



Documentation of cases  
of discrimination in the field  
of access to health in the process  
of gender recognition  
procedure in Ukraine

**REPORT**

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## ABBREVIATIONS

**FtM** — female-to-male

**HRT** — hormone replacement therapy

**ICD** — International Classification of Diseases

**LGBT** — lesbian, gay, bisexual, transgender

**MtF** — male-to-female

**NGO** — non-governmental organization

**WPATH** — The World Professional Association for Transgender Health

## GLOSSARY

***Bigender*** — a person who moves between and encompass both feminine and masculine gender identities and behavior (depending on context).

***Bisexual*** — a person who experiences romantic love and/or sexual attraction to both females and males.

***Chest reconstruction*** — sex reassignment surgery that aims to create a male-looking chest in case of transman.

***Cisgender*** — a term that describes a type of gender identity when one's experience and self-realization of own gender matches the sex she or he was assigned at birth. Cisgender is usually used in opposition to transgender experience.

***Decree #60*** — the Decree issued by the country's Ministry of Health on 03/02/2011; the key document that regulates sex reassignment and legal gender recognition procedure in current Ukraine. It establishes the sex reassignment Commission, determines how the procedure should be carried out and formulates the 'medico-biological' and 'socio-psychological' indications and counter-indications for sex reassignment and legal gender recognition.

***FtM, or female-to-male*** — see Transman.

***Gay*** — a homosexual person, usually a homosexual male, a male who experiences romantic love and/or sexual attraction to other females.

***Gender confirmation surgery*** — is the surgical procedure(s) by which a transgender person's physical appearance and function of their existing sexual characteristics are altered to resemble that of their identified sex. Quite often it can be referred in other literature as sex reassignment surgery (SRS). In this report 'gender confirmation surgery' as less stigmatizing term is used.

***Gender Identity Disorder*** — is a formal diagnosis in the International Classification of Diseases used by psychologists and physicians to describe and diagnosed transgender people, those who experience significant dysphoria (discontent) with sex and gender they were assigned at birth. In Ukraine in medical and state documents it was translated as “trassexualism”.

***Genderqueer*** — a term used to describe gender identities that are not exclusively masculine or feminine and that are therefore lay outside of the gender binary and cisgender systems.

***Heteronormativity*** — is the system of beliefs that involves alignment of biological sex, sexuality, gender identity, and gender roles. It is characterized by firm believe that (1) people fall into two distinct and complementary genders (man and woman); (2) man and woman have natural roles in life; (3) heterosexuality is the only sexual orientation and/or only normal sexual orientation; (4) sexual and marital relations are most (or only) fitting between people of opposite sexes.

***Heterosexuality*** — romantic attraction, sexual attraction or sexual behavior between members of the same sex or gender.

***Homonormativity*** — is a politics and system of beliefs that does not contest dominant heteronormative assumptions and institutions (such as marriage, for example), but upholds and sustains them.

***Homophobia*** — is fear, discrimination or hatred against homosexuals — lesbians and gay men — sometimes leading to acts of violence and expressions of hostility.

***Homosexuality*** — romantic attraction, sexual attraction or sexual behavior between members of the same sex or gender.

***Hormone replacement therapy (HRT)*** — in case of transgender people ithe therapy that introduces hormones associated with the gender that a person identifies with (notably testosterone for trans men and estrogen for trans women).

***Hysterectomy*** — sex reassignment surgery that aims to removes a womb in case of transman.

***International Classification of Diseases*** — is the international standard diagnostic tool for epidemiology, health management and clinical purposes. The International Classification of Diseases is published by the World Health Organization (WHO) and used worldwide.

**Legal gender recognition** — a process that is entrenched in legislation and enables transgender people to achieve full legal recognition of their preferred gender and allows for the acquisition of a new birth certificate, passport and other documents that reflects this change (legal gender recognition).

**Lesbian** — a homosexual female, a female who experiences romantic love and/or sexual attraction to other females.

**Mammoplasty** — sex reassignment surgery that aims to enlarge breasts in case of transwoman.

**Mastectomy** — sex reassignment surgery that aims to remove breasts in case of transman.

**Metoidioplasty** — genital reconstructing surgery in case of transmen when the clitoris is 'released' from skin/ hood and it gives an effect of a larger clitoris.

**MtF, or male-to-female** — see Transwoman.

**Oophorectomy** — sex reassignment surgery that aims to removes ovaries in case of transman.

**Orchiectomy** — sex reassignment surgery that aims to remove testicles in case of transwoman.

**Penectomy** — sex reassignment surgery that aims to remove a penis in case of transwoman.

**Phalloplasty** — genital reconstructing surgery in case of transmen when muscle, nerves, veins and skin from a donor site of the person's body is used to form a phallus.

**Queer** — an umbrella term for sexual and gender minorities to define their identities that are not heterosexual or cisgender. In activism, academia and radical identity politics queer also refers to the way of thinking and living that tries to escape normativity in all forms (heteronormativity as well as homonormativity).

**Sex reassignment process** — a process of medical interventions that alter transgender bodies including (but not limited to) hormone replacement therapy and sex reassignment surgeries.

**Transgender** — an umbrella term that in an Anglo-American context encompasses a diverse range of gender-variant subjectivities and experiences such as transvestism, transsexuality, genderqueer, female and male drag etc. In Ukraine ‘transgender’ refers to what is usually meant by ‘transsexual’: it is used to describe those people whose gender identity does not match the biological gender assigned to them at birth and who usually opt for medical procedures in order to ‘transition’ to the opposite sex (both medically and legally).

**Transman, or female-to-male** — a term used to describe a transgender male who is biologically born female but is transitioning to physically become male. In this report the term tTransman is applied to those who were born biologically female but now do not identify as ‘women’.

**Transwoman, or male-to-female** — a term used to describe a transgender female who is biologically born male but is transitioning to physically become female. In this report the term tTranswoman is employed to refer to those who were born male but now do not identify as ‘men’.

**Transphobia** — is fear, discrimination or hatred against transgender or gender-nonconforming people. It often leads to acts of violence and expressions of hostility.

**Transsexual** — a term that describes people whose gender identity does not match the biological gender assigned to them at birth and who usually opt for medical procedures in order to ‘transition’ to the opposite sex (both medically and legally).

**Transvestism** — an act of dressing in clothing typically associated with members of the opposite sex (usually referred to an act when a male dressed in typically female clothes).

**Travesti** — a term that is usually used for a person who was assigned male at birth and who is dressing up as female.

**Vaginectomy** — sex reassignment surgery that aims to remove vagina in case of transman.

**Vaginoplasty** — genital reconstructing surgery in case of transwomen which creates a new vagina using penile skin, penile tissue, and scrotal skin from a patient. Long series of vaginal dilation may also be applied after an operation to increase a vaginal width.

## 1. INTRODUCTION

### 1.1. Research aim

This research aims to analyse discriminatory policies and practices in the area of public health in Ukraine in case of transgender people accessing medical services pertaining to their transition and other health-related issues. The research collects data on policies, practices, attitudes and treatment of transgender people in medical sector when they opt for sex reassignment and/or legal gender recognition in contemporary Ukraine. The research critically assesses evidences of discrimination that affect quality of life of transgender people in order to strengthen and sharpen advocacy strategies to improve Ukrainian legislation related to legal gender recognition, change sex reassignment and legal gender recognition procedures and develop tools for education of and collaboration with doctors and medical professional.

### 1.2. Terminology

The dominant western (Anglo-American) understanding of ‘transgender’ is extensive and inclusive and encompasses a diverse range of gender-variant subjectivities and experiences such as transvestism, transsexuality, genderqueer, female and male drag etc. In many non-western contexts such as Ukraine ‘transgender’ is often re-defined and/or reduced to a particular meaning. Thus, in contemporary Ukraine, the term ‘transgender’ often refers to what is usually meant by ‘transsexual’: it is used to describe those people whose gender identity does not match the biological gender assigned to them at birth and who usually opt for medical procedures in order to ‘transition’ to the opposite sex (both medically and legally). In Ukraine, the term has this narrow meaning both amongst the general public and within the LGB and transgender community itself.

In the research the term ‘transgender’ is applied as an umbrella term to all participants according to strategic usage of the term by LGBT NGO Insight and some of the participants. Terms ‘transman’ and ‘transwoman’ are used as codes rather than identities. The term transman is applied to those who were born biologically female but now do not identify as ‘woman’; the term transwoman is employed to refer to those who were born male but now do not identify as ‘man’.

Noteworthy, the transgender community in Ukraine (and indeed everywhere else) is not a homogenous group that thinks and acts in unison. Some of the participants view the prefix ‘trans’ as temporary, unnecessary and/or humiliating and aim to transition into the neat category of ‘man’ or ‘woman’; others wear the label ‘transgender’ with pride and consider it part of their political identity; and yet

others feel that the term ‘queer’ is more appropriate to them. For all its diversity, however, the transgender community in Ukraine is united in the struggles its members face when dealing with the country’s medical and legal institutions during the medical sex reassignment process and legal gender recognition procedure.

Therefore, those interviewed for this research and referred as ‘transgender’, transman and transwoman opt for legal gender recognition and/or full or partial medical transition.

### 1.3. Geo-political context of the research

The research was carried out in a turbulent time of aftermath of Euromaidan (November 2013 — February 2014) and annexation of Crimea (March 2014) and in the situation when a set of events had been unfolding in Ukraine, namely, presidential election in Kiev (May 2014) and military conflict in the east of the country (from April 2014 onward). Even though the research is not political in nature, geo-political changes inevitably affected some of the participants (those from Donetsk and Luhansk Oblasts in particular) and also posed the questions of which territories and regions should be included in the research. After some discussions with members of NGO Insight and based on answers of the participants, it was decided that Crimea and Donetsk and Luhansk Oblasts would be considered as part of Ukraine and therefor the participants who live(d) and/or originate(d) from these regions have been included into the research.

### 1.4. Methodology

The research was conducted in Kiev and Odessa from May 2014 till March 2015.

#### **The research had four stages:**

- ❶ Analysis of medical and bureaucratic/state framework related to sex reassignment procedure and legal gender recognition in contemporary Ukraine; development of the guidelines and questions for semi-structured interviews; pilot interviews (May-June 2014);
- ❷ Interviewing transgender participants and doctors (June — December 2014);
- ❸ Transcribing of the interviews (October 2014 — January 2015);
- ❹ Coding and analysis of the interviews, report writing (January — March 2015).

The research was conducted using mostly qualitative research methods. Qualitative methods have been chosen as basic for the research due to its interpretive approach, feminist and critical sensibility and special attention to case studies and interviewing.



Importantly, qualitative methods emphasize the socially constructed nature of reality, and therefore they pay attention to social experiences and how they are created and are given meaning. Interviews also give access and make possible deeper investigation of everyday life and experiences especially in such areas as discrimination, gender/sexuality, identity, and health/medical related experiences.

Data was collected through 27 one-to-one semi-structured interviews with transgender people and two semi-structured interviews with doctors/medical professionals. All participants were reached out through the networks and contacts of Kiev-based LGBT NGO Insight. The members of Insight conducted all interviews: eight interviews were conducted via Skype (transgender participants and one doctor) and the rest were taken during face-to-face meetings (20 interview with transgender people and one with medical professional).

The language of interviews was Russian. Ukrainian language was used occasionally by participants and interviewers when they wanted or when it was needed for better expression. Length of the interviews ranged from 32 minutes to 3 hours 28 minutes. Interviews by transgender participants comprise around 42 hours of recording. All interviews were recorded, transcribed afterwards and anonymized for the analysis. Participants' anonymity and confidentiality was ensured and informed consent was obtained from all participants. Data was coded according to pre-defined and emerging themes. Analysis of the transcribed interviews was carried out using NVivo 9 in order to facilitate data organisations. This methodology enabled analysis on both individual and collective levels.

## **1.5. Medical framework for sex reassignment procedure in contemporary Ukraine**

In contemporary Ukraine, the procedure of sex reassignment consists of several consecutive steps.

**1** Transgender person has to consult sexopathologist, psychologist or psychiatrist in a city/town/oblast of person's residence. After examination/observation by medical professional transgender person has to be preliminary diagnosed with 'transsexualism' (this is how the state medical institutions have translated 'Gender Identity Disorder', the diagnosis described in the International Classification of Disease-10th edition). Afterwards, sexopathologist, psychologist or psychiatrist places an order for a transgender person to be admitted to a regional/local psychiatric clinic.

**2** The next step requires hospitalization in a psychiatric clinic for no less than 30 and no more than 45 days for confirmation or elimination of the diagnosis. A set of tests, surveys and observations are carried out in the clinic.

- ③ Afterwards transgender person appears before the sex reassignment Commission in Kiev. The Commission confirms (or not) the diagnosis, and provides (or not) the authorisation for medical and surgical interventions.
- ④ If transgender person passes the Commission she/he or they can proceed with hormonal and surgical treatment.
- ⑤ After medical interventions transgender person has to undergo an examination by the Commission once again to get a permission to change gender in legal documents.
- ⑥ If the Commission decides that scale of surgical interventions is ‘sufficient’ and gives the permission transgender person can start the procedure of changing sex in legal documents (legal gender recognition)<sup>1</sup>.

Sex reassignment procedure in Ukraine is regulated by the country’s Ministry of Health Decree No.60 (issued 03/02/2011). The Decree establishes the Commission and determines the way the Commission operates. The Decree also determines how the procedure should be carried out and formulates the ‘medico-biological’ and ‘socio-psychological’ indications and counter-indications for sex reassignment. All doctors are guided by the terms of the Decree.

All medical procedures (tests, hospitalizations, consultations) in public health sector in Ukraine is supposed and declared to be free of charge. Hormones (as well as any other medication) are paid by transgender individuals. Trans-related surgeries are also offered for various prices (not free of charge).

## 1.6. Research Data

Overall, 27 transgender people were interviewed – 15 transmen and 12 transwomen. Nine out of 27 are originally from Kiev/Kiev Oblast and now are living in the capital. Other eighteen participants have there places of origin in Kherson Oblast (2); Odessa Oblast (2); Poltava Oblast (1); Lviv Oblast (1); Crimea (2); Zaporizhia Oblast (1); Kharkiv Oblast (3); Sumy Oblast (1); Donetsk and Luhansk Oblasts (current conflict zone in the Eastern Ukraine) (5). Thirteen out of these eighteen participants moved in different periods of their lives to Kiev and now are residing there. Importantly, all transgender people from Donetsk and Luhansk Oblasts have fled from the conflict zone during last year (2014)<sup>2</sup>.

Participants have had different scale and experiences of access to medication, medical services, institutions and facilities (hormones, psychiatric clinic, surgeries, com-

<sup>1</sup> Detailed description of the procedure is available at the Insight web page (in Ukrainian only) — <http://www.insight-ukraine.org/gender-recognition-ua-faq/>. Accessed 19 March 2015.

<sup>2</sup> The names of cities, towns and villages are not listed to secure anonymity and confidentiality of the participants. Only names of the oblasts are mentioned to represent regional diversity of the research participants.

mission). The Table 1 represents all participants of the research according to information pertaining to their hormone intake, length of stay (if they were hospitalized) in a psychiatric clinic, surgeries that had been done, decision(s) of the Commission and changes made in passport (if any). All data presented reflect information as for time when participants were interviewed (June–December 2014). This table does not contain personal information through which participants may be identified or tracked down such as, for example, place of origin/residence, age and a set of other data (work, education etc.) that was collected and will be analysed in relevant sections.

**Table 1. Participants of the research (scale of medical interventions and legal gender recognition)**

	Code	Hormones	Psychiatric Clinic	Surgeries (that are done)	Passport (if changed)	Commission
1	Transman	1,5 years	30 days (1) 30 days (2)	Mastectomy	No	Rejected (for sex legally changed in documents)
2	Transwoman	5 years	30 days	Orchiectomy	No	D/A <sup>3</sup>
3	Transwoman	5 years	33 days	Orchiectomy	No	Positive decision (medical interventions) <sup>4</sup>
4	Transwoman	5 years	45 days	No	No	D/A
5	Transman	1 year	No	No	Name and surname only	D/A
6	Transwoman	5 years	30 days	Orchiectomy-mammoplasty-rhinoplasty	No	Rejected (for sex legally changed in documents)
7	Transwoman	7 years	30 days	No	No	Positive decision (medical interventions)
8	Transman	No	No	No	No	D/A

<sup>3</sup> D/A means — “didn’t apply for the Commission hearing”.

<sup>4</sup> The type of decision made by the Commission (whether it is for medical interventions or for sex being legally changed in documents) are identified.

	Code	Hormones	Psychiatric Clinic	Surgeries (that are done)	Passport (if changed)	Commission
9	Transman	2 weeks	Just entered	No	No	D/A
10	Transman	1 year	No	No	No	D/A
11	Transman	1,5 years	No	No	No	D/A
12	Transwoman	2,5 years	30 days	No	Name and surname only	D/A
13	Transman	1 years	No	No	No	D/A
14	Transwoman	2 years	No	No	No	D/A
15	Transman	9 years	No	No	Yes <sup>5</sup>	D/A
16	Transman	5 years	30 days	No	No	Positive decision (medical interventions)
17	Transman	3,5 months	No	No	No	D/A
18	Transman	8 years	31 days	Mastectomy	Yes	Rejected first time (medical interventions); positive decision second time (medical interventions); rejected third time (for sex legally changed in documents)
19	Transman	2 months	30 days	No	Name and surname only	Positive decision (medical interventions)
20	Transman	3,5 months	No	No	No	D/A
21	Transwoman	7 years	No	No	No	D/A
22	Transman	9 years	30 days	All surgeries	Yes	Rejected first time (medical interventions); positive decision second time (medical interventions)

<sup>5</sup> 'Yes' means that gender was legally changed in passport (along with all other necessary changes of name/surname and/or in name/surname spelling).

	Code	Hormones	Psychiatric Clinic	Surgeries (that are done)	Passport (if changed)	Commission
23	Trans-woman	No	No	No	No	D/A
24	Trans-woman	4 months	No	No	No	D/A
25	Trans-woman	2 years	No	No	No	D/A
26	Transman	5 years	30 days	Mastectomy	No	Positive decision (medical interventions)
27	Trans-woman	1 month	No	No	No	D/A

As it is seen from the table transgender people with various histories of accessing medical/bureaucratic services were interviewed including two participants who hadn't started 'transition' yet but who had been making decisions based on available information and particular medical framework in Ukraine.

### **Interviews with transgender individuals were structured around 9 thematic areas:**

- ❶ Identity/self-identification/terminology;
- ❷ 'Transition': subjective meanings, scale of desired interventions and changes etc.;
- ❸ Sex reassignment/ gender recognition procedure: Decree #60, knowledge and information about regulations and attitudes towards them etc.;
- ❹ Sexopathologists/psychologists/psychiatrists: experiences, practices, attitudes;
- ❺ Psychiatric clinic: experiences, practices, attitudes;
- ❻ Commission: experiences, practices, attitudes;
- ❼ Hormones: choices, availability, affordability;
- ❽ Surgeries: choices, availability, affordability;
- ❾ Questions related to other aspects of life: work, education, documents, public/private domains, other (non-trans-related) medical care etc.

Only two interviews with doctors/medical professionals were conducted: gynaecologist and psychologist.

## 1.7. Self-identification and transgender identity

All participants were asked a set of questions related to their self-identification, its meaning and correlation with transgender identity/term. They also elaborated their attitudes toward 'transgender' as a label and name one can apply to oneself or to other people.

The participants provided one, two, sometimes three words that suited their vision of themselves in terms of gender identity. Importantly, often the participants used several words, which resulted in multiple identifications.

Frequently (23 instances) the interviewees used categories that fall in one way or another within neat categories of 'man' and 'woman'. Thus, self-identifications amongst transmen were expressed through such words as "a guy" (5), "a man" (7), "more like a man" (1), "rather like a man" (1), and "I use masculine gender while referring to myself" (1). Correspondently, transwomen deployed such labels as "a girl" ("devushka" in Russian) (2) and "a woman" (6) including "woman-mother" and "woman trapped in a man's body". These 'normative' self-identifications does not challenge existing gender order and are usually accompanied by binary stereotypical understanding of man's and woman's 'roles'.

Nevertheless, there were answers (14 instances) that fall somehow beyond 'man'- 'woman' opposition and some of them encompasses 'trans' in different variations. For example, some of the female-to-male participants described their identities through words "human being" (4), "transgender" (3), "transgay" (1) and "queer" (1); male-to-female participants (even though more rarely) used "human being" (1), "transgender" (1), "transwoman" (1), "bigender" (1), "gender-queer" (1) and allusive "I don't feel myself a male" (1).

Since 'normative' identifications ('man'/'woman') are more commonly represented in relations to transgender community, there are few extracts from interviews that illustrate alternative broader self-identifying practices or those that embrace term 'transgender'.

*"[I identify] as a 'human being'. Just as a being with thoughts, mind, capabilities to hear, see, comprehend and overall to communicate with this word" (Transman\_11<sup>6</sup>)*

*"I feel myself and perceive myself as a woman that is why I have been undergoing this transgendered transition since my biological sex that I was born with was male... And I am still in the process of this transition. And I identify as gender-queer since ideologically*

<sup>6</sup> Codes in quotes refer to the Table 1.

*I don't accept binary gender system. I cannot put myself surely in neither of the poles it offers. Even though I know I am a woman I cannot say that all these parameters that are considered feminine I would perfectly fit into them... Anyway according to these parameters I am in-between" (Transwoman\_21)*

*"I feel myself as neither man nor woman, nor do I feel myself as in-between or n being in some parts or at certain point of the continuum. I rather feel myself... it is hard to explain... I rather feel myself as a human being, as 'human'. Do you understand? But a human being a bit of an another category" (Transman\_18)*

*"For me to be a transgender man is like being a usual man, but not quite... like being a man with zest (laughing)" (Transman\_17)*

All the participants were loath to ally themselves with the term 'transsexuality' or 'transsexualism'. It may stem from fact that 'transsexualism' is used as a diagnosis in Ukraine (this is how the state medical institutions have translated 'Gender Identity Disorder', the diagnosis in the International Classification of Disease-10).

When it comes to the term 'transgender' as a word for self-identification, there were 5 out of 27 participants who self-identified strongly as "trans" ("transgender person", "transman", "transwoman" or just "trans"). All of them understood 'transgender' within a framework of transition from one sex to another defining transgender person as "a person that on their way of changing sex" (transwoman\_3) or "a person that was born with a body of a different sex while their true sex is an opposite" (transman\_16).

Many interviewees tried to avoid using the term "transgender" while describing themselves. Seven out of 27 participants perceived the term 'transgender' as neutral but emphasized that they are uncomfortable or reluctant to use it. Eleven out of 27 participants have negative or rather negative attitude towards this terminology (transgender and/or transsexuality). Their negativity stemmed from their experience of 'transgender'/'transsexual' people (if they are recognized and labeled as such) facing discrimination in the society. They also attempted to distance themselves from the usage of these terms in medical (often patologizing) settings. Noteworthy, amongst those who are adamantly oppose the term there is only one transman (with full transition and changed documents) and 4\_transwomen.

*"I am a girl, and there is no difference whether I am a transgender (girl) or I am not a transgender (girl). There is a difference only for doctors" (Transwoman\_25)*

*"Until now I cannot say that I apply this term to myself, since this term is saturated with negativity — socially... so in a way I use*

*this terminology of course when I search for some information at Google, but to say that I apply it to myself — no” (Transman\_15)*

*“First of all, for the society and for doctors as well this word defines a person who is somewhere in between, a person that is transitioning somewhere and changing something. But my self-perception, I don’t remember it has been changing. I feel myself as I have been always feeling myself. I don’t understand it... For me transsexual, transgender — these terms are absolutely unpleasant statuses and names. I don’t want to be ‘transsexual’, to be a curiosity. I don’t want to feel this attitude towards me from the society ” (Transwoman\_6)*

*“Transgender, transsexuality? I try to not identify as such. It impedes my life, as for me” (Transwoman\_7)*

Keen to distance themselves from this pathologising meaning of the label, the participants recognized term ‘transgender’ as one used for and by others (by and for the society at large, NGOs and doctors). As one of the participants noticed:

*“Transgender... I was surprised when I heard this word. What is it? And she (his friend — N.H) started explaining to me that there are different variations and she promised to share videos with me. Even though I asked her what is the point of this differentiation. And she said: “So people can better understand”. And I said: “Ok, if it is more understandable for people”... and overall, may be it is used only for people to understand” (Transman\_10)*

Nevertheless, some of the participants (9 out of 27) expressed positive or ‘rather positive’ attitudes towards the term ‘transgender’ (5 transmen and 4 transwomen). While acknowledging challenges transgender people face in the society, participants stressed potential of the term (and identity) to highlight their specificity, to elude traditional understanding of gender roles, and to get unique experience pertaining to exploration and understanding of life in its complexity.

*“I don’t consider it as a bad word. I think you can say ‘a man’ or ‘a tall man’ or ‘a transgender man’... sometimes I use this word or it is used by people who know me to emphasize my specific needs” (Transman\_1)*

*“On the one hand, in a way I am glad that I am for example not a traditional man or traditional woman with some patriarchal ideas. I mean I am not in the frame of this system. On the other hand, not always and not in all circumstances I can feel myself free in this respect. And of course it bothers me” (Transwoman\_21)*



*“On the other hand, in fact, this is unique experience — not everyone gets it. So many interesting thoughts, you notice many interesting details that many people just don’t remark, so much new knowledge... you begin to understand better the world around you and yourself” (Transman\_11)*

In sum, ‘transgender’ is not widely used by the participants to describe their identities. Nevertheless, the term is strategically used in medical settings and is seen as an umbrella term that encompasses experiences of discrimination while living in the society and accessing medical care in public medical sector.

## 2. SEX REASSIGNMENT PROCEDURE: MEDICAL AND BUREAUCRATIC FRAMEWORK

In contemporary Ukraine sex reassignment procedure as it was described above includes several stages that usually (but not always) should follow one another. These staged can be schematically outlined as following: sexopathologist/psychologist (diagnosis) → psychiatric clinic (diagnosis) → the Commission (diagnosis and decision regarding medical interventions) → hormonal treatment and surgeries → the Commission (decision regarding legal gender change) → documents (gender legally recognition).

The country’s Ministry of Health Decree No.60 (issued 03/02/2011) is in the heart of the procedure since it formulates the criteria for diagnosis and regulates the way how the procedure should be carried out and how the Commission operates.

In this section the analysis focuses on the sex reassignment procedure as medical framework and the Decree #60 as a bureaucratic mechanism that influence and shape transgender people’s choices and quality of lives.

### 2.1. “Transition” and sex reassignment procedure: meanings and choices

It is important to highlight that all the participant implicitly or explicitly distinguished ‘transition’ as a personal process of coming to terms with their identity and body, a ‘journey’ related to their (trans)gender identity and a choice of becoming who they are or who they have always been from ‘the procedure’ that has been located within state and medical institutions and regulations and articulated as a process that is unavoidable if one wants and/or needs to undergo medical interven-

tions and have gender legally changes in the documents. Therefore, ‘transition’ was a preferred term for describing personal/intimate experience while ‘procedure’ referred to medical and bureaucratic framework of realization of one’s ‘transition’.

### **As one of the participants eloquently explained it:**

*“Sex reassignment is directly tied to the law, it is written into the law, and ‘transition’ is not. Therefore, a person can say “I have this type of transition or that type or I want it this way” and so one can establish any point of reference and say this is transition from this identity to that one. And sex reassignment, sex correction or sex change takes as a point of reference only a biological component. Thus, [I prefer] ‘transition’, ‘metamorphosis’ these kind of things that remind about butterflies...” (Transman\_001)*

For all the participants ‘transition’ was crucial for coherent sense of identity, harmonization between the self and body image, possibility to lead comfortable life and improve their quality of life. There were two sites of transition that were discussed as separate though also intertwined: legal gender recognition (documents) and body modifications (medical interventions, namely, hormonal treatment and surgeries). Even though ‘transition’ can be seen as a personal and subjective journey towards desired/preferred/true self, it is inescapably tied to sex reassignment procedure which puts legal gender recognition at the very end of the whole procedure. Therefore, transition tied to sex reassignment procedure was often described as a long and painful process that complicates, slows down, or even paralyzes life of one who is undergoing the procedure. Bureaucratic delays, financial problems, emotional and psychological exhaustion, intricate, unclear and time consuming framework of the procedure to name a few of the challenges and obstacles that transgender people pointed out in the interviews.

*“This is a stage of life that has been dragged on and dragged on due to bureaucratic delays and also financial problems... Because they require a long list of documents, the examination lasts so long, the interval when you can apply for the Commission is so short, the Commission gather once a year and one year it didn’t gather at all...” (Transwoman\_003)*

All the participants were in different stages of sex reassignment procedure. While answering the question what the procedure means for them, how it affects and shapes their lives all of them reflected on the role of the procedure highly critically and with a strong negative tone.

*“We’ve got problems with the state and the society... it gets so much more complicated precisely because of these decrees and all these re-*

*quired surgeries. You need to be careful, always very focused, always looking for some alternative routs, invent the wheel and whatever you like. It is hard, it exhausts you so much and you just want to relax and somehow live your life for yourself, to be interested in something, to relax and just do nothing, enjoy your life, but it doesn't happen. You always have to be on the alert. May be it is just my opinion, my perception; I am quite a nervous and careful person. But I heard of no one who would say that this is [procedure — NH] something good, something pleasant and understandable — nobody” (Transman\_011)*

## 2.2. Decree #60

The Decree #60 is the key document that regulates the procedure. It also establishes the Commission of doctors and provides the Commission with the power that it has upon transgender applicants. Moreover, the Decree determines how the procedure should be carried out and formulates the 'medico-biological' and 'socio-psychological' indications and counter-indications for sex reassignment and legal gender recognition. To confirm the diagnosis and to allow a person to change gender legally all doctors (including the Commission) are guided by the terms of the decree.

Almost all participants were aware about the Decree and its content except few that hadn't started their transition yet. The information about the Decree and the text of the Decree were largely obtained through Internet (on-line transgender networks, Google, web-page of the Ministry of Health). Few interviewees found necessary information about the Decree through NGO Insight.

The main focus of the Decree is on the list of indications and counter-indications for sex reassignment and legal gender recognition.

### **The list of "medico-biological" and "socio-psychological"<sup>7</sup> indications includes:**

- ✓ presence of a disorder of sexual identity formation at the age up to 3-4 years;
- ✓ presence of firmly formed transformation of gender identity diagnosed as "transsexualism" during clinical psychiatric examination;
- ✓ absence of mental pathology that can cause the development of desire to sex change (to be ensured through hospitalization and examination for at least a month at a psychiatric institution);
- ✓ absence of homosexuality, transvestism or any other sexual disorders as the leading motive for sex change (correction);

<sup>7</sup> This is how these indications and counter-indications are called in the Decree.

- ✓ presence of sufficient prospect for social adaptation in new life conditions in the future (based on opinion of a psychologist written in a free format);
- ✓ presence of social maturity for making decisions regarding sex change (correction), and ability to adequately proceed with further social adaptation;
- ✓ absence of delinquent behavior;
- ✓ sufficient presence and degree of manifestation of endocrine, morphological, neuro-physiological, psychological and physical features of the desired sex;
- ✓ dynamic examination by a sexopathologist at the place of living during at least a year.

In many ways the list of medico-biological and socio-psychological counter-indications mirrors the indications enumerated with few additional points.

### **Here is a full list of counter-indications:**

- ✓ failure to correspond to at least one indications in the paragraph 1;
- ✓ if the patient's age is under 18;
- ✓ if the patient has children under age 18;
- ✓ if the patient is officially married at the time when he<sup>8</sup> is undergoing Commission;
- ✓ presence of an endogenous disease with appearance of transsexualism;
- ✓ homosexuality, transvestism with transformation of sexual role as a background;
- ✓ sexual disorders as the leading motive for sex change (correction);
- ✓ presence of any sexually perverse tendencies;
- ✓ gross violations of social adaptation (absence of work or permanent residence, alcoholism, drug abuse, antisocial behavior, etc.);
- ✓ psychological characteristics that complicate (or make impossible) social and psychological adaptation in the desired civil sex;
- ✓ degree of non-adaptation that needs to be corrected by using psychotropic drugs;
- ✓ morphological features that complicate (or render impossible) the adaptation in desired sex (hermaphroditism, deformation of genitals, etc.);
- ✓ impossibility to undergo endocrine or surgical sex change (correction) due to severe somatic diseases;
- ✓ observable loss of intelligence that impede a patient to adequately assess possible complications;
- ✓ disagreement of the person who needs sex change (correction) about scale of diagnostic and therapeutic measures to sex change (correction) that are recommended by the Commission<sup>9</sup>.

<sup>8</sup> 'He' is used in the document as a pronoun.

<sup>9</sup> Both lists are translated from the original documents as accurate as possible following wording in the Decree.

Many of the participants didn't know (or didn't remember in case they passed the Commission a while ago) all the points of the Decree. The most informed were those who were in the process of preparing their documents to the Commission at the time of interviews, who had been rejected and who had just obtained or had been struggling to obtain the diagnosis (whether while consulting a psychologist/sexopathologist or being hospitalized at a psychiatric clinic).

All the participants were asked to express their attitudes towards listed counter-indications based on their life circumstances, stories and experiences. The following analysis discusses the most pressure issues and points in the list of counter-indications as there were mentioned and reflected upon by the participants.

### 2.2.1. Age limitation

According to the Decree being under 18 year old is a counter-indication for sex reassignment. This is the only counter-indication from the previous Decree that has been changed: the age limit was lowered from 25 till 18 years old. Some of the participants — especially those who had been affected by this limitation — emphasized the importance of this change.

*“For example, myself, when I was 18, I had a clear understanding what I wanted and why. Why wasn't I allowed to do so at that time? When I was 18 there was a other Decree, and I know so well what does it means — “you are not allowed as you are not 25 yet”... So you have to wait another 7 years... How? How and why?” (Transwoman\_006)*

*“When I was 18 I learnt that it was impossible to get to the Commission before you would be 25. And when I was 24 they changed this limitation, and it was shock for me... I lost so many years” (Transwoman\_003)*

Regarding the new age limit, many participants found it difficult to adamantly criticize this particular limitation and they would often expressed their 'pro' and 'cons' in the same argument as this quote from this transman shows:

*“This age limit — 18 years old — is connected to the age of majority. On the one hand, I don't think it is a right thing since there are people who understand it [transgender identity — NH] earlier. On the other hand, it kind of a right thing not because one has to wait but because at this age a person has legal right do what he wants and no one can forbid it — neither parents, nor guardians, not someone else” (Transman\_001)*

While legally one is more independent after turning 18 years old and there is more freedom in making decisions, socially it is harder to adjust and transit in the society since in Ukraine age of entering university is 17-18 years old.

*“It is insulting when a person needs to go and apply for universities after school and he’s got problems with the documents” (Transwoman\_007)*

In the last quote the participant refers to a frequent situation when a transgender people present themselves in preferred gender (expression) even before any medical interventions and/or start hormonal treatment without consultation with doctors and any prescription driven by desire and need to feel more comfortable with their bodies. Entering university with documents that do not reflect one’s gender identity also complicates further decision making regarding transition: there were cases when transgender participants postponed or deferred medical interventions and/or process of legal gender recognition until they finished their education to avoid discrimination, bullying, humiliation experience with administration etc.

Even though there was an opinion that some people may not make their own mind or may be too confused when they are ‘too young’, majority of those who reflected on the age limit indicated that they knew ‘something was wrong’ before they turned 18 years old and they wished they have had more information and they would have started their transition earlier (hormonal treatment in particular).

Interestingly, that in many cases the participants did not oppose the counter-indication per se but rather emphasized exactly aforementioned lack of information, psychological and trans-related support and work that would be oriented towards young transgender individuals (those who are under 18).

*“I agree and disagree [with this counter-indication — NH] at the same time. I don’t see it as a counter-indication... There is a need in psychological work to be done with people before this age; a person needs to be ready, to be talked to... But it is not a case in our society, we don’t have this kind of support, help, we haven’t even started working towards it, we have nothing to offer as a proper consultation for a person who is under 18” (Transman\_011)*

### **2.2.2. Having children under the age of 18 and being married**

Being a parent of children under the age of 18 and being married at the time of application are another two points that fall under 'medico-biological' and

'socio-psychological' counter-indications. In fact it has nothing to do with medical or socio-psychological concerns. As some of the participant rightly indicated, the problem resides in legal complications. How is one to understand 'marriage' if in changing the sex of a transgender person the commission of doctors also changes the marital status of the individual in question to 'homosexual,' given that Ukraine's Family Code does not recognize same-sex unions? How does one describe a transgender parent on the birth certificate of a child — as the father or the mother?

*“There is only one explanation for this [counter-indication related to the marriage — NH] and this explanation is a juridical one: same-sex unions are forbidden in Ukraine, and if the sex is legally changed in the passport the marriage becomes a same-sex one” (Transman\_001)*

*“This counter-indications [having children under 18 — NH] has to do only with people not knowing how to indicate a person in a birth certificate of [his/her] child. So let's just dismiss this person and let him hang himself” (Transwoman\_008)*

Questions around marriage and children were constantly articulated as personal and inter-personal and therefore those have to be discussed and dealt with within family/marriage with possible (if needed) assistance of psychologist. These counter-indications were labeled constantly as intrusive and violating private life of individuals.

*“It is not connected at all. I don't know how doctors and other people connect it. It's not a counter-indication for me [having children under 18 — NH]. We have to look at how it will be more comfortable for the family, the family has to decide with support of a psychologist and people who get the knowledge and can provide legal help” (Transman\_011)*

The idea of 'caring about children' as a background for these counter-indications was revealed to be absurd and arbitrary in nature. As one of the participant noticed: *“One can think that a child being 17 years old doesn't understand and then he will understand when he is 19” (Transman\_001)*

Importantly, these counter-indications usually cause deferral of 'transition' (medical and legal). Even though there were no such instances in the sampling, one of the participants reflected thoroughly on possible consequence of such counter-indications.

*“If I had a child let say who would be 5 years old, and I am 22, I would have had to wait another 13 years. I would have been an old fart already (laughing). To live all your life waiting for your documents to be changed, for your life to be changed... I don’t know” (Transman\_017)*

### 2.2.3. Homosexuality and transvestism

‘Homosexuality and transvestism with transformation of sexual role as a background’ is another counter-indication. This counter-indication was extensively commented and critiqued by almost all the participants.

Many participants pointed out homophobic nature of this point. Indeed, on the one hand, in this counter-indication homosexuality is implicitly considered as ‘sexual deviation’ and on the other hand transgender identity is interpreted as possible outcome of homosexuality understood as gender inversion and that the ‘sexual’ part has to remain heterosexual even though inverted. In a way, whatever the applicant say he/she/they could turn out to be homosexual and therefore always-already ‘perverted’. It gives power to the Commission and doctors to interpret narratives about sexual lives in a way that hardly can be controlled by transgender people themselves.

*“Everyone can be turned out: ‘Oh, are you a transgender man who loves women? So you are a lesbian — you are not allowed [to undergo the procedure — NH]”. Or “oh, you like men, then you are gay — you are not allowed too”. What sexual orientation should I state? Moreover, there is no understanding that sexual orientation is not connected to gender identity” (Transman\_001)*

Homophobic nature of this point was also rightly located by some of the participants in homophobia that is still persistent amongst some doctors (in the Commission in particular) and in the society at large.

*“If you are not heterosexual, then you are sick. This point of view is implied by the Commission, including all these counter-indications” (Transwoman\_006)*

*“If there was no homophobia in the society, there would be no such point [in the counter-indication list — NH]. No matter what gender identity you have — whether you are a transgender person or an ordinary man, being gay, being homosexual is seen as a bad thing in the society, so it is immediately put as a counter-indication” (Transman\_011)*



Apart of homophobic and transphobic nature of this counter-indication, it is inherently inconsistent and confusing. Is homosexuality considered according to your biological sex or desired gender? How one should navigate these medical settings to get access to services needed while one should comply to language which is hardly understandable?

*“I don’t understand how they understand homosexuality. If I come to them before my transition and I state that I love women then who am I from their point of view — a heterosexual man or a lesbian? It is absolutely not clear how they look at it” (Transman\_011)*

At the end some transgender people would claim to have no sexual relationship to avoid labeling, even though they would still get many questions about their sexual fantasies and desires from psychologists and during the Commission hearings. In this case some of them sometimes would state that they want to and will be in monogamous heteronormative relationship after they transition. And this is really hard to say how many of them are using this narrative strategically and how many of those who use it strategically have internalized this rather than ‘have been feeling this way all along’.

The requirement of absence of transvestism was also perceived as misleading and incoherent, especially for male-to-female individuals. Can one’s performance of desired (opposite) sex be read by doctors as transvestism? Transvestism as a counter-indication was critiqued both by transmen and transwomen.

*“Transvestism according to your biological sex? So if transwoman who was born biologically male, if she wears women clothes?.. So what does it mean? Transwomen shouldn’t wear women’s clothes? Is it what they mean?” (Transwoman\_025)*

*“There are well-know transwomen out there who perform in travesti shows... and majority of transwomen that I know came to understanding of their identity through what is classically called transvestism. And when transwomen say it [to psychologist — NH], it is usually supported. I have never heard that transwomen would be told that they wouldn’t be allowed to transition if they liked to wear dresses when they were 5 years old. They [psychologists — NH] say it is a right thing despite of what they have written here. Thus, it is rather a good thing than a counter-indication, so it just means that they even don’t read what they have written here [in the list of counter-indications — NH]” (Transman\_001)*

Importantly, there was a clear understanding amongst the participants of a difference between gender identity and sexual orientation. Although, heterosexual desire in many interviews was implicitly presumed to be in a core of one's identity, no explicit homophobic comments were made during the interviews even amongst the participants who identified as heterosexuals. Sexual orientation was widely understood as a private matter and issue of diversity on the society that should be accepted.

*“There is a difference between self-identification and orientation. One is directed toward the self, and another one toward the others. They are connected in a very subtle way. Why it should be a counter-indication? It is hard to understand. But it is stated there” (Transwoman\_006)*

*“I don't see homosexuality as a counter-indication. It is absurd for me. As a man I can have any sexual orientation, any sexual preferences... as can have any other men... To be a gay or to be a lesbian for a transsexual woman — this is the same as for other people. If I have discrepancy between how I feel myself and what body I have it doesn't mean I should have it [homosexual orientation — NH]. I am no different from any other person” (Transman\_011)*

## 2.2.4. Sexually perverse tendencies

‘Sexually perverse tendencies’ as a counter-indication was critically approached by many of the participants on the same ground that the counter-indication related to homosexuality and transvestism. The notion of ‘perversion’ was disputed and described as ‘absurd’, ‘manipulative’ and ‘too open to interpretations’. It was also agreed that in some cases homosexuality might be seen as a ‘sexually perverse tendency’ by doctors and/or the Commission.

*“They like to drag homosexuality into this [point — NH] and say” You want to become a man you don't like that you are a lesbian and you want to love women properly”. But then they forget that homosexuality is not a sexual disorder” (Transman\_001)*

Several transmen claimed that they are interested in and practice BDSM and that they see it as a site of their sexual life that shouldn't be discussed within medical settings. Therefore, they claimed (as did other participants) that they would strategically avoid discussing their sexual practices with doctors and/or in the Commission especially if these practices are known to be perceived as ‘perverse’. They also critiqued a moralist societal order that stigmatizes certain sexual behaviors, preferences and practices.

*“Let say I didn’t tell anyone anywhere that I like BDSM in my sexual life. If I told them that during the Commission or in a psychiatric clinic — it would have been a counter-indication for me, I guess, from their point of view. But it is nobody’s business, in fact” (Transman\_016)*

*“Oh yes, and therefore you have to state in the Commission: “I am having sex only with boys and only in a missionary position”... Very Orthodoxy...” (Transwoman\_025)*

Overall, as in case of marriage, parenting and sexual orientation, sexual practices are considered as private matter.

### **2.2.5. Violation of social adaptation**

Being in ‘violation of social adaptation’ is a further counter-indication. It includes being unemployed, having no permanent residence, alcoholism, drug abuse, antisocial behavior, etc. At the same time, however, demonstrating endocrine, morphological, neurophysiological, psychological, and physical signs of the desired (opposite) sex can speak strongly in the applicant’s favour at the commission hearing. It actually is an indication for sex reassignment. This encourages many transgender people to begin taking hormones without consulting doctors, and before undergoing the commission tests so that their physical appearance is more in keeping with their preferred gender. But whilst changes to their physical appearance may help their chances at the commission hearings, they also create other problems for transgender people, as they begin to look less and less like the photos in their passport and other documents. With documents that do not reflect their appearance it becomes more difficult for transgender people to find or hold on to a job or to secure housing, all of which falls into the category of ‘violations of social adaptation,’ which, according to Decree No.60, is grounds for refusing sex reassignment and legal gender recognition.

*“First of all, I don’t consider being unemployed a gross violation of social adaptation. Secondly, what kind of job can have a person with such a passport? It means whether he is going to work while performing what they call ‘transvestism’ days and nights, or he doesn’t go to work, or he has illegal job, but then how he is supposed to prove it... So to find a job I have to change the passport, and to change the passport I have to find a job” (Transman\_001)*

Moreover, this counter-indication is hypocritical in nature since it render invisible actual causes of unemployment and housing insecurities along with other difficulties in public sphere that transgender people face daily due to their identity. Transphobia

and constant discrimination (and fear of being discriminated against) underpin in many instances what can be referred as ‘violation of social adaptation’. Therefore it should not be seen as a cause for rejection rather it should be treated as a consequence for transgender people of existing heteronormative and transphobic social order. The participants very often reflected on these intricacies of psychological pressure and rigid social order that preclude them from accessing jobs and housing.

*“So apparently I cannot make sex correction if I don’t have a job, and I don’t have a job as I don’t have proper documents. And I don’t have a permanent residence because I fought with my parents, or I my relatives kicked me out, or something like that... Or I cannot find a proper housing because I don’t have money, because I don’t have a job” (Transman\_011)*

*“And regarding housing... What if my parents kicked me out or it is impossible to find a job? Someone may be lucky and may get a job as a loader or something really simple where he doesn’t need to show his documents... And how can you... may be a person... let’s say a person is from Luhansk or Donetsk and there is — physically — no place of residence anymore...” (Transwoman\_025)*

Alcoholism and drug use was also conceptualized in some instances as a consequence and/or coping mechanism that some transgender people may deploy to curb emotional distress and deal with social and psychological pressure.

*“We have to admit that some of transwomen unfortunately start using drugs and drink alcohol due to this stupid reality. I personally know such cases. Fortunately, they stopped afterwards, but there are cases like that” (Transwoman\_025)*

*“My ex-boyfriend (he is also transman) had alcoholism as a strong indication for transition, since before he started his transition, he had drank heavily, he relaxed this way, he escaped the reality. When I was younger, I also drank a lot. It actually helped to smooth this inner discordance between my self and my appearance” (Transman\_011)*

Other comments that some of the participants made concerned also the constructed idea of what can be perceived as ‘drug addiction’. Thus, for example, one of the interviewees noticed that ‘being on hormones’ could also be seen as a ‘drug addiction’. Overall, transgender participants stressed that social adaptation (or in many cases failure to adapt to the society) is connected to transgender identity but in a different way and in different casual relations than it is stated in the Decree.

## 2.2.6. ‘Medico-biological’ counter-indications: psychotropic drugs, endogenous and severe somatic diseases, intersex variations.

There is a set of ‘conditions’ that may be put under category of ‘medico-biological’ counter-indications in the Decree. The participants commented on them more rarely. Therefore, all the remarks can be analyzed together in one section. The counter-indications that can fall under ‘medico-biological’ criteria are the following: (1) degree of non-adaptation that needs to be corrected by using psychotropic drugs; (2) presence of an endogenous disease with appearance of transsexualism; (3) morphological features that complicate (or render impossible) the adaptation in desired sex (hermaphroditism, deformation of genitals, etc.); and (4) impossibility to undergo endocrine or surgical sex change (correction) due to severe somatic diseases.

As in case of ‘violation of social adaptation’ criticism of many transgender participants were directed towards causality implied in this point. Thus, depression is one of the possible conditions that can cause a transgender person’s application for sex reassignment be rejected while many transgender interviewees emphasized that in fact depression (and therefore intake of psychotropic drugs) has very little to do with psychological instability per se or inherent inclination of a transgender person to such instability, it rather reflects social settings which make life of a transgender person unlivable (including a complex sex reassignment procedure and day-to-day discriminatory treatment).

Some participants also found this counter indication too open for interpretation.

*“First of all, there is no list of psychotropic drugs. Non-adaptation... Where is the definition? In this way doctors can interpret norms too widely. And also about psychotropic drugs... many people have depression. It has less to do with hormones and more with social pressure” (Transwoman\_014)*

*“It should not be a counter-indication since gender dysphoria very often causes depression... people fall apart because of psychological pressure” (Transwoman\_022)*

*“Depression is very natural when you have such a pressure from the society so that sometimes you want to shoot yourself” (Transwoman\_024)*

Importantly, fear to be (officially) diagnosed with depression, to be prescribed psychotropic drugs (even when one needs the prescription) and/or to be accused

of non-adaptation (even when one needs help and support for adaptation) preclude some of transgender people from accessing health care pertaining to their mental health. This is one of the examples:

*“At certain point I needed a help of a psychiatrist, a consultation on an issues not related to transition. And I couldn’t go as I was afraid that it could have affected the way I would have been diagnosed because when I was in a psychiatric clinic for the first time I was told: “You also have depression. Cure it first and then you can come back”. So I couldn’t tell that I had any other problems. I was afraid it could postpone my diagnosis for another 6 months or even a year. Therefore, I didn’t have an opportunity to consult a psychiatrist regarding any issues” (Transman\_001)*

Presence of an endogenous disease with appearance of transsexualism was rarely commented since not many of the participants understood the meaning of the point or can related themselves to it. Nevertheless, those who challenged this counter-indication revealed how such a diagnosis (as, for example a schizophrenia) or just a possibility for such a diagnosis can be misused by third parties (for example, parents) or can preclude a transgender person from undergoing the procedure. Discriminatory attitudes towards people with ‘endogenous diseases’ such as schizophrenia were also pointed out.

*“Then there is a question — is it that a person with schizophrenia can not be a transgender? And also it gives a reason for rejection in so many cases that I heard of that were orchestrated by parents. Parents just come and pay money and a person gets diagnosed with schizophrenia that is so hard to get rid of afterwards because this is a diagnosis for your life time and therefore according to this point [in the Decree — NH] every road is blocked against you now and forever” (Transman\_001)*

*“There is this wording in the Decree — an endogenous disease with appearance of transsexualism.... Yes, I have reasons to assume that I may be diagnosed with autism. And till recently there have been a practice when adults with autism were diagnosed with schizophrenia. Yes, automatically it can restrict your capacity... yes, it was such a risk...” (Transwoman\_021)*

‘Hermaphroditism, deformation of genitals’ as morphological features that complicate (or render impossible) the adaptation in desired sex were condemned as highly discriminatory counter-indications towards intersex people and supposedly ambiguous when it comes to transgender people.

*“But what does transgenderism have to do with abnormal development of genitalia? May be they mean intersexuality, but it is different... And it is unclear what can be considered as a defect. I don’t really know. Penis that is shorter according to what?... or too large clitoris of an transman? It is absurd...”*  
(Transwoman\_025)

Severe somatic diseases as a predicament and counter-indication for undergoing sex reassignment treatment was commented as useless and hypocritical since on the one hand, a person has a right to make decisions related to her/his/their body and health, and on the other hand, this point for some people render impossible changing their documents as surgeries is the requirement for legal gender recognition.

*“Let’s say a person has a hepatitis or heart disease. They kind of try to worry about a person, but they are actually not worried. Person if he wants to — it all the same — he doesn’t care about consequences”* (Transman\_017)

*“Yes they may be counter-indications for surgeries. But again to get your documents changed you must do surgeries. So here we go again — the circle is complete”* (Transman\_020)

### **2.2.7. Disagreement about the scale of diagnostic and therapeutic measures recommended by the Commission**

*“Of course, we all disagree. But what can we do? We have to comply”* (Transman\_017)

Probably this short and concise statement sums up common attitude and relations towards this counter-indication voiced by all the participants. This point reveals power that the Commission has over the applicants. At the same time, it shows how wishes, concerns and opinions of transgender people are silenced and sidelined while decisions regarding scale of medical interventions are made on behalf of them. Importantly, some of interviewees noticed that there is no clear definition or statement of what these required measures include.

*“There is no scale of surgeries written down. There is only this wording “if the Commission decides”, yes? Apart of scale being not defined, there is no list [of surgeries] a person can choose from”*  
(Transman\_001)

This is a common reason for refusing transgender people the right to medical procedures and alterations to legal documents. Therefore, many people postpone their applications or trying to navigate the system differently knowing that it is hard or even impossible to get a positive decision regarding the documents without all recommended surgeries to be done. What constitutes the recommended measures, however, is not made clear in the decree. It is determined arbitrarily by the Commission. In response to a request from Insight for more information on these recommendations, the Commission gave the unequivocal answer that ‘all reproductive organs must be removed from the transgender person’s body.’ This response reveals that forced sterilization is still being practiced upon transgender people in Ukraine today even though it remains unsaid in the Decree.

Many transgender people are well aware about it and while some of them were indifferent or loyal towards sterilizing surgeries (6 transwomen and 4 transmen out of 27 participants of the research), majority strongly opposed this required scale of surgeries imposed upon them (and their bodies) without their consent.

*“At the end it reminds Hitler’s politics so freak won’t reproduce. It is very transphobic. There is no mentioning of it, but knowing that they request sterilization... This is an oxymoron. They [doctors — NH] tell that a true trans doesn’t use his organs for something, but in my opinion they don’t use their brains” (Transman\_001)*

Nevertheless, some of the participants reflected on the fact that the Commission (and therefore the doctors) are guided by the terms of the Decree issued by the Ministry of Health. Two of the interviewees explicitly stated that medical professionals told them that requirements for certain scale of surgeries to be performed are influenced by other state institutions such as Ministry of Justice and Ministry of Internal Affairs.

*“... He [doctor — NH] explained to me that they are required from above... MinJust [Ministry of Justice — NH] and MIA [Ministry of Internal Affairs]. They request it because in case if a person goes to prison they don’t know where to allocate him. Being honest, I don’t think it is a reasonable argument...” (Transwoman\_004)*

### **2.3. Pitfalls of the Decree: multiple counter-indications and lack of medical protocols**

Two main pitfalls that transgender participants repetitively reflected upon were multiple counter-indications that almost no one can successfully pass and lack of medical protocols for treatment of transgender people. As one of the interviewees concluded:



*“If you follow the Decree #60, then no one can get sex reassignment” (Transwoman\_004).*

Another participants echoed this concern:

*“I have a feeling that this law, this Decree is rather about how to put a spoke in transgender people’s wheel and not about how to help them. There are too many ‘no’, too many counter-indications. I believe there should be counter-indications for bureaucrats in the Commission. Let’s say if you are over 60 or if you are a surgeon with crooked hands or if you are a corrupted moron who accepts bribes... then there should be these kind of counter-indications” (Transwoman\_026)*

Transgender participants voiced their concerns over the lack of clear and structured medical protocol that can be used as guidelines both by medical professionals and transgender people. It was discussed not only pertaining to surgeries but also to psychological support, medical prescriptions, tests and hospitalization in a psychiatric clinic. In some instances the participants drew attention to the western practice of treatment and written rules and regulation.

*“Truth being told, there are protocols in the West, and these protocols are good. But we don’t have them and that in a sense is a problem since it gives full play for doctors require all kind of unnecessary things and plus full play for them to implement their stereotypes if we put it bluntly” (Transman\_019)*

## **2.4. Legal gender recognition and quality of life**

Legal gender recognition, i.e. access to gender being legally changed in the documents (birth certificate, passports, diplomas, driving license, work record card, social security number etc.) plays the key role in improvement of quality and security of transgender lives. Need for proper documents that would reflect their preferred gender (and in many cases appearance) was central for absolutely all narratives of the transgender respondents.

Scale of needed medical interventions varied. All participants claimed hormone therapy as important and key for their transition. Seven out of 27 participants stated that they need or want all surgeries offered (and often forced) by medical professionals. Nevertheless, majority clearly stated that they would have gone for fewer surgeries if they hadn’t been forced to undergo all the surgeries (including sterilisation) by the current procedure to get their gender legally recognized. The current situation looks as following: unless they agree to all surgeries ‘recommended’ by

the Commission, they are not permitted to have their documents legally changed; and without changes to their documents it is difficult to figure out one's life in appropriate and comfortable way and in many cases live liveable life.

The procedure — from psychologist to the final decision of the Commission — takes extremely long time. For example, one of the participants stated that it took her two years only to collect all documents needed for the first hearing of the Commission (to get permission for medical interventions). Surgeries may take even longer since they require financial investments (they are paid from transgender people's pocket). Therefore, it may take years (if not decades) for transgender people to change their sex legally in the documents. Since current sex reassignment procedure in Ukraine puts legal gender recognition at the very end of the whole process it has a great impact on quality of life of transgender people.

Documents affect greatly many spheres of life: access to labor market; possibility to find and secure job and accommodation, to travel safely and to get married; ways education is taken or dropped; access to public services and places such as banks, airports, gyms, health services, insurance companies, lawyers etc.

*“Of course it’s very important for me to have these changes made to my documentation. My current documents make life pretty complicated, from finding work to simply boarding a train. Even the most banal situations can be uncomfortable and difficult for me. For example, I earn extra money by working for a foreign company that transfers the money to me from abroad. For this you need to open a foreign currency account and to open a foreign currency account you need to go to the bank. Going to the bank always involves some sort of drama for me. I hand over my passport with a kilometer-long queue of customers waiting impatiently behind me. The girl behind the counter starts to ask questions about my appearance and the name in my passport. Everyone in the crowded bank stops and begins to stare at me. It’s like that everywhere I go. It’s annoying, to say the least. It’s bearable if people just take a look and then move on but some people get aggressive. It’s even worse now with Ukraine’s current situation where there are many threatening people walking around, some with guns. I didn’t have any such situations yet where I would be worried for my security, but every travel, every situation when you have to show your documents turns out to be stressful. I don’t like it” (Transman\_013)*

Lack of proper documents was named as the key reason for transgender people to experience discrimination at work place, to have difficulties to secure job and to have no or restricted access to official employment.

It is important to notice that majority — 19 participants out of 27 — have university degrees. Thus, many of them are qualified specialists. Amongst the rest there are four participants who are in the process of obtaining their degrees; one individual has dropped his education (because of his gender expression/identity); one person has only school diploma, and two people finished specialized schools<sup>10</sup>.

Regarding their employment, 10 out of 27 transgender respondents people work unofficially, illegally, in low-paid jobs and/or they are freelancers/self-employed; and 8 transgender respondents were unemployed as for time of interviewing (only one of those 8 was studying; at least two of those 8 had had more than 10 years working experience). Majority of those who have quite secure official jobs with more or less stable income (9 out of 27 participants) found places of work through friends, relatives or transgender community. Noteworthy, there is no evident correlation between (un)employment history and type of transition (transman/transwoman). Both transmen and transwomen have stories of success, failure and struggle to get a job.

Common story that was told during interviews was about loss of job due to beginning of transition and further difficulties to find another one due to lack of proper documents.

*“I was asked to leave my job in the bank even though there was nothing in my appearance what would go beyond the limits, absolutely, but I was told that I — my appearance — didn’t correspond to corporate style... and to get another job with these documents it was... [laughing] there were too many questions as soon as any documents were put on the table, my diploma, work record card, let along passport. At once there were too many questions”*  
(Transwoman\_006)

Job is important for many reasons, but there are three that are specific for transgender people: (1) money are needed for hormones and surgeries; (2) having a job is an indicator for social adaptation and lack of social adaptation counts as an counter-indication for sex reassignment process and as consequence for legal gender recognition; (3) financial independence and self-sufficiency is crucial for those transgender people who do not have support from family and relatives and often have to leave their places of origin (and it’s far from being an exceptional situation).

<sup>10</sup> ‘Specialized school’, or ‘uchilische’ in Russian goes after ordinary school but offers a shorter and more specialized training than university.

*“This is extremely important. This is the first priority since it causes so many problems. Especially in situations like mine when in fact I live without any support from my family. There friend who can support me but they have their situations and they are not almighty, but something they can... I mean there are issues of work and accommodation. If I had my own flat where to live I would have not been so worried, but I have to rent, communicate with other people and all of it goes through documents... and of course work...” (Transman\_011)*

Transition itself along with lack of proper documents in many cases cause discrimination of transgender people when they are looking for and applying for jobs. Even when they make it though and come for an interview, the moments they present themselves and show there documents they very often get rejected. Sometimes it happens indirectly: they are told that they would be contacted and they would never get a call or e-mail. Sometimes that would face direct discrimination and humiliation while an employer would explain why they do not fit to get s job.

*“Sometimes they would reject directly. They said: “We don’t need people like you, we don’t want to offer you this job precisely because of this. If you don’t have an arm, leg or eye or you would be...” I don’t know. They just said: “We have different people employed even mentally impaired people, but we don’t need people like you”. I was told precisely this and I could see that a person was very nervous” (Transman\_011)*

Besides discrimination at work place and labor market, security is a high concern for transgender people who do not hold proper documents. Apart from cited examples of feeling insecure in banks and trains (and other public spaces), there were few more chilling and alarming cases when the lack of documents precluded a transgender person to seek for help from the police and when it actually put transgender person’s life in danger in Donetsk.

Both of these cases deserve attention since they shape and represent extend of insecurity every transgender person potentially faces.

*“I didn’t go to the police [when I was robbed] because I was thinking fine I would go to the police and I would need to explain everything, all details including what I looked like and why and so on. I mean first of all, how would they react to all of this, and secondly, it was a fear that this would reach my work and it could have been made known somehow. And at that time I was not ready to come out yet... and I didn’t go at the end. And in my bag there was everything, my cell phone, camera and money” (Transwoman\_021)*

The case from Donetsk is worth of a long quote to convey situations transgender people encounter and have to deal with in extraordinary circumstances (it also important to acknowledge that Ukraine has been for some time now in the middle of these extraordinary circumstances).

*“There was no way I could walk on the streets. I went out only when it was dark to breath fresh air. I also couldn’t walk down to the bomb shelter; I had to go far away when the city was under fire. It is a tiny space in the bomb shelter and all people would bunch up in one room. I remember first time when we came under fire and I went down to the bomb shelter, I didn’t have choice, it was my first time. And they started whispering — who is this? what is this? I was sitting in the corner like an animal at bay. Then I went hysterical and I went out and I didn’t give a damn about fire... First of all, there was kind of psychosis. I couldn’t go anywhere because my documents didn’t correspond [to how I looked]. There was no possibility... Guys and men were stopped at the street in any occasion. You were required to not only show the passport but also your military card. At that time those who stayed in the city, they were required to pass military commandant and registration. Registration meant you would have a stamp — it was already DNR’s [Donets People’s Republic — NH] stamp and some paper with name and surname that proved that this person actually lives in the city now and doesn’t take part in warfare and doesn’t want to take part in it but in case of mobilization he can be taken for combat operations if he is from 18 till 45 years old... It was heightened attention to the men. And I looked like a man. Few times I had to ran away, I had confrontations with patrols and there was shooting... And again those people who were registered they would get food, ration. Even small portion of this food, even if it was given once a month, I couldn’t get it. Once my mum told me: “Let’s go, let’s try to get your portion, only mine is not enough for both of us”. We went there, we stood in a long queue and I showed my passport. And they said: “Are you joking? Bring the girl and we will give it to her”. And people in the queue — and the queue was enormous — they started shouting. “Whose are these documents? Where did you get them? Have you stolen them? Where is this girl?” At the end I got so nervous so I just ran away. Like this... [To leave Donetsk] I had to wait for three and a half months because there were some problems with DNR’s authorities. And also as far as I know with Kiev’s frontier guards due to passport mismatch, they couldn’t understand that seemingly a guy tried to cross the border when according to the passport he is a girl. They thought I was a spy. But [an international organization] assisted me and helped me to leave” (Transman from Donetsk)*

### 3. MEDICAL INTERVENTIONS, SERVICES, and INSTITUTIONS

In this section offers an analysis of hormone replacement therapy (HRT), gender confirmation surgeries, practice of hospitalization in a psychiatric clinic, structure and operation of the Commission, and medical services provided by doctors (sexopathologists/psychologists but also other medical professionals who offer services not directly related to transition). All these medical interventions, services, practices and institutions are analysed focusing on their influence on transgender people's choices and quality of lives.

#### 3.1. Hormone Replacement Therapy (HRT)

Almost all transgender participants — 25 out of 27 — had been undergoing hormone replacement therapy (HRT) as for time of interviewing in span ranging from few weeks up to 9 years. Amongst them there were five of those who had been on HTR for less then a year; nine of the participants had been taking hormones for 1-3 years; and the rest eleven interviewees were on HRT for 5 years and longer.

There is an overview of hormone replacement therapy in case of transgender people. Transmen inject/take testosterone. Testosterone intake causes a process of bodily masculinization and usually results in the following physical changes: deepened voice, clitoral enlargement (variable), growth in facial and body hair, cessation of menses, atrophy of breast tissue, increased libido, and decreased percentage of body fat compared to muscle mass. Transwomen usually have to take two types of hormones — estrogen and anti-androgen (blockers). In case of Transwomen physical changes which are expected to occur as a result of hormone therapy are the following: breast growth (variable), decreased libido and erections, decreased testicular size, and increased percentage of body fat compared to muscle mass (WPATH).

Dosage of hormones varies and should be individually prescribed by a doctor depending on transgender person's medical/health characteristics. Types of medicine (label(s) of drugs) that are taken by transgender people depend on availability and accessibility in particular circumstances (time, pharmacological policies, geo-political location, financial means, etc.)

##### 3.1.2. Decision-making: when to start

When it comes to the decision to start taking hormones almost all participants stated in unison that the decision itself stems from their need and desire to im-

prove their psychological and physical well-being. Many of them (in fact, the majority) would use the rhetoric of ‘coming to the true self’ to explain the reason behind the necessity for hormone replacement therapy. Desired physical changes and psychological comfort were stated as the key elements of this decision. Some of the participants were emphasizing their psychological harmonization and the need and right for body modifications.

*“I started taking hormones because first of all I wanted to change my body. I didn’t like how I felt and how I looked. I thought I would feel more in harmony with myself. People do different things for this purpose: some people put weight and some lose weight while others do tattoos. So I perceive it as body modifications that make me more comfortable” (Transman\_013)*

There were no regrets expressed pertaining to hormonal intake and its affects. Few instances when hormonal treatment was postponed and/or interrupted were due to fear not to get/finish (higher) education and due to financial difficulties.

At the same time, there is often another motive behind the hormone intake that lies outside of inner needs of transgender people to harmonize their bodies and selves. All of the participants were well aware that their appearance is judged during the Commission hearing and how one looks very often makes a huge difference in the decisions made by the Commission and other doctors (for example, in a psychiatric clinic). Therefore, the appearance affects the diagnosis and consequently access to medical interventions and legal gender recognition.

*“And what we have — I like it so much — when you appear before the Commission to get the Commission’s decision to start hormone intake if you haven’t been on hormones previously you will probably have 30% that you get this permission. And if you have already been on hormones and then you go to the Commission to get this very permission you pass much better and then you will have 70% that you will get this permission because you already look like you have to look” (Transman\_008)*

As it was discussed earlier, there is a point in a list of indications that requires a transgender person to have sufficient presence and degree of manifestation of endocrine, morphological, neurophysiological, psychological and physical features of the desired sex. This indication contradicts the procedure as it is formulated in the Decree since hormone replacement therapy should be prescribed by the Commission after the hearing.

*“First of all, in order to get officially this permission for me to take hormones and to get a prescription I need to pass the Commission. But there is a tricky thing about the Commission: if I don’t have particular morphological characteristics, in other words if I don’t pass, I wouldn’t even pass a psychiatric clinic, let alone the Commission” (Transwoman\_014)*

*“That was exactly the reason why they declined my application for the first time because I didn’t appear for them masculine enough, they said they can see a girl. I answered: “But I am not on hormones”. And they cited as an example a person who had been on hormones for a long time. I said: “But you are doctors, how can you compare a person who has been on hormones for four years with a person with another hormonal background. Of course I wouldn’t have it. Surely, you understand that this person according to your rules doesn’t act properly because according to you a person should wait for your Commission and you should prescribe hormones and explain how they should be taken. Thus, you discredit yourself” (Transman\_001)*

In sum, existing medical framework incites transgender people to start hormone intake without prescriptions and proper consultation with medical professionals before they embark into official procedure of sex reassignment.

### **3.1.2. HRT: lack of endocrinologists and discrimination**

At least 15 participants explicitly commented on lack of medical professionals, namely, endocrinologists, who would be able to consult transgender people on hormone replacement therapy. Only two participants out of those 25 on HRT had somewhat successful consultations with an endocrinologist. In both cases endocrinologists were relatives of their close friends. Thus, they got access to medical services through informal networks without a risk being mistreated or discriminated against. Importantly, these two transgender individuals consulted with an endocrinologist after they had already started their HRT. In general, the lack of endocrinologists was described as an urgent issue that needs to be addressed both by the participants from Kiev and those from other regions.

There were few unsuccessful attempts to consult with an endocrinologist described by some interviewees. In these cases the doctors didn’t have enough information and/or practice related to trans-specific needs. In some cases transgender people were also mistreated due to lack of information and incorrect interpretation of tests’ results (hormonal tests). All these occasions propel mistrust to medical professionals and institutions and preclude transgender people from even starting to seek advice from doctors.



*“If you start hormonal treatment, you start being fully responsible for your life because medicine is unable to provide you with help and support you need or at least with explanation what is going on and what will be going on with your body and how you need to shoot these hormones (sarcastically) Do you have to use an insulin syringe, or a horse one? Where inject to — in your head or in your ass? Where to inject, what to do? Zero information, nothing at all. And you are only 21 and you realize that you need it and this is a matter of life. And you have no one to ask especially in a situation when you have been told [by a doctor — NH] that you have a half of a year left. Will you go to such a doctor? I won’t” (Transman\_018)*

All the participants stated that they would consult with doctors if they had such opportunity since almost none of them had access to competent endocrinologist who could have prescribed the dosage, evaluate HRT in course of its duration, caution and/or deal with possible complications. There was a sense of anxiety amongst the participants concerning the dosage and possible complications that hormones can have on their health and bodies.

### **3.1.3. Self-prescription and access to information**

All 25 transgender interviewees who had been on hormones in time when survey was done claimed that they self-prescribed hormone intake and decided on the dosage they needed based on information available through Internet and transgender folks networks and based on their subjective physical and psychological (self) perception. The main source of information about hormones (particular medication, dose, side effects etc.) was stated to be Internet: trans forums in post-Soviet region (Russia, Belarus, Ukraine), other Russian-speaking trans-related recourses, medical and health related websites. Many participants also asked their trans friends who had already been on hormones or turn to an NGO (particularly, Insight) for the information. Majority would do medical tests to try and interpret the result and control the dose. Although, at least five respondents when being asked about tests answered that they had never done any medical tests.

*“I didn’t consult with a doctor because first of all there was no such a doctor to assist me when I started taking hormones. I didn’t know whether there was such a doctor out there. Secondly, I don’t trust doctors. I trust my friends who have gotten experience, who can give a hint how to inject hormones properly. But nothing bad happened. I am alive. I just do some tests. I was told how to do these tests and what preliminary should be there” (Transman\_011)*

Even though interpretation of tests' results seems to be a routine practice (at least at the beginning of the transition), some of transgender participants noticed that these results might be hard to understand or interpret correctly. Moreover, it may pose great difficulty for some transgender people when they have to combine hormones with other medicine (due to sickness or health-related temporary or permanent issues).

*“I couldn't find information about compatibility with other drugs. I was collecting this information bit-by-bit from some textbooks and then I would written it down. And there is no such information in manuals for hormones. It is very recently that they started writing in some manuals — and far from all of them — that this drug can be used in cases of transsexualism, of female-to-male... but they don't provide any information on a dose. At the end, it seems there is no standards. There is just the Decree and you do what you want” (Transman\_001)*

### **3.1.4. Hormones: accessibility, availability and affordability**

For most of the respondents hormones are quite accessible: they buy them in pharmacies or (more rarely) through Internet. In some instances when pharmacy's workers ask for prescription transgender person would usually go to another store.

Nevertheless, it is important to mention that four participants — notably, all of them transwomen — stressed that they experienced difficulties while accessing/buying hormones since they were routinely asked for prescriptions. Some of transwomen also emphasized that the quality of available hormones are low, some of the drugs are out-dated (they are not used or forbidden in other countries) and they potentially may be quite damaging for health. The difficulties transwomen encountered while managing their HRT may stem from different schemes and drugs for HRT in case of transmen and transwomen.

There were no problems with availability of hormones detected by transmen who participated in the study. There was only comment made pertaining to testosterone availability:

*“We all had problems buying hormones over the last half of a year since there was an re-organization in a factory in Poland and there was just no hormones in our pharmacies” (Transman\_013)*

Common practice in these circumstances was to try and get hormones through trans networks, order them through Internet, or use supply that was laid aside.

Another important issue was raised by participants from Donetsk and Luhansk Oblasts who paid attention to the way how current situation in Ukraine affected transgender people from those regions.

*“They [hormones — NH] disappeared completely. Only one pharmacy is officially opened and it serves only pensioners and you have to show a pensioner’s certificate. Mostly, it is medicine from heart and some drugs for blood pressure. There is almost no drugs available let alone hormones. It causes such difficulties. It just happened that I bought them third-hand previous winter. I asked a friend from [name of a town — NH] to sent them to me — two packages. So I tried to stretch them out. You need to inject once in two weeks, maximum in three weeks. I was aware that it was coming to an end and I didn’t know whether I would get any more. So I injected once in 35 days” (Transman from Donetsk Oblast<sup>11</sup>)*

Affordability is another side of hormonal treatment. At least seven out of 25 participants explicitly stated that they had experienced financial difficulties and couldn’t access hormones (in the past and/or in time of interviewing). Importantly, there were transwomen who identified financial problems as decisive factor that affected frequency and caused intermittence of their hormone intake.

*“From salary to salary trying to compensate somehow... Like now there is a situation that I haven’t had job for five months. You take what you can — any medicine, using everything, whatever and this is a mess at the end. Thus, to set up a regime for intake with particular medicine — morning-afternoon-evening — for a certain period of time — there is no possibility, like it or not” (Transwoman\_007)*

Some medicine (at least for transwomen) was reported by participants to be stopped from import with the beginning of Maidan. transwomen (at least three of them) identified financial difficulties as key obstacle for possibility to do hormonal tests. Possible reason behind this discrepancies between transmen and transwomen experiences of hormone replacement therapy may be again different schemes for hormonal intake for transwomen as it was stated above. It is hard to say whether discrimination at work place and/or difficulties in accessing and holding job contributes more to transwomen experiences comparing to transmen’s ones since data about employment and discrimination at workplace suggests that transgender people have difficult time to secure their job unrespectable to their biological sex.

<sup>11</sup> There is no number stated for the participant and a name of a town is omitted to protect identity of the participant.

## 3.2. Surgeries

Before analyzing data regarding surgeries chosen by, forced on, available for, and performed on transgender people in Ukraine, it is necessary to offer a brief overview of surgical interventions (or gender confirmation surgeries) that transgender people generally may opt for.

If transmen want to have surgeries to alter/modify their bodies, there are several options. Mastectomy/chest reconstruction aims to remove breasts and create a male-looking chest. It is usually referred as ‘top’ surgery (‘verh’ in Ukrainian and Russian). Hysterectomy removes a womb; oophorectomy removes ovaries; vaginectomy removes a vagina. The genital reconstructing surgery (often referred as ‘bottom’ surgery, or ‘niz’ in Ukrainian and Russian) is done according to two methods: metoidioplasty (when the clitoris is ‘released’ from skin/ hood and it gives an effect of a larger clitoris) and phalloplasty (when muscle, nerves, veins and skin from a donor site of the person’s body is used to form a phallus). Sometimes, in addition to metoidioplasty or phalloplasty, testicles are formed by implanting silicon to the previous labia.

Sex reassignment surgeries for transwomen include mammoplasty (breast enlargement), orchiectomy (removal of testicles), penectomy (removal of a penis), and vaginoplasty (creating a new vagina using penile skin, penile tissue, and scrotal skin from a patient). Long series of vaginal dilation may also be applied after an operation to increase a vaginal width.

The amount of surgeries (scale of medical interventions) usually depends on several factors: local medical and juridical framework of sex reassignment/ legal gender recognition procedure, health conditions of a transgender person, doctors’ advice, and transgender person’s financial situation and (in some cases) their will.

### **Pertaining to gender confirmation surgeries it is important to understand that:**

- ① hormonal treatment for transgender people may last for their whole life (especially in cases when the body does not produce its own hormones due to surgeries performed);
- ② none of existing surgical technologies can create ‘perfect’ genitals, it applies to appearance but also to functionality and sensitivity which can be reduced or lost due to surgeries;

③ reproductive choice (fertility) can be lost due to medical interventions (irreversible effect of hormone therapy and of surgeries on reproductive system) or have to be negotiated and planned (depending on stage of transition and/or financial affordability of such choices).

### 3.2.1. 'Desired' scale of gender confirmation surgeries

All the participants whether they had had gender confirmation surgeries or not were asked to answer a set of questions regarding surgeries that they underwent or/and planned to undergo, about their choices of surgeries and surgeons, attitudes towards gender confirmation surgeries and medical and state framework of gender confirmation surgeries in Ukraine.

When it comes to 'desired' scale of surgeries 17 out of 27 participants would not want to go through all surgeries: transmen would prefer to have only mastectomy done and transwomen would opt for mammoplasty and (some of them) orchiectomy.

Ten out of 27 participants stated that they would opt for 'all' surgeries. Amongst those ten there were 6 transwomen (which makes up 50% of all transwomen in the survey) and 4 transmen (which is around 25% of all transmen in research). Noteworthy, all 6 transwomen included vaginoplasty in their understanding of 'all' surgeries while 3 transmen referred to hysterectomy/oophorectomy only, one of them added vaginectomy talking about 'all' surgeries, but none of them included metoidioplasty or phalloplasty as desired surgical intervention.

While expressing their desire for surgical intervention (independently of the scale of it) quite often participants would refer to their body image and self-perception. Nevertheless, these factors related to personal/psychological need for surgeries would never go alone. In all discussions around gender confirmation surgeries whether partial or full scaled there were several 'external' factors that were mentioned persistently as key for making decisions over surgeries and one's body modifications. These factors included (1) the need of documents (and therefore compliance with existing framework of the procedure); (2) financial possibilities; and (3) social prejudices, discrimination and pressure. Other factors that formed 'desired' scale of surgical interventions for many transgender participants were lack of information, medical mistreatment, and quality of available surgeries (and surgeons). Very often several factors would be combined in answers of the participants. Thus, it seems more appropriate to use inverted commas while talking about 'desired' surgical interventions for transgender participants since much of what is stated as 'desired' had been largely formed under violent state and medical regulations and social pressure and expectations.

### 3.2.2. Need for documents and structural violence of the procedure

As it was already mentioned in an analysis of the sex reassignment procedure in Ukraine in previous sections the main reason for many transgender people to embark into official process of sex reassignment is the need to get proper documents which will allow to lead a livable life in the society (including access to job, housing etc.).

According to current procedure, one can obtain new documents with gender legally changed only after all ‘necessary’ medical interventions are performed. The necessity of medical interventions and their scale is defined and imposed by medical-state apparatus, including the Decree #60 discussed above, the Commission and other trans-related doctors all of whom are guided by the terms of Decree.

The ‘diagnostic and therapeutic’ measures recommended by the Decree and Commission implied ‘all reproductive organs being removed from the transgender person’s body’ (according to correspondence of NGO Insight with representatives from the Commission).

Therefore, surgeries (and their scale) for many seem to be choice without choice.

*“I need surgery for myself. But there is also this issue that surgery hinges on documents. I wish some of this burden would be taken away either with surgeries or with documents” (Transwoman\_007)*

*“If we don’t take into account intimate life then you can adjust in the society without this surgery. And I really wish to have a possibility, an option to formally change the documents without undergoing this surgery if I decide it is better for me not to do for whatever reasons. But now one of the motivations to do this surgery is exactly its prerequisite for the change of documents” (Transwoman\_024)*

*“What I really need now is documents indeed. I have corrected my body through hormones, my body and appearance... I need civil change, I mean change of my legal gender. This is top priority. For now even mastectomy is secondary issue for me” (Transman\_016)*

Answers of transgender participants reveal hypocrisy and structural violence of existing procedure: successful socialization of transgender individuals is claimed by medical and state institutions to be a priority while structure and logic behind existing procedure impinge and impede the socialization, and moreover propel marginalization and discrimination of transgender citizens (not only in medical sector).

### 3.2.3. Finances matter

In many instances concerns over documents are directly linked to access to jobs and financial stability which are very often turn to be inaccessible for transgender people without proper documents. At the same time, there is an intricate loop: to get a decent job one need to have proper documents, to get documents with gender legally changes change documents requires surgeries to be done, to get surgeries done one has to pay for them with money one has to earn while being employed in a decent job. One of the participants summed up it clearly connecting hypocritical nature of the procedure, needs for documents and financial issues that needs to be taken into account.

*“I think it is absolutely wrong, because I don’t understand how I can do the surgery not having changed the documents before that. Surgery requires money and it also about health: you need money for improving and sustaining your health after the surgery. You need a lots of money since you pay from your pocket, you have to pay for everything, it is costly and often you go abroad as in our country as far as I know there are not so many good surgeons. And where I supposed to get this money if I don’t have a job? And I don’t have a job because I don’t have a passport that would make it easier for me to find a job, to find a decent job... And necessary scale as far as I know it is two surgeries [mastectomy and hysterectomy — NH] — it is too much. I don’t understand why it is two of them. I can somehow understand why mastectomy, why they require mastectomy, it is for socialization, for better socialization, I can understand it. But why one should correct something that is invisible and with what there is no hurry? You already have too many problems apart from it” (Transman\_011)*

Even those who have jobs stated that they experienced difficulties to save an amount of money that would allow them to proceed with surgeries. It is important to clarify that many of those employed are freelancers and/or work unofficially. They also have to spend certain amount of money monthly for hormones and rent, especially if they moved to Kiev from other regions and have no relatives or family members to live with. Relationship with family and relatives may be difficult and/or may be terminated due to transgender people’s identity which cease financial (and emotional) support from the family and force some people to move out from their parental houses (even if they live in Kiev). All of that contribute enormously to socio-economic status and conditions of living of transgender people. Irrespective of ‘desired’ scale of surgeries transgender participants indicated financial struggle as one of the key predicaments in accessing surgeries (and therefore legal gender recognition).

*“I have done part of what I want. After that I want to get permission to change my documents since I need at least two years to save for further surgeries. Thus, documents are extremely important now and this is where I am in my transition” (Transwoman\_003)*

*“I planned to undergo the second surgery, since according to the Ukrainian law you must undergo these two surgeries to get permission to change documents. I have done one — mastectomy, but I haven’t done another one, hysterectomy. Since this surgery is very expensive. That time it cost 10000 hryvnas” (Transman\_026)*

*“Of course I want all surgeries to be done. But financial situation goes before everything. No one helps here. And the job is not well-paid you understand so you wouldn’t be able to save small amount of money without infringing yourself” (Transman\_017)*

### **3.2.4. Forced sterilization and reproductive rights**

As it was discussed previously the Decree #60 implies forced sterilization of transgender people in Ukraine even though it is not stated explicitly in the document. In the Decree only ‘recommended diagnostic and therapeutic measures’ are mentioned with no further specification. Sterilizing surgeries are imposed on transgender applicants by the Commission as a prerequisite to get a permission to change gender legally in their documents. Supposedly, this unwritten requirement is supported (or even insisted upon) by the state institutions, namely, Ministry of Internal Affairs and Ministry of Justice (see section on the Decree #60).

As it is seen from the Table 1 there are only four participants who underwent sterilizing surgeries (3 transwomen and 1 transmen). All of them — for different reasons — had neutral or positive attitude towards sterilization (in their cases, but not generally). One of transwomen didn’t go to a surgeon and performed the surgery (orchiectomy) on herself due to lack of financial means (she was later assisted in the ambulance). In addition to these four respondents, one more transmen stated clearly that he would be fine with sterilization in his case since he doesn’t want to have children. The rest of the participants — 22 respondents — had negative attitudes towards sterilizing surgeries performed on their bodies.

If we look closer at the numbers we would find certain discrepancy between those who would opt for ‘all’ surgeries (10 transgender participants as it was discussed earlier) and those who have neutral/positive attitude towards sterilization. What is at play here is the reasons why people would go for sterilization. While those with neutral/positive attitude would opt for sterilizing surgeries precisely



because they don't want to have (biological) children, those who opt for full-scaled intervention though having negative attitudes towards sterilization would make this choice based on their need to change documents and/or due to medical and financial reasons (which means they are forced to prioritize sterilizing surgeries regardless of their reproductive choices and rights).

For example, at least three transwomen explicitly said that orchiectomy for them would be a mean to remove a source of testosterone from their bodies, which would fasten feminization and cut costs for hormones.

*“The question for me was that I needed to remove the source of male hormones. At the end it reduced cost for hormone treatment — thrice” (Transwoman\_002)*

*“Hormones are hormones, if testosterone is unnecessary then of course you can suppress it by medication but it is not very healthy for your organism, and the earlier you get rid of medication the healthier your liver and pancreas will be. That is why that was the first surgeries I did” (Transwoman\_006)*

*“Sterilization is important for me. It is important to get rid of those parts, those organs that produce hormones of an opposite sex since they cause inverse process” (Transwoman\_004)*

It is hard to estimate how many of the participants ‘would want to have biological children’ since they already know that it is not a viable options for them. This knowledge affected their answers greatly. To save and keep their biological material for most of transgender people seems to be not feasible financially. Many pointed out on unaffordability of assisted reproductive technologies.

*“And again it requires financial investment so you can do it in the beginning and not after you started hormones and then you have to stop taking them and then start taking them again. It would be great to do it beforehand, at the beginning” (Transman\_008)*

*“It is a debatable question you know. It is like... Initially I was like no, no way [I would have children — NH]. And then I thought that there is a development in this sphere so you can freeze your eggs. But again it is about finances” (Transman\_017)*

*“To freeze my sperm I don't have money. I know. If I had 20000 hryvnas... It costs 20000 and more... And for women to get their eggs frozen it is even more” (Transwoman\_023)*

Some of transmen rightly noticed that prolonged hormonal intake had already turned them infertile. On the one hand, it makes sterilizing surgeries unnecessary. In the other hand, it brings the discussion on exercising reproductive rights beyond the debates focused on sterilizing surgeries only.

*“Of course I wanted to have my biological children, but at that moment I didn’t have the possibility. If I had the possibility to choose I would have definitely frozen my material, I would have had embryos so later they could have been implanted to my partner or to a surrogate mother or to anyone else. Thus I would have had a possibility to have genetically my children... But I don’t have already the possibility to have my biological children. And this is the price I paid to this fucking state, to this fucking system... even though I managed to get around the system and not to remove my reproductive organs...” (Transman\_018)*

According to the rules those who are undergoing sterilizing surgeries sign a consent form. Although, it is unclear whether they are given any information prior and/or options regarding their reproductive before the form is signed and surgery is performed. Some of the participants found it difficult and/or psychologically intense to answer questions or/and discuss their reproductive choices.

*“You know the main issue that really bothers me — I am really upset about it, that I will become absolutely sterile, infertile, useless person” (Transwoman\_023)*

*“Answer: I had to write in a form that I agree and that I know about consequences.*

*Question: Did you fill out the form during the Commission or while at surgeon?*

*Answer: While at surgeon.*

*Question: What was there? What kind of information?*

*Answer: That I am not against this surgery... I don’t remember... no, that I ask for orchietomy and I am aware about consequences.*

*Question: But do you have a desire [to have children adopted — NH]...?*

*Answer: May be but it won’t be soon, I don’t know what to answer.*

*Question: Is it a difficult question?*

*Answer: Yes, I guess so, it is a difficult one” (Transwoman\_003)*

Importantly, all the participants (even those who express neutral/positive attitudes to it) opposed sterilization as a principle regardless of their parental plans,

desire to have children (or not), and vision of family. Therefore all of them claimed reproductive rights as those to be respected in case of transgender people.

*“To have a right? Yes. I can change my mind in any moment and this right should remain. I believe it should be in my life. It doesn’t matter whether I will use this right or not, it is my business, but the right must be there. If there is no such right I cannot exercise it, and it’s not right” (Transman\_011)*

*“Hysterectomy. I consider it as vandalism... My reproductive organs — and if I have responsibility to look after them — how indicative are they for my identity? Do I throw my ovaries in my passport? I mean how is it connected? There is no connection whatsoever. But we are forced to remove them. And this is an issues that violates all the right, all the norm and all possible logic” (Transman\_018)*

Current medical and state framework in Ukraine work in a way that unless they agree to sterilisation, transgender people are not permitted to have their documents legally changed; and without changes to these documents it is difficult for transgender people to lead a livable life. But medical and state control over transgender bodies does not end here. The legal diagnosis of ‘transsexualism,’ which paves the way for potential gender reassignment surgery, and changes to documentation, in turn is a contra-indication preventing both adoption and assisted reproductive technologies. While asked about adoption many of the participants (at least 10 of them) explicitly stated that they would go for this option. At the same time, almost all of them (except two) were aware that the state regulations preclude them from adopting children.

*“Before I learnt that adoption is not possible I had thought about adoption. Since now I know that it is impossible then I just try not to think about it...” (Transwoman\_024)*

*“It should be eliminated since transgender people are not worse than cisgender ones, and moreover for children it doesn’t matter whether they have biological parents or not and also it is not that there are many people who want to take children from orphanages. And because of this stupid law now even less people can form a family, can take a child. It is idiocy. Somehow majority of cisgender people don’t even think that they can adopt. They need to raise for themselves...”(Transwoman\_025)*

*“It is important. I wanted, but unfortunately, I would never have my own, and in this country this is also a counter-indication for*

*adoption. Thus, no one can allow you to adopt, so it is not a very pleasant topic... This is the only reason why I went to a psychologist, because for this moment it is very important” (Transwoman\_006)*

Right for adoption was highly debated during the interviews and for many of the participants it appeared to be another site of discrimination and extremely important issue along with sterilization, reproductive rights, and reproductive technologies.

### **3.2.5. Surgeries: access and quality**

There were seven (3 transwomen and 4 transmen) out of 27 participants who had already undergone surgery/surgeries as for time of interviewing. The rest 20 respondents had been on different stages of planning their surgeries (from just contemplating over desired scale to actively searching for surgeons).

From seven who had their surgeries done four reported they had good experience with surgeons and doctors in a clinic and were satisfied with the results. Amongst them there were only one transwoman (surgeries done in Russian) and three transmen (mastectomies were performed in Moldova, Belarus and Donetsk region). One transwoman had to perform orchiectomy on herself by herself at home (due to lack of doctors and financial recourses) with further medical assistance in emergency room. Other two respondents (a transwoman and a transman) had unsatisfying experiences while trying to find a professional surgeon and being treated in a clinic.

In the discussion around available surgeries there were two interconnected critical points: (1) quality of offered surgeries, and (2) available surgeons who can perform surgery/surgeries of a good quality and provide services according to transgender person’s need and without discrimination.

Only two out of 20 participants who were planning their surgeries considered Ukrainian surgeons (both of them opt for services in Odessa). The rest eighteen respondents stated they would try to find other options in Thailand (transwomen), Russia (transwomen), Belarus (transwomen and transmen) and Moldova (transmen). The main concern highlighted in the interviews was the lack of qualified surgeons and as a result low quality of surgeries that are offered and performed. This obstacle drives many of transgender people to search for doctors abroad.

*“Definitely not in Ukraine. Why? I cannot judge since I don’t know from my own experience but based on comments from those who dealt with our doctors and who have undergone surgeries here... absolutely all comments I know are negative, there is no*

*positive experience when a person would say — you know, I have done it and I am satisfied” (Transwoman\_007)*

*“Let’s say vaginoplasty I would want Stasevich to do it in Minsk, in Belarus. He has a good quality comparable to a European standards and the price is not high — 4 500 euro — for this quality and comparing to other options... In principle, this is the only decent surgeon in the post-Soviet region who performs more or less good surgeries. Otherwise, it is only Thailand” (Transwoman\_004)*

When it comes to choice of a surgeon the price and quality are the key factors. Many transgender participants do their own research on Internet and they also ask those who have already done surgeries. Mostly, it is based on these accounts (photos and actual experiences of trans folks) it is possible to draw evidences of very low qualities of surgeries available in Ukraine (both for transwomen and transmen).

*“I saw poor results from Ukrainian surgeons when it was almost impossible to correct so it could have looked somehow appropriate... Moreover, it cost a bit cheaper but then a person had to go to another surgeon to correct it and it turned out twice more expensive since you have the first surgery and then the second one is not even a correction it is a new surgery from scratch” (Transman\_001)*

*“I got to know people and I got to see the results. Some of the guys showed me how it looked. And I thought I didn’t want it to be done this way. For me it was horrible because there were absolutely disfigured chests. They looked as if a tank drove through them. It was impossible. Since you want to get rid of breast for what? So you can, for example, wear a t-shirt, to take off a t-shirt, be able to go to the beach... And you can’t — your chest is smashed. I mean there is sagging skin and misplaced nipples if the nipples are still there at all” (Transman\_018)*

*“I saw on photos but also on people... my transman friends who have done abdominal hysterectomy. It is horrible, it is just a horrible sight. They are just smashed; sutures are done crudely. I wouldn’t want to have such deformity in my abdomen. As a boy I want to wear a t-shirt and go to the beach... as simple as that” (Transman\_26)*

There is also information that some of the surgeons offer ‘a package’ (two surgeries in one) and/or perform unwanted surgeries without consent of a transgender person (like the one to remove appendicitis) while doing the main surgery. The participants didn’t provide this information with any details or surnames for obvious reasons.

*“After his surgeries [there was no surname mentioned — NH] people don’t live long — there are postsurgical complications. Secondly, those who survive they don’t have any senses in this zone, and it is important for us to have sensitivity and to feel yourself fulfilled. (Question): Have you heard anything about other organs being removed in a course of a surgery? (Answer): Yes, I have this information too” (Transwoman\_014)*

Many transmen do not see genital reconstruction surgeries as feasible, available and accessible option due to lack of satisfactory results and a fear that functionality and sensitivity can be reduced or lost due to surgeries.

The choice of available surgeons is also reduced due to limited financial resources. Often one makes a choice based on what is affordable amongst available options. Otherwise, surgeries are postponed which leads to legal gender recognition to be also deferred. Some of the participants characterized this situation as choice without choice.

*“I had mastectomy. Yes, I had an opportunity to choose a doctor. Everyone has this opportunity and no one has it since for these surgeries you pay from your pocket. You choose based on your financial possibilities” (Transman\_001)*

*“I didn’t have a choice regarding surgeons. There was no surgeon who would have agreed. To be precise there was one that I was told about but he wanted too much money that I didn’t have at that time. So I did it by myself at home. (Question): And it was due to lack of financial recourses and doctors who could have helped you? (Answers): Yes” (Transwoman)*

### **3.2.6. Body, social pressure and state violence**

Many transgender people were talking about their personal psychological comfort when explaining their desire to have certain medical interventions, including surgeries. Some of them would refer to certain body parts as uncomfortable and undesirable. Therefore, it is possible to assume that one of the reasons why transgender people opt for surgeries is to obtain preferred and comfortable image of the bodily self. At the same time, closer analysis of the comments regarding body image and (dis)comfort reveals that in many cases discomfort is anchored not necessarily inside the body itself but it is also (and rather) embedded ‘outside’ of one’s body in social structures, norms, expectations, and limitations.

*“Let me tell you, if we lived in a society where people responded normally to men who have both beard and breasts, then I wouldn’t even have the operation. Not ever” (Transman\_013)*

*“I am planning mastectomy, mostly because of my comfort, my comfortable life in the society. And I will just get my documents. And you know a man with breasts is not very safe, it is not very comfortable” (Transman\_016)*

*“I want to have top surgery so you can stop tightening, because it is hot and uncomfortable. You can then go swimming, for example. I haven’t swum for a long time now because of that” (Transman\_009)*

*“After the surgery [mastectomy — NH] I started to think whether I need any other surgery and I realized that I didn’t need it. And post factum I realized that many things that I thought were bad in me, they were imposed constructions of what transgender should be and what shouldn’t... When you are not afraid to change your clothes at work then you are not thinking anymore... or rather you think — it is good and it is enough. You see and you understand that what is imposed it is not necessary because a lot of hatred towards body is imposed” (Transman\_001)*

It is crucial to highlight that diversity of bodily form were widely accepted amongst the participants even though some of them would stick in their own cases to quite conformist understanding of male/female bodily constructions. Nevertheless, many of the participants emphasized that there are many different ways to be trans and everyone has right to envision and embody the body image that feels more appropriate, comfortable and relevant to oneself.

*“I know transsexuals who did the surgeries and those who didn’t, and those who will never do because they don’t want to, they don’t need them... Some people need more; others need less. Everyone is particular and one must not generalize trying to invent the rules. This is my opinion. Someone perceives one’s body as it is, for others some body parts cause discomfort, or lots of things seem to bother them and they want to change a lot. Some people correct many things, and for others hormones is enough. People are different. I believe there are so many ‘right’ situations as there are people because who else would know better if not a person how he feels, what he needs” (Transwoman\_006)*

*“I believe that our body is unique and the reasons why we don’t accept it at certain stage is also a question of lack of information.*

*And we don't understand that bodies are different. And the society of course tries to normalize bodies, to normalize so we would fit into 'M' and 'F'. I believe that genitals and a scale of surgeries and so on these things are not connected to the identity. A person can identify however he or she wants... their bodies can absolutely vary. And these things [body and identity — NH] are absolutely different things" (Transman\_018)*

At the end, some of the participants would raise an issue of their bodily integrity and the right to make decisions that concern their bodies. According to one of the respondents, a doctor summed up the underlying principle of 'bottom' surgeries quite clearly for her:

*"You have right to do whatever you want with everything up there, and what is below, please, get a permission for it since it belongs to the state" (Transwoman\_006)*

'Bottom' surgeries (including hysterectomy/oophorectomy, vaginectomy, metoidioplasty/phalloplasty in case of transmen and more rarely penectomy and vaginoplasty in case of transwomen) were quite often described in terms of 'coercion', 'violence' and 'mutilation' that is imposed by the state. It was especially the case when transgender people would opt for these surgeries only for the sake of the documents.

*"I don't think that the state has a right to get into our pants. Personally I am not against orchiectomy, but I believe that everyone — FtMs or MtFs — has a right to chose what organs to keep. Especially when the state obliges us to pay for it. And then the question rises — so do we have to pay our money for the surgeries that we don't want and we don't need? Moreover, there are people who are 'non-op' who have health conditions that prevent them from surgeries. It is not that you always can earn money, and then you have to pay for the surgeries and it is unclear what quality you would have" (Transwoman\_025)*

*"I think that 'bottom' surgeries... they are just violent. It is violence against person, violence that simply cross out any idea of a choice and protection of a person, and rights... it is the same as if you don't belong to yourself. It turns out that you are totally not free if even they think they have the right to intrude into your body or to say that you will not live normally... because it sounds likethatt. You will not live at all, you don't exist or you just accept it as it is according to the documentation, as we have given to you, just live like this — and that's it. This is not life. For me it's just horrible, I think there is nothing worse than such a life" (Transman\_010)*



### 3.3. Commission

For most transgender people in Ukraine, the commission is a necessary and unavoidable inter-institutional authority and mechanism they must confront and deal with in order to have surgeries done and the sex on their documents legally changed. All 27 transgender participants stated that they opt both for body modifications (different degrees) and recognition of their preferred gender in legal documents. All of them highlighted extreme importance of having legal sex changed in their documents. This does not imply that body modifications are not essential or desired for the, rather it indicates that documents are equally important.

Surgeries are prerequisite for legal gender recognition, and they are done based on permission of the Commission (surgeons usually refuse to preform surgeries without this permission). Gender can be legally changed in documents after ‘recommended’ (by the Commission) amount of surgeries and at the very end of the procedure. All these structural limitations place transgender people under constant surveillance and scrutiny of the Commission for the whole length of ‘transition’. Moreover, it allows the Commission to require and force the scale of surgeries that is seen as appropriate and sufficient for transgender people to live as ‘normal’ people (from Commission’s point of view).

There were 9 transgender participants in the sample who had applied for Commission hearings as for time of interviewing. Amongst them there were two applications for legal gender recognition (both rejected). Other seven opted for permission for medical interventions: two of them were rejected first time and approved during the second hearing; five applications got positive decision during the first hearing.

There are 12 doctors of different specialties who make up the Commission. According to Insight, the structure of the Commission is extremely rigid since the doctors in the Commission do not change. The Commission gathers twice a year in Kiev. The number of applications for each session of the Commission is limited which puts pressure on those applying and allows keeping the statistics low. There are many required documents that one should submit to the Commission’s hearing which makes the preparation for the Commission time consuming (in some cases up to two and even five years), can affect one’s work and socio-economic situation and for many may defer the whole process (especially, in cases when work or other personal, social, medical and structural circumstances impede a person from acquiring all the documents).

“It was from February to May [time to gather all the documents — NH]. As I am constantly working it was very difficult for me to gather all these documents since all the time I had to leave work

*during working hours. All people around me damned me — and I can understand it — because I kept asking people to step in for me while I was away. It shouldn't be like that. It affected my financial situation as well” (Transman\_016)*

Moreover, the applicants have to hand out all the required documents in person that implies for many of them long distance and, sometimes, costly travel. Information about time of the Commission hearings seems to be hardly accessible: at least several people stated that in the past they had problem figuring out when the Commission would gather. As for now the situations has improved since Insight provides such information for transgender community.

*“At that moment I lived in Donetsk and I did everything there. Everything was in place there. But I had to go to Kiev for the Commission hearing and I wasn't told when the Commission would gather and I couldn't estimate my time or take into account my possibilities. I mean they just called like — there is a Commission hearing tomorrow — and how should I get there? I was lucky I happened to be in Kiev at that time and therefore I managed to get there and I didn't have any troubles traveling. But overall, it would have been quite difficult to leave everything, and by the way it is not covered, you have to pay from your pocket. So you should find somehow money for the ticket and get to Kiev regardless of whether you are sick or you may be busy” (Transman from Donetsk, currently living in Kiev).*

Based on answers of the participants and following the logics of the Decree it is obvious that chances to pass the Commission depend on one's appearance: the better you pass in preferred gender the higher is the probability to get a permission for medical interventions. Good relationships with members of the Commission, sometimes just a mere acquaintance with some of them, may also — in some cases — play a role in the decision.

*“It was a girl from [name of the city form the region — NH]... And her application was rejected... And I didn't understand why she was rejected; from our conversation — we chatted a bit before the hearing (there were 10 of us, it was fun, it was great. Even though they complained afterwards that there were too many of us — but whatever...) — so she was rejected because [name of a doctor from the Commission — NH] didn't know her” (Transwoman\_006)*

*“I think that during the second attempt it was faster ... may be because [name of a doctor from the Commission — NH] influenced the decision somehow... From the beginning we were not in good terms with*

*her because of her attitudes and strategies. But at the end, we became kind of friends and I remember I even sent her greetings for the New Year. I mean we had good relationship afterwards and may be she somehow helped me with this second attempt” (Transman\_022)*

Only three out of 9 participants who had gone for the Commission hearings described their experience as ‘good’, ‘satisfactory’, or ‘nothing bad’. Notably, these three respondents got permissions for medical interventions from the very first attempt. Other six participants conveyed negative and very negative experiences they got during the Commission hearings and expressed critical opinions toward how Commission has been operating. One of the key concerns for the participants has been objectification as a discriminatory practice employed by the Commission that renders the whole procedure into humiliating and inhuman experience.

Anna Kirey, a trans activist, has attended commission hearings in the past (to support transgender ‘patients’ and monitor how they are treated by the commission): ‘During the two “evaluations” I observed, the doctors let the transgender individuals speak very little. The doctors didn’t even introduce themselves, much less ask the people facing them about their individual needs or whether they wanted medical and surgical intervention. The whole conversation seemed more like a trial without the right to disagree than a process in which the person’s interests could be recognized and their rights respected. The committee asked one person why he wasn’t satisfied with living with a female passport and tried to scare him with a potential cancer diagnosis because he did not want to undergo a hysterectomy’.

*“So if the doctors read aloud all my information, they know where I live, what is my name and they even didn’t present themselves. This is a banal ethical thing” (Transman\_001)*

*“In general, the system works this way: medical institution, consulting room, all crowd near the room. Then everyone is asked to enter the room — one person at a time. You enter the room, there is a chair in the middle of the room and there are 12-15 people sitting in a circle — it depends... You sit on the chair — there is no table. You are sitting all opened in front of them, and they look at you and they asked you all kind of questions. About cocks and how do you fuck and do you realize that you will die in 30 years. And do you understand that you will be a cripple and you will never lift anything heavier than 10 kg — do you realize?.. and so on. I mean this is humiliating, these questions are very personal and you don’t have any choice but answer them. You cannot to be rude and just say: “Fuck you! Who are you?” And you have to play according to their rules” (Transman\_018)*

Therefore, on the one hand, applicants have little say (literally) and they are constantly objectified. On the other hand, as it is seen from the previous quote in many occasions applicants are obliged to confess, to open up, to tell all details about their personal and intimate lives and to comply to the Commission's vision of proper gender roles and to particular language and narrative. Many respondents shared that they felt extremely uncomfortable answering questions during the Commission. Some of them would lie or follow certain (normative heterosexual) narrative in order to pass the Commission.

*"I would have talked about it [sexual life — NH] in a private settings, but not in front of ten people that I even don't know, that I see for the first time — and thanks God. But I collected myself and talked about it — because I had to do it" (Transman\_016)*

*"Sexual side. They have this opinion that if a person had sex prior to the sex change it can be considered as a reason for rejection or possible rejection — it is seen precisely this way. Thus, I know many people who told then what they wanted to hear" (Transwoman\_006)*

*"When I came to the Commission they asked me about sexual things. [Name of a doctor — NH] asked — "How do you make sex?" It sounded like... I went nuts. But I said: "In fact, it is my personal, private matter. Can I not answer?" "If you don't answer you need to come to me for further examination". I said: "If you really want to know how I make [sex]... I have no hang-ups. I will tell you because I don't want to go to you for further examination" — I said it like that — "I came all the way to Kiev and I don't want to come again". And I told them not the whole truth... not that I lied... but after my story he decided that the way I make sex is a right way for transsexual to make sex — namely, in no way. So that he is not touched and not undressed. This is what I told him: "Nobody [touched] me". And he asked: "for all ten years?". And I said: "Sure. I don't undress, I don't take off pants, nothing". I sleep in my fur coat, you know. I said: "I really want surgery". I did everything to get this permission. In principle, I lied on purpose" (Transman\_016)*

In some cases there is also high degree of pressure toward application for sterilizing surgeries and one of the main 'concerns' for the Commission seems to be 'successful socialization' which usually understood within heteronormative and medicalized framework.

*“They frightened me with possible risks if I don’t go for a surgery. They frightened me with cancer. I said to them that these organs don’t bother me. You have this criterion for successful socialization. For a man a flat chest works better for socialization than absence of ovaries since in a swimming pool you don’t show your inner organs” (Transman\_001)*

Overall, the Commission with its current structure and functions and with power that it has upon transgender applications is widely seen and perceived by the participants as unnecessary, outdated and humiliating mechanism of excessive control over their bodies and lives.

A transgender man who has already passed the scrutiny of the commission described the commission as such:

*“These are people who determine the fates of others. And they behave like people who determine the fates of others. They are conscious of their absolute power and this is reconfirmed to them the moment you first appear before them. They understand that you are utterly dependent upon them and that your life is in their hands. You can do nothing but play according to their rules as long as you possibly can...” (Transman\_018)*

The Commission hearings suppose to be free of charge. Apart from indirect travel and accommodation expenses for those who are coming from other cities, several respondents said they were asked to pay ‘charitable contribution’ just before the hearings. The sum paid in these cases varied from 200 to 450 hryvnas. The applicants were not notified about these expenses and they were not given an option to avoid these payments.

The Commission has been also describe as homophobic and transphobic. Amongst suggestions made by transgender respondents regarding possible modifications of the Commission were the followings: (1) to cease extended power of the Commission and leave them decisions regarding the laws but not individual cases; (2) to include a transgender person/doctor in the Commission who would understand transgender experiences and issues; (3) to work with Commission members towards elimination of homophobia and transphobia.

Based on data there have been no positive decisions for gender legally changed in transgender applicants’ documents. Nevertheless, as it can be seen from the Table 1, three of the participants have legally changed sex in their passports which gives evidences that in the situations when to get the permission from the Commission seems to be impossible transgender people try and find other ways to fulfill their needs while avoiding the Commission (sometimes completely). Therefore, the

Commission acts as a gatekeeper rather than a mechanism that makes ‘transition’ more safe and smooth path towards livable life for transgender people.

### **3.4. Psychiatric clinic**

According to the Decree #60 that regulates the procedure of sex reassignment and gender legal recognition, there is a requirement for all transgender applicants to be hospitalized in a psychiatric clinic for no less than 30 and no more than 45 days. A transgender person is referred into a psychiatric facility by a sexopathologist/psychologist being preliminary diagnosed with ‘transsexualism’ (in Ukraine this is an official translation of ‘Gender Identity Disorder’, the diagnosis in the International Classification of Disease, 10th edition). A set of tests, surveys and observations are carried out in the clinic. At the end the commission of doctors from a psychiatric clinic confirms or eliminates the diagnosis ‘transsexualism’ (F64.0). This diagnosis along with a resolution from a clinic and set of other medical documents is required for the Commission hearing.

#### **3.4.1. Negative and positive experiences: practices and attitudes**

There are 13 out of 27 transgender participants from the survey sample who had been hospitalized in a psychiatric clinic. One of the participants went into a psychiatric institution twice since he was not diagnosed the first time. He described his first experience as ‘very negative’ and the second as ‘positive’. Therefore, there are 14 instances of undergoing hospitalization in a psychiatric clinic that have been analyzed. The experiences of transgender participants vary quite substantially: from ‘very negative’ (4) and ‘quite uncomfortable’ (4) to ‘satisfactory’/‘positive’ (6).

Those who described their experiences within a range of negative expressions — very negative, negative, very uncomfortable and quite uncomfortable — outlined a set of particular practices, attitudes and strategies employed by medical professionals within psychiatric facilities that made stay of transgender participants stressful, uncomfortable and sometimes unbearable.

#### **These discriminatory practices and institutional limitations include the following:**

- ❶ Dehumanizing medical procedures (including uncomfortable/intimate/irrelevant questions, imposing gender stereotypes, objectification, undressing in front of other doctors)

*“First of all I was asked to undress. What does it mean to undress for me or those alike? This is stress. In any case it is stressful regardless of how well you control yourself and how well you imagine yourself like “I am a man”... But what could I do, they asked me to undress and I undressed. Turn around — and I turned around. Turn again — and I turned again. They looked at me and asked: “Are you going to gym?” I would have told you this — do you need to undress me for that? And I answered: “Yes, I am” (Transman\_022)*

*“So I lived till the commission [at a clinic — NH] and they treated me very rude. They asked very rude questions, absolutely irrelevant. For example: “Are you sure you want to change sex and not to buy a car?” “Do you wear men’s or women’s clothes?” I said: “Men’s”. “Where did you get it?” I said: “I bought it in a men’s store. Everything I wear is men’s clothe, even shoes”. They said: “These clothes doesn’t look on you as a men’s clothes”. I said: “My size is not big”. “May be it seems to you that it is men’s clothes. How do you know that this is men’s clothes”... This kind of things... And they said to me that I wore my earrings as a woman. Stupid things... They gave me examples that people on the street don’t wear clothes like that. Afterwards when I went to the street — it was summer — people were wearing short shorts, slippers, some men even wore pink t-shirts” (Transman\_001)*

- 2** Rejection to be admitted in a ward of preferred gender (which in some cases led to insecurities and fear to be bullied and discriminated against)

*“It was awful because I was in a women’s ward and those women there... they were taking medication and they had this high libido you know. I mean all of that — touches, attention, sitting by you. “Can I sit on your hands?” and all the rest. One or two times it is fine, but when it is a systematic thing I think this is surely violence, and you don’t have any private space. The only thing that saved me I negotiated so I could be there a shorter periods of time — like a week or two and then I left and then I came back for this commission in the clinic” (Transman\_018)*

- 3** Rejection to call a transgender person by preferred name/pronoun

*“Personnel were very discriminatory. They addressed me exclusively by my name as it is stated in my passport. That’s why I had this decision when I went out for a short time, I said: “That’s it — I am changing my passport even if it is an intermediate change [just name and surname — NH], but I will do it” (Transwoman\_012)*

*“Because they wrote down my passport name. When I was admitted they asked me to show my passport and therefore they call me by the passport name... when I meet someone in a clinic I even don’t know how to present myself. Thus, I think if I tell a male name — they will learn that I have a different name and there may be a trouble” (Transman\_009)*

**4** Prohibition to use a restroom according to preferred gender; non-secured restrooms

*“Yes, it was a problem. I was faced with the fact that I must use a male restroom” (Transwoman\_003)*

*“Absolutely negative [experience], because it was impossible to close the door so anyone could enter a restroom” (Transwoman\_012)*

*“Of course I was trying to lock the door and I couldn’t do it. I tried to use a restroom where there was no one there. I remember I was uncomfortable in this restroom” (Transman\_016)*

**5** Prohibition to use personal belongings, technical and communicational devices

*“Question: Were there any contacts with outside world? Cell phone? Internet?”*

*Answer: Absolutely everything was taken away and forbidden.*

*Question: Did they explain it somehow?*

*Answer: They don’t explain it at all, they don’t feel obliged to give any account” (Transwoman\_012)*

**6** Limitation of freedom of movement

*“It looked like this: 5 locked doors, all windows are with bars. If you had a bag they checked it. To take any medication was forbidden even though any analyses on hormones hadn’t been done... At the end I got my way so that I could get off for few hours to the store because I didn’t have relatives and no one could bring clothes or food” (Transwoman\_012)*

*“To go home for a weekend you had to write every time a request and they needed to sign it. But when for the first time I asked whether I was allowed to go home on a weekday, they said — no, you are hospitalized and that’s it. Even though I didn’t understand — it*



*was for an evening, for a night, and they didn't have water in a clinic that time so I asked to go home to take shower, but they said — no” (Transman\_001)*

## 7 Misdiagnosing and/or unlawful involvement of the third party, namely, parents

*“I was diagnosed with F66.1 — this is sexual dystonia. Shortly, it is when I, for example, am gay and I don't want to go to army and I understand that it will be a problem and I want to escape it. I am bisexual and I am absolutely fine with it. And this diagnosis is when a person is not fine with it. And I am fine. Thus, here we see falsification” (Transwoman<sup>12</sup>)*

*“And I tell you more, it is always this persistent fear that they will find schizophrenia or any other disease that won't allow you to be yourself. I mean to go through this process while constantly being in fear to give a wrong answer...” (Transman\_018)*

It should be notices in all fairness that there were experiences with clinical personnel in a psychiatric clinic that transgender participants characterized as satisfactory, rather positive and positive. Even though some of these experiences can be described as mixed (sometimes positive memories were alternated with some episodes of discomfort) they deserve to be mentioned. Supportive practices and constructive attitudes that lead to satisfactory and respectful treatment of transgender respondents in many ways concern the same issues described above in a list of discriminatory examples. But in these — more positive cases — medical personnel managed to find more respectful and sensitive approaches towards transgender individuals.

## The positive experiences shared by the respondents may be summed up as following:

### 1 Medical personnel refer to a transgender person by preferred name and gender

*“First of all, they asked how to address me... And by the way, a doctor said that actually they are required according to the standards refer to me in a male gender. But he said they could ignore it since no one would check them” (Transwoman\_002)*

*“From the start they asked me — “How we should address you?” They didn't bring themselves to use a female name. I showed them my*

<sup>12</sup> There is no number indicated for this participant in this case to secure anonymity.

*passport when they hospitalized me, but they said — we cannot call you this name. And then I said — [name — NH] and that was it, from this point they referred to me only in male gender” (Transman\_026)*

- 2** Transgender person is offered a ward that correspond to her/his preferred gender or a separate ward

*“The ward was only for myself. There was no one there and you could lock it with a key. I had the key and if I was going out I always shut the door” (Transman\_001)*

*“I was offered a separate ward. They said: “We cannot put you in a women’s ward, but to let you in a men’s ward doesn’t seem logical either”. So they gave me a separate ward” (Transwoman\_002)*

*“They put me in a women’s ward and that was the first thing I didn’t understand since I was expecting something different. And besides they said: “You wouldn’t be here for a long time, would you?” And I said — probably not” (Transwoman\_007)*

- 3** Transgender person is allowed to keep and use personal belongings and means of communication

*“No, they didn’t take anything away from me. I had a cell phone and a laptop, I even connected to the Internet. No one forbid it. While I was in a second clinic I was free to go in and out” (Transman\_001)*

*“It was no problem, you could use laptop or a cell phone. All brought whatever they wanted. So yes, I used my cell phone” (Transwoman\_004)*

- 4** Medical personnel (namely, chief physician, chief psychologist and/or head of a clinic) fasten, ease and/or facilitate the procedure with regard diagnosing, time and form of hospitalization

*“So I came to the chief doctor, he looked at me and said: ‘everything is clear and I am not going to keep you here. It is just that according to protocol you have to be here, but I don’t see the point to keep you here. So you can just show up from time to time’... [Regarding the diagnosis] there was nothing at all. At my last day I just had a meeting with the chief doctor and the hospital doctor.*

*They simply said: “Everything is fine. We have sent an abstract [to the Commission — NHJ]”. They congratulated me, shook my hand and that was it” (Transman\_019)*

*“I was immediately told by the chief doctor: “You are not going to stay here longer than 10 days. It doesn’t make sense for me to keep you here”. So I was there in the morning and then I went home after lunch. I would go to a doctor to be sure that we were done for today. At the end they wrote that I had been there for 30 days. They were perplexed why I should be there for such a long time and what they were supposed to do with me... And doctors met my wishes: “You study in the evenings so you can come when it suits you and take some tests”. And they gave me tests home when I didn’t have an opportunity to stay. At my first day there they said to me: “If you are fine with it we will do it faster so you can go back to your study” (Transman\_001)*

- ⑤ Transgender person is able to use a gender-neutral or personnel’s restroom; the restrooms are secured (doors can be locked)

*“There was a restroom which was neither men’s nor women’s, I mean there were separate cubicles and you could go there and lock the door. So there was no problem for me in this respect” (Transwoman\_002)*

- ⑥ Medical personnel explain (respectfully) tests/questions/procedures that are carried out and keep anonymity of a transgender ‘patient’

*“Psychologists and psychiatrists in a second psychiatric clinic (in the first one it was real bad), they explained everything to me before every test. They said that there might be questions with a feminine gender, but, please, answer and don’t be offended. Please, understand that this is just a test, it is not that we want to address you like that. They explained every step for me and I could ask if something was unclear. They did different types of tests and questionnaires... and methods varied, but everything was with my consent. And after they asked all questions they also said: “If you want to talk, just so you feel better, you can come, but there is no obligations”... And it was very important that medical personnel didn’t know about me, no one was told about me. It was just two psychologists, chief doctors and clinical doctors” (Transman\_001)*

### 3.4.2. Structural challenges

Apart from analyzing transgender people's experiences through lenses of discriminatory vs. supportive practices, there are several structural challenges that were systematically mentioned and discussed by transgender respondents. These challenges are characteristic for medical and bureaucratic framework that doctors are working within and they may not necessarily be attributed to doctors' personal attitudes.

Many participants mentioned that doctors in psychiatric clinics did not have information about the Decree #60. In some cases (at least four) transgender 'patients' needed to bring and explain the Decree and the procedure as a whole. The Decree should have been passed to clinics through the Ministry of Health. Moreover, it was obvious that not all doctors had information about transgender people and their needs. In some cases it led to mistreatment and discriminatory practices, in other cases it laid a good ground for mutually beneficial communication. Two people were at first denied admission to a psychiatric clinic based on lack of knowledge (they were told that doctors didn't know what to do with them and/or they didn't have places for 'such patients'). In few cases when transgender participants were hospitalized quite few years ago (therefore they might have been first transgender people admitted in a clinic) there was no clear criteria for diagnosis and sometimes doctors asked a transgender person what he or she should write as a diagnosis.

The common predicament in medical practices with transgender 'patients' in psychiatric clinics is a lack of prescribed tests or protocols. Transgender participants listed various tests and questionnaires and psychological procedures they had been through. Many tests are regarded outdated (even by some of the doctors) or/and irrelevant by transgender people (for example those measuring depression or categorizing an individual towards male or female side using simplified and stereotypical ideas about gender roles).

Importantly, there was no mentioning of any extra-payments, 'charity contribution' and/or 'required' bribes. The services were free and in some cases when there were fees for any services they were made officially.

Time is another crucial factor. According to the Decree #60 a transgender person should be hospitalized to a psychiatric institution for a period from 30 up to 45 days. It complicates one's existence when we take into account that people are working and studying and living their social lives and it is hard for many of them to leave their work, universities and social circles without proper explanation. It is also well known that being hospitalized in a psychiatric clinic or undergoing any tests in a psychiatric facilitates is still stigmatized widely. Moreover, not all transgender people live openly regarding their 'transition' and gender identity. There were

6 instances (out of 14) when transgender participants were hospitalized for the whole period of time (from 30 till 45 days) — all of these experiences were marked as negative, unsatisfactory and uncomfortable. In other eight instances (amongst them many were described as positive and satisfactory) transgender respondents managed to negotiate their stay in a psychiatric clinic and they stayed shorter periods of time (3 days, 10 days, 2 weeks) and/or they were coming and going for tests and examinations (every day or few days a week in a period of 30 days).

It is important to acknowledge, highlight and tackle discriminatory practices deployed by medical personnel along with structural challenges posed by specificity of medical/bureaucratic framework in order to develop appropriate advocacy actions that may be undertaken.

## 3.5. Doctors

### 3.5.1. Psychologist/sexopathologist

In general, transgender people encounter psychologists, sexopathologists, and or psychiatrist in different stages of their ‘transition’: on their first stage for a preliminary diagnosis, during their stay in a psychiatric clinic for confirmation of the diagnosis, during the Commission hearings (as members of the Commission). Transgender people are usually tested and examined by psychologists/sexopathologist/psychiatrists multiple times.

As part of the current procedure for sex reassignment and legal gender recognition in Ukraine a transgender person has to be examined by psychologist or sexopathologist and preliminary diagnosed with ‘transsexualism’. Afterwards, psychologist or sexopatologist refer a transgender individual to be admitted to a psychiatric clinic. Nineteen transgender respondents out of 27 had experience of being treated and diagnosed by sexopathologist and/or psychologist as part of the first stage of the procedure. All of them were asked to evaluate and reflect on their experiences.

Noteworthy, none of the participants stated that they needed help or support of psychologist and/or sexopathologist. The main reason for their visits was access to a further stage of the procedure, namely, a referral letter to a psychiatric clinic.

*“As for myself, I didn’t go for myself, I am fine. I went there because I needed this official part, all these papers for legal gender change... for the permission that I then got... This was the only reason why I went to sexopathologist” (Transman\_016)*

*“As for a practical use in my life, I cannot say that I went their for help — I went their because he wanted to talk to me to be able to write his resolution, and I answered all the questions that I was asked... I am not looking for psychological support now” (Transwoman\_016)*

Nevertheless, several participants insisted that as a principle professional psychological support should be available for transgender people, especially for the youth in early stages of their self-realization. Mostly, they reflected on their own difficulties accessing information regarding trans issues and as a consequence sometimes long and troubled paths towards realization of their gender identity. One of the participants rightfully noticed that counter-indications stated in the Decree #60 might preclude transgender individuals to seek psychological and/or psychiatric services in fear to slow down or even fail gender legal recognition process.

*“I can say that I didn’t have access to psychiatric help. At some point I needed consultation with a psychiatrist on issues not connected to transsexuality and I couldn’t go to a psychiatrist because I was afraid that it could have influenced the diagnosis because at my first time in a clinic I was told that I had depression” (Transman\_001)*

Many participants described their experiences with psychologist/sexopathologist as rather uncomfortable, unnecessary and sometimes quite negative. The most uncomfortable questions would concern private/intimate/sexual life and there were cases (though not very frequent) of psychological pressure (ostensibly, to prove certainty and commitment of an applicant to undergo the procedure).

*“On the one hand, you can think, may be those who are not sure will not come back. But may be a person is so exhausted psychologically that he can go and throw himself under a car. It doesn’t mean though that he is not as he claimed, it is just that his psycho might be so shattered because everyone deals differently with these issues and react differently. I had tough experience because I was shocked to see what was going on but I came back and came back and came back” (Transman\_022)*

Importantly, none of the doctors required prolonged treatment. In average treatment lasted one year with 3-4 meetings. There were also instances of several meetings after which a transgender person would get a preliminary diagnosis and proceed with the procedure. Psychologists and sexopathologists employed counseling talks and tests for their preliminary diagnosis. Most of the meetings were free of charge and were carried out in a public health sector. Nevertheless, there were also those transgender participants who paid for their counseling session

(though officially without bribes or ‘envelopes’) and sometimes it contributed to the financial burden of ‘transition’.

The possibility to choose psychologist/sexologist depends on place of residence (capital/regional city/smaller town), information, access, and sometimes affordability of a private consultation. Therefore, some participants claimed they didn’t have a choice of psychologist/sexologist.

In most of the cases transgender people had started their hormone therapy (self-medication) before they went to psychologist/sexopathologist, therefore they were not dependent on doctors’ opinions and/or prescriptions. Sometimes their (already changed) appearance would help them to ‘fit’ into doctors’ ideas of feminine and masculine look.

There were four participants who defined their experiences with psychologist/sexopathologist as positive. In all cases what was praised and appreciated was sensitivity, respectful attitude, professionalism, good timing, sufficient (not excessive) frequency of the meetings and awareness about transgender issues (either from experience or from self-education and contacts with European colleagues).

*“He asked all kind of questions but he was very delicate. Before asking a question he would explain that it is not his desire to know more about my private life but that he is required to write it down in my medical file” (Transman\_001)*

*“He appeared to be a well educated man so even those questions that he asked me... he once told me that he had gotten this attitude because he studies a lot abroad in European countries where these questions are raised and considered in doctors’ work. Thus, he knew all of that, more or less, at least some basis, may be because of that he treated me well, very positive and calm...” (Transwoman\_002)*

*“Psychologist was competent, young but very good. We communicated perfectly. He gave me tests few times; he documented everything. He didn’t keep me long. It was absolutely fine... We met 4 or 5 times with him during two weeks... we did everything fast and it didn’t take too much time” (Transman\_019)*

Lack of relevant and adequate medical information regarding transgender issues and bodies, lack of knowledge about the existing procedure but also transphobic attitudes stemmed from socially accepted ideas of (ab)normal were named by the respondents amongst the key reasons behind discriminatory treatment by psychologists and sexopathologists.

*“I think the only problem for them is to understand and accept. And what prevents them — it is just that everything is in such a basic minimal level so that they haven’t even heard about it. There is no information. No one tells them. There are no seminars for medical professionals. There are working with people so they must know some minimal information” (Transman\_017)*

*“I consider them absolutely incompetent, but they can be divided into two groups. Some of them were incompetent due to lack of such information. They didn’t have textbook where it would have been written, they even didn’t have any brochures what these people have and what they don’t have, but they strived to know. I cannot say they were competent since they don’t know but they were open to... even to me, I don’t know about others. Other doctors were incompetent due to transphobia. They didn’t want to know any other point of view. They would say — we met such people and we treated them so and so. They were absolutely not flexible and they didn’t want to know that there are other research and didn’t ask to share it with them” (Transman\_001)*

### **3.5.2. Other doctors (gynecologists, therapists etc.)**

Many transgender people encounter challenges when they face the need to appear before other medical professionals for health-related issues that are not directly connected to transition process. As any other people they need to go to therapists, dentists, gynecologists/urologists, they need to get x-ray, they may ended up in hospitals and emergency rooms. There is hardly any possibility to avoid medical system and services completely in one’s life.

Even before transition transgender people may feel discomfort in a medical settings (as in many other) because of misgendering, lack of recognition of their preferred gender identity or just a simple fact of being examined by a typical women’s or men’s doctor. Visit to gynecologist as a ‘women’s’ medical professional was repeatedly mentioned as a troubling experience by many transmen. Although it should be admitted that in many cases gynecologists acted respectfully.

*“If you come to gynecologist, you already feel... even before you take your clothes off — you are at gynecologist, and gynecologist is a women’s doctors. And that’s already enough” (Transman\_005)*

*“It was very humiliating to be with women... to go to gynecologist... And I asked: “Is it necessary to pass gynecologist? Is it possible*



*to skip?” But they told that according to the law I must do it. The gynecologist treated me well, but he was very shocked because of my story. Why me? Why am I in his room? The very procedure was also unpleasant. He understood it and did everything so that I felt more comfortable... but I would not go further...” (Transman\_016)*

The situation exacerbates when a person is in any stage of medical transition (i.e. hormone treatment, surgeries) while still being without documents. This is still the case for the majority of the respondents. Documents (passports, medical files etc.) are required in every medical institution whether you are admitted to a hospital for a simple surgery (not trans-related) or you get flu and you need to go to therapist. Public health institutions in current Ukraine (as in many post-Soviet countries) are not usually ‘designed’ to preserve privacy of the patients: overcrowded halls, long queues, doctors/nurses passing your medical file to one another.

*“When I got pneumonia, I had to go to a clinic, I had to faces doctors, and that was when I understood that this was the end. But there was no way to go around it... a nurse stepping out of a room [on a corridor — NH] and calling your name and surname loudly — ‘so and so, come on in’. You know, and this is hard. I got fed up with it and I stood up and said: “It’s me”. They are goggled at me, you know. I entered the room and therapist was also goggling at me. And endocrinologist ran into the room immediately and started — ‘I thought it was a girl and it wasn’t’... And this was all out loud, so everyone who was sitting out there or walking out there, they all could hear, you know. It was like three-ring circus” (Transwoman\_007)*

In fact even when doctors are open and want to collaborate it is hardly achievable since they don’t have enough knowledge and/or information about transgender issues and bodies.

*“When I say what medication I am taking then doctors would be usually perplexed, they would think whether this medication can influence... they didn’t want to talk me off, we would start thinking together, sitting and figuring out these schemes whether something is affecting... Sometimes it was a bit difficult to receive treatment. Not that it was too hard, there was no particular problems, but sometimes I would think if I have a fever and I have an injection [of testosterone — NH]... these kind of things...” (Transman\_001)*

*“I said truth that I am transsexual and I am on this stage of transition... and that’s when they got worried because they got afraid not knowing how to treat me. I mean they hadn’t encoun-*

*tered such cases and they didn't know how their treatment would interact with hormone therapy or with certain treatments that I was taking for my sex reassignment" (Transman\_011)*

Due to stress and fear of possible discrimination, misunderstanding, mistreatment, and humiliation transgender people in many cases where it is feasible would opt for self-medication or would wait until illness would become serious and the visit to doctors would be unavoidable. When transgender people have possibilities they opt for private medical services. Nevertheless, it requires certain financial stability that many of transgender respondents do not have. It also implies that private medical professionals are more open and less discriminatory, assumption that was proved by few participants being wrong.

According to transgender participants, the most secure way to receive appropriate (or at least less discriminatory) treatment in medical facilities is to establish connections with certain doctors and/or go to doctors known amongst transgender community as trans-friendly or find doctors through relatives/friends. This way of navigating health sector, though, is not available for all transgender people due to their place of origin/residence, financial situation, relations with relatives/family and (dis)connections with trans community.

There were also cases when a transgender person has to undergo a 'medical check-up' ('medosmotr' in Russian) to secure job that s/he has. This is common practice and it is imposed on all employees in certain places/businesses. Therefore, these spaces need to be navigated as well whether through bribes or hope on understanding and not discriminatory treatment.

It is important to pay attention that impossibility to access medical services affected greatly those of respondents from Donetsk and Luhansk regions where there had been unrest (widely referred also the war zone). This is one example of a situation that can be considered as very possible to happen to a transgender person in the war zone. This transman was stopped in daylight by two unidentified militants in Donetsk and asked to show his documents. He started to fight and was beaten up. Here his account of what happened afterwards:

*"I didn't quite realize how I ran away. When I stood up, I simply couldn't walk. I had a stitch in my stomach. It was at the end of September, on the 20th of September. I couldn't go to the hospital since doctors took a heightened interest to male population. You needed to show a new registration — who are you, what are you. What could I show? My female documents? They would have simply called patrol and I would have been taken away... So I didn't go for any help. I went home. Mum saw that something was wrong.*

*She was very worried about me. She felt that I was absent too long. I would go out rarely — just to breath a fresh air a bit — to the yard, I wouldn't go far, may be for a half an hour. But I was absent for five hours; it took me so long to get back home. She saw me in blood. We lived not far from the hospital and we went to the reception. They looked at me and said that I needed X-ray. And again — who are you? What are you? I refused to have X-ray since my documents did not correspond... they just treated my eyebrow and the rest I was curing myself at home” (Transman from Donetsk)*

Noteworthy, there were several accounts of non-discriminatory treatment that medical professionals — surgeons, therapists, dentists, dermatologists, nurses — would offer to transgender ‘patients’. In cited examples there were three types of reactions from medical professionals (when they realized that they had to deal with transgender person): (1) they would treat a person based on his/her need while ignoring his/her transgender condition; therefore, they would not comment on transgender identity/body while trying to take it into consideration and avoid any discussion or inconvenient questions; (2) they would engage with transgender people in discussion of their needs and specific situations; and (3) they would help transgender people to pass other doctors without disclosing their identities and/or lessening their discomfort.

There are few such examples from transgender respondents.

*“I didn't notice any negative attitudes. And then a nurse said: “I would accompany you so you can make cardiogram”. She whispered something in their ears and nobody asked me a question, everything went well, everything went clam. And I had been so worried beforehand” (Transman\_011)*

*“She listened to me silently, then stared at me and looked to documents... I guess she didn't quite get it... But she didn't ask anything even though she would have to. And for this silence I would thank her (laughing). Just at the very end she asked something and said: “if you need anything, just come, don't worry and come to me”. She is quite young, they changed doctors recently, and she was appointed so there are new doctors now” (Transman\_010)*

*“He was surgeon. I explained the situation to him. He said — okey. Then he contemplated few minutes and repeated — okey. In short, he was professional, obviously. I mean there were no negative attitudes from his side. He understood and... no negative attitudes. As I say everything was very professional” (Transman\_015)*

*“That was for the first time... I had to go to a dermatologist. She checked me, asked me to take off a t-shirt. Everything was fine. She... I don’t know I had never seen such an openhearted attitude. It was the only doctors who treated me with such an understanding. She asked me right away: “How will you go to gynecologist?” And she said to me: “Listen to me. Give me your medical file I will go there instead of you”. In 15 minutes she came back with a mark — everything was good. I passed everything” (case of a medical check-up for job, Transman\_026).*

From these accounts it is seen that there is still a lack of knowledge regarding transgender issues. Although there is always a choice that doctor can make towards not-discriminatory treatment regardless of knowledge and information available.

### **3.5.3. Doctors speaking for themselves: two interviews**

Overall, Insight asked 9 doctors to participate in the survey by giving an interview. Seven of them refused to participate explaining their refusal by (1) having no time; (2) not having enough experience; (3) having no permission from superiors; and/or (4) having no interest in such a survey. Those who refused to take part in a survey were both doctors from the Commission and ordinary medical professionals (from Kiev and from other Oblasts). There were two cases though when doctors agreed for interview: psychologist and gynecologist. Both of them are trans friendly. Nevertheless, it took time for both of them to make this decision and participate in the survey. One of them — psychologist — agreed when he decided to leave his previous workplace (so for him there would be no consequences).

Surely, two interviews are not enough to make any conclusions. Although it seems to be too little information for generalization, it is worth to offer a summary for views expressed in these interviews. Firstly, the very fact that very few doctors would agree to be interviewed tells a lot about medical settings, insecurities (as well as ignorance in some cases) of doctors and risks they may face if participate in the study. Therefore it is important to pay attention to those who dare to speak. Secondly, opinions of those two doctors even if they cannot be generalized can serve as a starting point in a further dialogue with other doctors (including those who refused to participate). Thirdly, these two interviews prove that dialogue is possible.

Both interviews lasted a bit less than an hour. Position of both doctors may be described as supportive and trans friendly.

## *INTERVIEW 1: PSYCHOLOGIST*

Reflecting on his own approach to transgender people who come visit him for consultations (mostly in need for a reference letter to a psychiatric clinic and/or the Commission), he stated that first of all he asks a preferred name and pronounce; further he asks a set of questions (in form of conversation) on psychological, psychosexual and physiological development and later may use a range of tests. Usually he needs 3 or 4 meeting to write a letter. Previously he worked free of charge and afterwards following institutional changes (at place of his work) he started charge fee for each meeting.

While contemplating on discomfort of transgender people during the counseling sessions he admitted that discomfort, shyness and feeling of constraint is always there, especially during the fist meeting.

*“In general, the situation of examination for a person who has never undergone it is new, he or she doesn’t know what expect from me as a specialist... fear to face intolerant treatment, or shyness or constraint towards some questions... but I always say at once that — you can skip those questions that you feel uncomfortable with and answer them later. First of all, this discomfort is linked to the fact that person is coming to a state institution... and this system itself is a bit scary, yes, in this room where I work I myself sometimes feel uncomfortable. Atmosphere is a bit tense”.*

The psychologist indicated several challenges that he thinks are central for transgender people: awareness of the society about transgender issues; challenges to get a job, get married, and adopt children; and legal hazards linked to obtaining proper documents (legal gender recognition). He explicitly advocated for right for transgender people to legally change sex in their documents in any stage of their transition.

When being asked what is, from his point of view, the hardest challenge for transgender people in Ukraine he unequivocally stated that the procedure itself since it gives too much power to the Commission whose decision cannot be predicted. He also clarified that from his point of view changing the legal procedure of legal gender recognition (sex being legally changed in documents) would improve greatly the life of transgender people.

*“First of all, it will strengthen, improve their let say psychosomatic state. Secondly, it will help to adjust socially to desired gender, and thirdly, in fact not all transsexuals want... want to undergo full transition, notably, surgical corrections”.*

One of the key predicaments for changes being introduced to the current procedure he sees in medical community itself, its rigid understanding of transgender phenomena, namely, surgeries being imposed on transgender people. He strongly opposed sterilization and emphasized that almost all transgender people who consulted with him expressed their desire whether to have biological children or to be able to adopt (both options are not feasible under the current Ukrainian laws).

While thinking through the Decree he highlighted importance to reconsider the list of counter indications, especially those regarding marriage and children, and to clarify understanding of homosexuality, social adaptation and ‘degree of morphological features of desired sex’ (if these point need to be kept at all).

Noteworthy, he critiqued the way the Commission operates (mostly from the point of view of the procedure itself).

*“The problem is that the Commission talks to a person for 10-15 minutes. It is not enough time to evaluate the level of socio-psychological adaptation in current gender, let say, or to predict socio-psychological adaptation in preferred gender. It is impossible to identify personal features during this time”.*

When being asked to share difficulties that he himself encounters in his work he stressed implicit negative attitude that many transgender people have towards psychologists prior the visit.

*“There is a certain level of negation that people would come with. I do understand that there are not very tolerant and not quite correct specialists, but it doesn’t mean that we all are like that. Unfortunately, nobody wants consultations. Transgender or transsexual people perceive consultations somehow in a very negative way because they think psychologists would try to make them change their mind. All my colleagues, all specialists who deal with it, they haven’t been using so called reconciliation for a long time now. As psychologist I wish people who face such problems wouldn’t fear and wouldn’t deny the necessity and possibility of work with psychologist”.*

Amongst predicaments for his work he also listed poor material and technical recourses and lack of information about transgender issues including information that should have been made available for the doctors (like the Decree #60) and that hasn’t been distributed internally through the Ministry of Health networks.

## **INTERVIEW 2: GYNECOLOGIST**

Gynecologist who agreed to participate in the study had been providing medical services for transgender people for a long time. Her patients are transmen since gynecologist is perceived as doctor for people with female biological sex. Although she admitted that it would be appropriate for her consult transwomen as they need information regarding women's hormones and she could provide it for them.

Most of transmen who visit her as gynecologist come through transgender networks. Therefore, they already know that the gynecologist is trans friendly and they are open about their issues and health problems. Nevertheless, she admits that majority of them feel a bit uncomfortable having to be consulted by women's doctor. Thus, most of the time transmen would come for consultation when their needs are urgent but rarely for ordinary check-ups.

*“No, they don't come regularly. They come to me very rarely and when something has happened. Usually they do self-medication. For them every visit to doctor is a fear... is trauma... psychologically. And sometimes they just call, or we communicate via Skype, but usually they of course do not come for preventive check-ups. They come only when something bothers them or they need to change documents or the need forces them”.*

The most frequent reasons for a visit to gynecologist (based on her practice) in case of transmen are inflammatory processes caused by hormone intake, undefined pain in a lower part of abdomen, and ovary cyst.

She pointed out that not so many of her 'patients' would opt for saving their biological material either unwilling to do a hormone 'rollback' or 'being too young to think about it'. Nevertheless, she strongly opposed sterilizing surgeries imposed on transgender people echoing an opinion from the previous interview but also reflecting on advantages that some transwomen can get from such surgeries (issues that have been discussed by some transwomen as well).

*“I believe it is totally wrong [imposing sterilizing surgeries — NH]. They don't must to undergo sterilization. It's one thing when this is a transwoman. If you take into account side effects of estrogens, after the surgery the amount of estrogen intake can be lowered, then the surgery lessen many side effects... and the sterilizing surgery for her [for a transwoman — NH] will be very beneficial, convenient and useful, I would say. In case of transmen I don't think that sterilization is needed, it [health — NH] just needs to be controlled... And this surgery takes away the possibility to have children. I see it as*

*a very cruel act and I think that it is manageable without it. It should be done according to wish of a transgender person. I don't see any necessity to perform this surgery. It is said that it is a necessity due to danger of ovary cancer — I don't think so”.*

When reflecting upon the existing procedure and regulations she emphasized the necessity to let transgender people to obtain legal gender recognition on the early stages of their transition. She also criticized the last point in the list of contradictions (disagreement with the scale of offered/imposed medical procedures) and offered to lower the age limit to 16 years old and exclude homosexuality from counter-indications since homosexuality cannot be considered as perversion or sickness.

Following her colleague psychologist she expressed concerns regarding lack of endocrinologists and narrow medical specialists on transgender health, lack of up-to-date information within medical sector (including (non)distribution of the Decree #60), and absence of any related conferences, seminars or workshops where doctors can share their experiences. She also pointed out that there is no education in medical institutions that would tackle transgender health.

As it can be seen opinions expressed in both interview represent non-discriminatory approach that in many facets correspond and echo transgender participants' points of view. Nevertheless, it is significant that only two out of 9 doctors who were asked to participate in interview gave their consent. The main reasons for refusal can be summed up as lack of motivation and prohibition to speak from superiors. Members of Insight also highlighted that doctors from the Commission may be reluctant to speak since Insight as an NGO actively advocate for less discriminatory treatment and therefore often criticizes the Commission.

#### 4. FROM TRANSGENDER PEOPLE'S POINT OF VIEW

Since transgender people's vision of the procedure is rarely taken into account (if at all) all the participants were asked to reflect on the procedure as a whole process and indicate and explain what may be seen as necessary and useful in current procedure and what should be reworked, removed, restructured and/or reconsidered.

First of all, many transgender participants agreed that psychologist (or psychiatrist) may play an important role to make sure that a person in question does not have any mental illness and is not confused regarding his/her transgender identity. Nevertheless, the participants stated that few meetings for such an evaluation is enough and there is no need for long examination, which is usually, time consuming and sometimes cost money. Therefore, the only counter-indication



that remained unchallenged by the participants has been the requirement that a person has to have an intellectual capacity to adequately assess possible complications and consequences of sex reassignment.

Secondly, many respondents saw the Commission as unnecessary mechanism that complicates the procedure and often makes the process of transition inaccessible, unfeasible, and unmanageable.

“In this respect I would leave only one requirement: to go to psychologist for few consulting meetings so that the psychologist can write that a person is sane. The rest a person can decide for himself... I would completely abolish the Commission as such and the only criteria to allow or not sex reassignment would be an adequacy of a person... adequacy of his reasoning...” (Transwoman\_002)

Thirdly, as it was pointed out previously the need of having transparent medical protocols was voiced.

Fourthly, requirement of undergo hospitalization in psychiatric facilities was labeled as excessive and prompting dehumanizing experiences. This leads back to the idea that counseling with a psychologist or psychiatrist should be enough to determine scale of support and interventions needed.

“First of all, I would abolish psychiatric clinic despite of transexuality being listed in mental disorder in the ICD [International Classification of Diseases — NH]. I would allocate individual consultations. Individual consultations. I would ask specialists to deal with these issues and decide on kind of medical professionals and amount of information and desired outcomes of the procedure. But only through individual consultations” (Transwoman\_027)

Finally, virtually all participants requested firmly to give permission for legal gender recognition prior surgeries (and in some cases even prior hormone treatment). Importantly, they stressed the need to disconnect requirement of surgeries and legal gender recognition. Since there were lots of comments regarding this issue and overall it seemed to be one of the major concerns in transgender people’s view on the procedure and livable live I will provide several quotes to emphasize the importance of restructuring the existing procedure.

“I think that documents should be changed before genital correction... First of all, because in our country it is very problematic to get a job with inadequate documents, especially officially. Secondly, there is also a problem with studying. There are so many areas affected by documents. The best option would be if person can change documents before all the procedures. His social sex would then correspond to his psychological one” (Transwoman\_004)

*“I believe it should be done before hormonal treatment, because there are people who don’t want to take hormones, undergo surgeries, but they want to change documents. No, I think one can just go to psychologist or psychiatrist to be diagnosed and that’s it” (Transman\_009)*

*“At the very least it must be that the possibility to change documents does not depend on surgeries. And it is desirable of course that all these examinations do not require hospitalization” (Transwoman\_021)*

*“I believe it is wrong if I can describe it as such it is like when a train goes before its invention. I think passport has to go first and then there should be a decision made by a person what kind of surgeries he wants to do, and what are the possibilities” (Transman\_011)*

*“In general, normally there should be possibility available for a person to change a passport in the beginning, and then one can think whether he needs all these surgeries or just some of them or he doesn’t need anything” (Transman\_019)*

The procedure regarding legal gender recognition and document’s change in Argentina was routinely recalled as an exemplary one (at least by six interviewees). Belarus was also quite often drawn as a good example to follow since Belarusian authorities provide a transgender person with a possibility to change passport before surgeries.

The question whether to abolish the procedure completely was debatable. While some advocated for its elimination (so that anyone can change gender legally without any medical/state interventions) others indicated that without the procedure some medical services (like surgeries and also sterilization that is desirable by some transgender people) may be inaccessible or hardly accessible.

Overall, there was a shared idea that some kind of regulations must be in place especially for those who pursue medical interventions and body modifications, but these regulations should be not excessive, non-discriminatory, transparent and effective.

## 5. CONCLUSION

There are many ways in which current legal recognition procedure, its apparatus and application affects quality of transgender people’s lives in Ukraine. This report analyzed and discussed particular practices, mechanisms and techniques of the procedure based on 27 semi-structured interviews with transgender people

and two semi-structured interviews with medical professionals. Conclusion sums up the most important points where the procedure intertwines with and influences deeply lives of transgender people.

Legal gender recognition, i.e. access to gender being legally changed in the documents (birth certificate, passports, diplomas, driving license, work record card, social security number etc.) plays the key role in improvement of quality and security of transgender lives. The need for proper documents that reflect their preferred gender (and in many cases appearance) is central for absolutely all narratives of the transgender respondents. At the same time, scale of desired medical interventions (hormones and surgeries) varies greatly.

Nevertheless, surgeries (and amongst them — sterilizing surgeries) are prerequisite for legal gender recognition, and they are done based on permission of the Commission. Gender can be legally changed in documents only after 'recommended' amount of surgeries and at the very end of the procedure. Thus, current medical and state framework in Ukraine work in a way that unless they agree to sterilisation, transgender people are not permitted to have their documents legally changed; and without changes to these documents it is difficult for transgender people to lead a livable life.

The procedure — from psychologist to the final decision of the Commission on legal gender recognition — takes extremely long time. For some transgender people it takes several years to collect all documents needed for the first hearing of the Commission (to get permission for medical interventions). Surgeries may take even longer since they require financial investments (they are paid from transgender people's pocket). Therefore, it may take years (if not decades) for transgender people to change their sex legally in the documents.

Lack of proper documents affect greatly many spheres of transgender people's life: access to labor market; possibility to find and secure job and accommodation, to travel safely and to get married; ways education is taken or dropped; security in public spaces and access to public services such as banks, airports, gyms, health services, insurance companies, lawyers etc.

The Decree #60, the key document that regulates the procedure, formulates an extensive list of the 'medico-biological' and 'socio-psychological' indications and counter-indications for sex reassignment and legal gender recognition. Many counter-indications are debatable, unclear and discriminatory. Homosexuality, transvestism, 'sexually perverse tendencies', being married, having children under 18 years old or not having 'sufficient' level of social adaptation (for example, being unemployed) — all these points are counter-indications for sex reassignment and legal gender recognition in Ukraine (to name a few).

Lack of medical protocols and knowledge about treatment of transgender people complicates interaction with medical professionals in all stages of transition and make discrimination in medical sector almost unavoidable.

Along with ‘forced sterilization’ that is still practiced in Ukraine, the legal diagnosis of ‘transsexualism,’ which paves the way for potential gender reassignment surgery, and changes to documentation, in turn is a contra-indication preventing both adoption and assisted reproductive technologies.

Many transgender people start hormonal therapy without consultation with doctors and any prescriptions driven by desire and need to feel more comfortable with their bodies, but also striving to pass (to look like a person of opposite sex) which heightens their chances to get positive decision from the Commission.

Lack of endocrinologists and qualified surgeons affect quality of medical treatment that transgender people can receive in Ukraine. Financial problems may further complicate and defer access to medical services.

According to the current procedure ‘voluntary’ hospitalization for up to 45 days in a psychiatric clinic is required for legal gender recognition. This experience is very often dehumanizing, the practice is excessive and it affects greatly social life, self-perception, psychological conditions and financial situation of transgender people.

Overall, sex reassignment procedure in Ukraine is a long and painful process that complicates, slows down, or even paralyzes life of one who is undergoing the procedure. Bureaucratic delays, discrimination in medical sector, medical interventions forced upon transgender people, financial problems, emotional and psychological exhaustion, intricate, unclear and time consuming medical and bureaucratic framework of the procedure to name a few challenges and obstacles that affect transgender people’s quality of life in current Ukraine.

## 6. RECOMMENDATIONS

### To the state

- To eliminate legislation that precludes transgender people to adopt children and use reproductive technologies
- To legalize same-sex partnerships/unions
- To introduce anti-discriminatory legislation that includes sex, gender identity, gender expression and sexual orientation

- To strengthen support and protection of transgender people who opt for justice (cases of discrimination)
- To monitor cases of discrimination and hate crimes against transgender people
- To ensure trainings on transgender health and trans-related issues for medical professionals of different specializations and administrative staff working in medical settings
- To include gender and transgender related topics in the curricula of such specializations as social workers, lawyers, psychologists, medical professionals, sociologists etc.
- To develop and offer schemes when medical interventions for transgender people (hormone therapy and surgeries) can be partly or fully covered by the state as basic health needs

## **To the Ministry of Health**

- To inform medical professionals about existing regulations regarding sex reassignment procedure and legal gender recognition
- To collaborate with trans-oriented NGOs towards improvement of the current procedure and development of standards of care
- To develop detailed protocols and standards of care for transgender people
- To collaborate with other Ministries (Ministry of Internal Affairs, Ministry of Justice) to initiate discussions about transgender people and current procedure
- To adopt new Decree that would allow legal gender recognition without imposed medical interventions (hormone therapy and surgeries) and in the earlier stages of the procedure
- To eliminate forced sterilization imposed on transgender people in current procedure
- To eliminate hospitalization in a psychiatric clinic in current procedure
- To reconsider the list of counter-indications in the current Decree #60 (namely, being married; having children under 18 years old; homosexuality and transvestism; disagreement about the scale of diagnostic and therapeutic measures recommended by the Commission)
- To clarify (if not reconsider) counter-indications with regard endogenous disease, sexual disorders, sexually perverse tendencies, violations of social adaptation, using psychotropic drugs, and intersex conditions
- To include transgender person and/or a person who deals with transgender rights into the Commission
- To collaborate with Ministry of Education to include transgender health and transgender related issues in curricula for medical professionals (all specializations)

- To initiate seminars, workshops, colloquiums for medical professionals on transgender health and current sex reassignment procedure and legal gender recognition in Ukraine and worldwide

## **To medical professionals**

- To avoid discriminatory treatment of transgender people in medical settings
- To prevent discriminatory treatment of transgender people by other colleagues when it is possible
- To search for information and improve and share knowledge on transgender health
- To collaborate with trans-oriented NGOs and transgender community on issued related to transgender rights, health and advocacy in medical settings

## **To LGBT NGOs**

- To lobby changes that mentioned above through collaboration/dialogue with the Ministry of Health, relevant state institutions and medical professionals
- To reach out transgender community with necessary information, services and support
- To reach out general public (the society) with information and advocacy work that would strengthen visibility of transgender people and lessen their pathologization, marginalization, stigmatization and discrimination
- To include transgender people in this advocacy work
- To document and address cases of discrimination and mistreatment in medical settings
- To document and follow up cases of non-discriminatory and respectful treatment in medical settings
- To compile a list of trans friendly medical professionals and make the list available for transgender community
- To provide legal support for transgender community in cases of discriminations
- To provide psychological support for transgender community (including transgender people under 18 years old)
- To provide transgender community with trans-specific information regarding transgender rights, current procedure, medical interventions, available options
- To work with LGB community on awareness about transgender issues and non-discrimination within LGBT community

## BIBLIOGRAPHY

Butler, J. (1993) *Bodies That Matter: On the Discursive Limits of Sex*, New York: Routledge.

Butler, J. (2004) *Undoing Gender*, New York and London, Routledge.

Denzin N., Lincoln Y. (ed.) (2000) *Handbook of Qualitative Research*. SAGE Publications: Thousand Oaks, London.

Diane L. Wolf (ed.) (1996) *Feminist dilemmas in fieldwork*, Westview Press.

Foucault, M. (1978) *The History of Sexuality: Volume I: An Introduction*, New York: Pantheon Books.

Hines, S. (2007) *TransForming Gender: Transgender Practices of Identity, Intimacy and Care*, Bristol, The Policy Press.

Hines, S. & Sanger, T. (ed.) (2010) *Transgender Identities: Towards a Social Analysis of Gender Diversity*, New York and London: Routledge.

Husakouskaya, N. (2013) 'Becoming a transgender/intersex internal migrant in Urban Gauteng: Challenges and experiences of transition while seeking access to medical services', MA thesis, ACMS/EMMIR, Johannesburg/Oldenburg, available at <http://uib.academia.edu/NadzeyaHusakouskaya/> Thesis, site accessed March 20, 2015.

Jorgensen, M. and Phillips, L. (2002) *Discourse Analysis as Theory and Method*, London, New Dehli: Sage.

Kirey A. 'Evaluated' to Be Yourself: Ukraine's Flawed Gender Recognition Procedure in Huffingtonpost (21/11/2013) at [http://www.huffingtonpost.com/anna-kirey/evaluated-to-be-yourself\\_b\\_4318276.html](http://www.huffingtonpost.com/anna-kirey/evaluated-to-be-yourself_b_4318276.html), site accessed 23 March 2015.

Muller A (2012) 'Sexual Health for Transgender & Gender Non-Conforming People' a booklet, Gender Dynamix (GDX) project, Cape Town, available at: <http://www.genderdynamix.org.za/wp-content/uploads/2013/05/GDX-Safer-Sex-Bklt-Eng.pdf> , site accessed March 20, 2015.

Strycker, S. (2008) *Transgender History*, Berkeley: Seal Studies.

Tauches, K. (2006) Transgendering: Challenging the “Normal”, in Seidman, S, Fischer, N, & Meeks, S. (ed.) *Introducing the New Sexuality Studies*, London and New York: Routledge, p. 173 – 179.

The World Professional Association for Transgender Health (2011) ‘Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, 7th Version’, available at: <http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>, site accessed March 25, 2015.

West, C. & Zimmerman, D.H. (1987) Doing gender, in *Gender & Society*, 1, 2, 125-151.