FRA EUROPEAN UNION AGENCY FOR FUNDAMENTAL RIGHTS

BEING INTERSEX IN THE EU

EU LGBTIQ III SURVEY

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Survey in a nutshell

EU LGBTIQ Survey III and this report

The EU LGBTIQ Survey III of 2023 collects the responses of 1 920 intersex respondents in 30 countries (EU-27 plus Albania, North Macedonia and Serbia). This makes it the largest survey of its kind about intersex persons, their experiences of discrimination, victimisation and other aspects of life. It can therefore provide valuable data, insights and evidence-based findings that support rights-compliant policymaking for intersex persons. This survey informs in particular the EU LGBTIQ equality strategy 2020–2025, the assessment of its implementation and the preparation of the forthcoming EU LGBTIQ equality strategy for 2026–2030. The European Union Agency for Fundamental Rights (FRA) provides data supporting the EU and the EU Member States in assessing the situation on the ground to design and implement laws, policies and action plans promoting equality within the framework of the EU Strategy.

This report complements the FRA's work on LGBTIQ equality groups and related laws and policies by going a step further – providing additional data and recommendations focused on the specific legal and policy needs required to ensure the protection of intersex persons' fundamental rights. It centres on the lived experiences of intersex individuals and the safeguarding and realisation of their rights. It comes one year after the publication of the main findings report from the EU LGBTIQ survey III, LGBTIQ Equality at a Crossroads – Progress and challenges, which addressed a broad range of respondent groups and thematic areas. The present report, *Being Intersex in the EU*, offers more in-depth insights and expanded data concerning the experiences of intersex people, aiming to deepen understanding of the challenges they face and support the design and implementation of effective policies that guarantee their full equality and enjoyment of rights in society.

Being intersex in the EU often means facing hardships, setbacks and grave rights violations, including discrimination, violence and harassment homelessness, as well as serious health and mental health crises.

This report provides unique data and insights on the plight of an extremely marginalised group of people facing significant discrimination, whose rights are under severe threat. Their experience is important in and of itself but is also revealing of the values and priorities of entire societies by highlighting how they treat such a vulnerable minority.

The report draws on survey results and highlights the most concerning findings, in order to promote a human rights-based approach in law and policy concerning intersex persons. It aims to address significant challenges faced by intersex persons in all areas of life while ensuring the protection and respect of their fundamental rights. Through this work, FRA seeks to assist policymakers in designing and implementing laws and policies that align with European and international human rights frameworks.

The EU LGBTIQ Survey III results show that compared with both the general population and other LGBTIQ survey groups, the intersex respondents suffer disproportionately from discrimination, violence, homelessness, problems with access to healthcare and mental health issues, with many contemplating suicide.

Ten years after the first FRA report on the fundamental rights situation of intersex people examined the legal situation in the Member States in 2015, this report seeks to support rights-compliant policymaking to advance the rights of intersex persons.

This report focuses on the most notable results and trends compared with the previous survey conducted in 2019. It begins with alarming results about violence, harassment and discrimination experiences, and addresses the issues of 'conversion' practices, access to healthcare and mental health. It also explores homelessness, school experiences and problems in dealing with administrative authorities. Finally, it describes how intersex persons perceive the current situation, along with their views about their governments' efforts to support and protect them.

Who are the intersex respondents?

The LGBTIQ Survey III collect the life experiences and views of respondents who identified themselves as 'intersex'. Intersex persons are born with innate variations of sex characteristics (SC) – such as sexual anatomy, reproductive organs, hormonal structure and/or levels and/or chromosomal patterns – that do not fit the typical definition of female or male. The term 'intersex' is an umbrella term for the variations in sex characteristics that occur naturally; it acknowledges that sex is a spectrum and that people with variations in sex characteristics other than male or female exist.

While many intersex persons also identify with other LGBTQ identities, it is important to recognise that intersex is distinct from gender identity and expression (GIE) or sexual orientation (SO). Not all persons with innate variations of sex characteristics identify with the term 'intersex'. The LGBTIQ Survey III collected the life experiences and views of respondents who identified themselves as intersex after they were provided with detailed information (question A8 of the survey questionnaire was developed in cooperation with Organisation Intersex International Europe (OII)):

- A8. [ASK ALL] Some persons are born with sex characteristics (like sexual anatomy, hormone levels, reproductive organs, and/or chromosome patterns) that do not fit societal and medical definitions of female or male bodies. This is known as 'being intersex' or 'being a person born with variations of sex characteristics'.
- Would you describe yourself as intersex? Yes/No
- [INFO BUTTON: Innate variations of sex characteristics can present themselves prenatally and at birth but also during childhood, in puberty or in adulthood. You might have noticed a variation of your sex characteristics at a very early age or later on in life, and you may have had surgical and/or medical procedures and/or hormonal treatment to modify them.]

- This question asks about innate variations of sex characteristics, not about being trans and/or a trans identity or experience.

The survey background research aimed at setting the survey target samples estimated intersex people to be approximately 0.02 % of the general population. For more information, see the FRA Technical Report – EU LGBTIQ Survey III.

Intersectional profiles of intersex respondents

In the survey, intersex respondents were also able to select what best matches their SO and the category that best fits their current GIE. This often results in unique and intersecting identities as perceived by the individual and society, regarding gender, sexual orientation and sex characteristics. The sexual orientation, gender identity and expression and sex characteristics (SOGIESC) profiles of intersex persons often diverge from widely accepted societal norms and social expectations. As shown below, in terms of gender identity, the majority (65 %) of intersex respondents identified as trans or non-binary and gender-diverse and, in terms of sexual orientation, the majority (95 %) identified as lesbian (18 %), gay (19 %), bisexual (23 %), asexual (17 %), pansexual (9 %) or other (8 %). In this sense, the intersex respondents are representative of the wider LGBTIQ community and their life experiences are emblematic of its claim and fight for equality.

FRA data show that the SOGIESC profile, along with socioeconomic and minority identities, can lead to direct and indirect discrimination, harassment, hate speech and hate crime. This report uses an intersectional lens to present the data and disaggregate them, where possible or applicable, on the basis of the SOGIESC and the socioeconomic elements or belonging of the intersex respondents.

More about intersectionality can be found at the end of the report in the Annex Terminology - glossary.

The intersex survey respondents are presented below under their different SOGIESC profiles. As Table 1 shows, many intersex survey respondents selected ‘bisexual’ (23 %) or ‘asexual’ (17 %) as the sexual orientation best matching their own.

Table 1 – Intersex EU LGBTIQ Survey III respondents by sexual orientation

Sexual orientation	%
Lesbian intersex	17.9 %
Gay intersex	19.4 %
Bisexual intersex	22.8 %
Asexual intersex	17.3 %
Pansexual intersex	9.2 %
Heterosexual intersex	5.1 %
Other SO intersex	8.3 %

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Table 2 shows that close to half of the intersex survey respondents (41 %) selected gender identities that are grouped under 'non-binary and gender-diverse', thus defined in a non-binary way and distancing from the female–male dipole, such as non-binary, genderqueer, gender-fluid, agender, poly-gender or cross-dressing woman or man. Just above one third of intersex respondents (35 %) are cisgender women or men and 22 % are trans women or men.

More detailed terms are available at the end of the report in the Annex Terminology – glossary.

Table 2 – Intersex EU LGBTIQ Survey III respondents by gender identity

Gender identity	%
Women cisgender intersex	18.2 %
Men cisgender intersex	16.5 %
Trans women intersex	12.2 %
Trans men intersex	9.8 %
Non-binary gender-diverse intersex	40.7 %
Other (not trans, not cis) intersex	2.6 %

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

The EU LGBTIQ survey III reveals a variety of SOGIESC profiles of intersex respondents. Some respondents' SOGIESC subgroups indicate distinct life experiences and harsher realities. The most numerous SOGIESC profiles of intersex respondents were those of intersex gay men (12 %), intersex pansexual non-binary and gender-diverse (11 %) and intersex bisexual non-binary and gender-diverse (8 %). This report provides insights into these experiences, comparing the respective statistics with other LGBTIQ survey groups and the general population.

This report does not include further cross-tabulations of the intersecting SOGIE identities of intersex respondents – given that in some cases the individual SOGIESC respondent samples are too small and below a statistically acceptable threshold – in order to avoid misleading generalisations about some respondent subgroups.

However, we can safely present intersex respondent subgroups with a sufficient sample size:

- 40 % of lesbian intersex survey respondents are cisgender intersex women, while
- 37 % are non-binary and gender-diverse intersex and 18 % are trans intersex women;
- the majority (62 %) of gay intersex respondents are cisgender intersex men, while 23 % are non-binary and gender-diverse intersex;
- more than one in three (36 %) of bisexual intersex respondents are non-binary and gender-diverse intersex while 27 % are cisgender intersex women;
- non-binary and gender-diverse intersex respondents are the majority (two out of three or 65 %) of pansexual intersex respondents and 62 % of asexual respondents.

More detailed terms are available at the end of the report in the Annex Terminology – glossary.

How was the survey carried out?

The EU LGBTIQ Survey III constitutes a first and unique data collection, in that it achieved a large sample of intersex persons in 30 countries (1 825 intersex respondents in the EU-27 and 1 920 intersex respondents in all 30 survey countries that also include Albania, North Macedonia and Serbia). It comprises the largest amount of data gathered globally on intersex persons and their

life experiences, experiences of discrimination and victimisation, and the impact on their fundamental rights.

The survey was conducted online from 2 June to 22 August 2023. The questionnaire covers a wide range of issues, such as experiences of discrimination, harassment or violence, rights awareness, openness about being LGBTIQ, positive and negative life experiences at work and in education, socioeconomic and living conditions, healthcare, mental health and well-being, as well as housing and homelessness.

The data are statistically weighted to take account of differences in the estimated size of each LGBTI group in each survey country and by age group, based on information on the LGBTI population from previous LGBTI surveys by various EU institutions and organisations. In addition, the data are weighted to account for the respondents' affiliation with LGBTI organisations and whether they have participated in other LGBTI surveys (including FRA's 2012 LGBT survey).

Where possible, this report compares the 2023 EU LGBTIQ Survey III results with those of the 2019 EU LGBTI Survey II. For these comparisons, FRA uses only data from respondents and countries covered in both surveys. This includes LGBTI people aged 15 and older from the EU-27, North Macedonia and Serbia. Respondents from Albania are not included as the country was not part of the 2019 LGBTIQ II Survey. The data have been adjusted using statistical methods to ensure the groups being compared are as similar as possible. As a result of the differences in the survey samples in 2019 and 2023, some percentage figures may vary slightly depending on whether they refer to the full 2023 survey results or to the specifically adjusted data used for comparison. Further details are provided in the technical report of the EU LGBTIQ Survey III.

Ten years of law and policy developments in the EU and beyond

Ten years after the publication of FRA's report, The fundamental rights situation of intersex persons, its key conclusions still hold and are confirmed by the survey results of the most recent EU LGBTI(Q) surveys from 2019 and 2023: legal and medical professionals should be better informed of the fundamental rights of intersex persons, particularly children, and Member States should prohibit non-consensual 'sex-normalising' medical treatments on intersex persons.

Recent legal and policy developments in the EU reveal an increasingly comprehensive approach to the problems that still afflict intersex persons. The European Parliament resolution on the rights of intersex persons (2019) represented a milestone: it explicitly condemns intersex genital mutilation (IGM) and calls for an end to medically non-vital interventions on intersex children, urging comprehensive legal protections in the Member States. The adoption of the EU LGBTIQ equality strategy 2020–2025 confirmed the EU's commitment to promoting intersex rights, including to bring an end to IGM and protect bodily integrity, emphasising the need for Member States to prohibit non-consensual medical interventions. More recently, the inclusion of sex characteristics in the new EU directive on minimum standards for equality bodies in 2024 reflects another relevant and significant advance in EU legislation.

While these developments signal the emergence of a human rights-based approach to intersex persons, there is much more still to be done. Several Member States have begun implementing policies to protect intersex rights, such as prohibiting IGM and providing access to specialised healthcare and support services, and five Member States have now banned non-consensual genital modification practices performed on intersex minors (Germany, Greece, Malta, Portugal and Spain). These developments augur well for more effective protection of intersex rights, ensuring the rights to self-determination and to bodily autonomy and integrity.

In recent years, sex characteristics have been acknowledged by more Member States as constituting a ground for protection against discrimination or hate crime bias motivation. Seven Member States include this ground in their anti-discrimination legislation (Belgium, Denmark, Finland, Greece, Malta, Netherlands, Spain). Eight Member States include the ground as a hate crime bias motivation (Belgium, Denmark, Germany, Greece, Ireland, Malta, Netherlands, Spain).

Eight Member States have banned 'conversion therapies' and/or the advertisement thereof (Belgium, Cyprus, France, Germany, Greece, Malta, Portugal, Spain), while the EU LGBTIQ equality strategy aims at fostering exchange between countries to end such harmful practices as 'deeply harmful interventions that rely on the medically false idea that LGBT and other gender-diverse people are sick, inflicting severe pain and suffering, and resulting in long-lasting psychological and physical damage'. A European citizens' initiative, which by May 2025 had gathered 1 245 839 signatures, calls on the European Commission to propose a binding legal ban on conversion practices targeting LGBTQ+ citizens.

More Member States now provide a path to legal gender recognition with variations in the applicable legal and administrative framework – only Bulgaria and Hungary do not provide any possible pathway.

However, several EU, regional and international institutions and bodies are urging Member States to take a stronger stance, by adopting and implementing more effective law and policy to protect the rights of intersex persons, with some evincing a human rights-based approach.

- The Parliamentary Assembly of the Council of Europe resolution 'Promoting the human rights of and eliminating discrimination against intersex persons' (2017), calling for the protection of intersex children and the prohibition of medically non-necessary 'sex-normalising' surgeries and treatments without their free, prior and fully informed consent.
- The European Commission against Racism and Intolerance (ECRI) ECRI General Policy Recommendation N°17 (2023) on preventing and combating intolerance and discrimination against LGBTI people, including a specific recommendation to ban IGM.
- The UN Human Rights Council A/HRC/55/L.9 Resolution Combating discrimination, violence and harmful practices against intersex persons (2024), expressing grave concern about the violence and harmful practices that persons with innate variations in sex characteristics, including children, face in all regions of the world, including medically unnecessary or deferrable interventions, which may be irreversible, with respect to sex characteristics, performed without the full, free and informed consent of the person and, in the case of

children, without complying with the provisions of the Convention on the Rights of the Child.

- The Office of the United Nations High Commissioner for Human Rights 'Technical Note on The Human Rights Of Intersex persons: Human Rights Standards And Good Practices' (2023), providing an overview of the international human rights norms and standards and relevant recommendations of UN human rights mechanisms and good practices by States in relation to the human rights of intersex persons.
- The UN Special Rapporteur on torture and other cruel, inhuman or degrading treatment or punishment, Nils Melzer, report 'Relevance of the prohibition of torture and other cruel, inhuman or degrading treatment or punishment to the context of domestic violence' (2019), stressing that 'conversion therapy' can inflict severe pain or suffering, given also the absence both of a medical justification and of free and informed consent, and that it is rooted in discrimination based on sexual orientation or gender identity or expression, such practices can amount to torture or, in the absence of one or more of those constitutive elements, to other cruel, inhuman or degrading treatment or punishment.
- The Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity report 'Practices of so-called "conversion therapy"' (2020) to the UN Human Rights Council, calling for a ban on the practices of 'conversion therapy' clearly establishing, through appropriate legal or administrative means, a definition of prohibited practices of 'conversion therapy', and ensuring that public funds are not used, directly or indirectly, to support them. Inter alia he also called for a ban on advertising of 'conversion therapy' and a system of sanctions for non-compliance.

The EU LGBTIQ Survey III findings presented in this report consistently reflect the human rights concerns which these measures are designed to address.

Key findings

The plight of intersex persons and the defence of their fundamental rights is emblematic of the need to sustain legal and policy efforts to ensure and promote LGBTIQ equality in the EU. Intersex and persons with variations of sex characteristics constitute a small group in number, but with a heightened vulnerability to violations of their rights. Their hardships, as well as their desire and fight for equality, reflect the struggles and the aspirations of all LGBTIQ persons while also linking to broader human rights challenges in Europe and the world today, defined by prejudice, intolerance, hate crime and speech, particularly online, and disinformation.

In terms of gender identity, most of the intersex respondents describe themselves as trans, non-binary or gender-diverse and, in terms of sexual orientation, as lesbian, gay, bisexual, pansexual or asexual. In this respect, intersex persons epitomise the experiences of the LGBTIQ community, in its long history of exclusion, discrimination and victimisation. They are members of a particularly vulnerable segment of it. This segment faces a higher degree, frequency and intensity of victimisation, discrimination and exclusion than that suffered by most LGBTIQ persons in our societies. Their repeated victimisation and the multiple and compounded challenges they face can lead to severe exclusion and critical life situations such as homelessness, suicidal thoughts or suicide attempts.

Today, in a climate of increasing or persisting intolerance and bigotry, as well as intense online hatred campaigns through social platforms and in the public sphere, the LGBTIQ community – particularly intersex, trans and non-binary and gender-diverse persons – is instrumentalised. Disinformation campaigns fomenting intolerance and prejudice are often waged by foreign and domestic actors acting to undermine European and western democracies and core values, such as dignity, equality and diversity. By weaponising the limited information about or understanding of SOGIESC groups on the part of the general population, such campaigns spread disinformation and fuel hatred and violence against them and, by consequence, other marginalised or vulnerable groups.

The EU LGBTIQ Survey III results reveal a harsh day-to-day reality and the serious challenges faced by intersex persons in the EU. The key findings provide valuable insights, urging the EU and Member States to face this critical situation and enhance their efforts to guarantee the respect and protection of the fundamental rights of intersex persons.

Ending IGM and non-vital medical interventions and ensuring free, prior and fully informed consent prior to any medical intervention constitute the first fundamental steps in this process. Access to effective redress and reparation and instituting safeguards that protect against such practices are also necessary. Combating hate crime and hate speech is also critical. Similarly, access to quality healthcare that recognises and caters to the specific needs of intersex persons is vital, as is ensuring that healthcare practitioners receive the necessary training to treat and care for intersex persons appropriately. Moreover, intersex persons need to be able to affirm their gender identity if it is not aligned with the legal sex or gender assigned at birth, such as through official legal gender recognition and changing names or references and gender markers in official documents.

The EU LGBTIQ Survey III (2023) shows that intersex respondents, more than any other LGBTIQ survey group, experience disproportionately higher rates of hate-motivated violence, direct and indirect discrimination and victimisation, despite EU law and the efforts of several Member States to protect them and promote equality.

Comparing survey results from 2019 and 2023

Some of the key findings below compare the 2023 EU LGBTIQ Survey III with the 2019 EU LGBTIQ Survey II results. To ensure an accurate comparison, only data from respondents and countries included in both surveys are used. The data have been adjusted to reflect similar groups across both years as accurately as possible. As a result, some percentage figures may differ slightly from the full 2023 survey results, which include more countries and a broader range of LGBTIQ people identities.

- Intersex respondents are the survey group that experienced the highest increase of violent victimisation compared with the results of the EU LGBTI Survey II in 2019. The proportion of intersex respondents who say that they experienced one or more physical or sexual attacks in the five years before the survey increased in 2023 (34 %) compared with 2019 (22 %).
- About one in seven intersex respondents (15 %) say that they had been physically or sexually attacked in the 12 months before the survey, compared with 5 % of all respondents. In particular, intersex persons who are trans women (22 %) and trans men (23 %) or non-binary and gender-diverse (21 %) reported much higher violent victimisation rates.
- The share of respondents experiencing harassment – generally motivated by hate – in daily life in the 12 months before the survey is alarmingly high for intersex respondents (74 %), marking a notable increase compared with 42 % of the results of the EU LGBTI Survey II in 2019. It is also much higher than the already too-high rate for all LGBTIQ respondents (55 %) in 2023.
- Intersex survey respondents are the only group among all LGBTIQ respondent groups who did not report any significant decrease of discrimination experiences in at least one area of life in the year before the survey: from 2019 (62 %) to 2023 (61 %).
- Intersex, as well as trans persons, still report the highest rates of discrimination experiences compared with other respondent groups. For example:
  - more than one in three intersex respondents feels discriminated against at work in 2023 (38 %) compared with 38 % in 2019. The EU average for all LGBTIQ survey respondent groups was 19 % in 2023, compared with 22 % in 2019;
  - a higher proportion of intersex respondents report experiencing discrimination, such as when looking for work (31 %) in 2023 compared with 2019 (27 %) or when looking for housing to rent or buy in 2023 (28 %) compared with 2019 (20 %).
- The survey results reveal that 6 % of intersex respondents had to sleep rough in a public

space at least once in their life, compared with 0.2 % of the general population and 1 % of other survey groups.

- Intersex respondents reported having experienced medical interventions, including surgical interventions. Such interventions are often unnecessary and are not performed to avert an imminent threat to life or imminent serious damage to physical health. Most of them are carried out without their free, prior and fully informed consent. More than half (57 %) of intersex respondents say that informed consent before surgery or hormonal treatment to modify their sex characteristics was not required from them or their parents. In most cases, such 'sex-normalising' interventions take place at a very young age. They are often non-vital interventions but are performed to try to fit the child within the binary (male or female) gender marker categories of official documents and birth registries.
- More than half of the intersex respondents (53 %) contemplated suicide the year before the survey, while this was the case for almost one in four of all survey respondents (37 %). This proportion is much higher for trans women intersex respondents (65 %) and trans men intersex respondents (61 %). It is also extremely high among those intersex respondents who are severely limited by disabilities (69 %), those who face financial difficulties (49 %), are unemployed (61 %) or belong to a minority (62 %), other than being LGBTIQ.
- Being an intersex person with non-conforming SOGIESC identities and in socioeconomic conditions, such as being limited by disabilities, facing financial difficulties or belonging to a minority are strong predictors of harsher experiences in life, as the survey results reveal. Therefore, the survey provides the data and a compelling argument towards an intersectional approach in law and policy protecting the fundamental rights of intersex persons.

All figures, maps and images in this report are from the LGBTIQ data explorer. The source reference of each figure links to the corresponding webpage of the data explorer.

1. Violence and harassment

The 2023 LGBTIQ Survey III results reveal a surge of violence against LGBTIQ persons in almost all of the survey countries. They also show that intersex respondents are affected by higher levels of violence and harassment compared with other survey respondent groups and the results of the 2019 LGBTI Survey II. This chapter presents the main results and areas of concern in combating hate crime and harassment against intersex persons.

As shown by the EU LGBTIQ survey, intersex persons are disproportionately at risk of experiencing hate crimes, physical violence and harassment compared with other LGBTIQ survey groups. In some cases, the lives of intersex persons are at risk because they are intersex, endangering their fundamental right to life (Article 2 of the Charter of Fundamental Rights of the European Union (the Charter)) and undermining their dignity and their right to physical and mental integrity (Article 3). Similarly, Article 4 ensures protection against severe forms of violence and harassment, while harassment on several grounds, among which sexual orientation and sex, is prohibited under EU anti-discrimination law.

The EU LGBTIQ Survey III asks respondents how many times, in the past five years they have been physically or sexually attacked at home or elsewhere (on the street, on public transport, at the workplace, etc.) because of being LGBTIQ. The results below reveal the violent reality of the lives of intersex persons.

The section below, presents the trends and changes between the 2019 EU LGBTI II and the 2023 EU LGBTIQ III survey, using appropriate scientific methods to allow comparisons. Due to differences in the sample make-up of the 2019 and 2023 surveys, small differences can appear in the percentages for the 2023 survey, presented later in the chapter. For more information see Comparing survey results from 2019 and 2023.

1.1. What changed between 2019 and 2023?

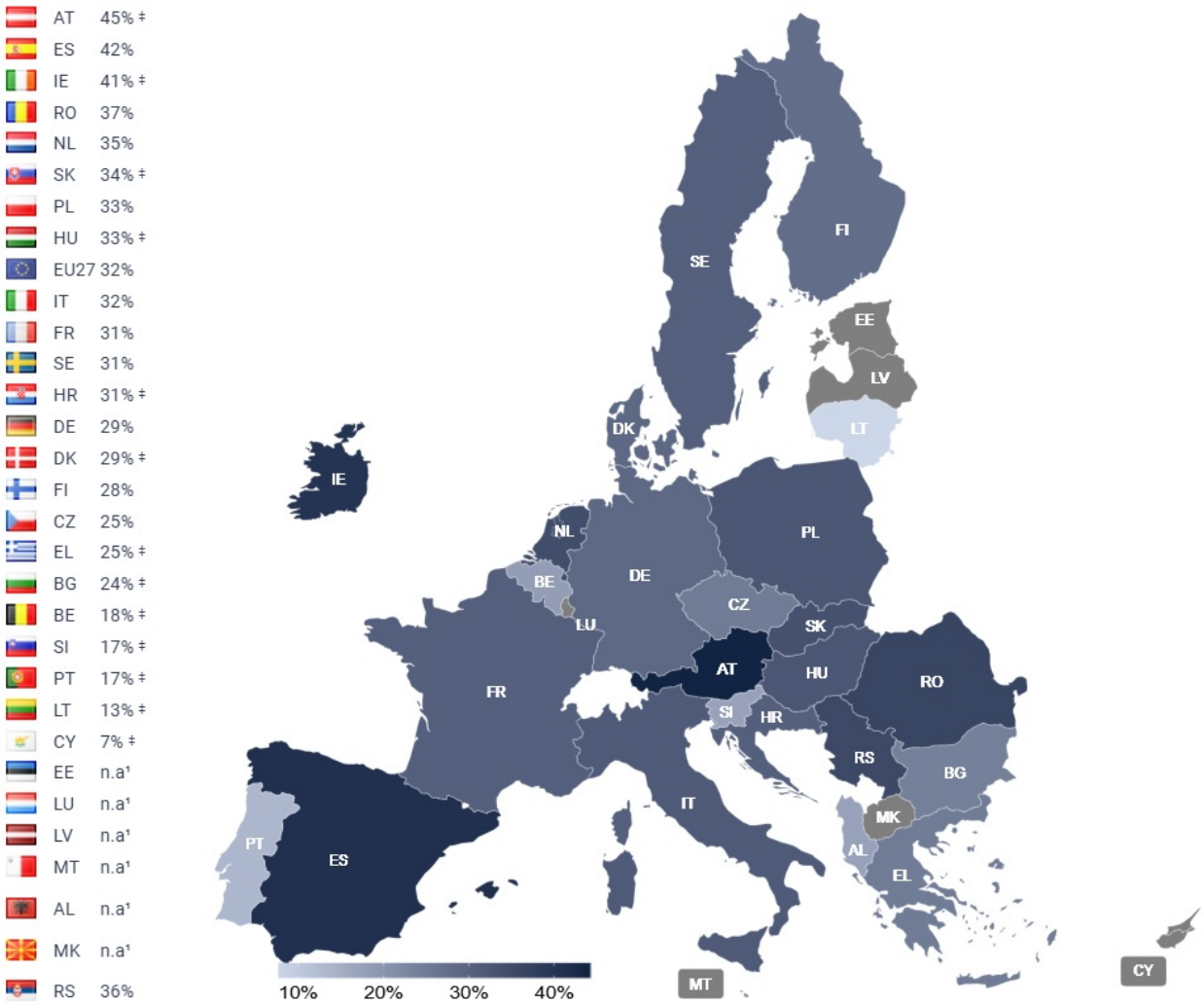
Among all LGBTIQ respondents, intersex respondents report the highest increase in physical or sexual violence experiences in the five years before the survey compared with other LGBTIQ survey respondent groups, as shown in Figure 16B, p. 56 of the main results report LGBTIQ Equality at a Crossroads – Progress and challenges. The comparison between the 2019 and 2023 surveys shows a marked increase in violent experiences among intersex respondents (from 22 % in 2019 to 34 % in 2023). Half of them say they have experienced three or more attacks (51 %), a notable increase from the already high rate of victimisation recorded in the 2019 survey (43 %).

Intersex respondents also report an increase in harassment experiences, from 42 % in 2019 to 74 % in 2023 (based on properly weighted datasets comparing the two surveys), a trend that concerns all LGBTIQ respondent groups.

1.2. Violence prevalence and reporting

Figure 1 shows the high prevalence of physical or sexual attacks against intersex respondents by country. One in three intersex respondents says they suffered an attack of this kind at least once in the past five years (32 %). Intersex respondents in Austria (45 %), Spain (42 %) and Ireland (41 %) report the highest levels of violent experiences, while in Finland (28 %) and Czechia (25 %) they report the lowest, disregarding the lowest percentages in countries with smaller and statistically less reliable samples such as Cyprus, Lithuania, Portugal, Slovenia and Belgium.

Figure 1 – Violence experienced by intersex respondents due to being LGBTIQ in the past five years



A map of Europe with different coloured countries/regions showing the prevalence of physical or sexual attacks experienced by intersex respondents due to being L G B T I Q in the past 5 years in all the 30 survey countries, the EU-27 average being 32%, the highest in Austria (45%) and the lowest in Cyprus (7%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

The survey data indicate a significant variation in the rate of violent victimisation among different intersex SOGIESC subgroups. The highest rates of violence in the past five years are reported by intersex trans women (42 %) and intersex trans men (44 %), followed by non-binary and gender-diverse intersex respondents (38 %) and cisgender intersex women and men (26-27 %).

Regarding sexual orientation, all groups report similar rates of violent victimisation, ranging from 27 % (bisexual) to 39 % (gay). Other groups report the following rates: lesbian intersex (31 %), bisexual intersex (27 %), pansexual intersex (32 %), asexual intersex (27 %) and straight intersex (36 %).

A further breakdown by SOGIESC reveals that some groups experienced much higher rates of

violence at least once in the past five years:

- non-binary and gender-diverse gay intersex: 58 %;
- pansexual trans women or trans men intersex: 44 %;
- trans lesbian intersex: 30 %.

1.2.1. Avoiding locations for fear or being open about being LGBTIQ

Intersex respondents avoid certain places or locations for fear of being assaulted, threatened or harassed due to being LGBTIQ, more than other LGBTIQ respondent groups: almost half of intersex respondents do so often or always (48 %) compared with all LGBTIQ Survey III respondents (29 % of the full EU LGBTIQ Survey average).

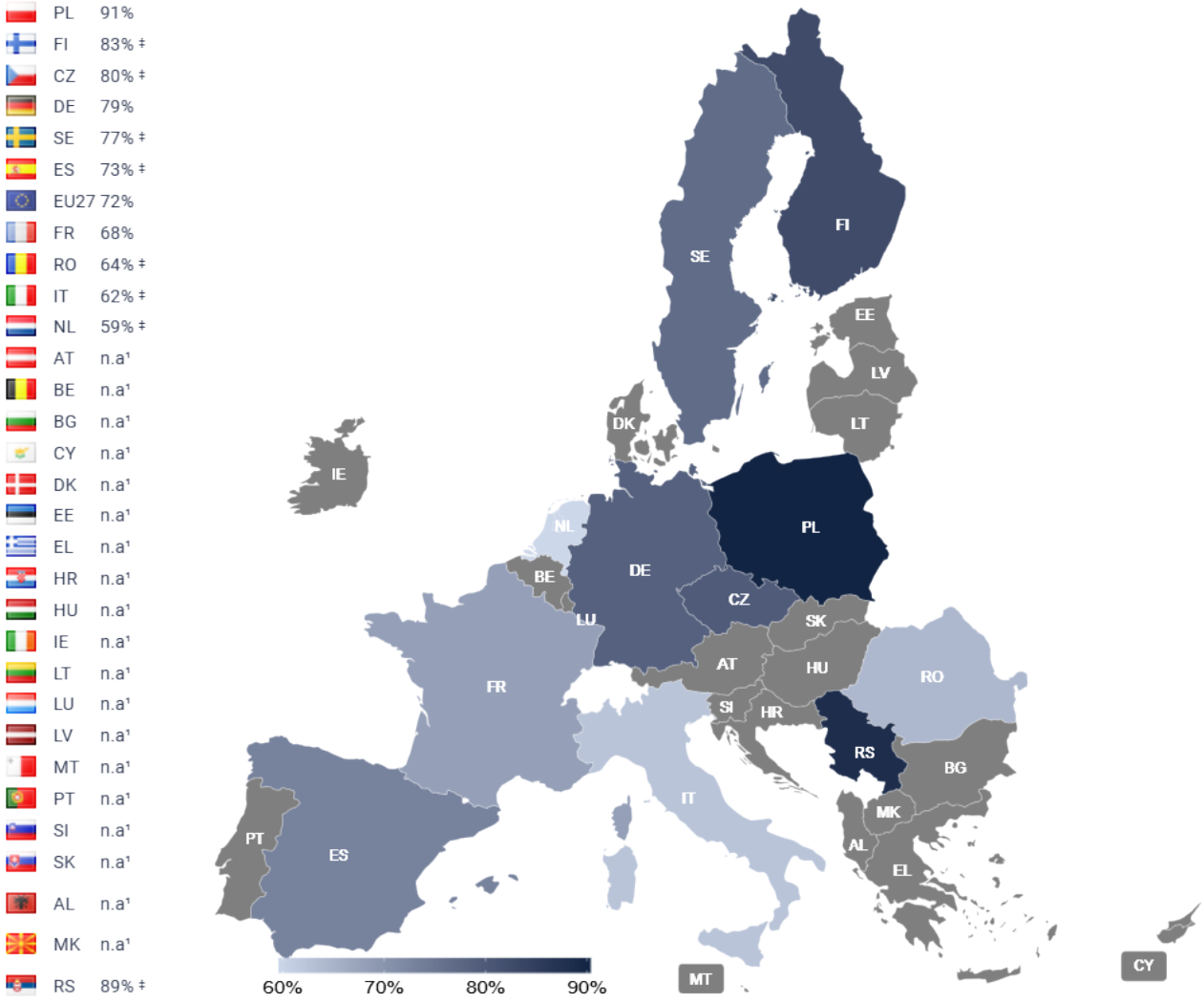
Moreover, intersex respondents say that they avoid being open about themselves as LGBTIQ for fear of being assaulted, threatened or harassed by others at their home (17 %, compared with 11 % of all LGBTIQ survey respondents) or around their family (32 %, compared with 27 % of all LGBTIQ survey respondents).

1.2.2. Not reporting violence to the police or other institutions

About three in four intersex respondents (72 %) who responded having suffered a hate-motivated physical or sexual attack because of being LGBTIQ have not reported it to the police or another organisation.

This was particularly the case for Poland, where 91 % of the intersex victims of violence did not report the attack to the police or elsewhere.

Figure 2 – Intersex victims not reporting hate-motivated violence to the police or elsewhere



A map of Europe with different coloured countries/regions showing the percentage of non-reporting of physical or sexual attacks experienced by intersex respondents due to being L G B T I Q to the police or elsewhere, in all the 30 survey countries, the EU-27 average being 72%, the highest in Poland (91%) and the lowest in Netherlands (59%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

The lowest proportion of violent incidents not reported to the police by intersex victims was in Netherlands (59 %).

The rate of not reporting hate-motivated attacks suffered is higher for some groups with intersecting SOGIESC identities, such as trans men intersex (84 %), trans women intersex (76 %) and asexual intersex (85 %), suggesting a mistrust of the police and low expectations of redress of or protection against violence.

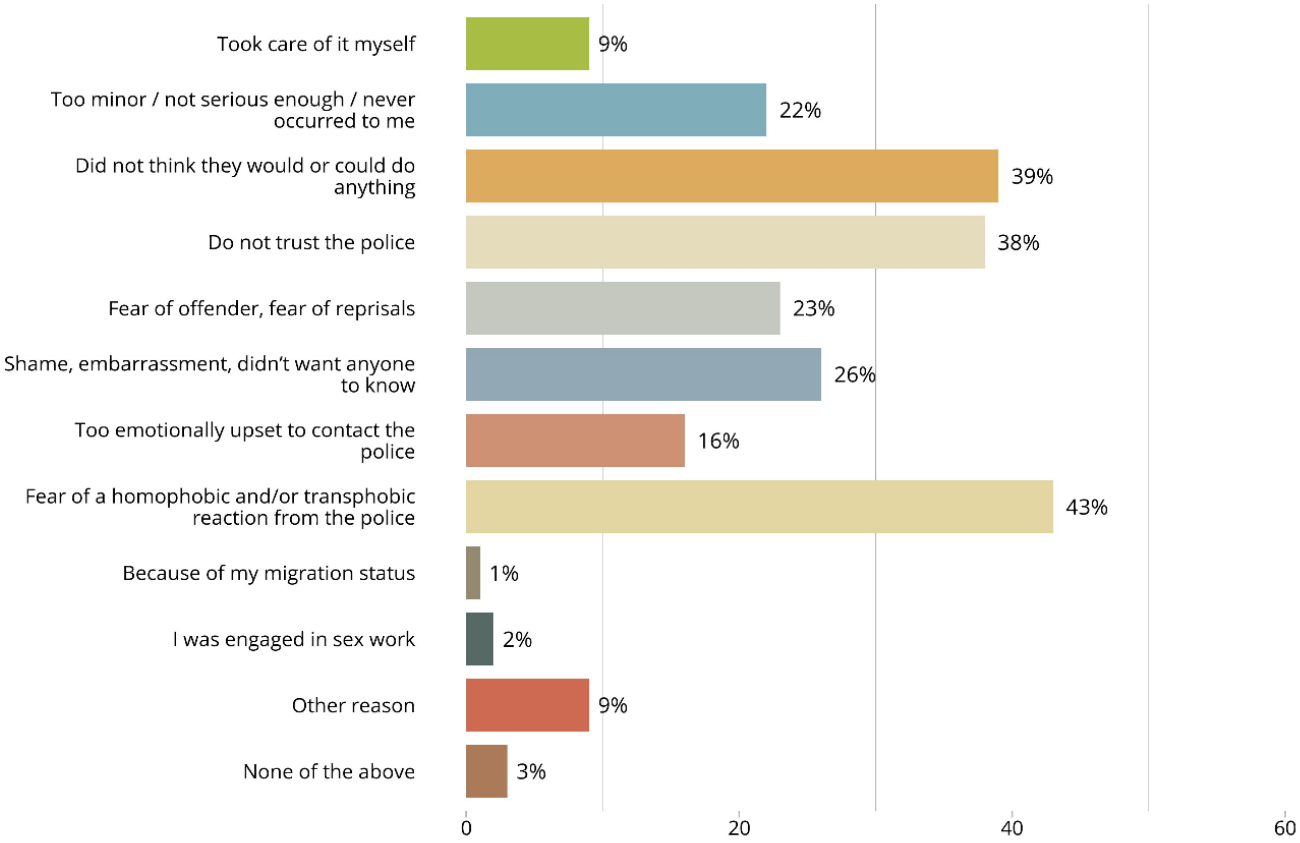
Overall, intersex violence victims tend to report to the police or any organisation more often (28 %) than all LGBTIQ survey groups (18 %).

1.2.3. Reasons for not reporting violence

More than four in ten victims of violence who did not go to the police (43 %) say that the main reason behind not reporting or under-reporting was the fear of homophobic and/or transphobic reactions on the part of police officers. These figures reveal higher distrust rates compared with other LGBTIQ survey respondents' groups who did not report the incident to the police as violence victims.

A similarly high percentage (38 %) say they do not trust the police, while 39 % say they did not think the police would or could do anything for them as victims. Other reasons, such as shame and fear of offenders or reprisals, were also reported by about one fourth of the intersex respondents who had been hate crime victims.

Figure 3 – Why intersex victims do not report violence to the police or elsewhere



Bar chart showing other reasons for which intersex respondents felt discriminated against, besides being L G B T I Q. Most frequent (35%), their sex (male/female) disability (20%), Age (19%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

In particular, trans men intersex (52 %) and trans women intersex (45 %) were more likely not to report hate-motivated violence against them because of fear of homophobic or transphobic reactions by the police officers.

1.3. Harassment and online hatred

The survey asked respondents about offensive or threatening situations they may have experienced in the 12 months before the survey at work, on the street, on public transport, in a shop, on the internet or anywhere else. This could include offensive or threatening incidents of a sexual nature.

Two thirds of the intersex respondents (67 %) said they experienced harassment because of being LGBTIQ, such as:

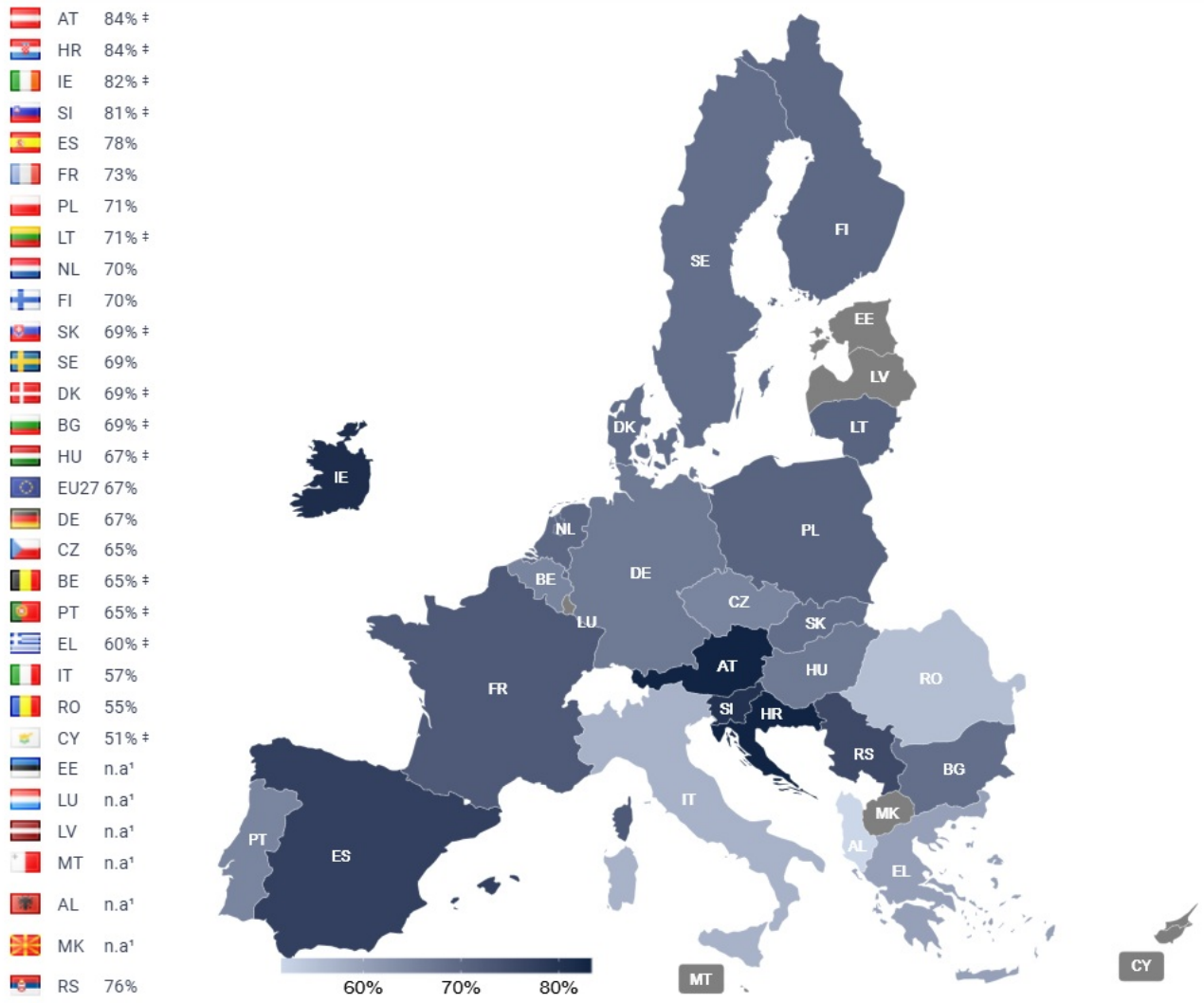
- offensive or threatening comments made in person;
- threats of violence made in person;
- offensive gestures or inappropriate staring;
- behaviour such as loitering or being deliberately followed by somebody in a threatening way;

- offensive or threatening emails or text messages;
- offensive comments made about them online.

These incidents could take place anywhere, in private or public settings.

Figure 4 shows the prevalence of harassment in the 30 survey countries.

Figure 4 – Harassment experienced by intersex respondents in the past 12 months



A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who experienced harassment due to being L G B T I Q in the year before the survey in all the 30 survey countries, the EU-27 average being 67%, the highest in Austria (84%) and the lowest in Cyprus (51%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

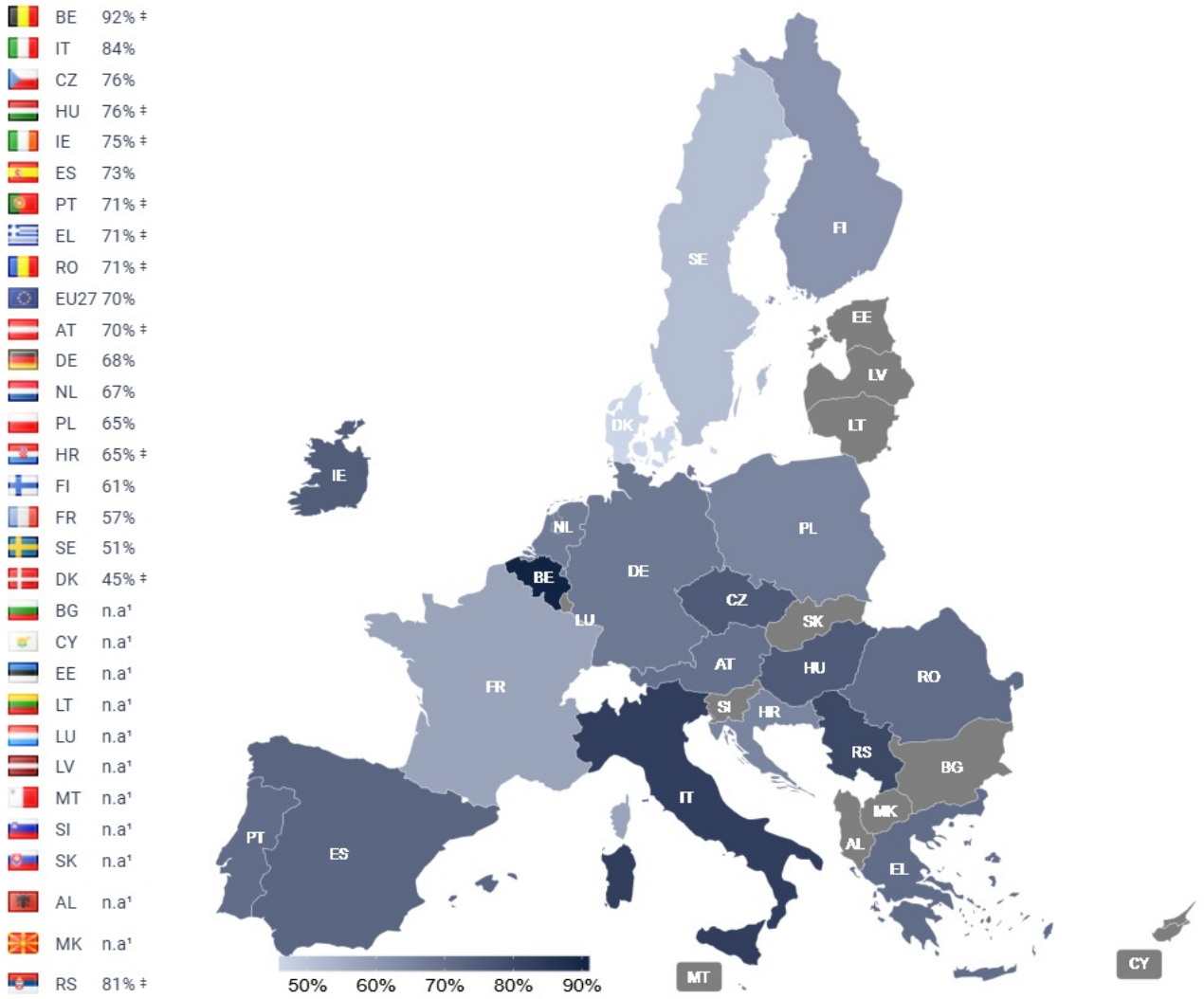
Some intersex respondent groups are significantly more affected by harassment in their daily lives: more than two thirds (68 %) of trans men intersex respondents say they had such experiences the year before the survey, while daily harassment affected even more trans women intersex (81 %), non-binary and gender-diverse (71 %), asexual intersex (84 %) and lesbian intersex respondents (79 %).

1.3.1. Most frequent type of harassment

Figure 5 shows that the most frequent type of harassment experienced by intersex respondents in the year before the survey was ‘offensive or threatening comments due to being LGBTIQ’. At the

EU-27 level, 70 % experienced it. The highest rate that is statistically reliable is reported in Italy (84 %) and the lowest in Sweden (51 %).

Figure 5 – Harassment – intersex respondents who experienced offensive or threatening comments



A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who experienced offensive or threatening comments due to being L G B T I Q in the year before the survey in all the 30 survey countries, the EU-27 average being 70%, the highest in Belgium (92%) and the lowest in Denmark (45%).

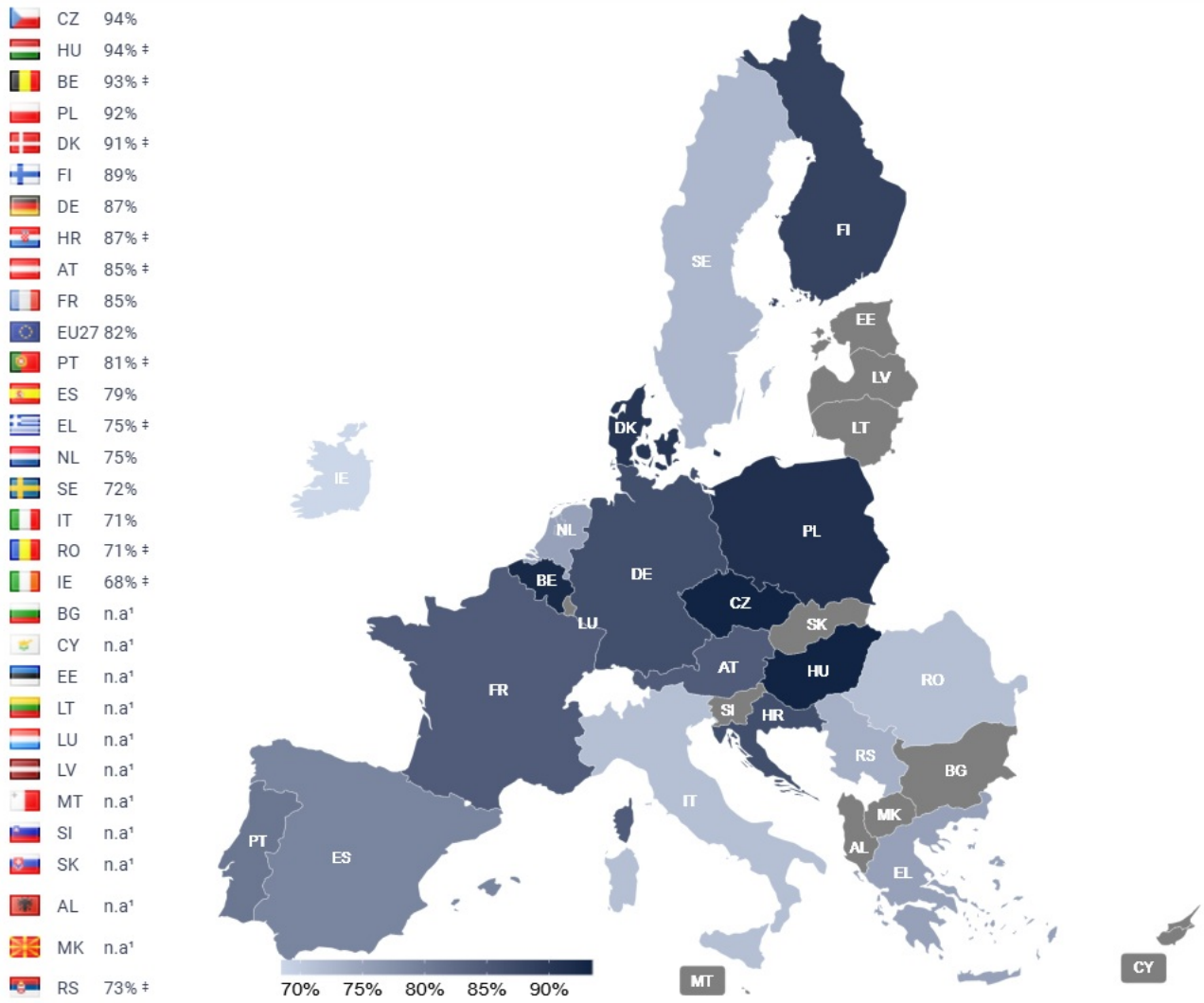
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

1.3.2. Not reporting harassment

Figure 6 shows how many intersex harassment victims did not report the incident anywhere. More than eight out of ten (82 %) have not reported harassment, while the highest statistically reliable rates of under-reporting are recorded in Czechia (94 %) and the lowest in Italy (71 %).

Figure 6 – Not reporting harassment to any organisation or institution



A map of Europe with different coloured countries/regions showing the proportion of intersex harassment victims who did not report the incident anywhere. The map shows in all the 30 survey countries, the EU-27 average being 82%, the highest in Czechia and Hungary (94%) and the lowest in Ireland (68%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

1.4. Facing hatred online and disinformation campaigns

In the face of challenges regarding the need for a safer online environment for LGBTIQ people, the Digital Services Act aims to tackle any false or manipulated information that is intended to cause harm to users at risk of hate speech or discrimination, including LGBTIQ people, seeking to stoke polarisation and divisions in EU societies.

A study of the European External Action Service (EEAS) revealed that foreign information manipulation and interference (FIMI) is targeting LGBTIQ+ people via online hatred campaigns.

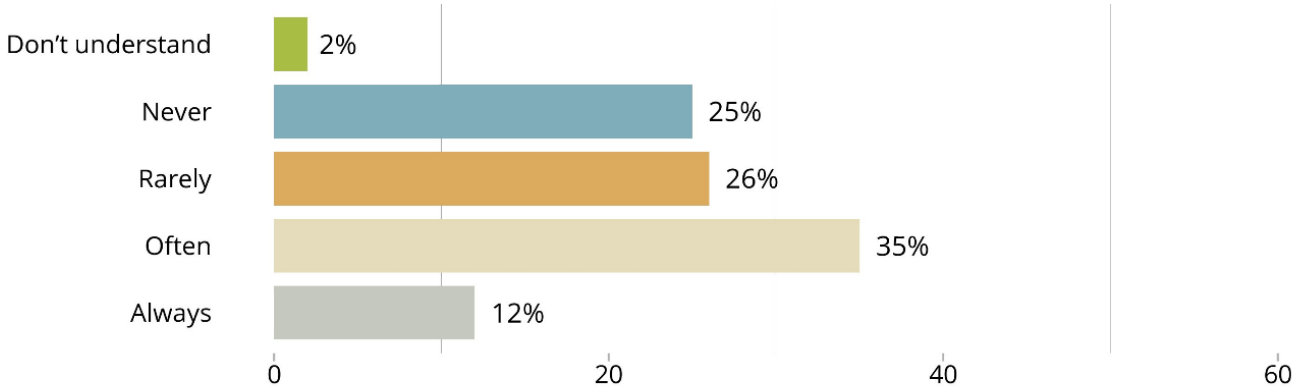
The '3rd EEAS report on foreign information manipulation and interference threats' (March 2025) notes that FIMI builds 'narratives depicting LGBTIQ+ rights and gender policies as Western impositions meant to undermine traditional values'.

Recent findings of Commission research (EEAS, Tackling Disinformation, Foreign Information Manipulation & Interference; EU DisInfoLab, How to detect and analyse identity-based disinformation/FIMI) and the EU LGBTIQ Survey III indicate that identity-based disinformation targets LGBTIQ people and particularly trans and intersex groups, about whom the majority of the population has little knowledge or understanding.

The survey found that intersex persons encountered online hatred campaigns more often than other LGBTIQ survey groups. This finding supports the hypothesis that some LGBTIQ groups are targeted more than others by online hatred and disinformation campaigns that aim at polarising and sowing divisions within European societies. Two thirds (67 %) reported often or always seeing online references to LGBTIQ propaganda or gender ideology, while 69 % have, with the same frequency, seen references to LGBTIQ people posing a threat to 'traditional values' and 66 % have seen campaigns considering LGBTIQ people to be 'unnatural' or mentally ill.

Figure 7 shows that intersex respondents have, more frequently than other survey groups, seen online calls for violence against LGBTIQ people (e.g. threats of death, rape, beating, slapping) in the last 12 months. About half of them (47 %) did so often or always, while this was the case for only 38 % of all LGBTIQ respondents.

Figure 7 – Frequency of seeing online calls for violence against LGBTIQ people in the last 12 months



Bar chart showing other reasons for which intersex respondents felt discriminated against, besides being L G B T I Q. Most frequent (35%), their sex (male/female) disability (20%), Age (19%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

More than two thirds (69 %) of intersex respondents also said they had encountered/seen online references to LGBTIQ people posing a threat to 'traditional values' in the last 12 months.

2. Discrimination

Article 21 of the Charter and relevant EU law (anti-discrimination directives such as Directives 2000/78/EC, 2006/54/EC and 2004/113/EC) prohibit discrimination and establish a general framework for equal treatment in employment and occupation regardless of one's religion or belief, disability, age or sexual orientation, as well as gender, gender identity and gender expression. Article 14 of the European Convention on Human Rights (ECHR) prohibits discrimination in the enjoyment of the ECHR rights.

In this spirit, the Parliament's 2019 resolution on the rights of intersex persons highlights the necessity of full protection against discrimination based on sex characteristics. It stresses that intersex persons should be able to enjoy the same rights and freedoms as everyone else, without facing prejudice or unequal treatment.

FRA notes that the Commission, as published on 12 February in its 2025 work programme, intends to withdraw within six months the pending legislative proposal for a Council directive on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation. The Commission considers that there is no foreseeable agreement, therefore the proposal is blocked and further progress is unlikely. However, at the time of writing,

after the Commission's consultations with the Parliament and civil society, there are ongoing discussions in the Council to find a solution aimed at promoting the adoption of the proposed directive. EU law must ensure comprehensive protection for intersex persons across all aspects of life, reinforcing the need for broader safeguards against discrimination. This approach aligns with policy in the majority of Member States, which have already taken significant steps in this direction through their national legislation.

The survey asks respondents whether, in the previous year, they had felt discriminated against because of being LGBTIQ or any other reason, in employment, housing, healthcare, education, social life or in contact with authorities. Discrimination was defined as the situation in which someone is treated less favourably than another because of ethnic origin, gender, gender identity, gender expression, sexual orientation, sex characteristics, race or skin colour, immigrant background or nationality, religion or belief, age, disability or for any other reason.

The survey asks whether the respondents felt discriminated against due to being LGBTIQ. This means that the bias motivation behind the reported discrimination experiences by the respondents might concern their sexual orientation, their GIE, SC or several of these together. This survey only gathers data, experiences and views of victims, along with their self-perceived bias motivation, without referring to independent or judicial assessment of the reported incidents. In many cases, the victims of discrimination – along with those of violence and harassment – cannot reliably assess and report the exact ground of the bias motivation of the perpetrators. The wording of the survey questionnaire asking about bias motivation 'due to being LGBTIQ' was necessary in order to achieve reliable data collection and comparisons. This methodology was

discussed in a public consultation with intersex and LGBTIQ organisations and experts, as well as EU, regional and international organisations during the preparation of the survey in 2022.

The chapter presents the survey results about discrimination against LGBTIQ intersex persons, revealing a hostile landscape in which intersex persons emerge as the most-affected survey group. The section below, presents the trends and changes between the 2019 EU LGBTI II and the 2023 EU LGBTIQ III survey, using appropriate scientific methods to allow comparisons. Due to differences in the sample make-up of the 2019 and 2023 surveys, small differences can appear in the percentages for the 2023 survey, presented later in the chapter. For more information see Comparing survey results from 2019 and 2023.

2.1. What changed between 2019 and 2023?

Intersex survey respondents are the only group among all LGBTIQ survey respondent groups who did not report any significant decrease of discrimination experiences in at least one area of life in the year before the survey: from 2019 (62 %) to 2023 (61 %) (based on properly weighted datasets comparing the two surveys).

Most LGBTIQ survey groups reported a notable (and in a few cases, marginal) decrease. For some groups this is as high as 10 percentage points (bisexual women: from 40 % in 2019 to 30 % in 2023) or seven percentage points (trans: from 61 % in 2019 to 54 % in 2023).

Similarly, in employment, both in 2019 and in 2023 intersex respondents reported the highest rate of discrimination in employment (38 %), which includes while looking for a job or at work , while all other LGBTIQ survey respondents' groups reported a decrease of such high rates of discrimination from those reported in 2019.

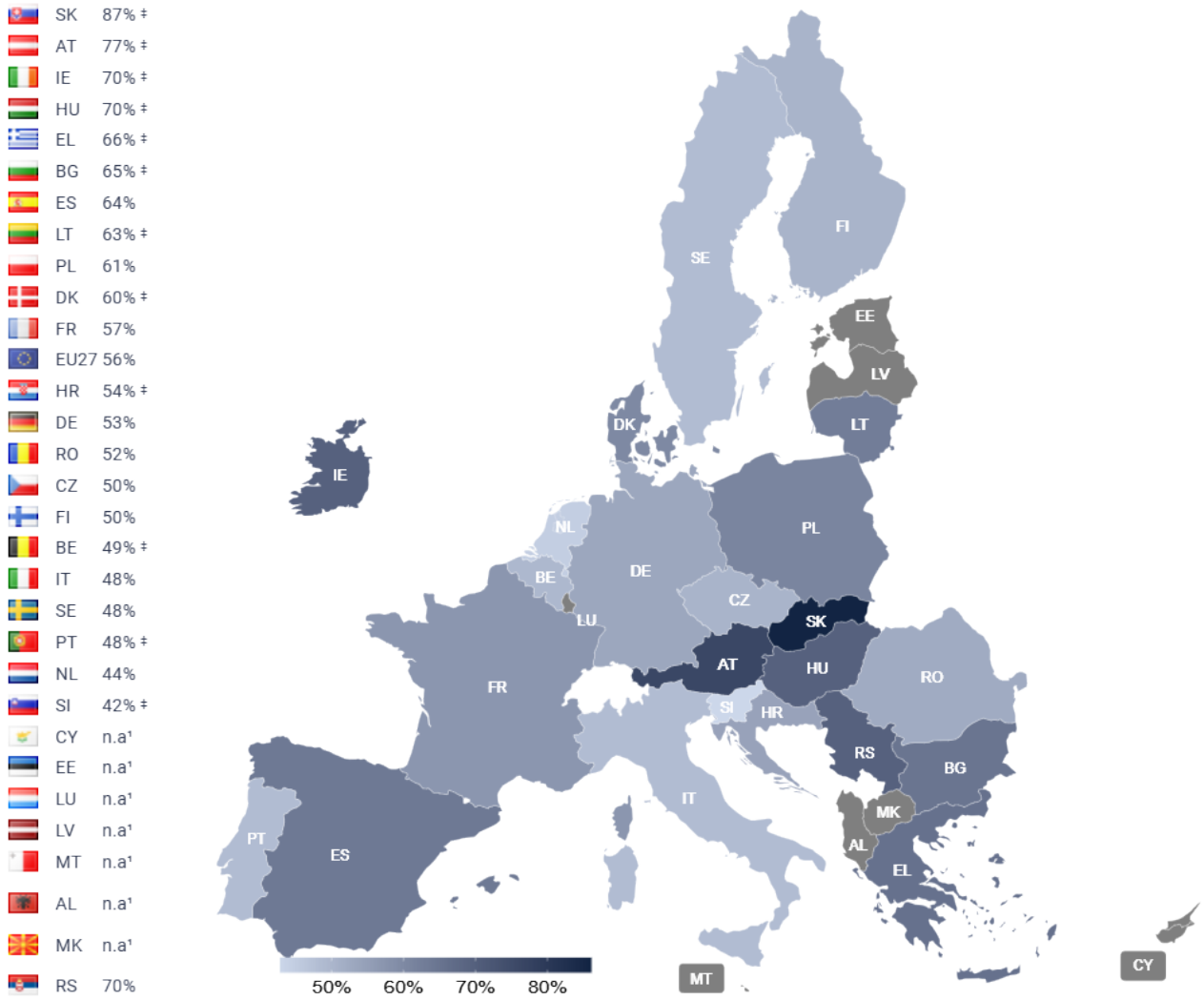
Nevertheless, similar to 2019, in the 2023 survey and more than other groups, intersex respondents reported discrimination incidents to competent authorities or elsewhere (18 % in 2023 compared with 17 % in 2019 and 11 % of all LGBTIQ survey respondents in 2023).

Although most intersex respondents are aware of the equality bodies, they continue not to report incidents of discrimination to any organisation: while 62 % were aware of at least one equality body in their country (61 % in 2019), only a small proportion (18 %) said that they had reported the incidents to any organisation.

2.2. Discrimination prevalence and reporting

More than half (and nearly six in ten (56 %)) of intersex respondents say that they felt discriminated against because of being LGBTIQ in at least one area of life in the 12 months before the survey. This is the highest discrimination rate reported by any LGBTIQ group in the survey and reflects the exclusion and marginalisation intersex persons suffer in their daily lives.

Figure 8 – Prevalence of discrimination against intersex respondents



A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who felt discriminated against as L G B T I Q persons in at least one area of life in the year before the survey. The map shows all the 30 survey countries, the EU-27 average being 56%, the highest in Slovakia (87%) and the lowest in Slovenia (42%).

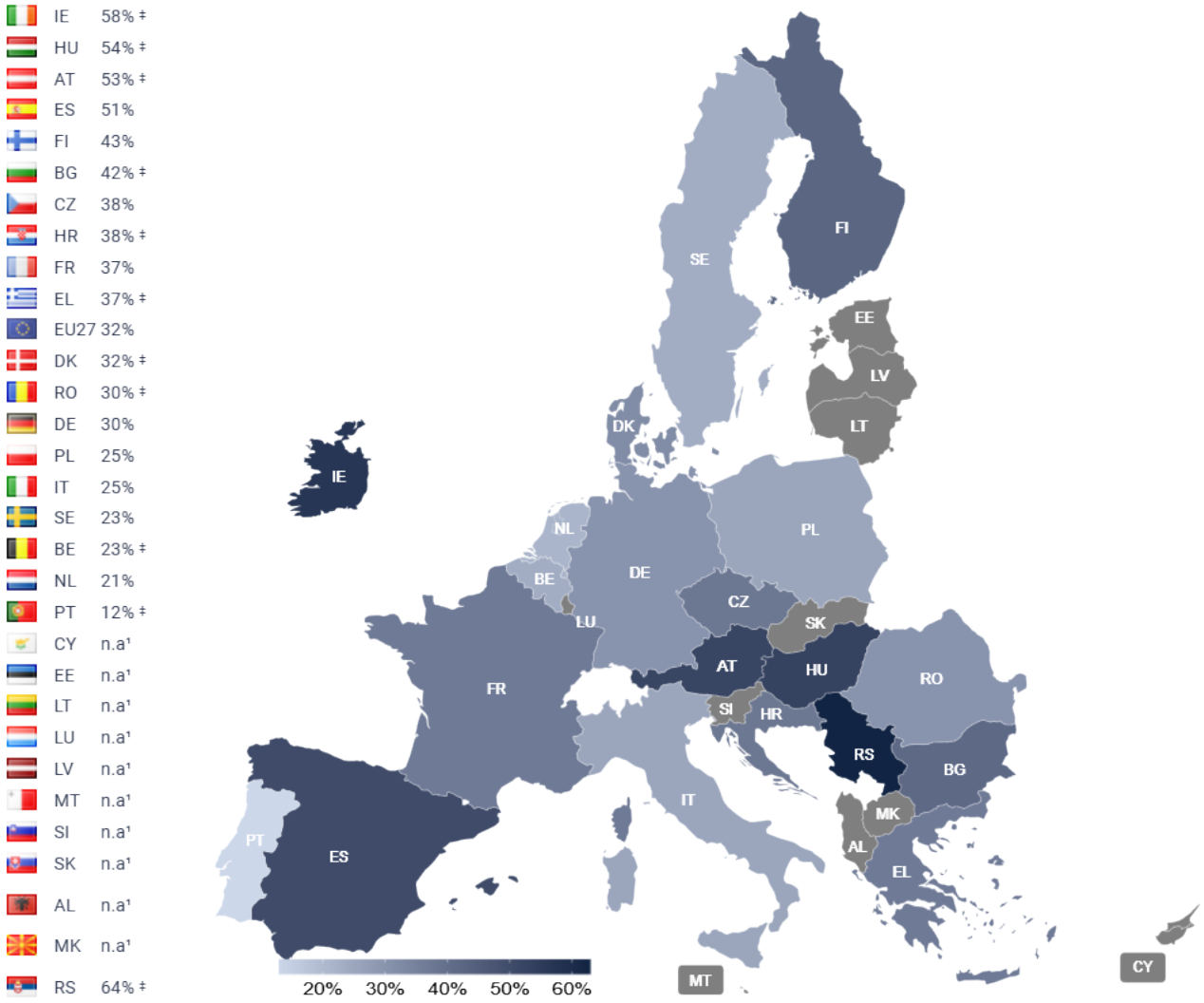
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

2.2.1. Discrimination in employment

EU anti-discrimination legislation, transposed in all Member States, has a strong focus on employment. Figure 9 shows that about one third of the intersex respondents (32 %) felt discriminated against as LGBTIQ persons at work or when looking for a job in the year before the survey. The highest statistically reliable discrimination prevalence is recorded in Spain (51 %) and the lowest in Netherlands (21 %).

Figure 9 – Intersex respondents discriminated against in employment



A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who felt discriminated against as L G B T I Q persons in employment in the year before the survey. The map shows all the 30 survey countries, the EU-27 average being 32%, the highest in Ireland (58%) and Hungary (54%) and the lowest in Portugal (12%).

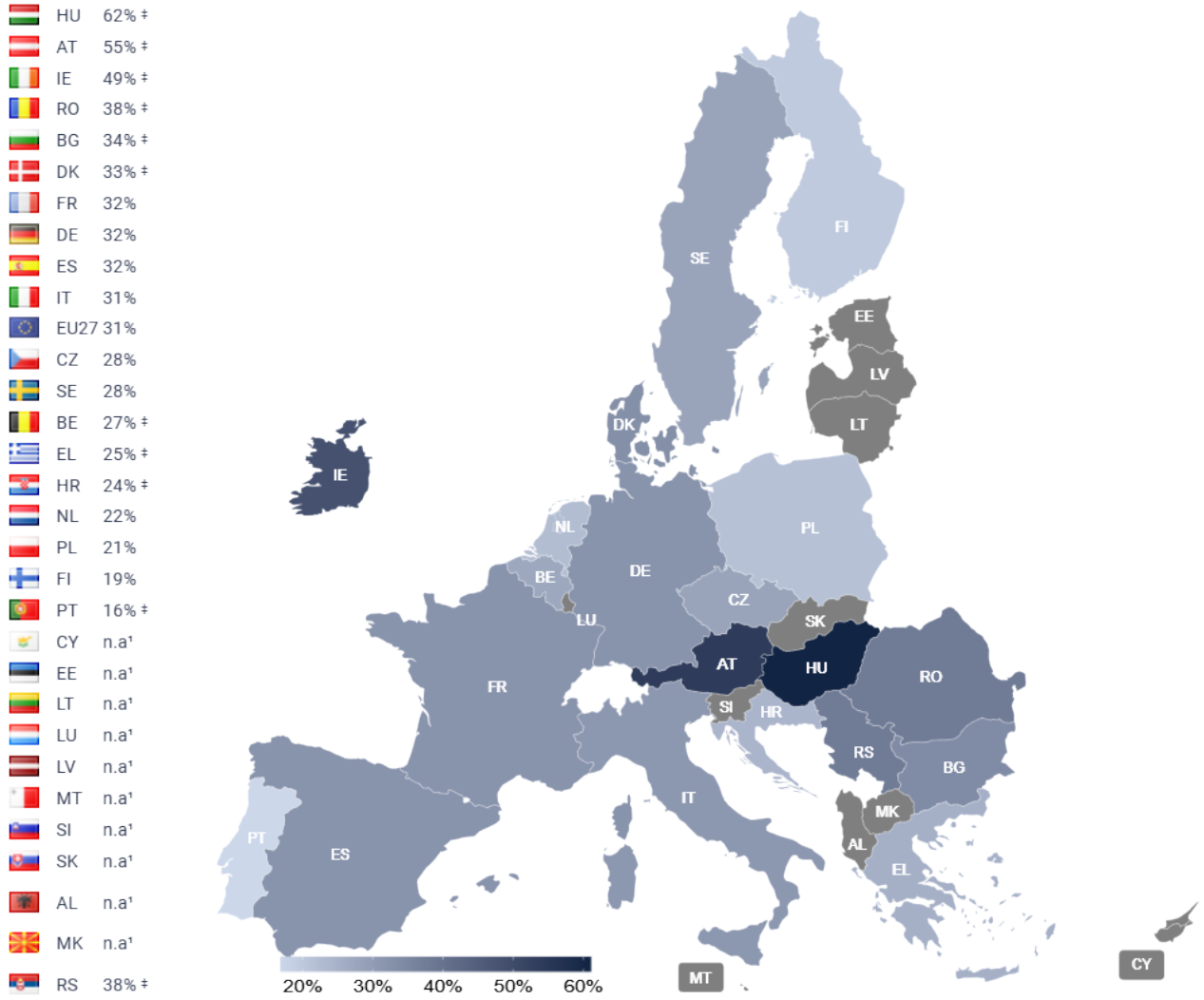
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

2.2.2. Discrimination in healthcare

Figure 10 shows that about one third (31 %) of intersex respondents felt discriminated against as LGBTIQ persons in healthcare or social services in the year before the survey.

Figure 10 – Intersex respondents discriminated against by healthcare or social services personnel



A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who felt discriminated against as L G B T I Q persons in healthcare or social services in the year before the survey. The map shows all the 30 survey countries, the EU-27 average being 31%, the highest in Hungary (62%) and the lowest in Portugal (16%).

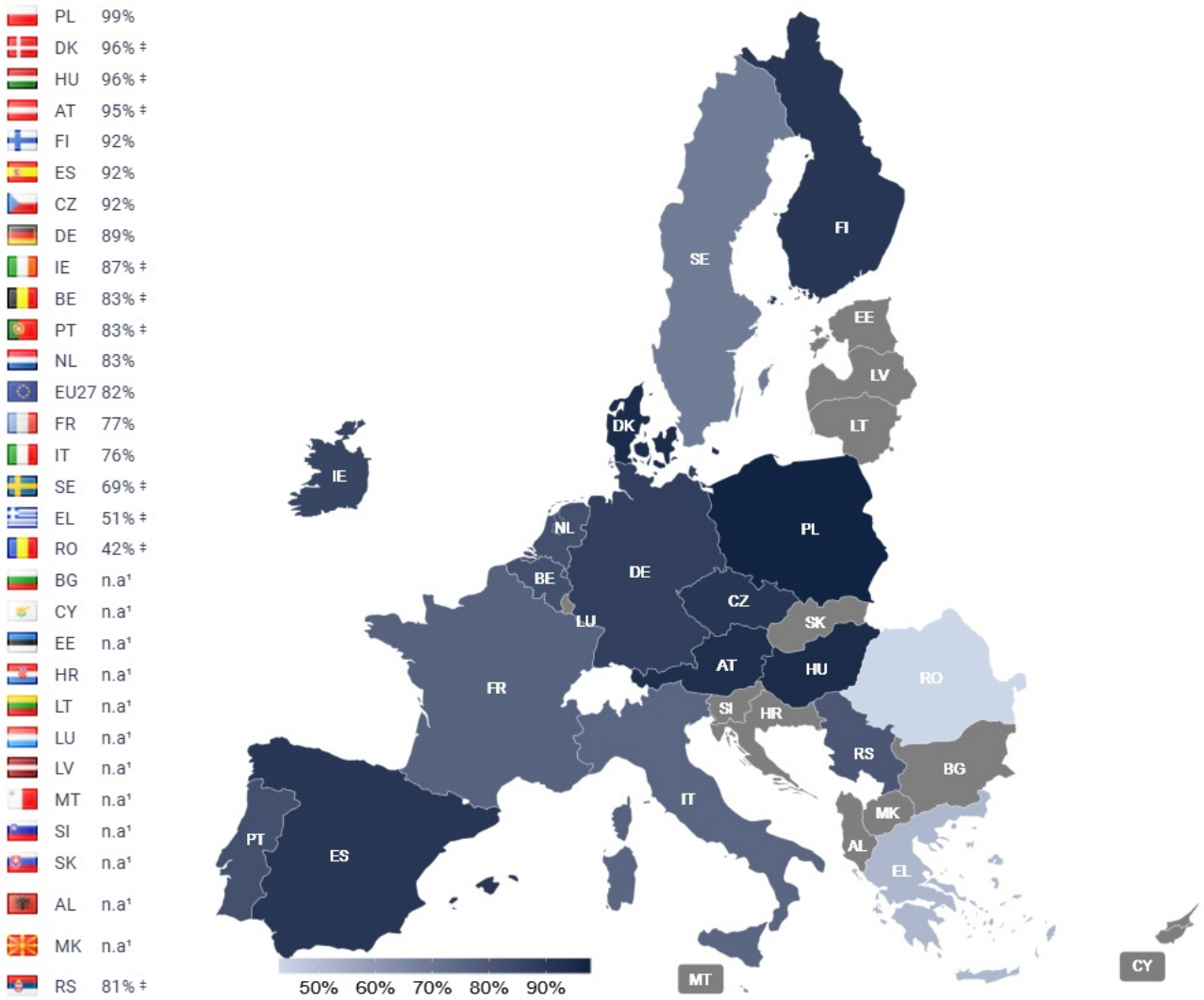
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

2.2.3. Not reporting discrimination

Figure 11 shows that more than eight out of ten (82 %) intersex respondents who felt discriminated against did not report it to an equality body or anywhere else. This is the case for almost all intersex respondents who felt discriminated against in Poland (99 %).

Figure 11 – Intersex respondents not reporting discrimination



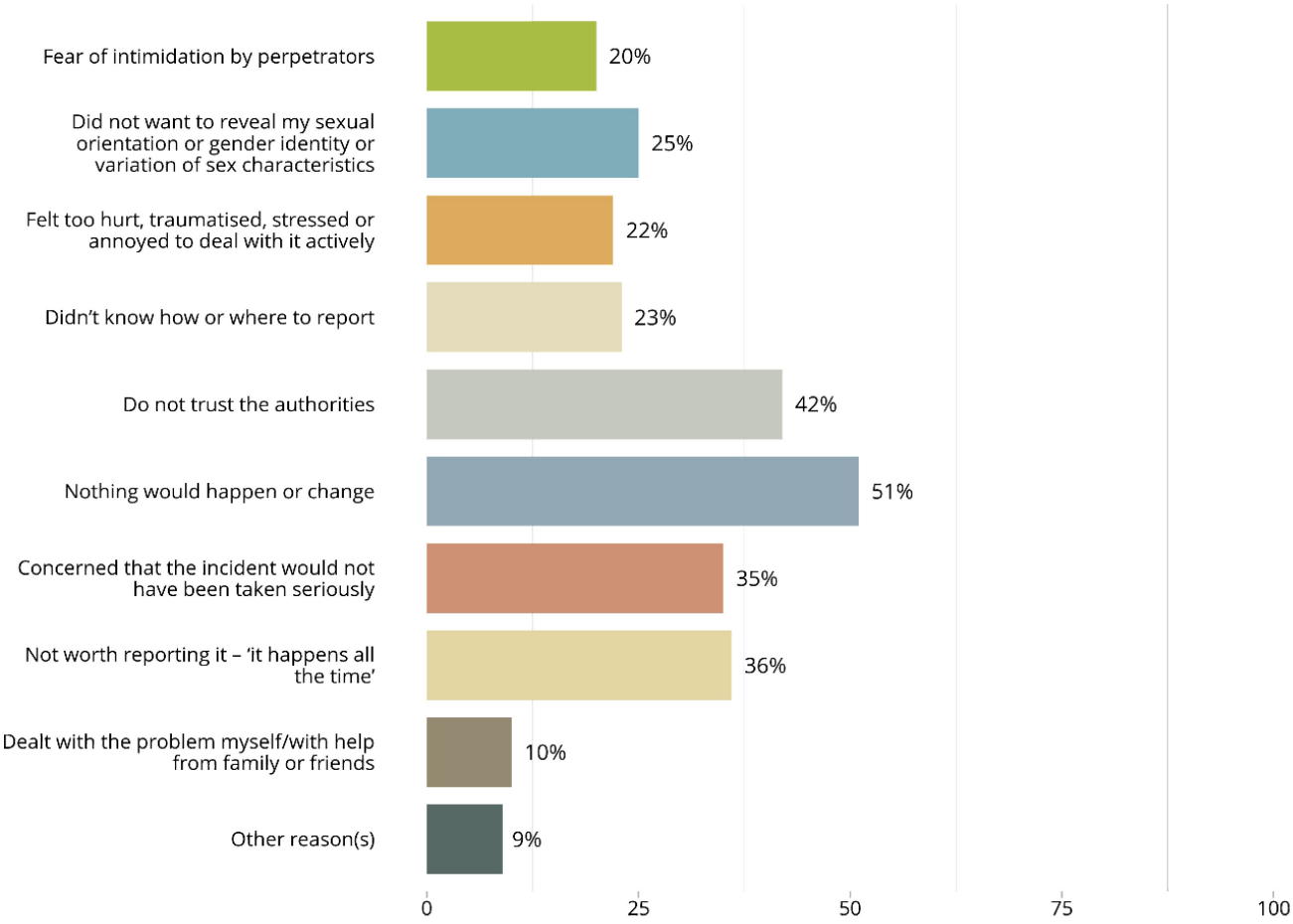
A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who did not report discrimination. The map shows all the 30 survey countries, the EU-27 average being 82%, the highest in Poland (99%) and the lowest in Romania (42%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

Figure 12 highlights that the main reasons behind under-reporting discrimination are a lack of confidence that anything would change (51 %), distrust in the authorities (42 %), a belief that the incident is not worth reporting (36 %) or that it will not be taken seriously (35 %).

Figure 12 – Why do intersex respondents not report discrimination?

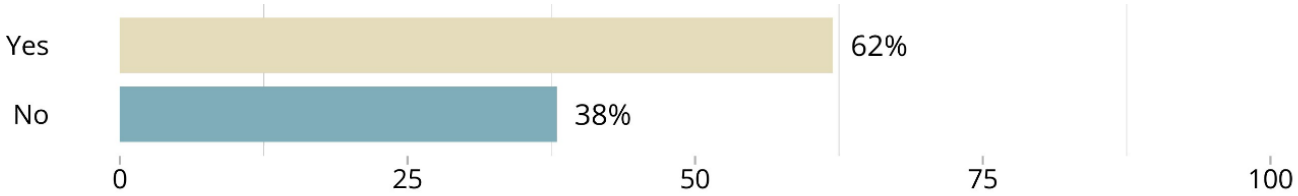


Bar chart showing other reasons for which intersex respondents felt discriminated against, besides being L G B T I Q. Most frequent (35%), their sex (male/female) disability (20%), Age (19%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 13 reveals that a sizeable majority (62 %) of intersex respondents, like all other LGBTIQ survey respondents (60 %), are aware of at least one equality body, i.e. a public and usually independent authority that has a legal mandate to protect their right to equal treatment.

Figure 13 – Awareness of at least one national equality body by intersex respondents



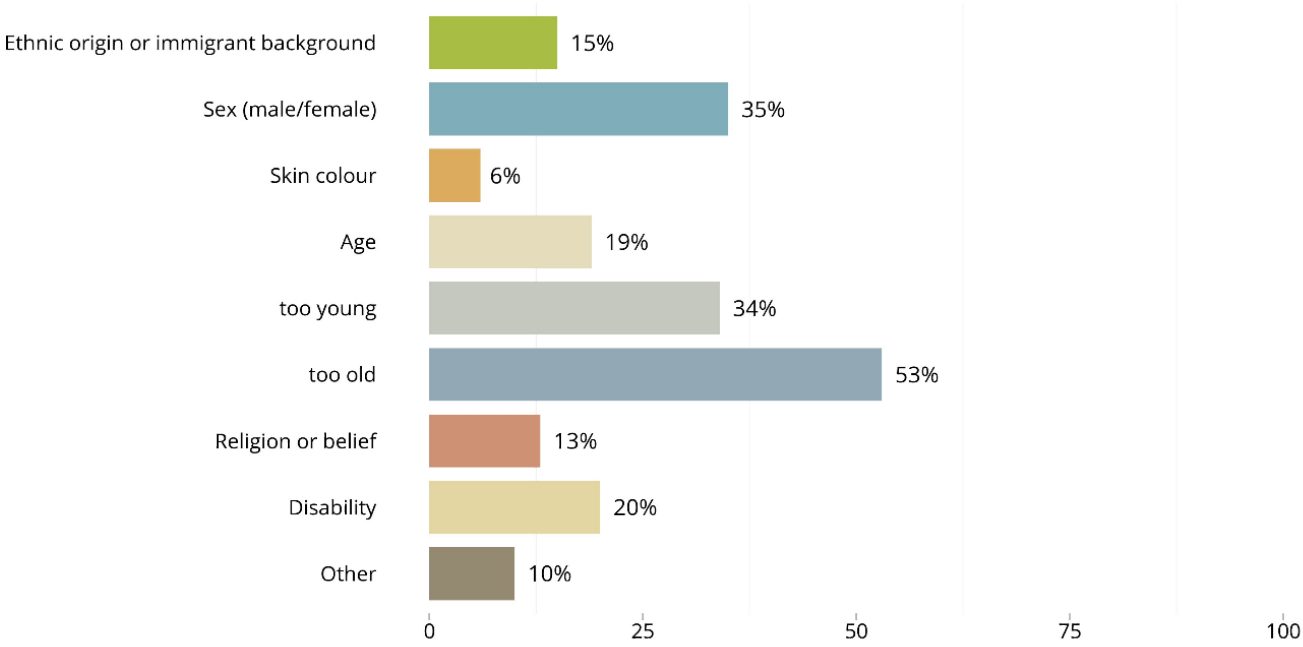
Bar chart showing other reasons for which intersex respondents felt discriminated against, besides being L G B T I Q. Most frequent (35%), their sex (male/female) disability (20%), Age (19%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

2.2.4. Multiple and intersectional discrimination

The survey asked for additional grounds perceived by the respondents to have been the basis for discriminatory acts during the most recent incident. Such experiences of multiple discrimination, prohibited under EU law, might also conceal a phenomenon of intersectional discrimination, understood as discrimination based on a combination of sex and any other ground or grounds of discrimination protected under Directives 79/7/EEC, 2000/43/EC, 2000/78/EC or 2004/113/EC. Intersectional discrimination takes place on the basis of several personal grounds or characteristics/identities, which operate and interact with each other at the same time with a unique compounding effect, or in such a way as to be inseparable (as defined by EIGE). Multiple intersecting socioeconomic, SOGIESC and minority identities of the victim can lead to unique victimisation experiences, stereotyping and stigma. The survey responses refer to more and additional (multiple) grounds, although intersectional discrimination might be behind such incidents and the perpetrators' motivation. Figure 14 shows additional reasons for which intersex respondents felt discriminated against, besides being LGBTIQ. The most frequent are their sex (male/female) (35 %), disability (20 %) and age (19 %).

Figure 14 – Multiple discrimination – intersex respondents discriminated against also for other reasons



Bar chart showing other reasons for which intersex respondents felt discriminated against, besides being L G B T I Q. Most frequent (35%), their sex (male/female) disability (20%), Age (19%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

3. Intersex genital mutilation – 'conversion' practices, access to healthcare and mental health

Key issues affecting intersex persons in healthcare include IGM or 'sex-normalising' non-vital medical interventions and the lack of free, prior and fully informed consent prior to performing such interventions, as well as access to healthcare and treatment by healthcare professionals. These issues relate to their right to bodily integrity (Article 3 of the Charter), to prohibition of torture and inhuman or degrading treatment or punishment (Article 4) and human dignity (Article 1) and to equal access to quality healthcare (Article 35).

Furthermore, several intersex respondents say they experienced 'conversion' practices to change their sexual orientation or gender identity or expression, via medical or other type of interventions, such as physical or sexual violence, social pressure, psychological abuse or humiliation, often violating their basic fundamental rights and dignity.

This chapter presents the EU LGBTIQ survey III results about whether they (or their parents) had provided free, prior and fully informed consent to have their sex characteristics modified, as well as the survey findings regarding 'conversion' practices experienced in life by intersex respondents. Finally, it presents the problems faced when accessing healthcare and results regarding mental health issues, including those related to suicidal thoughts and suicidal attempts by intersex respondents.

3.1. Free, prior and fully informed consent and interventions to modify sex characteristics

One of the most damaging life events affecting intersex persons is the practice of IGM, also referred to as 'sex-normalising' surgeries. These non-essential medical interventions are frequently carried out in infancy or childhood without the free, prior and fully informed consent of themselves or their parents. Such non-vital procedures, without prior provision of all the necessary information about their impact and potentially severe long-lasting physical and psychological effects, may violate fundamental human rights, including the right to bodily integrity, personal autonomy and human dignity. The persons consenting freely to such intervention need to do so after they receive comprehensive, comprehensible and evidence-based information about the proposed intervention, including the medical rationale, related risks, and the short- and long-term consequences of the intervention, of delaying the intervention, not performing the intervention or performing a different intervention.

Furthermore, the fear and trauma caused by hate-motivated violence and harassment can result in severe mental health impacts, including suicidal thoughts and suicide attempts. The results of this survey regarding violence and mental health problems indicate the need for further research about the impact of the former to the well-being of intersex persons.

Both the 2016 'Global disorders of sex development update since 2006: Perceptions, approach and care' publication and the 2018 European publication 'Caring for individuals with a difference of sex development (DSD): A consensus statement' emphasise the need for clinicians to consider the ethical implications of conducting 'sex-normalising' surgical interventions, and discuss the postponing of genital surgery until an individual is old enough to understand the intervention and participate in making a decision.

The first EU LGBTIQ equality strategy 2020-2025 emphasises the need for Member States to adopt legislation that protects the bodily integrity of intersex persons and prohibits non-consensual, non-vital medical interventions. According to the Commission, IGM is a human rights violation and a form of violence against intersex individuals. As the Parliament stresses in its 2019 resolution on the rights of intersex persons, such 'surgeries and medical treatments are performed on intersex children without their prior, personal, full and informed consent; whereas IGM can have lifelong consequences, such as psychological trauma and physical impairments'.

The fundamental rights and freedoms of intersex persons in the EU are enshrined in the Charter, which provides a robust legal framework that ensures the protection and promotion of these rights. Article 1, which guarantees human dignity, is directly violated by non-consensual and non-vital 'sex-normalising' medical interventions (see European Court of Human Rights, NB *v* Slovakia, Application No. 29518/10, Articles 74–81, 12 June 2012, which finds violation of human dignity in the case of non-consensual medical intervention, in this case sterilisation), often carried out in infancy or early childhood.

Article 2 of the Charter, which guarantees the right to life, is implicated in several serious life events faced by intersex persons and examined in this report. Non-vital medical interventions on intersex infants and children can have long-term physical and psychological consequences, raising serious concerns about whether the right to life is being respected in its broader sense. Furthermore, the fear and trauma caused by hate-motivated violence and harassment can result in severe mental health impacts, including suicidal thoughts and suicide attempts. In these circumstances, Article 2 engages an obligation on the part of duty bearers to provide adequate protection, support and prevention mechanisms.

Non vital 'sex-normalising' medical interventions might also infringe Article 3, which safeguards the right to the integrity of the person, particularly when performed without free, prior and fully informed consent. Such practices can amount to inhuman or degrading treatment, in breach of Article 4, which relates to the prohibition of torture and inhuman or degrading treatment or punishment. The persistent lack of autonomy, coupled with social stigma, as well as lack of protection and inappropriate treatment by authorities and medical services, also potentially impacts Article 7, which protects private and family life.

Furthermore, regarding practices such as IGM, 'sex-normalising' interventions and 'conversion' practices, the ECHR provides the right to not be subjected to torture or inhuman or degrading treatment (Article 3) while, concerning intersex children, Article 3 of the UN Convention of the Rights of the Child refers to the need to hold as a primary consideration the best interests of the child in all actions, including any health interventions.

Any law or policy intervention to deal with these and other challenges faced by intersex persons need to be guided by a human rights-based approach that builds on the foundations of a solid universal human rights architecture and the basic provisions of the Charter and European and UN Conventions.

In the first case regarding IGM (M v France, 2022), the European Court of Human Rights stressed that 'A medical procedure carried out in the absence of any therapeutic necessity and without the informed consent of the person concerned was liable to constitute ill-treatment .... The sterilisation of a person performed without any therapeutic purpose and without his or her informed consent was incompatible in principle with respect for freedom and human dignity and amounted to treatment contrary to Article 3. The same was true of genital mutilation.' However, the case was dismissed as inadmissible for failing to exhaust domestic remedies. Yet it is a landmark decision, regarding the possible characterisation of non-vital medical interventions performed on intersex persons without prior free and fully informed consent as genital mutilation and a form of torture.

Article 7 of the International Covenant on Civil and Political Rights provides that 'No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. In particular, no one shall be subjected without his free consent to medical or scientific experimentation.' In recent years, the UN Committee against Torture monitoring the implementation of the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment has focused on intersex persons as victims of harmful practices and non-vital 'sex-normalising' medical interventions without full, free and informed consent, urging the States to adopt legislative and other measures to ensure respect for the physical integrity and autonomy of intersex persons and to prohibit the performance of 'non-urgent irreversible medical interventions' before an intersex minor is sufficiently mature to participate in decision-making and able to give full, free and informed consent.

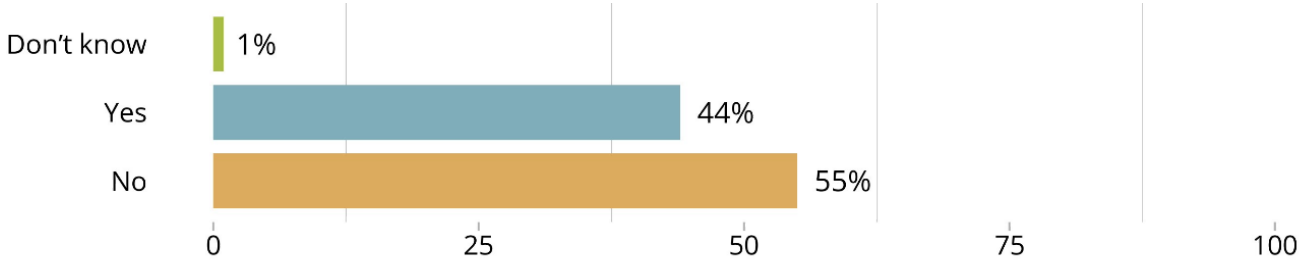
Furthermore, the Oviedo Convention on Human Rights and Biomedicine (Articles 5 *et seq.*) stresses that an intervention in the health field may only be carried out after the person concerned has given prior, free and informed consent or, under strict conditions, with the authorisation of his or her representative or an authority or a person or body provided for by law. Finally, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health is enshrined in Article 12 of the International Covenant on Economic, Social and Cultural Rights.

The EU LGBTIQ survey III asks intersex respondents about any medical or health interventions they have had to modify their sex characteristics, and whether they were provided with detailed information and/or whether they provided their informed consent before these interventions took place. Over half (57 %) of intersex respondents say that they were not asked or did not provide fully informed consent (themselves or their parents) prior to the first surgery or hormonal treatment to modify their sex characteristics, as they might not have been provided all the necessary information and explanations required to provide an informed decision.

Figure 15 shows how less than half of intersex respondents (or their parents) have been provided detailed information prior to the first medical treatment to modify their sex characteristics (44 %),

while the majority (55 %) were not provided such information. A similar percentage of lack of informed consent (57 %) was found for surgery or hormonal treatments. In both cases, intersex respondents say that they were not provided all necessary information when they or their parents were asked for their consent. In particular, the survey asked whether the intersex respondents or their parents were provided with detailed explanations about what the medical treatment involves and possible positive or negative consequences.

Figure 15 – Provision of detailed information prior to first medical treatment to modify sex characteristics



Bar chart showing how many intersex respondents (or their parents) have been provided of detailed information prior to first medical treatment to modify their sex characteristics (44%), while 55% were not provided such information.

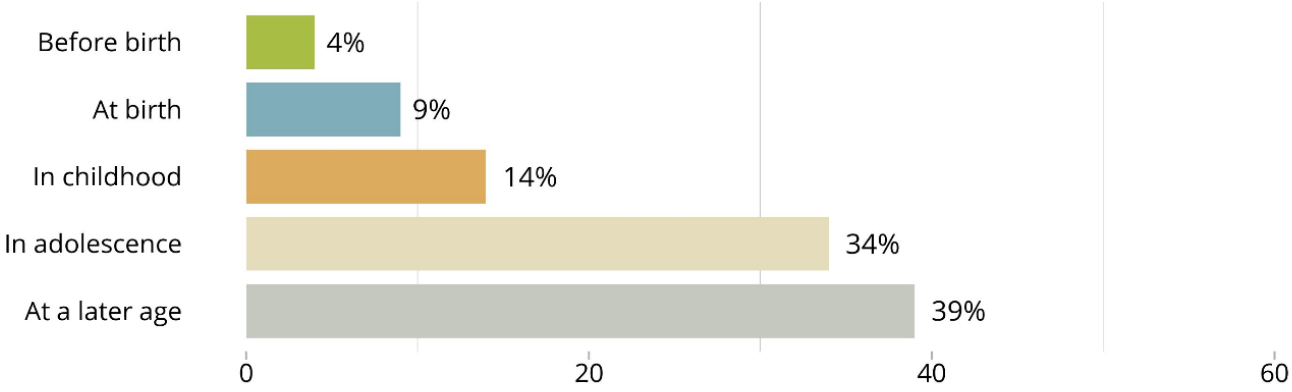
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

Figure 16 shows that most intersex respondents discover the variation of their sex characteristics in adolescence and adulthood. The survey asked about when the variation was determined by medical professionals.

One third (34 %) of the intersex respondents say this happened in adolescence, 39 % at a later age and 14 % in childhood. This is the third report in which FRA reiterates that Member States should end non-vital surgery and medical interventions in intersex infants and adolescents designed to make them fit typical definitions of male or female without their or their parents' informed consent.

Figure 16 – When variation of sex characteristics was determined by medical professionals

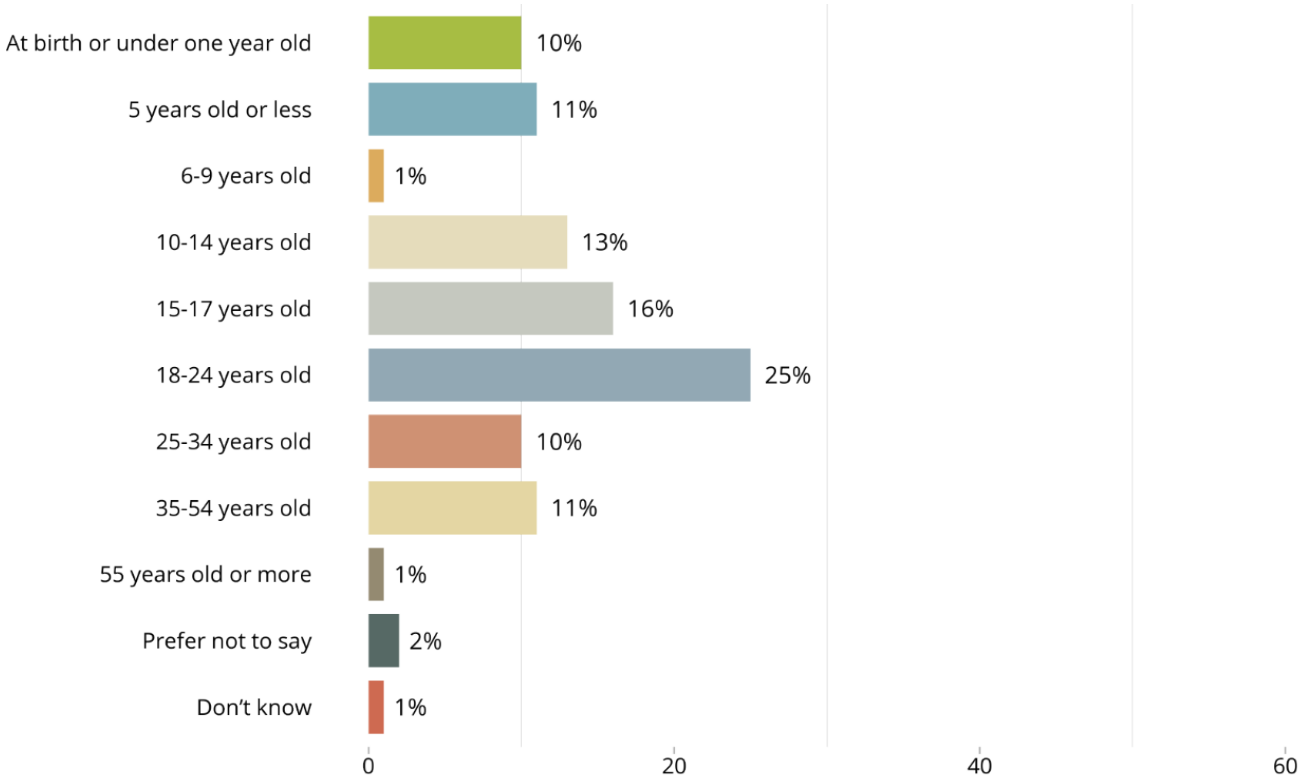


Bar chart showing the age group in which intersex respondents had their first medical treatment or intervention to modify their sex characteristics 25% between 18-24 years old, 16% 15-17 years old, 13% 10-14 years, 5 years old or less 11%, and 10% at birth or under one year old.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 17 shows the age group in which intersex respondents had their first medical treatment or intervention to modify their sex characteristics. One in four (25 %) say this happened between 18–24 years old, 16 % 15–17 years old, 13 % 10–14 years old, five years old or less 11 %, and 10 % at birth or under one year old.

Figure 17 – Age of first medical treatment or intervention to modify sex characteristics



Bar chart showing the age group in which intersex respondents had their first medical treatment or intervention to modify their sex characteristics 25% between 18-24 years old, 16% 15-17 years old, 13% 10-14 years, 5 years old or less 11%, and 10% at birth or under one year old.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

In the large majority of cases (69 %), the intersex respondents say that hormonal treatment was the first type of medical intervention to modify their sex characteristics, while more than one fourth (26 %) say it was surgery.

While 'sex-normalising' medical interventions or IGM are harmful practices aiming to modify the sex characteristics and their variations on the bodies of intersex persons, so-called 'conversion therapies' are harmful practices that aim to modify one's sexual orientation or gender identity in many different ways, one of which is also medical treatment. The following section focuses on the latter.

3.2. 'Conversion' practices

In its EU LGBTIQ equality strategy 2020–2025, the Commission committed to foster Member States' exchange of good practice on ending practices such as 'conversion therapies'. 'Conversion' practices (or 'therapies') are defined as any treatment aimed at changing a person's sexual orientation, gender identity or expression. They are usually aimed at changing, repressing or suppressing the sexual orientation, gender identity or expression of LGBTIQ persons in order to comply with societal, community and/or legal norms, for example conforming to a binary female/male gender model that excludes trans and non-binary or gender-diverse identities. These

vary between less and more degrading, humiliating, invasive, abusive and/or violent interventions, such as physical or sexual violence, social or family pressure, psychological abuse or humiliation. 'Conversion' practices concern intersex survey respondents in their intersecting SOGIESC identities, as they are subject to them in order to change their sexual orientation or gender identity.

In principle 32, the Yogyakarta Principles recognise that everyone has the right to bodily and mental integrity, autonomy and self-determination, irrespective of sexual orientation, gender identity, gender expression or sex characteristics. Everyone has the right to be free from torture and cruel, inhuman and degrading treatment or punishment on the basis of sexual orientation, gender identity, gender expression and sex characteristics. No one shall be subjected to invasive or irreversible medical procedures that modify sex characteristics without their free, prior and fully informed consent, unless necessary to avoid serious, urgent and irreparable harm to the concerned person.

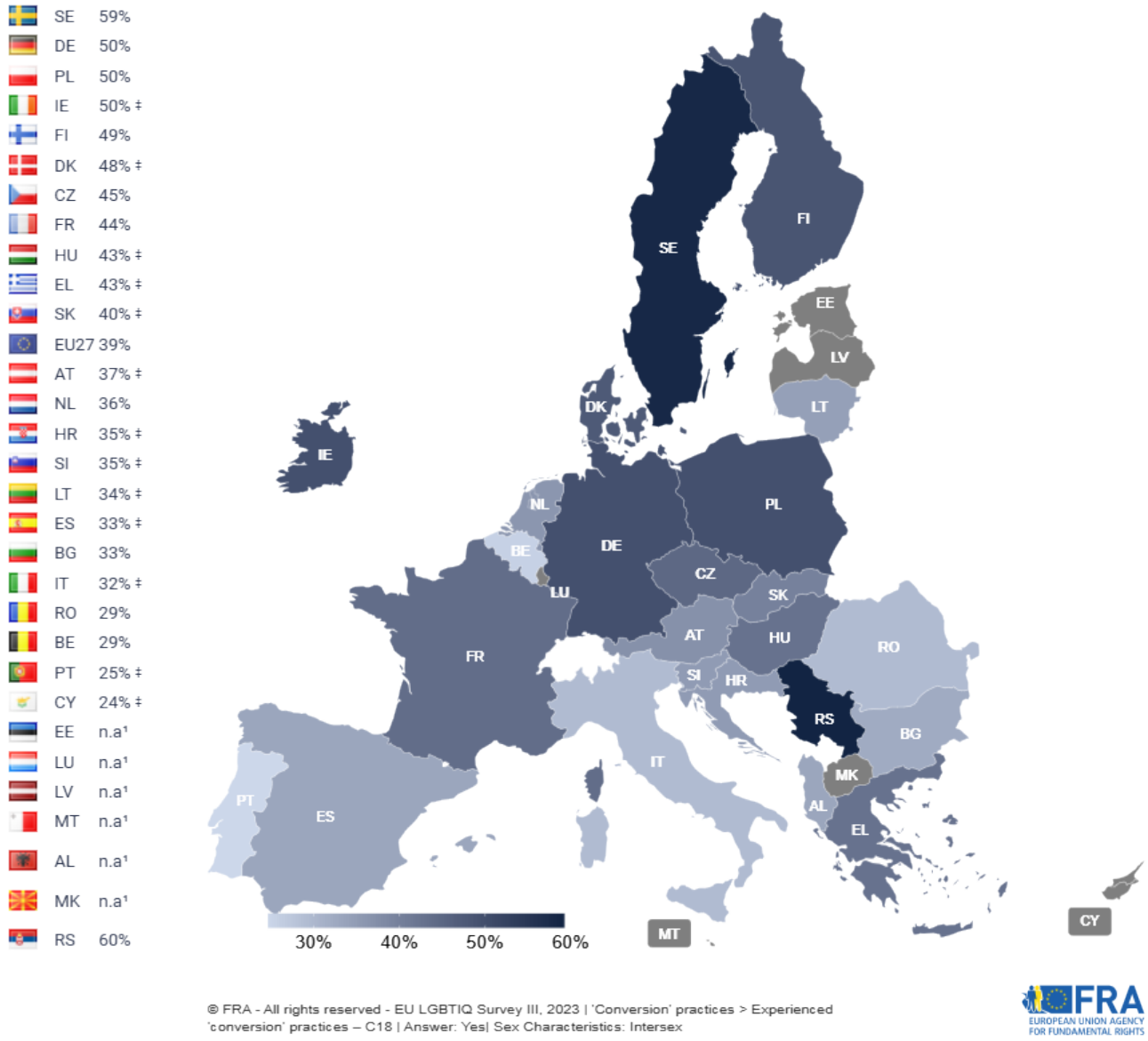
In the light of such international standards and recognition, 'conversion' practices can also breach Article 4 of the Charter prohibiting torture and inhuman or degrading treatment or punishment.

The EU LGBTIQ Survey asks respondents about their experiences of 'conversion' practices, varying from intervention by family members, prayer, religious ritual or religious counselling, to psychological or psychiatric treatment, medication, physical or sexual violence, verbal abuse or humiliation.

Intersex survey respondents say they experienced conversion practices at very high rates – four in ten or 39 % – compared with other respondents' groups (EU-27 average: 25 %). Among intersex respondents, two in three (66 %) intersex trans men had such harmful violent or abusive experiences. Intersex trans women follow with 55 % and non-binary and gender-diverse intersex respondents with 45 %.

Figure 18 shows the proportion of intersex respondents who experienced 'conversion practices' in the 30 survey countries. The highest was recorded in Sweden (59 %), the lowest in Belgium (29 %).

Figure 18 – Intersex respondents who experienced 'conversion practices'



A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who experienced 'conversion practices'. The EU average being 39%, the highest was in Sweden (59%), the lowest in Belgium (29%).

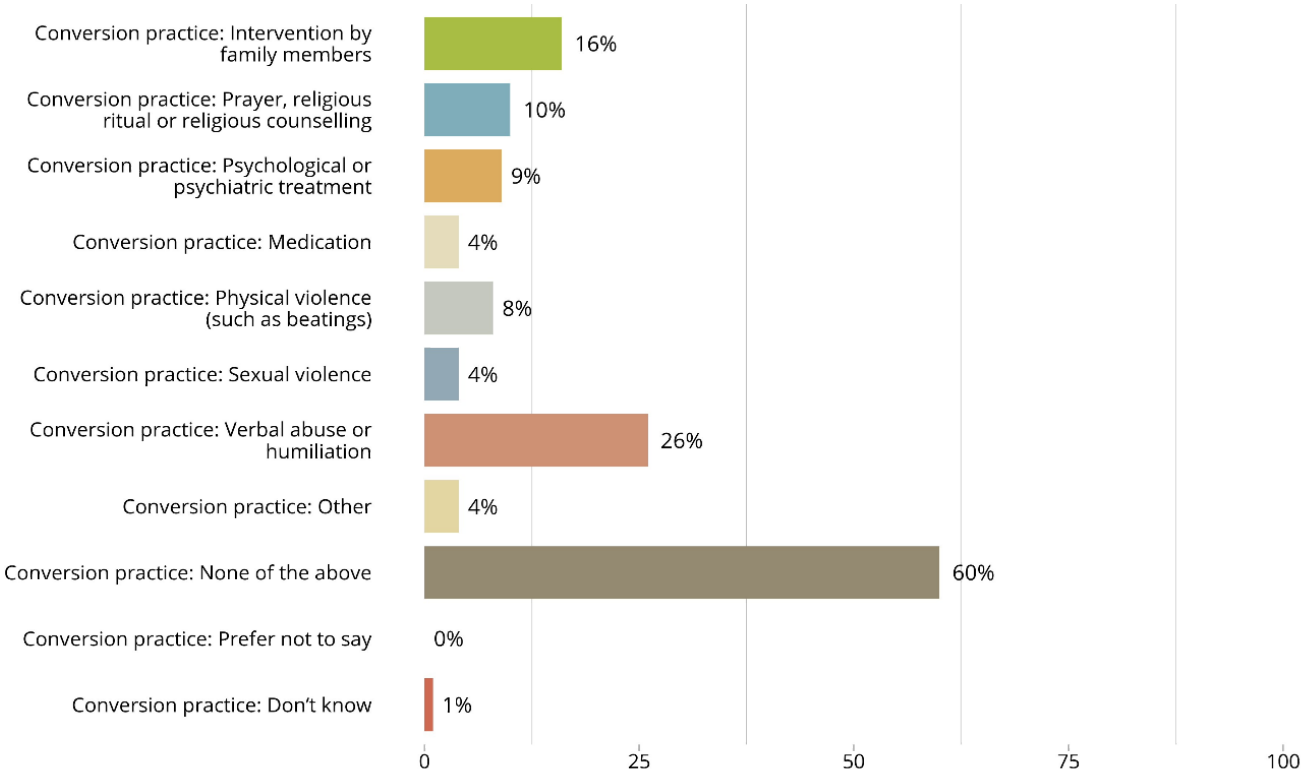
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

Figure 19 shows that the most frequent type of 'conversion practice' suffered by intersex respondents was verbal abuse or humiliation (26 %), at a much higher rate than the EU-27 average of all respondents (14 %).

8 % of intersex respondents say they experienced physical violence, more than double of the 3 % for all respondents, and 4 % sexual violence aiming at 'conversion' of sexual orientation and/or gender identity, a much higher rate compared with the 1 % the survey found for all respondents.

Figure 19 – Types of 'conversion practices' experienced by intersex respondents



A bar chart showing the frequency of the types of 'conversion practices' experienced by intersex respondents. Verbal abuse or humiliation is the most frequent (26%) followed by intervention by family members (16%) while 8% experienced physical violence and 4% sexual violence aiming at 'conversion' of sexual orientation and/or gender identity.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

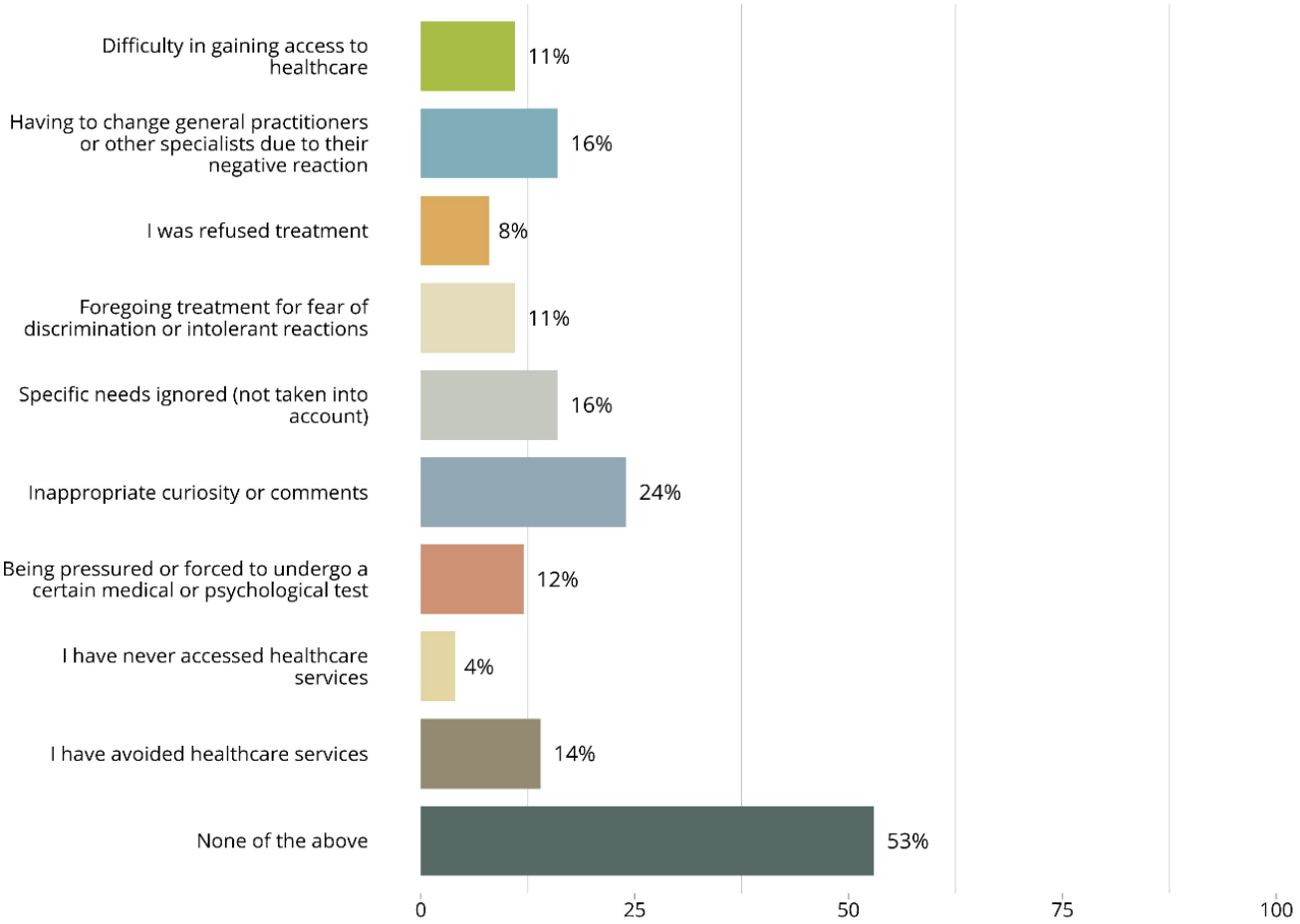
3.3. Access to healthcare

Intersex persons often struggle to access adequate, respectful and quality healthcare, underscoring the relevance of Article 35 of the Charter on the right to healthcare – in conjunction with Article 21 and prohibiting discrimination, when facing the multiple barriers they face as revealed by the survey results.

For intersex persons, healthcare services are a critical life area where they face discrimination, harassment and privacy violations. Difficulties in accessing preventive and curative healthcare may jeopardise their right to health, their access to quality healthcare, the protection of their bodily integrity and ultimately their right to life. The survey data indicate that in extreme cases, access to emergency healthcare and the exclusion or avoidance of needed healthcare services is a concerning reality for some intersex survey respondents. One in five (20 %) of those who faced problems when accessing healthcare services encountered difficulties when using or trying to access emergency care.

Figure 20 shows the types of difficulties intersex respondents face in accessing healthcare services. Almost half (47 %) of intersex respondents faced problems when using or trying to access healthcare services as an LGBTIQ person. The most frequent problem they faced was inappropriate curiosity or comments (24 %), while 16 % had to change general practitioners due to their negative reactions or their needs were ignored (16 %). Notably, 8 % were refused treatment or have foregone treatment because they were afraid of discriminatory or intolerant reactions, while 14 % have avoided healthcare services altogether.

Figure 20 – Intersex respondents facing difficulties in accessing healthcare services

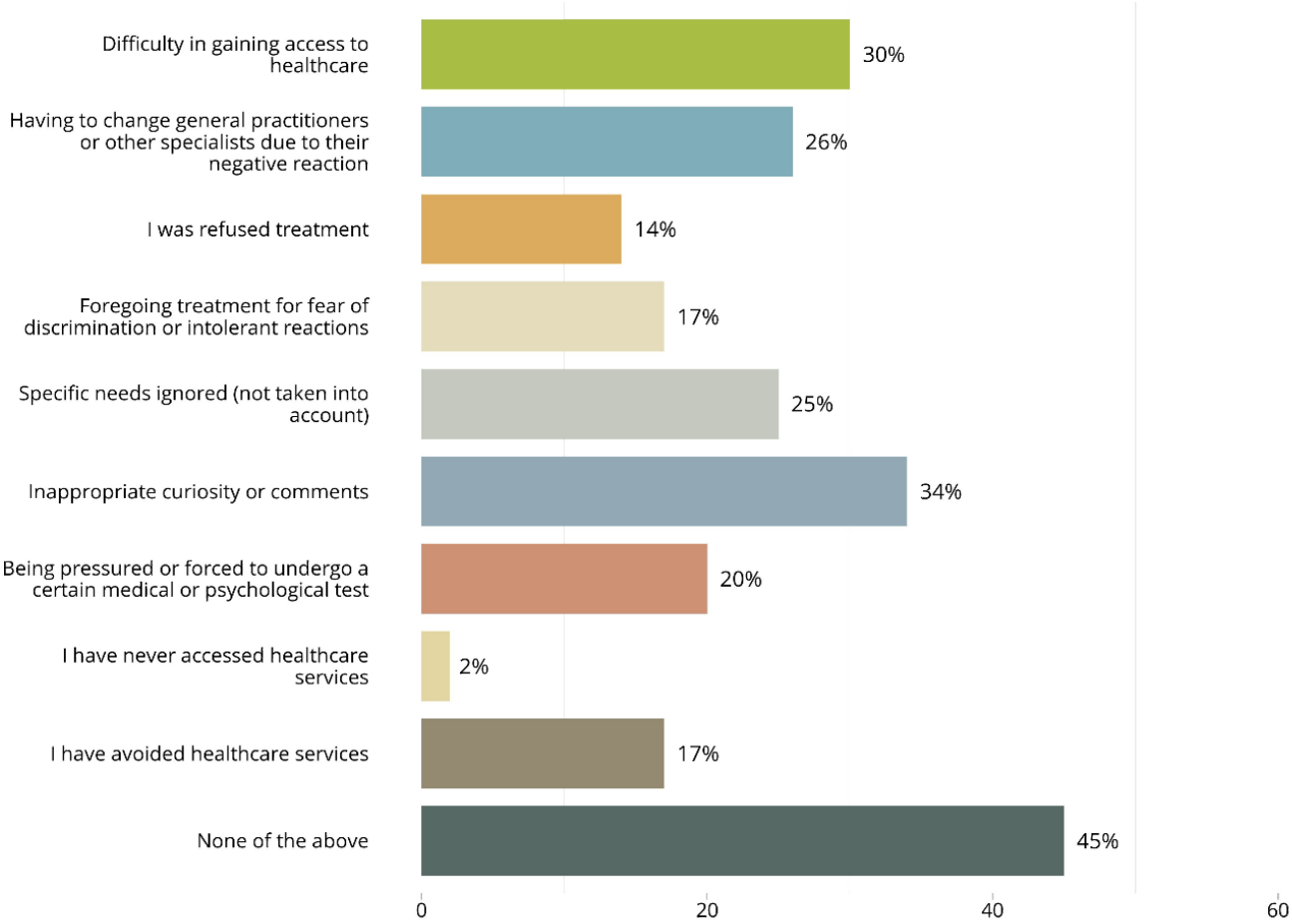


Bar chart showing the types of difficulties intersex respondents face in accessing healthcare services. Most frequent is inappropriate curiosity or comments (24%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 21 shows that trans women intersex respondents say that the most frequent difficulties in accessing healthcare were the inappropriate curiosity or comments (34 %) and the difficulty in gaining access to healthcare (30 %). More than one in four (26 %) had to change general practitioners or specialists due to their negative reactions, while one in five (20 %) were pressured to undergo a medical or psychological test, 14 % were refused treatment and 17 % have foregone treatment or avoided healthcare services.

Figure 21 – Intersex trans women facing difficulties in accessing healthcare services

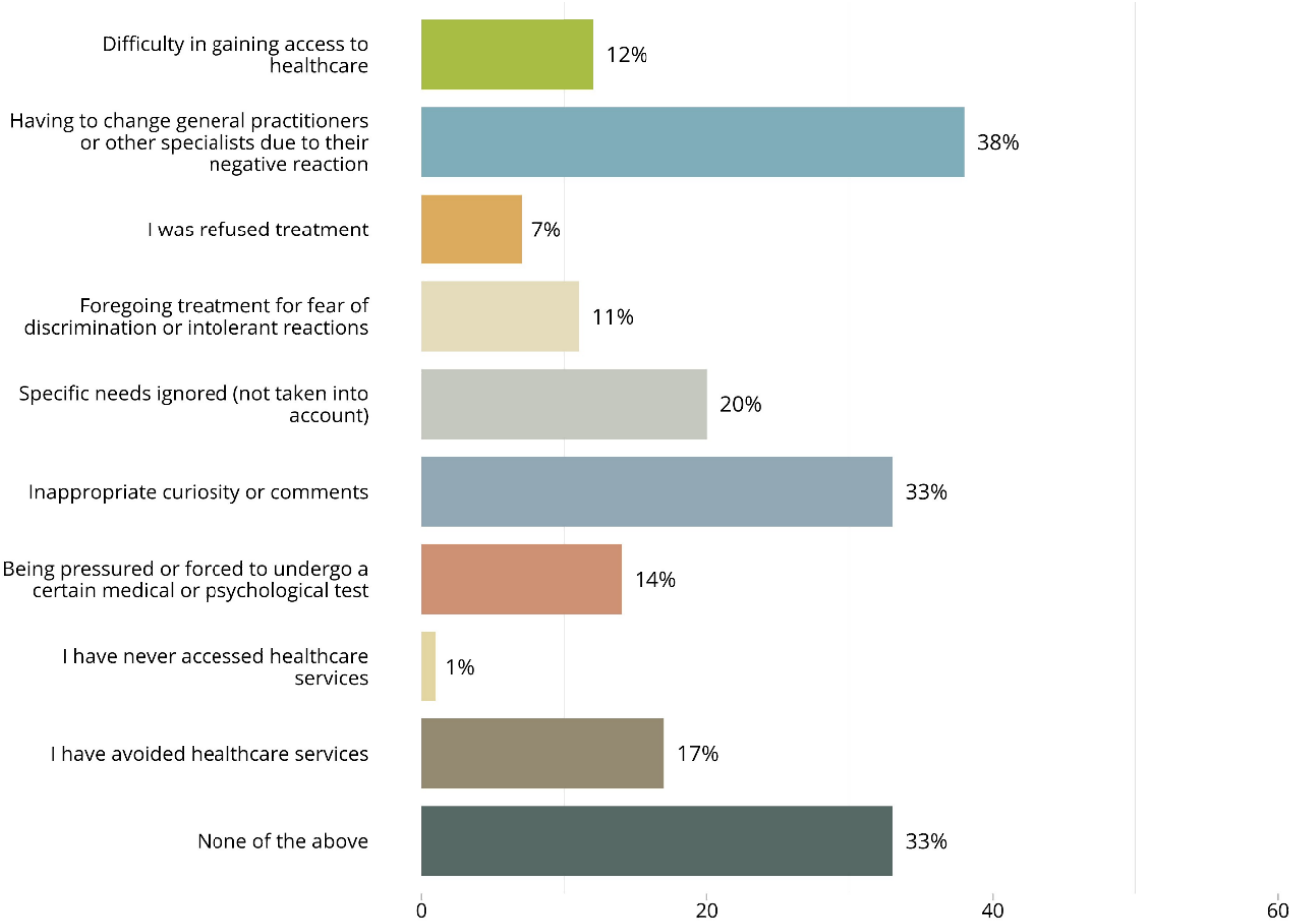


Bar chart showing the types of difficulties intersex trans women face in accessing healthcare services. Most frequent for them is inappropriate curiosity or comments (34%) and difficulty in gaining access to healthcare (30%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

As Figure 22 shows, the trans men intersex respondents say that the most frequent difficulties in accessing healthcare is that they often have to change general practitioners or specialists due to their negative reactions (38 %), inappropriate curiosity or comments (33 %) or special needs ignored (20 %), while 7 % say they were refused treatment, 11 % have foregone treatment and 17 % avoided healthcare services altogether.

Figure 22 – Intersex trans men facing difficulties in accessing healthcare services

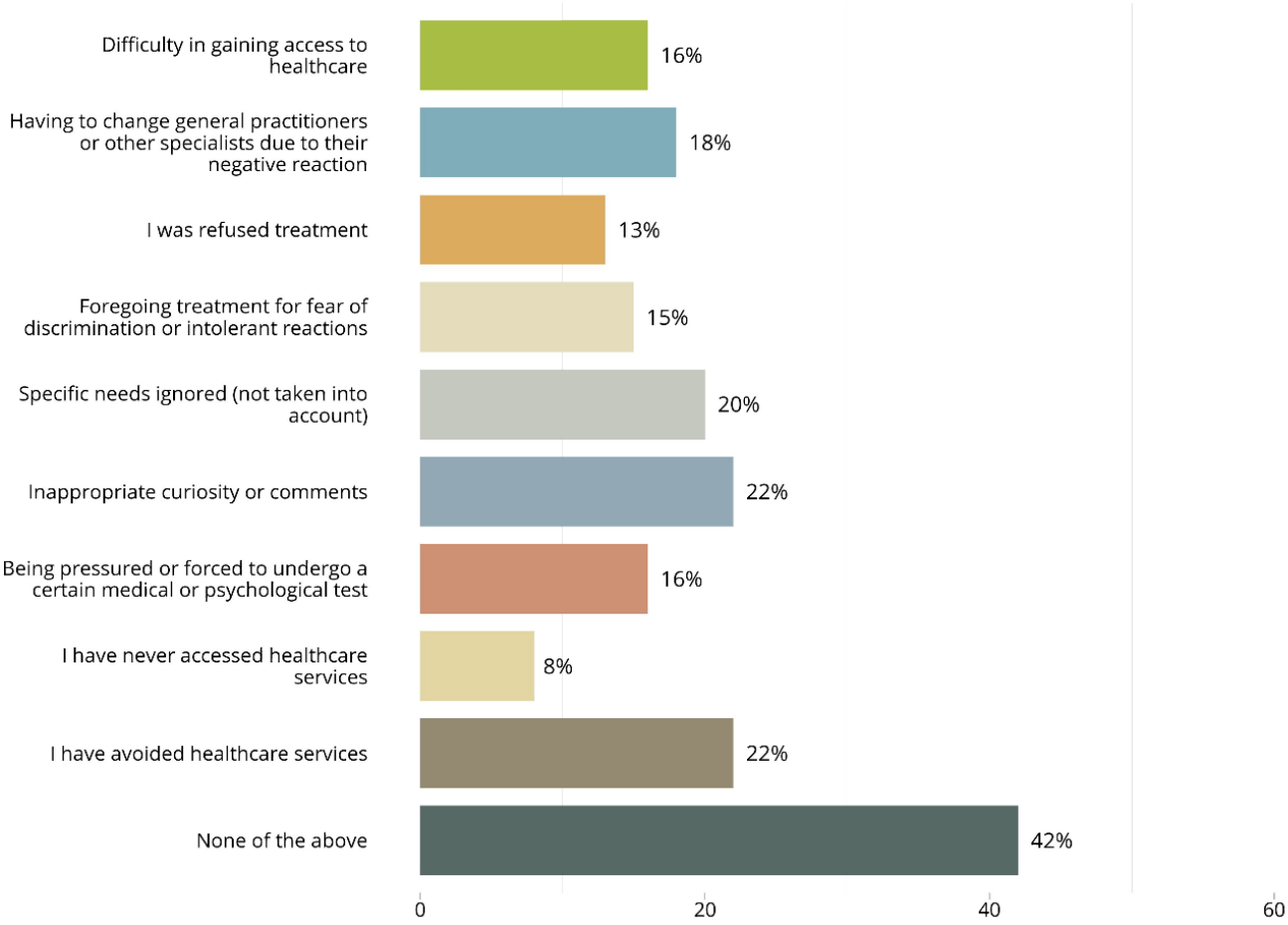


Bar chart showing the types of difficulties intersex trans men face in accessing healthcare services. Most frequent for them is having to change general practitioners or other specialists due to their negative reaction (38%) and inappropriate curiosity and comments (33%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

As Figure 23 shows, non-binary and gender-diverse intersex respondents say that the most frequent difficulty in accessing healthcare is that they avoided healthcare services (22 %) or had to endure inappropriate curiosity or comments (22 %), while often having to change general practitioners or specialists due to their negative reactions (18 %) or having special needs ignored (20 %). 13 % say they were refused treatment, 15 % have foregone treatment and 16 % say that it was hard to gain access to healthcare.

Figure 23 – Intersex non-binary and gender-diverse respondents facing difficulties in accessing healthcare services



Bar chart showing the types of difficulties intersex non-binary and gender-diverse face in accessing healthcare services. Most frequent for them is inappropriate curiosity and comments (22%) and avoiding healthcare services (22%).

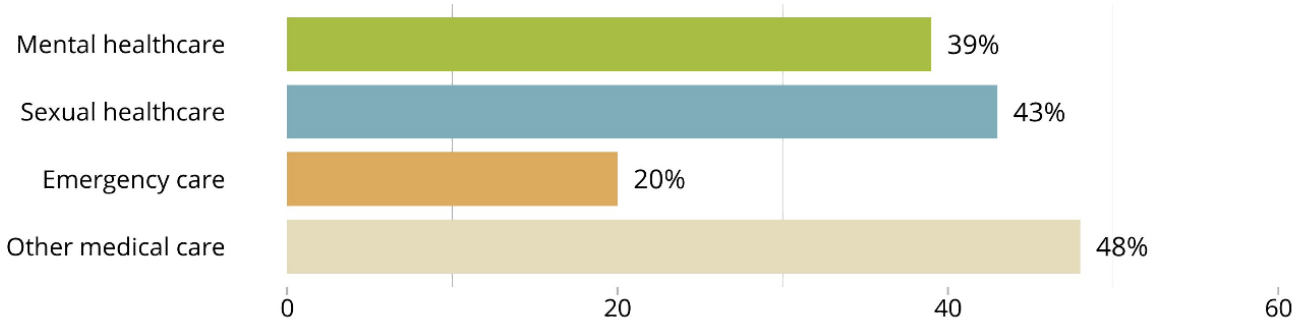
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Intersex respondents with disabilities or belonging to a minority report even more frequent problems or difficulties in accessing healthcare. Inappropriate curiosity or comments are reported by 39 % of respondents belonging to a minority other than LGBTIQ, while 27 % had to change general practitioners or other specialists due to their negative reactions.

Among those with severe disabilities, 37 % face inappropriate comments or curiosity, while 36 % say that their specific needs were ignored or not taken into account, and 33 % had to change general practitioners or other specialists due to their negative reactions.

Figure 24 shows the areas of healthcare in which intersex respondents faced difficulties accessing healthcare services. The most-cited types are sexual healthcare (43 %) and mental healthcare (39 %) or other medical care – general medicine (48 %).

Figure 24 – Areas of healthcare intersex respondents encountered difficulties to access



Bar chart showing the areas of healthcare in which intersex respondents faced difficulties accessing healthcare services. Most frequent area is sexual healthcare (43%) and mental healthcare (39%) or other medical care - general medicine (48%)

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

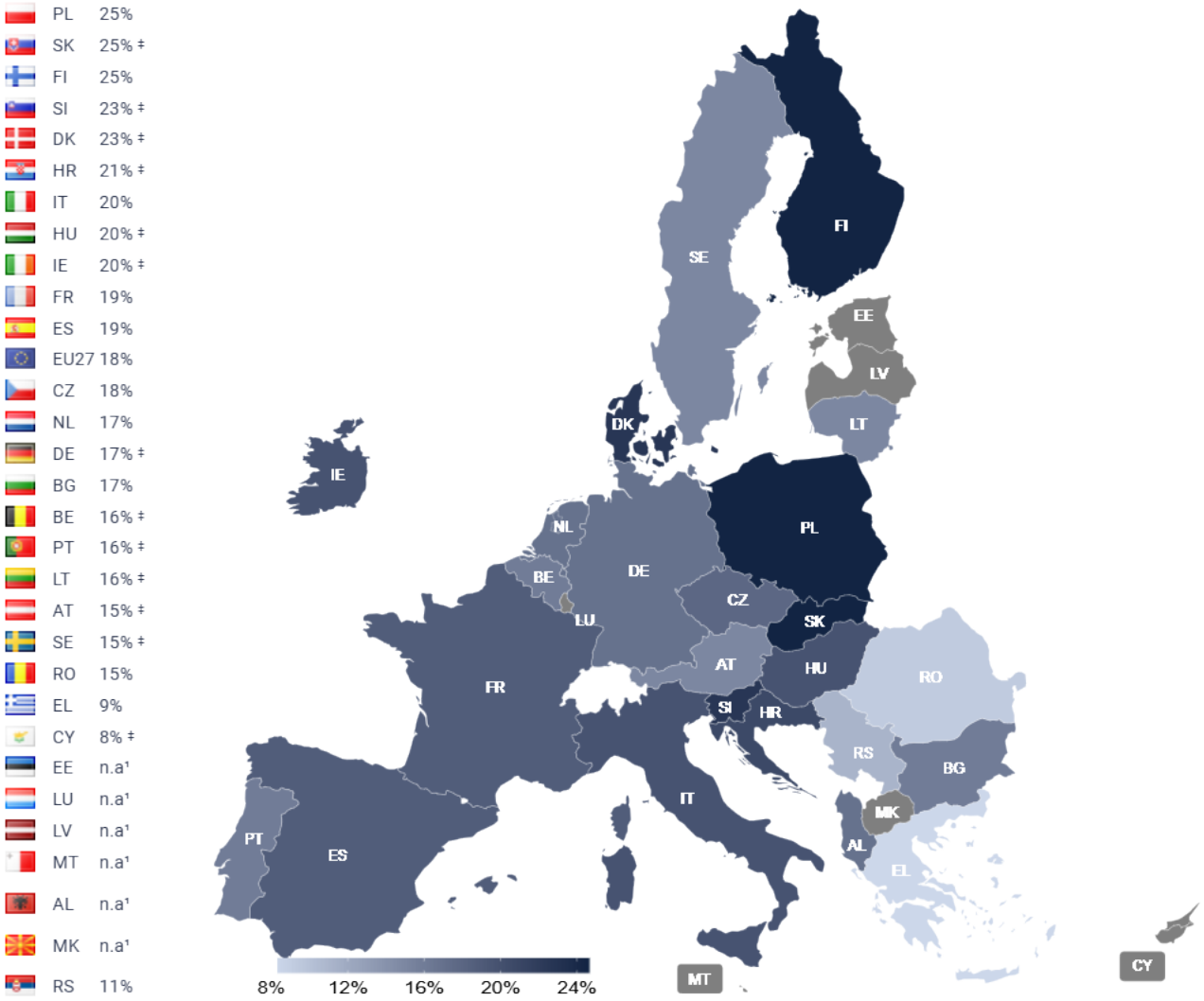
3.4. Mental health – suicidal thoughts and attempts

One of the most alarming results of the survey is the high frequency of suicidal thoughts among LGBTIQ respondents, often affecting intersex respondents much more than other respondents.

Figure 25 shows that about one in five intersex respondents (18 %) thought of committing suicide often during the last year, compared with 10 % of all respondents. The highest statistically reliable percentage was recorded in Poland (25 %) and the lowest in Greece (9 %).

Young people are more afflicted by mental health challenges and suicidal thoughts: about four in ten intersex respondents (39 %) between 15 and 17 years old thought of committing suicide in the past year (compared with the already too-high 24 % of all respondents), while one in four of those between 18 and 24 years did so (25 %), compared with 15 % of other survey respondents.

Figure 25 – Thinking of committing suicide often during the past year



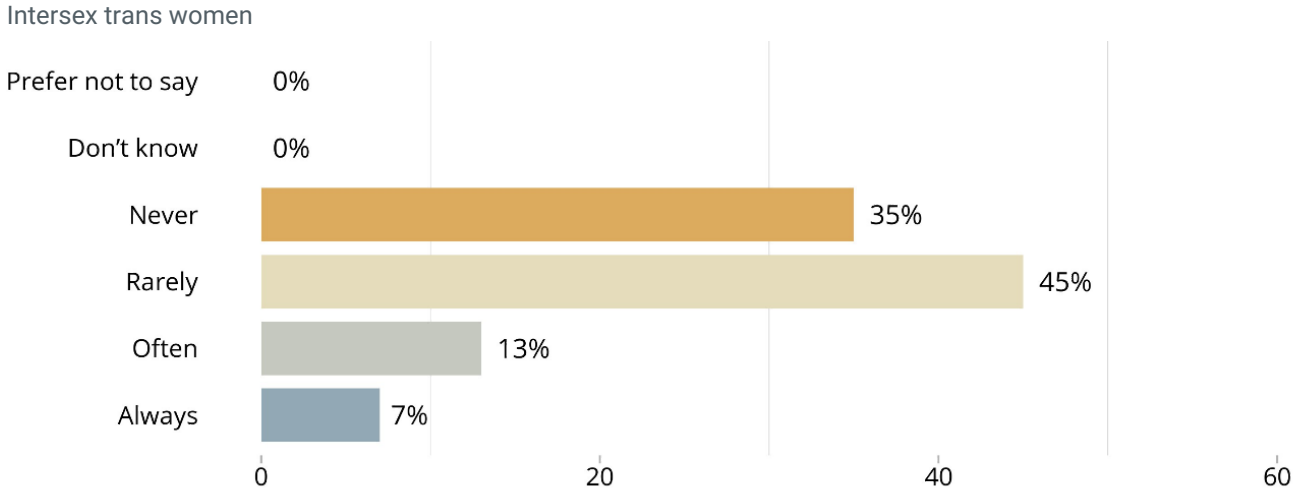
A map of Europe with different coloured countries/regions showing the proportion of intersex respondents who thought of committing suicide often during the last year. The EU average being 18%, the highest was in Poland, Slovakia and Finland (25%) and the lowest in Greece (9%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

NB: ‡ Results with this sign are based on a small number of responses and therefore are statistically less reliable.

Close to one third (28 %) of non-binary and gender-diverse intersex respondents thought of suicide often or always within the past year, while one in five trans women intersex respondents (20 %) and about one in seven (15 %) trans men intersex respondents did so. However, Figures 26a, 26b and 26c show that overall, 65 % of trans women intersex, 61 % of trans men intersex and 51 % of non-binary and gender-diverse intersex respondents thought of suicide often, always or rarely, during the year before the survey.

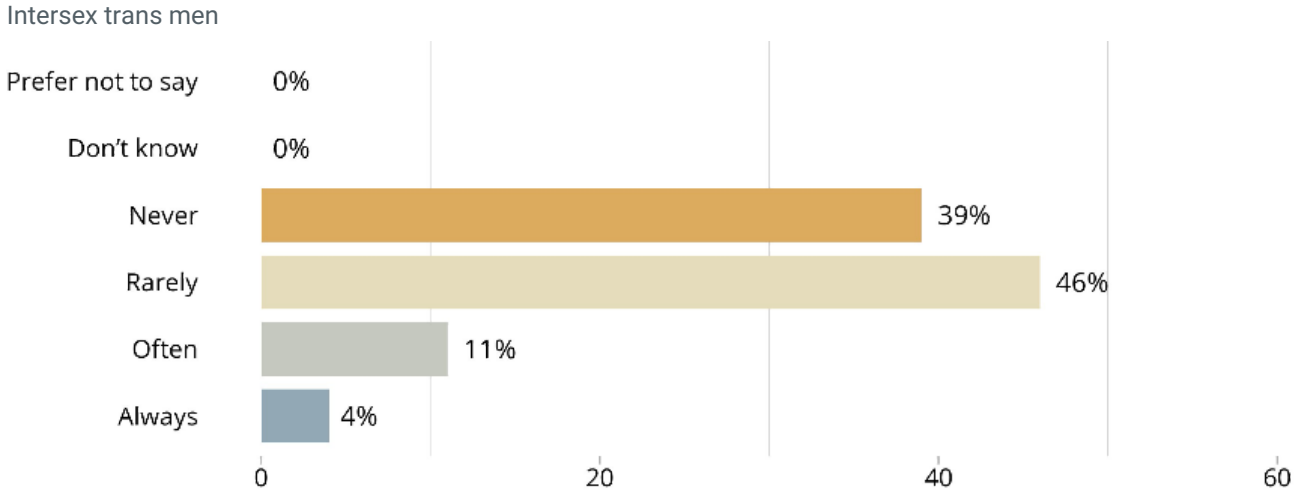
Figure 26a – Thinking of committing suicide often during the past year – intersex gender identity subgroups



A bar chart showing the proportion of intersex trans women respondents who thought of committing suicide often, always, rarely or never during the last year. They thought it rarely 45%, never 35%, often 13% and always 7%.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

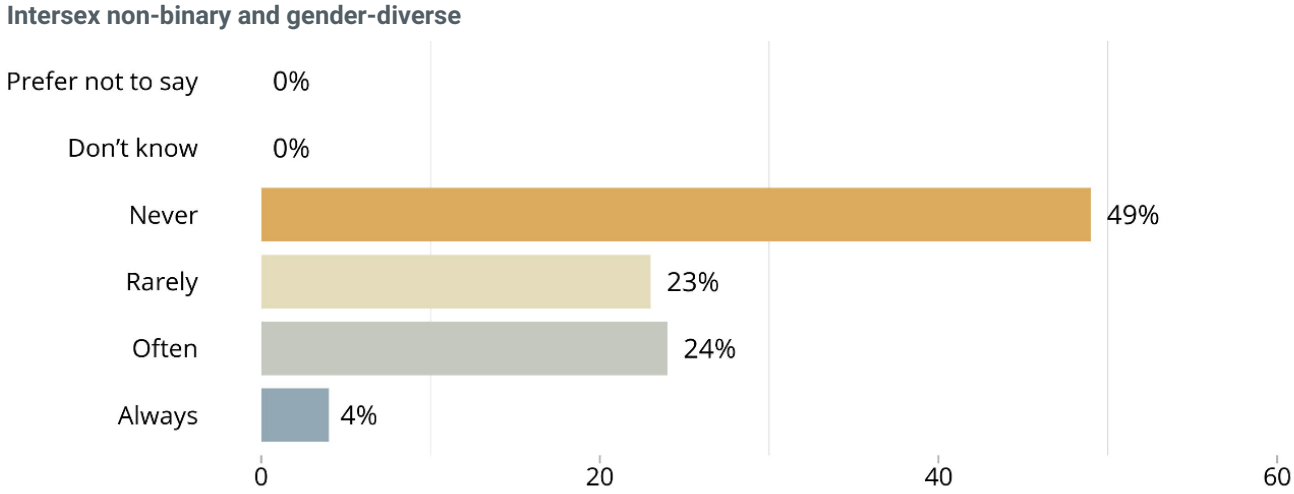
Figure 26b – Thinking of committing suicide often during the past year – intersex gender identity subgroups



A bar chart showing the proportion of intersex trans men respondents who thought of committing suicide often, always, rarely or never during the last year. They thought it rarely 46%, never 39%, often 11% and always 4%.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 26c – Thinking of committing suicide often during the past year – intersex gender identity subgroups

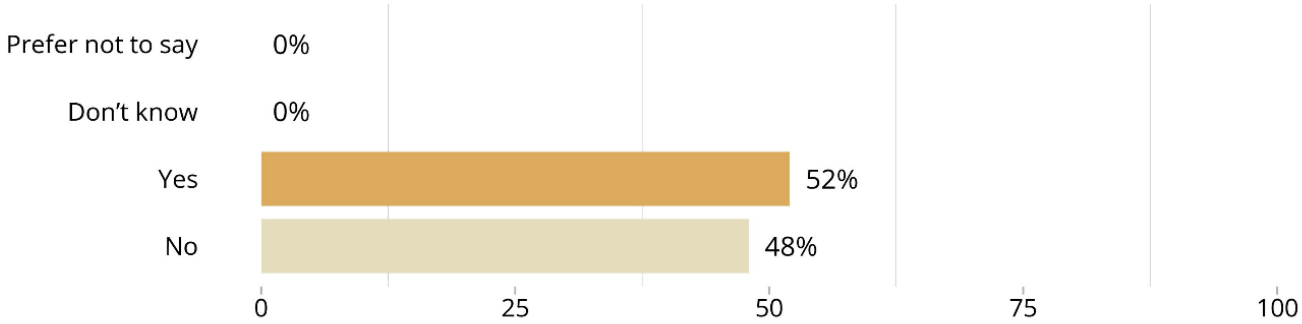


A bar chart showing the proportion of intersex non-binary and gender-diverse respondents who thought of committing suicide often, always, rarely or never during the last year. They thought it rarely 23%, never 49%, often 24% and always 4%.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

The survey asked respondents about whether they attempted suicide in the past. Close to one third (31 %) of all intersex respondents say they had: more than half of trans men intersex respondents (52 %) say they have attempted suicide, as shown in Figure 27. This was also the case for one third of non-binary and gender-diverse (33 %) and 29 % of trans women intersex respondents.

Figure 27 – Attempted suicide – intersex trans men



A bar chart showing the proportion of intersex trans men respondents who attempted suicide in their life. More than half (52%) said they did.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

4. Inclusion and life in dignity

This chapter presents findings about key areas of social life, from school and education to housing difficulties, homelessness, problems faced when accessing administrative authorities, perception of progress or deterioration as well as the level of trust in government protection.

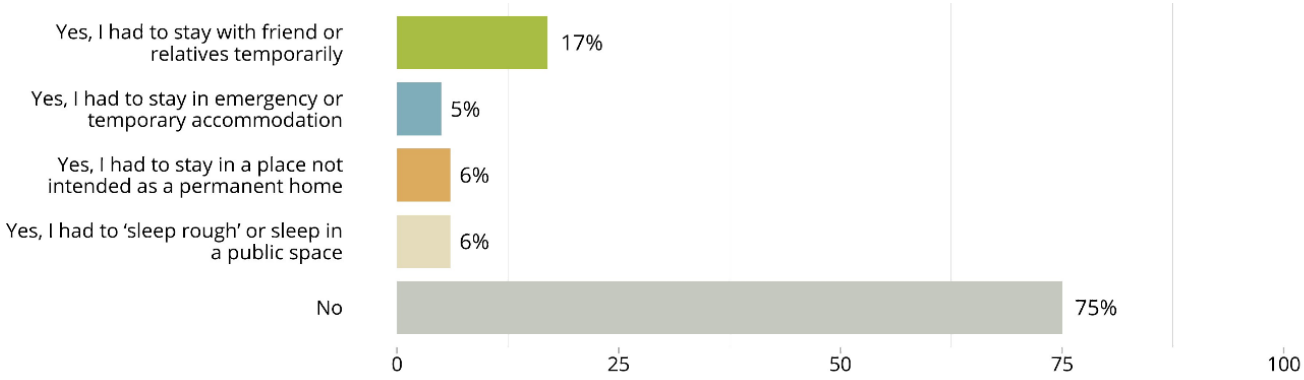
It depicts a social group struggling for inclusion and dignity. Those people with more intersecting SOGIESC and vulnerable socioeconomic identities experience even harsher life experiences, making the case for an intersectional approach and recognising that individuals experience multiple forms of discrimination based on the interplay of various social identities, like sexual orientation, gender identity, as well as ethnic origin, class, disability, etc. As stated in Directive 2024/1500 on standards for equality bodies, 'intersectional discrimination … is understood as discrimination based on a combination of sex and any other ground or grounds of discrimination protected under Directives 79/7/EEC, 2000/43/EC, 2000/78/EC or 2004/113/EC'. Acknowledging these realities is a necessary step to ensure the protection of their rights, well-being and inclusion in society with a life in autonomy and dignity.

Intersex persons with disabilities or in vulnerable socioeconomic conditions face compounded challenges and exclusion, pointing to the relevance of both Article 26 (support for the integration of persons with disabilities) and Article 34 of the Charter (guarantees social security and assistance).

4.1. Homelessness and housing difficulties

One result of the survey – repeated and confirmed in both the EU LGBTI (2019) and the LGBTIQ (2023) surveys – is the relatively high rate of homelessness experiences reported by the intersex respondents. A notable proportion of 6 % of intersex respondents say that they had to sleep rough or in a public space or the street at least once, compared with 0.2 % of the general population and 1 % of other survey groups.

Figure 28 – Housing difficulties experienced by intersex respondents



Bar chart showing the proportion of intersex respondents who faced housing difficulties by type of difficulty. 17% had to stay with friends or relatives temporarily, 6% had to 'sleep rough' or sleep in a public space.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Among intersex respondents, the percentage is higher for trans men intersex (17 %) non-binary and gender-diverse intersex (11 %) and trans women intersex (10 %) respondents.

When asked about the reasons for facing housing difficulties, almost one in four or 24 % say that relationship or family problems was the most important reason. These problems are flagged as the main reasons for housing difficulties by one third (32 %) of non-binary and gender-diverse intersex and more than one in four (26 %) trans women intersex respondents.

Unemployment and insufficient income were mentioned as the main reasons of housing difficulties by 18 % and 17 % respectively of all intersex respondents.

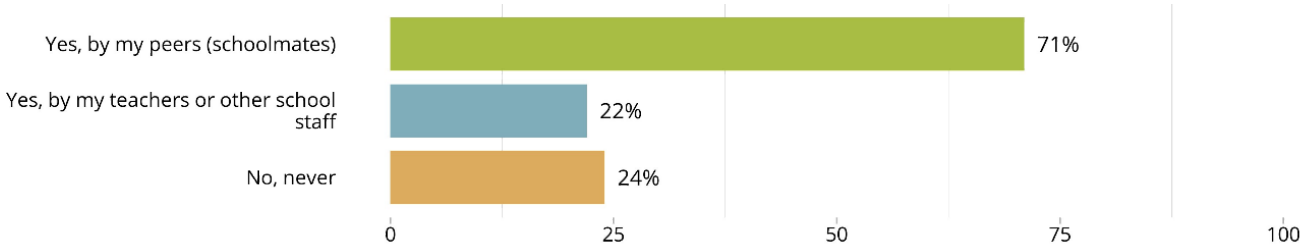
4.2. Life at school

As most intersex persons observe the variation of sex characteristics in adolescence, they are vulnerable to bullying as they go through a critical phase of self-development, acceptance and understanding and adjusting to their differences. Their experiences at school can therefore be determinative, since they may face key social life challenges at a time when they are also undergoing diverse medical assessments and interventions.

In the 2023 survey, three out of four intersex respondents (76 %) reported suffering bullying, ridicule, teasing, insults or threats during their time in school because they were LGBTIQ, marking a significant increase from 2019 (54 %). The results reveal intense victimisation of intersex respondents, compared with the already high rates of bullying against all LGBTIQ groups recorded in the 2023 survey (67 %).

Figure 29 shows the survey findings regarding experiences of bullying at school, i.e. whether they were ridiculed, teased, insulted or threatened because of being LGBTIQ. Seven in ten say they were bullied at school by their peers and 22 % by teachers or school staff.

Figure 29 – Bullying at school experiences by all intersex respondents

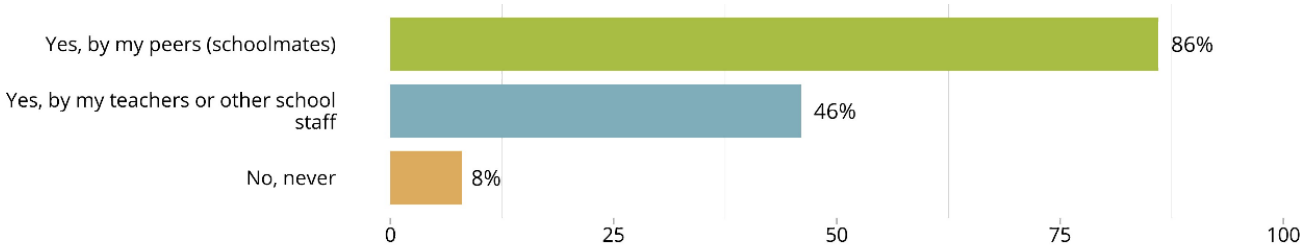


Bar chart showing the proportion of intersex respondents who were bullied at school by schoolmates (71%), by teacher or school staff (22%) or never (24%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 30 shows that an extremely high proportion of trans men intersex respondents endured bullying experiences at school. A very high proportion of them (86 %) say they were bullied by other schoolmates while 46 % say such experiences came from teachers or school staff.

Figure 30 – Bullying at school experiences by intersex trans men

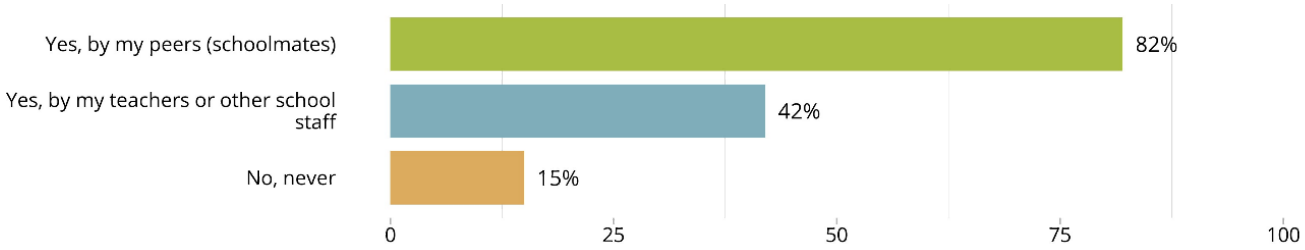


Bar chart showing the proportion of intersex trans men respondents who were bullied at school by schoolmates (86%), by teacher or school staff (46%) or never (8%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Similarly, as shown in Figure 31, trans women intersex respondents say that at school they were ridiculed, teased, insulted or threatened because of being LGBTIQ. 82 % say this was done by their schoolmates and 42 % by their teachers or school staff.

Figure 31 – Bullying at school experiences by intersex trans women

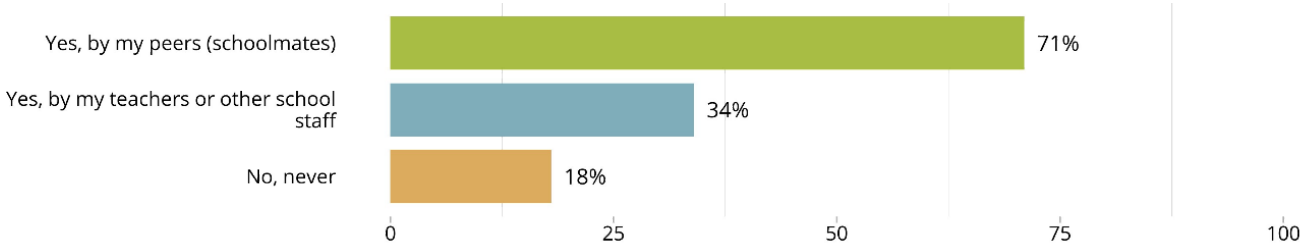


Bar chart showing the proportion of intersex trans women respondents who were bullied at school by schoolmates (82%), by teacher or school staff (42%) or never (15%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 32 shows the levels of bullying suffered by non-binary and gender-diverse intersex respondents at school. 71 % say this was done by their schoolmates and 34 % by their teachers or school staff.

Figure 32 – Bullying at school experiences by intersex non-binary and gender-diverse respondents

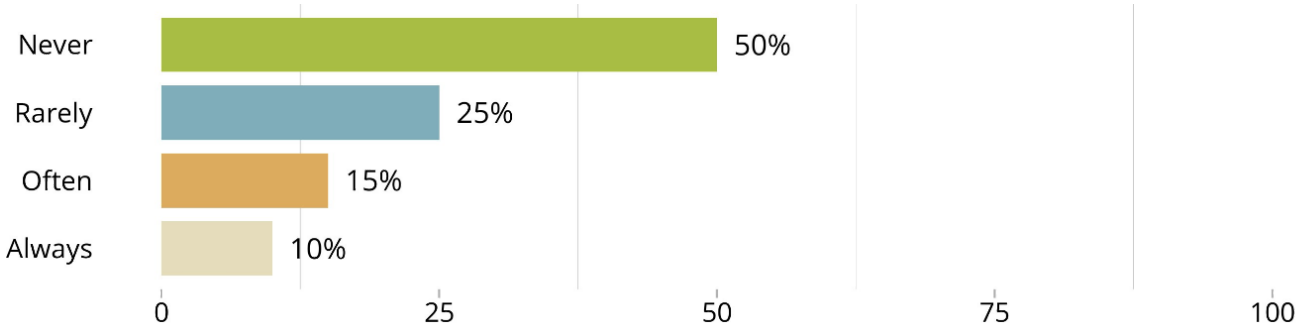


Bar chart showing the proportion of intersex non-binary and gender-diverse respondents who were bullied at school by schoolmates (71%), by teacher or school staff (34%) or never (18%).

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Three in four intersex respondents say that were rarely or never supported by anyone at school. As shown in Figure 33, only a fourth (25 %) of intersex respondents say that often or always someone supported, defended or protected them at school. Half (50 %) of all intersex respondents say this never happened. Six out of ten (60 %) of trans men intersex, 55 % of trans women intersex and bisexual intersex and 58 % of asexual intersex respondents said they were never supported by anyone.

Figure 33 – Supported, defended or protected by anyone at school



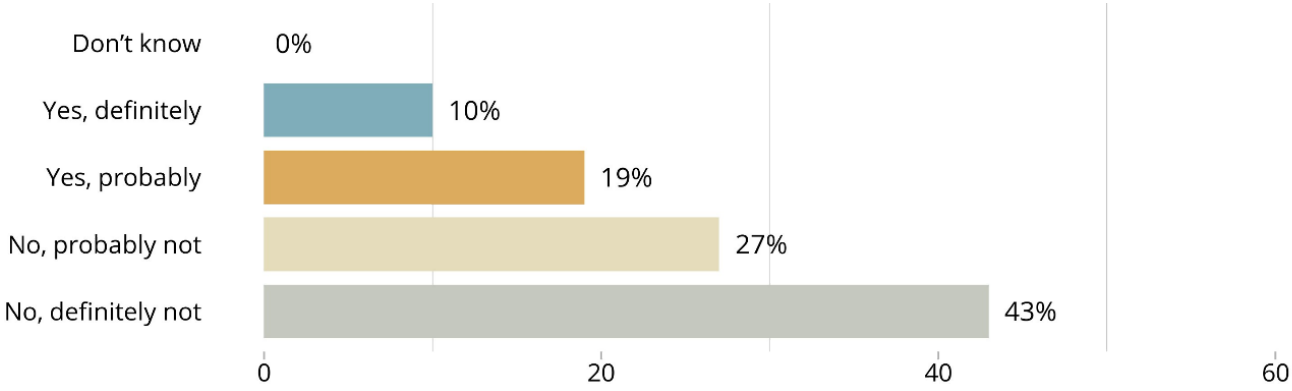
Bar chart showing the proportion of intersex respondents who were said that they were supported, defended or protected by anyone at school often (15%) or always (10%), rarely (25%) or never (50%)

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

4.3. Trust in government

During a period marked by promising legislative and policy initiatives in the EU and the Member States, as presented above in the section Survey in a nutshell the majority of intersex respondents still do not think the government in the country where they live effectively combats prejudice and intolerance against LGBTIQ people. More than four out of ten (43 %) think it is definitely not effective, while 27 % say no, probably not. Only 10 % say yes, definitely and 19 % say yes, probably.

Figure 34 – Intersex respondents' confidence in their governments' efforts



Bar chart showing how many intersex respondents think the government in the country where they live, combats effectively prejudice and intolerance against L G B T I Q people. 43% say no, definitely not and 27% no, probably not. Only 10% say yes, definitely and 19% say yes, probably.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

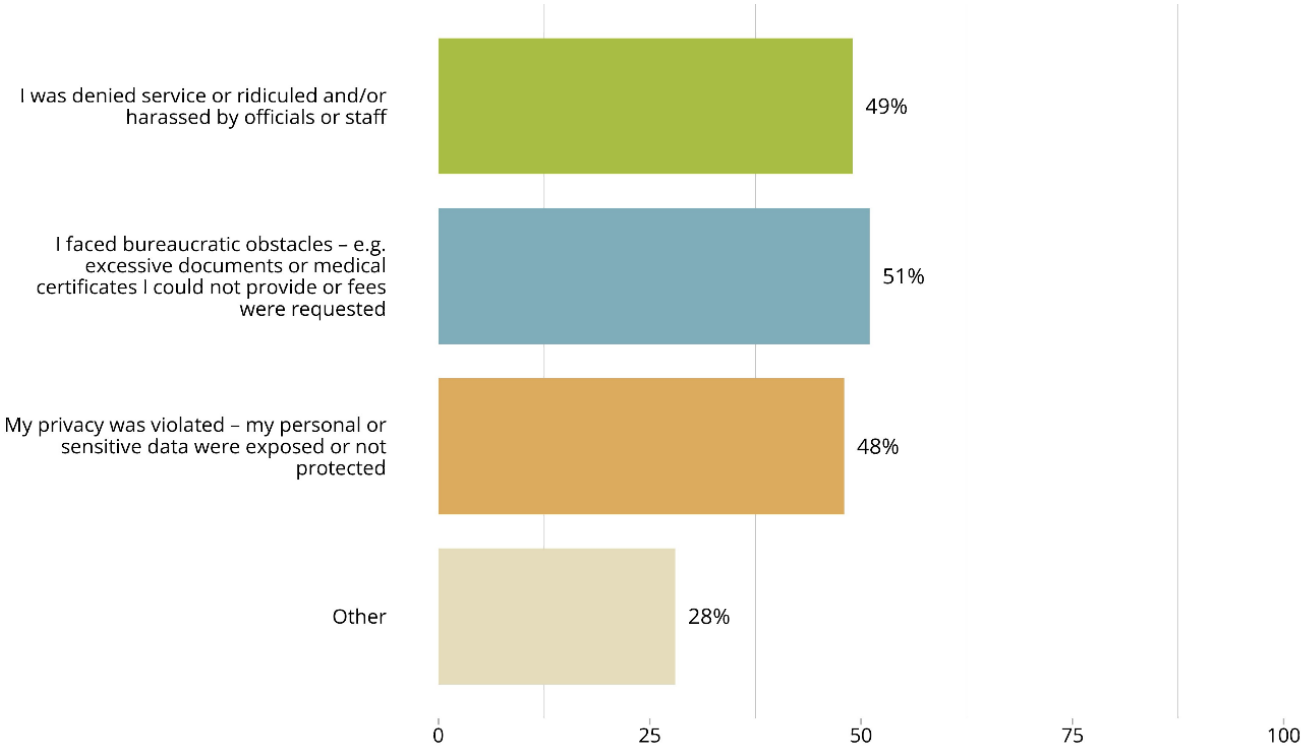
4.4. Obstacles with authorities and support in life

More than one in ten (11 %) of all intersex respondents faced obstacles in registering their civil status or gender in public documents.

With regard to problems with the authorities and legal gender recognition, in the case Y v France (2023) the court stressed that authorities and courts should not 'confuse the concept of identity with the concept of appearance' and that 'as an element of private life, an individual's identity could not be reduced to the appearance that this person was perceived as having by other persons.'. It went further to stress that the reasoning from the French Court of Appeal 'ignored the reality of the applicant's life experience; assigned at birth as belonging to the male sex and having, in consequence, been socially identified as such, he had had no other option but to 'pretend to be a man'.

Figure 35 illustrates the kinds of problems intersex respondents dealt with. Half of them (51 %) faced bureaucratic obstacles, such as requests for excessive documentation or medical certificates or fees. About half (49 %) say they were denied service or ridiculed and/or harassed by public officials, while 48 % say their privacy was violated and their personal or sensitive data exposed or not properly protected.

Figure 35 – Problems faced in registering civil status or gender in public documents, among intersex respondents who faced obstacles

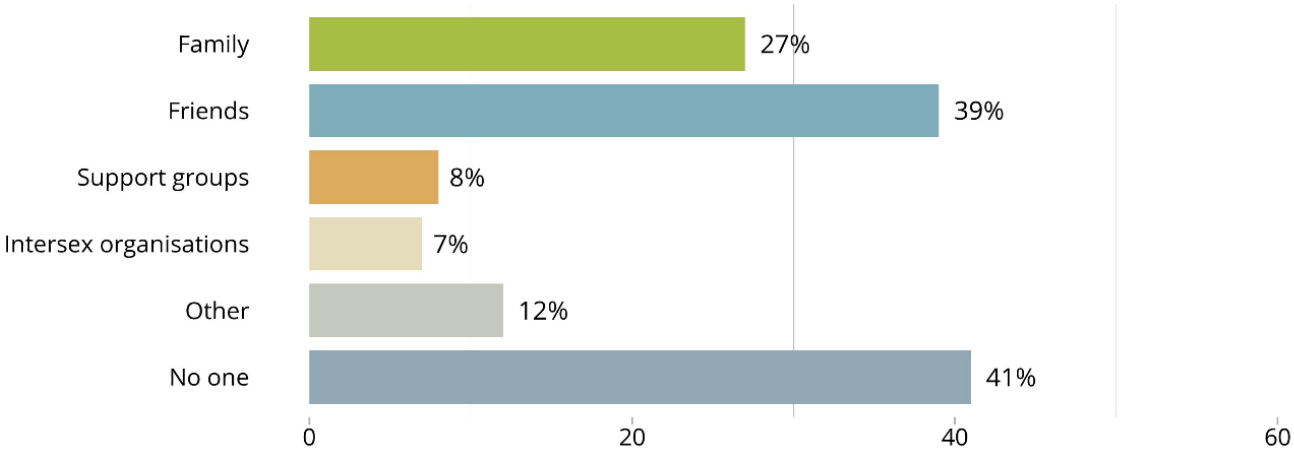


Bar chart showing proportion of problems faced registering civil status or gender in public documents, among those intersex respondents who faced obstacles in such process.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

The survey asked intersex respondents about where they find support in their lives (see Figure 36). The larger part (41 %) said that they have no one to support them as intersex persons. 38 % said it was their friends and 27 % their family. Fewer respondents say they are supported in life by support groups (8 %) or intersex organisations (7 %).

Figure 36 – Supported in life as intersex persons



Bar chart showing proportion of categories of persons supporting respondents in their lives as intersex persons, the higher being no one (41%) and friends (39%) or family (27%).

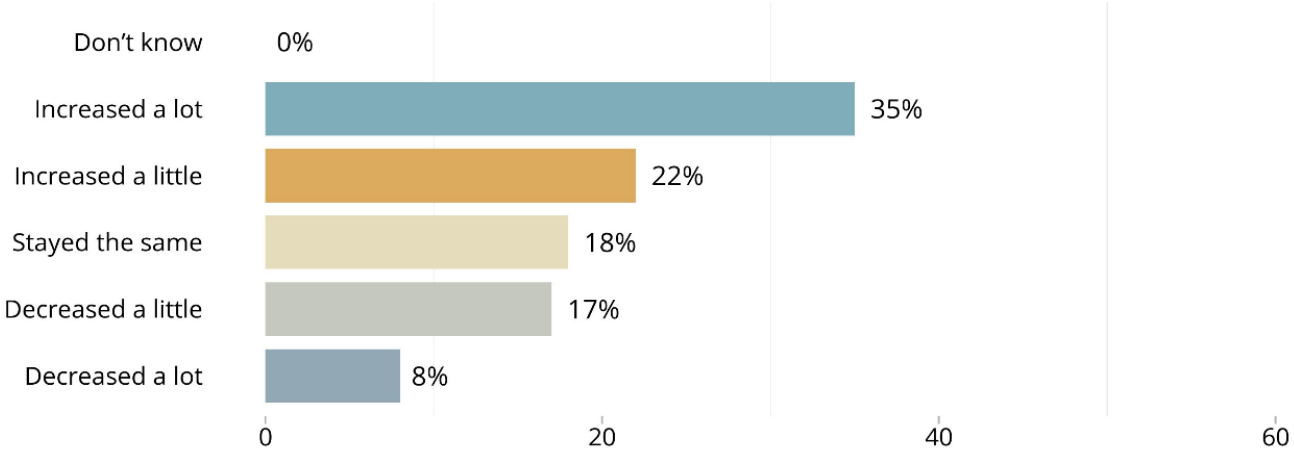
Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

4.5. Social climate and perception of improvement or deterioration

More than half of intersex respondents (58 %) perceive an increase of prejudice and intolerance against LGBTIQ people in the country where they live, while only 25 % perceive a decrease.

Figure 37 shows how many intersex respondents think that in the past five years, prejudice and intolerance against LGBTIQ people has increased, stayed the same or decreased in the country where they live. 35 % say it has increased a lot and 22 % say it increased a little, while only 8 % say it has decreased a lot and 17 % say it has decreased a little.

Figure 37 – Perception of increase or decrease of prejudice and intolerance in the past five years



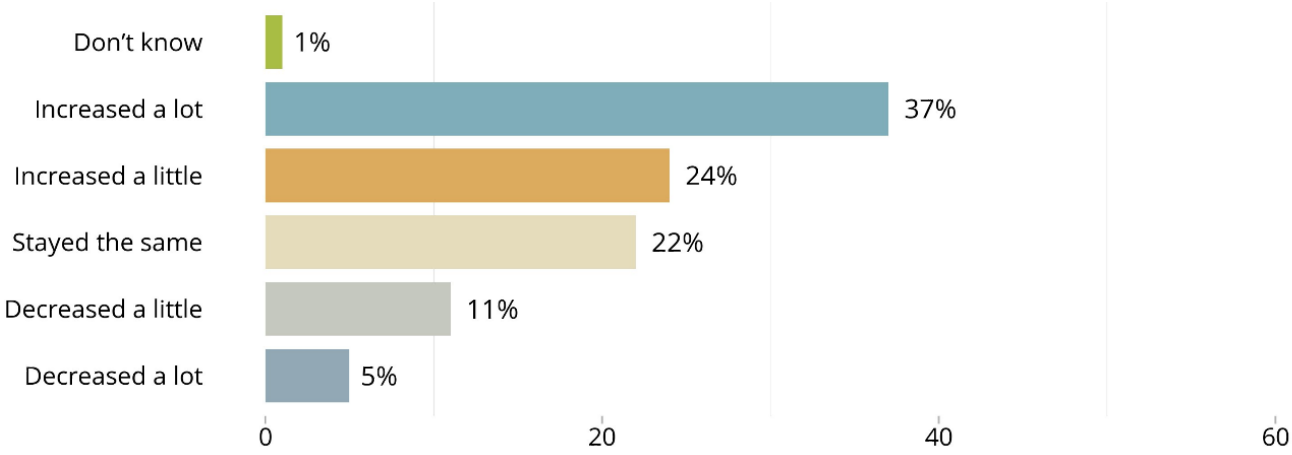
Bar chart showing how many intersex respondents think that in the past 5 years prejudice and intolerance against L G B T I Q people has increased, stayed the same or decreased in the country where they live. 35% say it has increased a lot, 22% say increase a little, while only 8% say it has decreased a lot and 17% say it has decreased a little.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

About two in three intersex respondents perceive an increase of violence in the past five years before the survey, while only 16 % perceive a decrease.

Figure 38 shows how many intersex respondents think that in the past five years, violence against LGBTIQ people has increased, stayed the same or decreased in the country where they live. 37 % say it has increased a lot, 24 % say increased a little, while only 5 % say it has decreased a lot and 11 % say it has decreased a little.

Figure 38 – Perception of increase or decrease of violence in the past five years

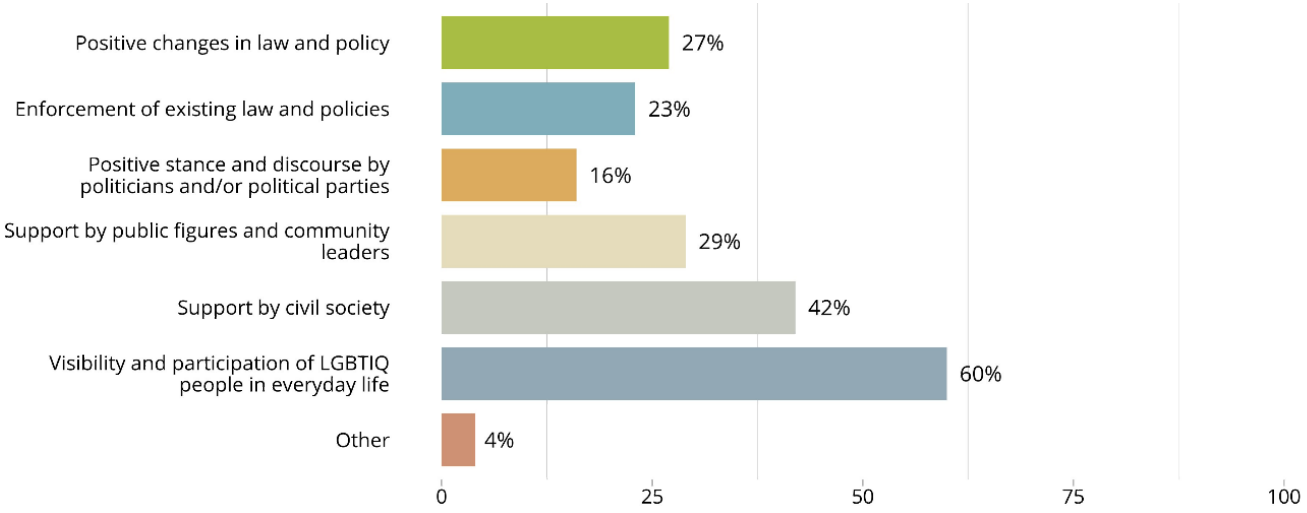


Bar chart showing how many intersex respondents think that in the past 5 years violence against L G B T I Q people has increased, stayed the same or decreased in the country where they live. 37% say it has increased a lot, 24% say increase a little, while only 5% say it has decreased a lot and 11% say it has decreased a little.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 39 shows the main reasons intersex respondents attribute to the decrease in prejudice and intolerance and violence against LGBTIQ people. Most of them point to the visibility and participation of LGBTIQ people in everyday life (60 %) and to support by civil society (42 %). Less than one third (29 %) of intersex respondents say the support by public figures and community leaders has a positive impact, as 27 % indicate as a main reason the positive changes in law and policy, and 23 % the enforcement of existing law and policies. About one in six respondents (16 %) indicate the positive stance and discourse by politicians and/or political parties.

Figure 39 – Main reasons for decrease in prejudice, intolerance and violence against LGBTIQ people



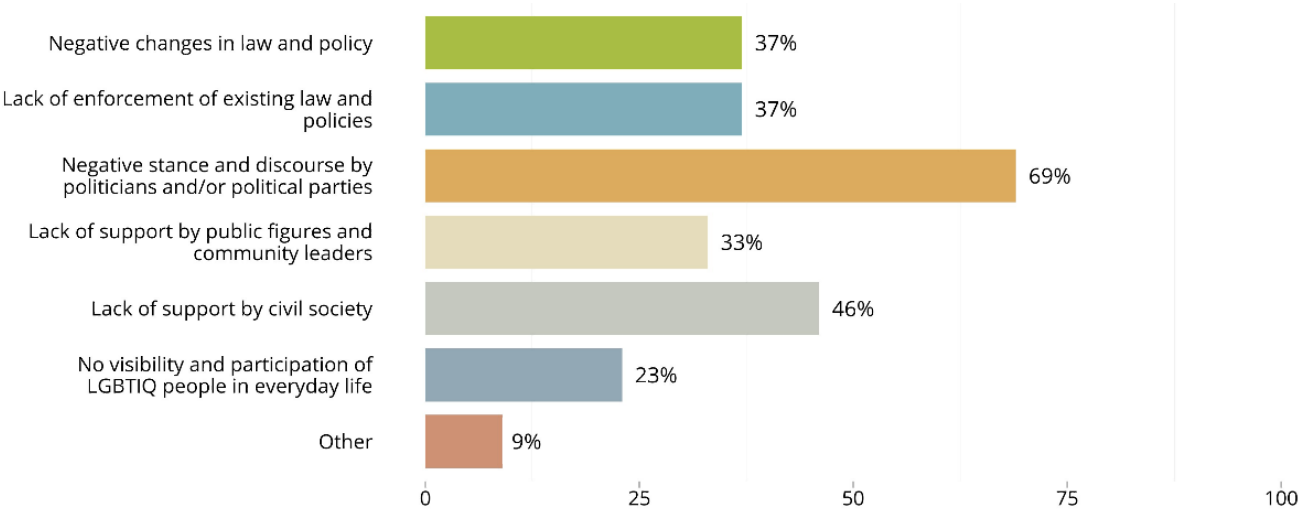
Bar chart showing the main reasons indicated by intersex respondents behind the decrease in prejudice and intolerance and violence against L G B T I Q people. 60% say this it is the visibility and participation of L G B T I Q people in everyday life, 42% say it's the support by civil society, 29% say the support by public figures and community leaders, 27% indicate positive changes in law and policy and 23% the enforcement of existing law and policies, while 16% point to the positive stance and discourse by politicians and/or political parties.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

Figure 40 shows the main reasons cited by intersex respondents behind the increase in prejudice and intolerance and violence against LGBTIQ people.

More than two out of three (69 %) respondents say the main reason behind the increase is the negative stance and discourse by politicians and/or political parties. 46 % point to the lack of support by civil society and 37 % believe these are due to negative changes in law and policy or the lack of their enforcement.

Figure 40 – Main reasons for increase in prejudice, intolerance and violence against LGBTIQ people



Bar chart showing the main reasons indicated by intersex respondents behind the increase in prejudice and intolerance and violence against L G B T I Q people. 69% say it is the negative stance and discourse by politicians and/or political parties. 46% point to the lack of support by civil society and 37% believe these are the negative changes in law and policy or the lack of their enforcement.

Source: EU LGBTIQ Survey III (2023), European Union Agency for Fundamental Rights.

5. Conclusions and ways forward

Being intersex in the EU today often means living a life of adversity, defined by a deprivation of fundamental rights. With widespread experiences of acute exclusion, discrimination and victimisation, the plight of intersex persons today warrants an urgent response and targeted support. This must begin with an acknowledgement of the specific problems these people face in their enjoyment of fundamental rights and be accompanied by efforts to raise awareness about the diversity and the needs of intersex persons. The experiences of intersex persons are the most negative among LGBTIQ survey groups, and their struggles are emblematic of the long road to equality for all, including all LGBTIQ persons. Attacks against EU values, human rights and European democracies by foreign and European actors, especially through online hate speech anti-LGBTIQ campaigns, weaponise the ignorance of the general population about intersex and trans persons, spreading disinformation, hatred and calls to violence against intersex LGBTIQ persons. EU research shows how identity-based disinformation attacking European democracies spreads online hatred against LGBTIQ persons, with campaigns reflected in the LGBTIQ survey data. It shows that identity-based online hatred campaigns are encountered too frequently online by LGBTIQ survey respondents. These are campaigns about LGBTIQ represented as 'propaganda' or 'gender ideology', about LGBTIQ people posing a threat to 'traditional values', about being 'unnatural' or mentally ill or posing a sexual threat and calls for violence against LGBTIQ persons. The defence of their rights by the EU and its Member States is therefore a part of a wider fight to defend European values and the EU *acquis* on fundamental rights.

The EU LGBTIQ Survey III by FRA provides a unique dataset as the largest global survey on the life experiences of intersex persons. The data and evidence on the realities and lived experiences of intersex respondents within this survey offer the necessary evidence-based prompt for policy action by the EU and the Member States. Duty bearers are required to take such legal/policy action, across all sectors: judicial, healthcare, education, employment and social welfare and protection. Nevertheless, little has changed in the decade since the 2015 FRA report on the rights of intersex persons, despite calls by EU, regional and global institutions for law and policy addressing pressing issues that still afflict intersex persons and threaten or violate their rights.

The EU LGBTIQ Survey III results reveal the everyday reality of intersex persons and the serious challenges they face. These results should spur action on the part of Member States to increase their efforts to respect, protect and fulfil the fundamental rights of intersex Europeans. About six in ten intersex respondents said that surgery or hormonal treatment to modify their sex characteristics was conducted without their free, prior and fully informed consent or that of their parents, irrespective of whether these were non-vital interventions. Ending non-vital medical interventions and ensuring free, prior and fully informed consent prior to any medical intervention are the first and fundamental steps in this process. Access to effective redress and reparation and safeguards protecting against such practices are steps needed in this direction. Combating hate crime and speech should be a priority, including because they lead to further discrimination, repeat victimisation and exclusion. Similarly, access to quality healthcare recognising their specific needs and ensuring relevant specialised training of healthcare practitioners is needed. In

this context, intersex persons need to be able to affirm their gender identity if it is not aligned with the legal sex or gender assigned at birth, access legal gender recognition and change names or references and gender markers in official documents.

Based on the valuable data evidence provided by the survey, the next sections provide ideas and recommendations in the way forward to support the EU and Member States in ensuring the protection the fundamental rights of intersex persons.

5.1. Ending intersex genital mutilation

The EU LGBTIQ Survey III survey results provide the evidence basis to encourage Member States to end non-vital surgery and medical interventions in intersex infants and adolescents designed to make them fit typical definitions of male or female without their own or their parents' free, prior and fully informed consent.

In light of the alarming survey findings regarding the absence of free and fully informed consent prior to interventions to modify sex characteristics through medical interventions, the Member States are urged to adopt and implement laws that safeguard intersex persons by ending IGM, non-vital 'sex-normalising' treatments, surgeries and medical treatments performed on intersex children without their free, prior and fully informed consent, in line with the 2019 Parliament resolution on the rights of intersex persons, the 2017 Parliamentary Assembly of the Council of Europe resolution 'Promoting the human rights of and eliminating discrimination against intersex persons' and the ECRI General Policy Recommendation N°17 on preventing and combating intolerance and discrimination against LGBTI people and a ban of IGM. Member States should ensure that gender markers in identity documents and birth registries reflect a person's GIE.

5.2. Banning 'conversion' practices

The survey results reveal that a disproportionately high proportion of four in ten intersex respondents have experienced 'conversion' practices, which are interventions designed to modify a person's sexual orientation or gender identity. Such harmful practices are clearly distinct from gender reassignment interventions that are initiated and performed by persons who want to modify their body and reassign their gender identity with their prior, free and fully informed consent. The proportion for intersex persons is much higher compared with other LGBTIQ survey respondents' groups and the survey average of one in four. The call to ban conversion practices, as urged by the EU (in its equality strategy) and European and UN bodies, is supported by this survey's findings. Furthermore, a European citizens' initiative with more than 1 200 000 signatures calls on the Commission to propose a binding legal ban on conversion practices targeting LGBTQ+ citizens.

Member States should ban 'conversion therapies' by clearly defining and sanctioning in law a range of prohibited practices and their advertisement. Consistent with the terms of Article 4 of the

Charter, Member States should provide effective legal protection for intersex persons from torture and cruel, inhuman or degrading treatment and from intrusive and irreversible interventions relating to their sexual orientation, gender identity, gender expression or sex characteristics. The example of Member States to ban 'conversion practices' could be followed, to ensure the full respect of intersex persons' human dignity and guarantee mental integrity, autonomy and self-determination, irrespective of sexual orientation, gender identity and gender expression of intersex persons.

5.3. Fighting hate crime and hate speech against intersex persons

Large proportions of intersex respondents say that they experience violence and harassment because of being LGBTIQ, but few said that they have reported such incidents to the police or any other organisation. Respondents said they did not report such physical or sexual attacks because they did not trust the police or because they feared homophobic/transphobic reactions from the police.

As the survey data show, hate crime and hate speech against intersex persons have reached alarmingly high levels. Member States are urged to extend and strengthen legal protection by recognising sex characteristics as an aggravating bias motivation and for the inclusion of the former in the list of EU crimes.

EU crimes are particularly serious crimes that take place across the EU and which have impact beyond national borders and are criminalised in EU law. There is currently a list of 10 EU crimes (terrorism, trafficking in human beings, sexual exploitation of women and children, illicit drug trafficking, illicit arms trafficking, money laundering, corruption, counterfeiting of means of payment, computer crime, organised crime). In December 2021, the Commission adopted a communication on 'A more inclusive and protective Europe: extending the list of EU crimes to hate speech and hate crime', which aims to trigger a Council decision to add hate crime and hate speech to the current list of EU crimes as laid down in Article 83 of the Treaty on the Functioning of the European Union, consistent with the Commission's proposal on 'A more inclusive and protective Europe: extending the list of EU crimes to hate speech and hate crime'.

Almost half of intersex respondents say that in the last 12 months they have seen, often or always, online calls for violence against LGBTIQ people more frequently than other survey groups, (e.g. threats of death, rape, beating, slapping). The online hatred confronted by intersex persons indicates the need for prompt and effective intervention by Member States.

FRA has recommended that Member States consider including sexual orientation, gender identity, gender expression and sex characteristics as aggravating bias motivations in criminal law, drawing on the work of the High-Level Group on combating hate speech and hate crime, as well as the Subgroup on Equality Data under the High-Level Group on non-discrimination, equality and diversity. This would facilitate the effective recording, investigation and prosecution of hate crimes against LGBTIQ people.

5.4. Fighting disinformation and online hatred campaigns

In responding to the alarming increase of hate speech and hatred online, the Member States should ensure the full and effective implementation of the Digital Services Act, which entered into force on 17 February 2024 and includes several provisions regarding the obligations of online platforms to protect the fundamental rights of users.

An acute threat to intersex persons and to the cohesion of European democracies is LGBTIQ identity-based disinformation, as shown by recent EU research data. The survey data and other Commission research should motivate Member States to address the threat of such disinformation campaigns against EU societies and democracies, and to use existing EU and national legislation to tackle disinformation that puts intersex persons and LGBTIQ people generally at risk of hate crime and hate speech. In this spirit, the Member States and their competent authorities are encouraged to consult and build on the findings of the Commission research regarding FIMI, and to train their competent authorities and services to effectively detect, analyse and confront identity-based disinformation targeting intersex and LGBTIQ persons.

5.5. Effectively combating discrimination and harassment

While most of the LGBTIQ Survey III groups report a marginal decrease of discrimination experiences compared with 2019, in 2023 intersex survey respondents report the same elevated levels (61 %) as in 2019 (62 %). The highest rates of discrimination experiences are reported by intersex respondents in employment (38 %), an area protected by EU law on the grounds of gender and sexual orientation.

The EU LGBTIQ Survey III results confirm the need to redouble efforts to provide stronger and more comprehensive protection from discrimination on more grounds and in all areas of life. The FRA data, in this and other discrimination and victimisation surveys, provide the evidence base to support the EU and Member States to enact consistent and effective protection against discrimination by extending to other grounds, including sexual orientation, gender identity and sex characteristics. Similarly, it is important to extend protection from discrimination in different areas of life and beyond employment and occupation, which are not currently covered by EU secondary legislation. In February 2025, the Commission withdrew the proposed horizontal equal treatment directive from its programme. However, at the time of writing, after the Commission's consultations with the Parliament and civil society, there are ongoing discussions in the Council to find a solution aimed at promoting the adoption of the proposed directive.

r. FRA survey findings, including those documented in this report, evince the need for comprehensive protection for intersex persons against discrimination in all aspects of life. Indeed, most Member States have already extended protection against discrimination in their national legislation, such that EU-analogous EU regulation would bring EU law in line with the developments in the national legal frameworks.

The survey data on the discrimination experiences of intersex persons in different areas of life and on different grounds highlight and support the need to adopt legislation adding sex characteristics to the protected grounds and efficiently addressing intersectional discrimination. The former would also be consistent with the 2019 Parliament resolution on the rights of intersex persons (2019) and Directive (EU) 2024/1500 of the European Parliament and of the Council of 14 May 2024 on standards for equality bodies in the field of equal treatment and equal opportunities between women and men in matters of employment and occupation, and amending Directives 2006/54/EC and 2010/41/EU, which includes sex characteristics among the victimisation grounds and acknowledges intersectional discrimination as a combination of sex and one or more of the grounds protected under EU law.

Intersex respondents in the 2023 survey were more likely than other groups to report incidents of discrimination to the relevant authorities or other bodies. Among those who do not, most say it is because they do not believe that anything would change or happen; moreover, they do not report incidents despite the high level of awareness of equality bodies among the survey respondents. Therefore, the Member States should ensure that their equality bodies are adequately empowered, mandated and resourced to fulfil their roles and obligations under the existing EU law governing equality bodies, including standards guaranteeing their independence and financial, human and technical capacity, so that LGBTIQ people, including intersex persons, can be confident that they will be heard and helped if they report discrimination. Moreover, all Member States should transpose and implement the EU directives on binding standards for equality bodies into their national law swiftly and effectively.

The survey found that intersex persons often feel discriminated against on several grounds based on multiple and intersecting characteristics. One in five (20 %) of the respondents who feel discriminated against as LGBTIQ people mention ‘disability’, 19 % indicate ‘age’, 13 % ‘religion or belief’ and 15 % cite their ‘ethnic or immigrant background’ as additional grounds for discrimination.

In line with the most recent EU law-making, the recommendations by the Parliament and based on the data of the LGBTIQ Survey III, the EU co-legislator should consider broadening the concept of discrimination to include a clear and operational reference to intersectional discrimination in existing and new legislation in the area of equality and non-discrimination. This would enable the EU and Member States to reinforce legal protection against intersectional discrimination as a combination of different grounds.

5.6. Fighting bullying at schools

The survey data reveal a troubling situation for intersex persons in schools across the EU. Three out of four of intersex respondents say that they were bullied at school. Among them, trans and non-binary intersex persons were the most affected.

Member States need to ensure that all educational settings – particularly schools – provide a safe, inclusive and supportive learning environment, free from harassment, bullying and violence,

for all LGBTI children and young people, including intersex. National educational authorities should consider establishing school-based mechanisms to report and penalise bullying. The EU and Member States should develop measures to address bullying and harassment in educational settings, sharing promising practices and adopting a zero-tolerance approach to harassment and bullying of LGBTIQ students and teachers. Member States could use the guidelines in 'A Compendium on Comprehensive Sexuality Education' (2023), compiled by the United Nations Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, the Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity, the Special Rapporteur on the right to education and the Working Group on discrimination against women and girls. Within the framework of EU programmes such as Erasmus+, educational authorities and professionals can benefit from training and peer learning among schools and educators, including sharing promising practices, in order to tackle homophobic and transphobic bullying.

5.7. Ensuring equal access to healthcare – supporting inclusion of intersex persons

The survey found that intersex persons face severe obstacles in accessing healthcare, in many cases leading to forgoing treatment, avoiding seeking necessary healthcare or in some cases even being refused treatment by medical professionals. One in five among those intersex respondents who faced difficulties say that they faced problems in accessing emergency care or that they had to change their general practitioners due to negative reactions.

Member States should ensure that intersex persons enjoy equal access to good quality, affordable preventive and curative healthcare, taking account of any specific medical needs. To achieve this, medical professionals providing primary and secondary healthcare services should be trained about the particular health needs of intersex persons and appropriate, rights-compliant ways to treat them.

Regarding mental health, more than half of all intersex respondents have contemplated suicide in the year before the survey.

The alarming results about suicidal thoughts and attempts should prompt the Member States to provide more effective support to intersex persons in need of health and mental health services, access to housing and protection from poverty and homelessness.

Furthermore, the survey results indicate that intersex respondents experience homelessness at disproportionately higher rates, compared with the general population and other LGBTIQ survey groups.

In conclusion, the EU LGBTIQ III survey results shed light on the grim realities in the lives of intersex respondents in different areas of life, in light of which Member States are urged to step up their efforts to respect, protect and fulfil the rights of intersex persons. They should, moreover, promote these rights by raising awareness about intersex persons and their innate variations of

sex characteristics, through capacity building and training, to ensure they are supported and strengthened to carry out their duties in a human-rights compliant manner. Based on the survey findings and past FRA research reports like Professionally speaking: challenges to achieving equality for LGBT people (2016), Member States are encouraged to focus in particular on professionals and curricula in all levels of education, healthcare, medical staff, psychological support and social welfare practitioners, law enforcement and judiciary, and civil servants in state–citizen relations and points of contact with the public. In this regard, the contribution and partnership with intersex and LGBTIQ organisations and networks is essential to ensure a participatory approach.

Annex: Terminology – glossary

'**Sex characteristics**' refers to each person's physical and biological features relating to sex, including internal and external genitalia, sexual and reproductive anatomy, gonads, chromosomes, hormones and distribution of body hair, fat and muscle mass.

'**Intersex**' refers to persons who have innate variations of sex characteristic(s), including chromosomal, gonadal, anatomical, or hormonal, that vary from the societal and/or medical understanding(s) of typical female and male bodies (*).

(*) IOM (International Organization for Migration) (2021), 'SOGIESC full glossary of terms', p. 7.

'**Gender identity**' refers to 'each person's deeply felt internal and individual experience of gender'. This 'may or may not correspond with the sex assigned at birth, including the personal sense of the body (which may involve, if freely chosen, modification of bodily appearance or function by medical, surgical or other means) and other expressions of gender, including dress, speech and mannerisms' (*).

(*) ILGA-Europe (2022), 'Glossary'.

'**Gender expression**' is the presentation of a person's gender through physical appearance – including dress, hairstyle, accessories, cosmetics – and mannerisms, speech, behavioural patterns, names and personal references. Gender expression may or may not align with a person's gender identity (*).

(*) Yogyakarta Principles: principles on the application of international human rights law in relation to sexual orientation and gender identity, March 2007, p. 6.

'**Trans**' is an umbrella term that includes people who have a gender identity that is different from their gender assigned at birth. It may include but is not limited to people who identify as transsexual, transgender, cross-dressing, androgyne, polygender, genderqueer, gender-variant and gender non-conforming people, or people with any other gender identity and/or expression that does not meet the societal and cultural expectations placed on gender identity (*).

(*) ILGA-Europe (2022), 'Glossary'.

'**Non-binary**' refers to gender identities other than male or female (*).

(*) ILGA-Europe (2022), 'Glossary'.

FRA in its report of the EU LGBTIQ survey III, LGBTIQ Equality at a Crossroads – Progress and challenges, placed under the category '**non-binary and gender-diverse**' the respondents that selected one of the following as best fitting their current gender identity: non-binary, genderqueer, gender fluid, agender, poly-gender, cross-dressing woman or man. FRA did so after consultation with the LGBTIQ experts, networks, and civil society,

'**Cisgender**' (or 'Cis') refers to a person who does not identify as trans (*) or non-binary and whose current gender identity corresponds to the sex they were assigned at birth (**).

(*) ILGA-Europe (2022), 'Glossary'.

(**) National Academies of Sciences, Engineering, and Medicine (2022), Measuring Sex, Gender Identity, and Sexual Orientation, p. 4, The National Academies Press, Washington, DC, https://doi.org/10.17226/26424.

'**Intersectionality**' is defined by EIGE as 'ways in which sex and gender intersect with other personal characteristics/identities, and how these intersections contribute to unique experiences of discrimination' (*).

This report adopts an intersectional approach, disaggregating respondents by sexual orientation, gender identity and sex characteristics (SO-GIE-SC) as well as by age, gender, disability, socioeconomic and employment status, educational attainment and belonging to a minority group. By doing so, it shows how experiences of discrimination or victimisation might result from multiple and intersecting layers of identities as perceived by the respondents and others. An intersectional approach helps analyse situations in which several grounds for discrimination operate concurrently, producing a multiplier or compounding effect (**).

(*) EIGE, 'Glossary & thesaurus'.

(**) See also the Yogyakarta Principles plus 10 (2017), Additional principles and state obligations on the application of international human rights law in relation to sexual orientation, gender identity, gender expression and sex characteristics to complement the Yogyakarta Principles, as adopted on 10 November, Geneva.

The Parliament, in its 2022 resolution 'Intersectional discrimination in the EU: socio-economic situation of women of African, Middle-Eastern, Latin American and Asian descent', stresses that 'intersectional discrimination refers to a situation in which several grounds of discrimination operate and interact with each other, for example gender with other grounds of discrimination, such as race, colour, ethnic or socioeconomic status, age, sexual orientation, gender identity and expression, sex characteristics, genetic features, religion or belief, nationality, residence status, migrant background, or disability, among others, in a way that is inseparable and produces specific types of discrimination;

- (…) intersectional discrimination differs from multiple discrimination, which occurs when each type of discrimination can be proved and treated independently; whereas in the case of intersectional discrimination, the grounds of discrimination are intertwined, which creates a unique type of discrimination; whereas intersectionality allows a perspective that accounts for intersecting grounds without prioritising one over the other;
- (…) intersectional approach caters to the multidimensionality of people's experiences and identities and entails a bottom-up approach; whereas using an intersectionality approach in analysis and policies requires thinking differently about identity, equality and power imbalances;
- (…) an intersectional analysis allows us to address and understand social inequalities, exclusion and discrimination from a comprehensive, systemic and structural perspective'.

'**Intersex genital mutilation**' (IGM) is an intervention on a healthy intersex body. It is performed when, according to societal and medical notions, a person's external genitals do not look 'normal' enough to pass as 'male' or 'female' genitals. The term IGM encompasses all harmful medical practices, including surgical, hormonal and other medical treatments, to irreversibly modify sex

characteristics of intersex persons for non-vital, cosmetic reasons (*).

(*) OII Europe (Organisation Intersex International Europe)

‘**Conversion’ practices** or ‘**conversion therapies**’ are any treatment or intervention aimed at changing a person’s sexual orientation or gender identity. They can vary between less and more harmful interventions. The EU LGBTIQ Survey asked respondents about their experiences of such ‘conversion’ practices, varying from intervention by family members, prayer, religious ritual or religious counselling, to psychological or psychiatric treatment, medication, physical pr sexual violence, verbal abuse or humiliation.

Country codes

- **EU-27** – Survey average of the results for the 27 EU Member States
- **EU-30** – Survey average of the results for the 30 surveyed countries (27 EU Member States + Albania, North Macedonia and Serbia)
- **AT** – Austria
- **BE** – Belgium
- **BG** – Bulgaria
- **CY** – Cyprus
- **CZ** – Czechia
- **DE** – Germany
- **DK** – Denmark
- **EE** – Estonia
- **EL** – Greece
- **ES** – Spain
- **FI** – Finland
- **FR** – France
- **HR** – Croatia
- **HU** – Hungary
- **IE** – Ireland
- **IT** – Italy
- **LT** – Lithuania
- **LU** – Luxembourg
- **LV** – Latvia
- **MT** – Malta
- **NL** – Netherlands
- **PL** – Poland
- **PT** – Portugal
- **RO** – Romania
- **SE** – Sweden
- **SI** – Slovenia
- **SK** – Slovakia
- **AL** – Albania
- **MK** – North Macedonia

- **RS** – Serbia

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