



# Hate speech against intersex people in Greece

**“Nothing about us,  
without us”**

**Intersex Greece**



**Content warning!** The following text contains incidents related to interphobia and may cause unpleasant feelings to some audiences.

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Finally, the present work is dedicated to all the intersex people of Greece and the world, and -most importantly- to intersex children, with the wish that the cycle of abuse in their generation will be broken and that they will not go through what the intersex generations that preceded them have gone through. We wish, with all our might, that the intersex children from now on will be able to enjoy the freedom of being their wonderful and unique selves.



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## TABLE OF ACRONYMS:

**AIS** = Androgen Insensitivity Syndrome

**CAH** = Congenital Adrenal Hyperplasia

**EL** = Greek questionnaire

**EN** = English questionnaire

**EPA** = European Parents' Association

**FRA** = European Agency for Fundamental Rights

**IGLYO** = International Lesbian, Gay, Bisexual, Transgender, Queer and Intersex Youth & Student Organisation (formerly known as: International Gay Lesbian Youth Organization)

**IGM** = Intersex Genital Mutilation

**ILGA** = International Lesbian, Gay, Bisexual, Trans and Intersex Association (formerly known as: International Lesbian Gay Association)

**LGBT** = Lesbian Gay Bisexual Trans

**LGBTI** = Lesbian Gay Bisexual Trans Intersex

**LGBTQI+** = Lesbian Gay Bisexual Trans Queer Intersex+

**NGO** = Non-Governmental Organization

**OII** = Organization Intersex International

**PAIS** = Partial Androgen Insensitivity Syndrome

**SM** = Social Media

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## Foreword

The research 'Hate Speech against intersex people in Greece' was conducted in 2022 with the support of ILGA-Europe. It is perhaps one of the few, if not the only research in the world, that from its inception, and throughout its development, was continuously supervised by people who belong to the intersex spectrum themselves (i.e., it is an intersex-led research). Its findings, apart from being of particular academic interest, are gut-wrenching for any person with even a modicum of sensitivity. Within these findings, you will see that in many cases the individuals themselves did not even realize that they were victims of hate speech, since the status quo had become -and to a large extent, unfortunately, still is- "normality". Intersex individuals have literally managed to survive incidents of intense mental and physical trauma, and escape a peculiar eugenics logic regarding existence, according to which anything that deviates from the "norm", if its prevention from coming to life has previously failed, should be "normalized" via surgical operation. The lives of intersex people are invisible to the State, the Religion, and the people around them. Invisible, not only because to this day their existence is not legally and institutionally recognized, but also because they have been persuaded to live in hiding.

We would like to thank the intersex people, their families and loved ones, and all those who support intersex rights, for participating in this research. Below is the greeting read on their behalf at the first public presentation of the findings of this research. Before proceeding to read the contents of this report, we strongly urge you to read this greeting carefully; you will feel the anguish

and the shame that stigma has created, and you will understand why it is imperative that immediate and drastic changes are implemented regarding their lives:

“

We would like to thank you, in turn, for your presence here today. Many of us would have liked to be there with you, but you see, the horror of exposure did not allow us to be there. We still suffer today from the stigma of ignorance. Some of us are here with you today. We are among you. We sit beside you. We move silently, usually in the shadows. Invisibly. We have been taught, you see, to fear and to be ashamed of our existence. Do not seek to recognize us. You will not succeed. The reason? We are no different from you. We are everyday people who happen to have a few variations from the norm in our sex characteristics. But we don't live like you. In the research findings, you'll get a glimpse of what it takes to survive and how most of us are forced to live.

We demand nothing more than the exercise of our human rights, and for this we need the help of all those who can help us.

We are here, we are real people, we are together. Intersex Greece is our voice. Please listen to it.

We thank you in advance for any contribution to our struggle!

The results of the research at hand were presented to the public by Intersex Greece on the 16th of September 2022 at Kypseli Municipal Market <sup>1</sup>.

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<sup>1</sup> See: Antivirus Magazine, 'Η πρώτη φορά στην Ελλάδα που ακούγεται το ίντερσεξ βίωμα', (trans.: 'The first time in Greece that the intersex experience is heard'), 16/9/2022 <https://avmag.gr/i-proti-fora-stin-ellada-poy-akoygetai-to-intersex-vioma/>

## CHAPTER 1

# Introduction: Research Project 'Combating Hate Speech against Intersex People in Greece'

"Intersex" is an international umbrella term used to describe the wide range of physical body variations of sex characteristics. Intersex individuals are born with sex characteristics that are either female and male at the same time, or not fully female nor male, or neither female nor male.

In Greek, the term "mesofilikos" (μεσοφυλικός-ή-ό) or "mesofilos" (μεσόφυλος-η-ο), is often used but is incorrect. It does not express the reality experienced by intersex people, as it implies that they are in the "middle of the sexes". This illegitimate term – which is the Greek rendering of the term "middlesex" and not the term "**intersex**" - is, among other things, scientifically invalid, as intersexuality is manifested via a huge variety of physical variations of sex characteristics within the spectrum of biological sex, and not as some supposedly "in-between" point. For this reason, it is deemed necessary to completely remove the aforementioned unacceptable term from public documents, and in its place to use strictly the appropriated for Greek speakers term "intersex", as is already the case in official documents of the European Union<sup>2</sup>.

Although originally coined by the medical community, the term "intersex" has been reappropriated by the international community of intersex people, and is now widely accepted. The Greek intersex community prefers the term "intersex" for the additional reason that in the Greek language trans people (διεμφυλικοί="diemfilikoi") are often confused with intersex people (διαφυλικοί="diafilikoi").

The first seeds for the intersex movement in Greece were sown in 2006, when a core of intersex women and parents of intersex girls was created, providing online (via e-mail) and face-to-face, in the form of informal meetings, mutual support and information services, mainly regarding medical issues. The foundations for Intersex Greece were laid in 2013 with the start of a secret Facebook group by Rinio Simeonidou and the first two mothers of XXY children, who were looking to meet other parents of XXY children to exchange experiences and knowledge, something that was already happening in similar peer-to-peer groups abroad. Subsequently, some intersex adults, who were either already individual activists or were coming from the aforementioned group of intersex women, along with a few more parents of intersex children, joined forces with Rinio and were added to the group, at a time when the term intersex was rather unknown to the Greek public. Thus, the group was initially titled with the medical names of well-known intersex differentiations, such as the "Klinefelter syndrome" (XXY), XYY, Turner syndrome, 3X, CAH, AIS, PAIS, etc., without its members knowing at the time that all these differentiations were grouped under the umbrella term "intersex".

Two to three years later, the members of the group began to meet more intersex people from the area of European activism and their organizations, such as the [Organisation Intersex International Europe \(OI-Europe\)](#) (which since then has consistently supported Intersex Greece and has included it among its official members), and since then the term "intersex" has been consciously adopted in Greece as well. Soon, the Greek intersex collective realized that intersex children and adults, as well as their families in Greece (which already had over 250 members in the Facebook group) need official institutional representation. Thus, in 2021, the Greek Intersex Community -Intersex Greece- acquired the legal form of an association and was legally recognized as the only intersex-led organization nationwide (led mainly by intersex persons and/or parents of intersex persons).

Intersex Greece<sup>3</sup> has at its helm a coordination committee of adult intersex persons and parents of intersex children who are supported by valuable allies and promoters of inclusiveness. The aims and objectives of the organization are to provide specialized peer support to intersex people and their families, to provide support, training and information on all issues related to the natural

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<sup>2</sup> [European Parliament resolution of the 14th of February 2019 on the rights of intersex people \(2018/2878\(RSP\)\)](#)

<sup>3</sup> <https://intersexgreece.org/gr/>



variations of sex characteristics (intersex), while continuing to work for the visibility and development of the intersex community, as well as to raise awareness, promote and safeguard the rights of intersex people in Greece, and -by extension- abroad.

In Intersex Greece we seek to create a climate of awareness, provide valid information and promote social inclusion for intersex physiology in Greece, so that it can be recognized by Greek law as it really is: a natural state for people, who should enjoy equal rights with endosex people, ie those who, based on their biological sex characteristics, are recognized by the State as males or females<sup>4</sup>. Today, in our country -and not only here- because of gender norms and stereotypes, intersex physiology is still treated by a significant part of the medical world and the public as a "pathology that needs medical normalization". However, the personal testimonies and experiences of intersex people both in Greece and globally bear witness to the fact that, in most cases, these unnecessary medical interventions have traumatic consequences on their bodies and souls.

For this reason, we demanded and -in close cooperation with the Greek State- we achieved in July 2022 to ban by law cosmetic (medically unnecessary) genital surgery on intersex infants and children, until they reach the age of 15, so that they are able to give free and informed consent for any kind of interventions on their bodies. This law forms a good basis to start in practice protecting some of the rights of intersex people, such as their right to bodily integrity and self-determination, and we expect the Greek State to issue a clarifying encyclical soon, precisely to ensure the correct application of what is stipulated in Articles 17-20 of the Law 4958/2022.

At the same time, we continue to provide peer support to current and future parents of intersex children, as well as adult intersex persons, whether they have had medical interventions or not. We want our voices to become as institutionally loud as possible, so that they can be heard by the State and its institutional bodies in all areas: education, public health, social welfare, policy makers, members of Parliament, religious leaders, and any person in politics or the administration sector in Greece.

## 1.1. Objectives

Even before it was legally recognized as an organization in 2021, Intersex Greece had already received many complaints from intersex people who had been victims of hate speech attacks, especially from the medical community. By "hate speech" we mean any advocacy, promotion or incitement of disparagement, hatred or vilification of a person or group of persons, as well as any form of harassment, insult, negative stereotyping, stigmatization, or threat against such a person or group of persons<sup>5</sup>. Intersex people experience hate speech on multiple levels and the attacks they suffer perpetuate their pathologization, thus misleading audiences which are unfamiliar with intersex issues, and further impeding wider recognition of the rights and equality of LGBTQI+ people in the country. For these reasons, we decided to implement the research project entitled 'Combating Hate Speech against Intersex People in Greece', which consists of two main objectives:

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<sup>4</sup> Note that in Greece the possibility of gender registration is limited to two options, "male" or "female", without the possibility of a blank gender entry or a third gender entry with the value "intersex" or "other", as, e.g. in Germany <https://www.tanea.gr/2018/12/14/world/kai-episimos-trito-fylo-sti-germania/>

<sup>5</sup> Council of Europe, Hate speech: <https://www.coe.int/en/web/freedom-expression/hate-speech#:~:text=According%20to%20the%20Committee%20of,status%20such%20as%20%E2%80%9Crace%E2%80%9D%2C>

## Objective 1 - Strengthening the alliance between Intersex Greece and the LGBT+ movement in Greece to combat hate speech

As a new organization, our priority is to build alliances with other LGBT+ organizations that will enable us to fight against the human rights violations experienced by intersex people. Therefore, we implemented 2 meetings with LGBT+ and human rights associations to inform them about intersex issues in Greece. In addition, we organized a meeting with journalists, because during the project we found out that hate speech against intersex people often occurs due to misinformation in the Greek media. The above actions were implemented in May 2022 after a preparation with the appropriate selection of articles and corresponding material. The invitations to interested members had already been sent in April of the same year, so that there was sufficient time for preparation and planning on both sides.

Our main goal was to discuss common mistakes and misconceptions regarding the intersex condition, but also to contribute as much as possible to the reduction of the mainstream abusive discourse towards intersex people, along with the elimination of expressions that are derogatory, lack scientific basis and are stigmatizing, e.g., "hermaphrodite". During the discussions that took place during the meetings with LGBT+ and human rights associations, we became aware of the great ignorance that is present around intersex issues, and at the same time confirmed how necessary taking this action was from our part. Similarly, in the meeting held with journalists, we discussed the proper coverage and reporting of the issues related to both Intersex Greece and the global intersex community. We talked about common mistakes in journalistic discourse, which terminology should be used, which should be avoided, and explained in detail why certain phrases are abusive to the community.

A further aim was to create a direct communication channel with the members of the above organizations, to ensure that the people who make up the intersex community in Greece will have an autonomous voice and access to these organizations, so that they are able to adequately represent the association and themselves.

All meetings were held online and the positive feedback we received was very encouraging, albeit the response could have been greater. However, we do not overlook the fact that participation for such meetings can be affected by unforeseen factors, so we plan to organize similar initiatives again. Despite the limited participation, an important step was taken, and we are pleased to know that the discussions held were very meaningful and fruitful. Immediately after our meetings, some journalists were quick to publish articles on the information we shared with them<sup>6</sup>.

## Objective 2 - Developing evidence-based advocacy for the defence of intersex rights in Greece

A valuable asset of our organization is advocacy for the defense of the human rights of intersex people (see: Chapter 2), but without reliable data, this could not be possible. Precisely in this direction, the second objective of this research was to collect and analyze data on incidents of hate speech against intersex people in Greece.

<sup>6</sup> See Liberal, Έρευνα: Πητορική μίσους βιώνουν τα ίντερσεξ άτομα στα νοσοκομεία (trans.: Liberal, Research: intersex people experience hate speech in hospitals), 11/05/2022 <https://www.liberal.gr/epikairotita/ereyna-ritoriki-misoys-bionoy-n-ta-diafyllo-otoma-sta-nosokomeia> · See Liberal, Έρευνα: Πητορική μίσους βιώνουν τα ίντερσεξ άτομα στα νοσοκομεία (trans.: Liberal, Research: intersex people experience hate speech in hospitals), 11/05/2022 <https://www.makthes.gr/mia-kolasi-vionoy-n-ta-intersex-otoma-sta-nosokomeia-stin-ellada-562925> · ESG Stories, Intersex Greece: Πητορική μίσους βιώνουν τα ίντερσεξ άτομα στα ελληνικά νοσοκομεία (trans.: ESG Stories, Intersex Greece: intersex people experience hate speech in Greek hospitals), 12/05/2022 <https://www.esgstories.gr/culture/intersex-greece-ritoriki-misoys-bionoy-n-ta-intersex-otoma-sta-ellinika-nosokomeia>

Intersex Greece already had enough data based on complaints we had received from some intersex people and their families. Initially, we intended to base our data collection solely on the existing complaints (See: Chapter 3). However, when we held our first face-to-face meeting with the intersex community, we realized that there was even more information to collect, and decided to create an additional questionnaire that we distributed online. The questionnaire collected a total of 23 responses from intersex individuals, families, loved ones and professionals involved in intersex issues (See: Chapter 3 and Appendix I).

At the same time, during the implementation of the project, public interest in Greece regarding intersex issues began to increase, as our research coincided with the preparation of the draft law on the prohibition of sex-normalizing procedures for intersex infants and children. For this reason, we enlisted professional researchers in our online research to identify and analyze incidents of anti-intersex hate speech as portrayed on online platforms (see: Chapter 4). Specifically, we collected material from social media (SM) to investigate the quantity -as well as the nature- of posts that potentially victimize or make use of abusive terms about the intersex community. In recent years, the social networking medium Twitter has been defined by a plethora of practitioners as a medium that reflects much of wider social expression and consciousness of many countries, with Greece -and its institutional or non-institutional actors- being no exception. Although as a platform it is not the most popular SM, neither in terms of the number of users nor the number of interactions, the fact that it is political, and, also, easily accessible, made it a particularly fertile ground for our pilot data collection.

Finally, we decided to include in this report a Strategic Plan with recommendations (see: Chapter 5), which is directly linked to the findings of the research. This way, each person who reads the data presented in this survey will be able to also read the corresponding action points at the end. Some of the findings of the research have already been publicly broadcast through the video 'Οι ἄξεις πονάει' (trans.: Words hurt)<sup>7</sup> and a public event<sup>8</sup>. This report presents in detail the findings of this research and intends to be an integral tool for the advocacy of intersex rights in Greece and the world.

## 1.2. Methodology

This research is both **qualitative** and **quantitative**. Its qualitative part mainly consists of the analysis of incidents as they emerged from complaints collected by the organization in general, but also through the experiential questionnaire. The online survey conducted is quantitative as it includes statistics on the use of abusive terms and expressions that constitute or can lead to hate speech.

It is worth noting that the research is 'intersex-led', as it was supervised by intersex people to be fully inclusive. While the design of the survey and the tools used during the research were designed by professional researchers, the intersex individuals were responsible for the editing, testing and distribution of the tools, as well as the final approval of all activities and deliverables. In other words, throughout the research, the research staff had an advisory/guidance role, while the intersex individuals were responsible for supervising and implementing the project.

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<sup>7</sup> Content warning - the video contains material related to interphobia and may cause unpleasant feelings in some audiences. Script: Panagiotis Pantazis, Editing: Dimitris Zivopoulos, Translation: Intersex Greece, Production - Editing: Melpomene Maragidou. [https://www.youtube.com/watch?v=PqJUIV8G\\_6w](https://www.youtube.com/watch?v=PqJUIV8G_6w)

<sup>8</sup> Antivirus, Η πρώτη φορά στην Ελλάδα που ακούγεται το ίντερσεξ βίωμα (trans.: Antivirus, The first time in Greece that the intersex experience is heard). <https://avmag.gr/i-proti-fora-stin-ellada-poy-okoygetai-to-intersex-vioma/>

It is also worth noting that we deliberately chose this method in particular, as the majority of research on intersex people is conducted by research staff who are not familiar with the intersex experience. Unfortunately, we have observed that quite often, such research ends up pathologizing and/or re-traumatizing an already traumatized community. For example, in 2021, Intersex Greece found itself in the very uncomfortable position of having to make a public announcement to clarify its involvement in a research project (See: Chapter 3, Subchapter 3.1.5 'Research'). This research was conducted by non-intersex researchers with no prior expertise in intersex issues and the needs of intersex people. The interviews that were initially provided in good faith by individuals from our organization (an informal collective at the time) to these researchers were transferred to writing with many distortions and errors in terminology and translation, so that the final texts (both in Greek and English) pathologize intersex people and do not contribute effectively to highlighting the issues they face, nor to protecting their rights.

Apart from further pathologization, such non-inclusive approaches degrade the quality and hinder the interpretation of research data, as they are not firmly grounded in the needs of intersex individuals<sup>9</sup>. In an effort to conduct research that respects intersex individuals and does not treat them merely as objects to be investigated (something that re-traumatizes them because it rests squarely on the instrumentalization they have already experienced and suffered from the medical community), the application of this methodology aims to eliminate the power imbalance that exists between research staff and research subjects, and to introduce a new research model that is able to respect, recognize and essentially highlight the needs of intersex people, with the ultimate goal to protect their human dignity.

### 1.3. Obstacles

The obstacles we encountered in the implementation of the research project belong to the two categories below:

#### a. Delays

Intersex Greece was not yet an official organization when it took over the implementation of this project. We faced many delays in our recognition as an official association due to the COVID-19 pandemic. As a result, the project had to be started and completed later than anticipated. Furthermore, to enhance the accessibility and impact of the research we decided to do everything simultaneously in two languages, Greek and English, which caused additional delays due to the fact that Greek gender/sex phraseology is complex, and we had to take extreme care when translating into English to ensure the language of the text was comprehensive and the translation adequate.

#### b. Data collection

It has been already mentioned that we used an experiential questionnaire (see: Appendix I) as a tool to collect information on hate speech against intersex people in Greece. We created this questionnaire in both Greek and English. When we posted the English questionnaire online, it was maliciously attacked ('hacked') by the placement of a 'bot', and we had to repeat the process. Moreover, although the questionnaire was anonymous, intersex people were hesitant to answer it due to the stigma in Greek society. To overcome this obstacle, the intersex members of the

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<sup>9</sup> See. Morgan Carpenter, Researching intersex populations, Last reviewed in June 2022 <https://ihra.org.au/research/>

organization had to contact them, explain the importance of the study and how their privacy was protected in this research.

## CHAPTER 2

# The rights of intersex people in Greece

## 2.1. Sex-"normalizing" interventions

When an intersex infant is born with an obvious difference in sex characteristics, doctors often advise parents to undergo surgical and other medical interventions in order to "conform" (apparently) their sex characteristics to the "norms" of typical male or female bodies, so that they can then be placed in the female/male binary (i.e., clearly labeled as a "boy" or "girl"). In most cases, these interventions are not medically necessary and can have extremely negative psychosomatic effects on intersex children while they are growing up<sup>10</sup>. As stated in official UN, EU, and Council of Europe documents, in the vast majority of cases of intersex infants there is no health risk. The UN specifically classifies these procedures (IGM<sup>11</sup>) as human torture<sup>12</sup>.

The ways in which the intersex variations of sex characteristics may become apparent in each body (and in each organism), vary. Sometimes a child may be born looking typically female, but it may be discovered along the way to have internal testicles, while sometimes a child with a typically male appearance may be found to have a uterus or ovaries. In some cases, a girl will not begin to menstruate, or a boy will begin to menstruate. These kinds of variations are natural and more common than previously thought. It is estimated that at least 1 in 200 people are intersex and some sources report that up to 1.7% of people show some variation in their sex characteristics, about in the same proportions with people who have red hair<sup>13</sup>.

In 2017, in Greece, Law 4491/2017 (Government Gazette Issue A'152/13-10-2-17) on the legal recognition of gender identity was passed. The Draft Law<sup>14</sup> of the Legal Drafting Committee of the Ministry of Justice on gender identity recognition (18.11.2016) states in Article 2 "Definitions" para. 2 that "sex characteristics are defined as chromosomal, genomic and anatomical characteristics of the person, which include primary characteristics, such as reproductive organs, and secondary characteristics, such as muscle mass, breast development or hair growth". This definition refers to intersex persons as it distinguishes **sex characteristics** from **gender identity**, a term which is described in para. 1 as "the internal and personal way in which a person experience(s) his or her or their own gender, irrespective of the sex registered at birth on the basis of biological characteristics". In fact, Article 7 "Minors" para. 1 of the Draft Law states that "any medical treatment, such as surgical or hormonal treatment, for the total or partial change of sex characteristics in a minor is prohibited, unless it is required in the interest of the minor's health, in which case it is carried out with the consent of their parents (...). In case there are health reasons and medical operations are carried out, para. 2 adds that 'if the medical operations referred to in para. 1 are carried out for health and safety reasons, which result in a discrepancy with the registered sex of the minor, the correction of their registered sex shall be decided by the court if the parents so request (...)'".

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<sup>10</sup> Amnesty International (Greece Section, 2017), Πρωτίστως να μην προκαλείται βλάβη: Τα δικαιώματα των παιδιών που γεννήθηκαν ίντερσεξ (trans.: First, do no harm: the rights of intersex born children) <https://www.amnesty.gr/blog/21015/protistos-na-min-prokaleitai-vlavi-ta-dikaiomata-ton-paidion-poy-gennithikan-intersex>

<sup>11</sup> IGM: Intersex Genital Mutilation

<sup>12</sup> <https://www.unfe.org/wp-content/uploads/2017/05/UNFE-Intersex.pdf> (English) / [https://intersexgreece.org.gr/wp-content/uploads/2021/09/UNFE\\_INTERSEX-FACT-SHEET\\_GR.pdf](https://intersexgreece.org.gr/wp-content/uploads/2021/09/UNFE_INTERSEX-FACT-SHEET_GR.pdf) (Greek)

<sup>13</sup> [1] IGLYO, OII Europe & EPA, Υποστηρίζοντας το ίντερσεξ παιδί σας (οδηγός για γονείς) (trans.: Supporting your intersex child (a guide for parents)) [https://www.iglyo.com/wp-content/uploads/2018/10/Parents\\_Toolkit\\_Intersex\\_GRK\\_ES\\_WEB.pdf](https://www.iglyo.com/wp-content/uploads/2018/10/Parents_Toolkit_Intersex_GRK_ES_WEB.pdf)

<sup>14</sup> For the Draft Law see: Μ. Κιαφα-Gbandi, Ε. Κουνουγερή-Μανολεδάκης, Ε. Σιμεονίδου Καστανίδου, Αναγνώριση ταυτότητας φύλου, Ενόψει του Σχεδίου Νόμου της Νομοπαρασκευαστικής Επιτροπής του Υπουργείου Δικαιοσύνης, (trans.: Gender Identity Recognition, In view of the Draft Law of the Law Drafting Committee of the Ministry of Justice), Εκδόσεις Σάκουρα, 2017. For a more detailed commentary see: Ν. Πικραμένου, Intersex Rights. Living between sexes, Springer, 2019.

While the original Draft Law with Article 7 explicitly prohibited operations on intersex infants and at the same time provided a clear legal framework for the legal recognition of sex in the case of such medical procedures, in the submitted Draft Law of the Ministry of Justice, Transparency and Human Rights, Article 7, on operations on intersex infants and children, eventually disappeared and was replaced by the new Article 7 "Other provisions". The current law on sex recognition contains only Article 2 that defines what intersex is, which makes no sense since Article 7 has disappeared.

About 5 years later, on 19/7/2022<sup>15</sup>, Greece became the 5th country in the world and the 4th in the European Union to ban sex-normalizing procedures on intersex infants and children<sup>16</sup>. More specifically, articles 17 to 20 (PART C - CHANGE OF SEX CHARACTERISTICS OF INTERSEX CHILDREN) in Law [4958/2022](#) (Government Gazette Issue A 142 - 21.07.2022) "Reforms in medically assisted reproduction and other urgent regulations" prohibit medical procedures and treatments performed on intersex children. Such interventions can now only be performed on intersex minors who have reached the age of 15 and only with their free and informed consent. In addition, to carry out any non-medical interventions, prior authorization will have to be granted by a decision of the relevant District Court, following the opinion of an Interdisciplinary Committee made up of experts in such matters. If medical operations are carried out that result in the sex of the intersex person being inconsistent with the already registered sex, it is possible to correct the registered sex by court order. It should be recalled that in Greece the sexes on birth certificates and public documents are only two, "female" and "male". Therefore, an intersex person is not yet allowed by law to self-identify as they wish, in case their gender identity does not fit into the female/male dichotomy (e.g. if they self-identify as "non-binary")<sup>17</sup>. Finally, the law provides for a minimum of 6 months imprisonment, loss of license and a fine for doctors who perform interventions on intersex minors without a license.

## 2.2. Hate speech

Article 1 of Law 927/1979 was amended by Par.2 of Article 7 of Law [4491/2017](#) with effect from 13/10/2017 adding 'sex characteristics' to public incitement to violence or hatred.

**Article 1.** Whoever with intent, publicly, orally or through the press, via the Internet or by any other means or manner, incites, provokes, stimulates or promotes acts or actions that may cause discrimination, hatred or violence against a person or a group of persons, identified on the basis of race, color, religion or descent, national or ethnic origin, sexual orientation, gender identity, sex characteristics or disability, in a manner that endangers public order or

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<sup>15</sup> Prior to the law, the manifest of the National Strategy for LGBTQ+ Equality was preceded, where on pp. 51-53 refers to 'Issues concerning intersex people' [https://primeminister.gr/wp-content/uploads/2021/06/ethniki\\_statigiki\\_gia\\_thn\\_isothta\\_ton\\_loatki.pdf](https://primeminister.gr/wp-content/uploads/2021/06/ethniki_statigiki_gia_thn_isothta_ton_loatki.pdf). Before the publication of the Strategy, Intersex Greece had submitted a detailed memorandum to the Committee on the National LGBTQI+ Strategy on the situation regarding the rights of intersex people in Greece and their demands <https://drive.google.com/file/d/1Gw2fublrw6qb38g0tb8jhoiYurgNpvhB/view>

<sup>16</sup> Intersex Greece, " Ιστορική Ημέρα για την Προστασία των Ανθρώπινων Δικαιωμάτων των Ίντερσεξ Παιδιών στην Ελλάδα" (trans.: Historic Day for the Protection of the Human Rights of Intersex Children in Greece", 19/07/2022 <https://intersexgreece.org.gr/2022/07/19/istoriki-imer-a-gia-tin-prostasia-ton-anthropinon-dikaiomaton-ton-intersex-paidion-stin-ellada/> and N. Pikramenou "Απαγόρευση των επεμβάσεων «κανονικοποίησης φύλου» στα ίντερσεξ παιδιά" Άρθρα 17 έως 20 στο Νόμο 4958/2022 (trans.: Prohibition of 'sex normalization' interventions on intersex children" Articles 17 to 20 in Law 4958/2022) <https://intersexgreece.org.gr/2022/07/25/apagorefsi-ton-epemvaseon-kanonikopoiisis-fylou-igm-sta-intersex-paidia/>

<sup>17</sup> In 2017, the District Court of Amarousion, Attica recognized the gender identity of a non-binary person but did not accept the deletion of their sex from the birth certificate. In 2021, the Athens Single-Member Court of First Instance (decision 2276/2021) recognized that the law does not oblige non-binary persons to declare one of the two sexes at the registry office, thus paving the way for the registration of "non-binary sex" in civil registry acts. This decision also opens the way for intersex people who identify themselves as non-binary but not for those who want to identify themselves by their biological sex, i.e., as intersex



poses a threat to the life, liberty or physical integrity of the aforementioned persons, shall be punished by imprisonment for a term of three (3) months to three (3) years and a fine of five to twenty thousand (5.000 - 20.000) euros .”

Generally, from 2016 to 2019, several amendments were made to add 'sex characteristics' to various laws. For instance, in 2016 [Law No. 4443/2016](#) introduced the factor 'sex characteristics' as one of the grounds for protection against discrimination in the field of employment. In 2019, [Law No. 4619/2019](#) amended the Penal Code and Article 82A on crimes with racist characteristics and added sex characteristics to the list of aggravating circumstances. On March 10, 2023, [Law 5029](#) "We live together in harmony - Breaking the silence": regulations for the prevention and treatment of violence and bullying in schools and other provisions, was published, which includes sex characteristics in the actions of the Ministry of Education on bullying and discrimination in schools (see: Part B, Article 3 and Article 4).

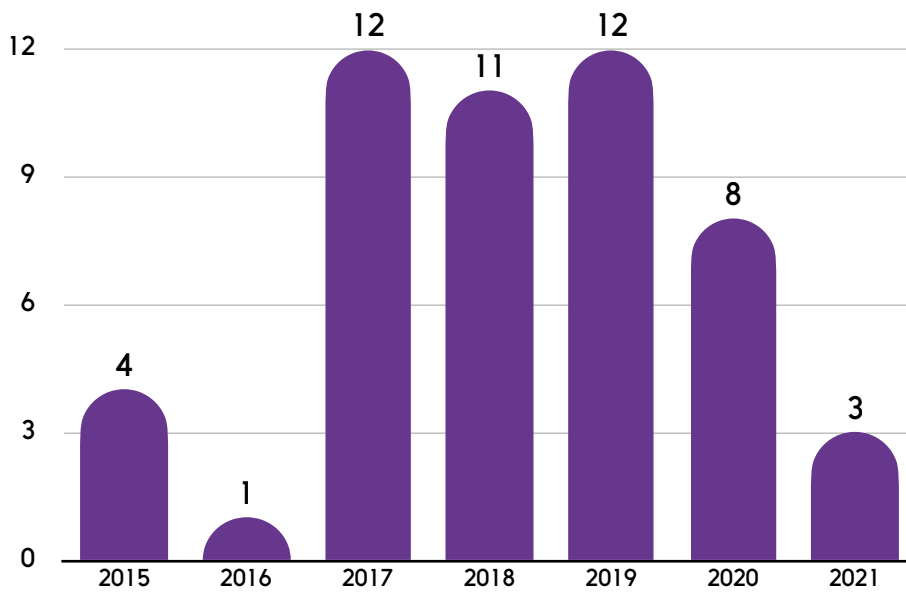
However, the implementation of these laws -especially the laws on hate speech and racist crimes- remains problematic, as there is virtually no monitoring mechanism for intersex people.

In the context of this research, we asked the Greek Police to share with us the statistics they collect concerning incidents with suspected racist motive. We received statistics for the years 2015-2021. But it was not clear which incidents involved intersex people, as the document states that incidents are recorded based on 'gender identity/sex characteristics', which is automatically placing trans and intersex people in a single category. More specifically, in the year 2015, a total of 4 incidents were recorded, 3 incidents of insult and 1 incident of intentional homicide. In 2016, 1 incident of insult was recorded. In 2017, 12 incidents were recorded of which 8 involved hate speech (2 on TV shows and 5 online) and 4 incidents of insult. In 2018, a total of 11 incidents were recorded, 3 involving hate speech (2 online, 1 in print), 1 robbery, 6 insults, and 1 incident of physical harm. In 2019, 12 incidents were recorded, 4 involving hate speech (all of them online), 7 insults, and 1 incident of discrimination. In 2020, 8 incidents were recorded, 3 of hate speech (all of them online), and 5 insults. In 2021, 3 incidents were recorded, 2 insults and 1 robbery. Although we cannot have a clear picture of the incidents involving intersex people due to this 'confusion' between trans and intersex, the European Union Fundamental Rights Agency (FRA) published a survey in 2019, according to which in the last 5 years 45% of intersex people from Greece who responded to their questionnaire had suffered physical or sexual violence<sup>18</sup>.

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<sup>18</sup> <https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer?locale=EN&dataSource=LGBTI&media=png&width=740&topic=3.+Violence+and+harassment&question=DEXindex11&answer=01-Yes&subset=AllSubset&subsetValue=0-All&superSubset=06-Intersex-people&plot=heatMap&M2V=heatMap>

## Incidents based on gender identity/sex characteristics



Finally, it should be added that it remains questionable whether and to what extent people working in the legal sector, who are called upon to apply the law, are aware of the terminology 'sex characteristics', as the first training seminar for judicial officials took place on 10/6/2022, where judges were informed for the first time about intersex rights<sup>19</sup>.

<sup>19</sup> See: contribution by N. Pikramenou, 'Τα ίντερσεξ δικαιώματα στην Ελλάδα και στην Ευρώπη' (trans.: Intersex rights in Greece and Europe) <https://www.academia.edu/96088185/%CE%A4%CE%B1-%CE%AF%CE%BD%CF%84%CE%B5%CF%81%CF%83%CE%B5%CE%BE-%CE%B4%CE%B9%CE%BA%CE%B1%CE%B9%CF%8E%CE%BC%CE%B1%CF%84%CE%B1-%CF%83%CF%84%CE%B7%CE%BD-%CE%95%CE%BB%CE%BB%CE%AC%CE%B4%CE%B1-%CE%BA%CE%B1%CE%B9-%CF%83%CF%84%CE%B7%CE%BD-%CE%95%CF%85%CF%81%CF%8E%CF%80%CE%B7-E%CE%B9%CF%83%CE%AE%CE%B3%CE%B7%CF%83%CE%B7-%CE%95%CE%A3%CE%94%CE%99>

## **CHAPTER 3**

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# **Incidents of hate speech against intersex people**

## 3.1. Complaints and reports received by Intersex Greece (2009-2022)

In this chapter complaints and reports of hate speech incidents are presented, as recorded by Intersex Greece from 2009 to 2022. These complaints contributed significantly to the creation of the intersex movement in Greece and have already been filed with the Council of Europe, the United Nations, and the European Union, either orally or through reports and petitions on intersex rights in Greece by Intersex Greece. The names used have been altered to protect the privacy of intersex individuals and their families. Also, in cases where the information is not publicly available on the internet, information that may target specific individuals or situations has been removed.

### 3.1.1 Selective terminations of intersex embryos

When you hear... "You're going to give birth to a monster"<sup>20</sup>

"In 2008, while I was five months pregnant, I was asked to have an amniotic karyotype screening test recommended because of the parents' age. The test showed that everything was fine, except that our baby had an extra X on the sex chromosome, namely 47-XXY, an intersex karyotype. As this was something completely new to us, we went online and gathered all the up-to-date information we could about it to be properly prepared. As we were searching, we also met many XXY people all over the world through the internet, open to share with us their personal life story and very willing to support us psychologically, as well as point us to the latest research. Soon, we were feeling confident that our baby would be fine. Unfortunately, my first obstetricians at the local hospital were not so well informed. Two of them called us in for a consultation meeting at the hospital and both insisted that the "standard procedure" was to terminate **any** XXY fetuses because it would be "A freak! A monster! A mistake of Nature! A stupid person, incapable of living on his own! A boy with such a small phallus that he'd better not live at all, besides, he'll most likely be gay" (those were their exact words...). They also added that "this is so rare that you will never meet another person like this". That wasn't true either.

Since we had already been informed that all this traumatic and endophobic rhetoric was just false and outdated information, we strongly insisted on keeping our baby. Then, the doctors angrily refused to continue to monitor my pregnancy and undertake the delivery. They even demanded that we sign papers that against their recommendations we wished to continue at our own risk and sent us to a central "special" hospital in Athens to find new doctors "in the hope" of changing our "stubborn minds".

So even before our child was born, we had to fight medical ignorance for their safety and their inherent right to be born. In mid-2009 our baby was born, healthy and perfect, in a normal private maternity hospital, just like any other baby. The only difference from other newborns was that the doctors insisted on taking mine to the emergency room, away from me for the first two days of his life and, for no particular reason, to run far more tests than were really necessary, just to satisfy their medical curiosity about XXY as my doctor later admitted. This practice almost cost us our safe bonding and breastfeeding...

In the years that followed, as I met more parents who were expecting intersex fetuses, from Greece or abroad, it became clear that these selective -or even forced- abortions after

<sup>20</sup> Intersex human rights - Rinio Simeonidou © TEDxLesvos: <https://www.youtube.com/watch?v=tVBkZrU8l8&t=9s>

prenatal screening, based on outdated assumptions and prejudices about intersex people, were indeed the "standard procedure" that unfortunately remains in place today for otherwise healthy and desirable intersex fetuses. Some doctors admit that this is as high as 80% of the diagnosed cases, but of course there are no recorded figures (or they are not given).

Of course, to all these parents at the time of their child's birth, no doctor ever used the term "intersex" or "intersex community" or, simply, said "Congratulations! You have a healthy intersex baby." Instead, we were all told that we had a "damaged" boy, a boy with a genetic disorder, with a Disorder of Sex Development (DSD), and that with a little testosterone at puberty, they could be "normal"... Some even offered us hormone therapy during the first year, based on an experimental protocol not based on research and evidence.

And even though we felt in our hearts that all this was wrong, it managed to scare us so much that for the first 3-4 years we troubled our child with visits to the Children's Hospital in Athens, again and again, every few months for close monitoring and tests "to be sure" that everything was okay. And we did this to the embarrassing point where our child began to believe they must be "seriously ill", coming close to developing childhood depression."<sup>21</sup>

These selective terminations continue to be proposed, consistently, to this day. The parents of one-year-old Alex told us :

"In 2018, our doctor suggested we terminate our healthy embryo as a 'mistake of nature' because it had two X chromosomes and one Y chromosome... We felt very sad, lost, and confused at first. Before deciding what we should do, we looked for other parents of children born with XXY chromosomes in Greece. Fortunately, we found a few, very willing to share their information and knowledge. Our baby was born healthy, perfect, a true blessing. We continue to educate ourselves, hoping that Greek society becomes more and more inclusive and willing to accept the rights of intersex children."<sup>22</sup>

### 3.1.2. Sex-normalizing interventions in intersex infants and children

"Other parents of intersex children, when sharing their stories with us, recount how medical staff pressured them to undergo these irreversible procedures, including unnecessary health procedures to surgically adjust the child's anatomical features to the typical male or female anatomy. Parents told us that doctors made them feel unreasonable when they resisted, hesitated, or asked questions about the long-term consequences. Some reported repeated painful surgeries to repair their child's hypospadias, even for very mild cases. Some reported reduction of their child's clitoris, or vaginoplasty, or gonadectomy resulting in sterilization and lifelong dependence on hormone replacement. Some parents who realize after some years that the decision they made was not theirs, nor was there an urgent reason, are overwhelmed with guilt and remorse for letting this happen to their beloved child. Some mourn in silence, having never found the courage to tell their children what happened to their bodies. In any case, such irreversible secrets can cause a rift in the relationship between

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<sup>21</sup> Experiential presentation by R. Simeonidou at the Council of Europe's Council of Ministers (CoE, Strasbourg, 26/01/2023) [Human rights of intersex people: work launched on new Council of Europe recommendation - Sexual Orientation and Gender Identity](#)

<sup>22</sup> Joint report of Intersex Greece and the Dutch NNID to the 85th Session of the Preliminary Working Group of the UN Committee on the Rights of the Child. [https://intersexgreece.org.gr/wp-content/uploads/2021/04/IINT\\_CRC\\_NGO\\_GRC\\_40838\\_EN.pdf](https://intersexgreece.org.gr/wp-content/uploads/2021/04/IINT_CRC_NGO_GRC_40838_EN.pdf)

parents and children. Children feel -and rightly so- betrayed. They feel that those who were responsible for them did not protect them and lied to them."<sup>23</sup>

Intersex Greece has received reports that to many intersex babies unnecessary medical interventions are recommended. Galli-Tsinopoulou et al. (2018)<sup>24</sup> describe a case study of a newborn intersex child from Greece born with ambiguous genitalia. It was decided to raise the child as a boy. The article describes the development of the child's "phallus" under the influence of hormonal therapy and plans to perform at least three unnecessary surgical procedures during the first three years of the child's life to make the child's genitals appear more masculine. A joint study of three French endocrinologists and a Greek gynecologist<sup>25</sup> on intersex children describes how the size of the "clitoris" was reduced in seven intersex children aged between 1 and 8 years old, who were raised as girls with fludrocortisone and hydrocortisone given by injections one to four times a day. These treatments were carried out without there being any possibility of ascertaining the future gender identity of these children. Recent research has shown that 5% of all intersex children, including those with variances in sex characteristics not usually recognized at birth, change sex before puberty<sup>26</sup>. In addition, the articles include images of children's genitals, which is a violation of the child's right to privacy. It has been demonstrated by Creighton et al. (2002)<sup>27</sup> ότι οι ιατρικές φωτογραφίες των γεννητικών οργάνων των ίντερσεξ παιδιών είναι επιζήμιες για την ανάπτυξή τους.

that medical photographs of the genitals of intersex children are harmful to their development.

The parents of little Thomas describe how much they regret having consented to unnecessary procedures on their child, which proved to be stressful, painful, and repetitive. Had they been fully informed, they would have chosen to delay these procedures until their child was able to give personal, a priori, free, and fully informed consent. Intersex Greece has received reports that medical interventions are often recommended at very young ages, between 3 months and 3 years. The parents of three-year-old Thomas specifically told us:

"The standard protocol for babies born with hypospadias, such as ours, is surgical correction of the urethral opening, as the doctors told us, because "otherwise your child will not be able to urinate standing up or inseminate their future wife (20+ years from now)", thus "it's a social emergency". We were not told how stressful, painful, and repetitive these procedures can be, let alone the risk of losing his sexual sensation as an adult. We were not told that this was a natural and common intersex variation, for which the intervention could be delayed and done at a time when they could give their fully informed consent. I wish we could have known better and had all the relevant information in advance..."<sup>28</sup>

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<sup>23</sup> R. Simeonidou, op. cit.

<sup>24</sup> Galli-Tsinopoulou A, Serbis A, Kotanidou EP, et al. 46,XY Disorder of Sex Development due to 17-Beta Hydroxysteroid Dehydrogenase Type 3 Deficiency in an Infant of Greek Origin. *J Clin Res Pediatr Endocrinol*. 2018;10(1):74–78. doi:10.4274/jcrpe.4829.

<sup>25</sup> Bougnères P, Bouvattier C, Cartigny M, Michala, L. Deferring surgical treatment of ambiguous genitalia into adolescence in girls with 21-hydroxylase deficiency: a feasibility study. *Int J Pediatr Endocrinol*. 2017;3. doi:10.1186/s13633-016-0040-8

<sup>26</sup> Falhammar H, Claahsen-van der Grinten HL, Reisch N, Slowikowska-Hilczer J, Nordenstrom A, Roehle R, et al. Health status in 1040 adults with disorders of sex development (DSD): a European multicenter study. *Endocrine Connections*. 2018. <https://doi.org/10.1530/ec-18-0031>

<sup>27</sup> Creighton S, Alderson J, Brown S, Minto C. Medical Photography: Ethics, Consent and the Intersex Patient. *BJU international*. 2002;89(1):67-71. <https://doi.org/10.1046/j.1464-410X.2002.02558.x>.

<sup>28</sup> Joint report of Intersex Greece and the Dutch NNID to the 85th Session of the Preliminary Working Group of the UN Committee on the Rights of the Child. [https://intersexgreece.org.gr/wp-content/uploads/2021/04/INT\\_CRC\\_NGO\\_GRC\\_40838\\_EN.pdf](https://intersexgreece.org.gr/wp-content/uploads/2021/04/INT_CRC_NGO_GRC_40838_EN.pdf)

### 3.1.3. Abandonment of intersex infants

"In 2020, we were informed of the case of an abandoned intersex child that was threatened with unnecessary cosmetic surgery on their genitals while being in the custody of the Greek state. Our organization, after many efforts and extensive communication with the persons responsible, finally managed to protect the physical integrity of this baby until their safe adoption abroad. Additionally, in approximately the same time period, we were informed by adoptive parents of two other such cases. In one of them, the baby's clitoris had been cut off to facilitate the adoption process. In the second case, the foster parent, after contacting us, refused medical advice for cosmetic surgery and joined our community."<sup>29</sup>

### 3.1.4. Education

In educational settings, the problems for intersex people seem to start early. First, intersex people are not included in any curriculum, productively. They are not even mentioned most of the time. When they are mentioned, they are treated as fictional mythological creatures (hermaphrodites), as examples of abnormality, or viewed from a pathologizing perspective (in biology texts, medical textbooks, or encyclopedias). Nor is there any reference to their existence or their physical experience in sex education lessons. On the contrary, the perception that there are only two biological sexes tends to be perpetuated even there.

These experiences increase the feelings of shame, secrecy, non-existence, or the feeling that the person is "a fraud" at a very vulnerable age. Intersex children face direct victimization and discrimination at school and later in educational settings if their gender expression, stature, or other elements of their appearance do not conform to the male or female norm. Intersex people have reported to us that they have been bullied at school based on the above (e.g., use of derogatory language, psychological and physical violence). Places where the body becomes visible to others, such as toilets and changing rooms, become sources of anxiety and areas of documented harassment, regardless of whether the intersex person has undergone a so-called 'normalization' surgery or not.<sup>30</sup>

"In our small country school, my child repeatedly asked -but was never really allowed- to speak openly and educate their classmates on the simple fact that some people are born with intersex characteristics and that it is okay, this is natural human physical diversity. It took the intervention of the Children's Ombudsman early on to educate teachers, parents, and older children to cultivate the basic knowledge and acceptance that would ensure our child's minimum framework of inclusion and safety."<sup>31</sup>

In another testimony, a teenage intersex girl told us that her biology teacher insisted in biology class that "all humans are born exclusively as XX females or XY males". When the teenage student, having very recently learned that she has intersex chromosomes herself, tried to say that sometimes there are both XY girls and XXY boys and girls, and XX boys, the teacher invalidated her and publicly insulted her in the classroom, shouting "There are no such things!" and called the information the child brought in "Bullshit". Essentially, the teacher told this girl that she does not exist..

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<sup>29</sup> R. Simeonidou, op. cit.

<sup>30</sup> Ghattas, D.C. (2015). [Defending the Human Rights of Intersex Persons - How can you help? \(Standing up for the human rights of intersex people-How can you help?\)](#)

<sup>31</sup> R. Simeonidou, op. cit.

"In the few cases where older children are aware of their intersex variant and choose to speak out about it, we have received reports of such efforts to inform their classmates being cancelled by teachers, even in biology class. This denial of their existence keeps these children invisible and often leads to more cruel and even truly dangerous bullying and harassment in schoolyards. (...) However, piecemeal efforts (by parents, teachers, or institutions) are not enough, nor do they ensure children's right to free expression and personal development."<sup>32</sup>

As scientific information about the physical existence of people with sex variations seems like a forbidden taboo and is not circulated in education and academic curricula, intersex children remain invisible in their schools, either because of the general ignorance, shame, and secrecy that already surrounds them from the family, or in an attempt to pass unnoticed in schoolyards for their own minimal safety. However, some variations in sex characteristics may start to become apparent during puberty: for example, some girls will not develop breasts and will not have menstrual periods along with their female classmates. Some boys, conversely, will develop breasts and will not develop the expected hair or muscle mass, or will delay their voice change. When variations in sex characteristics are not taught as natural states in school, children who display such variations are targeted by other children, often in a ruthless and cruel way.

"It is of unbelievable cruelty what a twelve-year-old child in junior high school, a child who is different, but intelligent, a child for whom some of their classmates occupied the school yesterday (!) to expel them from the school, posting a notice on the school's gate, naming their classmate and citing heavy slander as reasons for banning them from the school. What a disgrace for the school management to tolerate such public shaming and needing the intervention of the district principal to take down the despicable notice. It seems really inconceivable how this child who has suffered an unspeakable vilification on top of a full-blown persecution -the term bullying sounds very indulgent in their case- with... 200 hours of expulsions (!), with a call to the police to... arrest them, the insubordinate one, the one for whom, hearing their story yesterday, the prosecutor exploded, telling the father "You should sue them! Immediately! For dereliction of duty."<sup>33</sup>

Although most intersex children (whether they are aware of their differentiation or not, whether they have undergone 'normalization' interventions or not) usually self-identify with the sex assigned to them at birth, there are those who express a different gender identity, whether of another gender, mixed, or even outside gender norms <sup>34</sup>. The parents of young T. N. told us how much discomfort their non-binary and intersex child experiences from social pressure to decide what gender they are, when the child seems to have no such need:

"It is boring, and it makes me mad when everyone asks me, all the time, if I'm a boy or a girl. Why can't they understand that I feel I am both? Why do I have to choose? I am just being myself!"

The mother of 14-year-old P. tells us:

"It is incredibly tiring and exhausting, all these years, from kindergarten to junior high school, every September, that we parents have to inform all the educational staff who come in

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<sup>32</sup> R. Simeonidou, op. cit.

<sup>33</sup> Lykesas, A. (2019). [Ρατσισμός του διηθητικού θρανίου](#). (trans.: Next-desk racism). Εφημερίδα των Συντακτών

<sup>34</sup> Gender-diverse or gender-productive children, or trans or non-binary, or with fluid gender identity, or gender non-conforming, or gender non-conforming, or even in the process of questioning their gender identity.



contact with our child about their intersex physiology, to bring them valid and updated material, to prevent bad situations and risks, but also to prove that our child "is not an elephant" and to cultivate acceptance and inclusion. Apart from distrust and the questioning by the teaching staff, we very often find irrational views, bordering on insult, such as: "we are probably too open-minded and pushing our child to be different" or -as far as their learning difficulties are concerned- that 'the child is just lazy and manipulates us'!... The abusive comments we have heard over the years are beyond description. And I fear that we will continue to hear them for years to come, as long as no Inclusive and Comprehensive Sexuality Education is introduced to schools and, thus, the existence of intersex people continues to remain a taboo."

On an even more alarming level, intersex people also face educational problems directly related to the violation of their physical integrity. Most surgical procedures, which are performed at a very young age, lead to several additional surgeries over the years. These interventions often take place during school holidays, at the expense of the child's need for relaxation and fun. Some children drop out of school due to the lengthy recovery process. The unwanted use of hormone therapy during childhood or adolescence to make the body's appearance consistent with the sex assigned at birth is also cited as a factor associated with a decline in school performance.

This physical and psychological pressure often prevents intersex people from developing their full potential and leads to school failure. As a result, intersex children and young adults face significant difficulties in obtaining higher education qualifications and risk living in poverty when they grow up. But even those intersex people who do manage to achieve higher education continue to carry the trauma of the human rights violations they suffered in the past, combined with the discrimination they continue to experience as adults.<sup>35</sup>

"A recent survey in Australia that collected data on 272 intersex people, aged 16-85+, found that only a quarter of the participants rated their overall school experience positively. The vast majority of the participants (92%) had not attended a school with inclusive adolescent/sexual education. Overall, 18% of the people with diverse sex characteristics received only primary education (compared to 2% of the general Australian population). Many participants (66%) had experienced discrimination ranging from indirect to direct verbal, physical, or other abuse. The reported risks to well-being were high."<sup>36</sup>

Finally, similar unpleasant findings in the field of education -which are in line with the reports of our members- are observed in the first European Survey (FRA, 2020)<sup>37</sup> which included intersex people from all over Europe (including Greece):

- Intersex respondents aged 15-17 years old who participated in the survey experienced...  
50% ...bullying at school
- Did your schooling at any point address LGBTQI issues?  
46% No  
15% Yes, in a negative way  
13% in both positive and negative ways

<sup>35</sup> Ghattas (2015), op. cit.

<sup>36</sup> UNESCO TH/DOC/HP2/15/042, p.38, <http://unesdoc.unesco.org/images/0023/002354/235414e.pdf>

<sup>37</sup> <https://www.oieurope.org/intersex-youth/>

- Question about the harassment they received in the 12 months before the survey
  - 64% for any reason
  - 55% verbally, in person
  - 46% because of being
  
- Number of times they experienced offensive or threatening comments because of being intersex 12 months prior to the survey
  - 23% Once
  - 21% Twice
  - 18% 3-5 times
  - 35% 6 or more times
  
- Location of the latest incident of hate-incited harassment?
  - 39% At school, university
  
- Who harassed you?
  - 50% Someone from school, college or university
  
- Did you report this incident?
  - 88% No

### 3.1.5. Research

In the summer of 2020, our team was contacted by the research team of the BRING-IN<sup>38</sup>, project, specifically by a researcher representing Panteion University. We were asked to give experiential interviews to compile a report on the social situation of intersex people in Greece. More specifically, in June 2020, a mother of a non-binary intersex child, an intersex man, an intersex woman and a legal scholar specialized in the rights of intersex people were interviewed. Since three of the four interviews were experiential and contained highly sensitive data, the interviewees asked the researchers to see the text before it was published. The researchers assured the interviewees that they would see the text and they were, therefore, awaiting the final texts for approval and then publication.

On the 4th of February 2021, we discovered that the text of the interviews of our members was already published on the internet without having been previously reviewed by them, as the researchers had assured them. We discovered that the interviews had been annotated within the text by the authors with phrases that contained errors, which could lead to further stigmatization. In addition, there were omissions regarding the methodology followed, as well as an absence of references to authoritative sources. By way of illustration, we mention some of the omissions here:

- The interviewed mother's child was presented as a "cross-dresser", while they are non-binary and intersex.
- The words of the Intersex man were distorted, and parts of an earlier interview published on the internet were added incorrectly and unbeknownst to him.
- The words of the intersex woman were manipulated, especially regarding the very sensitive data she had shared about her medical history.

Other omissions had to do with the theoretical part:

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<sup>38</sup> <https://bring-in.eu/>

Page. 27: "However, for intersex people, the issue is complicated, as an intersex child cannot be asked about their gender identity and even if asked: "he doesn't know who he is, what he is doing in this life, what he wants to do."

example of adultism and a lame "excuse" for any transphobic adult, referring to the usual phraseology i.e., "You're still young / You know nothing / You're confused / etc.". If it is eventually retained, please also point out its deconstruction from the affirmative model of A.P.A. (see: Dr. D. Ehrensaft, 2016)."

On the 12th of February, the organization contacted the researcher who informed us that he is the project manager, as he designed the research protocol. A professor of the Department of Sociology is officially responsible for the project. The following days we asked for a critical reading of the texts, but the research team refused, so we decided to contact the whole corporate and academic scheme of the project. After contacting the partners, the research team seemed to understand our concerns about the text and agreed to proceed with a critical reading. After this reading of the Greek and English text, we sent the texts with comments to the team to incorporate them, which we were assured will happen for most of the comments / observations.

On the 7th of April we read the new texts online -again without having been checked by the members of our organization- and realized that there were still shortcomings. We decided to inform the partners again that, although we followed their suggestions, the problem with the validity of the deliverable remains unsolved. The research team replied that the issue of further cooperation on the deliverable is closed.

Some of our comments included:

- In the English version of the text, the child of the interviewed mother is referred to as "it" and not as "they". "It" in English is used for things while "they" is used for non-binary people.

On the 28th of April, as we had already received calls from scientists involved with gender issues, who had seen the text online and expressed their concerns, we decided to withdraw from the BRING-IN project.<sup>39</sup> After our withdrawal was announced, the professor in charge of the project appeared for the first time, informing us that due to the Easter holidays he is unable to work on the issue and reserves his work for after the 10th of May. Following this development, our lawyer replied to his email requesting our withdrawal and reserving all our rights.

Despite the above efforts, the deliverable remained on the internet, and, as a result, we appealed to the Research Ethics Committee (R.E.C.) of the Panteion University. Specifically, we asked the Committee:

- To examine the issues that arise, as we had received written communication that this research had not received the relevant approval from the R.E.C. in accordance with article 23, para. 2a, of Law 4521/2018.
- Accept our request to withdraw from the research project as submitted on the 28th of April.

On the 10th of November 2021, we were notified of the decision of the Research Ethics Committee with Protocol No. 23/10-11-2021. The decision as sent to the professor in charge of the research is presented below (we have removed the personal data):

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<sup>39</sup> [https://www.efsyn.gr/ellada/dikaiomata/317624\\_aposyretai-i-intersex-greece-apo-ereyna-toy-panteioly-gia-to-intersex-atoma](https://www.efsyn.gr/ellada/dikaiomata/317624_aposyretai-i-intersex-greece-apo-ereyna-toy-panteioly-gia-to-intersex-atoma)

Dear Colleague,

The case of your research has been examined by the competent body of the Research Ethics Committee of the Panteion University.

Upon examination of the case file, we found that the research was conducted without the prior statutory authorization of our Committee.

Further, basic research principles dictate that you remove anything related to the Intersex group from your research, given their desire to withdraw from the research.

On behalf of the Committee,  
The President of the R.E.C

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**To this day, 2 years later, the deliverable is publicly available online, presenting our data, without having implemented the decision of the R.E.C. We continue to receive calls from scientists about the validity of this deliverable, but also about the BRING-IN project in general. In addition, members of this research team refer the BRING-IN project as 'good practice' to other European projects the editing of which they undertake<sup>40</sup>.**

This particular incident re-traumatized our members, who shared their experiences with the research team. Moreover, the invalid content of the deliverable is of concern to us, as the incomplete and non-inclusive portrayal of intersex reality and intersex experience -especially in a medium with a high impact such as the internet- can be a source of provoking new incidents of hate speech. At the same time, this incident raises two other critical issues: 1) the lack of mechanisms for monitoring the implementation of the decisions of the Universities' Research Ethics Committees, and 2) the role of the European Union in evaluating research proposals submitted for funding and in continuously monitoring compliance with the standards related to ethical issues arising in research with vulnerable groups during the course of funded projects.

### 3.1.6. Religion

The website [omofylofilia.gr](http://omofylofilia.gr) exists since 2015 and is presented as "the largest selection of articles and resources on homosexuality and the Orthodox Religion". Additionally, in the "About us" section it is stated that: "This website presents an attempt to express an invisible part of our society: those people who, while being sexually attracted to the same sex, at the same time believe in Jesus Christ and want to live with Him. This is a group of people who do not fit into the established narratives about homosexuality. The LGBTQI+ community is often aggressive towards them, while

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<sup>40</sup> See: Unidiversity, Πανεπιστήμια στον Δρόμο προς την Ποικιλομορφία (Universities on the Road to Diversity), p. 9. <https://drive.google.com/file/d/1sVfAow6hcRu4xrMwRktIXfRbil1-Jhlu/view?fbclid=IwAR00yZ1yTDno22BmzvAuckFmP0bCXVW7EGOJM7PEk6wV6XteqyltYRvfqR4>

the Church rarely speaks about these believers, adopting an indifferent or even hostile stance." Thus, it presents itself as a website that tries to provide help to LGBTQI+ people<sup>41</sup> and also provides "counselling" services from various priests in Greece and Cyprus. Those seeking counselling services from a priest can fill out an online form stating their email address and the city/region they live in, and a priest in the area will contact them.

On 2/5/2020, the website posted an article titled "Ο Ίντερσεξ φίλος μου" (trans.: My Intersex Friend)<sup>42</sup>. The narrative is based on a dialogue (possibly fictional) between two friends (Stelios and John), where one of them (Stelios) reveals that he is intersex. The article presents what intersex is in a very detailed way and explains why the term "hermaphrodite" is outdated. Although Stelios states that he has "female chromosomes" and that he "did not have surgery at birth", the dialogue continues:

- **Stelios:** Didn't I explain to you that my chromosomes are female? That's what God decided for me to be. Am I going to be something different? Chromosomes are chosen once, at conception. Physical characteristics, today, can be changed if we want to. And if we change them, we must do so when there is a defect in nature to correct, not to change something that is normal and natural.

- **John:** You are right because you speak in faith. And where there is faith, only there can be true love. For true love with someone can only be had when we have God in our midst, for God is love ("God is love," 1 John 4:8). But how can we have God near us and truly love Him if we do not do His will? What if He gives us male chromosomes and we say to Him, "No, we want to be female," or vice versa? That is physically impossible. Therefore, we say "no" to sex reassignment, but "yes" to sex correction. To the correction of the phenotype based on the genotype. Depending on the chromosomes, the physical, anatomical characteristics of the sex should be corrected (especially in XXY, if male characteristics predominate, all corrections should be made to the male character, while in mosaic cases, corrections should be made to the genotype of the redundant cells, based on two or more types of genotype-mosaic cells).

- **Stelios:** This is not always necessary. When we need it, we correct them (meaning the anatomical features). We can perceive our problem as a test in our life from God, in which we can be patient, become better, accept the problem we were born with and not change anything except to correct our inner self.

- **John:** Everything you say is very important and it is good for me to listen to you. But listen to what I have to say. If you want to have a family -even if you cannot bring children into the world- then make sure that you have an outward appearance similar to what you have revealed to me is within you, in your body, even in your cells. If you do this, it will eventually help you to find yourself as a partner, which is what you need. And then you will find your partner...

- **Stelios:** Are we going to be friends until then?

- **John:** Of course!

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<sup>41</sup> See: also Thanopoulos, Η εκσυγχρονισμένη ομοφοβία της Ορθόδοξης Χριστιανικής Πίστης (trans.: The Modernized Homophobia of the Orthodox Christian Faith), 2020 <https://avmag.gr/i-eksygchronismeni-omofobia-tis-orthodoxis-christianikis-pistis/>

<sup>42</sup> <https://omofylofilia.gr/2020/o-intersex-filos-mou/>

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Obviously, this is a very well-structured text that can mislead the audience and incite hatred, since its main point is that intersex people are "abnormal" and need to be "corrected" to align with the way God created them.

The article does not focus on self-determination and the person's choice, but gives clear instructions -motivated by doctrinal religious criteria- on how an intersex person must act in order to live a life pleasing to God: these instructions encourage the person to undergo surgical and other medical interventions based not on their desires but on their chromosomal makeup. Up to date, such practices are common and, as already mentioned, have been identified as harmful medical practices by the United Nations and other international human rights bodies, as well as by the European Commission in its LGBTQI+ Equality Strategy and the Strategy for the Rights of the Child.

Intersex Greece commented publicly under the article, explaining that it is misleading, it harms and pathologizes intersex people. Then, the author responded -without admitting that the article gives the intersex person no choice but to "normalize" their body if they want to live a godly life- that he did not agree with us, and that the article, based on the right to freedom of expression, would remain as it was, although he finally took it down from the page later. Following this, Intersex Greece, denounced the event to the European Commission with the help of OII Europe, as part of a petition filed to amend Article 83(1) of the Treaty on the Functioning of the European Union to include hate speech and hate crimes<sup>43</sup> in the list of crimes.

### 3.1.7. Society and the media



**ATTENTION!** the presentation of the intersex condition and physicality in the following attached links may be traumatic or re-traumatizing for the intersex persons and/or their loved ones

According to the recent European Survey (FRA, 2020), intersex people face multiple forms of discrimination:

"Almost two-thirds of intersex respondents, 62%, experienced discrimination in at least one area of their lives because of being intersex in the 12 months prior to the survey:

36% At school, university

35% In health care or social services

33% In bars, restaurants, cafeterias, nightclubs

32% At work

28% In shops

27% Looking for a job

25% Upon presentation of identification documents

20% On housing

Discrimination in areas of life other than work: Rates among LGBTQI people are higher for trans (55%) and intersex (59%) respondents. The reasons for discrimination on the grounds of being intersex may be based on a person's gender expression, stature, or other physical appearances that do not conform to the female or male norm.

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<sup>43</sup> See: OII Europe, Towards an extension of the list of EU crimes to hate speech and hate crime and in particular p. 37 [https://www.oii-europe.org/wp-content/uploads/2021/05/OII-Europe-Submission\\_Extension-Hate-Speech-and-Crime\\_FINAL.pdf](https://www.oii-europe.org/wp-content/uploads/2021/05/OII-Europe-Submission_Extension-Hate-Speech-and-Crime_FINAL.pdf)

Interphobia is when discrimination is based on a person's intersex characteristics. In sport this can lead to exclusion, ridicule & discrimination against intersex athletes"<sup>44</sup>

In Greece, within the last decade, our organization has received a significant number of incidents of hate speech in every area of social life, caused either by the widespread lack of knowledge in Greek society or by outright interphobia. Many of these incidents are described in detail by the same intersex people who responded to our experiential research questionnaire (see below 3.2).

However, it is a common finding that the discourse of the mass media (ΜΜ), either in the reporting of events or in their reproduction, is often based on stereotypes and prejudices, while at the same time it targets and shapes prevailing social perceptions. In other words, the media, with their wide coverage and accessibility, have the power to nurture society and 'educate' it either in the direction of inclusion and acceptance, or in the direction of hate speech, discrimination, and exclusion.

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**In the case of intersex people, most Greek mainstream media are completely ignorant. They continue to present the experiences of intersex people as "rare", "curious", "strange" or "paradoxical" cases using fancy titles and invalid/outdated terminology, usually borrowed from foreign articles, which they render in Greek with inappropriate and/or stigmatizing translations, as in the few indicative examples that follow:**

- [«Άνδρας ανακάλυψε τυχαία πως γεννήθηκε με ωθήκες, μήτρα και έχει έμμηνο ρύση τα τελευταία 20 χρόνια»](#) (trans.: Man accidentally discovered he was born with ovaries, uterus, and has been menstruating for the last 20 years)
- [«Άνδρας μπήκε στο χειρουργείο για κήλη και οι γιατροί βρήκαν ότι είχε γυναικεία γεννητικά όργανα»](#) (trans.: Man went into surgery for a hernia and doctors found he had female genitalia)
- [«Διόσημο μοντέλο αποκαλύπτει: Είμαι μεσοφυλική»](#) (trans.: Famous model reveals: I am middlesex)
- [«Η πραγματική δήλωση ενός ερμαφρόδιτου»](#) (trans.: The true statement of a hermaphrodite)
- [«Ερμαφρόδιτοι: Διαφορετικότητα ή κατάρρα»](#) (trans.: Hermaphrodites: Diversity or Curse)

Although distorted or outdated media reporting per se does not necessarily constitute hate speech, such articles perpetuate pathologization, the resulting social stigma, shame, secrecy and pity, even when they theoretically or ostensibly advocate the exact opposite. Invalid terminology and inappropriate expressions such as "middlesex", "hermaphrodites", "third gender", "those who have both", "genetic disorders/abnormalities", and many others, can have the effect of distorting information, disorienting the public, and ultimately contributing to hate speech (which is often expressed largely by the reading public in the unsupervised comments under such articles).

Other times, in addition to ignorance of intersex issues, articles are written that are by definition homophobic/transphobic/interphobic, i.e., articles of a conservative orientation and ideology that are governed by intolerant, patriarchal and/or racist/sexist rhetoric. Such articles present intersex issues as 'ideological propaganda' and as a 'woke agenda' that harms children and the heteronormative family. Precisely because of these writers' ignorance of the concepts and dimensions of sex and gender, these articles show an oversimplification and flattening of these concepts, as if they all mean the same thing:

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<sup>44</sup> <https://www.oieurope.org/recent-survey-shows-high-rate-of-discrimination-of-intersex-people-in-europe/>

- [«Ερμαφρόδιτες πεταλούδες στα σχολεία & η πονηρία του «I» στο ΛΟΑΤΚΙ+»](#) (trans.: Hermaphroditic butterflies in schools & the cunning of the "I" in LGBTQI+)
- [«Το άλας της γής και... οι ομοφυλόφιλοι, οι ερμαφρόδιτοι και οι... πούστηδες»](#) (trans.: The salt of the earth and... the homosexuals, the hermaphrodites and the... faggots)
- [«Το φύλο δεν αλλάζει. Αλλάζει η συμπεριφορά»](#) (trans.: Gender doesn't change. Behavior changes)
- [«Αμερικανικό Κολλέγιο Παιδιάτρων: Το ιδεολόγημα της ταυτότητας φύλου καταστρέφει τα παιδιά»](#) (trans.: American College of Pediatricians: gender identity ideology is destroying children)

In addition, apart from illegitimate articles, presentations, conference proceedings and 'informative' workshops of doctors and related professionals are also circulated on the internet, sometimes in the form of academic notes for their students.<sup>45</sup> These presentations are usually scientifically outdated and perpetuate the stigma of pathologization for both trans identities (despite their international de-pathologization in ICD-11, 2020) and intersex physiology, in an attempt to justify cosmetic genital mutilation procedures for intersex infants and children (IGM), despite their recent legal ban in Greece. Indicatively, here are some presentations from the many that have been reported to us:

- [«Ο ρόλος του Χειρουργού στη Διάγνωση και Θεραπεία των Διαταραχών της Ανάπτυξης του Φύλου»](#) (trans.: The Role of the Surgeon in the Diagnosis and Treatment of Developmental Sex Disorders)
- [«Διαταραχές Ταυτότητας Φύλου: Νεώτερα δεδομένα ως προς τη διάγνωση και την αντιμετώπιση»](#) (trans.: Gender Identity Disorders: Recent evidence on diagnosis and treatment), [Διαταραχές ως προς την ταυτότητα του φύλου \(Καλλιόπη Προκοπάκη, Ψυχίατρος παιδιών και εφήβων, Διευθύντρια ΕΣΥ, Κοινωνικό Κέντρο Ψυχικής Υγείας Παγκρατίου του ΓΝΑ «Ευαγγελισμός»\) | Η ΑΛΗΘΕΙΑ](#) (trans.: Disorders regarding gender identity (Kalliopi Prokopaki, Child and Adolescent Psychiatrist, Director of the National Health Service, Community Center for Mental Health of Pagaratio of the GNA "Evangelismos") | THE OTHER SIDE)
- [«Ομοφωνίες στη διαχείριση περιστατικών διαταραχών φύλου»](#) (trans.: Unanimity in the management of gender disorder cases)
- [«Σεξουαλική Διαπαιδαγώγηση στα Σχολεία: Άγωγή ή χειραγώγηση;»](#) (trans.: Sex Education in Schools: education or manipulation?)

Finally, it is worth noting that sometimes, private considerations that are not based on modern scientific knowledge that prioritizes human rights, receive state funding and approval from the Ministry of Education as "information material" to be taught in schools:

- [«ΠΡΟΓΕΝΝΗΤΙΚΗ ΑΓΩΓΗ»](#) (trans.: PRENATAL CARE)

<sup>45</sup> <https://orlandolgbt.gr/deltio-tytoy-transfoviko-strogylo-trapezi-sto-1-1-panellinio-synedrio-tis-ellinikis-paidopsychiatrikis-etairias/>

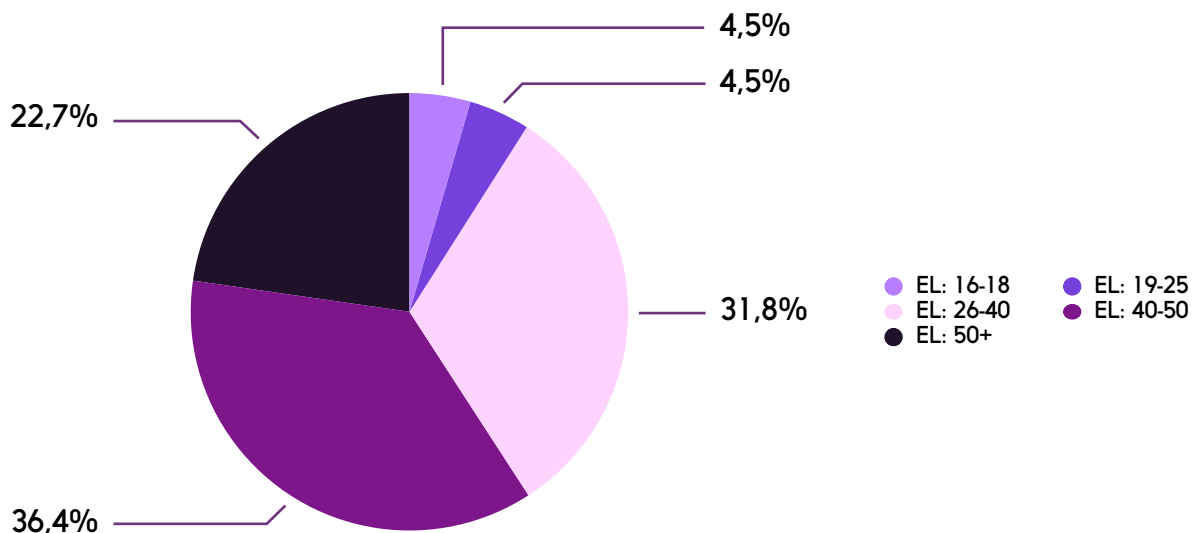


### 3.2. Experiential questionnaire results

The experiential questionnaire was addressed to adult intersex persons, parents/caregivers/guardians/partners/friends/relatives of intersex people, as well as professionals from the medical, paramedical and/or mental health sectors with relevant experience in caring for intersex persons. It was distributed online via Google forms, which remained active for approximately one month. The Google form which was distributed does not automatically collect personal data (age, name, contact details). Intersex Greece only collected the information that the individuals wanted to share. Also, as a safeguard, individuals who responded to the questionnaire could withdraw their response at any time by sending an email to the organization to track their response. All responses collected were anonymous except for some individuals who wished to disclose their details, such as their email address, to the organization. We collected 21 responses to the Greek questionnaire and 2 to the English questionnaire. The original English questionnaire which was "hacked" collected 20,001 responses, as hackers with a bot falsified the response rates.

**Age of the persons who participated in the survey:** Of the 21 persons who responded to the Greek questionnaire, 11 were intersex persons or persons with some diversity of sex characteristics, 7 were parents/caregivers/guardians of intersex people and 3 were medical, paramedical and/or mental health professionals with relevant experience in intersex issues. In terms of age, 8 persons (36.4%) were 40-50 years old, 6 persons (31.8%) were 26-40 years old, 5 persons (22.7%) were 50+ years old, 1 person (4.5%) was 19-25 years old, and another 1 person (4.5%) was 16-18 with optional parent/guardian/caregiver consent. 2 persons responded to the English questionnaire, and both were intersex persons or persons with some diversity of sex characteristics. Moreover, one of these respondents was 26-40 years old and the other one was 50+ years old.

#### Age of the persons who participated in the survey



**Gender of the individuals who participated in the survey:** Individuals who responded to the questionnaire were given the option to voluntarily share their gender as registered with the civil registration authorities at birth. In the Greek questionnaire, we received 17 responses: 8 persons (47.1%) were recorded as 'male', 7 persons (41.2%) as 'female', and 1 person (11.8%) as 'other'. Since in Greece, there are only two options 'male' and 'female', it is possible that this 1 person has

documents from foreign authorities. We asked, additionally, how individuals self-identify regardless of their registered gender. We received 6 responses: 1 person self-identified as 'Other', 2 persons as 'Intersex female', 1 person as 'Nonbinary/genderfluid', 1 person as 'Intersex', and 1 person as 'gender fluid/non-binary'. In the English questionnaire, the 2 persons were listed in the public documents as 'male'. However, 1 person responded that they self-identified as 'non-binary', and 1 person self-identified as 'female'

The reports of hate speech incidents we received have been classified below under four subchapters: 'Medical community', 'Education', 'Family and close social circle', and 'Society'.

### 3.2.1. Medical community

Most of the hate speech incidents recorded in the questionnaire come from the medical community. We received only one response from a parent/carer/guardian/partner/friend/relative of an intersex person that no incidents had occurred to them so far. Incidents are listed in the order of the responses that were sent via the questionnaire. Information relating to personal data or anything that could target specific individuals and situations has been omitted.

#### Greek questionnaire

##### Incident 1

**Intersex person:** "In 2010 at the age of 28 I had a bad physical experience. My hormones started to be disturbed, I had severe pains in my genitals, and a night of blood loss followed. I thought it had something to do with a kidney stone. I went to various doctors in my town, a urologist, an endocrinologist, who basically had no idea what I had and what to do, and sent me to the hospital. From there I was taken on by a team of 12 doctors of all specialties, who monitored me until March 2015. At first, when I went there, **they were taking pictures of me. I was constantly being given hormone tests and I was forced to have them for the rest of my life.** I was told that I was born with the XXY chromosome or, in other words, that I have the XXY Klinefelter syndrome. They scared me by telling me that I would get psychological disorders, depression, sleep disorders, early osteoporosis, low libido, thyroid problems, infertility and that by the time I was 35 I would get cancer. Over the years I have suffered enough by going back and forth to get constant tests.

When I decided to complain about the suffering, **some endocrinologists treated me with demeanor, as a hermaphroditic person who does not receive any help and made me feel very bad. In fact, they knew nothing, as it turned out. They were relying on rumors and what was written in some inaccurate books** about the whole thing.

Apart from the physical suffering over the years, being treated by doctors as a guinea pig, the ignorance around intersex physiology, the financial costs for doctors, tests, and hormones are exorbitant.

Later, at the age of 41, **I was subjected to a nasty verbal abuse by doctors from the public sector, more specifically, an orthopedic surgeon at the time I was going through disability panels for a lifetime pension, who told me to my face that I was in fact a failed abortion** (i.e., that according to the prenatal test, when the extra chromosome is found, the doctors ask the parents to have an abortion) and he continued saying that if you were born now, we would kill you because you're an anomaly of nature, and children like you shouldn't live as they have nothing to offer out there. I used to get this kind of treatment from the urologist-endocrinologist at the hospital, who was supposed to be the doctor who treated me."

“

...if you were born now, we would kill you because you're an anomaly of nature, and children like you shouldn't live as they have nothing to offer out there.

## Incident 2

Intersex person: "During childhood and adolescence, every time I contacted the doctors, the misnomers I heard included 'a mistake of nature', 'chromosomal abnormality', 'born with many syndromes', 'a man in a woman's body', 'woman on the outside and man on the inside', and several others that I have rejected to bear to continue living. Worst of all was the way all these were said. With shameless disgust or with pity. They were accompanied by strict orders that no one should ever know of my situation because it was obviously horrible for them. Even my own father never found out because my mother was so convinced that what was happening to me was horrible and monstrous. I was even told that on the whole planet there must have been only five of us all together.

“

...every time I contacted the doctors, the misnomers I heard included 'a mistake of nature', 'chromosomal abnormality', 'born with many syndromes', 'a man in a woman's body', 'woman on the outside and man on the inside', and several others that I have rejected to bear to continue living.

I lost touch with myself and created compulsions that in turn created an anxiety disorder and depression. All my choices were made based on this rather than on the basis of my needs and preferences. I literally sacrificed myself to an acceptable and compatible image. I developed addictive behavior, a vague self-image, anxiety of abandonment and rejection, and at one point I gave up, finding support on alcohol and drugs. All my choices, on this basis, brought horrible consequences and tragic mistakes. I had to transcend everything I had felt and understood up to that point to find solutions and answers to enjoy my existence as it is. My studies and career had fallen behind and I had to work hard to completely support my change all by myself. I paid alone and handsomely for the appropriate treatment and for my psychotherapy, only to reach the conclusion that in principle someone should have told me that my body is normal and that I have the right to live and be loved as I am."

“

I paid alone and handsomely for the appropriate treatment and for my psychotherapy, only to reach the conclusion that in principle someone should have told me that my body is normal and that I have the right to live and be loved as I am.

### Incident 3

Parent of an intersex child: "Since I was presented with the child's file, I am a foster mother, the institution naturally presented the "corrective" intervention as my obligation, as something that **does not work and must be fixed**. Leaving with the child, I was given again, insistently, the instruction that this must be corrected. **When I asked them if this was for aesthetic reasons or if it was for health reasons, the pediatrician offered me a possible health problem, a urinary tract infection, which came to her casually, although -as she admitted- this had not appeared to be a problem for this particular child.** In the end, and after seeing that they had taken it so much for granted that this surgery would have to be done, I pretended to understand, agreed, and left them with the idea that this is what I would do for the child... It goes without saying that I have no such intention. The worst thing for me is that **all of this was justified by a "this is how it's done", without any reflection on what this means for the child...** And when I went into the process of raising a couple of sketchy objections, they tell you they are going to get this disease, so what are you going to do? Are you going to let the child get sick?"

“

Since I was presented with the child's file, I am a foster mother, the institution naturally presented the "corrective" intervention as my obligation, as something that does not work and must be fixed.

### Incident 4

Parent of an intersex child: "During pregnancy, the doctors (gynecologist, pediatrician, geneticist) suggested that we should terminate the pregnancy of our intersex fetus."

### Incident 5

Medical, paramedical and/or mental health professional with relevant experience in the care of intersex people: "There is a feeling among some doctors that it is difficult for a girl with a 46XY karyotype to be accepted."

### Incident 6

Medical, paramedical and/or mental health professional with relevant experience in the care of intersex people: 'A doctor called it **abnormal** for intersex people to choose not to have surgery to "correct" their sex characteristics.'

### Incident 7

Parent of an intersex child: "From the very beginning of the diagnosis all the doctors we visited shared the common opinion that our child should be operated on. At the hospital, **the geneticist said that the child has no health problem, they just need an operation "and everything will be corrected.** For more details, contact your endocrinologist." Our endocrinologist referred us to a doctor at another hospital as being more specialized on my child's case. There, **the doctors began an investigation into whether there was a uterus or not. The initial assessments were that there was a uterus and that after the surgery the girl would menstruate. Ultimately, in hindsight this turned out to be an invalid assessment.**

During our stay in this hospital, **the aforementioned doctor called us in his office one day and suddenly announced that "now we are going to take some pictures"**. Then, he started taking pictures of our child's breasts in front of me and my husband without our prior permission to do so. Also, my child told me that, in the same hospital, several doctors were examining them together gynecologically and that they were speaking in English to each other so that the child **does not understand what was going on**. My daughter, however, as an English speaker, understood everything and told them so. Finally, after a doctors' meeting, it was decided to have the child's operation. **After being given full sedation and being admitted to the operating room, the operation did not proceed because the doctors could not get a catheter into the child**. Following this incident, my daughter was in pain when she went to urinate because that spot stung and there was also blood (due to the improper placement of the catheter). **During their attempt to place the catheter, they realized that they could not take on this medical incident and, finally, referred us to another hospital**. After the child was admitted to the Adolescent Gynecology Unit, they never gave us a surgery date and we were put on "hold" for about a month. We were told, after repeated tests, that the inner gonads must be absolutely and immediately removed, because in 5-10 years they would become cancerous. Initially, the information was that the procedure would be done laparoscopically. **Eventually, a surgery was scheduled, which never took place, and, in fact, without any information given to us as to why it was cancelled**. When we asked for the reason, we were told that an emergency surgery came up for another patient and this was put in place of our surgery.

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**...the doctor, started taking pictures of our child's breasts in front of me and my husband without our prior permission to do so.**

When the surgery was finally performed, after the intervention of the general director of the hospital following a complaint from us, **the surgery was not laparoscopic, as had been announced, but a normal incision and surgery** because of the abdominal fat that the child supposedly had. **As a result, there is a huge scar in the abdomen, which even today creates an aesthetic problem for our child**. In fact, the surgery took 5-6 hours (including the initial laparoscopy) and they called in specialists (definitely a urologist) from other hospitals to complete the surgery.

After the operation and under the pretext of my daughter's post-operative monitoring, they demanded that we travel from our place of residence to Athens every month to be prescribed medication, and, of course, **to group examine her as a guinea pig with a painful gynecological examination, without actually offering us anything**. When I asked if a doctor in our place of residence could monitor the child and prescribe, there was strong discomfort on their part. Today, looking back with equanimity, I realize that **there was no proper guidance from the doctors in seeing a mental health specialist for both us and our child, nor for receiving plastic surgery to repair the scar they had created on the child**. Normally, they should have taken care of it themselves since they were responsible or at least advised us in this regard."

### Incident 8

**Parent of an intersex child:** "During the 5th month of pregnancy **we were persistently asked to terminate our healthy baby when at amniocentesis they were diagnosed with chromosomes 47XXY, because as we were told by two doctors: "you're going to give birth to a faggot", "it will be abnormal", "it's a freak of nature", "it's a mistake of nature", "it's like having down syndrome**

and it won't be able to self-serve", "if I knew I was going to have a son with a small dick I would have killed him at birth"... When both of us the parents insisted that we continue the pregnancy, both doctors refused to continue monitoring my pregnancy and have the birth at the public hospital they were serving, and basically kicked us out, referring us to a "specialized maternity hospital" in Athens.

When my child was born, **the doctors kept them in the ICU for no medical reason to run many additional tests, just to increase their knowledge of XXY.** For the first 4-5 years, the doctors who attended them in the hospital scared us with various suspected serious conditions and ordered repeated 6-month tests, even though the child had no health issues, **resulting in the child feeling "sick" until we revealed their physiology to them, and they had adequate explanations.** All this cost us a great deal of psychological stress, many expenses, many trips to Athens and many absences of the child from their school.

### Incident 9

**Parent of an intersex child:** "In a conversation with the pediatrician regarding the development of the child's condition, **we were personally attacked with insulting and derogatory comments regarding the possibility of not intervening in the child's body without their consent** and even, as it turned out, for purely aesthetic reasons."

### Incident 10

**Intersex person:** "After my karyotype results showed that I have XY chromosomes, all the doctors at two hospitals, without any exception, insisted that I needed immediate surgery to remove my inner gonads because it would become cancerous. They did not, however, inform my parents that this would mean that I would have to be given lifelong hormone replacement with estrogens, which we now know that chronic use significantly increases the likelihood of thrombosis. And that I would have to watch my weight for life, not smoke, etc. **We weren't given a choice; instead, we were frightened.** I clearly remember not wanting to have surgery, both because I was afraid of surgery (I had never seen a hospital until I was 15 since I was perfectly healthy), but also because I didn't understand the point of having surgery since I wasn't or didn't feel sick. Furthermore, the doctors didn't bother to calmly inform us of the reasons for the surgery. **In particular, I never felt that the doctors took me seriously, they often talked to my parents about me in my absence and did not inform me, personally, about what was happening or would happen to my body, even though I asked them to (I was 14-15 years old).**

During my hospitalization, I experienced humiliating moments as a human being. To illustrate, the professor of pediatric endocrinology called us into his office one day and told us we were going to take pictures. I didn't understand what that was, and neither were my parents informed about it. **In the end, what this gentleman meant was telling me to take off my clothes from the waist up, in front of my parents (I was particularly embarrassed to do this in front of this doctor and my father), and to start taking pictures of my breasts.** My parents unfortunately did not react. It was a very traumatic thing that I had to swallow whole. The same doctor who otherwise appeared to be an expert had told us that I would have the surgery and then I would have my period, and everything would be normal. I laughed inside, knowing that this could not be true.

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In particular, I never felt that the doctors took me seriously, they often talked to my parents about me in my absence and did not inform me, personally, about what was happening or would happen to my body, even though I asked them to (I was 14-15 years old).

In the same hospital, a few days later I was examined by a doctor -probably the one who was going to operate on me-, with my parents being absent from the room, in a gynecological position and in the presence of about 7-8 other doctors, nurses, and students. It is one of the most horrible experiences of my life. I was very ashamed of what was happening, I clearly felt like a guinea pig, and to endure what I experienced I must have been gradually cut off from my body, but I was forced to play it cool. **In fact, during the examination, they were speaking in English. I told them that I could understand English, and then, with a slightly ironic attitude, the doctor said "then we shall speak Turkish. Do you speak Turkish?".** I told him that I don't. After a while, the examination was over. In the meantime, we also visited a gynecological clinic of the hospital where the doctor examined me gynecologically and gave me a PAP test. After this test, my urethra itched and it hurt when I urinated (pink urine, urine with blood). After I was examined, we were informed by the hospital that they could also perform the gonadectomy surgery. However, the doctors at the other hospital insisted that they didn't have to and that they would do it.

After a few days, the pediatric surgeon at the hospital gave me full sedation, only to find out later that **he could not understand my anatomy correctly and that he could not undertake the operation on me**, and referred me to another hospital. I woke up and was told that the operation had not been performed, and that I would have to have it elsewhere. When I went to the toilet, I was surprised to find that I was peeing pink urine (urine with blood) and it stung a lot (apparently, they had put the catheter in incorrectly and the site had been injured). This continued for about 3-4 days (difficulty urinating, pain, pink urine).

The incident continued in the hospital's adolescent gynecology unit. Of course, there was indiscretion during my examination. **I remember the doctor entering the ward where I was being treated with students, grabbing my breasts in front of them and commenting "this is not a normal breast, it is fat".** There was a screen between me and the girl next door, but she was clearly listening. Generally, the doctors did not explain what was going on with my case but neither did they initiate a gonadectomy. They gave me test after test and finally told us that they would attempt to do the surgery laparoscopically. If they couldn't do it, they would proceed with regular surgery. This gave us some hope that we would avoid the scalpel. They did not schedule us for surgery, and we were given the impression that they wanted us to go through their private offices to pay them.

Finally, I was scheduled for a laparoscopy after my father appealed to the hospital director. We had already spent an unnecessary month in the hospital so we wouldn't, he said, miss our bed and our turn. During the laparoscopy, they found that they couldn't remove my gonads due to fat in my abdomen (today I consider this a tragic lie, because my weight was perfectly normal, and, in the end, they gave us no choice, they went straight to regular surgery). The surgery lasted several hours, 4-5 according to my mother's account, and they even called in scientists (urologists from what I learned afterwards) from another hospital to perform it. It seems, therefore, that these people,

who were playing us off as experts, were also ignorant, because we now know that in cases where a gonadectomy is indeed recommended for XY women (not all women need it, many women have reached middle age and are in excellent health, and there is not enough scientific data to so recklessly terrify parents that if a gonadectomy is not done cancer will develop. In my case -XY Swyer- it was probably necessary, however, as I understood after interviewing a doctor who was talking about Swyer) it is done laparoscopically with a small horizontal slit in the bikini line. Instead, I came out battered after 4-5 hours of surgery and, probably, double or triple anesthesia, **with a huge unsightly vertical incision that I'm still ashamed of to this day, which was the reason I avoided sexual relations for years, despite having the desire, and for which they didn't even have the basic courtesy to recommend plastic surgery.** The only thing they made sure to inform us was **to never say anything to my siblings, because if they found out they would laugh at me.** They were also psychologists, in addition to being "experts".

At the time of the completion of the surgery, the school year had already started. I was missing classes, and everyone from the school and my close social circle was asking where I was and why I wasn't coming back (we had lied to them that I had appendicitis while I was on holiday in Athens), thus, my parents asked to speed up the discharge process from the hospital. Their request was granted, and the doctor came to remove my stitches. It was one of the doctors on the team who operated on me, an unsympathetic one, for whom I learned years later that had abused at least one other intersex girl (he examined her so roughly that she bled after her gynecological exam), and **I learned that at a conference he attended, he had mocked intersex women and asked "how do you announce to them that they are actually men?"** This "doctor" was pulling my gauze off. I was in pain and ouching, and he was looking at me pointedly and said, **"do you see what happens to bad little girls who are in a hurry to leave the hospital and go home?"**

After the surgery was completed, we were asked by the hospital to go regularly to be examined again by a group of doctors. My mom figured it out and told them we can't keep moving (I live in the country), and she asked for a referral to a local gynecologist for further treatments (hormone replacement, post-op monitoring, etc.). Lost in anger, her gynecologist hastily wrote down a referral name. **She was angry that we didn't want to keep going in order to show me to their students. They lost their guinea pig!**

Later, I went to another "specialized" gynecologist in Athens recommended by our local endocrinologist, who had a better attitude (of course, I went there privately), but I experienced another traumatic incident there: **his midwife took my history in the little office in the hallway with the doors open (with the other clients, who were sitting in the lounge, able to listen)** and when she asked me when my last period was and I indignantly replied "never", she looked at me in shock and I was as red as a beetroot!

A second incident occurred in the same office. As I was in pain during the gynecological examination (it must have been out of psychological fear), the doctor told me that to examine me I would have to go back and be given anesthesia because he didn't want me to be in pain. When he told me that there is indeed a problem with my vagina and that he needs to do plastic surgery, I informed him that I have searched on the internet and that there are non-invasive methods (Vechietti laparoscopy or, even better, simple dilators). **He replied -the expert- that he didn't know what that was and would ask about it at a conference he was going to. He never contacted me again, even though I emailed him.**

At a local private gynecologist, a woman this time whom I found on my own by chance, I was told that I would have to be re-opened from below (in the genitals) to see exactly what is going on



with me and my organs, because I am in pain during the gynecological examination. I finally figured it out by going to Germany to a recommended gynecologist, specializing in XY women, who was very friendly to me, but she didn't manage to keep me from getting hurt during the gynecological exam either. At least, she enlightened me. In that German office, I heard the unbelievable thing that **'my case is a gene mutation, which fortunately will not be passed on by me anymore, as I cannot have children'**. It was unbelievable! She was the first doctor that I communicated with so well, of course I had to travel quite far from my country to find her, and just when I was going to feel safe, she threw her snitch at me. She told me, in effect, that it was a good thing I wasn't having children.

The mystery of the painful gynecological examination was solved years later by my current doctor. My urethra was irritated when the needle / swab entered the vagina -because in us, intersex women, the urethra is closer to the vagina- and so, I just needed to put a little cortisone ointment on my urethra so that it wouldn't be in pain when I had a gynecological examination. Since then, I was never in pain again. **I had to be examined by dozens of ignorant people, who even suggested anesthesia and surgery, when all they needed to do was put an inch of cortisone ointment at the site of the urethra.**

### Incident 11

**Intersex person: "My father was a gynecologist. He gave me estrogen and anti-androgens from the age of 15 to 21 years old, without informing me of their action. He had misinformed me about what they were and manipulated me into taking them."**

### Incident 12

**Intersex person: "I was abused by medical staff!"**

## **English questionnaire**

### Incident 1

**Intersex person: "I have not experienced any gender-based hate speech in Greece. The Greek doctors are so amazing that I consider them some of the best doctors I have ever met. To be honest, the only discrimination I have faced is of racist nature because I can't speak Greek. The only exception to this was only a pharmacist, who refused to give me my medication because giving me my medication was against his 'beliefs'."**

## **3.2.2. Education**

### **Greek questionnaire**

### Incident 1

**Parent of an intersex child: "An incident happened to me at the time when we didn't even know my child's diagnosis. It occurred when my child started going to school. **The kids would make fun of my child for only hanging out with girls and at the end of class outside the school they would beat them.** My child feared to tell me. We found out some years later when they started to shut themselves up and didn't want to go to school. Another very typical one was **at the time of their birthday when out of 24 kids only one came**".**

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...at the time of their birthday, out of 24 kids only one came.

### Incident 2

**Parent of an intersex child:** "At the pre-school we were told by the management that 'because the child had something like the down syndrome, we can't accept them' (although eventually after our pressure they accepted them just fine). **In kindergarten, my child was mocked and bullied by some children for their long hair, their thin voice, their reduced muscle strength, and for taking ballet classes.** The girls told them "you are a boy, we don't play with you", the boys told them "you are weak as a girl, we don't play with you". At the beginning of primary school, **the headmistress flatly refused to accept the child wearing clothes that "didn't suit boys", or the child using a closed toilet rather than the boys' restroom where they didn't feel comfortable going.** For the child and their gender identity and expression to be accepted at school we had to seek and receive intervention / education from the Children's Ombudsman (to teachers, parents and children in grades E and F).

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**In kindergarten, my child was mocked and bullied by some children for their long hair, their thin voice, their reduced muscle strength, and for taking ballet classes.**

Even if in higher classes the child had teachers who were informed (always and only by us) and tried to include and support them, **they never allowed them to talk openly in their class and explain their different sex characteristics and the physical existence of intersex people, something the child repeatedly asked for from 3rd to 5th grade.** The child became so frustrated that they eventually stopped asking and privately informed the other children without the support of the school.

The child, often treated disparagingly by peers, **was accused of "lying", "being a girl", "being gay", that "there are no intersexes" and that they are making fun of them.** As a result, the child needed and still needs regular psychotherapeutic support to develop a positive self-image and self-confidence.

### Incident 3

**Intersex person:** "At school, I received daily and systematically abusive, derogatory, or insulting comments about my appearance, because my secondary sex characteristics were very masculine. These comments were coming mostly from students, but there were also instances when they came from teachers and professors. The situation became worse and worse over the years. **In high school there were groups of kids waiting for me at recess to insult me and call me names, on a daily basis.** As a result, I was constantly on guard and stressed. I couldn't concentrate and didn't want to go to school. These comments were made in front of other students or teachers, but no one defended me or even showed me any support. Instead, **anyone who hung out with me**

was also victimized. As a result, almost everyone around me went away. I was very isolated and even more vulnerable to comments."

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At school, I received daily and systematically abusive, derogatory, or insulting comments about my appearance, because my secondary sex characteristics were very masculine.

### 3.2.3. Family and close social circle

#### Greek questionnaire

##### Incident 1

**Intersex person:** "My parents were not aware of this term (the intersex term) and were very slow to accept it. They saw me as a self-contained child with some special problems that differentiated me from other children. **They were intensely uncomfortable and, also, ignorant, and tried not to say anything to anyone about all that was happening to me.** They also advised me that I had better not say anything even to people who loved me because the world was a bad place and that I didn't know how they would treat me when I revealed my physiology to them. Throughout the years I have had and still have their direct support throughout what I have been going through as a child, with my hormones constantly bouncing up and down. They have never left my side and never will. When I reached the age of 28 and realized I was finally part of the intersex community, I made it known to them. At first, they didn't accept it, they preferred the term gay boy. But then, they thought I belonged to this community because I started quoting testimonies and facts from the internet about other intersex people who had the same genetic issue as me. So, they slowly started to accept me. **Today, my mother, although she is probably still uncomfortable with this term, has partially accepted it** because she believes that as my sexuality is fluid perhaps in the future I may love and be loved by a girl for the purpose of marriage and cohabitation.

My friends have always been scarce, counted on the fingers of one hand. That is because most of the time they think you are trying to get the message across that everything you are going through is unique and that there are no other problems in the world. **A friend of mine used to say to me "so what, you have a hormonal problem and what does that tell us, the whole world has problems".** But I never said otherwise. I just said that the whole world is not in tears when falling asleep every night, the whole world does not run from psychologist to psychologist, the whole world does not become a medical experiment with photo shoots in the presence of medical specialists because they don't know how to deal with what you have. Yes, the whole world has problems, big or small, but I think some of them may be more important than others, and it's not good to question what the other person is feeling but only to support them in what they are going through.

**I felt uncomfortable with my partners, many times, because they did not accept the term intersex. They inscribed upon me the gay identity because that was all they could understand,** and basically didn't go through the process of understanding my feelings and respecting whether I like that identity or not. The result is that there's a lot of confusion within me because I just can't support that identity since I didn't feel like a gay boy inside.

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I felt uncomfortable with my partners, many times, because they did not accept the term intersex. They inscribed upon me the gay identity because that was all they could understand...

Over the years the racism I felt regarding my body from Gay men, from so-called friends and from strangers on the beaches pointing fingers at me and saying **"look at how this kid looks like" made me close myself up so much and hate my body.** I know I will never be able to change it. After all, I have tried several times either with anabolic steroids, strenuous body exercises or diets.

#### Incident 2

**Intersex person: "The doctors' attitude set the course for interpreting my situation and drove my mother to deep shame and depression,** which led me from very early on to devote myself fully to proving that, not only am I normal and compatible, but that I am more than that, in order to balance my "wrong" nature. I completely disconnected myself from my own emotions and dedicated myself to how I look aesthetically and how I stand socially."

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**The doctors' attitude set the course for interpreting my situation and drove my mother to deep shame and depression.**

#### Incident 3

**Parent of an intersex child: After the surgery, they (the doctors) told us that we should by all means keep it a secret from everyone, even the child's siblings, so they wouldn't make fun of them or use it against them later.** And we have been trapped in this lie ever since, that our child had an emergency appendectomy and there was no other problem. This affected me personally as a mother who **could not tell my other three children what was going on with their sister, just as my daughter, respectively, could not openly talk to her siblings about the "problem" she was experiencing.** So, it was never discussed openly in the family again, except in private conversations between me and my daughter.

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**...they (the doctors) told us that we should by all means keep it a secret from everyone, even the child's siblings, so they wouldn't make fun of them or use it against them later.**

#### Incident 4

**Intersex person: "My family treated me as a pervert."**

## Incident 5

**Intersex man:** "I was divorced by my ex-partner because of my birth defect (I am an intersex woman, with XY chromosomes) and I cannot have children."

### 3.2.4. Society

#### Greek questionnaire

## Incident 1

**Intersex person:** "Transvestite, what are you, a woman or a man?"

## Incident 2

**Medical, paramedical and/or mental health professional with relevant experience of caring for intersex people:** 'In a conversation with a friendly couple, one of them, who was a teacher working at a nursery school in England, could not accept and understand why the term intersex was used'.

## Incident 3

**Medical, paramedical and/or mental health professional with relevant experience in the care of intersex people:** 'People from the social circle telling the mother to terminate the pregnancy as the child appears to be intersex'.

## Incident 4

**Intersex person:** "It's just the constant whispering and laughing at me from narrow minded people. And sometimes they say out loud 'what is this?'"

## Incident 5

**Intersex person:** "It's a shame to tell friends, family, and partner. It's only you and five other people all over the world. Don't tell anyone, **act normal...**"

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It's a shame to tell friends, family, and partner. It's only you and five other people all over the world. Don't tell anyone, act normal...

## Incident 6

**Intersex person:** "People in everyday interactions often mistake me for a man and then, when they realize/assume that I am anatomically a woman, they insult me. **In public restrooms I often get comments or yelling because I'm not in the right restroom, whichever one I go to.** Depending on how many and what kind of people are waiting outside, there are times when I can figure out in which of the two restrooms, men's or women's, I will get the least amount of comments/yelling and go there. Unless I'm in a very carefully secured environment, it's normal to be belittled or insulted for

how much I don't look like the sex I've been assigned and pressured in every way possible to do everything I can to look like. **My desire, my comfort and my health are as if they don't matter.**"

### English questionnaire

#### Incident 1

Intersex person: "People talking to me as an 'it'".

## 3.2.5. Management of incidents

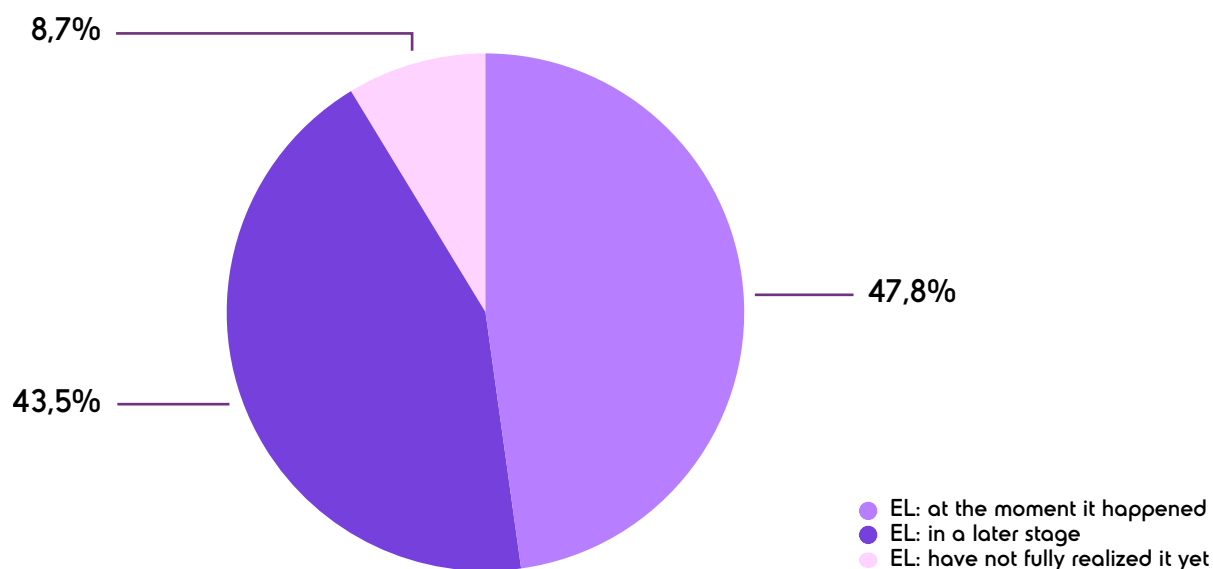
After the description of the incidents, the people who participated in the survey were asked to give us some more information about how these incidents were dealt with:

### 1. Realization of the incident

"When did you realize that the incident you experienced and described to us was an expression or a result of hate speech?"

In the Greek questionnaire, 11 (47.8%) persons realized it at the moment it happened, 9 (43.5%) persons realized it at a later stage, and 2 (8.7%) persons have not fully realized it yet. In the English questionnaire, both (100%) individuals understood it at the time it happened.

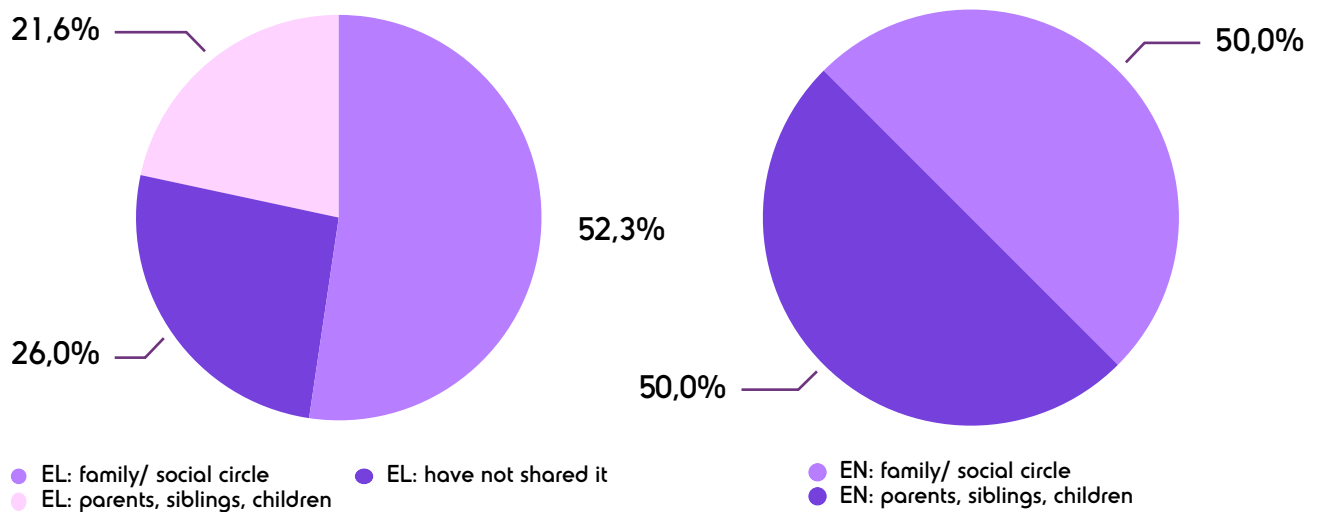
### Realization of the incident



## 2. Support from family and social circle

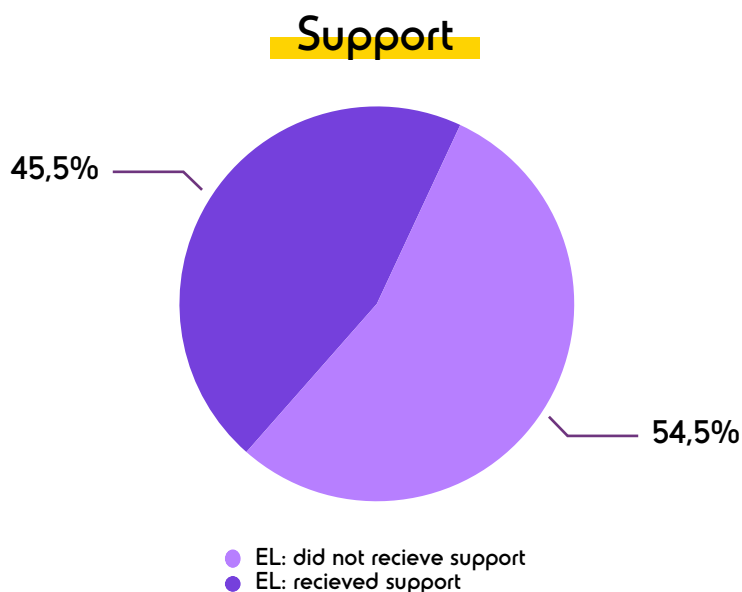
"Have you shared this experience with people in your closed and/or extended family and social circle?"

In the Greek questionnaire, 11 (52.2%) persons have shared it with people in their closed and extended family/social circle (friends, relatives), 6 (26.1%) persons have not shared it and 5 (21.7%) persons have shared it only with people in their closed family circle (parents, siblings, children). In the English questionnaire, 1 (50%) person has shared it with people in their closed and extended family/social circle (friends, relatives) and 1 (50%) person has shared it with people in their closed family circle (parents, siblings, children).



"If so, do you feel you received the support you would have liked? If you have not shared this experience, we would be interested to hear why not."

In the Greek questionnaire, 12 persons did not receive support, while 10 did. In the English questionnaire, both persons received support.



A. Some of the people who **did not receive support** commented on their response as follows:

- Not the necessary one, I usually heard the phrase "don't bother".
- I did not receive support, mostly pity, because **there is ignorance on the issue**.
- I didn't want to, I'm afraid.
- No, because they were not the right people.
- I didn't want anyone to know about this incident with my child so as not to expose it.
- No, because there is a lack of understanding.
- I never received the support I needed. Instead, I had to reassert my child's right to exist and develop freely as a person.
- It is not possible to get the support you need, because **intersex differentiation is incomprehensible to the "average" person and society is not at all educated in such matters**. I could feel this support, after many attempts, only in a few friends with special empathy and sensitivity, during my individual and group therapy, and of course, in the family of the intersex community to which I belong. But I need more love, and more embracing to heal the wounds... And I think that, when I manage to have a stable relationship with a romantic partner, then maybe I can feel a little more "healed". It's something I'm still working on therapeutically, though.

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**It is not possible to get the support you need, because intersex differentiation is incomprehensible to the "average" person and society is not at all educated in such matters.**

B. Some people who **received support** commented the following:

- From **my closed family, yes**, from two or three people close to me I even heard "ok, but it's not intersex" leaving a sense of stigma. There we had to have a long conversation.
- I received support **in the sense of dealing with the emotions** that arose when a public official in medicine was being racist this way.
- Yes, but I only share it with people who can be supportive.
- I receive some support **from individuals**. Out of most people, the best-case scenario is to get some kind of victim blaming <sup>46</sup>.

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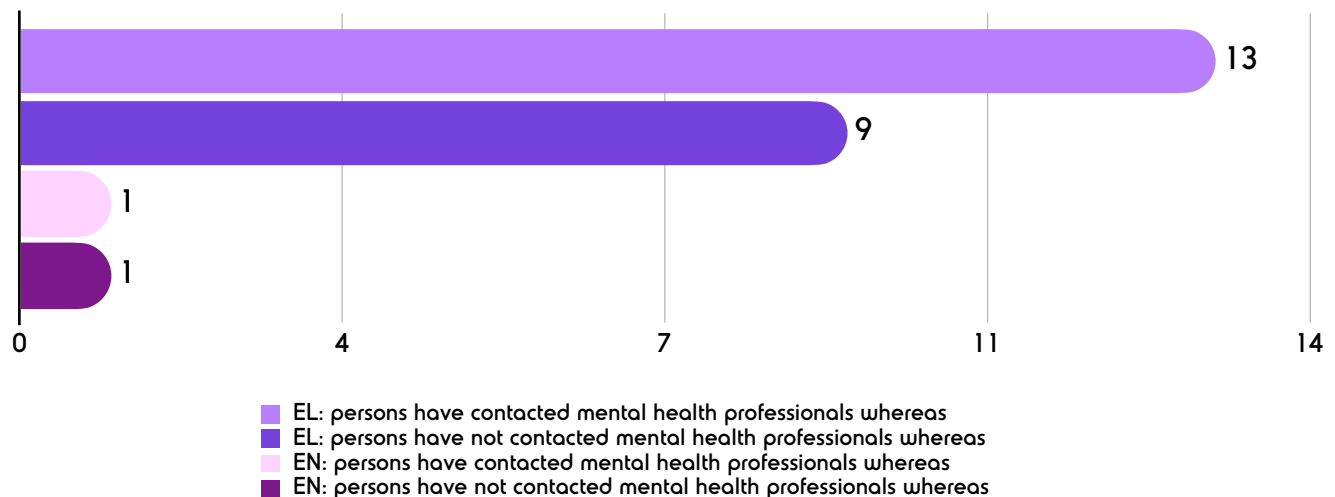
<sup>46</sup> The term "victim blaming" refers to cases where the victim of a crime or a criminal act is accused of being partly and/or entirely responsible for what they have suffered, since they have actually caused the victimization by some act, attitude or behavior of their own (a classic example is the claim that the rape victim was dressed provocatively).



### 3. Psychological support

"Have you contacted mental health professionals about this incident?"

In the Greek questionnaire, 13 (56.5%) persons have contacted mental health professionals whereas 9 (43.5%) have not. In the English questionnaire, 1 (50%) person has contacted mental health professionals whereas 1 (50%) has not.



A. On whether they **received the support they wanted** from mental health professionals some people commented:

- Yes, I did, and quite a lot of it.

- Yes, and I was **very relieved to see that they shared my objections.**

- Yes, I have been approached but they didn't know much or how to support us. **I had to educate them first and then they had to support my child.**

- **My first therapist had a hard time when I revealed to him that I am an XY woman but he clearly worked it out with himself and was very supportive** of me and encouraged me to get into relationships. My second therapist has supported me and continues to support me a lot.

- I've gone to many health professionals, and I've reported the incidents to all of them. The first ones I went to didn't give me any support. Somehow they didn't recognize that it was hate speech. Then I went to others who kind of recognized it but underestimated it, and **-after many attempts- I found someone who gave me meaningful support.**

“

**My first therapist had a hard time when I revealed to him that I am an XY woman but he clearly worked it out with himself and was very supportive of me...**

- I approached a person who I knew was also an intersex person, but **I felt she was projecting her own trauma on me!**

B. Some of the people who **have not been referred to mental health professionals** commented:

- No, **because of ignorance**. I received superficial and hasty exhortations to get over it, because they themselves did not know -and of course could not bear- to examine it further.

- Not immediately, but **many years later**, when the child was about 16 years old.

- I didn't consult a mental health professional because I didn't feel it was necessary and **I didn't have the proper guidance from the medical staff**. Whenever I asked my daughter about this incident, she would tell me she feels fine.

- **I didn't know** there were experts, I never looked into it.

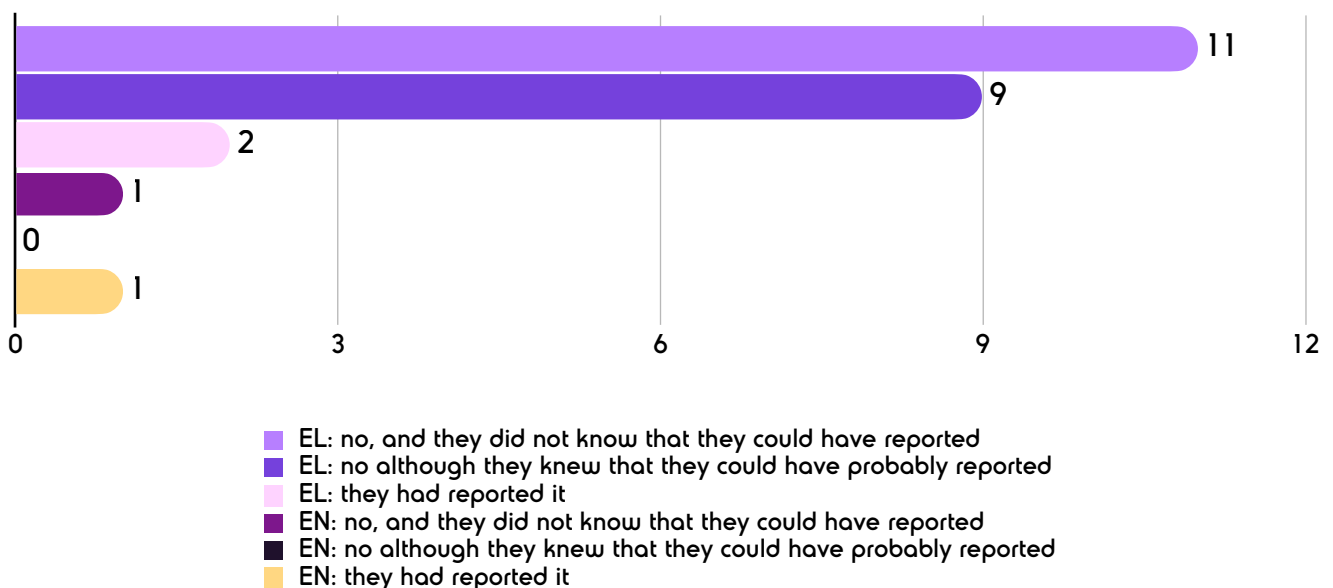
“

I don't think any mental health professional in Greece would understand this.

#### 4. Reporting the incident

“Have you reported the incident(s) you are reporting to us to a competent body or authority?”

In the Greek questionnaire, 11 (47.8%) persons answered no, and they did not know that they could have reported it, 9 (39.1%) persons answered no although they knew that they could have probably reported it and 2 (13%) persons answered that they had reported it. In the English questionnaire, 1 (50%) person responded that they had reported it and 1 (50%) person responded that they had not and did not know that they could have reported it.



Some of the people who **reported** the incident commented that:

- I complained to **the Ombudsman** and **I was treated better than I imagined.**

- I reported it to **the Children's Ombudsman (CO)** (when I asked for their mediation to make my child's school more inclusive and **to the regional school observatory on bullying** (i.e., one of the 13 observatories on bullying of the Ministry of Education).

**The CO responded immediately and positively**, contacted the school by phone and later came to the school themselves for the promotion of education on the matter. **The teacher in charge of the school observatory treated me rather indifferently** and negatively, as if I was crazy asking something absolutely absurd,, saying to me in effect **"Since your child is registered on paper as a boy, then there is nothing we can do. He should behave and dress as a boy, and be treated as a boy at/from his school"**.

“

**The teacher in charge of the school observatory treated me rather indifferently and negatively, as if I was crazy asking something absolutely absurd...**

Both bodies could/should address the Ministry of Education and push for inclusion guidelines for all intersex and LGBTQI children in general, something for which **only the NGO "Rainbow School" put pressure, but despite the repeated calls to the Ministry of Education and the many positive "promises" it has received, its pleas have not been heard from 2017 to this day (2022).**

"If you did not report the incident, would you like to tell us why?"

- I didn't know then that I had the right, and **the doctors who saw me obviously had the God syndrome, something that brought me into submission.**

“

**...the doctors who saw me obviously had the God syndrome, something that brought me into submission.**

- **Because there was no organization for intersex people until I found you.**

- I did not know that I could denounce it as **a witness** without the assistance of other witnesses.

- It didn't even occur to me to report the above incident, because **I thought it should remain a secret between me and my child**, but also because I did not believe and do not believe that this complaint about the medical violence suffered by the child would be answered.

“

It didn't even occur to me to report the above incident, because I thought it should remain a secret between me and my child...

- No, **the police would make it worse** for me, and local officials cannot be trusted to be polite and understanding.

- The **ignorance, shame and public outcry** were some of the reasons...

- I did not denounce the unacceptable medical treatment I suffered in two public hospitals. If I had realized in time that it was a deep psychosomatic injury, I would have denounced them, since these are all big doctors even today. Back then I swallowed what happened to me whole. I came from a family that believed **that doctors were gods** and everything they said was the "law". Later, I didn't report it because **I was afraid and didn't feel supported by my social circle** to do so.

“

I did not denounce the unacceptable medical treatment I suffered in two public hospitals. If I had realized in time that it was a deep psychosomatic injury, I would have denounced them...

- I feel deep down that if I **denounce it, nothing will be done, and in the process I'm likely to receive even more hate speech.**

### 3.3. Remarks - Conclusions

#### 3.3.1. Medical community

As already mentioned, most incidents of hate speech were related to the medical community, as we recorded 13 such incidents, compared to 3 incidents related to school, 5 incidents related to family/close social circle and 7 incidents related to the community. Of course, it should be noted that these 13 incidents have also had a significant impact on the hate speech that exists in the family/close social circle, as doctors often lead parents to shame, secrecy and stigmatization regarding the intersex experience. The same applies to complaints received by the organization prior to 2022, as most of the incidents are related to terminations of pregnancies and intersex infant and child surgeries. It is worth noting that the incidents reported in relation to the medical community have many common elements, the most common being the following:

- **Lack of scientific knowledge about the intersex state and physiology:** Before an intersex infant is even born, it is quite common for doctors to advise termination of pregnancy. If a fetus is diagnosed with XXY at amniocentesis, they pathologize the fetus and treat them as 'sick'. But there is no proven risk to the health of the fetus and subsequent infant, nor to the health of the mother. They usually justify their encouragement of abortion based on their personal opinions, stereotypes, and prejudices, saying that the child will be a 'freak of

nature', 'will come out a faggot', 'will have a small dick'. They then refer the parents to different doctors and hospitals, refuse to monitor the pregnant woman during pregnancy and take charge of the delivery, and they keep the newborn in intensive care for further examinations without any reason that could pose a threat to their life.

The same is true for intersex children, as in almost all cases doctors do not have the scientific knowledge to respond to their needs and those of their families. They often refer intersex children to different doctors or hospitals, resulting in mental suffering and financial burden for them and their families. Many times, their opinions are invalid and there is no adequate scientific justification. They typically suggest interventions with justifications such as 'that's the way it is done', or they tell intersex people that there are only '5 others on the planet' like them. Because of this ignorance they are unable to examine intersex bodies as they do not know their anatomy, nor are they able to respond to the surgeries they undertake. Guided by outdated and incomplete knowledge, they follow methods that violently intervene in intersex bodies and injure them either by causing bleeding or large scars that remain on the body for life. In addition, there is no information on the effects of these procedures. For example, they do not mention that after the procedure<sup>47</sup> the intersex person should undergo lifelong hormone therapy, nor do they mention the effects on fertility and sex life.

- **Degrading treatment of intersex persons and their families:** The examinations and medical practices to which intersex persons are subjected are degrading and take place in either public or private hospitals and clinics. Individuals in the survey reported several times that common practices<sup>48</sup> include: a) stripping naked and taking photographs of their bodies for the hospital's records, b) simultaneous examination of the naked intersex body by large groups of doctors and medical students (as if it were a lifeless "exhibit" or guinea pig) or in uncomfortable positions (e.g., in a gynecological chair for intersex girls), c) painful examinations performed without proper medical instruments, and without prior consent or informing of the individuals and their guardians; d) derogatory comments / mockery of the individual by doctors/nurses about their anatomy and their existence in general (e.g., comments on breast size, comments such as "anomaly of nature", "woman on the outside and man on the inside", "you are a failed abortion").
  
- **Utter lack of information and support for intersex people and their families:** During the whole process of endless testing to which intersex people are subjected, there is no information about what is happening and what is going to happen next. Especially in cases where the intersex person is a teenager, doctors avoid informing them, even though they are old enough to fully understand and make decisions for themselves. Because they know that the adolescent intersex person may fully understand what is going on they prefer to speak in foreign languages during examinations (e.g., "Do you understand English; We will speak Turkish then, do you understand Turkish?") or use insulting comments that cause shame and feelings of inferiority to the intersex person. At the same time, they inform only the parents based on opinions that are not scientifically substantiated, suggesting them not to tell anyone, not even the very close circle (e.g., siblings) of the intersex person. They do not propose any form of support -including psychological support- during all these very painful processes to which intersex people are subjected, resulting in deep psychological traumas

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<sup>47</sup> It should be noted that intersex procedures and treatments have been banned in Greece since July 2022 (see: Chapter 2, 2.1.). The cases we have recorded are before the legal ban. However, this law does not solve the multiple rights violations to which intersex people are subjected by the medical community, as documented in this research.

<sup>48</sup> See also Intersex Greece, Submission of Shadow Report on "Violence against Intersex Women in Greece" to GREVIO Council of Europe, 2022 <https://rm.coe.int/greece-2022-shadow-report-grevio-cbr/1680a675f7>

that define the lives of intersex people and their families. Many people reported to us that they suffered and still suffer from depression, abandonment anxiety, self-rejection, and addictive behaviours. These traumas also lead to problems in completing their studies and finding a job.

### 3.3.2. Education

- **Ignorance of the teaching staff about intersex issues and lack of information provided to students:** In schools, there is complete ignorance about intersex physicality, as the educational material used is either incomplete or outdated. Education and activities in schools are based on the male/female binary. Also, educational staff reproduce the stereotypes associated with this dipole and do not provide any form of information on intersex issues, even if they know that an intersex child attends the school. When parents of an intersex child try to educate the teaching staff on intersex issues, they are met with distrust and doubt. Many times, the child themselves will be forced to educate classmates and, also, the teaching staff. Parents do not receive any particular support, instead they receive derogatory comments about their child (e.g., the headmistress flatly refused to accept the child wearing clothes that "don't suit boys" or denied them the use of a closed toilet instead of the boys' toilet where they did not feel comfortable going).
- **Bullying and physical violence:** Intersex children at school very often face bullying regarding their sex characteristics and gender expression. They are very often subjected to physical violence, which is rarely reported. They live in solitude and isolation, and even people who want to hang out with them are targeted and become victims of bullying. Intersex children usually undergo operations and hormone treatments during school holidays, resulting in returning to school exhausted and in a bad psychological state. There are no support mechanisms at schools for intersex children and their parents, and as a result they sometimes fail to complete their studies. For an intersex child to be accepted at school, the parents must make an extra effort, and/or the Children's Ombudsman has to intervene.

### 3.3.3. Family and close social circle

- **Lack of meaningful support from family and the close social circle:** Most of the time, intersex people receive no support from their family, as parents fail to understand what intersex physiology is. Sometimes, parents are unable to support the children as doctors have advised them to keep it a secret and not to reveal to anyone that the child is intersex. Under the paternalism that dominates the medical profession, doctors are too often treated by parents as 'gods'. They blindly listen to their instructions, realizing too late that these instructions were wrong and invalid. Intersex people experience loneliness as the circle of friends is unable to understand them and it is often difficult to find an understanding partner. Because of the pathologization of their bodies by the medical community and the procedures they have undergone, they have lost connection with their bodies, and this directly affects their love life.

### 3.3.4. Society and the mass media

- **Ignorance, denial, and misinformation about intersex issues:** As society is based on the male/female binary, everyday life for intersex people is extremely difficult. There is a lot of misinformation online about intersex terminology, physiology, and the intersex experience. For example, despite Intersex Greece's efforts to contact authors of non-inclusive sources and educate them based on modern scientific sources and international legal developments, there is strong denial, resulting in research or articles, still being found, on the internet that are

outdated, invalid and stigmatizing. The media continue to present intersex people as 'rare' and 'curious' cases, perpetuating the sex and gender binary and preventing the public from being properly informed. Finally, although in July 2022 medical interventions on intersex infants and children were banned, there are still presentations and texts from the medical community online that recommend 'sex-normalizing' or hormone therapies.

- **Public disparagement and lack of safety:** Intersex people very often receive derogatory comments about their appearance (e.g., 'what is that?') and feel at increased risk as there is a shortage of safe spaces for them. For example, in public toilets they often receive comments or yelling because they are not in the right toilet, whichever one they go to. Incidents of hate speech in everyday life are so common that intersex people report that it is normalized to be belittled or insulted for their sex characteristics or gender expression.

### 3.3.5. Management of hate speech incidents

For intersex people to seek support and denounce incidents of hate speech, they must first be aware that they have been victims of such hate speech. Unfortunately, 9 people responded that they realized this much later than the time of the incident, and 2 people that they had not yet realized it. This often happens because the vast majority of incidents come from the medical community and, automatically, intersex individuals, as well as their families, follow the instructions of the experts, yielding to their authority. They are, therefore, automatically put in an unequal and extremely vulnerable position, as they are treated as 'problematic' bodies that need to be 'fixed'. Moreover, because of the high stigma, it is particularly difficult for them to seek help from their close social circle. In terms of mental health support, several respondents to the survey reported that they had been referred to mental health professionals but sometimes they had to educate them about intersex physiology. Finally, the majority of people have not reported the incidents despite the fact that in Greece the law on hate speech includes sex characteristics since 2017 (See Chapter 2, 2.2). The people who reported the incidents only addressed the Citizens' Ombudsman or the Children's Ombudsman and did not initiate legal proceedings. This may be due to a lack of trust in the police ("the police would make it worse for me"), the judiciary ("if I report it, nothing will be done"), and overall frustration with state structures, but also ignorance about national legislation, as in addition to lawyers who are not sufficiently informed, the individuals themselves are often unaware of legal developments, as there is no relevant information available. Adding to this, legal procedures are usually not accessible as they are costly and there are long delays. There is, also, a great fear/risk of exposure and psychological re-traumatization of the individual during a legal procedure. Thus, many individuals decide not to report the incidents precisely because of the stigma, fear, feeling of shame, and trauma <sup>49</sup>.

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<sup>49</sup> See also OII Europe, Protecting intersex people in Europe: A toolkit for law and policy makers, 2019 <https://www.oieurope.org/protecting-intersex-people-in-europe-a-toolkit-for-law-and-policy-makers/>

## CHAPTER 4

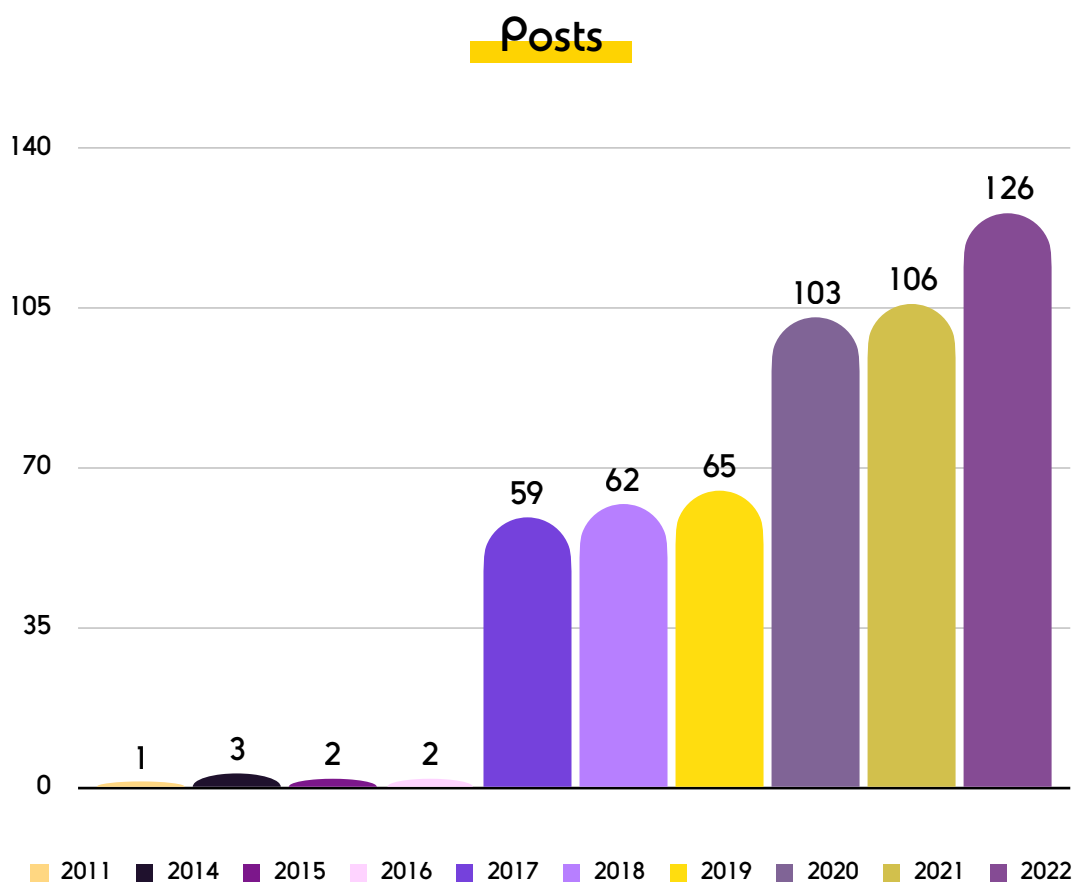
# Hate speech incidents on the internet



## 4.1. Online survey findings

The time period during which the sample of social media posts was collected is divided into two semi-distinct stages. The first, includes the relevant posts from the years before the recent passage of the bill on the "legal prohibition of surgical and other medical interventions on intersex infants and children", while the second period includes comments posted before and during the public debate on the passage of the bill and the relevant articles.

More specifically, out of a total of 529 posts, we collected only one post from 2011, three posts from the year 2014, while regarding the years 2015 and 2016 we collected only two posts from each year. Similarly, from 2017 we collected 59 posts, 62 from 2018, 65 from 2019, 103 from 2020, 106 from 2021, and 126 from 2022.



The terminology we used to derive the twitter posts refers to terms that have been associated with the intersex community and intersex people in Greece over time, even if these terms are used abusively, or are not legitimate. Specifically, the following terms were used:

**intersex / hermaphrodite / middlesex\***

As for the levels of analysis, we chose to divide the posts into six main categories based on the risk and threat posed by each one. These six categories are:

\*More specifically, the Greek key words used for the research were the following: ίντερσεξ / ερμαφρόδιτος / ερμαφρόδιτη / ερμαφρόδιτα / ερμαφρόδοιτο / μεσόφυλοι- / μεσοφυλικοί- / διάφυλοι- / διαφυλικοί- / διαφυλικά- / μεσοφυλικά- / middlesex-.

**A0.** Posts supportive of the intersex community and/or intersex people

**A1.** Posts that are supportive of the intersex community and/or intersex people but use abusive terminology or unacceptable terms due to ignorance, or posts where the person posting states their ignorance regarding intersex people.

**B2.** Posts where terms are used that are associated -or have been historically associated- with positive or negative connotations for the intersex community and/or intersex people, but the content of the post does not victimize them or does not concern the intersex community.

**C3.** Posts where abusive terms are used without posing a direct threat to the community.

**C4.** Posts where abusive terms are used towards and/or in relation to intersex people.

**C5.** Posts promoting violence against the intersex community and/or intersex people.

For the 1st category (A0), we recorded 3 posts. Their small number demonstrates the minimal presence of organizations, collectives, but also of the civil society in this medium, when it comes to informing or supporting intersex people and the intersex community. The presence of collectives or individuals who are mentioned in a positive way in the community is usually limited to reprints and attachments of articles by LGBTQI+ community-friendly organizations such as Intersex Greece, Colour Youth, etc. Similarly, for category 2 (A1), we identified 49 posts that appear to be supportive of the community, but use terms that are now considered abusive, or refer incorrectly to issues around the term intersex and intersex people themselves.

I am watching tributes to people who are intersex, and I'm shocked I didn't even know that's how they are called.

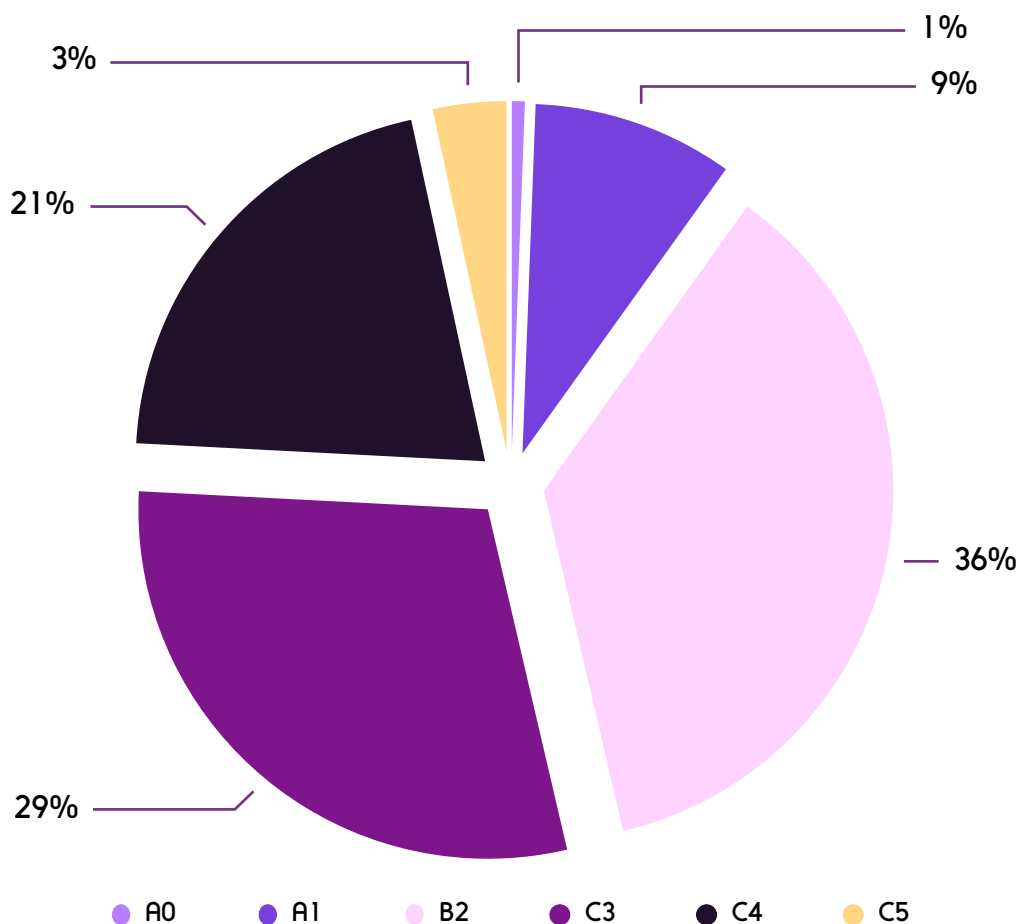
Next, the 3rd category (B2), in which we assigned 193 posts, is the largest in terms of findings. Terms such as "hermaphrodite" and their derivatives are used by the users of the medium to comment -negatively- on people involved in politics, or even governmental policies around the world.

[...] The new "hermaphrodite" government coalition in Israel: will Netanyahu prove to have... "nine lives"?

In the context of the research, we also focused on the next three categories (C3, C4 and C5) which, scaled from C3 to C5, show degrees of victimization or even posing a dangerous threat to intersex people and/or the community as a whole, regardless of whether the posts directly victimize individuals (category C5) or are generally against the LGBTQI+ community (C3). In total, we identified 284 posts distributed as follows: 156 for category C3, 110 for category C4, and 18 for category C5.

If you're talking about hermaphroditic persons... [...] They do exist, but as an anomalous minority. Such a small minority that it doesn't make a difference to society as a whole whether they exist or not. We can do without them.

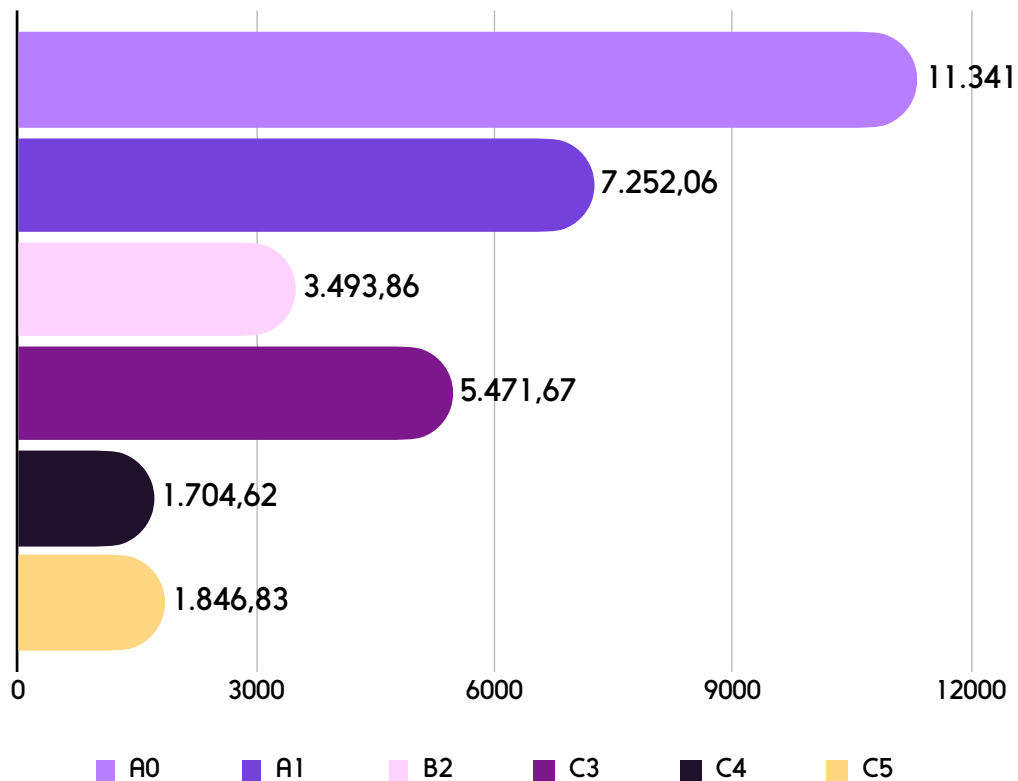
### Post Categories



Finally, regarding the term "intersex" with its international spelling in Latin characters, it was not possible to collect a significant volume of posts, as during the collection process the medium itself limited the possibilities of accessing and searching for specific terminology and specific results. Further data collection on the use of the term by individuals posting in Greek deserves further research.

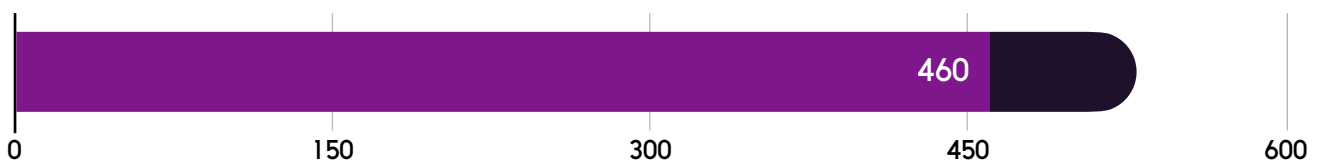
Regarding the individuals who posted the content we collected; we studied two more parameters. First, whether they post eponymously or anonymously, and second, the number of followers they have on Twitter. The second parameter aims to capture how abusive posts are likely to be disseminated, although we must note that due to the nature of the medium, the "following" function does not necessarily mean that the individual agrees with any post by the user / individual in question. From the total number of posts, we also found that 123 of them have been posted by people using their first or full name, while 407 have been posted by anonymous users.

## Average Followers per User



## 4.2. Remarks - Conclusions

The term that appears more frequently than any other, and with a variety of uses in the sample we collected, is "hermaphroditism" and its derivatives. Of the 529 posts we analyzed, words related to the term "hermaphroditism" appear in 460 of them, very often to describe situations that are neither directly nor indirectly related to intersex people or the intersex community.



The use of the term, usually derogatory and with the clear aim of insulting or belittling a person or a group of people with specific racial, ethnic or political characteristics, is mainly found in posts classified in category B2. Interestingly, the term is used to describe "policies", "circumstances", "conditions" or even "expressions" of public figures, often linking two "different" entities. In a large sample of posts, the term is used to describe people who are "left-right", or people who are "both

New Democracy and Syriza", or even the policies of states such as Germany, Israel, the US and Turkey, or policies towards these states.

Although the sample can show that the term is used by people of different political affiliations and ideologies, we found the term 18 times in relation to SYRIZA, and 10 times in relation to the New Democracy party, with the latter often coming from people who -at first glance- seem to be positively inclined towards the New Democracy party.

Constantine, when talking to New Democracy party affiliates, as I do, know that you represent a huge percentage of New Democracy affiliates and other citizens. Enough with the hermaphroditic New Democracy that has become a leftist party. We are with you.

Everyone, except for the Communist Party of Greece and the Golden Dawn political party, forms the European arc. Syriza presents a hermaphroditic state. Most of it is not pro-European.

Apart from the terminology of "political" hermaphroditism, as it is often used by the mass media, we also see in many posts that agents, athletes or supporters of sports clubs, and, also, historical personalities, such as Aris Velouchiotis, are also characterized as "hermaphrodites". In cases where the term is used to describe individuals, rather than situations or policy decisions, it is obvious that its use is derogatory for the individual, as it is directly linked to sex characteristics, gender identity and sexual orientation that either the individual actually had or a user is trying to attribute to the individual.

The hero of the Left, Aris Velouchiotis (Thanasis Klaras), apart from being a cold-blooded butcher, was a hermaphroditic, passive homosexual.

Finally, and especially in the posts that we have classified in the last categories (C3-C5), we observe the association of terms that are abusive towards the community with terms such as "pedophilia", "perversion" and "satanism", while there are even expressions of desire for intersex people to "disappear" or not to enjoy any social and state care.

We note, therefore, that to a large extent the rhetoric against intersex people and the intersex community in this medium, and the use of abusive terms associated with it, follows a recurring pattern. The use of abusive terms on the internet often starts from "criticism" of specific governmental policies and/or non-governmental parties and their positions, and ends up being associated with abusive practices, expressions of hatred, or even calls for violence against specific social groups. In this context, hate speech against intersex individuals and the community often ends up citing intersex physiology as another excuse against human rights and a source of anti-

LGBTQI rhetoric in general and, more specifically, anti-trans rhetoric, but also with conspiratorial expressions regarding the "New World Order" and the "Great Reset"<sup>50</sup>.

In fact, it is noteworthy that, although we do not reproduce in this report all the abusive posts we collected and ranked as the most dangerous for the community, a sufficient number of them fall within the institutional and legal framework of anti-racist and anti-discrimination legislation.

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<sup>50</sup> The Great Reset: <https://www.ertnews.gr/eidiseis/diethni/megali-antikatastasi-i-theoria-synomosias-poy-ypokinei-ti-ratsistiki-via/>

## CHAPTER 5

# Strategic Plan: Recommendations for the elimination of hate speech against intersex people

As a result of the above, the need for change in many areas is clear, always regarding the protection of intersex people from hate speech based on sex characteristics. Solving the issues faced by intersex people is complex in nature and requires a multi-faceted and integrated approach by the government, legislators, and competent bodies of authority in order to resolve them. These are not just issues that relate solely to health, but also to other important areas such as legal gender recognition, employment, education, and society. For this reason, future actions and policy interventions need to be cross-sectoral and interdisciplinary, as they require the cooperation and partnership of actors from multiple competent bodies, authorities, and scientific fields.

In this last section, we present proposals for the protection of intersex people to ensure their inclusion in all areas of public life and to achieve the protection of their human rights, so that the principle of equality for all citizens in Greece can be fully and substantially implemented. All our proposals are based on the International Intersex Declarations<sup>51</sup>, combined with the proposals of all our European partners, as presented in the Memorandum we submitted to the National Committee for Strategic Planning for the LGBTQI+ Community in the Summer of 2021<sup>52</sup>, as well as in the handbook for politicians and legislators "Protecting Intersex people in Europe - Dan Christian Gattas" published by OII EUROPE<sup>53</sup>.

In the list of proposals below (the proposals are addressed to all countries that respect Human Rights), **the legal measures already taken by the Greek State** and the further recommendations that remain to be implemented are specified in the relevant notes. In green (✓) are the measures already taken by Greece:

## 5.1. Protecting the physical integrity of intersex people

To guarantee the right of intersex people to health, self-determination, and physical integrity, states should create laws that explicitly:

- ✓ prohibit any irreversible, non-urgent surgical or other interventions unless the intersex person has provided their personal, free, and fully informed consent<sup>54</sup>.
- ✓ establish adequate legal sanctions for health professionals who perform any irreversible, non-urgent surgical and/or other interventions that can be, but are not, postponed<sup>55</sup>.
- establish the constitution of an independent working group composed equally of human rights experts, intersex peer experts, psychology/social sciences professionals, and medical experts to review and revise treatment protocols.

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<sup>51</sup> [Declaration of Malta \(2013\)](#), [Declaration of Riga \(2014\)](#), [Declaration of Vienna \(2017\)](#), [Proposals - demands for the recognition and protection of intersex persons in Greece \(2021\)](#).

<sup>52</sup> See: [Proposals - demands for the recognition and protection of intersex people in Greece](#), as well as the detailed [accompanying Memorandum to the Committee for the Drafting of a National Strategy for LGBTQI+ Equality](#).

<sup>53</sup> <https://www.oiiurope.org/library-en/toolkit-cat/legal-toolkit/>. The Greek translation of the Legal Guide "Protecting Intersex people in Europe - Dan Christian Gattas" will be presented on this website very soon. For now, there is a Greek translation of the concise Checklist, here: <https://www.oiiurope.org/protecting-intersex-people-in-europe-a-toolkit-for-law-and-policy-makers/>

<sup>54</sup> Irreversible, non-urgent surgical or other medical interventions for the total or partial change of sex characteristics in intersex minors under 15 years of age are prohibited in Greece by Law No. 4958/2022 (Government Gazette Issue 142/A/21-7-2022) "Reforms in medically assisted reproduction and other urgent regulations", Part C, Article 17, para. 2 (see in detail: <https://intersexgreece.org.gr/2022/07/25/apagorefsi-ton-epemvaseon-kanonikopoiisis-fylou-igm-sta-intersex-paidia/> )

<sup>55</sup> In the above-mentioned Law 4958/2022, Part C, Article 20 "Sanction", it is explicitly provided that doctors who perform medical acts or treatments on minor intersex persons without the authorization of Article 17.2, will be punished with disciplinary and administrative sanctions, imprisonment of at least six months, a fine, and deprivation of their professional license.



- establish the right to counselling by experts-sensitives<sup>56</sup> and with providers trained to work with intersex people.
- extend the retention period of medical records to at least 40 years.
- extend the statute of limitations period for surgical and/or other interventions to at least 20 years and suspend them until the person concerned reaches the minimum age of 21 years old.
- ✓ allow surgical and/or other reversible and non-reversible procedures on a mature minor person, provided that the person gives their personal and fully informed consent<sup>57</sup>
  - ✓ designate an independent third party to oversee the procedure in order to ensure the principles of consent<sup>58</sup>
- define the legal obligations of health professionals to:
  - fully inform the subject about the treatment, including alternative medical options as well as a detailed analysis of the risks and possible long-term consequences and effects, based on up-to-date medical information,
  - provide the subject and their parents or legal guardians with the detailed minutes of counselling meetings or medical consultations.
- end the financial coverage for intersex genital mutilation (IGM) procedures by the public and private health care system.
- ensure that the regulations and practices in the public and private sectors do not override national protective legislation or anti-discrimination laws and provisions<sup>59</sup>

**Epecially for Greece**, it is necessary to declassify the birth of an infant with visible sex variations as an "urgent social situation" that requires immediate surgical "normalization".

## 5.2. Protecting intersex people from discrimination in all areas

The following are deemed necessary:

- The inclusion of "sex characteristics" as a ground for discrimination in all existing and future anti-discrimination legislation and provisions, as well as in legislation and provisions on hate crimes and hate speech. The term "sex characteristics" should:

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<sup>56</sup> In the text of the 2017 Maltese Act, the term "expert-sensitive" refers simultaneously to explicitly stated expertise combined with sensitivity through tailored training programmes.

<sup>57</sup> This is provided for in Law No. 4958/2022, Part C, Article 17, para.1, which states for a person who has reached the age of 15 these procedures are allowed "only with the free and informed consent of the individual and of the persons exercising parental care or guardianship". [Prohibition of intersex genital mutilation \(IGM\) procedures on intersex children - For Parents](#)

<sup>58</sup> Law 4958/2022, Part C, Article 18 provides for the establishment of an Interdisciplinary Committee, which will necessarily include a representative of the intersex community with appropriate training.

<sup>59</sup> To achieve this, it is urgent that the Ministry of Health issues a relevant Implementation Encyclical, which explains in detail Articles 17-20 of Part C of Law No. 4958/2022, and dictates their correct implementation.

- be explicitly included in all provisions and legislation on equal treatment and anti-discrimination.
  - ensure explicit protection in the areas of employment, access to goods and services, including housing and bias-based violence.
  - ensure explicit protection against discrimination in the areas of social protection, including social security and health care, social advantages and participation, and the activities of workers' and employers' organizations and associations.
  - ensure that the statute of limitations period for discrimination takes into account the time it takes for a victim of discrimination to recover from it.
- The introduction and implementation of comprehensive awareness-raising measures for the public. The introduction of mandatory human rights-based training, based on the human rights of intersex persons and intersex victims, for personnel working in the sectors of:
- health, including doctors, midwives, nurses, psychologists and other professionals working in the health sector (e.g., secretariat staff, occupational therapy staff, etc.)
  - mental health and counselling
  - education (teachers, social workers, school psychologists, and school staff)
  - law enforcement
  - care for elderly persons
  - trade unions and labor councils
  - medical supervisors and occupational physicians.

## 5.3. Health

### Establishment of:

- the right to receive treatment based on the individual's physical needs and not limited by the gender marker on their official documents.
- the right to lifelong coverage of any medication required -as a result of surgical and/or other intervention on a person's sex characteristics- by national insurance systems and the right to be reimbursed for health issues.
- the right of access to coverage for any health treatments that are not limited by the gender marker on a person's documents.
- the right to counselling and support for all persons concerned and their families.
- the right of persons who have undergone intersex genital mutilation (IGM) to have access to reparative treatment.
- the right of full access to their medical history and records.

### Measures for:

- ensuring social, psychological, and peer support for intersex people and their families.
- the introduction of peer-to-peer professional counselling (i.e., counselling support by appropriately trained peers).
- the inclusion of intersex people and intersex issues in all curricula of medical schools and other related health sciences.
- the inclusion of positive and empowering information about the life and existence of intersex people in the information material aimed at prospective parents of intersex children.

## 5.4. Education

Key additional measures to protect the intersex students include:

- establishing support systems for vulnerable students, including intersex people and their needs.
- the establishment of aggregated data collection on bullying and harassment in school settings.
- the adoption and use of tools to monitor, evaluate and measure school inclusiveness.
- mainstreaming information about intersex people and the existence of more than two biological sexes, in a positive and empowering way, in school curricula, textbooks and educational materials.
- the establishment of school policies, which:
  - will explicitly protect intersex children / children with diverse sex characteristics.
  - will include basic knowledge about intersex people.
  - explicitly respect the right of all children to openly discuss and express information about their gender identity, gender expression and sex characteristics.
  - will explicitly refer to what constitutes derogatory language in the context and the scope of bullying.
  - will cover a wide range of behaviors that take place either in person at school, on school property and in places where school-sponsored activities may take place, or electronically / online, using electronic technology and electronic communication on school computers, networks, forums, and related mailing lists.
  - install mechanisms for easy access to psychological and social support for the intersex student population.
  - explicitly establish the right of intersex students to be able to apply for special arrangements in relation to their access to gender-specific facilities such as toilets and changing rooms.
  - encourage schools to designate facilities designed for use by one person at a time, accessible to all children regardless of sex or gender identity, and to incorporate such individual use facilities into the plans for any new construction or renovation of school buildings.
  - allow all children to participate in physical education and sports activities, including competitive sports, in accordance with their gender identity.
  - encourage schools to evaluate all gender-related facilities, including activities, rules, policies, and practices to ensure that they meet the conditions for equal treatment.
  - will explicitly oblige school staff to use the desired name and corresponding pronouns based on the request of the student, regardless of whether these details have already been changed in the official documents or not.
  - will confirm or stipulate the school's obligation to change the official records of each child/adolescent attending the school to reflect any changes in their legal name or sex/gender when there is documentation of such changes.

**NOTE:** In Greece, after years of unsuccessful interventions and persistent remarks by our organizations and the Children's Ombudsman to the Ministry of Education, the [Law No. 5029 was recently passed. \(A' 1-3-23\) "We live together in harmony - Breaking the silence: regulations for the](#)

[prevention and treatment of violence and bullying in schools and other provisions](#)", in the context of which, in Part B, Article 3. (e) our constant demand is mentioned, i.e.

"(e) the issuing to all primary and secondary schools of guidelines on how to deal with incidents of discrimination and bullying against students belonging to vulnerable groups on grounds of race, disability, religious belief, ethnic origin, sexual orientation, gender identity, gender expression, sex characteristics or marital status."

## 5.5. Hate crimes & hate speech

To combat all possible forms of expression that could potentially produce, spread and/or promote hatred and discrimination against intersex people, it is important to:

- include "sex characteristics" as a basis for protection in existing legislation and provisions on hate speech and hate crimes.<sup>60</sup>
- ban interphobic rhetoric in the media, including the internet.
- include intersex people as a vulnerable group in provisions and measures concerning the rights, support, and protection of victims of crime.
- monitor interphobic hate speech and hate crimes.
- create and evaluate protective measures to prevent interphobic hate speech and hate crimes.
- evaluate existing measures regarding the inclusion of intersex persons.

### **In addition, especially for Greece:**

- It is necessary to train and inform lawyers, police officers, prosecutors, judges, and other relevant professionals on possible ways of handling cases of discrimination based on sex characteristics.

Current migration policies should:

- Guarantee the capability to exit the country of origin based on the person's gender identity and not based on the gender marker indicated on their official documents.
- Guarantee empathetic and sensitive treatment of LGBTQI+ asylum seekers at the borders and in refugee facilities and shelters, including relevant training for the staff of these facilities.
- Provide easy access to necessary hormonal treatments, hormone blockers, and/or other medication in public hospitals in the country of entry <sup>61</sup>

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<sup>60</sup> In Greece the basis for protection of sex characteristics" exists in the labor sector, in the anti-racist law, and in the law on hate speech. See Chapter 2.2.2 for the shortcomings in existing legislation.

<sup>61</sup> See more on intersex asylum seekers: [Intersex Refugees & Asylum Seekers – OII Europe](https://www.oieurope.org/wp-content/uploads/2022/12/refugeeAsylum-flyer-oieurope-2022.pdf) , <https://www.oieurope.org/wp-content/uploads/2022/12/refugeeAsylum-flyer-oieurope-2022.pdf>

## 5.6. Registration of gender marker at birth

Where gender markers are recorded at birth, States should ensure that the options available for registering the child's gender reflect all possible variations in sex characteristics and gender identity. States should therefore:

- in their statute, and before the child is even born, provide parents with information about the legal options available for registering their child.
- have at least three (male, female, non-binary or equivalent) and/or more gender markers at the time of the child's registration, without the need for a medical declaration or diagnosis.
- allow gender-neutral names (with no condition for an additional gendered name).
- allow neutral family names/surnames.
- allow the postponement of gender registration on the birth certificate until the child is mature enough to participate in the gender decision-making process.
- allow the issuance of birth certificates with a blank entry for the gender marker.
- allow parents and legal guardians to be able to choose M, F, X for a child's passport when the child is registered as non-binary (or under any other equivalent term), or with an undefined gender or without a gender marker (if the entry is left blank or if it is registered as "undefined").

## 5.7. Legal gender recognition & the right to a family

See the comprehensive manual and the 2016 checklist "Legal Gender Recognition in Europe".<sup>62</sup>

**NOTE:** In Greece, Legal Gender Recognition has been passed by Law No. 4491/2017, which stipulates that "The correction of the registered gender is made by court decision in accordance with article 782 of the Civil Code". However, it should be noted that in Greece the available gender markers on birth certificates and public documents are only two, "female" and "male". Therefore, the intersex person is not yet allowed by law to self-identify as they wish in case their gender does not identify with the female/male binary. In other countries in Europe, such as Germany and Austria, and in the world, such as Australia, intersex persons have the option to self-identify outside the gender binary with terms such as "diverse", "X", or "other". Up to now, there are no similar legal developments in Greece. Law No. 4491/2017 has proven in practice to be inadequate and having several problems that need to be corrected, both for trans and intersex people<sup>63</sup>.

To facilitate the process of Legal Gender Recognition for intersex persons, citizens of Greece, the following are proposed:

- The legislative provision of an easily accessible (out-of-court) administrative procedure for changing sex registration based on self-identification and personal declaration. The procedure should also be accessible for minors, after the age of 5 years old, at the request of their parents/guardians.

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<sup>62</sup> [Legal Gender Recognition in Europe](#)

<sup>63</sup> [1] Galanou, M. (2018). [Ένας χρόνος εφαρμογής της νομοθεσίας για τη νομική αναγνώριση της ταυτότητας φύλλου](#). (trans.: One year of implementation of the legislation on the legal recognition of gender identity) T-zine.gr.

- For non-binary and gender-diverse people in general -whether they are intersex or not- it is necessary to have a third, gender-neutral marker available in every public document and state institution (registry office, school, recruitment office, civil service, etc.) and wherever gender is required to be indicated.
- Issuing an encyclical with recommendations to health professionals, civil servants and teachers, so that they do not assume the person's pronoun based on their appearance, and either address the person by name or ask them which pronouns they use.

With regards to the right to family, the following are proposed:

- The recognition of the right to civil partnership, marriage, and childbearing for all LGBTQI+ (lesbian, gay, bisexual, trans, queer and intersex) persons.
- The legal recognition procedure should not oblige the persons concerned to change their family status and should not negatively affect their parental rights, and the rights of their children.

## 5.8. Access to justice and legal remedies

The Malta Declaration of 2013, which contains the joint claims of the International Intersex Community, calls on the States to:

- recognize that the medicalization and stigmatization of intersex people results in severe psychosomatic trauma, which can have a significant impact on their mental health.
- provide adequate recognition of the suffering and the injustice caused to intersex people in the past.
- provide access to remedies, compensation, justice, and the right to truth.

## 5.9. Data collection: filling the gaps in research

There are some parameters which, if considered, have been shown to increase the usefulness of research findings regarding intersex people and intersex issues, and help in the development of targeted research approaches for intersex studies:

- Research on intersex people needs to ask about their experiences, not identity. Intersex people need to be surveyed not just as an LGBTQI subgroup, but as an independent part of the population; the segregation of data is key.
- Research needs to be conducted in collaboration with organizations led by intersex people, as well as with peer support groups led by intersex people.
- It is necessary to seek advice and supervision from people who are currently active in intersex rights activism and from the relevant organizations, when creating the methodological tools, e.g., the questionnaires, but also when analyzing, interpreting, and framing the resulting data.

From our experience of participating in research projects, we will add to the above something that is also important:

- In conducting such research, the objectification and instrumentalization of intersex people and their experiences should be prohibited, to avoid re-traumatizing them.

## 5.10. Financing - Building sustainability

States (including Greece) are invited to:

- fund research projects led by intersex people.
- provide flexible and stable funding to intersex organizations and groups.
- provide adequate funding for paid staff in intersex groups and organizations.
- invest in the therapeutic treatment of trauma and the prevention of burnout of the intersex group and organization members.
- invest in the organizational strengthening of intersex groups and organizations.
- support intersex activists in their efforts to produce work at the EU and the national level.
- train funding agencies and their peers on intersex issues.
- reduce the barriers for intersex groups during the process of searching, finding, and applying for funding.
- invest in the design and implementation of projects led by intersex people and provide training for medical associations, and other health and mental health professionals.
- invest in peer to peer support groups / alternative peer support groups, preferably those working towards the de-pathologizing of intersex physiology and the intersex experience, but also towards the defense of intersex human rights.

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# Annex I

Sample of the questionnaire in Greek and English

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## Experiential Questionnaire on Hate Speech Against Intersex People in Greece by Intersex Greece with the support of ILGA Europe

What is hate speech against intersex people?

Intersex is an umbrella term that includes any human being born with sex characteristics (chromosomes, internal or external anatomy, hormonal function), who are not medically classified as purely female or male, and who can be either female and male or neither female nor male.

For more information on what intersex is: <https://intersexgreece.org.gr/>

Hate speech means "any kind of defense, promotion or incitement of devaluation, hatred or defamation of an individual or group of persons, including any form of harassment, insult, negative reproduction of stereotypes, stigmatisation or threat against such a person or group of persons".

Intersex people experience hate speech on multiple levels. For instance, through harmful behaviours that directly target an intersex person or the intersex community, through behaviours that indirectly incite hatred, violence or discrimination against them.

Purpose of the survey "Fighting hate speech against intersex populations in Greece".

Hate speech against intersex people in Greece may be a common phenomenon but it is not widely known, as intersex people are reluctant to file complaints and speak openly due to stigmatisation, ignorance and social conservatism. This survey aims to collect anonymous testimonies about incidents of hate speech against intersex people in Greece.

The information provided in this questionnaire will form the backbone of the strategic plan that will serve as a tool to advocate for the protection of intersex rights. It will be shared with institutions and organisations in Greece -and in Europe- within and beyond the wider LGBTQI+ movement, as well as policy makers.

Who conducts the survey?

The survey "Fighting hate speech against intersex populations in Greece" is carried out by Intersex Greece and is funded by ILGA.



# Ερωτηματολόγιο βιωματικού χαρακτήρα για τη Ρητορική Μίσους Απέναντι στα ίντερσεξ Άτομα στην Ελλάδα από την Intersex Greece με την υποστήριξη της ILGA Europe

Τι είναι η ρητορική μίσους κατά των ίντερσεξ ατόμων ;

Intersex (ίντερσεξ ή διαφυλικός-ή-ό) είναι ένας όρος-ομπρέλα που περιλαμβάνει κάθε άνθρωπο που γεννιέται με χαρακτηριστικά φύλου (χρωμοσώματα, εσωτερική ή εξωτερική ανατομία, ορμονική λειτουργία) που δεν ταξινομούνται ιατρικά σαν αμιγώς θηλυκά ή αρσενικά, και που μπορεί να είναι είτε θηλυκά και αρσενικά ταυτόχρονα, είτε ούτε θηλυκά ούτε αρσενικά.

Για περισσότερες πληροφορίες σχετικά με το τι είναι ίντερσεξ: <https://intersexgreece.org.gr/>

Ρητορική μίσους είναι "κάθε είδους υπεράσπιση, προώθηση ή υποκίνηση της υποτίμησης, του μίσους ή της δυσφήμισης ενός ατόμου ή μιας ομάδας προσώπων, καθώς και οποιασδήποτε μορφής παρενόχληση, προσβολή, αρνητική παραγωγή στερεοτύπων, στιγματισμός ή απειλή εναντίον ενός τέτοιου προσώπου ή ομάδας προσώπων». Οι ίντερσεξ άνθρωποι βιώνουν ρητορική μίσους σε πολλαπλά επίπεδα. Για παράδειγμα, μέσω επιβλαβών συμπεριφορών που στοχοποιούν άμεσα ένα ίντερσεξ πρόσωπο ή την ίντερσεξ κοινότητα, μέσω συμπεριφορών που έμμεσα υποκινούν το μίσος, τη βία ή τις διακρίσεις εναντίον τους.

Σκοπός της έρευνας "Καταπολεμώντας τη ρητορική μίσους εναντίον των ίντερσεξ πληθυσμών στην Ελλάδα".

Η ρητορική μίσους κατά των ίντερσεξ ατόμων στην Ελλάδα μπορεί να είναι συνηθισμένο φαινόμενο αλλά δεν είναι ευρέως γνωστό, καθώς τα ίντερσεξ άτομα διστάζουν να υποβάλουν καταγγελίες και να μιλήσουν ανοιχτά λόγω στιγματισμού, άγνοιας και κοινωνικού συντηρητισμού. Η παρούσα έρευνα έχει ως στόχο να συλλέξει ανώνυμες μαρτυρίες σχετικά με τα περιστατικά ρητορικής μίσους κατά των ίντερσεξ ατόμων στην Ελλάδα

Στη συνέχεια, οι πληροφορίες που θα προκύψουν στο παρόν ερωτηματολόγιο θα αποτελέσουν τον κορμό για το στρατηγικό σχέδιο που θα χρησιμεύσει ως εργαλείο συνηγορίας και υπεράσπισης των ίντερσεξ δικαιωμάτων, το οποίο θα κοινοποιηθεί σε θεσμούς και οργανώσεις εντός και εκτός του ευρύτερου ΛΟΑΤΚΙ+ κινήματος, καθώς και σε υπεύθυνους χάραξης πολιτικής.

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# Annex II

## Sources, suggested bibliography & educational / supplementary material

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- United Nations General Assembly (2013): Report of the Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Juan E. Méndez: [http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53\\_English.pdf](http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session22/A.HRC.22.53_English.pdf)
- Dan Christian Ghattas (2013): Human Rights between the Sexes. A preliminary study on the life situations of inter\* individuals. Ed. by the Heinrich-Böll-Foundation, Berlin: <http://www.boell.de/en/2013/10/21/human-rights-between-sexes>
- Swiss National Advisory Commission on Biomedical Ethics: On the management of differences of sex development Opinion No. 20/2012. Ethical issues relating to "intersexuality": [http://www.nek-cne.ch/fileadmin/nek-cne-dateien/Themen/Stellungnahmen/en/NEK\\_Intersexualitaet\\_En.pdf](http://www.nek-cne.ch/fileadmin/nek-cne-dateien/Themen/Stellungnahmen/en/NEK_Intersexualitaet_En.pdf)
- San Francisco Human Rights Commission (2005): A human rights investigation into the medical "normalization" of intersex people: [http://www.isna.org/files/SFHRC\\_Intersex\\_Report.pdf](http://www.isna.org/files/SFHRC_Intersex_Report.pdf)

### Selected films, shows, speeches, articles, and books

-  Janik Bastien-Charlebois: "On our own terms and in our own words": the value of first-person accounts of intersex experience. 2019, in "#MyIntersexStory - Personal accounts by intersex people living in Europe" OII Europe Intersex Awareness Weeks Campaign & Publication. <https://www.oiiurope.org/myintersexstory-personal-accounts-by-intersex-people-living-in-europe/>
-  My Intersex Story (This video was created during OII Europe's Second Intersex Community Event and Conference in Copenhagen in February 2018). <https://www.oiiurope.org/my-intersex-story/>
-  [Intersex is Awesome | Kristina Turner & Ori Turner | TEDxWJU](#)
-  [Intersex human rights Rinio Simeonidou @ TEDxLesvos \(Greek / English subs\)](#)
-  Entre Deux Sexes (Documentary by Régine Abadia, France 2017, with intersex activists and the participants of the international intersex residence of Douarnenez)- Teaser: <https://www.youtube.com/watch?v=8e6Xfjpr07E>
-  [Intersex People and the Physics of Judgment | Cecelia McDonald | TEDxBoulder \(2016\)](#)
-  Mauro Cabral (2015): The marks on our bodies (Article published for Intersex Awareness Day, 26th of October: <http://intersexday.org/en/mauro-cabral-marks-bodies/>
-  Inter – Erfahrungen intergeschlechtlicher Menschen in der Welt der zwei Geschlechter (2013, ed. by Barth, Ghattas, Böttger, Schneider), a collection of essays and conversations on the experience of intersex individuals from five continents.
-  Intersexion (Documentary featuring various intersex people's life histories, New Zealand, 2012) - Trailer [https://www.youtube.com/watch?v=5PeJ12\\_H-s](https://www.youtube.com/watch?v=5PeJ12_H-s)
-  Orchids, My Intersex Adventure (Autobiographical documentary about an intersex filmmaker, Australia, 2010) - Trailer <https://www.youtube.com/watch?v=t3QOTMCVREE>
-  Interdicciones – Escrituras de la Intersexualidad en Castellano (2009, ed. by M. Cabral), a collection of essays and conversations on the experience of intersex people in Latin America and Spain.
-  El último verano de la Boyita (Feature film about an intersex adolescent and their friend, Julia Solomonoff, Argentina, 2009) - Trailer <https://www.youtube.com/watch?v=t11CY1238gU>
-  XXY (Feature film about an intersex adolescent, Argentina, Spain, France, 2007) - Trailer <https://www.youtube.com/watch?v=cWcyZDMm1rE>
-  Octopusalarm (OT: Tintenfischalarm, documentary about an intersex person, Austria, 2006, avail. with english subtitles) - Trailer <https://www.youtube.com/watch?v=cumiE2uQw9k>
-  Hermaphrodites Speak! (Documentary from the first Intersex Retreat 1995, United States 1996. Watch here: <https://youtu.be/1sf711GkGgw>
-  YOUth&l is an intersex youth anthology that shares the stories and experiences of young intersex people. Website: <https://youthandi.org/>



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