The publication, *Situation of LGBT persons in Poland. 2010 and 2011 Report* is a study of vital importance referring to the lives, experiences and needs of the minority to which Poles still find it difficult to get used to. It is based on solid empirical research of over 11,000 LGB persons. The analysis of the survey published in the first part of the report gives, for the first time in history, access to such spheres of life as employment, school and family life, state of health, experiences of violence and discrimination and advocated values. The report reveals some peculiar phenomena for that social group related to migration, to coming out as LGBT, to parenthood and mental state. This study allows the refutation or verification of numerous myths pertaining to gays and lesbians. The second part of the publication consists of comments and analyses prepared by practitioners. The publication will be useful for both people who deal with LGBT and discrimination issues scientifically, as well as for representatives of the institutions implementing – or which are supposed to implement – the equality policy in Poland. It constitutes not only a reliable source of knowledge but also contains substantively justified recommendations pertaining to essential changes in the legal system and social practice.

Prof. Wiktor Osiatyński
SITUATION OF LGBT PERSONS IN POLAND
2010 AND 2011 REPORT
SITUATION OF LGBT PERSONS IN POLAND
2010 AND 2011 REPORT

Edited by
Mirosława Makuchowska and Michał Pawlęga
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We present to you the publication entitled *The situation of LGBT persons in Poland, 2010–2011 Report*, prepared by the Campaign Against Homophobia, Lambda Warsaw and the Transfuzja Foundation with financial support from the Stefan Batory Foundation and ILGA-Europe. These reports on the social situation of LGBT persons (lesbians, gays, bisexuals and transgender persons) have almost a 20-year-long tradition (the first one was published by Lambda Warsaw in 1994) and they constitute one of the few sources of information on the social situation of and discrimination against non-heterosexual persons in Poland.

This report is unique in several respects. For the first time it includes a quantitative study pertaining to transgender persons. In the previous editions, attempts were made to combine transgender and LGB issues into one research tool. However, experience has shown that because of the different needs of and specific barriers facing LGB and transgender persons, constructing separate research tools was necessary. The other issue differentiating the following study from previous ones is the size
of the sample (more than 14,000 completed questionnaires) in the part pertaining to LGB persons. To date, it is the largest sample in quantitative research regarding LGB persons in Poland.

In the first part of the publication, you will find an analysis of the results of quantitative research conducted on the group of 14,000 gays, lesbians and bisexuals. The questions pertain to spheres of life such as education, work and family life in the context of discrimination or the influence of non-heterosexual orientation on social functioning. For the most part, the questions pertain to the events of 2010–2011. This methodological assumption was aimed at enabling the comparison of the results with the research from 2007, in which the respondents were asked about the events from the two preceding years, i.e., 2005–2006.

In the second part of the report there are expert texts prepared by social activists and academics that specialise in LGBT issues in such spheres as education, law, health, politics, religion or media. In these texts, the authors refer to the events of a broader range, specifically to years 2007–2011.

The third part covers the results of the quantitative research pertaining to the situation of transgender persons, in which the authors – as opposed to the survey on LGB persons (since similar research has never been conducted in Poland) – did not set a time frame for the studied phenomena. Therefore the questions often start with the expression, “Have you ever...” Apart from the issues pertaining to the functioning of transgender persons in the spheres such as education, employment or place of residence, the authors asked the respondents (those who had already undergone or intended to undergo gender correction) about the process of medical and legal gender correction.

In the fourth part are texts on the legal and medical requirements of gender correction and on discrimination against transgender persons in the labour market.

On the last pages of the publication you will find recommendations for changes which aim to improve the social situation and increasing equality of LGBT persons in Poland.
We hope that the prepared study will mostly reach people who are responsible for enacting domestic and local law (deputies, senators and councillors), and for providing various services in the public sector – in terms of education, the labour market, social welfare policy, health policy, justice and public safety. The data included in this report will provide you with a reliable cross-section of information concerning the situation of LGBT persons in Poland and will allow you to plan actions that would counteract discrimination on the grounds of sexual orientation and gender identity and would increase the equal opportunities for this group.

Mirosława Makuchowska and Michał Pawlęga
PART ONE

Situation of bisexual and homosexual persons in Poland. Research analysis

Marta Abramowicz
Abstract

This report presents an analysis of the social situation of bi- and homosexual persons in Poland for the years 2010–2011 on the basis of a survey conducted in 2011 with a sample of 11,144 LGB persons. The following aspects were included in the research: experience of physical and psychological violence and its character; instances of unfavourable treatment in public places; the extent of revealing one’s sexual orientation and the reasons for concealing it in the family, at schools/universities, in the workplace and other public places; mental wellbeing (the use of psychoactive substances, suicidal thoughts, and ways of handling difficulties); values held; and sociometric variables. The results were compared with research conducted in 2006 (for the years 2005–2006) based on the same questionnaire. Where possible, a comparison was made with research conducted on a representative sample with appropriate comments regarding that data.

The collected data show that a high percentage of bisexuals and homosexuals still experience physical and psychological violence on the grounds of sexual orientation (12% physical and 44% psychological). These events, in most cases (90%), were not reported to the police. Bisexuals and homosexuals are exposed to discrimination in every sphere of life: in the workplace, at schools/universities, in their place of residence, in public places (offices, bars, clubs and on public transport) and in dealings with representatives of the health service and of the church. Approximately one-third of the respondents indicated that they were subjected to less favourable treatment because of their sexual orientation in at least one of these areas.

The analysis of the data according to gender shows that men were more often exposed to pushing, hitting, kicking or beating than women. As far as violence towards women is concerned, it had – more often than in the case of men – a sexual character and it took place in the private sphere; among the perpetrators mothers, fathers or friends were more frequent and the acts of violence took place either in the victim’s own apartment or in another place, which most often was an apartment other than the victim’s. This correlation could also be seen in the case of physical vio-
lence – men experienced it more often in the public sphere, and women in the private sphere – where the perpetrators were from the family and the acts of violence took place in the victim’s own apartment.

In comparison with the 2006 research, a positive trend can be observed: to a small extent, but nevertheless, the percentage of people who were subjected to violence and who concealed their sexual orientation in the public sphere decreased.

The recent changes in the political situation seem to have contributed to this positive tendency. The first study was conducted during the reign of Law and Justice (PiS) and its coalition with the League of Polish Families (LPR) and Self-Defence (SRP). It also covered the year 2005, when Lech Kaczyński banned the Equality Parade in Warsaw and the President of Poznań issued a ban on a similar event. In 2005–2006, members of the major political powers openly expressed their stereotypical and biased opinions towards homosexuals, sometimes even using hate speech. This was evidenced by, for example, the dismissal of the C.E.O. of the National In-Service Teaching Centre for publishing “Compass” – a Council of Europe manual on human rights, where gays and lesbians were mentioned – and by a bill, prepared by then Minister of National Education Roman Giertych, which aimed at prohibiting people who “propagate homosexuality” from working in schools. The sanctioning of prejudice towards gays and lesbians by the representatives then in power encouraged other groups (e.g., football fans and neo-nazi groups) to resort to violence against LGB persons and created a climate where gays and lesbians were afraid to disclose their sexual orientation.

The results of the current study, which covers the years 2010–2011, prove that the climate has changed. After Civic Platform (PO) came to power, politicians ceased to encourage people to use violence against gays and lesbians, but during Donald Tusk’s term no decision has been made for the benefit of bi- and homosexual persons. In spite of the discussion in Parliament concerning civil partnerships, two proposed bills were deemed unconstitutional thanks to the votes of Civic Platform. It is worth stressing that 100% of the respondents claimed that civil partnerships should be introduced in Poland, and almost 90% declared that they would enter
such a partnership if they were given the opportunity. Therefore, these regulations should be introduced as quickly as possible, since so many Polish citizens are expecting them.

The collected data show that the climate around LGB persons has changed slightly, but still bi- and homosexual persons cannot feel safe and unconstrained in their own country. It is worth stressing that although the percentage of people who experienced violence or discrimination in the public sphere because of their sexual orientation in the last two years has decreased, the values still remain high. The level of confidence the victims placed in the police did not improve but even lowered. The percentage of people concealing their sexual orientation in the public sphere decreased (by 15 percentage points in the workplace, by 10 points at school/universities and by 13 points in the case of neighbours); however, the majority of LGB persons feel the need to keep their sexual orientation private in such places. About 70% of the respondents conceal their sexual orientation in the workplace and at school/university, half of them conceal their sexual orientation in the place of residence (e.g., from their neighbours), and 40% do so even while living together with a partner of the same sex. However, the percentage of people keeping their sexual orientation from their family increased (by 7 percentage points) – currently, 63% of the respondents declared that at least one person from their family knows about their sexual orientation.

The large number of people experiencing loneliness (almost half of the respondents) and having suicidal thoughts (42%) over the last few months is also disturbing. The youngest people are in the worst situation.

In comparison to the results of the “Social Diagnosis 2011”, research on a representative sample, many more LGB persons (age 19–50, with secondary and higher education) feel alone (a difference of 31 percentage points). This phenomenon is even more noticeable in the case of the youngest (aged 15–18) respondents – more than half of the LGB teenagers (56%) feel alone, compared to 13% of the teenagers from the “Diagnosis”.

When it comes to having suicidal thoughts, 91% of all respondents in the “Diagnosis” did not think about it at all in the last few months, but among
gays and lesbians it was only 62%! 13% of bisexuals and homosexuals, and only 2% for the vast majority of heterosexuals had such thoughts often or quite often. The youngest are in the worst situation – 63% of bi- and homosexual teenagers were recently thinking about suicide! (Compare this to the 12% of teenagers from the “Diagnosis”. Such large numbers indicate the need to undertake immediate remedial actions directed towards gays and lesbians in schools.

Compared to the results of the “Social Diagnosis 2011”, LGB persons aged 19–50 with secondary and higher education perceive their life as less successful than their counterparts from the “Diagnosis” – the average values are 4.9% for the LGB sample and 5.39% from the “Diagnosis”. Even greater differences in terms of quality of life can be observed among teenagers.

The analysis of the ways of reacting to difficulties indicates that non-heterosexual persons to a much larger extent than Poles in general from the “Diagnosis” react to difficult situations in life by drinking alcohol (10 percentage points difference), distracting themselves from the problem (25 percentage points difference) or giving up (10 percentage points difference). It is easy to notice that these behaviours aim not to solve the problems but to put them aside. Therefore bi- and homosexual persons, in difficult life situations, more often than heterosexual persons react with less effective ways of dealing with problems and they experience the feeling of helplessness, which is a belief that they cannot change their current situation by any means. The feeling of helplessness leads to permanent stress and depression, and bisexual women and lesbians are more vulnerable to it than bisexual men and gays.

Although the data pertaining to the revealing of one’s sexual orientation indicate that more women than men openly discuss it and slightly less often experience violence, the results regarding dealing with difficulties and abuse of psychoactive substances indicate a more difficult situation for lesbians and bisexual women. These are women who use alcohol more frequently. Although non-heterosexual persons in general smoke more often than the respondents who took part in the “Diagnosis” (aged 19–50, with secondary and higher education), bisexual women and lesbians smoke the most often. As far as drinking alcohol is concerned, bisexuals and
homosexuals (aged 18–49, with secondary and higher education, living in towns with more than 500,000 inhabitants) drink alcohol more often than the statistical inhabitant of such a town, and lesbians and bisexual women drink significantly more frequently than the women of the sample which is primarily heterosexual. Similar results could be observed on the same sample (age 18–49, with secondary and higher education, living in the towns above 500,000 inhabitants) in the case of taking sedatives and sleeping pills – the percentage of LGB persons taking pills in the last 12 months was almost twice as high as in the comparable sample (28% compared to 12%), and among them were more women than men.

In the results pertaining to mental wellbeing, the place of residence was significant here – the bigger the town, the more positively the respondents evaluated their life, the less lonely they feel and the less often they have suicidal thoughts.

Therefore, the data indicate an urgent need to commence actions directed at bi- and homosexual persons that would counteract violence and discrimination and would improve mental wellbeing, particularly in the case of the youngest people. Eliminating negative stereotypes and changing the social attitudes to more open and prejudice-free attitudes would allow LGB persons to improve their quality of life which, as a result, would be reflected in an improved feeling of safety, in more constructive ways of solving problems and in decreased feelings of loneliness and suicidal attempts. Conducting these actions is especially important in schools, since the youngest gays and lesbians are in the most difficult situation.

The Aim

The aim of this research was to collect data about the social situation of homosexuals and bisexuals in Poland in 2010 and 2011 and to compare them with data from the research conducted four years ago (2005 and 2006). As in the previous study, the material was collected in order to find answers to the following questions: what forms of physical and mental violence are LGB people (lesbian, gay and bisexual) subjected to, what unequal treatment do they face, in which spheres of life do they conceal
their sexual orientation and to what extent, and what socio-demographic variables characterize them. The current research was also extended to aspects such as mental well-being (the use of psychoactive substances, suicidal thoughts and ways of coping with difficulties) and values held.

This report is the first description of the data, presenting the main findings.

Methodology

The Tools

A questionnaire was developed for the needs of this research, consisting of 59 detailed questions. Some of them were multiple-answer questions, while others required a short account of events from the respondent.

The vast majority of the questions in the questionnaire referred to events from 2010–2011. The questions were formulated according to the following model: *Since January 2010, have you been subjected to any of the following situations on the grounds that you are known or suspected to be a bisexual or a homosexual?* A list followed with situations where one may be treated differently. Similar questions can be found in the 2006 study.

The questions referred to the following issues:

1. the occurrence of physical or mental violence (whether it has occurred and how often) and a description of the events (by whom and where the act of violence took place), whether it was reported to the police, and – if they were notified – what their reaction was

2. the occurrence of the following events in the workplace: refusal of employment or promotion, dismissal, limited access to vocational training or higher requirements in comparison with other employees

3. concealing one’s sexual orientation in the workplace (to what extent, for what reasons), if the respondent was employed at the time of the research
4. concealing one’s sexual orientation at school (to what extent, from whom, for what reasons), if the respondent was a student at the time of the research

5. being treated differently (based on suspicion or knowledge of the sexual orientation of the respondent) in such aspects as:
   — the purchase or rental of a flat/house,
   — relations with neighbours,
   — contact with representatives of the health service,
   — direct contact with representatives of different churches, in such places as:
     — public offices (e.g., council offices or courts) and public places (e.g., pubs, clubs, shops, public transport or taxies)

6. feeling free to demonstrate affection for a partner in public places

7. information on respondent’s circle of friends

8. allowing one’s sexual orientation to be disclosed to people outside one’s closest circle of friends

9. allowing one’s sexual orientation to be disclosed to relatives (which of them know, which of them fully accept the respondent and how did they learn about it)

10. an assessment of how homosexual and transgender persons are perceived in society

11. mental well-being (the respondent’s assessment of his/her life so far, feelings of isolation, ways of dealing with difficulties, smoking cigarettes, drinking alcohol, using sedatives or hypnotics, having suicidal thoughts)

12. values held
13. socio-demographic data (gender, sexual orientation, age, address, education, parent’s education, relationship status, duration of the relationship and children – if any)

In the description of the results, whenever possible, we cite the original question to which the participants were supposed to respond. In most cases, the questions can be found in the titles of tables and diagrams; some of them were presented in a separate text box.

The Procedure

The study was conducted in November and December 2011, and in January 2012. The data from six years ago was collected over a similar period – in late 2006 and at the beginning of 2007. Over 17,000 questionnaires were sent back, out of which 11,141 were correctly completed and qualified for further analysis. The research was directed only to persons who identified themselves as bisexual or homosexual and have lived in Poland for the past two years – users were informed of this before the questions.

The vast majority – 99% – of responses were collected electronically. A website was prepared with basic information about the research, where one could fill in the questionnaire. The questionnaire was secured in such a way that a person logging on from a single IP address could fill in the questionnaire only once and then, if another person working on the same computer wanted to fill it in, he/she had to send an email with a request to the server administrator. Taking into account the length of the questionnaire, for the convenience of the respondents, they could stop at any time and complete it later.

Information about the research was sent to all registered users of websites such as Inna Strona (for LGB persons), Kumpello (for bi- and homosexual men) and Kobiety Kobietom (for lesbian and bisexual women), and also to some users – those over 30 years old – of Fellow.pl (a web portal for bi- and homosexual men) and Fille.pl (for bi- and homosexual women). Notices about the research were sent to approximately 114,000 website users – most of whom were men. In addition, information about the
research was published on all other websites aimed at bisexuals and homosexuals, and was sent out through mailing lists on the Internet and social networking sites (e.g., Facebook), and were also sent by respondents to their friends. Moreover, a small number of questionnaires was distributed by pollsters, who approached respondents in several different regions of Poland.

The way of approaching respondents was very similar to that used in the 2006 study, where information about the research was also published on websites for LGB people and spread through snowball sampling, in which respondents informed others about the research. The main difference between 2006 and 2011 was that information about the study was sent to a larger number of web portal users, due to the fact that their numbers have increased in the last six years. However, it is estimated that the percentage of people who responded to the message about the research was similar now and six years ago.

**Problems with sampling**

Bisexuals and homosexuals are a very diverse group of people, about which very little is still known. For researchers, the big challenge is just getting to LGB people, due to the fact that until recently, bisexuals and homosexuals disclosed their sexual orientation to a very narrow circle of friends, if anyone. For the past few years we have observed the increasing visibility of LGB people in society, especially on the Internet, which enabled gays and lesbians to network among themselves. Thanks to that, reaching non-heterosexual persons is easier for researchers nowadays than before, and a larger sample allows for a more accurate description of the LGB community.

Unfortunately we still do not know whether the population of bisexuals and homosexuals differs from the heterosexual population in terms of basic socio-demographic variables which allow for sample selection; for example, we do not know the percentage of LGB people that live in big towns and in villages, the percentage with higher education and with vocational education, etc. For this reason, it is impossible to determine today what a sample of LGB people should look like, so it could
be regarded as a representative one. This results mainly from treating information on sexual orientation as sensitive data and therefore concealing it in a variety of censuses (e.g., the National Census). Another obstacle is that some of the respondents are reluctant to disclose their sexual orientation to someone conducting such studies.

Existing comparative studies conducted mainly in North America and Western Europe between bi- and homosexual people and heterosexual ones do not allow one to determine whether differences in basic socio-demographic variables are present at all. In Poland, the socio-demographic situation of LGB people has not been recognized yet, even though we can expect some differences between groups, e.g., LGB people are more likely to migrate to larger cities due to the fact that metropolitan communities are more open to diversity than rural or small town communities. It is also easier to get to know other non-heterosexual people there. For the same reason it can be expected that proportionately more LGB people than heterosexuals will use the Internet.

Another problem affecting the selection of the sampling is the way of reaching respondents. Because of the advantages of the Internet – which provides access to very different groups of people in a short period of time – it was decided to conduct the research also using the Internet. After collecting the questionnaires, it proved to be the main way of reaching respondents. Recent CBOS studies on the use of the Internet by Poles show that at least 56% of the population uses the Internet once a week, and when it comes to students, this percentage is as high as 99%. People with higher education use the Internet almost as often (93%), followed by people with secondary education (71% of them use the Internet at least once a week). Internet usage is also differentiated by place of residence, although not to such an extent – in the cities (no matter how high the population is) the percentage of web users ranges from 59% to 66%. In villages 45% of the people use the Internet at least once a week.

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2 Using the Internet, Fundacja Centrum Badania Opinii Społecznej, Warsaw, August 2011.
The specific character of Internet access leads one to expect an over-representation of young people and those with higher and secondary education, and an under-representation of rural residents.

Analysis of the Results

The analysis covers 11,141 questionnaires completed solely by people who identify themselves as bisexual or homosexual. There were also 14 people who declared themselves heterosexual and indicated that they are currently in a relationship with a person of the same sex. Several questionnaires filled in by heterosexuals who did not mark this option were rejected – based on content analysis of open questions it can be stated that most of them took part in the study by mistake, even though in the instructions it was clearly stated that only bisexuals and homosexuals are asked to take part in the research. Seven questionnaires also remained of people who did not select any answer about their sexual orientation, but the content of the open questions suggested that they are not heterosexual.

Self-designation as a bi- or homosexual is extremely subjective – there is no way for anyone to determine another person’s sexual orientation. For this reason, there are people who consider themselves heterosexual (or bisexual), who are in same-sex relationships; for example, they live in long-term relationships with a person of the same sex, while the people around them perceive them to be homosexual.

The Sample Profile – socio-demographic variables

In the current sample, as in 2006, there were slightly fewer women than men; exact data are presented in Figure 1.
Figure 1: Respondents: breakdown by gender (n=11,141)³

- man 55.3%
- woman 44.7%

Figure 2 presents the respondents according to the sexual orientation declared they declared.

Figure 2: Respondents: breakdown by sexual orientation (n=11,136)

- gay 47.1%
- lesbian 27.4%
- bisexual woman 17.2%
- bisexual man 8.1%
- heterosexual woman 0.1%
- heterosexual man 0.1%

In the 2011 study more detailed data on age were collected: the respondents gave their age as an exact number, whereas previously, they were simply assigned to one age group. The average age in 2011 was 26.3 years; the median age⁴ was 24 years. Figure 3 presents the data broken down by age group.

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³ The symbol n was used in the titles of tables and diagrams; for instance, “n=11,141” means the number of respondents who answered a particular question or whom the question concerned. In this case it means that the question concerned or was answered by 11,141 respondents.

⁴ A median divides the set in half – the same number of answers is above as below.
In terms of age the samples are comparable. Similarly to six years ago, nearly half of the respondents were young people in the 18–25 age group and slightly more than one third were in the 26–40 age group. The small number of respondents over 40 is the result of difficulties in approaching such persons – the older the individual, the more his/her sexual orientation is concealed from others. In order for a potential respondent to receive information about the study, he/she would have to have some contact with the LGB community, whether through friends, by frequenting meeting places of bisexuals and homosexuals or by visiting websites for LGB people. Older people also use the Internet less often than younger people.

It should also be noted that in the sample there is an uneven breakdown by gender, i.e., over 40: 10.8% of men and only 2.9% of women. This suggests that men in their forties and fifties (the oldest respondent was 80 years old) are more in touch with the LGB community either directly or via the Internet than women at the same age.

Therefore, we should bear in mind that the collected data refer mainly to the social situation of young and middle-aged bisexuals and homosexuals (under the age of 45).

The breakdown by respondents’ place of residence is presented in Figure 4. Similarly to 2006, inhabitants of big towns prevail in this research, but comparing with former research, there are more respondents from small towns, and the percentage of inhabitants living in cities of over one million decreased (in 2006 it was 24.9%).
In 2011, a question was added regarding the place of residence in which the respondent has spent most of his/her life, in order to see if it differentiates test results more than the current place of residence. However, it also resulted in interesting data on changing the place of residence. Figure 5 presents the respondents broken down by the place of residence in which the respondent spent most of his/her life. As only people living in Poland were asked to participate in the study, the results show only internal migration, without foreign. Figure 6 shows the direction of internal migration.
As for measuring the respondents’ education in relation to 2006, for the current study the response selection was changed – incomplete secondary and higher education were omitted, which, as shown by the analysis, was often chosen by people still learning and without an appropriate certificate of secondary education or higher education. This error has not been eliminated – it has occurred that persons still in the process of education marked a degree which they have not obtained yet. However it is hard to determine what percentage of them did so. In 2011, due to changes in the education system, the items lower and post-secondary education were introduced. To compare both sets, the data from 2006 had to be recoded.5

Figure 7 presents data on the respondents’ education. Persons with secondary, higher and incomplete higher education prevail – as in 2006. Therefore, it should be borne in mind that the results of the research refer mostly to the experience of young people still learning in lower-secondary school or secondary school, or people with at least a secondary education.

5 Incomplete secondary education was replaced with lower-secondary and incomplete higher education was combined with higher and compared respectively with higher and secondary education combined with medium and compared with the average, respectively. Please note that due to the change in the cafeteria it is not a perfectly accurate comparison.
In 2011 a question about parents’ education was added. Figure 8 and 9 present the findings.

**Figure 7: Respondents: breakdown by education (n=11,135)**

- Higher: 41.6%
- Postsecondary: 8.2%
- Secondary: 37%
- Elementary or lower: 0.7%
- Grammar school: 9.4%
- Vocational: 3.1%

**Figure 8: Respondents: breakdown by mother’s education (n=11,110)**

- Postsecondary: 10.6%
- Secondary: 29.8%
- Vocational: 22.2%
- Higher: 28%
- Unknown: 1.3%
- N/A, no mother: 0.5%
- Elementary or lower: 7.5%

**Figure 9: Respondents: breakdown by father’s education (n=11,059)**

- Postsecondary: 6.4%
- Secondary: 24.1%
- Vocational: 35.1%
- Higher: 22.4%
- Unknown: 2.5%
- N/A, no father: 3.2%
- Elementary or lower: 6.3%

**Correlation with the research from 2006**

One of the aims of this research was to compare the present results with the survey conducted in 2006. Such a comparison would be valid, assuming that the samples do not differ from each other – it was assumed that the sample could not considerably vary in terms of socio-demographic data such as gender, age, residence and education. Significant statistical
differences occurred only in the case of residence – in one option – towns with more than one million inhabitants. This time, there were fewer respondents from towns with more than one million inhabitants than in 2006. In each case, it was checked whether this difference affects the results of the correlation – it turned out that in none of the comparative analysis between the 2006 survey and the current one presented in this report is there a significant effect on the results.6

**Statistical procedures**

Given the nature of this publication, description of the statistical procedures is kept to a minimum. Respondents’ answers were analyzed for differences in terms of major socio-demographic variables and only the most significant were selected for presentation. The statistical tests which were used to compare the variables according to their applicability are the structure test for two indices, chi-square test, student’s t-test and the F-test. In some cases (listed in the text) we examined Pearson’s r correlation.

**Findings**

**Physical violence**

Physical violence is defined as an encroachment on one’s physical inviolability. Table 10 below shows the breakdown of responses on the spread of physical violence compared to 2006. A lack of data was interpreted as not experiencing such violence.

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Since January 2010, have you experienced any of the following situations on the grounds that you were known or suspected to be a homosexual or bisexual? – pushing, hitting, kicking or pulling

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6 Due to the nature of this publication, a description of the statistical procedures which were used to prepare the sample for comparison and then test the importance of the differences was not included. Those interested in a detailed description, please contact the author: mabramowicz@dlaodmiany.org.pl
12% of the respondents experienced a form of physical violence in the past two years and the percentage of men is slightly higher than that of women. 9% of women and 14% of men experienced physical violence. Examining the distribution according to age showed that the youngest are the most vulnerable to physical violence, and psychological violence as it turned out in the analysis of the later responses. 15.6% of respondents up to the age of 25 experienced physical violence in comparison to 6.9% among people aged 26 and over. The results show that fewer people fell victim to physical violence between 2010–2011 than between 2005–2006. A similar correlation occurred, in that men are attacked slightly more often than women.

It is alarming that out of the respondents who were subjected to physical violence, similarly to 2006, nearly 40% experienced it more than three
times in the last few years. Figure 11 presents the data concerning the frequency of assaults.

Figure 11: Frequency of assaults – physical violence

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=1,245)</th>
<th>2006 (n=172)</th>
</tr>
</thead>
<tbody>
<tr>
<td>once</td>
<td>36%</td>
<td>39,5%</td>
</tr>
<tr>
<td>twice</td>
<td>24,6%</td>
<td>18,6%</td>
</tr>
<tr>
<td>three or more times</td>
<td>39,4%</td>
<td>41,9%</td>
</tr>
</tbody>
</table>

The analysis of data pertaining to the type of violence (Figure 12) shows clearly that the majority of the respondents who have experienced physical violence were pushed, hit, pulled or kicked. The second most frequent type was sexual harassment infringing upon bodily inviolability (e.g., touching someone against his or her will) – 42% – and this percentage is substantially higher than in 2006. The percentage of persons who experienced sexual violence is also higher (8%); however, the percentage of respondents who were had been beaten in the last two years decreased (currently 17%). Throwing stones, bottles or other things was frequently mentioned as the “other” form of attacks.

Figure 12: Type of act of violence experienced

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=1,303)</th>
<th>2006 (n=176)</th>
</tr>
</thead>
<tbody>
<tr>
<td>pushing, hitting, kicking or pulling</td>
<td>65,2%</td>
<td>67,6%</td>
</tr>
<tr>
<td>beating</td>
<td>16,7%</td>
<td>24,4%</td>
</tr>
<tr>
<td>armed assault</td>
<td>2,2%</td>
<td>1,7%</td>
</tr>
<tr>
<td>sexual harassment infringing upon bodily inviolability (e.g., touching against your will)</td>
<td>41,7%</td>
<td>32,4%</td>
</tr>
<tr>
<td>sexual violence (e.g., rape or attempted rape)</td>
<td>8,2%</td>
<td>4%</td>
</tr>
<tr>
<td>another form of infringing upon bodily inviolability</td>
<td>11%</td>
<td>8,5%</td>
</tr>
</tbody>
</table>

The percentage does not sum up to 100, since the respondents could choose more than one answer.

As far as the perpetrators of the acts of physical violence are concerned, in 70% of the cases the perpetrators were not personally known to the victim – this percentage increased slightly in comparison to 2006, when it
constituted 60%. The percentage of schoolmates using physical violence also increased, amounting to 36%, in 2006 it was 30%. Due to the size of sample in 2006, a comparison between types of perpetrators is impossible.

Figure 13: Perpetrators of physical violence (n=1,240)

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother</td>
<td>3.5%</td>
</tr>
<tr>
<td>father</td>
<td>4%</td>
</tr>
<tr>
<td>other family member</td>
<td>5.7%</td>
</tr>
<tr>
<td>female partner/wife</td>
<td>1.2%</td>
</tr>
<tr>
<td>male partner/husband</td>
<td>2.6%</td>
</tr>
<tr>
<td>your child</td>
<td>0.1%</td>
</tr>
<tr>
<td>friend</td>
<td>10.6%</td>
</tr>
<tr>
<td>neighbour</td>
<td>6.5%</td>
</tr>
<tr>
<td>teacher</td>
<td>2.2%</td>
</tr>
<tr>
<td>schoolmates</td>
<td>36.2%</td>
</tr>
<tr>
<td>superior at work</td>
<td>2.3%</td>
</tr>
<tr>
<td>colleague</td>
<td>6.9%</td>
</tr>
<tr>
<td>police</td>
<td>3.2%</td>
</tr>
<tr>
<td>stranger</td>
<td>67.9%</td>
</tr>
<tr>
<td>other</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

The acts of physical violence occurred in public places (streets, roads, parks, etc.) more frequently than in 2006 – 66% of cases (in comparison to 57% in 2006) – and more frequently in shops, clubs and on public transport, etc. – 32% now, 28% in 2006. School/college turned out to be equally dangerous in 2011 – it was the site of physical violence in 31% of cases and was indicated more frequently than in 2006 (24%). It is yet another result showing the increase of peer violence among students, which is a signal for schools and colleges to take definite preventive actions. For “other place” respondents often mentioned places from their private sphere, such as friends’ flats or halls of residence.
Almost 90% of cases, even more than in the previous study (85% in 2006), were not reported to the police. Among respondents 70% described the reaction of the police as friendly or neutral. However, it is worth pondering over the one-third of respondents who interpreted the reaction of the police as hostile. The reasons for failing to report acts of violence to the police will also be discussed cumulatively after the part on psychological violence.

**Figure 14: Places where physical violence occurred (n=1,243)**

- Public place: street, road, park, beach or forest 66.4%
- Public place: shop, cinema, office, public transport, clinic or club 31.9%
- School/college 31.3%
- Workplace 8.3%
- Other 4.3%
- Your flat 13.7%

**Figure 15: Reporting acts of violence to the police (n=1,296)**

- No 89.7%
- Yes 10.3%

**Figure 16: Reaction of the police according to the respondents (n=137)**

- Hostile 31.4%
- Friendly 20.4%
- Neutral 44.5%
- Other 3.6%
Further analysis showed that in some issues differences according to gender are significant. Figure 17 presents the results.

**Figure 17: Comparison according to gender of differences in selected variables concerning physical violence**

<table>
<thead>
<tr>
<th>Type of violence</th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>pushing, hitting, kicking or pulling</td>
<td>65,2%</td>
<td>53,8%</td>
<td>71,5%</td>
</tr>
<tr>
<td>beating</td>
<td>16,7%</td>
<td>11,8%</td>
<td>19,5%</td>
</tr>
<tr>
<td>armed assault</td>
<td>2,2%</td>
<td>0,9%</td>
<td>3%</td>
</tr>
<tr>
<td>sexual harassment infringing upon bodily inviolability (e.g., touching against your will)</td>
<td>41,7%</td>
<td>48,1%</td>
<td>38,2%</td>
</tr>
<tr>
<td>sexual violence (e.g., rape or attempted rape)</td>
<td>8,2%</td>
<td>11,5%</td>
<td>6,3%</td>
</tr>
<tr>
<td>mother</td>
<td>3,5%</td>
<td>5,7%</td>
<td>2,3%</td>
</tr>
<tr>
<td>father</td>
<td>4%</td>
<td>5,7%</td>
<td>3,1%</td>
</tr>
<tr>
<td>friend</td>
<td>10,6%</td>
<td>13,8%</td>
<td>8,8%</td>
</tr>
<tr>
<td>police</td>
<td>3,2%</td>
<td>1,4%</td>
<td>4,3%</td>
</tr>
<tr>
<td>your flat</td>
<td>13,7%</td>
<td>18,1%</td>
<td>11,3%</td>
</tr>
<tr>
<td>other place</td>
<td>4,3%</td>
<td>6,5%</td>
<td>3%</td>
</tr>
<tr>
<td>Reported to the police</td>
<td>10,3%</td>
<td>7,7%</td>
<td>11,7%</td>
</tr>
</tbody>
</table>

Men more often than women were exposed to pushing, hitting, kicking or pulling and beating; the police were more often the perpetrator in the case of men than of women. On the other hand, sexual violence occurred more often against women than men and took place in the respondent’s private sphere: mothers, fathers or friends were usually the perpetrators in the victims’ flats or other flats. Men reported acts of violence to the police slightly more often.

In the study 840 accounts of physical violence were collected. Below we present fourteen of them.

**A1024, woman, 19:** *I was at a party and my friend told me she had something important to tell me and that we should go outside, so we did. There she pushed me up against the wall of the building, started kicking me and punching my face and body with her fists and screaming “you dyke!”*
A1050, man, 15: There’s no need to write at length about it. Verbal and physical attacks occur at least 1–2 times a week ;p

A7089, man, 62: I was a teacher – during the breaks between classes incidents happened: pushing on the stairs, verbal insults. I reported those incidents to my boss, the headmistress, but she did not take any actions to discipline the students. For this reason I took early retirement.

A3695, woman, 21: While in a gay club I went outside with a man I met there. I was sure he was gay. Unfortunately, when we had walked a few metres away from the club he raped me, claiming that I didn’t know how it is to be with a man and that he would show me. Despite my attempts to free myself, he wouldn’t stop...

A2225, man, 27: In the evening, while going to the shop (coming back from work) near my house, just outside the shop a few young (around 16–18 years old) chavs started to provoke me, screaming “You queer”. One approached me and said that I had to buy him a beer. When I came out of the store, he asked “Have you bought the beer, you queer?” I answered that I hadn’t. Before I realized it, I was punched in the face and nose and I fell down, then I was kicked. I lost consciousness for a short while. The attackers ran away towards an estate. Nobody from the shop reacted.

A5536, woman, 18: I was kissing my girlfriend on the ruins of a granary. Some fisherman was going through there. He looked at us, walked away, then came back. He was holding a phone. He said into the receiver “Yo, do you see those two f***king dykes standing here and snogging?” I asked my girlfriend to get out of there, but she didn’t want to and tried to defend our dignity. I couldn’t leave her. Meanwhile another man came. I was pushed against the wall and kicked. My girlfriend ran away.

A8684, man, 20: I study at the Maritime University. Common hostility towards gays dominates there. I was beaten up a few times, so much that I landed in hospital. But I’m not a wimp so I don’t complain.

A5426, man, 19: I was dancing in a club where people knew about my sexual orientation. I went outside to smoke. I was talking on the phone so
I walked away from the club. Suddenly a bunch of guys pushed me against a wall. They wanted to pull off my trousers and said that asses are for making shit. Fortunately my friends came out looking for me and took control over the situation.

A14598, woman, 22: I was reprimanded more than once for keeping too close to other people and that it looked like “lesbianism”. When I didn’t react, whistles, pushes and laughs usually started. In the case of a (former) boyfriend – constant pestering, whether I’m not joking, that “a lot of sex” would cure me of it... Nothing much, grit your teeth and survive.

A598, woman, 18: I was walking down the street with my girlfriend and heard shouts: “dykes”, “queers”. But we kept walking and after some time somebody started nudging me, so I turned around and was punched in the face and then a few times in the stomach.

A13602, man, 20: After discovering my sexual orientation my father repeatedly terrorized me psychologically, called me names, threw me out of the house, shoved and pulled me.

A955, woman, 24: I was beaten up for the first time by my girlfriend’s brother in her yard, when I was standing under her window, waiting for her. I was banished from that place.

A6418, man, 25: Beaten on the street, what else is there to describe? Somebody didn’t like my appearance and beat me up. The sad thing is that it took place in public and nobody reacted. What’s more, once the assault took place in the city centre at 3 pm, where after a kick in the back I landed in the middle of the street.

A14683, woman, 18: After a walk with my girlfriend I was coming back to my flat. On my way home I bumped into a group of chavs who had seen me earlier by the lane leaving the park. On the stairs I was kicked and my hair was pulled.
Psychological violence

Psychological violence is defined as mentally harming a victim through intimidation, offending, ridiculing, humiliating or disseminating negative opinions about the victim and/or his or her family. In everyday life it is mainly manifested by insults, such as *faggot* or *dyke* and the whole spectrum of vulgarity referring to the intimate life and relationships of bisexuals and homosexuals, alienating such people from society and leading to social exclusion.

The analysis of the data pertaining to psychological violence indicates that it is very commonly experienced. Over the past two years 44% of the respondents have experienced a form of psychological violence, usually more than once. Among the persons that have experienced psychological violence, as many as 60% have been subjected to it more than three times. Similarly to physical violence, more men than women fall victim to different forms of psychological violence. Figure 18 and Figure 19 present the detailed data concerning the spread and frequency of psychological violence.

Since January 2010, have you experienced any of the following situations on the grounds that you were known or suspected to be a homosexual or a bisexual?

- verbal harassment/aggression
- insults, humiliation or ridicule
- the spread of negative opinions about you
- threats
- hateful letters to you or to your close relatives
- blackmail
- vandalism or devastation of property
- graffiti/posters/leaflets about you
- other forms of psychological harassment – please specify
- no
- other – please specify
Figure 18: Comparison of experience of psychological violence in 2006 (n=1,002) and 2011 (n=11,141) (A lack of data was classified as a lack of violence.)

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>43,9%</td>
<td>51%</td>
</tr>
<tr>
<td>Women</td>
<td>41,8%</td>
<td>58,2%</td>
</tr>
<tr>
<td>Men</td>
<td>45,6%</td>
<td>54,4%</td>
</tr>
</tbody>
</table>

A comparison with data from 2006 indicates that the percentage of persons who experienced psychological violence slightly decreased along with the frequency of assaults. However, the differences are not big; therefore, one cannot say that psychological violence is decreasing.

As with physical violence, the youngest are the group most exposed to psychological violence. More than half (51%) of the respondents up to age 25 experienced such violence in the past two years, while among older respondents (over 26) the percentage was 31%. The most frequent form of psychological violence (Figure 20) is verbal aggression – 67% of the victims of psychological violence have experienced verbal aggression over the past two years. The respondents were very often offended, humiliated or ridiculed (51%), and negative opinions were spread about them (48%). Verbal threats were experienced by over 11% of the respondents, 6% of them were blackmailed and 8% of the respondents or their close relatives received hateful letters/e-mails/text messages. 4% experienced acts of
vandalism or destruction of property. Compared to 2006, spreading of negative opinions has slightly increased; the remaining options gained fewer responses or did not change.

**Figure 20:** Type of experienced psychological violence (The percentages do not sum up to 100, since the respondents could choose more than one answer.)

<table>
<thead>
<tr>
<th>Type of Psychological Violence</th>
<th>2011 (n=4,892)</th>
<th>2006 (n=511)</th>
</tr>
</thead>
<tbody>
<tr>
<td>verbal harassment/aggression</td>
<td>67,3%</td>
<td>75%</td>
</tr>
<tr>
<td>insults, humiliation or ridicule</td>
<td>51,3%</td>
<td>55,8%</td>
</tr>
<tr>
<td>spreading negative opinions about you</td>
<td>47,6%</td>
<td>44,6%</td>
</tr>
<tr>
<td>threats</td>
<td>10,9%</td>
<td>15,3%</td>
</tr>
<tr>
<td>hateful letters/e-mails/text messages to you or your close relatives</td>
<td>7,9%</td>
<td>5,9%</td>
</tr>
<tr>
<td>blackmail</td>
<td>6,4%</td>
<td>6,5%</td>
</tr>
<tr>
<td>vandalism or destruction of your property</td>
<td>3,9%</td>
<td>6,5%</td>
</tr>
<tr>
<td>graffiti/posters/leaflets about you</td>
<td>1,8%</td>
<td>2%</td>
</tr>
<tr>
<td>other forms of psychological harassment</td>
<td>5,4%</td>
<td>7,2%</td>
</tr>
</tbody>
</table>

The perpetrators of the acts of psychological violence, the same as in 2006, were in most cases – 60% – not personally known to the victims (Figure 21). Schoolmates constituted 31% of cases and this percentage is higher than in 2006, when it constituted 29%. Slightly more often co-workers were indicated as perpetrators – by 14% of the respondents in comparison with 11% six years earlier. The results suggest that psychological violence coming from the family has decreased – in 2006 mothers were indicated as perpetrators by 13% of respondents, fathers by 8% and other family members (often brother or sister) by 11% of respondents (altogether 31%). Currently 19% of respondents indicated family members as perpetrators.
In 2011 a new category was added to the question about the place where psychological violence occurred – the Internet. During the analysis respondents’ phones were included in this category as the site of an act of violence. Violence through the Internet occurred in 22% of cases. However, as in 2006, the acts of psychological violence most frequently occurred in public places, such as a street, road, park, etc. (57%). The second-most often indicated place was school – 32% of cases, which is higher in comparison with 2006, when it was 26%. The workplace was slightly more often selected – 16% now and 13% in 2006. Public places such as a shop, club or on public transport stayed at the same level (28%). Fewer events took place in the respondents’ flats – 15% now and 25% in 2006. The significant decrease in listing “other” (11.7% in 2006) was due to the addition of the Internet category. In the previous study the respondents noted incidents which took place on the Internet in the category “other”.

Figure 21: Perpetrators of psychological violence (n=4,619)
Similarly to the data from 2006, psychological violence in 2010–2011 was also hardly ever reported to the police – as many as 97% of the respondents did not inform the police about their experience (Figure 23). The breakdown of responses to the question concerning police reaction is similar to the breakdown of answers to the same question in the case of physical violence (Figure 24).

Further comparison of the data according to gender showed that in the case of psychological violence men are generally more exposed than women
to every type of event and in every place except their own flat. However, the differences between groups were generally very minor; therefore, it is hard to draw any conclusions. That is why Figure 25 presents only selected variables. A correlation similar to the one with physical violence repeated – women are more often victims of psychological violence in the private sphere – when the perpetrator is family, and the events occur in the victim’s flat and, what is more interesting, when the perpetrator is a teacher.

Figure 25: Comparison of selected variables concerning psychological violence according to gender

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother</td>
<td>6,8%</td>
<td>10%</td>
<td>4,5%</td>
</tr>
<tr>
<td>father</td>
<td>4,5%</td>
<td>5,4%</td>
<td>3,8%</td>
</tr>
<tr>
<td>family member</td>
<td>7,6%</td>
<td>8,9%</td>
<td>6,7%</td>
</tr>
<tr>
<td>teacher</td>
<td>3,2%</td>
<td>4,4%</td>
<td>2,4%</td>
</tr>
<tr>
<td>your flat</td>
<td>15,2%</td>
<td>18,3%</td>
<td>12,9%</td>
</tr>
<tr>
<td>report of incident to police</td>
<td>2,8%</td>
<td>1,8%</td>
<td>3,5%</td>
</tr>
</tbody>
</table>

Respondents were asked to describe these incidents of psychological violence. 3,230 descriptions have been collected. Twelve of them are presented below:

A10327, man, 30: A father (about 30 years old) and son (about 4 years old) were walking toward me. The son had a water gun... The father told his son while looking at me to “shoot at that faggot”.

A5006, woman, 22: The worst was when somebody copied posts from my private website and sent them to a public email box at the school where my mother worked. One by one the secretaries, headmistress and probably half of the teaching staff found out about my sexual orientation, all my emotions and happy love. My mother (who already knew) was terrified that she would lose her job, because she heard that if she couldn’t raise her own child, how dare she raise others’ children. It ended with erasing myself from the net. Completely. All websites, profiles on social networks, changes of addresses and numbers. Plus, of course, humiliating shouting at home.
Other incidents like ridicule and the diminishing value of my relationships are standard and not even worth mentioning.

A10096, man, 49: Damage to my car’s paint job from the words “gay”, “faggot”, “whore”, etc. being scratched into it with a sharp tool.

A6601, woman, 26: Too much to tell... It’s been going on my whole life and still is.

A3728, man, 15: I’m constantly being attacked, I’m afraid of walking around the school, I don’t even go to the school shop alone because I’m afraid to meet those who bully me. Sometimes even in town some strange blokes say something about me amongst themselves. In school a few students from another class constantly accost me with some remarks, they even made a rhyme about me.

A5168, woman, 15: Mother and father, when they learned about my sexual orientation, they threw me out of the house for over 2 weeks. I was also beaten up then (broken finger on my left hand, haematoma on my face). My peers from school also insult me, spit on me, etc.

A7375, man, 16: During a lesson they stuck a sheet of paper on my back with humiliating names. The teachers didn’t react.

A6647, woman, 28: There were a few incidents, for example, phone calls from my girlfriend’s mother, saying that I’m some evil incarnate or a sect, which wants to lead her daughter astray, etc. My partner’s brother insults me when he sees me, calling me a pervert (as well as my partner’s mother), stupid dyke, etc.

A7309, man, 20: There’s nothing to describe. There wasn’t a day in high school without somebody shouting “faggot”. I attended a school complex with a technical college and vocational school in a town where 95% of the inhabitants were stereotypical Poles. I was the alone in the whole school, the town and in my neighbourhood.
A3218, woman, 17: It was usually words directed at me: “fucking dyke, you should die, you should get treatment”, etc. It came to nothing more, because I didn’t react in any way, there was no point.

A5951, man, 23: While coming home I pass a playground where usually drunk teenagers scream vulgar clichés aimed at me with clearly homophobic content. I report each such incident to the police, I give disturbing the peace as the reason.

A419, woman, 30: My supervisor informed all the workers in my department that she engages me to check whether I really am homosexual. She spread gossip about my personal life (of which she had no knowledge) and my partners’. She asked other female workers whether “I fancy any of them”. I reported this case to the director, but nothing happened. I was informed that before the election nobody would touch such a case. I was forced to quit my job at that place because my supervisor spread gossip about me in different departments – even among people who didn’t know me.

Reasons for not reporting incidents to the police – physical and psychological violence

The most frequently quoted reasons for failing to report act of violence, both physical and psychological, to the police were as follows: I didn’t feel the need, I don’t have faith in police effectiveness in such cases, I was afraid that the police wouldn’t treat my case seriously. Although psychological violence does not require police intervention in every case, such a high percentage of failing to report violence, which most frequently recurred, is striking. A large percentage of responses that the respondents did not feel the need to inform the police about the violence – even though they qualified it in the study as violence – and comments from the subjects themselves can attest to the fact that in Poland, physical violence such as pushing, punching, kicking and touching against one’s will is treated as normal. It looks the same with offensive insults, threats or other forms of mental harassment.

Attention should be also paid to the large percentage of responses connected with a fear of the police – that the officers would not treat the
matter seriously, or that the victim was afraid of hostile jokes about their sexual orientation, and the aforementioned lack of faith in police action in such cases.

As the comparison of data between 2006 and 2011 showed, similar beliefs are shared by more and more of the respondents, instead of fewer, which should be a signal to the public authorities to take preventive measures. On the one hand, such a preventive step is counteraction against domestic violence, and on the other hand, it improves the credibility and image of the police in the eyes of people victimised because of their sexual orientation. The majority of the respondents do not believe that the police can help them and do not trust them. In many European countries hate crimes against any social group, including gays and lesbians, are considered more dangerous than crimes against an individual. For this reason, they carry the threat of higher penalties and in order to avoid them extensive preventive actions are conducted.

**Figure 27: Reasons for not reporting incidents to the police**

<table>
<thead>
<tr>
<th>Reason</th>
<th>2011 (n=5,056)</th>
<th>2006 (n=533)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was afraid my sexual orientation would come to light</td>
<td>17,5%</td>
<td>12,9%</td>
</tr>
<tr>
<td>I was afraid of the perpetrators’ revenge</td>
<td>12,8%</td>
<td>11,4%</td>
</tr>
<tr>
<td>I was afraid that the police would not treat my case seriously</td>
<td>25,7%</td>
<td>20,6%</td>
</tr>
<tr>
<td>I was afraid of jeers and malice on the part of the police regarding my sexual orientation</td>
<td>18,7%</td>
<td>13,9%</td>
</tr>
<tr>
<td>I did not know I could report it to the police</td>
<td>10%</td>
<td>5,8%</td>
</tr>
<tr>
<td>I do not have faith in the effectiveness of the police in such cases</td>
<td>41,5%</td>
<td>31,9%</td>
</tr>
<tr>
<td>I did not feel the need</td>
<td>57,2%</td>
<td>33,8%</td>
</tr>
<tr>
<td>other</td>
<td>5%</td>
<td>6,9%</td>
</tr>
</tbody>
</table>

Below we refer to a few cases which include descriptions of contact with the police. Even if they are the stories of individuals, it is worth analyzing them in order to think about how to prevent them in the future and to better prepare police officers to prevent violence against LGB people.

**A13768, man, 21:** *I was punched and kicked a few times in the town centre by some strangers because of my sexual orientation. After reporting it at the police station, some men and a lady who were also listening to my testimony*
laughed. And one of the policemen said to the other “faggots deserve it”. I insisted on drawing up a complaint, but the case was postponed even though it was probably recorded on the town’s CCTV. I didn’t have the strength or inclination to fight for my rights.

A1323, man, 18: Someone attacked me and my then-boyfriend with a knife. We escaped into a shop, where we waited for half an hour for the police. During that time, the attacker walked off and threw away the knife. Upon the arrival of the police, the attacker was caught, and the police stated that nothing actually happened and sent us and him home. They left us in the same place and drove off...

A14945, woman, 21: When I was walking with friends, somebody started to insult me and to beat us. The police arrived and stated that we could have taken another way. This was on a primary school playground.

A7832, woman, 18: I got a ticket for taking a walk with my partner hand in hand through the park.

The workplace

In the period under analysis, 70% of the respondents were working or searching for work (n=11,087), slightly more than in 2006 (64%). Within this group (n=7,583) 6% of respondents experienced some form of discrimination – six years ago it was 10%. One can see a downward tendency. In the questionnaire there were no questions differentiating the form of employment – for example, whether it one is self-employed or a freelancer. Some people gave this information, stating that it was the reason why they did not suffer worse treatment. On the one hand it would seem that the self-employed or freelancers are less vulnerable to discrimination; on the other hand, however, especially in a small environment, they can often encounter it by refusing to place an order or by questioning the execution of a commission. Perhaps it is desirable information to expand on and gather in subsequent studies.

In regards to the forms of worse treatment, the respondents were most often required to do significantly more than other employees/candidates
due being bi- or homosexual – 46.9% of the cases in the group of people (n=482); then were those who have suffered discrimination or dismissal (27%), refusal of employment (22.6%), refusal of a promotion (17.8%), limited access to vocational training (this option was added in 2011) (12.2%), and 15.1% chose the answer “other”, in which the descriptive answers related to various forms of psychological violence used by employers. In comparison with 2006 the decrease can be seen only in the refusal of employment (then 28%); the remaining options show a growing trend. Since the questionnaire also measured the degree of concealing one’s homosexuality in the workplace, we checked whether the persons that were open about their sexual orientation in the workplace were subjected to less fair treatment – see Figure 28. It turned out that those who did not conceal their sexual orientation are the least at risk of worse treatment. There was hardly any difference between people who concealed their bi- or homosexuality and those that did not, especially when it came to experiencing discrimination. How can one explain such a result? Maybe the people who do not conceal their sexual orientation in workplace are more confident and therefore other people are not able to discriminate against them? This relationship is very interesting and requires further analysis.

Since January 2010, have you experienced any of the following situations in the workplace or while applying for work on the grounds that you were known or suspected to be bisexual/homosexual?
- refusal of employment
- refusal of promotion
- dismissal
- higher expectations in comparison to other employees/candidates
- no
- other – please, specify:
Figure 28: Did you experience less favourable treatment in your workplace because of your sexual orientation? (Percent [%])

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=7,583)</th>
<th>2006 (n=595)</th>
<th>Persons who do not conceal their sexual orientation in the workplace</th>
<th>2011 (n=1,756)</th>
<th>2006 (n=69)</th>
<th>Persons who conceal their sexual orientation in the workplace</th>
<th>2011 (n=5,281)</th>
<th>2006 (n=499)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>6,4%</td>
<td>10,3%</td>
<td>4,8%</td>
<td>13%</td>
<td></td>
<td>7,3%</td>
<td>9,6%</td>
<td></td>
</tr>
<tr>
<td>no</td>
<td>93,6%</td>
<td>89,7%</td>
<td>95,2%</td>
<td>87%</td>
<td></td>
<td>92,7%</td>
<td>90,4%</td>
<td></td>
</tr>
</tbody>
</table>

Admitting one’s sexual orientation in the workplace, as in the study from six years ago, aroused emotions and controversy among a part of the respondents. Under the heading “other” the respondents presented, among other things, the claim that it is their private business and should not be discussed with co-workers. Other statements showed that not revealing one’s sexual orientation is a matter of choice for some of the respondents, rather than a necessity, and that they discuss their private matters with co-workers but without revealing their sexual orientation. On one hand sexual orientation is treated as something intimate, which should be discussed only with one’s closest friends and relatives, and on the other hand, by avoiding the subject of sexual orientation one avoids the whole sphere connected with one’s relations with the partner and often with friends (gays and lesbians), ways of spending one’s free time, etc. Additionally co-workers usually know each others’ marital status and number of children very well; in many places there is a custom of talking about one’s family life at work. People who refuse to do so rarely have good relations with their co-workers – who establish those relations among themselves – and are treated as outcasts and suffer consequences as a result. Therefore, in order to obey cultural norms and have a chance to strengthen social bonds in the workplace, one should be open about his or her private life; however, disclosing one’s sexual orientation is often treated as a departure from obeying such norms.

Another issue is the extent to which concealing one’s homosexual orientation is a question of free choice. Taking into consideration that disclosing one’s sexual orientation may result in physical or psychological violence and bring many adverse consequences, it’s hard to talk about a “free choice”
when one of the options is threatened with punishment. Another issue is a case of some bisexual persons who marked “other” on the questionnaire and wrote that they rarely engage in relationships with persons of the same gender, so avoiding this subject is not the same as for homo- or bisexual persons in relationships with partners of the same gender.

The responses to the question about concealing one’s sexual orientation in the workplace are presented in Figure 29.

**Figure 29:** Since January 2010, have you felt the need to conceal your sexual orientation or to avoid discussing it in your workplace?

<table>
<thead>
<tr>
<th>Response</th>
<th>2011 (n=7,484)</th>
<th>2006 (n=611)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes, all the time</td>
<td>32,2%</td>
<td>34,2%</td>
</tr>
<tr>
<td>yes, but not from all coworkers</td>
<td>39,2%</td>
<td>51,4%</td>
</tr>
<tr>
<td>no, I could discuss my private life as openly as my heterosexual co-workers</td>
<td>23,7%</td>
<td>11,3%</td>
</tr>
<tr>
<td>other</td>
<td>4,9%</td>
<td>3,1%</td>
</tr>
</tbody>
</table>

In comparison with 2006 the percentage of people whose sexual orientation is known to others around them increased – from 11% to 23.7% – but almost three times more persons – 70% – still feel the need to conceal or keep silent about their sexual orientation in the workplace. However, in 2006 it was as much as 85% of respondents.

Further analysis showed differences according to gender: women more often reveal their sexual orientation to others; 73% of men (38% full coming out) concealed their sexual orientation in relation to 69% of women (25% full coming out).

Hiding sexual orientation also depends on one’s place of residence – 42.7% of respondents living in the country hide their sexual orientation completely, and only 23.3% of those living in a city with a population exceeding one million do so. Similarly, 18% (country) and 30% (city over 1 million) of respondents do not at all feel the need to hide their sexual orientation. Coming out is also connected with age – 44% persons between the ages of 41–50 hide their sexual orientation completely, 34% between 26–41
and only 28% respondents between 18–25. As in previous studies, it is to be expected that with increased representation of the elderly and those living in smaller towns in the sample, the percentage of bisexuals and homosexuals hiding their sexual orientation in the workplace would be even higher. LGB people usually do not talk about their sexual orientation at work because they are afraid of being dismissed or of unpleasant treatment by co-workers and supervisors in the form of negative comments, offensive jokes or avoiding contact with that person. Some professions are seen as particularly dangerous to reveal one’s sexual orientation in, such as teachers, but also academics, babysitters, physicians, nurses, lawyers and other professions of public trust.

Regardless of the type of profession, it is difficult to come out to people in a management position. Subjects were also asked to explain the reasons for hiding their sexual orientation in the workplace. 4,452 statements were collected. Here are some examples.

**A6603, man, 28:** *I revealed to my boss my agnosticism, I wanted to remove the crucifix hanging above my desk, I met with offence, because the boss was exceptionally conservative. Therefore a disclosure of sexual orientation did not make sense. It would have been even worse.*

**A16944, woman, 26:** *I began to specialise in gynaecology and I don’t want to hear the vulgar comments that would surely appear, that I chose this department because I want to feast my eyes, etc. And I don’t know my new colleagues well enough to come out to them.*

**A5246, woman, 24:** *Before I even thought about revealing my sexual orientation, I heard colleagues express themselves vulgarly about gay people.*

**A11417, man, 29:** *Blimey … I live and work in the countryside, the truth will ruin my life! Why complicate something that is already difficult?*

**A2498, woman, 38:** *This arises from my inhibitions, probably at a time when I was young I learned some mechanisms to hide my sexual orientation. Now I don’t hide it, but I find it hard to overcome them, to talk about it…*
A7401, man, 43: This is a family business. My parents are elderly and my disclosure would lead to a very unhealthy atmosphere. I do not want to add worry to their old age.

A16393, woman, 60: Information unnecessary for students.

A8714, man, 42: I want to have complete peace of mind, that is, no harassment, malicious comments, hints, smirks, malice, or other activities aimed to humiliate me to the point I would have to quit to not go crazy.

School

In the reported period about 62.9% of the respondents were high school or university students (n=11,102), so almost as much as six years earlier (65%). As in the question concerning the workplace, the degree to which they concealed their sexual orientation in their schools was examined. The data is presented in Figures 30 and 31.

Figure 30: Between January 2005 and now, have you felt the need to conceal your sexual orientation or to avoid discussing it at school/university?

<table>
<thead>
<tr>
<th>Response</th>
<th>2011 (n=6,971)</th>
<th>2006 (n=639)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes, all the time</td>
<td>22,2%</td>
<td>27,4%</td>
</tr>
<tr>
<td>yes, but not from everyone</td>
<td>46,5%</td>
<td>51,6%</td>
</tr>
<tr>
<td>no, I could discuss my private life as openly as heterosexual persons</td>
<td>27,9%</td>
<td>19,4%</td>
</tr>
<tr>
<td>other</td>
<td>3,4%</td>
<td>1,6%</td>
</tr>
</tbody>
</table>
Figure 31: From whom did you keep your sexual orientation private at school/university? (The percentages do not sum up to 100, since the respondents could choose more than one answer.)

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=4,879)</th>
<th>2006 (n=509)</th>
</tr>
</thead>
<tbody>
<tr>
<td>teachers</td>
<td>86,1%</td>
<td>77,8%</td>
</tr>
<tr>
<td>other students</td>
<td>88,4%</td>
<td>82,7%</td>
</tr>
<tr>
<td>other</td>
<td>1,9%</td>
<td>6,5%</td>
</tr>
</tbody>
</table>

Similarly as with the workplace, there is an increase of people who freely talk about their sexual orientation at school/university – from 19% in 2006 to 28% today. Still, 69% of respondents are hiding their sexual orientation, and thus also their private life, compared to 79% previously. Even more often than in 2006, sexual orientation was concealed from teachers and other students.

As with the workplace, men hide their sexual orientation in school/university more often than women – 30% hide it completely in relation to 16% of women; similarly, 23% of men speak freely about their sexuality and private life and 33% of women. Also in this case place of residence differentiates the degree of disclosure – in the country 29% completely hide their sexual orientation, while in cities of over one million 17% do. 24% (in the countryside) and 35% (in cities of over one million) of respondents do not feel the need to hide it at all.

The reasons for concealing sexual orientation at school are usually a fear of rejection and violence by peers or because of the reaction of the teacher – that he or she would give worse scores or would fail them on an exam.

There is also a concern that the information could be transmitted to other people – the family or everybody else in the neighbourhood of the respondent. 4,397 statements explaining the reasons for silence about sexual orientation were collected. Here are some examples.
A4751, woman, 25: It happened that a few lecturers expressed themselves satirically about homosexuals, telling racist jokes at the same time. A friend who studied at the same university advised me to not to come out, because he observed that as soon as a few people (including the lecturers) learned about his sexual orientation, he found it harder to pass exams.

A6620, man, 25: Because in the students’ and professors’ statements during the lectures (not all, but most) intolerance and homophobia were noticeable, frequent negative comments against gay people occurred, they were thrown into one bag with the Arabs, Jews, terrorists, etc.

A4314, woman, 18: I heard many times opinions from teachers which indicated an unfavourable attitude toward people of another sexual orientation. Moreover, in our school there are two people that were declared gay and are harassed by other students, to which teachers turn a blind eye, thus giving silent approval.

A8288, man, 16: I’m probably not ready for it, and I don’t want to “destroy” my life in the place where I’m temporarily trapped.. :) Only 4 more years : P

A8787, woman, 14: Most of my classmates have a positive attitude toward gay people, but in my school this topic is taboo, even during family life education. Unless in the category of a joke, or in the style of “gays and lesbians live on another planet and do not have access to our beautiful Earth, and for certain we do not have them in our school, so it makes no sense to talk about them or their situation in society.” Besides, I was afraid that my parents would find out from teachers or students that I’m a lesbian, and I’d rather tell them myself, when the right moment comes.

A13706, man, 18: Some people harassed me because they suspected my sexual orientation, so I didn’t want to know what would happen if they knew.
Housing

Another sphere in which bisexuals and homosexuals experience unequal treatment on the grounds of their sexual orientation is in renting, leasing or purchasing a flat/house, as well as living in a neighbourhood and in relations with neighbours and administrators.

Concealing one’s sexual orientation in such an environment is often far more difficult than in the workplace or at school/college, particularly in the case of same-sex relationships, when sexual orientation become more visible for the people living next door.

Almost half of the respondents (45%) answered the question about housing – see Figure 32. We have omitted the “other” and “N/A” fields from these calculations.

Only 5.2% of the respondents that answered the question experienced housing problems – connected either with the rent/lease/purchase of a flat/house, or with harassment by neighbours. The latter was indicated five times more frequently than problems with the rent/lease/purchase of a flat/house.

However, it should be noted here that only 20% of the respondents admitted that their sexual orientation was undisguised; as many as 75% selected the answer “N/A, people generally do not know about my sexual orientation”. Therefore, if we narrow the group to those respondents that openly admitted their sexual orientation, then 20% of them experienced problems connected with housing. In comparison to 2006 a decrease of problems in this area is visible.
Figure 32: Since January 2010, in light of the fact that other people suspected your sexual orientation or knew about it, have you experienced any of the following problems connected with renting/leasing/purchasing a flat/house or with living in your neighbourhood (refusal to rent/lease/sell; harassment by neighbours)? (n=6,021)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>With “N/A, people generally do not know about my sexual orientation” answer omitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>5,2%</td>
<td>8,4%</td>
</tr>
<tr>
<td>no, everyone knows my sexual orientation and I have not experienced any problems as far as housing is concerned</td>
<td>19,8%</td>
<td>19,6%</td>
</tr>
<tr>
<td>N/A, people generally do not know about my sexual orientation</td>
<td>75%</td>
<td>72%</td>
</tr>
</tbody>
</table>

The next question concerning the fear of disclosing one’s sexual orientation to neighbours or landlords was answered by the vast majority of respondents – see Figure 33. As many as 50% admitted that they sometimes concealed their sexual orientation from such persons out of fear of their reaction, which in comparison with 2006 (63%) is a decrease. Also in this case men conceal their sexual orientation more often than women.

Figure 33: Since January 2010, have you concealed your sexual orientation from your neighbours or landlords, fearing their reaction? (n=11,092)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011 (n=11,092)</td>
<td>2006</td>
<td>(n=944)</td>
<td></td>
</tr>
<tr>
<td>yes</td>
<td>49,6%</td>
<td>62,5%</td>
<td>52,8%</td>
</tr>
<tr>
<td>no</td>
<td>50,4%</td>
<td>37,55</td>
<td>47,2%</td>
</tr>
</tbody>
</table>
More data concerning the fact of concealing living with a same-sex partner is presented in Figure 34. Out of the respondents that have lived with a partner over the past two years, 60% never concealed this fact from their neighbours. It is a slight increase in comparison with the period from six years before. In this case gender did not diversify the results. The place of residence did not diversify the results in general; only in cities of over one million did more respondents reveal their relationships (68%).

**Figure 34:** Concealing the fact of living with a same-sex partner (only persons who declared they have been living with a partner during that period)

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=3,376)</th>
<th>2006 (n=377)</th>
</tr>
</thead>
<tbody>
<tr>
<td>concealed</td>
<td>40.5%</td>
<td>46.4%</td>
</tr>
<tr>
<td>didn’t conceal</td>
<td>59.5%</td>
<td>53.6%</td>
</tr>
</tbody>
</table>

198 accounts of problems connected with the housing aspect were collected. Below we present several of them which show the spectrum of problems that bi- and homosexual people experience in their relations with landlords, co-tenants or neighbours.

**A363, man, 20:** Some woman didn’t rent me a room after she found out (don’t know from whom) that I am gay. She argued that she wouldn’t let me “teach perversions” to the girls living in that flat, she feared that I would “turn them into lesbians”.

**A2232, man, 31:** A worker of a housing association while bleeding the radiators called me and my partner faggots that need to be treated.

**A2309, man, 32:** Punctured tires, pulling the door handle, turning off the fuses, visual harassment, not responding to casual greetings.

**A5474, woman, 22:** I had to pay for a second place in the dorm, because no girl agreed to live with me.

**A5784, woman, 26:** We wanted to rent a one-room flat and the bloke said that he wouldn’t rent to us when he heard two girls and one bed.
A11973, man, 59: A neighbour in the elevator verbally attacked me saying he’s “not riding with faggots”.

A15095, woman, 22: A neighbour painstakingly tried to prove to everybody around us that I disturb the residents’ peace. She invented problems, even with the way I used the balcony (forcing a housing association ban for hanging laundered, “dripping” clothes).

Health Service

Bisexuals and homosexuals relatively infrequently face the need to disclose their sexual orientation in contact with the health care sector—usually when visiting a gynaecologist, donating blood, being tested for HIV or visiting a psychologist/psychiatrist/sexologist/dermatologist/venereologist. The homosexual orientation may also become evident when visiting a partner in hospital or when non-heterosexual parents contact health service employees in cases concerning their child. The problems encountered by bisexuals and homosexuals in dealing with the health service are discussed in greater detail in the section, “Can homosexuals be distinguished blood donors?”

Figure 35 presents data pertaining to different/less favourable treatment by health service employees. Similarly to the 2006 research only 19.6% of respondents disclosed their sexual orientation in contact with health care professionals within the last two years. In comparison with the last study, significantly fewer of the respondents experienced a less favourable treatment by representatives of the health services, “only” 11% (2.2% of all respondents). Six years ago 24% of the respondents did so.
Figure 35: Since January 2010, have you experienced a situation where a representative of the health service, having learned about your sexual orientation, treated you differently/less favourably than before or than heterosexual patients (e.g., requested additional tests, used additional hygienic protection, refused access to medical services, rejected you as a blood donor, patronised you, commented on your lifestyle in an admonitory manner, refused to provide help, was not able to provide you with specialised help, etc.)? (n=2,147)

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=2,147)</th>
<th>2006 (n=196)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>11,1%</td>
<td>23,5%</td>
</tr>
<tr>
<td>no – where my sexual orientation was known, I was given proper medical care</td>
<td>88,9%</td>
<td>76,5%</td>
</tr>
</tbody>
</table>

185 accounts of events connected with unequal treatment by health care professionals were collected. The following ten accounts represent some problems experienced by the respondents.

**A4654, male, 25:** On visiting the dentist, the doctor asked about my sexual orientation and said, “I do not treat faggots, please leave”.

**A766, a woman, 29:** The blood donation doctor, after hearing that I am a lesbian, started asking questions about my personal life – why am I not pregnant, if I really have not slept with a man and why I don’t want to.

**A2232, male, 31:** During a visit to the emergency unit, when I had a renal colic attack, the paramedics openly mocked me, with a doctor in our room, with me and my partner present. One of the paramedics looked at a bookcase, then commented out loud that we are faggots. Another one looked at the desk and lifted some things, taunting and mocking us. The other paramedics laughed in response. The doctor behaved in an unpleasant manner, I sense mockery in his voice.

**A2964, a woman, 26:** I was denied the chance to register my partner in the records as an authorised visitor, the nurse filling in the forms insisted that it can be only my parent, despite my age. After a lengthy discussion and showing my knowledge of the law she wrote in my partner. (…)
A8622, male, 19: This one doctor (internal medicine) stated that my greatest disease is homosexuality and that it should be treated. In addition, when I came in for a visit with my partner she refused to accept money – because he wanted to pay – then she suggested that my partner is my sugar daddy and she will not accept money “earned” this way...

A4455, a woman, 27: In hospital, my partner was authorised by me so that she could be informed about the state of my health. Despite this, the doctor said she could not do it, because my partner is not a family member (just a “stranger”).

A12020, male, 29: My doctor refused to examine me, saying that people of my sort have their own hospitals and doctors.

A6298, a woman, 21: A well-known gynaecologist prescribed me contraceptives, even though I didn’t need them, claiming that I “will certainly have a craving for real sex”.

A9180, male, 37: In a famous private clinic in Warsaw [deleted name] a doctor [name removed] asked if I’m treating “this”, when it came up in conversation that I was gay. She tried to convince me that it isn’t normal. I took this in good humour, but if it happened again, I’d be angry.

A13460, male, 24: Because of my sexual orientation I can’t be an distinguished blood donor. I filled in the forms honestly. I’ve done tests for HIV. I am healthy.

Public Places

Another aspect of life includes problems dealing with authorities and courts, as well as problems encountered in public places, such as pubs, shops and on public transport. Such situations usually occurred when sexual orientation became apparent because the respondents were in such places with his/her partner.

The question was formulated in a general manner, partly related to the sphere already described in the questions about violence, and was left in
the current survey mainly due to the comparison with results of previous studies.

18% of the respondents disclosed their sexual orientation in public places (n = 10,982). The data presented in Figure 36 show that 18% of respondents in this group experienced different/less favourable treatment (3.2% of all respondents). Again, the decrease can be observed in relation to the results from 2006.

Figure 36: Since January 2010, have you been treated differently/less favourably than heterosexual people on the grounds of your sexual orientation when dealing with public authorities (e.g., local authorities, courts) or in public places (e.g., pubs, clubs, shops, on public transport, taxies, beaches)? (n=2,027)

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=2,027)</th>
<th>2006 (n=228)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>17,7%</td>
<td>32%</td>
</tr>
<tr>
<td>no, even though I did not conceal my sexual orientation</td>
<td>82,3%</td>
<td>68%</td>
</tr>
</tbody>
</table>

262 such accounts of less favourable treatment were collected. They often concerned unequal access to different services – being asked to leave pubs, cafes or means of public transport. Some of the accounts referred to officials who did not issue a certificate of marital status, which is needed to establish a same-sex union abroad, even though officials have no right to refuse it (more information in the “Law” chapter).

The following accounts present the types of problems encountered by bisexuals and homosexuals in public places.

**A167, woman, 26:** *My girlfriend and I were sitting in a bar and drinking coffee. My girlfriend was leaning on me and we were holding hands. Then the manager came up to us and asked us to leave the bar, explaining that clients are disgusted by our behaviour. We were outraged, but we left, without paying for the coffee.*

**A6160, man, 21:** *When I went to the registry office for a document stating that I am single, the officials kept asking why I need it. When I said it was to enter into a civil partnership abroad, they wanted to know the name of*
the person I want to marry. After doing that about five women came and did not know what to do. The head official said that they could only give me [some other] document that I am single, but not the document authorising a marriage or civil partnership in Germany.

A6843, woman, 26: I did not receive the certificate of my civil status which I need to establish a union in Vienna. I submitted the matter to court. I won in the first instance. The office said it will appeal. We’ll see what happens next.

A8862, man, 43: In a taxi, when I was holding hands with my partner. The taxi driver threw us out.

A5085, man, 21: Me and my friends were in a pub in Gliwice [name deleted]. After waiting an hour the waitress refused to accept the order, to the question why, she sent us to the manager, who explained that if people “like us” come, she will no longer have any normal customers.

The Church

The problem of the attitude of religious authorities, notably of the Roman Catholic Church, towards bisexuals and homosexuals, is still much publicised in Poland. It is even more important for the sake of those LGB people who are deeply religious. This section also discusses the values of wider issues related to the respondents’ religiousness. For a reference to a public debate, see the chapter “Churches and religious communities in Poland considering LGBT people”. More than half of the respondents (54.2%) in the period covered by the research did not have any contact with a representative of the Church/religious organisation (n=11,092). 15.7% of the respondents who have had personal contact with a representative of the Church during this period revealed their sexual orientation (n=5,083). Half of them faced less favourable treatment because of their sexual orientation. Figure 37 presents detailed data. The percentage of people who have met with less favourable treatment slightly increased – 49% compared to 44% in 2006.
Figure 37: Since January 2010, in PERSONAL, DIRECT CONTACT with a church representative, have you experienced different/less favourable treatment than heterosexual people on the grounds of your sexual orientation? (n=1,302)

<table>
<thead>
<tr>
<th>2011 (n=1,302)</th>
<th>2006 (n=110)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>49.4%</td>
</tr>
<tr>
<td>no, even though I did not conceal my sexual orientation</td>
<td>50.6%</td>
</tr>
</tbody>
</table>

569 accounts of bi- and homosexual people’s contact with representatives of the Church/religious organisations were collected. The following eight accounts show the range of problems encountered by the respondents. Due to the fact that the majority of events concerned the Roman Catholic church, it is worth recalling the position set out in the current Catechism (1992), which should dispel any doubts as to the attitude which priests should take in relation to gays and lesbians: “A significant number of men and women reflect deep homosexual tendencies. Such people do not choose their homosexual condition; for most of them it is a difficult experience. You should treat them with respect, compassion and sensitivity. Any sign of unjust discrimination should be avoided. These persons are called to fulfil God’s will in their lives and – if they are Christians – to join the Lord through bearing their cross of difficulties they may face because of their condition”.

A8390, man, 24: I helped a friend to organize a funeral (his partner was killed in an accident). The priest commented in an unrefined way on our sexual orientation – he said that this accident is punishment for the sin of sodomy, and all gays will burn in hell for “fucking in the ass”.

A15611, woman, 18: During Confession, the priest called me a mentally ill, nasty, dirty person who does not deserve to live. And that it would be better if my mother had not given birth to such a freak like me.

A6898, woman, 21: It was a contact with a representative of the Catholic Church. Me and my partner were coming back from shopping, and we ran across a priest. We were holding hands then, so he must have realised our sexual orientation. He began to bluster, threaten eternal damnation, etc.
A7485, man, 17: The Roman Catholic Church, I was standing with my friends during the break and gossiping about some guys, I said, “what a cutie”, A priest was passing by (I didn’t notice him) and said that I am a child of the devil, and took me to the headmaster.

A3204, man, 18: During Confession the priest said that homosexuals are perverts, that it is not love in me, but a perversion... That I must fall out of love, because it’s unnatural, and that I must fall in love with another person. Easy to say, but the heart knows better ... He didn’t understand...

A6805, woman, 36: In the parish of the Roman Catholic Church during Confession (I didn’t count on absolution, and I was not expecting this, I just wanted to talk), a priest, after learning about my sexual orientation and the fact that I don’t undertake any treatment, not only refused to continue the conversation, but began to say loudly what he thinks, so others could hear who I am and that I did not receive absolution. I left and will probably never come back.

A7540, man, 19: During religion lessons at school a nun said that homosexual relationships are inappropriate, abnormal, and should not exist, etc. I am now in such a relationship, so I felt terrible then.

A11168, man, 63: The representatives of the Roman Catholic Church – when members of the parish council stated that the house is inhabited by gays, they abandoned the previously agreed idea to put up an altar in our procession during Corpus Christi.

Avoiding Problems

Showing affection to a partner in public is not easy for bisexuals and homosexuals. Although public displays of affection (e.g., kissing) in public places is also often unwelcome in the case of heterosexual people, in the case of persons of the same sex even holding hands evokes negative emotions from passers-by. Figure 38 presents data concerning the discomfort experienced by bisexuals and homosexuals when displaying affection towards a same-sex partner in public places. Currently, 21% feel at ease to do so, which is a slightly higher percentage than six years ago.
However, comparing the breakdown by gender, it turns out that only the percentage of women has increased (27% in 2006 and now 36%), and the percentage of men has even slightly decreased (from 12% in 2006 to 10% today). This confirms the assumption that two women displaying their affection is more acceptable than two men – 36.3% of women and only 9.5% of men declare that they feel at ease showing affection.

**Figure 38:** Since January 2010, have you been as comfortable kissing or holding hands with your partner in public places as most heterosexual people are when showing affection to a partner of the opposite sex? (n=11,108)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>equally comfortable</td>
<td>15.9%</td>
<td>21.4%</td>
<td>36.3%</td>
</tr>
<tr>
<td>I have never been in such a situation with a suitable person, but I think</td>
<td>5.5%</td>
<td></td>
<td>9.5%</td>
</tr>
<tr>
<td>I would feel equally comfortable</td>
<td>44.7%</td>
<td>63.4%</td>
<td>56.3%</td>
</tr>
<tr>
<td>I have never been in such a situation with a suitable person, but I think I would feel less comfortable</td>
<td>18.7%</td>
<td>56.3%</td>
<td>69.5%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>6.2%</td>
<td>6.2%</td>
<td>3.2%</td>
</tr>
<tr>
<td>N/A</td>
<td>8.7%</td>
<td></td>
<td>4.1%</td>
</tr>
</tbody>
</table>

On the same figure: 2006 (n=997)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>equally comfortable</td>
<td>13.3%</td>
<td></td>
<td>27.1%</td>
</tr>
<tr>
<td>I have never been in such a situation with a suitable person, but I think</td>
<td>4.8%</td>
<td>18.2%</td>
<td>11.7%</td>
</tr>
<tr>
<td>I would feel equally comfortable</td>
<td>55.8%</td>
<td>67%</td>
<td>68.9%</td>
</tr>
<tr>
<td>I have never been in such a situation with a suitable person, but I think I would feel less comfortable</td>
<td>11.2%</td>
<td>64.2%</td>
<td></td>
</tr>
<tr>
<td>I don’t know</td>
<td>5.7%</td>
<td>4.8%</td>
<td>6.4%</td>
</tr>
<tr>
<td>N/A</td>
<td>9.1%</td>
<td></td>
<td>3.8%</td>
</tr>
</tbody>
</table>

63
The data in Figures 39 and 40 reflects the degree to which bisexuals and homosexuals consider the possibility of revealing their sexual orientation to persons other than their close friends and relatives and how many of them are ready to give a true answer when asked about it. During the last two years almost half of the respondents – 43% – have been asked directly about their sexual orientation by people not belonging to the circle of people with whom they feel safe. Out of that group almost two-thirds of respondents admitted their true sexual orientation, 11% denied it, and 24% avoided telling the truth. The current results are very similar to those of 2006.

Figure 39: Since January 2005, has anyone not belonging to the circle of people with whom you feel safe, asked you directly about your sexual orientation?

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=11,119)</th>
<th>2006 (n=995)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>42,5%</td>
<td>47,3%</td>
</tr>
<tr>
<td>no</td>
<td>46,3%</td>
<td>43,1%</td>
</tr>
<tr>
<td>I don’t remember</td>
<td>11,2%</td>
<td>9,5%</td>
</tr>
</tbody>
</table>

Figure 40: What was your reaction?

<table>
<thead>
<tr>
<th></th>
<th>2011</th>
<th>2006</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>I simply admitted my sexual orientation</td>
<td>64,1%</td>
<td>62,5%</td>
<td>73,3%</td>
<td>68,6%</td>
</tr>
<tr>
<td>I denied my real sexual orientation</td>
<td>10,9%</td>
<td>10,5%</td>
<td>5,7%</td>
<td>4,4%</td>
</tr>
<tr>
<td>I avoided a direct answer</td>
<td>24,3%</td>
<td>25,8%</td>
<td>20,4%</td>
<td>25,5%</td>
</tr>
<tr>
<td>other</td>
<td>0,7%</td>
<td>1,3%</td>
<td>0,5%</td>
<td>0,5%</td>
</tr>
</tbody>
</table>

2011 (n=4,768) 2006 (n=477)
Opinions about important social issues

The respondents were also asked about their general opinion as to whether homosexual people and transgender people are approved of and respected in Poland. The results are presented in Figure 41. Comparing the present data with the results of previous study, it can be concluded that slightly more respondents currently believe that gay people are respected in Poland – 23% (14% six years ago). However, the vast majority of respondents think that the general atmosphere around gays and lesbians in Poland is still unfriendly – 75% believe that homosexuals are not respected in our country.

When it comes to the respondents’ opinions on the general attitude towards transgender people, the results suggest that the awareness of who transgender people are has increased (fewer of the “I have no opinion” answers). The vast majority of respondents (89%) think those persons are not respected or accepted in Poland.

Figure 41: In your opinion, are the following people generally approved of and respected in Poland?

<table>
<thead>
<tr>
<th></th>
<th>Homosexual people (n=11,111)</th>
<th>Transgender people (n=10,933)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>1,6%</td>
<td>23,3%</td>
</tr>
<tr>
<td>fairly approved of</td>
<td>21,7%</td>
<td>3,4%</td>
</tr>
<tr>
<td>rather not approved of</td>
<td>51,8%</td>
<td>28,8%</td>
</tr>
<tr>
<td>no</td>
<td>22,6%</td>
<td>60,6%</td>
</tr>
<tr>
<td>no opinion</td>
<td>2,4%</td>
<td>2,4%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6,9%</td>
</tr>
</tbody>
</table>
On the same figure: 2006

<table>
<thead>
<tr>
<th></th>
<th>Homosexual people (n=997)</th>
<th>Transgender people (n=988)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>0,5%</td>
<td>13,7%</td>
</tr>
<tr>
<td>fairly approved of</td>
<td>13,2%</td>
<td>1,7%</td>
</tr>
<tr>
<td>rather not approved of</td>
<td>49,4%</td>
<td>84,3%</td>
</tr>
<tr>
<td>no</td>
<td>34,9%</td>
<td>62,1%</td>
</tr>
<tr>
<td>no opinion</td>
<td>1,9%</td>
<td>1,9%</td>
</tr>
</tbody>
</table>

In the present study we also added questions about the respondents’ attitudes to legislation for same-sex relationships, marriages and adoption of children. Figures 42 and 43 present the results.

Figure 42: In your opinion, should bisexuals and homosexuals who are in same-sex relationships have the right to...?

<table>
<thead>
<tr>
<th></th>
<th>homosexual people</th>
<th>transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>register a civil partnership</td>
<td>98,1%</td>
<td>0,9%</td>
</tr>
<tr>
<td>get married</td>
<td>70,3%</td>
<td>14,5%</td>
</tr>
<tr>
<td>adopt children</td>
<td>53,4%</td>
<td>22,6%</td>
</tr>
</tbody>
</table>

Figure 43: If you were in a relationship, and there was a possibility in Poland, would you...?

<table>
<thead>
<tr>
<th></th>
<th>homosexual people</th>
<th>transgender people</th>
</tr>
</thead>
<tbody>
<tr>
<td>register a civil partnership</td>
<td>86,6%</td>
<td>4,2%</td>
</tr>
<tr>
<td>get married</td>
<td>49,7%</td>
<td>26,6%</td>
</tr>
<tr>
<td>adopt children</td>
<td>29,5%</td>
<td>38,6%</td>
</tr>
</tbody>
</table>

Almost 100% of the respondents support the formalisation of civil partnerships for same-sex couples. If there was such a possibility, 87% of the respondents would register such a relationship. Support for the idea of same-sex marriage is also very high – 70% of respondents are in favour of introducing such legislation, while 50% said they would like to marry a person of the same sex, if they could. The least support, but in relation to public opinion very strong support, is for the idea of adopting children by same-sex couples – more than half of the respondents are in favour of
such a regulation, and 30% said they would decide to adopt children, if they could.

These are very high indicators, which show that LGB people are in great need of the formalisation of same-sex relationships.

**Family and social life**

At the time when the research was conducted 44% of respondents were in relationships with someone of the same sex (Figures 44 and 45). This is less than in 2006, when close to 60% of respondents were in relationships with someone of the same sex. This change may be the consequence of the increasing number of singles in Poland – a report entitled “Sexuality of Poles, 2011” by Zbigniew Izdebski says that 31% of people between the ages of 15–49 live alone. The more detailed analysis of the data concerning gender and sexual orientation shows that gays are more likely to be in a relationship than bisexuals, including women (62%). Similar links were observed in 2006. The length of respondents’ relationships is shown in Figure 46. Research confirmed the assumption that the older people are, the longer relationships they are creating – a strong correlation was observed in this matter ($r = 0.56$).\(^7\)

**Figure 44:** Are you currently in a relationship with a person of the same sex? (n=11,137)

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=11,137)</th>
<th>2006 (n=996)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>43,8%</td>
<td>59,2%</td>
</tr>
<tr>
<td>no</td>
<td>56,2%</td>
<td>40,8%</td>
</tr>
</tbody>
</table>

**Figure 45:** Being in a same-sex relationship, breakdown by sexual orientation, persons aged 18+ (n=10,139)

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Homosexual</th>
<th>Bisexual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>yes</td>
<td>43,8%</td>
<td>62%</td>
<td>45,2%</td>
</tr>
<tr>
<td>no</td>
<td>56,2%</td>
<td>38%</td>
<td>54,8%</td>
</tr>
</tbody>
</table>

\(^7\) Pearson’s $r$ correlation was measured.
The data show that nearly two-thirds of respondents remained in relationships for more than one year. Similarly to the 2006 research, the most common were relationships lasting from 3–5 years (23%) and from 1–2 years (22%). Compared to previous studies, the percentage of relationships that last over six years has increased – currently 18%, in 2006 11%. 5.5% of respondents (n=11,226) – a group of 612 – declared that they have or raise children. Nearly half of them were at the time of the study in relationships with someone of the same sex. This is the same percentage as indicated in 2006. In addition, respondents were asked about the family situation of a child raised by them (Figure 47). Just being at the time of the study in a relationship with someone of the same sex does not mean that a child is being brought up by the respondent’s partner. For example, children of older respondents are already grown and independent, which doesn’t mean that they were raised in a homosexual relationship. The results indicate that about one-fourth of respondents with children raise them together with a partner of the same sex. They are usually two women – in 9 cases out of 10. There is a small number of respondents who marked “other”. Some people have described cases where a child is being brought up by three parents – two women and the child’s father or a couple of the same sex and a former partner of one of them, the child’s biological parent. Mostly, however, the description of the “other” category said that the children are already grown and independent.

---

8 Due to strong correlations between age and length of relationship and the small number of women over 40 in the sample, it is not possible to compare lengths of bisexual and homosexual men’s and women’s relationships.
Although descriptions only signalled it, it is worth clarifying that the relationship between a child’s father and its mothers may be threefold. In one case, a man is the former partner of the biological mother and the child was conceived during their relationship, then the biological mother entered into a new relationship with a female partner, who has taken on the role of parent as well. In another case, a man is usually a friend of a lesbian couple who decided to donate his sperm to them (to one person or both) and is also actively involved in raising the child as its father. This family model should be distinguished from the third case, in which a pair of women decide to have a child and the man is merely a sperm donor (anonymous or not) and is not involved in the life of the child as its father.

**Figure 47:** If you’re raising a child, what is the situation? (n=606)

- I have a child, but I don’t raise it 12.4%
- I raise my child/children together with my current opposite-sex partner (in a heterosexual relationship) 36.3%
- I raise my child/children together with my current same-sex partner (in a homosexual relationship) 22.8%
- Other 16%

Additionally in 2011 respondents were asked if they would like to have a child in the next few years.

**Figure 48:** Are you planning to have a child in the next five years? (n=11,129)

- no 62.5%
- I don’t know 27.2%
- yes 10.3%

The highest percentage of respondents interested in having children is the 18–40 age group. Significantly more women are planning such a decision – among the mentioned age group (n=9,937) – 18.3% of women and
6% of men want to have children. The answer “I don’t know” was chosen by 34.3% of women and 24.5% of men.

In 2011 it was decided to fully examine one of the most important issues for people of bi- and homosexual orientation: revealing their sexual orientation to their family. The question regarding family members who know about the sexual orientation of the respondent was modified and the categories “I don’t know” and “N/A – I don’t have such a person in my family” were added.

Data concerning families is shown in Figures 49–53. At least one person in the family knows about the subject’s sexual orientation in 63% of cases (70% in 2006). The percentage of people hiding their sexual orientation from their families has increased – now it’s 27%, while six years ago, it was 22%. As before, women reveal their sexual orientation more often than men.

Homosexuals reveal their sexual orientation to their families more often than bisexuals. 69% of gays and lesbians said that their sexual orientation is known to at least part of the family in relation to 45% of bisexuals. The least of those who came out to their families live in rural areas (51.1%) and the most of them live in cities with over one million inhabitants (73.6%). There is no visible link between a subject’s revealing his/her sexual orientation to at least one family member and the subject’s level of education.

Research investigated whether there is a correlation between the education of a subject’s mother or father and the fact that the parent fully accepts their child’s sexual orientation. The analysis has not shown that
such a relationship did not occur. Although it turned out that when the respondents were willing to reveal their sexual orientation they more often felt fully accepted by their parents.

Among family members who are aware of the sexual orientation of the respondent, most answers were sister/sisters (69% of responses), mother (68%) and brother/brothers (60%). Fathers knew the sexual orientation of their children in 47% of cases, less than respondents’ children (56%) and their cousin/cousins (48%). Least frequently the subject’s sexual orientation was known to their grandparents – only in 19% of cases.

The most accepting people among the closest family turned out to be siblings; however, sisters more often than brothers. In nearly 80% of cases, a sister not only knew but also fully accepted the sexual orientation of the subject, which refers to almost 70% of subjects’ brothers. A mother or father who is aware of their child’s sexual orientation accepted it in more than half of the cases – in 59% of cases and in 52%, respectively. According to respondents other people also often accepted their sexual orientation.

Due to the different ways of asking about people who know about the subject’s sexual orientation and different ways of measurement, the current data cannot be directly compared with data from 2006. Only data from 2006 on the acceptance among those family members who knew about the respondents’ sexual orientation were calculated again. A comparison shows increased acceptance in 2011. Six years ago, mothers accepted the sexual orientation of their children in 54% of cases and fathers in 44% of cases. Today, it is 60% and 52% of cases, respectively. As for siblings (only in the study from 2011 was the option of brothers and sisters separated) 70% of them were indicated as being accepting – in 2011 69% of brothers and 79% of sisters accepted the respondent’s sexual orientation. Six years ago, 43% of respondents spoke of being accepted by their grandmothers/grandfathers; now it’s 54%. More detailed data are presented in Figure 53.

---

9 Pearson’s r correlation was measured.

10 Pearson’s r correlation was statistically significant and equaled r=0.49 in case of the mother and r=0.54 in case of the father.
All percentages in the tables below refer only to the group of respondents where at least one person in the family knew about their sexual orientation. Percentages do not add up to 100 because respondents could choose more than one answer.

Figure 50: Which members of your family know about your sexual orientation? (only people who had such a person in their family)

<table>
<thead>
<tr>
<th></th>
<th>mother</th>
<th>father</th>
<th>brother(s)</th>
<th>sister(s)</th>
<th>grandmother/ grandfather</th>
<th>children</th>
<th>aunt/ uncle</th>
<th>cousin(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>68%</td>
<td>46,5%</td>
<td>59,6%</td>
<td>69,2%</td>
<td>18,8%</td>
<td>55,5%</td>
<td>32,5%</td>
<td>47,7%</td>
</tr>
<tr>
<td>no</td>
<td>15,4%</td>
<td>34,7%</td>
<td>23,2%</td>
<td>16,8%</td>
<td>66,8%</td>
<td>30,2%</td>
<td>45,5%</td>
<td>32,2%</td>
</tr>
<tr>
<td>I don’t know</td>
<td>16,7%</td>
<td>18,8%</td>
<td>17,3%</td>
<td>14%</td>
<td>14,5%</td>
<td>14,3%</td>
<td>22%</td>
<td>20%</td>
</tr>
<tr>
<td>N</td>
<td>n=7690</td>
<td>n=6805</td>
<td>n=4771</td>
<td>n=4701</td>
<td>n=5477</td>
<td>n=308</td>
<td>n=7007</td>
<td>n=7219</td>
</tr>
</tbody>
</table>

Figure 51: Which of the following family members have you come out to of your own free will?

- mother 54,7%
- father 31%
- brother(s) 43,6%
- sister(s) 58,1%
- grandmother/ grandfather 10,8%
- children 40,3%
- aunt/ uncle 18,3%
- cousin(s) 36,8%

Figure 52: Which of the following family members have learned about your sexual orientation against your will?

- mother 15%
- father 13,9%
- brother(s) 11,2%
- sister(s) 9,1%
- grandmother/ grandfather 7,5%
- children 7,2%
- aunt/ uncle 10,9%
- cousin(s) 6,9%
Figure 53: Which of the following family members fully approve of your sexual orientation? (only people who indicated that there is such a person)

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Approval Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother</td>
<td>58.7%</td>
</tr>
<tr>
<td>father</td>
<td>52.2%</td>
</tr>
<tr>
<td>brother(s)</td>
<td>69%</td>
</tr>
<tr>
<td>sister(s)</td>
<td>78.7%</td>
</tr>
<tr>
<td>grandmother/ grandfather</td>
<td>54.3%</td>
</tr>
<tr>
<td>children</td>
<td>63.7%</td>
</tr>
<tr>
<td>aunt/ uncle</td>
<td>63.7%</td>
</tr>
<tr>
<td>cousin(s)</td>
<td>73.5%</td>
</tr>
</tbody>
</table>

The respondents examined in 2011 were asked to describe how revealing their sexual orientation to their families looked in their case if they chose to do it in 2010 or 2011. 5,732 case reports were collected. It is worth noting that in many cases the process of “coming out” – revealing one’s sexual orientation – begins with informing the siblings or parents and then expands, because to live openly this information must also be passed on to grandmothers, grandfathers, aunts, uncles or one’s children. Below we present a few different experiences.

**A5171, woman, 22:** I offered to help my aunt (she’s over 70 years old) and take her home from a family gathering. I should add that except my aunt everyone knew about me and my partner. She also was at that meeting. When we were in the car, my aunt first said that “I have a pretty girlfriend”. I nodded and then she asked if we live together so I said yes. And what followed, my aunt’s great directness, she asked whether we also sleep together. There was no point in hiding it, so I said yes that’s right and that we are together. And then my aunt said that I’m doing well, there’s no need to look for a man, and you can live like that as well (in a homosexual relationship). So full acceptance.

**A6211, woman, 34:** When I was 34 I decided to officially tell my Dad about my sexual orientation and the fact that I want to enter a civil partnership with my partner. At first Dad started to laugh and asked which of us will be the husband, then he stopped talking to me... Just before the ceremony
for the civil partnership, he said that it was a circus, a performance, I was making a mistake and that he would never recognize Sarah as a member of our family. After 34 years of my life I have lost my Dad.

**A2271, man, 24:** Most of my family found out about my sexual orientation earlier. In the time since January 2010 it was my grandmother. She reacted positively, she said she had known already and she loves me just the same. She asked me about my ex-boyfriend, she was curious about my life, asked me to be careful of ‘various diseases’. It was all positive.

**A11346, woman, 28:** I told this to my youngest sister (12 years old) – for me it was the most difficult coming out of all the previous ones. I was very nervous because although she’s reasonable girl I wasn’t sure of how she’d react – to be precise I was afraid of whether she’d understand what I’m saying completely. The talk was peaceful although we both started to cry. Then for a couple of hours she was asking me all the possible questions that were difficult for her. For example, why I don’t go to church, why I don’t want to be with boys. She also opened up to me and told me about a guy that she likes ;)

**A10985, man, 42:** At the end of last year (I was 41 years old) I told my 82-year old mom that I’m gay and I have a partner I’ve been living with for a long time now. Initially, she it took surprisingly calmly (“Well, if that’s the way it has to be...”), but a few days later she changed her attitude and on Christmas Eve she said she wished I would leave “this pervert who demoralizes me”. She said she didn’t want to know my partner and forbade me to bring him home. In April this year my mother died. It’s astonishing that she hadn’t noticed my sexual orientation before. I had to explain her what “homosexual” means. I told my closest cousin about myself and my partner several years ago. There was hysteria at the beginning because it turned out that she was in love with him ;) Now she’s really supportive, we are friends, we are a closely related as a family and socially. I don’t talk about my relationship to the rest of the family and I don’t intend to let them close to our life, I just don’t like them. I won’t risk the confession that can give them a reason to humiliate me.
A8370, woman, 13: When I was 13 I told my mom that I think I’m a lesbian during a walk. She took it very calmly and asked if I was sure. I told her that I don’t know for sure yet and she said that she wouldn’t have any problem with that and she would help me if I had any trouble because of that. I was very happy.

A332, man, 19: I told my mother, who later told my father. Mom asked me, “So, you’re a faggot?” and then sat down and began to cry. It hurt me a lot because I’m not a faggot, I’m gay – there’s a difference. But my mother’s tears hurt me even more.

A15225, woman, 31: In 2009 I met my current partner (and future wife, if it’s finally possible in Poland!!!). I knew that she was the person I would be with till the end of my days (3 years together). I decided to no longer hide from anyone that I’m les and that I love :) I told my mom and brothers, and friends. My mother knows about us, but she doesn’t accept it, my brothers accept it (father is dead), my friends don’t have any problem with it. My own children also (I raise them together with my partner), they have two moms and say that they are unique, because nobody has it like them :)

A6649, man, 23: In July 2010, I told my grandmother and aunts and uncles that I would bring a guy to the family reunion. They were very enthusiastic (I won’t mention the fact that the majority concluded that they had known I’m gay for a long time). Now, when I talk to anyone from my family, they always ask me how my guy is doing :)

A6881, woman, 25: I came out of the closet to my mother and sister in the spring last year when I finished my studies and I wanted to live with my current partner. Mom was not surprised but she was disappointed: “she still loves me” but hoped that I would “grow out of it” and she preferred I didn’t talk to anyone else about it (especially anyone from the family).

A6809, woman, 64: When I was 63. Full understanding, advice about where I could meet someone. Support. Confirming the rightness of choice. Currently, it’s the same.
A5766, man, 23: *My mother found out from my older brother who read my archive of IM chat conversations that clearly showed I was gay. Probably nobody’s ever seen such a sick reaction. Mother chased me with a crucifix and holy water and I didn’t have any contact with my father for over a year. I happened to run away from home and stay with friends. Nowadays, my mom (I think) is accustomed to the idea and she even wants to meet my boyfriend :)*

The data concerning bi- and homosexuals’ social contact indicate that they have an extensive network of contacts both with heterosexuals and bi- or homosexuals. These data are presented in Figures 54–56. Nearly 80% of the respondents maintain social contacts with at least five heterosexual people. Among the respondents 18% don’t conceal their sexual orientation from all their friends and almost 32% of them reveal it to most of their friends. As the previous results have shown, also in this case women are more likely to reveal their sexual orientation to their friends than men are. As many as 19% of men do not disclose their sexual orientation to anyone. In 2006 there were fewer – 13%.

**Figure 54: How many heterosexual persons do you socialise with?**

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=11,118)</th>
<th>2006 (n=986)</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>2,3%</td>
<td>1,3%</td>
</tr>
<tr>
<td>1–2</td>
<td>7,0%</td>
<td>4,0%</td>
</tr>
<tr>
<td>3–5</td>
<td>11,3%</td>
<td>9,5%</td>
</tr>
<tr>
<td>more than 5</td>
<td>79,4%</td>
<td>85,2%</td>
</tr>
</tbody>
</table>

**Figure 55: How many of your heterosexual acquaintances know about your sexual orientation? (n=986)**

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=11,123)</th>
<th>2006 (n=986)</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>all</td>
<td>18,2%</td>
<td>18%</td>
<td>21,7%</td>
<td>18,4%</td>
</tr>
<tr>
<td>most</td>
<td>32%</td>
<td>34,7%</td>
<td>36,8%</td>
<td>38,3%</td>
</tr>
<tr>
<td>half</td>
<td>5,5%</td>
<td>6,1%</td>
<td>6,1%</td>
<td>7,8%</td>
</tr>
<tr>
<td>some</td>
<td>31,7%</td>
<td>31,5%</td>
<td>30,3%</td>
<td>30,6%</td>
</tr>
<tr>
<td>none</td>
<td>12,6%</td>
<td>9,75%</td>
<td>5%</td>
<td>4,9%</td>
</tr>
</tbody>
</table>
Respondents also have many bisexual or homosexual friends: more than half of them have at least five bisexual or homosexual friends and a quarter of them have from three to five. These results contradict the stereotypical image that homosexuals are lonely and unable to create bonds with others or that they bond only with other homosexual and bisexual people.

**Figure 56:** How many bi- or homosexual persons do you socialize with?

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=11,123)</th>
<th>2006 (n=988)</th>
</tr>
</thead>
<tbody>
<tr>
<td>none</td>
<td>5,8%</td>
<td>2,6%</td>
</tr>
<tr>
<td>1–2</td>
<td>18%</td>
<td>10,6%</td>
</tr>
<tr>
<td>3–5</td>
<td>24,1%</td>
<td>19,1%</td>
</tr>
<tr>
<td>more than 5</td>
<td>52,1%</td>
<td>67,6%</td>
</tr>
</tbody>
</table>

One of the stereotypes concerning gays and lesbians is that one can easily see what their sexual orientation is. Thus we asked respondents whether, in their or their friends’ opinion, it is easy to tell that they have a non-heterosexual orientation just by the way they look. Among the respondents very few declared that their sexual orientation is visible (14%), most of them think that people rather don’t recognize their sexual orientation (Figure 57).

**Figure 57:** In the opinion of those of your acquaintances who know about your sexual orientation and in your own opinion, is it easy to recognise that you are not a heterosexual judging by the way you act, dress and speak? (n=991)

<table>
<thead>
<tr>
<th></th>
<th>2011 (n=11,090)</th>
<th>2006 (n=991)</th>
</tr>
</thead>
<tbody>
<tr>
<td>definitely not</td>
<td>27,1%</td>
<td>19,1%</td>
</tr>
<tr>
<td>rather not</td>
<td>33,7%</td>
<td>35,8%</td>
</tr>
<tr>
<td>sometimes</td>
<td>24,2%</td>
<td>26,8%</td>
</tr>
<tr>
<td>rather yes</td>
<td>11%</td>
<td>12,8%</td>
</tr>
<tr>
<td>definitely yes</td>
<td>3,4%</td>
<td>4,8%</td>
</tr>
<tr>
<td>other</td>
<td>0,6%</td>
<td>0,6%</td>
</tr>
</tbody>
</table>
Mental well-being

In 2011 the study was extended with issues related to mental well-being and values. Most of the questions were taken from “Social Diagnosis”,\(^\text{11}\) the nationwide study conducted every two years.

Part of the current results were compared with data taken from “Social Diagnosis 2011”, although the comparison is not precise due to a different targeting method. “Social Diagnosis” is based on a randomly selected representative sample of the same households, while the “Social Situation” study reached respondents through the Internet and is based on an unrepresentative research target. However, taking under consideration the very small amount of data referring to bissexuals and homosexuals and the great number of data suggesting the possibly worse psychological well-being of LGB people, we decided to present such comparisons in order to encourage further research in this area.

Due to significant differences which occurred between the samples in terms of gender, age, education and place of residence, it was decided to compare only a portion of the sample – only respondents aged 19–50 and with secondary, post-secondary or higher education. The group of people aged 15–18 was compared separately. In the case of significantly gender-differentiated results data were broken down by gender. Also in any case the impact of place of residence on the results was examined.

The described choice of compared samples partly compensates the error related to the fact that part of the respondents participated in the survey on the Internet and another part in the traditional way through a surveyor. Nevertheless, as it has been shown before the vast majority of subjects with secondary or higher education level, under 50, who use the Internet very often (at least once a week), which to some extent allows comparison of them with the respondents from the online survey.

At first the respondents were asked evaluate their whole life so far. 64% of subjects described it as rather good, successful or very successful and 17% as rather unhappy, unhappy or terrible. Analysis showed no gender-based differences.

The results were compared with a sample taken from “Social Diagnosis 2011” (Figure 58).

Figure 58: Comparison of breakdowns of answers to the question, “How do you evaluate your whole life? Can you say that it was...?” with the results of “Social Diagnosis 2011” for the sample of the respondents aged 19–50 and with at least a secondary education.

<table>
<thead>
<tr>
<th></th>
<th>LGB sample (n=8,658)</th>
<th>“Social Diagnosis 2011” sample (n=7,965)</th>
</tr>
</thead>
<tbody>
<tr>
<td>terrible</td>
<td>0,6%</td>
<td>0,1%</td>
</tr>
<tr>
<td>unhappy</td>
<td>3,2%</td>
<td>0,3%</td>
</tr>
<tr>
<td>rather unhappy</td>
<td>11,3%</td>
<td>3,1%</td>
</tr>
<tr>
<td>neither good nor bad</td>
<td>17,4%</td>
<td>10,7%</td>
</tr>
<tr>
<td>rather good</td>
<td>34,2%</td>
<td>33,6%</td>
</tr>
<tr>
<td>good</td>
<td>27,4%</td>
<td>47,1%</td>
</tr>
<tr>
<td>very good</td>
<td>5,9%</td>
<td>5,1%</td>
</tr>
</tbody>
</table>

There is a visible difference in the evaluation of one’s whole life by LGB people and by the sample taken from “Social Diagnosis 2011”. Generally 19–50 year-old LGB people with at least a secondary education consider their lives to be less successful than a similarly selected sample of Poles from “Social Diagnosis 2011”. Average marks are 4.9 for LGB people and 5.39 for the “Social Diagnosis 2011” sample.

In “Social Diagnosis 2011” the place of residence doesn’t differentiate results. On the contrary, studies of LGB people note a slight difference in welfare due to the place of residence – the bigger the city respondents live in, the better they evaluate their lives.

In addition, the percentage of people 15–18 years old in both samples were compared (Figure 59).
Figure 59: Comparison of breakdowns of answers to the question, “How do you evaluate your whole life so far? Can you say that it was...?” with the results of “Social Diagnosis 2011” for the respondents aged 15-18.

<table>
<thead>
<tr>
<th></th>
<th>LGB sample (n=1,745)</th>
<th>“Social Diagnosis 2011” sample (n=972)</th>
</tr>
</thead>
<tbody>
<tr>
<td>terrible</td>
<td>2.2%</td>
<td>0.4%</td>
</tr>
<tr>
<td>unhappy</td>
<td>6.0%</td>
<td>0.3%</td>
</tr>
<tr>
<td>rather unhappy</td>
<td>15.1%</td>
<td>2.2%</td>
</tr>
<tr>
<td>neither good nor bad</td>
<td>23.3%</td>
<td>9.8%</td>
</tr>
<tr>
<td>rather good</td>
<td>30.4%</td>
<td>33.8%</td>
</tr>
<tr>
<td>good</td>
<td>18.3%</td>
<td>45.8%</td>
</tr>
<tr>
<td>very good</td>
<td>4.8%</td>
<td>8.7%</td>
</tr>
</tbody>
</table>

There are clear differences in the assessment of quality of life between bisexual and homosexual teenagers and the adolescents examined in the “Social Diagnosis 2011” (who are, in the vast majority heterosexuals). The first group deem their lives to be much worse (average mark 4.48) than their peers from “Social Diagnosis 2011” (average mark 5.47).

Subjects were asked how they usually deal with difficult situations (Figure 60). Most respondents mobilise themselves and start acting, seek advice and support from other people or focus on things that distract them from difficulties and improve their mood. The big difference between genders in reaching for alcohol as an aid in difficult situations is worth noting – heterosexual women are more likely to drink in such situations than gay and bisexual men. Men more frequently than women respond to difficulties with mobilisation and action, as well as with prayers to God for help, and women more often than men seek distraction from the problem.
Figure 60: How do you usually deal with problems and difficult situations in your life? (n=11,112)

<table>
<thead>
<tr>
<th>Action</th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>I seek advice and support from other people</td>
<td>53,9%</td>
<td>55,9%</td>
<td>52,3%</td>
</tr>
<tr>
<td>I mobilise myself and start acting</td>
<td>60,7%</td>
<td>55,9%</td>
<td>64,6%</td>
</tr>
<tr>
<td>I reach for alcohol</td>
<td>12,4%</td>
<td>15,4%</td>
<td>9,9%</td>
</tr>
<tr>
<td>I tell myself that it could be worse or that others are in worse situations</td>
<td>37,1%</td>
<td>33,7%</td>
<td>39,9%</td>
</tr>
<tr>
<td>I give up, I don’t know what to do</td>
<td>14%</td>
<td>15,8%</td>
<td>12,5%</td>
</tr>
<tr>
<td>I take sedatives</td>
<td>6,3%</td>
<td>7,1%</td>
<td>5,6%</td>
</tr>
<tr>
<td>I pray to God for help</td>
<td>12,3%</td>
<td>9,1%</td>
<td>14,9%</td>
</tr>
<tr>
<td>I focus on things that distract me and lift my mood</td>
<td>49,7%</td>
<td>52,6%</td>
<td>47,3%</td>
</tr>
</tbody>
</table>

Results of the 19–50 age group with at least a secondary education were compared to the analogous sample from “Social Diagnosis 2011” (Figure 61).

Figure 61: Comparison of breakdowns of answers to the question, “How do you usually deal with problems and difficult situations in your life?” with “Social Diagnosis 2011” results for respondents aged 19–50 with at least a secondary education.

<table>
<thead>
<tr>
<th>Action</th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>I seek advice and support from other people</td>
<td>55,3%</td>
<td>50%</td>
<td>58,5%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>53,1%</td>
<td></td>
<td>53%</td>
</tr>
<tr>
<td>I mobilise myself and start acting</td>
<td>63,6%</td>
<td>65,7%</td>
<td>59,6%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>62,6%</td>
<td></td>
<td>66,7%</td>
</tr>
<tr>
<td>I reach for alcohol</td>
<td>12,6%</td>
<td>2,8%</td>
<td>15,8%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>1,4%</td>
<td></td>
<td>10,3%</td>
</tr>
<tr>
<td>I tell myself that it could be worse or that others are in worse situations</td>
<td>36,1%</td>
<td>33,1%</td>
<td>32,2%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>35,2%</td>
<td></td>
<td>39,1%</td>
</tr>
<tr>
<td>I give up, I don’t know what to do</td>
<td>11,8%</td>
<td>2,1%</td>
<td>12,6%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>2,1%</td>
<td></td>
<td>11,2%</td>
</tr>
<tr>
<td>I take sedatives</td>
<td>5,9%</td>
<td>2,9%</td>
<td>6,7%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>3,9%</td>
<td></td>
<td>5,4%</td>
</tr>
<tr>
<td>I pray to God for help</td>
<td>12,2%</td>
<td>23%</td>
<td>8,9%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>29,2%</td>
<td></td>
<td>14,7%</td>
</tr>
<tr>
<td>I focus on things that distract me and lift my mood</td>
<td>49%</td>
<td>24,5%</td>
<td>51,3%</td>
</tr>
<tr>
<td>“Diagnosis”</td>
<td>24,1%</td>
<td></td>
<td>47,3%</td>
</tr>
</tbody>
</table>
The results indicate that non-heterosexuals to a much larger extent than Poles from “Social Diagnosis 2011” respond to difficult situations in life by reaching for alcohol (a 10 percentage-point difference), seeking distraction from the problem (a 25 percentage-point difference) or giving up (a difference of 10 percentage points). It is easy to notice that none of these reactions lead to solving the problem but only to putting it aside. It indicates that bisexuals and homosexuals more frequently choose less efficient ways of dealing with problems than heterosexuals and more often experience a sense of helplessness – the belief that their problems cannot be solved. In most cases a sense of helplessness leads to chronic stress and depression. To a greater extent it applies to lesbians and bisexual women than to gays and bisexual men. It is also worth noting that in the case of reaching for alcohol there is a reversed trend – in “Social Diagnosis 2011” men reach for alcohol more frequently, while in the LGB study it is women who do it more often than men.

Respondents were also asked directly about the sense of loneliness (Figure 62). Almost half of them declared that they feel lonely – men declared it a bit more often than women.

**Figure 62: Do you feel lonely, although you don’t want to? (n=11,113)**

<table>
<thead>
<tr>
<th></th>
<th>YES (%)</th>
<th>NO (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>51.6%</td>
<td>48.4%</td>
</tr>
<tr>
<td>Women</td>
<td>49.8%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Mężczyźni</td>
<td>53%</td>
<td>47%</td>
</tr>
</tbody>
</table>

This question was compared to the “Social Diagnosis 2011” results – only responses of subjects aged 19–50 with at least a secondary education were compared (Figure 63).
Responses show a very clear difference between bisexuals and homosexuals and the respondents of the nationwide “Social Diagnosis 2011” – nearly half of LGB people (19–50 years old, secondary or higher education level) feel lonely in comparison to 18% of their counterparts from “Social Diagnosis 2011”. Among the bisexual and homosexual group, men more frequently declare their loneliness; in the “Social Diagnosis 2011” study sample, it is women. In Czapiński and Panek’s study, place of residence, education and age didn’t differentiate the results. In the LGB study a difference based on the place of residence was outlined again – the bigger the city subjects live in, the less lonely they feel (village – 56% of lonely respondents, a city area with more than 500,000 inhabitants – 45% of lonely respondents). Young people feel more lonely (19–25 years old – 52%) than older ones (26–50 – 45%).

In addition, the percentage of 15–18 year-old people in both studies were compared. More than half of the LGB adolescents (56%) feel lonely, in comparison to 13% of their peers from a representative sample from “Social Diagnosis 2011”. Such large differences indicate that young gays and lesbians are in a much more difficult situation than the average Polish teenager. Previous data show that young LGB people are very often exposed to physical and mental abuse which often happens at school, and respondents’ peers are the offenders.

A feeling of loneliness indicates a lack of support and combined with the previous data can be interpreted as a lack of support at school, peer group and finally in the family. Taking this into consideration, the next result is hardly surprising: as many as 42% of LGB respondents had suicidal thoughts in recent months – a similar amount of men and women. As
many as 16% of respondents – 1,770 people – often have such thoughts! Figure 64 presents the data.

Figure 64: How often in the last few months did you feel so miserable that you had suicidal thoughts? (n=11,117)

<table>
<thead>
<tr>
<th></th>
<th>LGB (n=8,654)</th>
<th>“Diagnosis” (n=7,681)</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td>62,3%</td>
<td>90,8%</td>
</tr>
<tr>
<td>rarely</td>
<td>24,7%</td>
<td>7,2%</td>
</tr>
<tr>
<td>quite often</td>
<td>9,6%</td>
<td>1,7%</td>
</tr>
<tr>
<td>very often</td>
<td>3,4%</td>
<td>0,3%</td>
</tr>
</tbody>
</table>

The results of the 19–50 age group with at least a secondary education were compared with a similar sample from “Social Diagnosis 2011” (Figure 65).

Figure 65: Comparison of breakdowns of answers to the question, “How often in the last few months did you feel so miserable that you had suicidal thoughts?” with the results of “Social Diagnosis 2011” for the group aged 19–50 with at least a secondary education.

The difference between bi- and homosexual people and the “Social Diagnosis 2011” respondents (19–50 years old, secondary or higher education) is alarming. Among all respondents, in the vast majority heterosexuals, 91% had never considered suicide in recent months, while among gay men, lesbians and bisexuals only 62%! 2% of people, the majority of whom are heterosexuals, and 13% of LGB people had such thoughts quite often. The results of “Social Diagnosis 2011” didn’t show a difference based on gender, place of residence, age or education. The “Social Situation” study notes a small difference indicating that the smaller the place of residence, the
more of respondents who had suicidal thoughts. Also younger LGB people think about suicide more frequently – 44% of LGB people aged 19–25 had such thoughts, compared to 31% of them aged 26–50.

The percentages of people aged 15–18 in both samples are compared in Figure 66.

Figure 66: Comparison of breakdowns of answers to the question, “How often in the last few months did you feel so miserable that you had suicidal thoughts?” with results of “Social Diagnosis 2011” for the respondents aged 15–18.

<table>
<thead>
<tr>
<th></th>
<th>LGB (n=1,747)</th>
<th>“Diagnosis” (n=970)</th>
</tr>
</thead>
<tbody>
<tr>
<td>never</td>
<td>37.3%</td>
<td>87.7%</td>
</tr>
<tr>
<td>rarely</td>
<td>33%</td>
<td>9.4%</td>
</tr>
<tr>
<td>quite often</td>
<td>17.6%</td>
<td>2.2%</td>
</tr>
<tr>
<td>very often</td>
<td>12.1%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

The results are very disturbing – as many as 63% of bisexual and homosexual teenagers recently thought about suicide! Among the representative sample of adolescents who are in the vast majority heterosexual the figure is 12%. In both studies slightly more girls than boys had suicidal thoughts. Such large numbers show the need to take immediate remedial action focused on gays and lesbians in schools.

The next questions concerned the spreading use of psychoactive substances among the subjects. Among LGB respondents 43% declared they smoke cigarettes (Figure 67). However, the average number of cigarettes smoked per day is low – 11.02. Men smoke less frequently, but if they smoke at all, then they smoke more than women – the average is 13.02 for them and 8.86 for women (cigarettes smoked per day).
The question was compared to responses from “Social Diagnosis 2011” – only the results of the 19–50 age group with at least a secondary education (Figure 68).

The difference between the two groups is clear – significantly more bisexuals and homosexuals smoke cigarettes than the “Social Diagnosis 2011” respondents (19–50 years old, secondary or higher education). Another inverse correlation is noticeable – lesbians and bisexual women smoke more often than gays and bisexual men, while more men than women smoke in the sample from “Social Diagnosis 2011”. LGB people smoke slightly fewer cigarettes per day – the average is 11.38 and the average of “Social Diagnosis 2011” respondents – 13.6. In both groups of subjects women smoke fewer per day than men – bisexual and homosexual women smoke an average of 9.37 cigarettes per day and LGB men smoke 13.17, while in the group of mostly heterosexual people women smoke an average of 11.62 cigarettes daily and men smoke 15.45.

Additionally, the percentages of people aged 15–18 in both samples were compared. Among bisexual and homosexual teenagers as many as 47.2%
smoke cigarettes and among the representative sample of teenagers from “Social Diagnosis 2011” only 7.2% declared that they smoke. The correlation based on gender is the same – more lesbian and bisexual teens smoke and in the sample of people who are in the vast majority, heterosexual men smoke more often than women. The average number of cigarettes smoked per day by LGB youths is 8.11 for boys and 6.60 for girls. The average number of cigarettes smoked per day by adolescents according to “Social Diagnosis 2011” is 9.26 (boys – 11.62, girls – 6.96).

More than half of the LGB non-smoker group had smoked cigarettes at some point in their life but don’t smoke anymore. Significantly more women (64%) than men (50%) are involved (Figure 69).

Figure 69: Have you ever smoked cigarettes? (only non-smokers) (n=11,127)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>64%</td>
<td>36%</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>50,4%</td>
<td>49,6%</td>
</tr>
</tbody>
</table>

The question was compared to the “Social Diagnosis 2011” results – only the results of the group aged 19–50 with at least a secondary education (Figure 70).

Figure 70: Comparison of breakdowns of answers to the question, “Have you ever smoked cigarettes?” with the results of “Social Diagnosis 2011” for respondents aged 19–50 with at least a secondary education (only non-smokers).

<table>
<thead>
<tr>
<th></th>
<th>LGB (n=5,033)</th>
<th>“Diagnosis” (n=5,695)</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LGB</td>
<td>“Diagnosis”</td>
<td>LGB</td>
<td>“Diagnosis”</td>
</tr>
<tr>
<td>yes</td>
<td>55,4%</td>
<td>32,6%</td>
<td>64,2%</td>
<td>29,2%</td>
</tr>
<tr>
<td>no</td>
<td>44,6%</td>
<td>67,4%</td>
<td>35,8%</td>
<td>70,8%</td>
</tr>
</tbody>
</table>
It turned out that many more LGB people had smoked cigarettes in their life in comparison to the primarily heterosexual sample from “Social Diagnosis 2011” (19–50 years old, secondary and higher education). The difference between women is particularly clear. Just as in the previous question, inverse correlation when it comes to gender is visible – among LGB people many more women than men smoke and in the sample from “Social Diagnosis 2011”, more men than women. Moreover, non-smokers aged 15–18 in both samples were compared. As many as 55.7% of bisexual and homosexual teenagers had smoked cigarettes (including slightly more girls) compared to 16.3% of a representative sample of teenagers from “Social Diagnosis 2011” (including slightly more boys).

The next question regarded alcohol consumption. Almost all respondents had drunk alcohol in the past twelve months (Figure 71). Among them, 40% drank alcohol at least once a week (Figure 72). The analysis didn’t show any gender-based differences.

![Figure 71: Have you drunk alcohol during the past twelve months? (n=11,122)](image)

- yes 95.4%
- no 4.6%

![Figure 72: How often have you drunk alcohol during the past twelve months? (n=10,600)](image)

- every day 2.1%
- 3–4 times a week 10.3%
- 1–2 times a week 27.1%
- 2–3 times a month 28.6%
- once a month 12.3%
- 6–11 times a year 8.6%
- 2–5 times a year 9.9%
- once a year 1.2%
The questions above were compared with responses from “Patterns of alcohol consumption Gdańsk 2011”\textsuperscript{12} – the latest such study done mostly in big cities. A report from a nationwide survey conducted in 2008\textsuperscript{13} presents data in too general a scope to compare. Therefore, we compared the part of LGB sample according to the dimensions fitting the “Gdańsk” sample – people living in cities with over 500,000 but less than 1,000,000 inhabitants were chosen for further comparison. Moreover, we used similar criteria for subjects’ age and education as during comparisons with “Social Diagnosis 2011”. Thus, the distinctive criteria were ages 18–49 and secondary, post-secondary or higher education. The chosen segment of the LGB group drank alcohol during the last twelve months in 96.5% of cases. The results of an analogically selected sample from the “Gdańsk” study were very similar – 97.1%.

The frequency of drinking alcohol during the past twelve months within the selected samples were also compared (Figure 73). Due to the size of the “Gdańsk” sample some categories of responses were combined in order to create more general analytical categories.

\textbf{Figure 73:} Comparison of breakdowns of answers regarding frequency of drinking with results of the study “Patterns of alcohol consumption Gdańsk 2011” for respondents aged 18–49 with at least a secondary education.

<table>
<thead>
<tr>
<th></th>
<th>LGB (n=1,135)</th>
<th>“Gdańsk” (n=495)</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>once a week or more</td>
<td>48,4%</td>
<td>42%</td>
<td>48,4%</td>
<td>30,3%</td>
</tr>
<tr>
<td>less than once a week but at least once a month</td>
<td>40,3%</td>
<td>37,4%</td>
<td>38,9%</td>
<td>42%</td>
</tr>
<tr>
<td>less often than once a month</td>
<td>11,3%</td>
<td>20,6%</td>
<td>12,8%</td>
<td>27,3%</td>
</tr>
</tbody>
</table>

The results show that bisexuals and homosexuals (aged 18–49, with secondary education or higher, living in cities with more than 500,000

\textsuperscript{12} Patterns of alcohol consumption Gdańsk 2011, Social Research Realisation Laboratory of Gdańsk University, ordered by Gdańsk Centre of Addiction Prevention, Gdańsk, 2011.

inhabitants) drink alcohol more frequently than the average inhabitant of such a city. There were no differences based on gender within the LGB sample, although such differences occurred with the sample from Gdańsk. If we compare breakdowns by gender it turns out that lesbians and bisexual women drink far more often than women from the predominantly heterosexual sample. On the other hand, the proportion of people who drink rarely (less than once a month) is similar among heterosexual, bisexual and homosexual men; slight differences occur in the frequency of alcohol consumption during one month.

The results of the current study were also compared with the ESPAD 2011\textsuperscript{14} nationwide study of alcohol and drug use by youths. The ESPAD study has been conducted every four years since 1995, on a representative sample of young people from the third class of junior high school (15–16 year-olds) and the second class of secondary school (17–18 year-olds). A subgroup of those subjects aged 15–16 and 17–18 were distinguished from the LGB sample and then the studies’ results were compared. Note, however, it’s not a precise comparison due to the different methods of respondent selection, which ensured representativeness of sample selection only in one case. (The LGB sample was recruited via the Internet; the type of school respondents attended was not controlled. On the contrary, in the ESPAD study, which is based on a survey conducted at randomly selected schools, representativeness of the sample was ensured).

Figure 74: Comparison of breakdowns of answers to the question, “Have you drunk alcohol during last twelve months?” with the “ESPAD 2011” study\textsuperscript{15}

\begin{tabular}{|c|c|c|c|c|}
\hline
 & Women & & Men & \\
 & LGB (n=477) & “ESPAD” & LGB & “ESPAD” \\
\hline
Age 15–16 & & & & \\
yes & 86% & 78,3% & 89,3% & 76,5% \\
no & 14% & 21,7% & 10,7% & 23,5% \\
\hline
\end{tabular}


\textsuperscript{15} The “ESPAD 2011” report does not give a number (n) of the respondents who answered the question. In the description of tests there is an indication that 2,623 people aged 15–16 and 2,693 people aged 17–18 were surveyed.
Comparison of the results shows that bi- and homosexual girls more frequently drank alcohol in the past twelve months than their peers from a representative sample. Among boys regardless of the sexual orientation the dependence is similar.

When it comes to accurately measuring the frequency of alcohol consumption, the “ESPAD 2011” report’s question was slightly differently formulated than the LGB one and concerned whether respondents drank alcohol in the last 30 days before the test – the measure of 30 days was an indicator of frequent drinking. The results of the study LGB, which concerned drinking alcohol once a month or more, were distinguished from and then compared with the results of “ESPAD”.

Figure 75: Comparison of breakdowns of responses concerning the frequency of alcohol drinking with the “ESPAD 2011” study

The comparison of results shows that bi- and homosexual girls drank alcohol during the last 30 days as frequently as their peers from a representative sample. However, bisexual and homosexual boys drank alcohol significantly less often than the boys studied by “ESPAD”.

<table>
<thead>
<tr>
<th>Age 17–18</th>
<th>LGB (n=1,269)</th>
<th>“ESPAD”</th>
<th>LGB</th>
<th>“ESPAD”</th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>94,2%</td>
<td>91,6%</td>
<td>95,7%</td>
<td>89,2%</td>
</tr>
<tr>
<td>no</td>
<td>5,8%</td>
<td>8,4%</td>
<td>4,3%</td>
<td>10,8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age 15–16</th>
<th>LGB (n=477)</th>
<th>“ESPAD”</th>
<th>Women</th>
<th>Men</th>
<th>LGB</th>
<th>“ESPAD”</th>
<th>LGB</th>
<th>“ESPAD”</th>
</tr>
</thead>
<tbody>
<tr>
<td>in the last 30 days/once or more</td>
<td>48%</td>
<td>57,6%</td>
<td>55,2%</td>
<td>53,1%</td>
<td>35,7%</td>
<td>62,3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>over a month</td>
<td>52%</td>
<td>42,4%</td>
<td>44,8%</td>
<td>46,9%</td>
<td>64,3%</td>
<td>37,7%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age 17–18</th>
<th>LGB (n=1,269)</th>
<th>“ESPAD”</th>
<th>Women</th>
<th>Men</th>
<th>LGB</th>
<th>“ESPAD”</th>
<th>LGB</th>
<th>“ESPAD”</th>
</tr>
</thead>
<tbody>
<tr>
<td>in the last 30 days/once or more</td>
<td>69,4%</td>
<td>80,4%</td>
<td>74%</td>
<td>75,6%</td>
<td>62,9%</td>
<td>84,9%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>over a month</td>
<td>30,6%</td>
<td>19,6%</td>
<td>26%</td>
<td>24,4%</td>
<td>37,1%</td>
<td>15,1%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Sedatives or sleeping medications were used during the last 12 months by slightly more than one-fourth of the subjects, including slightly more men than women (Figure 76). There are no differences related to the youngest respondents – the percentages of people aged 15–16 and 17–18 who took pills were equal. The number of individuals using sedatives or sleeping pills every day or almost every day is alarming – 24% (Figure 77). There was no gender-based difference in the frequency of sedative use.

**Figure 76: Have you taken any sedatives or hypnotics during the last 12 months? (n=11,109)**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>26,4%</td>
<td>29%</td>
<td>24,3%</td>
</tr>
<tr>
<td>NO</td>
<td>73,6%</td>
<td>71%</td>
<td>75,7%</td>
</tr>
</tbody>
</table>

**Figure 77: How often did you take sedatives or hypnotics during the last 12 months? (n=2,926)**

- **everyday**: 16,7%
- 3–4 times a week: 7,5%
- 1–2 times a week: 10%
- 2–3 times a month: 13,3%
- once a month: 7,2%
- 6–11 times a year: 12,2%
- 2–5 times a year: 24%
- once a year: 9,1%

As previously, the question was compared with responses from the “Patterns of alcohol consumption Gdańsk 2011” study. The sample used in comparison was the part of the LGB sample that matched the “Gdańsk” sample – containing people living in cities with more than 500,000 but less than 1,000,000 inhabitants, aged 18–49, with secondary, post-secondary or higher education (Figure 78). In this segment of the LGB sample medi-
cations in the past 12 months were used by 28% of the respondents (30% of women and 26% of men). In the analogous sample from the “Gdańsk” study much fewer respondents had used drugs – only 16% of them (18% of women and 12% of men).

Figure 78: Comparison of answers to the question, “Have you taken any sedatives or hypnotics during the last 12 months?” with the results of the “Patterns of alcohol consumption, Gdańsk 2011” study for respondents aged 18–49 with at least a secondary education.

<table>
<thead>
<tr>
<th></th>
<th>LGB (n=1,381)</th>
<th>“Gdańsk” (n=511)</th>
<th>Women</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>yes</td>
<td>27,4%</td>
<td>15,7%</td>
<td>27,9%</td>
<td>18,2%</td>
</tr>
<tr>
<td>no</td>
<td>72,6%</td>
<td>84,3%</td>
<td>72,1%</td>
<td>81,8%</td>
</tr>
</tbody>
</table>

The frequency of sedative or sleeping pill use during the past 12 months was also compared with similar samples. Due to the size of the “Gdańsk” sample some categories of responses were combined in order to create more general categories. Also analyses by gender were dropped (Figure 79). The results show that bisexuals and homosexuals take sedatives or sleeping medication more often than respondents from the “Gdańsk” sample. This especially refers to people who use drugs once a week or more often.

Figure 79: Comparison of breakdowns of answers regarding frequency of use of sedative and hypnotics with the results of the “Patterns of alcohol consumption Gdańsk 2011” study for respondents aged 18–49 with at least a secondary education.

<table>
<thead>
<tr>
<th></th>
<th>LGB (n=378)</th>
<th>“Gdańsk” (n=80)</th>
</tr>
</thead>
<tbody>
<tr>
<td>once a week or more</td>
<td>31,5%</td>
<td>21,3%</td>
</tr>
<tr>
<td>less than once a week but at least once a month</td>
<td>19,8%</td>
<td>18,8%</td>
</tr>
<tr>
<td>less than once a month</td>
<td>48,7%</td>
<td>60%</td>
</tr>
</tbody>
</table>
**Values advocated**

The respondents were asked about the prerequisite for a successful life (Figure 80). The answers indicate which of the values are most important for the respondents. For the majority of people it is a successful relationship (68%), friends (47%) and health (44%). Under the heading “other” answers such as family – both harmony and acceptance in the biological family as well as the possibility of creating one – appeared the most often. Female respondents slightly more frequently than men indicated a sense of freedom and a good relationship as the values important to them. On the other hand, money and work related to it were more important for men than for women.

*Figure 80: Which of the following do you consider to be a prerequisite of a successful life? (Please read all of them first and then choose no more than three.) (n=11,125)*

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>money</td>
<td>27,6%</td>
<td>23%</td>
<td>31,3%</td>
</tr>
<tr>
<td>children</td>
<td>4,6%</td>
<td>5,7%</td>
<td>3,8%</td>
</tr>
<tr>
<td>successful relationship</td>
<td>67,5%</td>
<td>70,8%</td>
<td>64,8%</td>
</tr>
<tr>
<td>work</td>
<td>22,7%</td>
<td>18,8%</td>
<td>25,9%</td>
</tr>
<tr>
<td>friends</td>
<td>46,7%</td>
<td>47,8%</td>
<td>45,7%</td>
</tr>
<tr>
<td>providence/God</td>
<td>4,3%</td>
<td>3,0%</td>
<td>5,4%</td>
</tr>
<tr>
<td>serenity/optimism</td>
<td>18,3%</td>
<td>19,2%</td>
<td>17,5%</td>
</tr>
<tr>
<td>honesty</td>
<td>8%</td>
<td>7,7%</td>
<td>8,3%</td>
</tr>
<tr>
<td>kindness and respect for the environment</td>
<td>12,7%</td>
<td>12,1%</td>
<td>13,2%</td>
</tr>
<tr>
<td>freedom</td>
<td>21,2%</td>
<td>25,7%</td>
<td>17,5%</td>
</tr>
<tr>
<td>health</td>
<td>43,7%</td>
<td>41,3%</td>
<td>45,7%</td>
</tr>
<tr>
<td>education</td>
<td>7,1%</td>
<td>7,3%</td>
<td>6,8%</td>
</tr>
<tr>
<td>strong character</td>
<td>10,5%</td>
<td>12,8%</td>
<td>8,7%</td>
</tr>
<tr>
<td>other</td>
<td>1,9%</td>
<td>2,5%</td>
<td>1,4%</td>
</tr>
</tbody>
</table>

This question was compared with the answers of the “Social Diagnosis 2011” – only the results of people aged 19–50 with secondary, post-secondary and higher education were compared (Figure 81). Each time, the
influence of the place of residence was examined.\textsuperscript{16} If we take a closer look at the results of both groups, considerable diversity can be observed. For LGB persons the most important factors of a successful life were as follows: a successful relationship (68%), friends (47%) and health (44%). For the “Diagnosis” respondents the top prerequisites of a happy life are health (62%), a successful relationship\textsuperscript{17} (57%) and children (45%). The difference in the hierarchy of values that influence happiness is substantial. LGB persons to a smaller extent than the “Diagnosis” respondents treat having children as a prerequisite of a happy life (in this case the difference was the biggest – as much as 40 percentage points); on the other hand, to a larger extent they find happiness in having friends (a difference of 33 percentage points). It is understandable if we take into consideration the negative attitude of Polish society toward the idea of bringing up children by same-sex couples, as well as the lack of legal regulations in that regard. It can result in a situation where LGB persons would reject the possibility of becoming parents and, as a consequence, the other values become important for them. In this context, valuing friends should not be surprising, since it is related to the feeling of rejection (often by family members) experienced by gays and lesbians, and they try to deal with that by strengthening the bonds of friendship.

The differences could be also observed in the responses concerning other values. For LGB persons, the most important prerequisites of a happy life were: the feeling of freedom (a 15 percentage-point difference), serenity, optimism and respect for the environment (the difference was 8 and 6 percentage points, respectively). It is worth stressing that regarding the importance of money and honesty, the two sample groups were consistent.

\textsuperscript{16} The influence of the place of residence was significant in the LGB sample in the entries “friends”, “serenity”, “optimism” and “freedom”. It means that if in the sample there were more inhabitants of villages, the results in these entries would slightly decrease. As far as “friends” are concerned the amplitude of results ranged from 40.9% in the villages to 48.4% in cities with over 1,000,000 inhabitants; in the case of “serenity” 16.8% to 21.8%; of “freedom” 17.3% to 24.4%. The same direction of relationship could be observed in the “Diagnosis”.

\textsuperscript{17} In the “Diagnosis” the term “successful marriage” was used, however, since same-sex couples cannot enter into matrimony, it was changed into “successful relationship”.
Figure 81: Comparison of the breakdown according to answers to the question, “Which of the following do you consider to be a prerequisite of a successful life? (Please read all of them first and then choose no more than three.)” with the results of the “Social Diagnosis 2011” for respondents aged 19–50 with secondary, post-secondary and higher education.

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Women</th>
<th>Men</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LGB</td>
<td>“Diagnosis”</td>
<td>LGB</td>
</tr>
<tr>
<td>money</td>
<td>27,6</td>
<td>27,9</td>
<td>22,6</td>
</tr>
<tr>
<td>children</td>
<td>4,6</td>
<td>45</td>
<td>5,9</td>
</tr>
<tr>
<td>successful relationship</td>
<td>67,3</td>
<td>56,9</td>
<td>70,8</td>
</tr>
<tr>
<td>work</td>
<td>22,7</td>
<td>34,9</td>
<td>20,6</td>
</tr>
<tr>
<td>friends</td>
<td>46,7</td>
<td>12,5</td>
<td>45,6</td>
</tr>
<tr>
<td>providence/God</td>
<td>4,3</td>
<td>11,9</td>
<td>2,7</td>
</tr>
<tr>
<td>serenity/optimism</td>
<td>19,5</td>
<td>11,3</td>
<td>20,9</td>
</tr>
<tr>
<td>honesty</td>
<td>8</td>
<td>7,9</td>
<td>7,4</td>
</tr>
<tr>
<td>kindness and respect for the environment</td>
<td>12,1</td>
<td>6,1</td>
<td>11,5</td>
</tr>
<tr>
<td>freedom</td>
<td>21,2</td>
<td>5,4</td>
<td>24,7</td>
</tr>
<tr>
<td>health</td>
<td>46,6</td>
<td>62,4</td>
<td>45</td>
</tr>
<tr>
<td>education</td>
<td>7,1</td>
<td>8,7</td>
<td>5,6</td>
</tr>
<tr>
<td>strong character</td>
<td>10,5</td>
<td>6,4</td>
<td>11,2</td>
</tr>
</tbody>
</table>

The other questions pertained to the religiosity of the respondents (Figures 82–85). In the survey there were no direct questions about the religion they adhere to, which allowed a more specific analysis of the results. However, the open questions indicated that, similarly to the general population, in the vast majority the religion was Roman Catholic.

The majority of the respondents described themselves as non-religious persons that do not take part in religious practices. On the other hand, when the question was formulated differently – do you consider yourself to be a believer – there were many more responses – 45% of the respondents considered themselves believers.
The respondents were also asked whether they think that their faith had decreased or increased since their childhood. The question did not define faith and in the case of atheism, the respondents could either omit the question or choose the answer “it hasn’t changed”, which did not reflect their situation well enough. The respondents’ answers indicated that in the majority of cases their faith had decreased.
The respondents were also asked to specify the reasons for decreasing or increasing their faith – some of them pertained to sexual orientation and others to other events or thoughts. 7,385 of the respondents answered that question, which shows its significance for them. It was not presumed in the question that the faith must specifically pertain to the Catholic religion; however, because of its ubiquity in Poland it was a point of reference for almost all of the respondents. As the cause of change in the intensity of faith, the following aspect was often mentioned: It is a “natural process” connected with growing up and acquiring deeper knowledge about the world and this reason was indicated by both the people whose faith had decreased and those whose faith had increased. The decline in faith was most often associated with the hypocrisy and insincerity of the Church, its interfering with politics and focusing on material goods as well as with the negative attitude towards homosexual people, who, as some asserted, can be found among its representatives. The statements pertaining directly to the lack of acceptance of gays and lesbians were presented more often by younger people. Those who declared that their faith had increased often mentioned a faith for which contact with priests is not necessary or one that is different from Catholicism. Below we present some sample answers showing the situations in which the faith of the respondents changed because of their sexual orientation.

A8560, man, 35: *my faith has definitely decreased: I am considered a sinner by the Catholic Church, although my homosexuality was not a conscious choice (sin is a conscious and voluntary breaking of the commandments). It has been decided for me.*
A11924, man, 35: my faith has rather increased: When a couple of priests found out that I am homosexual, they showed kindness, support and willingness to help, but not to renounce homosexuality, but to reconcile with it and to live close to God.

A15370, woman, 19: my faith has definitely decreased: The Church’s attitude towards LGBT, preaching hatred by the “believers”. I don’t believe in a God who condemns me for my sexual orientation. Insincerity and hypocrisy of the Church. Broadening my horizons about the diversity of the world.

A15292, woman, 24: my faith has definitely decreased: Above all – confession, which forces me to lose contact with a person of the same sex for whom I feel something. If I don’t meet this condition, my sins won’t be forgiven. I can’t complete confession, I can’t take communion. Without communion participation in Mass is void and meaningless.

A10503, man, 51: my faith has definitely increased: Acknowledging that God can be found in any of us, irrespective of gender or sexual orientation and that any intermediary such as a priest is not necessary.

A3126, woman, 27: my faith rather decreased but not in God. As a homosexual person I don’t see a place for myself in the Church. It’s not that I don’t want to have anything to do with the Church but simply that the Church doesn’t want to have anything to do with me. I am going to defect from the Church. Because of my parents I will not commit apostasy yet. I don’t want to have a priest pick on them during the carols – my parents are older but they fully accept me and my partner, I don’t want to give them more things to worry about. I know that it will be important for me and this day will come. My child that I am planning to have will not be baptised either. The Church doesn’t want children from non-heteronormative families.
Summary

he results we have presented show that a high percentage of bisexuals and homosexuals experience physical and psychological violence (12% victims of physical violence and 44% psychological) because of their sexual orientation. In most cases these incidents are not reported to the police. Bisexuals and homosexuals are exposed to discrimination in all walks of life – in the workplace, at schools and universities, in housing, in public places (offices, bars, clubs and on public transport), in contact with health care providers, in contact with church representatives – because about one-third of participants signalled that they had experienced less favourable treatment because of their sexual orientation within at least one of these spheres.

In cases of violence there is a noticeable difference based on gender. Men more often than women were exposed to pushing, hitting, pulling or kicking and beating. The violence against women had, more than men, a sexual character and took place in the private sphere: the perpetrators were usually a mother, a father or a friend, and the violence occurred in the victim’s own flat or in another place which was usually still a flat. The same pattern occurred in cases of psychological violence – men had experienced it in public places more often than women and women in private – and the perpetrator was somebody from the family and the events took place in their own flat.

A comparison with the 2006 research indicates a positive trend, i.e., to a small extent but nonetheless, the percentage of people who are victims of violence and who conceal their sexual orientation in the public sphere has decreased.

The positive trend in the research seems to have been caused by a change of the political situation in recent times. The first study was conducted during the PiS government in coalition with LPR and Samoobrona (Self-Defense). It covered 2005, when Lech Kaczyński banned the Equality Parade in Warsaw, and a similar event in Poznań was banned by the mayor of that city. In 2005–2006, the politicians of the main political parties openly expressed their views, full of stereotypes and prejudice
against gay people, sometimes even inciting hatred. It was expressed by e.g., the dismissal of the Director of the Centre for Teacher Development for the publication of the Council of Europe textbook on Human Rights, “Compass”, which mentioned gays and lesbians, and by the preparation of a bill prohibiting any individuals advocating homosexuality from working in schools, by Roman Giertych (Minister of Education at that time). Prejudice against gays and lesbians sanctioned by the representatives of state authority emboldened other groups (such as hooligans or pro-fascist groups) to use violence against LGB people and created an atmosphere in which gays and lesbians were afraid to openly reveal their sexual orientation.

The results of this study, covering the period 2010–2011, thus show how the conditions have changed. The accession of government by PO (Civic Platform) ended the attacks of politicians which had encouraged the use of violence against gays and lesbians, but still, Donald Tusk’s government has not taken any decision which would change the situation of bisexuals and homosexuals. Although the Parliament is currently discussing the idea of partnerships, two bills were rejected without any debate by the votes of PO MPs, who considered them to be inconsistent with the Constitution. It is worth mentioning that nearly 100% of the respondents believed that civil partnerships should be introduced in Poland, and almost 90% declared that they are willing to register such a relationship, if possible. This shows the urgent need for such a law, which is anticipated by a large group of Polish men and women.

Data from studies indicate that the climate around LGB persons has changed slightly, but is still far from one in which bisexuals and homosexuals will be able to feel safe and comfortable in their own country. It is worth mentioning that although the percentage of people who in the past two years have suffered physical and psychological violence or discrimination in the public sphere because of their sexual orientation has decreased, these indicators are still high.

The distrust of the police held by victims of violence has remained unchanged or has even increased. The percentage of people concealing their sexual orientation in public places decreased (by 15 percentage
points in the workplace, by 10 percentage points in school/university and by 13 percentage points from their neighbours), but the majority of LGB people still feel the need to conceal their sexuality in such places. Approximately 70% of respondents hide their sexual orientation in the workplace and at school/college, half of them conceal their identity from others in the place of residence (e.g., from neighbours), and 40% do it even while living with a partner of the same sex. However, the percentage of people hiding their sexual orientation from their families has increased (up 7 percentage points) – currently 63% of respondents declared that at least one person in their family knows about their sexual orientation.

Furthermore, the large number of people experiencing loneliness is alarming – almost half of the respondents and a high indicator (42%) – had suicidal thoughts in the past few months. In a particularly difficult situation are the youngest persons.

In comparison with the results of “Social Diagnosis 2011”, a study done on a representative sample, many more LGB people (19–50 years old, secondary education and higher) feel lonely (a difference of as much as 31 percentage points). It is even more evident in the case of the youngest (15–18 years old) – more than half of LGB adolescents (56%) feel lonely, compared with 13% of teenagers in the “Diagnosis” sample.

When it comes to suicidal thoughts, among all the respondents in the “Diagnosis” sample 91% of them in recent months had not thought about committing suicide at all, while among gays, lesbians and bisexuals only 62%! 13% of bisexuals and homosexuals had such thoughts quite often or often, compared to only 2% of the mainly heterosexual sample. The most vulnerable are the youngest persons – 63% of bi- and homosexual teens recently thought about suicide! (in “Diagnosis” 12% of adolescents had). Such vast numbers indicate the need for urgent remedial actions directed at gays and lesbians in schools.

In comparison with the results from “Social Diagnosis 2011” LGB people aged 19–50 years with secondary and higher education consider their lives to be less successful than a similarly selected sample of Poles from “Diagnosis” – the average evaluation is 4.9 for the LGB sample and 5.39
for “Diagnosis”. Even greater differences in quality of life can be seen among teenagers.

Analysis of the ways of responding to difficulties indicates that non-heterosexual people to a much greater extent than Poles in “Diagnosis” react to difficult situations in life by reaching for alcohol (a difference of 10 percentage points), diverting attention from the problem (a difference of 25 percentage points) or giving up (a difference of 10 percentage points). It is easy to notice that all these reactions are directed not at solving the problem, but only at withdrawing. Thus, bisexuals and homosexuals in difficult life situations more frequently than heterosexual persons react in less effective ways of dealing with problems and experience feelings of helplessness, that is, the feeling of being unable to change their situation. The feeling of helplessness in most cases leads to chronic stress and depression. This applies more to lesbians and bisexual women than gays and bisexual men.

Although data regarding the disclosure of one’s sexual orientation suggests that more women openly talk about it than men, slightly fewer women experience violence than men. But the results concerning ways of dealing with difficulties and overusing psychoactive substances indicate that lesbians and bisexual women are in a more difficult situation here. Women turn to alcohol more often. Although non-heterosexual persons generally smoke much more than the respondents from “Diagnosis”, (19–50 years old, secondary or higher education), bisexual women and lesbians smoke the most. When it comes to drinking alcohol bisexuals and homosexuals (aged 18–49, secondary and higher education, living in towns with more than 500,000 inhabitants) drink more than the average inhabitant of such a city, and lesbians and bisexual women drink more often than women from the sample which has a vast majority of heterosexuals. Similarly, in the same sample (aged 18–49 years, secondary and higher education, living in towns with more than 500,000 inhabitants) in the case of using sedatives and hypnotics – almost twice the percentage of LGB people have used them in the past 12 months than in a similarly selected sample of respondents (28% compared to 12%), among which there were more women than men.
The results show that the place of residence influences mental well-being – the bigger the town respondents live in, the better they evaluate their own lives – and they are less lonely and have fewer suicidal thoughts.

Therefore the data suggest the urgent need to initiate actions directed toward bisexuals and homosexuals to counteract violence and discrimination, and improve psychological well-being, especially of young people. Eliminating negative stereotypes and changing social attitudes to more open and prejudice-free ones would improve the quality of life of LGB people, which could be reflected in a greater sense of security, more constructive ways of solving problems and reducing the feeling of loneliness and suicidal thoughts. Undertaking such actions is especially important in schools, due to the fact that the youngest gays and lesbians are in the most difficult situation.
PART TWO

Sociological analysis of societal attitudes towards bisexual and homosexual persons
MEDIA AND INTERNET
FROM THE CLOSET
TO BROADCAST PROGRAMMING

Radosław Oliwa

Three years ago, when Tomasz Raczek and Marcin Szczygielski\textsuperscript{18} received an award for being the most beautiful couple of the year, we were witnessing an apparent breakthrough. The gay couple hit the covers of popular magazines and TV screens in prime time. It is worth stressing that the context of that contest was not related to sexual orientation – they were not taking part in the competition in any “special” category for “special couples”.

\textsuperscript{18} “Super Express”: Szczygielski i Raczek Najpiękniejszą Parą, http://www.se.pl/rozrywka/plotki/szczygielski-i-raczeznajpiekniejsza-para_79823.html
In the 90’s the media were presenting “homosexual groups”\(^{19}\) similarly to “criminal groups”, covering their members’ eyes with a black bar and distorting their voices. In the first decade of the new millennium, LGBT persons started to be presented not as “weirdoes”, but as a group exposed to discrimination. People who represented the developing LGBT culture started to become more visible. Terms such as gay, lesbian or sexual minorities\(^{20}\) were used with regard to social problems. The success of Raczek and Szczygielski has become a symbol of another shift in the way homosexuals have been depicted in the Polish media. The “weirdoes” of the 90s, presented by the media in the first decade of the new millennium mainly as victims of discrimination and exclusion, “became humans” and started to appear in the nationwide Polish media on the same principle as the heterosexual majority.

\(^{19}\) The expression “homosexual groups” was ubiquitous in the 90s. However, as a result of its stigmatizing character, it is no longer present in public discourse; I suggest using the expressions “LGB community” or “LGB persons”.

\(^{20}\) In the 90s, LGBT persons were called “sexual minorities”. Currently, this expression is rarely used as it puts too much emphasis on “sexuality” and is thought to have a stigmatising character. It has been replaced by “LGBT persons”.


The coin has two sides, though. Polish Television (TVP), which broadcasted Gala magazine’s ceremony, was not so enthusiastic of Raczek and Szczygielski’s selection. The then member of TVP’s management board Sławomir Siwek was outraged. In the interview for “Nasz Dziennik”\(^\text{21}\) he said that “the commercial media can do whatever they think is appropriate and propagate any kind of behaviour. But we are public television, which means that we have certain limitations and responsibilities resulting from the mission that was imposed on us by the law”. TVP’s management board arbitrarily decided what is appropriate and resigned from broadcasting Gala’s future ceremonies.

\[\text{“The commercial media can do as they see fit and propagate whatever behaviour they like. We in public television have certain restrictions and obligations in carrying out a mission which is clearly defined by law”}\]

Statement of Sławomir Siwek, board member of TVP, on the selection of Tomasz Raczek and Marcin Szczygielski as Couple of the Year and the broadcast of the competition on TVP Channel 1.

Fortunately, Sławomir Siwek is no longer responsible for the public media mission. He lost his position as TVP management board member, and in 2010 became President of the foundation “Solidarna Wieś” (Solidary Country). In two years’ time, the “Roses of Gala” were on TV screens together with Tomasz Raczek, who yet again became one of the most popular television personalities.

I have started this chapter from these famous events because, in my opinion, they clearly illustrate the profound change that took place in the Polish media. Unfortunately, it did not happen in all TV genres. A weak spot, especially in public television, can be found in objective commentary. Usually, the adversaries of LGBT persons are chosen from radical right-wing organisations or radical political parties. Hence, the public might gather the impression that two parallel sides take part in the argument

and could draw the conclusion that hatred and xenophobia are values which are as important as equality and freedom.

In 2009, Paul Cameron was a guest on the TVP programme “Warto Rozmawiać” (It’s worth talking). Cameron, a pseudo-scientist dealing with homosexuality, has been thrown out of all the prestigious organisations of psychologists for manipulating data and abuses in interpretation.

Jan Pospieszalski’s program titled “Warto Rozmawiać” (Worth Debating) has been particularly criticised. LGBT persons have frequently accused the host of incompetence and bias. In 2009, the American psychologist Paul Cameron appeared as an expert on Pospieszalski’s program regarding the “Curing of Homosexuality”. It is worth stressing that in 1983 Cameron was expelled from the American Psychiatric Association for violating their code of ethics. The Canadian Psychiatric Association accused him of misinterpretation and methodological faults in most of his works.\(^2\) As a result of immense criticism, TVP authorities decided that presenting such subjective and prejudiced views violates journalistic ethics. The recording of the episode from 14 May 2009 has been erased from the TVP archives.\(^2\) Currently, next to the freeze-frame with Paul Cameron’s portrait, instead of a link to the video file containing that program, one can find a link to the previous edition of “Warto Rozmawiać”.

The main news programmes appear to be slightly better in that respect. In the televised footage of LGBT demonstrations more and more space has been devoted to the beliefs of those persons. Most broadcasters have adopted the abbreviation “LGBT” and have not been describing the “Equality Parade” as a “Gay Parade”.\(^2\) There has also been more evident

\(^2\) http://en.wikipedia.org/wiki/Paul_Cameron

\(^2\) http://www.tvp.pl/publicystyka/tematyka-społeczna/warto-rozmawiac/video?id=&sort_by=POSITION&sort_desc=false&start_rec=64&listing_mod=&with_video=

\(^2\) The expression “Gay Parade” suggests that only gays (homosexual males) take part and that it pertains only to their beliefs, at the same time ignoring homosexual women (lesbians),
distinction presented between peaceful demonstrations and aggressive assaulters. However, some of the reporters have still equated the friendly and cheerful crowd with the violent hooligans who have often acted against the law. In 2011 Adam Lis, a reporter for TVP Cracow’s branch, appeared to be particularly incompetent and insensitive. When TVP Cracow broadcasted the “Chronicle” with footage of the “Equality Parade”, the public could have understood that during the parade a clash between “homosexual activists” and counter-demonstrators took place. Actually, the LGBT participants of the parade and their friends and families were attacked by ordinary hooligans. Instead of “verbal squabbles”, as the TVP reporter asserted, a few people were beaten. Even after the intervention of the parade organizers, the editorial staff of the “Chronicle” did not notice any fault and refused to publish a correction. In order to clarify their standpoint, TVP Cracow authorities used the services of a law firm.25

The negligence described above happens less often, and if it occurs it is met with more and more severe criticism. The most inept in this respect have been regional branches and less known television networks. Large stations have been more sensitive when it comes to tackling the issues of LGBT persons, perceiving our community as an important target group.

Favourable Press

Considerably, much wider diversity in the treatment of LGBT persons can be observed in the press than on television. The most popular and most important papers treat LGBT issues objectively and professionally. Examining Polish newspapers and magazines, one can notice a profound change in the presentation of LGBT persons that has taken place in the last few years. Front covers are adorned with more and more controversial illustrations and authors no longer ponder the problem whether LGBT persons should be guaranteed basic civil rights. In the summer of 2011, bisexuals and transgender persons. Actually, the slogans that are present during those events also pertain to LGBT persons’ rights and to postulates concerning the situation of that group.

the weekly magazine “Polityka” (Politics) published a series of articles regarding homosexual relationships. At the same time, an interview with Prof. Bogdan Wojciszke appeared in “Newsweek” on the adoption of children by same-sex couples. At the beginning of the text, the Professor stated that “there are no objections for same-sex couples to adopt children”. LGBT topics hit the front covers of other weekly magazines. In 2011 alone, the magazine “Przekrój” (Cross-section) devoted to the LGBT community as many as three front covers.

Civil partnerships: What type, what for, for whom?
‘Polityka’ magazine no. 25, 2011.

The daily press is becoming more serious as well. The nationwide part of “Gazeta Wyborcza” (Electoral Gazette), which is actively engaged in the LGBT community’s actions, has the lead in that respect. The reporters of “Gazeta Wyborcza” regularly participate in events related to the LGBT movement and draw attention to the needs of that community, sometimes even exceeding their commentary role. In 2011 Ewa Siedlecka and Piotr Pacewicz published a petition to the then Sejm Marshal Grzegorz Schetyna supporting a bill concerning civil partnerships. The petition, with signatures, was personally handed in to the Marshal by the reporters and persons belonging to the Initiative Group for Civil Partnerships.

26 http://www.polityka.pl/spoleczenstwo/artykuly/1518048,1,zwiazki-partnerskie---poddsumowanie-cyklu.read
27 http://www.newsweek.pl/wydania/1292/dzieci-dla-gejow-i-lesbijek,78371,1,1
28 http://www.polityka.pl/spoleczenstwo/artykuly/1518048,1,zwiazki-partnerskie---poddsumowanie-cyklu.read
“Rzeczpospolita” (The Republic) has been less enthusiastic about LGBT persons. In June 2009, it published a cartoon by Andrzej Krauze. It suggested that the relationship between two men resembles the relationship between a man and a goat. That case divided both reporters and the LGBT community. Ryszard Krauze’s cartoon was taken to court by private prosecutors. On 26 January 2012, as anticipated, the judge dismissed the complaint, but the message that “LGBT persons are able to defend themselves” undoubtedly reached paper’s publishers. Currently, “Rzeczpospolita” does still print many criticising texts concerning the emancipation of the LGBT community. However, it is noticeable that “Rzeczpospolita” has been trying to note the arguments of lesbians, gays, bisexuals and transsexual persons and that, increasingly, next to the articles by Ziemkiewicz and Zaręba the editors decide to print texts written by people who are identified with LGBT persons’ emancipation movements. For example, in 2011 the journal twice published Krzysztof Śmiszek’s articles of the Polish Society of Anti-Discrimination Law.

The tabloid press has not been indifferent to the new role of LGBT people in society, either. Gays (and lesbians to a slightly lesser extent) are still presented in Polish tabloid magazines as a group that arouses anxiety and outrage. Journalists of the most popular tabloid magazine, “Fakt” (Fact), have been eagerly scaring Polish society with the vision of gays adopting children. At the same time, “Fakt” has been presenting popular LGBT persons in contexts unrelated to their psychosexual orientation. Apparently, the exoticism of otherness burns quite quickly. The taming of LGBT issues has also been taking place on the tabloids’ pages, and that transformation has been accelerating. After last year’s parliamentary elections, transgender MP Anna Grodzka was a sensation by definition; today she has to get her jacket dirty in order to interest Fakt’s journalists.

Apart from the mainstream press, however, there have been a lot of titles often manifesting an aversion to LGBT persons. These are mainly the media who focus on readers with conservative views. For the new weekly

29 http://wyborcza.pl/1,76842,7396581,Geje_skarza__Rzepe__za_koze.html

magazine “Uważam Rze” (I Think That...), launched in 2011, attacking the LGBT community and its demands seems to be a part of the editorial policy. Apparently, it is a method for the new magazine to make their mark on the very difficult market of influential weeklies, which recently has evidently shifted to the left. At the top of the homophobic scale, however, still dominates “Nasz Dziennik” (Our Daily), which constantly writes about the “poisoned blade of homopropaganda”.

In recent years, the regional press has also had to confront LGBT issues. Mainly, due to the events that are being held in smaller cities, such as “Days of Silence” and the poster event “Love does not exclude”. The local press’ reaction to those affairs has differed, according to the particular views presented by editors and publishers. The weekly magazine “Tygodnik 7 dni” (7 Days Weekly) from Kędzierzyn Koźle was threatening the citizens of MP Robert Węgrzyn’s hometown with the group Tel Aviv, who wanted to “hang posters presenting lesbians and gays”. Although

former MP Węgrzyn declared that he would gladly watch lesbians,\textsuperscript{32} a local journalist of that magazine was not happy about the idea and on any occasion was highlighting the controversy and citizens’ outrage with regard to that action. “Express Bydgoski” (Bydgoszcz Express) treated an event devoted to LGBT matters slightly differently. In the issue of 18 May 2009 it published information about “Bydgoszcz’s Diversity Days”. The text was titled “Time to break the silence about gays and lesbians” and began with a statement of one of the demonstration participants.

In most cases, the biggest press titles try to be objective when dealing with LGBT community issues. The progress that has been made during the last few years has been tremendous. For me, last year’s appeal of “Gazeta Wyborcza” (Electoral Gazette) to the Sejm Marshal Grzegorz Schetyna regarding the legalisation of civil partnerships, compared to the article which they printed in 2005 by the priest Dariusz Oko, “Ten arguments against – For the healthy mind, approval of homosexuality is unacceptable”, serves as the best example of this new trend.\textsuperscript{33} The emergence of LGBT issues in the regional media is equally important. Although they do not always know how to deal with either gay or lesbian, but at least they are trying not make any harm to them while addressing issues vital to the LGBT community.

**Shoot them as if they were mad cows**

Electronic media show an approach to LGBT issues similar to the printed press. The more popular a title is the more objectively it treats LGBT issues.

But when it comes to social networking sites and to websites’ interactive elements everything turns upside down.

Discussion about the regulation of cyberspace has been taking place for a long time and has recurred after events such as the resignation of Dorota

\textsuperscript{32} “You can forget about gay men but I would gladly watch lesbians” – statement made by MP Węgrzyn during an interview with a TVN reporter in February 2011. In March 2011, the regional arbitration by a fellow member removed MP Węgrzyn from PO.

\textsuperscript{33} http://www.tyniec.benedyktyni.pl/pspo/art/dziesiec_argumentow.pdf
Świeniewicz from the national volleyball team or the attacks of internet users on Minister Sikorski. Celebrities, well-known people and, of course, LGBT community members have become victims of internet aggression. The websites’ publishers have been trying to prove that censorship is technically impossible and does not solve the problem. In the last few years, however, a lot has changed in that respect. The leading WWW sites have introduced a tool for reporting particular entries. The others require registration before making a comment on the website. Frequently, the comments of unregistered users are being moderated in principle.

Probably, the most useful system of preventing hate speech on the Internet has been developed by Facebook. According to the terms of service, it is not possible to publish anything anonymously. Obviously, entries that violate somebody’s dignity also occur but the system of reporting is fast and efficient. The Google+ is similar in that respect.

When it comes to the popular video-sharing website youtube.com, the situation is much worse. Here, adding comments also requires registration, but the only condition for creating a profile is to have an e-mail address. Obviously, hate speech can also be reported by users of the portal to the people responsible for moderation. Apparently, for youtube.com, this method does not work well enough. When footage from the 2009 Equality Parade appeared on that service, one could find comments dated a few months back which not only violated LGBT persons’ dignity, but also were against the law. “Shoot them as if they were mad cows! ZOMO methods are needed here for an hour – when facing a rubber club they would quickly change their orientation”, was one of the comments. Another user suggested that the Equality Parade was a “great opportunity to exterminate that scum”. This kind of content could regularly be found on that popular video portal. Although both of the comments cited above were reported to moderators, they were not removed from the site within

34 http://wyborcza.pl/1,75515,6910135,Cenzura_nie_lagodzi_obyczajow_w_internecie.html
36 ZOMO were “paramilitary-police formations during the Communist Era, in the People’s Republic of Poland. ... They became most notably known for an infamy gained in their brutal and sometimes lethal actions of quelling civil rights protests and riot control”. (translator’s note – from http://en.wikipedia.org/wiki/ZOMO)
24 hours. The system of reporting violations constitutes an additional drawback. While it is possible to browse videos and comments without registration, reporting violations means creating an account and accepting the terms of services. As a result of this restriction, the level of comments published by users is shocking.

The Polish portals usually apply the rule that comments may be added only after registration and that there is a tool for reporting violations. This method works, however I am convinced that there are more efficient ones.

Gazeta.pl has dealt with the issue quite well. The problems have occurred when, in certain parts of the portal, registration has not been mandatory or the moderation tool has not been implemented (e.g., in the comments archive).37

“Shoot them like mad cows! If ZOMO (Communist Militia) tactics were used here for one hour, everyone would immediately change their sexual orientation under the pressure of rubber batons”

Comment of internet user reporting on the Equality Parade of 2009, posted on YouTube.

Wirtualna Polska (wp.pl) also accepts the comments of unregistered users, but subjects them to obligatory moderation. The rest, such as “the perverts should be cured or castrated”, hit the portal immediately. The reporting tool – unlike youtube.pl – has been working properly here and the notifications have been investigated within 24 hours. Onet.pl has been operating similarly in that respect.

The same rules can be found on interia.pl. Disappointingly, not every comment has been marked with the link to report a violation.38 For example,

37 http://forum.gazeta.pl/forum/w,752,72060719,72085966,Re_Jestem_gejem_i_to_jest_do-brze.html

the entry in which Adolf Hitler was recalled as a pervert vanquisher has not been possible to delete.

Dziennik.pl, in turn, has not developed any mechanisms for reporting violations. Comments such as, “For the perverts there is one cure – rip their balls off”,\(^{39}\) under the article about parliamentary debate or appalling entries under the news about Anna Grodzka\(^{40}\) has not constituted a problem for the publisher.

The social media have introduced a new quality in virtual debates. It is worth stressing that the comments of users published under their real name are formulated in a different manner than the anonymous ones. The additional tools for moderating comments have positively influenced the level of debate. The Polish portals have followed that lead. Unfortunately, this “new quality” has not become a standard yet. Youtube.com and dziennik.pl, who have not attempted to undertake any efforts in order to eliminate hate speech from the content published by internet users, have been especially negative in that respect.

It’s just a game

The LGBT community has also been well established in computer games. Civil partnerships? Same-sex marriages? Adoption? Homoerotism? All available with just one click.

Players of the recently popular game “The Sims”, in the first edition of the game tried to influence their avatar’s sexual orientation. And it worked! In a supplement to the game, “The Sims: House Party”, sexual intercourse between two men was possible. Scenes of a sexual nature

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\(^{39}\) http://wiadomosci.dziennik.pl/polityka/artykuly/374907,ostro-w-sejmie-zwiazki-partnerskie-zoofilia.html,1,4

\(^{40}\) http://wiadomosci.dziennik.pl/polityka/galeria/362035,1,sejmowe-plany-anny-grodzkiej-galeria-zdjec.html,1,4
have also been present in the role-playing game titled “Dragon Age”. In one of the most popular games in recent years, “Grand Theft Auto IV”, a homosexual motif appeared as well. In an expansion pack for the game, the owner of a gay club – gangster Tony – is one of the main characters. The social changes have also been noticed by the authors of the strategy game “Tropico 3”. The game sees the player taking the role of a dictator who, in order to enhance the mood of the island’s citizens, could allow same-sex marriages. There are also websites devoted to LGBT motifs in computer games.

Winking with gays

Certainly, the Internet service www.commercialcloset.org would not have much content in Poland. The domestic advertising agencies restrict themselves to tipping the LGBT communities a wink. One advertising spot, where one man handed to another man a Prince Polo chocolate bar with the inscription “love”, is an example of using homoerotic motifs in advertising. Kraft’s (the owner of the Prince Polo brand) press office has diplomatically denied any speculation that there was an implied relationship between those two men. ING Bank’s comments on Tomasz Raczek’s involvement in one of their advertising campaigns have also been made in a diplomatic manner.

41 http://www.afterelton.com/blog/lylemasaki/sexuality-in-dragon-age-origins-to-include-gay-option
43 A website devoted to LGBT issues
44 http://www.innastrona.pl/newsy/4145/prince-polo-reklama-gej/
The Internet has been slightly better. Allegro Group, in an ad campaign for their portal cokupić.pl, has also included LGBT persons as a target group. In one of the spots presented on the “Inna strona” website, one can see a couple of half-naked young men hugging each other. EasyJet airlines, the City of Wiedeń, “n” Digital Television, Gutek Film, SAS airlines and Universal International Pictures have also decided to dedicate their campaigns to the LGBT community.

But the real breakthrough is probably still ahead of us.

Radek Oliwa

A graduate of the Higher School of Technology and Economics in Saarbruecken, he is professionally active in the fields of the Internet, occasionally deals with publicism, and is interested in photography and electronic gadgets. Since 1996 he has been publishing “Inna Strona”, the Polish most popular LGBT portal. He is founder and Chief Executor of the interactive agency Netzindianer Sp. z o. o. and, since 2011, a member of the Initiative Group for Civil Partnerships.
Sexism and homophobia are no longer welcome in politics. But it is only equality baloney. Glitz and façade. \(^\text{45}\)

In recent years there has been a gradual but noticeable shift in political discourse concerning the way lesbians, gays, bisexuals and transgender persons are treated, including their opinions and interests. Increasingly, male and female politicians, although the latter are still rare, are notic-

\(^{45}\) Agnieszka Graff, Równość jako gadżet, “Gazeta Wyborcza” http://wyborcza.pl/1,75515,10321449,Rownosc_jako_gadzet.html, 15.01.2012
ing the social issues of homosexual, bisexual and transgender persons, as well as the need to introduce changes regarding the legal system and various public institutions (e.g. schools) who are responsible for shaping attitudes and promoting sensitivity to differences. These essential alterations, however, are not initiated by public authorities, whose actions can be described as short-term and reactionary, but take place thanks to the activities of LGBT organisations.\footnote{The abbreviation LGBT stands for lesbian, gay, bisexual and transgender persons. There are other common variations of this abbreviation in use, such as LGBTQI which, besides the above mentioned, relates to queer and intersex persons.} In Poland, the burden of protecting the LGBT community against discrimination and of monitoring its situation, as well as undertaking actions for social inclusion in a broad sense has been, to a large extent, shifted to non-governmental organisations and self-help groups.\footnote{See Homophobia, Transphobia and Discrimination on Grounds of Sexual Orientation and Gender Identity. Comparative Legal Analysis, Luxembourg 2010, Publications Office of the European Union.} Research, education projects and social campaigns are, in most cases, carried out by the third sector or informal groups with extremely little support or participation from state or local authorities. Social movements are now solely responsible for representing the problems of the LGBT community in public discourse since the Polish authorities for many years have consistently refused to pursue any horizontal antidiscrimination policy based on a multifaceted strategy that would be realised on both national and local levels. The LGBT movement very often forces governments to undertake any sort of action, even by taking a stance on existing issues.\footnote{As in the case of homophobic statements made by MP Węgrzyn or the lack of action regarding antidiscrimination policy that would implement sexual orientation or gender identity by Minister Radziszewska.} Signing the so-called British protocol regarding the Charter of Fundamental Rights (CFR), which, to a large extent, prevents realisation of CFR provisions and works against the Polish LGBT community, may serve as an example of the indolence and lack of initiative of the Polish government.\footnote{See http:/ /www.homiki.pl/modules.php?name=News&file=print&sid=4483, 15.01.2012} In 2007 then Prime Minister Jarosław Kaczyński in the following words justified the decision of his government: “it is about preventing any interpretation of the law by the European Court of Human Rights which would lead to changing the definition of family and force
Poland to acknowledge homosexual marriages”. While the CFR is legally binding in Poland, it is not possible to refer to it before the Polish courts in terms of labour and family law, the sphere of public morality, or in terms of protecting human dignity and the right to his or her physical and moral integrity. In addition, alongside the indolence of the Polish government, the termination of the above-mentioned protocol has not been possible due to the considered and cynical strategy of Civic Platform which, being afraid of losing its conservative electorate support, has not been making any progressive decisions.

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What it’s all about is, for example, preventing any kind of interpretation of the law by the European Court of Human Rights which would lead to a change of the definition of family and force the Polish state to recognise homosexual marriages”

Statement of Jarosław Kaczyński from 2007. The then Prime Minister was justifying the decision not to withdraw from what’s known as the British Protocol in relation to the Charter of Fundamental Rights.

Moreover, one can gather the impression that in political discourse the phenomenon called “barbaric homophobia”, which results in assaulting LGBT people straightforwardly (e.g., MP Niesiołowski’s comments on homosexuality), is more frequently being replaced by “civilised homophobia”, which refers to a broadly interpreted notion of tolerance, but it does not contribute towards improving the situation of gays, lesbians, bisexual and transgender persons and only aims to maintain the status quo. In his expose, the Prime Minister Donald Tusk illustrated the notion of “civilised homophobia” quite clearly: “I am aware that in recent years, ... apart from big financial and economic challenges, there were also challenges related to civilization, social norms and culture. It is important to understand those changes, but our Coalition, the Polish Government, public institutions


51 It is worth recalling here the remarks made by MP Niesiołowski who claimed that LGBT activists should move to Iran where homosexual ‘persons are indeed persecuted,’ http://politykier.pl/kat,1026513,wid,12693767,wiadomosc.html?ticaid=6e664, 3.05.2012.
and the Polish state are not here to conduct a revolution in morals”.52 This statement suggests that in spite of recognising social and cultural changes that are taking place in Polish society, the government clearly distances itself from taking responsibility for them and does not intend to interfere with the appropriate law provisions which may protect a number of social groups from discrimination and exclusion. The similar approach can be frequently observed in the remarks related to the regulation of same-sex relationships. In the interview given to “Polityka”, President Bronisław Komorowski declared that he supports some legal solutions for same-sex couples in the area of inheritance. He added, however, that, “with respect to adoption of children and joint taxation I repeat what the opinion polls show. The majority of our society does not express agreement on adoption by homosexual persons and does not approve of the idea of joint taxation”.53 Referring to the opinion polls, while the successive Polish governments have neither undertaken any measures concerning antidiscrimination policy nor introduced education programs that would sensitise society to differences and recognise the equality of various social groups, tends to show how hypocritical and calculating our authorities are and that there is no political vision whatsoever that would eradicate the inequalities.

The sociologist Jacek Kochanowski has been interested in finding out why the social changes in Poland take place so slowly. He argues that the post-colonial condition of Polish society is a peculiar phenomenon, in which – on the one hand – new areas of freedom for citizens have developed since 1989, but – on the other hand – the colonial gender and sexual regimes do not lose their vigour: “the slow pace of cultural changes in terms of interpretation of gender presence and sexuality does not result from the inefficiency of social movements acting to aid such changes, but it stems from the power of normative code the Poles are aware of, and the notion that there is only one possible gender role one can perform and one normative sexual pattern”.54

54 Jacek Kochanowski, Płeć, seksualność i kondycja postkolonialna. Queer studies a sprawa polska in: K. Slany, J. Struzik, K. Wojnicka, Gender w społeczeństwie polskim, Kraków
Four years ago, in the 2005–2006 report concerning the situation of LGBT persons in Poland, Robert Biedroń, in the chapter regarding politics, drew attention to two characteristic traits of the political scene at the time.55 Firstly, he underlined the pseudo-liberal character of Civic Platform in terms of beliefs and the presence of homophobic attitudes in its members. Secondly, he revealed that the political parties that claim to be left-wing display a lack of their own left-wing concepts regarding sexuality and civic laws whatsoever. According to Biedroń, “the left wing adopted the language and the way of thinking imposed by socially conservative and homophobic right-wing politicians”.56 Unfortunately, the first characteristic still remains unchanged. Even though more PO deputies support, among other things, the legal regulation of same-sex relationships (including Agnieszka Kozłowska-Rajewicz, the current Government Plenipotentiary for Equal Treatment)57 and the introduction of provisions that would simplify gender reassignment for transsexual persons

2011, Nomos, p. 78.


56 Ibid., p.44.

57 The bill regarding civil partnerships is being prepared by MP Adam Dunin. He emphasizes that it would be “moderate” and would clearly separate civil partnership from marriage (See, http://m.wyborcza.pl/wyborcza/1,1105226,10863099,PO_zlozy_wlasny_projekt_ustawy_o_zwiazkach_partnerskich_html, 5.05.2012).
As far as civil partnerships are concerned, I am prepared to discuss the matter. I wouldn’t want it to become an election issue for some. I don’t think there will be a big fuss if we give ourselves a few months to regulate these issues calmly and carefully.

Statement of Prime Minister Donald Tusk from June 2011, in response to SLD tabling a draft bill on civil partnerships.

I realise that in recent years ... apart from big financial and economic challenges, there also appeared new challenges of a civil, cultural and social nature. One needs to understand these changes. But our coalition, the Polish government, public institutions, the Polish state is not there to conduct a social revolution.

Excerpt from Prime Minister Donald Tusk’s Inaugural Address, November 2011.

On 24 July 2012, the Polish Parliament voted against putting up for discussion in Parliamentary proceedings a draft bill on civil partnerships. The bills that were tabled by Ruch Palikota (RP) and SLD were defeated before the first reading.

(Ministry of Justice), there is no coherent antidiscrimination policy within that party whatsoever. Moreover, among the statements made by PO politicians, one can still find homophobic and sexist remarks (e.g. the ones made by the above-mentioned MPs Węgrzyn, Niesiołowski, Gowin or Minister Radziszewska). That leads to a well-grounded interpretation of PO being, in fact, a conservative party in terms of outlook and a liberal party when it comes to the economy. It is also relevant to note that in the PO election programme one cannot find in either the chapter on education,  

58 It is worth mentioning here the statement made by the conservative politician Jarosław Gowin, who, in the interview for “Polityka”, supported the regulations concerning gender reassignment. (See http://transfuzja.org/pl/artykuly/newsy/gowin_nieludzkie_procedury_prawne_do_zmiany_pcl_nalezy_je_zmienic.htm, 5.04.2012). It is not clear, however, when the bill will be introduced and what kind of solutions will be chosen by the Polish government.
or on family, or on health discrimination counteraction, issues regarding sexual orientation and gender identity.\textsuperscript{59}

As far as the second trait pointed out by Biedroń is concerned, the future of the Polish left wing at the beginning of 2012 looks complicated. On the one hand, the Democratic Left Alliance party once again have disappointed the LGBT community. One can for instance think of the SLD decision to, in spite of prior promises,\textsuperscript{60} place gays, lesbians and feminist movement representatives far down the election lists, as well as of homophobic and transphobic statements of SLD members (such as the words of Marek Wikiński about Biedroń (RP): “I’m being so tactful with regard to Mr. Biedroń that I’m actually afraid I might become an object of adoration for him,\textsuperscript{61} or Tadeusz Iwański’s comment on MP Anna Grodzka (RP): There are forty RP JS deputies but, as for the party that focuses on women’s rights, there are only two women there, including one unnatural one”).\textsuperscript{62} Despite these occurrences, SLD still seems to fight for the liberal electorate; in its 2011 election programme, among wishes regarding LGBT persons, there are postulates concerning a Civil Partnership Act, the penalization of hate speech and sex education in schools.\textsuperscript{63}

On the other hand, in 2011 a new party emerged – Palikot’s Movement (RP, formerly known as Movement of Support) – which, despite many critical voices regarding its lack of a left-wing spine, in its programme decided to support the legalization of same-sex relationships without the possibility

\textsuperscript{59} See http://platforma.org/media/dokumenty/Program_PO_100dpi.pdf, 5.05.2012.

\textsuperscript{60} See Kolejne odejście z list SLD. Teraz Biedroń. “Gazeta Wyborcza” http://wyborcza.pl/wybory2011/1,115569,10092469,Kolejne_odejscie_z_list_SLD__Teraz_Biedron.html?bo=1 15.01.2012.


of adopting children.\textsuperscript{64} RP has also placed Wanda Nowicka, the feminist movement representative, and LGBT activists high on the election lists.

\begin{quotation}
\textit{There are 40 MPs from Ruch Palikot (RP), but strangely for a group that concentrates on women’s rights, there are only two women there, one of whom is unnatural.}
\end{quotation}

Statement of Tadeusz Iwiński (SLD) about MP Anna Grodzka (RP) from January 2012.

Considering the above context, in the following section I will present selected elements of political life that might or (could have) influenced the social situation of LGBT persons in years 2007–2011. Due to the immense amount of material, the following facts will have a selective character and may constitute a starting point for broader discussion regarding changes in political discourse that have taken place in Poland over the last few years.

Parliamentary homophobia

In the years 2007–2011, similarly to the preceding period, there were still existing, sometimes even growing, homophobic and sexist attitudes and statements of deputies. It deserves special attention that both right – and left-wing politicians not only rarely recognize and comprehend LGBT problems, but also use contemptuous and biased language towards gays, lesbians or transsexual persons. It is worth recalling here, for instance, the words of MP Stanisław Pięta, who addressed a parliamentary question to the Minister of Culture and National Heritage on the planned “Ars Homo Erotica” exhibition in the National Museum in Warsaw, which he stated as follows: “Why would Professor Piotrowski, the Director of the National Museum in Warsaw restrict himself to ‘works of art’ referring to homosexuality alone, why would he discriminate against the works of necrophiles, pedophiles or zoophiles? Homosexuality is a deviation

\textsuperscript{64} Compare: \textit{Nowoczesna Polska} http://www.ruchpalikota.org.pl/sites/default/files/rp.file_.3429.231.pdf s. 9–10
similar to any of the above”. In that particular case, as well as in other instances of similar statements made by the Polish deputies (Górski and Węgrzyn), the Human Rights Defender, Janusz Kochanowski, asked the Ministry of Justice to examine the possibility of reviewing the Penal Code so it would protect citizens from homophobic hate speech. Despite this intervention these problems still remain legally unregulated. It is worth adding that there are regulations in Poland concerning hate crimes, but they only embrace premises such as ethnicity, religion, race and ir-religion. People who become victims of hate crimes in terms of gender, sexual orientation, disability or age are not protected by criminal law. There is no reasonable basis to such a solution.

One should consider homophobic the statement made in February 2011 by PO MP Robert Węgrzyn, who, while being interviewed by TVN24 reporter, expressed his opinion concerning the legalisation of civil partnership: “you can forget about gay men but I would gladly watch lesbians”.

It is worth stressing that this statement provoked outrage both within his own party and with other male and female politicians, as well as with the media and feminist or LGBT groups. In March 2011, the regional arbitration by the fellow member decided to remove MP Węgrzyn from PO. His words are a fine example of the common mechanism that produces discriminatory lesphobic attitudes which, on the one hand, do not treat

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66 In July 2011 Ryszard Kalisz (SLD) presented in Parliament a proposal for a law to amend the Penal Code that was prepared by the Campaign Against Homophobia and the Diversity Workshop – LGBTQ Organisation.

67 It is noteworthy that LGBT organizations have several times submitted their own proposals of changes in the Penal Code that would extend the premises of such protection in art. 119, 218, 256 and 257 of the Penal Code, to other characteristics that are to be protected by law, but they have not been reviewed by Parliament yet. (See G. Czarnecki [ed.], Raport o homofobicznej mowie nienawiści w Polsce, Kampania Przeciwko Homofobii, Warszawa 2009, p. 75–82).


69 It is worth adding that this statement was supposed to be a quote from the original one made by another PO MP, Andrzej Czuma.
emotional relationships between women seriously, and on the other hand, due to our heteronormative culture, perceive lesbians merely as a sexual objects, which is an image taken directly from the mainstream porn industry. Although Prime Minister Donald Tusk said at the end of May 2011 “he had no tolerance for homophobes”, the events that took place at the beginning of the current parliamentary term, where the words of Robert Biedroń (RP) were met with homophobic reactions from deputies (also from PO), are in contrast to his declaration. Recalling the above-mentioned phenomenon of shifting from the “barbaric homophobia” to “civilised homophobia”, one can observe that even though homophobic statements have recently been common in the Polish Parliament, the parties who claim to be modern and liberal in outlook, distance themselves from views that are strongly marked by homophobia (as in MP Węgrzyn’s case). It does not prove, however, that a profound change in speaking of discrimination in terms of sexual orientation has taken place. On the one

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“Gay guys we can forget about, but lesbians… I’d gladly watch”

Statement of MP Robert Węgrzyn (PO) from February 2011.

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hand, the instances of distancing oneself or rejecting such statements may seem important with respect to the quality of the debate about LGBT persons’ rights, but no substantial political debate with the participation of different groups has yet taken place.

**Plenipotentiary for nobody**

In the 2007–2011 Parliamentary term, Elżbieta Radziszewska, appointed by the Prime Minister Donald Tusk as Government Plenipotentiary for Equal Treatment, undoubtedly became one of the most disappointing people for the LGBT organisations. Her actions (or lack thereof), as well as her competence and statements were very often criticised, not only by LGBT organisations but also by other groups vulnerable to discrimination and social exclusion. There were a lot of doubts among experts concerning the scope of Plenipotentiary activities and the separation of competencies between this post and the Human Rights Defender.72 During her time in office, Radziszewska remained inactive in terms of improving or at least monitoring the situation of LGBT persons. Many efforts undertaken by gay, lesbian and feminist organisations, that were intended to seek cooperation with Minister Radziszewska and to draw her attention to the vital problems of these groups, failed. It should be pointed out here that in February 2005, a letter prepared by 35 non-governmental organisations, including KPH and Lambda Warsaw Association, was sent to the European Commission, in which its authors pointed out the lack of institutional solutions of the Government that would provide an antidiscrimination policy, as well as the ambivalent attitude of Radziszewska, who several times claimed that it is not in her job description to tackle discrimination “at all”.73 Defining her political role in such a manner may suggest a lack of understanding of the idea of fighting discrimination, which should examine various forms of exclusion and respond to specific needs of social groups affected by inequality issues. Radziszewska’s negative stand on appointing a group in her office that would tackle intolerance and discrimination of LGBT persons,

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73 See http://www.lambdawarszawa.org/content/view/264/1/, 15.01.2012.
which was proposed in 2009 by KPH,\textsuperscript{74} constitutes another example of a lack of understanding of the ideas of equality and social justice. The then Minister said that there is no reason to appoint such a group, as a similar unit can be found in the Human Rights Defender’s office. Sometimes she showed homophobic practices herself: during a TVN programme, she was trying to discredit Krzysztof Śmieszek’s statements by making direct references to his sexual orientation.\textsuperscript{75} Although Minister Radziszewska apologised publicly for her words, her other statements, such as the one regarding employing a lesbian in a Catholic school,\textsuperscript{76} prove that she not only does not understand the principles of equal treatment, but also does not know the EU directives. In respect to the possibility of legalising civil partnerships, the Plenipotentiary has several times expressed her opposition to such a solution, arguing that there is no acceptance or understanding of it in Polish society. Appointing Radziszewska for the Government Plenipotentiary for Equal Treatment was, in fact, a step backward in terms of countering discrimination and disregarding LGBT organisations’ (and other groups’) proposals. During her term in office various social groups, including gays, lesbians, bisexuals and transsexual persons have been treated as second-class citizens. While placing the Plenipotentiary in the Chancellery of the Prime Minister seems problematic, hopefully – thanks to the new Plenipotentiary Agnieszka Kozłowska-Rajewicz (appointed at the end of 2011), who supports legalisation of civil partnerships – the various groups struggling with discrimination may feel more respected.\textsuperscript{77}


\textsuperscript{75} zob. http://wiadomosci.gazeta.pl/wiadomosci/1,114873,8410772,_Zaluje_tych_slow__Radziszewska_przeprasza_Smiszka.html, 15.01.2012.


The Bill “minimum equality, maximum comfort”

The Polish authorities have very often presented the attitude that may be defined as “minimum equality, maximum comfort”. All the actions undertaken for the benefit of equality have been, in fact, a result of pressure from the European Union and not of the authorities’ political will. This is a result of a lack of a comprehensive political programme promoting equality of Polish citizens. The hasty enactment of the so-called equality bill that came into effect on 1 January 2011 is a good example of such a problem. Unfortunately, the critical comments that were raised by non-governmental organisations were not included in the bill. The text of the bill was heavily criticised by a number of groups and organisations acting on behalf of discriminated and excluded persons.\(^78\) The bill, which was somewhat a result of European Union intervention,\(^79\) is considered to be one of the worst in the European countries in terms of equal treatment. It does not efficiently regulate various aspects of social life and, as Krzysztof Śmieszek stresses, “it is a bad bill that excludes LGBT persons with regard to discrimination in fields such as education, access to goods


\(^{79}\) Poland, as a member of the European Union, has been obliged to adjust national law regulations to EU directives regarding antidiscrimination law (directive of the EU Council 2000/43/WE dated 9 June 2000, 2000/78/WE dated 27 November 2000, 2004/113/WE dated 13 December 2004, 2006/54/WE of the European Parliament and Council dated 5 July 2006). After several years of negligence and two complaints against Poland that the European Tribunal of Justice had received, and because of the decision of the EU Commission to execute actions as laid down in the Treaties, the Polish Government was forced to introduce the so-called equality bill. (compare: http://isp.org.pl/uploads/filemanager/JakdalekoPolscedoEuropy-ustawarownosiowafp.pdf, 5.05.2012.)
and services, social security or health care”.

80 Tomasz Szypuła, in turn, underlines that the bill creates a hierarchy of protection against discrimination, while there is a need for horizontal protection, which would comprehensively counteract discrimination in terms of gender, ethnicity, religion, disability, sexual orientation or gender identity.81 Moreover, he points out the vagueness and incomprehensibility of the text of the bill, which should also perform an educational role for Polish society, which would not only aid in understanding the rules of equal treatment, but would also sensitise people to various forms of discrimination. The equality bill vaguely forwards the tasks regarding equal treatment principles to the Human Rights Defender, which according to art. 208 of the Constitution do not fall within his or her competences,82 and to the Plenipotentiary for Equal Treatment, which puts a question mark on the further realisation of those principles, especially with respect to not transferring additional funds to the Human Rights Defender for his or her activities.83

The Bill, far from the LGBT organisations’ expectations, slightly better regulates the situation of gays, lesbians and transgender persons on the labour market, because the protection also embraces people who are self-employed or employed on the basis of a civil-law agreement (although the scope of this protection is less than in the case of employment contracts).84 It should be noted, however, that the equality bill, adopted under pressure from the EU in such haste, could not meet the expectations

84 The detailed review of the equality bill in terms of the labour market can be found in the analysis of Zofia Jabłońska, Sytuacja prawna osób LGBT na rynku pracy – implementacja standardów unijnych do polskiego systemu prawa z uwzględnieniem przepisów Ustawy o wdrożeniu niektórych przepisów UE w zakresie równego traktowania in: K. Śmiszek, Dyskryminacja ze względu na orientację seksualną i tożsamość płciową w zatrudnieniu, Warszawa 2011, KPH, p. 90–105.
of various groups active in the field of equal treatment, and introduces only the minimum of equality; nothing more. This is just a bad bill that will provide comfort for the authorities for some time. Agnieszka Graff is sure that the Government’s actions are only a facade and states that, “the Polish equality policy resembles a funny gadget that I saw once in a London shop: beautifully ornamented and wrapped ‘nothing’. ‘Nothing in a box’ that cost 5 pounds”. Graff stresses that although there is a noticeable change in the manner of speaking about equality and discrimination, one can characterise the equality policy pursued by the Government, Minister Radziszewska and deputies as follows: firstly, they do not want to expose themselves to criticism from the Church, which is a very conservative policy; secondly, they do not want to generate any costs, which means that, according to the Government, there are no funds in the budget for equality.

Partnerships, bills, debates

Recent years have brought a series of debates concerning the legal regulation of same-sex relationships or, broadly speaking, informal relationships. In June 2009, the Initiative Group for the Civil Partnerships took shape and set itself objectives in order to carry out public consultations regarding the Civil Partnership bill, and to draft a bill that would regulate informal relationships. Yga Kostrzewska, Tomasz Szypuła, Radosław Oliwa, Krystian Legierski and Mariusz Kurc took part in preparing the bill. The completed bill, which provided for contractual relationships on

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86 See http://www.zwiazkipartnerskie.info/grupa, 15.01.2012.
the basis of civil-law agreements for same – and different-sex couples was tabled by SLD in May 2011.\textsuperscript{87} Although the legislative work has not been not finished, the bill will be tabled again by SLD and Palikot’s Movement in 2012\textsuperscript{88} together with another project regarding civil partnerships for homosexual couples. It is also possible that PO will submit their own bill, which is being prepared by the group led by MP Artur Dunin.

It is also worthwhile to consider the political debates that were taking place during the creation of these projects. In many cases, the mere necessity of discussion on formalising same-sex relationships did not meet with understanding from the deputies, even from the ones who present themselves as open and tolerant. The authorities of the Polish Catholic Church have had an enormous influence on the shape of political discourse in Poland and repeatedly treat the notion of the family as the reproduction of a heteronormative order, based on the heterosexual model of passive femininity and active masculinity. In 2011, the Church authorities appealed several times to politicians to not “succumb to lobby pressure of certain groups” (Cardinal Kazimierz Nycz) and to prevent “the dismantling of the family” (Cardinal Stanisław Dziwisz).\textsuperscript{89} Any attempt to present the notion of the family beyond that thinking meets with heavy criticism, not supported by any rational argumentation that would explain why other family models would threaten the dominant one. That was also the case when the right-wing politicians (PIS, PJN) stressed “the moral threat” and the fall of the family. MP Marzena Wróbel (PIS), first reading of the law concerning civil partnership agreements, said that it should be entitled the “bill of promoting homosexuality or pseudo-family”.\textsuperscript{90} The attitude of PO also seems to be ambivalent as – apart from Kozłowska-Rajewicz, who acted in favour of starting work on the bill – one can also find the right-wing side of PO opinions, including the current Minister

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\textsuperscript{87} http://związkipartnerskie.blogspot.com/2011/05/prezentacja-projektu-ustawy-ozwiazkach.html, 5.05.2012
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\textsuperscript{88} http://związkipartnerskie.blogspot.com/2012/01/sld-i-ruch-palikota-dwa-projekty-ws.html, 5.05.2012
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\textsuperscript{89} http://wiadomosci.gazeta.pl/wiadomosci/1,114873,9836930,Biskupi___Związki_partnerskie___Nie_ma_zgody___Nie.html, 5.05.2012
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of Justice Jarosław Gowin, who, after the bill prepared by SLD was tabled, stated, “I will never accept so-called partnership relationships. It would be back-door legalisation of so-called homosexual marriages and supporters of such a solution cannot count on my vote in that regard”. 91

The attitude of the SLD deputies who, for many years have been calling themselves LGBT friends, seems to be problematic as well since, in the last Parliamentary term, they “orphaned” the draft bill prepared by the Initiative Group. Despite a number of assurances that the project will be ready for the second reading in September 2011, at the August Subcommittee hearing concerning the draft bill, none of SLD deputies showed up. 92

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91 http://wyborcza.pl/1,75478,9711682,Gowin___zablokowac__zwiazki_partnerskie.html, 15.01.2012

It is also worth pointing out the initiative called “Love Does Not Exclude”,\(^93\) which is an alternative for the well-established and highly-publicised campaigns that propagate the need for the legalisation of the same-sex relationships. After the elections of 2011, the initiators of the “Love Does Not Exclude” initiative together with the Initiative Group under the patronage of Anna Grodzka and the patronage of the MP Robert Biedroń, have started drafting a new bill concerning civil partnerships.\(^94\)

Trans-Changes!

The urgent issue, which in recent years has become more apparent in public discourse thanks to the Trans-fuzja Foundation, is to regulate the situation of transgender persons who decide on legal and physical gender reassignment. The Human Rights Defender Professor Irena Lipowicz has also noticed the need for such regulations and at the beginning of 2011 requested the Minister of Justice to undertake a legislative initiative in the matter.\(^95\) The Human Rights Defender stated in the request that the current situation of transgender persons is unacceptable because of the emotional costs that all persons involved in the gender reassignment process have to pay.\(^96\) The response from the current conservative Minister of Justice Jarosław Gowin was positive: “To me it is not any outlook issue when it comes to transsexuals, but it is about sensitivity to the tragedy and dignity of another person. It is a fact that among us there are people whose mental identity differs from the biological one and our task is to help them to unify those identities”.\(^97\) Undoubtedly, the Trans-fuzja Foundation’s actions, as well as the presence of Anna

\(^93\) See http://www.miloscniewyklucza.pl/, 15.01.2012.


\(^95\) One can find more about the legislature concerning gender reassignment in the work of Wiktor Dynarski, Gender gatekeepers – gatekeeping in the context of experiences of people correcting gender in Poland, page 140


\(^97\) http://wiadomosci.gazeta.pl/wiadomosci/1,114884,10814047,Gowin__To__ze_nie_jest-em_prawnikiem_jest_moja_sila.html?lokal=wszaw, 15.01.2012.
Grodzka in the public space, have significantly contributed to the political discussion concerning the situation of transgender persons. At this moment it seems to be especially important that, as in European countries, the legislative process should include transgender persons’ opinions and needs.

The Parliamentary election of 2011

Clearly, a real breakthrough took place in 2011 when Robert Biedroń, a member of Palikot’s Movement, a perennial LGBT activist, and co-founder and President of the Campaign Against Homophobia, was elected to the 7th term of Parliament. The election of Anna Grodzka, the female RP activist and a founder of the Trans-fuzja Foundation and a woman who is openly transgender, also came as a big, positive surprise. It is also worth mentioning the local election of 2010, with its strong representation of candidates for councillors who are associated with the LGBT movement and who openly express their sexual orientation as well as their gender identity. These included Yga Kostrzewa, Izabela Filipiak, Tomasz Szypuła, Wiktor Dynarski and Krystian Legierski, who became an SLD councillor. A similar situation, but at the local scale, took place in Leśniewo (the Kaszuby area) where Marcin Nikrant, who speaks openly about his homosexuality, was elected Village Administrator of that village. In the latter case it was possible to contradict the view that LGBT persons derive only from urban areas. These occurrences seem to be extremely important or may even constitute a landmark, as they not only provide the visibility of LGBT persons, but they also do not allow the problems of homosexual, bisexual or transsexual persons to be pushed to the margins of private life, which is often imposed as the appropriate action in terms of sexuality and gender. If one looks closer at the actions undertaken by the local authorities in the scope of equal treatment, he or she will notice that these are still single instances, which indicates a lack of model solutions that would help the local governments introduce antidiscrimination policies. These few, but vitally important, initiatives

include the Plenipotentiary of the Marshal of the Lubuskie Voivodeship for Equal Treatment, the Plenipotentiary of the Mayor of the City of Warsaw for Equal Treatment, Council for the Equal Treatment of Men and Women in Olsztyn, the Plenipotentiary for Equal Treatment of Szczecin’s City Council and the President of Warsaw’s Commission for Social Dialogue on Equal Treatment. It is especially worth mentioning the participation of the Plenipotentiary for the Equal Treatment of Men and Women of the Lubuskie Voivodeship, Grażyna Wyczałkowska, in the panel dedicated to LGBT hate crimes during the queer festival “Tęczowa Góra II” in July 2011. Another positive phenomenon in that respect is the Police for Human Rights, which function in every voivodeship. Its tasks include training police officers in terms of human rights and antidiscrimination matters, cooperating with groups exposed to discrimination and supervising police activity in that regard. Moreover, under the project “Razem

Robert Biedroń. Elected to Parliament in 2011. Long-time activist for LGBT people and President of the Campaign Against Homophobia (KPH). He is the first MP in the Polish Parliament to openly speak about his homosexuality.

Anna Grodzka. Elected to Parliament in 2011. President of the Trans-Fuzja Foundation (resigned from this position after the elections) and activist for transgender persons. She is the first person in the Polish Parliament to speak openly about being transgender.
Bezpieczniej”, which was realised by the Campaign Against Homophobia, meetings with the Plenipotentaries of the police in various Polish cities were organised. However, there is not enough data concerning the actions of these institutions. 99

The election of Biedroń and Grodzka to Parliament seems to be important in yet one more context: on 10 April 2010, Izabela Jaruga Nowacka – a perennial feminist activist, a female MP, the Deputy Prime Minister, a female Minister, the Human Rights Defender, one of the few female politicians in the Polish Parliament who represented the attitude of openness and sensitivity to the social differences and who on several occasions supported the LGBT community – died in the plane crash near Smolenśk. She was also supporting and taking part in Cracow’s and Warsaw’s parades and in 2003 she provided patronage to the project “Niech nas zobaczą”. She was working on the law amendments concerning protection against hate crimes which were also supposed to embrace LGBT persons. 100 Her activities are still present and being continued – after her death, a Left Wing Network “Rozgwiazda” was established, which focuses its activities on the situation of lesbian and bisexual women, treating them as a subject of the political changes. 101

We are starting 2012, then, in slightly more optimistic moods. Hopefully, we have male and female representatives of LGBT persons in Parliament who will guarantee the visibility of the problems concerning equality and social justice and who – in my opinion – will sensitisate people to the diversity of needs of lesbians, gays, bisexuals and transgender persons, as well as to the various forms of discrimination which are often imperceptible and omitted from public discourse. More and more LGBT groups and organisations, not only in the large metropolitan areas, but also in small towns, have emerged. Social campaigns such as “Miłość nie wyklucza” significantly reach various types of people. At present there is a noticeable social debate with the participation of representatives of the


A rainbow over Leśniewo “Polityka” magazine no. 33, 2011. Marcin Nikrant, mayor of the village of Leśniewo, in the Pomeranian province. The magazine dubbed him the “mayor-gay” after he gave an interview to the newspaper “Gazeta Wyborcza”. Articles about him appeared in “Polityka” and “Super Express”, among others.
LGBT movement, male and female politicians and the media concerning the legal regulations of civil partnerships. All these actions point out the “necessity of the political character”, which is drawing attention to the fact that the need of legal protection for lesbians, gays, bisexuals and transgender persons in various spheres of life results from the fact of being a citizen, which makes us a political entity.

**Justyna Struzik** – a sociologist, a PhD student at the Institute of Sociology of Jagiellonian University, a feminist and a queer activist.

“Love doesn’t exclude” Poster from the awareness-raising campaign for civil partnerships, “Miłość nie Wyklucza”.
Catholicism is the major religion in Poland. According to the Central Statistical Office 95% of Poles are Roman Catholics. Only 5% adhere to a different faith. However, the Central Statistical Office relies on data provided by religious organisations by asking them how many members they have. This method does not include individuals who do not belong to any religion. The Catholic Church simply takes into account people who were baptised, both practitioners and those who are not interested in religion at all. Moreover, even among the practitioners, one can distinguish various attitudes. Theologians call this phenomenon moral pluralism – in today’s Poland it is difficult to speak about a homogeneous

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Catholic attitude, and the Church consists of such different groups as the Radio Maryja community or the Club of Catholic Intellectuals. This diversification also applies to the notion of gender and sexuality.

Furthermore, there are a number of other Churches and religious associations. The second largest is the Polish Autocephalous Orthodox Church (approximately 500,000 adherents) and the third is Jehovah’s Witnesses (approximately 130,000). Apart from those, there are many Protestant Churches (e.g., the Evangelical Church of the Augsburg Confession [75,000 adherents] and the Polish Reformed Church [3,500] – to the latter one, despite the small number of adherents, I will devote more space later. The Pentecostal Church (approx. 22,000) and Catholic (the Greek Catholic Church [approx. 55,000 adherents], the Mariavite Church [approx. 24,000 adherents], the Polish Catholic Church [approx. 18,000 adherents] and the Mariavite Catholic Church [2,000 adherents]). In Poland there are also adherents of Judaism and Islam but they are few. One can also find numerous religious movements that derive from different traditions – Hindu, Buddhist or Christian – and are represented by several dozen to thousands of followers. To summarise, in spite of apparent homogeneity, in Poland numerous religions coexist and therefore one can find different outlooks on life.

The following report presents the attitude of Churches and religious associations to LGBT persons for the years 2007–2011. Since in that time religious organisations during official meetings with their authorities did not tackle the issue of LGBT persons (except the Polish Ecumenical Council, which disapproved of the idea of same-sex marriages and the Synod of the Polish Reformed Church, to which I will go back later), this

103 See e.g. Irena Borowik, Tadeusz Doktór, Pluralizm religijny i moralny w Polsce, Nomos, Kraków 2001.


105 The exact data: GUS, op. cit.

The report deals with the following publications:
- “Miłujcie Się!” (Love One Another) (Catholic);
- “Fronda” (The Fronde) (Catholic);
- “Nasz Dziennik” (Our Daily) (Catholic);
- “Tygodnik Powszechny” (General Weekly) (Catholic);
- “Jednota” (The Jednota) (Calvinist);
- “Przegląd Prawosławny” (Orthodox Review) (Orthodox); and
- “Przebudźcie Się!” (Awaken!) (Jehovah’s Witnesses).
The analysis of the publications of the Fronda publishing house and “Światło-Życie” (the Light-Life) foundation constitutes a supplement to this report. In the final part I focus on the organisations that try to link LGBT principles with religiosity. I delineate three approaches: conservative, reformative and emancipatory.

It is also worth mentioning that in 2010 Wojciech Szot sent a survey to the registered churches in Poland and religious associations in order to find out what their attitude towards homosexuality is. His report\textsuperscript{107} embraces the position of 30 groups (as so few answered it) and indicates a diversified attitude. In many cases the respondents did not have fixed opinions about homosexuality. Among the 30 religious associations that sent in their answers, one can find groups that are omitted from this report (e.g., Lutherans and Buddhists).

The Conservative approach

The conservative approach is visible in papers such as “Nasz Dziennik” (Our Daily), “Fronda” (The Fronde), “Miłujcie Się!” (Love One Another), “Przebudźcie Się!” (Awaken!), and “Przegląd Prawosławny” (Orthodox Review), as well as in the books published by the Fronda publishing house and the Light-Life movement. It is possible to distinguish three types within each approach:

— religious (Homosexuality is a sin condemned by the Bible, Gen. 19, I Cor. 6, 9; The Catechism of the Catholic Church considers relations between individuals of the same sex to be sinful and the mere inclination for it to be “disordered”, par. 2357;)

— psycho-medical (the interest in the opposite sex results from the socialisation process, is a sign of immaturity and can be cured);

— political (it is assumed that there is a powerful homolobby and skilful “homosexual propaganda”; homosexuality is a sign of moral decline and the “lobby”, through its activities, threatens Christianity).

Although the religious arguments appear quite often in the described press, they are not developed. Usually, the mentioned excerpts from the Bible and the Catechism are being quoted. As far as appealing to psychological and medical language, as well as to the “influential lobby”, is concerned, these positions are very well-developed and they coexist: as a result of homosexual propaganda, homosexuality is no longer perceived of as a disease; therefore, it can jeopardise family life, humanity and society. Here are a few examples of such an approach.

In 2007, Gerard J.M. Van den Aardweg, PhD., who for the last 45 years has been dealing with the causes of homosexuality108 and its treatment, wrote a book titled Walka o normalność (Battle for Normality).109 His article titled What is homosexualism?110 was printed in the periodical “Miłujcie Się!” (Love One Another).111 According to the author, one must not believe in the official Western institutions112 since most of them have surrendered to the destructive “gay ideology” imposed by the media, and mandatory in United States and European Union sex education. “It is a modern example of mental tyranny and brainwashing. Society is forced to believe that homosexual ‘orientation’ is as healthy and normal as the heterosexual one. Owing to that ‘indoctrination’ it is thought that homosexuals are

108 I use the same language as the authors of the publications (e.g., homosexualizm, homolobby).
111 The bimonthly “Miłujcie Się!” (Love One Another) has been published since 1975 (from 1975–1992 as “Katolicki Dwumiesięcznik Społecznej Krucjaty Miłości” (the Bimonthly Catholic Crusade for Love) by the Society of Christ Fathers for Poles Living Abroad with a circulation of around 180,000. It has its own website (http://www.milujciesie.org.pl). The magazine is addressed to teenagers and often deals with the issues of sexuality.
112 This is a very common thread in conservative Catholic publications. It is thought that in 1973 when the American Psychiatric Association removed homosexuality from the list of diseases, it happened because of the pressure from the omnipotent gay-lesbian organisations. However, it is overlooked that the decision was preceded by the long-term debates and research conducted by Alfred Kinsey and Evelyn Hooker, and that gay and lesbian organisations, of course, had been doing all they could in order to depathologise their sexual orientation but neither then nor now were they omnipotent.
discriminated against”. According to the author, the “normalisation of homosexuality” is destructive for the whole society. A lot of people “suffering” from the inclination for the same sex\textsuperscript{113} want to hear that “their emotions are normal” but they are not happy with their life; they see no alternative. It is especially painful for kids whose parents lead the “gay lifestyle”. Under these conditions, what Aardweg calls the truth about homosexuality (sexually-transmitted diseases) is suppressed; there is no information about it. However, as the author asserts, some people have decided to make a change. Aardweg’s latest book, recently published in Polish, is devoted to that change, which is to cure homosexuality.

The Rev. Dariusz Oko, PhD. from the Pontifical University of John Paul II, in turn, concentrates on the political issues but he also devotes a lot of space to the religious problems in the strict sense.\textsuperscript{114} “Why does the Church – in all its mercy and respect for humankind, in spite of all its might and its ominous character – oppose the homolobby?”. It results from the “nature of the Church”, it is about the “fundamental truth of humankind”, which was revealed by Jesus Christ and which is praised and protected by the Church. Therefore, the Church’s concern is to protect the institution of marriage, family and humankind. There are theological truths behind it. According to Oko, homosexuality is unequivocally condemned in the Bible (e.g., Gen. 19, I Cor. 6, 9). Moreover, the “Catechism of the Catholic

\textsuperscript{113} In many texts the term sexual orientation is replaced by the expression same sex attraction (SSA), which is often translated as “the inclination for the same sex”.

Church considers the homosexual inclination to be not a sin but a test, a challenge. The Church is making an appeal to help homosexualists in struggling with themselves and to embrace them with ‘respect, compassion and gentleness’. But same-sex relationships are a regrettable perversion, says the author, invoking John Paul II. In this context, John Paul II and Benedict XVI were appealing, and Benedict XVI is still appealing, for opposition to the “homolobby”, which is not only harmful for society, family, etc., but also for homosexual persons – because of the “homosexual propaganda” they do not know that they could be living a Christian life. There are also, according to Oko, medical factors that can count against homosexuality (AIDS, which results from the promiscuous lifestyle) and legal ones (most commonly, paedophilia). The “homolobby” applies modern methods of transforming social consciousness in order to shift the focus away from those issues. From the second part of the article one can learn that Agora (“Gazeta Wyborcza” and Radio Tok FM) are the main propagators of “homosexuality”. The Catholic publicists (e.g. from the Tygodnik Powszechny (General Weekly), who do not stigmatise civil partnerships (Halina Bortnowska) or who encourage people to attend the equality parade (the Rev. Boniecki) are also being criticised. The other publicists of “Przegląd”, such as Jacek Prusak and Tadeusz Bartoś, reject the Catholic teaching.

“The Fronde” also deals with the psychological thread. In the issue devoted to “Catholic sex” one can find an interview with an American

115 no. 2/2009, p. 41–44
116 The quarterly Fronde has been published since 1993 with a circulation of around 1,000 (back copies are available on the Internet, www.pismofronda.pl). The journal has an extremely conservative profile; it is addressed toward educated people. Fronde also has its own portal: www.fronda.pl
married couple, Alan and Wilma Medinger,\textsuperscript{117} who run a centre for “curing” homosexuality. Alan used to be a homosexual or, as he describes it, is a man who used to have a homosexual problem. He recognises the reason for his inclination in his family situation: “his father suffered from depression and he used to spend most of his time in a psychiatric hospital. My father was emotionally absent, although he was physically present at home. That resulted in a great yearning for love and acceptance of men”. Thanks to divine intervention and wife’s support he was able to cure himself. The therapy he has been conducting for the last 27 years is often connected with forgiveness and listening to God. “It is not professional advice. It is spirituality. Healing comes through prayer, through confession, through establishing a relationship with God”.

In “The Fronde” one can find only a few articles devoted entirely to homosexuality, but it is a recurring theme in the context of adolescents’ education\textsuperscript{118} or secularisation,\textsuperscript{119} and the authors usually deal with psychological conditions, in addition to criticising the homosexual propaganda.

The articles published on fronda.pl can be classified as similar to those above. However, it is worth stressing the reaction to Anna Grodzka’s election to Parliament. Tomasz Terlikowski – one of the main Fronde publicists – criticised the phenomenon of transgenderism and transsexuality,\textsuperscript{120} and he was trying to prove that Ms Grodzka is, in fact, Mr Grodzki, for whom he sincerely feels sorry, but it does not change his attitude towards the gender change (in his opinion she is a fraud).


The Fronde and the other Catholic group the Light-Life movement (Oasis) have published several books about homosexuality and, specifically, its treatment. These are, for example, *Gdy twoje dziecko jest gejem* by Robert Cohen (Gay Children Straight Parents),121 *W sercu kobiecego homoseksualizmu* by Janelle Hallman122 (The Heart of Female Same-Sex Attraction), and the above-mentioned *Walka o normalność* (The Battle for Normality) by Gerard Aardweg. These are all translations, and even though the authors consider themselves to be therapists, they contradict the international standards that are obligatory in psychiatry and psychology (e.g. the directives of the World Health Organisation or the American Psychiatric Association). The books advise how to conduct reparative therapy. It is worth examining their content. The common thread is that “homosexualism” was removed from the list of psychiatric diseases under the pressure of the “homolobby”, which also promotes affirmative therapy (which means that LGBT persons with the aid of the therapist learn how to accept their sexual orientation and to prepare themselves for coming out). According to Hallan, homosexuals – in this case women – should have the right to choose reparative therapy.123 The author adopts here not only the language of psychology but also the language of feminism. In the chapter devoted to self-therapy she advises how to cope with homosexual feelings. A strong will is needed for this because, according to her interpretation, the attraction to the same sex, just like masturbation, results from immaturity. In order to “cure” oneself of homosexualism one needs to become

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123 Hallman, op. cit. p. 45–46.
mature. “Here is one ‘trick’ – that is how the author calls it – on how to overcome one’s infantilism: imagine that you are resisting the impulse, just as an adult, who can feel it but still does his or her duty, while remaining your own master ... ‘Yes, I would like to be that kind of person!’”

In order to overcome the infantile ego which is the main cause of homosexualism, one must “fix the gender role.” The author again gives a piece of advice: “For some lesbians it would be advisable to abandon the aversion for dresses and other women’s clothing”. Later she adds: “When one discovers the genesis of the aversion to women’s work, the lesbian should overcome it and start cooking, serving guests or devoting herself to “so-called” insignificant details, such as running the household or being tender and maternal toward children, especially infants”. Gays, on the other hand, should be encouraged to do typical men’s work that requires physical strength (chopping wood, painting the house). The author also points out that churches do not want to ordain gays as they consider them immature.

“It is the purpose of those parades to make the whole society gay? What vision of society do the Warsaw government officials defend that they agreed to all this? I know that protesting this will cause a huge uproar, but, as Christians, we once learned to protest to the death”

Father Andrzej Rębacz, Director of the National Centre of the Priesthood of Families, Council of the Episcopate for Families.

124 Ibid., p. 155.
125 Ibid., p. 161.
126 Ibid., p. 165.
127 Ibid., p. 173.
128 Ibid., p. 174.
129 Ibid., p. 175.
130 Ibid., p. 109.
Cohen, who years ago cured himself of SSA,\(^\text{131}\) presents a similar approach. He says that the attraction for the same sex results from a child’s wounds and insatiable need for love.\(^\text{132}\) According to him, the inherency of homosexuality is a myth. Parents should concentrate on that fact and trust in God that he will change their child.\(^\text{133}\)

“Nasz Dziennik” (Our Daily) also deals extensively with homosexuality. In the years 2007–2011 there were 411 articles published on the topic. Usually, the “homoideology” is mentioned in the context of other threats posed to the Church (abortion, in vitro fertilisation or simply secularisa-
tion). Very often, however, the authors discuss this issue in detail, pointing out the domination of “homosexual propaganda” and political correctness in various spheres of life, e.g. in the theatre,\textsuperscript{134} in Polish\textsuperscript{135} and foreign\textsuperscript{136} politics, in education\textsuperscript{137}, in the medical world.\textsuperscript{138} Warsaw’s Euro-Pride also triggered an emotional reaction.\textsuperscript{139} It is stressed that homosexuality is not innate\textsuperscript{140} and it can be cured.\textsuperscript{141}

It is worth taking a closer look at the issue of curing homosexuality. One of the articles\textsuperscript{142} refers to the Odwaga (Courage) group and raises the question of whether homosexual persons should have the “right” to change their sexual orientation. According to one of the therapists, whereas people who consciously choose gay-lesbian culture usually do not seek therapeutic aid, it is worth stressing that there is a group of people who ask for help because they do not want to lead a homosexual lifestyle and they pursue the principles that are vital to human development and are in accordance with the Catholic Church’s morality. Repeatedly, these persons suffer enormously from the problems they experience.\textsuperscript{143}

\textsuperscript{134} E.g. Temida Stankiewicz-Podhorecka \textit{Tradycyjny porządek wartości}, 9 10.11.

\textsuperscript{135} E.g. Marek Czachorowski, \textit{Świat przemocy?}, 25.10.11; Marek Czachorowski, \textit{Powyborczy krajobraz?}, 4.10.11; Hanna Karp, Pełzająca rewolucja, 24.09.10.

\textsuperscript{136} E.g. Małgorzata Pabis, \textit{Antykatolicka ofensywa homoseksualistów w USA}, 2.09.10; \textit{Homoseksualizm niszczy Zachód, Z dr. Paulem Cameronem rozmawia Mariusz Bober}, 17–18.07.10. (Cameron is one of the main propagators of “curing” homosexuality; he visited Poland several times.); Waldemar Maszewski, \textit{Lobby homoseksualne chce coraz więcej}, 31.05.2010.

\textsuperscript{137} E.g. Mariusz Kamieniecki, \textit{Genderideologia w podręcznikach?}, MEN: Czemu nie, 20–21.08.11.


\textsuperscript{140} E.g. Ks. dr Tadeusz Pacholczyk, „\textit{Geny gejowskie}, pociąg seksualny i powołanie do czystości, 14.10.11.

\textsuperscript{141} Justyna Wiszniewska, \textit{Nikt nie rodzi się homoseksualistą}, 17–18.07.10.

\textsuperscript{142} Ibid.

\textsuperscript{143} Ibid.

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“Nasz Dziennik” (Our Daily) also writes about transgenderism. Bishop Józef Wróbel, PhD. tackles the issue both from the medical and ethical points of view. At first, he writes about “homosexual propaganda”. “We can observe how the socially lesser-known disorders of human sexuality start being discussed in public. Andromimesis, transvestism (also called metatropism or eonism) and transsexualism are statistically rare disorders but, evidently as part of propaganda trying to acclimate society to them and, in the long term, to achieve their moral acceptance, the public is more and more often exposed to them.” Subsequently, he briefly discusses medical aspects, referring to the works of Magnus Hirschfeld or Kazimierz Imieliński. The second part of the article is devoted to the moral issue, creating a link between transvestism and transgenderism with homosexuality: “The ethical judgement of presented inclinations and behaviours is complex. One can look at the inclinations, generalising in the acceptable frames of the content in the Catechism of the Catholic Church about homosexualism. Although the discussed transpositions cannot be

144 Before Anna Grodzka became a female MP, the issue of transgenderism and transsexualism was barely mentioned, usually in the context of the “homolobby”, or in articles related to other countries. Here is a list of all the articles dated from 2007–2011: Cezary Taracha, Zapateryzm, czyli bój o Hiszpanię, 23–24.10.10; Marek Raczkiewicz, Hiszpanie będą forsować gender w WHO, 5.07.10; Franciszek L. Ćwik, Transseksualiści żądają więcej, 21.07.09; Łukasz Sianożęcki, Homoideologia w kalifornijskich szkołach, 22.06.09; Franciszek L. Ćwik, Transseksualizm skreślony z listy chorób, 18.05.09; Łukasz Sianożęcki, Pan dozorca jest teraz panią dozorczynią, 12.02.09; Łukasz Sianożęcki, Gender studies? To nie na naszym uniwersytecie!, 16.12.08; Jerzy Bajda, Sierocy świat, 27.09.07; Napór aborcyjoniostów można powstrzymać. Z Enrique Gomezem Serrano rozmawia Krzysztof Jasiński, 30.05.07

145 Józef Wróbel, Transpozycje płci, 28.10.11.
compared, in any case, with homosexuality, from the anthropological point of view they share, to some extent, the same features. These disorders disturb the individual’s relation to his or her gender, deform the role that gender plays in one’s psychophysical makeup and deform the purposefulness ascribed to the role; the inner dynamism of these disorders pushes the person in the direction of sexual disarray and also manifests itself in the lack of harmony between all ... the criteria that determine a person’s gender. Therefore, the transpositions are ‘objectively chaotic and for others they constitute a difficult experience. However, these persons should be treated with respect and sensitivity’” (Compare: Catechism of the Catholic Church no. 2358).

In the case of homosexual persons the very inclination is not a sin, but their responsibility becomes a part of them when, through “their imagination, desires, erotic fantasies and specific behaviours, they shape or arouse these inclinations in themselves”. The Rev. Wróbel also tackles the issue of surgical intervention: “As a matter of fact it does not have a curing characteristic because the described disorder does not originate in the person’s somatic system but in his or her psyche. Consequently, in spite of the surgery, the origin of the disorder and self-aggression does not cease to exist but still accompanies the homosexual person. The surgeries are considered to be unethical since the biological and autonomous gender constitute an essential element of one’s constitution and it cannot become a subject of one’s arbitrary decisions ...; the gender reassignment surgery has a de-
structive character for the human body, starting from the sexual sphere ...; it also cannot be omitted that surgical intervention very often injures a person, does not cure the cause of the disorder and becomes a reason for even more tragedy and personal destruction than the experience of the gender identity disorder. Moreover, the gender, after surgery, is artificial and prevents the person from taking part in the sacrament of marriage.”

Jehovah’s Witnesses agree with the conservative Catholics. Despite the fact that in Wojciech Szot’s survey they answered that they are not interested in the issue of sexual minorities,\(^\text{146}\) in “Przebudźcie Się!” (Awaken!) one can find the article entitled *Jak ustrzec się homoseksualizmu?* (*How to protect oneself from homosexuality*). According to its author, the Bible condemns homosexualism and when such feelings emerge, one should try to overcome them: “be aware that even deep-rooted desires can be overcome”\(^\text{147}\). A similar approach can be found in “Przegląd Prawosławny” (Orthodox Review).\(^\text{148}\) It tackles, e.g., the issue of “homosexual propaganda”\(^\text{149}\). It also points out that Western European Protestant Churches’ openness to “homosexuality” is a serious problem for the ecumenism\(^\text{150}\).

To summarise, the conservative discourse presents LGBT persons as sinful, unhealthy and immature. The described authors not only speak about the issues of faith and morality, but also about health. They appropriate medical and psychological concepts, but their message disagrees with modern medical and psychological standards, i.e., the directives of the World Health Organisation (ICD-10) and the American Psychiatric

\(^{146}\) Wojciech Szot, op. cit.


\(^{148}\) The Orthodox Review has been published since 1985 with a circulation of 5,000 and is also available on the Internet at http://www.przegladprawoslawny.pl.


Association (DSM-IV), which do not consider homosexuality to be a disorder and do not recommend its treatment.

The reformatory approach

“Tygodnik Powszechny” (General Weekly), the intellectual Catholic publication that embodies progressiveness in the Church, presents a different approach to homosexuality. In 1987, Jan Błoński published in it the landmark article about Polish Anti-Semitism Biedni Polacy patrzą na płonące getto (The poor Poles look at the burning ghetto). Will “General Weekly” play the same role when it comes to homophobia?

Contrary to what can be read in “Miłujcie Się!” (Love One Another), “Tygodnik Powszechny” (General Weekly) does not affirm homosexuality. There are conservative opinions as well. But one can also find there articles by Zbigniew Izdebski or by KPH activist Robert Biedroń, and its publicists try to distance themselves from conservative opinions.

Artur Sporniak tackles the issue of homophobia. He also ponders interpretations of the Bible: “The literal or even the colloquial interpretation of the Bible verses that relate to homosexual acts is surprising. The most commonly cited verse of the Book of Genesis (19, 1–29), which describes the destruction of Sodom and Gomorrah, does not directly refer to homosexuality. ... It is a description of an attempted rape, whose aim is not to achieve homoerotic satisfaction, but to punish and impose power over Lot and his guests. ... Today, it also becomes more obvious that St. Paul, in condemning homosexuality, was inappropriately identifying its nature and genesis, associating it with idolatry and moral decay. ... It is hazardous to associate homosexual inclinations with the results of original sin – that

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151 It has been published since 1945 with an average circulation of 35,000; also available at http://tygodnik.onet.pl/

152 Stosunek do osób homoseksualnych w Polsce, 08.11.2010.

153 Po pierwsze nie demonizować, 08.11.2010.

154 Niezdany test Turinga, 08.11.2010.
is the suggestion – after St. Paul – of the Letter of the Congregation for the Doctrine of Faith from 1986 (no. 6). If the ‘reversed’ orientation constituted a part of original sin, the homosexualists would be the sole “biological” group which original sin would so precisely relate to.”

Sporniak also pays attention to a certain inconsistency: “The Catechism ... in point 2332 acknowledges that it is not possible to separate sexuality from a person ... we are dealing with the following consequences. ... the sexuality of a homosexual person can integrally manifest itself only by homosexual inclination (he or her is not able to become emotionally attached to opposite-sex persons). By condemning not only the actions, but also this inclination, the Church would also condemn the sexuality of a homosexual person. By condemning, in turn, sexuality, it would condemn the ability to love, fundamental for every human. By condemning the ability of love, the Church, contrary to its declarations, would condemn the human being him – or herself, giving away his or her hope, spreading “the bad news”. Finally, the Church would contradict its mission. Therefore the stakes are very high!” Sporniak believes that homosexual acts are sinful; however, he applies a completely different way of thinking than the conservatives: they are sinful because they are adulterous.

The “General Weekly” also deals with the psychological arguments. Sporniak refutes the theory of associating homosexuality with addictions: The objection, which often occurs in such discussions, that the inclination for alcoholism also has an innate, genetic origin, reveals the ideological approach. He also mentions that the Church should not speak about medical-scientific issues. “When one looks on the Church’s reaction to the phenomenon of homosexuality, he or she can get the impression that the Magisterium plays a risky game. He plays a hard game, but he does not hold the strong suit. The key cards, as it seems, are held by science. ... In this context it is hazardous to enter into open conflict with science ..., as well as to sacrifice the spirit of evangelism for doctrinal simplifications. By withdrawing from this risky game, as it seems, both the Church and all of us could only gain.”

On the other hand, the Rev. Jacek Prusak openly criticizes the conservative Christian psychologists. He is outraged that a person with such bi-
zarre views as Paul Cameron\textsuperscript{155} was invited to Poland. In another article\textsuperscript{156} he writes, “My dilemma as a priest and psychotherapist is how the ‘Christian psychologists,’ who, forgetting about the carefulness of the Church in speaking of psychological determinants of homoerotism, allowed the ‘therapeutic models’ by R. Cohen, A. Medinger and G.J.M van den Aardweg (they all say that homosexuals can be ‘cured’) to become empirically tested theories. ... They think that the depathologisation of homosexual orientation is not the result of development of the human sciences, but of political lobbying. But they cannot empirically prove that a homosexual person is, by definition, psychologically and practically retarded. How can they do this when Evelyn Hooker’s studies showed that even professionals in the field of diagnosis cannot differentiate people in terms of their sexual orientation, while assessing their results in the popular personality tests?”

\begin{quote}
Most theologians agree that the most famous passage from the Old Testament ‘on homosexuality’ in its essence does not refer to that issue at all
\end{quote}


Jacek Prusak also draws attention to the specific nature of homophobia that one can find in churches. “Homophobia does not mean that we are afraid of homosexuals, but it means that is easy for us to give them labels”.

The Polish Reformed Church also presents the reformatory approach, which is visible in its magazine “Jednota”\textsuperscript{157}. The synod of the Polish Reformed Church, held on 21–22 May 2011 was devoted to the issue of homosexuality and many papers on that topic were read\textsuperscript{158}. The Synod obliged the Commission to prepare a report on homosexual persons’ service\textsuperscript{159}, and a debate about homosexuality was held. The editorial staff

\begin{footnotes}
\item[155] Kazus Camerona, 12.05.2009.
\item[156] Jak kocha Bóg, 27.12.2011.
\item[157] “Jednota” has been published for 85 years by the Consistory of the Polish Reformed Church in Poland.
\item[158] Ewa Jóźwiak, Refleksje posynodalne, “Jednota”, no. 7–8, 2011, p. 18–19.
\item[159] Ewa Jóźwiak, Synod 2011, “Jednota”, no. 5–6, 2011.
\end{footnotes}
prints text on the equality of gays and lesbians in the Protestant Churches. For example, William C. Platcher in the following way deals with the story of Sodom. “Most theologians agree that the most famous paragraph of the Old Testament ‘referring to homosexuality’, in its essence does not refer to this issue at all. In the story of Sodom and Gomorrah (Genesis 19), when two angels visit Lot, ‘the men of Sodom’ try to break into his house in order to rape the newcomers, who were not recognised as angels. Lot fulfils his sense of hospitality to the extreme, offering the Sodomites his own daughters if they agree to leave his guests in peace. If these Sodomites are meant to be homosexual, offering daughters for a gang rape makes no sense. Those Sodomites are a bunch of radical bruisers who make an attempt for a gang rape. These behaviours occur even today, after a battle, in prisons or among gangs. Those who perform such acts usually emphasise that they are not homosexual persons, and their actions were to underline their power, and did not result from sexual fascination. Thus, homosexuality was not the sin of Sodom”. Platcher also deconstructs some other parts of the Bible, allegedly presenting the sinfulness of homosexuality. Subsequently, the author draws attention to another question – so important in the context of the Polish Catholic discourse on sexuality in general – even if we accept that homosexuality is a sin, “any rational reading of the Bible shows us clearly that sins such as greed, hatred, or lack of mercy are considered to be more serious than those committed by our genitals”. Although not all articles are so progressive, it is clear that “Jednota”, an official journal of the Polish Calvinists, definitely differs from the points of view presented by the Catholic Church. We should also remember that the Reformatory Church is at the forefront in other areas; in 2003, for the first time in history, a woman was ordained as a priest.

In conclusion, the reformative discourse, as opposed to the conservative one, does not suggest “treatment of homosexuality”. The cited authors rather try to understand the situation of LGBT persons, and criticise the conservatives for their peculiar way of treating medicine and psychology, undertaking more or less brave attempts to reinterpret religious traditions.

The emancipative approach

It is worth mentioning that in Poland there are religious initiatives founded by LGBT persons. The ecumenical Christian LGBT group “Faith and Rainbow” has been in existence since 2010. It helps to combine religion with sexuality, supports the families of LGBTQ persons and works towards acceptance of sexual minorities. It also advocates the rights of LGBTQ persons to marry. In Poland there is also an American branch (though unregistered) of the Atlantic Christian United Church who entirely accepts LGBT persons, the Polish head of which is Rev. Szymon Niemiec. A similar approach can be also found in the unregistered Poznan Reformed Catholic Church, who in 2008 officiated the first lesbian wedding.

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161 http://www.wiara-tecza.pl (accessed 2012–03–02). See also Dorota Hall, Geje i lesbijki a religia: wstęp do badań socjologicznych, typescript is submitted to the IFiS (The Institute of Philosophy and Sociology), PAN (Polish Academy of Science). It is worth adding that currently, even though the Catholic Church does not treat transsexualism as a sin, it does not marry transsexual persons, see Piotr Podgórski, Znudziłem się Bogu w połowie. Skutki prawne transseksualizmu, Katowice, Księgarnia św. Jacka 2009.


Summary

The dominant churches in Poland, especially the Catholic Church, do not accept LGBT persons. The conservative groups severely attack LGBT persons, demonise them and deny them the right to marry and to serve as priests. They also recommend treatment. Any actions undertaken by the LGBT community in order to counteract discrimination are called “homosexual propaganda”. However, not all religious groups speak that way; progressive Catholics look for ways to reinterpret the Church’s teaching and the Calvinist Church is engaged officially in that matter. There are also Christian self-help groups and marginal Christian churches affirming diverse expressions of sexuality.

LAW
STILL INSUFFICIENT LEGAL PROTECTION
Krzysztof Śmiszek and Przemek Szczepłocki

In this chapter we will briefly discuss changes in the situation of gays, lesbians and bisexual persons (hereinafter called “LGB persons”) that have taken place in the Polish law since 2006, and also to point out deficiencies in legislation related to international obligation, as well as the legal initiatives concerning LGB persons. The last part is devoted to a short review of judicial practice. The authors of this chapter did not tackle the issue of transgender persons, as no changes to the Polish law system regarding that social group were made during the described period.
The law

Labour Code

The provisions of law prohibiting discrimination based on sexual orientation in employment came into force on 1 January 2004.\textsuperscript{165} The amendments to the Labour Code were introduced in order to adjust the Polish legislation to the standards outlined in the European Union Directive which implement the principle of equal treatment, also in terms of sexual orientation.\textsuperscript{166} Additionally, it should be added that in contrast to the standards set by EU law, the Labour Code contains an open catalogue of features based on which employment discrimination is prohibited. However, it means that although gender identity or gender expression are not listed as premises, they can be considered to belong to that catalogue. The Labour Code provided definitions for direct discrimination, indirect discrimination, harassment, sexual harassment and discrimination encouragement. New regulations also introduced the principle of shifting the burden of proof of guilt – the burden of proving the absence of a discriminative situation was shifted to the defendant (which means the employer), while it is the petitioner’s obligation to make discrimination plausible.

In the period covered by this report successive amendments to the Labour Code\textsuperscript{167} were made, mainly due to the European Commission’s allegations that Polish legislation does not fully meet the standards included in the above-mentioned EU Directives. Article 4 LC § 183a was modified and the definition of indirect discrimination was clarified – it was acknowledged that indirect discrimination occurs when, as a result of an outwardly neutral decision made, criterion applied or action undertaken, there are or could be disadvantageous disproportions or a particularly

\textsuperscript{165} Regulations of 14 November 2003 on amending the Labour Code and on amending several other regulations (Journal of Laws No. 213, item 2081)


\textsuperscript{167} Regulations of 21 November 2008 on amending the Labour code (Journal of Laws No. 223, item 1460)
disadvantageous situation in concluding and terminating employment relationships, terms of employment, promotion and access to training in order to improve professional qualifications in relation to all or to a substantial number of employees belonging to a group singled out on the basis of one or several criteria stated in § 1 (which also means on the basis of sexual orientation *Ed.*), unless the decision, criterion or action is objectively justified by a lawful objective which is to be reached, while the measures which will serve to reach the objective are proper and necessary. The previous definition of indirect discrimination contained a prohibition of differentiation in relation to terms of employment, while the amended one prohibits variation because it constitutes a source of disadvantageous disproportions or a particularly disadvantageous situation in concluding and terminating employment relationships, terms of employment, employment conditions, promotion and access to training in order to improve professional qualifications. Secondly, the revised definition – similarly to the EU model – allows variation when it is objectively justified by a lawful objective to be reached, while the measures which will serve to reach the objective are proper and necessary. The previous entry stated that the disproportions can be justified by other objective reasons. This means that the opportunity to “justify” indirect discrimination in employment has been subjected to a high degree of rigours, significantly narrowing the field of application.

The revised Labour Code has also introduced changes to the definition of harassment (bullying) based on sexual orientation. Harassment has been defined as undesirable behaviour with the purpose or effect of violating an employee’s dignity, in particular, creating an atmosphere which is intimidating, hostile, degrading, humiliating or insulting for the employee. The major change concerned the fact that the act of harassment must be unacceptable to the person experiencing it. Thus, the opposition of the harassed person against the abuser has become a prerequisite to exercise legal protection. It’s about a person’s subjective feelings, who – not communicating his/her opposition verbally or nonverbally – cannot count on legal protection against harassment. Consequently, only strong opposition to the acts of harassment acknowledges these behaviours as unlawful.
Amendments to the Labour Code have also introduced a significant change to the ban on what’s known as acts of retaliation against an employee who decides to take advantage of legal means in order to claim his or her rights were violated by discrimination. Article 1 LC § 183e now provides that the fact that an employee took advantage of the rights to which he or she is entitled in connection with a breach of the principle of equal treatment in employment shall not constitute grounds for unfavourable treatment of the employee, and it shall not cause any negative consequences for the employee; in particular, it shall not be a reason justifying termination of the employment relationship or termination of such relationship without notice. These provisions apply accordingly to a person who granted any kind of support to the employee who was exercising his or her rights in connection with a breach of the principle of equal treatment. Before the discussed amendment, the ban on acts of retaliation had been limited only to terminating the agreement and had not included the other actions of employers. The level of legal protection had also been significantly lower than presented in the EU law.

**Government Plenipotentiary for Equal Treatment**

The position of the Government Plenipotentiary for Equal Treatment was created in 22 April 2008, partially as a result of lack of then complex, statuary anti-discrimination solutions and as a result of the pressure of the European Commission and expectances of non-governmental organisations.

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168 Regulations of the Council of Ministers of 22 April 2008 on the Government Plenipotentiary for Equal Treatment (Journal of Laws No. 75, item. 450)
The Plenipotentiary was provided with a wide scope of competences: he or she has to deal with equal treatment, including counteracting discrimination for any reason – including sexual orientation. Among the grounds for discrimination in the Regulations, gender identity is not listed but, similarly to the Labour Code, it is an open catalogue, which means that the Plenipotentiary should undertake actions to benefit transgender persons as well. The Plenipotentiary provides opinions on legal drafts and other government documents regarding the areas mentioned above, analyses and evaluates legal solutions with regard to equal treatment, and also puts forward motions to the relevant authorities with applications for the issue or amendment of acts of law. He or she is supposed to take steps to eliminate or limit the consequences of a violation of the principles of equal treatment, to analyse and evaluate the legal and social situation with regard to the areas mentioned above, initiate and coordinate actions to ensure equal treatment, and also to prevent discrimination in all areas of social life. Within the scope of the Plenipotentiary’s responsibilities is also monitoring the situation of equal treatment and promoting, disseminating and propagating equal treatment issues. The Plenipotentiary may also apply to governmental institutions, “pointing out the problems belonging to his/her area of interest”, or requesting a particular case be considered and a standpoint of a particular institution be taken. Moreover,
the Plenipotentiary is obliged to cooperate with local governmental bodies and non-governmental organisations in order to properly carry out his or her duties. The Plenipotentiary was also provided with the opportunity to table – with the consent of the Prime Minister – governmental projects, including government programs on promoting equal treatment and countering discrimination.

The responsibilities of the Plenipotentiary, as well as his or her effectiveness, should be seen from the angle of:

1. position in the hierarchy of the Chancellery of the Prime Minister – The Plenipotentiary exerts direct leverage only on the government administration and reports to the Prime Minister and implements the policy of the current government;

2. the means to perform duties – For two years, the Plenipotentiary office had only three full time employees. Since March 2010, it was supposed to have five, but not until the middle of 2011 were one-person positions of co-ordinators on equal treatment in the ministries and province offices created;

3. the will to implement tasks – The lack of action benefitting LGB persons led, at the beginning of December 2009, to the demand of twelve non-governmental organisations for the dismissal of then Plenipotentiary Elżbieta Radziszewska.170

Anti-discrimination bill

On 1 January 2011, an Act171 prohibiting discrimination in the areas not regulated by the Labour Code was introduced. The deadline for implementing these provisions has been exceeded by Poland to such an extent that the European Commission has issued as many as five procedures (Infringement Procedures) for breaching EU law. The Act prepared by E. Radziszewska has identified areas and means of preventing violations of

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169 Pers. comm. provided by Magdalena Gryszko from the Plenipotentiary office during a meeting on 18 February 2010 in the Ministry of Labour and Social Policy

170 http://www.lambda.bydgoszcz.pl/2009/12/03/apel-o-odwolanie-elzbiety-radziszewskiej/

171 The Act of 3 December 2010 on implementing selected provisions of the European Union in terms of equal treatment (Journal of Laws No. 254, item 1700)
the principle of equal treatment on grounds of sex, race, ethnicity, nationality, religion, creed, belief, disability, age and sexual orientation and the bodies competent in this regard. Importantly, the catalogue of discrimination premises, as opposed to the Labour Code, is closed and the characteristics of gender identity and gender expression have been omitted. The subjective scope of the Act not only includes natural persons but also legal persons and organisational entities that are not legal persons, and to whom the Act confers legal capacity. The Act also includes the areas of life that are regulated by the EU directives and actually does not go beyond these areas; the narrow scope of application was one of the reasons for criticism of the Act. It also defines the principle of equal treatment as the absence of any behaviour constituting unequal treatment. A very important tool designed to make claims easier to pursue has also been introduced. The legal burden of proof has been shifted – a plaintiff claiming that the principle of equal treatment has been violated must lend credence to the violation.

Unfortunately, the Act clearly differentiates protection from discrimination and makes it dependent on premises (known as characteristics under legal protection), which have become the grounds of unequal treatment. The premise of sexual orientation provides protection only in the narrowest scope, embracing the sphere of employment and work, and it pertains to:

1. undertaking vocational education, including supplemental education, professional training and retraining and vocational training;
2. conditions for undertaking and performing economic and/or professional activity, especially on the basis of an employment relationship or of a civil law contract;
3. entering and working in trade unions, employers’ organisations and professional organisations, as well as to the rights of members of such organisations;
4. access to and conditions for benefiting from labour market instruments and services pursuant to the provisions of the Act of 20 April 2004 on employment promotion and labour market institutions offered by labour market institutions, as well as by labour market instruments and labour market services offered by other entities acting for employment, development of human resources and prevention of unemployment.
No ban on discrimination on the grounds of sexual orientation has been introduced in spheres such as labour market instruments and services, social security, healthcare, general and higher education, services (including housing services), goods, the acquisition of rights or energy. This situation has been questioned and publicly criticised on several occasions by non-governmental organisations acting in favour of human rights, mainly by the Polish Society of Anti-Discrimination Law, which brings together more than 40 entities.172

The Act regulates the bodies acting in favour of equal treatment, which were appointed by EU law demands. The actions of the above-described Government Plenipotentiary have been empowered by statutes and the new responsibilities of the Human Rights Defender (HRD) have been established in the form of the need to provide assistance to the victims of discrimination, to conduct independent surveys concerning discrimination, to prepare and publish independent reports and to make recommendations regarding issues related to discrimination. It should be emphasised that the solution granting “equality” powers to a national institution acting in favour of human rights (and the Human Rights Defender is such an institution in the view of international law) is an extremely rare case compared to other European countries. Most of them have decided to establish a separate body or bodies to combat discrimination. The solution adopted in the Act has cast doubts on whether it is consistent with the Constitution of the Republic of Poland in terms of separating the position and tasks of the HRD. Granting new responsibilities to the HRD without increasing his/her budget for 2011 and 2012 also resulted in sharp criticism.

The Act also introduced the possibility to apply for compensation for those who have experienced unequal treatment. Claims are to be brought under the Civil Code173 and claims regarding a violation of the principle of equal treatment are valid for 3 years from the date on which the aggrieved

172 The standpoints of the Polish Society of Anti-Discrimination Law are available at http://ptpa.org.pl/koalicja

173 The Act of 23 April 1964 amending the Civil Code, Journal of Laws No. 16, item 93 with subsequent amendments
party was informed of the violation of the principle of equal treatment, but no longer than 5 years after the incident that constitutes a violation of this principle occurred.

**Issuing certificates concerning civil partnership status**

In the period covered by this report, the problem of registry offices refusing to issue a certificate of marital status to Polish citizens who wish to establish civil partnerships of the same sex abroad still remained. The Campaign Against Homophobia, the Government Plenipotentiary for Equal Treatment Elżbieta Radziszewska and the Human Rights Defender, have claimed on several occasions that such practices are illegal and discriminatory. The Committee on Petitions of the European Parliament and the Members of the European Parliament (MEPs) who sit on this Commission have been unanimously demanding further explanation from the Polish Government for several years, asserting that such practices of the Polish administration violate the basic principles of the European Union, namely the prohibition of discrimination on the grounds of sexual orientation and the freedom of movement of the people in the EU. In addition, Mrs Viviane Reding, European Commissioner of Justice and the European Union Fundamental Rights, in an interview for “Rzeczpospolita” on 2 February 2011, stated that a citizen has the right to obtain a document of his or her marital status.

**Recommendations of the international bodies**

In the years 2007–2011, a number of international bodies responsible for the protection of human rights pointed out the need for changes in Polish law with regard to equal treatment and counteracting discrimination, including LGB persons. The international recommendations constitute a particular list of defects in Polish law.

In 2008, The United Nations Human Rights Council – as part of the Universal Periodic Review – formulated the following recommendations:  
1. adopting a horizontal antidiscrimination law, including the grounds of sexual orientation and gender identity;
2. ensuring respect for the freedom of expression and association of those campaigning for equality on the grounds of sexual orientation, including LGB organisations; and
3. creating a separate body for counteracting discrimination.

In November 2008, the European Committee of Social Rights in its conclusions (Conclusions XIX – 1) to the seventh government report on the implementation of the provisions of the European Social Charter, criticised the Polish government for a lack of actions counteracting the discrimination of LGB persons in employment. The Committee, citing – among other things – the data presented in the alternative report by the Campaign Against Homophobia, urged the Polish government to provide in its next report information on measures taken to combat discrimination based on sexual orientation, as well as to present the practices of the Polish courts with regard to the application of the provisions prohibiting the unequal treatment of LGB persons in employment. The Committee also showed interest in the case run by the Helsinki Committee for Human Rights of Miroslaw Sielatycki, the former director of the National In-Service Teacher Training Centre (dismissed from work in June 2006 by Roman Giertych, the then Minister of Education, for issuing the textbook “Compass”, prepared by the Council of Europe, which allegedly encouraged schools to prepare meetings of young people with “homosexual organizations”), and urged the Government to provide information on the outcome of those legal proceedings.

In 2010, The United Nations Human Rights Council, in response to the government report on Poland’s implementation of the International Covenant on Civil and Political Rights from 1 October 2003 to 15 October 2008, expressed the following recommendations:
1. further amending the Law on Equal Treatment so that the issue of discrimination based on all grounds and in all areas is adequately covered;
2. ensuring that all allegations of attacks and threats against individuals targeted because of their sexual orientation or gender identity are thor-
oughly investigated. The council also recommended introducing the legal prohibition of discrimination on the grounds of sexual orientation or gender identity, amending the Penal Code to define hate speech and hate crimes based on sexual orientation or gender identity among the categories of punishable offences, and intensifying awareness-raising activities aimed at the police force and general public; and

3. reinstituting the Office of the Government Plenipotentiary for Equality of Men and Women as an independent national equality body.

**Homophobia almost statutory**

In the described period, Poland twice came close to passing regulations explicitly discriminating against LGB persons.

On 16 May 2007, Roman Giertych, the then Minister of Education, presented a bill amending Article 3a with a legal provision on protection against content “which acts against the protection of marriage and family, by promoting homosexuality”. The draft did not include a definition of “promoting homosexuality”, but it envisaged a penalty (for the headmaster) for allowing dissemination of the prohibited content in schools. During a press conference, R. Giertych, while justifying the bill, equated fascism, communism and homosexuality (both in terms of being a danger to society and of their “means of transmission”). The amendments to the Act on the education system did not come into force – work on it stopped due to the disintegration of the ruling coalition and early elections to Parliament and the Senate in autumn 2007. The initiative of R. Giertych, however, resulted in the introduction of homophobic terms such as “homosexual propaganda” and “promotion of homosexuality”.

On 26 May 2011, the Senate adopted an amendment to the Act on supporting families and the foster care system prohibiting homosexuals from serving as foster families and from running family-type children’s homes. The amendments were prepared by Piotr Kaleta (PiS), but they were enacted with the support of PO – by mistake, as it was explained later. The Parliament, after the protests of non-governmental organi-

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175 Journal of Laws No. 149, item 887
sations and under the pressure of the media, passed a bill rejecting P. Kaleta’s amendments. It was the first time when (apart from the context) a particular sexual orientation was pointed out explicitly in Polish law.176

**Which act on civil partnerships to choose?**

In 2009–2011, the issue of passing a law on civil partnerships encompassed two bills. Both were developed by informal groups and offered solutions available for both same-sex and opposite sex couples.

The first bill, modelled on the French PACS (Pacte civil de solidarité), assumed that the relationship will be based on a civil-law agreement, and the parties entering such a relationship will determine their own rights and obligations – financial or personal. Their rights in the external sphere were supposed to be regulated by the act itself including inheritance and taxation. It was assumed that the contract would be concluded and signed by a notary, and that one year after being submitted to the Registry Office it would take effect in the external sphere. This draft, prepared by the so-called initiative group on civil partnerships, was handed over to the parliamentary club SLD, which – after minor changes – tabled it in Parliament on 19 May 2011.177 Work on the bill took place only in committee, and ceased at the end of the term.

The second draft was prepared based on the results of an online survey from April 2010, which over 4,500 people completed over a fortnight. The information gathered clearly indicated that civil partnerships should resemble marriages as closely as possible; hence, the act was prepared as an amendment to the Family and Guardianship Code,178 and to fifty other acts. The project was promoted by the media campaign “Love does not exclude.” It was not tabled in Parliament.

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176 It did not prevent MP Stanisław Pięta (PiS) from questioning (during parliamentary debate) the existence of sexual orientation.

177 Parliamentary Printed Matter No. 4418 (6th term of Parliament)

178 Regulations of 25 February 1964, Journal of Laws No. 9 item 59, with subsequent amendments
Both initiatives were criticised for, among other things, allowing couples of different sexes to enter such partnerships, which breaches Article 18 of the Polish Constitution. In addition, the project modelled on PACS was claimed to be an attempt to completely receive foreign solutions and to be difficult to apply. Moreover, the draft assumed limited powers and was supposed to contain errors and to be poorly justified. The weekly magazine “Polityka” devoted a series of critical articles to this bill; during the brief parliamentary work it was accused of, among other things, lacking protection of children born into opposite-sex partnerships. The Supreme Court also presented a devastating opinion.

After the 2011 elections, a new draft was prepared and it is supposed to be tabled in Parliament jointly by SLD and Palikot’s Movement (RP); people who have prepared the previous bills are participating in the work on the new draft.

“Our country, our rules” Counter protestors during the Equality March in Krakow, 2012. In October 2011, the Registry Department of the District Court in Warsaw, at the request of Narodowego Odrodzenia Polski (National Rebirth of Poland), registered the slogan “no pedalling” (The slogan plays on the double meaning of ‘pedal’ in Polish, i.e., ‘bicycle pedal’ and, in slang ‘faggot’), as it appears on their banner, as the official party symbol. Following an appeal filed by the District Attorney in Warsaw, the Appellate Court ordered the District Court to reconsider the matter. In May 2012, the court issued the decision to reject the registration of this sign as the party’s official symbol. The court reasoned that “a political party may not have more than one registered graphic symbol”.

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Anti-homophobia shield

In Autumn 2010, work ended on the draft amendment to the Penal Code\textsuperscript{179}, started in July 2008, that would expand protection against hate crimes, included in Article 119 § 1, Art. 256 § 1, and Art. 257 of the Penal Code. The project – after several changes in its scope and wording and after updating the comprehensive justification – was tabled in Parliament by the SLD Parliamentary Club on 18 April 2011.\textsuperscript{180} It anticipated the following:

1. adding gender, age, disability, gender identity and sexual orientation to the catalogue of criminal discrimination premises;
2. an editorial change of two provisions, allowing the prosecution – as hate crimes – of actions by which persons not belonging to a protected group but perceived by the offender as belonging, were aggrieved; and
3. an editorial change of Art. 256 § 1 of the Penal Code, transforming the described action as an offence with criminal consequences and changing the previous features (to “propagating or evoking hate or disdain”).

The proposed amendment was the subject of parliamentary debate, in which only PiS members criticised it, while the other parties expressed mostly favourable opinions about the amendment and Parliament forwarded it to committee for further work. Before work on it stopped, the Council of Ministers and the Supreme Court had expressed their opinions. Neither the need to change the law nor its direction were questioned, and the complexity of reasoning was praised. However, the change in Article 256 § 1 of the Penal Code raised doubts. Similar opinions were expressed during the public presentation of the bill on 3 March 2011 in Warsaw and at the scientific conference “Hate crimes in Poland” on 17 May 2011 in Torun. The persons representing the Public Prosecutor General and the Human Rights Defender were also in favour of the changes. The Initiative was supported from the beginning by national LGBTQ organisations, which were joined in 2010 by a number of organisations working to the benefit of human rights and anti-discrimination matters, including the Helsinki Committees for Human Rights.

\textsuperscript{179} Regulations of 6 June 1997 in the Penal Code, Journal of Laws No. 88, item 553, with subsequent amendments

\textsuperscript{180} Parliamentary Printed Matter No. 4253 (6th term of Parliament)
A revised draft amendment was prepared to be tabled in the 7th term of Parliament.

Judicial decisions and practice

— In July 2007, the Community Social Welfare Centre in Chorzów acknowledged that two men living in an informal relationship constitute a family in view of the law and, as a result, one of them (disabled and incapacitated for work) was refused his disability benefit. In order to determine whether he was entitled to a benefit, the income of the whole family was added and it exceeded the legal limit. The Community Social Welfare Centre did not accept the explanation that neither the law nor the courts acknowledge persons of the same sex as sharing a household (cohabitation).

— On 6 December 2007, the judgment of the Supreme Court on IV CSK 301/07, the only case pertaining to same-sex relationships. The Supreme Court considered the basis of two men’s property settlement after ending their eleven-year relationship. It concluded that they were not in cohabitation, since only opposite-sex couples may form such a relationship, but they had created an “extra-marital joint personal property” that was “legally indifferent”, and that there are no grounds on which “to recognize the lack of legal regulation of extra-marital relationships as a lacuna in the law” and that the property settlement is to be made on the basis of rules of unjust enrichment.

— On 3 June 2009, the judgment of the Regional Court of Warsaw Praga District in Warsaw on III Ns 47/09 rejected Krystian Legierski’s complaint, filed in what’s called the polling mode regarding homopho-

181 Regulations of 12 March 2004 on Social Welfare, Journal of Laws No. 26, item 593, with subsequent amendments


183 To defend this thesis, the judgement of the S.C. on 12 November in V KR 203/75 (OSP 1976/10/187) was invoked, which was given in connection with a criminal case (it was about people entitled to refuse to testify)

bic statements (such as “homosexuality is a genetically transmitted disease and it must be treated” or “homosexuality is a type of organic brain damage”), of three candidates to the European Parliament from the Right of the Republic. The Court asserted that the decision “would come down to dealing with medical issues, and would require specialised knowledge, and thus, it would be necessary to consult experts, and probably to get acquainted with research results” – and there would not be enough time to do so in the polling mode.

On 4 August 2009, the judgment of the Regional Court in Szczecin on IC 764/08 complied with the complaint regarding protection of personal interest instituted by Ryszard Giersz (a gay) against Anna Szmit (a neighbour of the plaintiff). The Court awarded 15,000 PLN in compensation and concluded that “the homosexual orientation of the plaintiff, and his sensitivity had become the main cause of attacks by the defendant,” who “had often used the word ‘fag’ in order to humiliate the plaintiff”. The Court based its ruling “on the resolution of the European Parliament on 18 January 2006 ‘on homophobia in Europe’ (P6_TA (2006) 0018) in terms of understanding ‘the defendant’s actions motivated by homophobia’”. The Court of Final Appeal upheld the judgment but reduced the compensation to 5,000 PLN.
On 2 March 2010, the judgment of the European Court of Human Rights on 13102/02 (Kozak v. Poland), stating that Poland violated Art. 14 in conjunction with Art. 8 of the Convention by creating rules that excluded replacing a deceased tenant with the person of the same sex who had been staying with the tenant in an informal relationship, instead allowing that privilege to a person of the opposite sex. The Court recognized this as discrimination based on sexual orientation and emphasised that “there is not only one way to exercise the right for private and family life”. During the judicial process, provisions causing similar effects were already present in the Civil Code, and the courts still continue to use them despite the Court’s judgment and, based on the above-cited Supreme Court judgment, discriminate against LGB persons (most recently, 13 October 2011, the District Court for Warsaw-Mokotów).

On 26 January 2012, the judgment of the District Court in Warsaw on IV C 737/10, filed by Urszula Pawlik and Michał Minałto against Presspublica Sp. z o.o. for the violation of personal rights by publications in “Rzeczpospolita” of June 2009 (a drawing and two texts), directed against LGB persons’ aspirations towards the introduction of civil partnerships in Poland. The defendant argued that the drawing was satirical, whereas the texts constituted acceptable, critical voices in the public debate. For many months a trial could not even begin because of, among other things, the failure to disclose the addresses of the


186 Regulations of 2 July 1994 on tenancy and housing benefits, Journal of Laws No. 105, item 509, with subsequent amendments; currently not in force – in 2001 the provisions were moved to the Civil Code

187 The Judgement of the Regional Court for Warsaw-Mokotów IC 1447/10
other defendants by Presspublica Sp. z o.o. (the company even ignored the request of the Inspector General for Personal Data Protection in this regard). The court dismissed the suit, claiming that the defendants’ actions had not been related specifically to the plaintiffs, and therefore their personal rights were not violated.

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Since November 2010, the District Court for Warsaw-Śródmieście has been prosecuting II K 967/10 against Stanisław Pięta (PiS), who has been charged with Article 212 § 2 of the Penal Code for defamation of homosexuals in Parliamentary Interpellation No. 12,370 of 19 October 2009 (including statements that homosexuality is a “deviation”, a “sexual perversion” and a “sexual aberration” and that it is “similar” to necrophilia, paedophilia and zoophilia). Since the Regional Prosecutor of Warsaw-Śródmieście and the District Prosecutor in Warsaw refused to pursue the investigation (due to a lack of public interest), the proceedings are taking place as a private prosecution. Initially, the court discontinued the case noting that the accused cannot be prosecuted due to his immunity. The Regional Court in Warsaw annulled this decision and the proceedings are now suspended until Parliament agrees to prosecute the accused.

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On 10 November 2011, the judgment of the Regional Court in Radom on XK 243/11 acquitted Ryszard Fałek (Deputy Mayor, PiS) and conditionally suspended the proceedings for two years trial to Sławomir Adamec (Councillor, PiS), obliging him to pay 2,000 PLN for social purposes. They were both accused under Article 212 § 2 of the Penal Code for defamation of homosexuals in the press in April 2011. On 3 April 2012, the Regional Court in Radom changed the above sentence and discontinued the proceedings, acknowledging that the private prosecutor could not bring an indictment due to the fact that Article 212 § 2 protects “groups of people” and homosexual persons cannot be regarded as “a group of people” – according to the Court they are a “population group” and the protection of the above-mentioned provision shall not be entitled to them. It is worth stressing that just before the judicial proceedings, R. Fałek had publicly withdrawn his statement that homosexuality is a “deviant attitude” and apologised for it; therefore it was not included in the indictment.

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On 30 November 2011, the Regional Prosecutor of Warsaw-Śródmieście Północ announced a decision on 2391/11/VII, refusing to admit the
case of posters saying, “You are a HOMO – OK! but DON’T MAKE THE YOUTHS FAGS! (especially for money)” signed by “the moral hygiene movement”, and which in late July and August 2011 were illegally hung on media carriers in Warsaw. The Prosecutor’s Office concluded that the appearance of the posters did not constitute an act under Article 288 § 2 of the Criminal Code (destruction of property), and that there was no public interest in prosecuting it ex officio under Article 212 § 2 of the Criminal Code (defamation of homosexuals). A case of an offence under Article 63a § 1 of the Code of Petty Offences is to be run by the police.

The above-mentioned examples show that the Polish law does not protect LGB persons against defamation or insults, but provides such protection to groups singled out on the basis of nationality, race or religion. Whenever LGB persons are targeted with imaginary accusations, whenever society is warned against these people or considers this group to be dangerous or a threat to other people, the police, prosecutors and courts do not take action because the law does not recognise such circumstances as negative. The LGB community treated as a whole, without pointing out specific individuals, can be insulted and humiliated without legal consequences. This is a grim conclusion and the main reason for amending the current law.

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188 Regulations of 20 May 1971 of the Code of Petty Offences, Journal of Laws No. 12, item 114, with subsequent amendments
In the following analysis, the subject “Family life education” was examined in the first place as the one whose core curriculum involves psychosexual orientation issues. Moreover, I devote some space to the implicit programme, magazines and training since their content reflects the current trends and priorities in education. The actions of the Ministry of National Education, on the other hand, are particularly important since this institution influences how certain topics are perceived by teachers; additionally, the attitude of the highest educational authorities creates, to a large extent, either a favourable or averse climate in terms of addressing the psychosexual issues in education.

189 The priorities that are announced every year by the Ministry of National Education (MEN), events and projects under the honorary participation of the Minister of National Education and MEN contests and programmes may serve here as an example.
Family life education (WDZ)

The subject and core curriculum

Family life education is a subject that deals with psychosexual homosexual orientation and is taught at all stages. This subject is elective and since the 2009/2010 school year parents have been obliged to submit written declarations\(^{190}\) as to whether they want their children to attend the course or not. Since September 2009 the rules have changed. According to one of the executed amendments, only those under-age pupils whose parents submit an objection in writing to the headmaster or those adult pupils who submit an objection in writing to the headmaster themselves will not attend the WDZ course. This solution is intended to increase attendance of the classes.

The so-called core curriculum,\(^{191}\) the Ministry of National Education document, determines the content of the WDZ classes. In the “former” core curriculum of the subject “Family life education”, which was in force until 23 December 2008, the topics pertaining to homosexual orientation were situated in the following articles: “Disturbances and difficulties in attaining gender identity; lack of acceptance of one’s gender; homosexual anxieties; causes. The opportunities to help overcome the difficulties associated with gender identity” (for junior high schools) and “The phenomenon of homosexuality. Causes. Opportunities for help”.\(^{192}\) (for senior high schools).

\(^{190}\) Regulation of the Ministry of National Education of 12 August 1999 on Methods of School Education and Scope of Contents Related to the Knowledge of Human Sexual Life, on Principles of Cognisant and Responsible Parenthood, on the Value of the Family, Life in the Prenatal Stage and Methods and Means of Family Planning included in the Curriculum Base for General Education (Journal of Laws 1999, no. 67; item 756, as amended).


\(^{192}\) Ibid.
In the contents of the new core curriculum\textsuperscript{193} for primary schools and junior high schools we do not find any direct reference regarding sexual orientation, but a lot of space is devoted to conveying information about traditional “values and the functions of family”, models of masculinity and femininity (with their clear distinction) as well as about “adopting an integral vision of a person” and “an integral vision of human sexuality”. The only point where one can find reference to psychosexual homosexuality is titled “Developing and accepting one’s gender identity. Opportunities to help in overcoming difficulties regarding gender identity”.\textsuperscript{194}

The new core curriculum for senior high schools gives hope for a slight improvement of the contents that are conveyed to the youths. Although, similarly to junior high schools, we can find an article there about “difficulties in attaining gender identity; opportunities to help.” One of the topics there pertaining to the problem of “tolerance towards cultural, ethnical, religious and sexual differences”\textsuperscript{195} constitutes – compared to the old core curriculum – a novelty. Interestingly, in the contents of the core curriculum of another subject – in the extended programme of Social Studies – one can find an article regarding “the modern outlook controversy” where schoolchildren are to “consider arguments for and against granting homosexual persons the same rights as heterosexual persons”.\textsuperscript{196}

**School manuals**

The core curriculum determines the general guidelines regarding the contents of teaching and it constitutes the basis for the programmes of teaching and of school manuals. Reviewing the WDZ school manuals shows that most of them (according to the core curriculum) present

\textsuperscript{193} The new core curriculum is being introduced for the 2009/2010 school year starting from the first grade of primary school and the first grade of junior high school; in 2012 it will be introduced in senior high schools. Regulation of the Ministry of National Education of 23 December 2008 on the core curriculum of pre-schools and of general education in particular types of schools (Journal of Laws, no. 4; item 17).

\textsuperscript{194} Regulation of the Minister of National Education of 23 December 2008, op. Cit., Family life education, 3rd educational stage, teaching contents – specific requirements.

\textsuperscript{195} Ibid.

\textsuperscript{196} Ibid.
non-heterosexual orientation as a “difficulty” or “problem”. Moreover, they often replicate prejudicial stereotypes and do not take into account contemporary outlooks represented by neutral scientific groups such as the American Psychiatric Association or the American Psychological Association which, since the 1970s, have been presenting a clear standpoint on the issue of homosexuality and have appealed to scientific groups to “support and disseminate accurate scientific and professional information about sexual orientation in order to counteract bias”. One of the most popular WDZ manuals which has been allowed by the Ministry of National Education, titled *Wędrując ku dorosłości* (*Wandering towards adulthood*), was edited by T. Król and M. Ryś. It straightforwardly conveys a negative and condemning vision of homosexuality as “the inclination that serves only physical satisfaction, that has nothing to do with ‘real love’ and where the sexual acts are against the law of nature since they do not result from the real emotional complementation that takes place

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in a relationship between a woman and a man.”199 The authors refer to the opinions of John Paul II stating that same-sex marriages and adoption of children by same-sex couples are unacceptable. According to the school manual, the most probable causes of homosexuality200 are sexual depravation, improper relationships between the parents, or permanent absence of one of the parents, usually the father. Taking into account the fact that this school manual is addressed to young people, the chapter in which the authors advise people with such “inclinations” to look for help (from a doctor, a therapist or a priest), seems to be the most detrimental. “Starting the therapy early and abandoning an active homosexual life as well as ‘de-dramatising homosexual inclinations’” are the elements of the therapy.201 “But above all, the most important thing is to appeal to the ultimate source of power, which is experiencing the faith in God and in consciousness”.202 The authors try to convince their readers that the immense effort undertaken in order to eliminate “homosexual inclinations” may even lead to marriage. The school manual does not even mention the standpoint of the American Psychiatric Association and the American Psychological Association, which strongly oppose any forms of treatment of homosexuality, underlining their harmfulness and ineffectiveness. The opinions of Polish sex therapists (e.g. Professor Z. Izdebski, Professor Z. Lew-Starowicz and A. Depko, PhD.), who also raise objections towards such therapies, are not present in the mentioned text either.

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The textbook most often chosen by teachers for the subject Education for family life. It contains information about homosexuality which is prejudicial and inconsistent with current knowledge. Among other things, it discusses the treatment of homosexuality and drinking, violence and dysfunctional families as “causes” of homosexuality.

199 Ibid., p. 91.
200 Ibid., p. 93.
201 Ibid., p. 94–95.
202 Ibid., p. 95.
A similar approach can be found in another school manual *Zanim wybierzesz (Before you choose)*, written by M. and W. Grabowski, A. and M. Niemyski and M. and P. Wołochowicz. In the part titled “Difficulties in human sexuality” homosexuality is called a disorder, a form of denying one’s sexuality and a fear of partners of the opposite sex as well as a form of self-aggression.\(^{203}\) The handbook also preserves many stereotypes by informing the reader about such “common” phenomena as “impermanence of homosexual couples” or the “strong tension and neuroses that are a result of jealousy”. What is interesting is that the authors claim not to condemn homosexual persons and that their opinions “come from the observation of how certain types of human relationships may bring people happiness, whereas others may not”.\(^{204}\)

"The most important strength for a homosexual to confront his inclinations cannot, however, be found in psychoanalysis or in a therapist’s advice. It is necessary to appeal to the ‘ultimate source of strength’, which is the experience of faith in God and conscience"

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Excerpt from the textbook, *On the road to adulthood. Family life education for high school students.*

In another school manual, *Wokół nas (Around Us)*,\(^ {205}\) a WDZ module for Social Studies, edited by E. Kosińska, homosexuality is described in the chapter “Abnormalities of psychosexual life” as a deviation just like sadism, masochism, incest and paedophilia.\(^{206}\)

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\(^{204}\) Ibid., p. 153.


\(^{206}\) Ibid., p. 46–47.
Reviewing WDZ school manuals shows that the dominating viewpoints presented there are unjust and harmful. But there are exceptions. In the book by A. Długołęcka and G. Tworkiewicz-Bieniaś titled *Ja i Ty. Wychowanie do życia w rodzinie* (*Me and You: Family Life Education*) homosexual orientation is presented without negative connotations. According to the authors, “homosexual orientation cannot be changed – just as one cannot change the colour of one’s skin or eyes, or the height or shape of one’s head – therefore it is very important for a lesbian or a gay to accept themselves and heterosexual persons should allow them to live a normal life.”

"superficial homosexual inclinations may reverse quite quickly if they are not accompanied by an active homosexual life"

Excerpt from the textbook, *On the road to adulthood. Family life education for high school students.*
To summarise the common features of the WDZ school manuals, apart from the last example, we can distinguish the following characteristics:

1. Treating homosexual orientation as a difficulty, a problem or a disturbance
2. Presenting homosexual orientation as an inclination that can be overcome
3. Suggesting therapy
4. Presenting improper family relationships and past experiences such as depravation as causes of non-heterosexual orientation
5. The only feelings that are complete, deep and lasting take place only between a man and a woman
6. Situating homosexuality next to phenomena such as paedophilia, incest, necrophilia and zoophilia

**Implicit curriculum**

Treating homosexual orientation as a difficulty or disturbance and presenting it in the manner described above is not the only problem of Polish schools. Analysing the phenomenon of discrimination of LGBT persons, it is worth underlining the implicit curriculum, which embraces all that takes place in schools but is not included in official programmes. Actually, the implicit curriculum conveys, to a large extent, a system of values, patterns or cultural stereotypes. Analysing the contents of the curricula and school manuals in the context of the implicit curriculum illustrates what can be found there and what is missing. Furthermore, the attitudes and views presented by teachers influence the way pupils perceive certain issues and is also considered an implicit curriculum.

Clearly, the Polish school accepts only one heteronormative pattern – both the curricula and school manuals (not only WDZ ones) present only a heterosexual model of human relationships, authorising that model as rightful, “normal”, and worth imitating. A complete omission of homosexual orientation results in it being treated as a “problem”, an embarrassing, marginal and unacceptable issue. The school manu-

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208 A detailed analysis of school manuals and core curriculum, also in terms of psychosexual orientation content can be found in the following study: M. Abramowicz (ed.), *Wielka*
als dealing with arts subjects, where in the biographical notes one can often find either personal or family information regarding the authors, serve as a good example of such an approach. Apparently, if an author is homosexual, that information is omitted. The implicit curriculum may also manifest in the remarks which are made on the issue by the teachers and in their reaction to homophobic behaviour of pupils.

Moreover, not only in school manuals, but also in human relationships there is a strong tendency to differentiate what is either masculine or feminine in terms of traits and roles. This perpetuates stereotypes of masculinity/femininity, which indirectly contributes to homophobia. It seems that the issue of gender is far beyond the horizon of those responsible for curriculum development in Polish schools.²⁰⁹

Magazines and teachers’ training

Undoubtedly, despite the obvious existence of pupils as well as teachers with non-heterosexual orientation, the issue is entirely omitted from both the magazines for teachers and from the content of proposed training. In magazines such as “Psychologia w szkole” (Psychology in School), “Edukacja i Dialog” (Education and Dialogue), “Wychowanie na co dzień” (Everyday Upbringing), “Problemy Opiekuńczo-Wychowawcze” (Problems in Childcare and Upbringing), “Nowa Szkoła” (New School) and “Głos Nauczycielski” (Teachers’ Voice), which I have been analysing, the issue does not appear at all or is represented only to a small extent. The gender identity issue is discussed rather in the context of sexual education or gender issues.

At the same time, the analysis of the magazines for teachers provides examples of an implicit programme in education – the lack of psychosexual orientation issues marginalises the matter and excludes it from the pedagogical debate. Typically, even when psychosexual orientation issues should obviously become a subject of examination, they are not represented in those magazines. I am especially thinking about a large number of texts devoted to aggression and violence in schools (the potential homophobic cause of that problem will not be found in any of the texts), stereotypes and bias (only general thoughts or problems of minority groups are present in the texts), multiculturalism (treated as ethnic, religious, national or even culinary diversity, but never sexual), otherness (Romani children, orphans, children with ADHD syndrome, refugees, children/adolescents suffering from anorexia/bulimia), children and adolescents with depressive disorders (a lot of space is devoted to this issue but on no account is it pointed out that the possible cause may be related to gender identity or to being a victim of homophobic acts).

“Głos Nauczycielski” (Teachers’ Voice), the weekly magazine with a slightly different profile than the others – as it deals with social rather than methodological issues – was the only magazine that openly condemned homophobia and addressed the issue of homosexual persons’ rights. During the term of Minister of Education Roman Giertych it printed many articles on that topic. In other magazines, non-heterosexual orientation texts constitute an exception – during my research I found only two of those. The first one was printed in “Psychologia w szkole” (Psychology in School)\textsuperscript{210} and described the story of a homosexual boy. Despite a favourable attitude, the story, to some extent, repeats the stereotypes about the causes of homosexual orientation (it is stressed in the article that the boy comes from a dysfunctional family). In turn, in the magazine “Edukacja i Dialog”\textsuperscript{211} (Education and Dialogue), which often raises gender issues,\textsuperscript{212} one could find an objective text about transsexualism.


\textsuperscript{211} G. Piekarski, \textit{Śmiać się ze zboczeń?}, “Edukacja i Dialog”, no. 5/2007, p. 45–49.

\textsuperscript{212} J. Medina (trans. M. Betley), \textit{Gender}, “Edukacja i Dialog”, no. 03,04/2010, p. 26–33.
The above-mentioned “Psychologia w szkole” (Psychology in School) addresses related issues and is one of the few magazines which deal with the problems of gender, the implicit programme, sexual education and how schools convey harmful stereotypes about sex. In the magazine “Problemy Opiekuńczo-Wychowawcze” (Problems in Childcare and Upbringing), in turn, one can find an article about sexual orientation but without any reference to issues of sexual orientation.

Training programmes for teachers that were organised from 2007–2009 by the governmental sector were undertaken by the National In-Service Teacher Training Centre and by regional, voivodship, municipal, district

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and commune Teacher Training Centres. After analysis of the available data it became apparent that none of them has been conducting training regarding either sexual orientation or homophobia. In the programmes of a few training courses, however, one could find issues concerning human rights.\footnote{I have submitted a query concerning the training programmes to 124 Teacher Training Centres of all levels; 10 of them answered and none of them has been conducting training on the discussed matter.} The report “Wielka nieobecna” (The Great Absent) analyses forms of teacher education as part of postgraduate studies, as well as opportunities offered by the Centre for Education Development and Teacher Training Centres. As far as postgraduate studies are concerned, in the 2009/2010 academic year “socio-cultural gender studies were available (selected titles of courses: Gender studies, Szkoła gender mainstreaming [Gender Mainstreaming School])”.\footnote{M. Pawlęga, \textit{Analiza oferty kształcenia w formie studiów podyplomowych}, in: \textit{Wielka nieobecna...}, op.cit., p. 38–39.} It should be emphasised that Teacher Training Centres lack opportunities that would offer “development of competences to conduct education courses in an even manner with regard to ... anti-discrimination education areas related to such premises as gender ..., sexual orientation, etc. ... or that would raise problems of how stereotypes and bias (related to socio-cultural gender) influence the education process”.\footnote{Ibid., p. 85.} The Centre for Education Development is similar in that regard.\footnote{Ibid., p. 57.}

Actions of the Ministry of National Education

From 2007–2011, the following persons held the position of the Minister of National Education: Roman Giertych, Ryszard Legutko and Katarzyna Hall. In November 2011 the Prime Minister appointed Krystyna Szumilas to that position.

During the term of Roman Giertych (May 2006-September 2007) homosexual orientation issues with regard to education became, for the
first time in Poland, the subject of heated debate, in which the Ministry of Education (MEN) consistently created and strengthened homophobic attitudes, openly agitating for the discrimination of non-heterosexual persons and making an effort to legitimize that discrimination. In the beginning of 2007, Paweł Zanin, a radical right-wing activist from Młodzież Wszechpolska (All-Polish Youth), was appointed Deputy Director of the National In-Service Teacher Training Centre. In March 2007, during the Conference of the Ministers of Education, R. Giertych appealed for the creation of a Pan-European document that would include a prohibition of “homosexual propaganda”. Moreover, the Ministry started to work on a project to introduce sanctions for headmasters who agree to such propaganda (e.g. by inviting LGBT representatives to their schools). In May 2007 the Minister drafted a new amendment to the education system that would have included a provision concerning the mandatory protection of schoolchildren against content promoting “brutality, violence …, and [content] which acts against the protection of marriage and family, by promoting homosexuality.” At the same time, Deputy Minister M. Orzechowski announced that teachers who disclose their non-heterosexual orientation and those who “promote homosexuality” should be dismissed. Both the Minister of Education and the Deputy Minister were using the terms “perverts” or “disgusting pederasts” for homosexual persons and were trying to associate LGBT persons with an underworld and homosexuality with paedophilia. Many entities, such as the European Commission, Education International, the Polish Teachers’ Union and the Human Rights Defender, as well as schoolteachers, academic teachers, students and artists raised protests against those statements and against the policy and actions of the then Ministry of Education. In April 2007 the European Parliament adopted a resolution in which it appealed to the Polish authorities to condemn the homophobic acts of the Ministry of Education.

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219 In 2006 R. Giertych dismissed the CODN principal, M. Sielatycki, for publishing a manual of the Council of Europe Kompas. Edukacja o prawach człowieka w pracy z młodzieżą.


221 Ibid., p. 74–89.
For a short time, between September and November 2007, a conservative politician Ryszard Legutko replaced Roman Giertych as the new Minister of MEN. As far as the discussed matters are concerned, Legutko claimed that the subject Sexual Education should not be taught in schools. In the interview for “Gazeta Wyborcza” he explained, “why bother with this sexual education in schools? ... Let’s not engage school in this; it is an individual and family matter. The supporters of sexual education turned this matter into some kind of religion and therefore they constantly provoke a new outlook on life’s conflicts”. Minister Legutko did not develop the ideas of his predecessor regarding, e.g., prohibition of “homosexual propaganda”. During the term of Katarzyna Hall (since November 2007) a new core curriculum was developed (see above) which has not brought any fundamental changes in the way of treating psychosexual orientation. The new MEN administration turned out to be more favourable in terms of human rights – in November 2009 the CODN (National In-Service Teacher Training Centre) published in Polish the book Compasito/Kompasik pertaining to human rights in terms of educating children.

"Why should we even bother about sexual education anyway? Let’s not involve school in this subject, as it’s an individual and family matter. Supporters of sexual education have made a sort of a new religion out of it, and that’s why they cause conflicts."

Statement of Ryszard Legutko, Minister of Education. September 2007.

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223 One of the chapters is titled Równość płci (Gender equality) and deals with the following issues: Co to jest płeć społeczno-kulturowa (gender)? (What is socio-cultural gender?), Stereotypy płci (gender stereotypes) and Przemoc związana z płcią (Violence related to gender), N. Flowers (ed.), Kompasik Edukacja na rzecz praw człowieka w pracy z dziećmi, the Polish edition translated by M. Kositorny, content editor of the Polish edition: K. Koszewska, Warszawa 2009, p. 248–254.
In September 2011 Krystyna Szumilas became the new Minister of National Education and, although she used to criticise R. Giertych’s actions, she has not yet taken any steps regarding psychosexual orientation in education.

**Marzanna Pogorzelska** – English teacher at High School no 1 in Kędzierzyn Koźle. Founder of Amnesty International group at her school. She’s a human rights activist working mainly with cultural diversity and LGBT issues. Despite frequent resistant from the authorities, she strives to prove that “the others are us”. Winner of the European Tolerance Award (2008) and the Irena Sendlerowa Prize “For Repairing the World” (2010).
Education and training of physicians

In Poland, physicians’ education consists of two steps. The first includes education within the framework of the medical studies conducted by medical schools. The second step involves post-graduate training aimed at obtaining specialisation.

The curriculum for medical studies is regulated by the Ministry of Science and Higher Education. It indicates the expected qualifications from graduates and the course content framework. Based on the provisions of these regulations, particular universities develop their own training programmes.

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224 Regulation of the Ministry of Science and Higher Education of 12 July 2007 pertaining to education standards of each specialisation, level of education and to procedures of formation and condition which each university must fulfil to conduct interdisciplinary and macro-specialisation studies
programs, with a minimum of 3,900 hours of classes within the six-year program of study. According to the regulations, virtually all the required competences in the fields of medicine are related to the knowledge of bodily functions and diseases and to the ability to perform various types of treatments. Thus, issues related to understanding the situation of patients, including those who are non-heteronormative, and to their psychosexual orientation are not a part of physicians’ education.

The subject “Education of medical psychology” is devoted to psychological issues. Within its framework it is mandatory to include the psychological determinants of health and diseases, psychological pathogenic mechanisms, psychological psychosomatic disorders, psychological aspects of pain, the functioning of a sick person, the process of adapting to illness, the doctor-patient relationship and difficulties in co-operating (with the ill person). The course is 30 hours long, so on no account is it possible to include in it a sufficient amount of content related to understanding the specific situation of homo- and bisexual and transgender persons. The analysis of the curriculum of one of the best medical schools in Poland – Wroclaw Medical University\textsuperscript{225} – in which there is no reference to sexual

\textsuperscript{225} Course schedules of the Faculty of Medicine of the Piastów Śląskich Wroclaw Medical University for the 2011/2012 academic year
orientation or to shaping appropriate attitudes towards LGB people, confirms this thesis.

There is also a lack of content pertaining to this issue in the teaching of subjects (medical disciplines) such as dermatology, venereology, communicable diseases and gynecology, in which, particularly often, a patient must reveal his or her gender identity. This may result in less favorable treatment or discrimination. It should be emphasised, however, that the disclosure of sexual orientation or gender identity may also happen at the office of any other type of specialist; therefore, the people involved in these medical disciplines should be prepared to work with LGBT patients.

Similarly, as far as preparing future physicians to understand the diversity and multidimensionality of human sexuality is concerned, one would not find relevant contents in the regulations. Psychiatry is the only subject that addresses the issue of sexuality, having introduced an obligation to teach about “personality and sexuality disorders”. Since homo- and bisexuality do not constitute disorders, it should be considered undesirable to include such topics in the education of future physicians, as it would not help future doctors understand the specificity of human sexuality, it would have a stigmatising character and furthermore, it is incompatible with current medical knowledge which recognises all three sexual orientations as natural.

When it comes to postgraduate education, the situation does not look any more promising. The Postgraduate Medical Education Centre is the institution which awards specialisation. It carries out its tasks under the appropriate rules of the Minister of Health. The specialisations’ content, similar to university undergraduate education, is mainly concentrated on the acquisition of medical knowledge and the ability to perform treatments, and it does not include (with the exception of sexology) issues related to human sexuality, to the specific situation of LGB persons or dealing with patients while respecting their choices.

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226 Regulation of the Ministry of Health of 20 October 2005 concerning physicians and dentists

227 [http://www.cmkp.edu.pl/spis_2.htm](http://www.cmkp.edu.pl/spis_2.htm), as of 7 May 2012
within specialisations such as family medicine, communicable diseases, dermatology, venereology or obstetrics and gynecology, which require an understanding of the non-heterosexual patient’s situation, as well as appropriate treatment planning and health promotion, one cannot find any content that would prepare one to work with LGB persons.

To summarise, the training within the medical studies and postgraduate education of physicians in Poland, prevents physicians from acquiring knowledge concerning the diversity and multidimensionality of human sexuality, let alone the treatment of LGB persons, which may be also found in the attitudes of medical personnel in contact with patients. Therefore, LGB persons, for fear of disclosing their sexual orientation, may find contact with doctors difficult, which may result in an undesirable influence on the efficacy of treatment. For example, the need to provide care for a partner during hospital treatments, a medical appointment with a partner’s child or the disclosure of sexual orientation may cause stress, anxiety or addiction and the avoidance or postponement of a medical visit for fear of experiencing discrimination based on disclosed sexual orientation.

Blood donation – a slight change

In previous studies pertaining to the social situation of LGB persons, the discrimination of homosexual men in terms of access to blood donation was noted, since questions about the sexual orientation of blood donor candidates were found on a questionnaire, based on which a person is allowed to donate blood. The regulations of the Ministry of Health have changed the criteria governing the qualification of being a blood donor228. According to the provisions of the appendix of the regulations, sexual behaviour may constitute the basis for permanent disqualification, i.e., certain persons, whose sexual behaviour increases the risk of infection of serious diseases that could spread through blood transfusion, may be denied the opportunity to donate blood. In theory, the cited provision

228 Regulation of the Ministry of Health of 18 April 2005 concerning blood donation conditions of candidates for blood donation
appears to be neutral and does not constitute discrimination based on
sexual orientation. Interestingly, the disqualification of such a person is
permanent, which means that despite changing his or her sexual behav-
ior, that person still cannot become a blood donor.

The practical implementation of the regulations looks slightly different:
1. On the website of the National Blood Centre, the institution responsi-
ble for coordinating blood donation in Poland, one can find informa-
tion for people planning to donate blood. It is stated that permanent
disqualification from blood donation pertains to people who “belong
to a high risk group of contracting HIV (e.g., drug addicts and people
providing sexual services)”\(^{229}\). It is worth noting that the cited infor-
mation is not compatible with the Regulations or with the applicable
terms concerning the risk of HIV infection, as it relates to high risk
groups and not, as the Regulations assert, to people with risky behav-
ior. This information has a stereotyping character because the risk
of contracting HIV infection is not related to belonging to any group,
but to behaviour undertaken by a particular person. It is worth adding
that the National Blood Centre indicates a catalogue of example groups
that may be classified as “high-risk groups,” including drug addicts and
people providing sexual services. Knowing the social stereotypes about
LGB people, especially about homo- and bisexual men in the context of

HIV infection, it is not difficult to imagine that this list can be extended to homosexual men on the grounds of their belonging to a “high risk group”. Additionally, in light of PZH (the National Institute of Health) epidemiological data, assigning drug addicts and people providing sex services to the high risk group is incorrect, since the majority of HIV infections in Poland occur through sexual contact between persons of the opposite sex.

2. In preparing this article, an analysis was done on the content of the Regional Centres of Blood Donation and Treatment (RCKiK) websites – those sections devoted to people wishing to donate blood. The results of this analysis indicate that despite the existence of the above-mentioned regulations and standardisation of the questionnaire which is filled out prior to donation, in some RCKiK centres discrimination based on sexual orientation is present in this area of social life. For example, on the RCKiK Raciborz website, a candidate for donation may find the following statement: “Do not donate blood if you put yourself in danger through risky behaviour. The risk can be caused by sexual contact with multiple male or female partners or with a male or female partner you have known for a short time, or by sexual intercourse between men”. This information has a discriminating character on the grounds of sexual orientation, due to the fact that a potential blood donor should not have sexual contact with multiple male or female partners or with any of the men that maintain sexual relationships with another man (or other men), even if the intercourse involves a single faithful partner of the same sex.

**HIV/AIDS vs MSM**

In Poland, by the end of 2011 there were 15,298 cases of HIV infection. Between 2008 and 2011 there were 4,016 cases, including 417 (10.4%) cases of men infected through sexual intercourse with other men (MSM). It is worth noting that the statistics of the National Institute of Health (NIH)

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230 http://www.rckik.pl/informacje.htm, as of 15 April 2012

do not represent a fully reliable picture of the situation, although there is an obligation to inform the NIH of any newly diagnosed cases. However, in many cases there is no information about the source of infection (in 2008, 85% of cases had such declarations, in 2009 – 76%, in 2010 – 81%, and in 2011 – 73%). The increased number of newly diagnosed cases among MSM seems to be worrying: 36 in 2008 (4.49% of newly diagnosed cases), 48 in 2009 (6.96% of newly diagnosed cases), 88 in 2010 (7.29% of newly diagnosed cases) and 245 in 2011 (18.68% of newly diagnosed cases). It should be emphasised that NIH data pertains to the newly detected infections, not to the number of people who were infected during this period. Therefore, the given percentage cannot be considered to be indicator of the number of MSM infected with HIV during that period. The increasing number of newly diagnosed infections among MSM may, on the one hand, result from the increasing number of infections in this group, but on the other, may also indicate the growing interest in carrying out HIV tests, for example, as a result of preventive actions and a greater awareness of the risk and of one’s own health.

Issues related to national policy in terms of HIV/AIDS are regulated by the “National Programme for Combating AIDS and preventing HIV infections”. The main burden of implementing the provisions of this document has been entrusted to the National AIDS Centre, a department of the Ministry of Health. In accordance with the demands of the Programme, in addition to the National AIDS Centre, other entities, such as the National Bureau for Drug Prevention, Governors, the State Sanitary Inspection, the National Health Fund, local governments and non-governmental organisations, are also responsible for the preventive measures. During the described period, the expenditures on HIV/AIDS prevention were declining each year. In 2008, the National AIDS Centre allocated 1.8M PLN for grants on the prevention of infections, 1.7M PLN in 2009 and 1.3M PLN in 2010. Of this amount, the financial resources spent by non-governmental organisations devoted to prevention measures aimed at people with an in-

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232 Regulations of the Council of Ministers of 13 September 2005 on the National Programme of Preventing HIV infections and caring for people living with HIV/AIDS

creased number of risk behaviours were as follows: 55,940.71 PLN in 2008, 30,000 PLN in 2009, and 30,000 PLN in 2010.\textsuperscript{234} Furthermore, in the years 2009–2010, the National AIDS Centre carried out two social campaigns targeted at MSM: the 2009 educational-preventive campaign, “Live. Love Safer. Be! II” and the 2010 Campaign, “A condom increases pleasure”, allocating for each an amount not exceeding 70,000 PLN, which resulted in their limited impact.\textsuperscript{235}

A few local governments (Warszawa, Krakow, Wrocław, Sopot) decided to financially support the preventive actions aimed at MSM that were realised by the non-governmental organisations in those cities. However, it should be noted that these were actions of local governments and they only applied to certain cities, while the MSM population resides throughout Poland, not only in the major cities.

Taking into account the given amount of money allocated for prevention measures among the MSM group, an apparent marginalisation of the issue by the government authority can be noticed, which results in low availability of the effective prevention activities targeting MSM, except for a few cities that have chosen to finance the projects. Consequently, it affects the knowledge and attitudes of men having sex with other men related to their healthcare in the context of HIV/AIDS.

As far as the ART (antiretroviral therapy) is concerned, it was implemented on the basis of the Ministry of Health’s programme, “Antiretroviral treatment of people living with HIV in Poland for the years 2010–2011”. This programme envisaged the creation of 19 reference centres that would treat people infected with HIV and would distribute antiretroviral drugs. In terms of how a similar programme was carried out in the previous years, an endeavour to increase the number of centres could be observed (since 2010 they have been located in all provinces). Consequently, it has signifi-


cantly improved access to treatment, especially for those living outside the major cities.

However, non-governmental organisations twice (in 2010 and 2011) received information from people using the retroviral treatment about a shortage of funds allocated to the programme. As a result, people received antiretroviral drugs only for a short time (usually one month) and were forced to have frequent medical visits, which seems to be particularly troublesome for those living outside the cities, where the centres providing treatment are located. The other reports concerned changes to the therapeutic schedule that were being arranged with patients and which involved replacing more expensive and more easily administered drugs with cheaper drugs, requiring more frequent admission and resulting in side effects. This situation had a significant impact not only on the patients’ comfort, but also, according to the reports, constituted a considerable source of stress, stemming from the change of therapeutic schedule and from fears about the future availability of free treatment for HIV infection.

Obviously, the described difficulties related to the drug policy did not pertain solely to LGB persons; however, they also suffered the discomfort of this condition.

Mental Health

Being a gay, a lesbian or a bisexual person is not a mental problem. According to current knowledge, homosexuality is neither a disorder nor a disease. In 1991, the International Classification of Diseases and Related Health Problems ICD-10, developed by the World Health Organisation (WHO) and in effect in Poland, deleted homosexuality from its official listing. This decision was made on the basis of research on homosexuality that had been ongoing since the 70’s and was carried out by the most renowned research and scientific centres in the world. Therefore, in 1975

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The distribution of antiretroviral drugs in Poland is managed centrally – purchases are made by the National AIDS Centre, which then distributes them through the reference centres.
the American Psychological Association adopted a resolution stating that The American Psychological Association supports the action taken on December 15, 1973, by the American Psychiatric Association, removing homosexuality from that Association’s official list of mental disorders. The American Psychological Association therefore adopts the following resolution: Homosexuality per se implies no impairment in judgement, stability, reliability, or general social and vocational capabilities; Further, the American Psychological Association urges all mental health professionals to take the lead in removing the stigma of mental illness that has long been associated with homosexual orientations.237

In the following few years all U.S. associations of mental health professionals issued a series of resolutions and declarations stating that homosexuality is neither a disorder nor a disease. When in 1991 homosexuality was deleted from the list of diseases (ICD-10) by the WHO, speculation in the scientific world about homosexuality being related to either disease or disorder ended. It is also worth noting the standpoint of the Polish Sexological Society in this area, which states unequivocally that “no sexual orientation (including homosexual) should be considered by anyone as a disorder. Any attempt to cure homosexuality should be considered abusive.”238

It is worth noting that instead of homosexualism, the term homosexuality is used, which has a more affirmative and less pathological connotation. However, discrimination, isolation and homophobia can have a detrimental effect on one’s mental state in general, just like in the overall population – non-heterosexual persons tend to have diseases, disorders and mental health problems – often not related to sexual orientation or gender identity. However, socio-cultural factors, which make the representatives of various social groups being exposed to additional factors that cause stress and affect their health in a broader sense, cannot be underestimated. The Polish non-governmental organisations that represent LGB239 have been


239 The Campaign Against Homophobia (KPH) and Lambda Warsaw. Both organisations provide a wide variety of help for people experiencing homophobia.
reporting that their beneficiaries are cast out from home, are not accepted by their relatives and are being forced to leave their home town or even the country in order to escape the hostile reactions to their sexual orientation. Such experiences may contribute to an increased exposure to depression, eating disorders, anxiety disorders, suicide or abuse of psychoactive drugs, tranquilisers and sleeping pills. The results of research conducted by the National Institute for Mental Health in England (NIMHE)\textsuperscript{240} show that there are no major differences between non-heterosexual men and women in the occurrence of symptoms of specific diseases. However, the results indicate a correlation between experienced discrimination, internalised homophobia\textsuperscript{241} and the quality of mental health.

In Poland, so far, no research has been conducted concerning the number of suicides committed or attempted in the context of sexual orientation (homophobia, unequal treatment and lack of support or acceptance). Non-governmental organisations that conduct psychological counselling have been receiving disturbing signals about committed or attempted suicides on the grounds of externalised and/or internalised homophobia. In many cases, where non-heterosexual orientation is the motive of suicide, this fact is passed over in silence or deliberately veiled by parents who treat it as “shameful” or “disgraceful”. However, friends, partners and colleagues who knew about the homophobic motive of suicide (often from the suicide note of such a person) inform the organisations about the true cause of that act.

It is very difficult to inquire about the real reasons for suicide, since uncomfortable facts and evidence remain safe in the family.

The non-governmental organisations that deal with the rights of groups exposed to a risk of exclusion report cases of psychological and physical abuse among people belonging to ‘minorities’ (e.g., ethnic, religious or


\textsuperscript{241}Internalised homophobia – a lack of or low acceptance of one’s own homosexual orientation that manifests in a dislike of homosexual persons and one’s own emotional and sexual choices. Persons with internalised homophobia question their right to be a rightful member of society.
These groups are often exposed to all possible signs of discrimination. The early medical approach (up to 1990) to mental health implied that being a non-heterosexual person was the problem itself which qualified a person for hospitalisation. In Western European countries until 1990, when the WHO deleted homosexuality from the official list of diseases/disorders, non-heterosexual persons under psychiatric observation constituted a separate group in the hospitals. A recent study (March 2012) on the mental health of LGB persons was performed by the National Institute for Health in England (NIMHE). They show that the risk of committing suicide is four times higher among gay and bisexual men, while depression and anxiety disorders occur 1.5 times more often in the LGB population comparing to the general population. Mental health problems pertain to everyone, but the specific character of and the factors that contribute to its emergence in LGB patients include discrimination (including health care), the tensions and difficulties that a person who is about to come out experiences, internalised bi- or homophobia, low self-esteem, not seeking help early enough when symptoms appear, ignoring prevention, stress just before seeking help (the prospect of disclosing one’s sexual orientation at each meeting with a specialist), a lack of acceptance among relatives and bullying at school or at work. In addition, these factors contribute to undertaking risky behaviours (smoking, drinking alcohol, taking drugs, not adhering to the principles of safe sex, etc.). A general rule regarding the entire population is simple, whereas NIMHE studies focussing on LGB persons show that culture and lifestyle have tremendous impact on our mental health:

— The age of the person seeking help – treatment or medical consultation for patients under 16 years of age require parents’ or legal guardians’ consent. People under 16 years of age who need such psychological support are obliged by law to have the consent of parents or legal guardians. However, the request for such consent leads to questions about the reason for seeking help. Young people


244 [http://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_healthcare/default.asp](http://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_healthcare/default.asp)
who have not disclosed their non-heterosexual orientation to their parents/legal guardians (or if the problem that requires consultation consists of the sexual orientation not being accepted by the parents) may find it difficult to “ask” parents for such consent. It is controversial that people at such a young age may declare their non-heterosexual orientation or gender identity.\textsuperscript{245}

— Transportation to urban centres which provide the required medical services. The fear of revealing one’s sexual orientation where one lives, where everyone knows everyone else or where there is a lack of confidence in the competence of health professionals. LGB persons usually seek help over the internet and/or visit recommended specialists.

— Preparation of specialists in the field of mental health problems. The moral principles of the specialists are an important aspect. The availability of reparative therapy and other methods of changing or curing a particular sexual orientation can cause more damage than the problem originally reported by the patient. In the psychologist’s code of ethics one can find the following entry: “a psychologist is aware that due to the specific nature of the discipline, his or her personal beliefs, values and personal ethical norms may influence the selection and manner of conveying the content to be learned. In the role of a teacher presenting psychological knowledge, a psychologist should indicate when he or she manifests a personal opinion; nevertheless, he or she is obliged to possess knowledge that would allow him or her to present other points of view in a fair manner”.\textsuperscript{246}

— Lack of cooperation between specialists in health-related fields (e.g., endocrinology with psychiatry, a sexologist and a neurologist). An attempt to find all professionals that are friendly towards LGB people may be in vain.

\textsuperscript{245} According to KPH (Campaign Against Homophobia) and Lambda Warsaw experience, many people under 16 years of age look for support in the context of his or her non-heterosexual orientation.

\textsuperscript{246} http://www.ptp.org.pl/modules.php?name=News&file=article&sid=29
Sexual and reproductive health

Sexually transmitted diseases

The issue of preventing sexually transmitted diseases (STD) is even more difficult to tackle when it comes to the LGB population than matters concerning HIV infection. The Venereal Clinics are being liquidated, and people displaying the warning symptoms do not know where to go. There is a lack of epidemiological data on syphilis, gonorrhea, chlamydia and human papillomavirus (HPV) infections when taking into account the whole population. When it comes to viral hepatitis, the situation is clearer. Since the 90’s, the number of HBV type A and B infections has decreased significantly.\textsuperscript{247} The incidence of hepatitis C (HCV) is characterised by an upward trend, but in 2011 the observed number of cases (2,188 cases) was comparable with the number of cases reported in 2010 (2,212 cases). By comparison, in 2009 there were 1,939 cases, and 2,353 cases in 2008. HCV is the most common sexually transmitted infection. Due to the usually asymptomatic clinical course of HCV infection, it is detected in only a small number of people who either have already suffered from that disease or who had their tests performed on different occasions, e.g., blood donors. The estimated epidemiological data, however, leads one to believe that the number of people infected with HCV in Poland is around 730,000.\textsuperscript{248}

It is widely acknowledged that approximately 80% of registered cases of infections are related to medical services when the tissues are or may be torn. The entities providing medical services are required to introduce their own solutions in this regard, by forming units and Hospital Infection Control Committees and by developing and implementing internal procedures of providing medical services that would minimise the risk of spreading nosocomial infections, including the ones caused by the hepatitis C virus.\textsuperscript{249} These are the data for the entire population of Poland. Although there are unofficial figures from infectious hospitals suggesting

\textsuperscript{247} http://www.gis.gov.pl/ckfinder/userfiles/files/SSK.pdf \\
\textsuperscript{248} http://www.gis.gov.pl/ckfinder/userfiles/files/SSK.pdf \\
\textsuperscript{249} http://www.gis.gov.pl/ckfinder/userfiles/files/SSK.pdf
a prevailing number of MSM among individuals infected with HCV, there’s no “hard evidence” of this. No research confirms this data. By comparison, in 2010 in the United States, there were 19 million reported cases of sexually transmitted infections among young people and representatives of the various minority groups.

Homo- and bisexual men constituted two thirds of people infected with syphilis and/or gonorrhea. According to these studies men who have sex with men were 17 times more likely to develop anal cancer caused by HPV. Untreated sexually transmitted diseases can lead to serious health problems and can increase the risk of HIV infection. Public awareness campaigns and educational programs in Poland focus mostly on HIV prevention, whereas STIs remain ignored and underestimated. In terms of MSM population there are no guidelines about which physicians one should visit in case of warning signs, especially in the case of asymptomatic infections – not giving any symptoms, but still present in the body. Despite the fact that there are consulting and diagnostic centres that focus on the verification of specific infections (HCV, HIV, syphilis), there is a lack of both the professionals and centres, as well as the treatment of other, more common infections such as HPV (including genital warts), chlamydia, gonorrhea, trichomonas, dermatophytoses and HSV2 (herpes). There is also a lack of websites that would inform people where to go at the onset of symptoms, what to do when the result is positive, what the treatment and psychological support options are, etc. Limited access to information may result in resignation and a lack of will to pursue help. And the fact that the symptoms have disappeared does not mean that the infection is gone...

The question one may ask is whether sexual orientation influences STI diagnosis. An assumption concerning the heterosexual orientation of patients/clients may lead one to overlook various ways of diagnosing infections (e.g., the ways not related to penetrative sex – incorrect/unhygienic use of sexual accessories or overlooking anal or oral options). The latest reports confirm that the number of sexual transmitted infections immune to drugs or incurable is increasing. Untreated sexually transmitted

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infections lead to serious health problems, including cervical cancer, anal cancer, cancer of the larynx and/or infertility.

**Maternity/Faternity, pregnancy and fertility**

The issue of LGB parenting belongs to one of the most current trends in research on non-heterosexual family development. In Poland, it is estimated that there are tens of thousands of such families.\(^{251}\) More and more same-sex couples living together in relationships consciously choose to have children. LGB persons become parents by taking care of children from their own or their partners’ from previous relationships through co-parenting, adoption, foster families, donor insemination, in vitro fertilisation and/or through an agreement with a surrogate mother. Many LGB persons decide to enter into temporary relationships with persons of the opposite sex in order to create a family with a child. Polish law prevents LGB persons or severely hinders their access to medical services supporting procreation, which are usually directed at heterosexual couples. The latter have priority and are treated with special care. Information about the sexual orientation of a sperm donor often discriminates against an individual as such a donor.

Lesbians who reveal their sexual orientation experience less favourable treatment during pregnancy, childbirth and early motherhood. Male or female partners who co-care for children have limited access to information about the health of partners and children alike.\(^{252}\)

**Disabled LGB persons**

Research on the situation of LGB people living with disabilities show many difficulties that they encounter.\(^{253}\) Persons engaged in the health


\(^{252}\) http://www.aclu.org/lgbt-rights/lgbt-parenting

\(^{253}\) http://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_health-care/3478.asp
of disabled people typically focus on medical and functional aspects. They often do not recognise the aspect of psychological and emotional needs. The issue of the sexuality of disabled people remains a taboo. The assumption of the asexuality of disabled people and “excessive sexual activity” of LGB persons creates a dissonance and belief that these two aspects cannot be combined. A lack of access to professional literature and to support groups compounds that problem. People close to persons with disabilities should be aware of their needs and support LGB persons in the process of self-acceptance and allow LGB persons to define their sexual orientation or identity. The issue of help in terms of the realisation of sexual needs of persons who cannot put them into practice on their own should also be addressed.

Eldercare

The ‘aging population’ also affects LGB persons. This matter is subtle and requires special attention from non-governmental organisations and public health services. In Western European culture it is expected that the younger generation ‘will take care of’ the elderly. Nursing homes in Poland do not take into account the needs of LGB persons. Ignoring the diversity of sexual orientation and gender identity often leads to unconscious discrimination and hidden homophobia. People who care for the elderly do not make distinctions based on gender or sexual orientation. The general assumption of gender binarism and heteronormativity often forces older people to ‘go back into the closet’. Older LGB persons living in relationships are exposed to separation when the health of their partner changes. Very often, family members, who had not been participating in the daily life of an elderly person, appear. This applies to decisions about the place of residence of an elderly person, to the methods of treatment and to the division of property. Disclosing one’s sexual orientation in such institutions may result in exclusion and neglect in the health-related care (later hours of feeding, forbidding of visiting partners by the parents/children, inferior treatment, etc.).

http://www.stonewall.org.uk/what_we_do/research_and_policy/health_and_health-care/3480.asp
**Agata Loewe** – psychologist, sexologist, sexual educator and trainer. A graduate of Social and Clinical Psychology and Cross-Cultural Social and Clinical Psychology from the School of Social Sciences and Humanities and the Institute for Advanced Studies of Human Sexuality in San Francisco, where she received a PhD. in Human Sexuality. On a daily basis she deals with psychological and sexological counselling, as well as with organising and conducting workshops, seminars and conferences. She coordinates teamwork in the workgroup for health in the Campaign Against Homophobia, and participates in such organisations as Ponton, Trans-fusion, IGLYO and YouAct. She specialises in gender studies, sexual orientation, sexual preferences and gender identity. Agata works to promote the Sex-positive Movement, safer, more responsible and consensual behaviour and conscious relationships.

**Michał Pawłega** – counsellor, educator and specialist in the field of HIV/AIDS. He completed the course for sexual educators in the Society for Family Development and holds a certificate of HIV/AIDS Educator from the National AIDS Centre. He has contributed to the development of one of the first health education programs in Poland to use modern methods of interaction (partywork, streetwork) aimed at MSM (men having sexual intercourse with other men). Co-creator and producer of the innovative project of MSM club staff training within the scope of the health education of its clients.
PART THREE

Situation of transgender persons in Poland. Research analysis

Kinga Kryszk and Anna Kłonkowska
agenderism – the lack of gender identity, especially in terms of its cultural aspects (cf. gender)

androgyne – a term for hermaphroditism (cf. hermaphroditism) and intersexuality (cf. intersexuality) currently considered by intersexual persons to be offensive

bigenderism – the feeling of belonging to either of two genders concurrently, especially in terms of their cultural aspects (cf. gender)

cisgender – used (in order to distinguish from transgender persons [cf. transgender]) to describe persons who identify themselves with the gender recognised at birth (also called “genetic women” and “genetic men”)
cisman, ciswoman – terms pertaining to cisgender persons (cf. cisgender)

crossdresser – a person who wears clothing of the opposite sex, not necessarily being transgender, e.g. a male actor impersonating a female character or a female actor impersonating a male character; a broader notion than transvestite (cf. transvestite)

crossdressing – wearing clothing associated with the opposite sex, not necessarily indicating transgender identity (cf. transgender); a broader notion than transvestism (cf. transvestism)

female transsexual – a person (cf. transsexuality) born with a biologically male body who identifies with female gender (cf. transwoman, MtF)

femininity – characteristics culturally attributed to women (cf. gender)

FFS – facial feminization surgery, a surgical procedure aimed at feminising facial features, performed on transwomen (cf. transwoman)

FtM – female-to-male, defining a type of transsexual or transgender person

gender – the socio-cultural aspects of gender behaviour; a traditional division for men and women, usually superficially characterised on the basis of the appearance of the sex organs; also a collection of cultural features attributed to men or women, characterised in many different aspects (cf. masculinity, femininity, and below).

chromosomal gender – gender determined by the presence of gender chromosomes, usually XX for women and XY for men

external sex organs gender – defined by the presence of vulvae in women and penises in men

gonadal gender – female or male gonads, i.e., ovaries or testicles
**hormonal gender** – hormones that are produced by the body, implicitly androgens for men and oestrogens for women (cf. hormonal therapy)

**internal sex organs gender** – defined by the differentiation of reproductive organs that develop from gonadal ducts: Wolff’s ducts in men and Müller’s ducts in women

**legal gender (or socio-legal gender)** – established immediately after birth based on the structure of the external sex organs; currently, in Poland, marked as male (M) or female (F)

**metabolic gender** – pertains to autonomy of enzymatic systems in both genders, which is closely related to gender steroid activity (cf. hormonal gender, hormonal therapy)

**phenotypic gender** – secondary gender characteristics, e.g., androgenic hair or physique; develops independently from chromosomal gender

**physical gender** – a component of gender characteristics that determines specific looks for a certain gender, i.e., male or female

**psychological gender** – the sense of one’s own gender, also preferred gender in case of transsexuality (cf. transsexuality); for some transgender persons it may take unspecified shape

**gender correction** – the striving of a transgender person (cf. transsexuality) to achieve an appearance that corresponds with his or her psychological gender (cf. psychological gender) through hormonal therapy (cf. hormonal therapy), surgical procedures (most often, but not necessarily together with genital organs) and the changing of one’s legal personal data; often (although wrongly) called sex change

**gender identity** – (cf. psychological gender)

**GRS** – gender reassignment surgery, (cf. gender correction), a term used alternatively with SRS (cf. SRS)
gynecomastia – tissue growth near the nipples in males, resembling a woman’s breast

hermaphroditism – an anachronistic term for intersexuality (cf. intersexuality), sometimes called androgyne (cf. androgyny)

heteronormativity – a cultural configuration reducing sexuality to heterosexuality and gender identity to unequivocal identification with the gender defined at birth. Heteronormative culture excludes non-heterosexual and transgender identities, defining them as marginal, degenerate or deviant.

hormonal therapy – one component of the gender correction process (cf. gender correction), which consists of taking hormonal drugs for life that are to replace hormones produced by the body with hormones of the preferred gender; obligatory in Poland in order to undertake treatment and to legally change personal data (cf. legal gender)

hysterectomy – the surgical removal of the uterus and adnexa, a procedure performed on transmen (cf. transman)

intersexuality – the occurrence of any divergences in terms of biological gender (cf. biological gender), consisting of conjunction of male and female features

LGBT – an abbreviation describing non-heteronormative persons, i.e., lesbians, gays, bisexuals and transgender persons; other common variants are: LGBTQ (queer), LGBTQI (intersexual persons), LGBTQIA (asexual persons), LGBTQIAO (others)

male transsexual – a person (cf. transsexuality) born with a biologically female body who identifies with male gender (cf. transman, FtM)

masculinity – characteristics culturally attributed to men (cf. gender)

mastectomy – the surgical removal of breasts and creation of a male chest instead, performed on transmen (cf. transman)
metoidioplasty – the surgical correction of the external sex organs, performed on transmen (cf. transman), consisting of the creation of a penis from the clitoris, with a minimum of additional transplants (cf. phalloplasty)

MtF – male-to-female, defining a type of transsexual or transgender person

neophalloplasty – (cf. phalloplasty)

orchidectomy – the surgical removal of the testicles, performed on transwomen (cf. transwoman)

panhysterectomy – (cf. hysterectomy)

phalloplasty – surgical correction of the external sex organs on transmen (cf. transmen), consisting of the construction of a penis from grafted tissue of one’s own body (cf. metoidioplasty)

queer – a collective term used to describe non-heteronormative persons and behaviours (cf. heteronormativity)

real-life test – used in transsexual diagnosis, where a transsexual person lives as the preferred gender before gender correction surgery (cf. gender correction)

sex change – an anachronistic term for gender correction (cf. gender correction)

sexual orientation – a direction of sexual drive. A sexual orientation category, due to its genital presumption, appears to be quite problematic when it comes to transgender persons (cf. transgender), who, similar to cisgender persons (cf. cisgender) tend to be hetero-, homo-, or bisexual.
SRS – sex reassignment surgery (cf. gender correction), a term used alternatively with GRS (cf. GRS) but, as opposed to GRS, a physical aspect of gender is more emphasized

transformation – another term for the gender correction process (cf. gender correction)

transgender – a collective term for persons who fall beyond the traditional, unequivocal classification of male and female gender; includes transvestitism (cf. transvestitism), transsexuality (cf. transsexuality), and other forms beyond gender convention

transgenderism – occasionally used (anachronistically) in a narrower meaning for transgender persons who do not fit the notions of transexuality (cf. transexuality) or transvestitism (cf. transvestitism), breaking down gender conventions in the different shapes

transition – a term pertaining to the gender correction process (cf. gender correction) and to a transsexual or transgender person (cf. transsexuality, transgender) beginning to live as the preferred gender

transman – a transsexual (or transgender) person who was born biologically as a woman and adopts the identity of a man, often (but not exclusively) undertaking steps to correct his or her body and/or legal identity to become a man (cf. FtM)

transmisogyny – a specific form of transphobia (cf. transphobia); an aversion towards and discrimination against transwomen (cf. transwoman), not only with regard to their transgenderism (cf. transgender), but also because of their transition direction (cf. transition)

transphobia – an unjustified fear of transgender persons (cf. transmisogyny)
**transsexuality** – a phenomenon pertaining to the situation of a person whose experienced gender identification does not correspond with one’s physical gender, but with the opposite one. It is related to the striving for correction of one’s body using hormonal therapy (cf. hormonal therapy) and surgical treatments, most often including the final surgery of sex organs (cf. phalloplasty, metoidioplasty, vaginoplasty and SRS), and striving for legal gender correction (cf. gender correction)

**transvestitism** – (properly: transvestitism with double role type) wearing clothes of the opposite sex in order to experience a temporary feeling of belonging to that gender; not characterised by the desire for permanent sex correction, especially surgical; often (wrongly) confused with fetish transvestitism (cf. cross-dressing)

**transvestite** – a person (cf. transvestitism) who wears clothing of the opposite sex in order to experience a temporary feeling of belonging to that gender

**transwoman** – a transsexual (or transgender) person who was born biologically as a man and adopts the identity of a woman, often (but not exclusively) undertaking steps to correct his or her body and/or legal identity to become a woman (cf. MtF)

**vaginoplasty** – a surgical correction of the external sex organs performed on transwomen (cf. transwoman), consisting of the creation of a vagina and vulva from the penis and scrotum
Introduction

This report pertains to the social situation of transgender persons in Poland.

Its first part is based on an analysis of data gathered at the end of 2011 and at the beginning of 2012 in the form of a questionnaire.

The collected data refers to the relationships of the respondents and their families, their partners and circles of friends, at work, in contact with educational institutions, health services and other public institutions, as well as to any violence and discrimination they experience. Information on the current medical and legal situation of gender correction was also gathered.

The Aim

The aim of this research was to present data referring to the current social situation of transgender persons in Poland.

We were particularly interested in the material pertaining to:
— the respondents’ perception of their own sexuality and gender;
— the attitude and knowledge of transgender issues in their closer and broader surroundings (their family of origin, life partners, circle of friends, school and university environment, workplace, health service, government offices, public institutions, etc.);
— the legal and medical issues of gender correction in Poland, as well as expectations and motives of transgender persons in relation to them; and
— discrimination and mental and physical abuse experienced by transgender persons.

Apart from collecting and publishing information pertaining to the above issues, the report on the situation of transgender persons in Poland also has a practical aim: the collected material is to be used by the Trans-Fuzja Foundation and Campaign Against Homophobia to:
— lobby for the legal gender correction act,
— lobby for refunds on hormonal drugs and treatments connected with medical gender correction,
— change the attitude of sexologists and psychologists towards transgender persons, and
— aid actions for changing the negative stereotypes concerning transgender persons.

Methodology

Research tool

A questionnaire was developed for the needs of this research, consisting of 85 questions. Most of them were multi- and single-answer questions supplemented with open questions that required a short account of events from the respondents or a statement of causes concerning a certain fact, sometimes supplementing the provided answers with the category “another answer, which one?”, etc.

This research was conducted for the first time in Poland.

The procedure

The research was conducted over three months, from November 2011 to January 2012. It was aimed at transgender persons living in Poland. The prevailing data (almost 2/3 of the analysed questionnaires) were collected through the electronic version of the questionnaire, available at the website created for both parts of this report: the survey concerning the social situation of bi- and homosexual persons in Poland and the survey concerning the social situation of transgender persons in Poland. In order to minimize the risk of duplicate questionnaires from the same person, a program was registering the IP addresses of the computers from which the questionnaires were filled in. Information about the survey with a link to the website was available at other websites for LGBT persons. Some questionnaires were collected by filling in the printed version (or .doc version) gathered by volunteers.
and the authors of the survey among transgender persons in different regions of Poland.

The analysis covered 112 questionnaires – only fully completed and properly filled in questionnaires were included.

Considering the lack of information about the general socio-demographic characteristics of transgender persons in Poland (referring to, among other things, the persisting reluctance to reveal one’s gender identity), and because of the relatively small percentage the respondents represent in the general population, it was not possible to select a representative sample.

Considering the small sample (n=112), it was not always possible to draw general conclusions on the correlation or dependency between certain factors in the described results, especially with regard to the issues pertaining merely to the small percentage of the respondents. Such a small sample also imposes certain interpretation limitations, of which the authors are aware. Therefore, while analysing the data which referred to a small group of people among the respondents, instead of giving the percentage of people answering a certain question, we provide the number of people who selected a particular answer.

**ANALYSIS OF THE RESULTS**

**The sample profile**

The analysis covered 112 persons. The sample was dominated by young and educated people. A CBOS survey of August 2011 regarding the issue of internet usage by Poles shows that 56% of them use the internet at least once a week, especially young people (99% of schoolchildren). A higher level of education, as well as the place of residence (the big-
ger the city, the more often), correlate with the frequency of internet usage. Therefore, we have an overrepresentation of younger and better-educated persons in the sample.

People below the age of 30 constituted 62.5% of all respondents, and those over the age of 30 made up 37.5%. In the first age category, people under the age of 20 constituted 25%, aged 21–25 were 23.2%, and aged 26–30 were 14.3%. People aged 31–40 were 19.6%, and over the age of 40 were 17.9%. Figure 1.1 presents the respondents according to age.

Figure 1.1: State your age\textsuperscript{257} (n=112)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 20</td>
<td>25%</td>
</tr>
<tr>
<td>21–25</td>
<td>23.2%</td>
</tr>
<tr>
<td>26–30</td>
<td>14.3%</td>
</tr>
<tr>
<td>31–40</td>
<td>19.6%</td>
</tr>
<tr>
<td>Over 40</td>
<td>17.9%</td>
</tr>
<tr>
<td>Over 40</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

Less than half of the respondents (44.5%) hold a higher education degree. One-third have a secondary education (36.4%). One in five respondents has less than a secondary education (19.1%), including vocational education (8.2%), lower secondary education (9.1%) and primary education or lower (1.8%). Figure 1.2 presents the respondents according to their level of education.

\textsuperscript{256} Marta Abramowicz, in her report from the current year titled, \textit{The Social Situation of Bi- and Homosexual Persons}, refers to the same CBOS research.

\textsuperscript{257} Marta Abramowicz, in her report from the current year titled, \textit{The Social Situation of Bi- and Homosexual Persons}, refers to the same CBOS research.
The respondents were asked both where they lived for most of their lives and where they live now. Figure 1.3 presents the respondents according to the place of residence in which they spent most of their lives; Figure 1.4 presents the respondents according to their current place of residence.

A tendency to move to bigger cities can be observed. The possible reasons are varied: continuing education, improving chances for work and a career, making use of cultural and entertainment options, and lastly, seeking
a more liberal social environment and a greater sense of anonymity in urban areas. Those who are undergoing or have undergone gender correction may also change their environment/place of residence in order to start a “new” life, one which agrees with them.

In comparing the current place of residence of the respondents, the number of respondents living in villages decreased to 6.3%, in small towns (fewer than 20,000 inhabitants) to 9%, in towns with fewer than 50,000 inhabitants to 8.1%, and in towns with fewer than 100,000 inhabitants to 8.1%. On the other hand, the number of respondents currently living in towns with fewer than 500,000 inhabitants increased to 34.2%, in cities with fewer than 1,000,000 to 15.3%, and in the biggest cities (with over 1,000,000 inhabitants) to 18.9%. This data is presented in figure 1.5.

**Figure 1.5**

<table>
<thead>
<tr>
<th>Place of Residence</th>
<th>Village</th>
<th>Town with fewer than 20,000 inhabitants</th>
<th>Town with fewer than 50,000 inhabitants</th>
<th>Town with fewer than 100,000 inhabitants</th>
<th>Town with fewer than 500,000 inhabitants</th>
<th>Town with fewer than 1,000,000 inhabitants</th>
<th>City with more than 1,000,000 inhabitants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where did you live for most of your life?</td>
<td>8.1%</td>
<td>11.7%</td>
<td>13.5%</td>
<td>16.2%</td>
<td>31.5%</td>
<td>8.1%</td>
<td>10.8%</td>
</tr>
<tr>
<td>What is your current place of residence?</td>
<td>6.3%</td>
<td>9%</td>
<td>8.1%</td>
<td>8.1%</td>
<td>34.2%</td>
<td>15.3%</td>
<td>18.9%</td>
</tr>
</tbody>
</table>
53.6% of the respondents were officially assigned female gender (legal gender), and 46.4% male. Currently the respondents have legal male or female gender in equal numbers (both 50%). Figure 1.6 presents the respondents according to the legal gender assigned at birth and the current legal gender.

Figure 1.6: Legal gender you were given at birth (n=110); current legal gender (n=110)

<table>
<thead>
<tr>
<th>Legal gender given at birth</th>
<th>53.6%</th>
<th>46.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current legal gender</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

Almost one third (37%) of the respondents declared heterosexual orientation (in respect to the gender they identify with). Slightly fewer people consider themselves bisexual (31.5%). One-fifth of the respondents declared themselves to be homosexual (21.3%). Figure 1.7 presents the respondents according to their sexual orientation.

Figure 1.7: What is your sexual orientation (in respect to the gender you identify with) (n=108)

<table>
<thead>
<tr>
<th>Homosexual 21.3%</th>
<th>Bisexual 31.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heterosexual 37%</td>
<td>Other 10.2%</td>
</tr>
</tbody>
</table>

Only a few people explained what the answer “other” meant. They said they had been hesitation or that they had considered themselves asexual.

Over half of the respondents (55.3%) were not in any relationship. Among the others, non registered partnerships were more common (31.9%), than marriages (12.8%). Figure 1.8 presents the detailed data.
Figure 1.8: Are you in a relationship? (n=94)

- yes, it is a partnership relationship 31.9%
- yes, it is a marital relationship 12.8%
- no, I am not currently in a relationship 55.3%

Perception of own’s gender

In the question referring to gender identity, a scale from -5 to +5 was used and the respondents were asked to determine their gender identification.

The respondents were asked to determine the gender they identify with. They were to mark on the scale from -5 to +5 the extent to which they feel like either a woman or a man. As it was described in the instructions, “the number -5 means that you fully feel like as a man, and number +5 that you fully feel like as a woman. The number ‘0’ means that you feel like as a man and a woman to the same extent”. The respondents could also choose the answer “I feel different”. 107 respondents marked their identification on the scale. The breakdown of the respondents according to the above-mentioned scale is presented in Figure 2.1.

Some individuals chose the answer “I feel different”, thus expressing a gender identification situated beyond the scale of the male-female (and androgyny) dimension, and the following explanations demonstrate the phenomenon: “neither, nor”, “it is related to performing a cultural gender. I don’t have, however, a feeling of being either a man or a woman, etc. In that sense I don’t understand what it means to be a woman, a man. For me gender relates only to anatomic and physiological issues, etc., not to behaviour, predispositions or emotions”.

The respondents were asked a question about their attitude towards legal gender correction, sex organs and their body within a different (other than sex organ correction) scope. The results show that transgender persons to a larger extent are thinking about correcting their body within a different (other than sex organ correction) scope (this problem is described in detail in the second part of the report, which pertains to medical issues) or they have already done so. One in five respondents (21.5%) had already done some kind of correction, one in three (33.6%) was going to perform it, and 28% postponed the correction.

Furthermore, the respondents were thinking about legal gender correction, which refers to changing the annotation in their legal documents. This type of correction had been made by 17.3% of the respondents, 42.3% intended to make it and 20.2% considered the correction but postponed it.

Generally, the respondents think about correcting their sex organs the least frequently. It can be understood, since this sort of correction is the most radical (in terms of body change) and it signifies a full intervention into the physical characteristics of sex. Therefore, more than one-third of the respondents (35.3%) did not plan to correct their sex organs and – at the same time – one in ten had already done so (10.8%), whereas one-third of them planned to do so and the rest (18.6%) were considering it but not
in the near future. Figure 2.2 presents the answers according to the listed types of corrections.

**Figure 2.2: Indicate your attitude towards the correction**

<table>
<thead>
<tr>
<th></th>
<th>I have already done my correction (%)</th>
<th>I haven’t yet done my correction but I am going to (%)</th>
<th>I would like to correct my body but I am not planning it yet (%)</th>
<th>I don’t want to correct my body at all (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>One’s legal gender</td>
<td>17,3%</td>
<td>42,3%</td>
<td>42,3%</td>
<td>20,2%</td>
</tr>
<tr>
<td>One’s sex organs</td>
<td>10,8%</td>
<td>35,3%</td>
<td>35,3%</td>
<td>35,3%</td>
</tr>
<tr>
<td>One’s body in a different scope</td>
<td>21,5%</td>
<td>33,6%</td>
<td>33,6%</td>
<td>16,8%</td>
</tr>
</tbody>
</table>

The respondents were also asked whether their sexual orientation had changed over time. The respondents (n=104) in the prevailing majority stated that their sexual orientation had not changed (70.2%), whereas 29.8% stated the opposite.

The respondents who stated that their sexual orientation had changed were asked to answer the following question: “Was it related to any particular event/change in your life (e.g., with starting hormonal therapy)?” (n=25). Most of them did not relate this fact with some particular event in their lives, e.g., hormonal therapy (84%). One in six people (16%), however, noted some reasons for the change.

Only a few people among those whose sexual orientation had changed named reasons, such as: “reading the book *Dziewczyna i Chłopak* (A Girl and a Boy), “functioning in the male role long enough to feel confident in relations with men”.

One can give an impression of being transgender occasionally, often or constantly. Some people restrict themselves to living within four walls. Others strive to hide the fact, especially at work and in the public sphere. However, through body language, timbre of voice, or when discussing one’s interests, others may notice that such a person is different – not typical for his or her gender. In the performed survey we were interested
if, among the respondents, any afterthought occurs as to how they are perceived by others. The results show they had often pondered whether the people around them suspect that they are transgender. 49.5% of the respondents thought about it often or very often, and 20.9% sometimes. On the other hand, 13.2% of the respondents rarely or very rarely thought about being perceived as transgender persons. The other respondents did not think about it at all (13.2%). Figure 2.3 presents the respondents’ answers on this topic.

Figure 2.3: Do you often wonder if people around you may suspect you of being transgender? (n=91)

Gender reassignment process

Medical issues

Transgender persons (mainly transsexuals) often plan medical interventions in order to fit their body to their own gender identity. The first stage of body correction is a diagnostic procedure performed by a psychologist or physician who specialises in sexology. It appeared that almost half of the respondents had never been diagnosed in terms of being transgender (48.6%). Of those who had been diagnosed, 42.3% stated that they were defined as transsexual, and the others had been described by the specialists as transvestite persons of double-role type (4.5%). Figure 3.1 presents the respondents’ answers on this issue.

Figure 3.1: Have you ever been diagnosed by a specialist (medical or psychological sexologist) as transgender? (n=111)
A few people described the “other” diagnosis. There were answers such as, “psychosexual development disorder of unspecified type”, “unspecified, transgender?”, “gender identity disorder” and “They didn’t tell me”.

A diagnosis confirming one to be transgender makes it possible to start the legal process of correcting their documents to ones stating the name and gender they identify with. In some cases, the diagnosis enables to begin some medical treatment aiming towards a physical gender correction. Some people begin to correct their body (e.g., laser facial removal, laser hair removal of the other parts of the body, or some cosmetic surgeries) before the diagnosis in the scope of treatments or procedures that do not require a diagnosis to be performed. Among the respondents, however, some people had started hormonal therapy “on their own”.

Most of the respondents (41.9%) planned body correction but had not started it yet, some were in the middle of that process (21.9%) or had already gone through it (9.5%). The rest (21.9%) were not considering any intervention to their body. Figure 3.2 presents the respondents’ answers in this regard.

Figure 3.2: Do you plan or have you already decided to adjust your body (through medical intervention) to the gender you identify with? (n=105)
The respondents who had undertaken medical body correction (31.4%) were asked to indicate which treatments, therapies and surgeries they had already undergone.

The female respondents (who underwent an MtF transition) had already had laser hair removal (38.2%), hormonal therapy (50%), breast implants (17.6%), facial correction (8.8%) and SRS (MtF type sex reassignment surgery) (20.6%). None of the respondents had undergone shortening of the vocal ligaments.

On the other hand, the male respondents (who underwent a FtM transition) had already had hormonal therapy (58.6%), mastectomy (37.9%), panhysterectomy (surgical removal of the uterus with adnexa and the vagina 27.6%), neophalloplasty and metoidioplasty (formation of male sex organs) (10.3%). Figure 3.3 presents the respondents according to the treatments and therapies they had undergone.

Figure 3.3: Which treatments, therapies or surgeries have you undergone? (You can pick more than one answer.)

<table>
<thead>
<tr>
<th>MtF changes (n=34)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser hair removal</td>
<td>38.2%</td>
</tr>
<tr>
<td>Hormonal therapy</td>
<td>50%</td>
</tr>
<tr>
<td>Breast implant</td>
<td>17.6%</td>
</tr>
<tr>
<td>Facial correction</td>
<td>8.8%</td>
</tr>
<tr>
<td>Shortening of the vocal ligaments</td>
<td>-</td>
</tr>
<tr>
<td>MtF type SRS sex reassignment surgery</td>
<td>20.6%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FtM changes (n=29)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal therapy</td>
<td>58.6%</td>
</tr>
<tr>
<td>Mastectomy (breast removal)</td>
<td>37.9%</td>
</tr>
<tr>
<td>Panhysterectomy (surgical removal of the uterus with adnexa and the vagina)</td>
<td>27.6%</td>
</tr>
<tr>
<td>Neophalloplasty and metoidioplasty (formation of male sex organs)</td>
<td>10.3%</td>
</tr>
</tbody>
</table>

The respondents were also asked what treatments, therapies or surgeries they planned to undergo.
The MtF respondents declared that they wanted to undergo: laser hair removal (43%), SRS (40%), hormonal therapy (39%), breast implants (39%), facial correction (27.5%), vocal ligaments shortening (10%) and other treatments (7.5%).

The FtM respondents, on the other hand, would like to undergo: hormonal therapy (51%), mastectomy (63.3%), panhysterectomy (surgical removal of the uterus with adnexa and the vagina) (57.1%), neophalloplasty and metoidioplasty (formation of male sex organs) (51%) and other treatments (12.2%).

Among the “other” answers, the respondents indicated the following: “Adam’s apple correction” and “orchidectomy” (a surgical procedure to remove testicles). Figure 3.4 presents the respondents according to the treatments planned.

Figure 3.4: Which treatments, therapies and surgeries do you still intend to undergo? (You can pick more than one answer).

<table>
<thead>
<tr>
<th>MtF changes (n=41)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser hair removal</td>
<td>43%</td>
</tr>
<tr>
<td>Hormonal therapy</td>
<td>39%</td>
</tr>
<tr>
<td>Breast implants</td>
<td>39%</td>
</tr>
<tr>
<td>Facial correction</td>
<td>27.5%</td>
</tr>
<tr>
<td>Shortening of the vocal ligaments</td>
<td>10%</td>
</tr>
<tr>
<td>MtF type SRS sex reassignment surgery</td>
<td>40%</td>
</tr>
<tr>
<td>Other</td>
<td>7.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FtM changes (n=49)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal therapy</td>
<td>51%</td>
</tr>
<tr>
<td>Mastectomy (breast removal)</td>
<td>63.3%</td>
</tr>
<tr>
<td>Panhysterectomy</td>
<td>57.1%</td>
</tr>
<tr>
<td>Neophalloplasty and metoidioplasty</td>
<td>51%</td>
</tr>
<tr>
<td>Other</td>
<td>12.2%</td>
</tr>
</tbody>
</table>

Some of the medical interventions for physical gender correction may be performed before or without legal gender correction. Some of them, however, (such as hormonal therapy) are essential in order to gain credibility.
(in terms of being transgender\textsuperscript{258}) in the eyes of the judicial experts and to achieve legal gender correction. On the other hand, some procedures (on external and internal sex organs) are possible, from a legal point of view, after the judicial verdict that awards legal gender correction.

The respondents who wanted to perform legal gender correction (or who had done it already) were asked to indicate the treatments, therapies and surgeries they had already undergone or planned to undergo after legal gender correction. Figure 3.5 presents the respondents’ answers.

Figure 3.5: Which treatments, therapies and surgeries have you undergone or do you intend to undergo after legal gender correction? (You can pick more than one answer).

<table>
<thead>
<tr>
<th>MtF changes (n=41)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser hair removal</td>
<td>34.1%</td>
</tr>
<tr>
<td>Hormonal therapy</td>
<td>36.6%</td>
</tr>
<tr>
<td>Breast implants</td>
<td>26.8%</td>
</tr>
<tr>
<td>Facial correction</td>
<td>26.8%</td>
</tr>
<tr>
<td>Shortening of the vocal ligaments</td>
<td>7.3%</td>
</tr>
<tr>
<td>MtF type SRS sex reassignment surgery</td>
<td>31.7%</td>
</tr>
<tr>
<td>Other</td>
<td>7.3%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FtM changes (n=49)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal therapy</td>
<td>38.8%</td>
</tr>
<tr>
<td>Mastectomy (breast removal)</td>
<td>60%</td>
</tr>
<tr>
<td>Panhysterectomy (surgical removal of the uterus with adnexa and the vagina)</td>
<td>64%</td>
</tr>
<tr>
<td>Neophalloplasty and metoidioplasty (formation of male sex organs)</td>
<td>53.1%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
</tr>
</tbody>
</table>

The MtF respondents selected hormonal therapy (36.6%), laser hair removal (34.1%), MtF type sex reassignment surgery (31.7%), breast implants (26.8%), facial correction (26.8%), shortening of the vocal ligaments (7.3%) and other treatments (7.3%).

\textsuperscript{258} As it was mentioned above – only a transgender diagnosis leads to legal gender correction
The FtM respondents indicated panhysterectomy (64%), mastectomy (60%), neophalloplasty (53.1%), hormonal therapy (38.8%) and other treatments (14%).

It is worth adding that for transgender persons hormonal therapy is lifelong, if certain changes cannot be reversed. According to the respondents’ answers, most of them, regardless of either having had or planning legal gender correction, were aware of the necessity to continue this therapy. 85.5% of the respondents confirmed this, comparing to 1.4% who stated the opposite. Over ten percent (13%) did not know yet. The results are presented in Figure 3.6.

Figure 3.6: After legal gender correction did you continue or do you intend to continue hormonal therapy? (n=69)

Among those who discontinued hormonal therapy after legal gender correction, or did not intend to continue it, may have been (together with those who decided to stop it for health or financial reasons) those transgender persons who did not feel the need for such an intervention, but who desired a legal gender correction and were forced to start hormonal therapy in order to gain credibility as transgender persons in the eyes of the experts (as mentioned before, only a diagnosis as transgender opens the way for legal gender correction).

In most cases, the respondents undertake decisions to undergo a treatment, therapy or surgery on their own. To the question, “Have you ever felt forced, e.g., by doctors or legal requirements, to undergo a treatment, therapy or surgery? (n = 91) 94.5% of the respondents answered “no”. However, 5.5% of them felt such pressure. As stated above – they may have been people who did not feel the need to undergo such an interven-
tion on their body, but they felt compelled to do so in order to, for example, perform legal gender correction.

Some of the respondents did not decide or did not intend to perform each and every of the procedures related to physical gender correction. Financial reasons (56.4%) is the answer given most often. The second reason was not feeling the need to perform certain treatments (31%). Finally, the third reason was the fear of how society would have reacted (20%). 20% of the respondents pointed out other reasons. Subsequently, the respondents indicated a fear of medical intervention in their body (19%) and health reasons (14%). Figure 3.7 presents their answers.

Figure 3.7: Why haven’t you decided yet or why do you not intend to perform some or all the treatments related to physical gender correction? (You can pick more than one answer) (n=100)

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I don’t feel a need to perform them</td>
<td>31%</td>
</tr>
<tr>
<td>Financial reasons</td>
<td>56.4%</td>
</tr>
<tr>
<td>Health reasons</td>
<td>14%</td>
</tr>
<tr>
<td>I am afraid of medical intervention in my body</td>
<td>19%</td>
</tr>
<tr>
<td>For fear of the reaction from society</td>
<td>20%</td>
</tr>
<tr>
<td>Other</td>
<td>20%</td>
</tr>
</tbody>
</table>

The explanations connected to the reason “other” occurred sporadically and had a general character, such as “emotional immaturity” or “fear of losing the love of relatives”.

The respondents were also asked about their hypothetical approach towards performing various treatments if the financial, health or legal obstacles had not existed. In that case, the FtM transgender persons would decide on laser hair removal – 65.2%, breast implants – 43.5%, facial correction – 43.5%, hormonal therapy – 43.5%, and SRS – 43.5%. Less frequently, they would undergo the vocal ligaments shortening surgery – 26.1%, and other treatments – 6.5%. Even without any barriers, 17.4% would not undergo any treatments.
On the other hand, FtM transgender persons would decide – accordingly to the frequency of answers – on mastectomy 72.7%, hormonal therapy (69.1%), neophalloplasty (66.7%), panhysterectomy (surgical removal of the uterus with adnexa and the vagina) – 63.6%, and other treatments (11.8%). 9.3% of the respondents would not undergo any treatments.

Figure 3.8 presents the respondents’ answers.

**Figure 3.8: Which of the following procedures would you undergo if there were not any obstacles (e.g., financial, health or legal)? (You can pick more than one answer).**

<table>
<thead>
<tr>
<th>MtF changes (n=46)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser hair removal</td>
<td>65.2%</td>
</tr>
<tr>
<td>Hormonal therapy</td>
<td>43.5%</td>
</tr>
<tr>
<td>Breast implants</td>
<td>45.7%</td>
</tr>
<tr>
<td>Facial correction</td>
<td>43.5%</td>
</tr>
<tr>
<td>Shortening of the vocal ligaments</td>
<td>26.1%</td>
</tr>
<tr>
<td>MtF type SRS sex reassignment surgery</td>
<td>43.5%</td>
</tr>
<tr>
<td>Other</td>
<td>6.5%</td>
</tr>
<tr>
<td>None</td>
<td>17.4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FtM changes (n=55)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hormonal therapy</td>
<td>69.1%</td>
</tr>
<tr>
<td>Mastectomy (breast removal)</td>
<td>72.7%</td>
</tr>
<tr>
<td>Panhysterectomy (surgical removal of the uterus with adnexa and the vagina)</td>
<td>63.6%</td>
</tr>
<tr>
<td>Neophalloplasty and metoidioplasty (formation of male sex organs)</td>
<td>66.7%</td>
</tr>
<tr>
<td>Other</td>
<td>14.5%</td>
</tr>
<tr>
<td>None</td>
<td>9.3%</td>
</tr>
</tbody>
</table>

The diagnostic process and treatments (gender correction) require the participation of various experts. However, almost half of the respondents (43%) did not contact any specialists. Among them there were people who did not consult experts and those who did not plan the official gender correction (cf. Figure 2.1 of this report). The other respondents consulted the following specialists: psychologist (34.3%), sexologist (32%), psychiatrist (27.9%), psychologist-sexologist (2.2%), and other (7.9%). Figure 3.9 presents the respondents’ answers in that matter.
Several times the respondents indicated an endocrinologist in the answer under the heading “other”.

The substantial majority of the respondents who underwent medical diagnosis did not change the attending physician (84.8%). 13% of the respondents changed it once, and 2.2% twice. Figure 3.10 presents the respondents’ answers.

Those respondents who changed their physician were asked to indicate the reason. Only 7 people answered that question; therefore, these results should be treated tentatively. Most of the respondents in that respect indicated a long distance from the place of residence. As a matter of fact, there are only a few physicians in Poland who deal with transgender persons. One can find out about them through the website www.transseksualizm.pl, where several names are listed. For some people the greater distance to travel to a physician means additional time and money. The lack of a good relationship with a physician, such as personality differences, unfriendly
attitude of the physician, or the prospect of staggering subsequent visits, were indicated second-most often. Finally, financial matters were equally important. An appointment at a doctor’s office ranges from 50 PLN to 150 PLN. Figure 3.11 presents the respondents’ answers in that matter.

Figure 3.11: Why did you change or want to change your physician? (If you changed physicians more than once you can choose more than one answer.) (n=7)259

<table>
<thead>
<tr>
<th>Reason for changing or wanting to change physicians during the therapy</th>
<th>Number of answers indicated</th>
</tr>
</thead>
<tbody>
<tr>
<td>I didn’t like the physician</td>
<td>2</td>
</tr>
<tr>
<td>Financial reasons</td>
<td>1</td>
</tr>
<tr>
<td>Distance from my place of residence</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
</tr>
</tbody>
</table>

The duration of the diagnostic process indicated by the respondents varied. While some of the respondents had not finished the diagnostic process (39.3%), for 19.7% of the respondents it lasted from one to two years and for 16.4%, from half a year to a year. For one-tenth of the respondents it took from three to six months (9.8%). 8.2% of them stated that they had only needed three months to complete the diagnosis. The answers are presented in Figure 3.12.

Figure 3.12: How long did the diagnostic process last? Choose the most accurate duration. (n=61)

<table>
<thead>
<tr>
<th>Duration</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>It has not finished yet</td>
<td>39.3%</td>
</tr>
<tr>
<td>From approximately 1 to 2 years</td>
<td>19.7%</td>
</tr>
<tr>
<td>From 3 to 6 months</td>
<td>9.8%</td>
</tr>
<tr>
<td>From approximately 6 to 12 months</td>
<td>16.4%</td>
</tr>
</tbody>
</table>

259 The total amount of indications was nine, while seven respondents answered this question. A larger number of indications (than the number of respondents) results from the possibility of selecting more than one answer, when a person changed his or her physician more than once.
In Poland, as matter of fact, there is no refund for treatments, therapies and surgeries related to gender correction. Therefore, the respondents have to count on their own financial resources or on relatives’ help and it should not be surprising that two-thirds of the respondents (65.9%) paid for the various treatments, therapies and surgeries with their own money. Additionally, the respondents were supported financially by family/friends/colleagues (39%). The National Health Fund to a very small extent participated in refunding the treatments and – one can imagine – that was possible because of the loopholes in the NHF’s refunding system. Figure 3.13 presents the respondents according to the sources of financing for the treatments.

Figure 3.13: What were the sources of financing for all of the treatments/therapies/surgeries you underwent? (You can pick more than one answer.) (n=41)

<table>
<thead>
<tr>
<th>Source of Financing</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>I paid on my own</td>
<td>65.9%</td>
</tr>
<tr>
<td>I was helped by my family/friends/colleagues</td>
<td>39%</td>
</tr>
<tr>
<td>NHF covered some costs</td>
<td>9.7%</td>
</tr>
<tr>
<td>Other</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

A bank loan was mentioned several times under the heading “other”.

A transgender person planning a legal gender correction undergoes what is known as a real-life test. It lasts from the start of living life according to one’s gender identity till one’s surgical correction. This period allows a person and a physician to monitor the experience of a new gender role and to acquire new forms of expression and interaction with others. Consequently, a transgender person has the possibility to confront their impression of the gender they identify with, for example, how they are perceived by others. Although daily life in the new role with “old” identification cards and personal data does not always resemble “real-life”, supposedly – thanks to the interaction with their environment – a transgender person can find out how they would feel living life in a particular gender. There is no formal time frame regarding the length of this test.
For 50% of the respondents who were asked about the length of the test (n=40) it was still in progress. As far as the other respondents are concerned, for the same percentage (10%) of the respondents this process lasted over two years or from half a year to one year, or from three to six months. 12.5% of the respondents were performing the real-life test from one to two years. Finally, fewer than one in ten of the respondents did the test in a surprisingly short time – less than 3 months. Figure 3.14 presents the respondents’ answers.

Figure 3.14: How long did the “real-life test” last? (n=40)

Among the respondents who answered the question regarding their treatment by the physicians who accompanied them during the gender correction process, two-thirds (66.7%) answered that they were treated like normal people who needed a doctor’s advice. One in eight persons (12.5%) declared that he or she was treated as a disturbed or perverted individual. Finally, one in ten of the respondents (10.4%) indicated that they were treated like a sick, suffering person who required (unwanted) compassion. Figure 3.15 presents the answers.

Figure 3.15: How are you being treated by the physicians who accompany you during the physical and legal gender correction process? (n=48)
On the other hand, almost all of the respondents perceive themselves in relationships with physicians as normal persons who want to use their services. Figure 3.16 presents the respondents’ answers.

Figure 3.16: How do you perceive yourself in relations with physicians who accompany you during the physical and legal gender correction process? (n=46)

- As a normal person who wants to use their services 93.4%
- As a disturbed person 2.2%
- As a sick, suffering person who requires their care and compassion 2.2%
- Other 2.2%

Legal issues

According to the latest trends, legal gender correction in European countries is carried out as an administrative procedure. In Poland, however, legal correction requires a civil court case. District civil courts accept lawsuits from transgender persons under Article 189 of the Code of Civil Procedure “to establish” (in this case, the legal gender). The Code of Civil Procedure determines that there must be a claimant and defendant. In the cases of legal gender recognition, the parents of the plaintiff are the defendants or, in their absence, the appointed guardians. This situation also applies to adults who have full legal capacity. The parents’ “charge” often leads to an escalation of family conflicts. Although the opinion of parents regarding gender correction is not decisive in terms of the judgment, the quarreling family can sometimes extend the process by submitting new motions and appointing new witnesses. The courts base their judgments primarily on medical opinions. The courts require that it should be a sexologist or psychiatrist specialising in sexology who issues such an opinion. There is no specific time during which the court must hold a judgment; therefore, the process can sometimes take a very long time. Furthermore, if one spouse corrects their legal gender, the couple must get divorced.
If Polish law envisaged room for same-sex partnerships, divorce would not be necessary. The existing judicial procedure impedes rather than aids in the decision of submitting a motion to establish legal gender.²⁶⁰

One-fourth of the respondents (26.4%) had submitted the above-mentioned motion. Figure 3.17 presents the respondents’ answers in that matter.

Figure 3.17: Have you submitted a motion to the court to establish your gender (legal gender correction)? (n=91)

The analysis of the question regarding the waiting time from filing the suit to the first appearance in court is quite difficult since the overall number of respondents who answered this question is relatively low (23 persons). Therefore, it can be generally acknowledged that for more than half of the respondents who answered that question, the waiting time for a trial was up to four months. The others (43.5%) waited longer, including 8.7% of the respondents who were waiting more than a year. For transgender persons this means an unnecessary and stressful wait for the establishment of their legal status and being “suspended in a legal vacuum”. Figure 3.18 presents the respondents’ answers.

²⁶⁰ More information regarding the legal and medical gender correction procedure can be found in chapter Gender reassignment process on page 280.
Figure 3.18: How long did you wait after filing the suit regarding establishing your gender (legal gender correction)? (n=23)

3 months or less 30.4%
4 months 26.1%
5 months 13%
6 months 8.7%
8 months 4.3%
10 months 4.3%
11 months 4.3%
1 year or longer 8.7%

In the case of respondents who filed a suit to establish legal gender, the court hearings took place twice (66.7%). Almost one-fourth (23.8%) of the respondents appeared in court only once. The rest took part in three or more hearings. Figure 3.19 presents the respondents’ answers.

Figure 3.19: How many court hearings were there? (n=21)

Two 66.7%
Three or more 9.5%
One 23.8%

As mentioned before, we are dealing with a peculiar situation in terms of judicial procedure, where parents or legal guardians are sued and the court appoints physicians as experts, etc. It is also common for the judge to ask about the plaintiff's private or intimate matters. The research aimed at acquiring information on how the parents behaved in this potentially traumatic situation. 66% of the respondents stated that they were supported by their parents, despite the fact that they were formally the opposing party. Figure 3.20 presents the respondents’ answers.
The court is not obliged, but is allowed, to ask about the plaintiff’s sexual orientation, although this information should not influence the verdict. Yet at the diagnostic stage, on internet forums, transgender persons give one another advice on what to tell more conservative physicians or psychologists. The most important issue is to claim that one is of the heterosexual orientation in relation to their gender identity, which makes their being transgender more credible in the physicians’ eyes. A similar situation may happen in court when a judge would be more favourable towards a plaintiff (a biological man of the female psyche) who claimed that he is sexually interested in men while the opposite is true. It turned out that judges quite often (in 41.2% of the cases of people to whom this question pertained, \(n=17\)) ask about sexual orientation.

More often the court asks about physical changes, which took place during treatment. In the answers to this question (\(n=18\)) 66.7% of the respondents said “yes”. This is a very personal question. In order to issue a verdict, diagnoses and experts’ opinions are the most important.

Apart from the attending physician, experts and parents/legal guardians, in most cases (82.4%), no one else attended the trial, e.g., additional witnesses (\(n=17\)).

For fifteen of the respondents who answered the question regarding a court decision in their case, the majority (80%) stated that the court agreed to the legal gender correction. The remaining ones said that the case was still in progress. Figure 3.21 presents the respondents’ answers.
Among the 11 the respondents who answered the question regarding the amount of time from filing the suit until the judgement was enforced, six of the respondents had been waiting less than seven months, three persons less than a year, and in the case of two of them, the trial had not yet finished. The detailed answers are presented in Figure 3.22.

A considerable waiting period should be also added between the final judgement and issuance of identification cards. It can sometimes take place quickly – less than three months, sometimes longer, more than three or even six months. The answers are presented in Figure 3.23.
The respondents who undertook steps toward physical gender correction confront their current looks with their own expectations, with the ideal they are seek. Each of them has different genetic predispositions (e.g., small or large body, shape of the face, etc.) and they had started hormonal therapy and other treatments related to body correction at different ages. Hence, the results are diverse, not always as expected and the level of satisfaction with the condition of one’s body varies. On the one hand, half of the respondents (50%) to whom the question pertained were satisfied or very satisfied with their current looks. On the other hand, more than one-third (38.2%) is rather or very unsatisfied. Figure 3.24 presents the respondents’ answers.

**Figure 3.24:** To what extent are you satisfied with the current condition of your body (pertains to people who undertook steps toward physical gender correction)? (n=34)

- Very satisfied 8.8%
- Rather satisfied 41.2%
- Neither satisfied nor unsatisfied 14.7%
- Rather unsatisfied 23.5%
- Very unsatisfied 11.8%

Despite differing opinions of the look of one’s body, the majority of those who had started the process of changing their bodies did not regret it (85.2%). 14.8% of the respondents are, to varying degrees, unsatisfied with the changes stemming from steps undertaken towards physical gender correction. The detailed answers are presented in Figure 3.25.

**Figure 3.25:** To what extent, if at all, do you regret the changes to your body you undertook toward your physical gender correction (pertains to people who undertook steps toward physical gender correction)? (n=27)

- To a very large extent 3.9%
- To a large extent 7%
- To a small or a very small extent 3.9%
- I don’t regret it at all 85.2%
The prevailing satisfaction with the decision of physical gender correction corresponds to answers regarding the question of whether the respondents, with their current experience and knowledge, would decide on physical gender correction once again. The majority of them would not have resigned from undertaking the steps leading to physical gender correction. Only 13.8% hesitated in that matter. Figure 3.26 presents the respondents’ answers.

**Figure 3.26**: Given your current experience and knowledge, would you decide on physical gender correction once again? (n=29)

- Yes 86.2%
- No
- I don’t know 13.8%

An even higher percentage of the respondents – almost all of them (96.4%) – would undertake steps toward legal gender correction. Figure 3.27 presents the respondents’ answers.

**Figure 3.27**: Given your current experience and knowledge, would you decide on legal gender correction once again? (n=28)

- Yes 96.4%
- No
- I don’t know 3.6%
The attitude of others towards transgender persons

The research revealed that in most cases (77.3%) someone from the respondents’ family knows that they are transgender. The answers concerning the family’s knowledge in that regard are presented in Figure 4.1.

Figure 4.1: Does anyone in your family know that you are transgender? (n=110)

- Yes 77.3%
- No, no one knows 16.4%
- I don’t know 6.4%

In a close relationship with another person it is difficult to conceal being transgender from one’s partner. The data collected confirm that 90.9% of the respondents who are in relationships stated that their partners know they are transgender. On the other hand, almost one in ten (9.1%) thinks the opposite. These persons conceal their gender identity for fear of their partner’s reaction. The answers are presented in Figure 4.2.

Figure 4.2: Does your partner know that you are transgender? (n=55)

- Yes 90.9%
- No 9.1%

The respondents often expressed a need for their partner to accept that they are transgender and a desire to stay in the relationship. However, these situations are rare. Among the respondents whose partners do not know that they are transgender (n=5), for the question, “Would you stay in that relationship after revealing that you are transgender if your partner also wanted to?” Four said yes and one said no.
Being transgender is an important factor influencing the building of an intimate relationship with another person. The respondents are aware of this, as expressed by answers to the question concerning their chances for a relationship with another person. Most of the respondents were pessimistic about that. Almost half of them asserted that they have slightly lower or much lower chances (46.8%) for such a relationship. One in ten people (10.8%) thought that he or she does not have any chance for such a relationship. One in twenty people claimed that he or she has bigger chances than others (4.5%), and 7.2% expressed a note of optimism. However, one fourth of the respondents (24.3%) thought that being transgender does not play a vital role in the matter (I have the same chances as others). The answers are presented in Figure 4.3.

**Figure 4.3: As a transgender person, how do you estimate your chances for a relationship with another person? (n=111)**

- I have higher chances than others 4.5%
- I have slightly higher chances 7.2%
- I have the same chances 24.3%
- I have slightly lower chances 25.2%
- I have much lower chances 21.6%
- I have virtually no chance for a relationship with another person 10.8%
- It’s hard to say 6.3%

A popular belief is that transgender persons – when they reveal their identity – become socially excluded. This exclusion may manifest in losing acquaintances or friends, in conflicts or even in rejection by the family, as well as in signs of aversion or ostracism in the school or work environment or in causing problems in running errands in the offices. The research, however, shows a more positive image of how transgender persons deal with the people around them. It turned out that the majority of the respondents have not lost, because of their gender identity, acquaintances/friends/relatives. Half of the respondents (50%) have not lost, in connection with their gender identity, any or almost any friends or relatives, and 12.7% because of their coming out have lost only a minority of their friends or relatives. On the other hand, 16.4% have lost half or most of their friends or relatives, and one in ten people have lost all or almost all
of their friends. It is disturbing that one-eighth of the respondents (12.7%) never used to have any friends. The answers are presented in Figure 4.4.

Figure 4.4: Have you lost any acquaintances/friends/relatives because of your gender identity? (n=110)

It seems to be natural for transgender persons to seek contact with similar people (similarity of fate, comparable sensitivity and problems). This study showed that the majority of the respondents (76.3%) maintained such social contact. The circle of transgender friends was quite large for a high percentage of the respondents, i.e., three to five friends for 25% of the respondents and more than five for 26.3%; overall, 61.3% successfully established a wide range of contacts. On the other hand, one in four respondents (23.7%) admitted that he or she does not have any transgender friends. The answers are presented in Figure 4.5.

Figure 4.5: How many transgender persons do you maintain social contact with (in person or online)? (n=76)

Having relationships with other transgender persons does not exclude contact with non-transgender persons, but rather the two co-exist. The majority of the respondents kept such contact. 88.2% of the respondents had more than three acquaintances, including 73.7% who maintained
contact with more than five non-transgender persons. Figure 4.6 presents the respondents’ answers.

**Figure 4.6: How many non-transgender persons do you maintain social contact with (in person or online)? (n=76)**

<table>
<thead>
<tr>
<th>Number of Contacts</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 5</td>
<td>73.7%</td>
</tr>
<tr>
<td>From 3 to 5</td>
<td>14.5%</td>
</tr>
<tr>
<td>1 or 2</td>
<td>10.5%</td>
</tr>
<tr>
<td>None</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

Information about transgenderism has been appearing in the Polish media for the last few years. To the benefit of transgender persons we find the Trans-Fuzja foundation; the first transgender female MP who does not conceal her gender identity, sitting in Parliament; transgender persons appearing on television programmes, where they talk about their problems; and articles published about transgender persons outside Poland. However, according to the respondents, a lack of knowledge and a false image of transgender people are still the dominant trends. Less than five percent of the respondents (4.3%) think that transgender persons are treated normally, that they are accepted and respected. Much more often the respondents expressed the opinion that transgender persons are treated as eccentrics (73.1%), as disturbed or degenerate people (62%), or – showing the ignorance of society about the phenomenon of being transgender – that they are identified as gays or lesbians (57.6%). The respondents also indicated that many people in Poland do not have sufficient knowledge about transgender people or that there are such people in our country (50% of the respondents chose that answer). Several of those who chose the answer “other” stated that transgender persons are treated as people with a “sexual preference disorder”. The answers are presented in Figure 4.7.
Figure 4.7: What is, according to you, the attitude of the majority of Polish society towards transgender persons? (You can choose more than one answer.) (n=92)

<table>
<thead>
<tr>
<th>The attitude of the majority of Polish society towards transgender persons according to the respondents</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>People don’t know what being transgender is or that there are such persons</td>
<td>50%</td>
</tr>
<tr>
<td>Transgender persons are treated as disturbed or degenerate</td>
<td>62%</td>
</tr>
<tr>
<td>Transgender persons are treated as eccentrics</td>
<td>73.1%</td>
</tr>
<tr>
<td>Transgender persons are treated as sick, suffering and requiring specialists’ care</td>
<td>33.7%</td>
</tr>
<tr>
<td>Transgender persons are treated normally; they are accepted and respected</td>
<td>4.3%</td>
</tr>
<tr>
<td>Transgender persons are treated as gays or lesbians</td>
<td>57.6%</td>
</tr>
<tr>
<td>Other</td>
<td>10.9%</td>
</tr>
</tbody>
</table>

Violence and discrimination

**Physical and psychological violence**

More than half of the respondents (52.7%) experienced violence because of a suspicion that he or she may be a transgender person. This violence takes both physical and psychological forms. The respondents indicated the following as the most frequent forms of violence experienced because of being transgender or suspected of being transgender: taunting and verbal aggression (39.3% of the respondents experienced it at least once; 28.6% of the respondents experienced it three or more times), insults, humiliation and ridicule (35.8% – at least once; 30.4% – three or more times), and disseminating negative opinions about a particular person (27.7% – at least once; 20.5% – three or more times). With the most common forms of violence indicated by the respondents – taunting and verbal aggression – a correlation with the direction of transition appeared: those who are in the FtM spectrum experienced it much more often than MtF. As far as the insulting, humiliating and ridiculing, as well as disseminating negative opinions about a particular person are concerned, the differences in occurrence were not statistically important. In the event of other forms of physical and psychological violence to which transgender persons are exposed – although in some cases experiencing them seems to be related
to the direction of transition – the number of the respondents indicating an experience of a certain type of violence was not high enough to draw a general conclusion on the basis of differences in occurrence. Figure 5.1 presents the respondents according to the types of violence they experienced.

**Figure 5.1: Have you ever experienced any of the following situations because of the fact that you are a transgender person? (n=112; a systemic lack of data was treated as a lack of experiencing violence)**

<table>
<thead>
<tr>
<th>Event</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pushing, hitting, pulling or kicking</td>
<td>15.2%</td>
</tr>
<tr>
<td>Beating</td>
<td>9.8%</td>
</tr>
<tr>
<td>Armed assault</td>
<td>1.8%</td>
</tr>
<tr>
<td>Sexual harassment infringing upon bodily inviolability (e.g., touching against your will)</td>
<td>10.8%</td>
</tr>
<tr>
<td>Rape</td>
<td>1.8%</td>
</tr>
<tr>
<td>Attempted rape</td>
<td>4.5%</td>
</tr>
<tr>
<td>Taunting / verbal aggression</td>
<td>39.3%</td>
</tr>
<tr>
<td>Insulting, humiliating and ridiculing</td>
<td>35.8%</td>
</tr>
<tr>
<td>Disseminating negative opinions about you</td>
<td>27.7%</td>
</tr>
<tr>
<td>Threatening</td>
<td>13.4%</td>
</tr>
<tr>
<td>Hateful letters sent to you or your relatives</td>
<td>5.4%</td>
</tr>
<tr>
<td>Blackmail</td>
<td>2.7%</td>
</tr>
<tr>
<td>Vandalism or devastation of property</td>
<td>8.1%</td>
</tr>
<tr>
<td>Graffiti / posters / leaflets about you</td>
<td>2.7%</td>
</tr>
<tr>
<td>Another form of infringing upon your bodily inviolability</td>
<td>1.8%</td>
</tr>
<tr>
<td>Another form of violence</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

The perpetrators of the above-described acts of physical and psychological violence were in most cases (70.4%) not personally known to the victims. 42.6% of the respondents who experienced violence from someone not personally known to them indicated that it took place several times (three or more times). Schoolmates constituted 36.8% of cases (28.9% of the respondents experienced violence from them several times). People making a MtF transition, more often than FtM, indicated that they had experienced acts of violence from people they did not know personally.
The observed differences between those two groups turned out to be statistically insignificant concerning such a small sample. In the case of violence experienced from schoolmates, transgender persons of FtM type experienced it statistically more often. It is particularly disturbing that transgender persons quite often experience violence from people close to them: relatives (e.g., as much as 24.3% of the respondents indicated mothers as perpetrators of acts of violence), friends (which constituted 23.7%) and partners (18.4%). These are people who should provide support in difficult situations; they constitute the closest social network with whom people maintain regular, everyday contact. Figure 5.2 presents the respondents according to indicated perpetrators of violence.

Figure 5.2: Who of the following committed such acts? (You can pick more than one answer.)

<table>
<thead>
<tr>
<th>Person</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother (n=37)</td>
<td>24.3%</td>
</tr>
<tr>
<td>Father (n=37)</td>
<td>10.8%</td>
</tr>
<tr>
<td>Other person from your family (n=37)</td>
<td>16.2%</td>
</tr>
<tr>
<td>Partner (n=38)</td>
<td>18.4%</td>
</tr>
<tr>
<td>Your child (n=37)</td>
<td>8.9%</td>
</tr>
<tr>
<td>Friend (n=38)</td>
<td>23.7%</td>
</tr>
<tr>
<td>Neighbour (n=36)</td>
<td>13.9%</td>
</tr>
<tr>
<td>Schoolteacher (n=36)</td>
<td>22.3%</td>
</tr>
<tr>
<td>Schoolmates (n=38)</td>
<td>36.8%</td>
</tr>
<tr>
<td>Supervisor at work (n=36)</td>
<td>5.6%</td>
</tr>
<tr>
<td>Associates (n=37)</td>
<td>10.8%</td>
</tr>
<tr>
<td>Police (n=37)</td>
<td>13.5%</td>
</tr>
<tr>
<td>Person you don’t know personally (n=54)</td>
<td>70.4%</td>
</tr>
<tr>
<td>Other (n=40)</td>
<td>22.5%</td>
</tr>
</tbody>
</table>
The violence is experienced in the workplace, at school, in public places and at home. In most cases the respondents indicated public places such as streets, roads, parks, beaches or forests (70.5% of people experiencing violence; 43.1% were the victims of it several times – three or more times), and also places such as shops, restaurants, pubs, clubs, cinemas, offices, clinics or on public transport (63.9%; 38.3% experienced it several times.) With regard to the places mentioned, there was not a significant statistical difference in terms of the direction of transition. Figure 5.3 presents the respondents (who experienced acts of violence) according to the places where the described events took place and to the frequency of the described events in the particular places.

Transgender persons usually do not inform the police about acts of violence. As many as 90.0% of the respondents who experienced acts of violence for the first time (n=50) failed to report them. Among the people experiencing violence again, the percentage of the respondents failing to report these events to the police was as follows: 88.6% in the case of the second event (n=44); 93.0% in the case of the third (n=43); 84.4 % in the case of the fourth (n=41).

Since the respondents who did report situations in which they were victims of violence to the police constitute a very small group, it is not possible – on the basis of the collected data – to draw any reliable general conclusions regarding the reaction of the police to reported acts of violence against transgender persons, nor the correlation between the
knowledge of the police that the victim is transgender and the attitude of the police towards that person.

Among the most frequent reasons for which the respondents did not report the experienced violence to the police were reasons connected to apprehension about the reaction of the police: a lack of faith in the police’s ability to do anything about it; a conviction that the police would not treat their case seriously; a fear of malicious comments and viciousness by the police; a feeling that it was unnecessary to report the event; and a fear of the perpetrators’ revenge or of revealing that they are transgender.

The detailed data pertaining to the causes of not reporting these incidents to the police in the event of subsequent acts of violence and to the percentage of people (among the respondents experiencing violence) indicating so, are presented in Figure 5.4.

*Figure 5.4: Why didn’t you report to the police about the event?*

<table>
<thead>
<tr>
<th>The reason for not reporting the event to the police</th>
<th>First event (n=44)</th>
<th>Second event (n=30)</th>
<th>Third event (n=30)</th>
<th>Fourth event (n=29)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Someone else had already reported it</td>
<td>4,5%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>I was afraid that I would be revealed as transgender</td>
<td>22,7%</td>
<td>16,7%</td>
<td>13,3%</td>
<td>13,8%</td>
</tr>
<tr>
<td>I was afraid of perpetrators’ revenge</td>
<td>29,5%</td>
<td>16,7%</td>
<td>30,0%</td>
<td>24,1%</td>
</tr>
<tr>
<td>I was afraid that the police would not treat my case seriously</td>
<td>34,1%</td>
<td>26,7%</td>
<td>36,7%</td>
<td>27,6%</td>
</tr>
<tr>
<td>I was afraid of malicious comments and viciousness from the police</td>
<td>29,5%</td>
<td>26,7%</td>
<td>26,7%</td>
<td>27,6%</td>
</tr>
<tr>
<td>I didn’t know that I could report such an event to the police</td>
<td>13,6%</td>
<td>20,0%</td>
<td>13,3%</td>
<td>10,3%</td>
</tr>
<tr>
<td>I didn’t believe that the police could do something in that case</td>
<td>50,0%</td>
<td>43,3%</td>
<td>50,0%</td>
<td>51,7%</td>
</tr>
<tr>
<td>I didn’t feel the need to do it</td>
<td>34,1%</td>
<td>43,3%</td>
<td>36,7%</td>
<td>34,5%</td>
</tr>
<tr>
<td>The perpetrator was a person I know and I didn’t want to harm him/her or to publicise the event</td>
<td>11,4%</td>
<td>10,0%</td>
<td>10,0%</td>
<td>10,3%</td>
</tr>
<tr>
<td>Other</td>
<td>-</td>
<td>3,3%</td>
<td>3,3%</td>
<td>3,4%</td>
</tr>
</tbody>
</table>
Among the respondents who indicated that they had been victims of violence, for the question, “Apart from you and the perpetrator were there any other witnesses to the event?” 60.4% answered affirmatively in the case of the first event (n=48), 64.9% in the case of the second event (n=37), 68.8% in the case of the third (n=32) and 57.7% in the case of the fourth (n=26). The most frequently indicated reaction of the witnesses was a lack of any reaction. Individual respondents claimed that the witness intervened in their defence or, on the contrary, that he or she encouraged the perpetrator.

16% of the respondents (n=75) experienced unfair treatment in public institutions and offices (e.g., City Hall, Council Office, Post Office, Courts, etc.) or in public places (e.g., bars, clubs, cinemas, shops, beaches, taxis and on public transport) because they were suspected to be or they were known to be transgender. The research did not show any statistical correlation between this and the respondent’s direction of transition.

24.6% of the respondents (n=65) experienced unfair treatment in direct contact with a representative of the church or a religious association because they were suspected to be or they were known to be transgender. Apart from two persons among the respondents who answered affirmatively to the above-mentioned question, representatives of the Christian Church and Roman Catholic faith were indicated.

**Discrimination in the workplace**

More than half of the respondents (53.2% [n=111]) worked or searched for work in the period of revealing that they are transgender. To the question, “What type of work was this?” (n=58) (in which one could pick more than one answer) 15.5% indicated self-employment, 8.6% answered freelance, 37.9% indicated work in a small or medium-sized company, 19.0% indicated work in a large company, 19.0% answered work in a public institution (public sector) and 10.3% selected “other”.
To the question, “Have you experienced unfair treatment in your workplace because of your gender identity?” (n=60), 6.7% of the respondents answered that such situations had taken place very often, 18.3% answered that it had happened from time to time, 33.3% indicated that such situations hadn’t taken place and 41.7% indicated that in their workplace nobody knows that they are transgender; therefore, they could not have experienced discrimination on this basis.

Among the discriminatory situations in the workplace that were indicated by the respondents, the most common were ridicule and distress caused by co-workers (25%) and by supervisors (17.9%), exclusion from the work environment (14.3%) and higher requirements imposed on the transgender person than on other employees (14.3%). Figure 5.5 presents the percentage of people (among those who experienced discrimination in the workplace on the grounds of gender identity), who indicated a given situation.

Figure 5.5: What kind of situations were there? (You can pick more than one answer.) (n=28)

<table>
<thead>
<tr>
<th>Situation</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refusal of employment</td>
<td>10.3%</td>
</tr>
<tr>
<td>Dismissal from work</td>
<td>7.1%</td>
</tr>
<tr>
<td>Need to change your job</td>
<td>3.6%</td>
</tr>
<tr>
<td>Need to change your position</td>
<td>3.6%</td>
</tr>
<tr>
<td>Refusal of promotion</td>
<td>7.1%</td>
</tr>
<tr>
<td>Higher expectations in comparison to other employees</td>
<td>14.3%</td>
</tr>
<tr>
<td>Lower pay in comparison to other employees in the same position</td>
<td>3.6%</td>
</tr>
<tr>
<td>Exclusion from the work environment</td>
<td>14.3%</td>
</tr>
<tr>
<td>Ridicule and distress caused by your supervisor</td>
<td>17.9%</td>
</tr>
<tr>
<td>Ridicule and distress caused by co-workers</td>
<td>25.0%</td>
</tr>
<tr>
<td>Ridicule and distress caused by your subordinates</td>
<td>10.7%</td>
</tr>
<tr>
<td>Other</td>
<td>10.7%</td>
</tr>
</tbody>
</table>

Under the heading other, the respondents indicated such situations as harassment in the workplace or hostility from customers/clients.
More than 70% of the respondents (n=59) who worked or searched for work in the period of revealing that they are transgender felt the desire or need to conceal their gender identity in the workplace. 42.4% hid the fact that they are transgender always and from everyone; 28.8% concealed it, but not from everyone; only 18.6% did not have to hide the fact; and 10.2% provided another answer, e.g., that it had been changing while they worked in a particular place, or it changed along with changing jobs, or provided answers such as “I have already changed, maybe it’s not that I feel the need to conceal my past, because if someone found out I would reconcile myself with it, but I also don’t feel the need to inform anyone about my past”.

As for the reasons for concealing their gender identity, the respondents most frequently indicated the following:

1. A belief that there is a lack of social acceptance for transgender persons and a fear of the reaction from people in the workplace (below are sample answers provided by the respondents).
   - “I suspect a lack of acceptance for my being transgender”,
   - “Because some employers do not accept such people; to them, this is sick and perverted, which results in making employment inaccessible”,
   - “Fear of exclusion”,
   - “For fear of threats”,
   - “In order to work without undue stress, I didn’t feel the need to reveal myself”,
   - “Simply for fear of discrimination”,
   - “Fear of derision, the probability of ridicule at every step”,
   - “I was afraid of unfair treatment, exclusion, distress”,
   - “Homophobia, transphobia, a strong conservative attitude dominant in the workplace”,
   - “Awareness of incomprehension and a fear of exclusion”,
   - “Not to have problems”,
   - “Discrimination”,
   - “Fear”,
   - “I was afraid of ridicule”,
   - “I was afraid of their reaction, mean comments, jokes, etc.”,
   - “I’m sure that people wouldn’t like it”,

— “People at my job ridicule homosexuals and transgender persons. Even I am ridiculed for being gay, although nobody at work knows that I am transgender”,
— “It was a small environment and I was trying to live according to my birth certificate”,
— “Transgender is not the norm, hence it triggers various reactions in some people”.

2. A fear of dismissal from work and of losing income (below are sample answers provided by the respondents):
— “For fear of losing my job, after all I really needed the income in order to perform the treatment”,
— “For fear of losing my job or of constant comments”,
— “I was afraid of dismissal and of ostracism”,
— “I am still concealing it because I am afraid that when others find out, I will be sacked, and because of my current financial situation I cannot let this happen at the moment”,
— “So they don’t fire me because of it”,
— “I am afraid to lose it (my job) and to be left without income for continuing the change and therapy”,
— “For fear of losing work”,
— “Fear of dismissal, ridicule and of humiliation”,
— “Of harassment, but above all to keep my job”.  
— “For fear of exclusion, misunderstanding, a lack of acceptance, ostracism, and finally of losing my job. I perceive the environment in which I work as stereotypical with regard to gender and the roles of particular individuals in society, and closed to any signs of otherness and of ‘deviating from the norm’”.

3. Very often the respondents did not want to reveal their gender identity out of respect for their personal life (below are sample statements).
— “I want to start a new life; I don’t want to be perceived through my gender identity”,
— “It’s my private business and it doesn’t pertain to my associates”,
— “Revealing would not be beneficial; these were temporary contracts and commissions”,
— “There is no need to tell them that I am unstable in terms of gender”,
— “I’ve already had the treatment; therefore, I don’t feel the need to talk about my past. I want to be treated without regard to being transgender”,
— “I want to be treated without regard to being transgender. I do not feel the need to talk about my past. I want to be treated without regard to being transgender”.
— “It’s just the best solution. Why parade yourself if you can do your business without other’s knowledge”,
— “I don’t want to talk about it – neither before nor after the change”.

4. There were also other reasons, such as
— “I am the owner of a firm”,
— “To not complicate relations between me and my employer”.

The persons in the workplace from whom the respondents concealed that they are transgender most often were (n=45) supervisors (71.7% of the respondents concealed their gender identity), co-workers (55.6%) and subordinates (33.3%). 15.6% of the respondents indicated the answer “other people”, mentioned here: clients/contractors, or all people from the work environment or people who they do not trust.

It is worth adding that concealing one’s gender identity in the workplace, a fear of others’ reactions (intolerance, discrimination and distress), as well as a fear of losing one’s job and income may be causes of constant stress and decreased effectiveness at work.

**Discrimination at school or at university**

63.1% of the respondents (n=103) in the course of revealing their gender identity were school or university students.

To the question, “Have you experienced any unfair treatment at school or university because you are transgender?” (n=65). 6.2% of the respondents answered that this had taken place very often; 16.9% indicated that it had sometimes happened; 27.7% indicated that it had never happened; and 49.2% stated that at their school or university nobody knew they were transgender, so they could not be subjected to discrimination on that basis.

The most common discriminatory situations that occur at school or university indicated by the respondents are ridicule and distress caused by other students (42.3%) and by teachers (26.9%). Figure 5.6 presents the percentage of people (among those who experienced discrimination at
schools and universities on the grounds of gender identity) who indicated the given situations.

Figure 5.6: What forms of unfair treatment were you subjected to? (You can choose more than one answer.) (n=26)

<table>
<thead>
<tr>
<th>Form of Treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ridicule and distress caused by teachers</td>
<td>26.9%</td>
</tr>
<tr>
<td>Ridicule and distress caused by the tutor</td>
<td>11.5%</td>
</tr>
<tr>
<td>Ridicule and distress caused by other students</td>
<td>42.3%</td>
</tr>
<tr>
<td>Worse treatment by the teachers</td>
<td>19.2%</td>
</tr>
</tbody>
</table>

75% of the students in the period of revealing their gender identity (n=64) felt the wish or need to conceal their gender identity at school or university. 34.4% hid the fact that they are transgender always and from everyone; 40.6% concealed it, but not from everyone; 20.3% did not have to hide the fact at all; and 4.7% provided other answers.

The reasons for concealing one’s gender identity seemed to be similar to those in the workplace (sometimes the respondents used the same expressions as in the questions regarding the workplace)

As for the reasons for concealing their gender identity at school/university, the respondents most frequently indicated:

1. Just as in the case of the workplace, a belief that there is a lack of social acceptance for transgender persons and a fear of the reaction of others at school/university (below are sample answers provided by the respondents):
   - “Their lack of understanding”,
   - “For fear of ridicule and unfair, unjust treatment”,
   - “For fear of ridicule and humiliation”,
   - “I was afraid of their reaction, mean comments, jokes, etc.”,
   - “Discrimination”,
   - “Because of rather a fear of exclusion and of escalating persecution”,
   - “Because society does not understand it and does not completely accept it”,

2.9%
— “In order not to cause people unwanted discomfort, I did not feel the need to manifest myself to the people with whom I wasn’t close. Also I didn’t want them to change their attitude towards me (and to start treating me like a ‘freak’),”
— “Fear of lack of acceptance”,
— “The prospect of being made fun of”,
— “Shame, being degraded among my peers”,
— “It was a Catholic school, so announcing far and wide that I am transgender would have resulted in assault and in offers to ‘cure’ me”,
— “Fear of exclusion”,
— “Fear of ridicule, beating, exclusion”,
— “Out of fear for my own safety”,
— “Because the level of tolerance in Poland is low”,
— “Fear of violence and harassment”,
— “The fear of a negative reaction, a lack of acceptance, and of stigmatization”,
— “I was afraid of bullying and of hurt feelings”,
— “Because I know that many people discriminate against transgender people and do not understand that we just feel bad in our bodies”,
— “It is very hard to explain to people who have no experience of cases where gender – apart from physical gender – does not exist at all, like in my situation. It won’t be accepted. It is not even something which is easy to define, like for example ‘transsexualism’”,

2. However, in individual cases the fears of the respondents turned out to be unfounded, like in the following statement:
— “Before I had felt that I could do myself harm, and could not afford to come out before getting the right diagnosis and treatment. I thought that I would be rejected by the group and harassed by the teachers/tutor. Once I had finally decided to announce it ‘officially’, it turned out to be rubbish, because I was well received and the group accepts me”.

3. Similarly to concealing one’s transgender in the workplace, in this event the respondents do not want to reveal that they are transgender out of respect for their own privacy (below are sample answers):
— “The other students don’t need to know. No point doing it in front of the teachers”,
— “I don’t need to reveal that”,
— “It’s just the best thing to do. Why manifest yourself when you can do what you have to do without the knowledge of bystanders?”,
— “Because I don’t want to share the details of my private life with anyone”.

4. There were also reasons such as:
— “Everyone ‘simply’ expected me to be a man, or maybe I just thought so”,
— “God”,
— “Looks”.

The people at school/university from whom the respondents most often concealed their gender identity (n=45) were other students (indicated by 75% of the respondents concealing their gender identity) and teachers (73.3%). 60.0% of the respondents indicated the group’s tutor. The lack of confidence in teachers indicated by so many transgender persons who conceal their gender identity from them (or – as presented above – quite often experience ridicule and distress precisely from them) is alarming. This lack of trust also applies to the group’s tutor, whose role is to provide support and help his or her charges, not only in terms of education but also in terms of personal development and personal problems.

Like the concealing of one’s gender identity in the workplace, concealing it at school or university and the accompanying fear of others’ reactions (intolerance, discrimination or name-calling) may be a cause of constant stress, of decreased effectiveness in learning and of decreased quality of teaching.

**Other forms of discrimination**

Very few of the respondents indicated that – because of their gender identity – they experienced difficulties in buying or renting a flat or with living in a particular neighbourhood.

To the question, “Have you experienced any of the following problems in buying or renting a flat or in everyday live in your place of residence because of the suspicion or knowledge that you are transgender? (You can pick more than one answer.)” (n=101), 44.5% of the respondents answered that this question does not apply to them, because people usually do not guess that they are transgender; 36.3% answered in the
negative, indicating that they are not sure whether people guess that they are transgender; 11.9% also responded in the negative, indicating that they had not experienced any of the above-mentioned situations despite the transparency of their gender identity. Only one person indicated that because he or she was transgender, he or she was refused the opportunity to lease, rent or buy a flat; five people had experienced harassment by their neighbours; a few indicated other reasons.

The same low percentage of people indicated the need to change their place of residence (within the same town) – six people – or to move to another town – also six people; none of the respondents indicated the need to move to another country (n=100).

12.1% of the respondents (n=91) experienced less favourable treatment or refusal of medical services by representatives of the health service because they are transgender. Below are descriptions of such situations:

— “Making fun of me in front of the employees, who were pointing fingers at me”,
— “Looks, stupid comments such as Mr/Ms? Do you not know, Sir/Miss?”,
— “Stupid comments made by the lower ranking personnel”,
— “Generally, because of my typical behaviour I am suspected of ‘somaticisation’ or, on the contrary, of some kind of ‘hypochondria’,
— “In the Institute of Psychiatry during a ‘sex chromatin’ test, a receptionist, after reading my referral with the diagnosis ‘gender dysphoria’ asked me to leave the office and shut the door. Suddenly, people from nearby rooms started to walk out to go, for example, to the toilet or somewhere else but, in fact, they were examining me ‘inconspicuously’”,
— “The psychiatrist refused to perform the examination or issuing an opinion”,
— “Embarrassment of the doctors”,
— “The hostility of some people”,
— “In my hometown, the doctors refuse to perform testicle replacement surgery. I wanted to do this surgery in my hometown because it costs 3,400 PLN. Now I have to collect 8,000 PLN since only one professor from Warsaw is able to perform such a procedure”,

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“My first attending physician treated me as ‘subhuman’. The other physicians were OK, or treated me according to my legal gender but without undue humiliation”,

“The gynaecologist refused to examine my breasts and humiliated me. Even though I know that I should have them examined somewhere, I have no control over it. When I was in hospital after the accident, one of the nurses and the domestic assistants were sneering at me”.

Such events very often lead to transgender persons avoiding visiting medical centres, which stems from experiencing humiliation and a lack of understanding. The fear of using or the lack of access to medical services negatively influences their health. Situations described by the respondents may also contribute to the development of a negative image of the health services representatives as being set against transgender persons or unprepared to provide them medical care.

Another form of discrimination towards transgender persons which should be given particular attention is the need to carry out the divorce process after a legal gender correction. The question, “If legal gender correction was possible without carrying out a divorce, would you stay in your marriage?” (regarding the people who are married and who are planning legal gender correction) pertained only to seven people among all the respondents. However, the majority of them (six people) would like to stay in their marriage if legal gender correction were be possible without carrying out a divorce. The discrimination of transgender persons who express a willingness to stay in their existing marriages fits into the wider issue of discrimination against homosexuals in the context of the legal provisions in force in Poland which prevent same-sex marriages.
Summary

The results of the research conducted among transgender persons show how their private and social situation looks. Polish society, in the respondents’ opinion, does not understand who transgender persons are and treats them like “freaks” or “strangers”. Therefore, transgender persons, as long as possible, keep their gender identity hidden from other people. In places such as the workplace, school/university, place of residence and public places (offices, bars, clubs and on public transport) they are exposed to ridicule, and sometimes to other forms of violence. 39.3% of the respondents had experienced taunting and verbal aggression, 35.8% had experienced insults, humiliation and ridicule and 27.7% had experienced dissemination of negative opinions about them. The majority of transgender persons failed to report these instances of violence to the police. It is comforting that most of them do not feel complete loneliness. After coming out they still have a circle of friends/acquaintances both among non-transgender and transgender persons. The relations with the health services aimed at the gender correction process of those who undertake medical interventions in their body in order to correct physical gender are – in most cases – correct or even good. However, if we take into consideration the high costs of treatment which these people must cover on their own (the lack of NHF refund) and anxieties concerning the future (threat of a job loss, the prospect of living alone, etc.), the process of body correction extends over time. Because of financial reasons, transsexuals (and other transgender persons who decide on physical gender correction) most often restrict the body correction to the general procedures of that process (hormonal therapy, sex organs surgery), dropping some of the additional treatments such as facial correction and shortening of the vocal ligaments. As far as establishing legal gender in court is concerned, it exposes them to various traumatic experiences (such as undertaking actions against one’s own parents/legal guardians or a judge’s questions concerning private matters).
PART FOUR

Selected aspects of social functioning of transgender persons
Despite the fact that the Polish courts have been familiar with legal gender correction since the 60’s, the phenomenon still provides an example of an unsuccessful relationship between the legislative system and medicine, in which an authority (in the form of judge) determines whether a certain person should belong either to one or the other gender that is recognised by law. Treating medicine as a back door to legislative changes is not out of place – almost all over the world people who want to correct their legal gender are subject to medical verification – however, this does not mean that it can be called normal. In Poland, for almost the last fifty years, the issues of gender, no matter how controversial or problematic, have not been regulated in the form of a cohesive act. This results in procedural
inconsistencies and multi-staged verification practices that make the process of legal gender correction one of the most complex in Europe.

The following text aims to briefly introduce both the stage of the transsexual diagnosis process and of the legal process, as well as to present, based on the experience of members of the Trans-fuzja (Trans-fusion) Foundation, the usefulness or worthlessness of the law provisions and to consider (taking into account recent legislative amendments in other European countries and the demands of activists – both locally and internationally) which legal solutions would be the most valuable for people who would like correct their legal gender.

Why “male/female transsexual”?  

Although in Poland legal gender correction in most cases requires a transsexual diagnosis\(^{262}\) (64.0 F unit in the International Classification of Diseases and Related Health Problems ICD-10) or ascertainment of intersexuality, this process applies to a much broader group – transgender persons (including transsexual), intersexual persons, as well as others who do not want to be classified in any of the above categories, but want to take the opportunity to change their gender designation in documents and on ID cards. The notion of transsexuality in a broader sense is problematic due to the obligation of belonging to either of the two genders, opposite to the psychological gender.\(^{263}\) However, in the experience of

\(^{262}\) I use the phrase “transsexual diagnosis” as a collective term describing the medical and psychological practices that lead to assigning a person to the category of gender identity disorders F64.0, according to the International Classification of Diseases and Related Health Problems, ICD-10. I do not write about the diagnosis of transsexuality because of the specific nature of the diagnosis, which is used to exclude phenomena that may affect experiencing ones sexuality in a way the transsexual persons manifest, and not to a ascertainment transsexualism or transgender as a medical condition.

\(^{263}\) One can also find in the definition enclosed in ICD-10: “the desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one’s anatomic gender, and a wish to have surgery and hormonal treatment to make one’s body as congruent as possible with one’s preferred gender”. (See the Classification of Mental and Behavioural Disorders in ICD-10). Opisy kliniczne i wskazówki diagnostyczne, ed. S. Puzynski and J. Wciórka, Uniwersyteckie Wydawnictwo Medyczne “Vesalius”, Krakow-Warsaw 2000). It is also worth stressing how that defini-
organisations working for the rights of transgender persons – the desire to correct one’s medical or legal gender depends, to a large extent, on the person’s willingness to change the way he or her functions in society, but does not have to depend entirely on a gender identity situated in the gender binarism. Therefore, transgender issues (which in a larger sense can be treated as practices and the phenomena that go beyond gender binarism) should be considered not only at the identity level, but also at the level of expression (one’s image), especially that an image still seems to have the greatest impact on perception (no matter how oriented) of the sexually non-normative\textsuperscript{264} person by others.

\textsuperscript{264} Non-normative sexuality would work here as inspired by the English term gender variant. Admittedly, this expression still situates the phenomena such as being transgender or intersexual in opposition to the norm, however– due to the ambiguity of the word “gender” in Polish – it is still capable of including non-normativity, both on the level of cultural attributes and of somatic elements, and to be more precise, on the internal biology of the body.

Legal and medical gender correction in Poland

A lawsuit, which is aimed at correcting the designated gender in official documents, takes place on the basis of Article 189 of the Civil Code and is called “a process to establish”, in which – due to the need for two parties to be present in a civil case – the parents of the person making the claim are involved. They perform the role of a party in the trial as such, which means that they are also entitled to summon witnesses and to present their own evidence, which – if the parents do not agree to their child’s gender correction – can affect not only the proceedings (e.g., by prolonging them), but also the judgment. Such a solution, as argued in the law books, was the best compromise due to the fact that during the creation of these regulations neither an administrative case nor judicial change through legal proceedings was possible. However, according to the observations of the Trans-fuzja Foundation, this procedure is extremely complicated. Due to the direct connection with law and medicine, problems may occur at any stage of the gender correction (also the diagnostic stage). Consequently, they frequently lead to drawing out the case unjustifiably, less often to a negative judgment and to the refusal to change the gender destination of a person diagnosed as a transsexual (socially functioning as the gender one pursues legally), which also means the refusal to amend other personal data (including name, personal identification number, and sometimes the surname).

The diagnosis of transsexuality (as an individual disorder classification recognised by the World Health Organisation [WHO]) is performed through a series of tests and examinations (related both to the body and to the psyche), which are to define one’s “gender profile” to eliminate other

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265 The issues regarding gender correction are also presented in the above-mentioned publication *Prawa osób transseksualnych. Rozwiązania modelowe a sytuacja w Polsce*. Ibid., W. Dynarski, A. Grodzka, L. Podobińska, Tożsamość płciowa – zagadnienia medyczne, społeczne i prawne and D. Pudzianowska, op. cit.

266 These are both documents making identification easier (e.g., ID or driving license), and ones that are helpful in matters of record (such as birth certificate, etc.).

267 By “sexual profile” I understand tests which examine the stereotypicality of personality traits, perceiving one’s body in the context of phenotypic and genital gender, study of the brain (EEG and skull X-ray), and a genetic test to detect possible “chromosomal
possible reasons for which such a person should not be allowed to have a trial. In the Polish diagnostic practice, in this context, usually schizophrenia and borderline disorders are mentioned. This way of evaluating people who want to correct their gender is often called “gatekeeping”. This approach implies the need to “check” whether the person is able to mentally deal with the transition from one gender role to another. The most frequently mentioned element of this method is the “real-life test”, which consists of requesting a person to accept a “trial period” during which he or she performs the desired social role. The recommended length of this period is two years, and during that time the testee should neither receive hormonal drugs nor change their legal status in any way. The tested persons often abandon the transsexual diagnosis process due to the many unpleasant things they experience from people around them and, as a result, their mental state deteriorates significantly. By virtue of the unique invasiveness of this method, sexologists less frequently decide to use it, however – because of the lack of uniform diagnostic standards concerning transsexuality in Poland – some experts still practice it.

anomalies” allowing classification of a person as intersexual (in Polish medicine the term “hermaphrodite” is still in use; it is indicated by the Intersex Society of North America as inappropriate and harmful. Cf. Is a person who is intersex a hermaphrodite?, http://www.isna.org/faq/hermaphrodite). Such a “medical status” change may result in different treatment of the subsequent steps in gender correction (e.g., easier access to the refund procedures due to “biological foundations” that would result in taking certain medical measures).

In the Polish language, among the people correcting their gender, the term “change” occurs more often and it describes the gender correction process. The “change” usually pertains to legal issues, but some people use it to define the whole set of medical procedures that are traditionally associated with transsexuality (popularly known as sex change).

Transwomen (described in medicine as MtF, i.e., from male-to-female), according to observations, have the biggest problem with the test and they find it very difficult to meet social expectations regarding the female look. This is one of the possible reasons for abandoning diagnosis as such.

The resignation was very important for the diagnosis – patients who were unable to cope with the challenges of everyday life, according to this method, are not prepared for all for the problems stemming from changing the social role and re-socialisation.

The invasiveness of the “real-life test” manifests itself in situations requiring a person to show identification cards, where they are forced to reveal their transsexual status.
In addition to the real-life test and the above-mentioned physical examination, (cf. note 7) a psychological and a psychiatric evaluation are also carried out (in order to exclude mental disorders that could cause feelings similar to those accompanying transsexuality). After passing the diagnosis stage, the attending physician (in Poland it is a sexologist) decides to start hormonal therapy and the person (already diagnosed as transsexual) receives a prescription for appropriate medication(s).272 It should be also noted that the Polish diagnosis (and therefore the tendency noticed by the Trans-fuzja Foundation to diagnose the disease as classification F64.0) takes place without consulting an endocrinologist, and the patient is very rarely asked to have their sex hormone levels tested.273 Often the attending physician does not inform them about the possible side effects of taking

272 A lack of transparent diagnostic procedures results in prescribing certain persons different sets of medications.

273 As with other drugs, sex hormones should be properly dosed (levels of sex hormones tend to be extremely diverse in the human population); therefore, it is advisable for a physician to dose drugs accordingly to the specific patient’s body.
medication,\textsuperscript{274} including problems associated with allergies;\textsuperscript{275} therefore, many people who undergo transsexual diagnosis acquire information on their own\textsuperscript{276} or consult dosages with other transsexual persons. Consultations are held both online and in person. The patients, even if they use the services of other specialists (usually an endocrinologist, although the insufficient interest of endocrinologists in transgender issues should be pointed out),\textsuperscript{277} rarely decide to inform their attending physician of the fact, in the experience of the Trans-fuzja Foundation.

In Poland, the transsexual diagnosis process still remains a debatable issue, both in terms of human rights\textsuperscript{278} and of the legal procedures associated with it. Legal gender correction is not only associated with yielding to total psychiatric and psychological evaluation, which in itself can lead to autopatologization, and therefore to the feeling of being ill and disturbed,\textsuperscript{279} but also with invasive medical measures, to which one can include both treatment of the body and hormonal therapy. Taking hormonal medication involves changing one’s appearance (masculinisation or feminisation), which for many people has a personal significance, whereas for the courts it constitutes a confirmation of the identity that is claimed in the lawsuit\textsuperscript{280} and in an opinion prepared by specialists involved in the

\begin{itemize}
\item \textsuperscript{274} The Trans-fuzja Foundation describes a case where the patient was not properly informed about the dosage – the doctor advised the patient, instead of the standard two-week injection interval, to take the medicine every three days.
\item \textsuperscript{275} E.g., Omnadren, a testosterone drug taken by transmen (med. FtM, or “female-to-male”), contains peanut oil, which can be dangerous for people allergic to nuts.
\item \textsuperscript{276} It pertains mainly to transwomen who, besides taking feminising drugs, also take substances lowering their testosterone level.
\item \textsuperscript{277} People who study medicine do not receive enough knowledge in that respect; it pertains to every kind of medical activity, including endocrinological issues.
\item \textsuperscript{279} Many people who undergo gender correction experience this feeling earlier, but there are cases when the diagnosis strengthens or triggers that state.
\item \textsuperscript{280} Furthermore, it seems that the change of appearance is sometimes more important for the Court (in opposition to human rights standards) than the identity itself, in terms of
diagnostic process. However, if unregulated, the procedures of gender correction lead to irregularities of requirements in terms of treatment: while changing the gender designation from male to female, on a medical level, usually requires (apart from the aforementioned diagnosis), several months of hormone therapy, legal correction from female to male almost always involves mastectomy (i.e., removal of the breasts). This means that the person who wishes to correct their legal gender is required to undergo an irreversible procedure, for which he or she may not be mentally prepared, or which he or she may not be able to afford. Therefore, Polish gatekeeping functions as a controlling tool at the medical and at the economic level – which, in turn, leads to the situation where many people abandon the process (choosing not to not live according to his or her own identity), or remain in abeyance for years, avoiding any kind of situation that would demand proof of their identity. Others, determined to carry out the legal changes, decide to earn money for the treatments (both those required for the legal change and later ones), which means that because of the system’s fault they cannot fulfil themselves economically to the same extent as the cisgender population. In addition, transgender persons very often face discrimination in the labour market (the premises are different – most often it is gender identity or expression, but sometimes discrimination takes place due to the visible signs of the transition process), which reduces the chances of finding employment how a certain person is going to function in society.

281 In Poland, in this matter, a clear distinction seems to emerge between Western Poland (Wrocław and the surrounding areas), where transmen do not have to undergo any procedures before legal changes, and Eastern Poland (Warsaw and the surrounding areas) where mastectomy is obligatory even at the diagnosis stage (patients will not receive the documentation required by the Court until they undergo surgery).

282 A transsexual stereotype (created by out-of-date medical narration) equating gender identity with a desire to entirely subject one’s body to surgical changes, and making a desire for legal gender correction dependent on these procedures, plays a vital role here.

283 The cost of the breast operation (bilateral mastectomy) varies by the chosen specialist and institution. In 2009, the minimal cost came to 4,000 PLN.

284 Non-transgender

285 In the Polish legal system, neither identity nor gender expression constitute official discrimination premises, although there is an obvious need to introduce them. According to the Trans-fuzja Foundation, the problems of transgender persons are not included in what seems to be a wide scope of gender premises. It is associated, among other things,
suitable to their professional qualifications. Sometimes, problems occur when a person during the transition process is looking for a job, especially when his or her look does not correspond with his or her personal data.

However, Polish gatekeeping also extends to the judicial process itself – going through a long and sometimes unpleasant diagnosis does not necessarily mean the end of the legal change process. Due to the fact that in the trial to establish, a person applying for gender designation correction appears as a party suing his or her parents, the procedure may be irrationally prolonged, especially if the parents do not approve of their child’s decision. Taking into account that the vast majority of people undergoing the process of gender correction are adults (usually over 21 years of age), the current legal regulations seem to be absolutely incompatible with human rights standards, especially with the right of an adult to act for himself or herself.286 Due to the widespread ignorance of judges in the field of gender identity287 and to the process as such, the Court hears both parties (each of them has the right to present their own evidence), and (usually) appoints an expert (another stage of gatekeeping) in order to inquire whether the initial diagnosis (guided by the attending physician, who issues the relevant documents which are attached to the suit) had been done correctly. As a result, the judicial process can last from a few months (including waiting for the trial) up to several years, which for many people means existing outside social and legal reality, considering only the problems of incongruity between appearance and personal data. Therefore, actions are required in order to change the present legal status, i.e., third party intervention in the legal process should be avoided and the diagnostic process should be regulated in such a way that medical intervention will be kept to the absolute minimum.288

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286 It should be noted here that the status of transsexuality in the ICD-10, as one of the gender identity disorders, has no effect on the legal status of people diagnosed as a transsexual. This diagnosis is not synonymous with legal incapacitation, since transsexuality does not belong to the classification of diseases or disorders that may in some way explain the impact of the legal guardians on the process itself.

287 This lack of knowledge pertains especially to the diagnostic process and to the basic notions in the field of psychology and medicine (related to gender correction).

288 Such a restriction would also include hormonal treatment, which is currently recom-
Obywatel transseksualista

Rzeczniczka praw obywatelskich upomina się o prawa osób transpleiowych. Dziś procedura, którą muszą przejść, by państwo uznało płć, z którą się identyfikują, to droga przez mekę.

EWA SIEDLECKA

Musa pytac o to do sądu swoich rodziców, śpiewać rytmiczne wymagania lesbijki, podjąć się operacji chirurgicznej, żyć jako kobieta na dokumentach, mówić „ona”, odezwać się jako kobieta lub heterosexualna, przez co trwa w pracy, mając kogoś w biznesach i relacjach. Zmusza do wprowadzenia. A wszystko to bez gwarancji, że na koniec się zdołać i być w papierach zapisane, że to już nie mam Kowalska, ale Anna Grodzka.

Tylko kilka procent osób trans się na to decydują. Bezpiękne życia nie, które odeszła jako nie swoje, w rólnej społecznej, która jest, nie jej rola. W tej grupie najwięcej jest samobójców – mówi Anna Grodzka, założycielka Fundacji Trans-Fugia, która przeszła tę drogę przez mekę.


Wymuszenie na kimś operacji chirurgicznej jako warunku skorygowania aktu urodzenia nasząc jego godność i integralność – uważa RP.
Although the current legal situation – as mentioned – requires certain changes, clarification, and the consolidation into a single act of law, from the perspective of human rights, it looks better than the situation in other European countries. Gender designation changes in official documents does not require the person diagnosed as a transsexual to surrender their ability to reproduce – which takes place even in Western European countries (e.g., the Netherlands, France, Germany) and Nordic Countries (e.g., Sweden). From this perspective, Poland seems to have a much friendlier approach to transgender issues, particularly to those related to the possibility of having one’s own biological children after legal gender correction. However, we owe that fact – which is very close to the human rights ideal – solely to the way sterilisation itself is treated under Polish law. Article 156 of the Criminal Code specifically prohibits any interference in this regard:

§ 1. Anyone who causes severe damage to one’s health in the form of:
1) Deprivation of the person’s ... capability to procreate ..., is subjected to imprisonment for a term of between one and ten years..  

mended during the diagnostic process as a part of the real-life test, whereas in the Court it is primarily seen as an aid in the visual confirmation of identity. Sometimes, however, the transgender person cannot undergo hormonal therapy for medical reasons (which, in the current legal solutions, also means an inability to change personal data); this does not mean, however, that the gender identity of such a person should be ignored or underestimated on that basis.

The Sweden case has provoked many controversies recently, when the government announced that it has no intention of changing sterilisation requirements. That declaration has aroused widespread indignation among human rights organisations and has initiated a global petition against such treatment of transgender persons. Cf. Sweden, stop violating human rights of trans persons!, http://tgeu.org/Sweden_stop_violating_huma

This wording not only does not allow sterilisation surgery\textsuperscript{291} before a correction of legal status (afterwards it is perceived of only as a medical necessity; however, it is based primarily on a binary approach to the biology of gender and on the estimated risk of cancer of the reproductive organs), but also provides a wide spectrum of possible interpretations of the legality of undergoing mastectomy before a legal diagnosis. As a result, a vicious circle is created, in which transmen are forced to undergo mastectomies, but only a few doctors are willing to undertake such an operation for fear of being accused of causing damage to their health. In some cases the inability to undergo surgery equates to being denied the court proceedings. This situation significantly reduces the range of medical assistance to transgender persons.

Procedures of gender correction changes – utopia versus utility

A change in the current legal situation regarding gender correction is therefore required from both a human rights perspective (as indicated before, during the process of gender correction the individual’s rights to act for himself or herself are violated), and from an administrative perspective. It seems, however, that such a transformation cannot be realised without medical supervision, although the updated version of the International Classification of Diseases and Related Health Problems (ICD-11), which is in the consulting phase, includes an intended change to the classification of phenomena associated with being transgender.\textsuperscript{292} So far, only Argentina has passed a law enabling legal gender correction without undue patologisation (i.e., without a diagnosis of transsexuality or gender identity disorder), and the trend is moving towards a diagnosis based solely on the confirmation of a sense of belonging to a gender other

\textsuperscript{291} In the case of gender correction, the term “surgery” as opposed to “procedure” is relevant, since the person is being deprived of his or her organs as such, and it does not “just” make procreation impossible.

\textsuperscript{292} Above all, the removal of the category “disturbances of gender identity” is being postulated, since its current position in the classification stigmatises transgender persons and causes them to feel “ill” among themselves.
than the one attributed legally after birth, and such belonging should last a minimum of two years.

However, the “trend” does not necessarily mean that the changes to the law concerning gender identity are the same everywhere. In March 2011, the Lithuanian Committee on Health proposed a legal amendment whose purpose was to place a total ban of legal gender correction, despite the fact that four years earlier, the European Court of Human Rights – in a case against Lithuania – had stated that the European Union member state is obliged to allow its citizens such a procedure. Such situations confirm that it is a continuous effort to fight for human rights, and that progress as a civilisation does not automatically mean that human rights are better obeyed.

Among transgender activists there are still ongoing debates to find the best solution concerning the issue of gender correction. It seems that the approach to minimise both the medical and legal invasiveness is in accordance with human rights standards (especially with the Yogyakarta Principles) and has the most supporters. Still, due to strong medicalisation, the ideas concerning legislative changes range between utility (i.e., what is actually possible to achieve) and utopia (i.e., solutions that would take into account the wider aspects of transgender, intersexual and non-normative gender diversity). This diversity manifests itself primarily in expressions, identities and ideas of self-fulfilment in terms of one’s body and it sometimes abandons the classical binary division between “women” and “men”, treating them as obsolete cultural structures. Therefore, sexual utopia is seen as a system that allows adjustment of gender with

293 “Different” does not mean “the opposite” – this expression does not force either male or female identity, thus it does not have to relate to transsexuality as it is typically understood, but to transgender in its broadest meaning.

294 One of the countries which is close to such legal changes is Kyrgyzstan.


one’s consent alone, without diagnosis and without unnecessary medical intervention. Utopian correction is a repeatable process, independent of cultural traditions. Finally, a truly utopian system means that gender disappears as a value, even in the legal sense. Identity, expression, body and many other aspects traditionally associated with gender binarism yield to the diversity offered by nature, whereas culture ceases to be a form of repression. However, we are still far away from utopia, so in the frame of activism we have to rely on utility.

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LABOUR MARKET

THE SITUATION OF TRANSGENDER PERSONS IN THE LABOUR MARKET

Lalka Podobińska

In Polish society, the issues related to gender identity still remain taboo, causing a lack of understanding and social acceptance towards persons whose behaviour goes beyond the barriers of widespread masculinity and femininity patterns. A small percentage of the population (around 0.3%) is transgender. As a result of our oppressive culture towards otherness, transgender persons who are undergoing or have undergone the process of legal gender correction often experience discrimination. Another reason for less favourable treatment stems from the Polish law not adjusting to the peculiar situation of transgender persons.

However, “according to the law, the identity of every human being, including gender identity, is his or her personal interest (Article 23 of the Civil Code), and every human, without violating other people’s rights, can experience

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his or her identity, including gender identity, and create his or her own image in society”.

Nevertheless, in Poland, the process of establishing gender and changing identification cards after gender correction is frequently lengthy, arduous and bureaucratic, which makes it very hard to function in society. The lack of government-issued identification cards that would reflect the image of a transgender person’s preferred gender makes it very hard or even impossible to get access to employment, not only because of the employers’ aversion or prejudice, but also because of the fear of constantly having to “prove” who you really are. It often constitutes an obstacle in searching for work or continuing employment. According to the American research published in the Gay and Lesbian Atlas, 26% of transgender persons have been dismissed as a result of being transgender, and as many as 90% have experienced some form of ill-treatment in the workplace.

Transgender in terms of access to the labour market

The right to work is the right of every human being. Article 23, Section 1 of the Universal Declaration of Human Rights states: “everyone has the right to work, to the free choice of employment, to just and favourable conditions of work and to protection against unemployment”. Almost 50 years after adopting the UDHR, the Lawyer’s Council prepared the Yog-yakarta Principles, a declaration setting international human rights law statutes relevant to sexual orientation and gender identity. Principle 12 of that declaration states: “everyone has the right to decent and productive work, to just and favourable conditions of work and to protection against unemployment, without discrimination on the basis of sexual orientation or gender identity”. One of the authors and signatories of that document is Prof. Roman Wieruszewski, PhD, from the Poznań Centre of Human Rights INP PAN.

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299 Statistics considering discrimination against transgender persons in the labour market can be found on page 266.
That right is also guaranteed by the European Social Charter and contains, among other things, the right to security and to healthy work conditions. Transgender persons, however, experience difficulties in being granted these rights.

Employment, as well as the remuneration received, is very often the basis and condition for transgender persons to acquire access to essential healthcare during their transformation. Having a job is associated with having health insurance, which allows at least partial access to medical services needed in the transformation process. Income earned from employment is often the only means for transgender persons to cover the costs related to health services that are necessary during the process of transformation. Diagnosis and hormonal therapy, to a large extent, are not refunded, and surgical procedures must be paid in full.

One of the major obstacles in the integration of transgender persons into society after legal gender correction is limited access to employment and discrimination in the labour market. Persons having legally changed their gender, in order to avoid discrimination by employers and employees and because of the necessity to present certificates of previous employment, diplomas, or certificates of course completion, often conceal their previous education, qualifications or experience attained in the previous gender.

This problem stems from the fact that there is no legal regulation regarding the replacement of documents for transgender persons, including employment certificates, diplomas and other qualifications, attained before gender correction and it depends on employers’ kindness whether they agree to issue such documents. Consequently, if a transgender person chooses not to reveal to a potential employer that he or she is transsexual, at the age of forty or fifty he or she may suddenly be left without proof of professional experience.

Persons after legal gender correction are often refused re-issued documents with revised data. The refusal is justified by the fact that formal gender correction takes place after the court’s judgment. It is assumed that a transgender person who is either a woman or man today was of a different gender at the time of receiving an employment certificate,
which is issued when an employee’s contract is terminated or expired and confirms the specified period of employment. If during that time, the employee was still of a different gender, there is no legal basis to include his or her current name in the employment certificate according to his or her gender identity that appears on the identity card. The same legal situation applies to certificates of completion of all training.

According to labour law expert Sławomir Paruch, in the current legal system it is not necessary to modify an employment certificate. A copy of a birth certificate (with an additional note) can confirm one’s (corrected) gender. The rules allow use of the legal documents (e.g., a certificate) confirming gender before the changes were made along with a corrected birth certificate. This practice, however, forces a transgender person to reveal his or her previous gender, which results in enormous discomfort (which was also acknowledged by the European Court of Human Rights in its judgements, in the case of B. v. France).

Moreover, the necessity of revealing a gender correction can easily lead to discrimination, e.g., when a candidate submits to a potential employer a work certificate from a previous employer which shows that he or she was of the opposite sex. Discrimination in the labour market can also take two forms: explicit and implicit. Explicit discrimination takes place when the employer indicates being transgender as a reason to reject one’s candidature on the grounds that it would affect the atmosphere in the workplace. More often, however, the employer justifies the denial of employment with premises other than transsexuality (e.g., not enough qualifications or the need to reduce the workforce), while the true reason for rejection is being transgender. In terms of explicit discrimination, exercising one’s rights in Labour Court can be extremely difficult.

The matter is further complicated by an ambiguous interpretation of the provisions on the prohibition of discrimination that can be found in the

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The existing labour laws prohibit discrimination based on gender. However, it is not clear whether the Polish courts would also grant protection because of gender identity, although, in connection with the European Court, this interpretation should be adopted.

**Discrimination of transgender persons is against the law**

Dismissal or refusal of employment because of gender identity is an act of discrimination against employees. The European Union protects transgender persons from discrimination, referring to them directly in Directive 2006/54/EC on equal treatment between men and women in terms of employment. However, in Poland, the guidelines of the Directive have not been implemented in the provisions of the “equality bill”, and it often happens that an employer who wants to avoid a “problem” with a transgender employee finds a way to dismiss him or her or to not hire such a person.

The lengthy and time-consuming procedures required for correction of gender designation in official documents force transgender persons to lead a double life, or to inform employers and other employees about a gender identity which differs from the gender recorded in the documents as well as about the planned legal gender correction earlier than is actually necessary.

However, even after the legal transformation, the problems of transgen-

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302 Act of 3 December 2010 on implementing several provisions of the EU in terms of equal treatment (Journal of Laws 2010, No. 254, item 1700)

303 The European Court of Justice (ECJ) in the case of P. v. S. and Cornwall County Council has clearly indicated that discrimination resulting from the gender correction of a certain person is recognised as discrimination based on gender. This decision was confirmed and made accessible in the later case law of the European Court of Justice.


305 More information about the procedures regarding gender correction can be found in Wiktior Dynarski’s text, titled *Gender gatekeepers – gatekeeping in the context of experiences of people correcting gender in Poland*, page 280
der persons do not end. Still, it happens that they become victims of discrimination, violence, and very often they live on the margins of society. Transgender persons whose identities have been revealed in the workplace and who change their gender image often face many problems, such as mistreatment by co-workers, ridicule and torment. They even become the subject of violence because of their gender identity or gender expression and they are often denied their right to use the preferred toilet. Some people are forced to resign after a series of pressures, ridicule and insults. 306

The Office of the Commissioner for Human Rights receives individual reports dealing with persistent and humiliating discrimination which is incompatible with the right to safe and healthy working conditions and a lack of discrimination in the workplace.

Though there is little research on discrimination against transgender people in the workplace, the available statistics show how difficult the situation of these people is. The study “Engendered Penalties” 307 showed that 23% of the respondents felt the need to change their job because of discrimination based on gender identity. Only 30% of them were treated with the appropriate respect by their colleagues. 10% of the people involved in the study experienced verbal threats, 6% were physically assaulted, and 42% of them were living in opposition to their preferred gender, not having decided to take any action to correct their gender for fear of losing their jobs. A Scottish study, 308 similar to the Finnish, 309 showed that 37% of the respondents remained unemployed and were receiving unemployment benefits; 77% of transgender

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306 Information provided directly by transgender persons during the meetings of a Support Group for Transgender Persons


309 Lehtonen, J., Mustola, K. ‘Straight People don’t tell, do they...’ Negotiating the boundaries of sexuality and gender at work, Helsinki: Ministry of Labour.
employees did not inform their employers about their gender identity and 50% of them considered this act stressful.\textsuperscript{310}

The observations made during that study are consistent with the data collected by the Trans-fuzja (Trans-fusion) Foundation during interviews with transgender persons attending support groups and during individual consultations. In Poland, there had been no previous research on the discrimination of transgender persons in the workplace.

Below, there are several descriptions of discriminatory situations experienced by the people who cooperated with the Trans-fuzja Foundation.

Case 1: A transwoman, one year after her gender reassignment, was told during a selection interview that there is no room in the company for troublesome people. Despite holding a Master’s Degree and an MBA, having command of four languages, being published in scientific journals and having three patents, she was rejected. She earned the qualifications and professional experience when she was a man and the documents bear her previous male name. She was invited to two interviews, during which she heard that, although she fulfils the requirements, and even though her qualifications are higher than the other candidates’, the employer would rather accept someone less troublesome. So far, she has already sent several job applications, attaching her CV and covering letter as a woman, together with an explanation of why the certificates of her qualifications are incompatible with her current personal details in the identification documents. She was not even invited to an interview and she still has not found work. She does occasional work well below her qualifications.

Case 2: A transwoman, several years after her gender correction. After graduation, she worked in a higher education facility, earned her doctorate degree and received a certificate of national value in her occupation. She was a respected, multi-award-winning employee. A few years ago, the director of the institute where she worked changed, and he started

\textsuperscript{310} \url{http://www.transrespect-transphobia.org/uploads/downloads/Publications/Hberg-pol.pdf}
to look for excuses to undermine her authority and to deny her qualifications. There were often sharp exchanges of views and arguments between them. One day the director called her and said that he had gone through her personal documents and he knows the whole truth. He threatened to reveal her past publicly if she did not quit her job. When she refused, he transferred her from an academic position (lecturer) to an administrative position. At every step he was trying to make her life unbearable, and did not agree to her research trips. This led to her depression and long-term sick leave, after which she was dismissed. Currently, supported by the Polish Society of Anti-Discrimination Law, she is fighting in court for damages and for reinstatement.

Case 3: A transwoman, four years after gender correction, receiving unemployment benefits. Due to a gender ambiguous look, she cannot find a job as a cleaner or janitor, nor as a laundry worker. As a man, she mainly used to work in security, as a road worker and car loader.

Case 4: An MtF transgendered person was a valued employee in the IT industry in a private company. Her job mainly required travelling and dealing with customers. Six months ago she started the process of gender reassignment. Currently, she is undergoing hormonal treatment and going through the “real-life test”. Her look is changing and she is becoming more feminine. She usually wears trousers, but the rest of her clothes, accessories, long hair and ornaments indicate belonging to the female sex. One day her boss called her in order to dismiss her due to the changes that had taken place in her appearance and behaviour. After long negotiations her wage was dramatically reduced, which was motivated by the assumption that she would not be as productive at work as when she was a man. Her supervisor also added that such an eccentric, gender ambiguous person cannot work with accounts. Currently, she is still looking for a rewarding job.

311 Performing the new preferred gender image at work and in private life before legal correction
Very often, transgender persons become unemployed. The study “Engendered Penalties”\textsuperscript{312} conducted in Britain showed that only 31\% of the respondents work full-time. If we look at the exact figures according to gender, it is only 40\% for transwomen and 36\% for transmen, compared to 57\% for women and 72\% for men of the non-transgender population. The Spanish study\textsuperscript{313} regarding unemployment among transgender persons showed that 54\% of the respondents did not have work. The above data can be found in the European Union Agency for Fundamental Rights, Homophobia and Discrimination on the Grounds of Sexual Orientation and Gender Identity in the EU Member States: Part II – The Social situation, Esteva, I. et al. (2001) Social Inequalities: Demographic Characteristics of Patients Treated at the First Gender Identity Disorder Unit in Spain, paper presented at the 18th Harry Benjamin International Gender Dysphoria Association Symposium in Galveston, Texas.\textsuperscript{314}

Sometimes, transgender persons facing discrimination in employment and, as a consequence, considerable difficulties in finding a job, decide to offer sex services in order to earn a living. That exposes them to trouble with the law, including arrest, legal proceedings, violence in the workplace and the risk of being infected by sexually transmitted diseases.\textsuperscript{315}

\textbf{The situation of transgender persons in employment}

The issue of respecting the rights of transgender persons has been ignored and neglected for a long time. The Polish government and Parliament have not been responding to the initiatives undertaken by non-governmental organisations acting on behalf of the LGBT community that were intended


\textsuperscript{313} http://fra.europa.eu/fraWebsite/attachments/FRA_hdgso_report-part2_en.pdf


\textsuperscript{315} http://pl.wikipedia.org/wiki/Transfobia
to legally regulate the situation of transgender persons, although the difficulties this group experience are very serious and typical only of that group.

At the international level the standpoint of both the Council of Europe bodies, such as the Office of the Commissioner for Human Rights, as well as the European Court of Human Rights in Strasbourg and the European Court of Justice, confirms the obligation of states to respect the rights of transgender persons.\(^{316}\) Although gender identity usually does not appear in human rights treaties as a discriminatory premise, basically, due to open directories of premises of discrimination, these treaties can be applied to all persons, including transgender.

The Committee on Economic, Social and Cultural Rights at the United Nations confirmed that gender identity is mentioned among the causes of discrimination; transgender, transsexual or intersexual persons often become victims of serious human rights violations, such as harassment at school or at work.\(^ {317}\)

The Commissioner for Human Rights, Thomas Hammamberg, in the Resource Document *Human Rights and Sexual Identity* of July 2009 took a stand on the rights of transgender persons.\(^ {318}\) In it, he highlights that the right to recognition of gender identity is a human right. At the same time, the commissioner forwards recommendations to the Member States of the Council of Europe, which should be reflected in domestic law.\(^ {319}\) The change of name and gender designation on the employment certificates of transgender persons is recommended, which is extremely important to prevent discrimination against transgender persons in employment, and


\(^{317}\) W. Dynarski *Tożsamość płciowa a prawa człowieka* – in http://vworld.pl/?p=210


constitutes a response to the above-mentioned causes of discrimination based on gender identity.

Also, the European Court of Justice stated that dismissal due to being transgender constitutes discrimination based on gender against the background of Directive 6/207/WE (ECJ, Case C-13/94, P. v. S. and Cornwall County Council, verdict on 30 April 1996, ECR [1996] I-2143).

In Poland, one of the main problems of transgender persons is the lack of comprehensive legislation governing the procedure of legal gender correction, which was indicated by the report of the Agency for Fundamental Rights of 2008 and 2010, titled *Homophobia and discrimination on the Grounds of Sexual Orientation in the EU Member States, Part I, Legal Analysis* and *Homophobia, Transphobia and Discrimination on the Grounds of Sexual Orientation in the EU Member States*.

At the national level, the problem of no legislation governing the situation of transgender people has been pointed out not only by the Human Rights Defender and the Minister of Justice, but also by non-governmental organisations (including the Trans-fuzja Foundation, Campaign Against Homophobia and the Helsinki Committees for Human Rights).

The Human Rights Defender, referring to the complaints of transgender persons and to the demands of the community the Trans-fuzja Foundation acts on behalf of, noted in a speech to the Minister of Justice on 1 August 2011, the need to adopt an act that would comprehensively regulate the situation of transgender persons. In the response to the Human Rights Defender’s speech, The Minister of Justice sympathised with the opinion on the need to adopt a regulation that would in a complex way regulate the situation of transgender persons. Unfortunately, the Minister has still not

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replied to the inquiries of non-governmental organisations concerning the specific time of introducing that regulation.

What has to be changed?

The current situation in Poland requires new legislation concerning anti-discrimination issues that would include the premise of gender identity.

Public authorities, schools, universities and employers should be obliged to issue new documents including personal data of the applicant, such as name and gender, that would result from acquiring a new birth certificate (issued during the gender correction). Labour law provisions, i.e., Art. 97 of the Labour Code and the regulations of the Minister of Labour and Social Policy of 15 May 1996, on the detailed content of the certificate of employment and method and procedure of its issuance and adjustment (Journal of Laws, No. 60, item 282) should also provide the possibility to change personal data in the employment certificates of people who have changed their gender, and who have received an appropriate judicial decision. Without such provisions, transgender persons are put in an unfavourable position during interviews with potential employers, since they usually have school certificates and diplomas of higher education with the revised personal data, and employment certificates which contain outdated personal data. Revealing one’s previous identity as a person with a judicial decision on gender correction may also cause unnecessary conflicts in the workplace (discrimination, mobbing).324

Legislative changes should be introduced alongside activities such as educational campaigns or public awareness campaigns directed at both employees and employers, so that the problem would be understood properly. Employers should be better informed about the situation of transgender persons, in order to ensure their employees equal treatment.

Companies are recommended to introduce internal regulations of diversity management and institutional in-company solutions regarding

anti-discrimination issues, including gender identity. In some cases, these changes will apply to the rules concerning the employee dress code or using preferred toilets. Not only legal provisions on equal treatment in employment are important, but also, in general, the dignity of transgender persons. Companies should not only promote diversity in the workplace, but also actively prevent discrimination and harassment, thus meeting the needs of transgender persons. It seems important to conduct training for employers, in order to raise their awareness of transgender persons’ needs. That would also increase the chances of such persons finding a job and enhancing their comfort if they worked in a friendly, understanding environment. An employment support programme for transgender persons, as well as training on how to deal with discrimination and how to motivate such persons to take up employment despite fears of discrimination and harassment, are equally important.

It is worth using other countries’ good practice

In 2011, in the USA, a professional assistance programme for transgender persons was established. During the seminars titled “Back to Work”, transgender persons are prepared to enter the labour market and to deal with any discrimination they experience. Studies conducted in the United States\(^\text{325}\) show that most transgender persons have experienced discrimination in the workplace. 26% of them were dismissed not because of unsatisfactory job performance, but due to being a person whose biological sex does not coincide with their gender identity. Under the “Back to Work” programme, transgender persons learn how to prepare a CV, they practice how to behave during an interview, and some of them receive their own job coach.

In the EU, some labour unions (the Danish ABVAKABO\(^\text{326}\) Danish and the British UNISON\(^\text{327}\)) have already established guidelines for employ-


\(^{326}\) http://www.abvakabofnv.nl/

\(^{327}\) http://www.unison.org.uk/getCampaigning/branchWorkshops.asp
ers on how to protect transgender persons against discrimination in the workplace. In Turin, Italy, a special programme designed to bring transgender persons back to the labour market has been created. It focuses on diagnosing the needs and abilities of transgender persons and provides opportunities for them to take up temporary work in many companies with a chance to obtain permanent employment in the future.\textsuperscript{328}

More and more social campaigns are taking place which aim at raising the awareness of people who face a risk of discrimination about their rights. The campaign prepared in 2011 by the non-governmental organisation Trans-Fuzja Foundation, aimed at counteracting transphobia or discrimination against transgender persons in employment, can serve as an example.\textsuperscript{329}

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\textsuperscript{328} http://www.transrespect-transphobia.org/uploads/downloads/Publications/Hberg_pol.pdf

PART FIVE

For each of the issues, a thematic area (or areas) was distinguished, to which the general recommendations were attributed (indicating the direction of the desired change in the given area) and, subsequently, the detailed recommendations, indicating the measures that should be undertaken and to whom they are addressed.

**LAW**

**Discrimination in employment**

**General recommendation:** Reinforce the protection against discrimination on the grounds of employment and work.

**Detailed recommendations:**
1. Develop and implement a system of monitoring court cases related to discrimination in employment, so that there would be statistics available on the number of cases pertaining to infringement of the law for each of the characteristics protected by the Labour Code. (Ministry of Justice)
2. Add gender expression and gender identity to the catalogue of characteristics under the protection of the Labour code. (Ministry of Labour and Social Policy)
3. Introduce a provision obliging employers to change the data in their employees’ work certificates after an official gender correction. (Ministry of Labour and Social Policy)

4. Amend the Act on the National Labour Inspectorate to specify (add) a task regarding the monitoring of compliance with the rule of equal treatment in the workplace. (Ministry of Labour and Social Policy)

5. Increase the number of awareness initiatives pertaining to the protection against discrimination in the area of employment. (National Labour Inspectorate, Ministry of Labour and Social Policy, and the Government Plenipotentiary for Equal Treatment)

6. Introduce in the Labour Code an obligation to develop “Equality Plans” (internal rules defining the procedures serving to guarantee compliance with the rules of equal treatment stated in the Labour Code) for employers that employ more than 50 people. (Ministry of Labour and Social Policy)

7. Amend the Act on the promotion of employment to add people who are undergoing or have undergone legal and social gender change to the catalogue of premises protected by law against prohibition of discrimination. (Ministry of Labour and Social Policy)

Institutional mechanisms of counteracting discrimination

**General recommendation:** Reinforce the institutional mechanisms of counteracting discrimination.

**Detailed recommendations:**

1. Increase the participation of non-governmental organisations, according to the strategies for equal treatment developed by the Government Plenipotentiary for Equal Treatment (e.g., National Action Programme for Equal Treatment): ensure the participation of the organizations at every stage of developing the document and create the opportunity to join the workgroup, including advance notice regarding that process. (The Government Plenipotentiary for Equal Treatment)

2. Assign powers to the Human Rights Defender to intervene in cases of discrimination in the private sphere (e.g., regarding the employer-employee relationship). (Parliament)
3. Grant the Human Rights Defender the power to issue legally binding administrative decisions on cases regarding unequal treatment. (Parliament)

4. Grant financial resources adequate to the assigned tasks to both the Human Rights Defender and the Government Plenipotentiary for Equal Treatment. (Ministry of Finance, Parliament)

**Anti-discrimination act**

**General recommendation:** Achieve the level of protection against discrimination on the grounds of sexual orientation, gender identity and gender expression that is stated in the Constitution of the Republic of Poland.

**Detailed recommendations:**
1. Add gender expression and gender identity to the catalogue of characteristics protected by the provisions of law prohibiting discrimination. (The Government Plenipotentiary for Equal Treatment, Parliament)
2. Introduce equal protection against discrimination in all areas of life, including access to education, health and services. (The Government Plenipotentiary for Equal Treatment)
3. Introduce to the bill known as the Equality Act a provision obliging the public administrative bodies (governmental and non-governmental) to introduce programmes which benefit equal treatment. (The Government Plenipotentiary for Equal Treatment)
4. Introduce to the Equality Act a provision on the possibility of obtaining reparations for experienced discrimination (along with compensation). (The Government Plenipotentiary for Equal Treatment)
5. Introduce to the Equality Act a provision prohibiting multiplying discrimination, discrimination by association and discrimination by assumption.

**Criminal law**

**General recommendation:** Reinforce legal and punitive protection against discrimination.
Detailed recommendations:
1. Amend the criminal code with the penalisation of “hate speech” and increase the threat of punishment in the case of “hate crimes”, i.e., crimes motivated by homophobia or transphobia. (Ministry of Justice)
2. Introduce to the statistics pertaining to prosecutors’ investigations the necessity to collect data regarding the perpetrator’s motivation, if that motivation referred to sexual orientation and/or gender identity. (Public Prosecutor General’s Office, Ministry of Justice)
3. Increase the sensitivity of prosecutors to situations where the perpetrator’s motivation referred to his or her hatred towards the gender identity and gender expression of the victim. (Public Prosecutor General’s Office)
4. Develop methodological guidance on including in the prosecution’s investigation motivation referring to hatred towards the sexual orientation, gender identity or gender expression of the victim. (Public Prosecutor General’s Office)
5. Delete Article 156 of the Criminal Code in order to abolish the penalisation which deprives those who undergo the official gender correction process of the ability to reproduce. (Ministry of Justice)

Same-sex partnerships

General recommendation: Achieve equality of same-sex couples.

Detailed recommendations:
1. Adopt an Act that would regulate the issue of same-sex partnerships. (Parliament)¹
2. Allow adoption of biological children of partners of the same sex. (Ministry of Justice)
3. A clear regulation of the necessity to issue marital certificates, which are essential to enter into marriage or to register a partnership relationship in other countries. (Ministry of the Interior)

¹ Links to the drafts of Acts submitted to the Speaker’s staff:
Legal gender correction

**General recommendation:** Allow people to live according to their gender identity without infringing on the human rights of transgender persons.

**Detailed recommendations:**
1. Introduce the Act of Gender Agreement.² (Parliament)
2. Drop the pathological discourse regarding transexuality by introducing standards of defining gender identity on the basis of a declaration of a person interested in gender correction. (Ministry of Health)
3. Guarantee the possibility of changing the identification cards of people wishing to correct their legal gender, without the necessity to undergo any medical intervention. (Ministry of the Interior, Ministry of Administration and Digitization)
4. Prohibit “corrective and normalising treatments” on the sex organs of infants, as well as of children and teenagers below eighteen, unless the correction stems from the person’s own viewpoints and not from his or her parents’ or guardians’ views. (Ministry of Health)
5. Ensure the possibility to start the gender correction process for people before they become legal adults, including ensuring medical assistance in that matter appropriate to their age. (Ministry of Health, Ministry of the Interior, Ministry of Administration and Digitization)

Employment

**General recommendation:** Make equal the chances of LGBT persons on the Labour Market.

**Detailed recommendations:**
1. Disseminate and promote ‘good practices’ in terms of equal treatment in employment on the basis of sexual orientation, gender expression and gender identity among public institutions, non-governmental organisations and companies. (Ministry of Labour and Social Policy, the

² http://sejmometr.pl/projekt/416,dokument/39891, draft Act
Government Plenipotentiary for Equal Treatment, the Human Rights Defender, employers’ and employees’ organisations)

2. Provide training for the National Labour Inspectorate, labour courts and labour market institutions in terms of counteracting discrimination in employment. (National Labour Inspectorate, Ministry of Justice, National Justice Board)

3. Allow people to apply for EFS funding on projects in the field of equal treatment also on the basis of sexual orientation, gender expression and gender identity. (Ministry of Regional Development)

Safety

**General recommendation:** Reduce the phenomenon of physical and mental violence and its effect on LGBT persons.

**Detailed recommendations:**

1. Include the specific needs and barriers related to homophobic violence directed at family members who are LGBT and to violence in same-sex relationships in the implementation of tasks stemming from the Act on Counteracting Violence in the Family, especially in:
   — the standards of basic services provided by the specialised support centres for the victims of domestic violence (Ministry of Labour and Social Policy),
   — voivodship, district and municipal programmes for counteracting domestic violence and protecting the victims of such violence (Regional governments),
   — training programmes for people acting to counteract domestic violence (Voivodship governments),
   — manuals, recommendations and intervention procedures in crisis situations related to domestic violence, for the people dedicated to these tasks (Voivodship governments), and
   — guidelines for performing training programmes in the field of counteracting domestic violence (Ministry of Labour and Social Policy).

2. Introduce comprehensive regulations on holding transgender persons in detention centres. (Ministry of the Interior)
3. Include the specific needs and barriers of victims of homophobia and/or transphobia in the National Programme for Victims of Crime. (The Human Rights Defender, the Prime Minister)

4. Introduce topics pertaining to LGBT persons to the curricula for new entrants and for those who already work in the police force, as well as sensitizing them to the specific situation and needs of people belonging to that group. (General Police Headquarters)

Health

**Education of medical, paramedical and social care workers**

**General recommendation:** Raise awareness about LGBT persons among the people working in healthcare and social care.

**Detailed recommendations:**

1. Include content pertaining to the current medical and psychological knowledge on the sexual orientations, gender identities, social functioning and specific needs and barriers of LGBT persons in the curricula of medical studies. (Ministry of Science and Higher Education)

2. Include content pertaining to the current medical and psychological knowledge on the sexual orientations, gender identities, social functioning and specific needs and barriers of LGBT persons in the curricula of medical specialisations. (Ministry of Health)

3. Include content pertaining to the current medical and psychological knowledge on the sexual orientations, gender identities, social functioning and specific needs and barriers of LGBT persons in the curricula of post-graduate studies of nurses and midwives. (Ministry of Health)

4. Adopt the Act on Social Workers that would include content pertaining to the current medical and psychological knowledge on the sexual orientations, gender identities, social functioning and specific needs and barriers of LGB persons in the curriculum. (Ministry of Labour and Social Policy, Parliament)

5. Adopt the Act on the Psychologist’s Profession that would include content pertaining to the current medical and psychological knowledge on the sexual orientations, gender identities, social functioning
and specific needs and barriers of LGBT persons in the curriculum. (Ministry of Labour and Social Policy, Parliament)

Healthcare of transgender persons

General recommendation: Provide transgender persons with access to medical services that would include their needs.

Detailed recommendations:
1. Provide transgender persons equal access to medical services, especially in terms of the specific services related to gender (gynaecology for transmen or andrology for transwomen). (Ministry of Health)
2. Introduce full refunds for gender correction procedures, as well as for hormonal therapies and blockers which are necessary during and after biological gender correction. (Ministry of Health)
3. Guarantee that access to examinations, treatments and drugs associated with a particular gender (e.g., related to gynaecologic issues) is available to everyone, regardless of the gender indicated in the documents. (Ministry of Health)

Blood donation

General recommendation: Guarantee equal access to blood donation regardless of sexual orientation or gender identity.

Detailed recommendations:
1. Proper implementation of the regulations of the Ministry of Health regarding the requirements for donating blood of the candidates for blood donation by the National Blood Donation Centre and Regional Centres of Blood Donation and Treatment (RCKiK), in terms of the criteria governing the disqualification of blood donors applied by the RCKiKs being compatible with the content of the regulations. (Ministry of Health)
**Education**

**Teachers’ education and training**

**General recommendation:** Increase the preparation of schools and teachers for creating an environment free from prejudice and discrimination on the grounds of sexual orientation and gender identity.

**Detailed recommendations:**

1. Create new forms of teacher training that would tackle the phenomena related to the situation of non-heterosexual persons in society, knowledge about bi- and homosexuality, counteracting violence in schools on the grounds of sexual orientation, and support for schoolchildren who are stigmatised on the basis of their sexual orientation. (Teacher Training Centres, Centres for Educational Development)

2. Review the current forms of teacher training in terms of conveying discriminatory content, especially pertaining to discrimination on the grounds of sexual orientation and gender. (Teacher Training Centres, Centres for Educational Development)

3. Create the opportunity for all interested administrators, teachers, overseers, superintendents and other school authorities to receive anti-discrimination and equality training programmes and workshops. (Schools, Teacher Training Centres, Ministry of National Education)

4. Include issues related to the situation of non-heterosexual persons in society, knowledge about bi- and homosexuality, counteracting violence in schools on the grounds of sexual orientation, and support for schoolchildren who are stigmatised on the basis of their sexual orientation in the curricula of pedagogical studies and in courses conducted by the universities. (Universities providing pedagogical courses and education in the pedagogical fields)

5. Include classes that would enhance the teachers’ competencies in terms of counteracting and responding to violence, and would include the perspective of socio-cultural gender and knowledge about violence motivated by prejudice, especially in terms of gender and sexual orientation. (Teacher Training Centres, Ministry of National Education)

6. Conduct constant monitoring and perform evaluations with regard to introducing antidiscrimination and equality education in the training
offered to teachers and other people connected with the educational system, including management staff. (non-governmental organisations, Centres for Educational Development)

**School textbooks**

**General recommendation:** Increase the amount of content in textbooks presenting the current knowledge about sexual orientation and gender identity.

**Detailed recommendations:**
1. Include in the content of textbooks and other educational materials the knowledge about notions belonging to the chain of discrimination, content that would allow pupils to acquire the knowledge and skills to identify discriminatory behaviours and to be able to properly react to discriminatory situations both in the case of witnessing them, and in the case of experiencing them. (School manual publishers, Ministry of National Education)
2. Demonstrate different family models in textbooks, including single parents, non-heterosexual parents and foster families.
3. Verify the content of textbooks for the subject Family Life Education and update their content with information regarding homosexuality, bisexuality and gender identity in light of current scientific knowledge. (Textbook publishers, Ministry of National Education)
4. Review the textbooks approved by the Ministry of National Education in terms of the validity of information regarding sexual orientation and gender identity in light of current scientific knowledge in that area. (Ministry of National Education)
5. Prepare the experts who write opinions on textbooks within the scope of recognizing discriminatory content to include the grounds of sexual orientation. (Ministry of the National Education)

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3 Recommendations pertaining to textbooks were prepared on the basis of a publication titled: Wielka nieobecna – o edukacji antydyskryminacyjnej w systemie edukacji formalnej w Polsce. Raport z badań, pod redakcją Marty Abramowicz, Towarzystwo Edykacji Antydyskryminacyjnej, Warszawa 2011.
Safety

**General recommendation:** Increase the safety of non-heterosexual schoolchildren in schools.

**Detailed recommendations:**
1. Oblige schools to develop and adopt anti-violence programmes pertaining to, for example, violence on the grounds of prejudice, including the ones that refer directly to homophobia and transphobia. Allocate adequate funding for the proper implementation of this task. (Ministry of the Education)
2. Anti-discrimination programmes should oblige schools to, for example:
   — develop anti-violence rules for schoolchildren specifying, for example: prohibition of the use of violence, consequences for schoolchildren using violence and a code of conduct in case of violence;
   — develop internal anti-violence regulations for the pedagogical staff determining the way to react to the various forms of violence, the procedures used in case of violence (pupil-pupil and pedagogical staff member-pupil); and
   — appoint a school plenipotentiary for counteracting violence in schools.

Sport

**General recommendation:** Raise awareness persons among sportsmen and sportswomen, sports activists and fans regarding LGBT issues and prevent homophobic behaviours in sport.

**Detailed recommendations:**
1. Support and encourage sports associations and fan clubs in terms of awareness-raising regarding the discrimination of lesbians, gays, bisexuals and transgender persons in sport. (Ministry of Sport)
2. Publicly condemn the forms of intolerance in sport against LGBT persons (clubs, sports associations, sportsmen and sportswomen).
Foreigners

**General recommendation:** Guarantee friendly procedures – according to UNHCR guidelines – of handling motions on granting international protection for people who experience persecution on the grounds of their sexual orientation or gender identity in their countries of origin.

**Detailed recommendations:**

1. Grant refugee status and asylum to LGBT persons in case of a justified fear that after returning to their country of origin, their life or freedom may be jeopardised or when there is a fear that they may be subjected to torture, inhumane or degrading treatment or punishment on the grounds of sexual orientation or gender. (Office for Foreigners)

2. Cease the practice regarding the demand of evidence (e.g., a gynaecologist’s certificate) from people applying for refugee status which confirms their non-heterosexual orientation. (Office for Foreigners).
Photographers

p. 126 – Sławomir Kamiński, Agencja Gazeta
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The publication, *Situation of LGBT persons in Poland. 2010 and 2011 Report* is a study of vital importance referring to the lives, experiences and needs of the minority to which Poles still find it difficult to get used to. It is based on solid empirical research of over 11,000 LGB persons. The analysis of the survey published in the first part of the report gives, for the first time in history, access to such spheres of life as employment, school and family life, state of health, experiences of violence and discrimination and advocated values. The report reveals some peculiar phenomena for that social group related to migration, to coming out as LGBT, to parenthood and mental state. This study allows the refutation or verification of numerous myths pertaining to gays and lesbians. The second part of the publication consists of comments and analyses prepared by practitioners. The publication will be useful for both people who deal with LGBT and discrimination issues scientifically, as well as for representatives of the institutions implementing – or which are supposed to implement – the equality policy in Poland. It constitutes not only a reliable source of knowledge but also contains substantively justified recommendations pertaining to essential changes in the legal system and social practice.

Prof. Wiktor Osiatyński