A GUIDE FOR THE HEALTH SECTOR IN BOSNIA AND HERZEGOVINA: EQUAL ACCESS OF LGBTI PEOPLE TO HEALTHCARE

December, 2025

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EXECUTIVE SUMMARY

The Guide before you was developed in response to the need within the health sector in Bosnia and Herzegovina for a domestic resource that can support healthcare professionals in their day-to-day work with patients, particularly in ensuring equal access to health care for LGBTI people.

This Guide builds on the Council of Europe's national thematic evaluation process and its recommendations, especially the need for systematic training of healthcare professionals, as well as the obligations of institutions in Bosnia and Herzegovina under the First Action Plan to Improve the State of Human Rights and Freedoms of LGBTI People in Bosnia and Herzegovina, adopted by the Council of Ministers of Bosnia and Herzegovina in 2022. Relying on these policy objectives and recommendations, this Guide aims to support the capacities of healthcare institutions and professionals in Bosnia and Herzegovina to provide inclusive healthcare services without discrimination on grounds of sexual orientation, gender identity and expression, and sex characteristics.

The Guide contains six chapters covering topics relevant to healthcare professionals. Chapter I provides an overview of the basic terms and concepts related to LGBTI people and their identities. Chapter II describes the experiences of LGBTI people in Bosnia and Herzegovina, particularly in the context of access to healthcare. Special attention is given to the decriminalisation and depathologisation of sexual orientation and gender identity, which is essential for the health sector. Chapter III offers a legal perspective on the recognition, enjoyment, exercise and protection of the human rights of LGBTI people at both the international level and within Bosnia and Herzegovina. Chapter IV addresses the practical aspects of LGBTI people's access to healthcare, from public attitudes research in BiH, through minority stress, diversity and

intersectionality, to concrete situations involving LGBTI people's access to healthcare, with a particular focus on the issue of so-called conversion therapies/conversion practices in BiH. Chapter V provides professional guidance for healthcare workers on affirmative approaches in everyday practice with LGBTI people. Special attention is devoted to addressing prejudice towards LGBTI people and to inclusive communication, illustrated through numerous practical examples. The final chapter, Chapter VI, lists resources that may serve as a valuable tool for healthcare workers—from those offered by civil society in BiH, to contact networks and materials for further reading and professional development.

We hope that this guide, with its relevant and useful information and practical advice for working with LGBTI people, will reach the health sector and be of benefit to healthcare professionals.

INTRODUCTION

The development of this Guide arose from the need to sensitise the health sector to adopt an inclusive and gender-affirming approach in the provision of healthcare, free from discriminatory attitudes towards LGBTI people. The consequences of discriminatory attitudes towards LGBTI people can lead to a loss of trust in the healthcare system and delays in seeking timely medical assistance, which may result in a deterioration of their overall health.

In 2023, I participated in the national round table held as part of the thematic review of Recommendation CM/Rec(2010)5 of the Committee of Ministers of the Council of Europe to member states on measures to combat discrimination on grounds of sexual orientation or gender identity. The discussion focused on access to healthcare for LGBTI people in Bosnia and Herzegovina, highlighting good practices as well as existing gaps in legal and policy frameworks and in service provision. Among the concerns raised was the lack of understanding among healthcare workers of the barriers in healthcare that stem from a person's sexual orientation, gender identity, gender expression and sex characteristics, as well as the impact of prejudicial attitudes towards LGBTI people. This may negatively affect their access to healthcare and the exercise of the right to the highest attainable standard of health.

By sensitising professionals (doctors, nurses, psychologists, social workers), we aim to prevent all forms of stigmatisation, misinformation, prejudice and discrimination on grounds of sexual orientation, gender identity, gender expression or sex characteristics within the health sector. As a mental health expert providing gender-affirming healthcare to LGBTI people, I have come to understand that they encounter numerous barriers within the healthcare system due to the insufficient development and availability of trans-specific services. I believe that significant changes are necessary in the sensitisation and training across all structures and levels of the healthcare system (primary, secondary and tertiary), along with amendments to health legislation and the development of appropriate action plans and policies.

The current situation in Bosnia and Herzegovina is such that trans-specific healthcare is difficult to access. Initial guidance and instructions related to gender transition are provided only in certain healthcare institutions.

Endocrinological support includes initiating hormone therapy, while individuals are also prepared for surgical procedures that can only be performed abroad. Through Recommendation CM/Rec(2010)5, the Council of Europe has advised Bosnia and Herzegovina of the need to adopt legislation requiring medical institutions to establish and train medical teams to support the entire gender transition process. It is also recommended that health insurance schemes cover the costs of these medical procedures. In order to establish teams capable of carrying out these medical procedures, continuous training across several medical disciplines is essential. The teams involved in these medical procedures should consist of healthcare professionals in reconstructive and plastic surgery, urology, endocrinology, psychology and psychiatry, among other fields. Such medical teams would be trained to provide inclusive and affirming trans-specific healthcare services.

As a signatory to numerous human rights conventions, Bosnia and Herzegovina is committed to respecting universally accepted standards and ensuring that access to rights - including access to the highest attainable standard of health - is available to all without discrimination. By adopting the First Action Plan to Improve the State of Human Rights and Freedoms of LGBTI People in Bosnia and Herzegovina for the period 2021-2024, Bosnia and Herzegovina committed to implementing measures across various sectors, including the health sector, to ensure the protection of human rights and the equality of LGBTI people. In the process of protecting the rights of LGBTI people, it is important to address prejudice based on ignorance or misinformation, as it leads to stigmatisation and discrimination. Healthcare professionals in Bosnia and Herzegovina are generally well-qualified, skilled and dedicated to providing high-quality healthcare services to all members of society. However, continuous training remains necessary to deepen the understanding of the specific circumstances, needs and barriers faced by certain individuals and groups in society, as well as to strengthen professional skills for delivering inclusive, fair, accessible and accountable healthcare services.

Changes in the way the World Health Organization approaches issues of sexual orientation, gender identity, gender expression and sex characteristics have been demonstrated through the 11th Revision of the International Classification of Diseases, adopted in 2019. The classification recognises that no sexual orientation, gender identity or gender expression constitutes a disease or disorder. When effectively implemented, this should enable trans people to access trans-specific healthcare without an assessment or diagnosis of a mental disorder, based on the principles of bodily integrity, self-determination and informed consent. The term gender incongruence is now placed within the chapter on conditions related to sexual health. Current

knowledge and understanding support the conclusion that gender variations are not a mental disorder. Given the long history of pathologisation of trans identities and the resulting stigmatisation, rebuilding trust between healthcare workers and trans people seeking trans-specific healthcare should be a primary concern. Depathologisation in relation to intersex people means that innate variations in sex characteristics that do not pose an immediate health risk are no longer considered disorders requiring correction to align an intersex person with norms of a male or female body.

Improving the protection and inclusion of vulnerable groups in society, and ensuring their equal enjoyment of rights, forms part of the standards of the Council of Europe, the EU acquis, and the UN Sustainable Development Goals, to which Bosnia and Herzegovina is committed. The healthcare and well-being of LGBTI people are closely linked to the human rights-based approach. Experts in the field of mental health hold an important principle: "There is no health without mental health." The impact of stigma, experiences of discrimination, violence and minority stress can also play a significant role in undermining the mental health of LGBTI people. Through education and sensitisation of healthcare workers, and with the help of this Guide, developed for that purpose, we aim to prevent such outcomes.

Prof. dr. Nera Zivlak-Radulović, psychiatrist
subspecialising in forensic psychiatry

Banja Luka, 9 September 2025

LIST OF ABBREVIATIONS

APA	American Psychological Association
BD	Brčko District
BiH	Bosnia and Herzegovina
DSM	Diagnostic and Statistical Manual of Mental Disorders
ECHR	European Convention on Human Rights
ECtHR	European Court of Human Rights
FBiH	Federation of Bosnia and Herzegovina
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex persons
MKB	nternational Classification of Diseases, ICD
CSO	Civil society organization
OII Europe	Organisation Intersex International Europe
RS	Republika Srpska
CoE	Council of Europe
SOGISC	Sexual orientation, gender identity, sex characteristics
WHO	World Health Organization
TGGD	Transgender and gender diverse persons
UNESCO	United Nations Educational, Scientific and Cultural Organization

LGE	Law on Gender Equality of Bosnia and Herzegovina
LPD	Law on Prohibition of Discrimination of BiH

I TERMINOLOGY AND CONCEPTS RELATED TO LGBTI PEOPLE

At the beginning of this Guide, it is important to define and explain several key terms and concepts related to LGBTI people, their identities, human rights, needs and experiences in **healthcare, which should be accessible on an equal basis**. The terms and concepts presented below have been developed within the LGBTI movement itself and already appear in similar professional and activist regional and international guides, manuals, research, public policies and reports on human rights, health and queer studies, history and activism.[1]

These terms and concepts continue to evolve and expand as the LGBTI movement, human rights standards and affirmative healthcare guidelines important for the health and well-being of LGBTI people develop.

▶ More resources for exploring concepts and terminology are recommended in the chapter *Resources for Healthcare Providers*.

To understand concepts related to sexual orientation, gender identity, gender expression and sex characteristics, it is essential to distinguish between sex and gender.

Sex is a biological classification of a person as male or female, used in medicine/healthcare as well as within the legal system. Sex is assigned at birth and recorded in the birth register, usually on the basis of external anatomy and a binary understanding of sex that excludes intersex people.

1. Most of the terms presented here are available at: https://www.ilga-europe.org/about us/who-we-are/glossary/

Gender refers to socially constructed roles, behaviours, activities and attributes that the dominant group in any society, at any given time, associates with a person of any sex; that is, the gender roles society considers appropriate for women and men, assuming any form of gender identity or gender expression.

In everyday language, and even in scientific and practical contexts, the distinction between these two terms is often not recognised, and they are treated as synonyms, which leads to misunderstandings of the concepts of gender identity and gender-based violence.

Examples of gender roles and related stereotypes that may limit people in accessing certain rights/services/occupations include the following:

- men/women are better at certain jobs
- men/women should not behave in a certain way
- a woman's primary role is to do housework and care for children
- blue is for boys / pink is for girls
- men should not wear skirts
- girls play with dolls, boys play with toy cars
- certain professions are not suitable for women

The list is long and open-ended, and all of us likely encounter similar assumptions and imposed heteropatriarchal norms, that is, gender roles assigned to a particular sex, at different points in our lives. At every stage of life, it is important to be aware of how many gender roles are attached to a particular sex and how limiting they can be in everyday life.

Furthermore, two concepts that are often confused and not fully understood are sexual orientation and gender identity.

Sexual orientation refers to each person's capacity for profound romantic, emotional and/or sexual attraction to, and intimate and sexual relations with, individuals of a different gender, the same gender, more than one gender, or regardless of gender.

Gender identity refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth. It includes a personal sense of one's own body (which may involve, if freely chosen, modification of bodily appearance or functions through medical, surgical or other means) as well as other expressions of gender, including dress, speech and mannerisms. The gender identity of some people exists outside the gender binary and related norms.

Thus, a person who is, for example, a gay man attracted to men may also be a trans person, meaning that trans people, too, can have a homosexual sexual orientation.

Bisexual/bi: a person who experiences romantic, emotional and/or sexual attraction to people of different genders. A person may experience attraction in different ways and to varying degrees throughout their life.

Cis or cisgender person: a person whose gender identity corresponds to the sex assigned to them at birth.

Depathologisation: the recognition that no sexual orientation, gender identity or gender expression is a disease or disorder. Depathologisation allows trans people to access trans-specific healthcare without a mental health assessment or diagnosis. Depathologisation is also important for intersex people in the sense that variations in sex characteristics/development are not regarded as disorders requiring immediate correction after birth through medical interventions, to align the body with norms for male or female bodies.

Discrimination: any distinction, exclusion, restriction or form of placing a person or a group of people at a disadvantage in accessing certain human rights/services/areas of society. There are different grounds and characteristics on the basis of which a person or group may be placed in a disadvantageous position. Lesbians, gay men and bisexual people may experience discrimination on grounds of sexual orientation; trans people on grounds of gender identity and gender expression; and intersex people on grounds of sex characteristics. It is therefore essential that all three characteristics

(sexual orientation, gender identity and expression and sex characteristics) be legally recognised as protected grounds on which discrimination is prohibited.

Gay: usually refers to a man who is primarily romantically, sexually and/or emotionally attracted to other men. It can include people of other genders, such as non-binary people who identify as gay men, and men in relationships with non-binary people who identify as gay.

Heterosexual person: a person who is romantically, emotionally and/or sexually attracted to individuals of a different gender. Colloquially, they are referred to as straight people. Heterosexuality refers to romantic, emotional and/or sexual attraction to people of another gender.

Homosexual person: people are classified as homosexual on the basis of their gender and the gender of their sexual partner(s). When the partner's gender is the same as the individual's, then the person is categorised as homosexual. It is recommended to use the terms lesbian and gay men instead of homosexual people. The terms lesbian and gay are being considered neutral and positive, and the focus is on the identity instead of being sexualised or pathologised. Homosexuality refers to romantic, emotional and/or sexual attraction to people of the same gender.

Hormone therapy (HT): refers to hormone therapy that can be taken as part of transition-related medical care or intersex-specific healthcare.

Intersex people: intersex people are born with primary sex characteristics (sex anatomy, reproductive organs, hormonal structure and/or levels, and/or chromosomal patterns) that do not fit typical definitions of male or female. It may also become visible in secondary sex characteristics such as body hair, height, muscle mass and others. "Intersex" is an umbrella term for a spectrum of naturally occurring variations of sex characteristics within the human species. The term intersex recognises that physical sex is a spectrum and that some people have variations in sex characteristics that are neither male nor female. Medicine classifies conditions related to intersex variations across several chapters of the ICD (endocrine, genitourinary, congenital,

chromosomal) as "disorders of sex development", which activists criticise by insisting on the term "variations of sex characteristics", in order to move away from pathologisation and unnecessary medical interventions.

Same-sex partnerships/couples: refers to relationships or couples consisting of two people of the same sex.

Lesbian: usually refers to a woman who is primarily sexually, emotionally or romantically attracted to other women. It can include people of other genders, such as non-binary people who identify as lesbians, and women in relationships with non-binary people who identify as lesbians.

LGBTI(Q): Lesbian, Gay, Bisexual, Trans and Intersex persons. Depending on the context, different variations of this acronym may be used. Some add "Q" for queer and "+" to make the acronym more inclusive.

Non-binary people: refers to gender identities other than exclusively male or female.

Conversion practices (also referred to as **sexual orientation or gender identity/expression change efforts; previously known as so-called "conversion therapy"**): umbrella term to describe interventions of a wide-ranging nature, all of which have in common the belief that a person's sexual orientation or gender identity or expression can and should be changed or suppressed. Such practices aim (or claim to aim) to change people from gay or lesbian to heterosexual, and from trans or gender-diverse to cisgender. Depending on the context, the term is used for a multitude of practices and methods, some of which are clandestine and therefore poorly documented.

Legal gender recognition: Process of legal recognition of a person's gender identity, including name, legal gender or sex and other gender-related information, which may be reflected in surnames, social security numbers/personal identification numbers, titles etc., in public registries, records, identification documents (identity cards, passports, driving licences) and other similar documents (educational certificates etc.).

Gender reassignment: this is an outdated term referring to the process of medical transition. The recommended terminology is "gender-affirming care" or "trans-specific healthcare."

Principle of non-discrimination: equal treatment of individuals or groups regardless of their specific characteristics; used to assess criteria and practices that may produce effects which systematically place people with these characteristics at a disadvantage.

Gender diverse/gender non-conforming: umbrella term which refers to people who have culturally specific gender identities that do not fit under the trans/transgender umbrella. Typically, the term "trans and gender diverse" is used in human rights contexts to be as inclusive as possible.

Gender-affirming care: refers to health and social care services that are gender-inclusive and affirm a person's gender identity.

- This concept will be examined in more detail in the following chapters, in terms of best practices and standards for providing inclusive healthcare.

Gender expression: Each person's presentation of their gender through physical appearance (including dress, hairstyles, accessories, cosmetics), mannerisms, speech, behavioural patterns, names and personal references. This may or may not conform to the socially expected expressions typically associated with a person's gender identity.

Sex characteristics: Each person's physical features relating to sex, including genitalia, sexual and reproductive anatomy, chromosomes, hormones, and secondary physical characteristics that emerge during puberty. OII Europe and its member organisations recommend protecting intersex people by including sex characteristics as a protected ground in anti-discrimination legislation. This is because many issues faced by intersex people are not covered by existing laws that address only sex, sexual orientation and gender identity.

Trans or transgender person: Umbrella terms for persons who

have a gender identity that is different from predominant social expectations based on the sex assigned at birth, and for persons who wish to portray their gender identity in a different way to the expectations generally based on the sex assigned at birth. Trans persons may describe themselves using one or more of a wide variety of terms, including (but not limited to) transgender, transsexual, gender-queer, gender-fluid, nonbinary, crossdresser, trans man, trans woman and several others. A trans person may choose to modify their bodily appearance or function by medical, surgical, or other means as well as other expressions of gender, including dress, speech and mannerisms. These words should always be used as adjectives ("transgender people"), never as nouns (transgenders, transsexuals) and never as verbs.

Transition: refers to the process through which people typically move from a gender expression associated with the sex assigned to them at birth to another gender expression that they feel better reflects their gender identity. People may transition legally by changing their name and gender marker on documents, or socially by coming out to family, friends and colleagues; or through other methods such as changing clothing, hairstyle, accessories, cosmetics, and mannerisms, speech, behaviour patterns, names and personal references. Transition may or may not involve hormones and/or surgeries to modify the physical body. People may transition more than once in their lifetime; for some, their gender identity evolves continuously. Expressions such as "complete transition" or "final transition" do not reflect the experiences of many people.

Transition-related healthcare, gender-affirming care or trans-specific healthcare: refers to psychosocial support, medical interventions a person may opt to undergo, in order to better express their gender identity. This process may, but does not have to, involve hormone therapy or surgical procedures. A human-rights-based approach to this care should be based on self-determination and informed consent.

Some concepts related to trans and gender-diverse people

It should be noted here that the trans community is diverse and that not all trans people have the same needs. Trans people often require **legal gender recognition,** that is, changing the gender marker in their personal documents, to navigate the legal system more easily, so that their gender identity aligns with their so-called legal identity, and to avoid discrimination when accessing various mechanisms and resources in society. **Medical transition**, however, is not sought by all trans people. Some wish to undergo the full process (which may include psychological counselling through to surgical interventions), others seek only a partial adjustment of gender expression (for example, taking hormone therapy without surgeries related to sex characteristics such as genitalia, gonads, etc.), while a significant part of the trans community does not wish to engage in any medical transition at all, but simply wants to live in the gender identity they feel, without physical or medical interventions. Having this in mind, **informed consent must guide decision-making and individuals must be enabled to decide for themselves which forms of healthcare they need**. In all cases, any form of healthcare a person requires should be gender-affirming, that is, it should respect the person's gender identity.

Legal gender recognition is the legal procedure for changing personal documents, that is, personal data, including the unique personal identification number of trans people, on the basis of living another gender identity, or on the basis of transition, whether partial or full. In Bosnia and Herzegovina, this is carried out in the administrative procedure. The principle that legislation should follow in this process is the *person's right to self-determination*. This is a continuous process that requires a multidisciplinary approach across several medical fields, while respecting *bodily integrity, privacy*, and ensuring a *trans-specific and trans-inclusive approach to every trans person*.

Gender dysphoria refers to persistent distress (anxiety) caused by a person's feeling that they do not belong to their biological sex, that is, to the gender assigned to them on the basis of their biological sex, and thus to the gender role associated with the biological sex defined by the appearance of genitalia at birth.

Gender incongruence: the most recent, eleventh revision of the International Classification of Diseases (ICD-11)[2] removed issues of gender identity from the chapter on mental disorders. Gender incongruence is coded in the chapter on **conditions related to sexual and reproductive health**. The rationale behind this decision is based on evidence showing that gender diversity is not a mental disorder and that its previous classification caused significant stigmatisation of trans people. Given, however, the significant need for healthcare services in this field, the condition of gender incongruence remains coded in ICD-11 to facilitate easier and better access to healthcare.[3]

The relationship between trans and intersex identities and experiences

In the context of **differences between trans and intersex people**, it is important to understand that intersex is about the body: being *intersex* means to be born with sex characteristics that do not conform to the medical and societal norms of so-called male and female bodies. *Trans* or *gender diversity* is about gender identity: being *trans* means to have a gender identity that is other than the gender/sex assigned at birth.

Most people who are trans were born with a body that matches with the medical and societal norms of so-called male and female bodies. Intersex people are born with bodies that do not correspond to the so-called male or female norms and are often subjected to invasive, irreversible treatment without their consent.

Trans people often seek medical interventions to adjust their body to their gender identity but face problems getting the medical care they need.

2. It was officially confirmed on 18 June 2018 and presented at the World Health Assembly in May 2019. The new classification is available at: https://icd.who.int/en.
3. Topal, Asmira; Ulićević, Jovan et al. (2018), Medicinski aspekti prilagodbe spola: Priručnik za medicinske stručnjake_inje i zdravstvene radnike_ce o pružanju usluga i podrške trans osobama u procesu tranzicije. ("Medical Aspects of Gender Transition: A Handbook for Medical Professionals and Healthcare Workers on Providing Services and Support to Trans People During the Transition Process") Sarajevo: Sarajevo Open Centre, p. 71. (Retrieved from: https://soc.ba/medicinski-aspekti-prilagodbe-spola-prirucnik-za-medicinske-strucnjake_inje-i-zdravstvene-radnike_ce-o-pruzanju-usluga-i-podrske-trans-osobama-u-proce su-tranzicije/)

As explained in the guide *Standing up for the human rights of intersex people – How can you help?*: "Intersex individuals may have a gender identity that does not match the sex that was enforced on them at birth. As a result, they may decide to use the legal mechanisms available in their country to adjust their name, gender marker and/or body to their personal comfort zone. Very often the only mechanisms available are those available to trans people. In practice though, some intersex people can be prevented from accessing those mechanisms, depending on legal or other requirements for each of those steps in their country."[4]

The most common **similarities** are: both groups lack recognition of their fundamental right to self-determination. Intersex people because they are subjected to invasive medical treatment without their consent; trans people because they often face massive hurdles in obtaining the medical care they need as well as the recognition of their gender.

Both groups are considered to have a "disorder" according to medical guidelines, protocols and classifications (although trans people have long been considered as dealing with a "psychological disorder"[5], whereas intersex persons are attested to have a disorder of sex development). It is important to note that gender identity has been depathologised in the 11th edition of the World Health Organization's International Classification of Diseases. In Bosnia and Herzegovina, this classification has not yet been officially implemented, which needs to be done as soon as possible.[6]

Both groups experience discrimination and human rights violations in societies/environments where binary male-female norms predominate, e.g. in schools, in the workplace, in sports, or when accessing any social service.

4. Ghattas, Dan Christian (2017), Standing up for the human rights of intersex people – how can you help?. ILGA Europe, OII Europe, p. 21. (Retrieved from: https://www.oiieurope.org/zalaganje-za-ljudska-prava-interpolnih-osoba-kako-mozes-da-pomognes/)
5. The revised ICD issued by the World Health Organization removed gender dysphoria from the category of mental disorders.
6. More on depathologisation will be discussed in the next chapter of this guide. This recommendation is also emphasised by the Council of Europe in the report "LGBTI People's Access to Healthcare in Bosnia and Herzegovina": https://arsbih.gov.ba/wp-content/uploads/2024/03/Thematic-review-LGBTI-peoples-access-to-Healthcare-in-Bosnia-and-Herzegovina-National-Thematic-Report-BS-FINAL-26.02.24.pdf

II EXPERIENCES OF LGBTI PEOPLE IN BOSNIA AND HERZEGOVINA

Understanding LGBTI experiences and discrimination in access to healthcare

According to a 2023 study conducted by the non-governmental organisation Sarajevo Open Centre[7] on the needs and challenges faced by LGBTI people in Bosnia and Herzegovina, among the 48.13% of respondents who reported experiencing **some form of discrimination**, 91.16% were discriminated against on grounds of sexual orientation, and 7.73% on grounds of gender identity and expression. Among the forms of discrimination experienced by respondents, the most common is harassment based on LGBTI identity, reported by 43.88% of participants. A similar finding was reported in a 2017 study[8], where as many as 81.7% of respondents had experienced discrimination.

According to the findings of the 2023 study, the largest number of respondents encountered discrimination in school (29.33%), while many faced discrimination in the workplace (8.21%), in police stations (4.69%), in

7. The study included 401 LGBTI respondents. Bošnjak, Emina; Pandurević, Darko (2023), Numbers of Equality 3: Research on Problems and Needs of LGBTI Persons in Bosnia and Herzegovina in 2023 - Analysis of Findings Sarajevo: Sarajevo Open Centre. (Retrieved from: https://soc.ba/brojevi-koji-ravnopravnost-znace-3-analiza-rezultata-istrazivanja-problema-i-potreba-lgbti-osoba-u-bih-u-2023-godini/)
8. Numanović, Amar (2017), Numbers of Equality 2. Research on Problems and Needs of LGBTI Persons in Bosnia and Herzegovina in 2017 - Analysis of Findings Sarajevo: Sarajevo Open Centre. (Retrieved from: https://soc.ba/brojevi-koji-ravnopravnost-znace-2-analiza-rezultata-istrazivanja-problema i-potreba-lgbti-osoba-u-bosni-i-hercegovini-u-2017-godini/)

healthcare institutions (4.99%), at universities (12.02%), in restaurants/cafés (13.20%), and in psychological/psychotherapeutic/psychiatric counselling services (2.93%).

In the 2017 study, 83.8% of respondents stated that they had not **reported the discrimination they experienced**, while the 2023 study showed that 90.63% of respondents chose not to report discrimination. As in 2017, it is clear that there is a lack of trust in the institutions responsible for protection against discrimination, and that the reluctance of people who have experienced discrimination to report these incidents makes discrimination less visible and undermines efforts to combat it. In the 9.38% of cases in which respondents decided to report discrimination, they chose to seek support from civil society organisations (35%) and the Institution of the Human Rights Ombudsman (15%). This points to a low level of trust in judicial institutions and to the avoidance of civil court proceedings as a mechanism for proving and remedying discrimination.

According to a 2023 survey on attitudes toward LGBTI people,[9] 35.3% of citizens believe that LGBTI people are "ill" and "need treatment," while 41.8% disagree, and 22.9% responded "I don't know." Research indicates that the polarity of attitudes depends on the degree of closeness and emotional attachment; this means that higher social distance corresponds to greater willingness to accept LGBTI people. Thus, 40% of respondents stated that it is acceptable to have LGBTI people as neighbours, fellow students, colleagues or supervisors at work. However, when it comes to family relationships, acceptance is significantly lower, as 34% of respondents still find it unacceptable for LGBTI people to be family members, and 43% consider it unacceptable to have an LGBTI child.

9. The survey included 1,023 respondents from the general population. SOC (2023), Acceptance from a Distance: Attitudes towards Homosexual, Bisexual, Trans and Intersex People in Bosnia and Herzegovina. Sarajevo: Sarajevo Open Centre (retrieved from: https://soc.ba/prihvatanje-s-distance-istrazivanje-stavova-prema-homoseksualnosti biseksualnosti-transrodnosti-i-interspolnosti-u-bih/)

Decriminalisation and depathologisation of sexual orientation and gender identity

It is important to recall the decision made on 17 May 1990, when the World Health Assembly removed **homosexuality** from the list of diseases. Prior to that, in 1973, it had been removed from the DSM manual of the American Psychiatric Association.

The evolution of the status of homosexuality in the DSM and ICD illustrates the transition from viewing this aspect of a person's identity as a disorder to recognising it as a variation of sexual orientation that should not be pathologised or treated.[10]

A step forward in the **depathologisation of trans identities** is the 11th revision of the International Classification of Diseases (ICD-11), adopted by the World Health Organization in 2019[11], which removes gender dysphoria from the field of mental disorders and moves it to the field of **sexual and reproductive health**, introducing the new diagnosis "**gender incongruence**."[12]

This classification represents a revolutionary change in how trans

10. As a recommendation for further exploration of the history of LGBTI rights, we highlight the first doctoral dissertation on the history of homosexuality in the Yugoslav context - "Javna i politička povijest muške homoseksualnosti u socijalističkoj Hrvatskoj (1945– 1989)" by Franko Dota, which offers insight into the historical treatment of gay men in Yugoslavia, specifically in socialist Croatia, and how this compared with the broader European context. ("The Public and Political History of Male Homosexuality in Socialist Croatia") ,Doctoral Dissertation. Zagreb: Faculty of Humanities and Social Sciences, University of Zagreb, 2017. Another important book for the context of the former Yugoslavia and Bosnia and Herzegovina is "Od demedikalizacije do istospolnih brakova: Novija istorija homoseksualnosti i transrodnosti Zapadnog Balkana", by Saša Gavrić and Jasmina Čaušević. It offers insight into how activism and legal protection of LGBTI people developed through the processes of democratisation and the search for - and loss of direction within - reforms and European integration in the states of the Western Balkans. The introduction makes clear the authors' intention: that LGBTI and queer people - especially younger generations - should know their own history of resilience, pride and the long struggle for the recognition of the right to a dignified life.
("From Demedicalization to Same-Sex Marriage: Recent History of Homosexuality and Transgenderism in the Western Balkans") . Sarajevo / Zagreb, 2020,: Buybook (retrieved from: https://www.academia.edu/44716928/Od_demedikalizacije_do_istospolnih_brakova_Novija_istorija_homoseksualnosti_i_transrodnosti_Zapadnog_Balkana)
11. The revision entered into force globally in 2022.
12. The 11th revision can be found here: https://icd.who.int/en

and gender-diverse people are treated in healthcare, laying the groundwork for respectful treatment and for establishing best standards in providing both trans-specific and general healthcare for trans people. This change seeks to enable trans and gender-diverse people to access healthcare by ensuring coverage of the costs of gender-affirming care, with significantly less discrimination, stigma and barriers associated with the diagnosis of a mental disorder (previously known as "gender dysphoria").

It is therefore essential that all adults and adolescents who need physical interventions to affirm their gender identity are provided direct access to the specialist to whom they turn (e.g. an endocrinologist, surgeon, etc.). Access to physical interventions must not be conditioned on the opinions or findings of psychologists or psychiatrists. Psychological and psychiatric care should be available to all people who need it.

This change most strongly affects how being trans is understood within the medical profession, which no longer views gender identities as a mental illnesses - a shift that significantly reduces discrimination and stigma, which trans people face on a daily basis. In practice, the adoption of the new ICD may lead to changes such as removing requirements for psychological or psychiatric expert assessments, or any medical treatments or therapies, as prerequisites for changing the gender marker in personal documents.

States now have the task of aligning healthcare practices, infrastructure and training for the application of the revised classifications. To this end, the World Health Organization has developed an Implementation or Transition Guide.[13]

13. The Guide is available here: https://icd.who.int/en/docs/ICD-11%20Implementation%20or%20Transition%20Guide_v105.pdf

III HUMAN RIGHTS FRAMEWORK FOR LGBTI PEOPLE

International standards

Some of the key international standards/documents relevant to the health of LGBTIQ people include:

- **European Convention** for the Protection of Human Rights and Fundamental Freedoms

The application of the Convention in Bosnia and Herzegovina is a constitutional fact.

According to Article II/2 of the Constitution of BiH, the rights and freedoms set forth in the Convention apply directly in Bosnia and Herzegovina, meaning that the Convention takes precedence over all other law in BiH. In the context of the right to healthcare, it is important to link this constitutional clause with the fact that the Convention guarantees, among other things, **the prohibition of discrimination in all areas, including health insurance**.

- Judgments of the European Court of Human Rights supporting adequate access of LGBTI people to healthcare, particularly the effective access of trans people to gender-affirming healthcare/ transition-related services and legal gender recognition. The Court's judgments protect the right to private life, gender identity as one of the most intimate aspects of private life, and the right to self-determination.

The European Court of Human Rights (ECtHR)[14] is a strong mechanism for achieving justice in cases involving human rights violations, and its case-law serves as a solid basis for further advocacy. Under the Constitution of BiH, its judgments must be implemented in Bosnia and Herzegovina. In the following paragraphs, some examples of case-law supporting adequate access of LGBTI people to healthcare are presented, with particular emphasis on the effective access of trans people to gender-affirming healthcare and legal gender recognition. The judgments protect the right to private life, gender identity as one of the most intimate areas of private life, and the right to self-determination.[15]

In Y.Y. v. Turkey (No. 14793/08) the Court found a violation of Article 8 (right to respect for private and family life) of the European Convention on Human Rights, holding that by denying the applicant, for many years, the possibility of undergoing gender-reassignment surgery, the Turkish state violated his right to respect for private life.

In Van Kück v. Germany (No. 35968/97), the applicant complained about the alleged unfairness of German court proceedings concerning her claims for reimbursement of gender reassignment measures against a private health insurance company. She further considered that the impugned court decisions had infringed her right to respect for her private life. The Court held that there had been a violation of the right to a fair hearing, finding that the proceedings, taken as a whole, had not satisfied the requirements of a fair hearing. It noted in particular that the German courts should have requested further clarification from a medical expert. With regard to the Court of Appeal's reference to the causes of the applicant's condition, the Court further found that it could not be said that there was anything arbitrary or capricious in a decision to undergo gender re-assignment surgery. The Court also held that

14. These are important overviews of LGBTI persons' rights through ECtHR case-law: Thematic Factsheet on LGBT persons' rights (September 2021): https://rm.coe.int/thematic-factsheet-lgbti-eng/1680a3b2d7
Guide on the Rights of LGBTI persons (February 2024): Guide on the case-law – Rights of LGBTI persons (coe.int).
15. Several ECtHR's judgments related to gender identity in: European Court of Human Rights (2022), Factsheet – Gender identity issues. (Available at: https://www.echr.coe.int/documents/d/echr/fs_gender_identity_eng)

there had been a violation of the right to respect for private and family life. In this regard, the Court noted in particular that, since gender identity was one of the most intimate aspects of a person's private life, it appeared disproportionate to require the applicant to prove the medical necessity of the treatment. The Court found that no fair balance had been struck between the interests of the insurance company on the one hand and the interests of the individual on the other.

In April 2017, ECtHR rendered a judgment in A.P., Garçon and Nicot v. France setting a legal precedent for all member states to end coerced sterilization in legal gender recognition procedures.[16]

In S.V. v. Italy the Italian authorities refused to authorise a transgender person with a female appearance to change her male forename, on the grounds that she had not yet undergone gender reassignment surgery and that no final judicial decision had been given confirming gender reassignment. The Court held that there had been a violation of the right to respect for private life. It found in particular that the applicant's inability to obtain a change of forename over a period of two and a half years, on the grounds that the gender transition process had not been completed by means of gender reassignment surgery, amounted to a failure by the State to comply with its positive obligation to secure the applicant's right to respect for her private life. In the Court's view, the rigid nature of the judicial procedure for recognising the gender identity of transgender persons, as in force at the time, had left the applicant – whose physical appearance and social identity had long been female – for an unreasonable period of time in an anomalous position apt to engender feelings of vulnerability, humiliation and anxiety. The Court further observed that the legislation had been amended in 2011, with the result that a second court ruling was no longer required in proceedings to confirm the gender reassignment of persons who had undergone surgery, and the amendment of the civil-status records could now be ordered by the judge in the decision authorising the surgery.[17]

16. ECtHR, Application nos. 79885/12, 52471/13 and 52596/13, judgment of 6 April 2017, accessible at. http://hudoc.echr.coe.int/eng?i=001-172913
17. ECtHR, Application no. 55216/08, judgment 11 October 2018, accessible at https://hudoc.echr.coe.int/eng?i=001-187111

- European Social Charter

Bosnia and Herzegovina has ratified the European Social Charter, one of the core instruments governing the realisation of economic and social rights. By doing so, it undertook, among other obligations, to establish an **accessible and effective healthcare system and to ensure rights arising from health insurance**. This is reflected in Article 11 of the European Social Charter, under which states commit themselves, either directly or in cooperation with public or private organisations, to take appropriate measures designed to remove as far as possible the causes of ill-health, to provide advisory and educational facilities for the promotion of health and the encouragement of individual responsibility for health, and to prevent as far as possible epidemic, endemic and other diseases.

Under Article 12, the States Parties are obliged to ensure the effective realisation of the right to social security, including the right to healthcare. The Charter also requires effective implementation of rights, and provides that the right to social assistance must be clearly defined by law, based on objective criteria, enforceable, and not subject to any conditions other than the need of the person seeking such assistance. For the purpose of ensuring effective access to social and medical assistance, the States Parties have undertaken, among other things, to ensure that every person who does not have adequate resources and is unable to secure such resources receives appropriate assistance in the event of illness and in other situations depending on their circumstances.

- Council of Europe Convention on Human Rights and Biomedicine (the Oviedo Convention)

The Convention is the first legally binding international instrument designed to protect human dignity, rights and freedoms through a set of principles and prohibitions regarding the misuse of biological and medical advances. Its starting point is that the interests of human beings must prevail over the interests of science or society. The Convention sets out a series of principles and prohibitions relating to bioethics, medical research, informed consent, the right to private life and to information, organ transplantation, public debate, etc.

In this chapter, it is important to present the relevant provisions of the Council of Europe Recommendation CM/Rec(2010)5 to member states on measures to combat discrimination on grounds of sexual orientation or gender identity[18], which relate specifically to health, as an essential guiding framework for member states, including Bosnia and Herzegovina. Among the areas it covers[19], particular emphasis is placed on the importance of **non-discriminatory access to healthcare for LGBTI people**. The document highlights the essential **intersectionality of health with all other spheres of life**. The key standards - requirements set for the health sector, on which Bosnia and Herzegovina periodically reports to Council of Europe monitoring bodies - concern legislative and other measures that member states must take in order to align with LGBTI people's right to the highest attainable standard of health..

Other documents of importance include:

- The Third Thematic Review of the implementation of Council of Europe Recommendation CM/Rec(2010)5, entitled "Right to the Highest Attainable Standard of Health and Access to Healthcare for LGBTI People in Europe," issued by the Council of Europe Steering Committee on Anti-Discrimination, Diversity and Inclusion (CDADI) and the Committee of Experts on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (ADI-SOGIESC). The 2023 report reveals major disparities and systemic challenges. It proposes numerous recommendations for Council of Europe member states to improve healthcare systems for LGBTI people and to promote a more inclusive and equitable system of healthcare across Europe.
- General Policy Recommendation No. 17 on preventing and combating intolerance and discrimination against LGBTI persons, issued by

18. The Recommendation is available here: https://search.coe.int/cm#{%22CoEIdentifier%22:[%2209000016805cf40a%22],%22sort%22:[%22CoEValidationDate%20Descending%22]}
19. The right to life, security and protection from violence, freedom of association, freedom of expression and peaceful assembly, the right to respect for private and family life, employment, education, housing, sport, and the right to seek asylum

the European Commission against Racism and Intolerance (ECRI). This General Policy Recommendation emphasises the importance of a sensitised, age-appropriate and open approach to education on gender and sexuality in schools in order to prevent stigma, intolerance and prejudice against LGBTI people - factors that have negative consequences for the physical and mental well-being of LGBTI children and young people.

In addition, the Recommendation calls on national authorities to ensure, as far as possible, that trans people have safe, accessible and timely access to the gender-affirming services they need. It is also the first Council of Europe document of its kind to describe how states should protect intersex people and implement protection on the ground of sex characteristics. It underscores that social attitudes or preferences do not constitute lawful justification for performing non-therapeutic medical procedures on the bodies of intersex people, and that the free and informed consent of intersex individuals is a precondition for any medical intervention.

- The ECRI report for Bosnia and Herzegovina (sixth monitoring cycle, 2024)[20] specifically recommends that domestic legislation in Bosnia and Herzegovina ensure a swift, transparent and accessible procedure, based on clear, precise and predictable legal provisions, for legal gender recognition for trans people. It also calls on the authorities to take steps towards adopting legislation that prohibits medically unnecessary surgeries and treatments on intersex children in Bosnia and Herzegovina.
- An important document of the Parliamentary Assembly of the Council of Europe, of which Bosnia and Herzegovina is a member, is Resolution 2191 (2017) – Promoting the human rights of and eliminating discrimination against intersex people, which comprehensively addresses rights to physical integrity and bodily autonomy, both with regard to healthcare and with regard to civil status/legal gender recognition. It calls on member states to end the pathologisation of

20. Available here: https://www.coe.int/en/web/european-commission-against-racism-and-intolerance/bosnia-and-herzegovina

intersex people and to eliminate harmful medical treatment, including surgeries and other medical procedures, and to protect intersex people from discrimination on the ground of sex characteristics.

- A major step at the level of the United Nations occurred with the adoption of the UN Human Rights Council Resolution on combating discrimination, violence and harmful practices against intersex persons in April 2024.[21] The Resolution encourages states to work towards ensuring the enjoyment of the highest attainable standard of physical and mental health for intersex persons. It further requests the Office of the High Commissioner to prepare a report to be discussed at the Human Rights Council in September 2025, examining "discriminatory laws and policies, acts of violence and harmful practices in all regions of the world" and calling for the development of "best practices including legal protections and remedies" for persons with innate variations in sex characteristics.
- In the field of combating hate speech and hate crime, including those based on sexual orientation and gender identity, the Committee of Ministers of the Council of Europe adopted two important recommendations in 2022 and 2024. In line with Recommendation CM/Rec(2022)16, hate speech is understood as all types of expression that incite, promote, propagate or justify violence, hatred or discrimination against a person or group of persons, or that denigrate them, on the basis of their real or perceived personal characteristics or status, such as "race", colour, language, religion, nationality, national or ethnic origin, age, disability, sex, gender identity and sexual orientation. Member states should prevent and combat hate speech in both offline and online environments, and should ensure the existence of a comprehensive and effective legal framework consisting of appropriately defined civil, administrative and criminal law provisions.[22]

21. The Resolution is available at: https://www.oiieurope.org/united-nations-addresses-the-human-rights-of-intersex-persons-in-ground-breaking-resolution/
22. Recommendation CM/Rec(2022)16 is available at: https://search.coe.int/cm?i=0900001680a67955

- In addition, Recommendation CM/Rec(2024)4 on combating hate crime calls on member states to ensure an adequate criminal justice response to hate crimes, as well as specialised support, assistance and protection for victims of hate crime, including all necessary referral mechanisms.[23]

The legal framework in Bosnia and Herzegovina

This section provides a brief overview of the legal framework governing the **recognition, enjoyment and exercise of the human rights of LGBTI people** in Bosnia and Herzegovina, without going into detailed analysis of the current situation and challenges.

It is extremely important for healthcare professionals to understand the legal context relating to the position of LGBTI people, for example, the status of same-sex partnerships, the rights of trans people to legal gender recognition, and the possibilities available within the healthcare system, in order to provide the highest standard of healthcare while respecting the dignity of every person.

Pursuant to Article 2 subparagraph 2 of the Constitution of BiH, the rights and freedoms set forth in the European Convention on Human Rights and its Protocols apply directly in Bosnia and Herzegovina. These instruments have the character of constitutional norms and take precedence over all other laws. Article 2, subparagraph 6 of the Constitution further provides: "Bosnia and Herzegovina, and all courts, agencies, governmental organs, and instrumentalities operated by or within the Entities, shall apply and conform to the human rights and fundamental freedoms referred to in paragraph 2 above."

The prohibition of discrimination against LGBTI people is regulated by two systemic laws: the Law on Gender Equality in BiH (LGE) (2003), and the Law on Prohibition of discrimination (LPD) (2009). While the Law on Gender Equality, which prohibits discrimination on grounds of "gender expression and/

23. Recommendation CM/Rec(2024)4 is available at: https://search.coe.int/cm?i=0900001680af9736

or sexual orientation", is declaratory in nature[24] when it comes to the protection of LGBTI people from discrimination, the Law on Prohibition of Discrimination provides comprehensive protection from discrimination in all areas of public life, including education, employment, **healthcare**, access to services, etc. The Law on Prohibition of Discrimination explicitly protects LGBTI people from discrimination, as sexual orientation, gender identity and sex characteristics (SOGISC) are listed as prohibited grounds of discrimination.

Although the Law on Prohibition of Discrimination obliges harmonisation of laws at the state, entity and cantonal levels, many laws still do not include SOGISC as prohibited grounds of discrimination.

In 2022, the Council of Ministers of BiH adopted the state Action Plan to Improve the State of Human Rights and Freedoms of LGBTI People in Bosnia and Herzegovina for the period 2021–2024.[25] The structure of the Action Plan is based on human rights standards and the areas covered by Council of Europe Recommendation CM/Rec(2010)5, and it contains a list of measures required to ensure the full enjoyment of human rights by LGBTI people. Upon the proposal of the Ministry for Human Rights and Refugees, the Council of Ministers of BiH extended the implementation period of the Action Plan until the end of 2025.

The Action Plan sets out **measures and activities** that need to be undertaken, including those relating to the **improvement of healthcare provision for LGBTI people**. These activities include:

- *Analysis and promotion of existing modalities for gender reassignment for BiH citizens (medical and administrative aspects);*

24. The Law on Gender Equality in Bosnia and Herzegovina ("Official Gazette of BiH", nos. 16/03, 102/09 and 32/10), although mentioning "sex expression and/or orientation", does not establish mechanisms for protecting LGBTI people from unequal treatment. By contrast, the Law on Prohibition of Discrimination covers all areas of public and some spheres of private life and defines various forms of discrimination, in addition to clearly setting out mechanisms of protection.
25. 2021-2024 Action Plan to Improve the State of Human Rights and Freedoms of LGBTI people in Bosnia and Herzegovina. Sarajevo: Gender Equality Agency of the Ministry for Human Rights and Refugees of Bosnia and Herzegovina. (retrieved from: https:// arsbih.gov.ba/project/akcioni-plan-za-unapredjenje-ljudskih-prava-i-osnovnih-slobodalgbti-osoba-u-bosni-ihercegovini-za-period-2021-2024-godine/)

- Responsible institutions: entity/district ministries of health and interior
- Training of professionals in the fields of healthcare, education, social protection, labour and employment on the rights and freedoms of LGBTI people;

Responsible institutions: canton/entity/district institutions in the areas of education and health, in partnership with civil society organisations.

As part of the annual thematic review of the Council of Europe Committee of Ministers Recommendation CM/Rec(2010)5, which focuses on LGBTI people's access to healthcare, a national review was carried out for Bosnia and Herzegovina to map the situation regarding LGBTI people's access to healthcare in relation to national legislation, policies and practices. Following this review, in February 2024 a national thematic report "Access to Healthcare for LGBTI People in Bosnia and Herzegovina" was published, analysing Bosnia and Herzegovina's progress in implementing Recommendation CM/Rec(2010)5 on health and access to healthcare services for LGBTI people, i.e. the degree of alignment of BiH legislation, and examining the measures (or lack thereof) in the following areas: (i) Discrimination in access to healthcare on the grounds of SOGIESC; (ii) Trans-specific and gender-affirming health services: regulation, availability, costs; (iii) Human rights of intersex people in healthcare; (iv) Mental health and psychosocial support for LGBTI people; (v) Trust of LGBTI people in institutions regulating and providing healthcare.

Some of the key policy recommendations for state institutions and agencies to address the specific needs of LGBTI people in access to healthcare in BiH include:

- Incorporate the principle of non-discrimination on SOGISC grounds into all relevant laws in BiH relating to healthcare;
- Implement measures from the Action Plan for the Improvement of Human Rights and Fundamental Freedoms of LGBTI People in Bosnia and Herzegovina for the period 2021–2024 relating to access to gender-affirming healthcare and legal gender recognition;

- Adopt and implement laws and/or by-laws defining the duties of healthcare institutions to provide and monitor gender-affirming medical care and procedures, and to cover the costs of these procedures through health insurance budgets;
- Prohibit conversion practices or so-called "conversion therapies" and ensure the availability of services that support the mental health and well-being of LGBTI people;
- Prohibit medically unnecessary surgeries and treatments on intersex children;
- Establish and develop systematic training initiatives for healthcare workers in BiH, as well as staff working in public and private healthcare institutions, to ensure that all LGBTI people receive gender-sensitive and gender-affirming healthcare, including sexual and reproductive health services.

The healthcare and well-being of LGBTI people are closely linked to human rights and fundamental freedoms, as well as to the experience of minority stress, social stigma, discrimination, violence, etc., which will be further addressed in the next chapter of the Guide.

The areas of life that are important to consider in the context of human rights include:

- hate crimes and incitement to hatred
- freedom of assembly and association
- family life
- legal gender recognition
- healthcare for trans and gender-diverse people
- legal status and healthcare of intersex people
- asylum
- education
- employment
- housing

The following section will present the situation in selected areas of human rights in brief outlines; more detailed information can be found in Council of Europe reporting documents[26] and in the annual reviews of the human rights situation of LGBTI people in Europe and Central Asia by ILGA-Europe.[27] Additional information is also available in the annual Pink Reports on the human rights situation of LGBTI people in Bosnia and Herzegovina.[28] Relevant sources of information include the following Council of Europe documents: the monitoring reports of the European Commission against Racism and Intolerance (ECRI) for Bosnia and Herzegovina[29], and the Thematic Report on LGBTI People's Access to Healthcare in BiH[30], which are also listed in the section presenting international human rights instruments relevant to LGBTI people.

Hate crimes and incitement to hatred

Research on the lived experiences of LGBTI people in Bosnia and Herzegovina[31] shows that 61.34% of respondents fear for their own safety. Violence due to their identity has been experienced by 38.9% of respondents. Regarding the types of violence experienced by LGBTI people in BiH, the results indicate the following: physical violence (21.28%), verbal and psychological abuse (41.34%), online threats and abuse (25.23%), domestic violence (6.38%), and sexual abuse (5.78%). The majority of respondents did not report the violence (76.77%). Hate crimes are documented by the civil society organisation Sarajevo Open Centre, and among the cases recorded in 2023 were: domestic violence on the basis of sexual orientation, threats directed at the organisation due to the holding of an event for the LGBTI community, and attacks on LGBTI people via the dating application "Grindr."

Cases of hate speech are also frequent, as shown by the 2024 research

26. For more information, see: https://www.coe.int/en/web/sogi
27. Available here: https://www.ilga-europe.org/report/annual-review-2024/
28. Available here: https://soc.ba/publikacije/edicija-ljudska-prava/
29. Available here: https://www.coe.int/en/web/european-commission-against-racism-and-intolerance/bosnia-and-herzegovina
30. Available here: https://arsbih.gov.ba/project/izvjestaj-vijeca-evrope-o-pristupu-lgbti-osoba-zdravstvenoj-zastiti-u-bosni-i-hercegovini/
31. Bošnjak, Emina; Pandurević, Darko (2023.). ibid.

on online violence and hate speech[32]-most respondents had been exposed to online violence or hate speech, most often on social media and online portals, but also through messages on applications such as Viber. In addition to online insults, threats and hate speech, civil society organisations also document hate speech at public events such as sports matches, as well as insulting content and incitement to violence displayed in public urban spaces.[33]

All three criminal codes-the Criminal Code of Republika Srpska, the Federation of BiH, and the Brčko District-recognise the concept of **hate crimes** (in the Brčko District, hatred is defined as an aggravating circumstance in the commission of criminal offences), through which protection is provided to LGBTI people and other social groups that are commonly targeted by such crimes.

The **criminal offence of Incitement to Hatred and Violence** is regulated differently in the Criminal Code of Republika Srpska and the Criminal Code of the Brčko District than in the Criminal Code of the Federation of BiH. Public incitement and encouragement to violence and hatred in Republika Srpska and the Brčko District is prohibited on grounds of "national, racial, religious or ethnic affiliation, skin colour, sex, sexual orientation, disability, gender identity, origin or any other characteristics"; whereas in the Federation of BiH it is limited exclusively to "incitement of intolerance and hatred on national, ethnic and religious grounds." In Republika Srpska, in March 2025, amendments to the Criminal Code were adopted removing the term "gender identity" from all existing provisions, with the explanation that this was done to align the legislation with the Constitution of Republika Srpska.

Freedom of assembly and association

32. The online questionnaire was completed by 112 LGBTI people, and 11 people shared their experiences through in-depth interviews. Ramić, Sanja, Izvještaj istraživanja o online nasilju i govoru mržnje online prema LGBTI osobama u Bosni i Hercegovini ("Research report on online violence and online hate speech against LGBTI people in Bosnia and Herzegovina") Sarajevo: Sarajevo Open Centre (retrieved from: https://soc.ba/site/wp-content/uploads/2024/08/Izvjestaj-istrazivanja-o-online-nasilju-2024_8_22-BIH-WEB.pdf)
33. For more information, see the 2024 Pink Report: https://soc.ba/site/wp-content/uploads/2024/06/rozi-izvjestaj-BOS-2024_6_12-1.pdf

Freedom of assembly represents the right to organise peaceful and protest gatherings on issues of public importance, when certain groups express dissatisfaction with their position in society or with human rights violations. For LGBTI people, the most significant form of such assembly is the Pride March, held in Sarajevo since 2019.[34] Furthermore, freedom of association is the right to establish and operate civil society organisations—associations and foundations that advocate for the advancement of the human rights of LGBTI people.

Family life

The mutual relations of same-sex partners and their life partnerships are not regulated in Bosnia and Herzegovina, nor are issues concerning children and parenthood of same-sex couples legally recognised. As a result, LGBTI people are prevented from exercising constitutionally guaranteed rights relating to personal liberty and security, respect for private and family life, home, the right to form a family, protection of acquired property, or freedom of movement and residence.

Bosnia and Herzegovina's obligation to regulate same-sex unions arises from its membership in the Council of Europe as well as from judgments of the European Court of Human Rights.[35] Several Council of Europe recommendations require member states to respect the private and family life of every individual and to enable same-sex civil partnerships by ensuring that their rights and obligations are at least equal to those of unmarried heterosexual couples. Particularly important is the regulation of partners' rights within the healthcare system, such as health insurance, visiting rights during hospital treatment, protection of reproductive health, and decision-

34. More on the BiH Pride March: https://povorkaponosa.ba/
35. The Court has emphasised that its case-law shows that Article 8 of the Convention has already been interpreted as requiring member states to ensure legal recognition and protection for same-sex couples by establishing a "specific legal framework." This case-law is related to Article 8 under which States Parties have a positive obligation to secure legal recognition and protection for same-sex couples.

making regarding the health of a partner or children.[36]

Trans and gender diverse people - healthcare and legal gender recognition

Trans and gender-diverse people do not have access to healthcare covered by mandatory health insurance, nor to legal gender recognition (changing the gender marker in personal documents) based on the principles of self-determination, privacy and bodily integrity.

With respect to the legal recognition of gender identity, the European Court of Human Rights, through its case-law[37], sets out the following general principles for states when regulating procedures for changing the gender marker in personal documents:

- The State has a narrow margin of appreciation when it intervenes in matters that concern and affect the gender identity of trans people;
- States have an obligation to establish a procedure for changing the gender marker in personal documents that is swift, transparent and easily accessible;
- The State may not condition the administrative change of the gender marker on prior gender-reassignment surgery.

In Bosnia and Herzegovina, the situation is such that trans people must themselves cover the costs of hormone therapy, as the necessary therapy is not included on the essential medicines list/lists. Healthcare institutions do not have a sufficient number of medical professionals who are trained and sensitised to provide gender-affirming healthcare.[38]

From the applicable legal provisions in Bosnia and Herzegovina, it is not clear whether legal gender marker change is conditioned on undergoing

36. Relevant ECtHR case-law concerning the family life of LGBTI people is available here: https://ks.echr.coe.int/documents/d/echr-ks/guide_lgbti_rights_eng, and calls on states to legally regulate same-sex partnerships.
37. More ECtHR judgments relating to gender identity are available here: https://www.echr.coe.int/documents/d/echr/fs_gender_identity_eng .
38. Council of Europe. LGBTI People's Access to Healthcare in Bosnia and Herzegovina - National Thematic Review. Council of Europe, p. 25, 2024. (retrieved from: https://arsbih.gov.ba/wp-content/uploads/2024/03/Thematic-review-LGBTI-peoples-access-to-Healthcare-in-Bosnia-and-Herzegovina-National-Thematic-Report-BS-FINAL-26.02.24.pdf)

"complete" or "partial" (medical) transition. No law or by-law in the entities or the District defines what constitutes "gender reassignment" carried out by a healthcare institution, what constitutes the medical documentation proving it, nor which healthcare institution would be competent to interpret it. Furthermore, living in another gender identity is not recognised as a basis for administrative procedures for gender marker change.[39,40]

In September 2022, the National Assembly of the Republika Srpska adopted a new Law on Mandatory Health Insurance, which defined *the diagnostics and treatment of sexual dysfunction or sexual inadequacy, including impotence, healthcare services, medicines, and medical devices related to gender reassignment and the reversal of an earlier voluntary surgical sterilisation*, as **procedures that will not be financed from mandatory health insurance funds**.

39. More information on the rights of trans people, particularly civil society proposals for resolving the issue of legal gender recognition, can be found in the Pink Report on the Rights of LGBTI People in Bosnia and Herzegovina: https://soc.ba/site/wp-content/uploads/2024/06/rozi-izvjestaj-BOS-2024_6_12-1.pdf
40. For the healthcare context, we recommend the thematic report on LGBTI People's Access to Healthcare in Bosnia and Herzegovina, by the Council of Europe. Council of Europe (2024). LGBTI People's Access to Healthcare in Bosnia and Herzegovina - National Thematic Review. (retrieved from: https://arsbih.gov.ba/project/izvjestaj-vijeca-evrope-o-pristupu-lgbti-osoba-zdravstvenoj-zastiti-u-bosni-i-hercegovini/)

Legal status and healthcare of intersex people

Bosnia and Herzegovina has explicitly protected intersex persons in its anti-discrimination legislation by prohibiting discrimination on the grounds of sex characteristics. However, clear medical guidelines and procedures on how to manage intersex variations in all healthcare institutions in Bosnia and Herzegovina are still lacking. This gap includes the absence of protocols and guidelines aimed at preventing "sex normalisation", "sex assignment" - surgical or other interventions performed on the sex characteristics of a newborn/child solely for the purpose of aligning their appearance with normative definitions of male or female bodies, even when the health of the child is not at risk.[41,42,43]

Asylum

The legal framework in Bosnia and Herzegovina is largely aligned with international standards. The Law on Asylum (2015) and the Law on Foreigners (2016) have, for the most part, incorporated the provisions of the relevant EU directives. However, the provision identifying SOGI as a characteristic of a particular social group, and therefore as a basis for persecution and for seeking asylum, has been omitted. Same-sex partnerships are likewise not recognised as a basis for obtaining temporary residence in Bosnia and Herzegovina, nor are they acknowledged in the provisions governing family reunification.

Although Bosnia and Herzegovina is designated as a "safe third

41. Council of Europe (2024). Ibid. p. 28.
42. For more on the situation of intersex people in healthcare, see: Burić, Vanja (2020), Tijela koja nadilaze binarnost 2: Istraživanje o pravima interspolne djece u zdravstvenom sistemu Bosne i Hercegovine. ("Bodies Beyond the Binary 2: A Study on the Rights of Intersex Children in the Healthcare System of Bosnia and Herzegovina")Sarajevo: Sarajevo Open Centre. (retrieved from: https://soc.ba/tijela-koja-nadilaze-binarnost-2-istrazivanje-o-pravimainterspolne-djece-u-zdravstvenom-sistemu-bosne-i-hercegovine/)
43. For best practice in treatment of intersex people, we recommend: Vlahović, Erin; Ranđelović, Kristian (2020), Između spolova i stvarnosti: Priručnik za medicinske stručnjake_inje i zdravstvene radnike_ce o postupanju s interspolnim osobama. ("Between Sexes and Reality: A Handbook for Medical Professionals and Healthcare Workers on Dealing with Intersex Persons") Sarajevo: Sarajevo Open Centre. (retrieved from: https://soc.ba/izmedu-spolova-i-stvarnosti-prirucnik-za-medicinske-strucnjake_inje-i-zdravstvene-radnike_ce-o-postupanju-s-interspolnim-osobama/).
The manual was developed through the joint efforts and work of authors from Bosnia and Herzegovina, Serbia and Croatia, and it addresses multiple aspects of the situation and treatment of intersex persons.

country of origin" under the legislation of many EU Member States, civil society data show that LGBTI persons continue to leave BiH and seek protection from persecution on SOGI grounds in EU countries and North America. A safe third country of origin implies a legal presumption of a certain level of institutional functionality, rule of law, and legal mechanisms to protect citizens from all forms of persecution, including on SOGISC grounds.[44]

LGBTI people from BiH decide to seek asylum due to psychological difficulties, psychological and physical violence, discrimination in employment, and societal rejection, all of which they experience because of their sexual orientation and/or gender identity.

In addition, Bosnia and Herzegovina has for several years been part of the migration route used by people on the move from the Middle East, parts of North Africa, Pakistan, Afghanistan and other countries on their way to the EU. Among the migrant population, a certain number of LGBTI persons is also present. Cases involving people on the move who belong to the LGBTI community have already been recorded in Bosnia and Herzegovina. Most of them are in transit through the country, and only a small number decide to stay. The difficulties they face relate to accommodation, legal assistance and access to information, as well as stigma and violence which, as a particularly vulnerable group, they experience from other people on the move.[45]

Education

The Law on Prohibition of Discrimination also prohibits discrimination on the grounds of SOGISC, including in the field of education. The Law on Gender Equality in Bosnia and Herzegovina obliges the competent authorities to take appropriate measures to *eliminate prejudices, stereotypes and other practices based on ideas of the inferiority or superiority of either sex, as well as stereotypical roles of women and men*. The laws on primary and secondary education do

44. Adilović, Admir; Brković, Amil et al. (2025). 2025 Pink Report - Annual Report on the State of Human Rights of LGBTI People in Bosnia and Herzegovina. Sarajevo: Sarajevo Open Centre (retrieved from: https://soc.ba/rozi-izvjestaj-2025-godisnji-izvjestaj-o-stanju-ljudskih-prava-lgbti-osoba-u-bosni-i-hercegovini/), p. 57.
45. Pink Report 2025, ibid.

not contain provisions protecting individuals from discrimination on SOGISC grounds. The laws on higher education are not harmonised with one another on the Entity/Cantonal level. They all incorporate the provisions of the Law on Gender Equality with regard to access to education and equal treatment.

It should be noted that ECRI General Policy Recommendation No. 17 emphasises the importance of a sensitised, age-appropriate and open approach to education on gender and sexuality in schools in order to prevent stigma, intolerance and prejudice against LGBTI people - factors that have negative consequences for the physical and mental well-being of LGBTI children and young people. Despite this recommendation and similar recommendations issued by international bodies such as the World Health Organization and UNESCO, Bosnia and Herzegovina does not have comprehensive sexuality education within the public school system. LGBTI identities are not adequately considered or included in school textbooks. Furthermore, textbooks typically contain stereotypical and stigmatising representations of gender and LGBTI identities within a broader framework of traditional portrayals of female and male gender roles.[46]

Labour and employment

The Labour Laws of the Federation of Bosnia and Herzegovina and the Brčko District prohibit discrimination on the grounds of "sexual determination", a term which is inaccurate and does not correspond to the internationally recognised concept of sexual orientation. These laws also fail to list gender identity and sex characteristics as protected grounds. The Labour Law of the Republika Srpska does not list SOGISC grounds as prohibited grounds of discrimination, while the Law on Work in the Institutions of BiH includes only sexual orientation.

Housing

46. The Fight Hidden In Plain Sight: Sexual and Reproductive Health and Rights in Central and Eastern Europe and Central Asia (2020). Warsaw, Poland: ASTRA Network Secretariat (retrieved from: https://astra.org.pl/wp-content/uploads/2020/02/The-fight-hidden-in-plain-sight.pdf?fbclid=IwAR3JS3Wbh2ns-oLggN5kpLOmo5_yDUnECCHo-ntgj8XfuM8h9EMaU8EY6Dk), p. 33.

The Law on Prohibition of Discrimination of Bosnia and Herzegovina, which recognises SOGISC as protected characteristics, guarantees protection from discrimination, including in the area of housing. The law applies to all public authorities, as well as to natural and legal persons involved in matters related to housing.

IV ACCESS OF LGBTI PEOPLE TO HEALTHCARE

What the general public in BiH thinks about LGBTI people's access to healthcare

Before addressing the issue of discrimination, its causes, and its impact on LGBTI people in relation to **access to healthcare**, it is useful to highlight several findings from the 2023 public opinion survey on attitudes towards the human rights of LGBTI people. A positive finding is that the majority of respondents from the general population believe that LGBTI people should have access to healthcare services covered by health insurance. It is important that healthcare workers using this guide are familiar with these public opinion trends, while at the same time working to remove barriers to equal access to healthcare without discrimination, and actively dismantling stigma and prejudice.

The survey findings are as follows:[47]

- 88% of respondents believe that LGBTI people should have access to health insurance;
- 28.4% identified discrimination as one of the issues LGBTI people face;
- 5.7% of respondents believe that LGBTI people do not have access to affirming and equitable healthcare;
- 27.5% of respondents believe that trans people do not have the right to legal gender recognition in accordance with their gender identity;
- 20.7% of respondents support the right to self-determination, that is, legal gender recognition without mandatory surgical transition.

47. The survey included 1,023 respondents—the general population. SOC (2023). Acceptance from a Distance: Attitudes towards Homosexual, Bisexual, Trans and Intersex People in Bosnia and Herzegovina. Sarajevo: Sarajevo Open Center (retrieved from: https://soc.ba/prihvatanje-s-distance-istrazivanje-stavova-prema-homoseksualnosti biseksualnosti-transrodnosti-i-interspolnosti-u-bih/)

Minority stress and its role in improving healthcare for LGBTI people

Stress can be described as a state of disrupted psychophysiological balance arising from a real or perceived physical, psychological, or social threat to an individual or someone close to them. Stress occurs when a person perceives environmental demands as excessive and believes they are unable to cope with them successfully.

Minority stress[48] is defined as a chronic level of stress caused by prejudice, discrimination, lack of social support, and other factors experienced by members of a stigmatised minority community. It is a form of stress linked to a socially assigned subordinate status and restricted access to legitimate social and economic opportunities based on one's membership in a particular social group. The position of minorities in society leads to a higher number of stressful events (e.g. harassment, discrimination, ridicule, violence), which in turn results in diminished self-confidence and feelings of insecurity, as well as physiological and psychological experience of stress. Major and O'Brien provide an overview of research explaining how discrimination and the expectation of rejection affect the personal well-being of stigmatised individuals. [49] The negative effects of stressors have also been confirmed in cases of stigma based on race, ethnicity, religion, HIV/AIDS and other chronic illnesses, and even obesity.

Researchers agree that minority stress is:

- universal – meaning that it is in addition to the general stressors to which all people are exposed, and therefore requires the stigmatised individual to adapt and regulate themselves beyond what is necessary for similar non-stigmatised individuals;
- chronic – as it is linked to relatively stable sociological and cultural

48. Meyer, I. H. (2003): Prejudice, Social Stress, and Mental Health in Lesbian, Gay, and Bisexual Populations: Conceptual Issues and Research Evidence. Psychological Bulletin, 129(5), 674-697.
49. Major, B., & O'Brien, L. T. (2005). *The social psychology of stigma*. Annual Review of Psychology, 56, 393-421. doi:10.1146/annurev.psych.56.091103.070137

structures;

- socially based – arising from social processes, institutions, and structures that operate above the level of the individual, and characterized by general stressors or biological, genetic, or other non-sociological characteristics of a person or group.[50]

In addition to the fact that minority status itself entails higher levels of stress, sexual minority persons also have fewer resources to cope with that stress.[51] To explain how this stress contributes to poorer mental health outcomes, Meyer proposed the minority stress model.[52]

Given all of the above, understanding minority stress is essential for healthcare professionals, as it can improve both access to and the quality of healthcare for LGBTI persons.

Causes of minority stress

Minority stress arises from a range of social and individual factors. Some of the most common causes include:

- **Discrimination and stigmatisation** – LGBTI people frequently encounter overt or subtle forms of discrimination, which can affect their mental and physical health.
- **Threats and violence** – Physical, verbal, and emotional violence contribute to feelings of insecurity and anxiety.
- **Rejection by family and society** – Many LGBTI people experience isolation, which may lead to depression and other mental health issues.
- **Internalised homophobia** – When individuals internalise negative societal attitudes toward LGBTI persons, this can result in problems

50. Meyer, I. H. (2007): Prejudice and Discrimination as Social Stressors. In: I. H. Meyer and M. E. Northridge (Ed.), The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual and Transgender Populations (p. 242-267). New York, NY: Springer.
51. Meyer, I. H., Schwartz, S., Frost, D. M. (2008): Social patterning of stress and coping: Does disadvantaged social statuses confer more stress and fewer coping resources?. Social science & medicine, 67(3), 368-379.
52. Meyer, I. H. (2003). Ibid.

with self-acceptance, low self-esteem, and self-destructive behaviour.

Impact of minority stress on the health of LGBTI people

Minority stress has a significant impact on the physical and mental health of LGBTI persons. There is substantial scientific evidence showing that stigma—manifested through prejudice and discrimination against LGBTI persons—is a major source of stress.[53] Minority stress is a well-established factor that can lead to a range of mental health issues among LGBTI persons.

- Sexual and gender minorities are at greater risk of developing various mental health issues, primarily as a result of both external and internalised stigmatisation, as well as the disadvantaged social status they face because of their sexual orientation. This primarily refers to anxiety and depression; higher levels of stress are associated with higher levels of anxiety and depression.[54]
- The literature also documents an increased risk of suicide, higher rates of depression, somatic complaints, and low self-esteem among LGBTI persons-especially in cases of internalised homophobia.[55] LGBTI persons show a higher prevalence of suicidal ideation and suicide attempts compared to the heterosexual population.[56]
- Experiences of violence and discrimination can lead to the development of PTSD.
- Eating disorders and substance misuse: As a way of coping with stress, some members of the LGBTI community develop eating disorders or turn to substance misuse.
- LGBTI persons often feel shame and/or self-blame as a result of

53. https://opendoorshealth.eu/sites/default/files/attachments/opendoors_handbook_EN.pdf pp. 43 - 69.
54. Herek, G. M., & Garnets, L. D. (2007). *Sexual orientation and mental health*. Annual Review of Clinical Psychology, 3, 353–375. https://doi.org/10.1146/annurev.clinpsy.3.022806.091510
55. Anthony R. D'Augelli; Scott L. Hershberger. (1993). *Lesbian, gay, and bisexual youth in community settings: personal challenges and mental health problems.* American Journal of Community Psychology, 21(4), 421 - 448. doi:10.1007/BF00942151
56. John J. Mohr; M. S. Kendra. (2011). *Revision and extension of a multidimensional measure of sexual minority identity: The Lesbian, Gay, and Bisexual Identity Scale.* Journal of Counseling Psychology, 58(2), 234 - 245. doi:10.1037/a0022858

internalised stigmatisation.

- Stigma plays a significant role in the decision to come out or seek professional help, due to fear of rejection and discrimination.

Coping processes among sexual and gender minorities operate at both the individual and group level. Social support and identity acceptance help reduce feelings of stigma and mitigate negative effects on the mental health of LGBTI persons. Group-based coping provides LGBTI persons with a safe environment, emotional and instrumental support, and validation of experiences shared with others from the minority community. For this reason, strong connectedness to one's minority community can positively influence perceptions of quality of life. The importance of self-acceptance of sexual orientation and gender identity affects how LGBTI people perceive themselves and behave in social situations. Identity satisfaction is considered a protective factor, whereas internalising LGBTI-phobic attitudes has the opposite effect. Moreover, belonging to a group can foster a sense of superiority of identity, which may serve as a coping resource and positively influence mental health.

How healthcare professionals can use their understanding of minority stress

Healthcare professionals play a crucial role in improving healthcare for LGBTI people through the following strategies:

1. **Education on minority stress**
   - Familiarising themselves with the concept of minority stress and its consequences helps develop empathy and a deeper understanding of the needs of LGBTI patients.
2. **Creating an inclusive environment**
   - Ensuring that healthcare settings are safe places in which LGBTI people can receive support without fear of judgement or discrimination.
3. **Applying an affirmative approach**

- An affirmative approach includes validating the identities of patients and using inclusive language. This can significantly reduce psychological stress and improve health outcomes.

4. **Psychological support and resources**

   - Integrating mental health as a key component of healthcare for LGBTI people can help prevent the negative consequences of minority stress.

Diversity and intersectionality

A comprehensive approach to health is a central challenge in the health sciences and assumes that health is not solely an individual condition but a collective and socio-historical process. Applying the principle of universality in the healthcare of LGBTI people means ensuring that all patients receive equal, impartial, and quality healthcare, regardless of sexual orientation, gender identity, or gender expression. In the human-rights framework, the **principle of universality** requires that no one be discriminated against on the basis of any personal characteristic, and that equality be upheld and supported. At the same time, the principle of equality requires the recognition and accommodation of the different needs of individuals and groups. For this reason, the universality of rights does not imply a uniform or totalising practice. Instead, it requires the acknowledgment and the contextualisation of different lived human experiences.

Acceptance of the **principle of diversity** presumes recognition of equality, which acknowledges that people and groups have specific needs that must be taken into account in order to achieve equality within society. Here we are talking about the pursuit of substantive and effective equality, with the aim of reducing situations of inequality that hinder the effective enjoyment of rights. This means seeking equality for each person according to their needs and capacities, together with the right to those differences.

The central element of the principle of diversity is, therefore, the recognition of "conditions of social, economic, and cultural inequality affecting historically marginalised and excluded social groups that find themselves in

situations of inequality and/or manifest disadvantage; which requires targeted actions aimed at developing their autonomy, their inclusion, and social justice so that they may access, on an equal-opportunity basis, the goods and services enjoyed by society at large."[57]

This approach connects living conditions with the positions of different social factors such as socio-economic circumstances, gender, sexual orientation, ethnic background and cultural identity, geographical location, and physical and mental capacities, "all the variables implicit in the lives of subjects."[58]

In the context of improving healthcare for LGBTI people, this means educating and sensitising healthcare professionals on the specific health needs of LGBTI people, as well as learning inclusive terminology and appropriate communication with patients. One example could be adapting healthcare to LGBTI people by understanding the specific health risks and needs of LGBTI people (e.g. hormone therapy, mental health, HIV and sexually transmitted infection prevention), or non-discriminatory access to medical procedures (e.g. gynaecological examinations for trans men), as well as individualising the approach based on the needs of patients.

Intersectionality is a term used to describe how people's identities (gender, socio-economic status, ethnic background, age, disability) overlap and intersect. It recognises that a person's identity is more than the sum of its parts, and that individuals may face complex, often invisible circumstances (through deprivation or privilege they experience), stemming from their interconnected identities. Intersectionality has always been present in how we live, communicate, and understand discrimination and equality in society.

Understanding intersectionality in the context of healthcare access for LGBTI people does not only mean recognising that sexual and gender diversity intersects with other forms of oppression, such as racism, poverty, or

57. Bilic, B. (2019). U mrežama drugosti: Intersekcionalnost i LGBT aktivizam u Srbiji i Hrvatskoj. („In Networks of Otherness: Intersectionality and LGBT Activism in Serbia and Croatia"), Mediterran.
58. ibid.

disability. It also requires acknowledging that the experiences, backgrounds, and identities of all these individuals must be taken into account in order to identify specific inequalities that people face in everyday life.

This understanding is deepened by recognising that experiences vary depending on culture and society. LGBTI people living in countries where homosexuality is criminalised may face threats to their safety and freedom, while those living in countries with less discrimination may face legal and social barriers to equality and acceptance.

Healthcare professionals can apply intersectionality in their work with LGBTI people to better understand the specific challenges these individuals face, taking into account how different factors-such as sexual orientation, gender, ethnicity, social status, ability, and other identities-shape their health and social context.

Here are some ways in which intersectionality can be applied in medical work with LGBTI people:

1. **Understanding the different layers of identity:** Intersectionality enables healthcare professionals to recognise that LGBTI people are not a homogeneous group. For example, an LGBTI person may be a woman, a man, a trans person, Black, Latinx, a person with a disability, or a member of other socio-economically vulnerable groups. Each of these dimensions may influence their health needs and their access to healthcare. Understanding these layers helps ensure better, more personalised care.

2. **Addressing specific needs:** LGBTI people, particularly those facing multiple forms of marginalisation, may have specific health needs, such as access to hormone therapy for trans people, mental health support in the context of discrimination or violence, and specific preventive measures for women who identify as lesbians. Healthcare professionals can use an intersectional approach to recognise these needs and provide appropriate support.

3. **Creating a safe environment:** Intersectionality can help create a more inclusive and safer space for LGBTI people. Understanding that discrimination may manifest in different ways, based on sexual orientation, gender, ethnic background, or socio-economic status, can help healthcare professionals adopt a more attentive and empathetic approach. For example, using appropriate terminology and avoiding assumptions about patients' identities can significantly increase safety and trust.

4. **Addressing stereotypes and discrimination:** LGBTI people often face stigmatisation and discrimination in healthcare settings. When healthcare professionals use an intersectional approach, they can recognise specific forms of discrimination that LGBTI people encounter, such as prejudice towards trans people or microaggressions directed at people with lower socio-economic status. Through education and self-awareness, healthcare professionals can work to reduce these negative impacts.

5. **Empowering LGBTI patients through a comprehensive approach:** Intersectionality allows for an understanding of the full picture of the lives of LGBTI people, including all aspects of their identities and everyday experiences. Healthcare professionals can use this approach to empower patients, helping them feel recognised and respected in every aspect of their lives, including in relation to their health needs.

6. **Education of healthcare professionals:** Continuous education on how different identities affect health can help healthcare professionals become more aware of their own biases and better understand the specific needs of LGBTI people. This can also help reduce inequalities in access to healthcare.

Applying intersectionality in healthcare practice enables a comprehensive approach to patients, leading to better health outcomes and greater inclusion of LGBTI people in the healthcare system.

Therefore, as a recommendation, it is necessary to integrate intersectionality into health policies and implement training for healthcare professionals to eliminate prejudice, stereotypes and discriminatory practices towards LGBTI people, and to ensure equal access to treatment for all people.

Situation regarding LGBTI people's access to healthcare in BiH

Documents that address specific aspects of LGBTI people's access to healthcare, particularly gender-affirming healthcare (cost coverage) and legal gender recognition, include:

- Special Report of the Institution of the Human Rights Ombudsman of Bosnia and Herzegovina (2016) on the human rights of LGBT people in Bosnia and Herzegovina[59] and
- state Action Plan to Improve the State of Human Rights and Freedoms of LGBTI people for the period 2021-2024.[60]

In Bosnia and Herzegovina, research and data collection conducted under the auspices of the state and its administrative–territorial units (entities, cantons and the district) remain limited. Therefore, the topics presented in this part of the Guide rely primarily on research and public advocacy activities carried out by civil society organisations.

When examining the lived experiences of LGBTI people in Bosnia and Herzegovina, civil society organisations found that as many as 90.63% of respondents chose not to report discrimination.[61] Responses to the question of why respondents did not report discrimination reveal the deep fears and barriers LGBTI people face: lack of trust in officials involved in the procedure (16.59%), fear of having their identity disclosed (14.65%), lack of information about available assistance (10.79%), and lack of knowledge about complaint

59. Report available here: https://ombudsmen.gov.ba/documents/obmudsmen_doc20161104133337O4bos.pdf
60. Action Plan available at: https://arsbih.gov.ba/project/akcioni-plan-za-unapredjenje-ljudskih-pravai-osnovnih-sloboda-lgbti-osoba-u-bosni-ihercegovini-za-period-2021-2024-godine/
61. Study available here: SOC (2023). Ibid., https://soc.ba/brojevi-koji-ravnopravnost-znace-3-analiza-rezultata-istrazivanja-problema-i-potreba-lgbti-osoba-u-bih-u-2023-godini/

procedures (9.50%) are among the key factors, alongside: the length of court proceedings (5.48%), potential financial costs (8.70%), fear of retaliation (7.09%), and concern about the reaction of family and friends (12.72%).

These data not only highlight the complexity of the problems faced by LGBTI people, but also underscore the importance of strengthening support systems, improving access to information and building trust in order to encourage the reporting of discrimination and to ensure a sense of safety and the possibility of obtaining justice.

Among the experiences of **trans and gender-diverse people in accessing healthcare**, we highlight the case of one trans man (currently 29 years old) who, at the time of initiating his transition process in BiH nine years ago, encountered the fact that there were few or no trained and sensitised medical professionals working with trans people in clinical practice. In other words, gender-affirming healthcare was not at the level required to ensure the well-being of trans and gender-diverse people.

After psychological counselling, it was necessary to begin hormone therapy and consult throughout the process with an endocrinologist who would monitor his progress. Although he underwent all medical tests needed to start hormone therapy, he was unable to find sufficiently trained endocrinologists in BiH to monitor his condition and progress. In Zagreb, he identified physicians listed as official specialists for working with trans people, as confirmed by the Ministry of Health of the Republic of Croatia, and scheduled the necessary check-ups with them.

He notes that he did not experience discrimination from healthcare workers in BiH, nor was care denied to him. However, as healthcare professionals themselves pointed out, they had not previously encountered this field of health, or, if they had, they did not have sufficient expertise to monitor a transition process.

Non-medical staff in healthcare institutions are often the first point of contact with the healthcare system for LGBTI people, and they too must take

all necessary steps to support their patients. **Healthcare professionals** play a key role in providing fair and gender-affirming healthcare and in ensuring that sexual orientation, gender identity and sex characteristics are not pathologised, and that LGBTI people receive the same standard of care as any other patient, taking into account their specific needs.

Legal regulations in the field of healthcare and health insurance guarantee equal treatment in the sphere of healthcare, meaning that all people must have access to health insurance, healthcare and treatment programmes, regardless of their sexual orientation or gender identity. In line with the legal principles of non-discrimination in the provision of healthcare, health services in Bosnia and Herzegovina should be provided in accordance with the following principles:[62]

- Taking into account the intersectionality of identities: persons with disabilities and complex health conditions, members of national minorities, migrants, persons living in rural areas and locations distant from healthcare centres, and older persons;
- Healthcare for trans people: the presence of trained staff/healthcare personnel who follow the principle of depathologisation of trans identities and who provide trans specific healthcare and accessible health services; coverage of trans specific healthcare services through mandatory health insurance;
- Healthcare for intersex people: the prohibition of medically unnecessary surgeries intended to alter sex characteristics after the birth of babies with intersex variations ("normalising surgical procedures"), without their consent, when such procedures are neither urgent nor medically necessary;
- Access to family planning services, such as infertility treatment using assisted reproductive technology;

62. For more on these situations, see: Hasanbegović Vukas, Delila (2024). LGBTI People's Access to Healthcare in Bosnia and Herzegovina - National Thematic Review. Council of Europe (retrieved from: https://arsbih.gov.ba/project/izvjestaj-vijeca-evrope-o-pristupu-lgbti-osoba-zdravstvenoj-zastiti-u-bosni-i-hercegovini/)

- HIV/AIDS prevention and care.

Conversion practices

Numerous bodies of the Council of Europe, including ECRI, PACE and the Commissioner for Human Rights, call for the prohibition of conversion practices (so-called "conversion therapies"), access to gender-affirming healthcare, and the strengthening of the rights of intersex people.[63]

Discussions on conversion practices have oftentimes been framed under the larger issue of inhuman treatment. In this regard, the UN Special Rapporteur on Torture has stated that "conversion therapy", given the absence both of a medical justification and of free and informed consent, and seeing as it is rooted in discrimination based on sexual orientation or gender identity or expression, can inflict severe pain or suffering and amount to cruel, inhuman or degrading treatment or punishment, or in some cases, torture.[64]

In addition, ILGA World's research on conversion practices lists the countries that have banned such practices and methods for doing so, from which it can be concluded that the global trend is towards ending this phenomenon.[65]

Conversion practices are not explicitly prohibited in BiH, but certain practices containing such elements could potentially be criminalized and sanctioned under **criminal legislation**, as *negligent treatment, arbitrary conduct without the patient's consent*, or *quackery*. In **psychiatric clinical practice**, there is often no official record of the use of these practices (through medical reports, expert opinions, discharge summaries, treatment protocols, etc.), and other diagnoses, such as depression or anxiety, are frequently used to conceal the conversion methods that are actually being applied.[66]

63. For more on General Policy Recommendation No. 17, see: https://rm.coe.int/general-policy-recommendation-no-17-on-preventing and-combating-intole/1680acb66f
64. Lucas Ramón Mendos, Curbing Deception: A world survey on legal regulation of so-called "conversion therapies" (Geneva: ILGA World, 2020), p. 59, retrieved from: https://ilga.org/conversion-therapy-report-ilga-world-curbing-deception/
65. Lucas Ramón Mendos, Curbing Deception: A world survey on legal regulation of so-called "conversion therapies" (Geneva: ILGA World, 2020), retrieved from: https://ilga.org/conversion-therapy-report-ilga-world-curbing-deception/
66. Dizdar, Amina (2024), ibid. Personal account, pp. 30-32.

Conversion practices are not researched in BiH. However, based on personal accounts shared by LGBTI people in several documentary films[67] and experiences shared in psychological counselling practices provided by civil society organisations, there are indications that a considerable number of LGBTI people have been subjected to such "reparative" interventions by mental health professionals, medical practitioners, religious officials and even by unlicensed healers.

In a 2023 survey[68], the majority of respondents (95.58%) stated that they had not been subjected to any procedures or treatments aimed at changing their sexual orientation, gender identity or sex characteristics against their will. However, 17 respondents, or 4.42%, reported having been subjected to such practices. Among those subjected to conversion practices, 77.78% did not consent to the intervention and were subjected to it against their will.[69]

Most of the victims are young LGBTI people who live with parents who do not accept their sexual orientation/gender identity. If not prohibited, these practices leave harmful effects on the mental health of LGBTI people.

Also problematic are the negative experiences LGBTI people encounter in accessing and being treated by healthcare workers in public mental health institutions, ranging from unprofessional and stigmatising conduct to certain procedures that may be classified as conversion practices.[70] It is precisely the real-life situations and field examples that have revealed the magnitude

67. Recommended film: Konverzija – nasilje o kojem se ćuti ("Conversion – the violence no one talks about"): https://www.youtube.com/watch?v=bfSxxa3Ny6c
68. Bošnjak, Emina and Pandurević, Darko, Eds. (2023), Numbers of Equality 3: Research on Problems and Needs of LGBTI Persons in Bosnia and Herzegovina in 2023 - Analysis of Findings Sarajevo: Sarajevo Open Centre, p. 35, retrieved from: https://soc.ba/site/wp-content/uploads/2023/12/Brojevi-koji-ravnopravnost-znace-BOS-web-.pdf)
69. In the research on experiences of domestic violence, LGBTI people shared personal stories and emotions related to the conversion practices they had been subjected to, and a psychotherapist also contributed professional insights and experiences. For more, see: Dizdar, Amina (2024). LGBTI osobe u sistemu zaštite od nasilja u porodici. Sarajevo: Sarajevski Open Centre, p. 28-38. (retrieved from: https://soc.ba/site/wp-content/uploads/2024/07/istrazivanje-zastita-od-nasilja-web.pdf)
70. Dizdar, Amina (2024), ibid. Personal account, pp. 30-32.; Experiences with conversion practices in healthcare institutions have been documented in the film "Conversion – The Violence We Do Not Speak About." /„Konverzija – nasilje o kojem se ćuti"/ https://www.youtube.com/watch?v=bfSxxa3Ny6c

of the problem and how widespread it is. The fact that the **professions of psychologists and psychotherapists** are not regulated by law indicates that a multisectoral approach is needed. This includes a detailed mapping of the problem, work with mental health professionals and healthcare workers, as well as with competent administrative bodies and law-enforcement authorities.[71]

Here we present three accounts from LGBTI people who have undergone certain forms of conversion practices.

Story No. 1

(Firsthand account of a lesbian woman who was subjected to conversion "therapy" in psychiatric practice.)

"I was fourteen years old when they decided to 'fix' me. That was the beginning of my experience with what I now know is called conversion therapy - even though it is not therapy, and it has nothing to do with treatment. At that moment, the adults around me believed that something was wrong with me. And I… I was just a child. A child who did not understand the world, but who knew that what she felt in her body was not an illness. My 'therapy' was not a conversation. It wasn't support either. It was violence - systemic, institutionalised, cold violence - wrapped in white coats, prescription pads, and sterile hospital rooms.

They gave me medications that sedated me to the point where I could no longer tell day from night. Xanax. Zoloft. Sanval. I wasn't even 15, and I was already swallowing chemicals every day that blurred my thoughts and numbed my feelings. They subjected me to electroshock therapy. I remember the cold gels and the sound that comes before the electrical current. They told me it would help me. I didn't understand how, but I wasn't allowed to ask. Any doubt was interpreted as 'resistance', which they immediately treated as proof that I was 'sick'. They took my blood constantly; hormones, hormones, hormones. They scanned my head. Measured my brain. As if somewhere in

71. Brković, A.; Ćulibrk, B. Et al. (2022), 2022 Pink Report - Annual Report on the State of Human Rights of LGBTI People in Bosnia and Herzegovina. Sarajevo: Sarajevo Open Centre, p. 11, retrieved from: https://soc.ba/site/wp-content/uploads/2022/05/Pink-report-2022_za-web.pdf)

the grey matter of my body there was an error that needed to be corrected. They went so far as to subject me to invasive gynaecological examinations - searching for a penis 'hidden' in the vagina. As if my body was wrong and needed to be dissected, analysed, fixed. As if I wasn't a person.

And then came the part that hurts the most to say out loud. Corrective rape. They called it 'part of the therapy', claiming it would help me 'get used to the real thing', that I would 'experience a normal relationship'. I will never forget that feeling of detaching from my own body. As if I had jumped out of myself and watched someone destroy my boundaries, my safety, my being. As if all of that were not enough, they placed me in so-called aversion therapy. Every time I admitted that I felt something for girls, there would be a punishment, sometimes physical, sometimes chemical, in the form of additional doses of medication, and sometimes psychological, such as isolation, shouting, intimidation. They taught me to feel disgusted with myself.

Those years destroyed my childhood. Destroyed my trust in adults, in institutions, in doctors, in myself. For a long time, I believed I was broken. That I would never be whole. But today I know that there was nothing wrong with me. The system was wrong. The system that hurt me under the pretext of healing me. I am telling this story because I do not want anyone to ever go through what I went through. Conversion therapy is not help, it is violence. And we must stop it. For all the children who are growing up now. For all of us they tried to 'fix'."

Story No. 2

(We present the experience of a gay man who underwent conversion "therapy" in a religious context.[72])

He grew up in a very religious Salafi family, with his parents and several siblings, in a very closed family circle. Conversion therapy and violence started when he was 15, after his parents had found out that he was gay. His parents took him to a *hoja*, a religious official, asking him to change their

72. Podcast available here: https://www.slobodnaevropa.org/a/lgbt-konverzija-bosna-sigurna-kuca-/33004174.html

son's situation; to cure him in a way. The *hoja* kept repeating that "God has an answer to every problem" and that he will expel from him the shaitan that causes homosexuality by reciting surahs and prayers from the Qur'an; then by inappropriate touching and pressure around his genitalia, applying oil on his body. He claimed that "homosexuality will pass in six months". Parents meanwhile told him that he was "a curse on the family" and that they did not want him there. His brother even told him that "if he had been his parent, there would have been blood, and that he would certainly not have been as gentle as their parents were".

After a while they took him to another *hoja* who shouted in his ear, touched him, spat on him, blew in his face, lit a lighter under his nose to expel the shaitan with heat, as he explained. He was also forced to lie on the floor, while the *hoja* repeated the prayers. His mother underwent the same procedure with the *hoja*. The *hoja* even hit her on the head, while the father stood by and did nothing to stop it.

These harmful practices resulted in self-harm and depression. He felt alone and sought to end the pain he felt inside with physical pain.

As his sexual orientation had not changed to the regret of his parents, they took him to see a psychologist in the health centre. They believed their son suffered from a sex hormone imbalance. The father disliked this "milder" approach, because the psychologists said that homosexuality is not a disease to be treated. He had a positive experience at the children's psychiatric ward, where the doctor told him she would cure him of homosexuality in the presence of his father (while she neither believed or did anything of the sort), only to "appease" the father and actually treat depression that was the consequence of such harmful practices he had endured. Eventually, the doctor recommended his separation from the family.

After that the father became physically violent and threw his son out of his home on multiple occasions. On the eve of his 18th birthday he left his home for good. In the meantime he married his partner and ceased any contact with his parents. He stated that he wished there had been a safe house

for LGBTI people during his most difficult moments.

Story No. 3

A gay person (25 years old) from a small town sought help from a renowned "expert" in psychotherapy because of his sexual orientation. During the psychotherapy sessions, this "expert" forced him to share his sexual fantasies and to imagine having sex with a woman, and then suggested that he should try having sex with his female friend. This approach caused shame, anxiety, and increased internalised homophobia in the client. The gay man developed depressive mood and social phobia.[73]

73. Vasić, Vladana; Šarić, Marija et al. (2021), Od podrške do prihvatanja: Priručnik za inkluzivnu psihološku, psihoterapijsku i druge vidove sveobuhvatne podrške LGBTI osobama. ("From Support to Acceptance: A Handbook for Inclusive Psychological, Psychotherapeutic, and Other Forms of Comprehensive Support for LGBTI People"), Sarajevo: Sarajevo Open Centre, p. 27-28 (retrieved from: https://soc.ba/site/wp-content/uploads/2021/10/Od-podr%C5%A1ke-do-prihvatanja.pdf)

V CREATING SAFE AND INCLUSIVE HEALTHCARE SERVICES FOR LGBTI PEOPLE: GUIDELINES FOR PROFESSIONALS AND EXAMPLES OF GOOD PRACTICE

Guidelines for healthcare professionals

Creating a healthcare environment that is sensitive to the needs of LGBTI people and providing inclusive, affirming healthcare does not, in many cases, require significant effort or financial resources, but it does require focused attention and commitment. Implementation should follow an approach grounded in the cultural competency model. The cultural competency refers to an ability to successfully negotiate cross-cultural differences in order to accomplish practical goals and has four main components: Awareness, Attitude, Knowledge and Skills.[74]

When we speak about **awareness**, it is essential to understand that all of us have certain "blind spots" linked to our beliefs and assumptions. For this reason, it is crucial to examine our values and beliefs in order to identify rooted prejudice and stereotypes that may create barriers to learning, personal growth, and the work we perform.

Reflecting on our **attitudes** offers insight into how much our personal values and beliefs influence our professional effectiveness, and to what extent we are open to different perspectives and opinions.

The more **knowledge** we have about the experiences of people from different cultures and contexts, the more likely we are to avoid mistakes in

74. More in the guide available at: https://opendoorshealth.eu/sites/default/files/attachments/opendoors_guide_en.pdf

our work. Understanding how diverse experiences shape people's behaviour, problem-solving strategies, or help-seeking patterns can help us remain aware during intercultural interactions.

Although the majority of healthcare professionals may have the "right attitude," a high degree of self-awareness, and sufficient knowledge about cultural differences, that does not necessarily mean they possess highly developed **skills** to navigate these differences effectively. This is why appropriate educational activities are needed to build competence.

The guidelines presented in this chapter draw on: Council of Europe reports on the implementation of Committee of Ministers Recommendation CM/Rec(2010)5 to member States on measures to combat discrimination on grounds of sexual orientation or gender identity;[75] the ECRI Factsheet on tackling racism and intolerance in the area of healthcare;[76] Council of Europe Committee of Ministers Recommendation CM/Rec(2022)16 on combating hate speech; Committee of Ministers Recommendation CM/Rec(2010)5 to combat discrimination on grounds of sexual orientation; and guidance and recommendations of international health organisations and bodies, including: the World Health Organization (2018)[77] and American Psychological Association (APA, 2012, 2015, 2021).[78]

These guidelines are intended for healthcare professionals, mental health and social service providers, as well as specialists working in administrative positions within healthcare institutions.

75. Available here: https://www.coe.int/en/web/sogi/rec-2010-5
76. Available here: https://rm.coe.int/ecri-factsheet-on-health-07052024-en/1680af9965
77. World Health Organization. (2018). International statistical classification of diseases and related health problems (11th revision). https://icd.who.int/browse11/l-m/en
78. American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). Guidelines for Psychological Practice with Sexual Minority Persons, retrieved from: www.apa.org/about/policy/psychological-practice-sexual-minority-persons.pdf
American Psychological Association. (2012). Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients. American Psychologist, 67 (1), 10–42. doi: 10.1037/a0024659
American Psychological Association. (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People. American Psychologist, 70 (9), 832- 864. doi: 10.1037/a0039906 2020

General guidelines

Healthcare professionals and other specialists working within healthcare services should be aware of the following when providing health services:

- LGBTI identities are not mental disorders.
- Intersex variations are natural manifestations of variations in sex characteristics, and in the vast majority of cases do not require medical intervention.
- Avoid making assumptions about a person's sexual orientation, gender identity, gender expression, or sex characteristics based on appearance.
- It is important to use inclusive, respectful terminology that does not harm the rights of LGBTI people and that reflects the diversity of the LGBTI community.
- Recognize that self-identification, behaviour, and expression may not always align with an assumed sex assigned at birth.
- Avoid assuming that everyone has an opposite-sex partner or spouse.
- Although sexual orientation or gender identity may sometimes be relevant for providing appropriate healthcare, no one is obligated to disclose this information. Do not suggest that they should disclose it. This is a private and voluntary decision, and such information should be protected.
- There is an obligation to safeguard all private and confidential information about patients, including their sexual orientation, gender identity or expression, or any other sensitive personal data. Such information must not be shared outside the healthcare institution.
- Healthcare professionals (including administrative staff) must treat LGBTI people with respect; they must not make jokes or negative or inappropriate comments about LGBTI people. They are expected to model respectful behaviour to colleagues and to oppose LGBTI-phobic comments and conduct of their coworkers.

- Institutions should promote values that guarantee respect for the rights of LGBTI people, identify mechanisms to ensure more inclusive healthcare, and prevent discrimination.
- Personal beliefs and opinions are part of each healthcare professional's private life, but healthcare is a professional relationship guided by ethics. It is therefore essential to uphold the principles of universality, fairness, and equality in providing healthcare services, regardless of personal beliefs.
- Health and access to healthcare cannot be understood without considering the socio-cultural context in which LGBTI people live. Do not assume heterosexuality as the only correct possibility, nor consider homosexuality as abnormal or pathological.
- It is necessary to identify the conditions of violence and discrimination to which LGBTI people may be exposed within the healthcare system and propose changes when needed. If a patient feels they are receiving inadequate treatment, alternative care should be offered.

Communicate in an inclusive manner

- Create conditions of trust, empathy, acceptance, and respect so that LGBTI people feel safe and supported, without stigma, prejudice, or discrimination.
- Use the terms that people themselves use when describing themselves and their family/partners. For example, if someone describes themselves as "gay," do not use the term "homosexual." If a woman refers to her "wife," use the same term when referring to her wife, rather than saying "your friend."
- Avoid offensive terms that show disrespect or cause harm to patients. If you notice colleagues using inappropriate or offensive language, intervene and explain why such terminology is not acceptable. In many cases, people are unaware that the terms they use carry a negative connotation or are unsuitable in communication.
- It is also important to note that some individuals may use terms for

themselves that are today viewed as outdated or offensive. Some people adopted these terms in the past or for personal reasons; even though such terms may be considered harmful or offensive in modern times, it is essential to respect a person's self-identification, but this should not be generalised to all other LGBTI people. For example, the fact that one person identifies as a "transsexual" does not mean that all trans people prefer that term.

- Keep in mind how much non-verbal communication influences the way you interact with patients. Pay particular attention to your body language and facial expressions that may convey surprise or disbelief regarding someone's sexual orientation or gender expression.
- When asking about close relationships, use gender-neutral language, for example: *"Are you in a relationship?"*
- Avoid unnecessary or personal questions that are not required to provide care. Ask yourself: *"Is this question necessary to support this patient, or am I asking out of personal curiosity?"* If it is out of curiosity, it is likely inappropriate. Rather, think about what you need to know. Patients are not there to educate you, but to receive care. Asking personal questions unrelated to their health may create a sense of insecurity and distrust for LGBTI people.
- Ask patients discreetly and simply which name and pronouns they prefer. For example, you may say: *"How would you like us to address you?"* or *"Which name and pronouns would you like me to use?"*
- Always use the correct name and pronouns, even when the patient is not present. Correct colleagues who use the wrong name or pronouns.
- When addressing a patient for the first time, avoid gendered titles and pronouns. For example, instead of: *"How can I help you, sir?"* you can simply ask: *"How can I help you?"* In general, you can avoid using *sir, ma'am, or miss* and instead call patients by their last name.
- Avoid using pronouns when discussing a new patient with others unless you are certain of the patient's gender identity and/or the pronouns they use.

- When communicating with trans people, avoid making comments about their transition or asking about past/future transition procedures when they are not medically relevant (e.g., *"Have you had surgery?"*). Do not comment on their appearance, even with good intentions, because such comments may imply that trans people should "look" a certain way (e.g., *"I would never have guessed you're trans, you're such a beautiful woman!"*).

Create inclusive conditions within healthcare institutions

Use of restrooms and other facilities is one of the most significant safety concerns for non-binary, intersex, and transgender people.

- Gender-segregated restrooms should ideally be replaced with all-gender facilities, but if this is not possible, implement a policy that allows trans, non-binary, and intersex patients to use the restroom that best aligns with their identity.
- Allow people to use restrooms on the basis of their gender identity. If you witness staff or other patients harassing someone for using the restroom of their choice, it is essential to intervene.
- For hospitals that operate gender-segregated wards, it is important to offer people the choice of which ward they prefer, regardless of their legal/biological sex. As with restrooms, placing a person in a ward designated for another gender may create conditions for harassment, violence, or discrimination.

Build trust and ensure confidentiality

- Ensure confidentiality by creating an environment of trust where people can speak openly without fear of judgment or rejection.
- Make sure that conversations take place in a private space so that the person feels more relaxed and safer to share personal information.
- Inform people when their private information, including their LGBTI identity, may need to be shared with other professionals and request their permission before doing so.

- Avoid sharing a patient's personal information or experiences with colleagues without their consent, even when making referrals.

Promote inclusivity within institutions

- Make your service inclusive by creating an environment that is welcoming to LGBTI people, by displaying informational posters/flyers or LGBTI symbols in visible places (e.g., the rainbow flag, pink triangle).
- In the waiting area, display promotional materials, leaflets, or magazines from non-profit organizations working on LGBTI rights featuring diverse same-sex couples and transgender people.
- Develop and distribute brochures on specific LGBTI healthcare issues within your institution.
- Mark important dates for the LGBTI community, such as the International Day Against Homophobia, Biphobia and Transphobia (17 May), World AIDS Day (1 December), Pride Month (usually celebrated in June), and the International Transgender Day of Visibility (31 March), to make the inclusiveness of your services visible.

Create inclusive patient-registration forms

- Include questions about sexual orientation, gender identity, and sex characteristics. These questions should never be mandatory; people must have the option not to answer (e.g., by selecting "Prefer not to say").
- Gender-related questions should be as inclusive as possible, clearly separating sex assigned at birth from gender identity. Third or open-ended options should be included for people who do not identify within the gender binary and for intersex people (e.g., "male," "female," "other," or "prefer not to say").
- Include separate fields for legal name and gender, and for the name the person uses. Forms should also include a space to record a person's pronouns.
- Whenever possible, use inclusive, gender-neutral language in intake forms and other documents (e.g., offering a third or blank option for

gender, or asking for "parent/guardian names" instead of "mother/father").

Build the capacities and competencies of healthcare workers

- Prepare your staff to work with LGBTI people through specialised training on LGBTI rights, the specific needs of LGBTI communities, and inclusive healthcare services.
- Familiarize yourself with local and online resources for LGBTI people (websites, civil-society organizations).
- Establish cooperation with organizations working on LGBTI rights and seek information to remain up to date on issues related to LGBTI health. Have relevant information and recommendations readily available.
- Educate colleagues who work in other positions (e.g., administrative staff) about LGBTI-inclusive healthcare practices to ensure the safety of service users at every step.

Create a safe environment for LGBTI people

- Within healthcare institutions, establish a non-discrimination/tolerance policy that explicitly covers sexual orientation, gender identity, gender expression, and sex characteristics, applicable to both staff and patients, and ensure that it is publicly available.
- If you witness an incident of harassment or discrimination against a patient or staff member on the basis of their actual or perceived LGBTI identity, it is essential to intervene and provide support to that person. Depending on the incident, your institution's policy, and the national legal framework, you may also be required to submit a report, either internally or to the appropriate authorities, such as the police or the Ombudsperson.
- Also protect your staff from discrimination or intolerance on the grounds of sexual orientation, gender identity, gender expression, or sex characteristics.

In the following sections of the manual, we provide suggested guidance for

approaches to working with non-heterosexual people, as well as with trans and intersex people.

Guidelines for providing inclusive healthcare services related to sexual orientation and non-heterosexual people

- Avoid making assumptions about a person's family history, intimate relationships, healthcare needs, or sexual behaviour based on their sexual orientation. For example, if a woman identifies as a lesbian or notes in her file that her partner is a woman, do not assume she has no children, has never been pregnant, or is at low risk for sexually transmitted infections.
- It is important to be aware that same-sex couples are not legally recognised in Bosnia and Herzegovina and that partners do not have the same rights as heterosexual partners (e.g. visiting rights or access to information). Be open and try to find ways for patients to receive care and support from their same-sex partners.
- Similarly, many LGBTI people may have distant or strained relationships with their families due to rejection related to their sexual orientation, and may instead rely on close friends for support (often referred to as a "chosen family"). Ensure that every person has access to their support network.
- Parents of the same sex can face enormous difficulties when trying to provide care and support to their children, especially in countries where only the biological parent is legally recognised. Do not minimise or ignore the role of an unrecognised parent; instead, treat them in the same way as different-sex parents.

Guidelines concerning gender identity and the provision of healthcare services to transgender people

- Be informed and ready to offer accurate and up-to-date information about specific medical procedures relevant to trans people.
- Always respect the choices of trans people regarding medical procedures related to trans-specific healthcare. Avoid pressuring someone to undergo procedures they do not want, and avoid obstructing access to procedures they do want.
- When a patient's name, surname, or gender marker does not match their insurance information or medical records, you may ask: *"Could your file be under another name?"* or *"Under which name are you insured?"* Then verify the identification using the date of birth and address. Never ask a person what their "real" name is. This may imply that you do not consider their chosen name to be their real one.
- During medical examinations or other procedures that may increase dysphoria, offer alternatives; for example, allow the patient to keep certain items of clothing on during the examination.
- Transgender people may be at any stage of the transition process when they seek care. Some people may not be using hormone therapy or may not have undergone any surgery. Others may be using hormone therapy without having had surgery, while still others may have undergone one or more surgeries. When medically necessary (e.g. during sexual history taking), healthcare workers may consider questions about current anatomy and any hormonal or surgical interventions that have taken place.
- The World Professional Association for Transgender Health (WPATH) provides more detailed guidance in its most recent Standards of Care, Version 8[79], on the provision of gender-affirming healthcare services, including full hormone-therapy processes as well as partial or full transition.[80]

79. https://www.wpath.org/soc8
80. https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_Croatian.pdf

Guidelines for providing inclusive healthcare services to intersex people

- Strive to increase your knowledge and understanding of issues related to intersex people.
- Work towards establishing measures that protect intersex infants, children, and adolescents from "normalising" medical interventions that are often carried out by medical personnel.
- Inform parents of intersex children about what it means to have an intersex variation, answer their questions, and offer additional resources or refer them to an organisation working on sexual minority rights.
- Ensure that intersex children are included in all decisions concerning their health, in accordance with their age and level of maturity.
- Avoid unnecessary questions related to a person's intersex identity unless such information is essential for the service you are providing. If such questions become necessary, explain the reasons and clarify that the discussion will remain confidential, including specifying with whom the information may need to be shared.

Guidelines for providing inclusive mental health services

Mental-health and social-welfare professionals are often the first point of contact when issues arise concerning the rights of LGBTI people. When providing inclusive services, they should be aware of the following:

- Conversion practices or attempts to change a person's sexual orientation or gender identity are not only ineffective but also highly harmful to the mental and physical health of LGBTI people.
- Understand the ways in which stigma and prejudice can manifest and how they impact the lives of LGBTI people.
- Be informed and able to distinguish between issues related to sexual orientation and gender identity or gender expression.
- Work towards promoting social change to counteract the negative

effects of stigma and prejudice in the lives of LGBTI people.

- Be aware of how each LGBTI person's unique experiences can influence the course of treatment and support, and be prepared to seek appropriate assistance and guidance when needed.
- Recognise the unique experiences of bisexual people.
- Create a supportive environment in which people can explore their sexual orientation and gender identity.
- Recognise that trans people can achieve positive life outcomes when they receive inclusive and gender-affirming support.
- Stay informed about the ways in which the change of gender identity may affect the sexual/romantic relationships of trans people.
- Identify the impact of institutional barriers on the lives of trans people and work towards creating an inclusive and affirming environment.
- Acknowledge the potential benefits of interdisciplinary approaches when working with trans people and strive for cooperation.
- Increase the understanding of LGBTI people regarding issues important for the coming-out process, in order to better support them through potential trauma they may experience.
- Understand the experiences of LGBTI parents and the challenges they face.
- Recognise and respect the importance of family relationships for LGBTI people, keeping in mind that their families may include people with whom they do not have legal or biological ties.
- Understand how LGBTI identity may influence an individual's relationship with their biological family.
- Understand how LGBTI identities intersect with other cultural identities, and the effects of such intersections.
- Understand the challenges faced by LGBTI people from minority racial or ethnic groups, particularly those stemming from specific beliefs and social norms.
- Understand and respect the impact of religion on the lives of LGBTI people.

- Explore generational differences and the corresponding differences in the experiences of LGBTI people.
- Recognise the unique challenges faced by older LGBTI people, as well as the resilience they may have developed.
- Examine the challenges and risks present among younger LGBTI people.
- Recognise the challenges faced by LGBTI people with physical, sensory, or cognitive-emotional disabilities.
- Understand the impact of HIV/AIDS on the lives of LGBTI people, particularly men who have sex with men and sex workers.
- Understand the impact of socio-economic status on the mental health of LGBTI people, as well as challenges related to the workplace.

How to respond to prejudice about LGBTI people

Prejudice and misinformation about LGBTI people continue to circulate in society despite the availability of accurate information. People still believe stereotypes learned in childhood and reproduce them in daily life, bringing them into all spheres of their lives.

Heteronormativity is the belief that heterosexuality is the most desirable and most normal sexual identity, while cisnormativity is the belief that the most acceptable gender identity is a cisgender one, meaning that a person's gender corresponds to the sex assigned to them at birth based on physical sex characteristics. These normative ideologies intersect with the gender binary, a dominant social ideology and practice that links sex and gender in order to support only two genders—male and female. As dominant societal beliefs, the gender binary, heteronormativity, and cisnormativity create barriers for the LGBTI community, particularly in healthcare settings where normative ideologies usually prevail.[81]

Evidence of the prevalence of LGBTI-phobic attitudes in our

81. Lim F. A., Hsu R. (2016). Nursing students' attitudes toward lesbian, gay, bisexual, and transgender persons: An integrative review. Nursing Education Perspectives, 37(3), 144–152. 10.1097/01.NEP.0000000000000004 [DOI] [PubMed] [Google Scholar]

society is abundant. Public opinion and comments about LGBTI people are often expressed in ways that condemn or ridicule them and, in many cases, sometimes even unintentionally, undermine their rights. At times, such comments imply threats or incite violence. Most of these comments are rooted in common prejudices about LGBTI people. To create a safer environment for LGBTI people, we as individuals can identify these prejudices, respond to such comments appropriately, and thereby help to overcome them.

Prejudice	**Reality**
Homosexuality is a disease or a health problem.	More than 30 years ago, the World Health Organization made it explicitly clear that homosexuality is neither a disorder nor a disease. WHO emphasised that homosexuality is a natural dimension of human sexuality, just like heterosexuality or bisexuality.
Sexual orientation and gender identity are a "matter of choice" and can be changed.	The World Health Organization has clearly stated that sexual orientation cannot be changed. Attempts to forcibly change the sexual orientation and gender identity of LGBTI people are ineffective, harmful, and may amount to torture. Sexual orientation cannot be changed through religion, therapy, or other medical interventions, nor is it a matter of choice. It is part of a person's identity, not subject to choice, and refers to whom we are emotionally, physically, and sexually attracted.

LGBTI people transmit HIV/AIDS.	This is not true. HIV/AIDS affects heterosexual, cisgender, and LGBTI people, men and women, at different levels depending on the characteristics of the epidemic. In some regions of the world, it is primarily an issue within the heterosexual population. However, stigma, discrimination, and exclusion of LGBTI people often result in limited access to information about HIV, safe-sex practices, prevention, testing, treatment, care, and support. For this reason, LGBTI people (particularly trans women) are at increased risk of HIV infection. Reducing stigma, eliminating discrimination and exclusion, and increasing access to services is the correct way to address the HIV epidemic for everyone, regardless of sexual orientation or gender identity. This is also why proper training of healthcare workers supports the development of empathy and a better understanding of the needs of LGBTI patients.
Being around LGBTI people or being exposed to LGBTI content in schools, media, or public spaces endangers children's well-being.	This is prejudice. Learning about lived experiences or spending time with LGBTI people does not influence a child's sexual orientation or gender identity, nor does it harm their well-being. An open approach can contribute to a better understanding of the LGBTI community and to the creation of a more inclusive environment for LGBTI people.

LGBTI people are "seeking special rights" at the expense of everyone else in society.	LGBTI people are not seeking special rights. They have the same human rights and fundamental freedoms as every other person. Unfortunately, these rights and freedoms are denied to millions of people worldwide simply because of their sexual orientation or gender identity. This is why there is a need to place special focus on ending everyday discrimination and ensuring the inclusion of all LGBTI people in all spheres of life. LGBTI inclusion means securing equal access to human rights for everyone, not favouring one group over another.
Homosexuality is a "Western phenomenon."	LGBTI people exist everywhere, in all countries, across all ethnic groups, at all socioeconomic levels, and in all communities around the world, and have existed for a very long time. It is true that many laws which still criminalise and punish LGBTI people in various countries are a legacy of colonialism. But those colonial powers no longer have such discriminatory laws at home; they have replaced them with legislation that promotes equality and the protection of LGBTI people's rights.
Denying human rights to LGBTI people can be justified by religion, culture, or tradition.	Discrimination on the grounds of sexual orientation and gender identity can never be justified. Human rights are universal: every human being has the same rights, regardless of who they are or where they live. History, culture, and religion are extremely important, but all states, regardless of their political, economic, or cultural systems, have a legal duty to promote and protect the human rights of all. This includes the rights of LGBTI people. Freedom of religion gives us the right to hold our own beliefs, but it does not give us the right to impose our views on others, to discriminate against others, or to harm anyone in any way.

LGBTI people are "not normal"; they are a modern-day phenomenon; being LGBTI is a "trend."	Sexual orientation and gender identity are not "current trends." Nearly every country in the world has recorded historical accounts of people whose identities, physical presentations, or behaviours resemble what we today describe as heterosexuality, bisexuality, homosexuality, intersex, and transgender identities. Likewise, people with variations in sex characteristics exhibit natural and diverse physical presentations which have always existed within the human species.
Being LGBTI is a private matter, and people should keep it "behind closed doors" instead of "flaunting" their sexuality.	What some people consider "flaunting" when done by LGBTI people is viewed as ordinary behaviour when done by heterosexual people. When a heterosexual couple walks hand in hand, this is considered normal behaviour and most people will not even notice it. But when a lesbian or gay couple behaves the same way, they are almost certain to be noticed and accused of "promoting their lifestyle." Heterosexual people are allowed to talk about their partners, visit them in hospital, kiss them goodbye, and so on. When lesbians or gays do the same, it is often seen as "provocation" or "forcing their rights" on others. Most people want lesbians and gays to live their lives "behind closed doors." Imagine, even for a moment, being in a situation where you must hide the existence of the most important person in your life!

Introducing specific laws to protect the rights of LGBTI people means we are promoting "homosexuality."	Improving the legal framework and promoting equal rights for LGBTI people is not "promoting homosexuality." Rather, it is emphasising that the same fundamental human rights apply to everyone. These are basic values that all UN Member States are obliged to uphold. Moreover, removing criminal sanctions does not constitute official approval; it simply means that people are no longer at legal risk because of whom they love.
We can tell whether someone is LGBT based on their behaviour or physical characteristics.	LGBTI people are just as diverse as heterosexual people and have different lifestyles, behaviours, and physical characteristics.
Lesbians and gays will likely "hit on" every person of the same sex.	Just as heterosexual people do not "hit on" every person of the opposite sex, lesbians and gay men do not "hit on" every person of the same sex.

LGBTI people cannot/should not have children, because the children will also become LGBTI.	Many gay men and lesbians have adopted children or children from previous heterosexual relationships. Research has shown that children raised by homosexual parents do not differ from children raised by heterosexual parents, and that these children are no more likely to become gay or lesbian. What matters most for children is growing up in an environment that provides love and support. Numerous studies around the world have examined the impact of growing up in families where parents are of the same sex/ gender. Since the 1970s, it has become increasingly clear that the factors contributing to children's well-being and their outcomes are the processes and dynamics within the family, such as parenting quality, psychosocial characteristics of the parents, the quality and satisfaction of family relationships, and cooperation and harmony between parents, not the family structure itself, including the number, sex/gender, sexuality, or cohabitation status of the parents. There is broad scientific consensus that children raised in same-sex parent families are no more likely to be attracted to someone of the same sex than children in heterosexual families.[81] Finally, given that the majority of LGBTI people come from heterosexual families, that clearly had no influence on their children's sexual orientation, there is no reason why the same should not apply to children in same-sex families.[82]

82. United States District Court for the District of Massachusetts (2009): Michael Lamb, Affidavit (http://www.glad.org/uploads/docs/cases/gill-v-office-of-personnel-management/2009-11-17-domaaff-lamb.pdf)
83. Australian Psychological Society (2007): Lesbian, Gay, Bisexual and Transgender (LGBT) Parented Families, (http://www.psychology. org.au/Assets/Files/LGBT-Families-Lit-Review.pdf)

Homosexuality worsens the demographic crisis and represents a threat to the future of humankind.	The world population continues to grow relentlessly despite the existence of homosexuality since ancient times. Blaming a minority for the decline of a country's birth rate is entirely irrational. It is also important to note that despite restrictive reproductive health policies, many LGBTI people have succeeded in becoming parents and having children.
Homosexuality is a sin.	The majority of religious individuals oppose homosexuality by citing the Bible, including the well-known verse, "You shall not lie with a man as with a woman!" What is often overlooked is that this sentence is written in the same part of the Bible that prohibits eating the fat of cattle, sheep, and goats; planting a field with two different kinds of seed; wearing fabric woven from both wool and linen; eating rabbits; and so on. Alongside homosexuality, other acts listed as mortal sins include adultery, cursing one's parents, etc. Therefore, even if a healthcare worker does not approve of how other people choose to live their lives, such personal beliefs must not influence the quality of healthcare provided.
Homosexuality does not exist in nature, among animals, and therefore, is not natural.	Homosexual and bisexual behaviour is present in many animal species. Homosexuality has been recorded in more than 1,500 species and scientifically confirmed in 500 of them.

Inclusive communication – examples in practice

Good communication practice	Example
When addressing patients, avoid pronouns or gendered terms such as "sir" or "madam."	"How can I help you today?"
When speaking with colleagues about patients, also avoid pronouns and gendered terms. Instead, you may use neutral terms such as "the patient" or "the person." Never refer to someone as "it."	"Your patient is here in the waiting room." "The person scheduled for 3 p.m. has arrived."
Ask your patients politely and discreetly if you are unsure about the name or pronouns they prefer or use.	"What name and pronouns would you like us to use?" "I want to fully respect your identity-how would you like me to address you?"
Respectfully ask for a name if it does not match your records.	"Under which name is your medical file?" "What name is listed on your healthcare card?"
Avoid assumptions about the gender of a patient's partner.	"Are you in a relationship?"
Use the terms people use to describe themselves.	If someone describes themselves as "gay," do not use the term "homosexual." If a woman refers to her "wife," you should say "your wife" when referring to her, rather than saying "your friend."
When interacting with patients, ask only for information you truly need.	Ask yourself: What do I already know? What do I need to know? How can I ask in an affirming way?
If you make a mistake, apologise.	"I apologise for using the wrong pronoun. I did not mean to offend you."

VI RESOURCES FOR HEALTHCARE PROVIDERS

This section of the Guide presents relevant resources that can serve as valuable guidance for the healthcare sector, both in Republika Srpska and throughout Bosnia and Herzegovina, in providing healthcare to LGBTI people without discrimination or stigma, in an affirmative manner and on an equal basis with others. The resources include a **network of contacts**, i.e. a list of key places where LGBTI people can and should receive adequate support, protection, and advice, as well as a list of **educational materials** important for continuous learning about LGBTI people's access to healthcare, with a focus on best practices based on recent research.

This section also offers a **tool for self-reflection** on professional practices and approaches used by healthcare providers when providing healthcare to LGBTI people.

Self-reflection tool

How can you know that the relationship between you and your patient is free of discrimination, and that you are providing inclusive and affirming services?

Below is a brief self-assessment tool you can use to evaluate your relationship with patients and identify areas in which you may need to further develop knowledge or build capacities so that your patients feel safe when receiving healthcare services.

YES	NO
You feel comfortable discussing with patients all matters that are relevant for providing healthcare services.	You feel disgust and/or refuse to provide healthcare services to LGBTI people because of their sexual orientation or gender identity.
You respect and accept your patients' sexual orientation/gender identities with full understanding.	You reassure patients of the "normality" of heterosexuality as the only valid sexual identity.
You have no difficulty respecting a patient's name and pronouns.	You isolate your patients because of their sexual orientation or gender identity.
You treat LGBTI patients the same as any other patients, without judgement based on their sexual orientation/gender identity.	You condemn, comment negatively on, or make negative conclusions about a patient and their "lifestyle."
You provide objective and useful information, including risks related to treatment.	You provide information based on your personal opinion and/or beliefs.
You show willingness and openness to learn from your patients, and thereby strengthen your own capacities.	As a healthcare expert, you do not listen to your patients' needs and instead provide care automatically, without acknowledging or asking about their needs.
You are familiar with the specific needs LGBTI people may have in the healthcare system.	You do not believe that LGBTI people have specific healthcare needs, and treat all patients in exactly the same way.
Patients recognise your openness and willingness to help when they seek your help.	Patients complain about the treatment and services they receive in the healthcare system.

The role of activists and civil society organisations in supporting LGBTI people

In Bosnia and Herzegovina, several civil society organisations, informal groups and initiatives advocate for an improved situation and human rights for LGBTI people, including:

- *Bosnia and Herzegovina Pride March*
- *Youth Center Kvart*
- *Krila nade Foundation – Safe House for LGBTI People in BiH*
- *GRID Zagrljaj – Parent - children group*
- *LGBT inclusive network of mental health professionals*
- *Oqueerno*

- *Sarajevo Open Centre*
- *Tuzla Open Centre*

These actors contribute in various ways to improving the social situation of LGBTI people in BiH. Some of their activity formats include:

- providing a safe and open space for the LGBTI community;
- advocating for legal, political and institutional changes to advance human rights;
- providing psychological support services for LGBTI people;
- providing peer-to-peer counselling services for LGBTI people;
- offering legal counselling in situations of human rights violations, discrimination and violence; documenting such cases; and providing legal assistance to LGBTI people in so-called strategic litigation;
- organising various cultural, sports and similar events;
- offering advisory and financial support to LGBTI people in developing their own initiatives, artistic works and similar formats.

As social and institutional activism grows, the availability of psychosocial services and peer counselling services is also expanding. LGBTI people now have broader access to sensitised and tailored psychosocial support to address the serious consequences of discrimination on grounds of sexual orientation/gender identity/sex characteristics, such as severe depression and anxiety, suicidal ideation, and significant limitations to full participation in social life, particularly in education and the workplace.

At the same time, there are currently only two organisations in all of BiH, both located in Sarajevo, that provide continuous and free, sensitised and professional peer and psychosocial support to LGBTI people: Krila nade Foundation and the Domino Association for Psychological Assessment, Assistance and Counselling. The support network has expanded to cities such as Banja Luka, Tuzla, Zenica, Goražde, Mostar, Prijedor, and Bijeljina, where civil society organisations provide psychological counselling and support services, including for LGBTI people. Additionally, in several cities and municipalities in

BiH, staff members of mental health centres and social work centres have been trained for a sensitised approach in working with LGBTI people.

Materials for further reading and professional development

In addition to the international and domestic standards for the recognition, enjoyment, exercising and protection of the human rights of LGBTI people listed in Chapter III - Human Rights Framework for LGBTI People, we also recommend several other important sources on health and human rights.

Council of Europe resources

- European Convention for the Protection of Human Rights and Fundamental Freedoms
- Guide on the case-law of the European Convention on Human Rights, Rights of LGBTI Persons
- European Social Charter (revised) (ETS no.163)
- Council of Europe Convention on Human Rights and Biomedicine (the Oviedo Convention)
- Council of Europe Committee of Ministers' Recommendation CM/Rec(2010)5 to member states on measures to combat discrimination on grounds of sexual orientation or gender identity
- Council of Europe Committee of Ministers' Recommendation CM/Rec(2022)16 to member states on combating hate speech
- Council of Europe Committee of Ministers' Recommendation CM/Rec(2024)4 to member states on combating hate crime
- European Commission against Racism and Intolerance (ECRI) General Policy Recommendation No. 17 on preventing and combating intolerance and discrimination against LGBTI persons
- ECRI report for Bosnia and Herzegovina (sixth monitoring cycle), adopted on 9 April 2024.
- ECRI Factsheet on Tackling racism and intolerance in the area of healthcare, 2024.

- Steering Committee on Anti-Discrimination, Diversity and Inclusion (CDADI), Committee of Experts on Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (ADI-SOGIESC),Third Thematic Review of the implementation of Council of Europe Recommendation CM/Rec(2010)5, entitled "Right to the Highest Attainable Standard of Health and Access to Healthcare for LGBTI People in Europe", 2024. Council of Europe Commissioner for Human Rights, Issue Paper on Human Rights and Intersex People, 2015.
- Council of Europe Commissioner for Human Rights, Publication on Human rights and gender identity and expression, 2024

For more information on sources, see Chapter III - Human Rights Framework for LGBTI People.

International reports and professional sources

- Standards of Care for the Health of Transgender and Gender Diverse People Version 8 (SOC-8), World Professional Association for Transgender Health (WPATH): https://www.wpath.org/soc8, link to translation: https://shorturl.at/mxav2
- Annual Review of the human rights situation of lesbian, gay, bisexual, trans and intersex people in Europe and Central Asia 2024, ILGA Europe: https://www.ilga-europe.org/files/uploads/2024/02/2024_full_annual_review.pdf
- Transforming Healthcare: A guide to best practices LGBTQIA+ cultural competency training, Whitman-Walker Institute & The National LGBT Cancer Network: https://culturalcompetency.org/curriculum-fundamentals/
- Health4LGBTI: Reducing health inequalities experienced by LGBTI people, Training course for healthcare professionals, Trainers' Manual (Modules 1, 2, 3, 4, video): https://shorturl.at/eRQLb
- LGBTQ Cultures: What Healthcare Professionals Need to Know About Sexual and Gender Diversity, 2nd Edition, Lippincott Nursing Center: https://tinyurl.com/5b9j2d7f

- Addressing Healthcare Disparities in the Lesbian, Gay, Bisexual, and Transgender Population: A Review of Best Practices: https://nursing.ceconnection.com/ovidfiles/00000446-201406000-00021.pdf
- Open Up the Doors: An LGBTI guide for healthcare professionals, Lambda Warszawa Association: https://opendoorshealth.eu/sites/default/files/attachments/opendoors_guide_en.pdf
- Open up the doors! An LGBTI handbook for healthcare professionals, Háttér Society: https://tinyurl.com/2y3nhy6z
- Open the Door for LGBTQ Patients, AAMC – Association of American Medical Colleges: https://www.aamc.org/about-us/equity-diversity-inclusion/lgbt-health-resources/lgbtq-patients
- Caring For... Transgender Patients, AAMC – Association of American Medical Colleges: https://www.aamc.org/what-we-do/equity-diversity-inclusion/lgbt-health-resources/caring-for-transgender-patients
- Culturally-Sensitive Care for the Transgender Patient, AMC – Association of American Medical Colleges: https://www.aamc.org/about-us/equity-diversity-inclusion/lgbt-health-resources/culturally-sensitive-care
- #MyIntersexStory - personal experiences of intersex people living in Europe, OII Europe: https://tinyurl.com/2fwck2kz
- Supporting your intersex child,IGLYO, OII Europe, EPS: https://xyspectrum.org/wp-content/uploads/2021/12/Toolkit-za-roditelje-Interseks.pdf
- Parents of LGBTI+ Persons in Europe: Tell It Out!, ENP: https://enparents.org/wp-content/uploads/2021/05/tell-it-out-v11-5-21.pdf

National resources

- Pink Report 2025, 2024, 2023, 2022, 2021, 2020, 2019. Annual Report on the State of Human Rights of LGBTI People in Bosnia and Herzegovina, Sarajevo Open Centre (published annually): https://tinyurl.com/4fujw93k

- Od podrške do prihvatanja: Priručnik za inkluzivnu psihološku, psihoterapijsku i druge vidove sveobuhvatne podrške LGBTI osobama.("From Support to Acceptance: A Handbook for Inclusive Psychological, Psychotherapeutic, and Other Forms of Comprehensive Support for LGBTI Individuals"), Sarajevo Open Centre: https://tinyurl.com/bdfu6thb
- Između spolova i stvarnosti: Priručnik za medicinske stručnjake_inje i zdravstvene radnike_ce o postupanju s interspolnim osobama ("Between Sexes and Reality: A Handbook for Medical Professionals and Healthcare Workers on Dealing with Intersex People"). Sarajevo Open Centre: https://soc.ba/izmedu-spolova-i-stvarnosti-prirucnik-za-medicinske-strucnjake_inje-i-zdravstvene-radnike_ce-o-postupanju-s-interspolnim-osobama/
- Medicinski aspekti prilagodbe spola: Priručnik za medicinske stručnjake_inje i zdravstvene radnike_ce o pružanju usluga i podrške trans osobama u procesu tranzicije.("Medical Aspects of Gender Transition: A Handbook for Medical Professionals and Healthcare Workers on Providing Services and Support to Trans People During the Transition Process"), Sarajevo Open Centre: https://tinyurl.com/bdf56c73
- Additional online training "Medical aspects of trans-inclusive healthcare - gender transition", E-medikacija and Sarajevo Open Centre: https://www.youtube.com/watch?v=Nrc7KKBuNw4
- Guide of good practices for medical workers working with LGBTI people. Juventas: https://lgbti-era.org/wp-content/uploads/2023/01/0092-2016-MNE-Guide-of-good-practices-for-medical-workers-working-with-LGBTI-people_1.pdf

ENG

www.coe.int

Council of Europe is the continent's leading human rights organisation. It comprises 46 member states and includes all members of the European Union. All Council of Europe member states have signed the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

COUNCIL OF EUROPE

CONSEIL DE L'EUROPE