

# SCIENTIFIC REVIEW

A comprehensive analysis of the realities  
faced by **transgender people** in Europe,  
based on scientific literature and studies.



transScen  
dance



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# Summary

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## INTRODUCTION

Dear Reader,

This booklet presents research aimed at promoting inclusivity and well-being within cultural environments and, more broadly, across Europe. It offers a non-exhaustive overview of the realities and challenges associated with belonging to the LGBTQIA+ community, with a particular focus on transgender individuals in today's world, especially within the cultural sector.

The purpose of this booklet is to provide a snapshot of the current situation in Europe, helping us develop tools that can support the ongoing efforts of organisations across Europe working for inclusion and acceptance.

This review draws on a range of scientific, institutional, legal, professional and civil society sources. These different types of sources do not necessarily produce the same kinds of knowledge and are used here in complementary ways. Scientific publications and institutional sources help establish theoretical, medical, legal and statistical frameworks, while grey literature, reports from community organisations and contributions based on practical experience can shed light on realities that may be less well documented in academic or institutional sources.

It is important to acknowledge that the available institutional and scientific data do not always fully capture the diversity of transgender people's lived experiences, particularly when these fall outside established medical, administrative or social pathways. Certain issues, such as informal barriers to accessing healthcare, self-medication, difficulties in exercising rights in practice, or strategies developed by the people concerned, may therefore be only partially documented or remain outside conventional data collection systems.

For this reason, this review also gives space to knowledge produced by specialist organisations and people directly concerned. These contributions are identified as such and should be understood as complementary insights based on community expertise and practical experience, rather than being treated as peer-reviewed scientific publications. Drawing on these different sources aims to provide a more nuanced understanding of the realities examined, while taking into account the nature, context and limitations of each type of source.



From our experience working with the LGBTQIA+ community in cultural settings for many years, we've seen how much work remains to be done, especially when it comes to the inclusion of transgender people. This realisation led us to create *TRANScenDANCE*, a European Erasmus+ project (KA2 Adult Education). Our goal is to contribute to building a more inclusive society across Europe, starting with those working in the cultural sector.

We are five organisations working together: NEXUS (Italy), Gamma Genesis (Romania), LaJoven (Spain), BAZAART (Serbia), and our coordinator Cie Essevesse (France).

The main aim of the *TRANScenDANCE* project is to help create inclusive and safe environments for transgender individuals, promoting self-expression within educational settings related to art, dance, performing arts, theatre, and movement. We want to use the arts as a tool to increase both the inclusion and well-being of trans people.

Our key objectives are:

- To develop inclusive methods and activities for working with the body in artistic learning contexts.
- To gather data about the needs of transgender people in artistic learning environments and identify the needs of trainers to foster a supportive and inclusive environment.
- To provide new competencies and skills for art trainers.
- To use a bottom-up approach to create an inclusive environment for transgender people by involving a wide range of stakeholders.
- To create digital content to combat transphobia.

This project is primarily aimed at trainers, educators, art and dance pedagogues, therapists, psychotherapists, sociologists and artists working in movement and the arts. It also targets professionals like performing artists, cultural centre directors, choreographers, stage directors and anyone involved in the performing arts. The overarching goal is to enhance accessibility and inclusivity in learning pathways for transgender people.

Enjoy reading!



## CHAPTER 1. GENDER TRANSITION

Gender transition is a deeply personal and transformative journey that transgender individuals undertake in order to affirm their gender identity. This process can encompass a range of social, medical, and legal changes, tailored to each person's unique needs and circumstances. While some individuals may pursue hormone therapy and gender-affirming surgeries, others may focus on name and pronoun changes, wardrobe adjustments, or workplace accommodations. The journey is not linear, and every transition is valid, whether it involves medical intervention or not.

This chapter outlines key steps in social, medical, and legal transition, explores the psychological and emotional aspects of transitioning, and highlights the importance of affirming environments in fostering well-being.

### 1.1 Physical changes

*Prepared by Cie Essevesse*

*Author: Fabio Dolce* – dance therapist, trainer, choreographer, performer.

To honour the voices of the transgender community, we chose to gather insights shared by transgender advocacy organisations and incorporate them into this review. We begin with key definitions to clarify that **being transgender does not inherently involve physical changes**.

#### 1.1.1 Who are *transgender* individuals?

**“Transgender/Trans** – an umbrella term that includes people who have a gender identity that is different from their gender assigned at birth and people who wish to portray their gender identity in a way that is different from expectations based on their gender assigned at birth.

This can include, among many others, transsexual and transgender people, nonbinary people, transvestites, cross dressers, agender, multigender, genderqueer people, intersex, and gender diverse people who relate to or identify as any of the above.” (Yurinova, 2023).



A definition proposed by Yurinova (2023), developed following debates among several trans associations, deserves to be nuanced. In many languages, it is preferable to use the term **gender non-conforming people** to describe individuals corresponding to this reality. While a terminological debate persists, in practice, many *gender non-conforming* (GNC) individuals—those who express their gender differently from social expectations—nevertheless identify as cisgender, meaning they fully align with their assigned gender at birth. It is therefore essential not to conflate these two concepts:

- **Trans:** an identity-based reality, referring to a person who does not fully or partially identify with their assigned gender at birth.
- **Gender non-conforming (GNC):** a reality related to gender expression, describing a person whose gender expression or presentation does not conform to established social norms.

The fact that an individual may embody both realities, or not, highlights that these are distinct yet sometimes overlapping concepts. Furthermore, in some languages, the terms *transsexual* and *transvestite* are not appropriate for referring to a trans person, as they are historically associated with a pathologising perspective and can be perceived as offensive. Their use is only legitimate when the person concerned chooses to employ them for self-identification, in a process of self-determination. (Transat Asso, 2025)

### 1.1.2 Who are *nonbinary* individuals?

**“Nonbinary** — an umbrella term for genders other than man and woman. This is also a term for a specific gender. While nonbinary can be considered a trans identity, not everyone who is nonbinary considers themselves trans. Be aware that Indigenous communities and communities of colour have other words to describe gender variance. Sometimes these terms can be included in the nonbinary umbrella and sometimes they cannot. Always consult experts from these communities and the individuals you are reporting on in regard to this.” (Yurinova, 2023)

It is also important to highlight that *non-binary* is an umbrella term used to describe gender identities that do not fall **strictly** within the categories of male or female. A non-binary person may identify as neither male nor female (*agender*, *gender-neutral*), but they may also experience fluidity between these identities



(*genderfluid*), identify as both simultaneously (*bigender*) or combine a feminine identity with another gender experience (*demigirl*), among other variations. This diversity highlights the complexity of non-binary experiences and the importance of recognising the plurality of gender identities. (Transat Asso, 2025)

### 1.1.3 Myths about transgender people

There are numerous myths about transgender people that we aim to dispel, and one of them is the following: *“ONLY PEOPLE WHO MEDICALLY TRANSITION ARE TRANS. The only real trans people are the ones who have had ‘surgery’.*

**Facts:**

- Trans people are people whose gender identity differs from their sex assigned at birth.
- Many trans people decide to modify their bodies, and many trans people don't.
- There are many reasons why a trans person would not seek surgeries, including cost, physical or medical limitations, lack of a support system.
- Additionally, some trans people just don't want to modify their body in any way. This does not make them less trans.” (Yurinova, 2023)

Gender identity is entirely a matter of self-determination—essentially, it is how a person perceives and identifies themselves. To be transgender, one simply needs to not fully or partially identify with the gender assigned to them at birth (commonly referred to as the gender of assignment). Gender identity is a psychological attribute; it is independent of a person's behaviour, appearance, body, preferences, or sexual orientation.

A person's gender identity is solely about how they view and identify themselves. Consequently, being transgender does not require taking any particular steps—whether medical (altering one's body), administrative (changing legal documents), or social (presenting with a different appearance). Many transgender individuals choose not to or are unable to take any such steps, and none are mandatory or universal within the process of transition. The steps involved, if any, depend entirely on the individual's preferences and will vary greatly from person to person.



This also underscores the fact that anyone can have any type of body or appearance, irrespective of their gender identity. Therefore, the only reliable way to know someone's gender identity is to ask them directly. (Transat Asso, 2021)

Consequently, we decided not to proceed further with changes related to the bodies of trans people.

## 1.2 Mind & Body in gender transition period

Prepared by **Gamma Genesis Labs SRL**

Authors:

**Diana Laura Ciubotaru** – psychotherapist princ., trainer

**Raluca Ferchiu** – psychotherapist spec., trainer

The relationship between mind and body in transgender people has been extensively studied from psychological, medical and sociological perspectives. Drawing on the contributions collected in *Transgender Identities: Towards a Social Analysis of Gender Diversity*, edited by Sally Hines and Tam Sanger (2010), several key insights emerge regarding the connection between physical embodiment and gender identity.

### 1.2.1 Mind-Body Dissonance and the "Wrong Body" Narrative

One of the central discussions around transgender identity is the concept of gender dysphoria, often framed as a disconnect between one's assigned sex at birth (the body) and their gender identity (the mind). The medical and psychological fields have historically described transgender individuals as experiencing a "wrong body" sensation, which suggests that their mind holds a gendered self that does not align with their physical form. This notion has been both supported and critiqued in transgender studies. Some argue that this narrative is imposed by medical institutions as a prerequisite for medical transition, influencing how transgender individuals articulate their experiences.

### 1.2.2 Surgery and Hormones as Routes to Mind-Body Alignment

For many transgender individuals, medical interventions, including hormone replacement therapy (HRT) and gender-affirming surgeries, are critical to



achieving a sense of harmony between their psychological and physical selves. Research participants in Hines' work describe how bodily modifications, such as mastectomy or feminisation surgeries, help reconcile self-identity with social identity. However, the desire for surgery is not always straightforwardly linked to gender dysphoria. Some individuals seek bodily changes for social acceptance or practical reasons rather than because of intrinsic discomfort with their anatomy.

### **1.2.3 Challenging the Binary Framework of Embodiment**

Recent transgender studies challenge the idea that all trans individuals adhere to the "wrong body" framework. Instead, many emphasise the fluidity of gender and how different individuals experience their embodiment in diverse ways. Some research participants reject the binary classification of male and female, arguing that gender is a spectrum. Others suggest that cultural and social constraints—rather than personal discomfort with the body—are the primary forces driving the need for bodily modifications. (Hines & Sanger, 2010)

The relationship between mind and body in transgender individuals is deeply complex and influenced by personal experiences, medical discourse, and social structures. While many transgender individuals seek physical changes to align with their gender identity, others challenge the necessity of these modifications and push for broader understandings of gender embodiment. The literature highlights the evolving discourse around transgender experiences, shifting from rigid medical models to more fluid and self-defined identities.

## **1.3 Psychological changes**

*Prepared by **Gamma Genesis Labs SRL***

*Authors:*

**Diana Laura Ciubotaru** - psychotherapist princ., trainer

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The psychological journey of transgender individuals is complex and deeply personal. While transitioning often brings significant relief from gender dysphoria and improves overall mental health, it is not without challenges. Factors such as societal discrimination, medical gatekeeping, and personal acceptance influence the psychological impact of transition. Ultimately, a combination of medical



support, community acceptance, and personal resilience plays a crucial role in shaping the psychological well-being of transgender individuals. (Hines, 2007)

Accepting and identifying oneself as transgender can be a statement of personal empowerment. Some trans people may opt to identify themselves as either female-to-male or male-to-female. Others may reject such categories outright, believing our society's binary gender system to be unacceptable, limiting, oppressive, and unworkable, at least for them. (Sheridan, 2009)

According to Martin and Yonkin (2006, p. 109), “**gender identity is the innate sense of being a man, woman, or other gender such as trans**”. As it is experienced internally, it is private and invisible. **Gender expression** is the way in which a person communicates their gender. Only when someone chooses to disclose their gender identity is it possible to know whether it corresponds to their gender expression.

This 2006 formulation now requires reconsideration, particularly regarding a third gender category that would be **non-binary** instead of *trans*. The term *trans* or *trans identity* generally refers to a journey of self-construction in total or partial opposition to one's gender assigned at birth. Except in rare cases, it is not a term used to designate a specific gender identity (for example, a trans woman is someone who was assigned male at birth but identifies as a woman). (Transat Asso, 2025)

People are considered **gender-congruent** when their gender identity, gender role and associated symbols are in harmony (Bullough, 2000). They are considered **gender-variant** when some aspects of their identity or gender expression seem incongruent with one another, or with the person's sex (Devor, 1998, as cited in Martin & Yonkin, 2006, p. 109).

Anxiety about self-disclosure, shame from stigmatizing diagnoses, and transphobic reactions are major obstacles in their search for help (Hill, 2002). Disempowerment and social marginalisation are frequently among the dynamics underlying the experiences of trans people and intersex people (Dreger, 1998).

Many transgender people who are now older did not know, during childhood, that other transgender people existed and rarely saw their feelings about gender



acknowledged. By contrast, according to a report published in 2011, many transgender young people already had role models, whether in the media or among people around them. Their gender expression, which did not conform to social norms, was often sufficient for their parents to seek further information and access networks of families with children showing similar gender expression. The report also highlighted the possibility for transgender young people to access early medical interventions to alleviate potential gender dysphoria, defined in that publication as discomfort related to the sex assigned at birth (Institute of Medicine of the National Academies, 2011).

Similar to sexual orientation identity, gender expression is not necessarily constant throughout childhood development. Gender variance, as it relates to expressing and exploring gender identity and gender roles, is a part of normal development. A relatively small percentage of gender-variant children develop an adult transgender identity. However, research shows that the majority of adolescents with a gender-variant identity develop an adult transgender identity. (Institute of Medicine of the National Academies, 2011).

### **1.3.1 Psychological Distress and Gender Dysphoria**

Gender dysphoria—the distress caused by a disconnect between one's gender identity and assigned sex—can lead to severe psychological distress, particularly before transition. Common symptoms include:

- Depression
- Anxiety
- Social withdrawal
- Low self-esteem

The "wrong body" narrative has long been debated among medical professionals. Some individuals feel profound distress until they transition, while others challenge the notion that transitioning is the only way to alleviate gender dysphoria (Hines, 2007).

However, it is crucial to approach this issue with nuance. While dysphoria may be perceived as a social phenomenon—the idea that a person cannot be who they are due to their body—it cannot be "relieved" through psychotherapy, as this would



resemble conversion therapy. A more accurate understanding is to view dysphoria as a discomfort with the body, which, in part, is socially constructed by norms linking body and identity. This discomfort affects both transgender individuals and many cisgender people, though not all cisgender individuals experience it (Transat Asso, 2025).

An important development in the classification of transgender-related health matters occurred in 2019, when the World Health Assembly adopted the eleventh revision of the International Classification of Diseases (ICD-11). In this classification, gender incongruence was moved out of the chapter on mental and behavioural disorders and placed in a new chapter on conditions related to sexual health. This change reflects current knowledge that transgender and gender-diverse identities are not mental disorders. Retaining gender incongruence within the ICD is intended, in particular, to facilitate access to gender-affirming healthcare and appropriate coverage of that care (WHO, 2019).

### 1.3.2 Social and Emotional Challenges

Transgender individuals often face societal rejection, discrimination, and exclusion, which significantly impact their psychological well-being. Many participants in Hines' study shared:

- **The struggle for social acceptance:** Those who "pass" as cisgender may experience less discrimination but still live in fear of being "outed."
- **Emotional isolation:** Due to limited understanding and support, many transgender individuals feel disconnected both from their assigned-gender communities and, in some cases, even from transgender communities if they do not conform to certain standards.
- **Workplace and family pressures:** Many individuals delay transition due to career and family obligations, leading to prolonged psychological distress.



### 1.3.3 Psychological Benefits of Transition

Despite challenges, transition often leads to profound psychological improvements (Hines, 2007):

- **Enhanced self-identity:** Many transgender individuals report feeling whole, complete, and authentic after transitioning.
- **Reduction in dysphoria-related distress:** Post-transition, many individuals experience significant reductions in anxiety and depression.
- **Improved interpersonal relationships:** While some relationships (especially familial and romantic) may suffer, others strengthen as individuals become more comfortable in their identities.

### 1.3.4 Community Support and Psychological Well-being

The presence of a supportive community plays a crucial role in mental health. Many transgender people seek validation and understanding within LGBTQ+ and feminist spaces, although some experience exclusion because of differing views on gender authenticity (also considered a form of intra-community transphobia).

The support of family members, and particularly parents, can significantly affect both the decision to begin and the experiences of gender transition. For younger people, parental support is especially significant.

Gender transition, encompassing social, medical and legal changes, has been extensively studied for its psychological impact on transgender people. A systematic literature review examining peer-reviewed articles from 1991 to 2017 found that 93% of the studies reported improvements in overall well-being following gender transition, with no study reporting overall harm. These benefits included improved quality of life, greater relationship satisfaction, higher self-esteem and reductions in anxiety, depression, suicidality and substance use (What We Know Project, Cornell University, 2018).



## 1.4 Relational and social changes

Prepared by **Nexus**

Author: **Ariadne Mikou** – independent dance and performing arts researcher and educator

According to the comparative analysis of EU LGBT survey data ***Being Trans in the European Union*** (FRA, 2014), “Trans people are largely invisible in society and public opinion about them is often negative and ill-informed. These negative social attitudes can affect their daily life, influencing their overall openness and leading to forms of ‘avoidance behaviour’” (FRA, 2014, p. 77), causing, in many cases, social isolation and exclusion.

### 1.4.1 Sex reassignment procedure, social life and mental health

For an individual who has gone through a successful and completed sex reassignment procedure – medically and legally – social life is smoother and safer in comparison to individuals who are at the ambiguous stage of pre-transition or actual transition. As indicated by the testimony of an anonymous 29-year-old trans man from Poland: “By now I don’t get randomly harassed for having a history of transsexualism because it’s simply not visible when I’m clothed. However, in the years when my gender was perceived as ambiguous, I felt threatened and harassed on a daily basis” (FRA, 2014, p. 92).

For reasons related to normative beliefs, when the desired gender corresponds to the body appearance and the expected normative behaviour, thus when gender expression and gender identity match each other after a successful reassignment procedure, the individual may experience a more balanced way of living, socialising, and working.

However, it is crucial to emphasise that this situation creates significant challenges for non-binary or gender non-conforming individuals. Trans identity is only accepted if it is perceived as binary and normative, meaning if it does not challenge traditional gender expectations. In reality, this means that trans identity is rarely truly accepted, as it is often rejected if it is visible or does not conform to established gender norms. (Transat Asso, 2025)



In the pre-transition and actual gender transition process, individuals are “at high risk of poor physical and mental health” as they show signs of anxiety and depression and often attempt to commit suicide (FRA, 2014, p. 77).

After a gender transition, these signs often diminish and individuals “demonstrate stable mental, social and professional functioning” (FRA, 2014, p. 78).

Indeed, research proves “a positive impact of gender reassignment care on the health-related quality of trans persons’ lives” (FRA, 2014, p. 78). Yet, the gender reassignment procedure is not accessible to all transgender individuals, simply due to the fact that it has a high cost, and not always all transgender individuals wish to go through this procedure. Sterilisation required by 12 EU Member States before legal gender recognition (FRA, 2014) might well be a reason for individuals avoiding the gender reassignment procedure. Other issues may include the lack of availability of the procedures in the residing country, fear, lack of information, and bureaucracy. Amnesty International explains that in some countries where medical proof of gender reassignment is a requirement for legal gender identity recognition, “this can be an invasive process and also reinforces the misinformed view that being trans is an illness” (Amnesty International, n.d.).

#### **1.4.2 Legal issues affecting the social life of transgender people**

In addition to changes in gender expression and, where applicable, physical changes associated with medical transition, changes of name and gender markers in official documents are important issues affecting social and professional life. As the FRA report illustrates for transgender people:

*“Not being able to have identity documents that match their gender identity and the way they present themselves in social life might contribute to discrimination and/or violence [...], without a set of matching documents such as a passport, identification card, social security number or bank card, participation in society becomes very difficult.” (2014, p. 79).*

TGEU (Transgender Europe) also mentions other official documents, such as a child’s birth certificate and the cases of transgender parents wishing to be listed with the reassigned gender in their children’s documents (TGEU, n.d.-b).



The impact of the lack of accordance between legal documents of transgender people and their expressed or reassigned identity is also evident in the words of an anonymous 37-year-old transsexual from the United Kingdom:

*“The most stressful thing I find about being transsexual and having not changed my name to a female name yet – as I am waiting for the right time to come out at work – is not having any documents with a female identity. I spend around a third of my life living as a woman yet have to constantly show ID with male credentials which is uncomfortable and embarrassing.” (FRA, 2014, p. 81)*

In this respect, Amnesty International adds that “for transgender people, official identity documents reflecting their gender identity are vitally important for the enjoyment of their human rights” (Amnesty International, 2014).

It is important to emphasise that the situation is even more complex for non-binary people, as recognition of a third gender exists in only a few countries, including Germany and Malta (Transat Asso, 2025)

#### **1.4.3 Discrimination and/or violence against transgender people**

Discrimination occurs in areas such as housing and employment and, together with pay inequalities, affects the economic circumstances of many transgender people living in poverty (Karsay, 2021). Poverty, in turn, affects many aspects of social life, such as participation in recreational activities and community events. Violence and harassment against transgender people may take verbal forms (mockery, derogatory jokes and offensive language), as well as physical and sexual forms, and may also lead to murder. Trans Murder Monitoring has collected data on the murders of trans and gender-diverse people worldwide since 2009, with the aim of informing human rights policies and legislation (TGEU, n.d.-a).

#### **1.4.4 Coming out and openness in the social environment**

The “coming out”, thus the moment of communicating to the individual’s social environment their transgender identity, and being open about this – as personal background and history – in professional and private life are two important issues to keep in mind for the overall life satisfaction of transgender individuals. As the



FRA report shows, “life satisfaction is strongly correlated with openness in private and in professional life: the more open respondents are about being trans, the more satisfied they are with life” (2014, p. 94).

The social environment consists of the individual’s family, friends, neighbours, and working and/or educational environments (school, university), and when it is trans-negative, it may lead to hiding one’s identity even from their closest people or trusting only them, as shown in the testimony of a 38-year-old trans man from the Netherlands:

“I’m sure that I would have suffered more discrimination and harassment if I had been open about being trans. When I had to mention this in legal contexts, I did so, but besides my family, healthcare personnel, and ex-partners, no one knows that I wasn’t born male. So it was relatively easy for me, but that I need to keep this strictly a secret to have it easy is, of course, a bad situation.”  
(2014, p. 87)

Partners of transgender individuals as well as their families in case of young children and teenagers being in the process of transitioning also may receive support that helps them become good allies for the beloved ones. Advocates for Trans Equality and the Family Acceptance Project are such organisations that are based in New York and San Francisco, respectively.



## CHAPTER 2. INCLUSION OF TRANSGENDER PEOPLE

### 2.1 General approach

*Prepared by LaJoven*

*Authors:*

**Laura Camila Forero** - cultural and communication manager

**Pedro Sánchez** - deputy director

The inclusion of transgender people in Europe has undergone significant evolution over the past decades, though it remains far from sufficient. From an era of invisibility and discrimination, progress has been made towards broader recognition of their rights and greater integration into society. However, challenges persist that require attention to ensure optimal inclusion.

#### 2.1.1 Historical Evolution of Trans Inclusion in Europe

Historically, transgender people in Europe have faced marginalisation and stigmatisation. For much of the twentieth century, transsexuality was considered a pathology, and transgender people were subjected to coercive medical treatments and legal discrimination. In countries such as Spain, under Franco's regime, the 1954 amendment to the *Ley de Vagos y Maleantes*, followed by the *Ley de Peligrosidad y Rehabilitación Social* of 1970, was used to repress homosexuality and, more broadly, gender-nonconforming expressions. People who would today be identified as transgender were often treated by the authorities under the category of homosexuality rather than recognised as a distinct group (Mas Grau & Cáceres-Feria, 2026).

It is important to note that trans identity was historically referred to as "transsexuality" or "transsexualism," terms with a psychiatric connotation that are now rarely used in many countries, except when self-identified or in countries like Argentina and Brazil, where they have been reappropriated as a form of empowerment. (Transat Asso, 2025)

From the late twentieth century onwards, social movements and activists began to highlight the demands of transgender people, achieving significant progress in the recognition of their rights. The adoption of ICD-11 by the World Health Assembly in 2019, which reclassified gender incongruence outside the chapter on mental



and behavioural disorders, marked an important milestone in the acceptance and understanding of trans identities.

### **2.1.2 Current Situation in Europe**

Today, the situation of transgender people in Europe is diverse and varies by country. Some states have implemented progressive legislation recognising transgender rights, while others still lack adequate legal frameworks.

According to a report by the European Union Agency for Fundamental Rights (FRA), transgender people frequently experience violations of their fundamental rights, including discrimination, violence, and harassment. These negative experiences lead many transgender individuals to live in a constant state of fear, avoiding certain spaces and concealing their gender identity, which restricts their rights (FRA, 2014).

In the workplace, discrimination remains a significant issue. A study by the Spanish Federation of Lesbians, Gays, Transgender, and Bisexuals (FELGTBI+) indicates that 42% of transgender people have faced discrimination at work or while seeking employment in the past 12 months, compared to 21% of the broader LGBTQI population. For transgender women, this figure reaches 77% (FELGTBI+, 2022).

At the legislative level, the European Union has adopted measures to promote LGBTQI+ equality. The European Commission's "LGBTIQ+ Equality Strategy 2020–2025" outlines specific actions to combat discrimination, ensure safety, build inclusive societies, and lead the global fight for LGBTQI+ equality (European Commission, 2020).

In Spain, the approval of Law 4/2023, enacted on 28 February, for the real and effective equality of transgender people and the guarantee of LGBTQI+ rights, represents a significant advance. This law defines public policies to ensure LGBTQI+ rights and eliminate barriers that prevent the full exercise of their rights (BOE, 2023).



### 2.1.3 Challenges and Recommendations for Optimal Inclusion

Despite the progress, challenges remain that must be addressed to achieve the full inclusion of transgender people in European society. Public awareness campaigns are crucial to eradicate social stigma and promote a deeper understanding of transgender identities. Addressing negative and stereotypical portrayals in the media is essential to changing perceptions and attitudes (Integral-Mente, 2024).

In the educational sector, incorporating gender diversity into curricula and promoting inclusive school environments that prevent bullying and discrimination is vital. The “Guide for Supporting Young Transgender People in Non-Formal Education” by FELGTBI+ offers resources and strategies to support transgender youth in educational settings (García Nieto & Rodríguez Manzanque, 2021).

In the workplace, policies must be developed to promote the inclusion of transgender people in the labour market, implementing anti-discrimination measures and ensuring equal opportunities. The Spanish government’s 2024 regulation to guarantee LGBTQI workers’ labour rights represents a step in this direction, establishing measures companies must adopt to ensure equal treatment and non-discrimination (BOE, 2024).

In healthcare, ensuring access to inclusive and gender-competent services is critical. Healthcare providers must receive proper training to meet the specific needs of transgender individuals and adopt practices that promote their well-being (EuroHealthNet Magazine, 2024).

According to Transat Asso, several additional issues persist: the inability for non-binary individuals to have their gender recognised on civil records in most countries; a generally transphobic framework regarding parentage rights and access to medically assisted reproduction (MAR) in Europe. For example, in France, the mother is defined as the person who gave birth; the violation of the rights of trans individuals in prison; the lack of consideration for trans individuals in systems aimed at combating gender-based violence and in victim support services (Transat Asso, 2025).

Finally, it is essential to review and reform laws and policies that perpetuate discrimination and harassment against transgender people, eliminating forced



psychiatric evaluations and other coercive practices. Implementing measures to protect against violence and abuse, especially for transgender children and youth, is fundamental to ensuring their safety and well-being.

While Europe has made progress in including transgender people, much work remains to implement policies and practices that promote equality and respect for gender diversity. It is concerning that, despite legal advances in some states, many transgender people still face structural and cultural barriers limiting their full participation in society. It is not enough to guarantee rights on paper; these rights must translate into tangible improvements in transgender individuals' daily lives.

Europe has a responsibility to lead by example, promoting legislation that recognises gender self-determination without medical or bureaucratic requirements that perpetuate pathologisation. Additionally, prioritising the fight against transphobia, including clear sanctions against hate speech and educational campaigns to dismantle stereotypes and prejudices, is imperative.

It is crucial that the voices of transgender people are heard and their participation in policymaking is active. Inclusion is not achieved through a paternalistic perspective but by empowering communities to lead their fight for equality. Furthermore, solidarity among social, feminist, and LGBTQI+ movements is essential to counteract setbacks and resistance in certain sectors of society.

True inclusion demands political courage and social commitment. Europe cannot afford to regress; it must move towards a model of social justice that ensures all people, regardless of gender identity, can live with dignity, respect, and equal opportunities. The future of an inclusive society depends on our collective ability to embrace and celebrate diversity in all its forms.



## 2.2 Performing Arts as tools for facilitating inclusion

*Prepared by BAZAART*

The strong potential of the performing arts for facilitating inclusion, both on a personal and social level, is simultaneously displayed in three fields – art creativity, pedagogy, and therapy.

### 2.2.1 Art and Pedagogy

*Author: Nataša Milojević* – contemporary dance and performance artist, drama pedagogy spec., art and program coordinator

Inclusivity is an essential feature of pluralistic societies, which recognise diverse identities and seek to enable everyone to participate fully. Culture and education are among the principal foundations of such societies. However, access to education and culture remains unequal. Activists and professionals working in the arts, culture and education therefore play an important role in strengthening cultural participation and social inclusion (MacNeill et al., 2018, *passim*).

Social inclusion can be defined as the process by which certain groups are brought from the margins of society to participate more fully in that society through the removal of the barriers (NESF, 2007: 1 in Lockowandt, 2013). In terms of cultural inclusion, what is hindered by the barriers is free expression of cultural identity and contribution, imagination and symbolism of all individuals and groups (*loc. cit.*).

Inclusion equals active, contributing participation in social processes, among which the arts and culture take an important stand. Participation in arts, according to many theoreticians and practitioners, encompasses two main forms: participative arts and art participation (e.g. see Lockowandt, 2013, web). The basic difference between the two forms is that participative arts use participative methods to help the audience create experiences in public space, while art participation uses arts as tools to help participants better understand personal experiences in a safe workshop space (Jackson, 2011, pp. 235–237; Idogho, 2013, pp. 229–230). Both forms attain the same effect: helping audiences/participants better understand society by creating personal experiences.



Performing arts participation is largely applied in non-formal education, comprising all processes and practices which involve a heterogeneous social group in working on topics not directly addressed in formal education programmes. The learning area is organised as a “safe space” where every participant is free to express their attitudes, without judgement of others. The creation of a “safe space” is a highly delicate and challenging task for a workshop facilitator who must at the same time act as a workshop leader and a participant in the group process.

The learning process happens in an open area by sharing the participants’ experiences, whereas every learning process is unique for every specific group at every specific time. This instantaneous nature of the creative process gives it a performative dimension, and the process in itself is the most important part of the learning. Due to its emancipatory nature, some authors describe this model as “education for liberation” (Internacional Joven, 2013, pp. 10, 12).

Performing arts participation supports individuals and groups to learn by doing and sharing. As a result of this process, the participants can, but don’t have to, prepare a collective artistic creation and present it to their community or wider society (colleagues, peers, families, citizens, decision-makers). This kind of work offers a significant model for social inclusion by helping socially invisible groups become visible and elucidating their problems to the society.

The art participation process also creates a sense of solidarity, encouraging everyone to express themselves and develop their views. Participatory creativity helps participants assert their needs and positions while strengthening their ability to understand and embrace differences (Kovačević, 2012, pp. 13–16; Le Roux et al., 2021, pp. 1–2).

An important dimension of empowerment and social inclusion is social and emotional development: learning to regulate one’s own emotions, understand the emotions of others and communicate assertively (CASEL, 2013, 2017). Social and emotional learning (SEL) is a lifelong individual and group process comprising five core competencies, developed through different models of participation and interaction. Artistic formats have strong potential for SEL because they help participants develop creativity and emotional skills through exploring their interests. Non-verbal artistic approaches are particularly effective in engaging



abstract thinking and unconscious processes, supporting deeper self-discovery (Pratiwi et al., 2023; Subramaniam, 2023).

**Dance and creative movement techniques** can be powerful tools in inclusive practice, supporting bodily autonomy and helping people express their views, communicate with others and accept themselves. Exploring physical abilities builds confidence and contributes to personal development. Acquiring new skills can bring a sense of achievement and strengthen the enjoyment of collaborating with others. In a process of creative exploration, trust in others may grow, contributing to a more open society.

**In gender inclusion programmes**, dance and movement hold great empowerment potential, in participative arts and art participation equally. While the history of dance was gender determined, new insights show that all performative techniques are defined by roles, not by gender, and every performer can play a role in every gender. In contemporary dance, genders are an open-defined category, with the body not gender-defined in many cases. Choreographers all over the world are utilising their skills to create choreographies that both challenge traditional gender norms and represent all types of people (Publow, 2021, web).

Finally, it should be said that while the function of art participation in social inclusion is evident and well explained, the role of participative performing arts deserves equal merit. Participative performing arts, involving audiences, are more widely available than art participation, commonly realised in workshops. Participative performing arts can challenge the audiences' opinions by facing them with issues that trouble social minorities, open the discussion about real social problems and bring about the personal attitude change (Woodhead, 2023, web).

When creating and performing, the artists should be aware of the power of art to change the world.



## 2.2.2 Dance Therapy: Movement Inclusion

*Author:*

**Sunčica Milosavljević** – theatre director, researcher, drama pedagogue, program director

In modern dance therapy, as well as in contemporary dance, inclusion is intrinsically linked to movement. In recent times, non-normative perspectives on movement have prevailed, embracing all forms of movement—no matter how "ungraceful", imperfect, private, or rooted in inner trauma—as part of a broad movement repertoire. Dance therapist Christine Caldwell boldly states that in dance therapy, as in the arts, "there is no need to 'fix' movements" (2019, p. 159). Thus, the real task for a dance therapist or pedagogue is to "empower the mover to find grace within their various movement identities" (loc. cit.).

Movement inclusion lies at the heart of healing—both personal and social. Many 'non-graceful' movements, when included and integrated, lose their repressive power, aiding the healing of the Self. Equally, the social inclusion of 'non-graceful' bodies counters repression and contributes to the healing of society.

The appreciation of free movement in therapy and art gained prominence in modern times, transcending the Cartesian divide of mind and body. Prior to this shift, Western psychotherapy focused primarily on altering the client's cognitive responses, following a dualistic principle that ascribed illness solely to the patient, and healing expertise to the therapist. Though revolutionary in their time, these 'top-down' therapeutic procedures largely ignored the body's experiences, often aiming to conform it to 'normality.'

In contrast, more recent 'bottom-up' approaches centre on the body, aiming to heal the whole person by addressing blockages within the body, seen as internalised repressions. This viewpoint leads to important shifts in the concept of therapy.

First and foremost, it abolishes the hierarchy of mind over body, promoting an integrated approach that considers the physical, mental, and emotional aspects of a person. Similarly, it challenges hierarchical therapist-client relationships, calling for collaboration and shared responsibility in the process of analysis and healing. It also redefines the goal of therapy, embracing the non-normative view



of the body and celebrating each body's uniqueness, allowing it to move in its own grace. Additionally, it recognises that illness can no longer be seen as merely "a private event" of an individual, especially as societies remain "sick or broken" by injustice, poverty, environmental degradation, and authoritarian regimes that "disembody people" and treat them as "commodities and tools" (ibid. 161). Finally, it posits that a harmonised Self, once healed, can move outward to inspire social integration, harmony, and transformation. As Caldwell states, "diagnosis and treatment are not solely about intra-psychic disturbance, but are also about cultural practices, social and environmental pressures, and the possible presence of oppressive forces" (ibid. 162).

While recognising the value of earlier approaches, including those of Reich and Lowen, Caldwell proposes new strategies for developing contextual, embedded and values-driven forms of dance therapy relevant to the twenty-first century and its geopolitical landscape.

For the joy of play, these strategies are termed the "4A" strategies, which are mutually supportive in attaining inclusion.

Awareness involves "staying awake in our bodies," accepting sensory experiences, recognising one's own "body narratives," trusting body signals, and building a "body authority" that helps resist imposed stereotypes and external manipulative messages.

Associations, a physical movement strategy, help access body memory, releasing tensions caused by past repressed or suppressed experiences, integrating them into present experiences. In this process, the dancer-client is in charge of meaning-making, both past and present, and develops ownership of their body and life. For their part, the therapist enriches their practice through attentive listening and observation, remaining as free as possible from bias and judgement.

Appreciation focuses on building positive, pleasurable experiences rather than constantly digging into pain and suffering. Play, as used in children's learning, becomes a way of celebrating ability and a path to accepting the pleasures of life through movement.

Action, as a strategy, equates to activism, applying integrated healing in daily life and relationships. It's about creative transformation of society: learning when to



act and when to stop, speak, and listen, giving and receiving. This strategy empowers individuals and assists society in developing its grace (ibid. 167).

Performing the inclusion and integration of bodily knowledge in a Self, achieved through dance movement experiences, aids society in countering the marginalisation of bodies. This includes promoting the rights, dignity, and empowerment of marginalized bodies, pushing back against anti-democratic and toxic tendencies in society. Rooted in sharing and empathy, dance experiences contribute to healing at all levels, fostering a more just and sustainable world.

### 2.2.3 Somatic Psychotherapy: Liberation of the Self

Author: **Eva Voštinić** – actress and somatic psychotherapy trainee

The body and identity are deeply intertwined, and exploring them often involves complex processes of introspection and transformation. For transgender individuals, these processes include not only personal confrontation with the self but also societal expectations and gender norms, which can hinder the sense of connection to the body and authenticity.

Somatic psychotherapy, alongside artistic expression, provides a unique framework for exploring these challenges and opening up space for empowerment through body work, emotions, and selfhood.

#### 2.2.3.1 The foundations of the method

According to **Wilhelm Reich**, the pioneer of somatic psychotherapy, the key to understanding human behaviour lies in *character structures*, as they reveal patterns formed through life conflicts and experiences. These structures not only shape the way we perceive the world, but they also influence our ability to connect with our authentic needs. According to Reich, emotional conflicts manifest through muscle tensions and breathing patterns that form the "character armour."

*"Grit your teeth" became a moralistic command. Here, language is a direct reflection of the somatic process of self-control. Certain phrases, commonly heard in conventional upbringing, exactly represent what we describe as muscular armoring: "A man must*



*exercise self- control"; "a big boy doesn't cry"; "pull yourself together"; "don't let yourself go"; [...] "grin and bear it"; "hold your head high"; etc. Initially, such typical admonitions are rejected by children, then accepted and carried out against their will. They always weaken the backbone of the child's character, crush his spirit, destroy the life in him, and turn him into a well-behaved puppet." (Reich, 1973, p. 336)*

This idea is further elaborated in his book *Character Analysis* (1933), where Reich explores how muscle tension develops as a defence mechanism, hindering natural emotional expression and movement in the individual. This "internalised armour" restricts both emotional and physical spontaneous expression. While it protects us from pain, it often obstructs the free flow of energy and emotions. By identifying and working through these physical manifestations, Reich aimed to help individuals achieve greater emotional liberation and overall well-being.

**Alexander Lowen** further developed this idea, emphasizing the importance of *grounding work* and *freeing energy through movement*.

*"Bioenergetically speaking, grounding serves the same function for the organism's energy system that it does for a high-tension electrical circuit. It provides a safety valve for the discharge of excess excitation. In an electrical system the sudden buildup of charge could burn out a part or cause fire. In the human personality the buildup of charge could also be dangerous if the person were not grounded. The individual could split off, become hysterical, experience anxiety or go into a slump" (Lowen, 1976, p. 196).*

*"There are fundamental differences in the two modes of expression – most important of which is the fact that only muscular action can discharge the large quantity of energy produced by the alive human being. Speech, as an extension of thinking, works with much smaller quantities of energy" (Lowen, 1958, p. 87).*

This quote reflects one of the key ideas in Lowen's bioenergetics therapy, which is that the body has the capacity to communicate emotional states, thoughts, and inner conflicts, often much more clearly than words can express. Lowen believed that many emotions, traumas, and unconscious conflicts do not simply disappear when rationalized or suppressed, but remain "sealed" in the body. Through muscle tension, changes in breathing, posture, or movement, the body shows signs of



what has been left unspoken or suppressed. These bodily manifestations can indicate deep psychological blockages, fears, dissatisfaction, or other emotional obstacles.

**Eva Pierrakos**, through her *Pathwork* system, focuses on the integration of mind, emotions, and body through exercises that strengthen the inner voice and connection to the self. This teaching combines psychological insights, spiritual wisdom, and deep self-exploration with the goal of helping individuals understand and transform their emotional, mental, and spiritual blockages.

Pierrakos often emphasised that imperfection is a natural part of human experience and that striving for perfection or sinlessness can be an obstacle to inner peace. In her view, accepting imperfection is a crucial step in the process of self-awareness, as it allows a person to be authentic and honest with themselves, without the fear of rejection or criticism. She believed that true strength lies in accepting what is in the present moment, without judgment or attempt to escape one's inner imperfections, as this is the fundamental prerequisite for creating deeper inner balance and spiritual harmony.

*"You do not have to become perfect; you are perfect, in a sense, when you can calmly face, acknowledge, and come to terms with your present imperfection." (Pierrakos, 1964/1996, p. 5).*

### **2.2.3.2 The method and the trans community**

In the trans community, working on these aspects has an additional dimension. Many trans people experience feelings of dysphoria, distance from their bodies, or rejection of their physical identity. In this context, body and emotional work is not just therapeutic but a transformative process that allows for the reestablishment of connection with the self, provided that the individual's boundaries are respected.

For trans individuals, working on these aspects holds particular significance – from empowerment through a deeper understanding of one's needs, to creating space for expressing an authentic identity. Workshops combining somatic and artistic methods provide participants with the opportunity to explore these topics on a deeper level in a safe and supportive environment.



## CHAPTER 3. LEGAL FRAME FOR TRANSGENDER PEOPLE

### 3.1 The Legal Rights of Transgender People in France

*Prepared by Cie Essevesse*

*Authors:*

**Fabio Dolce** – dance therapist, trainer, choreographer, performer

**Lee Ferrero** – founder of Transat Asso

#### 3.1.1 Legal Gender Recognition

Since the Law of 18 November 2016, which came into force on 20 November 2016, adults and emancipated minors have been able to apply to change the sex recorded in their civil status records. Applications are submitted to the judicial court (tribunal judiciaire). The absence of medical treatment, surgical procedures or sterilisation cannot be used as grounds for refusing an application. However, French civil status law remains based on two designations, “male” and “female”, and, to date, makes no provision for a non-binary or neutral designation. (Légifrance, Code civil, art. 61-5 to 61-8; Cour de cassation, 2017)

The 2016 reform also amended Article 60 of the Civil Code, concerning changes of first name. Whereas this procedure had previously fallen within the jurisdiction of the family court judge, responsibility was transferred to the civil registrar. A change of first name and a change to the recorded sex are legally distinct procedures, but they may be linked as part of an administrative transition. Article 61-5 specifically lists having obtained a change of first name among the evidence that may be submitted in support of an application to change the recorded sex, and the court may also order corresponding changes to first names where appropriate. (Légifrance, Code civil, art. 60 and art. 61-5 to 61-8)

The 2016 reform therefore considerably relaxed the previous legal framework, but it does not establish a purely declaratory procedure based on self-determination. Article 61-5 requires individuals to demonstrate, through a sufficient combination of facts, that the sex recorded in their civil status records does not correspond to the sex in which they present themselves and by which they are known. Evidence that may be taken into account includes presenting publicly as the sex they seek to have recognised, being known as such by family members, friends or



colleagues, or having obtained a change of first name. The procedure also remains judicial. According to Transat Asso, reliance on evidence of social recognition and the requirement to undergo court proceedings may create barriers for people experiencing rejection, discrimination or isolation, and do not amount to full recognition of gender self-determination. (Transat Asso, 2025)

This development forms part of a longer history of legal proceedings concerning the recognition of transgender people in France. As early as 1992, in the judgment *B. v. France*, the European Court of Human Rights found a violation of Article 8 of the Convention due to the lack of effective legal recognition of the applicant's gender identity. In 2017, in *A.P., Garçon and Nicot v. France*, concerning the legal framework preceding the 2016 reform, the Court also found that the requirement for an irreversible change in appearance was contrary to Article 8 where it amounted to imposing surgery or treatment resulting in sterilisation or a very high likelihood of infertility. (CEDH, 1992; CEDH, 2017)

### **3.1.2 Anti-Discrimination Protections**

In France, legal protection against discrimination based on gender identity has progressively strengthened. The Law of 6 August 2012 introduced “sexual identity” as a protected characteristic in the Criminal Code. The Law of 18 November 2016 subsequently replaced this terminology with “gender identity”. Today, Article 225-1 of the Criminal Code explicitly includes gender identity among the grounds on which discrimination is prohibited. This legal framework is intended, in particular, to protect transgender people against discrimination. (Légifrance, 2012; Légifrance, 2016; Légifrance, Code pénal, art. 225-1)

### **3.1.3 Healthcare Access**

In February 2010, Decree No. 2010-125 removed “early gender identity disorders” from the list of long-term psychiatric conditions used within the French health insurance system. This measure represented an important step towards the depsychiatrisation of trans identity in France, although it did not, at that time, remove its psychiatric classification from international medical classification systems. (Légifrance, 2010)



Prior to this development, institutional healthcare provision in France followed a strongly medical and psychiatric model. The report by the French National Authority for Health (Haute Autorité de santé, HAS) on the “medical care of transsexualism”, published in November 2009, described a pathway involving a diagnostic phase, a “real-life experience”, hormone therapy and, where applicable, surgery. Individuals could therefore be required to live for an extended period in the social role corresponding to their desired gender before accessing certain stages of medical care. (HAS, 2009)

Developments in knowledge and practice have gradually led to this model being questioned. In the supporting evidence for its 2025 recommendations, the HAS itself revisits certain historical approaches to care. In particular, it notes that a single, binary and cisnormative model could be at odds with the lived realities of many transgender people, and that some practices have been described as harmful or abusive. These include requiring a “real-life experience” without medical and psychosocial support, or focusing psychiatric follow-up on diagnosing trans identity rather than supporting the individual. This assessment is therefore not based solely on analysis by advocacy organisations, although transgender associations have played an important role in challenging and changing these practices. (HAS, 2025; Transat Asso, 2025)

In July 2025, the French National Authority for Health published its first good practice recommendations dedicated to supporting and providing medical care for transgender adults. These place particular emphasis on individual autonomy, access to information, informed decision-making, personalised care pathways and respect for self-determination. The HAS specifically states that gender identity should not be subject to a dedicated psychiatric assessment. Psychological or psychiatric care may be offered when required by an individual's circumstances, but it is not intended to validate their gender identity. (HAS, 2025)

As these recommendations are recent, their implementation in professional practice remains a challenge. The HAS itself notes that access to quality healthcare remains highly uneven across the country and that difficulties in navigating healthcare pathways may lead transgender people to forgo care or resort to self-medication. These findings reflect the experience reported by Transat Asso, which highlights difficulties relating to waiting times, regional disparities, the availability of appropriately trained healthcare professionals and



the persistence, in certain settings, of practices inherited from earlier models of care. (HAS, 2025; Transat Asso, 2025)

Hormonal self-medication is therefore a documented reality in some people's experiences, particularly when access to healthcare is difficult or takes too long. However, the available evidence does not support the claim that it affects the majority of transgender people in France. Experiences reported by community-based organisations nevertheless help to highlight pathways that may be insufficiently documented by institutional systems. Transat Asso also emphasises the importance of further developing research that takes into account the experiences, needs and knowledge of transgender people directly concerned. (HAS, 2025; Transat Asso, 2025)

### **3.1.4 Legal Precedents**

Legal parentage is an area in which French law has been confronted with new situations arising from changes to the sex recorded in civil status documents. In 2020, the Court of Cassation ruled that a transgender woman who had conceived a child using her male gametes after changing the sex recorded in her civil status documents could establish a legally recognised biological parent-child relationship, but only through the procedures then reserved for fathers. Following the referral of this case, however, the Toulouse Court of Appeal recognised, on 9 February 2022, this transgender woman's right to be designated as the mother on the child's birth certificate. This situation illustrates the difficulties faced by the law governing parentage when the traditional legal categories of father and mother no longer correspond to the family circumstances and legal identity of the people concerned. (Cour de cassation, 2020; Cour d'appel de Toulouse, 2022)

French law governing parentage continues to be organised around sex-based categories. Article 311-25 of the Civil Code provides that legal parentage in respect of the mother is established by naming her on the birth certificate. In its decision of 22 March 2024 concerning medically assisted reproduction, the French Council of State (Conseil d'État) also refers to the establishment of "maternal parentage" in respect of the person who gives birth. For a transgender man who has changed the sex recorded in his civil status documents and carries a child, this framework may therefore create a discrepancy between his legal identity and the category of



parentage assigned to him. (Légifrance, Code civil, art. 311-25; Conseil d'État, 2024, n° 459000)

According to Transat Asso, however, the difficulties encountered are not limited to situations in which a transgender man carries the child himself. The association also reports practical difficulties with the transcription of birth records and varying interpretations by civil registry services when family arrangements do not correspond to the categories traditionally provided for by law. These observations are drawn from the association's practical experience and complement situations already highlighted in case law. (Transat Asso, 2025)

Regarding medically assisted reproduction (MAR), Article L. 2141-2 of the Public Health Code makes it available to couples consisting of a man and a woman, couples consisting of two women, and unmarried women. This definition is therefore based on the sex categories recorded in civil status documents. (Légifrance, Code de la santé publique, art. L. 2141-2)

It notably excludes access to MAR for the purpose of carrying a pregnancy themselves for people who were recorded as female at birth and have subsequently changed their registered sex while retaining the capacity to carry a pregnancy. In its decision No. 459000 of 22 March 2024, the Council of State confirmed that the legislature had intended to exclude this possibility. However, it considered that these provisions do not generally deprive such individuals of the possibility of becoming parents or of accessing MAR, when they are in a couple consisting of a man and a woman, under the other conditions laid down by law. (Conseil d'État, 2024, n° 459000)

According to Transat Asso, this situation illustrates the limitations of a framework governing reproduction and parentage that remains strongly structured around sex-based legal categories: a transgender man who has retained the capacity to carry a pregnancy may be physiologically able to do so, but cannot access MAR in order to carry that pregnancy himself after changing the sex recorded in his civil status documents. Transat Asso considers this difference in treatment to be discriminatory in relation to gender identity and access to reproductive rights. However, this assessment by the association must be distinguished from the legal conclusions reached by the courts: in its 2024 decision, the Council of State rejected the claims based, in particular, on the principle of equality and on Articles



8 and 14 of the European Convention on Human Rights. (Transat Asso, 2025; Conseil d'État, 2024, n° 459000)

More broadly, according to Transat Asso, current rules governing parentage and reproduction may fail to fully respect the gender identity of some transgender people and may lead to administrative and legal difficulties depending on their family circumstances, reproductive history and civil status. (Transat Asso, 2025)

### **3.1.5 Looking Ahead**

Despite the progress achieved, several challenges remain. Changing the sex recorded in civil status documents remains a judicial procedure before the judicial court, and French civil status law currently makes no provision for a non-binary or neutral sex designation. Although the current procedure no longer requires medical treatment, surgery or sterilisation, it is not based exclusively on self-determination and still involves providing evidence to demonstrate the social reality of the gender for which recognition is sought.

Issues relating to parentage and reproduction also remain governed by sex-based legal categories, which may create complex situations for some transgender people, particularly when their legal identity, reproductive capacity or family circumstances do not correspond to the categories traditionally recognised by law.

In healthcare, the recommendations published by the French National Authority for Health in July 2025 represent an important development towards harmonising practices, respecting self-determination and better structuring care pathways. However, their effective and consistent implementation across the country remains a challenge, in a context where the HAS continues to identify significant inequalities in access to healthcare, as well as risks of difficulties in navigating care pathways, foregoing care and self-medication. (HAS, 2025)

According to Transat Asso, improving access to rights and healthcare also requires better training for professionals, shorter waiting times and reduced regional disparities, recognition of pathways outside institutional systems, and further research that gives greater consideration to the experiences, needs and knowledge of transgender people directly concerned. (Transat Asso, 2025)



The continued adaptation of legal, administrative and healthcare frameworks therefore remains essential to ensuring effective equality in access to rights and healthcare, and to better recognising self-determination and the diversity of transgender people's experiences.



## 3.2 The Legal Rights of Transgender People in Romania

Prepared by **Gamma Genesis Labs SRL**

Authors:

**Diana Laura Ciubotaru** – psychotherapist princ., trainer

**Raluca Ferchiu** – psychotherapist spec., trainer

### 3.2.1 Legal Gender Recognition

In Romania, transgender people continue to face a legal gender recognition procedure whose requirements are not explicitly and uniformly defined by law. Although certain courts have required surgery in the past, recent case law no longer imposes this condition (ECRI, 2025). In 2024, a judgment of the Court of Justice of the European Union also strengthened the obligation to recognise gender identity legally acquired in another Member State (Reuters, 2024).

### 3.2.2 Anti-Discrimination Protections

Socially, transgender people in Romania face widespread stigma and discrimination, which can lead to significant mental health challenges. A study found that transgender and gender-diverse people in Romania experience high levels of discrimination and associated dysphoria, while gender-affirming resources are limited (Lelutiu-Weinberger et al., 2023).

Romania's anti-discrimination legislation, introduced in 2000, prohibits discrimination on various grounds, including sexual orientation. However, gender identity is not explicitly mentioned, leaving transgender people without comprehensive legal protection against discrimination in areas such as employment, healthcare and education. Organisations such as ACCEPT continue to advocate legislative reform to include gender identity as a protected ground, with the aim of strengthening legal safeguards and promoting equality for transgender people in Romania.

Despite these efforts, substantial progress is needed to ensure equal rights and access to appropriate healthcare for transgender individuals in Romania.



### 3.2.3 Healthcare Access

In Romania, transgender people face significant barriers to accessing appropriate healthcare. At the European level, a 2020 survey by the European Union Agency for Fundamental Rights (FRA), cited by the Council of Europe in 2023, found that 34% of transgender respondents had experienced discrimination in healthcare settings (SOGI Newsroom, Council of Europe, 2023). In addition, a 2017 study conducted in Romania highlighted the importance of training mental health professionals in LGBT-affirmative practice. A pilot training programme involving 54 professionals in Bucharest reported improvements in participants' knowledge, attitudes and perceived clinical skills (Lelutiu-Weinberger & Pachankis, 2017). Initiatives aimed at addressing these issues include training mental health professionals in LGBT-affirmative practice and the work of organisations such as ACCEPT, which advocate for transgender rights and provide support services (Rutgers School of Nursing, 2020).

### 3.2.4 Legal Precedents

In recent years, Romania has seen important legal developments concerning transgender people's rights. One notable case is **X and Y v. Romania**, in which the European Court of Human Rights (ECtHR) ruled that requiring transgender people to undergo gender-affirming surgery as a prerequisite for legal gender recognition violates Article 8 of the European Convention on Human Rights, which protects respect for private and family life. The Court stressed that this requirement creates an "impossible dilemma", forcing individuals to choose between their physical integrity and legal recognition of their gender identity (CEDH, 2021).



### 3.3. The Legal Rights of Transgender People in Italy

Prepared by **Nexus**

Author: **Ariadne Mikou** – independent dance and performing arts researcher and educator

#### 3.3.1 Legal Gender Recognition

In Italy, Law No. 164 of 1982 regulates the change of legal gender markers in civil registries, known as *rettificazione anagrafica* (gender marker rectification). While there is national legislation governing this process, Italy still lacks a comprehensive legal framework covering all aspects of the legal status of transgender people. (Repubblica Italiana, 1982)

The gender marker change takes place through a judicial procedure that evaluates the person's journey, which may include reviewing medical and psychotherapeutic documentation (Repubblica Italiana, 2011). As clarified by the Constitutional Court in Ruling No. 221/2015, undergoing gender-affirming surgery is not a mandatory requirement to obtain legal recognition (Corte costituzionale italiana, 2015). Furthermore, Ruling No. 143/2024 eliminated the need for a separate court authorisation for surgery when the court considers the physical changes that have already occurred sufficient to grant the request (Corte costituzionale italiana, 2024b).

The procedure requires legal representation by a lawyer. Those who meet the eligible criteria can access state-funded legal aid ("patrocinio a spese dello Stato"). Once approved, the rectification allows individuals to update both their gender marker and name in official records and documents (Repubblica Italiana, 2011).

However, a major limitation remains for non-binary individuals: while Ruling No. 143/2024 acknowledged the importance of the issue, it did not introduce a third gender category, stating that legislative action is required (Corte costituzionale italiana, 2024b).

The gender marker change also impacts family status. For married individuals, it leads to the dissolution of the marriage; however, if both spouses wish to remain legally united, the relationship can be converted into a civil union. For couples



already in a civil union, Ruling No. 66/2024 established temporary legal protection when both partners declare to the judge their intention to marry, allowing a smooth transition to marriage without losing couple protections in the interim. These options are subject to the specific conditions established by law (Repubblica Italiana, 1982; Corte costituzionale italiana, 2024a).

### **3.3.2 Anti-discrimination protections**

Article 3 of the Italian Constitution establishes the principles of equality and equal social dignity. Furthermore, the protection of personal identity is grounded in Article 2. Together, these principles support the right of transgender individuals to have their identity respected (Senato della Repubblica Italiana, n.d.). In Ruling No. 161/1985, the Constitutional Court also linked this recognition to the duty of social solidarity, emphasizing society's collective responsibility toward the individual (Corte costituzionale italiana, 1985).

### **3.3.3 Healthcare access**

In September 2020, the Italian Medicines Agency (AIFA) made certain medications used in gender-affirming hormone therapy available through the National Health Service. Coverage is subject to conditions set by AIFA, including a diagnosis of gender dysphoria or gender incongruence issued by a specialised multidisciplinary team (Gazzetta Ufficiale della Repubblica Italiana, 2020).

However, national coverage does not guarantee uniform access: the availability of specialised centres and healthcare professionals varies across regions, often requiring individuals to travel to receive care. Barriers therefore also relate to the organisation and practical accessibility of these services.

Furthermore, the diagnostic requirement highlights a central issue in the journey of trans people: the balance between the conditions required to access care and respect for self-determination. This issue concerns not only healthcare procedures, but also how a person's lived experience is acknowledged and listened to.

### **3.3.4 Legal precedents**

Law No. 164 of 1982 marked a fundamental milestone for the legal gender recognition of transgender people in Italy (Repubblica Italiana, 1982). Subsequent rulings by the Constitutional Court further defined the conditions for this



recognition and the protection of personal identity, placing greater emphasis on the individual's personal journey and well-being, and clarifying that undergoing surgery is not a mandatory requirement for gender marker rectification (Corte costituzionale italiana, 1985, 2015, 2024b).



## 3.4 The Legal Rights of Transgender People in Serbia

Prepared by **BAZAART** and **Da se zna! Citizens' Association**

Authors:

**Matija Stefanović** – activist

**Bojan Lazić** – activist

### 3.4.1 Legal Gender Recognition

In Serbia, a legal transition of transgender persons has been possible without the operation of genitalia since 2019. Until then, the medical transition was a condition for legal transition, and even now it is not completely separated from it.

Change of the gender marker and the ID number is possible after a minimum of one year of monitored, legal hormone therapy. Firstly, it is necessary to receive certificates from a psychiatrist and endocrinologist. Then a health institution in which the endocrinologist works sends the filled form to the municipal/city administration, i.e. the registrar, by which this legal process begins. In theory, the change of name is separated from these two procedures, but in practice, persons who still do not have a gender marker and ID number changed, often encounter difficulties in the process of officially taking a name which "does not match" the gender marker in their documents.

Once a person changes the gender marker and ID number, the law regards them identically to a person who has always had that marker. This means that after changing documents, trans persons can enter a (traditional heterosexual) marriage and adopt children, while homosexual couples in Serbia still can't. Non-binary people in Serbia, however, are not recognised by law.

### 3.4.2 Anti-discriminatory protection

In Serbia, transgender people are formally protected by the Law on the Prohibition of Discrimination, which expressly recognises trans people, and by the Criminal Code, but the application of these provisions remains very limited in practice. Under Article 54a of the Criminal Code, a perpetrator may receive a heavier sentence where an offence was motivated by hatred based on another person's sexual orientation or gender identity. However, Article 54a has been applied only a



few times in more than ten years, and only once where the motive was hatred towards queer people. The association Da se zna! documents dozens of cases of violence and discrimination against transgender people each year, often among the most serious and brutal cases (Da se zna! Association of Citizens, n.d.).

### **3.4.3 Access to trans-specific health care**

In Serbia, there is a relatively organised system of medical transition (compared to other countries in the region). In the state health institutions and through health insurance, the citizens of Serbia can get psychiatric examinations, hormonal testosterone therapy, and co-financing of individual surgical procedures within gender adjustment surgeries. Some other adjustment surgeries, however, are not supported by health insurance (for example, phalloplasty, breast liposuction, Adam's apple surgery etc.). Also, not all hormonal products used by trans women and trans-feminine persons can be obtained this way, nor can they be purchased legally in Serbian pharmacies, which is why they are very expensive on the black market. All of this, of course, makes the life of economically deprived transgender people, who are already endangered, extremely difficult.

In Serbia, transgender identity continues to be classified under code F64 and treated as a mental illness, whereas ICD-11, adopted by the World Health Assembly in 2019, reclassified gender incongruence outside the chapter on mental and behavioural disorders, placing it under conditions related to sexual health (WHO, 2019).

The essential problem is the lack of a law on gender identity and the rights of intersex persons, which should fully separate the legal transition from the medical, on the basis of self-determination, enabling the legal recognition of gender identity without any "diagnoses" and medical procedures. In addition, this law would protect transgender persons in other aspects and improve and facilitate the process of their medical, legal, and social transition. There are unofficial proposals for this law, such as the one prepared by the Geten organisation, but it has never entered any official procedure.



## 3.5 The Legal Rights of Transgender People in Spain

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### 3.5.1 Legal Gender Recognition

Transgender people in Spain have historically faced discrimination, marginalisation, and legal persecution. During the Francoist dictatorship, laws such as the *Ley de Vagos y Maleantes* (amended in 1954) and the *Ley de Peligrosidad y Rehabilitación Social* (1970) were used to repress homosexuality and gender-nonconforming expressions (Mora Gaspar, 2019). As a result, transgender individuals were often subjected to police harassment, imprisonment, and forced medical treatments. Even after Spain's transition to democracy, transgender rights remained largely unrecognised, and access to gender-affirming healthcare and legal recognition was severely restricted. It was not until the late 20th and early 21st centuries that advocacy groups and social movements began to gain visibility, demanding equal rights for transgender individuals.

### 3.5.2 Anti-Discrimination Protections

Significant progress in transgender rights was made in the early 2000s with the adoption of legislative reforms aimed at recognising gender identity. The approval of *Law 3/2007 on Gender Identity* allowed transgender people to legally change their gender marker without undergoing gender-affirming surgery, although medical and psychiatric evaluations were still required (BOE, 2007). This was a major step towards self-determination but did not fully eliminate bureaucratic and medical barriers. Activist organisations continued to push for further reforms, arguing that requiring medical diagnoses reinforced the pathologisation of transgender identities and violated human rights.

### 3.5.3 Healthcare Access

A landmark advancement came with the approval of *Law 4/2023* on February 28, which aimed to guarantee real and effective equality for transgender individuals and the broader LGBTQI+ community (BOE, 2023). This law allows Spanish



nationals aged 16 or over to apply independently to change their gender marker in official documents based on self-identification, without requiring medical reports or psychological evaluations. Additionally, it introduces anti-discrimination measures in education, healthcare, and the workplace, ensuring that transgender individuals have access to gender-affirming services and legal protections. These changes align with broader European Union policies, such as the *"LGBTIQ+ Equality Strategy 2020–2025"* (European Commission, 2020), which seeks to standardise protections for LGBTQI+ people across member states.

#### **3.5.4 Legal Precedents**

Despite these advancements, challenges persist in the full inclusion of transgender individuals in Spanish society. Workplace discrimination remains a critical issue, as highlighted by a study from the Spanish Federation of Lesbians, Gays, Transgender, and Bisexuals (FELGTBI+), which found that 42% of transgender individuals have faced workplace discrimination, with the number rising to 77% among transgender women (FELGTBI+, 2022). Additionally, hate crimes against transgender people remain a pressing concern, necessitating stronger enforcement of anti-discrimination laws and awareness campaigns. Moving forward, Spain must continue implementing policies that not only protect legal rights but also foster cultural and social acceptance of transgender individuals, ensuring their full participation in all aspects of society.



## CONCLUSION

The **Scientific Literature Review** provided in this document highlights the complexities of transgender experiences, particularly in the areas of **gender transition, legal recognition, healthcare access, and social inclusion**. While progress has been made in recognising transgender identities and ensuring greater legal protections, significant **barriers and discrimination** persist, particularly in countries where legal frameworks remain restrictive. The **relationship between mind and body** during the transition, as well as the psychological and emotional challenges transgender individuals face, underscore the **importance of access to gender-affirming care and inclusive policies**.

Legal precedents in European countries show a growing recognition of **transgender rights**, yet **inconsistencies in healthcare, anti-discrimination protections, and legal gender recognition** continue to pose challenges. Social stigma and exclusion remain obstacles that must be addressed through **policy reforms, education, and increased visibility of transgender voices** in decision-making processes.

Moving forward, fostering **inclusive environments** in all spheres of life—**cultural, educational, professional, and healthcare settings**—is essential. The findings presented in this document emphasise the need for **holistic, intersectional, and human rights-based approaches** to transgender inclusion, ensuring that all individuals can live with **dignity, respect, and equality**.



## Bibliography

Amnesty International. (2014). The State Decides Who I Am: Lack of Legal Gender Recognition for Transgender People in Europe. Index EUR 01/001/2014.

Link: <https://www.amnesty.org/en/documents/EUR01/001/2014/en/>

Amnesty International. (n.d.). LGBTI Rights. Amnesty International.

Link: <https://www.amnesty.org/en/what-we-do/discrimination/lgbti-rights/>

Boletín Oficial del Estado (BOE). (2007). Ley 3/2007, de 15 de marzo, reguladora de la rectificación registral de la mención relativa al sexo de las personas.

Link: <https://www.boe.es/eli/es/l/2007/03/15/3>

Boletín Oficial del Estado (BOE). (2023). Ley 4/2023, de 28 de febrero, para la igualdad real y efectiva de las personas trans y para la garantía de los derechos de las personas LGTBI.

Link: <https://www.boe.es/eli/es/l/2023/02/28/4>

Boletín Oficial del Estado (BOE). (2024). Real Decreto 1026/2024, de 8 de octubre, por el que se desarrolla el conjunto planificado de las medidas para la igualdad y no discriminación de las personas LGTBI en las empresas.

Link: <https://www.boe.es/eli/es/rd/2024/10/08/1026>

Bullough, Vern L. (2000). 'Transgenderism and the Concept of Gender', The International Journal of Transgenderism, 4(3), July–September 2000.

Caldwell, Christine. (2019). 'Grace and Grit: A Meditation on Dance Movement Therapy's Locations and Aspirations: Marian Chace Foundation Lecture 2018', American Journal of Dance Therapy, 41(2), pp. 158–169.

DOI: <https://doi.org/10.1007/s10465-019-09314-6>

Collaborative for Academic, Social, and Emotional Learning (CASEL). (2013). CASEL Guide: Effective Social and Emotional Learning Programs, Preschool and Elementary School Edition. Chicago, IL.

Collaborative for Academic, Social, and Emotional Learning (CASEL). (2017). CASEL Guide: Identifying K–12 Standards for SEL in All 50 States.



Conseil d'État. (2024). Decision No. 459000 of 22 March 2024.  
ECLI:FR:CECHR:2024:459000.20240322.

Link: <https://www.conseil-etat.fr/fr/arianeweb/CE/decision/2024-03-22/459000>

Corte costituzionale italiana. (1985). Sentenza n. 161 del 24 maggio 1985.  
ECLI:IT:COST:1985:161.

Link: <https://www.cortecostituzionale.it/scheda-pronuncia/1985/161>

Corte costituzionale italiana. (2015). Sentenza n. 221 del 5 novembre 2015.  
ECLI:IT:COST:2015:221.

Link: <https://www.cortecostituzionale.it/scheda-pronuncia/2015/221>

Corte costituzionale italiana. (2024a). Sentenza n. 66 del 22 aprile 2024.  
ECLI:IT:COST:2024:66.

Link: <https://www.cortecostituzionale.it/scheda-pronuncia/2024/66>

Corte costituzionale italiana. (2024b). Sentenza n. 143 del 23 luglio 2024.  
ECLI:IT:COST:2024:143.

Link: <https://www.cortecostituzionale.it/scheda-pronuncia/2024/143>

Cour d'appel de Toulouse. (2022). Press release of 9 February 2022.

Link:  
<https://www.cours-appel.justice.fr/toulouse/communiqu-e-de-presse-du-9-fevrier-2022>

Cour de cassation. (2017). First Civil Chamber, 4 May 2017, Appeal No. 16-17.189.  
ECLI:FR:CCASS:2017:C100531.

Link: <https://www.courdecassation.fr/decision/5fd904ea412c169c70f3f7f3>

Cour de cassation. (2020). First Civil Chamber, 16 September 2020, Appeal No. 18-50.080. ECLI:FR:CCASS:2020:C100519.

Link: <https://www.courdecassation.fr/decision/5fca35855aecfb4efa770d5c>

Da se zna! Association of Citizens. (n.d.). Association focused on mapping and documenting the illegal treatment of LGBT+ people in the Republic of Serbia.

Link: <https://dasezna.lgbt/en/about-us/>



Devor, Holly. (1998). 'Becoming Members of Society: Learning the Social Meanings of Gender', in Gary Colombo, Robert Cullen & Bonnie Lisle (eds.), *Rereading America: Cultural Contexts for Critical Thinking and Writing*, 4th ed., pp. 244–253. Boston: Bedford Books.

Dreger, Alice Domurat. (1998). *Hermaphrodites and the Medical Invention of Sex*. Cambridge, MA: Harvard University Press.

Link: <https://www.jstor.org/stable/j.ctvjsf700>

EuroHealthNet Magazine. (2024). Max Sasha T. 'Health without Walls: Building Trans-Inclusive Healthcare', Issue No. 23, 18 June 2024.

Link: <https://eurohealthnet-magazine.eu/health-without-walls-building-trans-inclusive-healthcare/>

European Commission. (2020). *Union of Equality: LGBTIQ Equality Strategy 2020–2025*.

Link: [https://commission.europa.eu/publications/lgbtiq-equality-strategy-2020-2025\\_en](https://commission.europa.eu/publications/lgbtiq-equality-strategy-2020-2025_en)

European Commission against Racism and Intolerance (ECRI). (2025). *Sixth Report on Romania*, adopted on 2 July 2025 and published on 30 October 2025. Council of Europe.

Link: <https://rm.coe.int/sixieme-rapport-sur-la-roumanie/4880291ae6>

European Court of Human Rights (CEDH). (1992). *B. v. France*, Application No. 13343/87, judgment of 25 March 1992.

Link: <https://hudoc.echr.coe.int/eng?i=001-57770>

European Court of Human Rights (CEDH). (2017). *A.P., Garçon and Nicot v. France*, Applications Nos. 79885/12, 52471/13 and 52596/13, judgment of 6 April 2017.

Link: <https://hudoc.echr.coe.int/eng?i=001-172913>

European Court of Human Rights (CEDH). (2021). *X and Y v. Romania*, Applications Nos. 2145/16 and 20607/16, judgment of 19 January 2021.

Link: <https://hudoc.echr.coe.int/eng?i=001-207364>



European Union Agency for Fundamental Rights (FRA). (2014). Being Trans in the EU – Comparative Analysis of the EU LGBT Survey Data. Luxembourg: Publications Office of the European Union.

Link:

<https://fra.europa.eu/en/publication/2014/being-trans-eu-comparative-analysis-eu-lgbt-survey-data>

FELGTBI+. (2022). Argumentario Ley Trans y LGTBI. Federación Estatal de Lesbianas, Gais, Trans, Bisexuales, Intersexuales y más.

Link:

[https://felgtbi.org/wp-content/uploads/2022/10/Argumentario-Ley-Trans-y-LGTBI\\_FELGTBI.pdf](https://felgtbi.org/wp-content/uploads/2022/10/Argumentario-Ley-Trans-y-LGTBI_FELGTBI.pdf)

García Nieto, Isidro & Rodríguez Manzaneque, María. (2021). Guía para el acompañamiento de personas trans jóvenes en los espacios de educación no formal. Madrid: FELGTB.

Gazzetta Ufficiale della Repubblica Italiana. (2020). Serie Generale n. 242, 30 settembre 2020. Decisions of the Italian Medicines Agency (Agenzia Italiana del Farmaco) concerning hormonal treatments used in gender transition pathways.

General link: <https://www.gazzettaufficiale.it/eli/gu/2020/09/30/242/sg/pdf>

Feminisation: <https://www.gazzettaufficiale.it/eli/id/2020/09/30/20A05245/SG>

Masculinisation: <https://www.gazzettaufficiale.it/eli/id/2020/09/30/20A05244/SG>

Haute Autorité de santé (HAS). (2009). Situation actuelle et perspectives d'évolution de la prise en charge du transsexualisme. Service Évaluation des actes professionnels, November 2009.

Link:

[https://www.has-sante.fr/upload/docs/application/pdf/2009-12/rapport\\_transsexualisme.pdf](https://www.has-sante.fr/upload/docs/application/pdf/2009-12/rapport_transsexualisme.pdf)

Haute Autorité de santé (HAS). (2025). Transidentité : prise en charge de l'adulte. Good practice recommendations, adopted by the Board of the Haute Autorité de santé on 17 July 2025.

Link:

[https://www.has-sante.fr/jcms/p\\_3636735/fr/transidentite-prise-en-charge-de-l-adulte](https://www.has-sante.fr/jcms/p_3636735/fr/transidentite-prise-en-charge-de-l-adulte)



Hill, Darryl B. (2002). 'Genderism, Transphobia, and Gender-Bashing: A Framework for Interpreting Anti-Transgender Violence', in Barbara C. Wallace & Robert T. Carter (eds.), *Understanding and Dealing with Violence: A Multicultural Approach*, pp. 113–136. SAGE Publications.

DOI: <https://doi.org/10.4135/9781452231723.n4>

Hines, Sally. (2007). *Transforming Gender. Transgender Practices of Identity, Intimacy and Care*. The Policy Press, Bristol, UK.

Hines, Sally & Sanger, Tam (eds.). (2010). *Transgender Identities: Towards a Social Analysis of Gender Diversity*. Routledge.

Publisher:

<https://www.routledge.com/Transgender-Identities-Towards-a-Social-Analysis-of-Gender-Diversity/Hines-Sanger/p/book/9780203856147>

Idogho, Joseph Agofure. (2013). 'Drama/Theatre in Education and Theatre as an Academic Discipline: A Question of Nomenclature, Techniques and Effects', *AFRREV IJAH: An International Journal of Arts and Humanities*, 2(3), pp. 228–248.

Link: <https://www.ajol.info/index.php/ijah/article/view/106480>

Institute of Medicine of the National Academies. (2011). *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. The National Academies Press, Washington, DC.

Link: <https://www.nationalacademies.org/read/13128>

Integral-Mente. (2024). *Inclusión de personas trans*. 27 June 2024.

Link: <https://integral-mente.com/inclusion-de-personas-trans-2/>

Internacional Joven. (2013). *Inclusion Art*. E-book Inclusion Art Project.

Link:

[https://ec.europa.eu/programmes/erasmus-plus/project-result-content/10525f38-84b3-4866-b5b3-2dc8ce857f17/InclusionArt\\_eBook\\_EN.pdf](https://ec.europa.eu/programmes/erasmus-plus/project-result-content/10525f38-84b3-4866-b5b3-2dc8ce857f17/InclusionArt_eBook_EN.pdf)

Jackson, A. (2011). 'Participatory Forms of Educational Theatre', in Schonmann, S. (ed.), *Key Concepts in Theatre/Drama Education*, pp. 235–240. Sense Publishers, Rotterdam.

DOI: [https://doi.org/10.1007/978-94-6091-332-7\\_38](https://doi.org/10.1007/978-94-6091-332-7_38)



Karsay, Dodo. (2021). Trans & Poverty: Poverty and Economic Insecurity in Trans Communities in the EU. TGEU.

Link: <https://tgeu.org/trans-and-poverty-report-on-economic-insecurity/>

Kovačević, D. (2012). Interkulturalno učenje. Priručnik za interkulturalno učenje kroz dramu. BAZAART, Belgrade.

Link:

[https://bazaart.org.rs/wp-content/uploads/2012/04/Prirucnik\\_za\\_interkulturalno\\_ucenje\\_kroz\\_dramu.pdf](https://bazaart.org.rs/wp-content/uploads/2012/04/Prirucnik_za_interkulturalno_ucenje_kroz_dramu.pdf)

Légifrance. French Civil Code (Code civil), Article 60 – Change of first name.

Link: [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000054527338](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000054527338)

Légifrance. French Civil Code (Code civil), Articles 61-5 to 61-8 – Changes to the sex designation in civil status records.

Link: <https://www.legifrance.gouv.fr/codes/id/LEGISCTA000033437635>

Légifrance. French Civil Code (Code civil), Article 311-25 – Establishment of maternal parentage.

Link: [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000006424931](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000006424931)

Légifrance. French Criminal Code (Code pénal), Article 225-1 – Discrimination.

Link: [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000045391831](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000045391831)

Légifrance. French Public Health Code (Code de la santé publique), Article L. 2141-2 – Medically assisted reproduction.

Link: [https://www.legifrance.gouv.fr/codes/article\\_lc/LEGIARTI000043895365](https://www.legifrance.gouv.fr/codes/article_lc/LEGIARTI000043895365)

Légifrance. (2010). Decree No. 2010-125 of 8 February 2010 amending the annex referred to in Article D. 322-1 of the French Social Security Code concerning the medical criteria used to define the long-term condition category 'long-term psychiatric conditions'.

Link: <https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000021801916/>

Légifrance. (2012). Law No. 2012-954 of 6 August 2012 concerning sexual harassment.

Link: <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000026263463>



Légifrance. (2016). Law No. 2016-1547 of 18 November 2016 on the modernisation of justice in the 21st century.

Link: <https://www.legifrance.gouv.fr/loda/id/JORFTEXT000033418805>

Lelutiu-Weinberger, Corina & Pachankis, John E. (2017). 'Acceptability and Preliminary Efficacy of a Lesbian, Gay, Bisexual, and Transgender-Affirmative Mental Health Practice Training in a Highly Stigmatizing National Context', *LGBT Health*, 4(5), pp. 360–370.

DOI: <https://doi.org/10.1089/lgbt.2016.0194>

Lelutiu-Weinberger, C., Pachankis, J. E., Filimon, M., Dogaru, B., Braila, P., Ichim, S., Pana, E. & Pruneau, C. (2023). 'A First Intervention to Support the Mental Health of Transgender Individuals in Eastern Europe', *European Journal of Public Health*, 33(Supplement 2), ckad160.756.

DOI: <https://doi.org/10.1093/eurpub/ckad160.756>

Le Roux, M., Kathard, H. & Lorenzo, T. (2021). 'Creating Inclusive Performing Arts Practices for Development of Youth with Disabilities: A Critical Ethnographic Study', *African Journal of Disability*, 10, a753.

DOI: <https://doi.org/10.4102/ajod.v10i0.753>

Lockowandt, Mara. (2013). *Inclusion Through Art: An Organisational Guideline to Using the Participatory Arts with Young Refugees and Asylum Seekers*. Refugee Support Network.

Lowen, Alexander. (1958). *The Language of the Body*, p. 87. Collier Books, Macmillan Publishing Company, New York.

Lowen, Alexander. (1976). *Bioenergetics: The Revolutionary Therapy That Uses the Language of the Body to Heal the Problems of the Mind*, p. 196. Penguin Books, New York.

MacNeill, K., Coles, A. & Vincent, J. B. (2018). *Promoting Gender Equality Through the Arts and Creative Industries: A Review of Case Studies and Evidence*. With A. Kokkinos & M. Robertson. VicHealth.

Martin, James I. & Yonkin, D. R. (2006). 'Transgender Identity', in Deana F. Morrow & Lori Messinger (eds.), *Sexual Orientation and Gender Expression in Social Work Practice: Working with Gay, Lesbian, Bisexual, and Transgender People*, pp. 105–128. Columbia University Press.



<https://www.jstor.org/stable/10.7312/morr12728.9>

Mas Grau, Jordi & Cáceres-Feria, Rafael. (2026). 'Migration, Repression and Homosexual Sociability in Francoist Spain: An Analysis of the Case Files of the Special Courts of Barcelona (1965–1975)', *Gender & History*, 38(2), pp. 672–679.

DOI: <https://doi.org/10.1111/1468-0424.70004>

Mora Gaspar, Víctor. (2019). « Ciencia, política y sexo. La homosexualidad durante el franquismo según sus textos ». *La manzana de la discordia*, 14(1), p. 37–49.

DOI : <https://doi.org/10.25100/lamanzanadeladiscordia.v14i1.8303>

Pierrakos, Eva Broch. (1964/1996). *Liberation and Peace by Overcoming Fear of the Unknown*. Pathwork Guide Lecture No. 123, 3 April 1964. 1996 edition. The Pathwork Foundation.

Link: <https://pathwork.org/wp-content/uploads/lectures/pdf/E123.PDF>

Pratiwi, S. R., Sukmayadi, Y. & Nugraheni, T. (2023). 'Art Learning for Children as a Social Emotional Learning Program', *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 7(5), pp. 5883–5894.

DOI: <https://doi.org/10.31004/obsesi.v7i5.5227>

Publow, P. (2021). 'A New Era of Dance: Gender Identity and Representation Within the Dance World', *GBC College English—Lemonade*.

Link:

<https://medium.com/gbc-college-english-lemonade/a-new-era-of-dance-8ca3b2f0c3d>

Reich, Wilhelm. (1933). *Charakteranalyse: Technik und Grundlagen für Studierende und praktizierende Analytiker*. Im Selbstverlage des Verfassers.

Reich, Wilhelm. (1973). *The Function of the Orgasm: Sex-Economic Problems of Biological Energy*, p. 336. Farrar, Straus and Giroux, New York.

Repubblica Italiana. (1982). Legge 14 aprile 1982, n. 164 – Norme in materia di rettificazione di attribuzione di sesso. *Gazzetta Ufficiale*, No. 106, 19 April 1982.

Link:

<https://www.normattiva.it/atto/caricaDettaglioAtto?atto.codiceRedazionale=082U0164&atto.dataPubblicazioneGazzetta=1982-04-19>



Repubblica Italiana. (2011). Decreto legislativo 1° settembre 2011, n. 150, articolo 31 – Delle controversie in materia di rettificazione di attribuzione di sesso, as currently in force.

Link:

<https://www.normattiva.it/atto/caricaDettaglioAtto?atto.codiceRedazionale=011G0192&atto.dataPubblicazioneGazzetta=2011-09-21>

Reuters. (2024). 'Romania Infringed on Transgender Man's Rights, EU's Top Court Rules.'

Link:

<https://www.reuters.com/world/europe/romania-infringed-transgender-mans-rights-eus-top-court-rules-2024-10-05/>

Rutgers School of Nursing. (2020). Reducing Stigma, Improving Health in Romania.

Link:

<https://nursing.rutgers.edu/nursing-magazine/reducing-stigma-improving-health-in-romania/>

Senato della Repubblica Italiana. (n.d.). Costituzione della Repubblica Italiana, Articles 2 and 3.

Links:

<https://www.senato.it/istituzione/la-costituzione/principi-fondamentali/articolo-2>

<https://www.senato.it/istituzione/la-costituzione/principi-fondamentali/articolo-3>

Sheridan, Vanessa. (2009). The Complete Guide to Transgender in the Workplace. Praeger.

Link:

<https://www.bloomsbury.com/us/complete-guide-to-transgender-in-the-workplace-9780313365843/>

SOGI Newsroom, Council of Europe. (2023). 'New Report Highlights Inadequate Healthcare Access for LGBTI People and Recommends Solutions.'

Link:

<https://www.coe.int/en/web/sogi/-/new-report-highlights-inadequate-healthcare-access-for-lgbti-people-and-recommends-solutions-1>



Subramaniam, Maithreyi. (2023). 'Social Emotional Learning (SEL) through the Arts Education: A Review of Research Literature', *Journal on Educational Psychology*, 16(4), pp. 60–71.

DOI: <https://doi.org/10.26634/jpsy.16.4.19223>

TGEU. (n.d.-a). Trans Murder Monitoring.

Link: <https://transmurdermonitoring.tgeu.org/en/>

TGEU. (n.d.-b). Youth and Families.

Link: <https://tgeu.org/topics/trans-youth-family/>

Transat Asso. (2021). Comprendre les transidentités. Un guide à l'usage des personnes cis – Understanding Transgender Identities. A Guide for Cisgender People.

Link: <https://transat-asso.fr/ressources/comprendre-les-transidentites/>

Transat Asso. (2025). Contribution to the review and further development of the TRANScenDANCE Scientific Literature Review: terminological suggestions, conceptual clarifications and editorial contributions. Unpublished contribution produced within the framework of the TRANScenDANCE project.

What We Know Project, Cornell University – The Public Policy Research Portal. (2018). What Does the Scholarly Research Say about the Effect of Gender Transition on Transgender Well-Being? Online literature review.

Link:

<https://whatweknow.inequality.cornell.edu/topics/lgbt-equality/what-does-the-scholarly-research-say-about-the-well-being-of-transgender-people/>

Woodhead, D. (2023). 'Stage Magic: Empowering Inclusion Through Art', RSA.

Link:

<https://www.thersa.org/comment/2023/12/stage-magic-empowering-inclusion-through-art>

World Health Organization (WHO). (2019). International Classification of Diseases, Eleventh Revision (ICD-11).

Link: <https://icd.who.int/en>



Yurinova, Nadya. (2023). Trans Media Guide: A Community-informed, Inclusive Guide for Journalists, Editors & Content Creators. TGEU.

Link: <https://tgeu.org/trans-media-guide-for-journalists-and-editors/>



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