



NATIONAL SITUATIONAL ANALYSIS REPORT: BULGARIA



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1 PART A: DESK RESEARCH RESULTS.

1.1 The status of intersex people in the country

Statistics and social/demographic data regarding intersex population in Bulgaria

There are no official statistics about the number and status of the intersex population in Bulgaria. The latest population census conducted in 2019 included data on gender under two categories only: women and men.

The survey of the Fundamental Rights Agency among lesbian, gay, bisexual, trans and intersex people in the European Union (FRA LGBTI Survey) 2020¹ does not provide any data on the status of intersex people in Bulgaria. Because the number of Bulgarian intersex respondents in this survey did not reach the minimum target number, the report does not include any data derived from them.

Statistics and data on hate crimes, hate speech and discrimination incidents against intersex people in Bulgaria

Bulgaria was not among the countries included in the report of the Organization for Security and Co-operation in Europe (OSCE) on hate crimes based on sexual orientation or gender identity². This could be explained with the lack of official statistics on anti-LGBTI hate crimes. In the absence of specific mentioning of the anti-LGBTI hate crimes in the Penal Code, the law-enforcement institutions are not required to collect, record, store and analyze data related to such crimes. If reported, hate crimes targeting LGBTI people are treated as hooliganism. In the absence of a definition of "hate crime" in the Penal Code³, the term used is "crimes against the rights of the citizens". There is no general penalty enhancement for hate crimes although the law criminalizes some deeds motivated by hatred, or instigating hatred towards people based on race, ethnicity or nationality, religious or political belief. The Penal Code does not contain any substantial provisions describing an act as a hate crime and/or hate speech based on sexual orientation, gender identity, gender expression or sex characteristics. There are also no provisions characterizing this bias as an aggravating circumstance.⁴

1 FRA LGBTI Survey (2020) Data Explorer, available at: <https://fra.europa.eu/en/data-and-maps/2020/lgbti-survey-data-explorer> [Accessed 18.12.2020]

2 OCSE ODIHR – Hate Crime Reporting (2018) Bias against other groups - Sexual orientation or gender identity [online] Available at: <https://hatecrime.osce.org/what-hate-crime/bias-against-other-groups-sexual-orientation-or-gender-identity?year=2018> [Accessed 18.12.2020]

3 Lex.bg – Справочник нормативни актове (2020) Наказателен кодекс (Penal Code), 1968, amended 2020, [online] Available at: <https://www.lex.bg/laws/ldoc/1589654529> [Accessed 18.12.2020]

4 Filipova, G. and Pisankaneva, M. (2018). "Invisible Crimes – Anti-LGBT Hate Crimes in Bulgaria, in:" Running through Hurdles: Obstacles in the Access to Justice for Victims of Anti-LGBTI Hate Crimes, edited by P. Godzisz and G. Viggiani. [online] Available at: <http://www.lgbthatecrime.eu/resources/cf-research-book> [Accessed 18.12.2020]

The results from a national research⁵ did not show any specific strategies for providing support to victims of anti-LGBT hate crimes and avoiding secondary victimization. Victims of anti-LGBTI hate crimes face many challenges in relation to reporting, investigation and lack of support in the criminal justice process, which creates a vicious circle of underreporting, low levels of investigation, and inadequate criminal law.

The results for Bulgaria from the FRA LGBTI Survey (2020) showed that overall, in Bulgaria, in 2019, 52% of the people felt discriminated against in at least one area of life in the year before the survey, compared to 42% for the EU-28 average; and 39% were harassed the year before the survey, compared to 38% for the EU-28 average. One in 5 trans and intersex people in Bulgaria was physically or sexually attacked in the five years before the survey, double that of other LGBTI groups.

On the Rainbow Map⁶ for 2020, which compared national legal regulations and human rights of LGBTI people across Europe, Bulgaria was ranked 24 out of 27 EU member states, scoring only 19.74 per cent. One of the main reasons for the low score was the Hate Speech & Hate Crime category, where Bulgaria scored 0 per cent.

Perceptions towards and stereotypes and prejudices against intersex people in the Bulgarian society

The public opinion towards LGBTI people in Bulgaria in general is unfavourable, compared with other EU countries. The FRA LGBT Survey 2013⁷ showed that Bulgaria was one of the three countries in the EU with “very widespread” offensive language about LGBT people by politicians.

According to FRA LGBTI Survey 2020⁸, 34% of Bulgarian LGBTI respondents said that prejudice and intolerance against LGBTI people had dropped in their country in the last five years, against 38% expressing an opposite opinion; while the respective figures for EU-28 were 40% and 36%, respectively. Only 8% of people in Bulgaria believed their national government effectively combated prejudice and intolerance against LGBTI people, compared to 33% average across EU-28.

The special Eurobarometer on Discrimination in the EU (2019)⁹ showed that only 16% of Bulgarians would feel comfortable with an intersex person in the highest elected political position compared with 54% EU average. 26% would feel totally comfortable with having an intersex colleague at work, compared to 66% EU average. Only 7% would feel totally comfortable with their child being in love with an intersex person, compared to 44%

5 Filipova, G. and Pisankaneva, M. (2018). “Invisible Crimes – Anti-LGBT Hate Crimes in Bulgaria, in:” Running through Hurdles: Obstacles in the Access to Justice for Victims of Anti-LGBTI Hate Crimes, edited by P. Godzisz and G. Viggiani. [online] Available at: <http://www.lgbthatecrime.eu/resources/cf-research-book> [Accessed 18.12.2020]

6 ILGA Europe (2020) Annual review of the human rights situation of lesbian, gay, bisexual, trans, and intersex people in Europe and Central Asia [online] Available at: <https://www.ilga-europe.org/annualreview/2020> [Accessed 18.12.2020]

7 EU LGBT survey, available at: <https://fra.europa.eu/en/publication/2013/eu-lgbt-survey-european-union-lesbian-gay-bisexual-and-transgender-survey-results> [Accessed 18.12.2020]

8 fra.europa.eu (2020) A long way to go for LGBTI equality [online] Available at <https://fra.europa.eu/en/publication/2020/eu-lgbti-survey-results#TabPubCountrydata3> [Accessed 18.12.2020]

9 ec.europa.eu (2020) Public Opinion – Special EB - Discrimination in the EU - Report [online] Available at: <https://ec.europa.eu/commfrontoffice/publicopinion/index.cfm/ResultDoc/download/DocumentKy/87772> [Accessed 18.12.2020]

EU average. 35% thought that school lessons should include information about diversity in terms of being intersex, compared to 65% EU average.

Opinions embracing the dangerous and harmful notion that discrimination against LGBTI people was a legitimate demand of tradition, nature and religion, mushroomed in the mass media. Furthermore, the Bulgarian Constitutional Court that voted on July 27, 2018 to declare that the Istanbul Convention was unconstitutional argued in its decision that the term “gender”, used in the Convention, is misleading and introduces a concept that is incompatible with the constitution’s understanding of “sex”. The court reaffirmed the view that “sex” was a binary concept with two rigidly fixed options: male or female. This decision had an immediate negative impact on the legal practice for gender recognition of trans people, and also, reinforced prejudice which stopped progress in public awareness raising on sexual and gender diversity.

The massive influence of the anti-gender movement in Bulgaria (from 2018 onwards) led to demonizing intersex people as a “third” gender, along with others who did not fit into the traditional gender norms. Different media outlets spreading fake news about the threat from “gender ideology” used “third gender” to denote any person who supported the so-called “Euro-gay values”¹⁰. Some media were still commonly using the term “hermaphrodite” to refer to intersex people, even when they published a story that aimed to invoke empathy and social support to a disadvantaged intersex person in need of medical care. “Hermaphrodite wants a child” was the title of an article in the online media (<https://www.bgdnes.bg/Article/6586651>) that aimed to raise funds in support of an intersex woman living in extreme poverty¹¹.

1.2 National legal framework

The Bulgarian Protection against Discrimination Act entered into force on January 1, 2004. The law banned discrimination on a number of grounds, including race, gender, religion, disability, age, and sexual orientation. The Law did not include sex characteristics (i.e. intersex) as a protected ground. In this regard, the rights of intersex people are not protected in any of the public areas listed in the law, including the healthcare area, education area, or employment. Article 4 of the Act lists the grounds on which discrimination is prohibited, including “any other ground stated in a law or international treaty, to which the Republic of Bulgaria is a party”. The FRA focus paper on the fundamental rights situation of intersex people in the European Union (2015)¹² commented on this type of “open” anti-discrimination legislation that was available in 10 EU member states (Including Bulgaria), which may be used to protect intersex individuals under the category of “other”. However, given the scarcity of case law in those states that demonstrate positive practice of protecting intersex individuals from discrimination under the category “other”, FRA concluded that the absence of a specific

10 Najdenov, V., Третият пол е неизбежен - Европа ще ни бие (The Third Gender is Inevitable – Europe will Beat Us), 24 Hours from 8.01.2018 (online): available at: <https://www.24chasa.bg/mnenia/article/6650480> [Accessed 18.12.2020]

11 Хермафродит иска бебе [Hermaphrodite wants a child] Bgdnes.bg [online] Available at: <https://www.bgdnes.bg/Article/6586651> [Accessed 18.12.2020]

12 fra.europa.eu (2015) The fundamental rights situation of intersex people, p.4. [online] Available at <https://fra.europa.eu/en/publication/2015/fundamental-rights-situation-intersex-people> [Accessed 18.12.2020]

reference to intersex (Sex characteristics) in the anti-discrimination legislation could actually be a disadvantage and could contribute to the invisibility of the intersex population.

In April 2015, an amendment of the Bulgarian Protection against Discrimination Act included “change of sex” as an additional ground on which discrimination was prohibited. The Commission for Protection against Discrimination claimed that this new provision extended protection over trans people, but a body of legal practice which used this new provision was yet to be created. There was no evidence whatsoever that intersex individuals or organizations acting on their behalf as claimants had so far used the anti-discrimination law to start legal cases.

The Bulgarian legal system does not allow for neutral gender recognition. Hence, intersex people who apply for legal gender recognition have a choice within the binary model, which may not always correspond to their inner self-identification.

The FRA focus paper on the fundamental rights situation of intersex people in the European Union (2015) mentioned that Bulgaria was among the 18 EU member states that allowed a certain delay in the registration of a new-born child. In Bulgaria this is up to a week. Unfortunately, as stated in the report, this delay may commonly be used for conducting “normalization” surgery to the new-born – as Bulgaria was among the 21 (or more) EU member states mentioned in the focus paper that performed “normalization” surgeries on intersex individuals without their consent.

A report analysing the Bulgarian case law from 2000 to 2012 in relation to legal gender recognition, published by Bilitis in 2012¹³, showed that such cases were possible on the basis of the Civil Registration Act¹⁴.

In Bulgaria there is no special legislation about gender change in birth certificates of trans/intersexual persons. The general Civil Registration Act is applicable, as it contains a legal ground to initiate such proceedings. However, it does not contain any criteria whatsoever for allowing or refusing an application for legal gender recognition (LGR). Such criteria are developed in the courts’ case law and more specifically, in the courts located in some of the largest cities in Bulgaria. Specifics of the Bulgarian system are the existence of mandatory male- or female-indicating suffixes of Bulgarian names (Articles 13 and 14 of the 1999 Civil Registration Act, hereafter “the Act”) and the mandatory entry of the sex in each identity document (Article 16 (1) of the Bulgarian Identity Documents Act). Gender reassignment surgeries are extremely expensive and very rare and might bring criminal responsibility for the surgeon for causing reproductive inability, which is a “heavy bodily injury”.

The court proceedings have as a consequence an issuance of a new birth certificate, a change of the unique identification number and an issuance of new identification documents. The proceedings can be initiated by the interested person, with written request submitted to the court. The legal ground for initiating such court proceedings is Article 73 of the Act. In short, it provides that:

13 Dobрева, N. 2012, National Litigation Strategy for Gender Reassignment of Trans/Intersex People, available at: https://bilitis.org/wp-content/uploads/2020/12/Strategy_Gender_Reassign_final.pdf [Accessed 18.12.2020]

14 Lex.bg – Справочник нормативни актове (2015) Закон за гражданската регистрация [Civil Registration Act - online] Available at: <https://www.lex.bg/laws/ldoc/2134673409> [Accessed 18.12.2020]

“Change in the data concerning the persons’ civil status in issued certificates for civil status shall be ordered in court or administrative proceedings.”

Article 76 (4) of the Act specifies that the name and gender can only be changed in court proceedings. Article 547 of the Civil Proceedings Code (“the CPC”) provides that a person has a right to request the court to order correction of errors in his/her birth certificate. It must be pointed out that the Act does not contain any criteria whatsoever as regards the necessary preconditions to allow such a change or the relevant evidence.

The opinion of two external experts (a psychiatrist and a sexologist) is usually required in support of the request.

In addition, there is an important decision of the Supreme Court of Cassation from 2017, which concerns the minimum requirements for LGR of a person. Decision 205 of 5.1.2017 of the Supreme Court of Cassation¹⁵ stated that a person needed to have “irreversible bodily changes as a result of hormonal replacement therapy” in order to be recognized as a person from a different gender. This decision was quite problematic, because it created obstacles for people whose bodies could not be influenced by HRT to start an LGR procedure. In this decision, the Supreme Court of Cassation shared the Appeals Court’s conclusion that in order to prove the serious intent to biologically affirm one’s gender identity, a hormone replacement therapy had to be initiated. Hormone replacement therapy is directed at the bodily change bringing out secondary sex characteristics of the gender the individual psychologically belongs to, and the suppression of the secondary sex characteristics of the individual’s biological sex.

The Supreme Court demanded a proof that HRT can lead to irreversible bodily changes in an individual in order for LGR to be granted. This decision may have serious negative implications on cases of LGR for intersex people, because the bodies of some intersex individuals cannot be influenced by HRT leading to masculinization or feminization in their external appearance (Secondary sex characteristics).

A report produced by Bilitis Resource Center under the EU-funded project OpenDoors analysed the legal grounds guaranteeing the access to health services for LGBTI individuals.¹⁶ As pointed out in the report, the needs of LGBTI patients were not considered in Codes of Ethics, or any other medical standards, which existed in written form. The civil rights of LGBTI people in relation to health care were envisioned in the National Health Act and the Health Insurance Act.

The Bulgarian Protection against Discrimination Act provides protection against discrimination in all areas of life, including the health sphere. The specific provisions on equal access to healthcare, included in the National Health Act, stem from the general anti-discrimination principles guaranteed by the Protection Against Discrimination Act. The National Health Act (Art. 2, item 1) emphasizes on equal access to health services for all individuals.¹⁷ There is no explicit mentioning of LGBTI people in that legal document.

15 Legal Act, Supreme Court of Cassation, available at <http://vks.bg/pregled-akt?type=otdelo&id=7FB4F3EB51F97C82C225809F004451A9> [Accessed 18.12.2020]

16 Naidenov, P. and Pisankaneva, M., 2020, OpenDoors: Promoting Inclusive and Competent Health Care for LGBTI People. National Report. Bulgaria, available at: https://bilitis.org/wp-content/uploads/2021/01/OpenDoors-National-Report-Bulgaria-FINAL_EN.pdf [Accessed 02.01.2021]

17 Закон за здравето (Health Act), available at: <https://www.lex.bg/laws/ldoc/2135489147> [Accessed 18.12.2020]

There is no legal ban on the “normalization” medical treatment for intersex children, which leads to highly subjective decisions by health specialists, echoing the needs of parents who are afraid to let their child grow up outside the binary gender norms.

Due to the absence of laws or policies that guarantee the access to gender affirmation treatment for trans and intersex individuals, some basic health needs of intersex people such as HRT (Hormonal Replacement Therapy) and hormonal testing are not covered by the National Health Fund and need to be covered by out-of-pocket spending. As a result, the gender affirmation treatment (for trans and intersex people) is only accessible to the ones who can afford it. Many doctors would not prescribe HRT unless the patient already has a court decision for legal gender recognition.

The lack of legal recognition of the intersex identities leads to limitations of the access to healthcare for intersex people, which is difficult to address legally on the basis of the existing legislation. The unequal treatment of intersex people (LGBTI people in general) is often justified by the fact that the health law needs to provide the same protection to everybody, where “same” is understood as “equal”. When reviewing the access to healthcare for LGBTI people in Bulgaria, we need to underline that the national health system has generally very weak mechanisms for protection of the patient’s rights. The rights of many people are disrespected, and there is widespread mistreatment disproportionately affecting the people who suffer from various disadvantages primarily related to social status, and also resulting from identity-based discrimination.

1.3 National central policies and good practices

Bilitis Resource Center Foundation <https://bilitis.org> is the main LGBTI organization that provides support to intersex people in the country. Bilitis has established a work relationship with all public institutions that have a stake in intersex rights and social inclusion, including key hospitals that deal with intersex children. Bilitis works for intersex people’s empowerment by means of facilitating a trans and intersex self-support group and actively reaching out to the community via social media. Bilitis provides safe space and one-on-one consultations with parents of intersex children, makes connections between intersex individuals and health specialists, and finally, yet importantly, provides humanitarian support when there is a need for that. The recipients of this support are mainly intersex people who have grown up in state institutions for abandoned children and live in very poor conditions.

There is at least one good example for legal gender recognition of an intersex child, in which the applicant was the child’s mother. The case was emblematic due to the fact that it was the only case of a parent following the desire of her intersex child to be recognized as a boy. The court accepted the request for legal gender change because of the medical evidence presented by the mother that her child had XY chromosomes and 5-alpha reductase deficiency. It was an example of good practice in recognizing the intersex child’s agency and self-determination by his parents as well as by the court¹⁸.

18 Court decision 2569/2016 of Blagoevgrad Regional Court available at [http://blagoevgradrc.judiciary-bg.org/Courts/RC/Blagoevgrad/web_access_rc.nsf/1a59828df22f1634c22574fa003049c6/945aeb6fb8f7dde1c2257f870049f07d/\\$FILE/945AEB6FB8F7DDE1C2257F870049F07D.rtf](http://blagoevgradrc.judiciary-bg.org/Courts/RC/Blagoevgrad/web_access_rc.nsf/1a59828df22f1634c22574fa003049c6/945aeb6fb8f7dde1c2257f870049f07d/$FILE/945AEB6FB8F7DDE1C2257F870049F07D.rtf) [Accessed 18.12.2020]

1.4 Useful contacts

Commission for Protection against Discrimination

Telephone: 02 / 807 30 30

Mail: kzd@kzd.bg

Ministry of Health of the Republic of Bulgaria

Telephone: 02/ 9301 175, 02/ 9301 176

Mail: delovodstvo@mh.government.bg

Ombudsman

Telephone: 02/8106955

Mail: diana.kovatcheva@ombudsman.bg, priemna@ombudsman.bg

Bilitis Resource Center Foundation

Telephone: +359 888 243 666

Mail: bilitis@bilitis.org

Bulgarian Helsinki Committee

Telephone: 02/943 4876, 02/944 0670, 02/943 4405

Mail: bhc@bghelsinki.org

GLAS Foundation

Mail: help@glasfoundation.bg

LGBT Youth Organization "Deystvie"

Mail: info@deystvie.org

2 Part B: Field research – interviews with experts, stakeholders, policy and decision makers.

2.1 Background and profile of interviewees

In total, twelve people were interviewed: five of them were doctors from public healthcare facilities, and seven were professionals providing support to different target groups: a psychologist running individual practice and six NGO representatives.

Two of the doctors worked at state hospitals and their specialties were in Gynaecology and Anaesthesiology, respectively, and two worked at municipal hospitals and their specialties were in Urology and Surgery. The fifth health specialist was a General practitioner at a municipal outpatient clinic.

The social support experts represented various organisations. Two of the NGOs operated crisis centres for victims of violence where complex social and health services were provided to the clients. One was a grant-making organisation raising and distributing funds among small NGOs supporting women and girls. One provided legal protection of all types of target groups with violated human rights. And one of the organisations specifically supported LGBTI people, providing psychological and health support for LGBTI youth and their parents. Three of the social support experts had their educational backgrounds in Psychology; one in Practical Philosophy; one in Gender Studies; one in Law; and one had several backgrounds, incl. Social Medicine, Pharmacy, Health Management, and Social Work. Half of the interviewees of this group held managerial positions at their organisations.

Only one of the doctors and two of the social support experts had professional experiences in their fields of up to five years; and the rest had from nine to twenty years of experience.

2.1.1 Basic Knowledge

The majority of the respondents from the group of the healthcare specialists tended to define the term "intersex" as presence of mixed sex characteristics, or sex traits "*of the two sexes*". One of them mentioned "*undefined sex traits*" and another one – "*different sex characteristics*". Only one respondent paid attention to the self-identification of gender. The person mentioned "*hermaphroditism*" as a previously used term and also used the terms "*superman*" and "*superwoman*".

The majority of the social support experts also put an emphasis on the objective status: the presence of sex characteristics of "*both sexes*" or impossibility to unambiguously define the sex of the person. Only one pointed at the "*different gender identity*" and another one characterised intersex people as those with "*different sexual orientation*".

Almost all of the respondents of both groups were inclined to define the term "*sex characteristics*" by means of physical/biological traits, either solely the external/visible ones ("*what is seen*"), or including the internal/invisible traits, such as hormones, as well. Only one person from the group of the social support experts

pointed at the *"physical and emotional manifestations related to the generally accepted norms for a man or a woman"* and to the *"stereotypes in society related to men and women"*.

The larger parts of both groups of respondents defined *"discrimination based on sex characteristics"* as different/unequal/unfavourable *treatment* of a person because of these characteristics; while the smaller parts went deeper and defined it as different/unequal *attitudes*. Some representatives of both groups even talked about *rejection, devaluation* of the persons because of their gender/sex characteristics.

All respondents saw a clear connection, but also a clear difference, between discrimination based on sex characteristics, on the one hand, and hate crime and hate speech based on these characteristics, on the other hand. Discrimination was seen as broader, general, latent phenomenon, while hate crime and hate speech were understood as specific external manifestations, or forms, of this phenomenon:

"Discrimination manifests itself in many different ways, while hate speech and hate crime are private cases of discrimination." (Social support expert)

"All are connected, discrimination is more general, others are more private." (Healthcare specialist)

All representatives from the group of the healthcare specialists showed some extent of uncertainty whether the sex characteristics were protected by the national legal framework or not. Two of five persons from this group directly answered they were not sure / did not know; two persons expressed the opinion that they *"maybe were sure to some extent, and to some extent not"*, and according the last person, the sex characteristics *"maybe (were) not (protected)"*. The level of uncertainty across the group of the social support specialists was also substantial: three out of seven respondents answered they did not know, were unable to determine or could not answer. The other four respondents from those groups gave more detailed answers, with high levels of confidence. One of them pointed that, regarding hate crimes, sex characteristics were not protected (not mentioned in the law). Another one pointed out that the sex was specifically mentioned in the law among other characteristics protected from discrimination; however, in practice, one was unable to receive effective protection against discrimination based on this law, as *"it [was] not taken seriously and [was] not on the agenda in society"*. In addition, two respondents paid attention to the fact that sex was mentioned as a protected characteristic, but gender identity was not, so the rights of trans and intersex people were not protected by the legal framework.

The question about the patients' rights of intersex people received predominantly positive answers from the group of the healthcare specialists. Two of five persons answered positively without any doubts in their answers. The other three persons also responded positively, but in one way or another, marked some differences between the medical point of view, where they showed certainty for the protection of rights of intersex people as equal to the patient's rights of all other people; and the legal point of view, which they defined as not completely clear for them:

"Legally, the patient has rights, but I'm not sure where they are listed."

"From a medical point of view, yes. There are protocols for crimes of social character. I'm not sure about the legal point of view."

Within the group of the social support specialists, the question met predominantly negative responses. Only two out of seven people answered completely positively. The rest pointed two main types of arguments showing the lack of adequate protection:

- Lack of knowledge/awareness about the specific needs of intersex people as patients, as well as knowledge of the intersex conditions and their causes;
- Inadequate attitude and poor treatment of vulnerable groups as a whole by a substantial part of the medical personnel (incl. doctors), defined as discrimination.

Although the majority of health care specialists were unable to cite specific provisions concerning bodily integrity, they were confident that such existed because of the need to receive the patient's agreement for all physical manipulations (and some cited the forms for informed consent that the patients had to sign prior to any manipulations). Only one person from this group questioned the existence of reference on bodily integrity specifically for intersex people, although they provided a more detailed answer about the existing regulations on "violent or incorrectly inflicted operative damages" and that "the type of bodily inviolability [was] determined by the extent to which the (woman's) reproductive function [was] impaired".

The opinions within the group of social support experts were quite different, but generally quite uncertain. Three respondents directly admitted they did not know; two guessed that such reference had to exist but admitted that were not informed about it; one claimed that, with the exception of the provisions of the Penal Code, special references on bodily integrity did not exist; and only one person was sure that special reference existed, without giving any details on it.

2.1.2 Status and support of intersex people in the country

The opinions of the two groups of respondents regarding the public attitudes towards intersex people in Bulgaria were similar, but still very different in the same time. Substantial parts of the interviewees directly or indirectly admitted they hadn't had any opportunity to observe public attitudes towards intersex people, and as a result, three out of five healthcare specialists and two out of seven social support experts just stated that they did not know what the public perception was. The further considerations of the two groups, however, developed in opposite directions. The healthcare specialists who gave their opinion stated that the predominant public attitudes were neutral, insofar as the visibility of intersex people was very low, and the knowledge about them among the general population was poor, respectively. At the same time, the social support experts, in turn, supposed that the predominant attitudes were "negative", "very negative" or "extremely negative", namely due to the lack of knowledge.

"We do not have any health and sexual education at school and, accordingly, we do not talk at home. So, in this case, how can we have supportive individuals?"

*"These are considered to be pathological abnormalities that are stigmatized."
(Social support experts)*

Following these two different logical ways, the healthcare specialists were inclined to state that the seriousness of discrimination, hate speech and hate crimes against intersex people depended on the visibility of their individual conditions; while the majority of the social support experts defined these problems as very serious,

making parallels with discrimination, hate speech and hate crimes against women and other LGBTI groups. Some of them also pointed out that such phenomena were widely tolerated in the media and among politicians at the highest levels:

“They are directly related to patriarchal culture and are very similar to hate crimes against women. They often manifest themselves at the highest level in politics.” (Social support expert)

Although very few of the respondents were able to compare the situation in Bulgaria with other specific EU countries, almost all of them presumed or stated that in Bulgaria the situation of intersex people was worse:

“Countries such as Poland, Hungary, Bulgaria, Romania are the countries where the most negative trends are observed.”

*“In Western countries things are clearer, there are much clearer rules and practices.”
(Social support experts)*

The interviewees pointed out two main causes for the negative attitudes to intersex people: lack of knowledge, including unknown and strange terms used, on the one hand, and patriarchal norms and respective intolerant attitudes to all diversities, on the other hand, further fuelled by fake news widespread in the social media and instilled by respective groups in the society. The majority of the healthcare specialists focused on the first type of causes, while the majority of the social support experts concentrated on the second type.

“I think that people have a hard time understanding something that is unfamiliar to them.

I have no idea what people think about intersex, but I guess they would react strangely and not understand what we are talking about.”

(Health care specialists)

“Bulgarian society is a typically Balkan one, which makes it closed and patriarchal. We are a society of homogeneity rather than a society of diversity, a closed type of society. These attitudes are the reason we have a negative attitude towards Roma, LGBTI people, intersex people.”

“What I observe in various Facebook groups is that additional hatred is instilled when talking about the rights of intersex people, a lot of negative comments. There are pseudo-patriotic parties that provoke hatred. The main thing that is pouring in as an idea in society is that gays will come from Norway and take the children.”

(Social support experts)

The healthcare specialists were more inclined, in comparison with the social service experts, to give positive evaluations for the intersex people's rights protection in the social sphere. It was most visible for their own area: medical care, where all respondents from this group gave completely positive or rather positive evaluations. Three out of five healthcare specialists also gave rather positive evaluations for the areas of education and employment. As a whole, the majorities of the social service experts provided negative evaluations for all areas in question, with the exception of healthcare, where the opinions were divided between

the hesitant answers and the clearly negative responses. Generally, legal recognition of gender and access to justice and redress appeared as the most critical areas, as far as almost all representatives of both groups provided negative evaluations. The areas of gender registration at birth and of education were also extensively criticised, especially by social service experts.

Where specific deficiencies or gaps were commented:

- in the area of registration at birth it was the lack of legal opportunity to choose a non-binary option;
- in the area of legal recognition of gender – the slow and hard procedures;
- in the area of healthcare – lack of specialised care / prepared specialists;
- in the area of education – tabooed topics of sexuality and gender, stereotypic textbooks, lack of control over the harassment between children;
- in the area of employment – practical inability to guarantee the rights, especially in private sectors and in the small settlements;
- in the area of protection against discrimination, hate speech and hate crime – lack of sensitivity, passiveness and ineffectiveness of institutions;
- and in the area of access to justice and redress – the general poor situation in the country for all citizens.

Only one of the interviewees – a healthcare specialist, was ever approached by intersex people or their relatives. The person said that they had consulted the parents of three children, all registered as female at birth and growing without any doubts about their gender. One of these children, about the age of 14, had been diagnosed with cystic formations in the abdomen which during the surgery appeared to be testicles. According to the specialist, the parents were always told that the child was intersex and it was always explained what this condition was. The patient had to receive all the information. Prior to surgically removing anything, the patients were always informed that they could agree or refuse, and about the risks and benefits of this decision. The individual received complex consultations: from gynaecologists, endocrinologists, geneticists, paediatricians (if diagnosed in early childhood). Depending on which symptom created a problem for the individual, the individual was referred to the appropriate doctor.

Generally, the majority of the respondents from both groups: three out of five healthcare specialists and five out of seven social support experts, were not informed about any standard procedures or protocols when a newborn baby was identified as intersex. According to the rest of the healthcare specialists, standard protocols did not exist; while the rest of the social support experts stated that protocols existed, but at local level, in some hospitals only.

The healthcare specialist who had personally consulted intersex children and their families, as well as the other healthcare specialists who provided information on the existing practical procedures, pointed out three types of actions: informing and communicating with parents; examinations to define the predominant sex characteristics; informing and seeking parents' agreement if any surgery was suggested:

“If we notice that the child carries both types of sex characteristics, here we communicate with the parents, because it is not very well organized how to deal with registration of the sex of this child. It is explained to the parents and a decision is made on how to register this child depending on whether there are more traits of one sex or the other. Surgery is performed

only when and if the parents and/or the child decide to do so.”¹⁹
(Health care specialist)

The social support experts, in turn, focused on the consequences for the child and the parents. For the child – traumatic procedures and deprivation of the right to grow up with the gender identity with which they self-identify, if different from the one assigned. For the parents – confusion and shock caused by the public stereotypes, as well as by the fact that *“the condition is pathologized, the term “hermaphroditism” is still used”*; the burden of having to quickly decide what to do and the pressure to “normalise” the child so that they fit the binary model.

“Doctors persuade the parents to perform surgery so that the child can live as one of the two sexes.”

No one of the interviewed healthcare specialists was able to cite organizations to which they would refer an intersex person for social care; and for health care, almost all of them cited respective medical specialties, or specific specialists who had experience in the matter. Only one of five respondents from this group cited Bilitis as an NGO specialized in work with intersex people, and the rest were not aware of any such organisations. The social support experts would refer an intersex person to an NGO, with Bilitis most frequently cited as an organization working with intersex people. Other LGBTI organisations, as Single Step, Glas and Deystvie, were also mentioned

Four out of the five interviewed healthcare specialists would refer an intersex person to the police, when it comes to give an official signal / report for discrimination based on sex characteristics, and one would refer them to the court. The social support experts, in turn, most frequently cited the Commission for Protection against Discrimination, but the Ministry of the Interior, the Social Assistance Agency, the Helsinki Committee, the organization itself and specific lawyers working with it were also among the suggestions. The majority of people from both groups, however, were not able to provide details regarding the procedure, except for the fact that the complaint had to be submitted in writing.

2.1.3 Recommendations

About half of the respondents from both groups were unable to provide recommendations in the listed areas concerning the rights of intersex people. On the one hand, the respondents did not feel competent enough on the topic, and in areas concerning legal matters, as well. On the other hand, some respondents claimed that all listed areas needed common solutions, among which:

- Stronger political will to change the legislation and the attitude of the institutions;
- Extensive education and trainings: at school, in the universities, among representatives of various institutions (law-enforcement, educational, provision of social support);

¹⁹ According to the national legislation, agreement should be also sought from children aged 14 years and over.

- Finding new and appropriate ways of communication, both with the general public and with the public institutions, including change of the language that NGO representatives use in public.

“In general, the government needs to take a firmer stance. It must become a priority for the government. We as NGOs need to analyse how we communicate with politicians, the general public, and rethink the way we speak so that we can attract people on our side.”

“We need to start with education and put the topics of human rights out there, and that sometimes we are biologically and socially different, but we are still human.”

(Social support experts)

Beside these general considerations, the following specific recommendations were given:

- For the area of gender marker / birth registration – legal changes introducing the opportunity to register with “neutral” sex, “adequate legal frameworks and guidelines so that doctors can know how to proceed”, as well as better communication with parents from the very early stage;
- For the area of legal gender recognition – more publicity on the topic and introduction of administrative instead of court proceedings;
- For the area of health / medical care – trainings for the medical professionals and medical students on how to serve the specific needs of different groups, as well as on human rights, and that the gender is not a binary category; better communication with the parents; prohibition of the early “normalization” surgeries,
- For the area of education – proper and up-to-date education at school and in the universities:

“We need properly presented information and communication. Sex education is at a very low level. I think there is a need for that. It should be introduced after puberty at the latest. If there is publicity and these things are talked about normally, children will have time to realize things and what part of the spectrum they are from. They themselves will accept different people more easily.”

(Health care specialist)

- For the area of employment – “introduction of anti-discrimination policies in the workplace”
- For the area of hate speech and hate crime – better explanation to the public about the differences between hate crime and “ordinary” crime, change of the entire legal system;
- For the area of access to justice and redress – proper communication with the judicial institutions.

3 Part C: Field research – interviews with intersex people.

3.1 Background and profile of interviewees

Six persons in total participated in the interviews: five intersex people, one of them an intersex activist, and a mother of an intersex child. Three of the respondents could not define or were unwilling to share their gender identity; one self-identified as woman, one as man and one as an intersex man. Those who identified themselves as a woman and a man also self-identified as heterosexual; one person self-identified as pansexual; and one shared that they liked women (but could not define their sexual orientation due to the binary model it was built on). Three of the interviewees were 31 to 40 years old; two were 41 to 50; and the child was 7 years old. Two persons were not married; one was divorced; and two lived with partners. Only one had (two) children.

Four of the adult persons were employed, three had a formal job and one with an informal one, and one person was unemployed due to the COVID-19 crisis that caused the loss of his part-time job. Three of the employed people completed their upper secondary education (one of them vocational), and one dropped out of school. One person completed 10th grade (lower secondary education).

Two of the interviewees also shared that are of Roma origin and two had grown up in orphanage (a state institution for abandoned children), although they knew they had biological parents.

3.1.1 Personal experiences and needs

Three of the adult interviewees shared that they first started to realise their status during puberty; and two of them – in early age, between 4 and 8 years of age. The mother of an intersex child realised that *"she didn't look quite like a girl"* very soon after the birth; and the child started to self-identify as a boy and not a girl at about 3 years of age.

"One day I found him in front of the mirror cutting his hair, which had been long until then, with scissors. I was worried and sought help from a paediatrician".

All adult respondents had experienced different sex development than that of other girls/boys; but did not receive proper explanations for their condition, nor were given any alternative ways to tackle that condition. They realized that their condition fell under the term "intersex" many years after they started to experience them. Four out of the five adult intersex people had not been asked what they preferred to be and their consent for the treatments imposed on them had not been sought. They had undergone at least one "correctional" surgery aiming at "affirmation" of the **female** sex. Three of the persons also stated that the information given to their parents and to them was misleading:

"My mother was extremely supportive and wanted to do everything that could benefit me, including agreeing to the surgeries that were offered to me as the only alternative to "treating" my condition... I gave my consent to my parents because I did not know that my condition did not require surgery."

One of the persons testified not only about violation of their right to information and choice but also about humiliating and inhuman treatment:

“The diagnostic process itself was extremely unpleasant and difficult emotionally and physically. I was examined by many doctors in one day, as well as shown to a group of students. Feelings in the beginning were more related to humiliation and the feeling that I was an object, just a body or some strange being who is not human.”

Although the events the adult intersex persons shared about had taken place more than 15 years ago, the experience of the mother of the intersex child evidenced that the practice to incline the parents to agree to “normalization” surgeries without seeking the opinion of the child was still widespread:

“We went to Alexandrovska Hospital to see a doctor who examined the child and said that I could choose whether it was a boy or a girl. This made me feel extremely confused and I started looking for another opinion. I came across another doctor who told me that the child had Morris Syndrome and had to have surgery to become a girl. I did not like the attitude of this doctor.”

The respondent further shared about the respective attitudes among the parents of intersex children depriving them from the right to choose:

“I met parents of other intersex children while we were in the hospitals. Many of them had decided how to deal with their children without asking the children themselves what they wanted. These decisions were made under pressure from external factors. It turned out that I was the only mother of an intersex child who decided on medical interventions following her child's wishes.”

The only person who had not undergone “correctional” surgery as a child developed male sexual characteristics in the late puberty and was expelled from the orphanage, as it was an institution for girls; and at about the age of 16-17 remained without a place to live and dropped out of school. The person shared that they were willing to undergo medical treatments but were unable to complete them because of the high costs required. For the same reasons, the person was unable to change their personal documents:

“They required an endocrinologist, a psychologist, a forensic doctor. The costs of these experts summoned by the Court had to be borne by the applicant. It was almost impossible for me to pay for the expert opinions. I took out loans that I have not repaid to this day because I am unemployed.”

The attempts to change their personal documents were done in the cases of half of the interviewed intersex persons: of an intersex activist who finally succeeded in the last, third stage of the court proceedings, the case of the intersex child, and the case of the intersex person whose body masculinized by itself in late puberty and his secondary sex characteristics did not match the ones of the gender assigned to him at birth. Among the other three intersex people, one identified themselves with the gender from the birth registration, and the other two did not wish to identify themselves with a binary gender that made the change of their documents in Bulgaria useless.

Out of the six intersex people included in the study, five had some experience with educational institutions as intersex persons. The sixth person was actually kept in a hospital from 8 to 16 years of age, and that also led to them dropping out of school and their lack of formal education. All of the intersex people whose appearance differed visibly from the norms for the gender they were registered with, were subjected to ridicules and mockery by the other pupils (or students). The rest felt relatively safe, insofar as the information about their condition was kept under control:

“During the operations he had to go to the toilet alone. Usually in kindergarten, children sit on the pots together, in the same room. When it was not possible for him to go to the toilet alone without being observed, he would go home and say that he had not peed all day.”

(Mother of an intersex child)

“Some classmates knew about my condition. I have never had negative experiences related to this. When I was in 6th-7th grade, some girls in the class made comments about me because I still didn't have a period.”

(Intersex person)

With one exception: that of the person who was expelled from the orphanage, the interviewees did not complain from any bad treatment by the personnel. However, besides the inappropriateness of some facilities, they pointed at the lack of understanding, as well as at the lack of helping capacity in the Bulgarian educational institutions:

“The only thing we encountered was a lack of understanding of the problem. We did not use the word "intersex" when talking about the child.”

(Mother of an intersex child)

“Neither the building stock (lack of toilets, changing rooms), nor the pedagogical or administrative staff are prepared to support intersex people.

Add in the inability of schools to deal with bullying and violence in general, and we get a complete picture of uncontrolled treatment.”

(Intersex person)

The adult intersex persons who participated in the interviews shared various experiences with both colleagues and employers: from ridicules and insults by the colleagues and rejection / firing by the employers, to friendly attitude and acceptance. Two persons described the attitudes of colleagues and employers as neutral to friendly, but one of them had only worked in another country in the EU. In two out of five cases, the coming out of the person in public media led to deterioration of their situation at work. From what the interviewees had shared, the problems could be summarised as reproducing stereotypes, misunderstanding or inability to understand the intersex condition:

“They called me a gypsy and a hermaphrodite. They made fun of me.”

"I explained to the employers that the female gender in my personal documents was due to a mistake – I don't know how much they believed it, but they did not comment."

(Intersex persons)

In addition to the described cases of discrimination and harassment at school and at work, one respondent also shared that they felt discriminated when they had to renew their personal documents and use bank services. The discrepancy between the female sex of their registration and their male appearance and voice made the officials require fingerprinting and not to believe that the person was the holder of the personal documents in question. Also, upon applying for a job, he was required to provide a document from a psychologist regarding his psychological condition.

"The discrepancy between my names and the documents led to the fact that when I applied for a job, they also asked me for a document from a psychologist that everything was fine in my head."

The mother of an intersex child also complained from inappropriate curiosity towards her child and disclosure of their story by local media without seeking their consent:

"Our case was published in local newspapers, and journalists published almost the entire court decision without asking for our consent. Even before we learned about the decision, it was published in a local newspaper."

(Mother of an intersex child)

No one of the interviewees filed a report because of the cases of discrimination and harassment they experienced. The main reason seemed to be the disbelief that this could have (positive) effect; but also lack of information among some of the respondents where they could give such report.

"No, I did not file a complaint, as this could further complicate the situation. I didn't know where and how to submit one."

It should be also underlined that about a half of the respondents suffered from multiple vulnerabilities and were frequently unable to define the basis of discrimination:

"I was fired several times. It was not very clear whether I was released because I was a migrant, because of my ethnic origin (Roma) or because I was intersex. Maybe because of the combination of these features."

The answers of the intersex respondents showed that support in cases of discrimination was sought rarely, and sometimes unsuccessfully. The main reasons were, again, the lack of information about supportive organizations, and disbelief that these efforts would have real positive effect:

"I received support mainly from friends. I did not seek support from organizations because I did not know which ones to turn to."

*"I sought legal assistance only in connection with my civil gender change case. In all other cases of discrimination and a pronounced different attitude towards me, caused by the fact that I am intersex, I did not seek after my rights. When I felt confident enough to seek and defend my rights, I had de facto left the business sector and worked for a human rights organization."
(Intersex persons)*

Although the whole process of the interviews showed that intersex people in Bulgaria had many and various needs related with their legal status, protection against discrimination, education, employment, etc., their ultimate needs were connected to the health services. When asked directly about their needs of support, all six interviewees pointed at the deficit of professional health services that would help them achieve better quality of life and live their lives as they wished. Although unaffordable expenses and cases of abuse were also mentioned during the interviews, the respondents put the main emphasis on the lack of well-qualified professionals experienced in work with intersex patients.

*"As I mentioned above, it is difficult to find good doctors in Bulgaria who really understand what it is all about. There is a huge risk of getting doctors who can damage the child."
(Mother of an intersex child)*

*"From my meetings and conversations with other intersex and trans people, I was left with the impression that we did not have enough trained sexologists and psychologists / therapists to provide adequate support to these groups."
(Intersex person)*

Single trusted doctors, NGOs supporting intersex people in Bulgaria, international intersex organisations, and the church to which one of the interviewees belonged were mentioned as potential support providers.

Most frequently, the interviewed intersex persons communicated with Bilitis, and other specific organizations were not mentioned. One of the respondents communicated with a friend from the trans community. Another one wrote an article in the media about her condition and left her email; thanks to this they connected with other people with similar conditions. It seemed that in the majority of cases the connection with other persons and organizations led to positive effects, at least from psychological point of view. The mother of an intersex child, however, shared a negative experience:

*"The other parents of intersex children stopped communicating with me because they feared they might have made a mistake. Or they feared that if their child heard my son's story, he would want it to be something other than the parents' choice.
One of the children I met at the time was "made" a girl, but she started telling her parents that she wanted to be a boy."*

3.1.2 General views – the status of intersex people in the country

The majority of the interviewees determined the discrimination, the hate speech and the hate crimes against intersex people in Bulgaria as serious; and two out of a total of six interviewees determined them as very, or

extremely, serious. In their statements, the respondents paid very special attention to the verbal harassment in the full variety of its forms:

"Intersex people are still hardly talked about in public, and if they are, inaccurate terms, inaccurate statistics and wrong facts that hurt the lives of people like us are used. It is so painful that many people experience ridicule, shame, hatred and discrimination, both in public and in private."

The experience of one of the respondents showed that discrimination, violence and hatred affected not only intersex people themselves, but also their families:

"My daughter mentioned that she never spoke about me in front of her classmates because she was afraid of ridicule. She heard me being insulted at the time when I was telling my personal story in the media. My son became an object of violence in the 5th grade because his father is a "gender". This was in 2018 specifically. We had to move him to a private school to save him from daily ridicule and physical violence."

Another very important peculiarity in the answers of the interviewees was the fact that they perceived this situation as a general unsafety of the environment, not only for intersex people but for people with any kind of differences, and sometimes for all people:

"I have worked with fellow lesbian and gay men, and there is simply no aggression, the mockery is much stronger. They make fun of them."
(Intersex person)

"In my opinion, it is not safe at all. If others understand that the person is different, they will drive him crazy. I don't want anyone to know that my child is different."
(Mother of an intersex child)

"The environment is dangerous for intersex people, as well as for anyone else."
(Intersex person)

Respectively, the respondents qualified the predominant public attitudes towards intersex people as mostly negative; and some of them shared that this was the reason to disguise their identity. The main reasons for these attitudes were seen in the lack of sufficient and correct information regarding intersex people, along with the new wave of imposing "traditional" values in the society by nationalist parties and other conservative groups in the country and worldwide.

"The attitude is terrible. I only maintain online connections with people from Bulgaria. I don't tell anyone that I'm intersex, so as not to lose even the few contacts I have there."

"The radicalization of society, reinforced by the anti-rights movements coming from outside, raising the so-called "traditional values", and supported by far-right and radical nationalists,

leads to growing hatred and rejection of differences between people.”
(Intersex persons)

The interviewees scathingly criticized the state of human rights of intersex people in Bulgaria, for all seven areas of interest. Two of them expressed the opinion that the human rights were not observed “anywhere” or “in any way” for all areas in question. The rest of the respondents gave similar extremely negative assessments for five or six of the seven areas.

The level of criticism was the highest for the areas of Healthcare, Education, and Protection against hate speech and hate crime. For these areas, all respondents without exception provided negative evaluations, sometimes quite bitter ones.

While commenting on the rights in the healthcare sector, one of the respondents said that he had been left without any help in an emergency hospital with a broken leg, because the personnel didn’t know how to deal with the discrepancy between the appearance and the ID card of the person, nor where to place him. Another person shared her experience with a number of vaginal surgeries that harmed her for life. Others were very brief in their statements but still, their emotions were clearly felt:

“A public scandal, this is probably the worst thing for intersex people.”

Regarding the educational sector, as mentioned above, two respondents dropped out of school because of inadequate and discriminatory actions of school, social protection and healthcare bodies against them:

“Because I am intersex, I was left without an education. After I was kicked out of the Home (orphanage) in 10th grade, I had to work to support myself, and that prevented me from finishing high school.”

“Until I was 16, I lived mostly in the hospital.”
(Intersex persons)

Other respondents also talked from their personal experiences and managed to summarize the main deficits in the sphere:

“Education does not provide enough security and safe environment for intersex students.”
(Mother of an intersex child)

“Complete lack of understanding and support.”
(Intersex person)

The comments in relation with protection against discrimination, hate speech and hate crime, also actually showed the complete lack of protection:

“If it becomes known that I am intersex, nothing will be able to protect me from bullying.”

“On the street, at school, at work, everywhere.”

*“No protection, intersex is not even mentioned as a concept in the law.”
(Intersex persons)*

The level of criticism for the area of employment was also extremely high: five respondents gave very negative assessments. Two of the respondents paid attention to the fact that the situation was worst for those intersex people whose visible sex characteristics did not match the sex in their personal documents:

*“If a person has documents corresponding to their identity, there will be no problems.
Otherwise – a negligible chance to find a job.”*

For the rest of the areas, three or four respondents provided very negative assessments, while the opinions of the rest were mixed, or they didn't provide any assessments.

Regarding the access to justice and redress, one of the interviewees did not express an opinion, and one pointed out that the access was *“limited and depend[ed] largely on the economic status of the individual”*, which was a general deficit that the Bulgarian judicial system was blamed for.

Regarding the rights of intersex people upon registration at birth, two of the respondents did not provide any opinions (and the rest provided negative evaluations, due to the lack of gender-neutral option).

Although clearly negative, the opinions were relatively less unfavourable regarding the rights of gender recognition. Three of the respondents admitted that there were some cases with positive results, the things started to happen *“with labour pains”*; but the rights of confidentiality were getting broken, the procedures were still very cumbersome, and the final decisions were very subjective:

“There are some successful cases, but in general there is no uniformly established procedure and practice; the outcome of the case depends largely on the judge's individual beliefs.”

3.1.3 Recommendations

The interviewees provided various recommendations for improvement of the protection of human rights of intersex people and for promotion of social inclusion and equality. Most of them came as a result of their hardest experiences.

Recommendations to the state authorities included:

- Easy procedures for gender recognition;
- Policies for improvement of *“the attitude towards and awareness about intersex in both education and healthcare”*;
- Political will for development and implementation of policies for *“integration of intersex people in all areas”*.

The academic and research community in Bulgaria was expected to:

- Include the intersex problems in the curriculum for medical students;
- Inform doctors and medical professionals on the new concepts and knowledge related to intersex people;

“Research, publications, evidence-based advocacy. We lack even basic medical knowledge.”

- Establish specialized clinics;
- Work with young people for prevention of self-medication;
- Train doctors to work with parents.

“If parents turn to doctors to “cure” their intersex child, there must be someone to give them the full information to prevent them from making a mistake.”

In relation to intersex people, the media were called to observe the standards they generally should observe:

- Check the truth and provide correct and unbiased information;

“Bulgarians are a curious nation and we like to make fun of the different people. The media do not check what they write and do not cover the situation correctly.”

- Use proper language;

“Adequate speaking on the topic, with the right concepts.”

The civil society as a whole was expected to discuss intersex topics normally, without “pathologizing” and “scandalizing”. And when it came to the NGO sector, the recommendations to LGBTI organisations appeared to contain a dose of criticism. They were advised to:

- Work better together and improve relations between different LGBTI people;

“Often people in the LGBTI community behave strangely towards each other and deal with nonsense and pettiness.”

- Develop direct support activities, such as specialized services at affordable prices and direct financial support;

“LGBTI organizations need to help people like me.”

“To help build specialized services, and to assist during puberty, when a person's body is strongest and can be directed. The services should be at normal prices.”

- Consult the community more extensively;

“Advocacy based on facts and involvement of intersex activists – nothing for us without us!”

4 Part D. General conclusions

4.1 Statistics and survey data

In Bulgaria, all individuals are registered within the frames of the binary model (man or woman). For this reason, the statistics provided by the National Statistical Institute and by other public authorities, include distributions by sex with two options only. Furthermore, the healthcare facilities do not gather statistics on the intersex-related conditions, as they are not included in the list with the socially significant diseases. The existing surveys also do not provide statistically significant information reliable enough to serve as a basis of evaluations regarding the number and demographic structure of the intersex population.

4.1.1 Basic knowledge

The understanding of the gender as not only resulting from objective / physical characteristics, but also as a social phenomenon and a matter of self-perception, was a rare exception, even among the experts. Almost all of both the healthcare professionals and the social support experts connected the term “sex characteristics” with only physical traits associated with the binary model. Hence, intersex was perceived as an objective state available for external observation and liable to approximation and categorization under the traditional binary options.

The discrimination based on sex characteristics was defined most frequently as unequal/unfavourable *treatment*, and less frequently as unequal *attitude*. Discrimination was seen as broader phenomenon that included, or caused hate speech and hate crime.

4.2 Status of the legal rights

4.2.1 Registration at birth

A neutral option is not permitted by the Bulgarian legislation for the registration of gender, and registration of gender is obligatory. It also concerns the names of the individuals which must contain gender-specific suffixes. At the same time, written protocols for the cases when a new-born baby is identified as intersex do not exist. There are established practices within the healthcare institutions, but they do not concern the legal side of the issue and repeat the general conduct of any health condition of children: informing the parents, directing them for further examinations, consulting for the possible actions and requiring written agreement (a signed informed consent form) before applying any surgery or physical manipulation. Usually, the doctors try to convince the parents to agree to “normalization” surgery before the age of compulsory enrolment in preschool (currently taking place in the kindergartens and starting at 4 years of age), in order to “protect” the child and the parents from the administrative and social “hell”. The child cannot be enrolled if they have a physical appearance different from the one “normal” for the registered sex, and the treatment by other children and even by the personnel will bring great emotional harms. Furthermore, in the majority of cases, intersex children are registered with female gender (as the gender is assigned depending on the visibility of external sex characteristics), and subsequently, the “normalization” treatments aim at removal of the masculine

characteristics. Implementation of detailed genetic and hormonal examinations is done rarely, only in the last years, and is prescribed by few doctors.

4.2.2 Gender recognition

Despite of the few successful cases, the right of gender recognition of intersex people in Bulgaria is still widely disregarded, because of: 1) legislation admitting only binary options that might not correspond to the identity of some intersex persons; 2) cumbersome procedures requiring a court decision; 3) vague legal provisions allowing subjective interpretation by the respective judge; 4) numerous medical expert assessments and examinations with unaffordable prices borne by the applicant; 5) hormonal therapy conflicting with the condition of part of the intersex persons.

There has also been a case of public disclosure of the court's decision without the consent of the affected persons, which is a blatant example of violation of data protection and child protection laws.

4.2.3 Protection against discrimination, hate speech and hate crime

The extremely negative public attitudes are not only sharply experienced by the intersex people and felt by the majority of the social support experts, but also confirmed by survey data comparing the attitudes to LGBTI people across the EU-28. The lack of sufficient and correct information among all levels of the society: from general population, through media, politicians, social protection and health experts, has ambiguous effects. On the one hand, unawareness leads to limited dissemination of attitudes, positive or negative ones; but, on the other hand, where attitudes exist, they are extremely in the negative spectrum and intersex people feel them very sharply, in all areas of their lives. The situation in the Bulgarian society, defined by experts as "closed" and "patriarchal" one, is further deteriorated by a worldwide trend of conservative and far-right movements, represented at the highest political levels, that aggressively reject all differences in society, and sex diversity in particular, presenting this as "protection" of "traditional" values.

This social environment is simultaneously a cause for, and is fuelled by, the gaps in the country's legal framework. With only the binary sex registration options admitted, the objective state of intersex and the right to self-identification as intersex are legally rejected. The anti-discrimination law does not mention sex characteristics / intersex as a ground protected against discrimination, as intersex does not exist as a legal concept, in any legal document. As a consequence, hate based on the intersex condition is not recognised as aggravating circumstance when committing a crime. For this reasons, different state institutions, as the police and the Commission for Protection against Discrimination, are identified as responsible in cases when an intersex person would like to file a report for discrimination based on sex characteristics; but, at the same time, state institutions are blamed that they are passive and ineffective; and intersex people very rarely seek them directly for any kind of support.

4.2.4 Access to justice and redress

Cases in which intersex people have successfully had their rights recognized and their harms compensated are not known, with the exception of the few successful cases of gender recognition. Besides the lack of an appropriate legal basis and therefore the intersex people's disbelief in the positive results if they seek to defend

their rights, a very important reason underlined both by the experts and the intersex respondents, is the general right-protection deficiency of the Bulgarian judicial system, making the receipt of justice for any citizen hardly possible.

4.3 Status of the social rights

4.3.1 Right to healthcare

According to the Bulgarian legal framework, equal access to healthcare is provided to everybody; but specific needs are not mentioned for any groups of people with health-connected disadvantages. Based on this “equalization” concept, the health professionals claim that the right to health of intersex people in the country is protected, similarly to everybody’s right to health. The essential medical activities for intersex people, however, such as hormonal tests and HRT, are not included in the National Framework Agreement for the Medical Activities (signed every year), unlike the needs of other disadvantaged groups, such as people with rare diseases, for instance. At the same time, the prices of these procedures, and respectively, the practical access to healthcare, are affordable for few. This, along with numerous examples of mistreatment and inadequate attitude, is the main reason for the social support experts and intersex respondents to state that the patients’ rights of intersex people are not observed. Moreover, “normalization” surgeries on children without seeking their consent are still performed; and as a result of these surgeries, many intersex people are harmed for life. Although the Penal Code envisages penalties of up to fifteen years of imprisonment for heavy bodily injuries caused by public officials, the aftermaths of the “normalization” surgeries remain without redress.

4.3.2 Right to education

The area of education was traditionally one of the most criticized ones in Bulgaria in the recent years, and was also most criticized from the point of view of the rights of the intersex people. Not only information about intersex people was not included in the school curricula; but also, teachers and other personnel at schools and kindergartens were not informed about the concept of “intersex” and were not prepared for how to treat intersex children. The situation was worse in the past, especially for intersex children with multiple vulnerabilities, part of whom dropped out of school due to inadequate actions of the authorities. The educational facilities lacked secure private spaces like individual toilets and dressing rooms. And last, but not least, the educational authorities were practically unable to prevent physical and verbal violence by peers against intersex children and against all children in general.

4.3.3 Right to employment

Although the condition of the rights in the area of employment received relatively less unfavourable evaluations, there were no adult intersex interviewees who had not been rejected or fired in their lives; and a substantial part of them continued to experience hardship in finding jobs. The more their state was visible and the wider it was known outside the job place, the worse their work situation was. Even when employers were willing to hire the person, they were afraid of potential negative image and improper “attention” towards the



company, due to the widespread public stereotypes. Despite the provisions of the Protection against Discrimination Act, discrimination in the area of employment could hardly be proven due to availability of other formal reasons for rejection/ dismissal.

5 Recommendations

The interviewed experts and intersex respondents were unanimous to a great extent regarding the main priorities for improvement of the state of rights and inclusion of intersex people. Both groups focused on: 1) stronger political will for legislative changes (aimed mainly at registration at birth and alleviated procedures for gender recognition); 2) extensive education and trainings among various groups in society – medical and educational professionals, scholars and students, law-enforcement officials, in order to improve public awareness and attitudes; 3) improvement of communication between NGOs in the sector, between NGOs and the public, and between NGOs and the intersex people, to achieve better understanding of the specific language and topics, better cooperation and better ways to address the needs.