



# Colourful Childhoods

**EMPOWERING LGBTIQ CHILDREN  
IN VULNERABLE CONTEXTS TO COMBAT  
GENDER-BASED VIOLENCE ACROSS EUROPE**

## Integrative Analytical Report

**Research Team: Ana-Cristina Santos, Mafalda Esteves, Núria Sadurní  
Balcells, José Antonio Langarita**

## Authors

Center for Social Studies: Ana-Cristina Santos, Mafalda Esteves.

Universitat de Girona: Núria Sadurní Balcells, José Antonio Langarita

## Project Information

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## Summary

In the context of the Colourful Childhoods (C-Child) research project, country-based reports have been produced by the research team in each country involved. Built upon these reports, the current Integrative Analytical Report was designed to provide a brief overview of the legal and sociocultural situation of LGBTIQ people in Europe, with a particular focus on countries included in the C-Child study.

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## Introduction – Research Design and Sample

Colourful Childhoods (C-Child): *Empowering LGBTIQ children in vulnerable contexts to combat gender-based violence across Europe* gathered six countries, Bulgaria, Hungary, Italy Lithuania, Portugal and Spain to combat violence based on gender identity, gender expression and sexual orientation and sex characteristics suffered by children<sup>1</sup> from vulnerable contexts who do not conform to gender roles and gender norms during covid-19 pandemic. Based on a child-centred perspective and from an interdisciplinary approach, each country involved conducted an online national survey with LGBTIQ children from 15 to 17 years old, interviews with stakeholders in the area of childhood, and focus groups with LGBTIQ children from the 6–17-year-old age range. Due to legal constraints, the fieldwork with children took place exclusively in Italy, Spain, and Portugal.

Ethical procedures were granted at every step of the research design and further implementation, (e.g., ethical committee approval, informed consent from the participants and in some countries legal consent from their legal tutors). Also, each partner followed the C-Child Child Protection Policy. The CES-UC team with the support of UdG were in charge of leading the process.

### Online Survey and Sample

The Online Survey for Colourful Childhoods was designed by the C-Child research team at UdG, led by Dr. Jose Antonio Langarita, Dr. Carme Montserrat, Dr. Pilar Albertin and Núria Sadurní. After being shared and discussed by all partners in the consortium, the survey was translated into all relevant languages, adapted to national contexts, and uploaded to the online statistical software LimeSurvey. A pre-test was carried out in each local context in order to make some minor changes, which were added to LimeSurvey before implementation.

The survey was aimed at teenagers between 15 and 17 years old. To obtain the data, partners distributed the survey link with a variety of strategies, specifically: sharing it in the organisation's social media accounts; making TikTok videos advertising the survey; hiring influencers to advertise the survey in their accounts; sharing it in the partners' personal accounts; sharing it with professionals who work with children so they could share it with the target participants; and sharing it with target participants so they could answer and then share it with others.

The online survey received 4086 responses, although 931 of them were blank answers (mostly) or troll/fake answers (some). Once we eliminated these, we were left with 3155 responses. For this analysis, we only used those answers that fell into our target – eliminating all answers from cisgendered heterosexual teens. Finally, 82 responses were analysed in the case of Portugal, 480 for Hungary, 192 for Bulgaria, 190 for Italy, 606 for Lithuania, and 976 for Spain, with a grand total of 2526 analysed survey responses.

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<sup>1</sup> Following the definition established by the United Nations Convention on the Rights of the Child, the notion of child refers to every human being below the age of eighteen years.

### **Focus Groups**

Due to national laws, some countries were exempt from the focus group implementation (Bulgaria, Hungary and Lithuania). For that reason, the focus groups with LGBTIQ children were only carried out in Italy, Portugal and Spain.

The script for the focus group was proposed by the CES team and two versions were created to be applied according to the age group of children (6–11 years old and 12–17 years old). The main dimensions to explore through the focus group were: knowledge about the subject (I); experiences of violence and resistance during the pandemic (II); and beliefs and assessments (adultism, professional practices/services) (III).

In contexts such as Portugal, Spain and Italy, finding LGBTIQ children who met the inclusion criteria and attended the focus group was a big challenge for the team but recruitment challenges were different for each partner involved. Despite that, motivation and proactive involvement of local partners (e.g., LGBTIQ NGOs) in each country were crucial for a successful implementation.

Different strategies were applied for the recruitment process and outreach materials were created and disseminated through social media (TikTok, Instagram), social platforms which LGBTIQ children frequented. Also, countries like Spain involved relevant national LGBTIQ children's influencers as a strategy for focus group recruitment and to disseminate the project.

In order to achieve LGBTIQ children's participation in the focus group outside of the main urban areas, some partners conducted them both online and offline. Each partner decided on the best strategy according to the local context. Even in countries where there are LGBTIQ policies like in Spain or Portugal, one of the common challenges was access to schools with higher restrictions in carrying out LGBTIQ-related activities. Another challenge was the mandatory parent's consent to participate in academic projects (e.g. Italy). Consequently, children who are not 'out' or have problems with their families could not join the focus groups.

In all countries, participants were from the range of age 12 to 17 years old and a total of eight focus groups: Italy (2), Spain (4) and Portugal (2) were implemented and the participation in each group varied from four to 10 children. With some exception, all focus groups were conducted face-to-face. The average duration of each session was 90 minutes.

### **Interviews with Services/Professionals**

As a consortium, all partners agreed on the main characteristics of the participants in the study (age range, vulnerable context definition, etc.), the recruitment process and information analysis following the methodological guide previously constructed by CES-UC and approved by all the C-Child consortium.

Interview scripts were created bearing in mind stakeholders in different public services and NGOs who work with children, and each partner made some adaptations according to the local context. The main topics to explore during the interviews were: knowledge

about the topic, practices and experiences, and beliefs and opinions with a particular focus on adultism.

Across the consortium, the main concerns regarding the profile of prospective interviewees were job relevance, type of service (public/private) and work experience with LGBTIQ children and youth, and people who had participated in good practices regarding LGBTIQ children, as well as the gender dimension. Some interviewees were also part of LGBTIQ NGOs and/or were themselves self-defined LGBTIQ: from psychologists to public servants, youth workers, sociologists and other children-related services.

Fieldwork started in May and lasted until November 2022. The recruitment strategies included several contacts through personal and professional networks, sending letters of invitation, using a process of referencing from other stakeholders and relevant contacts in the field.

Overall, 83 interviews were conducted. Most participants identified as cisgender, despite our best efforts to introduce gender diversity, making it noticeable that it is still cisgender people who are perceived as experts, work with and are the stakeholders on transgender, gender non-conforming children and youth issues. Most participants identified as women and heterosexual despite some non-heterosexual participants.

Interviews gathered participants from different job positions, scopes and organisation type, making it possible to include different perspectives in the fields of the study. Also, it was very important to include activists and people working in LGBTIQ NGOs to amplify the overview in the field.

## 1 – Legal and Political Context Regarding LGBTIQ Rights

### 1.1. Legal and Political Context in C-Child Countries

The status of LGBTIQ rights in Europe is complex and varied, with each country experiencing its own history of progress and backlash. As a result, there is a diverse landscape of attitudes towards these rights across the continent. Unfortunately, in recent times, there has been a sharp increase in anti-LGBTIQ rhetoric from politicians and leaders, leading to a surge in hate crimes targeting the LGBTIQ community across Europe. The pandemic has worsened this situation, as it has amplified far-right populist discourses and anti-gender discourse. It has also deepened socio-economic inequalities and further worsened the already vulnerable living conditions of groups such as LGBTIQ children.

Despite this rise in hate, there has also been a wave of allyship and determination among many European countries and the European Union to address and combat discrimination and exclusion of LGBTIQ communities. While legislation that regulates the rights of LGBTIQ children in Europe is very recent and generally absent in most C-Child countries, significant progress has been made in several European countries in the past decades, including the possibility of same-sex marriage and parenthood, as well as the recognition of gender self-determination that includes children for the first time in history.

However, there is still a striking contrast between countries with formal recognition and protection of SOGIESC (sexual orientation, gender identity and expression, and sex characteristics) rights and those without. In countries without a legal framework to address violence and discrimination based on SOGIESC, adults and children with diverse sexual orientation and gender identities face unique challenges.

Particularly during the covid-19 pandemic, the majority of pan-European states failed to respond adequately to the needs of LGBTIQ communities (ILGA Europe, 2022). As a result, civil society organisations have played a crucial role in providing psychosocial support, including mental health support.

The role of social movements and progressive political parties in enacting social and legal change has been crucial, even in contexts where decades of fascist regimes and the influence of the Catholic Church have traditionally blocked the advancement of LGBTIQ rights. This was the case in Portugal (Santos, 2013) and Spain (Trujillo, 2009). Despite a similar political and religious legacy, Italy remains a paradigmatic case of resistance to legal change that would advance equality and non-discrimination.

Other countries struggle with powerful actors that are strikingly different, ranging from former communist regimes to the most recent anti-gender backlash. Hungary and Lithuania are examples where radicalisation and polarisation in society around the topic of children's rights is a challenge.

In other countries, the rise of far-right movements that oppose gender equality has had a significant impact. Although this affects many countries included in our research project, particular attention must be paid to Hungary or Bulgaria, where no public research on LGBTIQ status and discrimination has ever been conducted, resulting in the absence of a solid basis for legal reforms.

Drawing on the context-based knowledge produced by Colourful Childhoods in each country involved in the study, Portugal and Spain stand out for having a broader and more inclusive legal framework. Recently, Spain approved a new national LGBTIQ law that grants new rights for LGBTIQ children, such as the right to modify their name and sex in all documents without requiring a medical diagnosis of gender dysphoria or parental permission in cases where children are 16 years old or older (between 14 and 16 years old with parental permission). The law does not include non-binary children's rights. This legal advance also considers LGBTIQ children with no Spanish nationality, representing an intersectional view of LGBTIQ childhoods rights by the Spanish state.

However, it is important to note that legal recognition does not always translate into effective social measures that would prevent and combat discrimination. For example, in the C-Child countries, professionals lack knowledge on LGBTIQ issues to properly support children, and adult-centred discourses regarding childhood dominate. The instability of teams and uncertainty about the sustainability of social intervention projects in the third sector are also identified as difficulties that directly affect the well-being of all children, including LGBTIQ children.

The C-Child project revealed that LGBTIQ children across all countries in the consortium are facing a lack of respect for their self-determination and rights. Shockingly, with the recent exception coming from Spain, so-called "conversion therapies" are still not banned in the countries involved. Our data indicates that prejudice and social discrimination based on SOGIESC are still prevalent, with high levels of LGBTIQ-phobic

violence and resulting mental health issues, which are even on the rise in countries such as Spain and Portugal, despite the existence of protocols to address social discrimination. In Spain, for instance, there is only partial prohibition of medical intervention for intersex individuals, and it is not applicable in all regions. Similarly, Portugal lacks recognition of trans parenthood, and there is no policy in place to address hatred based on sexual orientation and/or gender identity.

Recognising the presence of issues and gaps in countries with high levels of formal recognition of LGBTIQ rights is crucial to challenge the homonationalist narrative and urge policymakers to take effective anti-discrimination measures that encompass formal and informal education. It is important to note that the decriminalisation of homosexuality does not necessarily lead to corresponding legal and social changes consistent with decriminalisation. For example, despite Italy, Hungary, and Bulgaria having decriminalised homosexuality much earlier than many C-Child countries (1889, 1951, and 1968, respectively), the pace and extent of LGBTIQ recognition in these countries demonstrate that there are no linear outcomes from a single legal breakthrough. Therefore, legal change aimed at recognising LGBTIQ rights is just the beginning, the most fundamental common ground on which we stand. However, it is not enough to bring about social and cultural change without sustained and consistent efforts.

Understandably, countries with a historically hostile legal and political context towards LGBTIQ rights are a cause for more extensive concern today, particularly regarding violence, safety, and well-being. In these contexts, both children and professionals often feel unsupported and discouraged, in contrast to other contexts where the state endorses locally based initiatives implemented in schools, health centres, or public spaces.

The role of social movements and the European Union (EU) has been significant. Social movements mobilise support and create visibility, which, in turn, leads to further mobilisation, actively contributing to the development of an LGBTIQ agenda. Over the past decade, equality marches and LGBTIQ prides have been celebrated in all countries, even when they have been targeted by attacks and backlash (e.g., Hungary and Bulgaria). In many countries, activists have played a key role in lobbying and consultation processes with decision-makers, especially local and national MPs. They have also filled significant gaps by providing training and promoting social awareness in schools and other settings, organising workshops (both face-to-face and online), gathering statistical and qualitative data to inform the national contexts, and serving as care providers in the absence of an efficient and inclusive welfare state – this aspect was particularly critical during the covid-19 pandemic.

The EU has established minimal standards for accession, which in the country-based history of LGBTIQ rights and politics has had an impact. Some countries have had to eliminate discriminatory legal provisions in order to meet these criteria and be considered suitable for EU membership. Lithuania is one such country, which despite meeting the criteria, remains one of the few European countries that does not recognise any form of LGBTIQ partnering. Similarly, and according to the Rainbow Europe Map (Ilga Europe, 2022), Bulgaria has only achieved 18% of LGBTIQ human rights. On a more symbolic level, being part of the EU expands the "equal-by-comparison" effect (adding pressure to rank better) and provides a platform for local demands for greater inclusion and diversity. Additionally, in some contexts, the European Court of Human Rights has played a significant role in promoting respect for LGBTIQ rights.



Formal recognition of same-sex parenthood and gender diversity have arrived later, if at all, in Europe. Hungary, Lithuania, and Bulgaria have restrictions on same-sex parenthood, while Italy only allows assisted reproduction techniques (ART), specifically IVF for cis women, for married or cohabiting heterosexual couples. Gender diversity, including intersex rights, is still absent in Lithuania, Bulgaria, Italy, and Hungary, which passed a bill prohibiting gender recognition of trans people in 2020. Few countries have formally recognised the rights of LGBTIQ children and youth, and even when they have, it is often a recent and controversial change. Portugal and Spain are among the few countries that have made more progress in this area.

The most pressing concern regarding LGBTIQ rights in Europe today is the backlash resulting from the rise of far-right populism and the expansion of ultra-conservative, anti-gender agendas. This, coupled with the vulnerability of LGBTIQ children's rights across the EU, is cause for alarm and should be a priority for intervention at the supranational level.

The EU has taken an important step towards promoting the project of Europe with the creation of the LGBTIQ Equality Strategy (2020–2025)<sup>2</sup> and the EU Strategy on the Rights of the Child (2022–2027)<sup>3</sup> but it is not sufficient. It is time to dismantle adult-centric views and practices and put the best interests of children at the heart of human rights and equality agendas – all children, including the rights of LGBTIQ children and young people.

## 1.2. Timeline of LGBTIQ Rights in C-Child Countries

### Decriminalisation of homosexuality

BU	IT	HU	SP	PT	LT
1968	1889	1961	1978	1982	1993

### Criminalisation of LGBTIQ discrimination

Most countries have adopted legislation against discrimination in different areas such as labour, education and public space through hate speech legislation, mostly regarding sexual orientation. But few have legislation that include gender identity and expression and also protection of sexual characteristics.

Some countries, like Bulgaria, do not have sanctions against anti-LGBTIQ hate crimes and hate speech in the Penal Code. Others like Spain in 2003, Portugal in 2004 and

<sup>2</sup> <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020DC0698>

<sup>3</sup> [https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/rights-child/eu-strategy-rights-child-and-european-child-guarantee\\_en#the-eu-strategy-on-the-rights-of-the-child](https://commission.europa.eu/strategy-and-policy/policies/justice-and-fundamental-rights/rights-child/eu-strategy-rights-child-and-european-child-guarantee_en#the-eu-strategy-on-the-rights-of-the-child)

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Lithuania in 2009 have adjusted their legal framework in relation to sexual orientation discrimination. Since 2003 that Hungary, have a specific legislation against discrimination specifically based on sexual orientation or gender identity. When it comes to discrimination based on gender identity only, it has been formally addressed in Portugal since 2011 and Spain since 2013. Although "change of sex" (an ambiguous phrase which provides some protection from discrimination for trans people who have changed their legal documents) was included in the Protection from Discrimination Act in Bulgaria, there is still an absence of clear procedure for legal gender recognition of trans and intersex people. Also, in 2020 Hungary passed legislation that prohibits the legal gender recognition of transgender people.

### Consent Legislation

In many countries, legislation on consent has historically included different ages for heterosexuals and homosexual people. Therefore, equal ages of consent are much more recent in some of the C-Child countries.

IT	HU	LT	BU	PT	SP
1889	2002	2004	2006	2007	2009

### Same-Sex Marriage

Legislation around same-sex marriage is still controversial in almost all C-Child countries. This is the case of Bulgaria, Hungary, Italy and Lithuania, where same-sex couples do not have access to any regulation on same-sex marriage. Both Spain and Portugal have access to same-sex marriage although with slightly different regulations on parenting, adoption and reproductive rights.

SP	PT
2005	2010

### Homoparenting, Adoption, Procreation Rights

In most C-Child countries, LGBTIQ families have little to no rights when it comes to having children and having their families recognised. In Lithuania and Italy there is no

legislation. In Bulgaria, it is still taboo and only since 2004 it has been extended assisted reproduction techniques (ART) to single women, which since then may be used by women in relationships with women. In Hungary, women in relationship with women cannot take part in reproduction procedures (unless they lie about their relationship, which can lead to legal repercussions), and even adoption by single parents is heavily regulated, needing ministerial consent. None of the C-Child countries recognises trans parenthood.

### Adoption and co-parenting

SP	PT
2005	2016

### Fostering and co-parenting

SP	PT
2005 co-parenting	2016

### IVF for CIS women

HU	BU	SP	IT	PT
2005**	2004	2006	2004*	2016

\* *Partial recognition: only married or cohabiting heterosexual couples.*

\*\* *Assisted reproduction procedures extended to single women.*

### Gender recognition laws

Gender recognition laws are the latest to be available and are only available in a few countries. This is the case in Portugal, with a first law dating from 2011 until a more progressive law that includes protection of sex characteristics in 2018. In Spain trans

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people have been allowed to modify their gender marker and name in the Civil Registry since 2007, provided that certain requirements have been met (being Spanish and an adult, pursue two-year hormone treatment and obtaining a certification of gender dysphoria). Later in 2019, the Constitutional Court decision allowed the modification of the name and gender identity in the official documents of children and in 2022, LGBTIQ children achieved the right to modify their name and sex in all documents with no requirement of medical records of gender dysphoria or parental permission if they are 16 years old (between 14 and 16 with parental support). In Italy since 1982 there have been measures regarding legal gender recognition; however, it was only in 2015 that no compulsory surgical intervention was required. Bulgaria, Hungary and Lithuania do not have legal gender recognition (though legal gender recognition practice starting at least in 2003 in Hungary used to be considered quite progressive, until the explicit ban in 2020).

PT	SP	IT
<ul style="list-style-type: none"> <li>- 2011 (Law no. 7/2011)</li> <li>- 2018 (Law no. 38/2018)</li> </ul>	<ul style="list-style-type: none"> <li>- 2007 (BOE no. 65)</li> <li>- 2019 (BOE no. 10)</li> <li>- 2022 (Law no. 4/2023 of 1 March 2023)</li> </ul>	<ul style="list-style-type: none"> <li>- 1982 (Law no. 164 of 14 April 1982)</li> </ul>

**1.3. Relevant Statistical Data about LGBTIQ Children’s Situation in Europe**

In recent years, violence against children has become a serious concern in Europe, as it is mismatched with what is proclaimed in the United Convention of Children’s Rights<sup>4</sup>.

The covid-19 pandemic left us with a legacy of tremendous negative effects on people’s access to social rights, affecting all areas of life, while exacerbating existing social vulnerabilities and inequalities, particularly for many of those in precarious living conditions (ETUI, 2021). Children as well as women were the groups facing the greatest levels of social exclusion during this period and beyond. Thus, difficulties in making ends meet increased significantly among those already in a precarious situation (Eurofund, 2021).

A report by the European Union Agency for Fundamental Rights (FRA, 2020) shows that child poverty and social exclusion still continue to be major issues in the European Union. In 2019, approximately 23 million children, representing nearly 18% of all children in the EU, were at risk of poverty or social exclusion. Despite previous studies showing that one in five children live in poverty in the EU, the paradoxical reality of child poverty in the

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<sup>4</sup> <https://www.unicef.org/child-rights-convention/convention-text>

developed world has worsened due to growing income inequality. This phenomenon is also observed in C-Child countries such as Italy, where child relative income poverty rates are high compared to the OECD average (OCDE, 2017). Many children in those countries also live in overcrowded households, leading to lower self-reported life satisfaction among teenagers.

The covid-19 pandemic has also had a significant impact on children's mental health. Suicide is the second leading cause of death among young people in Europe, with over nine million adolescents aged 10 to 19 living with mental health disorders (UNICEF, 2021). Anxiety and depression account for more than half of these cases, with prevalence rates varying across countries: Spain, Portugal, Italy, Bulgaria, and Hungary are amongst the countries with the highest prevalence rates of mental disorders in children from 10 to 19 years old. For instance in Spain, the Changing Childhood Project found that 11% of the population between 15 and 24 years old often felt depressed or lacked interest in daily activities (Moira Herbst, 2021). In Bulgaria a recent report shows that over 3.500 reports of violence against children are received each year and around 1.000 actual cases are opened after investigation. Besides, over 4.200 incidents of violence against children happen every year in schools and, on the other hand, 68% of Bulgarian parents accept the use of "reasonable violence" as a means of discipline (UNICEF Bulgaria, N.d).

Tendencies are similar in Hungary, where recent data shows that around 38% of Hungarians think that a slap will not hurt their child. The isolation, fear and insecurity caused by the covid-19 pandemic have made the world an even more dangerous place for children by 2020, with estimates of child abuse cases increasing by up to 30% during the pandemic according to UNICEF Hungary (2021). In Portugal, data gathered by the Commissions for the Protection of Children and Young People in 2020 showed 42 098 new communications of danger. Domestic violence (13 782 children) and neglect (12 946 children) were the most frequent causes and with greater weight in the groups of 11-to-14-year-olds and 15-to-17-year-olds, both in boys and girls (CNPCJ, 2021). In Italy, according to the Italian Ministry of Labour and Social Policies, in 2020 there were 161.716 children in child protection. In Spain, according to the Childhood Observatory in 2020, the number of minors under the public child protection system fell from 50.272 to 49.171 between 2019 and 2021. Guardianships also decreased, from 33.208 in 2019 to 31.738 in 2020. As for the figures for residential foster care, there is a considerable decrease from 23.209 in 2019 to 16.991 in 2020. Foster care with families adds 18.892 in 2020, down from 19.320 in 2018.

Despite these challenges, the United Nations Children's Fund Office of Research found evidence of positive coping and resilience among children (Sharma et. al., 2021). Their study of more than 130.000 children from 22 countries revealed the presence of increased stress, anxiety, and depressive symptoms, as well as alcohol and substance use, and externalising behavioural problems. However, the study also showed that many children are finding ways to cope and adapt to these challenges, highlighting the importance of providing support and resources to help children build resilience and overcome adversity.

Despite the concerning state of affairs, the EU remains committed to safeguarding the protection, care, and well-being of children, as underscored in Article 24 of the EU Charter of Fundamental Rights. This commitment is further strengthened by the EU

Strategy on the Rights of the Child, which places a special emphasis on protecting vulnerable children.

The prevalence of discursive trends surrounding childhood has made it a fertile ground for disputes related to LGBTIQ children (United Nations, 2021; FRA, 2020). The Rainbow Europe Map (2022), which compares the human rights situation for LGBTIQ individuals across 49 European countries, reveals significant differences in the position of C-Child countries. For instance, Portugal and Spain are ranked 9th and 10th, respectively, while Hungary, Italy, Lithuania, and Bulgaria are relatively poorly positioned (30th, 33rd, 35th and 40th respectively).

As mentioned before, numerous studies conducted in Europe have provided insights into the current state of equality and social discrimination in recent years. According to the Eurobarometer survey (2019), there is greater recognition of the widespread nature of discrimination based on sexual orientation among civil society at the European level. Moreover, compared to 2015 data, there has been a five-percentage-point increase in the general population's acceptance of LGBTIQ individuals as colleagues or as high-ranking political figures in their country. The highest social acceptance is mainly found among women aged 15–24, with higher education, living in urban areas, and leaning towards the left side of the political spectrum. Additionally, these individuals are the most likely to believe that LGBTIQ individuals should enjoy/have the same rights as heterosexual individuals. Data shows that between countries there are significant discrepancies in social beliefs and attitudes towards equality and non-discrimination based on SOGIESC across different countries (Eurobarometer, 2019; OECD, 2019). For example, Spain reports the highest level of agreement that LGBTIQ people should have the same rights as heterosexuals (91%), followed by Portugal (78%), Italy (68%), Lithuania (53%), Hungary (48%), and Bulgaria (38%).

Encouragingly, statistics from Spain reveal high levels of LGBTIQ+ friendliness, with the vast majority of people responding positively to accepting LGBTIQ+ individuals. For instance, 81% of the population would feel comfortable with a gay, lesbian, or bisexual person holding the highest elected political position in the country, while 74% and 72% would be comfortable with a transgender or intersex person, respectively. Moreover, 89% agree or tend to agree that there is nothing wrong with same-sex couples. However, some data continues to reveal some concerns in Europe: in Bulgaria, only 20% agree that there is nothing wrong with a sexual relationship between two people of the same sex (Eurobarometer, 2019).

A large-scale survey conducted by Medián Polling Agency (2019) and representative of the general population on LGBTIQ issues reveals that in Hungary, 59% of 1.000 respondents support marriage equality, 69% agree that same-sex couples can be good parents, and 66% believe that students should learn about sexual minorities as part of their school curriculum. Also, this study found that Hungarians are rather divided on LGBTIQ issues, with 78% of respondents having never heard the term “LGBT” and over half of the population not knowing a word to describe transgender people. A survey conducted in Italy in 2021 found that 58% of Italians support the legalisation of same-sex marriage, while 36% oppose it (Ipsos, 2021). In contrast, in Lithuania, only 8% of 529 respondents agreed that the legal definition of family should include same-sex relationships (ILGA Europe, 2020). Additionally, a poll launched by the Lithuanian

president revealed that almost half of the population was against the Istanbul Convention, which pertains to LGBTIQ issues.

The findings of FRA surveys, the Special Eurobarometer on Discrimination in the EU, and national studies based on discrimination testing published in 2019 confirm that discrimination and inequalities on the grounds of sexual orientation and gender identity is still a reality.

Regarding LGBTIQ young people aged 15 to 17, the findings of an LGBTIQ survey in 2019 found that they still experienced discrimination in eight areas of life (FRA, 2020): among the so-called C-Child countries, Bulgaria had the highest expression of discrimination at 67%, followed by Hungary and Portugal at 64%. Spain and Italy had the lowest expressions of discrimination at 46% and 50%, respectively. Some LGBTIQ children in C-Child countries also reported experiencing housing difficulties and having to temporarily stay with friends or relatives. This was most prevalent in Italy (34%) and Portugal (31%), and least prevalent in Lithuania (22%). When the housing difficulties were motivated by gender identity or expression, the numbers varied slightly: 15% in Bulgaria, 14% in Lithuania, 10% in Portugal, 6% in Spain, 5% in Hungary, and 0% in Italy.

Other contexts that are part of the LGBTIQ children's lives, like educational settings, seem to be highlighted as one of the most mentioned contexts where LGBTIQ discrimination against children takes place. FRA (2020) shows that Bulgaria (28%) and Spain (23%) had the highest percentages of participants who reported always hearing or seeing negative comments or conduct during school hours because a peer was perceived to be LGBTIQ, followed by Portugal (21%), Lithuania (16%), and Italy (16%). However, when the response was "often," the ranking changed with Bulgaria (27%), Spain (26%), and Portugal (26%) still in the lead, followed by Hungary (21%), Italy (19%), and Lithuania (19%).

In 2014 the report entitled "Being Trans in the European Union: Comparative analysis of EU LGBT survey data" highlights the challenges faced by young trans people who are often misunderstood and neglected by their parents. Many trans youth run away from home to escape physical, emotional, and psychological violence, or are kicked out by their own parents. The report found that 5% of trans children in the survey reported experiencing homelessness in some form, which is particularly concerning as it makes them even more vulnerable to violence of any kind. This is particularly alarming for trans and non-binary people, especially young people, who often resort to sleeping in emergency or temporary accommodation or shelters, as they have limited access to basic procedures such as legal gender recognition and trans-specific healthcare, which can affect their life satisfaction levels (Shelon, Stakelum & Dodd, 2020).

When the focus is on LGBTIQ children between the ages of 15 and 17 who reported that their last experience of discrimination occurred in a school or university setting, Portugal had the highest score with 86% of responses, followed by Hungary (82%), Lithuania (78%), Bulgaria (73%), Italy (72%), and Spain (67%). For instance, the largest survey conducted in Portugal (N = 663) regarding the situation of LGBTIQ youth to date found that around two in five students felt unsafe due to their sexual orientation, and nearly one-third of the sample felt unsafe because of their gender expression in school (Gato et al., 2020).

In terms of openness about being LGBTIQ and coming out experiences among friends, there were greater numbers of children who reported not being open to their friends in Bulgaria (12%), Lithuania (11%), Hungary (8%), Portugal (6%), Italy (6%), and Spain (6%).

This data can suggest that the lack of supportive contexts poses a challenge for LGBTIQ children, especially during a time of development where friendships play a significant role in psychological, emotional, and physical well-being.

A Transgender Europe (TGEU) analysis of the FRA LGBTI Survey 2019 showed that young trans and non-binary respondents were less happy and less open about their gender identity in comparison with others: 38% of all trans respondents reported the lowest score in the openness scale, suggesting that around one in three trans respondents are not open about their gender identity. This is worse for young trans people, with nearly every second trans person in the 15–17 age group not being out to anyone. Both groups have lower access to basic procedures such as legal gender recognition and trans-specific healthcare, which are related to the level of life satisfaction (Calderon-Cifuentes, 2021).

Although professionals who work in the field of childhood in several areas play an important role in dismantling discrimination against LGTBQI people, more action is required. The prevalence of perceived discrimination by school/university personnel within the past 12 months varied across countries when respondents were asked about their experiences in an educational context.

The highest rates were reported in Lithuania (39%) and Hungary (30%), followed by Bulgaria (24%), Italy (23%), Spain (20%), and Portugal (15%). On the other hand, schools that actively addressed LGBTIQ issues remain a minority. When LGBTIQ children were asked if their schools had ever addressed LGBTIQ issues, the rates of "yes" responses across C-Child countries were as follows: 24% in Spain, 20% in Portugal, 13% in Italy, 6% in Hungary, 3% in Bulgaria, and only 1% in Lithuania. When participants were asked whether they felt discriminated against in the last year due to their LGBTIQ identity by school or university staff, the results for different C-Child countries above the European average were: 62% in Bulgaria, 61% in Portugal, 60% in Hungary, and 58% in Lithuania. Italy (43%) and Spain (38%) were below the European average, with young people reporting less discrimination against them in the last year in one of the eight areas of their life (FRA, 2020).

About LGBTIQ children's perceptions of public space, data from the LGBTIQ Survey 2019 reveals that young people between 15 and 17 years old still avoid holding hands in public with a same-sex partner for fear of assault, threats, or harassment (FRA, 2020). The percentage varies from 31% of respondents in Lithuania to 13% in Spain. Additionally, LGBTIQ children avoid certain places or locations due to their fear of being assaulted, threatened, or harassed because of their identity, with 9% of answers in Hungary, Spain, and Portugal, 11% in Bulgaria, and 13% in Lithuania.

When asked why they did not report discrimination, victims' most frequent answer is that they think nothing would change if they reported it. Lack of trust in authorities was one of the main reasons identified by LGBTIQ children for not reporting when an incident of discrimination due to being LGBTIQ occurred. Percentages are slightly different between C-Child countries: 32% in Bulgaria, 26% in Lithuania, 17% in Italy, 16% in Hungary, 14%



in Spain and 10% in Portugal. Other reasons given were that they feel they can deal with the problem themselves or because of fear of intimidation by perpetrators. Bulgaria was the country where children scored highest (27%) and Spain the lowest (11%).

It is worth noting that results show significant differences between EU Member States. On the other hand, several studies show that people who experience discrimination seldom report it to any authority (FRA 2020; 2015) although all EU Member States have equality bodies and several directives on gender equality mandate. Only a minority think the efforts their country makes in fighting discrimination is effective. Just over one quarter (26%) thinks efforts are effective, which is very similar to the results obtained in 2015. These data should concern us.

One of the core tasks of these equality bodies is to provide independent assistance to victims of discrimination in pursuing their complaints. Therefore, EU Member States are encouraged to continue adopting and implementing specific measures to ensure that lesbian, gay, bisexual, trans and intersex children can fully enjoy their fundamental rights under EU and national law (FRA, 2019). Some challenges can be observed in terms of effectiveness, independence and adequacy of human, financial and technical resources of equality bodies. It is important to say that only a small proportion of European respondents have taken personal action to tackle discrimination and only 7% joined an association or campaign that defends people against discrimination.

National studies in some C-Child countries have indicated that LGBTIQ children's mental health during the covid-19 pandemic has been quite challenged (López-Sáez and Platero, 2022; Gato et al., 2021; Platero & López-Sáez, 2020; Miscioscia et al., 2022). Additionally, the Diversity and Childhood project found that between 2019 and 2021, the lack of access to workplace resources to support LGBTIQ children and young people remained a reality (Santos, Esteves & Santos, 2020). At the same time the LGBTIQ Youth Homelessness in Europe Survey revealed that most organisations do not provide specialised services for LGBTIQ youth, although many recognise the potential benefits of support and guidance to better serve this population. These findings suggest an openness to strengthening mechanisms and procedures for supporting and protecting LGBTIQ children (2019).

In summary, although the EU boasts some of the world's most comprehensive anti-discrimination laws and EU Strategy on the Rights of the Child it still upholds a cis-heteronormative and adult-centric framework. Furthermore, the effectiveness of these laws is largely dependent on individual countries and their ability to ensure their implementation. It is crucial to prioritise community-level efforts to support all children, including those who identify as LGBTIQ.

## **2 – Findings: Children and Professionals in and against LGBTIQ -Based Violence**

## 2.1. Children's needs

Although legal and social contexts differ significantly in all the participant countries, children's needs are of a very similar kind across participant countries. Nevertheless, there are important differences in the way these needs are expressed or what strategies are used to cover them depending on the country where they live, and thus on the social and legal situation in relation to LGBTIQ matters. This shows us two things: 1) LGBTIQ policies are still not focused enough on children, and even in those countries where there is legal support for LGBTIQ people, children are still not taken sufficiently into consideration; and 2) LGBTIQ legal provisions highly affect the coverage of LGBTIQ children's needs.

One of the most important needs that we identified, which is common in all the participant countries, is the need for a safe space. This means a place where children and teenagers can define themselves, where they can feel protected, supported, and represented, and build their identification, define themselves. Also, this place should be safe for socialisation as LGBTIQ people and could work towards making personal connections. Only a few teenage participants have a place where they can feel safe and comfortable with their sexual orientation, gender identity, gender expression, and sex characteristics. These spaces could be related to LGBTIQ identifications or could be labelled something else, since some participants stated that the category LGBTIQ can be useful but it can also be a cage. However, the need for a safe space was expressed throughout all participants. The idea of a safe space could entail a peer-group space or even a group between children and adults. Participating children explained that they can barely rely on any adult LGBTIQ models (besides famous people or people they find in social networks), and that they would like to have LGBTIQ people close by. These models are scarcer in some countries than others, particularly in Hungary, Lithuania, and Bulgaria.

On the same lines, participants shared a desire to be heard, and to be heard without being judged, since they believe that their opinions, expressions, and perspectives are often not taken into consideration. This need was explained not only by children and teenagers themselves, but also by many of the professionals interviewed. The need to be heard is also expressed with the negative of many adults in their lives to talk to them with their chosen name and pronouns. Sometimes this is done because adults around them dismiss it as a phase that will be overcome or as a behavioural problem (in which they indicate that the child is a liar because they even lie about their name). Other times, the negative attitudes to using someone's chosen name and pronouns has to do with an LGBTIQphobic stance on behalf of the adult.

We identified adultism as one of the main issues affecting the lives of LGBTIQ children. All participant children explained that their opinions and experiences are often disregarded and that adults often do not ask or listen to them. Because their voices are often dismissed in almost all of their spheres of life, many participant children expressed scepticism and distrust of both institutions and adults in their lives, including family members and teachers. In some occasions, particularly in contexts where there is harsh contextual LGBTIQphobia, this fosters a feeling that they can only count on themselves in relation to LGBTI issues and violence.

The idea of adultist perspectives towards children's needs and opinions was not only expressed in relation to adults close to children. Participant children and professionals

also expressed that the way policies are thought and designed also overlook children's opinions, and they are carried out without consulting children. Some participant children consider age as an obstacle to achieving more direct participation in the decisions that concern them, including key decisions in their lives related to gender and sexuality.

Participant children and teenagers also point out at the fact that adults around them make decisions about them without having properly trained themselves on LGBTIQ matters. In this sense, they point out that one of their needs is for adults around them to be trained in LGBTIQ issues so they can have more knowledge and awareness about the experiences that affect them, as well as more openness to listening and more space to talk about LGBTIQ issues.

Another important need that we identified is related to children's and teenager's mental health. Building from both the quantitative and the qualitative sides of fieldwork, we can assert that there is a generalised high prevalence of mental health problems with LGBTIQ children and teenagers, particularly during and after the covid-19 pandemic. In the survey, 48.2% of respondents expressed that they have a mental health issue, and this information is reinforced by both participant professionals and children. Matters of mental health can be explained by the fact that most LGBTIQ children and teenagers have to endure discrimination and cisheterosexism in different areas of their life – mainly school and home, but also health centres or in public spaces.

During the lockdowns of the covid-19 pandemic, and school and public space took a much more secondary place in children's lives and, according to many participants, many critical issues emerged during this period. There is a general agreement that LGBTIQ children suffered isolation and, in some cases, they were obliged by imposed lockdowns to share spaces with unwelcoming families (in fact, data shows that peers and family members carry out the majority of LGBTIQphobic attacks).

In relation to mental health, families play a crucial role. If they can create a climate of respect and understanding at home, they can become the support system that their children need to properly develop as a person, and children can rely on them if they suffer LGBTIQphobia outside of home. Because of this, some participant children explained that during the covid-19 lockdowns they were able to express themselves 100% of the time because they were only relating to friends and siblings. In some cases, this even allowed some teenagers to start a process of gender transitioning, and they could go back to class a bit into their transition. In these cases where parents are support figures, participant children appear more empowered when explaining situations of violence that they experienced elsewhere.

However, not all lockdown experiences were supportive. Some other children were forced to come out of the closet during lockdown, since they started spending significantly more time with their families than before. These situations were not always positive, and for some children not being able to leave home made them endure a context of full-time, gender-based violence. All in all, fieldwork data show that families are the second most violent context for LGBTIQ children, just after schools, and some participant children even feared that their parents would kick them out of home if they learnt that they are LGBTIQ. Situations like this one not only contribute to discomfort and/or violence at home, but also to invisibility of the child's sexual orientation or gender identity within their own family.

When children were asked how to tackle this situation, there was a generalised agreement that they need their families to receive training of some sort, to learn more about sexual and gender diversity, so that adults can be more open to listening to them and so they could have more space to talk about LGBTIQ issues.

Another space where adult-centrism is significant is schools. As mentioned earlier, schools are the place where most violence takes place. Across all participant countries, almost all children shared situations of violence that they experienced in their schools (including physical and psychological violence and death threats), across all participant countries. However, although we identified a generalised context of LGBTIQphobia and cisheteronormativity in the schools of all participant countries, some countries have a much harsher context of LGBTIQphobia than others. For this reason, the effects for children and teenagers are much more pronounced in contexts where LGBTIQphobia is legitimised to the point where some teachers participate in it (as is the case in Lithuania), and can be tackled differently in contexts where students can attend free public services that support LGBTIQ people (as is the case in Spain).

In schools all across participant countries, bullying on the basis of SOGIESC is quite common, making school a place many of the participant children hate or abhor. Neutral language is used by peers as a cause for bullying, and sometimes teachers do not protect the victim in situations of violence (including times when the victim is a co-worker). In many cases teachers even refuse to use the children's social name and chosen pronouns. In fact, our fieldwork data show that teachers are the adults in their lives that support LGBTIQ children the least, and hence teachers are not usually regarded as support figures by them. Although this is the general climate, we found that some teachers actually desire to support LGBTIQ children. However, even when they are sensitised, in many cases teachers do not have the tools to act properly, which is one of the reasons why children need their educators to be trained. A few teachers actually have the knowledge and expertise to support LGBTIQ children, and they make a big difference for the students, even becoming an adult LGBTIQ role model. There is a consensus that the presence of LGBTIQ teachers is an advantage, as this provides support in their different experiences. One of the most paradigmatic cases of this is Hungary, where anti-LGBTIQ propaganda has made it to schools. Currently, only those teachers who are more legally conscious still discuss LGBTIQ matters, since others are afraid they might get fired.

Participant children also stated other needs in relation to their schools, mostly related to the school premises or the gendered organisation of education. For example, participant children from Italy, Portugal, and Spain argued the need for non-gendered toilets in schools (something which is being tested in a few Spanish schools), the need for counselling that might help with LGBTIQ issues, the will to have qualified personnel at school that have training on bullying on the grounds of the fact that binarism structures all education in school, or that some Physical Education activities are highly gendered.

Another issue that participants discussed a lot is the need to receive proper sex education. Even though high school students are mostly having sexual education to some extent, this is mostly limited to risk prevention in cisheterosexual relationships (sexually transmitted infections and unwanted pregnancies). This means that teenagers find most of the relevant information on the Internet, and because of this there is a lot of misinformation. In the case of Spain, sexual education is starting to change in some

contexts, although it is usually because NGOs provide schools with more LGBTIQ-friendly sexual education workshops, not because schools are changing their views. Nevertheless, the opportunities for teenagers are higher than in other of the analysed contexts. For example, in the case of Hungary, LGBTIQ-friendly sexual education is only carried out in the contexts of NGOs (who are banned from schools at the moment), and in the case of Lithuania, the law prohibits talking to minors about LGBTIQ matters.

However, sexual education is not the only learning need that children have. In our survey with teenagers from 15 to 17 years old, it was found that while over 93% of respondents understand what sexual orientation is, gender identity is less understood. When asked about the concept, only 69.2% of respondents knew what it was, a similar number to understanding what intersexuality means (61.5%). Another important datum is a tendency to give wrong answers in countries where the legal and social context is less favourable for LGBTIQ people. This is the case in Lithuania, where laws against LGBTIQphobia are the harshest, and where only 38% of respondents got the question about gender identity right. In the same questions, answers in Bulgaria are also relatively wrong (only 66.5% correct answers), whereas Italy, Spain and Hungary had about 80% of correct answers. The survey also shows the need to learn about the legal situation of their own countries. When asked about the legal provisions in their countries towards same-sex marriage or laws that protect LGBTIQ people, responses showed weaknesses in all countries. In the case of Hungary, where many teenagers incorrectly answered that the state has laws to protect LGBTIQ people, it is an indicator that the current anti-LGBTIQ propaganda is not reaching teenagers as much as expected, which also highlights anti-LGBTIQ propaganda as adult-centred discourse.

When asked in the focus groups, participant children explained that they gain most of their knowledge either from peers or from the Internet. In fact, for teenagers the Internet is one of their main ways of learning about LGBTIQ issues as well as a means for communicating with friends and creating relationships with people they only know online. On the Internet, many teenagers also follow some LGBTIQ models, which is key for children that do not have many LGBTIQ references in their everyday life, or who live in a very LGBTIQphobic context.

The Internet is also a place where teenagers can create LGBTIQ communities to share information and support each other. Nevertheless, many of the respondents in Italy explained that they do not participate in online communities because they are afraid that they will receive LGBTIQphobia in there as well. This fact illustrates the need for children and teenagers to also learn strategies to stay safe when surfing the Internet.

One area in children's lives that was not thoroughly discussed during the fieldwork is health. However, when the matter of health was raised, some discriminations were brought to light. For instance, participants pointed to the hospital environment and health centres as places where transgender and non-binary children experience LGBTIQphobic violence, including disrespectful treatment and using trans children's deadnames and wrong pronouns. This situation was completely the opposite when children had the chance to attend LGBTIQ-friendly professionals (including psychologists at NGOs) or trans-specific services (only available in some parts of Catalonia), in which children feel understood and accompanied. Since the health system is the responsibility of public administration, some participants pointed to the state as a perpetrator of gender-based violence instead of carrying out its role to protect them.

One of the relevant issues that was highlighted in this integrative analysis is that we could gather much more information about schools than any other sphere of children's lives (as is the case with health). This stresses the centrality of education when discussing children's well-being. In the case of transgender children, where the media is putting lots of attention to their hormone treatments, it is relevant that, when we ask children and professionals, the salience of education shadows all of the others spheres of life.

### Example Quotes

*'The covid-19 pandemic had an effect on a lot of things – it created a crisis in everyone's life and stirred up a lot of things, (...) and everyone had to deal with a situation they were not prepared for. (...) LGBTIQ youth had an especially hard time (...) and the disruption of personal relationships might have been the main factor here'.* Social worker, Hungary

*'I would like to receive a 'How are you?' from my family'.* Teenage girl, Italy

*'LGBT+ kids need to know that even when they do not feel safe at home or cannot speak about their identity to their parents, they still can come to us – the teachers and the school staff. That's why we as professionals have to be more educated on the subject and to be prepared to support them'.* Teacher, Bulgaria

*'LGBT children need inclusive education at schools, safe spaces, and youth groups. They need inclusive services and emotional support tailored to their specific needs'.* Child psychologist, Lithuania

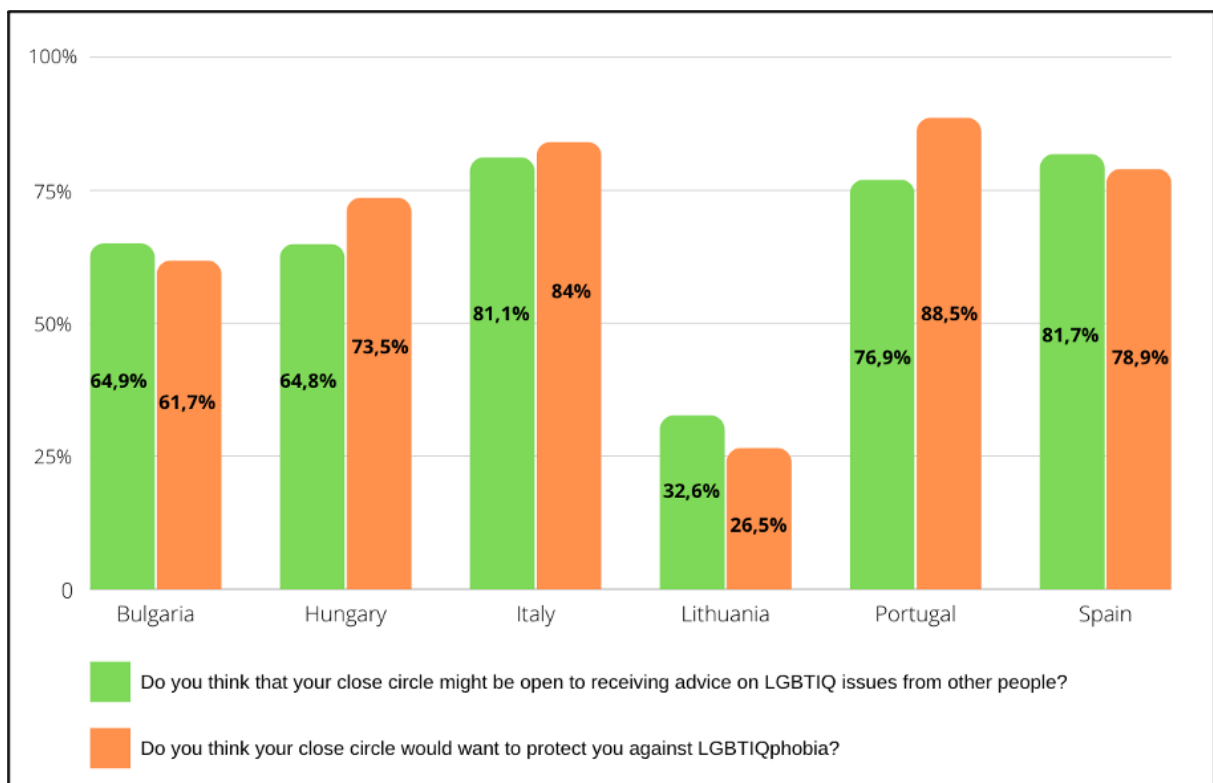
*'I just ask for more representation, that occasionally we just say: 'Oh, do you know that trans people exist?''* 14-year-old trans boy, Spain

## 2.2. Children's Strategies of Resistance

Across all participant countries, it could be determined that children and teenagers carry out strategies of resistance vis-à-vis LGBTIQphobia. Strategies are contingent to the context and the options which children have to react and reach out to other people, so a generalised social context of LGBTIQphobia or a context where institutions are compromised against LGBTIQphobia gives place to different possibilities of resistance to LGBTIQphobic violence. In this sense, although the fieldwork shows that all children have the capacity to resist violence, we have a great contrast between a country like Lithuania, where survey participants portray a feeling that they can only count on themselves – and their own strategies – to resist LGBTIQphobic violence, and a country like Italy or Spain, where institutional programmes, even if they are flawed, allow for more strategies of resistance, or rather, for more support for children suffering LGBTIQphobia.

In all participant countries, children tend to rely more on their friends than on any other people or resource. In fact, when surveyed about who supported them the most during the covid-19 pandemic lockdowns and restrictions (3.88 points out of 5), friends were at the top of the ranking – except for Portugal, where partners had a slightly better score (by 0.09 points out of 5). From the fieldwork data, we can assert that young LGBTIQ people’s resilience processes mainly revolve around their close circle, their friends. In Hungary, Italy, and Spain, the idea that the peer group is the main support was particularly stressed, including the fact that, when it comes to insults and name calling, LGBTIQphobic messages and comments from their environment, they tend to reach out to their friends. This is particularly the case when their friends are also LGBTIQ.

However, the fact that friends are the main support group does not mean that friends are always supportive on LGBTIQ issues. When we surveyed teenagers and asked them about their friends’ willingness to receive advice or protect them against LGBTIQphobia, the numbers drop a little in the case of Spain, Italy, and Portugal (although the numbers are quite optimistic), and they drop significantly in the case of Bulgaria and somewhat in Hungary, and they drop to a very low mark in the case of Lithuania, as can be seen in Graphic 1.



Graphic 1

These results highlight the importance which children place on being connected, reducing social isolation and maintaining relationships with people that can support them. However, these results also state that friends are not always supportive enough, and in the case of Lithuania, this means that most LGBTIQ young people remain isolated and have no sense of belonging.

The survey results also help understand that turning to friends as a strategy of resistance is highly context dependent. In the case of Lithuania in particular, where the legal and social context is heavily LGBTIQphobic, this is reflected in a more limited capacity for resistance to LGBTIQphobia by children and teenagers. However, as previously indicated, teenagers still turn to friends as a primary point of support in all participant countries. Because of this, it is apparent that the pandemic has been a significant factor in hindering these strategies, as interpersonal relationships were affected in many cases.

Another key issue for interpersonal relationships was turning to the Internet. Besides being one of the places where children can socialise with their friends (particularly during the covid-19 pandemic lockdowns), the Internet was used as a place to socialise with other people, learn, and play. Hence, this was used also as a place to elude LGBTIQphobia along with entertaining themselves. But, most importantly, the Internet is the main place where children and teenagers learn about LGBTIQ issues, including Instagram and TikTok. They gather information by following influencers, by looking at the online information and social networks of LGBTIQ organisations, and by looking up famous people and LGBTIQ idols. As an example, one of the participants, from Spain, shared that he first heard the acronym “LGBTI” when he was listening to an interview with Lady Gaga. On the same lines, some interviewees actively pursue education via the Internet, aimed mainly at adults.

These data highlight the essential role of the Internet as a strategy of resistance that children and teenagers turn to. In the previous section, we explained that some teenagers were afraid that they would receive LGBTIQphobia online. Because of this, we believe that the Internet can be a double-edged sword, simultaneously being a site of violence and a site of resistance. Because of this, it is key that children and teenagers can have other places to turn to in their lives where they can be sure that they will not suffer violence. Also, since the information children gather on the Internet is not always contrasted, this reinforces the need – explained in the previous section – to reinforce sex education, specifically of a kind that challenges cisheterosexual views and practices.

On these lines, we must stress the great change that institutional intervention has towards children’s strategies of resistance. In the region of Catalonia, Spain, there is a specific service called CAS (Comprehensive Assistance Service to LGBTI+ people), at a rate of minimum one per county. In the cases where this service has enough strength and well-thought-out community interventions, children and teenagers easily turn to these services as a strategy of resistance when they receive LGBTIQphobia.

### Example Quotes

*‘I have decided to give a bit of a shit about others and present myself as no longer feminine because that is how I feel internally’. Teenage girl, Italy*

*‘In the third grade of secondary education, during Halloween, during the first year I was out at school as a trans person, and some people started using my deadname. And I hit one of them. And since then, no one has ever messed up with me’. 14-year-old transgender girl, Spain*



*'I told myself: 'There is no time for shame''. Teenage girl, Italy*

### 2.3. Professionals' Good Practices

The matter of professionals' good practices also portrays a diverse picture in the different participant countries. The legal and social situation for LGBTIQ people (including children) in each country has a strong impact also on the good practices that can be applied. In this line, the professionals interviewed in Bulgaria could not share any good practice and demonstrated a lack of awareness of such practices. Also, none of the professionals interviewed could mention any specific challenges that LGBTIQ children might face, and were also not aware of any additional challenges resulting from covid-19. They were also not able to identify any specific policies related to SOGIESC.

The fieldwork in the rest of the participant countries could identify several good practices, which also show differences and nuances depending on the social and legal national context in relation to LGBTIQ people. Out of these countries, those with a more restrictive legal situation, Lithuania and Hungary, with no actions from the public institutions or almost none, recognise all good practices either within individuals or else from NGOs. On the other hand, Italy, Portugal, and Spain, with some or quite a lot of governmental implication on LGBTIQ issues, have a more balanced display of good practices between public institutions and NGOs. In the specific case of Spain, the situation differs quite a lot depending on the region, because some regions have more extensive public policies on LGBTIQ matters than others.

Since some of the participant countries have specific legal frameworks to support LGBTIQ people and others, on the contrary, have restrictive legal frameworks, it could seem that good practices are also unequally spread throughout the countries. Nevertheless, except for the case of Bulgaria, there are very good practices being carried out in the rest of the countries. Also, even in the countries with specific services, policies, and trainings for professionals, the fieldwork showed that many professionals are not conscious of the need for either being trained or carrying out specific activities. Some of the professionals interviewed stressed the importance of having a legal framework that helps LGBTIQ children, which corresponds with our findings. However, since we also identified some professional resistance in contexts with a supporting legal framework, we conclude that legal changes per se are not enough. In the same line, we identified a strong permanence of a cisheterocentric stance from professionals across the participant countries that highly affects the capacity to help LGBTIQ children and develop good practices.

Another important element that we want to stress is that specific good practices vary depending on the field and the area in children's lives. We identified the most good practices in the field of education – and within education, mainly in schools. We also identified some good practices in the area of health, and then a few related to other spaces, such as families and institutions.

### *2.3.1. Good Practices in Education*

In the area of education, we identified tensions in all participant countries between the will of some teachers to carry out activities on LGBTIQ matters with their students, and the resistance from some families. These tensions are more important in countries where there is strong propaganda against LGBTIQ matters, such as Hungary and Lithuania. Conversely, this tension can be better managed in countries with a more supportive legal and social context, such as Spain.

Education is the area in children's lives where we identified the highest number of good practices. We understand that this is because education has been historically privileged as a site of importance for children's lives, giving less importance to other areas (such as health, families, or the public space) which are also highly relevant.

Good practices in the area of education can be specifically tagged as LGBTIQ or not, like actions of trust or empowerment that allow children to blossom in their best version. We split the good practices in three groups: 1) small good practices; 2) specific, middle-sized LGBTIQ good practices, and 3) big projects.

#### 1) Small good practices

Small good practices that we identified include: using the pupils' chosen pronouns; eliminating dress codes that penalise girls; creating trust relationships with students; openly discussing LGBTIQ matters in class tutorials; listening carefully to what children say as a rule; turning to professionals from outside the school when you do not know what to do; working on children's empowerment; introducing LGBTIQ issues transversally (for instance when giving examples); networking with families; being supportive with children's problems; and creating and identifying the children's safe network so they have people that they can trust.

The potential of these small good practices is that many of them can be carried out regardless of the legal and social context for LGBTIQ matters. And, also, that they contribute to empowering and guiding children and teenagers in a comprehensive manner, which can help not only with their gender and sexuality, but with all of their features in life.

#### 2) Specific, middle-sized LGBTIQ good practices

There are a few specific, middle-sized good practices, which are more specific for LGBTIQ matters. A key example is the existence of protocols or guidelines against anti-LGBTIQ discrimination, which exist in some schools in Spain and Portugal. These protocols are key for raising attention on SOGIESC matters with all school staff. Nevertheless, this good practice needs to be considered with caution. Some of the existing protocols against anti-LGBTIQ discrimination can contribute to secondary victimisation as they might entail having the student explain their story several times to several people, without any guarantee on the support they will receive, if any

Another specific, middle-sized good practice is the case of an LGBTIQ social club in a high school in Spain, made up of two teachers and several students. Even though this club can be the target of LGBTIQphobia, this space fosters trust between the participant teachers and students. Hence, students feel that they can have a place where they can talk about their problems and be understood.

Also in Spain, there is one primary school in a small village that is implementing a comprehensive co-education project in their education centre.

Finally, a growing number of schools in Spain are creating a gender commission, which is a tool that helps implement gender equality in schools. Some of these commissions are also taking up matters of SOGIESC, which means that they actively work against LGBTIQphobia in their high schools.

### 3) Big projects

Finally, there are some bigger projects that constitute very good practices. In Italy, the Alias Careers programme is active at a university level. In Hungary there are several bigger good practices: the Diversity Education Working Group, formed by organisations running education programmes, which organises the School Diversity Week; the “Getting to Know LGBTIQ People” programme which offers workshops for schools; and the Hıntalovon Foundation’s Yelon programme, which offers an LGBTIQ inclusive sexual education programme.

In general, we have gathered many more small, everyday good practices in the context of education. This shows us that although there are some bigger projects that tackle LGBTIQphobia in education, the majority of the good practices are in fact small gestures or approaches by professionals, rather than bigger institutional or organisational efforts to tackle LGBTIQphobia. Thus, working with professionals is key to improving the lives of LGBTIQ children and teenagers.

#### *2.3.2. Good practices in health services*

The other area in children’s life where we identified several good practices is health services. In this area we have also gathered small good practices that constitute an everyday action for professionals, such as being welcoming towards children, and actively listening to them when they are at a medical consultation.

In some mental health services, the staff have taken the opportunity to get training. For example, in Lithuania, where the law explicitly prohibits teaching LGBTIQ matters to minors, a psychologist participant explained that everyone at their organisation, including volunteers, is trained to approach every child as equal despite sexual orientation, gender identity or other grounds.

In Hungary, also in the mental health field, and partly in disagreement with the government –which has stated directly LGBTIQphobic comments – and with anti-LGBTIQ propaganda, the Hungarian Psychological Association has translated and published the APA guidelines on psychological work with LGBTIQ clients and they publicly stand against conversion therapy. The Hungarian Psychological Association has also had an LGBTIQ section since 2013.

Another good practice from a medical association can be found in Italy, where the Italian Society of Endocrinologists has activated courses throughout the country aimed at updating and informing doctors on issues related to LGBTIQ matters, with specific attention to transgender children and teenagers.

#### *2.3.3. Good practices in other areas*

We identified other good practices that are not located either in the education or in the health sector. A good practice that can be carried out by any kind of professional is involving the children’s family in any process, so that a team effort can be carried out

with the aim of helping the child. Other good practices that can be found include: in Hungary, the youth hotline *Kék Vonal – Child Crisis Foundation*, which provides inclusive help line as well as online counselling services to young people, including LGBTIQ+ matters; in Lithuania, a social worker created an LGBTIQ exclusive group for children, as a safe space; and in Spain, the existence of SAI services<sup>5</sup> has been providing inclusive phone and online counselling services to young people who are in need, regardless of gender identity, sexual orientation or sex characteristics, and they implemented the importance of LGBTIQ inclusion in their training for the operators.

### Example Quotes

*‘At my workplace there is an intention to create materials and environments that are less heteronormative. If I speak with a young person and I don't yet know their gender identity or sexual orientation, I try to speak with them without preconceptions. If I hear a voice that sounds like a boy, I don't ask them if they have a girlfriend’.* Psychologist and helpline operator, Hungary

*‘We try to reduce the invisibility of these people since they often come from contexts where they are judged and labelled as wrong for how they feel they are. Therefore, we try not to impose ourselves with definitions or words, but to listen. I believe, both from my personal and professional experience, that gender and sexual orientation can be considered not as a person's limitation, but as an aspect that should be valued and that makes the world more diverse and colourful’.* Social worker, Italy

*‘When the school has LGBT policies, students have much more, and they feel much more comfortable and much less ostracised. And it's not because anything special happened. It's really just the feeling you have when the school doesn't have an LGBT policy and that's it; they have much more of a feeling that they're in danger, that they can't go down that hallway alone, or they can't be somewhere. That is why security is often not about having a person guarding the corridor and security; it is once again the structure, it is the policies, it is the issue of visibility, it is the issue of policies, it is the issue of raising people's awareness and training people... And also about the contents, the materials, everything that is transmitted in schools should also be revised, the whole part of the manuals can be revised either in terms of gender, or in terms of LGBT themes’.* Psychologist and NGO coordinator, Portugal

*‘In class, I try to offer the maximum amount of possible representations of families and all kinds of realities’.* High school teacher, Spain

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<sup>5</sup> SAI are public services that are only present in Catalonia. SAI services assist LGBTIQ+ people in any SOGIESC-related matter that they need -for instance, reporting a hate crime, getting information about medical services for transgender people, informing families of LGBTIQ+ children, or having a chat about their needs or experiences. Some SAI also promote sensitisation activities. There is one SAI service in every town of over 20.000 inhabitants, one service per county for smaller towns and villages of the area.

## 2.4. Professionals' Needs

The fieldwork from all participant countries highlights a generalised lack of knowledge about the needs of LGBTIQ children in vulnerable contexts, including tools and strategies to tackle such a need. As mentioned earlier, some of the countries studied have provisions to protect LGBTIQ children. In some cases, services or schools might have a protocol in case a child suffers anti-LGBTIQ violence and discrimination. However, the generalised lack of knowledge about LGBTIQ children and their needs is also highly present in such cases. Also, the need for funding and sustainability to improve this situation a very important barrier towards changing the situation.

Beyond the scope of LGBTIQ, we identified that many professionals hold an adult-centrist stance towards children. For example, a participant schoolteacher explained how it was quite difficult for many teachers to give more protagonism to children in class and remain quiet. In the same line, a school psychologist explained how children's claims are often dismissed as behavioural problems, including their expressed wish to change their name to affirm their gender. The intersection between adultism and a lack of LGBTIQ knowledge by professionals worsens the situation for LGBTIQ children in vulnerable contexts, and should be tackled when carrying out training for professionals.

In spite of this, in several countries we identified a growing openness to learning more about LGBTIQ issues among professionals, as is the case in Hungary and Spain. At the same time, we also identified that many other professionals do not see the need to incorporate a specific LGBTIQ approach when working with children.

The fieldwork across countries has helped identify a need for specific and constant training in relation to LGBTIQ matters for professionals who work with children, in particular (but not exclusively) professionals that work in the fields of education, health, and social welfare, as well as families and professionals that work with them. Even in the case of professionals who are already sensitised to the need to learn about LGBTIQ issues, they claim that they do not have enough practical tools to help the children they work with. Following our fieldwork and analysis, the main professional needs we identified and that should be covered in training for professionals are the following:

1) Awareness raising on LGBTIQ children and the related violence and discrimination. In this item, we believe there is a need for information about LGBTIQ people in general, and children in particular. Some terminology should be covered, but most specifically, cisheteronormativity as a system and source of violence for LGBTIQ children should be explained and discussed. In all of the countries, LGBTIQ people suffer some kind of stigma, but in some of them the stigma is particularly high and is a taboo topic, particularly because it is treated as a matter of sexuality. Also, there is a generalised need to understand transgenderism in childhood, which means that this topic should be thoroughly covered.

2) Discussing and sharing existing resources, both global ones (books, webpages, videos from the Internet, etc.) and local ones (what services or NGOs, if any, are available in the professional's town, region, or country). This includes teaching about legal provisions and protocols that might already be in place and that are not well known by many professionals in different fields.

3) Specific techniques and tools to create a safe environment for LGBTIQ children. This means teaching practical skills using hands on exercises. One option is using critical pedagogies, such as Theatre of the Oppressed, as shared by one of the participants.

These techniques can be used both towards professionals as end users, and also as trainers, since the same exercises can be used by professionals to create knowledge exchange between peers.

4) Working with families. Interventions are often focused on the child, but these rarely include the child's family. Families are powerful agents that can trigger a support process, since they are part of the child's support system, and they might not know how to help their child even if they have good intentions. Also, it may happen that the family is a source of violence towards a child because of being LGBTIQ. In any case, liaising with the family is key to providing good support to children.

5) Working towards children's empowerment. We identified that children are highly used to adult-centrist narratives and professional practices, but they are often not listened to. This includes disrespect for privacy or lack of flexibility in institutions for children at risk. In this sense, working towards children's empowerment, giving them tools to have their voice and emotions heard, is a process that can help children not only in relation to their SOGIESC, but also in all the spheres of their lives.

6) Dealing with children's mental health. Our fieldwork shows that over half of the LGBTIQ population have mental health issues, some of them as a direct result of the covid-19 pandemic (including an increase in suicide attempts). Such mental health problems are often overlooked by professionals and other adults around children, partly because adults do not give it enough importance. In fact, in our fieldwork we found that there is a big discrepancy between the importance that children and teenagers give to mental health (data from the survey and focus groups) in comparison to the importance that professionals give to it (data from interviews).

### Example Quotes

*'Everyone should have a systematic knowledge of these subjects, because now it is up to the individual how informed they are, and how up to date their information is about the mental health of LGBTIQ children'. School psychologist, Hungary*

*'The system is still not ready. We need more training. I mean, paediatricians should be the most experienced people to take on board the needs of these children, but it is not part of their education. Both doctors in training during medical school and during their specialisation in hospital. Both paediatricians and general practitioners should have more interest in these topics since they are often the first contact with the health world for children and their families'. Endocrinologist, Italy*

*'Training, training that reaches people, deconstruction type of training, it's not repeating information and contents – it's really going deep into beliefs and unbalancing these beliefs to generate a new structure, a new acquisition. This really has to be done. With a lot of time to be able to debate, to discuss the issues, to be able to be there in the relationship with people, so that they see things in a different way and, of course, that this has to be done slowly too...'. Psychologist and NGO coordinator, Portugal*

*‘What I would do is to train all members of the staff, not only about gender equality, but on the social construction of gender, and this would go so far’. Social educator, Spain*

### 3. Overall Evaluation

The analysis of the six country-based reports produced by C-Child enabled the identification of several shared features. Some of these features are signs of hope and are a result of progress in diversity and anti-discrimination, such as the recognition that gender and sexuality are part of children's lives. Others raise concerns and demand urgent actions. Collectively, these elements form the foundation for evidence-based knowledge production that can inform reflexive and inclusive policymaking at both national and supra-national levels. In light of this, we urge the adoption of immediate measures to promote legal, policy, and social change, creating a more inclusive environment for LGBTIQ children throughout Europe.

#### Encouraging Features:

1. National and regional NGOs in the field of childhood that are more sensitive to LGBTIQ issues and LGBTIQ associations are present at a community level.
2. The number of specialised services and other resources to protect LGBTIQ children is increasing in some countries (e.g., access to medical and hormone therapies for children in transition).
3. There is a growing number of professionals working with children who are interested in improving knowledge about LGBTIQ children and act as allies. A growing number of professionals working in several settings (schools, families services, healthcare services) are eager to learn for themselves how to provide better support.
4. There is higher visibility of LGBTIQ issues, including the needs of LGBTIQ children.
5. The adult-centred paradigm has started to be questioned by professionals who work in the childhood field.
6. A European legal framework exists that recognises LGBTIQ children as a vulnerable group, as do instruments to tackle social discrimination against LGBTIQ children in Europe (recognising that gender and sexuality are part of children's lives and that LGBTIQ children need protection against LGBTIQphobia).
7. The Internet and social media are becoming perceived as a safe space and a way of building communities in hostile contexts as well as improving knowledge, recognition and self-determination regarding gender and sexuality.
8. LGBTIQ teenagers are making diversity more visible.
9. There is increasing recognition that emotional and psychological support is necessary when there is a lack of recognition and support for LGBTIQ children.

10. The existence of discriminatory professional practices against LGBTIQ children is more acknowledged.

### **Alarming Features:**

1. In most countries there are no specific services for trans children. Therefore, the role of LGBTIQ associations and NGOs is crucial in supporting those children.
2. Public investment in ensuring commitment with LGBTIQ children is poor (with a lack of sufficient funding for the “third sector” in general and LGBTIQ associations in particular).
3. Many professionals who work in the childhood field undergo burnout, which reduces the availability to receive additional training in order to improve knowledge on LGBTIQ issues in order to better intervene with LGBTI children.
4. In some countries, more than others, radicalisation and polarisation in society around the topic of children's rights is growing. The presence of trans-exclusionary radical feminists, professionals advocating for the biological frame of sexuality, and far-right associations that try to hinder rights and protection for LGBTIQ children, both at the local and national level (e.g., pro-life and Catholic associations) are impoverishing social awareness around the need for protection for LGBTIQ children.
5. In some countries, there is a lack of social awareness and recognition from professionals and services that LGBTQI children are part of a vulnerable group.
6. Most professionals lack specific training in LGBTIQ issues.
7. Existing legislation on protecting LGBTIQ children lacks efficient implementation and monitoring. In countries where there are LGBTIQ public policies, some professionals are not aware of the laws, regulations and available resources.
8. The paradigm guiding professional practice in monitoring children undervalues children's opinions and experiences on issues such as gender and sexuality that affect their lives.
9. In some countries, politicians promote LGBTIQ phobic discourses and heterosexist “family values”.
10. In most countries, there is a lack of anti-bullying protocols in school settings and other areas of children's participation.
11. The distribution of existing resources to support LGBTIQ children is unequal (urban vs peripheral or rural areas). Services tend to be in large cities, making access in rural areas difficult.
12. In most countries, LGBTI+ issues are not included in the national education curriculum. Therefore, children do not have any accurate information on LGBTIQ issues and rely on the Internet and social media.
13. Internet and social media as free spaces have a lack of monitoring and adequate protection against sexual and gender prejudice and discrimination.
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15. In most countries, LGBTIQ issues are not included in the national education curriculum. Therefore, children do not have any accurate information on LGBTIQ issues and rely on the Internet and social media.
16. On occasions, due the presence of an adult-cis-hetero normative view, children do not see adults as support figures in preventing LGBTIQphobia.
17. There is instability of social intervention programmes with LGBTIQ children guided by local NGOs or are depending on the political will
18. In all countries, intersex issues do not show up as often as other LGBTIQ issues, lacking sufficient support and resources
19. Sex education is still insufficiently implemented or absent in schools.

### **Urgent Measures:**

1. Coherent State Children's public policies are needed at a national level that recognise LGBTIQ children as a vulnerable group and efficient implementation and monitoring.
2. Adultism as a cultural trait that impacts negatively on the quality of services provided to children and also on the parent-child relationship is a reality and should be dismantled. A child-centric perspective should be more incorporated in professional practices, including children's involvement in the design and implementation of the social intervention programmes.
3. More public investment (economic, human resources) should be made to allow sustainability in social intervention programmes as well as professional practices with LGBTIQ children.
4. LGBTQI issues need to be included in the curricula of any professional who will work with children in the future (doctors, psychologists, teachers, nurses, sports association technicians, etc.).
5. Guidelines and protocols should be implemented within childhood services as a measure for the state to better face the needs of LGBTIQ children transversally.
6. Social responses need to be reinforced at a community level and coordination improved between services and NGOs.
7. The Internet and social media are spaces of socialisation. There is a need to better understand dynamics of exclusion in social media and identify ways of promoting supportive online spaces for LGBTIQ children. Also, social media should be integrated into anti-discrimination campaigns.
8. Schools should reinforce their mechanism of protection for LGBTIQ children whether there is a legal framework or not, so that the universal right to education is not put at risk.
9. Promoting youth public participation and collective organisation both in general and regarding LGBTQI issues could be a way to empower LGBTIQ children and support gender and sexuality determination.

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