Intersex LB+ women and non-binary persons in Greece

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Intersex Greece

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Translation disclaimer: This is an accurate translation of the original Greek research. It aims to bring the original testimonies in Greek to the English-speaking audiences with minimum changes to the original text. For this reason, in some cases, one may encounter deviations from the established English terminology.

This research project was carried out with the invaluable support of EL*C, which accompanied us with trust and patience through a process that required time and care in engaging with the complexity of human experiences. This support was instrumental in the development of a study that sought to approach, with respect and responsibility, the lived realities of intersex LB+ women and non-binary individuals.

The significance of this project lies in its intersectional approach, which acknowledges that intersex existence is shaped through multiple, interconnected identities. Intersectionality constitutes a cornerstone of our research perspective, enabling a deeper understanding of the experiences, challenges, and possibilities that emerge where identities meet and co-shape one another.

We would like to sincerely thank the persons who participated in the research and shared their experiences with courage and trust, showing us their strength even when life circumstances had led them to question their right to space and visibility. Finally, this project is dedicated to all intersex people whose identities vary and intersect. We hope they can flourish with all the facets that make themselves up, and we are here at every step of this path to stand beside them and, wherever possible, contribute to the creation of smoother and more just pathways.

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Funded by the EL*C

Funded by the European Union

Contents

Intersex LB+[1] women and non-binary persons in Greece

1. Introduction

In 2023, the GREVIO Committee of the Council of Europe included intersex women for the first time in its report on Greece, with a particular focus on acts of violence committed against intersex women in medical settings as well as in other areas of their lives (see GREVIO publishes its baseline evaluation report on Greece - Istanbul Convention Action against violence against women and domestic violence). This report was based on testimonies from intersex women submitted[2] to the Committee by the Hellenic Intersex Community – Intersex Greece, and it was perhaps the first international report to provide detailed information on the issue. The main GREVIO evaluation report for Greece stated that "intersex women, and particularly intersex girls, are not often aware that they are experiencing gender-based violence (…) We recommend the establishment of laws and policies to ensure that intersex women and girls who are victims of violence receive adequate information about the violence they experience, as well as the availability of support services and legal measures. The Committee emphasized the need for further research and the provision of support and services specifically for intersex women, especially those who are victims of violence and discrimination. This may be the first time that intersex women have been included in GREVIO reports for any member state.

It should be noted, however, that incidents of multiple discrimination and violence faced by intersex women had already been highlighted by the Hellenic Intersex Community prior to 2023, particularly in the organization's report titled "Hate Speech Against Intersex People in Greece", which referred to various incidents, mostly involving healthcare professionals. For example, according to the testimony of a parent of an intersex child: *"The initial assessments (by doctors) were that a uterus was present and that after the surgery the girl would menstruate. Eventually, this assessment turned out to be incorrect."* In addition, according to testimony from a professional in the fields of medicine, paramedicine, and/or mental health with relevant experience in the care of intersex individuals: *"There is a perception among some doctors that it is difficult for a girl with a 46XY karyotype to be accepted."*

At the international level, in 2024, Resolution 2576, adopted by the Parliamentary Assembly of the Council of Europe, addresses violence and discrimination against lesbian, bisexual, and queer (LBQ) women in Europe. It specifically condemns lesbophobia and acknowledges that LBQ women face unique challenges due to intersecting biases related to their sexual orientation, sex characteristics, and other factors such as race, gender identity, disability, and

1. LB+ refers to femininities with a lesbian, bisexual, or any other type of romantic/sexual orientation, e.g., pansexual, asexual, etc., excluding heterosexual.
In some parts of the text, the term LBQ women is used = Lesbian, Bisexual, Queer women

migration status. The resolution calls for integrated national strategies to protect the rights of LBQ women, including strong anti-discrimination laws that also apply to intersex LBQ women: *"Strong anti-discrimination legislation should be implemented, and it must include specific provisions on discrimination based on sexual orientation, gender identity, gender expression, and sex characteristics,"* following an interdisciplinary approach.

1.1 Aims and methodology of research

In 2024, our organization participated in the first seminar held by national human rights organizations regarding the implementation of the GREVIO report. Unfortunately, we realized that, despite the fact that intersex women are explicitly mentioned numerous times in the report, the relevant stakeholders responsible for its effective implementation continue to focus exclusively on **endosex**[2] lesbian and heterosexual women. Although we reached out to feminist organizations and made an intervention by calling on all involved factors to take into account the needs of intersex women, we feel that our voices were not heard.

Furthermore, as already mentioned, the work of the Hellenic Intersex Community had largely focused on issues concerning "sex characteristics". However, there was an increasing need for our work to become more interdisciplinary and to also focus on the specific needs of intersex women who may face discrimination for multiple reasons, including their "sexual orientation". More specifically, although we were aware that there are intersex women within our organization who identify as lesbian, bisexual, pansexual, asexual, and/or as women of any non-heterosexual orientation, we didn't know what their specific needs are. Through this research, we aim to explore the needs of these women, integrate them into our advocacy agenda, as well as into the internal activities of the organization (e.g. future peer support groups, community workshops).

At the same time, regarding to intersex people who identify as non-binary, we know that Law 4958/2022, which banned non-consensual surgeries on intersex infants and children, has created a significant gap, as it does not extend legal gender recognition to intersex individuals who identify as non-binary.
Therefore, in recent years, the organization's work has also focused on the needs of non-binary intersex individuals. As a result, there is a need to continue monitoring their needs with the aim of actively integrating them into the organization's advocacy plan.

With this research, we aim to:

1. **Map the specific needs of intersex women and girls** who self-identify as lesbian, bisexual, or with other sexual orientations, including asexual, pansexual, or those who are still exploring their sexuality, as well as the needs of **intersex non-binary individuals**, in order to better focus our support efforts.
2. **Support intersex LB+ women** who are victims of violence and discrimination, contrib-

2. The "endosex" term refers to individuals who are born with physical sex characteristics (chromosomes, hormones, genitals) which correspond to medical/social norms for typical male or female bodies; that is, these are individuals who are not intersex, not born with variations in their sex characteristics.

uting to the effective implementation of the GREVIO report.

***3.* Analyze the needs of intersex non-binary individuals** and provide them with adequate support, so that our work can be directed toward a **future reform of existing laws and policies** concerning the legal recognition of their gender.

We understand that without an empowered and well-supported community, our advocacy work cannot be sustainable. Therefore, increasing support for these groups within our organization is essential. Furthermore, our work is becoming increasingly interdisciplinary—an element we formally incorporated into our strategy, particularly since the summer of 2024, when we joined the global intersex movement in defending the injustices faced by athlete Imane Khelif.

This report compiles reliable and up-to-date data focusing on the needs of intersex LB+ women and non-binary individuals in Greece. As part of this effort, we created a questionnaire that was distributed to intersex individuals who identify as intersex LB+ women, girls, and non-binary people. The questionnaire gathered qualitative data and was anonymous, easy to complete, and brief. The questions focused on needs that are currently not addressed by national laws, policies, or actions, nor by policies of the European Union (EU). The questionnaire was shared online and distributed by intersex people to intersex people to ensure that participants felt safe in responding. We did the analysis of the data collected and are publishing it in this short report, in both Greek and English, with the goal of informing and raising awareness about intersex-related issues that remain invisible.

Finally, it should be emphasized that this research was led primarily by intersex individuals, following the "intersex-led" methodology, which Intersex Greece has adopted and applies across all its research. This methodology ensures that the research is fully intersex-inclusive, with allied researchers serving only in advisory or guiding roles, while intersex individuals are responsible for the design, oversight, and implementation of the research.

1.2 Obstacles

One of the challenges we often face in our research projects concerning intersex embodiment is the very process of collecting responses, given the reluctance of intersex people to participate in any research project. This reluctance stems from how their bodies have been instrumentalised, especially in medical settings but also often in research.[3] As a result, once again, beyond the general announcements on the organization's social media channels, we had to send repeated personal messages to intersex individuals, emphasizing the importance of completing the questionnaire and collecting research data from this significant segment of our community. This effort aimed precisely at achieving a clear mapping of their needs – so that we can have documented evidence of what is required and be able to advocate for future funding and policy changes to address those needs. A second issue that emerged was the distribution of the questionnaire to intersex people beyond our membership base (for which we asked for the help from allied medical professionals), as well as the fact that the research effectively "excluded" intersex men and exclusively heterosexual intersex women

3. https://intersexgreece.org.gr/en/2021/11/02/press-release-about-bring-in-research-project/

–who represent a significant part of the intersex population. Despite these challenges, we managed to collect a sample of 13 valid responses from intersex LB+ women and intersex non-binary individuals –a number that exceeded our expectations.

2. Demographic data

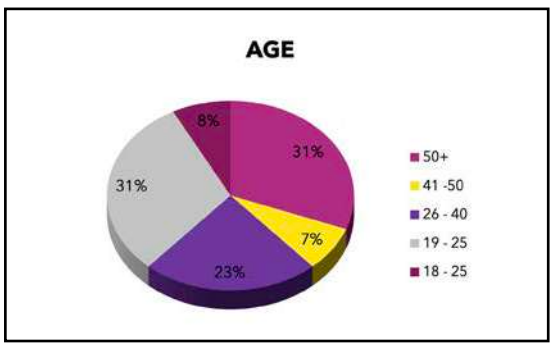
We received a total of 21 responses (nineteen in Greek and two in English), of which one was submitted by an endosex individual and was therefore excluded. Additionally, five responses from intersex women who identified as exclusively heterosexual in terms of romantic/sexual orientation, as well as two responses from intersex men, were also excluded from the data analysis.

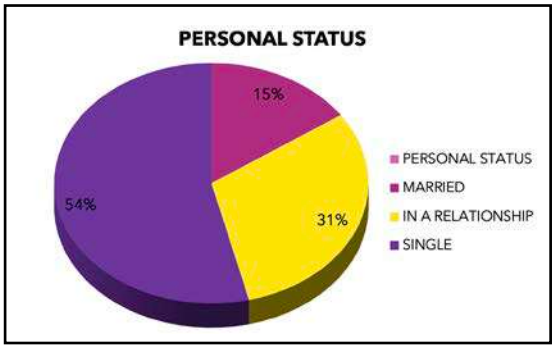
2.1. Age distribution

The sample shows a **significant age diversity**, with most responses coming from young adults (19–25 years old) and older adults (50+ years old), who together represent 61.6% of the total. They are followed by individuals aged 26–40, comprising 23.1% of the sample. Adolescents (15–18) and middle-aged individuals (41–50) are the least represented, with only one response each.To begin with, this maps out emerging needs both at earlier life stages (identity exploration, support, access to services) and at later stages (health issues, invisibility, intergenerational experiences of stigma).

2.2. Family/Personal status

The majority of participants **reported not having a romantic partner** (over half of the respondents), which may indicate that a significant proportion are experiencing isolation or are choosing not to engage in romantic relationships. This could be related to difficulties in finding partners who accept them, past traumatic experiences, and/or a lack of safety and visibility in romantic/sexual contexts.





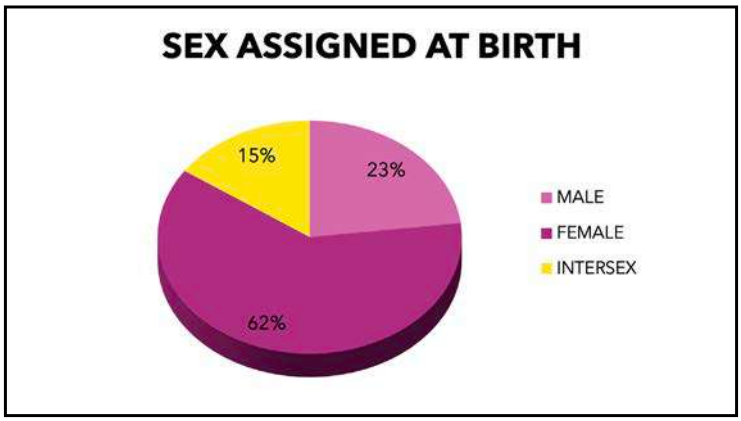
The presence of a relationship or marriage was recorded in 46.2% of the total sample, suggesting that despite discrimination and social barriers, there is still potential for visibility and participation in romantic or committed partnerships and/or the creation of a family.

2.3 Biological sex and sex characteristics

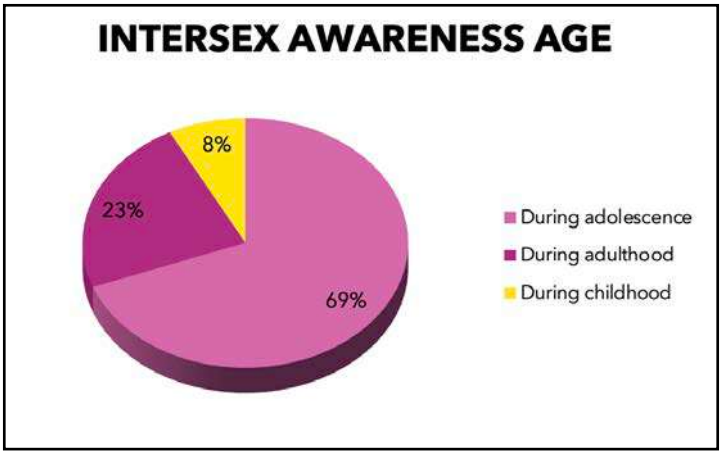
In eight (8) out of the thirteen (13) respondents, **female** sex was assigned at birth; in three 3, **male** sex was assigned (of whom 2 individuals identify as trans women and 1 as non-binary); and in two (2) cases, an **intersex** variation was assigned. This may indicate that these

individuals were possibly born outside of Greece (as Greek law and registry systems still officially recognize only the binary categories of "male/female") or it may suggest that the respondents did not interpret the question about assigned sex at birth in a strictly literal way.

Participants reported a range of medical diagnoses that fall under the umbrella of intersex variations in sex characteristics—from more "classic" and medically recognized variations such as Swyer syndrome, CAH (Congenital Adrenal Hyperplasia), AIS (Androgen Insensitivity Syndrome), and Klinefelter syndrome, to descriptions such as "hormonal variations inconsistent with assigned biological sex".



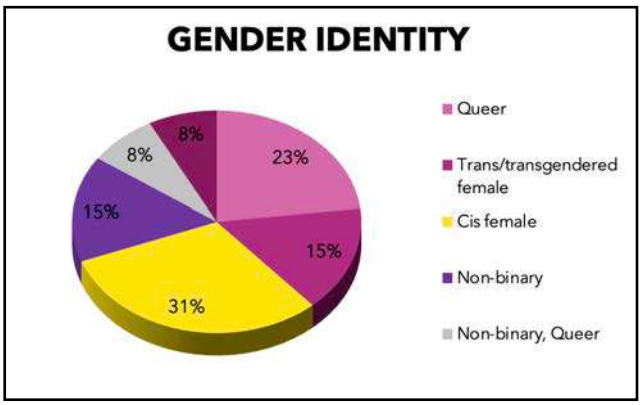
This highlights both the complexity and heterogeneity of intersex experiences, and how medical terminology often fails to fully capture each individuals' realities.
Strikingly, the majority of participants (9 out of 13) became aware of their diagnosis during adolescence, typically due to the absence of menstruation and/or other symptoms during or following puberty, or its delay. The discovery of one's intersex embodiment during adolescence —a period already critical for gender identity development— appears to be a defining moment in their psychosocial development, often occurring within contexts of medicalization, silence, and confusion.

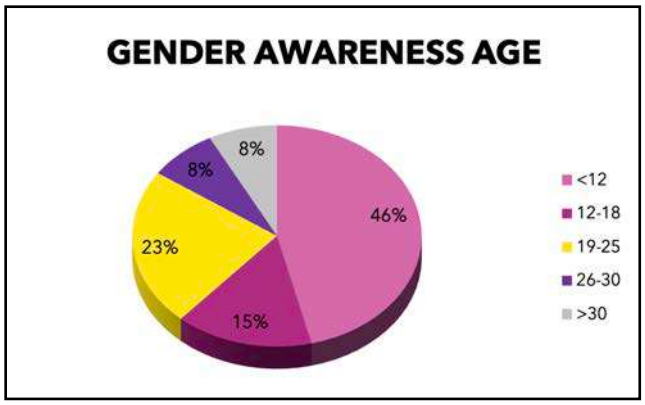


Cases in which individuals were informed of or recognized their intersex variation during adulthood or childhood were significantly fewer. This points to a broader tendency among institutions and families to silence or obscure the visibility of intersex variations. Such concealment contributes to a lack of information, which in turn reinforces feelings of isolation and, in some cases, trauma.

2.4. Self-identification/gender identity

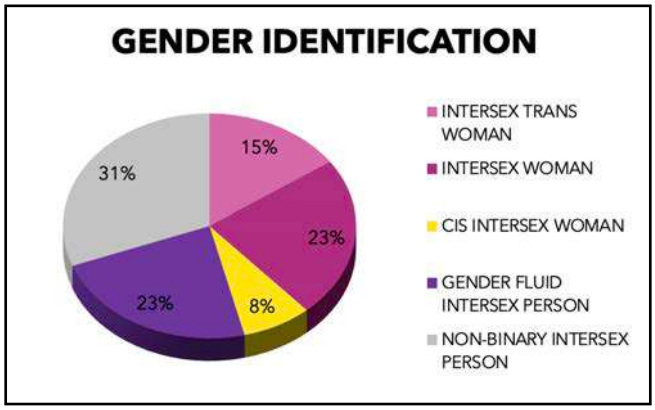
The distribution of participants' self-identifications is particularly interesting: two clearly identify as non-binary, three as queer, one specifies their gender fluidity, while two identify as trans women and four as cis women.





A significant percentage of respondents realized their gender identity in childhood, before the age of twelve –especially those identifying as cis and trans women (only one queer/non-binary respondent recognized their identity before age 12). Interestingly, those who declare non-traditional gender identities formed them later: 1 queer and 1 non-binary individual between ages 12-18, 1 queer and 1 non-binary between ages 19-25, 1 gender-fluid individual between 26-30, and 1 queer individual over 30 years old! Therefore, although awareness of gender identity can occur at a very young age among intersex people, full realization –especially for non-traditional gender identities such as queer, non-binary, or fluid– often happens later due to social pressures, trauma, and the lack of a linguistic framework to name the experience.

When participants were asked to describe their gender self-identification in their own words, four responded "intersex non-binary person," three responded "intersex gender-fluid person," three identified as "intersex woman," two as "intersex trans woman," and one person as a "cis intersex woman."



In summary, **the self-identifications of the respondents are rich and embodied** –they speak about the body, emotions, childhood experiences, and social acceptance- with many linking their intersex experience to **fluidity or a distancing from the gender binary**. Despite the stability observed in some female identities, **gender** overall **is not experienced**

as a fixed category. The responses suggest that there is social awareness and an **adopted political stance** regarding the concepts of gender and gender identity.

2.5. Sexuality, romantic & sexual orientation

The analysis of the responses shows **significant diversity in the romantic and sexual orientation** of the intersex respondents, with pansexuality and bisexuality being the most common answers, as well as indications of asexuality or other complex/fluid orientations.

Particularly remarkable is the fact that two to three out of thirteen individuals (15,4-23,1%) explicitly state that they are **"still exploring" either their romantic or sexual orientation**—an element that highlights a **key pattern** in this research mapping: the process of sexual self-identification for intersex persons is often slow, careful, and deeply influenced by their traumatic experiences.

Indeed, **the age of first realization of romantic and sexual orientation is delayed** for many individuals—with at least four people (30,8%) reporting the age of realization as nineteen years or older, and some after 30. This seems to differ significantly from the average of the endosex population, where sexual and romantic orientation tends to be realized much earlier. This delay may be due to multiple factors: medicalization, traumatic relationship with the body, social invisibility and silencing, isolation, fear of rejection, as well as feelings of not belonging and not identifying with traditional sexual orientation terms. The finding of "ongoing exploration" highlights the importance of ensuring specialized medical and psychological guidance and support from intersex-informed experts, so that intersex individuals can safely and with care define and explore their romantic and sexual selves.

3. Particular intersex issues

3.1. Intersex LB+ women and non-binary individuals in society

3.1.1. Disclosure, reactions, and social consequences

This section reflects the need of intersex individuals to become visible as intersex and to talk about it with their close ones or mental health professionals, as well as the reactions of their family and social environment upon disclosure or discussion of their intersex condition.

3.1.1.1. Sharing one's intersex variation

All participants (13 LB+ women and non-binary individuals) stated that they have shared the fact that they are intersex with someone. This is an extremely important element, showing the need for communication and connection around this personal experience. Regarding the people they shared their intersex physiology with:

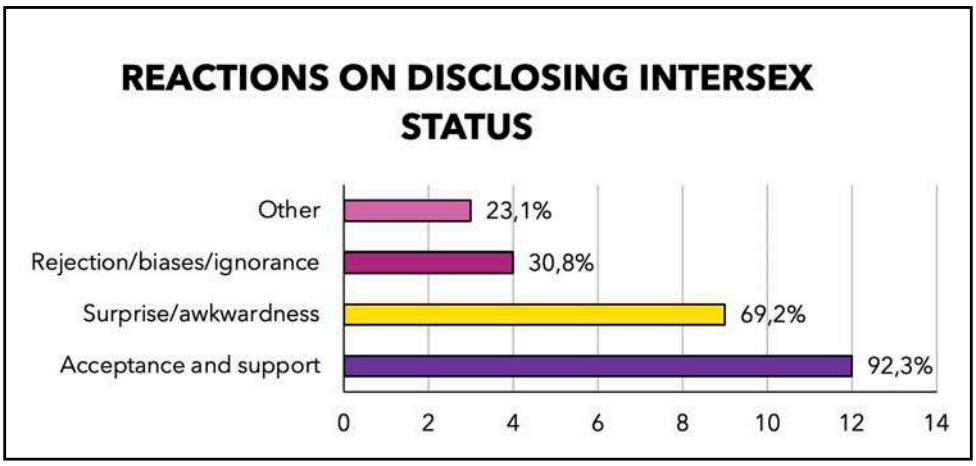
- 77% (10 out of 13) reported sharing it with family members, friends, and partners.
- 23% (3 out of 13) shared it with friends and a psychologist.

This indicates that the existence of a supportive environment –whether family, friends, or professional– is a critical need for intersex individuals, and that the seek of understanding extends beyond the immediate family circle, especially when that circle is not accepting, reliable, or available.

3.1.1.2. Reactions when sharing their intersex variation

Participants were asked about the reactions and treatment they encountered upon disclosing their intersex bodies to familiar individuals (within their family, social, academic, or professional circles, or with a psychologist). Of the thirteen participants, ten shared this information with members of their families; however, three chose to disclose it only to people outside their families. The complexity of the responses reveals a wide range of reactions, spanning from full acceptance to rejection and ignorance. Specifically:

- **Acceptance and Support:** Reported by 12 out of 13 individuals (92%), even if combined with other reactions. This statistic appears encouraging, however...
- ...the narratives themselves describe that this acceptance is often accompanied by **surprise/awkwardness** (69%), or is **shallow/performative**, as shown in examples where the issue was "swept under the rug" or met with positive indifference
- **Rejection, Prejudice, Ignorance:** Recorded in 4 out of 13 responses (31%) as part of the reactions, reflecting the depth of social ignorance and stigma around the intersex experience.
- In the section **"Other"** where participants could choose their own words, **a) ignorance due to lack of understanding** (e.g., "didn't understand because they lacked sufficient information") was clearly documented in at least one case and implicitly evident in others, indicating the widespread social unawareness about natural intersex diversity. **b) curiosity, pity, and underestimation** of the seriousness were also reported, showing that stereotypes, pathologization, and distancing remain active even in environments expected or supposed to be supportive (e.g. close family).



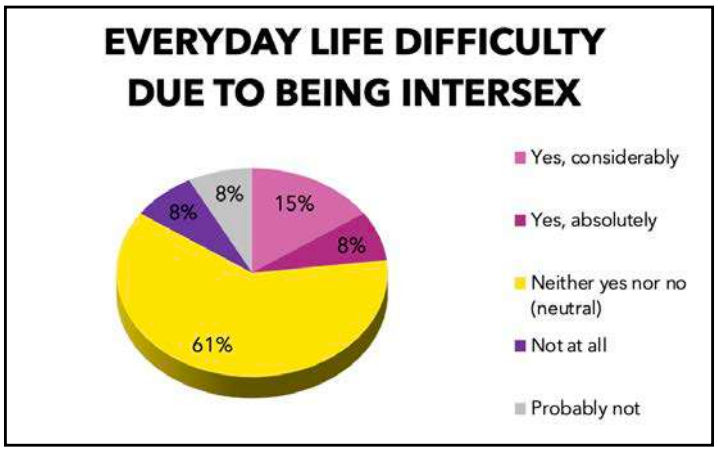
Note: The total exceeds 100% because participants selected multiple responses.

3.1.2. Impact of intersex variation on daily life

This section explores how intersex diversity affects the daily lives of intersex LB+ women and

non-binary individuals.More specifically, in response to the question of whether they believe their intersex embodiment makes their everyday life more difficult, participants answered as follows:

- Yes (completely or quite a bit): 3 individuals (23%)
- Neither yes nor no (neutral): 8 individuals (61%)
- No / probably not / not at all: 2 individuals (15%)



The fact that the majority of respondents answered neutrally may reflect either an emotional distance from trauma or an attempt to balance the difficulties with day-to-day functionality. It is important to highlight that **23%** clearly stated that their intersex physiology makes their daily life **quite or completely difficult**, which is a significant indicator of burden.

In response to the question "If yes, in what way?", among the five individuals who answered, common themes emerged:

a) medical trauma and physical memory

Many of the narratives include experiences of medical trauma, abuse, and harsh pathologization: being photographed by medical staff without consent; being examined by groups of doctors/medical trainees while their intersex body was exposed; unconscious or insensitive comments about the intersex body and non-normative sex characteristics; lack of specialized care; and the constant need for the individuals themselves to "educate" doctors about their condition.

b) social exclusion and stigma

Frequently reported issues include:

- Racism, mockery, verbal/physical violence, homelessness, unemployment
- Feelings of rejection and fear of disclosure (that their intersex characteristics might be "exposed")
- Difficulty with flirting and forming social or romantic/partner relationships
- Shame about their body and avoidance of shared spaces such as locker rooms

c) challenges related to sexuality and self-perception

A **muted or absent sexuality, internal repression**, and a **constant effort to present a sense of "normality"** are frequently mentioned. This is directly linked to the psychological difficulty of accepting one's body when its characteristics do not conform to expected norms or gender stereotypes.

d) hormonal burden and physical discomfort

Hormone therapy is described as a demanding process, with effects on mood, irritability, and on the relationship with a body that "doesn't cooperate." One participant characteristically referred to it as "a constant effort to work with a body that doesn't cooperate."

e) the body as a source of trauma and resistance

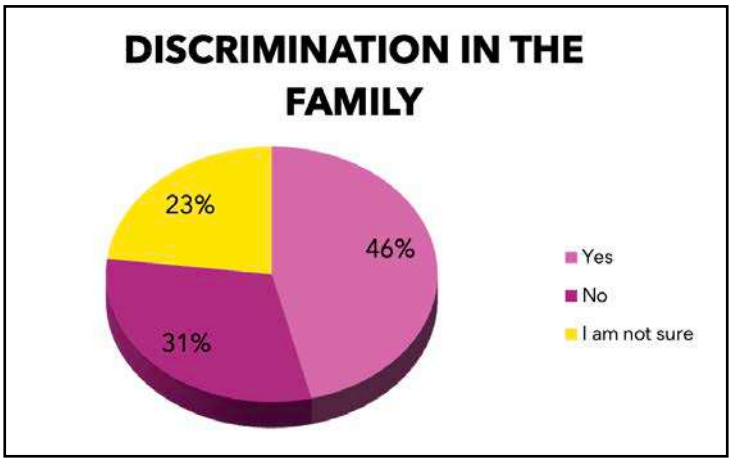
For intersex individuals, as described in these responses, **the body is a site of trauma – but also a field of daily struggle**. Not because it is "wrongly made," but because society and the medical system have demonized it, ignoring or concealing the naturalness of intersex diversity, thereby normalizing pain and rejection.

The poor relationship with the body—stemming from experiences of violence, abuse, and social silencing— makes social participation, identity formation, and mental health more difficult for intersex LB+ women and non-binary individuals. This negative relationship is not a natural consequence of intersex physiology, but of the treatment these individuals have received since childhood and throughout their lives.

The neutral responses given by the majority may conceal an invisible burden that has become "normalized"—something that powerfully underscores the need for institutional support and psychosocial rehabilitation.

3.1.3. Discriminations experienced by intersex LB+ women and non-binary individuals in Greece

Empirical documentation of the discrimination faced by intersex LB+ women and non-binary individuals reveals a complex web of exclusion, trauma, and invisible violence, intersecting with family, education, work, romantic life, and broader social interactions. For this reason, the questionnaire included specific questions for participants about each area of discrimination:



3.1.3.1. Discrimination in the family

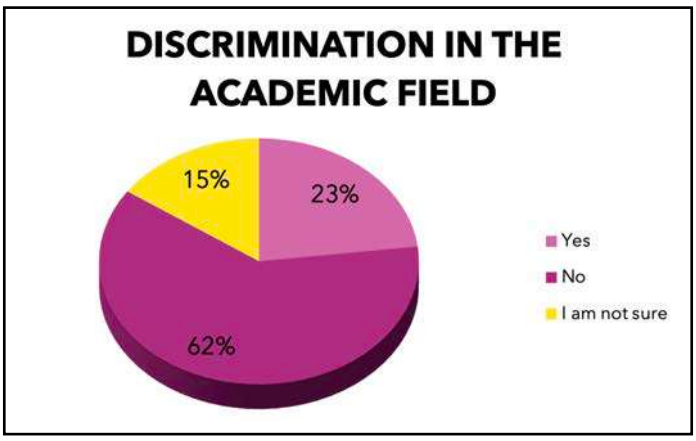
Six (6) participants answered "Yes, they experienced discrimination in their family," four (4) answered "No," and three (3) answered "I'm not sure." The forms of discrimination described within the family included:

- Rejection and expulsion from home (e.g., homelessness for 9+ years).
- Systematic silencing of the intersex condition ("Don't mention the rope in the house of a hanged man").
- Lack of psychological support following non-consensual medical interventions (e.g., gonadectomy surgery at age 15).
- "Conditional positive discrimination" motivated by pity (e.g., attempted favoritism in parental wills).
- Derogatory comments from relatives ("go solve your own problems…").
- Refusal to have meaningful conversations about the intersex experience even after attempts to disclose it.

3.1.3.2. Discrimination in education

Three (3) participants responded "Yes, they have experienced discrimination" during their school/university years, eight (8) answered negatively, and two (2) answered "I'm not sure." The types of discrimination described included:

- Misgendering[4] by teaching staff, leading to dropping out of studies.
- Undervaluing/rejecting research projects on intersex or LGBTQ+ topics.
- Non-recognition of gender identity in official documents, which prevented graduation.
- Self-censorship out of fear of disclosure (e.g., "I hide it so there won't be problems").
- Refusal (by teaching staff) to inform the school class about the existence of intersex people.



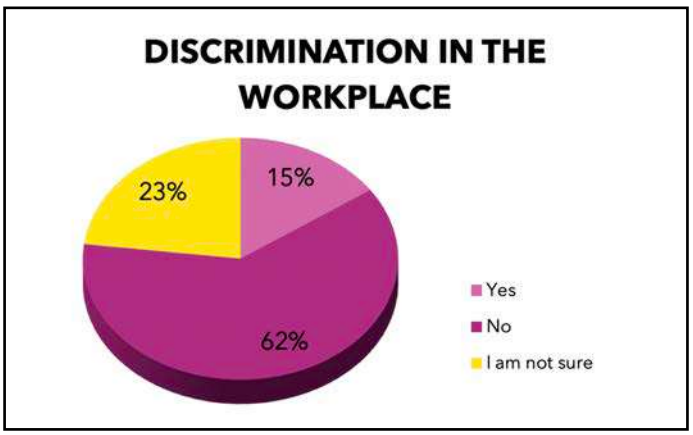
3.1.3.3. Discrimination in the workplace

Two (2) participants answered "Yes, they have experienced discrimination" in work environments, eight (8) answered "No," and three (3) answered "I'm not sure." The forms of discrim-

4. addressing a person using words/pronouns other than those they identify with

ination described were:

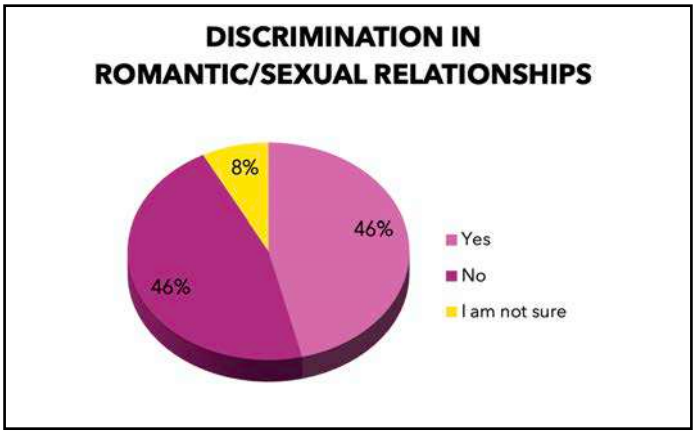
- Misgendering during an internship in a public agency.
- Rejection of proposals to raise awareness in the school setting.
- Refusal to share intersex status due to fear of rejection.
- Past rejection that was limited once the individual "passed as cis."



3.1.3.4. Discrimination in romantic and partner relationships

Six (6) participants answered "Yes, they have experienced discrimination" in their romantic and partner relationships, six (6) answered "No," and one (1) answered "I'm not sure." The forms of discrimination described included:

- Rejection due to non-typical physical characteristics.
- Fetishization: objectification as a "fantasy," exoticization of the intersex body.
- Derogatory sexual comments and negative body-shaming.
- Guilt, inability to be sexually open, fear of rejection.
- Rejection or hesitation due to the partner's religious beliefs.
- Difficulty maintaining relationships and fear of intimacy.
- Acceptance of exclusion as others' "right to preference" (internalization of discrimination).



3.1.3.5. Discrimination in social life

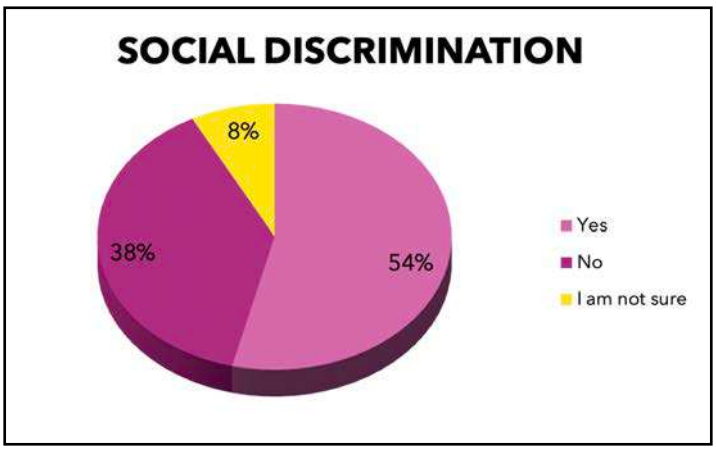
Seven (7) participants answered "Yes, they have experienced discrimination" in their social interactions, five (5) answered "No," and one (1) answered "I'm not sure." The forms of discrimination described included:

- Mockery due to body type and appearance.
- Intense social anxiety, isolation (even avoidance of leaving the house).
- Dismissal or minimization of experiences by friends/therapists.
- Difficulty in building social relationships due to concealment or shame.

3.1.3.6. Common patterns

From the participants' answers, some common patterns of discrimination emerge:

- **Invisibility:** Discrimination is sometimes silent, indirect, or disguised under the label of "normality," which renders intersex people invisible.
- **Internalized fear:** Many intersex individuals hide their embodiment to "protect" themselves from discrimination and stigma.
- **Abandonment, silencing, and invisibilization by institutions:** Intersex diversity is not institutionally recognized, resulting in dropout from studies, difficulty finding employment, alienation from family, and a sense of not belonging in society.
- **Psychosomatic trauma:** Intense psychological pain, feelings of inferiority, and chronic loneliness.



3.1.3.7. Conclusions on discrimination

This documentation of the experiences of intersex individuals reveals a silent yet acute crisis of recognition, care, and justice. The intersex experience, beyond being marginalized as an individual issue, emerges as a collective trauma born from the complete silencing and invisibilization of the existence of intersex LB+ women and non-binary individuals—their bodies and identities. Silence is not a sign of neutrality but a consequence of systemic failure; it reveals the inability of social, institutional, and even supposedly allied frameworks to genuinely recognize, support, or include.

The experience of intersex individuals is deeply embodied—in their bodies, language, and

everyday social negotiation of existence– often invisible, stigmatized, isolated, or hypocritically accepted. This is not a past issue but a present reality demanding urgent depathologization, legal recognition, professional retraining, and a radical reinvention of social care frameworks. Intersex trauma will not be healed through compassion alone but through policies centered on the voice, autonomy, and dignity of intersex people.

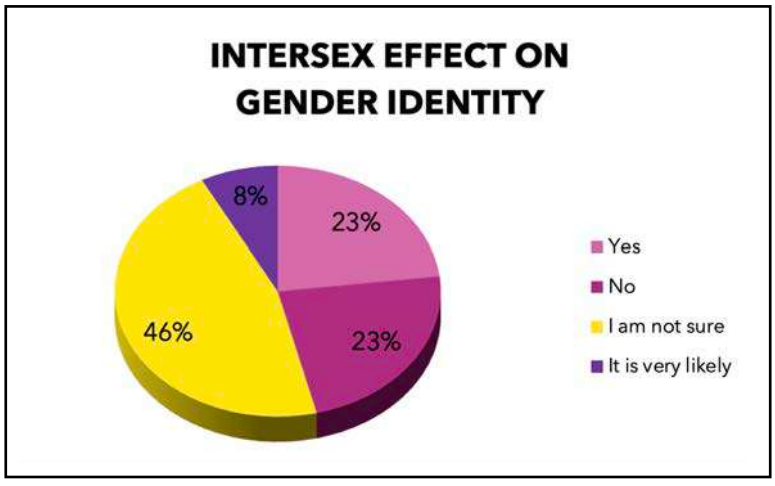
3.2. Intersex variation, gender identity, and sexual orientation

This section reflects the complex, embodied, and often contradictory experience of sex/gender and desire among intersex individuals. The responses reveal that both gender identity and sexual orientation are shaped through a multifaceted web of biological, psychological, social, and cultural factors–with the intersex experience often acting as a catalyst for redefinition.

3.2.1. Relationship between gender identity and intersex variation

Regarding whether intersex variation affects their gender identity, the 13 participants responded as follows:

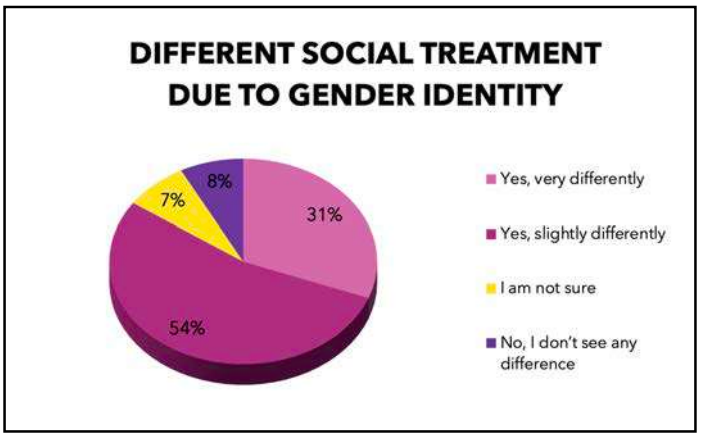
- Six (6) individuals stated "I am not sure" whether their gender identity is influenced by their intersex experience.
- Three (3) individuals explicitly said "Yes" (that it is affected),
- One (1) "very likely" while
- Three (3) individuals answered "No."



These responses highlight the complexity of the relationship between intersex embodiment and gender identity, showing that the participants' experience of gender cannot be confined to static categories. 23% of respondents clearly recognize an influence of the intersex experience on their sense of gender, mainly through questioning social norms of what it means to be a "normal woman" or a "normal man"; 54% (46,2%+7,7%) express doubt or fluidity, while another 23% fully dissociate the two concepts, emphasizing that gender identity does not necessarily relate to their intersex variation but rather to personal, emotional, and/or experiential reasons. For intersex people, it appears that the process of forming gender identity results from the intersection of various biological, psychological, and social factors, often

accompanied by uncertainty, fluidity, and intense internal exploration.
Focusing now more on the social factor, regarding the question of whether society treats them differently because of their gender identity, the responses are as follows:

- Four (4) individuals said "very differently,"
- Seven (7) said "slightly differently," and
- Two (2) stated that they do not see a difference or that they are not sure.

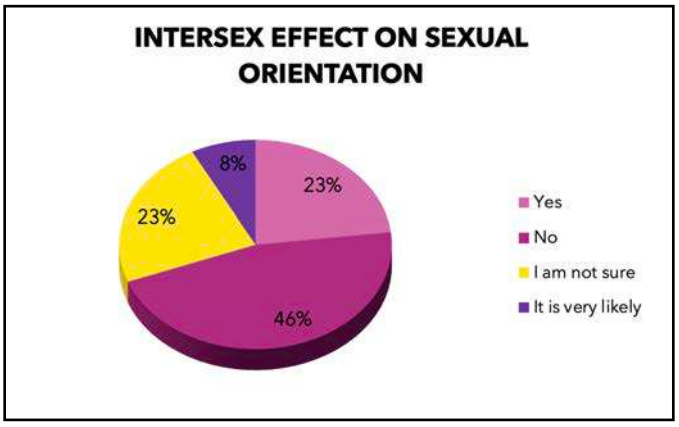


We observe a strong contrast: while many individuals, as seen above, express uncertainty or fluidity about how they define their gender, society seems to "impose" a clear distinction on them. **Even when the individuals themselves are not sure about the influence of the intersex experience on their gender identity, society treats them as "different."** This creates deep psychosocial pressure: on one hand, there is internal dialogue and exploration, and on the other, a society that sees "deviation" and often stigmatizes. The gender identity of intersex people cannot be separated from the social factor –the fluidity and uniqueness described by the individuals themselves come into constant friction with the normative gender perceptions prevailing in society.

3.2.2. Relationship between sexual orientation and intersex variation.

Regarding the impact of intersex variation on the sexual orientation of the respondents, the results are slightly varied:

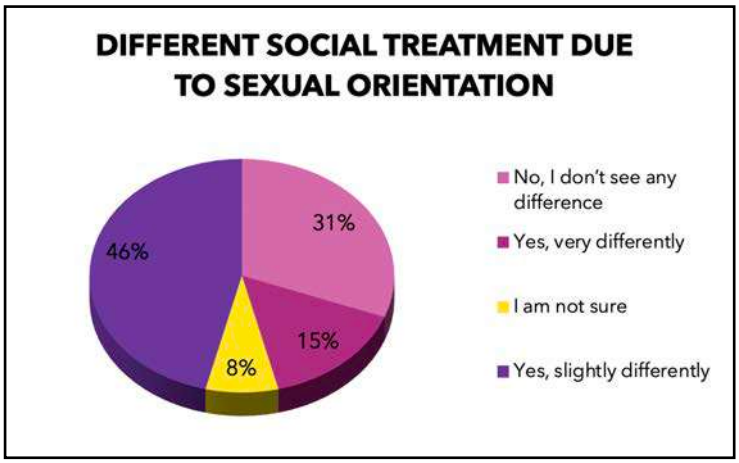
- Six (6) individuals answered "No" (no connection with the intersex experience),
- Four (4) individuals answered "Not sure" or "very likely," and
- Three (3) individuals explicitly answered "Yes," recognizing an influence.



A mosaic of positions emerges once again, marked by strong ambivalence: several individuals say "not sure" or "very likely," highlighting the difficulty of isolating or connecting the biological dimension of sex from social and psychological experiences.

Some individuals attribute a direct influence of the intersex condition on how they experience their orientation, either through a broader acceptance of diverse genders and identities or through the traumatic relationship with their body and medical interventions. Other individuals emphasize that their attractions had already formed before the "diagnosis" or that there is no direct connection, feeling the need to mark that sex and sexual orientation are distinct categories. This attempt to clearly separate intersex variation from sexual orientation could be interpreted as a **complex survival mechanism**: sometimes a legitimate claim of autonomy (to not have my whole life defined by the intersex experience), and sometimes reflecting an unconscious distancing from intersex identity due to social stigma and pathologization, without excluding the possibility of internalized intersexphobia and/or LGBTQ+ phobia from some respondents.

The social dimension of orientation is further explored by the question of whether society treats the intersex respondents differently because of their sexual orientation, always considering their perception. The majority (8 out of 13) answer "Yes" (either "very" or "slightly"), while four (4) individuals say they do not see a difference, and one is unsure.



The dominant response (6 out of 13) is "Yes, slightly differently" which may suggest minor subtle differences (e.g., comments, glances, "whispers") or mild forms of rejection. Only further qualitative exploration of these answers could clarify this. It is also notable that a significant percentage see no difference, indicating that social treatment experiences vary widely depending on context (e.g., family, work, or social environments). The presence of one "not sure" answer illustrates the complexity of the experience.

Overall, this subsection reveals that for many intersex people, **sexual orientation is experienced as more open, fluid, and complex** compared to the general population, while uncertainty or **delayed sexual exploration** (which we found in 2.5.) often results from medicalization, stigma, and trauma that accompany the intersex experience.

3.2.3 Synthesis of findings

The narratives highlight that the intersex experience often strengthens reflexivity about gender and sexuality. For many participants, their sense of self does not conform to dominant categories, which generates both **internal questioning** and **social pressure**. In the descriptive responses of several femininities in the sample, there is a strong sense of **incomplete female performance**. As one participant remarks: "I feel somewhat like an unfinished version of a woman."

At the same time, the relationship with gender identity is not always conscious from the start; it develops dynamically through experiences of diagnosis, medical interventions, or deviations from socially expected behavior. In other cases, the intersex condition confirms a pre-existing sense of otherness or fluidity: "I was raised as a girl from a young age... but as I grew up, I sometimes questioned whether I was satisfied with my gender identity". The connection between biological experience and gender self-perception often appears but is never universal—and almost never simple.

Regarding sexual orientation, responses reflect the same complexity. Many testimonies express the feeling that the intersex experience opens—or affirms—a path toward **a non-heteronormative approach to desire**. Participants report being attracted to different gender identities, regardless of body or expectation: "At the end of the day, I fall in love and am attracted mostly to human souls and not necessarily to what someone has in their underwear". In other cases, **sexuality** is described **as an area of trauma or delayed development** due to medical interventions, hormone treatments, or social stigma.

Now, the way society responds to these identities is almost universally differentiated: either through **rejection**, **awkwardness**, or **inadequate recognition**. Especially for non-heteronormative sexualities, many participants point out that they feel **outside of "predictable" categories** and are therefore less visible or accepted.

It is worth pointing out that in both open-ended questions about the impact of intersex variation on gender identity and sexual orientation, almost half of the responses are missing (6 out of 13). This can be interpreted in various ways: first, it reflects the intensity and difficulty many individuals have in verbalizing experiences that are deeply personal, often traumatic, and charged with shame or stigma; second, the silence may indicate an ongoing process of exploration, where participants have not fully resolved their feelings and feel insecure about publicly (even anonymously) expressing them; third, the variation in response (some participants answer one question but not the other) suggests that they might feel safer discussing one aspect of themselves but not the other, depending on where they experience greater trauma or ambivalence.

Overall, this silence should not be interpreted as indifference but rather as an indicator of the complexity, the difficulty of belonging, and the burden carried by intersex individuals, especially on issues so closely tied to identity and desire.

3.2.4. Conclusion

This section demonstrates that the intersex experience is deeply intertwined with the understanding of gender and desire—not in a deterministic way, but as a factor of **fluidity, political questioning, and personal exploration**. The concepts of gender and sexuality are presented not as fixed identities but as **lived experiences in continuous negotiation**, with social reception playing a decisive role in how individuals experience and express themselves. The **need for depathologization, social acceptance, and the existence of supportive communities** is evident and emerges as fundamental for the psychosocial well-being of intersex individuals.

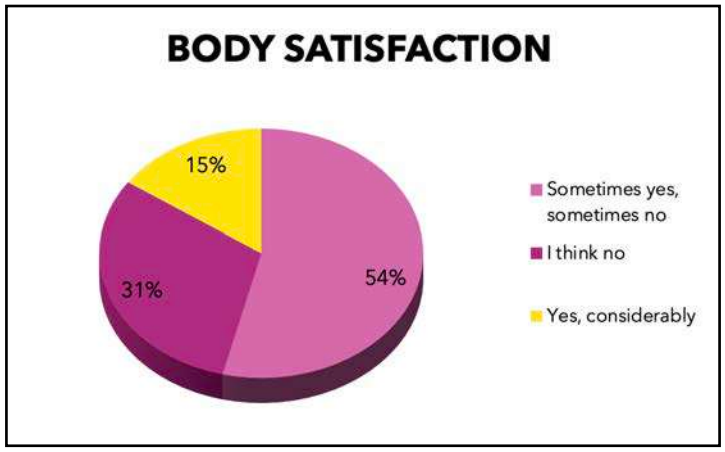
3.3. Body, sexuality, and trauma in intersex LB+ women and non-binary people

In this section, the 13 participants responded to questions about their relationship with their body, their erotic life, and the disclosure of their intersex variation. Despite the limited sample, the findings outline the profound impact of medical trauma, pathologization, as well as the lack of social knowledge and understanding surrounding the intersex experience with accuracy. The qualitative analysis reveals a **common psychosomatic pattern**, in which shame, fear, and disconnection from the body coexist with efforts toward reclaiming ownership, the need for respect, and hope for acceptance.

3.3.1. The relationship with the body: from trauma to ambivalence

In response to the question about how satisfied they feel with their bodies, the answers were as follows:

- Sometimes yes, sometimes no: 7 people - 54%
- Rather no: 4 people - 31%
- Yes, considerably: 2 people - 15%
- Not at all: 0 people - 0%



The absence of clear acceptance of the body and the ambiguity (e.g., "sometimes yes, sometimes no") reflect a fragile relationship with physicality, which is directly related to traumatic experiences within the medical system. This depicts an **unstable and often wounded relationship with the body**, where **a positive attitude is not constant but occasional**. The body

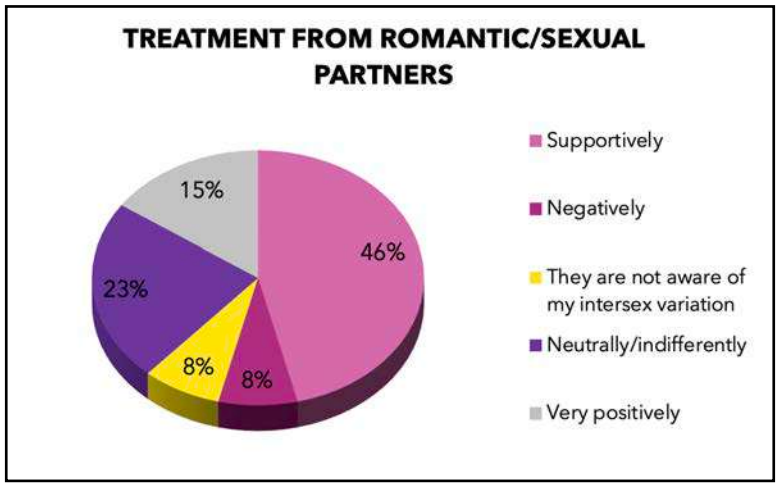
is not only material; it is **the field on which violence was used**: non-consensual interventions, unexplained photographs, medicalization, and contempt.

Although no one answered "not at all", it is evident that alienation from the body functions as a protective mechanism. The body is not a source of joy but of memory. For some individuals, reconnecting with their body may come only through years of personal work or positive interpersonal experiences.

It is also important to note that 3 out of 13 people avoided answering the question that asked them to describe, in their own words, their relationship with their body. Nearly one in four individuals (23%) do not dare to describe even anonymously their relationship with their body.

3.3.2. Romantic/sexual treatment by partners: between hope and concealment

- Supportive: 6 people - 46%
- Neutral/Indifferent: 3 people - 23%
- Very positive: 2 people - 15%
- Negative: 1 person - 8%
- They don't know I am intersex: 1 person - 8%



The romantic/sexual treatment ranges from supportive to concealment and neutrality. Although the majority report experiencing supportive (46%) or even very positive (15%) treatment, a significant percentage (23%) describe a "neutral/indifferent" attitude –which does not mean acceptance, but avoidance, highlighting how difficult romantic visibility remains for some intersex individuals.

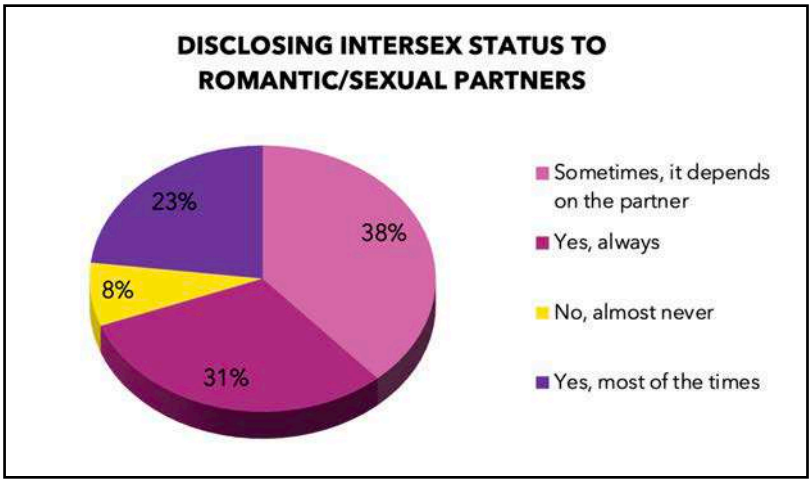
Neutrality may mean:

- lack of sexual visibility from the partner,
- ignorance of the intersex experience,
- and/or unwillingness for honest engagement.

The fact that some individuals do not disclose their intersex identity to their partners (8%) reveals the systemic fear of rejection and the feeling that disclosure may turn romantic desire into distance or fetishization.

3.3.3. Comfort in disclosing intersex identity to romantic partners: a continuum of negotiation

- Sometimes, depending on the partner: 5 people - 38%
- Yes, most of the time: 3 people - 23%
- Yes, always: 4 people - 31%
- No, almost never: 1 person - 8%



For most individuals, disclosing their intersex identity is an **internal negotiation depending on the context and the person**. The caution around disclosure reflects the fear of rejection or misunderstanding, indicative of ongoing social ignorance and stigma surrounding intersex identity.

The variation in percentages shows **this is not a fixed decision but a need for safety**. Disclosure is not a simple step because social and medical stigma transfers into intimacy. Many fear that their bodies will not be perceived as "adequate," "sexual," or "desirable."

3.3.4. The body as trauma and claim

From all responses emerges a strong sense of deprivation of the obvious: the body was never exclusively "theirs." It was a field of manipulation, power, and hidden decisions.

The result?

1. Ambivalence toward sexuality
2. Difficulty trusting
3. Inhibition of pleasure
4. Limited capacity for disclosure and romantic fulfillment

Intersex people are not born with a "problem." The problem is created by how society and medicine have managed their bodies.

3.3.5. Commentary

The experience of the intersex body is not traumatic by itself. It becomes traumatic when it is distorted, hidden, suppressed, and cut off from pleasure and love. **This analysis is not a record of weaknesses. It is a cry of existence.** And proof that trauma can be transformed into a tool for change —with proper respect, knowledge, and resources.

3.3.6. Conclusion

The collective testimony of these individuals reveals a community deeply traumatized —not by intersex existence itself, but by **medical violence, pathologization, silence, and social invisibility**. Lack of information and non-consensual interventions have created an internalized body-object. This experience makes pleasure, sexual autonomy, and the capacity for emotional and physical connection, difficult.

Despite the resilience and personal work many of the respondents have done, real obstacles remain in romantic visibility, pleasure, and accepting the body as a source of enjoyment rather than a "problem to be fixed."

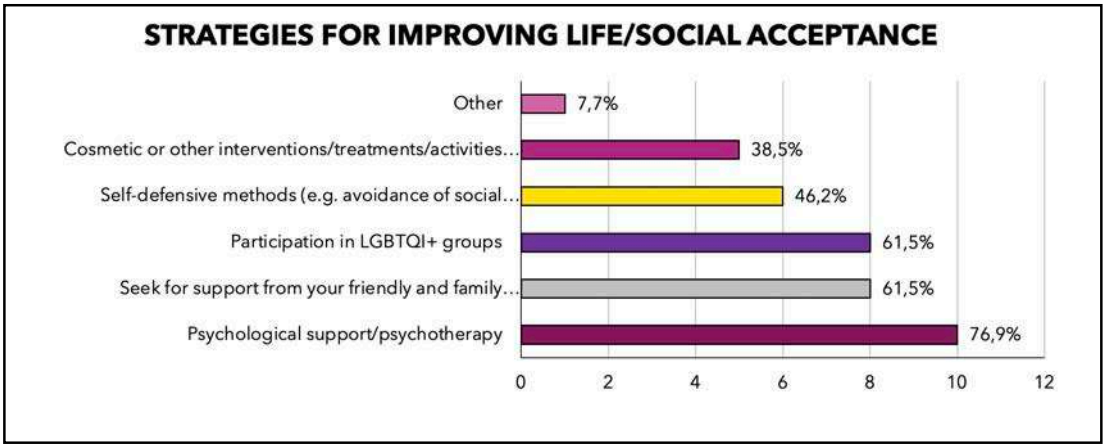
3.4. Needs for improving quality of life and personal development

This section focuses on the needs expressed by intersex women within the LB+ sexual spectrum and intersex non-binary participants, as they have emerged from their lived experiences and societal treatment. Their responses reveal a common thread: the need for acceptance, care, specialized support (medical and psychosocial), and the reclamation of their relationship with their bodies as both a site of trauma and empowerment. Meeting these needs can offer individuals a better quality of life, free from discrimination, insecurity, and social exclusion.

3.4.1. Strategies for improving everyday life

From the responses recorded regarding the strategies and actions taken by individuals to improve their daily lives, the following results emerged:

- Psychological support/therapy: 76.9%
- Seeking support from friends and family: 61.5%
- Participation in LGBTQ+ communities: 61.5%
- Self-protective techniques (e.g., avoiding social situations where tensions or threats might arise): 46.2%
- Aesthetic or other interventions/therapies/activities related to the body: 38.5%
- Activism: 7.7%



Note: The total exceeds 100% because participants selected multiple responses.

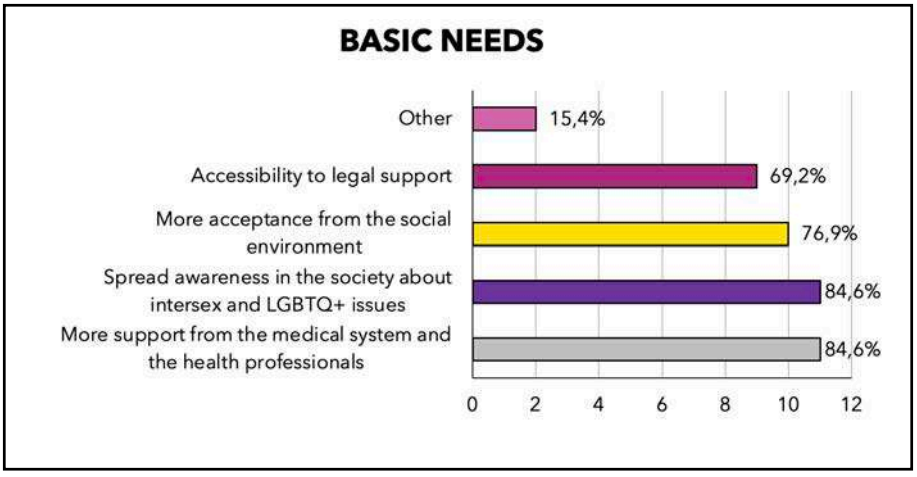
Apparently, the most frequently mentioned practices involve self-awareness, psychotherapy, and collective support as mechanisms for managing intergenerational and interpersonal trauma. Participation in LGBTQ+ communities and the creation of safe social circles function as alternative spaces of acceptance and empowerment, contrasting with a lack of trust in institutional bodies and professionals.

A notable percentage of individuals also mentioned employing self-protective strategies such as avoiding social interactions, selective exposure, or even isolation. While these practices often generate feelings of loneliness or limit social networking, they constitute survival strategies in environments that remain non-inclusive, unsafe, traumatic, or stigmatizing.

Finally, a significant number of individuals choose to undergo aesthetic or medical interventions to improve their relationship with their bodies, while others engage in activism, seeking social change —which also serves as a tool for empowerment and self-determination within broader society.

3.4.2. Needs

Regarding the needs identified as crucial for the quality of life of participants but largely unmet, the most important can be summarized as:



Note: The total exceeds 100% because participants selected multiple responses.

***1.* Access to specialized intersex-informed health services:**
Access to doctors and health professionals with knowledge and training on intersex physicality and awareness of the psychosomatic experiences of intersex people remains critical. This includes the existence of a safe and informed care framework, free of stigma or the reproduction of violence.

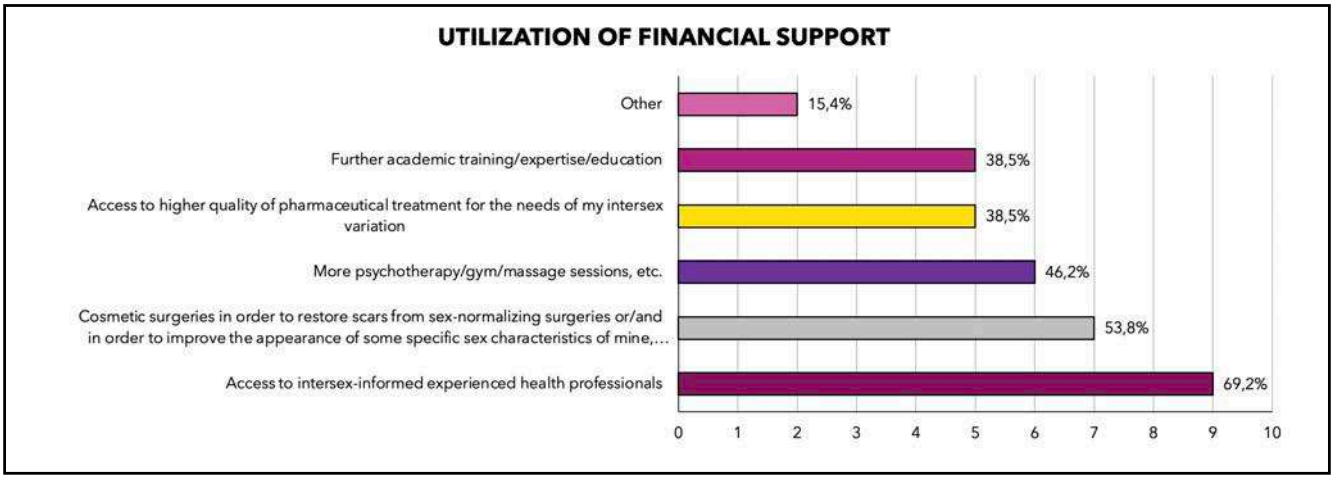
***2.* Comprehensive and targeted public education/Support within communities:**
Public visibility, inclusion of LGBTQI+ issues in educational curricula, and destigmatized presence in social discourse can lead to social acceptance and reduce ignorance and isolation. Additionally, supporting individuals within various social groups ensures the inclusion of the most vulnerable and strengthens mutual aid and collective rights advocacy.

***3.* Legal support/Free state provisions:**
Legal protection and recognition of intersex individuals' rights are recognized as critical factors for improving their quality of life. Especially, economic support from state bodies to cover various needs, as well as institutional recognition of intersex identity as a natural expression of biological sex diversity, are particularly important.

The above needs, though expressed in various ways, converge on the demand for equal rights and dignity. These are needs that do not constitute privileges but fundamental criteria for a life without exclusion.

3.4.3. Actions and practices

The strategies that each person chooses to cover their needs are strongly linked to their social background and economic capabilities. Within this context, participants were asked to reflect on what actions they would adopt in their lives if financial support were available.



Note: The total exceeds 100% because participants selected multiple responses.

Confirming previous findings, a primary priority for the respondents is their access to specialized intersex-informed medical care and to therapeutic sessions deemed necessary for their physical and mental health. The need for medical care that understands and respects

the needs of intersex individuals, combined with ensuring continuous psychological support, emerges as central pillars of wellbeing.

At the same time, high priority is given to practices that enhance physical and mental wellness, such as exercise, massage, as well as aesthetic restorative procedures. These practices are connected to the need to modify features that have been stigmatized or that stem from traumatic experiences due to early forced medical interventions, as well as to improving the appearance of certain sex characteristics, contributing positively to the self-image and self-esteem of the individual.

Additionally, there was a need for access to better quality medication, tailored to the needs of each body, as well as the desire of intersex individuals for opportunities for further academic education and training on topics that interest and concern them.

Despite the diversity of individual wishes, a common ground remains the necessity to meet the basic, fundamental needs of intersex individuals. Some participants are not in a position to financially support themselves or live in a supportive environment, highlighting the urgency for state care and holistic social protection.

3.4.4. Quantifying needs

Following the previous question, when individuals were asked to specify an amount of money that they consider sufficient to improve their life, the difficulty of quantifying such complex and long-term needs became apparent. Although some individuals proposed amounts ranging from €300 to €10,000, many stated an inability to specify a particular number, either due to lack of knowledge, because they had never thought of their needs in financial terms, or because the shortages they experience are so extensive that it makes prioritizing difficult. This inability reflects once again that trauma and the need for care are long-term and multi-layered.

3.4.5. Improving quality of life

When individuals were asked to mention additional changes that would substantially contribute to improving their quality of life, the answers highlighted the diversity of experiences and priorities of each intersex individuality. The needs mentioned can be grouped into the following main subjects:

- **Connectivity and visibility in society:** The desire for more contact with other intersex people, public dialogue, and strengthening social visibility emerged as a critical factor for empowerment and inclusion. The difficulty of expression due to social hostility and distortion of intersex narratives was highlighted, which reinforces isolation and discourages participation in public actions. The importance of psychological support for children and parents in schools, as well as the integration of inclusive sexual education in the educational system, was emphasized.
- **Individual medical and bodily needs:** Needs were expressed for gender-affirming procedures and aesthetic surgeries, which are directly linked to efforts to restore the relation-

ship with the body. Other desires concerned access to specialized medical and genetic care, to achieve a fuller understanding of their bodily variation.

- **Legal claims, need for accountability and restitution:** The need for legal claims against those who exercised violence and caused irreparable physical and psychological trauma was expressed, recognizing the influence of these traumas on critical life areas (romantic life, academic life, social inclusion). Moreover, the desire for broader legal recognition of non-binarity was mentioned, revealing the need for institutional and social acceptance beyond the traditional sex binary.

In contrast to the above narratives, some individuals stated that they do not currently have additional needs, mainly due to the support they receive from communities such as Intersex Greece or the broader LGBTQI+ network. The presence of this support appears to function as a stabilizing factor in their daily lives.

3.4.6. Conclusions on the needs of intersex LB+ Women and non-binary individuals

In summary, the needs of respondents are deeply affected by traumatic experiences, medical violence, and social silencing. Many times, they lose contact with their bodies, which instead of being experienced as sources of satisfaction of basic needs, pleasure, and connection, often become sources of shame, fear, and alienation. This distance creates barriers not only in romantic relationships but also generally in the enjoyment of life itself. Supporting these individuals, therefore, cannot be limited to survival: it must include healing, visibility, and enjoyment.

4. Final conclusions and recommendations

4.1. Overall results and conclusions of the research

This research constitutes the first systematic effort to map the experiences and needs of intersex LB+ women and intersex non-binary individuals in Greece. With a sample of 13 individuals, it covers a broad age range (15 to 50+), a variety of personal situations, and great diversity in gender self-identification and sexual orientation. The answers include cis, trans, fluid, and non-binary gender identities, as well as orientations such as lesbian, pansexual, bisexual, or still exploring, highlighting the heterogeneity of the intersex experience and the need for an intersectional approach.

On a qualitative level, the intersex experience is described not only as a medical or biological event but as an existential journey affecting the relationship with gender, the body, and sexuality. The narratives illuminate fluidity in self-identification, questioning of normative models of femininity and masculinity, and the creation of new linguistic identities. A significant portion of respondents recognizes that the intersex experience has affected either their gender identity or their sexual orientation, while others insist on a complete separation of these fields.

The relationship with the body emerges as a dimension of critical importance: for many, it is a site of trauma due to non-consensual medical interventions, humiliating experiences, and pathologization; for others, it is a space of claiming self-determination through efforts of aesthetic restoration, psychotherapeutic support, or the search for specialized medical care. The need to restore the relationship with the body should not only be understood as a product of internalized stigma but also as a right of people historically deprived of voice and self-determination.

Finally, there is a clear lack of institutional and social support mechanisms: absence of specialized doctors who do not approach intersex bodies pathologically, difficulty accessing psychological help from mental health professionals with sufficient knowledge of the issue, financial barriers to treatments or education. Participants emphasize the need for visibility, access to information and education, full institutional recognition, and active participation in policy-making.

Overall, the research highlights that the intersex experience in Greece continues to be marked by silence, trauma, and social exclusion.[5] At the same time, a strong voice for autonomy, rights, and depathologization emerges. It is imperative that intersex bodily diversity be recognized not as a "mistake to be corrected," but as natural human diversity deserving and demanding respect, visibility, and protection.

4.2. Intervention proposals

Based on the research data, to effectively meet the needs of intersex LB+ women and non-binary individuals in Greece, a combination of funding for community actions and institutional reforms is required.

4.2.1. Support and funding proposals

- **Psychosocial support infrastructure:** Creation of programs offering free or low-cost sessions, staffed by intersex-informed[6] mental health experts.
- **Education & scholarships:** Education and scholarship programs for intersex individuals to empower them in areas related to their rights (law, psychology, advocacy).
- **Research & documentation:** Systematic funding for further mappings, qualitative studies, and experiential workshops, with meaningful participation of intersex individuals.
- **Strengthening collectives:** Simplified funding processes for small intersex groups and networks for peer-to-peer support and political advocacy.
- **Community awareness campaigns:** Targeted actions in schools, media, and workplaces to destigmatize and raise visibility of the intersex experience.

5. despite the enactment in July 2022 of the ban on normalization surgeries on intersex children up to 15 years old: https://intersexgreece.org.gr/en/2022/07/19/a-historic-day-for-the-protection-of-the-human-rights-of-intersex-children-in-greece
6. professionals knowledgeable and sensitized on intersex issues

4.2.2. Recommendations for institutional and political interventions

- **Proper implementation of the legal ban on non-consensual interventions:** Strengthening the already established ban for infants and children under 15 years old in Greece, with clear guidelines for hospitals and medical associations issued by the Ministry of Health.
- **Specialized medical teams:** Institution of intersex-informed multidisciplinary teams in public hospitals, with mandatory training on intersex human rights and depathologized care.
- **Legal recognition:** Introduction of a third, neutral, or blank gender option (X) in public documents; possibility to change or conceal the registered gender marker without bureaucratic obstacles.
- **Education & society:** Inclusion of the intersex experience in sexual education programs, creation of narrative empowerment workshops, information campaigns on the naturalness of bodily diversity.
- **Participation in decision-making:** Institution of intersex representation in national councils, equality committees, and political consultations.
- **Alignment with international standards:** Adoption of UN, EU and Council of Europe guidelines on intersex rights. Particular focus should be paid to the recent Committee of Ministers Recommendation on equal rights for intersex persons (CM/Rec(2025)7) as it is the most comprehensive document on intersex issues so far.