

BETTER IN COLOUR BETTER IN SPORTS

REPORT ON
THE MAIN RESULTS
OF THE SURVEY
MAY 2026

DIPARTIMENTO DI PSICOLOGIA
DEI PROCESSI DI SVILUPPO
E SOCIALIZZAZIONE



SAPIENZA
UNIVERSITÀ DI ROMA

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This report is part of the project **Better in Colour, Better in Sports**, promoted by Gaynet within the framework of the “Meglio a Colori” campaign, in partnership with EGLSF and ACT - Against Conversion Therapy, and implemented under the Connecting Spheres initiative funded by the European Union.

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INTRODUCTORY NOTE




This report is part of the project **Better in Colour, Better in Sports** (Italian title: “Sport, una cura contro l’omotransfobia”), promoted by Gaynet within the framework of the “Meglio a Colori” campaign, in partnership with EGLSF and ACT – Against Conversion Therapy, and implemented under Oxfam Italia’s **Connecting Spheres** initiative, funded by the European Union.

The project aims to promote research and policy development to counter **so-called “conversion practices”** targeting LGBTQIA+ people in Italy and across Europe. According to data published in 2024 by the European Union Agency for Fundamental Rights, **24% of LGBTIQ people in Europe** have experi-

enced attempts to change their sexual orientation and/or gender identity. These practices—based on the false assumption that LGBTQIA+ identities should be modified or suppressed—have been recognised by the United Nations as a form of torture.

This report presents the main findings of a quantitative survey conducted during the **EuroGames Lyon 2025** (23–27 July), one of the largest LGBTQIA+ sporting events in Europe, which brought together over 4,000 participants from diverse social and cultural contexts. Within this setting, a total of **527 respondents** completed the survey, forming the empirical basis of the analysis presented in this report. While the sample is not intended to be statistically representative of the entire LGBTQIA+ population in Europe, it provides valuable insights into experiences emerging within a transnational, community-based sporting context.

Data collection was carried out through an anonymous online questionnaire. **Participants**




were approached by trained volunteers across different event locations, including sports venues and the EuroGames Village, and were supported in accessing and completing the survey when needed. A small symbolic giveaway was offered to participants as part of the engagement strategy. These measures were designed to facilitate participation in a dynamic event setting, without influencing the content of responses.

The research does not focus on conversion practices within sport as a sector, but rather on the experiences of LGBTQIA+ people across different life contexts. The choice of EuroGames as a research setting reflects the project's intention **to reach a broad and diverse segment of the community**, including individuals who may not be connected to formal advocacy networks.

The survey investigates experiences of discrimination and exposure to stigmatising practices related to sexual orientation, gender identity, gender expression, and sex characteristics. It adopts a methodological approach designed to minimise bias: references to “conversion practices” were not explicitly included in the initial outreach, allowing respondents **to reflect on their experiences without predefined framing**. The research is based on quantitative analysis, providing an overview of the prevalence and key patterns of discrimination and conversion attempts.

It was conducted under the scientific coordination of Professor Roberto Baiocco and Professor Jessica Pistella (Sapienza University of Rome).

More broadly, the project recognises the **potential of sport**—not only as a field where discrimination can occur, but also as a powerful space for **community building, empowerment, and social transformation**.





Section 1

DESCRIPTION OF PARTICIPANTS,
INSTRUMENTS, AND DATA ANALYSIS

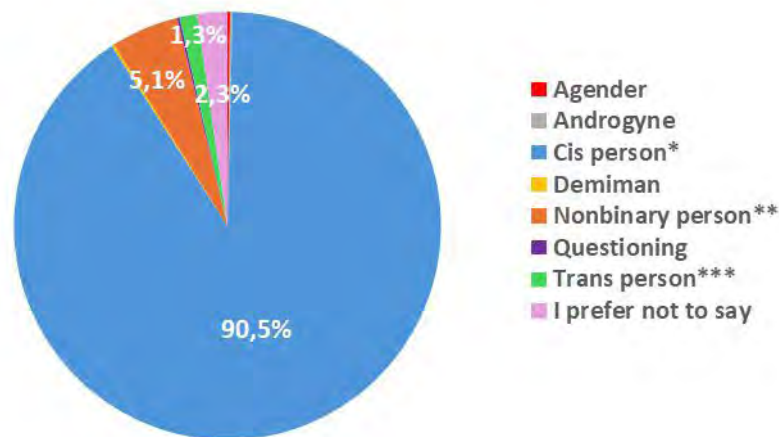
1.1 Participants

A total of 527 people accessed the questionnaire. Participants ranged in age from 15 to 81 years, with a mean age of 39.5 (SD = 10.7). The majority identified as cisgender (90.5%), followed by non-binary individuals (5.1%) and transgender individuals (1.3%).

There were also single self-definitions such as agender, androgynous, demisexual, and questioning (Figure 1). A small percentage of participants (2.3%) preferred not to answer this question.

Figure 1. Gender identity

Which of the following options best describes your current gender identity?



*The term “cis” refers to a person whose gender identity corresponds to the sex assigned at birth

** The term “nonbinary” refers to a person whose gender identity is beyond the binary definition of man and woman.

***The term “trans” refers to a person whose gender identity does not correspond to the sex assigned at birth

With respect to sex assigned at birth, the majority were assigned male at birth (69.6%), followed by those assigned female at birth (29.4%). Only 4 participants (0.9%) preferred not to disclose their sex assigned at birth (Figure 2).

Figure 2. Sex assigned at birth

Which of the following best describes your sex assigned at birth?

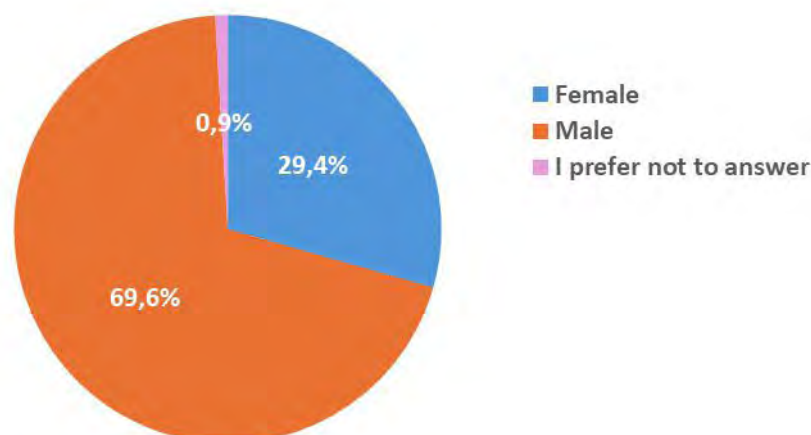
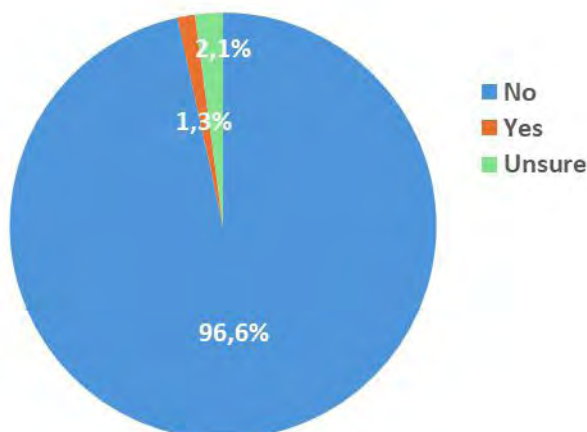


Figure 3. Intersex person

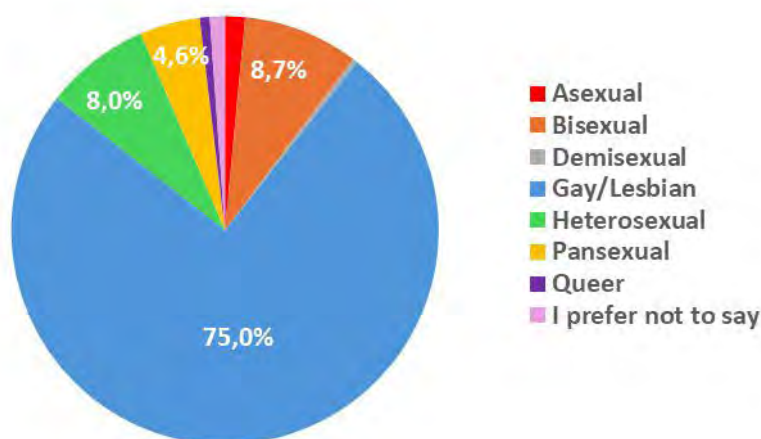
Are you an intersex person?



Seventy-five percent of participants identified as gay or lesbian, 8.7% as bisexual, 8.0% as heterosexual, and 4.6% as pansexual. Other self-definitions included demisexual and queer, while only 1.1% preferred not to answer this question (Figure 4). Most heterosexual participants in the survey also identified as cisgender, while only two of them self-identify as trans people.

Figura 4. Sexual orientation

Which of the following options best describes your sexual orientation?

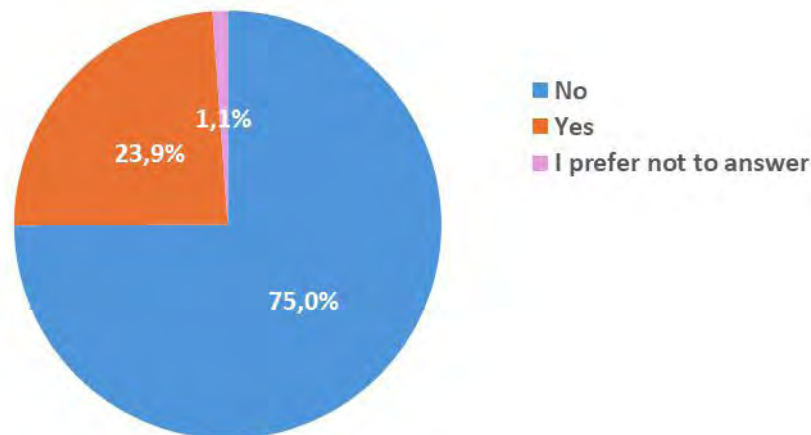


To examine differences based on gender identity and sexual orientation, we created a variable distinguishing between cisgender LGB+ individuals (85.2%), transgender and non-binary individuals (7.4%), and cisgender heterosexual individuals (7.4%).

The majority of participants identified as White/Caucasian (77.4%), Latin American and Hispanic (3.8%), Black/African/Afro-descendant (2.7%), East Asian (e.g., Chinese, Japanese, Korean; 2.7%), or Middle Eastern/North African (2.1%). Other participants reported identifying as part of a Mixed/Multiethnic group (2.1%). Only 1.0% preferred not to answer this question. As shown in Figure 5, 24% of participants perceived themselves as belonging to an ethnic minority group compared to the majority population in their living context.

Figure 5. Ethnic group

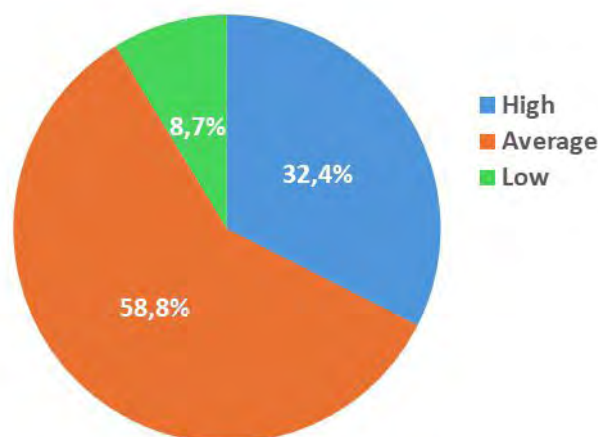
Do you feel that you are perceived as an ethnic minority compared to most people in your life context?



As shown in Figure 6, 32% of participants report that their socioeconomic status (or that of their family of origin if they are not financially independent) is high or very high, 59% indicate an average socioeconomic status, while 9% report a low or very low status

Figure 6. Socioeconomic status

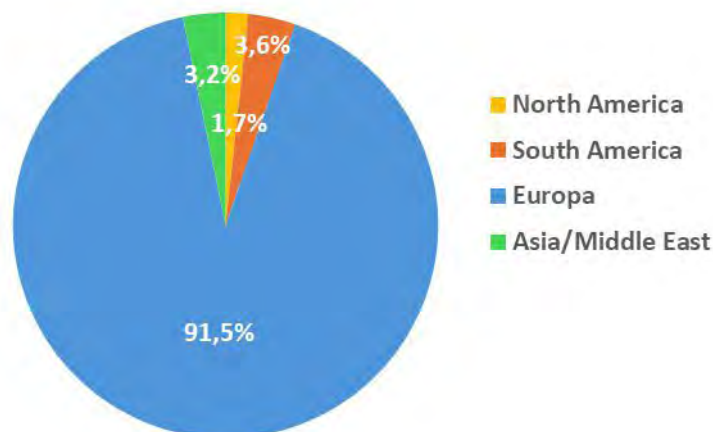
How would you define your socioeconomic status?



With respect to religious background, 47% of participants identify as having no religion/Atheist, 20.5% as Christian, and 19.5% as Roman Catholic. A minority of participants identify as Protestant (3%), Muslim (3%), and 1.7% as Buddhist or belonging to other religious backgrounds.

The majority of participants (Figure 7) come from Europe/Western countries (Austria, Belgium, France, Germany, Ireland, Italy, UK, Poland, Portugal, Sweden; 91.5%), while a small percentage are from South America (Brazil, Colombia, Mexico, Peru; 3.6%), Asia/Middle East (India, Japan, Taiwan, Vietnam; 3.2%), and North America (USA; 1.7%).

Figure 7. Citizenship



1.2 Participant Recruitment and Measurement Instruments

Participants were recruited through the dissemination of a survey, and **data collection took place from July 23 to 26 in Lyon**, France, during the EuroGames Lyon 2025 event (for further information, please visit <https://lyon2025.com/en/eurogames-lyon-2025/>). Participation was voluntary and anonymous, and respondents provided informed consent on the first page of the online survey (hosted via Google Forms). The average completion time was approximately 15 minutes.

This report presents and discusses quantitative analyses of the responses provided to the administered battery of instruments. Below are the instruments employed, with examples of items and response options.

Sociodemographic variables

Participants were asked to provide information such as age, citizenship, sex assigned at birth (1 = female; 2 = male; 3 = I prefer not to answer; 4 = other, specify), gender identity (1 = cis person; 2 = non-binary person; 3 = trans person; 4 = I prefer not to say; 5 = other, specify), sexual orientation (1 = asexual; 7 = other, specify), religion (1 = no religion; 10 = other, specify), socioeconomic status (1 = extremely high; 5 = extremely low), and ethnicity (1 = White/Caucasian; 2 = other, specify). Participants were also asked whether they felt perceived as an ethnic minority in comparison to most people in their life context (1 = yes; 2 = no). In the Appendix, we reported the questionnaire we administered. In the following pages, we report some questions to facilitate the readers.



1.3 Data Analysis

In the proposed report, several methodologies were employed, including multivariate analysis techniques (Kenny et al., 2006). Specifically, univariate and multivariate analyses were conducted to examine potential differences in the variables under study according to gender identity and sexual orientation. Differences between categorical variables were assessed using the Chi2 analysis.

Univariate and Multivariate Analysis of Variance (ANOVA and MANOVA): Using Fisher's F-test, group differences were examined across the variables of interest based on gender identity and sexual orientation (LGB+ individuals vs. trans and nonbinary individuals), as well as on experiences of having undergone or not undergone conversion practices (experienced vs. not experienced).



Section 2

DISCRIMINATIONS AND
CONVERSION PRACTICES

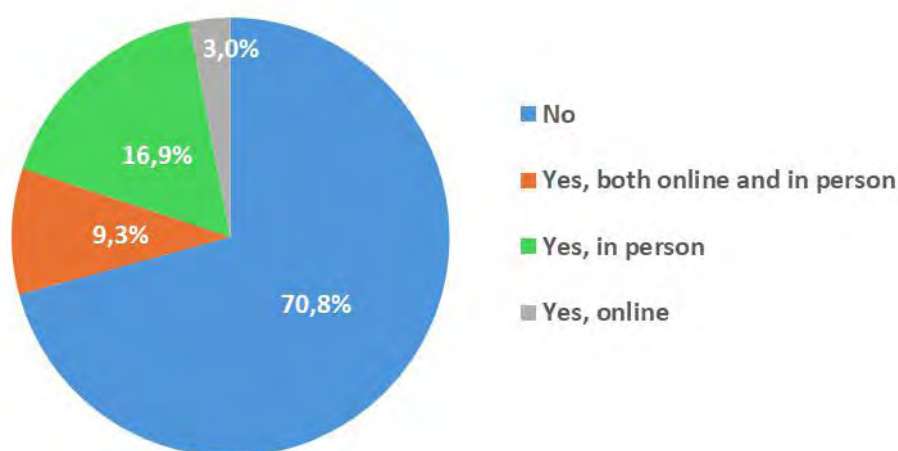


2.1 Perception of discrimination based on gender identity

We asked participants whether, in the past three years, they had experienced discrimination based on their actual or perceived gender identity, gender expression, or variations in sex characteristics. The majority reported never having experienced discrimination (70.8%). However, **9.3% reported experiencing it both online and in person, 16.9% exclusively in person**, and 3% exclusively online (Figure 8).

Figure 8. Discrimination: Gender identity

In the past three years, have you experienced discrimination based on your actual or perceived gender identity, gender expression, or variations in sex characteristics?



Analysing qualitative answers to open questions, the majority of participants reported experiences of abuse and aggression, most frequently in the form of verbal harassment in public spaces, workplaces, and online environments. Insults, slurs, and derogatory comments targeting sexual orientation, gender identity, gender expression, or ethnicity were commonly mentioned. Several respondents described being misgendered, excluded, or not taken seriously in professional and social contexts.

In addition to verbal aggression, participants highlighted experiences of sexual harassment, bullying, and mobbing in the workplace, as well as discrimination in sports and healthcare settings. Several testimonies also referred to racism, sexism, lesbophobia, often intersecting with homophobia or transphobia.

More severe cases included threats, attempted physical assaults, and actual violence at public events such as Pride parades. Some participants also reported online hate speech, death threats, and non-consensual contact or photographs.

Overall, these accounts illustrate a broad spectrum of discriminatory behaviors, ranging from microaggressions and social exclusion to explicit verbal abuse and physical violence, underscoring the pervasiveness of stigma and hostility faced by LGBTQ+ individuals and

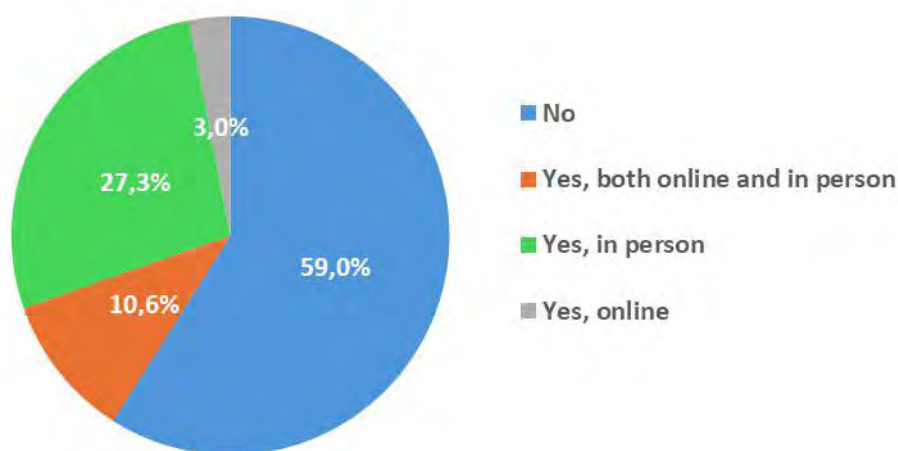
other minority groups in different life contexts.

2.2 Perception of discrimination based on sexual orientation

Most participants reported not having experienced discrimination based on their sexual orientation in the past three years (59%). However, **10.6% indicated experiencing it both online and in person**, 27.3% exclusively in person, and 3% exclusively online (Figure 9).

Figure 9. Discrimination: Sexual orientation

In the past three years, have you experienced discrimination because of your actual or perceived sexual orientation or because you were thought to be non-heterosexual?



Analysing qualitative answers to open questions, a substantial number shared episodes of verbal harassment, including insults, slurs, and derogatory jokes in public spaces, workplaces, educational settings, and sports contexts. Microaggressions—such as inappropriate comments, stares, or questioning of one’s sexual orientation—were also frequently mentioned.

Several participants highlighted experiences of homophobic comments online and on social media, as well as hate speech in both virtual and physical environments. Reports of family rejection, social exclusion, and conflicts within religious or community settings further illustrate the social stigma experienced by sexual minorities.

More severe accounts included threats, vandalism, workplace discrimination, and physical assaults in public spaces. Some participants described systemic barriers, such as restrictions on marriage or adoption, exclusion from sports organizations, and unequal treatment in healthcare or employment.

Overall, these narratives reveal a broad spectrum of discriminatory behaviors, ranging from everyday microaggressions and verbal abuse to structural inequalities and physical violence, underlining the persistence of stigma and hostility directed at individuals based on

their sexual orientation.

2.3a Efforts for changing sexual orientation and/or gender identity

Participants were asked: “Have you ever been subjected to any of the following efforts aimed at changing your sexual orientation and/or gender identity?” The listed options included:

- (a) pressure or intervention from family members (including threats of exclusion from the family or inheritance);
- (b) peer groups forcing them to change or modify their LGBTQIA+ expression;
- (c) prayer, religious rituals, or spiritual counseling;
- (d) psychological or psychiatric treatment;
- (e) use of medication;
- (f) physical violence (such as being beaten);
- (g) sexual violence;
- (h) verbal abuse, insults, or humiliation;
- (i) other forms of intervention.

Overall, **43.1% of participants reported having experienced at least one of these efforts.** Approximately 9.7% reported having experienced two forms of efforts aimed at changing their sexual orientation and/or gender identity, such as pressure or intervention from family members and verbal abuse, insults, or humiliation. In comparison, 6.6% reported having experienced between three and five different forms of such attempts. Only two participants stated that they had experienced all the listed forms, including other types of intervention. Specifically, 20.3% indicated experiencing pressure or intervention from family members (including threats of exclusion from the family or inheritance), 8.9% reported peer groups forcing them to change or modify their LGBTQIA+ expression, 7.0% reported prayer, religious rituals, or spiritual counseling, 4.6% psychological or psychiatric treatment, 1.1% use of medication, 2.8% physical violence (such as being beaten), 2.5% sexual violence, 19.2% verbal abuse, insults, or humiliation, and 4.6% reported other forms of intervention.

Table 1. Reported Efforts to Change Sexual Orientation or Gender Identity

Type of efforts	% (n)	% LGB+ vs. TNB
Pressure or intervention from family members	20.3% (107)	LGB+=93.4% TNB=6.6%
Verbal abuse, insults, or humiliation	19.2% (101)	LGB+=87.0% TNB=13.0%
Peer groups forcing them to change or modify their LGBTQIA+ expression	8.9% (47)	LGB+=95.7% TNB=4.3%
Prayer, religious rituals, or spiritual counseling	7.0% (37)	LGB+=86.1% TNB=3.9%
Psychological or psychiatric treatment	4.6% (24)	LGB+=79.2% TNB=20.8%

Other forms of intervention	4.6% (24)	LGB+=87.5% TNB=12.5%
Physical violence (such as being beaten)	2.8% (15)	LGB+=93.3% TNB=6.6%
Sexual violence	2.5% (13)	LGB+=100.0% TNB=0.0%
Use of medication	1.1% (6)	LGB+=83.3% TNB=6.7%

Note. TNB: trans and nonbinary people


Comparison with EU FRA findings

A research study conducted on LGBTI people aged 15 and older from the EU-27 Member States (n=100,577) by the European Union Agency for Fundamental Rights (FRA; <https://fra.europa.eu/en/publications-and-resources/data-and-maps/2024/eu-lgbtqi-survey-iii>) administered a question substantially similar, finding that approximately 24% of respondents reported experiencing at least one intervention aimed at changing their sexual orientation or gender identity. The question used by our research team differed only in the inclusion of one additional response option – “peer groups forcing them to change or modify their LGBTQIA+ expression”. This makes the two instruments broadly comparable and methodologically overlapping, except for this added alternative, which was selected by 3% of our participants who chose only this option and none of the others.

When this 3% subgroup is excluded, the adjusted prevalence in our sample of having been subjected to at least one effort to change sexual orientation or gender identity is 40%. The elevated prevalence compared to the FRA survey (43% vs. 24%) may reflect the more specific event-based sample (sports participants in the event), influencing the representativeness of the sample.

Thus, the methodological divergence lies in (1) the addition in our survey of a peer-group intervention category, and (2) the different sampling context (sporting event-based vs. broad European online sample). These factors plausibly contribute to the higher reported prevalence in our study, highlighting the importance of situating measurement tools within the specific social ecology of the sample.

A further methodological distinction lies in the fact that, before posing the questions about conversion practices, our survey provided participants with an **explanatory definition of what constitutes conversion practices** (see Appendix for more details). In contrast, the FRA instrument did not. Including such a definition serves multiple purposes: (1) it has an educational and formative function, clarifying the meaning and scope of conversion practices for respondents; (2) it allows participants to reflect on their own life experiences and discern whether past events that they might have perceived merely as discrimination, pressure, or normative control actually meet the definitional criteria of a conversion practice; and (3) it encourages a reflective process of awareness-raising, whereby individuals may recognize that specific experiences previously unlabelled as such were, in fact, forms of conversion efforts.



These methodological differences – namely, the contextual specificity of the sample (sports event participants), the inclusion of peer-group dynamics, and the definitional framing – likely contributed to the higher prevalence observed in our research. Collectively, our results underscore the importance of providing conceptual clarity before measurement to enhance both the validity of responses and the reflexive understanding of participants regarding complex psychosocial phenomena, such as conversion practices.

2.3b Conversion practices experiences

After providing a specific explanation of what conversion practices are (see Appendix for more details), to avoid potential misunderstandings among participants, we asked: Do you know anyone who has undergone any form of conversion practices? The majority reported not knowing anyone (62.2%), **22.0% were unsure**, while **15.7% stated they did**.

We therefore asked them: “Have you ever experienced or been pressured into any form of ‘conversion practices’?”. Overall, 85.2% said they had never experienced it, **11.0% said they were unsure**, and **3.8% reported having experienced it**.

For some participants, these “conversion practices” began at a very young age (10.0%), while for the majority they started during preadolescence and adolescence (65%), and for the remaining participants after the age of 21 (25.0%). The duration of these “conversion practices” varied: for some, they lasted a few days or weeks (30.0%), for others, a few months (20.0%) or around one year (15.0%), and in some cases, they continued for more than three years (35.0%).

Analysing **qualitative answers to open questions**, from the responses regarding experiences with “conversion practices,” it emerges that the contexts and actors involved vary:

- **Health professionals:** Some participants reported being subjected to attempts at conversion through therapists or specific psychological programs, sometimes initiated by family members (e.g., a parent sending a child to a therapist to “convince” them not to be trans).
- **Religious institutions:** Some cases involved churches or priests.
- **Family and friends:** Several participants reported pressure from family members or friends, using psychological approaches and direct persuasion.
- **Other actors:** Some participants mentioned “other perpetrators” without further specification.

In summary, reported conversion practices occur across multiple contexts and often involve a combination of professional, religious, and familial or social pressures. Some participants experienced multiple forms simultaneously (e.g., therapist, religious institution, and family).

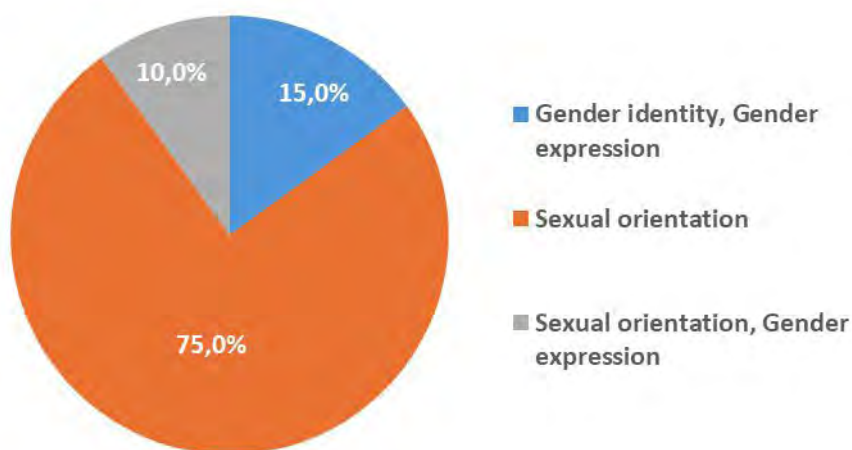
When asked whether they were forced to undergo “conversion practices,” participants’ experiences varied. Some described subtle or ongoing forms of coercion, such as persis-

tent conversations, being ignored, or being excluded from active roles in religious activities (5.0%). Others reported that they were not forced (30.0%), with a few stating that they chose to participate on their own (20.0%), while some were unsure (35.0%).

Analysing **qualitative answers to open questions**, regarding who imposed these practices, parents were the most frequently cited actors, often in combination with other figures such as extended family members, friends, health professionals, and religious authorities. In several cases, participants reported that multiple sources—parents, medical or psychological professionals, and religious institutions—simultaneously pressured them into these practices. This highlights that coercion often came from overlapping social and institutional contexts rather than a single source. Figure 10 illustrates which aspects of participants’ identities were considered in need of “change” or “modification” through the “conversion practices”.

Figure 10. Identity dimensions needing to be “changed”

What dimension of your identity was regarded as needing to be “changed” or “modified” by the “conversion practices”?




To examine differences based on gender identity and sexual orientation, we created a variable distinguishing between cisgender LGB+ individuals (85.2%), transgender and non-binary individuals (7.4%), and cisgender heterosexual individuals (7.4%).

Again, due to the small number of people who responded “Yes” to the conversion practices (N=20), we created a variable considering two categories: people who experienced conversion practices (3.8%), together with people who responded “not sure” (11.0%), vs people who never experienced conversion practices (85.2%)

Trans and nonbinary people (25.6%) experienced were more likely to report higher forms of conversion practices than LGB+ cis individuals (14.7%) and heterosexual cis people (5.1%; Chi2 = 6.5; p< 0.05).

People who perceived themselves as belonging to an ethnic minority group (24.2%) were



more likely to report higher forms of conversion practices than the majority population (11.6%) in their living context ($\text{Chi}^2 = 12.4$; $p < 0.001$). No significant differences emerged for the participants' socioeconomic status.

2.4 Family Bias Experiences

We asked participants: “Did you ever leave home voluntarily because of discrimination based on LGBTQIA+ identity?”. **13.5% of participants reported having left home voluntarily due to discrimination based on their LGBTQIA+ identity.** The ages at which participants left home varied widely, ranging from early adolescence (around 13–16 years old) to adulthood (up to the late 50s). Many left during their late teens and early twenties, reflecting a period when independence becomes more feasible.

Analysing qualitative answers to open questions, participants cited multiple motivations for leaving. Common reasons included a lack of acceptance from their partners or romantic relationships, pressure from religious or educational institutions, and the inability to express their identity freely at home. Some moved to new cities or countries to live openly as LGBTQIA+, while others left due to perceived social or family expectations, even if not explicitly forced. In a few cases, health or financial circumstances influenced the timing of leaving. Overall, the accounts highlight a mix of personal, familial, social, and cultural factors driving the decision to leave home voluntarily.

Thus, we asked participants: “Were you forced to leave home because of your LGBTQIA+ identity?” Overall, 3.4% reported having experienced this. The age range during this occurred was approximately 16 to 30.

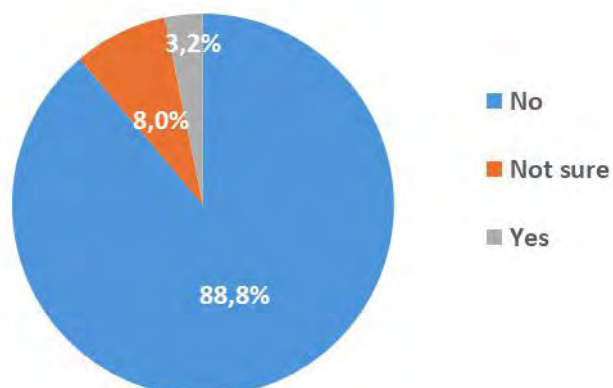
Several participants shared additional information regarding their experiences by analyzing qualitative answers to open questions. Some described feeling pressured to leave even if they did not actually do so, often due to fear of parental rejection or conflict. Others reported avoiding discussions about their identity to prevent verbal or physical violence, particularly in families with strict cultural or religious expectations. A few noted that while they were not forced to leave, family members considered or mentioned the possibility, or temporarily left the household themselves after the participant came out.

2.5 Professional Experiences

Participants were asked whether they had ever interacted with a mental health professional who expressed heteronormative or cisnormative beliefs (e.g., assumptions that being heterosexual or cisgender is the “norm” or preferred). **Over 20% reported encountering such professionals, either occasionally (15.6%) or frequently (4.6%; Figure 11)**

Figure 11. Mental health professional

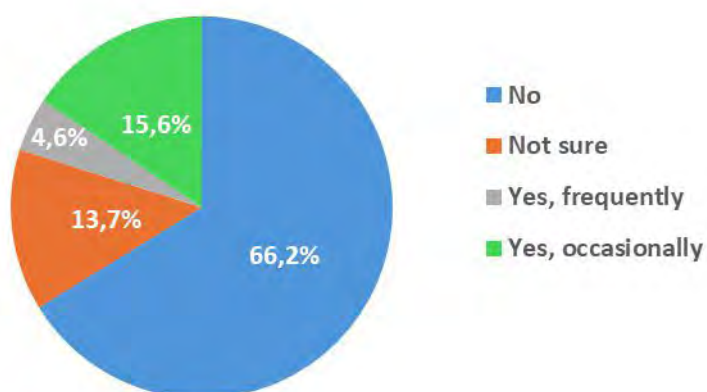
Have you ever interacted with a mental health professional who expressed heteronormative or cisnormative beliefs?




Analysing qualitative answers to open questions, a significant portion of responses reflected strong negative emotions when considering situations where LGBTQIA+ people might encounter non-affirmative or heteronormative/cisnormative practices. Participants reported sadness, anger, frustration, disappointment, and shock. Participants frequently emphasized the injustice and harm caused by heteronormative pressures in therapeutic or societal contexts, noting that these situations are unacceptable, outdated, and should be prevented. Several responses combined both recognition of the value of affirmative therapy and concern that more work is needed to ensure safe and inclusive mental health support. Again, the survey explored participants' experiences with and perceptions of affirmative therapy, a form of psychotherapy aimed at validating and supporting the needs of sexual and gender minority individuals. When asked whether they had ever tried affirmative therapy, the vast majority (88.8%) reported that they had not, 8.0% were unsure, and only a small fraction (3.2%) had experience with it (Figure 12).

Figure 12. Affirmative therapy

Have you ever tried "affirmative therapy"?



Analysing qualitative answers to open questions, when asked to describe what affirmative



therapy means to them and to reflect on their reactions to hearing that such situations are still occurring, responses were diverse but revealed several key themes. Many participants expressed positive views, recognizing affirmative therapy as a valuable and supportive tool for LGBTQIA+ people, with some highlighting relief, hope, and gratitude that such services exist. A smaller number of participants were unsure or lacked knowledge about the concept.

Overall, the responses highlight both a widespread lack of direct experience with affirmative therapy and a high level of emotional engagement with the topic, reflecting strong support for inclusive mental health practices alongside frustration and concern about persistent discrimination.

2.6 Sport and LGBTQ+ identity

The survey examined how participating in sports has impacted LGBTQIA+ individuals in affirming their identity and the potential obstacles they encountered. When asked whether sports helped affirm their LGBTQIA+ identity, responses were generally positive: **nearly 30% answered “very much,” 27% “quite a lot,” and 18.6% “somewhat,”** indicating that for the majority, sports played a meaningful role in affirming their identity. A smaller portion, around 15%, reported that sports did not help at all, and about 10% felt it helped only a little.

Regarding sports as a potential obstacle, **most participants (57.7%) reported that it did not represent an obstacle.** However, 17.3% said it did “somewhat,” and smaller groups indicated it was “quite a lot” (6.6%) or “very much” (6.8%) of a challenge. This suggests that while sports generally offer supportive spaces, a notable minority still encounter difficulties, especially when facing heteronormative or exclusionary environments.

Open-ended responses provided rich insight into the participants’ experiences. Many highlighted the positive impact of LGBTQIA+ or queer-inclusive sports teams, describing them as spaces that foster community, friendship, safety, and personal growth. Participants emphasized how inclusive sports environments enabled them to express themselves freely, build confidence, and feel a sense of belonging that is often lacking in mainstream sports. Some recounted negative experiences, particularly in their youth, such as pressure to conform to gendered sports expectations, bullying, or exclusion in heteronormative teams, which sometimes delayed their coming out or participation.

Several participants noted that queer sports spaces are significant for visibility, mental health, and affirming one’s identity. Events like the EuroGames and queer sports clubs were repeatedly cited as transformative, providing both social support and opportunities to connect with others who share similar experiences. A few respondents also highlighted remaining challenges, such as ongoing discrimination, toxic masculinity, or lack of inclusion for trans and non-binary individuals, as well as insufficient resources for queer sports



teams.

Overall, the data suggest that while mainstream sports can pose challenges for LGBTQIA+ individuals, participation in queer-inclusive sports is overwhelmingly perceived as affirming, supportive, and vital for community building, self-expression, and personal growth.

Trans and nonbinary people ($M = 4.0$; $DS = 1.6$) reported that participating in sports has represented an additional obstacle to their LGBTQIA+ identity than LGB+ cis people ($M = 3.3$; $DS = 1.4$; $F(1, 486) = 7.6$, $p < .01$).



Conclusions



A community on the move, and still under pressure

Across 527 respondents aged 15–81 (mean 39.5), the “Better in Colours, Better in Sports” survey sketches a vivid portrait of LGBTQIA+ lives around European queer-sport networks: proud, resilient—and still navigating stigma, discrimination, and the long shadow of so-called “conversion practices.” **Most participants identified as cis (90.5%); 7.4% were trans or nonbinary, and three in four identified as lesbian or gay.** The sample was predominantly **European/Western (91.5%)**, with **24%** perceiving themselves as **part of an ethnic minority** in their daily context.

Discrimination is common—and layered

In the past three years, **29.2% reported discrimination tied to gender identity/expression** or variations in sex characteristics (9.3% online and in person; 16.9% in person only; 3% online only). On sexual orientation, **41% reported discrimination** (10.6% both online and in person; 27.3% in person only; 3% online only). The qualitative accounts put flesh on those numbers: verbal harassment in public spaces and workplaces, misgendering, exclusion, bullying, sexual harassment, and—at the sharp end—threats and physical attacks, including at Pride events. Many stories show how sexism, racism, lesbophobia, homophobia, and transphobia intersect, compounding harm.

Conversion practices: few admit to “yes,” many live in the grey zone


After a clear definition was shown to avoid confusion, **15.7% said they know someone who has undergone “conversion practices”.** Again, **3.8% reported having experienced them, and 11.0% were “not sure.”** For prevention, that “unsure” matters: the tactics often look like “concern,” “counsel,” or “guidance,” yet function to suppress identity. Where they happen is equally telling: in therapeutic settings, religious spaces, and—most frequently—in the home and social circle. For some, pressure came from multiple fronts at once.

Who is most exposed?

Exposure is not evenly distributed. Trans and nonbinary participants were more likely to report conversion-practice experiences than cis LGB+ peers (25.6% vs. 14.7%) and **much more than cis heterosexuals (5.1%)**. Participants who felt perceived as an ethnic minority also reported higher exposure (24.2%) than those seen as part of the majority (11.6%). Socioeconomic status showed no significant difference. The takeaway for prevention: focus on the intersections—gender diversity and racialized minorities face heightened risk.

Timing and duration underscore harm

Among those reporting experiences, **one in ten said it began very young; nearly two-thirds said preadolescence/adolescence; and one quarter after age 21.** Duration varied from days or weeks (30%) to months (20%), around a year (15%), and—most alarmingly—more than three years (35%). Early onset and prolonged exposure are red flags for mental



health, trust in institutions, and lifelong help-seeking.

Coercion isn't always a locked door—it's often a long pressure

Only a minority described overt compulsion; more frequently, people cited persistent conversations, withdrawal of affection or community roles, or exclusion from religious activities. Parents were the most commonly named initiators—often alongside relatives, clinicians, or clergy. This pattern matters for policy: **prevention cannot stop at banning “treatments.”** It must address family and faith settings, and raise clinical standards so “care” cannot be weaponized.

Mental health: a credibility gap

More than one in five respondents encountered mental health professionals expressing heteronormative or cisnormative beliefs. Meanwhile, only 3.2% had tried affirmative therapy; 88.8% had not. The result is a service paradox: support exists, but too few access it, and too many still meet outdated or non-affirming practices. This is fertile ground for prevention—through training, accreditation, and easy-to-find referral pathways.

Home as a frontline

One in seven (13.5%) said they left home voluntarily due to discrimination based on LGBTQIA+ identity; 3.4% were forced out, typically in later adolescence or early adulthood. Many more described living under threat—watching what they said to avoid conflict or violence. Prevention must therefore target families with early, evidence-based support, and ensure emergency housing and legal protections for youth.


Sport: a powerful lever—if made safe

Sport was widely experienced as identity-affirming (nearly 30% “very much,” 27% “quite a lot,” 18.6% “somewhat”), especially in queer-inclusive teams and events like EuroGames, which participants described as transformative. But the field is not level: 57.7% said sport posed no obstacle, yet a notable minority did—particularly trans and nonbinary people, who reported significantly greater barriers than cis LGB+ peers. Queer-inclusive clubs are working; mainstream sport must catch up.



Highlights





Conversion practices are not rare in the ecosystem: **15.7%** know someone affected; **3.8%** report personal experience, and **11.0%** are “unsure,” showing how often pressure is disguised as “help.”

Discrimination remains widespread: **29.2%** faced identity-based discrimination (gender identity/expression/sex characteristics) and **41%** faced sexual-orientation-based discrimination in the last three years.

Trans and nonbinary people at higher risk: **25.6%** reported conversion-practice exposure vs. **14.7%** among cis LGB+ and **5.1%** among cis heterosexuals.

Ethnic-minority people’s perception doubles risk: **24.2%** exposure among those perceived as ethnic minorities vs. **11.6%** among majority-perceived peers.

Harm starts young and can last years: **10%** began very young; **65%** in preadolescence/adolescence; **35%** endured more than three years.

Where it happens: in therapy rooms, religious spaces, and—most often—within families and friendship networks, frequently overlapping.

Coercion is often subtle: persistent “talks,” social exclusion, or withdrawal of roles/affection—harm without handcuffs.

Clinical credibility gap: **>20%** encountered non-affirming clinicians; only **3.2%** accessed affirmative therapy—training and referral pathways are urgent.

Home as risk and refuge: **13.5%** left home voluntarily due to discrimination; **3.4%** were forced out—early family support and emergency protections are essential.

Sport as a solution—with gaps: Most found sport identity-affirming, but trans and nonbinary participants reported significantly greater obstacles—mainstream inclusion must match queer-inclusive spaces.

Higher prevalence in sports-based sample: **43%** of our participants reported exposure to conversion efforts—significantly higher than the **24%** found in the FRA survey—likely reflecting the specific event-based sample and the inclusion of peer-group pressures as an additional social context (3% of our participants).

Conceptual clarity matters: **Providing a clear definition of conversion practices** before questioning participants may enhance both validity and awareness—helping individuals recognize experiences that may qualify as conversion efforts rather than mere discrimination or social pressure.

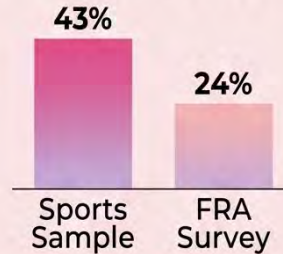
GLOBAL PREVALENCE & PERSPECTIVE

PERSONAL EXPERIENCE



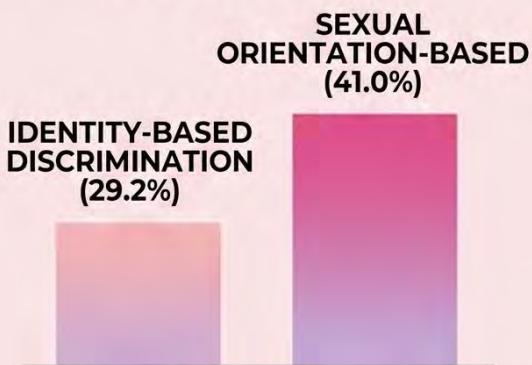
- 15.7% Know Someone
- 3.8% Personal Experience
- 11.0% Unsure
- Not Affected

HIGHER IN SPORTS SAMPLE



Higher risk in sports network: Event-based sample & peer-group context

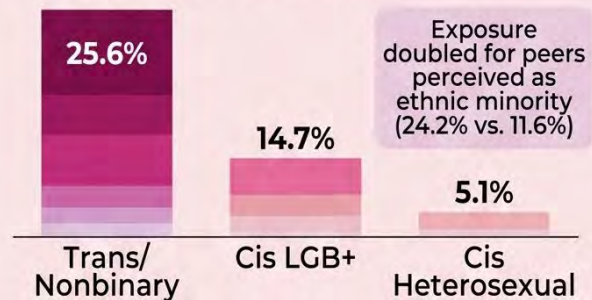
DISCRIMINATION STILL WIDESPREAD



90,5% OF THE SAMPLE IDENTIFIES AS CISGENDER

TRANS & NONBINARY PEOPLE AT HIGHER RISK

Exposure to Conversion Efforts



Exposure doubled for peers perceived as ethnic minority (24.2% vs. 11.6%)

KEY CHARACTERISTICS & MECHANISMS



HARM STARTS YOUNG & LASTS YEARS

Inception



Duration



WHERE IT HAPPENS



Therapy Room



Religious Space



Family/Friends
(most common)



COERCION IS OFTEN SUBTLE

- persistent 'talks'
- social exclusion
- withdrawal of roles/affection



CLINICAL CREDIBILITY GAP

Non-affirming Clinicians >20%

Affirmative Therapy only 3.2%

Training and referral pathways urgent.



HOME AS RISK & REFUGE



Voluntary exit (13.5%)
Forced exit (3.4%)

Family support & emergency protections essential.




SPORT AS A SOLUTION - WITH GAPS

Identity-affirming for most, but significant obstacles for trans/nonbinary participants.


Mainstream inclusion must match queer-inclusive spaces.



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Survey on discrimination and stigmatising practices regarding an individual's sexual orientation, gender identity, or gender expression

This section presents the questionnaire administered during the data collection phase.

Being yourself is the greatest challenge. Tell us how you do it.
Take the survey now.

By **taking part in this research**, you will help us build a world where everyone is free to play, because our lives, like the sport we love, **are better in colour**.

Every LGBTQIA+ person knows that living openly still means facing many obstacles, usually caused by those who think we need to be **"fixed"** and who would rather see us live a life in the **shadows**, stripped of our **true colours**.

If you're here, it means you proudly show both your **identity** and your **passion for sports**.

Our project wants to learn more about the stories of those who step onto the field after overcoming challenges that **should have never existed**.

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SECTION A - GENERAL INFORMATION

1) Which of the following options best describes your current gender identity?

- Cis person* Nonbinary person** Trans person***
 I prefer not to say
 Other (please, specify) _____

*The term cis refers to a person whose gender identity corresponds to the sex assigned at birth

** The term nonbinary refers to a person whose gender identity is beyond the binary definition of man and woman.

***The term trans refers to a person whose gender identity does not correspond to the sex assigned at birth

2) Which of the following best describes your sex assigned at birth?

- Female Male I prefer not to answer Other _____

2bis) Are you intersex person?

- Yes No Unsure I prefer not to answer

3) Which of the following options best describes your sexual orientation?

- Asexual Bisexual Gay/Lesbian
 Heterosexual Pansexual
 I prefer not to say
 Other (Please specify) _____

4) To which ethnic group do you feel you belong to?

(YOU MAY SELECT MORE THAN ONE OPTION)

- WHITE / CAUCASIAN
 BLACK / AFRICAN / AFRO-DESCENDANT
 LATIN AMERICAN / HISPANIC
 MIDDLE EASTERN / NORTH AFRICAN (MENA)
 SOUTH ASIAN (E.G., INDIAN, PAKISTANI, BANGLADESHI)
 EAST ASIAN (E.G., CHINESE, JAPANESE, KOREAN)
 SOUTHEAST ASIAN (E.G., FILIPINO, THAI, VIETNAMESE)
 INDIGENOUS / FIRST NATIONS
 ROMANI / TRAVELLER
 MIXED / MULTIETHNIC
 I PREFER NOT TO ANSWER
 OTHER: _____

4bis) Do you feel that you are perceived as an ethnic minority compared to most people in your life context?

- Yes/No

5) What is your religious background?

- Buddhist
- Roman Catholic
- Christian denominations (e.g., Coptic, Assyrian, etc.)
- Christian
- Jewish
- Hindu
- Islamic
- Orthodox
- Protestant
- No religion/Atheist
- Other religion (please specify) _____

6) How old are you? _____

7) What is your citizenship? _____

8) How would you define your socio-economic status? (If you are not economically autonomous, you can indicate the socio-economic status of your family of origin or those who cared for you):

- Extremely low
- Low
- Average
- High
- Extremely high

Discrimination - GENDER IDENTITY AND EXPRESSION

1) In the past three years, have you experienced discrimination based on your actual or perceived sexual orientation, gender identity, gender expression, or variations in sex characteristics?

- Yes, online Yes, in person Yes, both online and in person No

2) If yes, please specify what kind of discrimination(s): _____

3) If yes, how much do you think discrimination has affected your well-being?

- Not at all A little Quite A lot Very much

Discrimination - SEXUAL ORIENTATION

1) In the past three years, have you experienced discrimination because of your actual or perceived sexual orientation or because you were thought to be non-heterosexual?

- Yes, online Yes, in person Yes, both online and in person No

2) If yes, please specify what kind of discrimination(s): _____

3) If yes, how much do you think discrimination has affected your well-being?

Not at all A little Quite A lot Very much

EXPERIENCES REGARDING “CHANGE” OR “MODIFY” YOUR LGBTQIA+ IDENTITY

Even if it is not possible, sometimes people in our life context may think it’s possible to “change” or “modify” our LGBTQIA+ identity.

1) **Have you ever been subjected to any of the following efforts aimed at changing your sexual orientation and/or gender identity? (YOU MAY SELECT MORE THAN ONE OPTION)**

- Pressure or intervention from family members (including threats of exclusion from the family or inheritance);
- Peer groups forced me to change or modify my LGBTQIA+ expression;
- Prayer, religious rituals, or spiritual counseling;
- Psychological or psychiatric treatment;
- Use of medication;
- Physical violence (such as being beaten);
- Sexual violence;
- Verbal abuse, insults, or humiliation;
- Other forms of intervention;
- None of the above.



2) For each person listed below, indicate whether there has been an attempt to “change” or “modify” you as a LGBTQIA+ person. Mark as “not applicable” if one or more people on the list are not part of your life context (e.g., if you don’t have brothers or sisters).

	Never	Rarely	Sometimes	Often	Always	Not applicable
Mothers						
Fathers						
Primary caregivers						
Sisters/brothers						
Grandparents						
Other family members (uncles, cousins, stepfathers, stepmothers...)						
My friends						
My teachers						
My religious community						
The people I play sports with in queer sports club						
The people I play sports with in the mainstream sports club						
My doctors						
Mental health professionals						
Colleagues						
Other, specify _____						
Other, specify _____						
Other, specify _____						

Conversion Practices: definition

What is “Conversion Practices”?

Conversion practices refer to a range of stigmatising practices that aim to change, suppress, or modify an individual’s sexual orientation, gender identity, or gender expression. Conversion practices sustained efforts to discourage or change behaviors related to LGBTQIA+ identities and expressions. Also called conversion therapy, change therapy, reorientation therapy, reparative therapy, sexual orientation change efforts, and gender identity change efforts (APA Dictionary of Psychology, 2023).

These interventions are based on the false premise that LGBTQIA+ identities are pathological and need to be “cured”. Methods can include psychotherapy, spiritual interventions, aversive conditioning, and, in extreme cases, physical abuse.

Major health organizations, including the World Health Organization (WHO) and the American Psychological Association (APA), have condemned these practices as ineffective and harmful. Exposure to conversion practices is associated with increased risks of depression,

anxiety, self-harm, and suicide.

This questionnaire is anonymous and aims to understand better how often individuals in the LGBTQIA+ community are exposed to such practices, either directly or indirectly.

EXPERIENCES REGARDING “CONVERSION PRACTICES”

1) How do you feel when you hear that these situations are still happening? What words would you use to describe your reaction?

1) Do you know anyone who has undergone any form of conversion practices?

- Yes
- No
- I don't know

2) Have you ever experienced or been pressured into any form of “conversion practices”? (You may select more than one option)

- Yes, through a health professional
- Yes, through a specific psychological program
- Yes, through a religious institution
- Yes, please specify _____
- Not sure, please specify _____
- No

If yes - filter (If the person says “No” → directly to pg. 12)

3) At what age did this begin? _____

4) How long did these conversion practices last?

- A few days/a few weeks
- A few months
- About a year
- Two to three years
- More than three years

5) Were you forced to undergo these “conversion practices”?

- Yes
- No, I decided on my own
- Not sure, please specify _____
- No

6) Who told you that you had to do “conversion practices”? (You may select more than one option)

- My parents
- My extended family
- My teachers
- My doctors
- My health professionals
- My religious context
- My friends
- My sports association
- Other, please specify _____

7) What dimension of your identity was regarded as needing to be “changed” or “modified” by the “conversion practices”? (You may select more than one option)

- Sexual orientation
- Gender identity
- Gender expression
- Other, please specify _____

8) Have you had any other psychological or medical diagnoses to justify or support attempts at “conversion practices”?

- Yes, specify _____
- Not sure
- No

9) Have you been prescribed any drugs or psychoactive substances for “conversion practices”?

- Yes, specify _____
- Not sure
- No

10) What impact do you consider conversion practices to have had on your current mental health?

- Extremely negative
- Moderately negative
- Slightly negative
- No impact
- Prefer not to say

POS – POSITIVITY SCALE (POS; Caprara, Eisenberg, et al., 2012)

For each of the following statements, please indicate the extent to which you agree or disagree by selecting the response that best reflects your opinion. Read each statement carefully and try to respond as spontaneously as possible. There are no right or wrong answers.

1	2	3	4	5
Strongly Disagree	Slightly Disagree	Neither agree nor disagree	Slightly Agree	Strongly Agree

POS1.	I have great confidence in the future	1	2	3	4	5
POS2.	I am satisfied with my life	1	2	3	4	5
POS3.	When I need it, I usually have someone I can count on	1	2	3	4	5
POS4.	I am optimistic and excited about what the future will bring	1	2	3	4	5
POS5.	Overall, I am satisfied with myself	1	2	3	4	5
POS6.	Sometimes the future seems really bleak to me	1	2	3	4	5
POS7.	I think I have a lot to be proud of	1	2	3	4	5
POS8.	I am generally very self-confident	1	2	3	4	5

1) Did you ever leave home voluntarily because of discrimination based on LGBTQIA+ identity? [filter]

1bis) At what age did it happen? _____

2) Were you forced to leave home because of your LGBTQIA+ identity? [filter]

2bis) At what age did it happen? _____

3) Have you ever interacted with a mental health professional who expressed heteronormative or cisnormative beliefs (e.g., assumptions that heterosexuality or being cisgender is the “norm” or preferred)?

Yes, frequently

Yes, occasionally

Not sure

No

4) Have you ever tried “affirmative therapy”? Affirmative therapy is a type of psychotherapy used to validate and advocate for the needs of sexual and gender minority people.

Yes

Not sure

No



5) Can you describe in a few words what “affirmative therapy” means to you?

6) How do you feel when you hear that these situations are still happening? What words would you use to describe your reaction? _____

7) Do you think participating in sports has helped you affirm your LGBTQIA+ identity?

- Not at all
- A little
- Somewhat
- Quite a lot
- Very much

8) Do you think participating in sports has represented an additional obstacle to your LGBTQIA+ identity?

- Not at all
- A little
- Somewhat
- Quite a lot
- Very much

BETTER IN COLOUR BETTER IN SPORTS

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