systemic) barriers** on the lives of LGBTQI+ people and assist in developing LGBTQI+-affirmative environments.
- ✓ Recognize that diversity in sexual orientation and gender identity is normal and not a mental illness.
- ✓ Create a supportive environment where LGBTQI+ people can explore their sexual orientation and gender identity.

⁶ TGNC: Abbreviation that refers to people who are transgender or gender non-conforming.

- ✓ Recognize our attitudes, perceptions, and prejudices and acknowledge how they affect the quality of our services concerning LGBTQI+ people and their families, and seek consultation or make appropriate referrals when indicated.
- ✓ Strive to understand that mental health concerns **may or may not** be related to one's gender identity or sexual orientation, and the psychological effects of stress experienced as a minority group.
- ✓ Recognize and respect the importance of LGBTQI+ relationships, regardless of their legal recognition.
- ✓ Understand the effects that changes in gender identity and gender expression have on the **romantic and sexual** relationships of TGNC people.
- ✓ Understand the experiences and challenges that LGBTQI+ people face as parents.
- ✓ Recognize that LGBTQI+ families may include people who are not biologically or legally related and that **parenting and family formations among LGBTQI+ people take a variety of forms**.
- ✓ Strive to understand how a person's lesbian, gay, or bisexual orientation may have an impact on their family of origin, and the relationship with that family of origin.
- ✓ Recognize the challenges related to multiple and often conflicting norms, values, and beliefs faced by LGBTQI+ members of racial and ethnic minority groups.
- ✓ Consider the influences of religion and spirituality in the lives of LGBTQI+ people.
- ✓ Recognize cohort and age differences among LGBTQI+ people, the **unique challenges** that older LGBTQI+ individuals face as well as the **resilience** that they can develop.
- ✓ Recognize the unique problems and risks that exist for LGBTQI+ youths (e.g., the extent and consequences of homophobic bullying).
- ✓ Take into account the particular challenges LGBTQI+ individuals with physical, sensory, and cognitive-emotional disabilities experience.
- ✓ Be aware of and understand the impact of HIV/AIDS on the lives of LGBTQI+ individuals and communities.
- ✓ Consider the impact of socioeconomic status on the psychological wellbeing of LGBTQI+ people.
- ✓ Understand the unique workplace issues that exist for LGBTQI+ individuals.
- ✓ Increase the knowledge and understanding of sexual orientation and gender identity through continuing education, training, supervision, and consultation.
- ✓ In the use and dissemination of research on sexual orientation and gender identity, represent results fully and accurately, and be mindful of the potential misuse or misrepresentation of research findings.
- ✓ Recognize the potential benefits of an **interdisciplinary approach** when providing care to TGNC people and strive to work collaboratively with other providers.
- ✓ Prepare trainees in Psychology to work competently with LGBTQI+ people.
- ✓ Recognize that TGNC people are more likely to experience positive life outcomes when they receive social support and trans-**affirmative** care.
- ✓ **Promote social change** that reduces the adverse effects of stigma on the health and wellbeing of TGNC people.

Bad practices

Mental health professionals should NOT

- ❖ Strive to change one's sexual orientation or sexual identity.
- ❖ Consider bisexuality as an indication of ambivalence or a transitional stage.
- ❖ Assume that they are better aware of the person's sexual orientation or gender identity.
- ❖ Assume that they are better aware of the pronouns which an individual uses.
- ❖ Assume and should not ask information about an individual's anatomy (sex characteristics)
- ❖ Interpret or seek specific elements that "justify" sexual orientation and gender identity.
- ❖ Consider that exploration of sexual orientation or fluidity of gender identity is symptoms of disorders or indication of psychopathology.

- ❖ Consider that one's gender identity must be exclusively included within the gender binary.
- ❖ Assume one's sexual orientation and/or gender identity based on appearance or gender expression.
- ❖ Face gender dysphoria as a mental disorder and should not consider that it constitutes a shared experience or expression for all trans people.
- ❖ Recommend to intersex people to proceed to medical procedures that are not necessary for their health, if they do not wish to do so.
- ❖ Recommend to trans people to proceed to medical procedures that are not necessary for their health, if they do not wish to do so.
- ❖ Use any names or pronouns other than the ones that the individual suggests with their self-identification.
- ❖ Interpret the structure and the form of LGBTQI+ people's interpersonal relationships according to heteronormative gender stereotypes.
- ❖ Deny or overlook the parental role of any of the same-sex parents, regardless of the legal status of their relationship with their children.

Basic guidelines in terms of Sexual and Reproductive Health

Basic guidelines

Sexual Health encompasses the absence of STIs and reproductive disorders, control of fertility, avoidance of unplanned pregnancies, and sexual expressions without exploitation, oppression or abuse.

- Promote sexual health in clinical practice environments.
- Provide patients with current information regarding sexual health.
- Acknowledge patients' feelings, attitudes, and norms that may be obstacles to individual sexual health and use this information to help patients establish realistic goals.
- Assist patients with development of skills they may need to achieve personal goals for sexual health (e.g., communication, negotiation, and planning strategies).
- Have the knowledge that is required to treat LGBTQI+ people.
- Training in needs of LGBTQI+ people
- Identify methods for taking routine sexual health histories as a prelude to further conversations about HIV/STD risk and prevention.
- Describe how health disparities affect LGBTQI+ people who are otherwise invisible in healthcare, overcome stigma and discrimination
- Create welcoming and inclusive environments for care

Good practices

Sexual reproductive health professionals should

- ✓ Give detailed instructions on contraception and sexually transmitted diseases (STD) prevention to all sexually active individuals, taking into account not only their sexual orientation and/or their gender identity, but also the nature of their sexual activities.
- ✓ Discuss with the individuals about their specific needs for a precautionary checkup and provide the relevant guidance, based on their gender identity and individual characteristics.
- ✓ Understand that any discussion related to physical characteristics or sexual activities might be difficult and might cause anxiety to LGBTQI+ individuals. Give them the necessary space and time for them to open up.
- ✓ Use terms that are neutral with regards to gender identification when discussing methods of contraception - e.g. "internal/external" condom, instead of "male/female" condom.
- ✓ Ask the individuals which terms they prefer used for describing their body. Many trans individuals do not feel comfortable when traditional terminology is being used and might prefer other words to be used to refer to their body.
- ✓ Be informed about the various non-medical/surgical practices that the trans individuals might be doing in order to adapt their appearance - such as binding the chest so that it appears flattered, or tucking the penis so that it is less visible through clothing - and inform those individuals about which of these practices are safe for their health.
- ✓ Inform the trans individuals about the sanitary and safe use of prosthetics which might be used so that trans individuals feel good with their body - e.g., silicone prosthetics.
- ✓ Be informed about hormone therapies that the trans individuals might be undergoing (administration of testosterone, estrogens, antiandrogens) and the effects that these therapies might have on their sexual and reproductive health.
- ✓ Explore alternative approaches whenever an individual is not feeling comfortable undertaking a particular medical examination.
- ✓ Discuss with the LGBTQI+ individuals the role that they intend to have in taking care of an infant and offer the relevant guidance.
- ✓ In the event of an intersex fetus pregnancy, refer the parent(s) to a specialized advisor and get them in contact with the respective associations so that they can receive the appropriate guidance

and support before rushing into a decision that might prove harmful to both themselves and their baby.

- ✓ Get the LGBTQI+ individuals in touch with the chancellor of the respective IVF center to be informed about ovum and sperm donation, as well as surrogate mother topics.
- ✓ Especially for individuals that are expecting to be having their first child, offer consultation and parenting preparation guidance, adapted to the corresponding family form.
- ✓ Offer guidance and support on the respective labor and lactation options available, taking into account the individual's gender identification, as well as their role in bringing up the baby.
- ✓ Inform the trans individuals for the possible effects that hormone therapies might have to their fertility and present their respective options.
- ✓ If you notice homophobic, transphobic, sexist, racist or insulting behavior or attitude exercised by any of your colleagues, do report it accordingly.
- ✓ Be on continuous interaction with the various associations of the LGBTQI+ community, to be up to date with the respective LGBTQI+ related topics and developments.
- ✓ Inform the associations of the LGBTQI+ community on the various responsibilities that midwives have within healthcare.

Bad practices

Sexual reproductive health professionals should not

- ❖ Do not assume that bisexual individuals have many sexual partners or have intercourse without precautions.
- ❖ Do not assume that individuals that have been infected by HIV are necessarily homosexuals or vice versa.
- ❖ Do not assume that individuals have particular medical examination needs (e.g., for mammography or prostate examination), based on their gender identification or their appearance.
- ❖ Do not assume that women who have sexual relationships with other women are not susceptible to sexually transmitted diseases, or are not concerned about contraception.
- ❖ Do not assume that trans individuals do not have sexual relationships, or that they follow particular sexual activities.
- ❖ Do not assume that individuals adopt particular sexual practices, based on their gender identification or their sexual orientation.
- ❖ Do not assume that an individual's partners are all cisgender - e.g., a cisgender gay man might be interested in contraceptive methods if his partner is a trans man.
- ❖ Do not ask about personal matters - such as sexual orientation, or gender transition - during examinations or medical screening, if this information is not required and relevant to the individuals' medical condition.
- ❖ Do not demand from individuals to alter their physical appearance - e.g., by removing clothing or unique accessories - if it is not required for the specific medical examination.
- ❖ Do not force individuals to undergo a particular medical examination, if they are not feeling comfortable about it.
- ❖ Do not take pictures of individuals for clinical archiving or educational purposes, without first having received their consent.
- ❖ Do not allow other healthcare professionals to intervene during an individual's examination or medical screening, without having received their consent.

LGBTQI+ Organization's & Humanitarian Organization's

LGBTQI+ Organization's

OLKE (NGO)

Recording homophobic, transphobic incidents / Psychological support for LGBTQI+ people / LGBTQI+ Human Rights Protection

Athens:

(+30) 6931471567

Email: info.olke@gmail.com

Olkegr.blogspot.gr

ColourYouth

Recording homophobic, transphobic and discriminatory incidents / Psychological support group for LGBTQI+ people / LGBTQI+ Human Rights Protection

Athens:

(+30) 694 5583 395

Email: info@colouryouth.gr

www.colouryouth.gr

ProudParentsGreece

LGBTQI+ Families support group

Athens:

(+30) 6977839037

Email: proudparentsgreece@gmail.com

<https://el-gr.facebook.com>

AthensPride

Yearly organization of AthensPride Festival / LGBTQI+ Human Rights Protection

Athens:

(+30) 6974187383

Email: contact@athenspride.eu

www.athenspride.eu

Proud seniors

Support group for 50+LGBTQI individuals

Athens:

(+30) 6973355124

Email: proudseniorsgreece@gmail.com

www.facebook.com/groups/ProudSeniors

OrlandoLGBT+: Mental Health without Stigma

Training and supervision of mental health professionals and agencies / LGBTQI+ Human Rights Protection / Psychological support for LGBTQI+ people

Athens:

(+30) 2177002239

Email: contact@orlandolgbt.gr

orlandolgbt.gr

Rainbow Families

Recording homophobic, transphobic incidents / Psychological support for LGBTQI+ families / LGBTQI+ Human Rights Protection

Athens

Email: ouraniotoksofamilies@gmail.com

ouraniotoksofamilies.blogspot.gr

Greek Transgendered Support Association

Recording homophobic, transphobic and discriminatory incidents / Legal and psychological support for trans individuals / LGBTQI+ Human Rights Protection

Athens:

(+30) 2109210697

Email: transgender.support.association@gmail.com

www.transgender-association.gr

The voice of Greek LGBT People with Disability

Defend, claim and promote the rights of LGBT people with disabilities / Inform and raise awareness on LGBTQI + Disabled issues

Αθήνα

Email: greeklgbtdisabled@gmail.com

<https://twitter.com/LGBTdisabledGR>

Facebook: loatamea

ThessalonikiPride

Psychological support for LGBTQI+ people / LGBTQI+ Human Rights Protection

Thessaloniki:

(+30) 231 1289 320

Email: contact@thessalonikipride.com

thessalonikipride.com

PatrasPride

Pride Festival for Liberation of Gender, Body, and Sexuality against Complacency and Discrimination / LGBTQI+ Human Rights Protection

Patra

Email: pridepatras@gmail.com

<https://patraspride.blogspot.gr>

Conquer Heraklion

Recording homophobic, transphobic and discriminatory incidents / Psychological and psychosocial support group for LGBTQI+ people / LGBTQI+ Human Rights Protection

Crete

conquerher.blogspot.com

“11528-Dipla sou”

Psychological support line for LGBTQI+ individuals, families, and teachers/ free Skype sessions

Phone: **11528**

<https://11528.gr/>

Facebook: [@diplasou11528](https://www.facebook.com/diplasou11528)

HUMANITARIAN ORGANIZATIONS

PRAKSIS- PROGRAMS OF DEVELOPMENT, SOCIAL SUPPORT, AND MEDICAL COOPERATION

Direct and free of charge Primary Health Care and Pharmaceutical Provision, Psychosocial support/housing, Legal support / Recording homophobic, transphobic and discriminatory incidents / LGBTQI+ Human Rights Protection

Athens:

Headquarters

(+30)210 520 5200

Email: info@praksis.gr

Athens Polyclinic:

(+30) 210 8213 704

Day Center for the Homeless in Athens

(+30) 210 5244574

(+30) 210 5244 574

Solidarity Center

(+30) 210 8220 883

Thessaloniki:

Thessaloniki Polyclinic

(+30) 231 0556 145

Patras:

Day Center for Minor Asylum Seekers and Vulnerable Groups in Patras

(+30) 261 0321 933

Piraeus:

Day Center for Homeless in Piraeus

(+30) 6985866432

www.praksis.gr

SOLIDARITY NOW

Primary Health Care and Pharmaceutical Provision, Psychosocial support/housing, LGBTQI+ Human Rights Protection

Athens:

(+30) 210 8220 883

athens@solidaritynow.org

Thessaloniki:

(+30) 213 0501 030

thessaloniki@solidaritynow.org

www.solidaritynow.org

ΑΡΣΙΣ- Association for the Social Support of Youth

Primary Health Care and Pharmaceutical Provision, Psychosocial support/housing, LGBTQI+ Human Rights Protection

Athens:

(+30) 210 8259 880

arsisathina@gmail.com

Volos:

(+30) 242 8099 939

arsis.xenonas@hotmail.com

Alexandroupoli:

(+30) 255 1038 952

arsisalex@gmail.com

Kozani:

(+30) 246 1049 799

infokoz@arsis.gr
arsis.gr

Doctors of the World Greece

Recording homophobic, transphobic and discriminatory incidents / Legal and Psychological support, Primary Health Care and Pharmaceutical Provision / LGBTQI+ Human Rights Protection

Athens:

(+30) 210 3213 150

info@mdmgreece.gr

Thessaloniki:

(+30) 231 0566 641

thessaloniki@mdmgreece.gr

Kavala:

(+30) 251 0227 224

kavala@mdmgreece.gr

Patras:

(+30) 261 0310 366

patras@mdmgreece.gr

Perama:

(+30) 210 4414 788

perama@mdmgreece.gr

Chania:

(+30) 282 1023 110

chania@mdmgreece.gr

mdmgreece.gr

Amnesty International- Greece

Legal support, Human Rights Protection

Athens:

(+30) 210 3600 628

Athens@amnesty.org.gr

www.amnesty.gr

Hellenic League for Human Rights

Legal support, Human Rights Protection

Athens:

(+30) 213 0264 975

Info@hlhr.gr

www.hlhr.gr

Hellenic Red Cross

Primary Health Care and Pharmaceutical Provision, psychosocial support

Athens:

(+30) 210 3613 848

(+30) 210 3639 538

swd@redcross.gr

www.redcross.gr

National Center for Social Solidarity (EKKA)

Psychological/social support for vulnerable groups

Nationwide:

197 (Social Help Line - for calls outside the Prefecture of Attica type **210 197**), **1107** (National Child Protection Line)

www.ekka.org.gr

Center for Life

Psychosocial / Legal support for people living with HIV/AIDS

Athens:

(+30) 210 7257 617

info@kentrozois.gr

Thessaloniki: (+30) 231 0237040

www.kentrozois.gr

Positive Voice

Psychosocial / Legal support for people living with HIV/AIDS

Athens:

(+30) 210 8627 572

Info@positivevoice.gr

Thessaloniki:

(+30) 231 5525 020

positivevoice.gr

Syn-eirmos- Babel Day Center

Mental health service to migrants

Athens:

(+30) 210 8616 280

babel@syn-eirmos.gr, info@syn-eirmos.gr

Trikala (Day Center Roptro)

(+30) 24310 73385 & (+30) 24310 39388

syn-eirmos.gr

KMOP

Social welfare and health/employability and human rights protection / scientific research and development of know-how in social policy and social protection issues

Athens:

(+30) 210 3637 547

kmop@kmop.eu

Thessaloniki:

(+30) 231 0534 322

Piraeus:

(+30) 211 7201 055

Kmop.gr

POLICE SERVICES

Electronic Crime Prosecution Division

Cyber Crime. Includes cases of cyberbullying and racism.

Nationwide:

11188

ccu@cybercrimeunit.gov.gr

cyberalert.gr

Agency for Combating Racism Violence

Prosecution of crimes with racist motivation

Nationwide:

11414 (24/7 helpline)

Electronic complaint of incidents of racist violence:

www.astynomia.gr

Important Dates for the LGBTQI+ Community

Trans Visibility Day - 31 March

Trans Visibility Day dedicated to celebrating trans people. The holiday was founded in 2009 by Rachel Crandall as a reaction to the lack of LGBT holidays acknowledging and celebrating the living members of the transgender community.

International Day against Homophobia, Biphobia, and Transphobia - 17 May

The primary purpose of the day is to raise awareness of the violence, discrimination, and repression LGBT communities face throughout the world and serves as an opportunity to take action and engage in dialogue with the media, policymakers, public opinion, and civil society. That date was chosen to commemorate the decision to remove homosexuality from the International Classification of Diseases of the World Health Organization in 1990.

Anniversary of the Stonewall Uprising - 28 June

The Stonewall uprising was a series of spontaneous, violent demonstrations by members of the LGBT community against a police raid that took place on June 28, 1969, at the Stonewall Inn in Manhattan. The Stonewall Uprising is considered the most important event leading to the gay liberation movement and the modern fight for LGBT rights in the US. On June 28, 1970, the first gay pride marches took place in the US commemorating the anniversary of the riots, and today, Pride events are held annually throughout the world in June to mark the Stonewall riots.

Bisexual Visibility Day - 23 September

This day is a call to recognize and celebrate bisexual history, highlight biphobia and to help people find the bisexual community.

Coming out Day - 11 October

The day founded in 1988, and the date was chosen as the anniversary of the National March on Washington for Lesbian and Gay Rights in 1987. The initial idea was grounded in the feminist and gay liberation spirit of the personal being political, emphasizing on living openly as LGBT as the most basic form of activism.

Intersex Awareness Day - 26 October

The day aims to highlight the human rights violations intersex people face. The event marks the first public demonstration by intersex people in North America, on October 26, 1996, outside the venue where the American Academy of Paediatrics was holding its annual conference. It is an international day of grass-roots action to end shame, secrecy and unwanted genital cosmetic surgeries on intersex children.

Intersex Day of Remembrance - 8 November

The day is designed to highlight issues faced by intersex people. The event appears to have begun on November 8, 2005, following an invitation to actions by the Organisation Intersex International. The date marks the birthday of Herculine Barbin, a French intersex person whose memoirs were later published by Michel Foucault.

Trans Day of Remembrance - 20 November:

The day aims to memorialize the people who were murdered due to transphobia and to draw attention to the violence the transgender community faces. It was founded in 1999 by Gwendolyn Ann Smith, a transgender woman, to memorialize the murder of transgender woman Rita Hester.