

# National analysis on violence against LGBTI+ children

SLOVENIA



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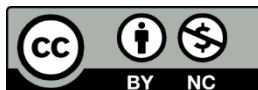
## Project information

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## Introduction – Research Design and Sample

The research design for the Slovenian national report included 10 in-depth interviews, 72 online surveys and desk research.

### Interview sample and research design

Our sample was selected on the basis of accessibility and expertise of our interviewees. All three members of the research team cooperated in recruiting the possible contributors and gathering data. In terms of experience working with LGBTI+ and gender non-conforming children and youth, we had a diverse sample. Some were experts on this knowledge, especially those working in LGBTI+ NGOs. Those having either personal experience (being LGBTI+) or having a family member that is LGBTI+ or gender non-conforming also seemed to have more knowledge and insight on this subject. The interviews were conducted between 28th of January and 26th of February 2020. They lasted from 45 minutes to 1h 13 minutes.

Our sample was somewhat diverse, with age range of participants between 28 years and 60 years of age. 1 participant was 28 years old, 5 were in their 40s and 2 in their 50s. 7 interviewees identified as heterosexual, 1 as bisexual, 1 as gay, 1 as queer. 5 participants said they identify as a woman, 1 as a man, 2 persons as non-binary and 1 said she was assigned a female gender at birth but doesn't identify with it so much. Except for the youngest participant, all of the interviewees were born in former Yugoslavia, of these 6 in Slovenia, 2 in Croatia and 1 gave no answer (presumably Slovenia). Six participants working in the areas of education, health and family are all employed in public services, while two participants from "public spaces" came from NGOs and two participants from media are employed in the private sector.

Their professional roles were diverse. In the public services sector our respondents included: a psychologist working as a counsellor and assistant principal in elementary school, a teacher in secondary school, a gynecologist and sexologist working in a hospital, a nurse working in health-care centre who is at the same time mother of an LGBTI+ person, a social worker working with families in social work centre, a special pedagogue working in a special education school, but participating in our research as a mother of a trans child. In the NGO sector our participants were a social worker and master in gender studies working as a director of a Trans NGO and a master in social work working as a leader of a youth centre and programme coordinator. In the private sector (media) our two respondents were both journalists, the first in one of the biggest newspapers in Slovenia and the second, a director and editor of an online newspaper for children.



## Online survey demographics

Our online survey was carried out by using the LimeSurvey online survey tool. It was activated on the 23<sup>rd</sup> of January 2019 and stayed active until the end of March 2019. All team members were active in sending out the link to the survey along with further information about DaC project and the purpose of the survey. The personal contacts were crucial in gathering the participants for the survey and most of the responses were gathered in the initial period until the end of February. 103 completed questionnaires were collected, of which 58 were completed in full and 45 only partially. At the time of data extraction, we realized that out of the partially completed surveys, only 14 had any data at all so we included these in our analysis, while we discarded the others. In total, the number for data analysis was 72, although the most of the partially completed surveys only covered the first or the second page of the survey.

The demographic data shows that our typical responder was a middle-aged heterosexual woman. Out of 72 participants, 55 reported on their age, ranging from 26 to 65 years old, with the mean age of participant being 42,8 years. Out of 55, 12 respondents were under 30 years, 24 were 30-49 and 19 of them were 50 or older. Out of 56 respondents that responded to the question “*What gender do you identify with?*” the great majority were women (44), 8 men, 1 non-binary person, 2 gender non-conforming and 1 transgendered person. The sexual orientation of our respondents was in 39 (70%) cases reported to be heterosexual, 7 bisexual, 7 gay or lesbian, 1 pansexual and 1 didn’t want to respond. One participant chose the option “other” and wrote that she didn’t know what her sexual orientation was. Most of our respondents (54) were born in the country they currently live in (Slovenia), while one respondent was born in Croatia and another did not disclose where she was born.

Although we tried to cover the range of responders from different areas that are key to DaC project, the data analysis shows that out of 55 responders, 22 (40%) were from the field of education, 16 (29%) from public spaces (NGO’s, community services), 7 (13%) from the area of family, 6 (11%) from healthcare fields and 4 (7%) from the media. 43 (78%) respondents worked in public and 12 (22%) in NGOs and private sector. Out of those working in *education*, 8 were teachers, 5 were counsellors working in either kindergartens, elementary schools or high schools, 2 were youth workers from youth organizations, 1 was a kindergarten teacher and 1 a kindergarten principal, 1 a special and rehabilitation pedagogue and 3 were higher education professors and researchers.





In *public spaces* 8 responses were from LGBTI+ NGO's and the roles of these responders was diverse – project managers and workers, activists, administrative services, programme coordinators, self-employed persons and volunteers' mentors. 4 others came from youth organizations: some assume the roles of youth workers, 1 is a social worker, 1 a social pedagogue. One response came from a co-owner of an LGBT-friendly bar and cultural space and another from a counsellor working in an NGO that offers help to people struggling with eating disorders. The *Media* respondents reported that they work as online journalist (1), journalist (1), as an adviser (1) and as an editor of a special programme on TV (1). Out of 7 people working in the *programmes related to families*, 6 came from the social work centres (5 of them were social workers), 1 respondent works at a humanitarian association (an NGO). Out of 6 respondents working in the *healthcare* field, 4 came from healthcare centres, two of them nurses, 1 clinical psychologist and 1 doctor. Another 2 respondents were from University rehabilitation centre, 1 social worker and 1 doctor.

## Desk research

Desk research involved the study of relevant Slovenian legal sources, examples of good practices collected within the DaC project, academic papers, the existing national and international research conducted in the last 10 years regarding LGBTI+ people in general and LGBTI+ children and youth, as well as various national and international official reports and policy papers. The references to all sources we have used are given in full in the footnotes.

# 1. Legal and political context regarding LGBTI+ rights

## 1.1 History of legislation and policies concerning rights of LGBT people

### *Recognition of same-sex relationships*

Same-sex sexual activity has been legal since 1977 (Slovenia has been a part of former Yugoslavia and it became an independent state in 1991). Before that, under the Penal Code from 1959, male homosexual acts were illegal in all of Yugoslavia. A new penal code that decriminalized



homosexual intercourse passed in 1976 and came into force in 1977. There were no references to lesbian relationships in the old legislation. The registered partnership for the same-sex couples has been legal since 2006, with limited inheritance, social security and next-of-kin rights. After two referendums (2012, 2015) in which the voters rejected the same-sex marriage equality by large margin, the Assembly approved the Civil Union Act in 2016 (which entered into force in February 2017), giving same-sex partners in Slovenia the same rights as married couples, except for access to joint adoption and in-vitro fertilization. The act also introduces protection for non-formalized same-sex partnerships that are treated equally as extramarital unions of opposite sex couples. Although the Civil Partnership Act does not bring absolute equality, its passing and enforcement meant a step towards a greater equality for same-sex couples (ILGA-Europe 2016, 2017).

### ***Legal protections***

Since 1998, the discrimination on the basis of sexual orientation in workplaces has been banned. The same goes for employment seekers. The discrimination on the basis of sexual orientation is also banned in a variety of other fields, including education, housing and the provision of goods and services. In 2009, the Constitutional Court held that Article 14(1) of the Slovenian Constitution bans discrimination based on sexual orientation. In 2016, the government introduced a new anti-discrimination bill (replacing the previous act implementing the Principle of Equal Treatment dating from 2004), which, among others, prohibits discrimination based on sexual orientation, gender identity and gender expression. It also introduced a new independent equality advocate mechanism. The law's provisions are applicable to areas of life including employment and work, education, social security, social benefits, access to goods and services (ILGA-Europe 2017). In 2016, during the Montevideo Global LGBTI Human Rights Conference, Slovenia, together with 30 other states, joined the Equal Rights Coalition (ILGA-Europe 2017).

Slovenia does not have a special law regulating the legal recognition of gender. The legal recognition of gender on the basis of *self-identification* without medical diagnosis is not possible. The Register of Deaths, Births and Marriages Act enables transgender persons to have their gender legally recognized and entered in the register. Article 37 of this act stipulates that *the basis for authority to issue a decision is a certified statement by a competent health care provider or medical doctor which clearly states that a person has changed his/her sex*. The evidence show that criteria for legal gender recognition are interpreted arbitrarily by state officials, in some cases, it appears, requiring the individual to undergo hormonal and surgical treatment or in other cases, just accepting a certified statement from a psychiatrist (TransAkcija 2015). The trans affirming





health care is still not regulated in the national health care system, but some steps have been made to forward this goal.<sup>1</sup> In order to improve the legal and policy situation of LGBTI people, ILGA-Europe offered several recommendations, proposing, inter alia:

- The developing a fair, transparent legal framework for legal gender recognition, based on a process of self-determination, free from abusive requirements.
- A prohibition of medical intervention on intersex minors when the intervention has no medical necessity and can be avoided or postponed until the person can provide informed consent.
- Introducing laws designed to tackle hate crime that contain express mention of all SOGISC (sexual orientation, gender identity, sex characteristics) grounds (ILGA-Europe 2018, 2020).

### **LGBT+ movement**

The LG movement has been active in Ljubljana since 1984, when MAGNUS, the gay section at ŠKUC (Student Cultural and Arts Centre, Ljubljana), was founded as the "Cultural Organisation for Socialisation of Homosexuality". From then on works for prevention against HIV and AIDS (<http://www.magnus.si/>). A pro-lesbian feminist group, Lilit, was established in 1985, followed in 1987 by LL, a lesbian group within ŠKUC (<http://www.ljudmila.org/lesbo/>). In 1990, Škuc Magnus and LL founded the national LG campaigning organisation, *Roza Klub*. In 1993, a feminist-lesbian group Kasandra was established at the Women's Center at Metelkova. In 1998, the Students' Organisation Legebitra, a group for young LGBT people was founded (<https://legebitra.si/>). In 2003, DIH – the Society for the Integration of Homosexuality was set up, and is now known as the DIH Society – Equal under the Rainbow (<http://www.dih.si/>). There are many other organizations which should be mentioned, such as the **Lesbian Feminist University** (<https://www.lezfemuniverza.org/>) and **Pride Ljubljana Association** (<http://www.ljubljanapride.org/>). In 2014, TransAkcija was established as the first NGO devoted

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<sup>1</sup> In November 2018, the NGO TransAkcija submitted a formal request to the Ministry of Health requesting the formation of a protocol for trans affirming health care. Following this petition, in November 2019 the organisations TransAkcija and Legebitra received the information that the consilium for gender affirming healthcare would be formally recognised. However, the Ministry would not initiate a protocol of services for trans people to be developed. Slovenia received "Universal Periodic Review of the human rights (OZN)" recommendations to ensure the availability of specific health services for trans persons. The European Commission against Racism and Intolerance (ECRI) recommended Slovenia to establish clear guidelines on gender affirming healthcare. (ILGA-Europe 2018, ILGA-Europe 2020).



specifically to human rights of transgender persons in the country (<https://transakcija.si/>). In 2015, Kwartir was founded as a creative outlet for marginalized members of the LGBT+ community. They are committed to visibility of bisexual, transgender, queer, and asexual people in Slovenia (<http://kvartir.org/>).

## 1.2 Timeline of LGBTI+ rights in the country

Event and changes related to LGBT+ rights in Slovenia	Date
Same-sex sexual activity is legalized (in Yugoslavia)	1977
Same-sex sexual activity age of consent is 15 years regardless of sexual orientation	1977
The Magnus section was founded in ŠKUC students' cultural centre, the first LGBT+ organisation in the Eastern Europe.	1984
The ŠKUC lesbian section was set up as the first lesbian group in Eastern Europe.	1987
Discrimination on the basis of sexual orientation in workplaces is banned.	1998
Ljubljana held the first Gay Pride in Slovenia.	2001
Registered partnership for same-sex couples.	2006
Constitutional court holds that article 14(1) of the Constitution bans discrimination based on sexual orientation.	2009
Step child-adoption by same-sex couples.	2011
Rejected referendums on Family law that would allow same-sex marriage.	2012, 2015
Civil Union Act	2016, entered into force in 2017
New anti-discrimination bill, which prohibits discrimination based on sexual orientation, gender identity and gender expression.	2016
Slovenia joins the Equal Rights Coalition.	2016
In 2019, for the first time, newborns of lesbian couples were granted a birth certificate featuring two women as legal parents.	2019

## 1.3 Relevant statistical data about LGBTI+ situation in your country

The law considers crimes against LGBTI persons to be hate crimes and prohibits incitement to hatred based on sexual orientation. While the law prohibits discrimination based on sexual orientation, the societal discrimination is widespread. In Slovenia, for example, we rarely meet a



non-heterosexual couple holding hands, exchanging kisses, or otherwise showing their affection in public. According to the FRA survey from 2014, the number of violent incidents per 1,000 respondents in Slovenia is one of the lowest in Europe (138 in Slovenia, 525 in Lithuania or Romania) (FRA 2014, p. 59). However, the data from the FRA survey from 2019 shows that in the period of 5 years Slovenia moved to the middle (the highest rates of physical or sexual attacks motivated by the victim being LGBTI are observed in Poland and Romania - 15 %, the lowest Portugal – 5%, while in Slovenia the rate is 10%) (FRA, 2020, p. 39). Nevertheless, there have been numerous reports on the instances of violent gay-bashing all over Slovenia.<sup>2</sup> At the same time FRA report from 2019 showed that Slovenia belongs to the EU countries with the lowest reporting discrimination rate (in the area of life and intersectional discrimination) among LGBTI population which most probably means that Slovenia is not reporting violent incidents at all (ibid, p. 35). The Slovene study from 2013 on reporting homophobic violence showed that there is a variety of factors that converge to cause the under-reporting of homophobic incidents, such as limited understanding of hate crime and homophobic violence in criminal justice policy which leaves LGBT vulnerable to specific instances of homophobia that are often not validated as legitimate violence. In addition, the effect of sexual stigma evokes discomfort and insecurity around self-disclosure. The decision to report is also most often bound up with feelings of oppression and inferiority in relation to the structures of authority (Magić, 2017).

In 2015, two LGBT rights NGOs conducted a survey on the needs of transgender persons in the country. The results indicated that 69 percent out of 65 transgender respondents experienced discrimination on a daily basis due to their sexual identity (TransAkcija and Legebitra, 2015). The research findings from 2019 showed that this rate is a bit lower, but can still raise high concerns. 41 percent of 113 transgender respondents reported discrimination and violence on the basis of their gender identity. One third of the respondents estimated their mental health as poor or very poor, which is well below the average of the general population (Koletnik, 2019). Bisexuals, and especially bisexual men are much less likely to be open about themselves than the other LGBT groups (FRA 2014). In Slovenia, their visibility and awareness about their needs are very low. We can state that they are probably the most invisible LGBT group.

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<sup>2</sup> Such was as an attack that occurred during a literary event at one of the famous gay bars in Ljubljana by younger males with torches. Gay activist Mitja Blažič was injured. In March 2019, a brick was thrown through the window of an LGBT NGO. In 2019, a gay man was beaten by several individuals in Murska Sobota. He suffered kidney injuries and several broken ribs. In November 2019, a group of individuals vandalized an LGBT club, Tiffany, and threatened the staff with violence. (ILGA- Europe 2020).



## 2. DaC Areas of Intervention: schools, health, family, public spaces and media

### 2.1. Education

#### 2.1.1 Needs mentioned by children in the sphere of education

The stakeholders from the field of education reported on children being resourceful in finding the necessary information regarding gender identity or sexual orientation, but emphasized the need of a safe space to address these issues, including **having role models** or **understanding adults to whom they can turn to**. The information gathered by children and youth can either lead to addressing the issues with other people or withdrawing accompanied by distress. The same topic resonated through the stories provided by the participants of the workshop who were all LGBTI+. They recognized that the teachers have more power in the classroom, so it is crucial how they use it. Furthermore, they emphasized the need for a safe space and **adults (starting with the head of school) who would address discrimination** of any kind and have zero tolerance policy. Such policies are a standard in Slovenian schools, but their efficiency is questionable as some stakeholders see peer violence as a big problem and any kind of non-normative circumstances or personal characteristics of a child/youth are a basis for bullying.

#### 2.1.2. Good practices related to education

Both face-to-face interviews as well as 12 out of 22 respondents in the online survey who came from the field of education said that their organization was friendly and accessible to LGBT+ children. They stated this based on their organization (e.g. school) putting in place **rules that forbid discriminatory or disrespectful behaviour**, having a **safe and open space** established and maintained, **the needs of the children and their best interest are put as a priority** (and in one case are a part of the **kindergartens curriculum**). The interviewees on the one hand highlighted the need for support from the management and, on the other, expressed the need for implementation of policies in practice. One interviewee said that the Ministry of education approved and provided guidelines for addressing the diversity and LGBTI+ topics in education, but this was not mandatory and was consequently rarely addressed. The examples of LGBTI+ topics included in educational environments are: inclusion as part of a film festival, workshops, lectures,



**inclusion of LGBTI+ issues in the teaching process**, one school has an **LGBTI+ extra curriculum class** and an **LGBTI+ shelf in the library**. The stakeholders emphasized the importance of role models, **open LGBTI+ professors** and **education of employees on these topics**. On the other hand, there was very little specific support offered to LGBTI+ children, in one case a respondent said they had **specific policies in place** and in another that they implemented LGBTI+ friendly practices (the extra curriculum and LGBTI+ shelf mentioned above). Another example was a **collaboration with the LGBT NGO** Legebitra and **providing anti-discriminatory workshops** and workshops related to sexual orientation. Only 8 out of 22 respondents said that they had access to resources to support LGBTI+ children and youth. Most of these had access to manuals and guides and had a good relationship with LGBTI+ organizations, but only 2 had access to supervision.

### 2.1.3. Training needs for education professionals

The respondents think there's a need for raising awareness and educating professionals, especially on the level of management. One of the respondents pointed out that the management (e.g. principals) often doesn't want to address the LGBT+ topics because they do not want to have confrontations with the parents. On the other hand, if such support exists a lot can be done. One respondent also commented that they could try and get the LGBT+ certificate<sup>3</sup> and another, that some kind of internal policy should be put in place. Furthermore, the needs mentioned by stakeholders were resources such as **additional information, including good practices in providing sex education not based on heteronormativity and cisnormativity** and knowledge on different types of services that offer support, **publications** (brochures, library books) on this topic and **collaboration with LGBT+ NGO's**. Some respondents to the survey (6) already attended a training on this topics (but in most cases not provided by their organization), while most of them (16) did not. Of the 16, the majority (12) were ready to attend LGBT+ training, while 4 weren't sure. 14 out of 22 respondents from education setting said that the teachers/trainers could talk more about LGBT+ issues in the trainings and that these issues should be included in the training and 15 responded positively on question that gender norms should be talked about within the professional training. One respondent said that the school should inform teachers of the possibility of attending such a training.

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<sup>3</sup> A certificate given by the Municipality of Ljubljana to service providers and organizations who provide a safe space for LGBT+ people and whose employees attended an LGBT+ sensitivity training.





### 2.1.4. SWOT related to education

Strengths +	<ul style="list-style-type: none"> <li>• There are individuals who address LGBTI+ topics.</li> <li>• Adherence to the zero tolerance policy towards violence and strong/vocal support from the management.</li> <li>• Inclusion of LGBTI+ topics in teacher trainings and curriculums approved by the Ministry of Education.</li> <li>• Higher recognition of LGBTI+ individuals than in the past.</li> </ul>
Opportunities +	<ul style="list-style-type: none"> <li>• Stakeholders recognize the possibility for organizations to take measures to provide support for LGBTI+ children.</li> <li>• These topics are not specifically addressed and LGBTI+ topics should be included in general education from kindergarten onward.</li> </ul>
Weaknesses -	<ul style="list-style-type: none"> <li>• Regional differences (urban-rural).</li> <li>• Projects that are ineffective at addressing socially/educational relevant issues.</li> <li>• LGBTI+ topics are included in current curriculums but are not mandatory.</li> <li>• Presence and reproduction of traditional norms and values amongst teachers.</li> </ul>
Threats -	<ul style="list-style-type: none"> <li>• Lack of information on how the employees address discriminatory/violent behaviour.</li> <li>• Change in management could bring in someone who is reluctant to address or allow LGBTI+ topics.</li> <li>• Misuse of knowledge regarding LGBTI+ topics due to teachers' personal beliefs.</li> </ul>

### 2.1.5. Exemplary quotes from interviews re: Schools

*On paper, there can be zero tolerance policy for any kind of violence, but can it be put in practice? And if a couple of people try and act on it, then it will positively affect 500 children as well (Counsellor (psychologist) in an elementary school).*

*LGBT+ youth just need an adult person who is willing to see and acknowledge them. That's all. (Teacher in a secondary school)*

*While education of teachers for sure would help this is rather a complex issue because first and foremost they'd have to clear things up with themselves in order not to be so uncomfortable discussing and explaining non-normative topics (Teacher in a secondary school)*





## 2.2. Health

### 2.2.1. Needs mentioned by children in the health sphere

Children and youth participating in the workshop did not address health needs directly, however, they did express the need for diverse society as a value. We found out a bit more from both interviewees from the area of health care, from our responders from the area of public sphere and from the mother of a trans child. One of the responders from the area of health care, a gynaecologist and specialist in sexual health, thinks that gender non-conforming children, when they are in contact with the health system, **feel completely misunderstood**, because there is no knowledge of the medical aspect of their condition in healthcare. On the other hand, she feels that LGBTQ+ children and youth would need adequate **sexual education and proper information** from the medical point of view, as this would enable them to gain a better understanding of their gender identity and sexual orientation (in this context, she specifically mentioned trans persons). Both responders from the area of healthcare recognised and highlighted also the need for acceptance within society which has an **impact on self-image and mental health of youth**. One of them noticed in her practice that due to non-acceptance and judgemental attitude on the part of the society, young people tend to withdraw, they are often loners, excluded from the circles of friends and family. Some of them are vulnerable also in terms of **thinking about suicide** and attempts of suicide, therefore they feel they should be attributed more attention on the part of healthcare.

One of more “simple” and fastest solutions would be to enable those young people **to have more doctor’s appointments available** and to **spend more time in contact with a doctor**, so that they could feel safer at the very beginning and be able to talk about their problems. If the staff is sensible, they may feel one a particular person would need more time to talk and may get an appointment at the end of a working day, so they can take more time for them. Many of them do not mention their problems, because they hide due to the ignorant environment and aim to fulfil the social expectations. **Some situations of young people are urgent** and require quick and effective response (*“He was around 12 or 13 years old when he came to the emergency. He was upset. He felt that his father would kill him because he liked boys ... At the time we closed the ward, called the social services and crisis centre ... He spent 2 to 3 hours with me. He was trembling, he was so scared ...*). The mother of a trans child exposed the problem of the **lack of adequate specialists and long waiting time** for treatment. Her account tells about the despair of a parent



who wants to help her child that feels awful in his/her body, is all alone with this problem and has started to cut him/herself, while he/she waits for months to be appointed to the only psychiatrist dealing with this problem, so that at the process of treatment could finally begin.

The gynaecologist and specialist in sexual health has reported that they do their best at the clinic to **introduce the gonadotropin-releasing hormone antagonists** that block the hormones and stop the process of puberty. The same need and demand has been expressed also by a respondent from a trans-organisation who feels that one of the priorities should be the access to **trans-informative treatment** for all persons who wish to enter medical transition, which for young people means **access to hormonal suppressants**. The respondents also mentioned certain topics that directly or indirectly express the needs of LGBTQ+ children and youth. One of them is **intersexual children, who, in Slovenia, are still attributed gender** three days after birth; in the majority of cases, they are attributed female gender. Our respondent feels that there is a problem with that, because the experts who participate in the interdisciplinary advisory/medical council are not well acquainted with sexual medicine and do not follow the recent research and findings in this area.

### 2.2.2. Good practices related to health

All 6 of the respondents to the online survey from the area of health care said that their organisation welcomed LGBTI+ children and youth. E. g. they try to be relaxed when working with them, because they want the children to know that their sexual orientation does not affect the care provided for them. One respondent commented that health **services were accessible to everyone regardless of their sexual orientation or them being transgender**. These two statements and more of similar ones (e.g. *“here, all are equal”*, *“all patients have the same rights regardless of their sexual orientation”*; *“all children are our children”*, *“we treat all of them equally”*) demonstrate the remains of “universalism” in Slovenian health care which does not necessarily mean inclusive treatment (see section 3).

Only one out of 6 respondents actually said that their organisation offered specific support to LGBTI+ children and youth in the form of LGBTI+ practices. Two respondents said they had access to resources in their workplace to support LGBTI+ children in the form of **supervision** (in both cases) and also in the forms of **manuals/guidelines** and **good relationships with LGBTI+ organisations**. Besides the respondents’ replies, we have to mention also the cases of good practice that were mentioned in the interviews through the collection of good practice from other sources. While discussing the good practice in health with the only trans specific organisation in Slovenia, we came across a **psychiatrist** who was directly mentioned as a very good example of



good practice when working with transgender children and adolescents. She is in charge of giving permission and confirmation to those wishing to start the process of medical transition. She is known for **direct and honest conversation** about why the children/adolescents need to be given a psychiatric diagnosis of transsexualism (medical coverage) and how she does not stand by the diagnosis and also explains how WHO has removed it from its disease manual.

Another good practice is that a formal request by NGO TransAkcija to the Ministry of Health requesting the **formation of a protocol for trans affirming health care** was positively resolved. The council for gender affirming healthcare has been established. The downside of it is that the Ministry of Health does not cooperate with the interested NGOs. The third good practice worth mentioning is the project in development, titled »Sexual Health of LGBT+ Women, Trans and Intersex people«, which involves the LGBTI+ collective Kwartir, the Medical Students Association, project Virus and dr. Gabrijela Simetinger, gynaecologist and expert in sexual medicine. They aim to **educate gynaecologists working with LGBT+ people** and develop workshops on lesbian and trans safer sex. The project began with a survey on the needs, problems and challenges that LGBTI+ women, trans and intersexual persons encounter with the aim to provide sexual health and the use of healthcare services.

### 2.2.3. Training needs for health professionals

With regard to the needs to offer concrete support to LGBTI+ children, only 2 respondents to online survey (out of 6) pointed out that they would need training on how to provide such support and on the specific needs of these children. On the other hand (given responses are a bit contradictory), 5 out of 6 respondents later on said that their organisation could take measures to support LGBTI+ children and youth in the forms of **printing brochures and providing additional information included in health checks**, as well as through **staff training**. 4 out of 6 respondents were ready to participate in such training for health professionals to prepare them for working with LGBTI+ children and youth, while two reported on having had LGBTI+ topics already included in their ongoing training. The experiences of NGOs in the area of education show that the changes are necessary.

The Association TransAkcija reports that they have experienced rejection on the part of the students at the Faculty of Health Sciences when they gave a lecture on intersexuality: *“I was totally shocked ... They felt that it was quite easy to operate intersexual persons. One of the girls said: “Well, you know how it goes. There was Adam and there was Eve.”* The Association TransAkcija is firmly convinced that **LGBTI+ topics should be included in the national education programmes for everyone who is in any way involved in health care**. One of our respondents, gynaecologist and specialist in sexual medicine shares the same opinion and feels that this type of knowledge would be extremely **useful for medical doctors**. At the same time she draws attention to the fact that **qualified nurses who lecture on sexual education** in the outskirts of Slovenia



would need support on the part of health care management, because it turns out that while they work in the field, they are often strongly opposed by parents if they discuss sexual orientation. Along with the systematic awareness raising in health staff, the respondents also mentioned the **relevance of education of parents and youth** as well as the importance of having access to information in health care centres and school dispensaries.

### 2.2.4. SWOT related to Health

Strengths +	<ul style="list-style-type: none"> <li>• Respecting user’s statements (gender identity) and taking notice that the desired pronouns are consistently used in medical files</li> <li>• Respecting gender identity and expression in placing users in rooms</li> <li>• The existing protocol of working with youth that experiences violence</li> <li>• Establishing a medical council for gender affirming healthcare</li> </ul>
Opportunities +	<ul style="list-style-type: none"> <li>• Including LGBTI+ topics in health care education</li> <li>• Recognising the need for training in order to be able to work with LGBTI+ youth and children</li> <li>• Increasing the quality of healthcare system for easier access to experts in the area of mental health</li> <li>• The project of cooperation between experts from health care and LGBTI+ NGOs</li> </ul>
Weaknesses -	<ul style="list-style-type: none"> <li>• Lack of time for addressing the topics of mental health</li> <li>• Lack of knowledge and experience in working with LGBTI+ youth</li> <li>• Lack of LGBTI+ contents in the existing curricula of healthcare workers</li> <li>• Limited definition of gender in the existing legislation – prescriptions/medical results are linked with official documents</li> <li>• The Ministry of Health does not cooperate with LGBTI+ NGOs when drawing up the basis of legislation</li> </ul>
Threats -	<ul style="list-style-type: none"> <li>• Personal attitude of healthcare staff</li> <li>• Exclusively medical (not holistic) understanding of gender identity</li> <li>• Restrictive alterations in legislation</li> <li>• Services being included for all, regardless of their identity and/or sexual orientation (universalism and cultural blindness of the services)</li> </ul>

### 2.2.5. Exemplary quotes re: Health

*Not to bear in mind their gender identity ... I don't think I have any problems with that. But I'm not skilful with trans men yet ... Not because I wouldn't want to learn, but simply because I can't follow everything. Even if I have sufficient knowledge of something, this does not mean that my skills are well developed. (A medical doctor, a gynaecologist and obstetrician, a social worker)*



*During my work I changed my way of communicating with young people a lot because my son once told me how a simple question, such as if he has a girlfriend could be aggressively intrusive and I've never thought about it before. After that I sometimes asked them if they were in love and didn't mention if a boy had a girl or a girl had a boy. I even told this to the doctor I worked with and she also admitted that she never thought about it so we both changed our communication after that. (Retired nurse, mother of a LGBT+ child).*

*The biggest problem is this horrible feeling in their body and the awareness that it takes ages to finally get something done and get that first appointment so you can start the process of gender reassignment. My child also cuts himself/herself and since healthcare doesn't have the capacity to get to an expert soon enough this becomes a long-lasting problem (Mother of a trans child).*

## 2.3. Family

### 2.3.1. Needs mentioned by children in the family sphere

The needs of LGBTI+ children in the context of family extend from very simple to very complex. One of the *respondents* from a trans organisation has highlighted a basic need of **a child to be able to explore her/him/themselves**, so that the **games children play and the colours and physical education are not strictly separated according to one's gender**. The society embracing a child should be diverse, open and inclusive. The LGBTI+ youth who were involved in the workshop for children involved telling examples in their stories from their family lives. One of the participants shared a story of her coming out to her family. *She lives in a home with a very homophobic family and she made a plan to come out to her mother. She decided to do it on the 1st of April, so that in case of a bad reaction she could say "April Fools' Day". She carried out the plan and her mother froze and said nothing. In panic, the daughter said 'April Fools' Day!' and the mother hit her and said she almost had a heart attack.*

One of the most frequent needs expressed by children was the **need for acceptance and safety within family**. The respondents from all key areas have spoken about that. The respondent from the area of education has noticed that children feared their parents. While some respond to such fear with summing up the courage to confront their parents with who they are (some of the children also due to a forced coming out on the part of their peers), others tend to withdraw, they exclude themselves from their peers and family events. Such children are more difficult to approach, because they themselves do not talk about their problems. The respondent from a trans organisation has reported that parents often don't take their children seriously. He observes that the least the parents do today is that they try not to completely deny their children's gender identity, but in the majority of cases they explain themselves that it's all due to adolescence that





would pass (“That’s very typical Slovenian attitude: Yeah, well, it’s ok if that’s the way you identify yourself, just don’t change anything. And don’t show anything, don’t expose yourself.”). Briefly, the respondent from a trans organisation basically meant to say that as an LGBTI+ child you only need someone who would say: “That’s ok.” **You need someone who would not deny you, not efface you, not erase you.**

Similarly, this is also the finding of the mother of a trans child. The basic need of an LGBTI+ child is to be able to express him/her/themselves, that he/she/they is **taken seriously**, especially in places where he/she spends most of his/her time, at home and in school. The respondent from a trans organisation feels that it’s important for parents not to process the distress they experience due to their child’s coming out on children, but rather find their own sources of support. NGOs warn that LGBTI+ children and youth who don’t find support in their home environment or even experience violence often become independent earlier than their peers.

The survey conducted by TransAkcija (2019) has shown that as many as 12% of children do not receive support at home.<sup>4</sup> It is shocking that LGBTI+ children and youth rarely decide to exercise their legal right to family support on the part of their parents; they rather prefer to survive on their own. Often, they slip through – in primary and secondary schools, social work centres and other systems that do not recognise their problems. Also, the conflicts around coming out, non-acceptance and even violence on the part of their family, are linked with **youth homelessness**. This is often hidden (a youngster lives alternately in crisis accommodations, institutions or “stays” with schoolfriends) and linked with high-risk actions, such as “survival sex”, alcohol and substance abuse and criminal acts.

The mother of a trans child could not highlight enough **the need for services who work with children to respond in a professional way without stereotyping and prejudice**. Her experience is contrary to that. In various counselling service she and her child have come across misunderstanding and gender-biased response on the part of the experts, they have experienced: refusal to address her child with a desired pronoun, because the services said that they felt this would potentially be harmful for the child (“*One of the psychologists said that she wished he would speak like a man or neutrally, that she had no intention to talk to him as if he were a she ..., so, my*”).

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<sup>4</sup> During the time of lockdown due to the epidemics COVID-19 the situation has changed drastically in spring 2020 for these children (source: notes of recent focus group at the Municipality of Ljubljana, 29/6/2020). Schoolchildren and students had to move from Ljubljana and other larger cities back to their home environment due to closing down schools and boarding houses. They had to return to sometimes extremely hostile environments, go back to the closet and risk various conflicts as well as physical violence. The public transport came to a halt as well, including LGBTI+ safe spaces. One of the NGOs has warned that at the end of the epidemics and the reopening of spaces owned by associations, they observed regression in terms of the acquired autonomy and worse mental health while the rate of suicidal thoughts has increased as well.





*child tries hard to speak with her in a neutral way during their meetings ....”*) or attribute her son’s “problems” to the fact that she is a single-mother and less conforming to gender roles. Let us conclude with a thought expressed by TransAkcija that one of the priority roles, due to all that has been stated above, should be to make parents, family, teachers and social workers more prone to gaining knowledge on this topic as it is still largely inaccessible with the system.

### 2.3.2. Good practices related to family

6 out of 7 respondents to online survey (which came mainly from social work centres and were mainly done by professional social workers) thought that their organisation was friendly and accessible to LGBTI+ children and youth. This belief was based on **adequate professional competence and knowledge on LGBTI+ issues** and a **zero tolerance policy on violence** (1), on **acceptance of diversity** (1) or on the “policy” **they accept youngsters regardless of their sexual orientation and the issues that they might have** (2).

Only one respondent recognised that their organisation offered specific support to LGBTI+ children in the form of **collaboration with other professionals with knowledge on this issues and having accomplished training themselves**. Among the innovative good practices that are responsive to the direct needs of LGBTI+ children and youth are NGOs’ practices. The Pride Parade Association (source: notes of a recent focus group at the Municipality of Ljubljana, 29/6/2020) has encouraged the emergence of a **network of volunteers who may offer short-term accommodation to young LGBTI+ persons in a crisis situation** when they are in need of temporary accommodation and support. The association also highlighted the importance of work with a family, of monitoring young LGBTI+ people and seeking out long-term types of possible accommodation.

**During the coronavirus epidemics, COVID-19, the online support programmes, talk groups and counselling** turned out to be of extreme importance, because they involved the participation of those who due to the lack of privacy at home could not be involved in live discussions, but they could participate in chats. One of the participants said that COVID-19 demonstrated both sides – the vulnerability of LGBTI+ communities and the relevance of precious peer support. Of extreme importance are also the programmes run by NGOs, such as advocacy that is often present in the form of **accompanying a person in need to a social work centre**, so that a young person could get what they are entitled to – social assistance and maintenance provided on the part of their parents.



### 2.3.3. Training needs for professionals related to Families

2 out of 7 respondents to online survey said they were not sure if anything would help them better address discrimination, while 5 mentioned they would need more knowledge and support from the management. 5 respondents said their work environment could take measures to support LGBTI+ children in the form of training, but also having a person with this specific knowledge. The (subjective) impression is that, despite the expressed need for training, employees in family support services would actually feel safe only if they had a colleague who would specialize in these topics and with stronger relations with NGOs where they can refer young people.

The interviews conducted with NGOs revealed a strong message about the **urgency to provide training for social workers, psychologists and other profiles of experts working in psycho-social areas**, for example kindergarten teachers and professional workers in student halls of residence. Sharing knowledge and skills should not be only cognitive and informative, but should address also the **changes in convictions and on the emotional levels**. We also need **trainings and manuals for parents**. With regard to accepting gender diversity in children, our respondent from a trans organisation has exposed the very same thing – trainings and programmes designed for parents. One of the skills the parents of trans children should possess concerns the **ability to support and advocate for their children**, since they are often victims of peer violence (*“He was also mocked because of the way he dressed, but he felt that typically boyish clothes were still more awful than being mocked. In spite of that he walked around wearing a ribbon in hair and everyone called him strawberry.”*).

One of our respondents also learned to empower her child, so that he could be safe and could fight against prejudice. Along with specific knowledge in the area of LGBTI+ topics, the NGOs also suggest **general knowledge on social positions and the functioning of the systems of power** as well as on the mechanisms of exclusion in a particular culture or state. On the other hand, our respondent from the social work centre estimates, perhaps naively, that the staff could make use of some sort of **general information on LGBTI+ topics** that they could add to their existing knowledge and therefore reassess their opinions, so that they could advocate for LGBTI+ young people in contacts with school, kindergarten, institutions and family.



### 2.3.4. SWOT related to family

Strengths +	<ul style="list-style-type: none"> <li>• Providing understanding and support to a child regarding his/her gender identity and gender expression.</li> <li>• Seeking additional sources and help for self-education by using the internet.</li> <li>• Peer youth support.</li> <li>• Online forms of support (relevant particularly in the time of coronavirus epidemics) .</li> <li>• Projects of reporting violence.</li> <li>• LGBTI+ youth centres.</li> <li>• Outreach support outside larger cities.</li> </ul>
Opportunities +	<ul style="list-style-type: none"> <li>• More extensive advocacy attitude of parents in contact with ill-understanding experts.</li> <li>• Self-education of parents by using the internet and other material with free access.</li> <li>• Making a contact with other families who have similar experience.</li> <li>• Developing the network of accommodation in crisis situations.</li> <li>• Recognising the need for education on the part of social workers and other professional workers.</li> <li>• Recognising the need for programmes intended for family members.</li> </ul>
Weaknesses -	<ul style="list-style-type: none"> <li>• LGBTI+ population is overlooked and ignored or does not have sufficient access to services in the area of family welfare at social work centres.</li> <li>• Invisibility of this topic and insufficient knowledge on the part of the staff.</li> <li>• Lack of associations and services that could provide information on LGBTI+ topics.</li> <li>• Lack of live information (support groups, parents' groups ...).</li> </ul>
Threats -	<ul style="list-style-type: none"> <li>• Insufficient financing of the rare NGOs dealing with LGBTI+ topics that would also address families.</li> <li>• Ill-response and insufficient access to helping services, particularly in relation to mental health and the process of transition.</li> <li>• Unwillingness on the part of the experts to respect users' self-identification.</li> <li>• Binary understanding of genders in the majority of professional services.</li> </ul>

### 2.3.5. Exemplary quotes related to family

*It seems to me that people are still very prejudiced, at least regarding the parents and the families I come into contact with. I would say there are restraints and ignorance. Prejudice, too. So I don't know if there is much difference compared to 10 years ago (Social worker working with families in a public organization).*

*The biggest problem is this horrible feeling that they have in their body and the awareness that it takes ages to finally get something done and get that first appointment so you can start the process of gender reassignment. My child also cuts him/herself and since healthcare doesn't have the capacity to provide an expert soon enough this is a long-lasting problem. (Mother of a trans child).*

*I was constantly told (by psychologists and therapists) that him being trans isn't true but is only a part of his Asperger syndrome. It's common for them to be unhappy with themselves or to wish to be someone else. I*



still believe that even if it is only a part of the syndrome they should respect his truth and believe him when he speaks (Mother of a trans child).

## 2.4. Public spaces

### 2.4.1. Needs mentioned by children in public spaces

As far as the needs of LGBTI+ children and youth in public spaces are concerned, the two interviewees highlighted predominantly the needs stemming from **gender normativity of public spaces** and **exposure to violence**. Both interviewees come from LGBTI+ organizations and both are social workers by profession – the first one manages a trans organization, while the other one manages a youth centre and coordinates LGBTI+ programmes in the area of youth. They feel that public spaces, except for spaces of LGBTI+ organizations, are mostly not open to gender diversity and gender identities.

The interviewee from a trans organization has backed up his statement by quoting the data that the public spaces and public services in both survey conducted by their organization are marked as a space where the majority of discrimination takes place. Young LGBTI+ people develop strategies on how to avoid potentially violent situations in public spaces quite early. He gives an example of his own situation: “We all have developed strategies ... In everyday life it happens to me that people look at me in a bizarre way, they send me from one toilet to another, from one end to another. So, we as trans people know exactly which service is OK, where you can have your hairstyle done and you won’t have the wrong gender assigned, etc.”

Public spaces have to be claimed, feels out trans interviewee, we need to work on the level of community and association, so that **everyone could get the right information**. He also feels that it would be good to **fill other public spaces**, frequented by children, such as theatres, libraries, playgrounds and other spaces, **with content that would raise the awareness on LGBTI+ topics**. According to our interviewee, LGBTI+ young people in public spaces have a **need to feel safe, unexposed and ordinary**. To an LGBTI+ youth centre there come young people, who wish to speak to someone about LGBTI+ topics, but even more often it is vice versa, they come so that they don’t need to talk about that. They feel safe knowing “*that nobody will mind if e.g. a girl says she likes a girl and there won’t be 1000 questions following...*”. Thus, the majority of young people do not need any specialized counselling, but rather a **counsellor who is not homophobic**, so that they could talk to her/him on various things in life that are not necessarily associated with gender



identity or sexual orientation. The basic need is therefore a **safe space**, while safety is closely knit with its counterpart, danger.

Both interviewees feel that violence against young LGBTI+ people in private and public spaces is a problem (one of them experienced violence against him and his partner during the day in the largest and mostly safe park in Ljubljana, when they were attacked and pushed away). According to LGBTI+ NGOs interviewees, in Slovenia there are more subtle forms of violence in place: psychological and emotional abuse, financial restraints (depriving young people of maintenance) and peer violence, especially in the form of cyber bullying. Our trans interviewee has drawn attention to the fact that violence is also normalised by us (LGBTI+ people themselves): *“...we have internalised it to the point where we feel it’s not that bad if you haven’t been severely beaten. We have always been criticised for exposing ourselves and taking up space. It’s the same in the toxic rhetoric of rape culture. Why are you exposing yourself, you know you will get it, right?”*

#### 2.4.2. Good practices related to public spaces

There are quite a few good practices coming from the field of public spaces, but the results should be taken with precaution as half of the responders to the online survey from the public space area came from LGBTI+ organizations that are the ones in Slovenia who offer the majority if not all specific programmes and services for this population. Their services are focused on providing a safe space, empowering the users, advocacy, informing, counselling, social events, peer support, support groups, raising public awareness and increasing visibility etc.

Consequently, 15 out of 16 responders to online survey thought that their organization was safe and accessible to LGBTI+ children, 6 of them said they offered specific programmes for LGBTI+ children, while 4 said they were LGBTI+ friendly and 2 said they were open to all. 8 respondents said that they offered specific support to LGBTI+ children in the form of specific policies (5), LGBTI+ friendly practices (8), creating documents/guides for other organisations (5) and co-financing LGBTI+ programs (1). 13 respondents said that they had resources available in their workplace to support LGBTI+ children.

The resources were in the form of guidelines and manuals (12), supervision (6) and good relationships with LGBTI+ organisations (12). Our interviewees from the LGBTI+ organisation and NGO have described the content of their “good practice”. The key term is to provide a “safe space” and “safe allies” of LGBTI+ youth.





The characteristics of a safe space are well explained in the description of an LGBTI+ youth centre that was given by their head: “ ... you can come on Tuesday and vocaly discuss the fact that you were outraged by a homophob, but then you can come on Thursday and just stay here, you are who you are, you can play the guitar and nobody cares if you used different pronouns for yourself than last week.” It is crucial for the staff to know that if you provide a safe space “it doesn’t matter if you are LGBT+ or not (but not in a sense that it would be relativized and taken out of the social context), and on the other hand that the reality of LGBT+ people is different and somehow specific.”

A safe public space for LGBTI+ youth means that **they can expect that their experience regarding gender shall be legitimate** (“Our main guidance is that we do not have the right to question somebody’s gender expression when he/she first came to us. We also do not judge anyone on the basis of their appearance. People who come here are who they say they are.”) The interviewees, however, also noticed the gaps and suggest the development of support mechanisms for LGBTI+ asylum-seekers and the development of safe houses and crisis centres for young LGBTI+ people.

At the level of the Municipality of Ljubljana, there are a few cases of good practice because they pay attention to the needs of LGBTI+ population and cooperate well with NGOs. Since 2014, the City of Ljubljana issues the “**LGBT-friendly**” certificates to service providers and organizations who provide a safe space for LGBT+ people and whose employees attended an LGBT+ sensitivity training. Up until now, around 40 organizations in the wider area of the Municipality of Ljubljana – from kindergartens, schools, libraries, theatres, galleries, museums, older people’s homes, youth centres, companies, radio stations, cinemas, law firms, healthcare centres, faculties and other have acquired a certificate, which means that the majority of their staff was involved in 4 hours long training conducted by NGOs (<https://www.ljubljana.si/en/news/lgbt-friendly-certificate/>).

### 2.4.3. Training needs for professionals related to public spaces

6 out of 16 respondents to online survey said that there were things that could have helped them respond better in case of being a witness to discrimination, such as: **guidelines of addressing discrimination and acting out situations to be better prepared, support from colleagues, more knowledge on gender expression, a greater awareness on this issues, empathy and courage to overcome social norms.** Further on, **local community should be made more aware** and the organization should publicly express their support and not passively support standing by.





The respondents realized that even though they took a non-discriminatory stance, **specific knowledge of working with LGBTI+ children and addressing their needs** was acknowledged. As far as the content is concerned, the respondents from the NGOs felt that the training should contain specific topics that concern LGBTI+ youth, but also the **broader understanding of social positions and the functioning of the systems of power** was also necessary to provide. Otherwise, we risk that we will individualize the problem and attribute responsibility to individuals.

Along with that, however, we also need knowledge **how to measure progress with small steps**, otherwise we may quickly jump to a conclusion that we won't be able to change the world and give up: *“One thing is that you are aware of the system structures, but as a person working in the area of youth or a teacher, you, of course can't change that. But still, you can change things by making small steps, for example by using non-stereotype examples in mathematical exercises”* (director of youth centre).

The executive director of a trans organization has also exposed the following gap: at the level of community and public spaces, **community knowledge needs to be built, especially in the way of responding to violence**: *“It seems that it would help us to have community strategies developed to respond to violence, simply as people on the street. If violence is unpredictable, people can respond in different ways: some run away, others confront the perpetrators, and very quickly it all boils down to the people in a community blaming each other for inadequate response. We don't have enough of community or individual “street knowledge”.*

The least we can expect from public spaces is that they provide diversity. According to the director of trans organisation this means that the staff should be sensitive enough to recognize LGBTI+ young person and provide a connection between a person in need and the LGBTI+ organisation in the community: *“This is not the encyclopaedia of LGBTI+ in all public spaces, but rather making contacts so that there is no general effacement. If you can't see yourself, that's not OK.”*

#### 2.4.4. SWOT related to public spaces

Strengths +	<ul style="list-style-type: none"> <li>• Public financing of LGBTI+ youth centre.</li> <li>• Establishing the principles of work of youth workers to be able to work with LGBTI+ visitors of youth centres</li> <li>• Safe spaces for young LGBTI+ people</li> <li>• LGBTI+ friendly certificate awarded by the Municipality of Ljubljana</li> </ul>
Weaknesses -	<ul style="list-style-type: none"> <li>• Youth workshops, teachers' trainings, empowerment of users to become volunteers and</li> </ul>



	<p>outworkers</p> <ul style="list-style-type: none"> <li>• Community strategies to be developed to respond to violence</li> <li>• Associating LGBTI+ organizations with organizations working in public spaces</li> <li>• Network of crisis accommodations at volunteers' homes in the making</li> <li>• Expressed need and willingness for training on the part of the staff in public spaces</li> <li>• Strategy of development of LGBTI+ programmes for the next 10 years on the level of the Municipality of Ljubljana</li> </ul>
Weaknesses	<ul style="list-style-type: none"> <li>• Restrictive systemic and legal solutions</li> <li>• Lack of safe spaces in crisis situations</li> <li>• The majority of LGBTI+ structures and safe spaces is in the capital and larger cities</li> <li>• Hidden groups of LGBTI+ people (such as asylum seekers, refugees)</li> <li>• No psychotherapists with sensitivity and knowledge on trans issues and problems</li> <li>• Weak cooperation of LGBTI+ NGOs and organizations from the area of social security (homelessness, eating disorders, sexual abuse)</li> </ul>
Threats	<ul style="list-style-type: none"> <li>• Abolishing finances provided by the government due to political changes</li> <li>• Re-traditionalisation of public space</li> <li>• Hidden homelessness among younger LGBTI+ population</li> <li>• Increase in violence against LGBTI+ population and attacks on safe spaces</li> </ul>

### 2.4.5. Exemplary quotes re: public spaces

*If you hear a hundred times a year: “Don’t speak about that, don’t speak about yourself,” you will start screaming the first three minutes you’re given a chance to speak. Everything comes to the fore. But if you, as a trans person, hear: “OK. You’re trans. Cool. So, what do you like to eat for dinner?” all this would be seen as normal. (Executive Director of TransAkcija, Slovenia)*

*If I try not to consider gender, gender considers me no matter what. By this I mean that we are socialised into gender and are surrounded by gender stereotypes every day, so of course I have to consider gender in my line of work. If nothing else, I have to take that into account so that I deconstruct it in my head every single day and every time I work with young people. (Head of the youth program at an LGBT NGO).*

*I believe every LGBT+ person or a gender-diverse person has to fight for their own spot under the rainbow. (Head of the youth program at an LGBT NGO).*



## 2.5. Media

### 2.5.1. Needs mentioned by children to combat gender violence in the media

The youth participating in the workshop did not address media directly, but they did express the need for a **more diverse and inclusive society**, a society in which diversity is the norm. Both interviewees agreed that diversity *per se* is rarely addressed in the media as it is not a topic that would be interesting to the readers and is consequently not encouraged by the editors. One of the interviewees showed reluctance in addressing LGBTI+ topics, as she doesn't see why this should even be an issue, and especially in relation to gender non-conforming children; she saw it as an issue of a small number of individuals and should be addressed individually.

Both interviewees emphasized **peer violence** as a big issue that needs to be addressed, and both heard personal stories from LGBT adults, who struggled with their sexuality or gender identity in the youth and/or were victims of violence. One interviewee wanted to emphasize that for her the focus (and protection) shouldn't be on specific groups (such as LGBTI+), but on violence itself, which is unacceptable. The interviewees saw the need to include these topics in curricula or plan effective awareness campaigns/projects to educate both the youth and everybody else. The schools should play a big role and different media (such as films) could be used to acquaint the public with LGBTI+ contents.

### 2.5.2. Good practices related to the media

The number of respondents to the survey coming from the field of media was only 4. 3 of them did state that their organization was LGBTI+ friendly and said they **openly accept LGBTI+ people, write about LGBTI+ issues with sensitivity and write positively about all identities**. In regards to them offering LGBTI+ specific support two answered yes, but only one explained that this was done in the form of writing informative articles in collaboration with an LGBTI+ association. The same two respondents also said that they had resources available to them, one said in the form of **guidelines and collaboration with LGBTI+ associations** and another stated they **followed good examples from abroad** and addressed this topics.

The specific good practice related to media is a "Media guide for respectful reporting on trans topics", published by TransAkcija Institute (Zavod TransAkcija, 2017). The incorrect use of language and terminology in media coverages of LGBTI+ people can be considered a macroaggression,



consequently such manual can help reduce it and provide safer and more inclusive practices in media reporting.

### 2.5.3. Training needs for media professionals

Three respondents to the survey weren't sure if anything would help them be better prepared to address discrimination, while one noted that more awareness and a broader perspective was needed. Two respondents also said that their organization does not offer any specific support to LGBTI+ children. Furthermore, they stated they do not have resources available to address these topics, while three acknowledge that measures could be taken in their work environments. One explained that these issues should first be detected, and another, that more discussion, examples should be provided.

None of the participants had any LGBTI+ children related issues included in their training, due to the topic not being detected as relevant. One mentioned they had only informal training. All four respondents were open to the idea of having a training that would include LGBTI+ topics and one thought that gender norms could be addressed more as well.

### 2.5.4. SWOT related to media

Strengths +	<ul style="list-style-type: none"> <li>Some media or specific journalists are inclined to report on marginalized groups (including LGBTI+ people), though such reports are rare.</li> <li>Journalists code of ethics and Journalist Honour Tribunal that examine the breaches in code of ethics (the judgement does not have a disciplinary effect)</li> </ul>
Opportunities +	<ul style="list-style-type: none"> <li>More media coverage of LGBTI+ stories, presented in a narrative and realistic style, with the intention of offering role-model stories to which people can relate to and/or understand LGBTI+ issues better.</li> </ul>
Weaknesses -	<ul style="list-style-type: none"> <li>Lack of reporting on diversity in the media and focus given to it by editors.</li> <li>Lack of awareness and understanding of importance of addressing LGBTI+ topics in media.</li> </ul>
Threats -	<ul style="list-style-type: none"> <li>Right-wing media that incites intolerance and is known to write about LGBTI+ people in sensational and homophobic/transphobic manner.</li> </ul>



### 2.5.5. Exemplary quotes related to media

*I think violence is worse than 10 years ago. In short, because of the internet. The criminologists explained it to me, what was going on online, this verbal harassment online, that's horrible. Not only is there more of it, but it has evolved in recent years. And children who are in any way different, are victims of this online harassment. (Journalist, newspaper)*

*Everything just needs to be talked about, in order for things to come to light, to become open, to become evident. What is hidden today is also in a way abnormal and must become more open. Taboos must fall. I think there are still taboos in our society around this. And that's why people don't speak out, that's why they suffer (Journalist, newspaper)*

*And if this is the case, that you are born with it the way you are born, as gay or lesbian, then of course society must be made aware of that to such an extent that people like me, who may be a little sceptical about it, may understand it. I think there needs to be some kind of normalization so that this is not an issue. It seems to me that none of these things should be an issue (Journalist, online children newspaper)*

## 3. Overall evaluation: identify tendencies and absences re: LGBTI+ children in your country, including perceptions and attitudes, stereotypes, representations etc.

### 3.1. Perception of gender

One of the indicators showing if a particular organization is sensitive and inclusive towards LGBTI+ individuals or community is also the way it perceives gender and the level of sensitivity towards the use of language. The perception of gender and of gender-based violence in Slovenia is largely founded on binary system and the assumption of there being two genders, but some indicators show that in the last few years there may have been a shift from traditional and biological understanding of gender towards the growing respect of its social dimensions. This is partly expressed also in our survey which enabled us to do a quick snapshot of the various key areas, however, more accurate data would require a larger sample. Regarding the perception of gender, various key areas tend to show reasonable differences.



In our online survey, the first question aimed at exploring the participants' attitudes and beliefs towards gender (it was possible to select all options), 77% out of 61<sup>5</sup> respondents agree that *gender is socially constructed*, 66% agree that it is *a set of biological characteristics* and 39% that it is *a scientific category defined by medical doctors*. Only 27% of respondents agreed that *gender could be only either female or male*. There were a few descriptions given under the section "other" where the respondents further elaborated on their views on gender. In our sample (which is not representative for any of the key area population) the respondents from **the areas of health and family services showed less specific knowledge** (*"this is a very complex topic, which goes beyond the given options" – health area*) and **shared slightly more traditional views on gender** (*"basically there are two genders, but there are people who do not feel they belong to the either of the two set genders" - family services area*). The respondents from **education and public spaces areas gave more specific, informed and in-depth responses, mainly informed in social constructivist tradition**, or showed their distance to only biological understanding of gender (*Public space area: "Gender can manifest with sexual characteristics of the body, but the social construct is what these characteristics mean, how they position an individual into a society."; "Biological sex is also in a way a social construct."/* Education area: *"There are multiple genders and gender identities"*).

On the other hand, the workshop for children has revealed that **young LGBTI+ people** are very interested in the issues of gender, that they know how to find reliable information and are well self-educated about LGBT+ topics, well acquainted with temporary terminology and with key concepts, such as gender norms, gender roles, gender expression, stereotypes, prejudice. On the one hand they believe that there exist some biological factors we are born with. On the other hand, they believe that they are all the result of socialization and education. They are well equipped to recognize stereotypes as products of heteronormative practices, and they are able to find them in their own practice too (i.e. one of the participants has problematized the so called "gaydar" concept, as based on stereotypes). On the one hand young LGBTI+ people are indeed knowledgeable, but at the same time, they express the need for a safe space where they can exist without masks and fear of discrimination, which should not be ignored.

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<sup>5</sup> The numerus slightly varied from 62-59 in questions 1a – 1d.





### 3.2. Impact of gender norms on work with LGBTI+ children

A similar distribution of opinion as was the case with the first question of online survey was gained also in the fifth question where we were interested “if gender norms influence respondents’ work with LGBTI+ children”. 20% of the respondents responded *positively*, 40% said that gender norms *do not influence their work*, and 40% were *not sure*.

The respondents from **health and family area** (were mainly professional social workers from social work centres) lean towards “universalistic” **approach in health and social care**. With statements such as “*here, all are equal*”, “*we treat all of them equally*”, “*all patients have the same rights regardless of their sexual orientation*”, “*a person is a person, regardless of her/his sexual orientation*”, “*all children are our children*” they probably want to emphasize that they do not reject anyone or treat in a bad way just because they are LGBTI+. However, this “ideology of sameness” usually doesn’t mean anything, except that it erases the differences on the account of overlooking the relevant specific contexts and needs of diverse groups of children.

When a professional working in family service states: “*It bothers me to see those young people, who are still in the process of finding their own identity, being labelled*”, this may mean the opposition against compartmentalization and categorization of people, or – more likely - an expression of discomfort regarding the fact that this particular professional works with LGBTI+ young person and inability to provide adequate support for him/her.

The respondents from the **area of education** have provided more differentiated responses when they reflected school practice. Actually, we have received a whole specter of responses, extending from those that problematized gender norms (“*all the procedures and forms address either a female or male gender*”; “*As I am well aware of gender norms, I do not put them in the forefront during my work with LGBTI+ children, I do not reproduce them*”), those that somehow reinforce them (“*in some cases it would be more adequate for boys to work with a male teacher and vice versa*”) to those that do not take gender into account, because this does not seem the most important thing with a child (“*I always focus on an individual, on his/her advantages, experiences, accounts, behavior*”).

In the area of **public spaces** (in our case it was atypically represented with youth and LGBTI+ organizations) there prevailed more articulate reflections, problematizing and reflections on gender norms. The respondents reported that they often find themselves in a position where they



have to defend and justify their approaches. Even the experts that they feel are their allies often express doubts about their professional competence that shows in statements, such as: “*you tend to complicate things*”, “*you’re too sensitive*”, “*a child is a child*”, “*this is the topic that is not suitable for children of that age*”, “*children have enough of other problems*”, and similar.

We agree with a trans respondent that it is precisely the very gender norms, present in textbooks and curricula that contribute the most to stigma, bullying, homophobia and transphobia. For these reasons, we need alternatives and safe spaces where one can be accepted and receive the sort of information that he/she cannot get anywhere else.

### 3.3. Gender identity- and sexual orientation-based violence against LGBTI+ children and youth

Slovenia has a long tradition of LGBTI+ rights movement and in the 1980s and 1990s was seen as one of the most progressive and open countries within the Federal Republic of Yugoslavia and in the area of former Eastern European socialist countries. However, in the last 20 years this advantage gradually faded away and recently almost vanished due to the demands of right-wing policies and conservative movements (e.g. Coalition “It’s about the children” that was the motor of two “Referendums on Family Act” in 2012 and 2015). The renewed patriarchy and demands for re-traditionalisation that accompany the political shift in right-wing policy in a large part of Europe is a challenge that is not encountered only by Slovenia. To some extent, these trends have been measured already in the statistical data that monitor the prevalence and incidence of violence against LGBTI+ population.

As it has already been mentioned in the introduction to this report, if according to the FRA survey from 2014, the number of violent incidents per 1,000 respondents in Slovenia is one of the lowest in Europe, the data from the from 2019 shows that **in the period of 5 years Slovenia moved to the middle of the list** (FRA 2014, p. 59, FRA, 2020, p. 39). The types of violence against the LGBTI+ population in Slovenia was revealed to us also by the testimonials of NGO organizations in our research. For instance, the comparison with other countries in the Balkans show that in Slovenia there **may be less physical violence** against young people (e.g. as a result of coming out in family), however there are other forms of violence present (source: interviewee from trans organization which is a part of the Balkan network of trans organizations). While young people from some of the Balkan states reported that they had their hands broken with hammers, that they were beaten up and similar, in Slovenia there are **more subtle forms of violence: psychological and emotional**



abuse, financial restraints (depriving young people of maintenance) and peer violence, especially in the form of cyber bullying. In general, the level of communication is low in public spaces, especially on social media, which becomes a problem when it is used by politicians to spread hate-speech and thus normalize, legitimize and institutionalize violence against minorities.

Some of the surveys conducted in the last five years may also offer us an insight into violence against young LGBTI+ people in Slovenia. The comparative research on everyday life of gays and lesbians in Slovenia between 2003 (n=443) and 2014 (n=1145) show that the majority of gays and lesbians are still targeted by violence, which is practically as common as it was ten years ago. However, the **occurrence of violence has almost doubled in school settings**. Further on, the results showed that lesbians are still more commonly victims of violence in their family (although this has generally decreased in the last ten years) or in intimate relationships, while gays are more frequently victims of violence in public spaces. **41% of the respondents reported about experiencing discrimination, violence or unequal treatment based on their gender identity and/or gender expression** (Kuhar and Švab, 2019). The research findings from 2019 on everyday life of trans persons in Slovenia (n= 113 trans people, the majority belonged to the age group 14-30 years) showed that **trans persons experience most discrimination and violence in the streets (48%), in public institutions/while using public services (43%) and in primary/ secondary school/at the university (40%)** (Koletnik, 2019). The research conducted by Magić and Maljevac (2016) has highlighted that during the time of schooling the Slovene LGBTI+ youth experience significantly higher levels of discrimination and verbal, physical, and sexual violence in comparison to their heterosexual peers. While the educational system is exclusively heteronormative, the change on the ground is obstructed by the reluctance of decision makers to acknowledge homophobia in schools.

The research on violence against LGBTI+ youth in Slovenia is predominantly implemented in relation to gays and lesbians and less often in relation to various sexual and gender identities. The latest research implemented by Pride Association in 2017 on young LGBTIQ+ people's experiences in education, *Everyday life of young LGBTIQ+ people*, succeeded in securing responses from various LGBTIQ+ subgroups, including intersexual and transgender persons and those who identify with various sexual identities that transcend the sexual binary of heterosexual – gay/lesbian (n=751 young LGBTIQ+ people aged between 16-30) (Perger, Muršec and Štefanec, 2017). On a more general level, 40% of respondents have experienced violence in school on the basis of gender and/or sexual identity. 28% of respondents reported that the perpetrators of all forms of violence they have experienced were their schoolmates, while 5% reported teachers and other



school workers (counsellors) as the perpetrators. In education, transgender people are faced with some unique issues with regard to their identity being recognized and legitimized, such as using the correct pronouns and name. **Misgendering practices** are associated with the negative effect, less identity strength and coherence and more felt stigma – and the use of wrong gender terms tends to diminish a person’s self-respect (Perger, 2018). The research has exposed also the meaning of the structural dimension of violence that is overlooked by “bullying discourse”: *»Violence against LGBTI+ is often addressed by ‘bullying discourse’, which rarely takes into account hetero- and cisnormative social structures and their manifestations in education, and it predominantly addresses bullying as a form of individual pathology and not as practices of violence that derive their disciplinary power in terms of enforcing normative enactments of gender and sexuality« (ibid., 2018, p. 103).*

## 4. Conclusions: some implications for education and training

The research has showed that the participants from all key areas are aware of the urgent need for changes in their profession in education and in the inclusion of LGBTI+ topics in their continuous training. In the **area of education**, it is necessary to work with the whole school community (teachers, students, parents, counsellors, principals, establishers of kindergartens and schools). In **health care**, LGBTI+ topics should be included in the national education programmes for everyone who is in any way involved with LGBTI+ persons, especially medical doctors. Better access to information on gender identity issues for parents and LGBTI+ youth from health perspective is also recommended.

The **services providing support to children and families** (such as social work centres and various counselling services) should definitely become reinforced with knowledge and skills, since the key profiles, such as social workers, psychologists, social pedagogues and other profiles, are not well-equipped. Often, they only have very general knowledge on the needs of LGBTI+ children which may lead to generalized conclusions and universalist approach. In the **area of media** there is a gap in journalists’ awareness regarding the issues of LGBTI+ children and at the same time, in comparison to other areas, perhaps a slightly less expressed need for further education, although the participants had a positive attitude in relation to this possibility.



On the other hand, the NGOs draw attention to bad practice in media reporting and insensitive use of language. In the **area of public spaces**, there was a need expressed to educate staff, working in organizations, such youth centres, libraries, museums, cafés, local transport, and basically the whole community. What we need is 1) a strategy to respond to violence against LGBTI+ young people (the so called »community street knowledge«), and 2) sensible staff in public spaces to recognize a young LGBTI+ person and provide a connection between a person in need and the LGBTI+ organization in the local community.

In terms of the content (regardless of the key area) the trainings should involve not only basic knowledge on gender diversity, gender identity and sexual orientation, but also general knowledge on social positions and the functioning of the systems of power as well as the mechanisms of exclusion, to avoid a risk of individualization of the problem.





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**List of NGOs and collectives mentioned in the report (by alphabetical order):**

Association Cultural, Informational and Counseling) Center Legebitra (<https://legebitra.si/>)

Association Kasandra

Kvartir <http://kvartir.org/>

**Lesbian Feminist University (LFU)** <https://www.lezfemuniverza.org/>

Pride Ljubljana Association <http://www.ljubljanapride.org/>

**Transfeminist Initiative TransAkcija Insitute** <https://transakcija.si/>

ŠKUC-LL (<http://www.ljudmila.org/lesbo/>)

ŠKUC – Magnus (<http://www.magnus.si/>)





# Diversity and Childhood

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