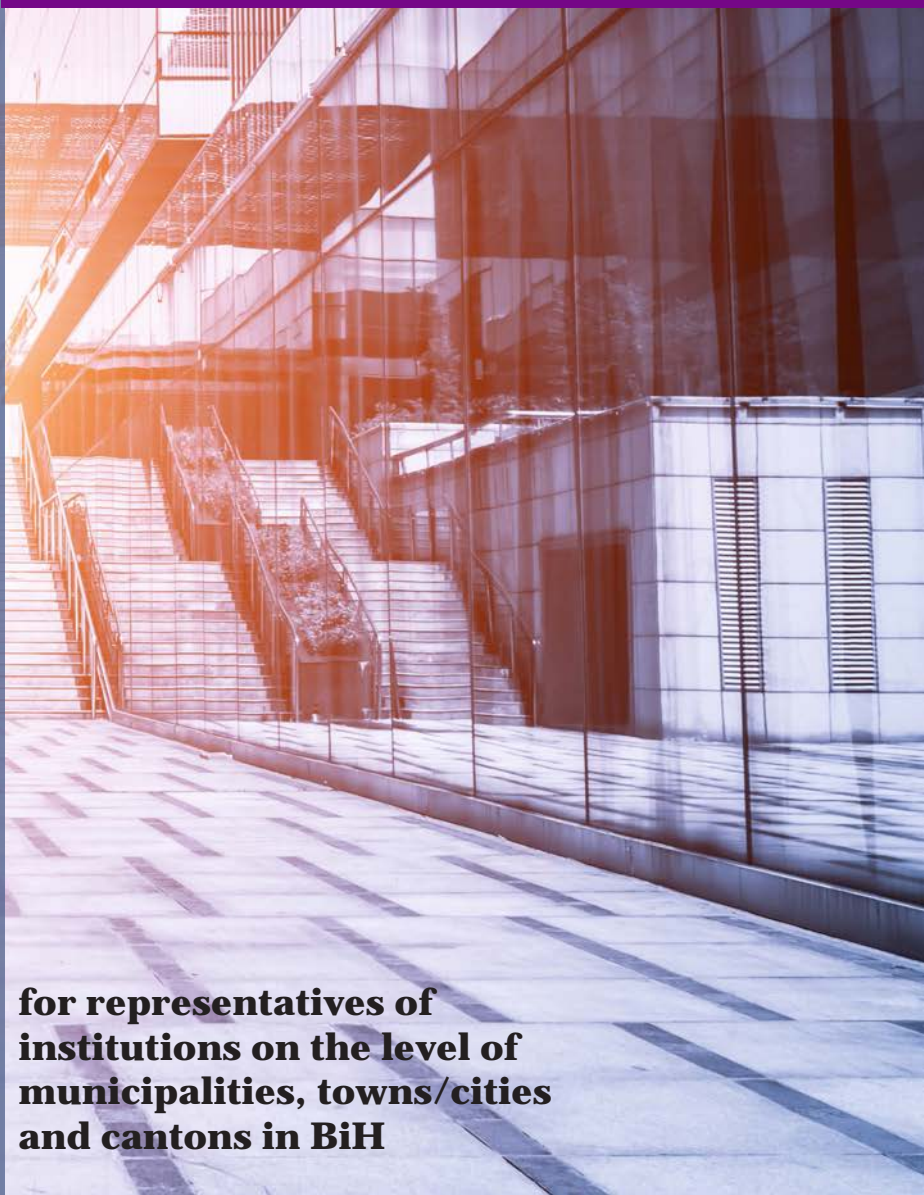


# TOWARDS RESPONSIBLE AND PROFESSIONAL TREATMENT OF LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX PERSONS

## A guide

**for representatives of  
institutions on the level of  
municipalities, towns/cities  
and cantons in BiH**



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of municipalities, towns/cities and cantons in BiH

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Authors:	Dajana Cvjetković (all chapters not ascribed to the second author Vladana Vasić (chapter: Prosecutor's Offices)
Editing:	Saša Gavrić
Proofreading of B/C/S version:	Šejla Hukara
Copy editing of B/C/S version:	Sandra Zlotrg
Translation to English:	Context o.d.
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# INTRODUCTION

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Dear professionals,

If you have never had a professional encounter with lesbian, gay, bisexual, transgender or intersex (LGBTI) persons, then this guide is for you. Think about it! If, in your entire career, you have never dealt with an LGBTI person, could it be that you just failed to recognise one?

Consider this example. According to census results from 2013, about 80,000 citizens of the Federation of BiH do not belong to any of the three constituent peoples. They have professed to be members of national minorities, Bosnians and/or Herzegovinians, members of other ethnic identities, or simply refused to profess any ethnic affiliation. With this in mind, have you ever had a professional encounter with a Roma person, Jews, Albanians or Montenegrins? Or with people who are Catholics? Around 17,000 people in Sarajevo Canton stated they were Catholics during the census. Surely, you know members of these groups and communities. So how come you do not know any LGBTI persons, or know very few of them, when LGBTI people make up anywhere from 3 to 12 percent of the population in countries around the world. In Sarajevo Canton, 10 percent of the population amounts to more than 40,000 people – is it really possible that you have never had a single LGBTI person ask for your services?

It is possible. It is possible in a conservative, close-minded society that openly denounces different sexual orientations, gender identities or sexual characteristics and expertly sweeps domestic violence under the carpet in the name of honour and good reputation among neighbours and family members. It is this kind of society that continues to deny the existence of LGBTI persons.

Look around you in public transportation. You will perhaps see around 20 people. According to census results, 16 of them are probably Bosniaks, one person is a Croat or a Serb, while one to two people do not profess any ethnic affiliation. You know at least one person belonging to each of these categories, and yet you will completely disregard the fact that one to two people are members of the

LGBTI community. Of course, none of this matters when you use public transportation, nor should it matter. However, there are occasions, especially when it comes to the work of institutions – municipalities, cities/towns and cantons,<sup>1</sup> when sexual orientation, gender identity and sexual characteristics become very important. When developing public policies, programs, strategies, action plans, or providing services and carrying out their duties, these institutions should keep in mind that a significant number of people in our society are LGBTI persons who have specific needs and problems.

Dear professionals, integrating LGBTI persons in all spheres of public life and recognising their needs is very important if these citizens are to fully enjoy their indispensable, fundamental human rights. Their existence in our society should not be ignored, concealed behind the veil of tradition, hypocritical values and conservative attitudes that negate the needs of these persons. **Let us change Bosnia and Herzegovina together. Let us work in our municipalities, towns/cities and cantons to ensure equality of all citizens.**

We hope that this guide, that was created within the project establishing institutional network for LGBTI persons in Canton Sarajevo, implemented by Sarajevo Open Centre and supported by the USAID's Marginalized Populations Support Activity in Bosnia and Herzegovina, will contribute to this aim.

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1 This guide features numerous examples on the level of municipalities, towns/cities and Sarajevo Canton. This does not mean it should not or cannot be used in other units of local self-government and cantons around BiH.



# LIST OF ABBREVIATIONS

GEABiH	Gender Equality Agency of Bosnia and Herzegovina
BD	Brčko District of Bosnia and Herzegovina
BiH	Bosnia and Herzegovina
FBiH	Federation of Bosnia and Herzegovina
HIV	Human immunodeficiency virus
HVP	Human papillomavirus
SC	Sarajevo Canton
LGBT	Lesbian, gay, bisexual and transgender persons
LGBTI	Lesbian, gay, bisexual, transgender and intersex persons
LGBTIQ	Lesbian, gay, bisexual, trans*, intersex and queer persons
NDI	National Democratic Institute
RS	Republika Srpska
USA	United States of America
WHO	World Health Organisation

# 1. ALL YOU NEED TO KNOW

## ABOUT LGBTI PERSONS

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### 1.1. BASIC TERMINOLOGY

The initialisms LGBT or LGBTI are often used when publically mentioning or advocating for the human rights of persons whose sexual orientation, gender identity and/or sexual characteristics are different from those of the majority population. This chapter is dedicated to explaining basic terminology.

**SEXUAL ORIENTATION** is defined as a pattern of romantic and/or sexual attraction to other people. There are three main types of sexual orientation:

- *Homosexuality or same-sex orientation* – emotional and/or sexual attraction to persons of the same/sex;
- *Heterosexuality* – emotional and/or sexual attraction to persons of the opposite sex;
- *Bisexuality* – emotional and/or sexual attraction to persons of both sexes.

Homosexual persons are called **lesbians** (women), **gays or gay men**, while persons with a bisexual orientation are called **bisexual persons** (who can be both men and women).

#### **L – lesbians**

The letter L in the initialism LGBTI stands for lesbians, i.e. women who are sexually and/or emotionally attracted to other women. The word lesbian is derived from the name of the Greek island Lesbos, where poet Sappho wrote about female love in 7th century BCE, thus inspiring the use of the term. The word became widely used in late 19th century.

#### **G – gay men**

The letter G stands for gay men, i.e. men who are sexually and/

or emotionally attracted exclusively to other men. Although the word was originally used to mean happy or carefree, since the 1920's it has come to signify a homosexual. Sometimes, the word gay is used to describe elements of LGBT culture, such as: "gay parade", "gay bar" (which does not have to be a men's only place), "gay organisation" etc. However, nowadays the initialism LGBTI is used instead.

### **B – bisexual persons**

The letter B stands for bisexual persons, i.e. persons who are sexually and/or emotionally attracted to persons of both sexes, which means that a bisexual person can be either a man or a woman who is attracted to both men and women.

Unlike sexual behaviour, sexual orientation refers to one's emotions and a sense of self that may or may not be expressed through sexual behaviour of any kind. The World Health Organization (WHO) removed homosexuality from its list of diseases in 1990, while the United States of America removed homosexuality from the list of mental disorders as early as 1974. The medical profession and the scientific community view homosexuality and bisexuality as normal variations of human sexual orientation, much like heterosexuality. Homosexuality is not a disease and cannot be "cured". Heterosexuality is not a matter of choice and neither are bisexuality and homosexuality. The only difference between heterosexual and homosexual or bisexual people is that the latter are often forced to hide or have a hard time coming to terms with their own sexuality due to societal norms. Heterosexual persons face no such problems. Xenophobia and intolerance against LGBTI persons often force lesbians, gay men and bisexuals to try and change or suppress their sexual orientation, but such attempts are futile and extremely harmful.

**GENDER IDENTITY** is part of a person's identity and it refers to conforming or not conforming to one's biological sex, as perceived by the society or the individual. All human beings have a gender identity and this concept goes beyond the binary distinction of *male* and *female*.

**Transgender identity** refers to identity or gender expression that goes against the socially prescribed gender roles for women and men. It is a broad term referring to all persons who defy traditional gender roles. Trans is a general term used to describe persons, identities, behaviours and groups that differ from normative gender/sex roles. Therefore, **transgender persons** wish to express a gender identity that differs from the sex they were assigned at birth and may identify as men, women, neither, both or something else. The identity and the assigned sex do not necessarily correspond. **Cisgender** is the opposite term referring to persons whose gender identity conforms to their biological sex.

The term transgender includes:

- *Transvestism* – transvestites are persons who like to wear clothes of the opposite sex. Transvestism, i.e. different manner of dressing, is not connected to sexual orientation.
- *Cross-dressing* is the occasional donning of clothes traditionally associated with the opposite sex. Cross-dressers usually have no problems with the sex assigned to them at birth and wear clothes of the opposite sex for other reasons (personal satisfaction, art, etc.).
- *Drag* relates to wearing costumes and clothes traditionally associated with the other gender or sex. The term refers to drag queens – men who simulate women, and drag kings – women who simulate men.

**Transexuality** refers to persons who want to modify their biological sex, i.e. their body, through physical alterations and/or hormone therapies and surgeries in order to harmonise their gender presentation and gender identity. The term **transexuality** refers to persons who want to adjust their assigned sex with their gender identity, persons who have (partially or completely) modified their bodies (through physical alterations and/or hormonal therapy and surgery) as well as persons who have completed the process of adjusting their sex. The complex process of sex reassignment, i.e. changing one's birth-assigned sex to conform to the sex the person identifies with, is called **transitioning**. It includes psychological/psychiatric assessment, hormone therapy, changing or inducing secondary

sexual characteristics, living with a different gender identity and surgical sex reassignment procedures. It also includes changing one's name in legal documents in those countries that allow it. Transitioning does not have to include all of the above, e.g. a person may opt only for hormone therapy and disregard other aspects. Transexual persons are often exposed to violence and discrimination because the right to nurture an internal sense of one's own gender identity is frequently denied. These people suffer discrimination, since the society perceives their gender identity to be at odds with their birth-assigned sex. Discrimination and violence against transgender persons occur mostly during transitioning, when they still have not modified the characteristics of their birth-assigned sex nor taken on the characteristics of the sex they identify with.

**Transexual persons** can be:

- *Transexual men* (short form: trans men or female to male – FTM/F2M) – a term that refers to transitioning from a female to a male sex/gender
- *Transexual women* (short form: trans women or male to female – MTF/M2F) – a term that refers to transitioning from a male to a female sex/gender.

**SEXUAL CHARACTERISTICS** can be primary and secondary. Primary sexual characteristics are present at birth and include chromosomes, sex hormones, gonads, as well as internal and external genitalia. Secondary sexual characteristics are traits that appear later during puberty and are visible on the body. They include enlargement of breasts, growth of facial and body hair, changes in the tone of voice, etc. We usually distinguish between male and female sexual characteristics. Differing from the typical, binary division between male and female sexual characteristics is labelled as **intersexuality** and it comes in various forms.

Variations in sexual characteristics are in no way connected to sexual orientation and gender identity, although all three aspects play a role in the formation of one's personality. Still, the initialism LGBT now also includes the letter "I" which stands for intersex persons. However, intersexuality is primarily related to physical aspects and not to identity or one's internal sense of self.

**Intersex persons** are those whose sexual characteristics, including chromosomes, gonads and genitals, do not fit the typical, binary division of male and female bodies. Just like women and men, intersex persons have a sexual orientation and gender identity. In the past they were often called hermaphrodites (Greek ἑρμαφρόδιτος, the androgynous child of Hermes and Aphrodite), although this term has come to be viewed as discriminatory and medically inaccurate.

## 1.2. STEREOTYPES AND PREJUDICE

The society of Bosnia and Herzegovina is marked by rampant homophobia, biphobia and transphobia, caused by a lack of knowledge about homosexuality, bisexuality, transgender and intersex identity, as well as the belief that these things *come from the West* and *do not exist in our society*. LGBTI persons living in this kind of environment face stereotypes and prejudice regarding their sexual orientation, gender identity or sexual characteristics on a daily basis, whether they are *out* (i.e. open about their sexuality and/or gender identity) or not.

**Stereotypes** are general attitudes towards a group of people based on the assumption that all members of a certain group share certain traits that are exclusive to them and set them apart from others. They exist for the sake of comparing two or more groups. At the very heart of stereotypes lies a false, unwarranted generalisation that seeks to simplify reality. Stereotypes work by grouping people according to their ethnic affiliation, religion, sexual orientation, gender identity, sex or other traits.

Some of the most common stereotypes created by generalising the appearance and behaviour of members of the LGBTI community include:

Gay men are feminised, metrosexuals, they dislike sports, they like fashion.

Lesbians are tomboys; they have short hair, wear no make-up, no dresses, and do sports.

Bisexual persons are indecisive; they like to attract attention

and are in fact either homosexual or heterosexual. All transgender persons want to undergo sex reassignment; trans women are too feminine in the way they dress; transgender persons are homosexuals who become heterosexual after sex reassignment.

A stereotype that expresses an affective feeling towards a group based on ethnic, racial, religious, gender and social affiliation, sexual orientation, gender identity or sexual characteristics is considered prejudice. Prejudice is hard to change due to the affective charge, it is irrational and often a sign of ethnocentrism, i.e. assessing other cultures, customs and/or behaviour according to the standards of one's own group. Prejudice usually precedes any real, direct encounter with a person, group or phenomenon and eschews facts.

**In extreme cases, prejudice results in discrimination, violation and denial of human rights, or giving unwarranted advantage to other groups. Prejudice can also cause and motivate criminal offenses.**

In order to overcome some of the common prejudice directed against LGBTI persons, we should keep in mind the following:

**Homosexuality is a not a disease.** The World Health Organization removed homosexuality from its list of diseases in 1990, while the United States of America removed homosexuality from the list of mental disorders as early as 1974. The medical and scientific community consider homosexuality and bisexuality to be normal sexual orientations, the same as heterosexuality. Homosexuality is not a disease to be "cured".

**Homosexuality is not abnormal nor is it a personality disorder.** From a scientific and medical point of view homosexuality is a normal variation of human behaviour and an indispensable part of a person's identity. According to the American Psychological Association, despite stereotypes surrounding lesbians, gays and bisexual persons, decades of research and clinical experience have

led all leading medical and psychiatric institutions to conclude that these orientations are normal, natural variations of human experience.

**The number of LGBTI persons is not on the rise.** The number of lesbian, gay, bisexual and transgender persons is not on the rise. With decreasing discrimination more people are being open about their sexual orientation, gender identity or sexual characteristics, which makes it look like the numbers are rising. According to various estimates, LGBTI persons make up anywhere from 3 to 12 per cent of a population, depending on the research.

**AIDS does not affect homosexual persons only.** The risk of contracting HIV depends on a person's sexual behaviour, not their sexual orientation. The risk is diminished by practising safe sex, i.e. using protection (such as condoms). A person engaging in unprotected sex is at risk of contracting HIV regardless of sexual orientation. From 1992 to 2016, HIV was found in 301 people in Bosnia and Herzegovina. Most of them are men (80%). Heterosexual sex is the most common way of transmitting HIV, followed by homo/bisexual intercourse and drug injection.

**Propaganda cannot affect sexual orientation, gender identity or sexual characteristics of young people.** Discrimination, legally banning and penalising homosexuality did nothing to eradicate or change homosexual persons. Similarly, providing information about homosexuality or transgender identity cannot affect the sexual orientation of heterosexuals or the gender identity of cisgender persons, regardless of age.

**Homosexuality and transgender identity are not an issue of morality, upbringing or fashion.** Viewing homosexuality as an abnormal phenomenon is a subjective opinion usually based on religious dogma. Notions of morality have changed throughout history and it is unacceptable to use them as an excuse to limit fundamental human rights in a democratic society. No one can become gay or lesbian under the influence of society, other people or what



they see and hear on television, the Internet or newspapers. Recent research has shown that most homosexual persons have been raised in heterosexual families and that most children raised by homosexual parents turn out to be heterosexual.

**Homosexual persons are not a danger for children.** The American Academy of Child and Adolescent Psychiatry has found no evidence that lesbians, gays and bisexual persons jeopardise the development of children or adolescents more than heterosexual persons. Sexual orientation is in no way correlated with the probability of a person molesting children. Associating homosexuality with paedophilia is a result of misinterpreting and misusing these terms.

**LGBTI persons are not responsible for declining birth rates.** There is no correlation between ensuring the rights of LGBTI persons and declining birth rates in a country. Scandinavian countries offer a high level of protection of LGBTI rights and have solved the problem of declining birth rates by creating a positive political environment for women, children and families, which led to an increase in birth rates. On the other hand, some countries that are hostile towards LGBTI people also have serious demographic problems.

**LGBTI rights are not special rights.** Lesbians, gays and bisexual persons are not asking for special rights. All they ask is to be free from discrimination and enjoy the fundamental human rights guaranteed by international conventions, the Constitution of BiH, constitutions of entities and cantons, the Statute of Brčko District and laws of BiH (these rights include the right to life, freedom of expression, assembly, social and health protection, the right to a private and family life).

**Lesbian, gay, bisexual, trans\* and intersex persons exist in Bosnia and Herzegovina!** According to estimates, homosexuals make up from 3 to 12 percent of the world's population and there is no reason to believe they are not present in Bosnia and Herzegovina. However, widespread xenophobia, passivity and lack

of interest from the institutions, as well as poor implementation of human rights protection laws make homosexuals, trans\* and inter-sex persons the least visible group of citizens who are exposed to discrimination and violence.

### 1.3. LGBTI ACTIVISM IN BOSNIA AND HERZEGOVINA

There are several organisations and informal groups in Bosnia and Herzegovina that work for and with LGBTI persons either as their main mission or through supplementary activities:

- Sarajevo Open Centre
- Cure Foundation, Sarajevo
- Oštra nula, Banja Luka
- Youth Centre KVART, Prijedor
- LibertaMO, Mostar
- Tuzla Open Centre, Tuzla
- Informal group Tuzla Association of Queer Activists TANKA, Tuzla
- Informal group qSport, Sarajevo
- Okvir, Sarajevo.

**LGBTI activism in the past: Association Q and Sarajevo Queer Festival 2008.** In February 2004 Q Association became registered as the first LGBTIQ association. It worked on promoting, protecting and supporting the culture, identity and human rights of LGBTIQ persons. It also carried out various activities for the LGBTIQ community, from conducting research on the needs of the community and the health of LGBTIQ persons, to organising parties, self-empowerment workshops, providing legal assistance, publishing, lobbying with both domestic and international stakeholders (e.g. for the adoption of the Anti-Discrimination Law) and working on issues related to HIV/AIDS. In 2008, Q Association in Sarajevo organised the **Sarajevo Queer Festival**. The festival was the first public LGBTI event and it clearly showed the rampant

homophobia present in Sarajevo and Bosnia and Herzegovina as a whole. The five-day cultural event coincided with the month of Ramadan, which sparked revolt among various circles. Weeks before the festival the media, led by the weekly magazine *SAFF* as well as the daily newspaper *Dnevni avaz*, orchestrated a witch-hunt against the organisers and the LGBTI community. Violence erupted on opening night when eight people were injured and the festival was cancelled. To this day no one has been prosecuted, even though the act was obviously premeditated. In 2014 the Constitutional Court of BiH ruled in favour of Q Association and characterised the events of 2008 as a violation of the right to assembly. Q Association has since ceased to exist.

In February 2014, the International Queer Film Festival Merlinka was also attacked; 14 masked attackers burst into Art Cinema Kriterion in Sarajevo with the intention of harming the attendees. The attack was over in less than a minute. Three people suffered minor injuries and all attendees were heavily traumatised. The attackers fled the scene unharmed. Although Sarajevo Open Centre made the point of asking for police protection 20 days prior to the event, the police failed to show up at the location and were therefore unable to prevent or stop the attack. By the time the police officers showed up at the scene the attack was over and the perpetrators had managed to flee. In addition to the on-going police investigation, Sarajevo Open Centre filed two complaints directly to the Prosecutor's Office of Sarajevo Canton shortly after the attack: for jeopardising the safety of all attendees, inflicting bodily harm, preventing public assembly and conspiring to commit a crime, while the second complaint concerned undermining the equality of people and citizens. The failure of police officers to show up on time was also reported to the internal control department of the Ministry of Interior of Sarajevo Canton. After the enquiry two police officers were found liable for failure to protect, but were exonerated after appealing the decision. Four years have passed and the perpetrators have still not been prosecuted. In November 2016 Sarajevo Open Centre appealed to the Constitutional Court of BiH, claiming violation of the right to free assembly of LGBTI persons in BiH. A large number of attacks against LGBTI persons and other types

of human rights violations have been recorded since then. Sarajevo Open Centre publishes the **Pink Report** – an annual report on the state of human rights of LGBTI persons in BiH, available at: [www.soc.ba](http://www.soc.ba).

**Sarajevo Open Centre as the most prominent organisation today.** Sarajevo Open Centre is an independent, feminist civil society organisation that strives to empower LGBTI persons and women through community building and establishing an activist movement. SOC publically promotes the human rights of LGBTI persons and women and advocates for improved legislation and policies in Bosnia and Herzegovina on state, European and international level. Sarajevo Open Centre is without a doubt the most prominent organisation dealing with LGBTI rights in Bosnia and Herzegovina. More information about the organisation can be found at: [www.soc.ba](http://www.soc.ba).

## 1.4. DISCRIMINATION AGAINST LGBTI PERSONS

The Anti-Discrimination Law from 2009 and its amendments adopted in 2016 define discrimination as any different treatment, including any exclusion, limitation or preference based on real or assumed grounds against any person or group of persons on grounds of their personal characteristics, as well as any other circumstance, the purpose or the effect of which is to deny or jeopardise the recognition or equal enjoyment of a person's rights and freedoms in the public sphere. **The Law lists sexual orientation, gender identity and sexual characteristics among prohibited grounds of discrimination.**

Discrimination on the grounds of sexual orientation, gender identity and sexual characteristics occurs in two ways:

- **Direct discrimination** refers to any premeditated different treatment, action or failure to act that puts a person or a group into a less favourable position in relation to other people in a similar situation.

Explicitly banning homosexual persons from an establishment (such as a cafe) or prohibiting homosexual persons from donating blood.

- **Indirect discrimination** refers to a situation when an apparently neutral provision or practice puts a person or a group into a less favourable position in relation to other people.

An employer enforces a rule whereby employees without children have to do more night or weekend shifts, which means that LGBTI persons work longer hours in harsher conditions, since they are less likely to have children.

There are various types of discrimination:

**Sexual harassment** is any form of unsolicited physical, verbal or non-verbal behaviour of a sexual nature, the effect of which is to harm a person's dignity and create an intimidating or degrading atmosphere.

Two girls walking down the street holding hands when a group of passers-by shout: "Let me show you what a real man is." Sending pornographic material via electronic mail is another example.

**Mobbing** is a form of non-physical harassment at the workplace and entails repetitive actions, the aim of which is to humiliate a person and undermine their working conditions, as well as professional and personal integrity.

Co-workers or superiors insult an LGBTI person due to their sexual orientation, gender identity or sexual characteristics, by saying: "You don't even look like a man/woman."

**Segregation** is defined as separating people on the grounds of personal characteristics.

Co-workers refuse to share an office with an LGBTI person and segregate the person into a separate room.

**Incitement to discrimination** occurs when a person publically voices negative opinions about LGBTI persons or encourages others to discriminate against LGBTI people.

An influential politician expresses a negative attitude towards homosexuality, knowing that it might cause negative reactions towards homosexual persons among his/her supporters.

Different types of discrimination can occur in both **private and professional life**, in areas such as education, employment, labour relations, health care, social protection and the judiciary.

## 2. BASIC PRINCIPLES FOR WORKING WITH LGBTI PERSONS

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Individuals whose personal characteristics or identity differ from the majority population often avoid seeking help from public institutions and services, even if they need it, for fear of rejection, discrimination and belittling. In conservative societies such as BiH, LGBTI persons are often exposed to multiple discrimination and inequality due to a lack of awareness and unprofessional behaviour of individuals employed in public institutions. As we already mentioned in the introduction, LGBTI persons make up about 10 per cent of a country's population. If we add family members, friends, partners and children of LGBTI persons, it becomes clear that these problems and issues affect a large part of the society.

LGBTI persons have different personalities, educational backgrounds, attitudes, views, experiences and therefore different expectations of service providers. In order to enable access to high quality, adequate, human rights based service provision, it is crucial that service providers face their own prejudice and stereotypes and create a friendly atmosphere that is encouraging, safe and beneficial for all people.

Public institution employees must unequivocally respect, protect and promote the rights of LGBTI persons, acknowledging that they are particularly exposed to violence and discrimination. Using this guide, professionals have an opportunity to start a new era in service provision by upholding human rights and catering to specific needs of individuals, without letting personal convictions and values jeopardise professional conduct towards LGBTI persons.

The following **general principles** should be applied when working with LGBTI persons:

**Friendly approach** towards LGBTI persons is beneficial both for service providers and LGBTI persons. It is based on a healthy

relationship between service providers and LGBTI people that entails respecting the principle of non-discrimination and human rights, confidentiality, data protection and transparency. Service providers are obligated to make LGBTI persons feel safe and comfortable and create a supportive atmosphere conducive to freely expressing one's sexual orientation, gender identity and sexual characteristics without fear of being judged.

**Principle of non-discrimination and respect for human rights** refers to respecting and implementing the Anti-Discrimination Law as well as the highest possible standards of human rights protection and promotion. All institutions are recommended to clearly endorse high-quality, non-discriminatory service provision and make sure all employees unequivocally understand this principle. Institutions need to adopt internal documents promoting anti-discrimination. Furthermore, positive messages should be clearly displayed in their premises, e.g.: *This institution provides high-quality service to everyone regardless of age, disability, sex, gender identity, race, ethnic affiliation, religious and political persuasion and sexual orientation.* This would send a clear message of non-discrimination and respect to all service users.

**Principle of privacy protection and confidentiality** refers to the confidentiality of personal information, the entire conversation and the provided service. In addition to the legal and ethical obligation to protect privacy, this issue is crucial for LGBTI persons, as many of them conceal their sexual orientation, gender identity and sexual characteristics and coming out involuntarily might jeopardise their physical and psychological integrity.

**Principle of respecting specific needs by service providers** entails continuous education about issues such as gender equality and working with marginalised and inaccessible groups. Ensuring high-quality education of all employees on LGBTI issues paves the way for understanding the specific needs of this community and its sub-groups.



**Principle of awareness and inclusivity** refers to safe space, a friendly atmosphere and non-discriminatory procedures, as well as using appropriate language when communicating with users. It is important to carefully listen to each person who has come to seek help or use the services, and deduce from their own description of their identity, sex, gender, gender identity and sexual orientation and relationships which pronouns the person identifies with. It is necessary to avoid making assumptions about a person's sexual orientation and gender identity and, if possible, use gender-neutral language.

## 3. HEALTH CARE

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### 3.1. RIGHTS, OBLIGATIONS AND RESPONSIBILITIES OF PATIENTS

The Federation of BiH has adopted the Law on Rights, Obligations and Responsibilities of Patients. Its purpose is to ensure equal, adequate, continuous, high-quality, safe health care for all patients, based on a partnership between patients as recipients of health care services and health care professionals as the providers. The Law prohibits any kind of discrimination in health care provision, including discrimination on the grounds of sex and sexual orientation. Article 6 defines the rights of patients, some of which are particularly important when dealing with LGBTI persons.

**Right to available health protection**, including the right to emergency medical assistance. Every patient has the right to available health protection that corresponds to their state of health, their needs, legal provisions and the material resources of the health protection system. Unfortunately, this right is not fully enforced so no medical institution in BiH provides specialised services for transsexual persons, nor does it adequately address the needs of LGBTI persons.

**Right to confidentiality of information and privacy** is supposed to ensure the confidentiality of all information revealed by a patient to a health care professional, including information related to the person's health, potential diagnostic and treatment procedures, even after the person has passed away. Health care professionals are not supposed to reveal information about a patient's sexual orientation, gender identity or sexual characteristics to other people. This information is to be kept personal and confidential. Since LGBTI persons frequently have to conceal their sexual orientation, gender identity and/or sexual characteristics, ensuring auditory and visual privacy for patients during medical exams and procedures is of crucial importance.

**Right to non-disclosure of information** should be grouped together with the right to confidentiality and privacy, and perhaps with the right to access medical records. Personal information in medical records is a professional secret. It includes all information about the health and medical state of the person, the diagnosis, prognosis, treatment, information about human material (DNA) that can be used to determine the identity of a person, as well as certificates of illness delivered to employers in a sealed envelope. The obligation of non-disclosure can be lifted only if the client signs a written consent form, or in cases of a criminal procedure or litigation.

**Right to information on health prevention** refers to measures necessary to preserve one's health and develop healthy habits, as well as information on risk behaviour and health hazards present in the environment and the workplace that can undermine a person's health. Preventive measures and information are relayed on the primary, secondary and tertiary level of health protection, in accordance with regulations on health protection.

In order to uphold the aforementioned rights of clients it is necessary to ensure protection of human rights and needs by service providers in medical and non-medical institutions. This ensures high-quality service provision and satisfaction of all groups in the society. Service providers need to be continuously informed and educated. It is also necessary to improve the infrastructure, establish partnerships with various governmental and non-governmental organisations as well as ensure respect, encouragement and feedback that can be provided only through thorough assessment of service provision. High-quality, comprehensive service provision can be achieved only through multidisciplinary cooperation between the health care, education, social protection and non-governmental sectors in the local community and beyond.

### 3.2. RECOGNISING SPECIFIC NEEDS OF PATIENTS

Never assume all patients are heterosexual!

**Health** is not just the absence of illness or disability but rather the overall physical, mental and spiritual well-being of a person. Each society should adopt a holistic, cross-disciplinary approach to all aspects of health on all levels - from an individual level to the society as a whole. Identifying the social anomalies and risk factors that damage the health of citizens is key for designing prevention programs and a set of services based on the rights and needs of all individuals. Gender based violence and violence motivated by sexual orientation and sexual characteristics undeniably affect all aspects of health in an individual.

Sexuality has always been an important social issue, although our attitudes towards it have changed throughout history. Homosexuality in particular has been an object of intense scrutiny and in some periods it was banned and treated as an illness or immoral behaviour. On 17<sup>th</sup> May 1990 the World Health Assembly (WHA) approved the Tenth Revision of the International Classification of Diseases and Related Health Problems that eliminated sexual orientation (homosexual, bisexual, heterosexual) from the list of diseases. The day is now commemorated as the International Day Against Homophobia and Transphobia.

A research on health protection of LGBTI persons concludes with the following: "The health care system of BiH does not acknowledge LGBT persons as a vulnerable group neither in theory, nor in practice. LGBT persons are quite invisible in all areas of the health care system, from the lack of awareness and knowledge among health care professionals, to service provision and health insurance. These facts contribute to the discrimination against LGBT persons since they are denied adequate support, while the situation with trans\* and intersex persons is even more complicated because their

gender identity/sexual characteristics are (still) against the norm" (Čaušević/Somun-Krupalija/Popov-Momčinović 2013: 10).

The Law on the Rights, Obligations and Responsibilities of Patients of FBiH clearly states that **health services** must cater to the needs and medical state of patients, which means they should be individualised and specific. However, "many medical professionals share the norms, convictions and attitudes widely present in their society and this can prevent them from providing adequate medical care, depending on the kind of values the society promotes" (Pilav/Mehić 2015: 57). It is therefore necessary to raise awareness among service providers so they could understand and meet the medical needs of LGBTI persons. Although medical needs of LGBTI persons are predominantly the same as heterosexual and cisgender people, several special circumstances should be kept in mind.

**Providing services that meet the specific needs of LGBTI persons entails, among other things, the following:**

1. adequate space that prevents others from hearing the conversation between the medical staff and LGBTI persons. This includes closing the door, creating a comfortable atmosphere and making sure no one else is present. Visual materials indicating that the staff is educated on LGBTI issues (posters, brochures or symbols) can also be displayed. No family members should be present, in order to ensure confidentiality and nurture trust between patients and service providers;
2. working on specialised, clinical public health achievements and knowledge accumulation related to LGBTI persons, and their implementation in practice. Learning how to adequately deal with transexual and intersex persons is particularly important in BiH;
3. refraining from judgement, not commenting on the client with other colleagues, showing calmness, compassion and understanding in conversation. This makes LGBTI persons feel safe, protected and understood when talking about personal, intimate matters;
4. refraining from exposing the client's sexual orientation, gender

identity and sexual characteristics, unless it is necessary for diagnostic or treatment purposes or if the health professional is doing so during consultations with a colleague. In that case, their colleagues are also obligated not to disclose personal information;

5. actively listening to a person talking about their sexual orientation, gender identity or sexual characteristics, fears and sexual behaviour, all the while maintaining eye contact in order to encourage the person to keep disclosing the facts without fear of being judged. It is inadvisable to fill out paperwork during conversation;
6. informing LGBTI persons about the examinations that will take place, explaining why they are necessary (what their purpose is) and describing exactly what they entail;
7. providing support during the process of coming out, i.e. publically revealing one's sexual orientation, gender identity and sexual characteristics. Sometimes the medical staff needs to explain to the parents of an LGBTI person that homosexuality is not an illness and that their child is perfectly healthy. Parents may require regular, specialised support while coming to terms with these facts.

### **Health professionals face the following obstacles when providing services to LGBTI persons:**

1. lack of knowledge on sexual orientations, gender identities and sexual characteristics which can lead to wrong diagnosis or treatment;
2. personal attitude towards LGBTI persons opposite of the one held by WHO that clearly states homosexuality and bisexuality are not an illness;
3. lack of support for LGBTI persons and the inadequacy of other services within the health care system;
4. lack of a mechanism for referral to other services within the health care system or beyond;
5. overloaded health care system and limited time to devote to talking with each patient. Medical professionals are forced to

- draw conclusions from brief and superficial conversations in order to arrive at a diagnosis or prescribe a treatment;
6. lack of privacy and confidentiality policies in dealing with underage LGBTI persons that would define a special approach to revealing the sexual orientation, gender identity or sexual characteristics of LGBTI persons to their parents.

According to the Health Protection Law, health protection takes place on a **primary, secondary and tertiary level**. Medical professionals of all kinds may become an LGBTI person's first encounter with the health care system, which is why the rest of this guide presents concrete recommendations for doctors.

### 3.3. ADVICE FOR NON-DISCRIMINATORY ANALYSIS OF PATIENTS' PAST MEDICAL HISTORY

Past medical history (PMH) is an important part of health care, one that is connected to prevention and early identification of risk and protective factors in all individuals in order to protect their well-being. An honest and open relationship between a doctor and a patient is crucial for diagnosing and protecting the patients' health. LGBTI persons coming to a medical institution may or **may not be open about their sexual orientation, gender identity and/or sexual characteristics**. Due to social stigma and past experiences, these patients seldom state their sexual orientation, gender identity and/or sexual characteristics. The first step in establishing trust between doctors and patients is openly inquiring about the patient's sexual orientation, gender identity or sexual characteristics while conducting PMH. Asking questions in a non-judgemental, comfortable way is a signal to the patient that the doctor is open-minded and professional. If a person refuses to discuss their sexual orientation, gender identity or sexual characteristics the doctor should accept this decision, try to use gender-neutral language for the rest of the interview and include the specific needs of LGBTI persons when giving advice on health protection.

### **An example of providing information applicable to all people:**

Protection is very important when engaging in sexual intercourse. Condoms are the most efficient protection against unwanted pregnancies and sexually transmitted diseases. Condoms are also efficient protection against sexually transmitted diseases when engaging in anal or oral sex, but you should pay attention to lubricants. Oil-based lubricants can damage the condom, so it is better to use water-based lubricants. You can buy them in stores and pharmacies. Lubricants reduce friction and lessen the strain on the anal canal and rectum, thereby reducing the chance of haemorrhoids. They make sex better and more pleasurable.

PMH that includes information about sexual history, frequency of sexual activity with different partners, as well as health habits is very important when it comes to sexual and reproductive health. If you need to take information about relationships, sexual orientation or sexual intercourse, approach your client with the following: *I will now ask you some questions about your sexual health and your sexual behaviour. I understand these questions are extremely personal, but it is important for the sake of your health in general that you answer as truthfully as possible.*

You should pay attention to the wording of the questions. Here are a few examples how to correctly ask personal questions:

<b>Inappropriate</b>	<b>Appropriate</b>
Do you have a boyfriend?	Are you in a relationship?
Do you have a boyfriend or husband?	Do you have a partner?
Do you have sex with your boyfriend?	Do you have sex with a man, a woman, or both?



It is important to keep in mind that sexual orientation does not have to correspond to sexual behaviour. Men who have sex with other men may not necessarily call themselves gay, while heterosexual men can also engage in anal sex. For example, men in prison may satisfy their sexual needs by engaging in sexual intercourse with each other, but that does not mean they are gay. The same goes for women. Persons who engage in sexual relations with persons of the same sex do not necessarily have to identify as lesbians or gay men. They may identify as bisexual, pansexual, queer, heterosexual, or not identify with any sexual orientation. If the questions mentioned above are relevant for medical procedure, diagnosis and treatment, they should be asked. It is always more important to establish sexual behaviour than a person's sexual orientation.

**Be particularly careful with transgender and transexual persons.** As we have mentioned before, persons whose gender identity is at odds with their birth-assigned sex are called transgender. Medical professionals may offend transgender persons by asking unnecessary questions about their sexual orientation or behaviour. Transgender persons may identify as heterosexual, bisexual, lesbian or gay and medical professionals must know the difference between sexual orientation and gender identity. Asking about relationships and sexual behaviour, if necessary, should be done with care, using gender-neutral language or addressing the person in whichever way they want, e.g. by using a name different from the one that appears on personal documents (Hywel Dda Health Board: 6).

### 3.4. FAMILY MEDICINE

Family medicine centres are usually the patients' first encounter with the health care system. The medical team is usually made up of a family medicine specialist and a medical nurse. The centre coordinates other health care services and other medical institutions in order to ensure comprehensive, high-quality health protection. Providing high-quality, comprehensive, LGBTI-friendly services requires all employees in family medicine centres to **know and understand basic information** about same-sex and bisexual

orientation, transgender identities and sexual characteristics of intersex persons, as well as the needs and problems of LGBTI persons. Research in other countries has shown that LGBTI persons visit doctors and medical institutions less frequently than the rest of the population due to general stigma and the lack of awareness among the medical staff. In order to overcome stigma and discrimination, health centres need to create an accepting, non-judgmental atmosphere, letting LGBTI persons know that the doctors are aware, open-minded and ready to tackle the challenges of working with LGBTI persons. Displaying **promotional material, leaflets and brochures on the human rights of LGBTI persons as well as materials featuring rainbow flags in the health centre** is advisable. This sends a symbolic message that LGBTI persons are welcome and will be treated with dignity and equality.

LGBTI persons usually visit family medicine doctors for medical problems that are not related to sexual orientation, gender identity and/or sexual characteristics. So, why is it important to take these factors into consideration during a medical exam? The answer is simple – family medicine doctors can ensure prevention by identifying problems and risks on time.

There is no research on health problems experienced by LGBTI persons in BiH. However, the situation is similar in countries around the world. Research conducted in the United States of America has shown that LGBTI persons usually suffer from the following **health problems** (Alexander Camacho 2012):

1. **Cardiovascular disease** is more frequent in the LGBTI community than the rest of the population. Factors that contribute to increased risk of developing cardiovascular disease include physical inactivity, continuous exposure to stress, use of psychoactive substances (including alcohol and cigarettes) and obesity, all caused by violence, exclusion and discrimination directed against LGBTI persons.
2. **Breast, cervical, testicular, colon and rectal cancer** are more frequent in LGBTI persons who are more reluctant to seek

medical help due to stigma, discrimination and fear of revealing their sexual orientation, which leads to late diagnosis and treatment. Having no pregnancies, obesity and infrequent check-ups are the most common risk factors for developing breast cancer among lesbians. Irregular gynaecological exams and, in some cases, the inability to take a Pap smear are risk factors for lesbians and they should be emphasised during routine check-ups and consultations with a family doctor. This helps raise awareness among lesbians on the importance of having regular exams and refutes the widely held belief that lesbians are safer than heterosexual women because they do not practice penetrative sex.

- 3. Sexual and reproductive diseases.** LGBTI persons are vulnerable to diseases and health problems related to sexual and reproductive health. Being able to discuss protection against sexually transmitted diseases, sex toy hygiene, enema and avoiding injuries to the anal canal is therefore of crucial importance in family medicine centres. Doctors should speak openly about the symptoms of sexually transmitted infections, emphasising that some of them are transmitted through the mouth or throat, while others can be transmitted through the rectum or anus. It is important to provide information on HIV prevention and the risk associated with practising unprotected anal and vaginal sex. Doctors can initiate a conversation about sexual health and sex habits if, for example, a person complains about haemorrhoids and the doctor mentions that anal fissures and haemorrhoids can be caused by passing hard stools, exertion and/or being a receptive partner during anal sex.

Unprotected anal sex is a high-risk sexual activity for contracting the human papillomavirus (HPV) and condyloma that increase the risk of anal canal cancer. Studies have shown that gay and bisexual men are 17 times more likely to develop anal cancer than heterosexual men. Perianal condyloma is not pathognomonic of homosexual relations, like many doctors believe, because the moisture of the perianal region is particularly conducive to spreading HPV and

developing genital warts. On the other hand, condyloma in the rectum and the anal canal is a consequence of receptive anal sex (Popović/Dakić/Čolaković 2015: 50).

4. **Mental health problems** are also very frequent among the LGBTI population due to constant fear, rejection, discrimination and violence. We will talk more about mental health and mental health services later on. "Nowadays it is generally accepted that LGBT persons require medical and psychological assistance because the society treats them differently, which may lead to isolation, depression and other disorders caused by discrimination. Psychiatric and psychological organisations recognise that sexual orientation is not an illness and support equality. Furthermore, they emphasise that LGBT persons often suffer from various mental problems due to discrimination" (Čaušević/Somun-Krupalija/Popov-Močinović 2013: 18).
5. **Use and abuse of psychoactive substances** are more frequent among lesbians than heterosexual women. There are many reasons for this, the most frequent of them being the desire to escape reality, conforming to traditional male gender norms in *butch* lesbians and other mental health problems. Numerous studies show that depression and anxiety are more frequent in gay men than heterosexual men, especially if men hide their sexual orientation and live in the shadow of expected social norms.

The problems listed above clearly show that the role and responsibility of family medicine professionals is immensely important. Working with LGBTI persons is a novel, still marginalised topic and family medicine doctors should accept the fact that their understanding of some aspects of sexuality, sexual orientation, gender identity, sexual characteristics or sexual behaviour is lacking. This is why doctors who are usually the patients' first encounter with the health care system need to be **continuously educated and trained on LGBTI issues**. Family medicine doctors need to be **advocates of change**, thereby contributing to the society of equal

opportunities and publically talking about the health of LGBTI persons as an important medical issue in the society.

### 3.5. GYNAECOLOGY

Many societies, including BiH, mistreat LGBTI persons, violate their human rights and inflict emotional, spiritual and physical pain. Men sometimes resort to asserting their power through violence against lesbians and transgender persons. The shame, judgment and social stigma attached to non-heterosexual women and transgender persons often stop them from reporting harassment. These persons also do not have access to adequate medical treatment. This should be kept in mind during gynaecological examinations when identifying genital injury.

Gynaecologists usually provide the same services to all patients, ignoring the specific needs of lesbians, bisexual and transgender women. **They approach the patients assuming they are heterosexual women**, which affects the quality of service and constitutes discrimination. We should keep in mind that gynaecologists are human beings who are susceptible to allowing their personal views and convictions to affect their work, although they should not, and often ignore the possibility of having lesbian and bisexual women as patients.

Gynaecological services are not stock exams that are identical for all women; they entail taking past medical history, asking non-discriminatory questions, respecting the woman's rights and accepting her sexual practices that are important for making a diagnosis. Also, **counselling and conversations about prevention should be adjusted to meet the specific needs of different women**. E.g. advice on practising safe sex should not be heteronormative and focused on the relationship between men and women. It should include information about practising safe oral sex, the importance of using vaginal film or alternative methods of contraception (condoms as vaginal film), in order to prevent contracting sexually transmitted diseases through the mouth and throat.

Organisations that deal with the health of LGBTI persons emphasise

that lesbians and bisexual women are at risk of getting/transmitting sexually transmitted infections through:

- Skin-to-skin contact
- Oral contact with vagina
- Exchange of vaginal liquids
- Exchange of menstrual blood
- Sharing sex toys

Some infections, such as **genital herpes** (Herpes Simplex Virus), are common among lesbians and bisexual women and are easily transmitted between women.

Lesbians and bisexual women should not be viewed as being at a lower risk of contracting sexually transmitted diseases, because sexually transmitted diseases are a result of sexual behaviour and practice. Efficient screening methods entail a detailed, open discussion about sexual identity as well as high-risk sexual behaviour.

Risks depend on the sexually transmitted infection and sexual practice (oral-genital sex, vaginal or anal sex). Some studies have shown that sexual practices that include oral-vaginal sex or oral-anal contact increase the risk of trichomoniasis, especially if both partners use sex toys.

Gynaecologists should keep in mind that not all sexually active women practice penetrative sex, so asking a patient whether she has had sexual intercourse is inappropriate and not inclusive. Women who do not practice penetrative sex are indirectly told that oral sex is not “real”. If this were true, it would mean that the risk of getting a sexually transmitted disease is minimal or non-existent, which is far from true. Sometimes, gynaecologists buy into the widely held belief that women who identify as lesbians have never had penetrative sex, which is yet another misconception. Some women have engaged in sexual intercourse with men, but still identify as lesbians. Therefore, it is important to ask inclusive questions and leave no stone unturned. Things should never be assumed. Doctors and

patients should ask clear questions and give clear answers, regardless of how banal these may seem.

Lesbians who come for a medical examination and openly state they are lesbians need to be informed that a **gynaecological exam is different for women who have had penetrative sex and those who have not**. They need to be encouraged to have regular gynaecological exams, because they face the same risk of getting sexually transmitted diseases. Keep in mind that some women are not aware that a transabdominal ultrasound requires a full bladder in order to get a clearer image, which means patients should drink a litre and a half of liquid before the examination. Rectal examination should be announced and agreed to by the patient.

**PAP smear** is an important screening procedure for women. It is not performed on women who have not had penetrative sex, to avoid damaging the hymen. It is important to note that HPV is the most common cause of changes on the cervix and that not practising penetrative vaginal sex reduces, but does not eliminate the chance of HPV infection. If a woman insists on having the procedure, the doctor should explain potential consequences and perform the procedure with the patient's consent. The HPV vaccine would be a very good option for lesbians and bisexual women. Professionals should advocate for its popularisation and usage.

**Oral manifestations of sexually transmitted diseases are not common.** In case an orally transmitted infection is found in the vagina, it is important to recommend treatment for the patient's partner as well as a visit to the dentist.

"During oral-genital sexual intercourse, especially prolonged contact, there is friction between the surface of the skin and the mucosa. This can lead to the exchange of oral and genital secretions, which in turn opens up the possibility of transferring micro-organisms that require specific conditions for multiplication and would otherwise not survive less direct means of transfer (e.g. *T. pallidum*, herpes simplex virus)" (Alajbeg 2012: 123).

**Breast cancer prevention programs** have included a large number of women and have gotten significant media coverage, but breast cancer still remains one of the most common causes of death for women in BiH. It is well known that breastfeeding reduces the risk of breast cancer. Emphasising this information to lesbians and bisexual women who cannot or do not want to have children or breastfeed, while failing to mention that pregnancy is a risk factor for triple-negative breast cancer, constitutes indirect oppression on the grounds of sexual orientation.

### 3.6. UROLOGY, PROCTOLOGY AND DERMATOVENEREOLOGY

Branches of medicine that deal with sexual and reproductive health are an indispensable part of the health care system and they need to address the specific health needs of LGBTI persons. Raising awareness among medical specialists is key for improving the health and well-being of LGBTI persons. LGBTI persons seek help for urinary and skin problems, as well as problems with impotency, sexual pleasure, sexual dysfunction, tumours and other conditions.

Below we describe several frequent problems affecting men who have sex with other men and ways to approach them:

1. **Anal and rectal problems.** Rectal health problems (pain and discomfort) are common among men who practice receptive anal sex. Gay and bisexual men often avoid visiting doctors and try to solve their problems on their own. When they do seek professional help, they often conceal their sexual orientation, or sexual habits, fearing they will be judged. It is important to encourage patients to talk openly about their problems and not feel ashamed when speaking about potential causes related to sexual habits. This makes it easier for doctors to make a diagnosis and provide adequate treatment and counselling. Patients who experience empathy, understanding and openness from well-trained medical staff will mention their positive



experience to their friends, thereby helping spread a positive trend of health awareness among gay and bisexual persons. Haemorrhoids and fissures might be a result of receptive anal sex, but doctors should never ask their patients outright if they practice anal sex or not. Instead, they could give an explanation, such as: *"Haemorrhoids and fissures are a result of straining, receptive anal sex or passing hard stools, so you should avoid... Lubricants may have positive and negative effects... When performing enema you should..."* All possibilities and prevention measures should be explained. If the patient is not interested in hearing the explanation, he will interrupt the doctor. At the end of the conversation doctors should always ask patients if they have any further questions and inform them of the possibility of contracting HIV or HPV through anal sex. This is a great opportunity to emphasise the importance of using condoms during sexual intercourse.

## **2. Erectile dysfunction, premature or delayed ejaculation.**

Erectile dysfunction refers to the inability of achieving or maintaining an erection that would enable a satisfactory sexual intercourse. The society usually perceives erectile dysfunction as a problem of older men, but it is becoming more common among adolescent and young men. Erectile dysfunction can be caused by anxiety, nervousness over having sex for the first time, use of condoms or fear of sexually transmitted diseases. Stress, alcohol, tobacco and other psychoactive substances can affect erection. Gay and bisexual men often suffer from stress due to being rejected because of their sexual orientation, having problems with parents and family members, the society, or fearing that someone will learn about their sexual orientation. Therefore, erectile dysfunction is a common problem for them. In all these cases, doctors should refer their patients to a mental health centre.

## **3. Testicular and prostate cancer.** Men who have sex with other men are at a higher risk of developing testicular and prostate cancer due to inadequate screening programs.

### 3.7. MENTAL HEALTH

Preserving of mental health is equally important as preserving of physical health. However, in underdeveloped societies, mental health is marginalised, its role in the quality of life is neglected, and mental health issues constitute a taboo, which is why only a few people use services of mental health centres and psychologists in general.

Social and emotional learning are not recognised in educational or healthcare system, and individuals are forced to learn from own examples, the environment, media and society in general, often creating a wrong image about life, interpersonal relations and own identity. Young people go through **difficult stages during adolescence**, and things are even more complicated for LGBTI persons. They do not have answers to numerous questions regarding identity, emotions, sexual orientation, gender identity, sex characteristics and interpersonal relations, and they face difficulties finding them in their environment. For this reason, they withdraw and develop mental health problems such as anxiety, mood swings, depression, use of psychoactive substances, self-destructive behaviour, suicide attempt or suicide. Also, LGBTI people face discrimination daily on individual and institutional levels, which constantly causes stress. Violence, insults, isolation and inequality, along with the stress, are all risk factors for development of mental health problems among LGBTI people.

LGBTI persons rarely decide to seek professional assistance because of socio-cultural factors that perceive it as weakness. On the other hand, they are aware of insufficient level of sensibilisation of mental health professionals with respect to problems and issues of sexual orientation, gender identity and sex characteristics.

Research on homosexuality is very clear. Same-sex orientation is not a mental illness or mental perversion. It is simply a way in which the minority of population expresses love and sexuality. Many research documented mental health of gay men and lesbians. All studies about judgement ability, stability, reliability and social and professional adjustment

indicate that gay men and lesbians function equally well as heterosexual persons do – US Psychiatric Association and US Psychologists' Association (Popović-Dakić/Čolaković 2015: 22)

Mental health service providers should know that **the process of realising own sexual orientation** and self-identification with it **most often begins in adolescence**. Young LGBTI persons are particularly vulnerable in that period, and due to homophobic society and adverse social situation, they are prone to experimenting with psychoactive substances in order to overcome the rejection problem and create a false feeling of relief. This is why professional and tailor-made counselling can be of central importance. **Counselling helps LGBTI persons to:**

- understand their situation better and perceive it more clearly, in order to accept it in the best way possible;
- identify and rank possibilities for improvement of the situation;
- make appropriate choices when it comes to expressing their sexual orientation, gender identity and/or sex characteristics, including choices relating to sexual behaviour;
- build self-confidence in order to cope with all other problems better;
- develop life skills that will help them interact with the environment, friends, family and partner;
- support other LGBTI people in their community.

Psychologists and other professionals providing mental health services **must never** view sexual orientation or gender identity as a consequence of trauma, sexual harassment, inadequate psychosocial development or psychopathology. Research shows that many psychologists and psychiatrists either directly or indirectly tell LGBTI people that they should not expect to live a full and productive life and enjoy a quality and stable love relationship. This is an unacceptable attitude towards LGBTI persons which adversely impacts their health.

Some lesbians, gays and bisexual persons are known to visit

psychologists, either self-initiatively or when pressured by others, wishing to change their sexual orientation. Service providers should be aware that **such treatment of LGBTI problems would be contrary to their professional call and to human rights and existing legislation**. Also, the role of service providers in such situations is to encourage the person through therapy to analyse the problem more carefully and objectively. LGBTI people are sometimes dissatisfied with their sexual orientation because of social rejection, fear of losing important people (family, friends), fear of inability to achieve professional career or reach spiritual peace (religious beliefs that deny same-sex and bisexual orientation).

### ***Counselling of same-sex couples***

Counselling of same-sex couples is in many ways similar to counselling of heterosexual couples, but there are also many difficulties between the two. Expressing satisfaction in a relationship is very similar. Same-sex couples follow relationship development patterns in the same way as heterosexual couples. The differences are mostly related to understanding and practicing of gender issues that service providers should be aware of. Same-sex couples do not necessarily follow gender roles of men and women in a relationship. Reasons that make same-sex couples ask for assistance are the same as those of heterosexual couples, and they include difficulties in mutual communication, excessive workload, sexual problems and dedication to common goals. There are also special reasons that make same-sex couples look for help, such as: one person came out (publicly announced their sexual orientation), but the other one did not; partner pressuring the person to 'come out of closet' (publicly announce their sexual orientation); influence of gender stereotypes on quality of the relationship; specific pressure from family and the environment; consequences arising from LGBTI activism, and security issues.

### ***Counselling of LGBTI person's parents***

The process of publicly announcing one's sexual orientation or gender identity does not always depend on the LGBTI person, but also on their close environment. When the first learn about their child's

sexual orientation, parents can be surprised, which may be followed by the period of denial and rejection of reality. Parents sometimes try to convince the child that it is 'only a phase' of growing up and self-searching, and they pretend that nothing happened. Some parents overreact and completely expel the child from their home and family. LGBTI people need psychological support, and so do their parents. This is exactly why it is important to include mental health centres in the 'coming out' process, in order to protect best interests of the child (a young LGBTI person). Mental health experts should keep in mind that after the period of accepting the sexual orientation, parents may develop feelings of guilt and anger that should be considered adequately and overcome with therapy. Parents should be supported in the process of accepting sexual orientation of their child, and eliminating the feeling of guilt, but they should also be strengthened to be able to cope with condemnation, discrimination and rejection of the society or extended family. The most important thing is to strengthen family ties between close family members, in order to create an accepting and safe environment for the LGBTI person, and psychotherapy should later focus on the establishment of relationship with the community in general.

### ***Reparative psychotherapy of homosexuality***

Some psychologists and psychiatrists use reparative psychotherapy believing that it can change one's sexual orientation, which is contrary to official and scientifically aligned positions of the World Health Organisation. Such approach is unacceptable and against the law. Psychologists and psychiatrists most often decide to secretly use reparative therapy, in agreement with parents of an LGBTI person, which is why only a few such cases are publicly known, and even fewer end up in court. Mental health experts should never try to change one's sexual orientation, because it is an inhumane attempt to 'cure' a perfectly healthy person. Any such act should be adequately sanctioned.

The case of young girl from Rijeka, Ana Dragičević is an example of institutional homophobia and discrimination based on sexual orientation in the Republic of Croatia;

due to pressure exerted by civil society organisations, Ane Dragičević was released from the psychiatric institution Lopača in 2009, where she had been hospitalised for five years only because she is lesbian (Jurić 2011: 11). Ana Dragičević is a brave lesbian from Rijeka who was placed in the Psychiatric hospital Lopača by her parents in 2004, after they had found out about her love relationship with a woman; she was hospitalised for false addiction, and she spent five years in the hospital. She filed court action for illegal placement in the psychiatric institution, and the Public Prosecutor's Office filed a request to the County Court in Rijeka for expanded investigation relating to inhumane and unconscientious treatment and grave offence against human health. However, based on this case, non-governmental organisations, human rights defenders managed to introduce a provision in the law which clearly says that psychiatric diagnosis cannot be established only because one does not behave in accordance with social norms.

### **3.8. IN AN ABUSIVE SITUATION**

Prevention, identification and providing support to victims of gender violence or any other violence constitute a field that requires multidisciplinary and multi-sectoral approach. Violence is viewed as a health issue nowadays; there is the increasing number of guidelines and recommendations for treatment of violence cases in medical practice.

This is especially important for medical staff working in ambulance services who encounter violence cases most frequently. LGBTI people are exposed to all forms of violence, and they are often victims of physical violence. If they seek medical assistance, it is important to avoid victimisation. One's sexual orientation, gender identity or sex characteristics by no means should be an excuse for providing inadequate assistance or for refusal to issue professional opinion. All results of lab tests and other diagnostic procedures should be recorded in medical documentation. If there is suspicion that

violence was perpetrated because of one's sexual orientation, the person should be asked about potential sexual violence during the interview (violent sexual intercourse, forced sexual intercourse, sexual violence involving penetration of objects into vagina or anus).

A Resource package *Strengthening Health System Responses to Gender-based Violence in the Federation of Bosnia and Herzegovina* specifies that when gender-based violence or violence in partnerships is recognised, medical staff should: a) provide information about gender based violence and its consequences for patient's physical and mental health, b) ask questions about gender based violence in case of identification of clinical symptoms (part of the routine screening), c) create a friendly and trustful environment, d) obtain the patient's anamnesis and perform medical examination, e) provide required medical and psychological support, f) document consequences of gender based violence g) ensure reference to other service providers, h) help the patient plan their safety, and i) provide for additional care and follow up. If violence against an LGBTI person is identified, use the Resource package *Strengthening Health System Responses to Gender-based Violence in FBiH* when providing services.

## 4.SOCIAL WORK

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Social work centres identify, analyse and evaluate citizens' social protection needs, propose and take measures to resolve the social status of citizens in need, and monitor the implementation thereof. They also organise social protection and social work services such as the prevention of social problems, provision of diagnostic services, treatment, counselling and professional assistance to beneficiaries. They also provide family counselling services, work with the family and individuals and implement education measures against minors. As the custody authority, the social work centre is also authorised to assist dysfunctional families, in order to rehabilitate the family function. This is especially important in work with families that struggle to accept sexual orientation of their members.

Sarajevo Canton Social Work Centre is an institution in charge of the prevention, detection and handling of all forms of violence against children, and it is the key institution in the protection of rights of LGBTI minors and LGBTI adults in divorce disputes.

Due to the fact that LGBTI people are often excluded from social streams, discriminated and rejected by close and extended families, there is a strong need for the Social Work Centre's involvement in this field, in order to provide adequate assistance and support to LGBTI persons and their families, and to approach their daily work on problems within their competence from the perspective of LGBTI people.

### ***Violence against LGBTI minors***

The Law on Protection from Domestic Violence of the Federation of BiH defines violence as any existence of grounded suspicion of inflicting the act of physical, psychological, sexual harm or suffering and/or economic harm by one family member to another, as well as threats causing fear of physical, psychological or sexual violence and/or economic harm. This Law is of great importance for the protection of rights of LGBTI minors within family, especially in situations when parents or other family members do not accept child's sexual orientation and perpetrate various abusive acts because of that.



The Social Work Centre is to react urgently and provide support and protection in cases of violence against LGBTI minor. Staff's inability to recognise violence against LGBTI minors poses special threat for adequate consideration of these cases. Rejection of the child because of their sexual orientation, or physical, psychological or economic harassment and restriction on movement i.e. home confinement, are all acts requiring emergency action of all social stakeholders, including citizens, civil servants, and employees of schools or health institutions. Violence against child caused by non-heterosexual orientation should be treated as any other case of domestic violence against children.

In case of violence against LGBTI child, the following steps should be taken:

**Step 1: Report the case to the police.** The Social Work Centre is to immediately inform the police about domestic violence and provide them with all additional information about the case, and with the official note containing information about the domestic violence victim and perpetrator. Social Work Centres must always act in the best interest of the child and, if physical violence was perpetrated, they should intervene and quickly remove the child from the family and provide them with physical safety. All other procedures for the establishment of violence will follow, as well as taking of social anamnesis, work with parents and development of individual support plan for the child.

**Step 2: Assist the victim.** The person in charge of the case will act with due diligence following the violence and impose measures of family-legal protection, taking into consideration the child's viewpoint. Primary task of the social work centre is to protect safety of the victim - the child - that can be removed from the family. Following the mediation in the process of protecting the child's safety, the centre will help the victim obtain legal and health support, as well as psychological counselling services. The centre plays an important role in coordination of activities on finding adequate accommodation for the child - domestic violence victim, and it is

particularly important to educate staff to treat the LGBTI person in a friendly manner, in order for the victim to feel accepted and safe. When criminal or minor offence proceedings for domestic violence are initiated, the centre will carefully examine whether the child's rights and interests are fully protected, guided by the child's best interest principle and, if not, the centre will appoint special custodian for such proceedings. The centre should pay special attention to the protection of child's right to express their sexual orientation or gender identity and the right not to be exposed to violence in the family on that ground.

**Step 3: Multi-sectoral approach to the problem.** Employees of the social work centre will take the social anamnesis required for creation of the complete picture of risk causes, protective factors, consequences and possibilities for adequate regulation of the problem. During the implementation of this phase, possibilities, varieties and modalities of influence of sexual orientation or gender identity on occurrence or course of the violence should be examined. Investigation of the case starts with collection of facts about family, duration, forms, possible causes and specificities of violence, observations of employees of educational institutions, of the family physician, coaches at the club and all other relevant stakeholders about the child and parents. In this process, the possibility that sexual orientation or gender identity or non-acceptance thereof is the cause of violence should also be considered. It is particularly important to introduce this as a compulsory aspect in social anamnesis, in order to prevent sexual orientation or gender identity to be overlooked as the cause of violence.

Social work centres develop the individual support plan, which implies inclusion of all strategic partners and factors that may contribute to problem solving, starting from the role of the social work centre, mental health centres, relevant non-governmental organisations, public institution 'Family Counselling' to school and members of child's close and extended family.

**Step 4: Implementation of the procedure for exercising the rights of the violence victim** After all data have been collected,

applying the principles of rights protection stipulated by the Law on Basics of Social Protection, Protection of Civilian Victims of War and Protection of Families with Children of FBiH, as well as family-legal protection measures pursuant to FBiH Family Law, with due respect for the BiH Anti-Discrimination Law and the UN's Convention on the Rights of the Child, the social work centre shall ensure implementation of the procedure in the child's best interest. This is particularly important in cases where child protection is ensured by imposing a restraining order against one of the parents. The centre informs both parents about specificities, rights and prohibitions specified in the decision, and informs the child who also has the chance to express opinion about the decision. If the child expresses contrary opinion to the decision, the social work centre will obtain professional opinion and recommendation which considers the child's opinion, but primarily provides the child with protection from further violence. The child's opinion is taken into consideration depending on the child's age and maturity.

**Step 5: Evaluation of the procedure** The social work centre is in charge of monitoring and evaluating the effects of taken measures for the protection from domestic violence. Special attention should be paid to effects relating to sensibilisation of parents in order to accept sexual orientation or gender identity, so that the child can return to the family without the threat of continued violence. Psychological counselling should be provided to all family members, including the child who suffered violence, in order to ensure continued personality development in a quality manner. All effects and success evaluations of the measures are recorded in the format of reports and submitted to competent court with specified opinion recommending extension, replacement or termination of the imposed measure.

### ***Violence against LGBTI adult***

In case of domestic violence against LGBTI adult, the social work centre's powers are significantly reduced and related to work with parents. They should assume their parenting obligations and responsibilities. After reporting of domestic violence, LGBTI person

obtains rights and possibilities for receiving professional support from the centre in the form of psychological and legal assistance. In those cases, the centre may include other stakeholders and advise the LGBTI person about their rights and available services in other institutions and organisations. However, provision of assistance by displacing one from the family and providing them with financial resources for independent life is difficult, because adults who are able to work do not fall under the competence of the social work centre.

Coming out process is complex in a country that fosters bias, stigma, discrimination and lack of understanding, which often results in violence in the community and family. Parents express emotions and positions concerning sexual orientation or gender identity of their children both in positive and negative ways. Expressing negative emotions and positions is accompanied by insults, physical violence, house confinement or expelling from home, which is also mentioned by activists of the Serbian organisation *Siguran puls mladih*: 'In two out of ten families in Serbia, homosexual child is exposed to violence, in six out of ten, they try to persuade the child that he/she is not normal, whereas only one in ten families accepts the child, statistics show.'<sup>2</sup>

### ***Parenting of LGBTI persons***

In divorce disputes, the social work centre should mediate and assist in the process of adequate treatment of the child, which includes counselling of parents in order to reach an agreement about custody. If they are unable to agree, the centre will conduct series of evaluations, including the evaluation of parents' capacity and family environment against parameters that define the option which is in the best interest of the child.

General problem or shortfall of social work centres is the absence of a universal, uniform and argument-based instrument for evaluation of parent's capacity in divorce proceedings. Every social work centre appoints a team for each case, and the team defines joint position which is submitted to the court. Primary role of the centre is to assist

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2 Available at: <http://www.telegraf.rs/vesti/814087-roditelji-o-lgbt-samo-jednoj-od-deset-porodica-ne-smeta-sto-im-je-dete-gej-video> (accessed on 22/2/2017)

the process of reaching an agreement on custody between parents. If parents are unable to agree, the team which evaluates parents' capacity analyses overall situation. Psychologists use personality evaluation instruments that are recognised in their practice, pedagogues use some other instruments, methods and techniques, whereas social workers go into the field, define the situation in the family, analyse conditions that both parties provide for growing up the child, and define an opinion. Based on used methods, techniques and instruments from their profession, every expert issues an opinion which is elaborated at the evaluation team's meeting. After the meeting, the team defines a single opinion and submits it to the competent authority, which is under no obligation to accept it.

***Sexual orientation or gender identity of parents must not be considered when evaluating their capacities.***

Over the past 30 years, research has been conducted about influence of same-sex parents on their children. In most cases, they use comparison of parenting effects of homosexual against heterosexual parents. Differences were researched in the domain of children's cognitive development, gender roles and identities, sexual orientation, social and emotional development and quality of relationship between parents and children. Apart from direct effects of parenting of LGBTI persons on the child's development, some studies research indirect consequences of LGBTI parenting children in the domain of development of child's abilities – how does the child cope and face with social stigmatisation due to non-heterosexual orientation of one or both parents, especially among their peers.

'In case of *Salgerio da Silba Mota v. Portugal* (1999), the Applicant complained to the Court (European Court of Human Rights) that Portuguese Court of Appeal had based its decision to award parental responsibility for their daughter to his ex-wife rather than to himself exclusively on the ground of his sexual orientation. He alleged that this constituted a violation of Article 8 of the European Convention of Human Rights (taken alone and in conjunction with Article 14). The Court found that the Court of Appeal introduced

a new factor, namely that the Applicant was a homosexual when deciding on custody award, which constituted a difference of treatment between the Applicant and his ex wife based on the Applicant's sexual orientation. The domestic court specified that 'it is not our task here to determine whether homosexuality is or is not an illness or whether it is a sexual orientation towards persons of the same sex. In both cases it is an abnormality and children should not grow up in the shadow of abnormal situations.' The Court found that these parts of the judgement of Lisbon Court of Appeal indicate that the Applicant's homosexuality was a factor that was decisive in the final decision. Therefore, it is a distinction based on considerations regarding the Applicant's sexual orientation, a distinction that is not acceptable under the Convention. The Court determined that the Court of Appeal's decision undeniably pursued a legitimate aim, namely the protection of the health and rights of the child. However, the Court concluded that the distinction made based on the Applicant's sexual orientation is not acceptable under the Convention. Therefore, there was no reasonable relationship of proportionality between the means employed and the aim pursued. For these reasons, Article 8 was violated, in conjunction with Article 14.' (Laković 2012: 49)

Research included around 500.000 children who grew up with one or both LGBTI parents, and statistics show that there are around 14 million children who grew up with LGBTI parents in the world (Cooper/Cates 2006). These numbers are only the top of the iceberg which hides under the surface an enormous number of children who have grown up with homosexual parents, and who are not included in any statistics. This also applies to Bosnia and Herzegovina, which has not recorded a single such case, because the system largely ignores LGBTI existence in the society.

Due to ignorance with respect to these issues and interference of personal attitudes and beliefs instead of scientifically adjusted evidence, service providers at the social work centre can make a

decision directly related to sexual orientation or gender identity of one parent, based on bias that sexual orientation or gender identity can have a negative influence on the development of child's gender identity and behaviour. Numerous world studies examined whether a homosexual parent or homosexual couple can directly influence the development of child's gender concepts with their behaviour and expression of sexual orientation and gender identity. There was a fear that children of lesbians and gays would be in a disadvantaged position their whole life because of gender 'confusion' and that it would probably disturb social dynamics. **The studies concluded that homosexual parents have no direct influence on the development of child's sexual orientation and gender identity.** Minor differences in the perception of gender and gender roles were observed among children of homosexual parents, which is related to more liberal views of parents who eliminate gender stereotypes from the child's environment. On the other hand, there is a visible influence of social stigmatisation of children because of their parents' sexual orientation. This field requires more attention – children's personal capacities to cope with constant social challenges should be enhanced.

## 5. EDUCATION

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In the field of education, the most important element is supporting children's development and respecting their differences, including sexual orientation, gender identity and sex characteristics. While growing up, every young person faces challenges such as development of social skills, thinking about career, fitting in with peers, use and abuse of psychoactive substances, engaging in sexual relations etc. Young LGBTI people are faced with all aforementioned challenges, but they should also cope with bias and discrimination, possible rejection and abuse in the environment, school, society, even in own family. All of the above may influence their physical and mental health adversely, and it may become evident to the school staff at the very beginning, when children run away from school, get poor marks, lose motivation to learn or to prove themselves and reach their goals, they withdraw and become sad and dissatisfied. This is the right time for first response of professional staff of the school that should be sensibilised for LGBTI issues.

Children spend the largest amount of time in school during their education, and it is expected that teachers should be the first to notice that a young person faces personal problems, violence or other growing up challenges. Omnipresence of violence and undeveloped peaceful conflict resolution skills expose children to risks in the school environment that teachers become immune to, and fail to react in a timely manner. For this reason, there has been a trend of creating manuals, modules, guidelines and more or less effective programmes for the prevention of bullying and violence in schools in Bosnia and Herzegovina. However, rarely do the programmes include the issues of violence based on sexual orientation, gender identity and/or sex characteristics that can be solved in the same or similar way as bullying, if teachers are sensibilised and familiar with LGBTI differences.

According to results of recent research of the most prominent American LGBTI organisation *Human Rights Campaign*, **LGBTI students are two times more exposed to harassment in**



**school (verbal and physical) than students who do not belong to the LGBT community.** Due to increased stress from bullying, harassment and lack of role model, LGBTI students are more likely to experience negative educational outcomes.<sup>3</sup>

Teachers increasingly recognise in young people the need to question gender norms and sexual orientation, the need not to behave in the same way as the majority, or see that children are exposed to bullying due to potential same-sex orientation or transgender identity, but they don't know how to react. Timely, systematic and sensitised response is the most important segment of providing assistance to children. In this way, children are enabled to live a happy childhood, and provided with preconditions to become satisfied persons with equal opportunities to meet their potential.

School as an educational institution should always convey messages to young people that violence does not belong in the society, that school will not tolerate abusive behaviour and that it will protect the interests of every child. Along these lines, **the school should incorporate in its programmes the issues of diversity and expressing one's personal identity without condemnation.** In such environment, children will grow up happier and learn to respect the others and different, and that any condemnation, discrimination and violence will not be tolerated.

The education currently system does not support such programmes and promotes preservation of rigid gender norms that negatively influence child's development and limit individual capacities for development of a health personality, all under pretence of fostering traditional values that do not belong in school. No system should exclude one social category because it is different and does not fit in the set norms, especially not the education system.

School climate directly influences student's success and communication with peers. Additional efforts should be put in making the classroom a place where everyone will be welcome, and where every student will feel comfortable.

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3 *Best Practices: Creating an LGBT-inclusive School Climate.* Available at: <http://www.tolerance.org/lgbt-best-practices> (accessed on 11/3/2017)

In order to overcome this problem, schools can self-initiatively create the environment where every individual will find their place.

The first step towards creation of such environment would be **continual and comprehensive staff sensibilisation** and creating policies on the respect of human rights that will be understandable to all. They should include information about basic human rights and principles that all employees of an educational institution should follow, in order to avoid discrimination or denial of identity of any member of the institution or any student attending the school.

After the staff sensibilisation, supportive environment should be created, in order to transfer the idea of diversity and respect for the rights of every individual to all classes, all classrooms, and all education segments.

In most cases, school management and staff hesitate to introduce changes and adjust school climate to children's needs because they are unable to identify the problem or to critically review own actions, rules and values. If you asked yourself: is the school where I work a good environment for all children, the most frequent answer would be yes. The next question is: is the school where I work a supportive environment for LGBTI children as well? Searching for the answer becomes more complicated; some will say that there are no LGBTI children in their school, whereas others will say that all children are treated equally, which is not an appropriate answer either. LGBTI students have different needs that require adequate response in the educational process.

### ***School inclusiveness test for LGBTI students***

Examining the school climate is certainly not simple, and answering one question is not enough. Therefore, in order to test a school climate with respect to LGBTI issues, the following questionnaire can be used:

<b>Specify to what extent you agree with the following statements</b>	<b>I completely agree</b>	<b>I agree</b>	<b>I neither agree, nor disagree</b>	<b>I disagree</b>	<b>I absolutely disagree</b>
Students in our school get along well	1	2	3	4	5
Teachers in our school get along well	1	2	3	4	5
Students mostly choose to hang around with peers who are like them	1	2	3	4	5
Students in our school know how to report violence	1	2	3	4	5
Students in our school know how to report homophobic and transphobic violence	1	2	3	4	5
Students in our school are not embarrassed to report harassment to the school staff	1	2	3	4	5
Teachers in our school actively work on creating a safe and accepting environment for every child	1	2	3	4	5
Every student feels that they belong in our school	1	2	3	4	5

Our school creates opportunities for children to get to know one another in an adequate manner	1	2	3	4	5
Teachers, principal, other staff and parents in our school understand and respect the principle of mutual listening	1	2	3	4	5
Teachers look forward to a new school day	1	2	3	4	5
<b>In the past three months...</b>					
I saw a graffiti, sign or message of hate in school or around the school	true			not true	
I heard students using inadequate words and jokes about potential sexual orientation or gender identity of a peer	true			not true	
I heard students tease, mock at, and insult others	true			not true	
I heard teachers inadequately labelling a group of students (dilettantes, faggots, lesbians, womanisers, lowlifes...)	true			not true	
I talked to colleagues about LGBTI topics	true			not true	
I talked to colleagues about safety of students in our school	true			not true	

If the first part of the questionnaire results in less than 20, answers should be thoroughly analysed, with special focus on LGBTI students. If the result is still under 20, the school provides adequate refuge to the children, but there is space for improvement, because the optimal result is 15. The questionnaire can be given to parents as well, in order to examine their views and compare them to the views of the school staff. If there are substantial deviations, this is

the first indicator that procedures should be improved, students should be informed about ways of reporting violence, or the system of information and promotion of school values that are not known to all should be improved. In any case, the questionnaire can help analyse the school climate.

The second part of the questionnaire only applies to the school staff. If the answers to the first four questions are affirmative, this is a sign that teachers started tolerating violence and that they do not notice abusive, discriminating or disturbing situations around them. And if answers to the last two statements are negative, staff training should be organised, and discussions about sensitive and tabooed topics should be initiated.

### ***Teachers' role in a violence case***

Apart from the teachers' main task to teach children in various scientific disciplines, they have an inevitable role in children's raising, socialisation, adoption, respect and practicing of norms and values important for the society.

The generally accepted attitude is that students should report violence to the school staff, and the staff should respond by following steps from the protocol for treatment of violence cases in school. Reactions to violence can be different, and they depend on teachers' discretionary evaluation of causes, intensity, severity and consequences of violence. In most cases, they decide to solve the problem of violence in class without involving other experts, or by including the school pedagogue and/or psychologist. There is concern that teachers will not perceive violence based on sexual orientation, gender identity and/or sex characteristics as important or dangerous for personality development, and that they will overlook the case. By doing so, they convey a message to children that violence based on sexual orientation, especially verbal violence is unimportant and that it is a part of the growing up process.

Every **verbal violence** based on sex characteristics is stressful for a young person who has to worry about own sexual orientation and gender identity in addition to all the challenges facing them while growing up. This person has not developed the skills to cope with daily stress, and with potential social rejection and feeling of not

belonging to the community, they develop negative opinion about self, which directly influences their mental health. Continued exposure to stressful situations leads to depression and anxiety that young people struggle with alone in most cases, without solving the problem adequately. Teachers' role is to prevent such situations and to help young people accept themselves, but efforts should be put in sensibilisation of the whole environment (class) as well. Sensibilisation should be conducted through usual conversations, tasks and exercises that are included in the syllabus.

**If an LGBTI student addresses a teacher to talk about their sexual orientation, gender identity or sex characteristics, the teacher should ask the following questions:**

- Did you tell anyone else about your sexual orientation, gender identity or sex characteristics? If yes, to whom?
- Is this a secret that you only shared with me? Should I keep it?
- Do you feel safe at school? And at home?
- Do you need help? What kind of help?
- Did I ever offend you inadvertently? And other teachers?

These questions will help you understand which direction the conversation should follow, and how to provide adequate assistance. In parallel with empowerment of the LGBTI person and implementation of the programme for sensibilisation of students in the class, efforts should be put towards sensibilisation of all parents, especially parents of the LGBTI child.

Teachers should carefully handle communication with parents of LGBTI students. Teachers should not express doubts or claim that a child is an LGBTI person to their parents or anyone else without prior consultations with the student – such public announcement may be very harmful for the child and cause bigger problems in the family. Class masters can discuss diversity in homeroom classes, inform young people about sexual orientations and gender identities, about the importance of accepting personal sexual orientation and gender identity, and of accepting sexual orientation of others.

This is the way to create a healthy environment that supports normal psychophysical development of every person. Teachers can motivate young people to research LGBTI topics and to produce billboards that will convey the message of support to young LGBTI persons from their class.

Teachers should ask themselves:

- Do I see any examples of violence, harassment or ignoring of students who are potentially LGBTI persons?
- How do young LGBTI persons feel about that?

## 6. PROSECUTOR'S OFFICES

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Historical treatment of LGBTI people in a society, and particularly their persecution by judicial institutions prior to decriminalisation of homosexuality (in SR BiH, homosexuality was only decriminalised in 1991) significantly contributed to tense relations and low level of confidence of these people in the police, prosecutor's offices and courts, and other state institutions. Such resistance and lack of confidence were additionally boosted by lack of compulsory and institutional trainings in human rights, lack of empathy with marginalised groups, but also by fear of discrimination and re-victimization within judicial institutions. This fear and lack of trust in the judiciary by marginalised groups result in small number of reported hate crimes, which is a problem that requires further work.

Prosecutor's office as an autonomous state authority with the task to protect the implementation of human rights and civil freedoms guaranteed by the Constitution of BiH and cantonal and Entity-level constitutions, as well as exercising of rights and interests defined by law also must take an active role in elimination of such distrust and establishment of communication channels that will increase reporting rates for crimes motivated by one's sexual orientation, gender identity or sex characteristics.

All employees of the prosecutor's office should maintain high level of professionalism and pay due respect to all victims and witnesses with whom they work. In the EU member states, this proved to be a successful method of work with people, it improved results of criminal investigations, and contributed to citizens' satisfaction with the work of prosecutor's offices. For the purposes of attaining such high level of professionalism and sensibilised approach to LGBTI persons, examples of correct behaviour are provided below.

### ***Sensibilisation for work with LGBTI people***

LGBTI face discrimination, verbal, psychological and physical violence and rejection from the environment and families on a daily basis. Such experiences largely influence their willingness to report



human rights violations and their concern about the course of proceedings. Prosecutors should understand these fears, and be aware that the very exposure to reporting and testifying can additionally harm the victim. Upon revealing their identity (e.g. in case of testifying before court, when they must answer questions about sexual orientation, gender identity or sex characteristics), the victim could be re-victimized, lose their family, job, apartment, friends, in other words, lose their economic and social security. By showing that they understand the special position of LGBTI people during reporting and processing of cases, prosecutors can develop a trustful relationship with the victim and make sure that they get adequate and empowering support, depending on capacities of the prosecutor's office. Such relationship facilitates the investigation of criminal offences and prevention of socially dangerous and harmful behaviours.

### ***Use of correct language and sensibilised approach***

In the work with LGBTI persons and other victims of criminal offences motivated by transphobia or homophobia (activists, collaborators or friends of LGBTI persons can also be targets of these attacks), it is absolutely necessary to use correct and right terms expressing respect for victim's or witness's personality and sexual orientation, gender identity or sex characteristics. Prosecutors should leave their biases and stereotypes aside with respect to LGBTI persons and treat them in the way they want to be treated. Any offensive terms or expressions must be avoided, an atmosphere of trust should be created, avoiding re-victimization and discrimination of victims or witnesses.

If the prosecutor or employee of the prosecutor's office is not sure how to address a person because of their sexual orientation, the best way is to directly ask the person about expressions or pronouns that suit them best.

In the work with transgender persons, use of the name and gender preferred by the person that are in contradiction to those specified in identification documents can be a special problem. Prosecutors should address the person using gender and name the person chose, but they should explain to the person that rules applicable to the sex specified in their identification documents must legally

apply to them during the procedure. It is clear that legal rules applicable to the sex specified in personal documents must be applied to the transgender person in criminal proceedings (trial, court expertise etc.), but this does not prevent prosecutors and other staff working with such persons to respect their choice and to use their preferred gender and name when addressing them, in order to improve cooperation and build a trustful relationship.

Therefore, LGBTI persons should be provided with privacy protection and trustful relationship that will be maintained throughout the proceedings, which includes:

- treat them considerately and with understanding, and give them time to calm down after the criminal offence they suffered;
- provide them with access to adequate medical institution, as well as medical assistance or psychological support, if necessary;
- take their statement in a safe and encouraging environment;
- prevent disruptions from third parties or attendance of third parties when taking the statement;
- encourage them to speak freely;
- show understanding and care for the person's safety and provide them with adequate support;
- allow them to express concern or fear and opinion about motives behind the human rights violation;
- not specify or use data and facts that are irrelevant for the case;
- protect private data and LGBTI person's identity from general public, to the extent possible.

In order to continue the trustful relationship in the future, the LGBTI person(s) i.e. victim(s) of the criminal offence should be informed about taken measures and achieved progress in their case during further investigation, to the extent possible.

### ***Investigation, prosecution and monitoring of criminal offences***

In the identification and qualification of criminal offences, attention should be paid to the victim's or witnesses' perception of

motive behind the attack, but also to numerous other indicators pointing to a homophobic or transphobic motive behind the crime perpetration.

In order to establish whether the criminal offence was perpetrated because of one's sexual orientation, gender identity or sex characteristics, the following should be checked:

- if the victim of the criminal offence believes that the offence was motivated by homophobia, biphobia, transphobia or hate based on sex characteristics, gender identity or sexual orientation;
- if the perpetrator used hate speech or symbols expressing homophobia, biphobia, transphobia or hate towards LGBTI people;
- if the crime was perpetrated in a particularly brutal way, because it was directed against LGBTI people;
- if the criminal offence was perpetrated near the area, bar or another place where LGBTI people get together;
- if the perpetrated criminal offence was directed against an LGBTI person or against a person who assumingly belongs to this group, or who is affiliated with this group;
- whether the criminal offence would have been perpetrated if the perpetrator had not believed that the victim was an LGBTI person.

Victims, suspects and witnesses of such criminal offences should be openly asked questions about their perception of the motive.

Prosecutors should manage the police work, especially during collection of evidence pointing to the perpetration motive, and verify if all witnesses were examined, and whether the victim's or perpetrator's statement about the motive was taken into account.

Many criminal offences caused by homophobia and transphobia remain unreported due to fear and lack of confidence. Prosecutor's offices can take an active role in confidence building and changing of this perception by giving statements about openness for marginalised groups, participating in sensibilisation trainings and promoting such trainings, by placing posters and other LGBTI-inclusive materials in their premises, and by building partnerships and cooperation with organisations working with LGBTI people in BiH.

Prosecutor's offices should establish systems for monitoring of hate crimes, in order to enable classification of criminal offences by type and individual motive, which would result in systematic documentation of criminal offences motivated by bias on all grounds, including sexual orientation, gender identity and sex characteristics. Maintaining of such documentation will also help the establishment of trustful relationship with members of marginalised groups. It would be an indicator of difference between the number of cases reported to citizens' associations and those reported to the police and prosecutor's offices, and it can serve as the basis for further action and an indicator of the influence of criminal sanctioning of such offences on the crime rates over a period of several years.

## 7. LOCAL AND CANTONAL AUTHORITIES

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Local and cantonal levels are the closest to citizens. These government levels therefore bear high responsibility towards LGBTI people. At its 28th session held on 25 March 2015, the Council of Europe's Congress of Local and Regional Authorities adopted Resolution 380/2015 entitled **Guaranteeing lesbian, gay, bisexual and transgender (LGBT) people's rights: a responsibility for Europe's towns and regions**.<sup>4</sup> This resolution proposes in an excellent way the measures that can be taken by local and regional (in our case cantonal) government levels.

These are the **key recommendations**:

- Local and regional authorities should adopt a clear, holistic action plan which commits to diversity, promotes equality and rejects discrimination, being guided by CM/Rec(2010)5 of the Committee of Ministers to member States on measures to combat discrimination on grounds of sexual orientation or gender identity;
- Elected representatives and other people in positions of authority on local and regional levels should publicly denounce hate speech, all incitement to or promotion of hatred, intolerance and discrimination, including human rights violations based on sexual orientation, gender identity and sex characteristics;
- Human rights education, including education about LGBTI human rights, should be included into the curricula of schools and other educational establishments so that children and young people learn about human rights and understand the importance of equality and dignity;
- Awareness-raising campaigns and educational activities for the general public of all ages should be implemented in order to build understanding and respect towards LGBTI people. It is important to organise diversity events and activities on specific

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4 Resolution is available at: <https://wcd.coe.int/ViewDoc.jsp?p=&id=2304481&Site=COE&direct=true> (only in English)

- LGBTI occasions, thus showing respect for the fight for equality;
- Local and regional levels should cooperate with higher government levels, other local and regional authorities and civil society organisations to ensure full respect for LGBTI people's rights;
  - Legislative frameworks should be analysed, and new and amended legislation and decisions that will improve legal framework for the protection of LGBTI human rights should be introduced;
  - Municipalities, towns and regional authorities should adopt clear internal acts on prohibition of discrimination and harassment that will apply to all employees and services users. Staff should receive adequate training to be open and inclusive in their work, thus showing respect and equal treatment for all citizens.

People in positions of authority, especially members of SC Government, SC Assembly, Sarajevo City Council and municipal councils, municipal and city mayors bear large responsibility. Through advocacy for LGBTI rights, they can introduce big changes, whereas their silence can contribute to continued denial and violations of LGBTI human rights.

## DEFINITIONS OF KEY TERMS<sup>5</sup>

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### BISEXUAL PERSON

A person who is sexually and/or emotionally attracted to people of both sexes.

### DISCRIMINATION

Discrimination is every different treatment, exclusion, limitation and bringing in disadvantaged position of a person or group of persons on some ground. There are different grounds or characteristics based on which a person or a group of persons can be put in disadvantaged position. Lesbians, gays and bisexuals can be discriminated on the basis of **sexual orientation**, trans\* (among other, transgender and transexual persons) on the basis of **gender identity** and gender expression, and intersex persons can be discriminated based on **sex characteristics**. Therefore, it is very important for all the three grounds (sexual orientation, gender identity and sex characteristics) to be legally recognised as prohibited discrimination grounds.

### HOMOPHOBIA

Irrational fear, intolerance and bias against gay men and lesbians. It is manifested as conviction about superiority of heterosexuality. This conviction generates violence against non-heterosexual persons, which is justified by belief in own superiority (and their inferiority). Violence is reflected in verbal and physical attacks and discrimination. Activism often uses term **biphobia**, which denotes irrational fear, intolerance and bias against bisexual persons.

### HOMOSEXUAL PERSON

A person who is attracted to people of same sex. A woman who is sexually and/or emotionally attracted to other women is called **lesbian**, whereas a man who is sexually and/or emotionally attracted by other men is called **gay**.

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5 Definitions result from multiannual work of Sarajevo Open Centre's team. For readers who want to learn more: see the *Glossary of LGBT Culture* (Gavrić/Čaušević 2012) and many other publications of Sarajevo Open Centre, available at: [www.soc.ba](http://www.soc.ba) -> Publications.

## HOMOSEXUAL

Obsolete clinical term for people whose sexual orientation is directed towards persons of same sex, i.e. people who are sexually and/or emotionally attracted to persons of same sex. This term is inappropriate and many gays and lesbians find it to be offensive. Gay (man) and lesbian are more correct terms.

## HOMOSEXUALISM

Obsolete clinical term which was used for medical purposes to denote same-sex sexual orientation. It is viewed as offensive, because it implies that homosexuality an illness that should be treated. In view of the fact that the World Health Organisation (WHO) confirmed in 1990 that homosexuality, just like heterosexuality, is a natural variation of human sexuality, this term is no longer used. Homosexuality or homosexual (same-sex) orientation is used instead.

## INTERSEX PERSON

A person whose **sex characteristics**, including chromosomes, gonads and genitals deviate from the typical binary division to male and female bodies. There are different forms of intersexuality. Based on sex, persons can be divided to males, females and intersex persons. **Intersex persons**, like male and female persons, have their sexual orientation and gender identity. In the past, these people were often called hermaphrodites, but this term is viewed as discriminatory and medically incorrect.

## LGBTI

A comprehensive term which is used to denote lesbians, gay men, bisexual, trans\*(gender) and intersex persons. This term denotes a heterogeneous group that usually goes by the LGBTI acronym in social and political activism.

## LGBTTIQ

An abbreviation for lesbians, gay men, bisexual, transgender, transexual, intersex and queer persons.

## MENTAL HEALTH

Mental health is the state of wellbeing in which every person achieves



their full potential and copes with daily stress, in order to be able to work productively and contribute to the community.

## QUEER

Queer was previously used in English language as a pejorative name for non-heterosexual persons. LGBTI people then started using it to describe themselves. Some people particularly value this term, because it symbolises defiance and captures diversity – not only of gays and lesbians, but also of bisexual, transgender and intersex persons, and heterosexual persons who live outside of the heteropatriarchal norms.

## REPRODUCTIVE HEALTH

The state of full physical, mental and social wellbeing. It is not only the absence of illness or weakness, but it applies to all aspects of the reproductive system, its functions and processes. Reproductive health implies that people are able to have a satisfying and safe sex life, which implies the reproductive ability, but also the freedom to choose whether one wants to have children, when and how many.

## REPARATIVE PSYCHOTHERAPY

Therapy aiming to change sexual orientation, neglecting the fact that same-sex orientation is not a disease, but a variety of sexual orientation, such as heterosexuality and bisexuality. It was banned by the World Health Organisation because it is ineffective, harmful for health, and violates basic human dignity.

## GENDER IDENTITY

Gender identity is related to the individual experience and understanding of own sex, which may correspond to the sex assigned at birth, but not necessarily. Gender identity, among other things, applies to personal experience of own body, clothing and way of speaking. People whose gender identity matches the sex that they were assigned at birth are called **cis-gender persons**, and those whose gender identity does not match the sex that they were assigned at birth are called **transgender persons**. **Transsexual persons**, as a subgroup of transgender persons, are people whose gender identity does not match the sex that they were assigned at birth and who intend to reassign their biological sex, or who are already in the reassignment process.

## SEXUAL ORIENTATION

Emotional and/or sexual attraction or inclination towards persons of the same and/or different sex/gender. Common division is to **heterosexual** (attracted to people of different sex), **homosexual** (attracted to people of same sex) and **bisexual** (attracted to people of same and different sex) persons. Legal terminology in BiH often uses terms sex orientation, sexual choice, sexual preferences, but the recommended term is sexual orientation.

## SEX CHARACTERISTICS

Sex characteristics, including chromosomes, gonads and genitals can deviate from the typical binary division to male and female bodies. Based on sex, persons can be divided to males, females and intersex persons. **Intersex persons** can therefore be discriminated or become targets of hate crimes and bias due to their sex characteristics.

## TRANSGENDER PERSON

The term used for people whose gender identity does not match the sex that they were assigned at birth. Transgender identity covers all those who feel, prefer or choose to present themselves differently from expected gender roles that traditionally belong to them based on sex that was assigned to them at birth, be it through clothing, language, manners, cosmetics or body modification. Among other, trans gender identity applies to persons who do not identify themselves with male and female markers, transexual persons, transvestites and cross-dressers. **Transgender man** is a person who was assigned female sex at birth, but their gender identity is male, or they are somewhere on the spectrum of masculine gender identities. **Transgender woman** is a person who was assigned male sex at birth, but their gender identity is female, or they are somewhere on the spectrum of feminine gender identities.

## TRANSPHOBIA

Irrational fear, intolerance and bias against transexual and transgender persons.

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## About Sarajevo Open Centre

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Sarajevo Open Centre (SOC) advocates full respect for human rights and social inclusion of LGBTI persons and women. Sarajevo Open Centre is an independent, feminist civil society organisation that strives to empower LGBTI (lesbians, gay, bisexual, trans\* and intersex) persons and women through community building and establishing an activist movement. SOC publically promotes the human rights of LGBTI persons and women and advocates for improved legislation and policies in Bosnia and Herzegovina on state, European and international level.

Here, we will mention only a few of our achievements related to equality of LGBTI persons. In addition to psychosocial and legal counselling, we continue to run the only LGBTI media outlet in the country – the web portal [www.lgbti.ba](http://www.lgbti.ba). We have organised trainings for the police, the prosecutor's office and the courts and we have worked extensively with journalists, young jurists and other future professionals. In 2016 several of our legislative and policy initiatives were discussed by the government and the parliament. We have also started working with institutions on the local level, where the LGBTI community needs us the most.

Our advocacy work focuses on anti-discrimination legislation as well as combating violence against LGBTI persons. We will continue to work on issue related to trans\* persons, same-sex unions, social inclusion, as well as the position and treatment of LGBTI persons in education, health care and employment. In the past few years we have run media campaigns that have reached over a million of BiH citizens and organised the LGBTI film festival – Merlinka.

For more information about our work visit: [www.soc.ba](http://www.soc.ba).

## About the authors and editor

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**Dajana Cvjetković** (1988, Sarajevo) completed business communication studies at the Faculty of Political Science in Sarajevo and obtained MA in communicology, specialising in business communication. Since 2003, she has been an activist and trainer in peer education in sexual and reproductive health and rights, with the special focus on work with marginalised and hard-to-reach social categories. Since 2011, she has worked for Association XY, where she also works as leader of the programme for sexual and reproductive health and rights. She is the author and co-author of numerous brochures, publications, handbooks, and researches, including the *Teachers' Handbook for Healthy lifestyles* course which is implemented in elementary schools in Sarajevo Canton.

**Vladana Vasić** (1990, Sarajevo) graduated law at the University in Sarajevo. She has worked at Sarajevo Open Centre since April 2012 on advocacy, legal counselling and monitoring of the government's work. She is the (co)author of different proposals for new laws, amendments to existing laws and policies towards the institutions in BiH. She focuses on issues relating to hate crimes and discrimination. Vladana is a member of the European Commission on Sexual Orientation Law.

**Saša Gavrić** (1984, Tuzla) completed studies of political and administrative science in Konstanz (Germany) and obtained MA in international relations and diplomacy. From 2005 to 2011, he worked for German cultural centre – Goethe-Institut. He was one of the founders of Sarajevo Open Centre, one of the leading civil society organisations in Bosnia and Herzegovina, and worked as its executive manager from 2011 to 2016. In his work, he focused on LGBTI rights, gender equality, legal and institutional mechanisms for human rights protection, and EU integration. Since 2016, he has worked for the OSCE mission to Kosovo. He wrote/published/edited/translated dozens of newspaper and scientific articles, books and collections of papers. His research and professional interests include: political systems in former Yugoslavia, federalism and human rights, legislation and policies in the field of human rights.



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