



RESEARCH REPORT

**INTERNALIZED TRANSPHOBIA
AND OPPORTUNITIES FOR MOBILIZING
COMMUNITIES OF TRANSGENDER
AND GENDER NON-CONFORMING PEOPLE**

Tallinn, 2021

This report describes the results of a study on internalized transphobia and opportunities for mobilizing communities of transgender and gender non-conforming people, conducted as part of the regional «Right to Health» program supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and as part of the project «Thinking outside the box: overcoming challenges in community advocacy for sustainable and high-quality HIV services», implemented with the support of the Robert Carr Civil Society Network Fund (RCNF).

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LIST OF ABBREVIATIONS



ART Antiretroviral therapy

ECOM Eurasian Coalition on Health, Rights, Gender and Sexual Diversity

EECA Eastern Europe and Central Asia

Global Fund Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV Human immunodeficiency virus

IT Internalized transphobia

LGBT Lesbian, gay, bisexual and transgender people

MSM Men who have sex with men

NGO Non-governmental organization

RAGSI Regional Advisory Group on Strategic Information

STI Sexually transmitted infection

TGGN Transgender and gender non-conforming people

UNAIDS Joint United Nations Programme on HIV/AIDS

WGT Working Group of Trans* People on HIV and Sexual Health in EECA

WHO World Health Organization



INTRODUCTION

Transgender people are recognized as one of the key populations most vulnerable to HIV infection in the world (WHO, 2014). According to the guidelines of the American Psychological Association (American Psychological Association, 2015), transgender and, more broadly, gender non-conforming people are those whose gender identity differs to some extent from the gender assigned to them at birth.

Transgender people are recognized as one of the most vulnerable groups to HIV infection, but epidemiological data on them remains insufficient. The World Health Organization estimates that they are 49 times more likely to become infected with HIV than the general population (WHO, 2015). The risk may be lower for trans* men, however, there is even less data available on them (MacCarthy et al., 2017; WHO, 2015).

Transgender and gender non-conforming people (TGGN) also face severe discrimination in access to health services in general, as well as in virtually all other areas of social life. One of the main reasons for this is the stigma that gender non-conforming people are forced to endure in most modern societies in which there is a binary gender system¹.

Stigma can be internalized by TGGN themselves, leading to what is known as internalized transphobia (IT). IT is a negative attitude towards being transgender or gender non-binary due to the adoption of society's normative expectations (W. Bockting, 2015). Currently, there is little worldwide research on the link between IT and the health of TGGN.

A study of internalized homonegativity among men who have sex with men (MSM) in the region (Shestakovskiy & Kasianczuk, in press), showed that a higher level of internalized homonegativity is consistently associated with less support for the protection of rights, and less participation in NGOs and LGBT activism practices. These links are based on similar psychological processes explained by the minority stress theory (Hendricks & Testa, 2012; Meyer, 1995). Therefore, it is highly likely that internalized transphobia also reduces the potential involvement of TGGN in resolving community health issues.

An assessment of the level of IT in the context of the HIV epidemic, as well as the links between IT and activism, to our knowledge, has not been carried out in the EECA region. In order to close this gap, ECOM, the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, initiated a study that was carried out with the help of and among TGGN themselves.

The study protocol was developed as part of ECOM's regional program «Right to Health: Community Actions to Expand Access of MSM and Transgender People to HIV Services in Central and Eastern Europe and Central Asia», supported by the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (Global Fund). Data collection and analysis was carried out by ECOM as part of the Eurasian Regional Consortium's regional program's project «Thinking outside the box: overcoming challenges in community advocacy for sustainable and high-quality HIV services» with the support of the Robert Carr Civil Society Network Fund (RCNF).

The Working Group of Trans* People on HIV and Sexual Health in EECA (<https://ecom.ngo/tpwg/>) was responsible for editing the questionnaires and recruiting respondents.

¹ See https://en.wikipedia.org/wiki/Gender_binary

Internalized transphobia is the result of a complex of external and internal factors that worsen the overall level of socialization, affecting one's attitude towards oneself as a representative of the community and social group, and thereby sharpening internal contradictions, and the social and bodily feelings associated with social attitudes towards transgenerness as a phenomenon.

At the moment, internalized transphobia remains a «grey area» for research in the post-Soviet space; one can only hypothesize about the extent of its impact on various aspects of life of transgender people.

However, this study identified a number of trends that can be used as the basis for further in-depth research on internalized transphobia, in particular in the context of healthcare, well-being, and the treatment and prevention of HIV.

According to the results of this study, the level of internalized transphobia can be assessed as average, without extreme indicators. It is possible that the result was influenced by the rather young average age of the sample of respondents, the representation of large cities and the rather high level of awareness of the majority of the study participants.

About 19% of respondents stated that they had never experienced verbal abuse. However, we understand that some trans* people, being vulnerable and appropriating a certain sense of inferiority due to their trans* status, simply ignore or fail to notice so-called «soft» forms of discrimination and abuse, believing that this is «normal» or «natural» due to their status.

People with lower levels of transphobia are most likely to interact with medical staff and seek help in connection with HIV prevention, treatment and testing.

Trans* people who are subjected to discrimination and various forms of aggression, bullying, stigmatization and discrimination naturally show a higher level of internalized transphobia. The problem of physical violence is most relevant for trans* women; they are much more likely to mention cases of violence than trans* men or non-binary people.

We also note that the lower the educational level of the respondents, the higher the level of internalized transphobia.

The highest level of internalized transphobia is shown by students and by transgender people who are employed full-time, which may be due to constant forced communication and misgendering at school and in the workplace. Unemployed people display a rather high level of internalized transphobia, which is probably due to the fact that internalized transphobia interferes with their employment.

Higher income suggests a decrease in internalized transphobia, while lower income increases it. In other words, trans* people who are better off in material terms experience less internalized transphobia, while poverty is directly related to an increase in the strength of IT.

It is important to note that, on the one hand, trans* people with higher levels of transphobia avoid HIV testing. On the other hand, people with higher levels of anxiety have sought testing services in recent months. Such polar factors somewhat confuse the picture and require clarification in further (probably qualitative) studies.

According to the responses received, the survey covered to a greater extent people who are associated with transgender activist communities, organizations and initiative groups, information resources and the media. As a result, we are more likely to receive more optimistic results compared to if more people who probably do not have such a way out were surveyed.

We conducted an analysis of internalized transphobia among transgender people from the following countries: Belarus, Kazakhstan, Russia, and Ukraine. The remaining countries were analyzed as part of the overall sample.

It is recommended to conduct additional studies in countries where there is an insufficient sample in order to have reliable information for the region. It is likely that such a study will require more significant resources for conducting focus groups, field studies, and interviews in large and small settlements of the region.

Research should cover the entire CEECA region with qualitative methods (focus groups, in-depth interviews, etc.), and the sample should be expanded to include small settlements, trans* people who transitioned several years ago and went «stealth»², sex workers, people who do not have access to social networks, activist sites or activist organizations, etc.

It is necessary to take a more focused approach to the study: to create separate questionnaires for trans* men, trans* women and non-binary people, taking into account the characteristics of these subgroups.

It is recommended to conduct a separate study on non-binary people, because statistics are often not kept on them at all (unlike for trans* men and trans* women, as well as a certain number of non-binary people who apply to commissions, see doctors and reveal their status). This group has its own specificities and risks related to sexual behavior, HIV and STIs.

Community representatives need to be more actively involved in compiling questionnaires and editing their results.

Greater coverage and promotion of regular HIV testing among trans* people of all gender identities is needed.

We would recommend exploring in more detail the moments of self-determination of one's identity and the stages of transition in studies of internalized transphobia and self-stigmatization.

It is also necessary to develop highly targeted programs for medical professionals and HIV-service organizations on HIV and working with the transgender community, taking into account the separation of groups of trans* men, trans* women and trans* non-binary people.

It is important to take into account the specificities of the psychological state of trans* people, which directly affect the willingness of people to look after their health and seek assistance from medical and HIV-service institutions and organizations.

It is extremely important to provide psychological support and mental health diagnostics in order to deal with psychological problems and reduce the level of internal stigmatization, including for the acceptance of health care.

There is a need to develop a methodology for medical and social services that allows trans* people to receive trans-sensitive access to the healthcare system and HIV services.

Professionals, including psychologists, social workers and peer counsellors, need to be trained to work with trans* people on HIV and health issues.

² Author's Note: A way of life where trans* people, as a rule, who have undergone a transgender transition, avoid mentioning their trans* status, and assimilate into society as ordinary men or women.



GOALS AND OBJECTIVES OF THE STUDY

The goal of our study is to assess the level of internalized transphobia (IT) in the EECA region, and the link between IT and the possible involvement of TGGN in countering the HIV epidemic in their community, and in general, in protecting the right to receive full-fledged healthcare services.

OBJECTIVES OF THE STUDY:

- 1 Assess the prevalence and expression of different components of internalized transphobia among transgender and gender non-binary people in Eastern Europe and Central Asia.
- 2 Assess the involvement and willingness of TGGN to participate in community organizational life, trans* activism, and advocacy for the right to health.
- 3 Assess the significance of the links between IT and TGGN activism.
- 4 If possible, describe how these indicators and the relationships between them vary across individual countries.

It is also planned to fulfil the following additional objectives:

- 5 Show the prevalence of victimization and self-stigmatization based on gender identity and self-expression.
- 6 Identify possible socio-demographic factors of internalized transphobia.

Study hypothesis: transgender people with higher levels of internalized transphobia will demonstrate lower levels of responsibility towards their health, and be less likely to access HIV and STI testing services and to seek medical care in general.

Internalized transphobia, covering all spheres of life of transgender people, is not only the cause of self-stigmatization, but also triggers processes, which prevent one from seeking medical help, negatively affect mental health, and lead to the most negative consequences for trans* people, including self-harming behavior and suicide.

Even if the severity of IT is not extremely high, it can still limit self-care, and involvement in social activities, communication, education, employment, sexuality, relationships with loved ones and other important aspects of human life.

At the moment, internalized transphobia remains a «grey area» for research in the post-Soviet space; one can only hypothesize about the extent of its impact on various aspects of the life of transgender people.

However, this study has identified a number of trends that can inform further in-depth research on internalized transphobia, in particular in the context of healthcare, well-being, and HIV treatment and prevention.

SPECIFICITIES OF THE SAMPLE

Based on the analysis of the sample of this study, it should be noted that the majority of respondents (2/3) were transgender people living in large cities. Perhaps, to ensure wider coverage by the study, it is necessary to include a number of additional methods and measures aimed at expanding the audience to cover more small towns and rural areas, as well as to allocate more time to reach this audience.

The average age of the respondents is 25 years. We can assume that those who transitioned earlier and went «stealth» are possibly not covered by the survey.

More than half of the respondents had either incomplete or complete higher education. Thus, it is possible that some people who do not have higher education, have working specialties, or a number of sex workers are not covered.

At the same time, despite a fairly high level of education, almost forty percent of respondents have an extremely low income level; they are forced to save even on food.

Non-binary people are most often an invisible part of the transgender community, but in this study they constitute a higher percentage than trans* women (28% and 25%). Judging by the results obtained, many non-binary persons have a direct relationship to LGBT activism, as shown by the contingency tables.

There is an approximately equal number of respondents in the total sample who take hormone therapy and those who do not. At the same time, about a third of those who are not taking hormone therapy plan to do so.

More than half of the respondents are only planning to undergo an operation, which may indicate that some have not yet undergone a trans* transition, are in the process of doing so, or do not have the funds or other opportunities for doing so.

Less than 20% of respondents have amended their documents. Approximately half of those who have not done so plan to.

HEALTH AND HIV ISSUES

36% of respondents were forced to enter a psychiatric hospital, which indicates the continuing high level of discrimination in the post-Soviet space against trans* people in the field of medicine and healthcare.

About 17% of respondents said they were involved in sex work, which allows us to draw conclusions about the high risk among trans* people for HIV and STIs.

However, only half of the respondents were tested for HIV at least once. Russia has the lowest rates for testing and coverage with condoms and lubricants (with the largest sample of respondents, which indicates the reliability of the results).

Almost every second respondent avoided seeking medical care due to various fears related to their transgender status.

According to the results of this study, the level of internalized transphobia can be assessed as average, without extreme indicators. It is possible that the result was influenced by the fact that a large proportion of respondents were young, from large cities, and had a rather high level of education..

Approximately 19% of respondents stated that they had never experienced verbal abuse. However, we understand that some trans* people, being vulnerable and appropriating a certain sense of inferiority due to their trans* status, simply ignore or fail to notice so-called «soft» forms of discrimination and abuse, believing that this is «normal» or «natural» due to their status.

People with lower levels of transphobia are most likely to interact with medical staff and to seek assistance in connection with HIV prevention, treatment and testing.

Trans* people who are subjected to discrimination and various forms of aggression, bullying, stigmatization and discrimination naturally show a higher level of internalized transphobia. The problem of physical violence is most relevant for trans* women; they are much more likely to mention cases of violence than trans* men or non-binary people.

We also note that the lower the educational level of the respondents, the higher the level of internalized transphobia.

The highest level of internalized transphobia is shown by students and by transgender people who are employed full-time, which may be due to constant forced communication and misgendering at school and in the workplace. Unemployed people display a rather high level of internalized transphobia, which is probably due to the fact that internalized transphobia interferes with their employment.

Higher income suggests a decrease in internalized transphobia, while lower income increases it. In other words, trans* people who are better off in material terms experience less internalized transphobia, while poverty is directly related to an increase in the strength of IT.

It is important to note that, on the one hand, trans* people with higher levels of transphobia avoid HIV testing. On the other hand, people with higher levels of anxiety have sought testing services in recent months. Such polar factors somewhat confuse the picture and require clarification in further (probably qualitative) studies.

According to the responses received, the survey covered to a greater extent people who are associated with transgender activist communities, organizations and initiative groups, information resources and the media. As a result, we are more likely to receive more optimistic results compared to if more people who probably do not have such a way out were surveyed.

We conducted an analysis of internalized transphobia among transgender people from the following countries: Belarus, Kazakhstan, Russia, and Ukraine. The remaining countries were analyzed as part of the overall sample.



STUDY METHODOLOGY

GENERAL METHOD

The study is exploratory. It was conducted as part of the implementation of a quantitative research method and is a cross-sectional online survey of TGGN using a standardized questionnaire.

The questionnaires were available in the following languages: Russian, English, Azerbaijani, Armenian, Georgian, Kyrgyz, and Ukrainian.

The survey was conducted among TGGN living in the following countries of the EECA region: Azerbaijan, Armenia, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Moldova, Russia, North Macedonia, Tajikistan, and Ukraine.

The data was analyzed using one-dimensional and multivariate statistics methods.

TOOLKIT (QUESTIONNAIRE)

MAIN BLOCKS AND SCALES OF THE QUESTIONNAIRE

When compiling the questionnaire (Appendix 1), we were guided by the following criteria:

- indicators should correspond to the objectives of the study as much as possible;
- the wording of the questions should be understandable and acceptable to the widest possible range of TGGN living in the region;
- scales and individual questions should, if possible, already be tested in other studies;
- the total length of the questionnaire and the number of answer options should be as short as possible so as not to discourage the respondent from filling it out.

The key blocks of the questionnaire are scales of internalized transphobia and questions about (potential) activism to protect the rights and improve the health of TGGN. The questionnaire included the necessary questions about gender identity. The socio-demographic block, as well as the question on sex work, is needed to better understand which representatives of the community are being surveyed.

Additionally, the questionnaire includes several blocks of questions for calculating strategic information indicators, as specified in the Global AIDS Monitoring 2018 guidelines (UNAIDS, 2017). In addition, we asked a number of questions about the procedures (mostly medical) that TGGN undergo or may undergo for the congruency of their gender identity and self-expression, as well whether such procedures were coerced. Finally, a block of questions focuses on whether respondents have experienced hate-motivated violence.

Gender identity (2 questions). The questions related to respondents' current gender identity with the option to indicate their own gender identity, and the sex assigned to them at birth. These were modified questions taken from the European MSM Internet Survey (EMIS, 2017).

Internalized transphobia (19 questions). In relation to IT, two main dimensions can be distinguished: vertical IT - in relation to oneself, and horizontal - in relation to other TGGN (W. Bockting, 2015). In order to measure IT, we used the scale of W. Bockting and colleagues from their Transgender Identity Survey (W. O. Bockting et al., 2014). The scale includes four sub-scales, of which we use three in our study: shame (8 questions), pride (8 questions), and alienation (3 questions). The first two sub-scales refer to vertical IT, and the last to horizontal IT. Unfortunately, we did not have access to the manuscript of this survey. The source of the questions was the «Stress and Resilience of the Gender Minority» measure (Testa, Habarth, Peta, Balsam, & Bockting, 2015), in which all three subscales were used almost unchanged.

Participation in protecting the right to health of TGGN (7–8 questions). We are interested in participation or willingness to participate at two levels. At the community level, we assess the willingness to establish or participate in the work of an organization for TGGN, donations to such organizations, and support for an online platform for TGGN. At the level of personal activism, we ask about the provision of assistance to other TGGN (for example, with hormonal therapy), advocacy for the right to health, public advocacy, and allow respondents to provide their own responses.

Procedures for affirming one's gender identity and their coercion (4–7 questions). The questions ask whether the respondent has resorted to hormone replacement therapy, gender affirming surgery, or changing documents. If the respondent has not done these things, do they plan to in the future? Respondents were also asked what medical operations they were required to undergo in order to change their documents.

Receiving HIV services (3 questions). Source — indicator 3.7D. Receipt of condoms and lubricants, advice on condom use and safer sex, and testing for sexually transmitted infections in the previous 3 months.

HIV testing, HIV status, ART (1–4 questions). Source — indicators 3.3D–3.5D. HIV testing, its frequency, testing results, and receipt of ART in case of a positive result.

Avoidance of healthcare due to fear of stigma and discrimination (2–3 questions). Source — indicator 4.2D. Has the respondent ever avoided medical care, HIV testing, or HIV treatment (for those who reported a positive HIV status) for the following reasons: fear of stigma, fear of disclosure of gender identity, violence or fear of violence, or persecution by law enforcement agencies or fear of such persecution.

Experiences of violence based on gender identity and self-expression (victimization, 6 questions). A modified gender-based victimization subscale was used, also taken from the «Stress and Resilience of the Gender Minority» measure (Testa et al., 2015). Its questions ask whether respondents, on the basis of their gender identity, have experienced abuse, threats of disclosure of status, damage to property, physical violence or threats thereof, or forced sex.

Socio-demographic block and sex work (7 questions). Includes country and city of residence, age, education, employment, income level, and receipt of payment for sex in the previous 12 months. Slightly edited questions from the «Study of Internalized Homonegativity» were used (Shestakovskiy & Kasianczuk, in press).

The total length of the questionnaire is 51–61 questions, including the selection of the language and informed consent, which are found at the beginning of the questionnaire. The estimated time to complete the questionnaire is up to 20 minutes.

APPROVAL AND PILOTING

- 1 The study protocol was agreed with ECOM's Regional Advisory Group on Strategic Information.
- 2 The primary questionnaire (in Russian) was edited by invited experts and members of the Working Group of Trans* People.
- 3 Questionnaires in national languages were also edited by members of the Working Group of Trans* People.
- 4 The first «pilot» respondents were members of the Working Group of Trans* People.

GENERAL SAMPLE

The study was conducted among transgender and gender non-conforming people, those whose gender identity does not correspond to their sex recorded at birth (American Psychological Association, 2015).

At the same time, we recognize that not all people whose identity or expression may fall within this definition consider themselves transgender or gender nonconforming. Individuals with other identities are also potential participants in the study. However, in this protocol, we use this term as an umbrella term that is as concise and inclusive as possible, and with some acceptance among academics and activists.

DESIGN

Initially, the sample was planned to be a non-random convenience sample. We sought to survey all TGGN who fit the selection criteria and agreed to complete the questionnaire. This method of sampling is often used in surveys of representatives of the LGBT community, since, in practice, it is usually impossible to construct a quasi-probabilistic random sample.

Selection criteria for participation in the survey:

- Transgender, non-binary, or another gender identity differing from the one assigned at birth;
- Residence in one of the 11 survey countries;
- The participant has never taken the survey to the end and their responses were not previously recorded.

Potential respondents were recruited by members of the Working Group of Trans* People through social networks (Facebook pages of organizations and initiative groups), and through various instant messengers and chats. Information was also published on ECOM's website, and distributed through the mailing list of ECOM members and in individual letters to trans* organizations.

In addition, after successfully completing the questionnaire, respondents were asked to forward the link to the survey to relevant acquaintances.

SIZE AND REPRESENTATIVENESS

We did not preliminarily limit the sample size due to the exploratory nature of the study, the sample design, and the relatively short field phase (June 7 to September 1, 2020).

Existing studies on TGGN in individual countries of the region («Labrys» & «Kyrgyz Indigo», 2016; Initiative Group «People to People», 2018; Medved, 2018 etc.) and available data from the "Study on Internalized Homonegativity" (Shestakovsky & Kasianczuk, in press) made it possible to predict a sample size ranging from one hundred to several hundred individuals. In the end, the study involved 839 people from 11 countries, making it the largest regional study conducted among transgender and non-binary people.

This number is the minimum sufficient for a reliable application of statistical methods. Therefore, the absence of preliminary restrictions on the sample size is not an ethical violation.

The resulting sample is not representative of the TGGN populations in the countries covered, which, among other things, is due to the lack of an estimate of the number of transgender people in the region. However, it represents the maximum possible approximation of the data under the conditions of the study.

DATA COLLECTION

The questionnaires were programmed in Google forms and collected using ECOM's account.

The survey was open from June 7 to September 1, 2020.

In total, 839 respondents visited the survey page and began to fill out the questionnaire.

Only those who met all of the following criteria were included in the sample for further analysis: provided their informed consent; indicated one out of the 11 countries as their country of residence; indicated their gender as trans* or non-binary, and not cis; fully completed the survey, and did not previously complete the survey.

In addition, respondents from the following countries were excluded from the analysis: Armenia, Georgia, Kyrgyzstan, Latvia, Moldova, Tajikistan, and Estonia. Only 3-28 respondents from these countries filled out the survey, so a separate analysis did not seem appropriate.

In total, the total analytical sample for the report included 795 people.

Activists and NGOs were provided a recommended text to use to invite participants to the survey.

The field phase ran for 87 calendar days. During this time, the questionnaire was available to users. Targeted letters were sent to LGBT organizations in certain countries due to low levels of response.

Participation in the survey was not paid

DATA ANALYSIS METHODS

Data analysis began with an analysis of univariate distributions of responses to individual questions of the questionnaire and the constituent components of the scale.

Before using the scale, its validity was checked. The suitability and consistency of the transphobia scale was tested using Cronbach's α test.

The reliability (consistency) of the scale in all countries is sufficient: Cronbach's α varies from 0.814 to 0.848. For the entire sample of respondents, it was 0.838; for Belarus — 0.841; for Kazakhstan — 0.814; for Russia — 0.831; for Ukraine — 0.848.

Bivariate relationships of the internal transphobia scale and other key variables with socio-demographic and other characteristics were tested using the criteria of parametric and non-parametric statistics.

The results of these calculations are visualized in graphs and diagrams.

The main analysis software used was the SPSS application package for Windows.



LIMITATIONS OF THE STUDY



The sample of the study is not representative of TGGN of the region, or of the individual countries participating in the study. The online survey entails a bias in favor of more active Internet users, as well as those who use the Internet to find partners.

The main limitation of the sample is the inability to correctly extrapolate the assessment of internalized transphobia or the distribution of other characteristics to all transgender and non-binary people in the region and in all countries. At the same time, links between transphobia and other characteristics may be more robust to non-random selection and provide important generalizations.

The study is cross-sectional, making it impossible to empirically test causal relationships.



ETHICAL GROUNDS FOR THE STUDY

The design of the study complies with the World Medical Association Declaration of Helsinki: «Ethical Principles for Medical Research Involving Human Subjects».

The protocol and tools were approved by the Regional Advisory Group on Strategic Information (RAGSI) established under ECOM's «Right to Health» project before the start of the study.

Before the survey, each respondent was explained the objectives of the study, and informed about the voluntariness of their participation, their right to refuse to complete the survey at any time, and about the anonymity and confidentiality of the survey. This information was set out in the informed consent form immediately after the respondent selected the language of the survey.

Respondents proceeded to the survey itself only after providing informed consent, for which they had to check the appropriate box signaling that they had read and understood the informed consent statement and agreed to participate.

The information received remains anonymous and confidential. Personal data and IP devices were not recorded, and cookies were also created on the devices.

Participation in the survey was completely voluntary. The respondent could refuse to complete the questionnaire at any time before submitting the completed questionnaire, without needing to provide the reason for exiting the survey.

In the event that study participants felt that their rights were being violated, the ethics of the study were not respected, or if any additional questions arose, they could write to the researchers at one of the addresses provided. No comments were received from respondents during the field stage.



SOCIO-DEMOGRAPHIC CHARACTERISTICS

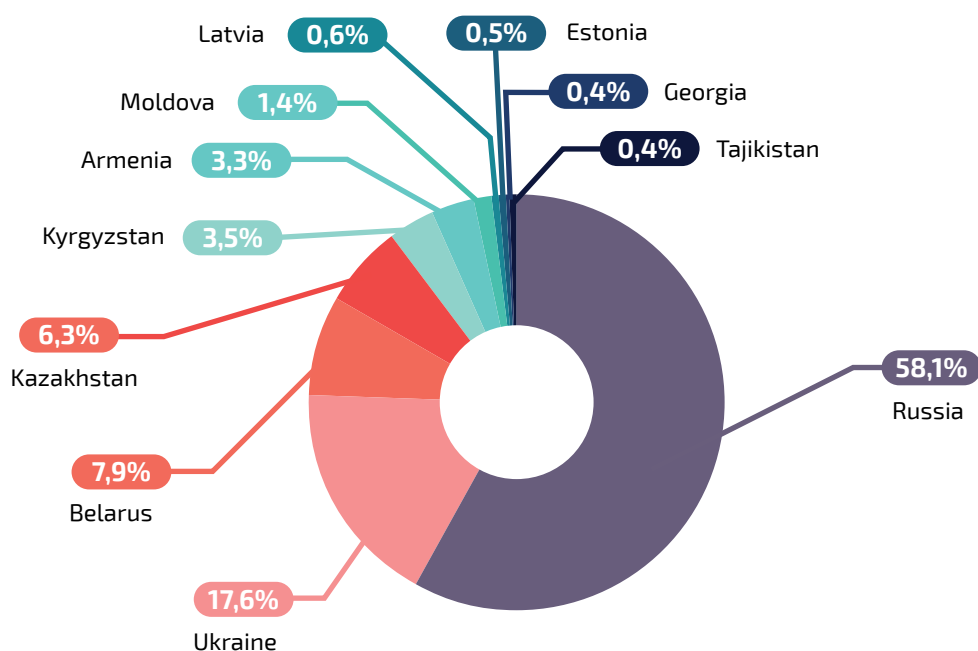
DISTRIBUTION BY COUNTRY

839 people from 11 countries participated in the study on internalized (internal) transphobia. The data of 795 respondents was included in the analysis.

The distribution of answers to the question «In which country do you primarily live?» is as follows (see Table 1).

Table 1. Number of respondents by country of residence.

COUNTRY	NUMBER OF RESPONDENTS	%
Russia	462	58,1
Ukraine	140	17,6
Belarus	63	7,9
Kazakhstan	50	6,3
Kyrgyzstan	28	3,5
Armenia	26	3,3
Moldova	11	1,4
Latvia	5	0,6
Estonia	4	0,5
Georgia	3	0,4
Tajikistan	3	0,4
	795	100,0



The answers of respondents from the following countries can be considered valid: Russia (462 respondents), Ukraine (140 respondents), Belarus (63 respondents), Kazakhstan (50 respondents).

There were a total of less than 50 respondents from Armenia, Georgia, Latvia, Moldova, Kyrgyzstan, Tajikistan, and Estonia. Therefore, they can only be taken into account and described as an overview.

AGE REPRESENTATION

The minimum age of respondents in the general sample is 15 years, the maximum is 59 years. The mean age is 25.2 years (see Table 2).

30.4% of respondents are under 20, 74% under 30, 91.8% under 40, and only 1% are 50 and older. 18- and 19-year-old transgender persons (8.3% and 9.2%, respectively) are the most common among the total sample (see Table 3).

Table 2. Representation of respondents by age.

	NUMBER OF RESPONDENTS	MIN. AGE	MAX. AGE	AVERAGE AGE
How old are you?	795	15	59	25,24

Table 3. How old are you?

AGE	NUMBER OF RESPONDENTS	%
15	3	0,4
16	49	6,2
17	51	6,4
18	66	8,3
19	73	9,2
20	56	7,0
21	38	4,8
22	59	7,4
23	45	5,7
24	41	5,2
25	33	4,2
26	18	2,3
27	19	2,4
28	20	2,5
29	17	2,1
30	26	3,3

AGE	NUMBER OF RESPONDENTS	%
31	12	1,5
32	16	2,0
33	21	2,6
34	18	2,3
35	16	2,0
36	8	1,0
37	9	1,1
38	10	1,3
39	6	0,8
40	9	1,1
41	8	1,0
42	7	0,9
43	2	0,3
44	5	0,6
45	8	1,0
46	6	0,8
47	4	0,5
48	2	0,3
49	6	0,8
50	2	0,3
51	1	0,1
55	1	0,1
56	1	0,1
57	1	0,1
58	1	0,1
59	1	0,1
TOTAL	795	100,0

The age of respondents varies somewhat by country.

In the Russian sample, the number of respondents under the age of 20 was 34.2%, 75.5% of the respondents were under 30; 92.2% were 40 years or less. The oldest of the respondents is 56 years old.

The average age of Russian respondents was 24.7 years.

Among respondents from Ukraine, 31.4% are under 20; 67.9% under the age of 30; 87.1% were 40 years or less, only 2 people were over 50 years. 18 and 17 years (10.7% and 8.6%, respectively) are the most common ages of respondents.

The average age of respondents in Ukraine was 26.5 years.

Among respondents from Kazakhstan, 16% are under 20 years old. The age of 68% of the respondents is under 30 years old, 90% are under 40 years old, there is not a single respondent over 50 years old.

22 and 20 years (16% and 14%, respectively) are the most common ages of respondents.

The average age of the Kazakhstani sample is 26.5 years.

The Belarusian sample is mainly represented by persons under 20 years of age (38.1% of the sample). 77.8% of respondents are under the age of 30. There are no persons older than 40 in the sample.

22, 19 and 17 years (17.5% and 12.7%, 12.7%, respectively) are the most common ages of respondents.

The average age of the Belarus sample is 23.3 years.

PLACE OF RESIDENCE

The majority of respondents in the general sample (62.3%) live in large cities with a population of more than 1 million people. Approximately a quarter (24.4%) of those surveyed live in cities with a population of more than 100,000 but less than a million people, 8.7% - in cities with less than 100,000 inhabitants, and 4.7% of those surveyed said they live in rural areas (see Table 4).

302 people (38.0%) responded positively to the question «Do you live in the capital of your country?».

Table 4. How would you describe the locality where you live?

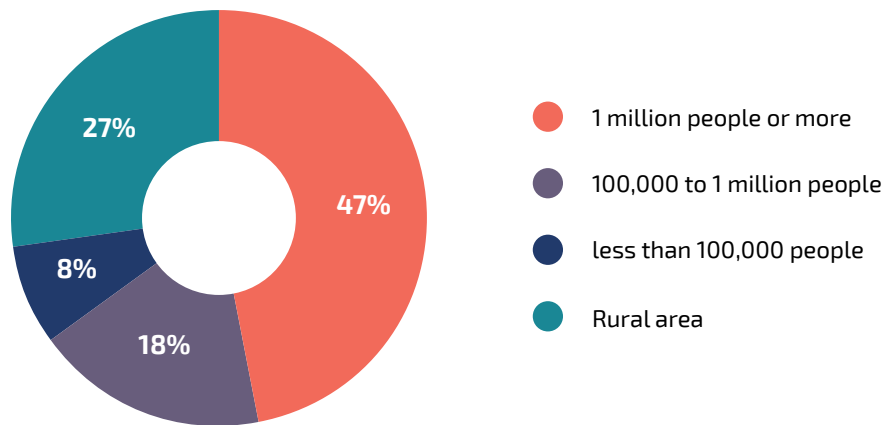
	NUMBER OF RESPONDENTS	%
City with 1 million people or more	462	58,1
City with 100,000 to 1 million people	140	17,6
City with less than 100,000 people	63	7,9
Rural area	50	6,3
	795	100,0

In Russia, 28.4% of respondents (131 people) **live in the capital**.

The number of respondents from Ukraine living in the capital was 68 people (48.6%).

9 respondents (18% of respondents) **live in the capital of Kazakhstan**.

For Belarus this percentage is 50.8% (32 people).



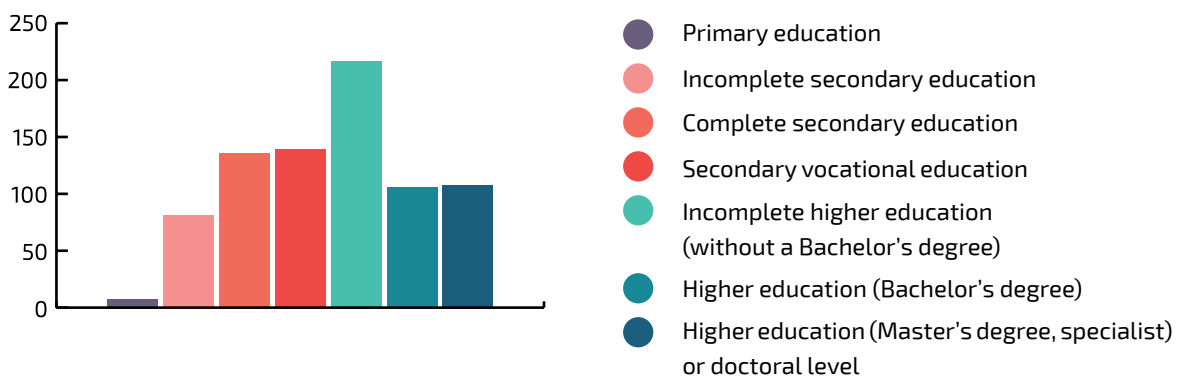
RESPONDENTS' LEVEL OF EDUCATION

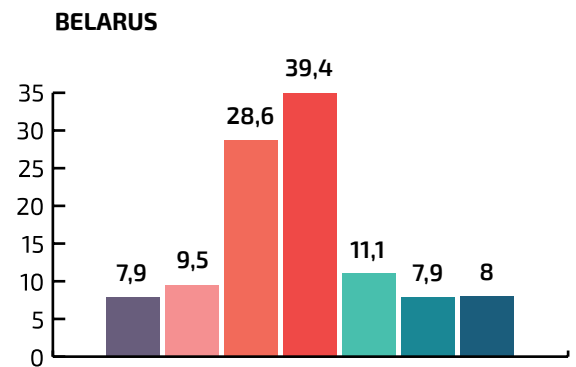
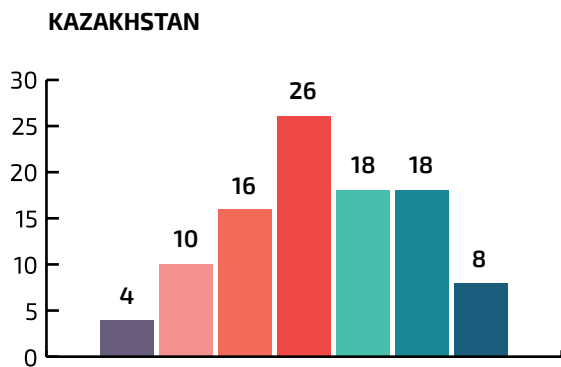
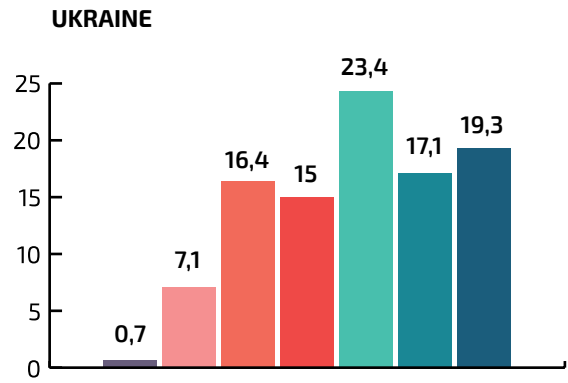
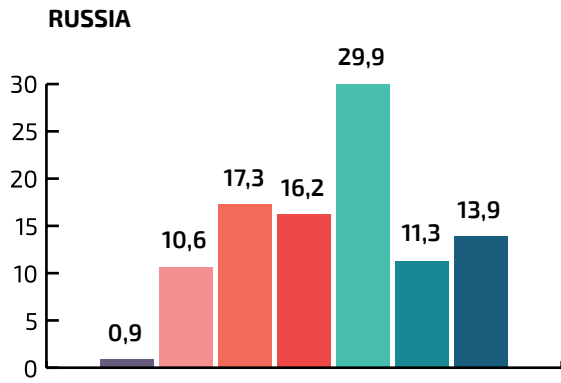
The majority of respondents in the general sample have incomplete higher education (27.2%). 17.5% and 17.1% respectively have secondary vocational and complete secondary education.

13.6% and 13.3% respectively have a master's, specialist or doctoral degree, or a bachelor's degree. 10.3% of respondents have incomplete secondary education, and 1% — primary education.

Table 5. Education

	NUMBER OF RESPONDENTS	%
Primary education	8	1,0
Incomplete secondary education	82	10,3
Complete secondary education	136	17,1
Secondary vocational education	139	17,5
Incomplete higher education (without a Bachelor's degree)	216	27,2
Higher education (Bachelor's degree)	106	13,3
Higher education (Master's degree, specialist) or doctoral level	108	13,6
	795	100,0

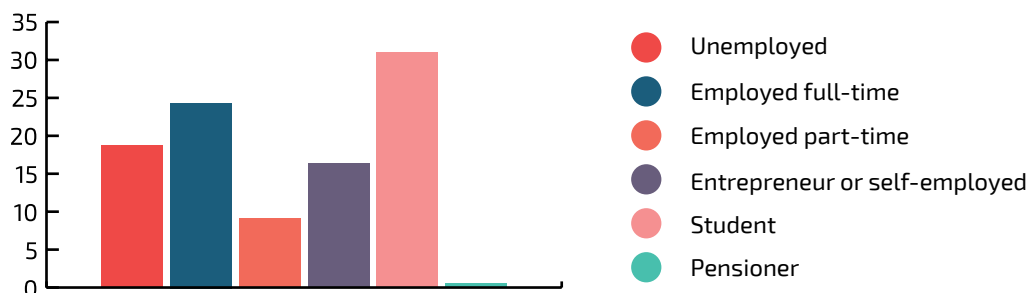




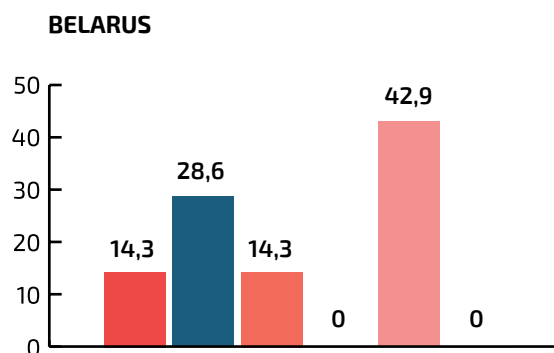
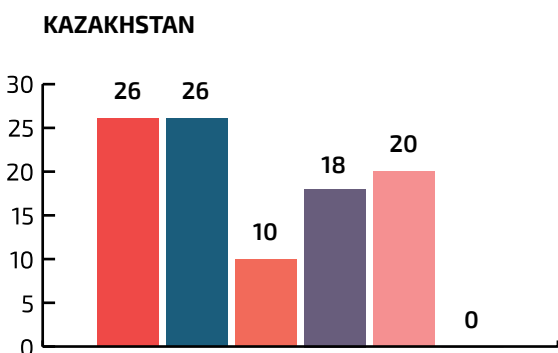
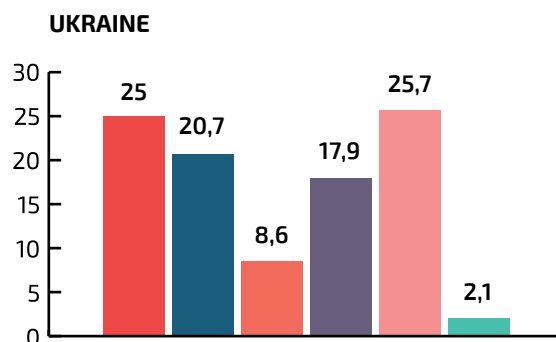
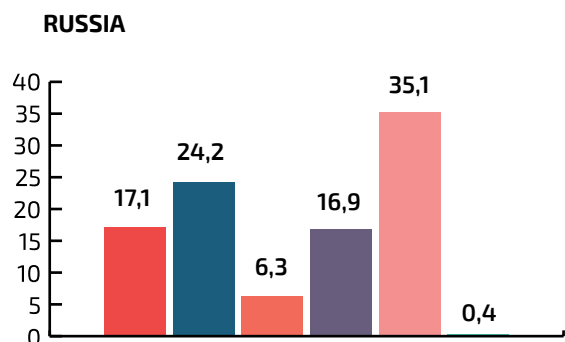
CURRENT EMPLOYMENT STATUS

Table 6. How would you best describe your current employment status?

	NUMBER OF RESPONDENTS	%
Unemployed	149	18,7
Employed full-time	193	24,3
Employed part-time	72	9,1
Entrepreneur or self-employed	130	16,4
Student	246	30,9
Pensioner	5	0,6
	795	100,0



Slightly less than a third of the respondents (30.9%) were students at the time of the survey. 24.3% worked full-time; 18.7% identified themselves as unemployed; 16.4% are self-employed or entrepreneurs. 9.1% of those surveyed worked part-time; 0.6% identified themselves as pensioners



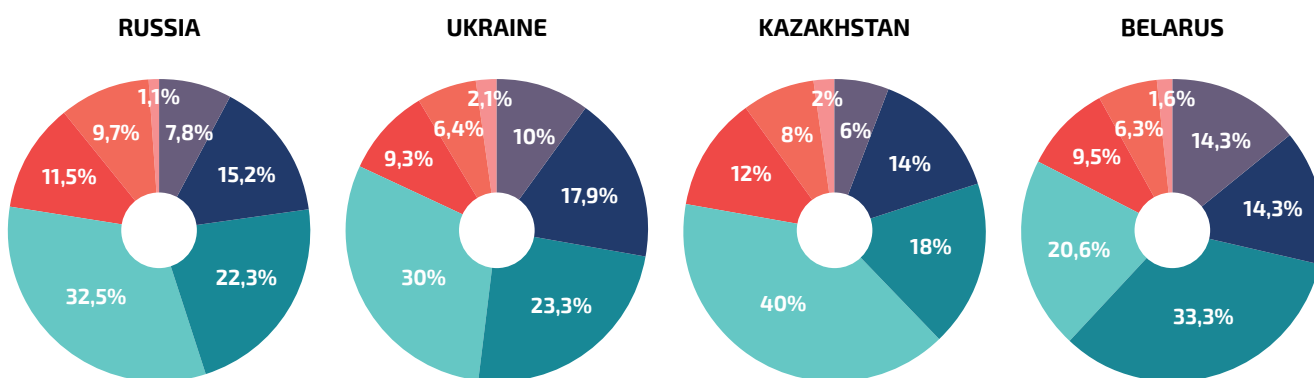
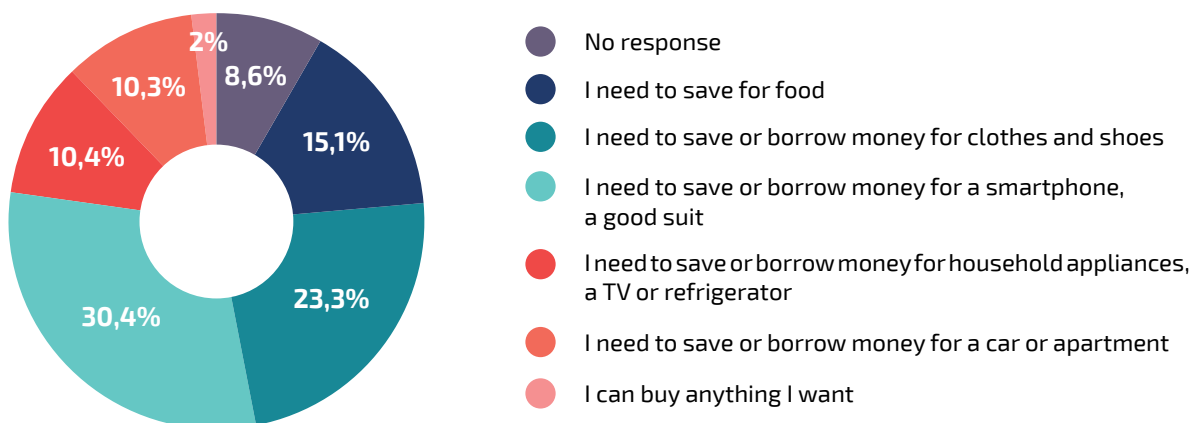
FINANCIAL SITUATION OF RESPONDENTS

According to the survey, the majority of respondents find themselves in a poor financial situation. Approximately one-third (30.4%) said that they «need to save or borrow money for a smartphone, or a good suit», another 23.3% stated that they «need to save or borrow money for clothes and shoes», and 15.1% said that they «have to save money for food».

Table 7. How would you best describe your financial situation?

	КОЛИЧЕСТВО РЕСПОНДЕНТОВ	%
No response	68	8,6
I need to save for food	120	15,1
I need to save or borrow money for clothes and shoes	185	23,3
I need to save or borrow money for a smartphone, a good suit	242	30,4
I need to save or borrow money for household appliances, a TV or refrigerator	83	10,4
I need to save or borrow money for a car or apartment	82	10,3
I can buy anything I want	15	1,9
	795	100,0

Only 1.9% can «buy anything» they want, 10.3% «need to save or borrow money for a car or apartment» and another 10.4% «need to save or borrow money for household appliances, a TV or refrigerator».



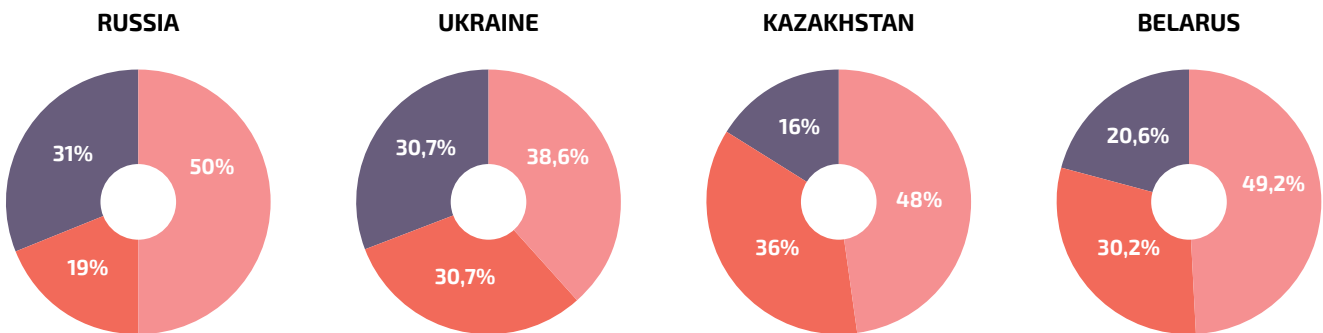
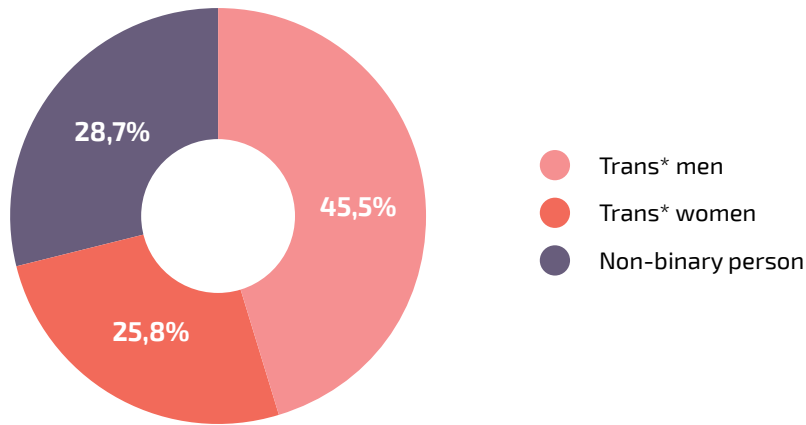
GENDER IDENTITY OF RESPONDENTS

In response to the question "How would you best describe your current gender identity" (see Table 8), respondents stated their identity as:

- transgender men — 362 people (45,5%);
- transgender women — 205 people (25,8%);
- non-binary persons — 228 people (28,7%).

Table 8. Gender identity of respondents

	NUMBER OF RESPONDENTS	%
Trans* men	362	45,5
Trans* women	205	25,8
Non-binary person	228	28,7
	795	100,0



Thus, in Russia and Ukraine, significantly more transgender people participated in the survey compared to other countries, which may also describe the specificities of gender diversity in the region.

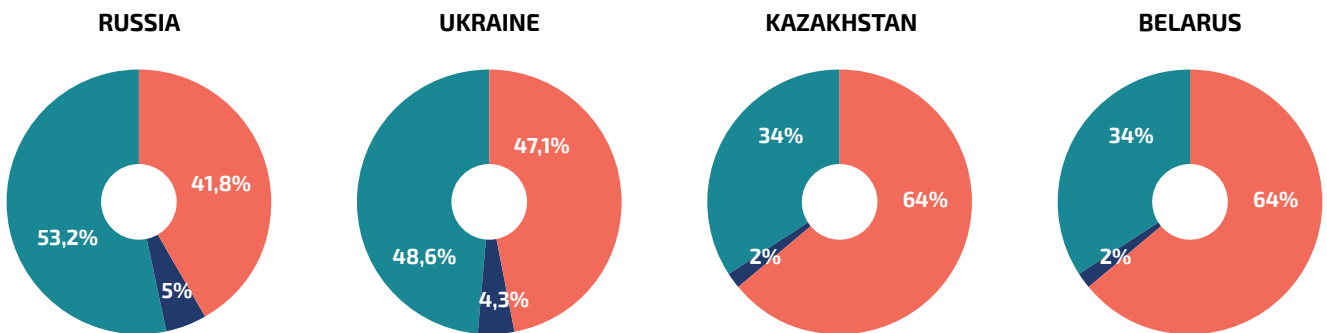
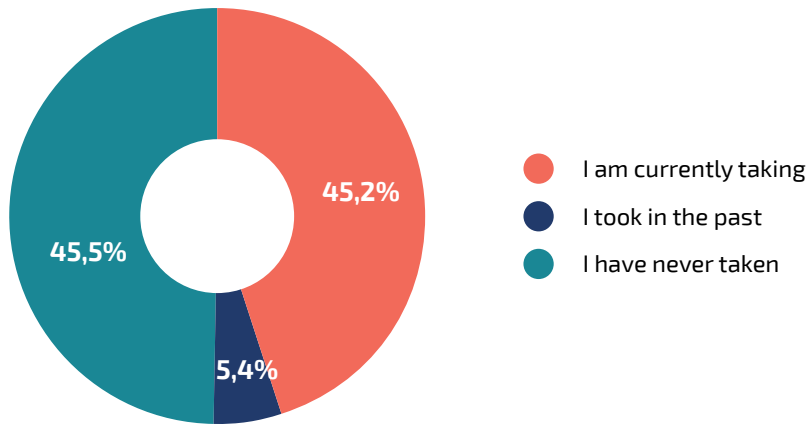
100% of respondents stated that their gender identity differs from their sex recorded at birth. Thus, we can qualify the sample implemented as being comprised of trans* people.

HORMONAL THERAPY, SURGICAL OPERATIONS

Hormone replacement therapy is currently used by 45.2% of respondents, 49.4% have never used it, and 5.4% have used it in the past (see Table 6).

Table 9. Are you taking hormones (hormone replacement therapy) for transgender transition?

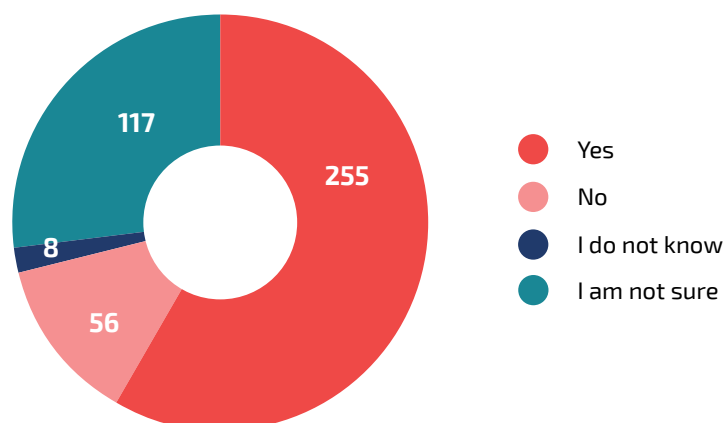
	NUMBER OF RESPONDENTS	%
I am currently taking	359	45,2
I took in the past	43	5,4
I have never taken	393	49,4
	795	100,0

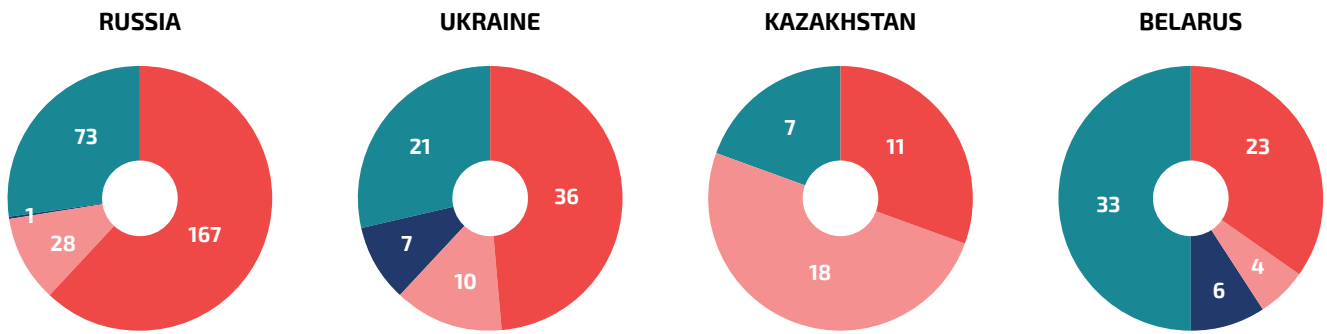


At the same time, about a third (32.1%) of respondents plan to take hormones in the future. 14.7% are not sure that they will resort to hormone therapy, 7% of respondents will not take hormones, and 1% do not know whether they will resort to hormone replacement therapy (see Table 10).

Table 10. Do you plan to take hormones in the future for transgender transition?

	NUMBER OF RESPONDENTS	%
Yes	255	32,1
No	56	7,0
I do not know	8	1,0
I am not sure	117	14,7
	436	54,8





The greatest demand for hormone therapy in the future was observed in Russia and Belarus, countries where there are certain difficulties in obtaining hormone therapy drugs.

14.5% of respondents resorted to surgical operations, 85.5% did not (see Table 11). At the same time, 57% of respondents are planning surgeries, 19.4% are not sure, 8.1% are not going to have surgeries, and 1.1% do not know (see Table 12).

Table 11. Have you undergone operations in connection with transgender transition?

	NUMBER OF RESPONDENTS	%
Yes	115	14,5
No	680	85,5
	795	100,0

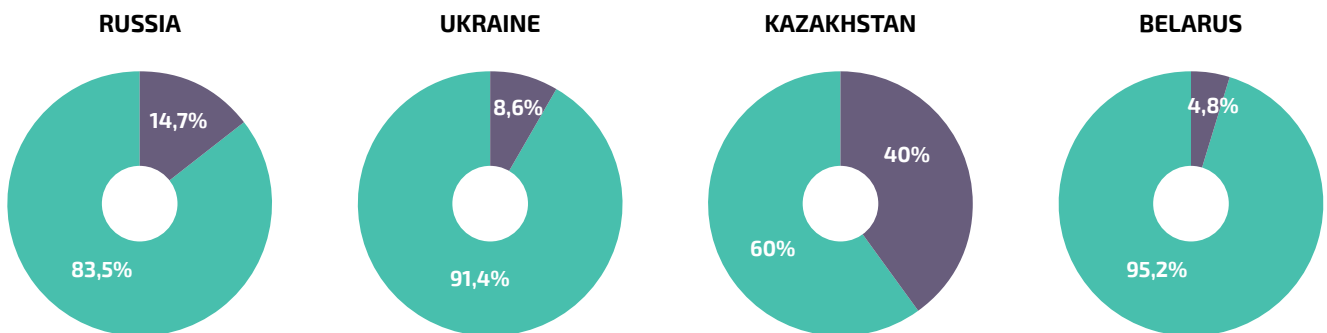
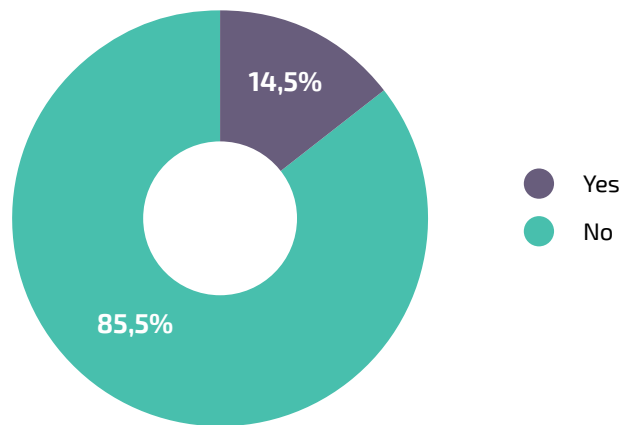
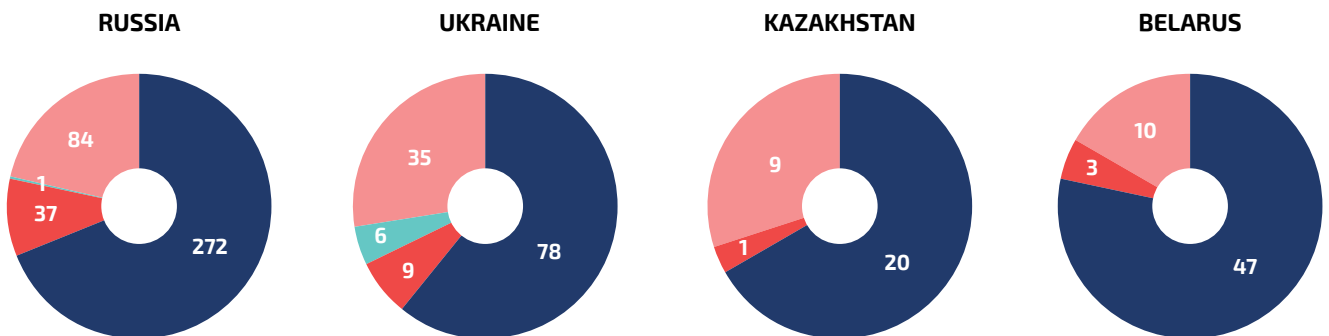
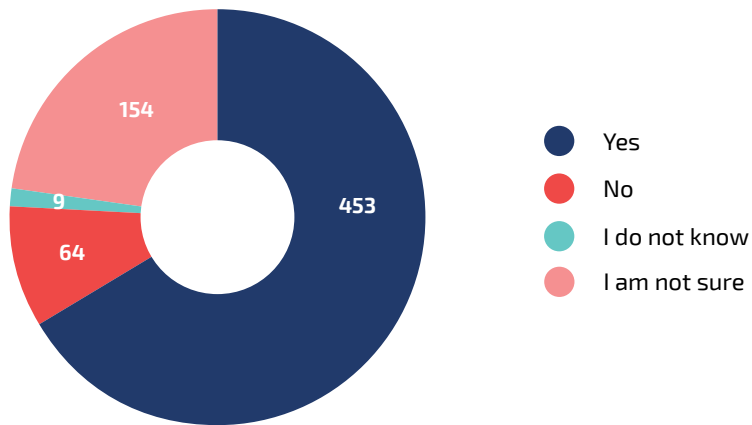


Table 12. Are you planning to have an operation in connection with transgender transition?

	NUMBER OF RESPONDENTS	%
Yes	453	57,0
No	64	8,1
I do not know	9	1,1
I am not sure	154	19,4
	680	85,5



Thus, the greatest demand for operations in the future is observed in Belarus, where it is extremely difficult to obtain permission for gender affirming surgery, despite the fact that the state system includes the free provision of care for transgender people, including gender affirming operations

CHANGE OF GENDER MARKER

19.6% of respondents changed the gender marker in their documents, 71.2% did not change it. 9.2% of respondents are in the process of their changing documents (see Table 10). At the same time, 56.3% of those who have not yet changed their documents plan to do so, 7.9% do not plan to, 16.4% are not sure, and 0.6% do not know (see Table 13).

Table 13. Have you changed the gender marker (sex) in your documents?

	NUMBER OF RESPONDENTS	%
Yes	156	19,6
No	566	71,2
In the process of doing this	73	9,2
	795	100,0

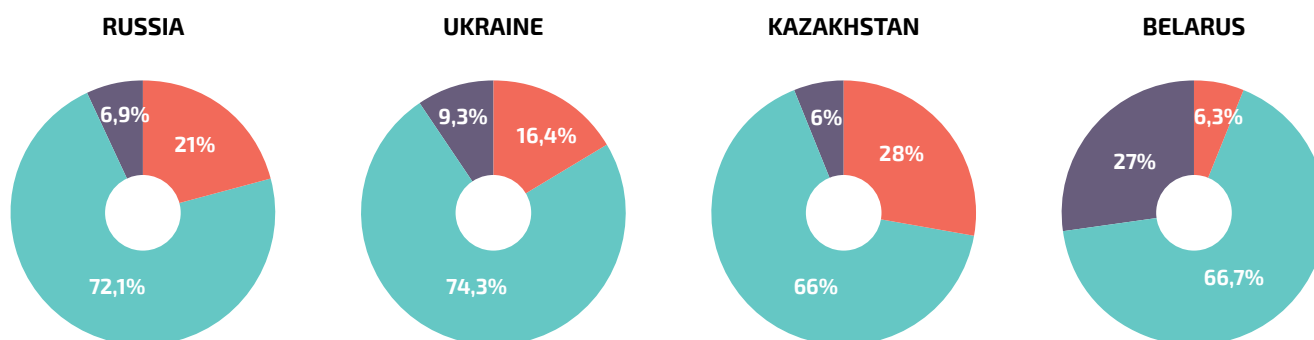
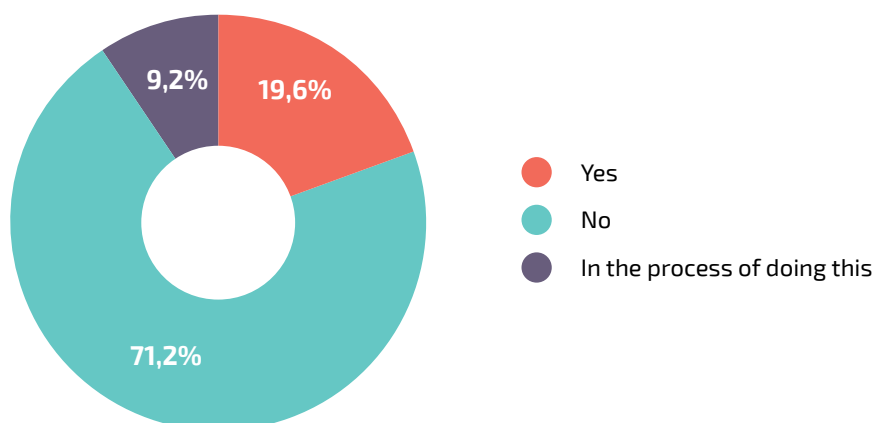
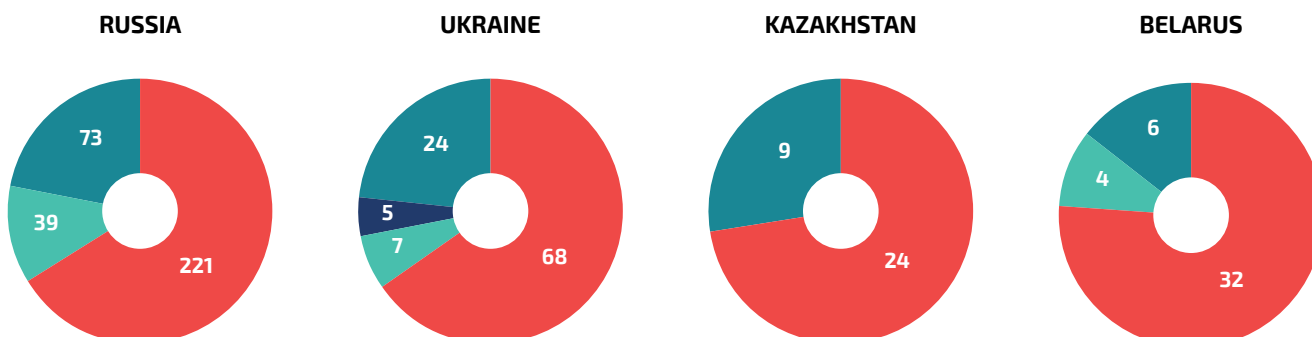
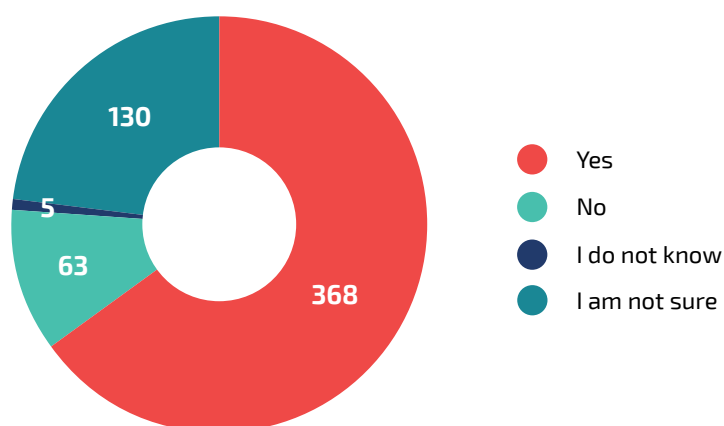


Table 14. Do you plan to change your documents so that they have a different gender marker (sex)

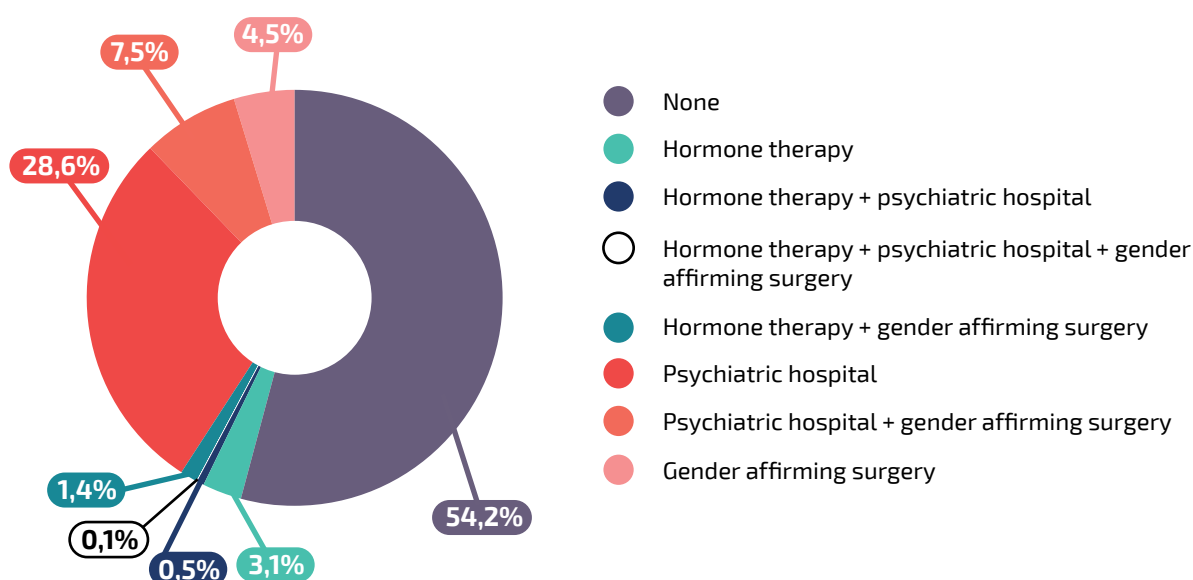
	NUMBER OF RESPONDENTS	%
Yes	368	46,3
No	63	7,9
I do not know	5	0,6
I am not sure	130	16,4
	566	71,2



To the question «Which of the procedures have you undergone, are undergoing or will undergo against your will, because without doing so, it would be impossible to obtain documents with a different gender marker (sex)?» 54.2% answered that there was no need to undergo such procedures. 3.1% selected hormone therapy, 28.6% — a psychiatric examination in a hospital, 4.5% — surgical operations (see Table 15).

Table 15. Undesired procedures necessary for transgender transition

	NUMBER OF RESPONDENTS	%
None	431	54,2
Hormone therapy	25	3,1
Hormone therapy + psychiatric hospital	4	0,5
Hormone therapy + psychiatric hospital + gender affirming surgery	1	0,1
Hormone therapy + gender affirming surgery	11	1,4
Psychiatric hospital	227	28,6
Psychiatric hospital + gender affirming surgery	60	7,5
Gender affirming surgery	36	4,5
	795	100,0



In Russia, the most common responses were «none» - 299 respondents or 64.7% of respondents; psychiatric hospital - 102 (22.1% of respondents).

In Ukraine, 63 people (45%) selected «none», another 57 (40.7%) selected «psychiatric hospital».

In Kazakhstan, 24 people (48%) selected «psychiatric hospital + gender affirming surgery», and 9 people (18%) selected «none».

In Belarus, «psychiatric hospital» was selected by 38 people (60.3%), and «none» by 18 people (28.6%).



ACTIVISM AND SOCIAL ACTIVITIES

15% of respondents participated in the establishment of an organization or initiative for transgender and/or gender non-binary people, 48.9% did not participate in the establishment of such groups and do not want to; and 36.1% did not participate, but would like to (see Table 16).

At the same time, 38.5% of respondents participate in the activities of an existing LGBT organization or initiative in which transgender and/or gender non-binary people are involved. 24% do not participate and do not want to, and 37.5% of respondents do not participate but would like to (see Table 17).

56.5% of respondents maintain a website, group or page on social networks, or a forum for transgender and/or gender non-binary people, 22.4% do not and do not want to; and 21.1% do not, but would like to (see Table 18).

Table 16. Establishment of an organization or initiative

	NUMBER OF RESPONDENTS	%
Yes	119	15,0
No, and I do not want to	389	48,9
No, but I do want to	287	36,1
	795	100,0

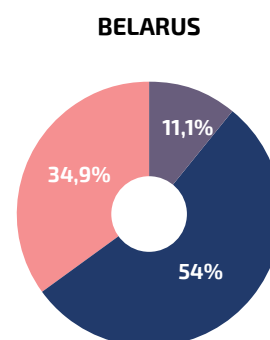
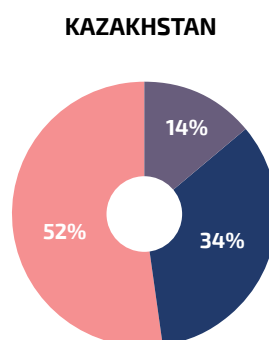
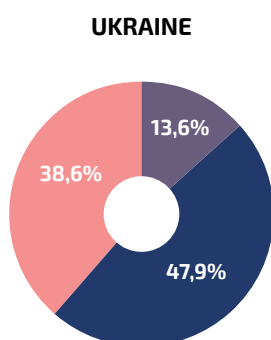
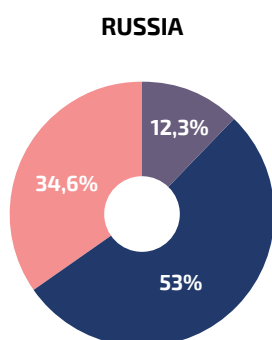
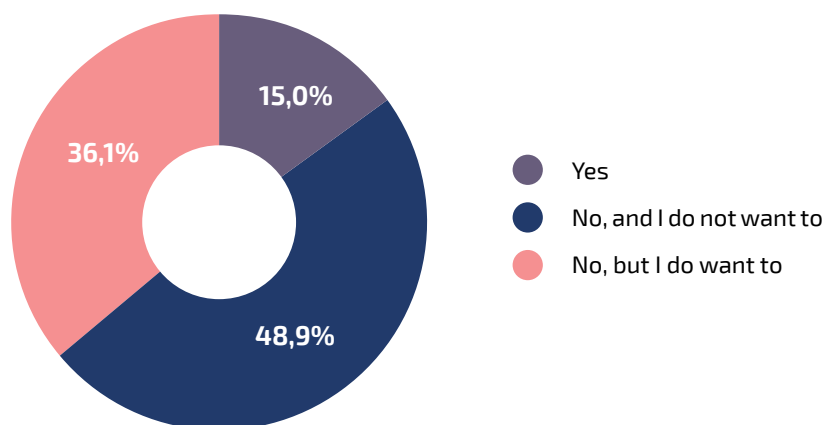


Table 17. Participation in an LGBT organization or initiative where there are transgender and/or gender non-binary people

	NUMBER OF RESPONDENTS	%
Yes	306	38,5
No, and I do not want to	191	24,0
No, but I want to	298	37,5
	795	100,0

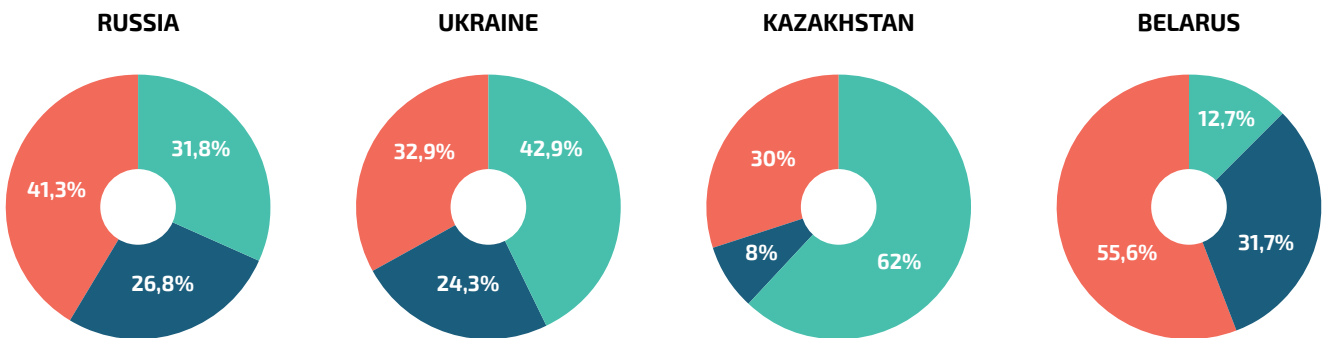
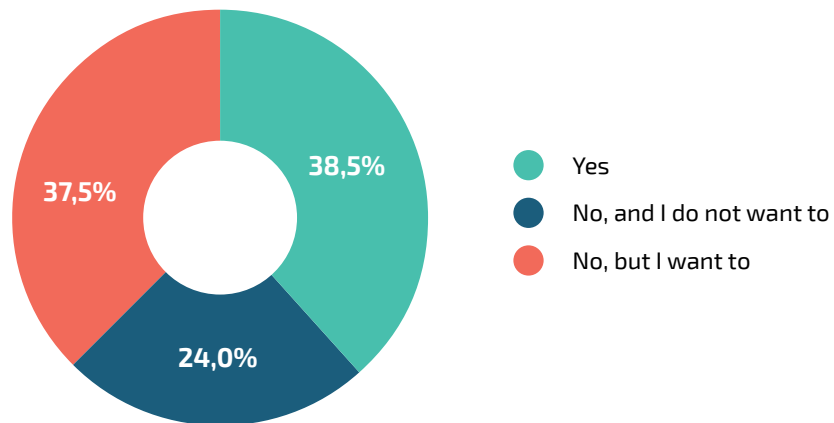
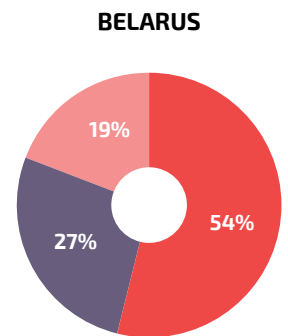
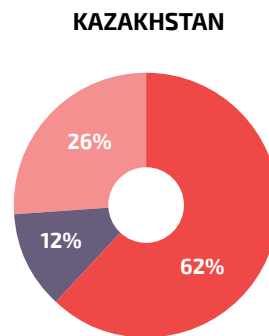
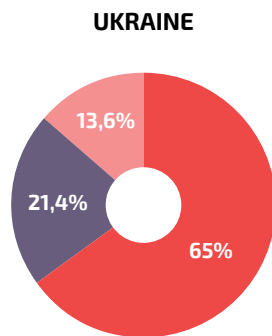
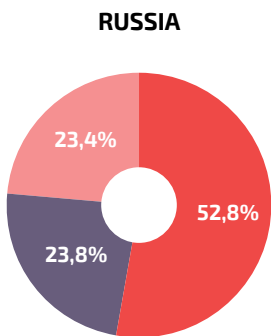
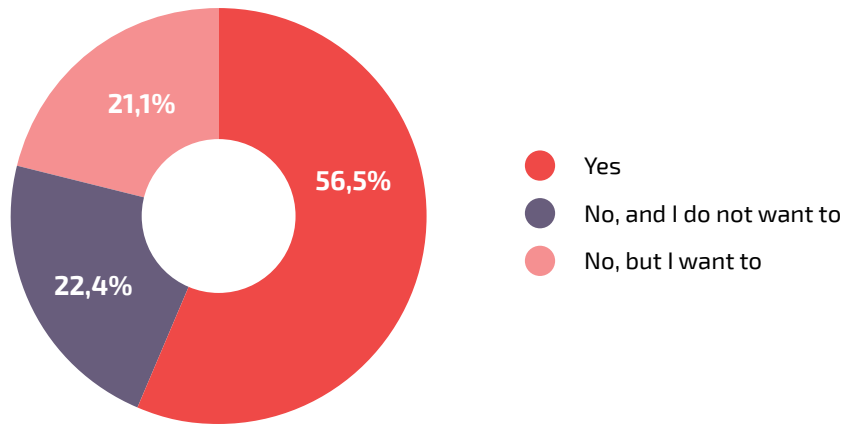


Table 18. Do you maintain a website, group or page on social networks, or a forum for transgender and/or gender non-binary people?

	NUMBER OF RESPONDENTS	%
Yes	449	56,5
No, and I do not want to	178	22,4
No, but I want to	168	21,1
	795	100,0



ASSISTANCE AND DONATIONS TO ORGANIZATIONS AND ACTIVISTS, ADVOCACY FOR RIGHTS

13.2% of respondents stated that they donate money to LGBT organizations. Approximately one-third (30.3%) stated that they do not, and do not want to. 56.5% stated that they do not, but would like to (see Table 19). At the same time, 43.6% help other transgender and/or gender non-binary people with health issues (for example, hormone therapy, choosing a doctor, HIV prevention, etc.). 34% of respondents stated that they do not help others but would like to. 22.4% do not help others and do not want to (See Table 19).

57.5% of respondents said that they defend the rights of transgender and/or gender non-binary people in the media or on social networks; 24% do not, but would like to; 18.5% do not, and do not want to (see Table 20).

Table 19. Do you donate money to LGBT organizations or initiatives?

	NUMBER OF RESPONDENTS	%
Yes	105	13,2
No, and I do not want to	241	30,3
No, but I want to	449	56,5
	795	100,0

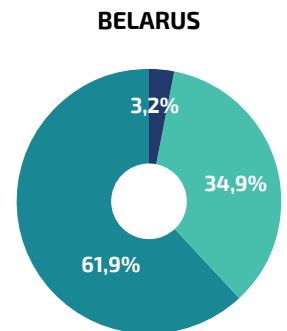
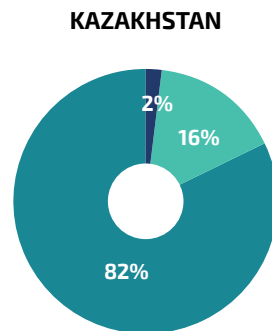
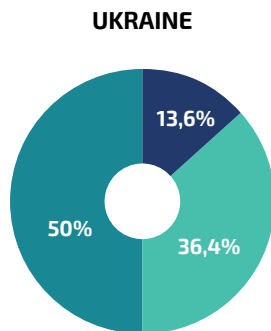
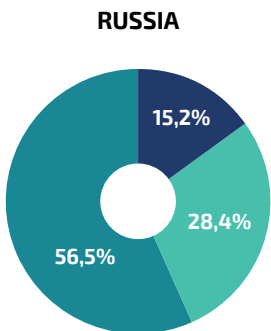
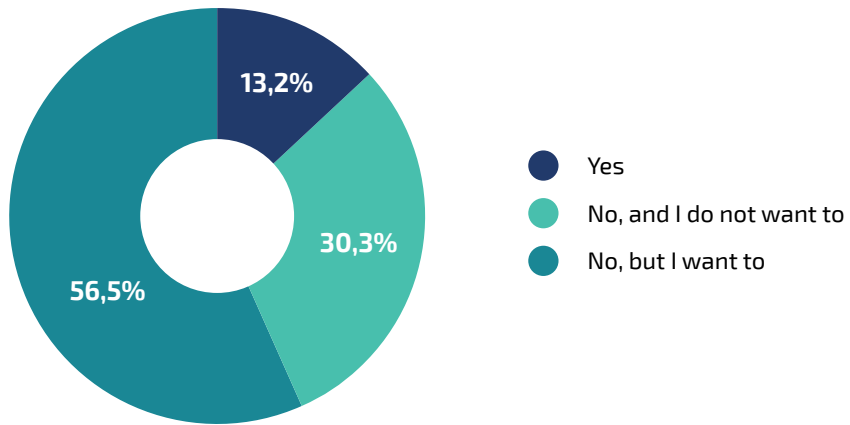
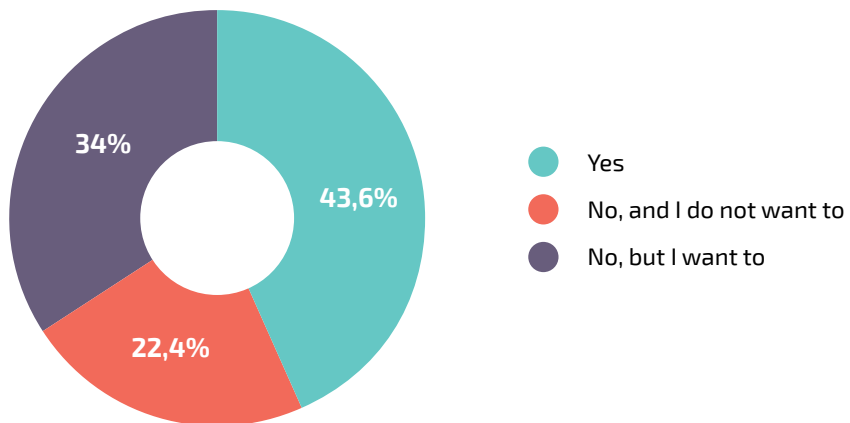
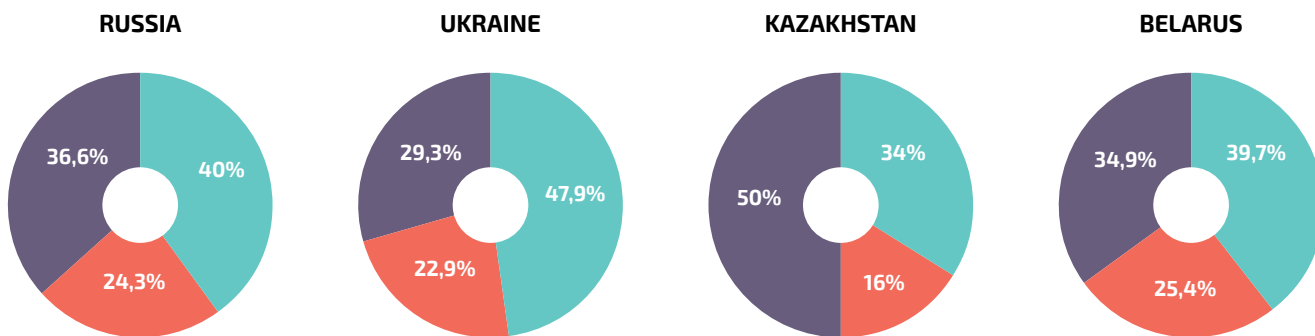


Table 20. Do you help other transgender and/or gender non-binary people with health issues?

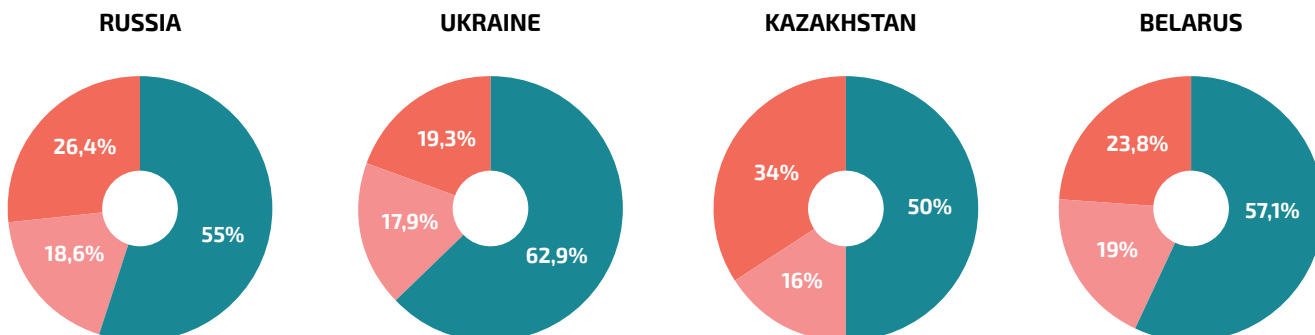
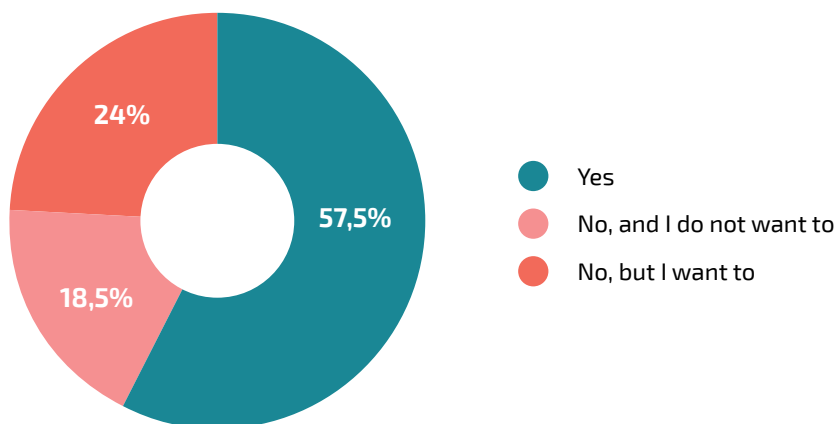
	NUMBER OF RESPONDENTS	%
Yes	347	43,6
No, and I do not want to	178	22,4
No, but I want to	270	34,0
	795	100,0





Do you defend the rights of transgender and/or gender non-binary people in the media or on social networks?

	NUMBER OF RESPONDENTS	%
Yes	457	57,5
No, and I do not want to	147	18,5
No, but I want to	191	24,0
	795	100,0



PARTICIPATION IN PUBLIC EVENTS, HELPING THE COMMUNITY

14.3% of respondents from the general sample reported participating in marches and public events to defend the rights of trans* and non-binary people. Slightly more than half (51.4%) did not participate, but would like to. 34% (around one-third of respondents) did not participate and would not like to. See Table 22 for more details.

Approximately one third (29.8%) of respondents said they are doing something else for the community. 38.4% said they are not doing anything and do not want to. 31.8% of respondents from the general sample said they are not doing anything, but would like to help in some way. See Table 23 for more details.

Table 22. Participation in marches or other public events to protect the rights of transgender and/or gender non-binary people

	NUMBER OF RESPONDENTS	%
Yes	114	14,3
No, and I do not want to	272	34,2
No, but I want to	409	51,4
	795	100,0

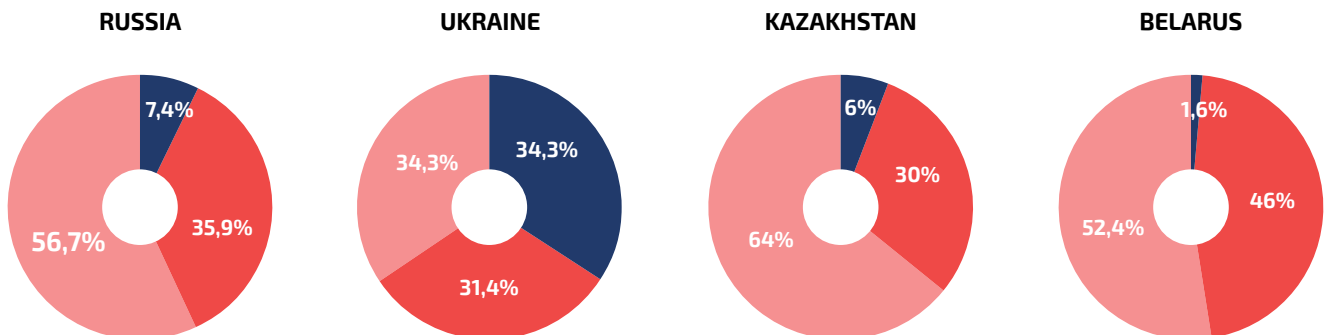
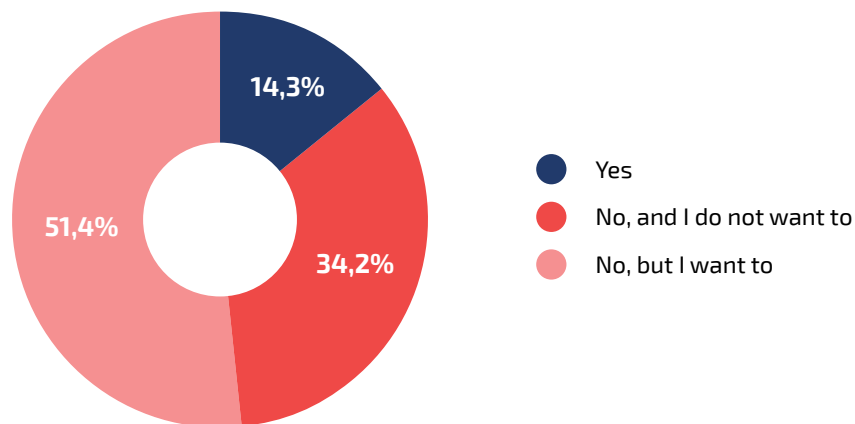
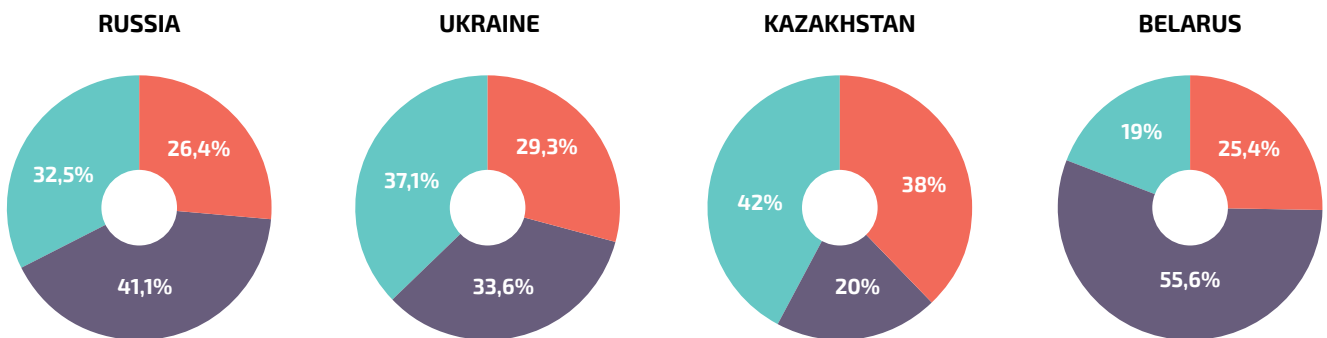
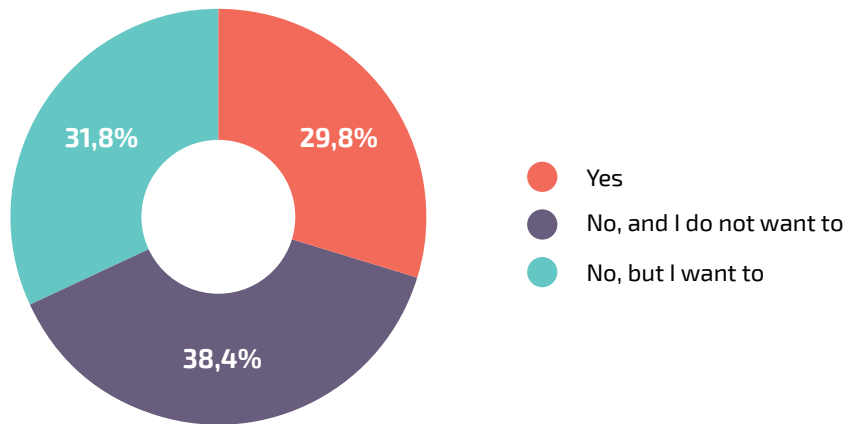


Table 23. Do you do something else for the trans* community?

	NUMBER OF RESPONDENTS	%
Yes	237	29,8
No, and I do not want to	305	38,4
No, but I want to	253	31,8
	795	100,0





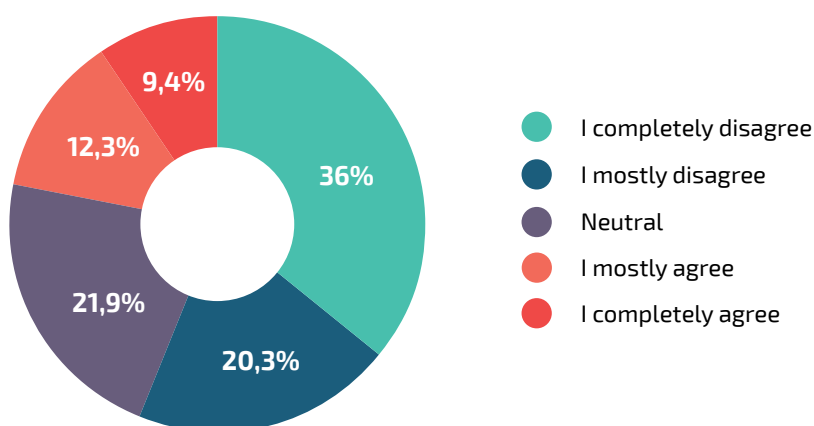
9.4% of respondents in the general sample completely agree that they are angry about their transgender identity. 36% of respondents do not agree with this opinion at all. 12.3% mostly agree, 20.3% mostly disagree. 21.9% have a neutral position. One respondent did not answer this question.

14.7% of the total sample completely agree with the statement that «they feel isolated or separated from people with the same gender identity». 22% of respondents completely disagree with this statement. 19.6% mostly agree, 19.2% mostly disagree. 24.4% of respondents have a neutral position.

24.8% of respondents completely agree that «because of their transgender identity they feel like outcasts»; 14.7% completely disagree with this statement. 24.2% mostly agree; 17.5% mostly disagree. 18.9% of respondents in the general sample have a neutral position.

Table 24. My transgender identity makes me angry

	NUMBER OF RESPONDENTS	%
I completely disagree	286	36,0
I mostly disagree	161	20,3
Neutral	174	21,9
I mostly agree	98	12,3
I completely agree	75	9,4
	794	99,9
No response	1	0,1
	795	100,0



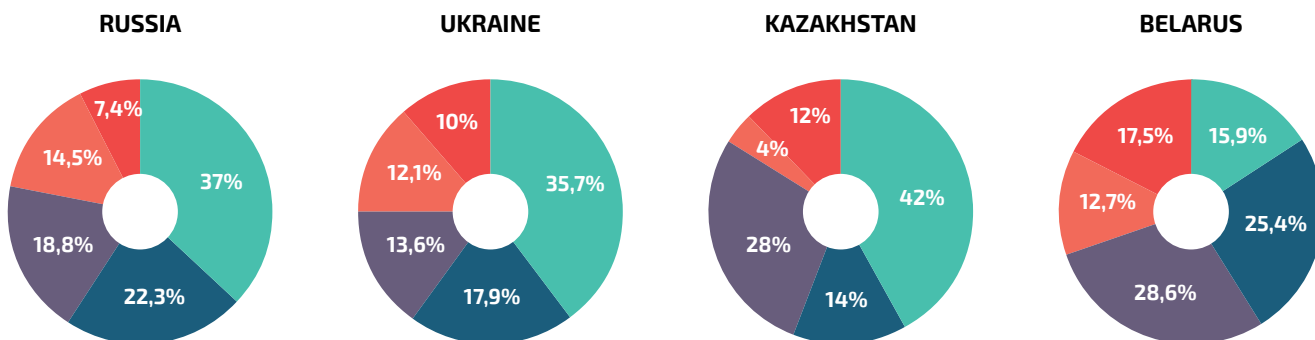


Table 25. I feel isolated or separated from people with the same gender identity

	NUMBER OF RESPONDENTS	%
I completely disagree	175	22,0
I mostly disagree	153	19,2
Neutral	194	24,4
I mostly agree	156	19,6
I completely agree	117	14,7
	795	100,0

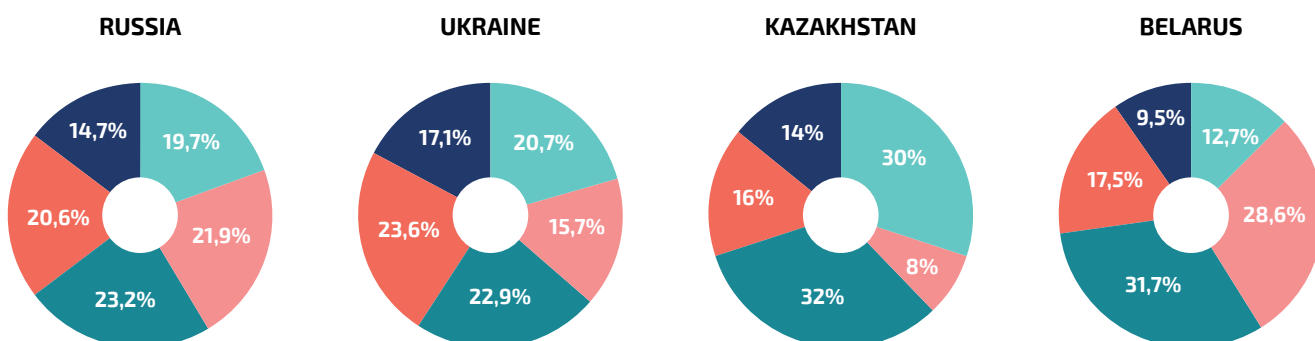
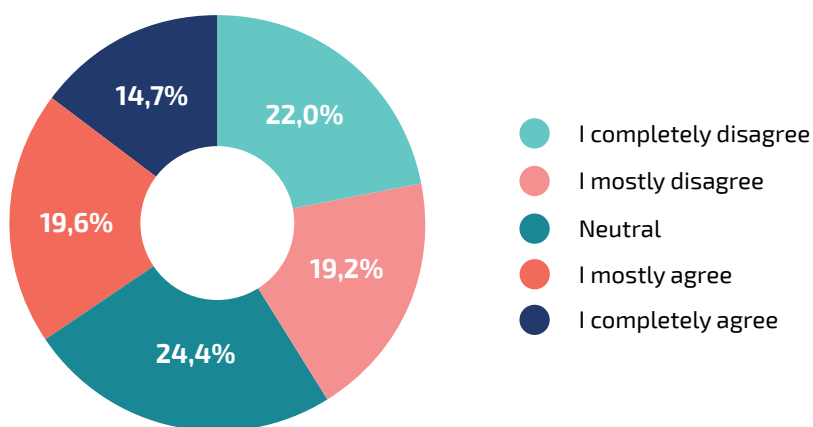
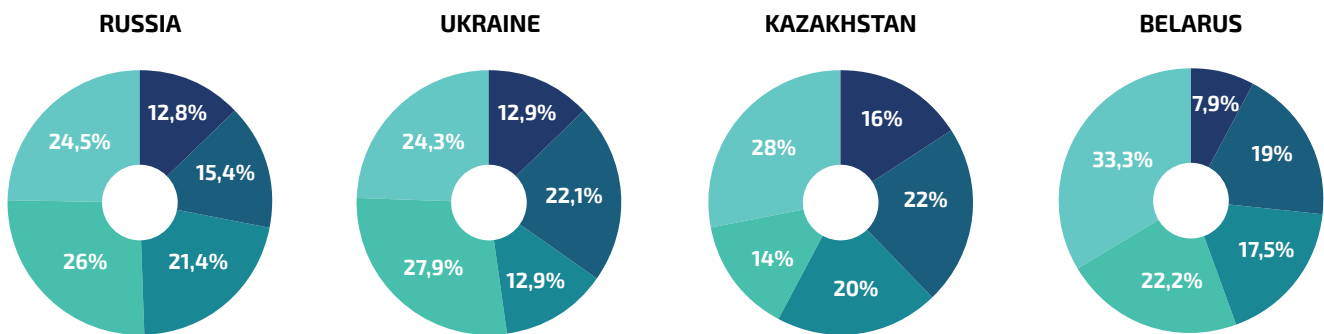
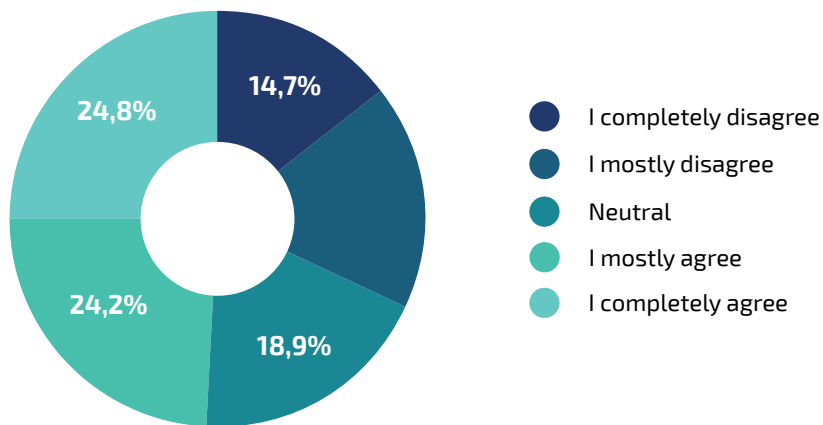


Table 26. I feel like an outcast because of my transgender identity

	NUMBER OF RESPONDENTS	%
I completely disagree	117	14,7
I mostly disagree	139	17,5
Neutral	150	18,9
I mostly agree	192	24,2
I completely agree	197	24,8
	795	100,0



ATTITUDE TOWARDS TRANSGENDER IDENTITY

24% of the respondents from the general sample completely agree that their transgender identity is normal. 32.5% of respondents completely disagree with this. 16% mostly disagree, 14.5% are neutral, and 13.1% of respondents mostly agree. Thus, more than half of the respondents in the general sample regard their gender identity as abnormal (Table 27).

13.5% of respondents completely agree that they are embarrassed by their gender identity, 15.8% mostly agree, 18.2% are neutral, 21.8% mostly disagree, and 30.7% of respondents completely disagree (see Table 28).

17.2% of respondents completely agree that they feel like a freak because of their gender identity, 14.1% mostly agree, 13.5% of respondents are neutral, 17.5% mostly disagree, and 37.7% completely disagree (see Table 29).

17.4% of respondents completely agree that thinking about their transgender identity makes them depressed, 16% mostly agree with this statement, 21.5% are neutral, 18.5% mostly disagree with this, and 26.7% completely disagree (Table 30).

17.6% of respondents completely agree that they feel unhappy when they think about their gender identity. 15.2% mostly agree with this. 17.2% are neutral. 22.5% mostly disagree with this statement, and 27.4% of respondents from the total sample completely disagree with this (see Table 31).

Table 27. I often ask myself: «Why can't my gender identity be normal?»

	NUMBER OF RESPONDENTS	%
I completely disagree	258	32,5
I mostly disagree	127	16,0
Neutral	115	14,5
I mostly agree	104	13,1
I completely agree	191	24,0
	795	100,0

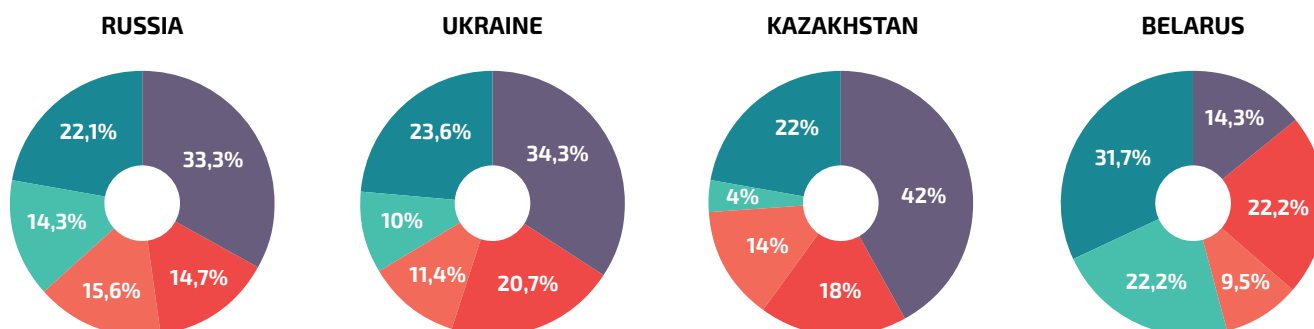
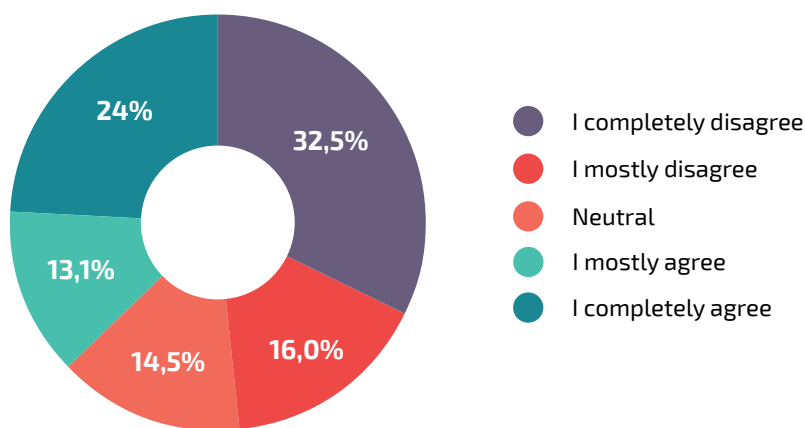


Table 28. I am embarrassed by my transgender identity

	NUMBER OF RESPONDENTS	%
I completely disagree	244	30,7
I mostly disagree	173	21,8
Neutral	145	18,2
I mostly agree	126	15,8
I completely agree	107	13,5
	795	100,0

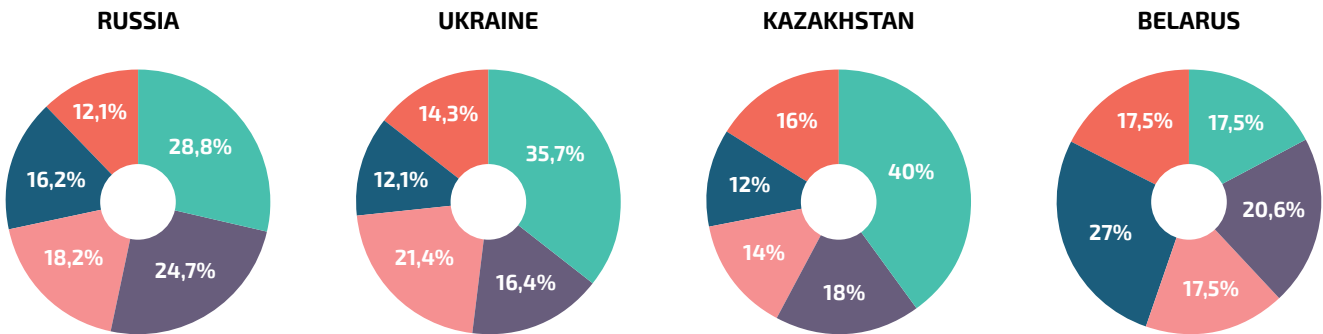
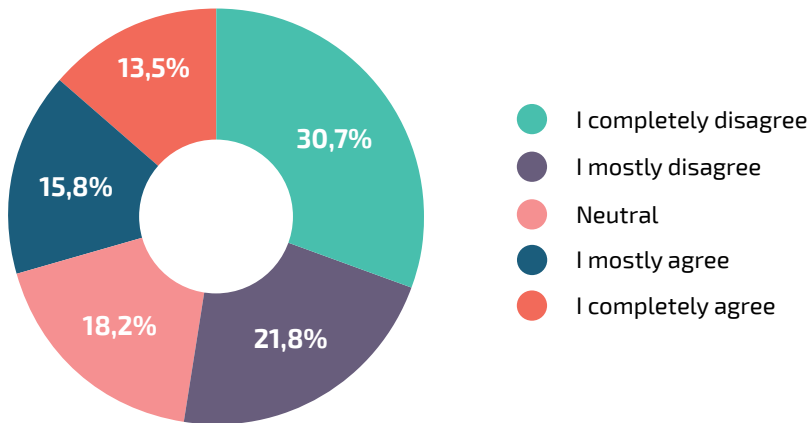


Table 29. I feel like a freak because of my transgender identity

	NUMBER OF RESPONDENTS	%
I completely disagree	300	37,7
I mostly disagree	139	17,5
Neutral	107	13,5
I mostly agree	112	14,1
I completely agree	137	17,2
	795	100,0

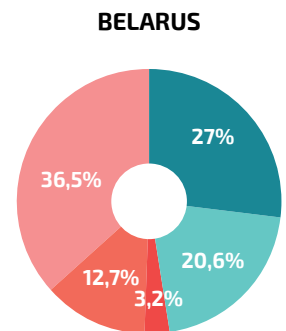
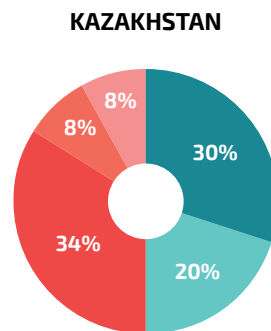
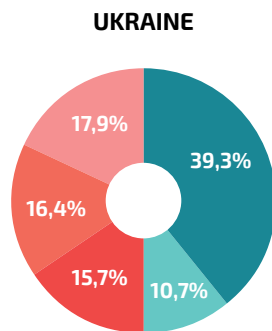
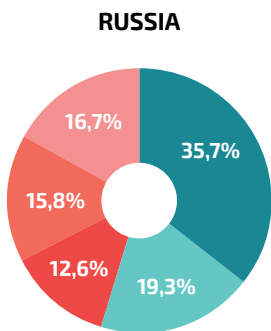
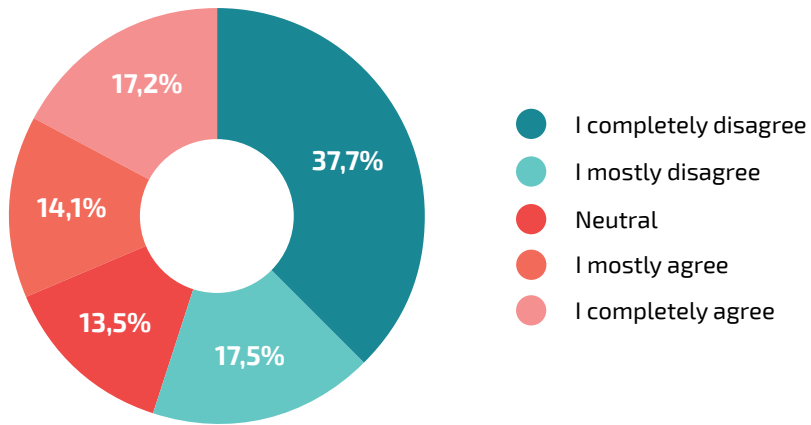
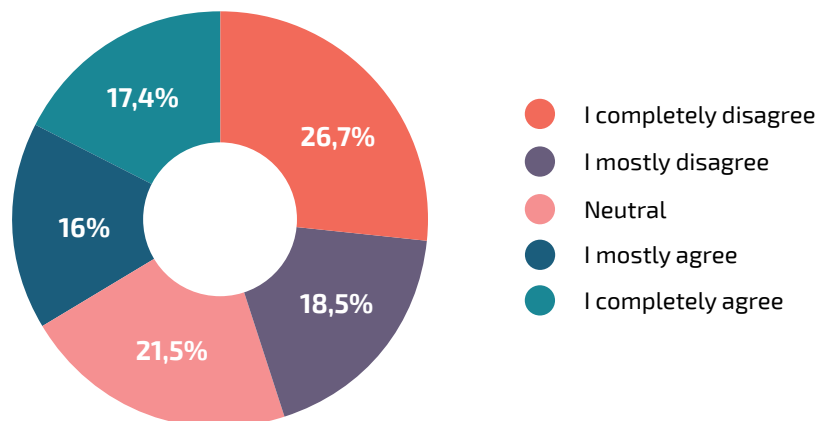


Table 30. Thinking about my transgender identity makes me depressed

	NUMBER OF RESPONDENTS	%
I completely disagree	212	26,7
I mostly disagree	147	18,5
Neutral	171	21,5
I mostly agree	127	16,0
I completely agree	138	17,4
	795	100,0



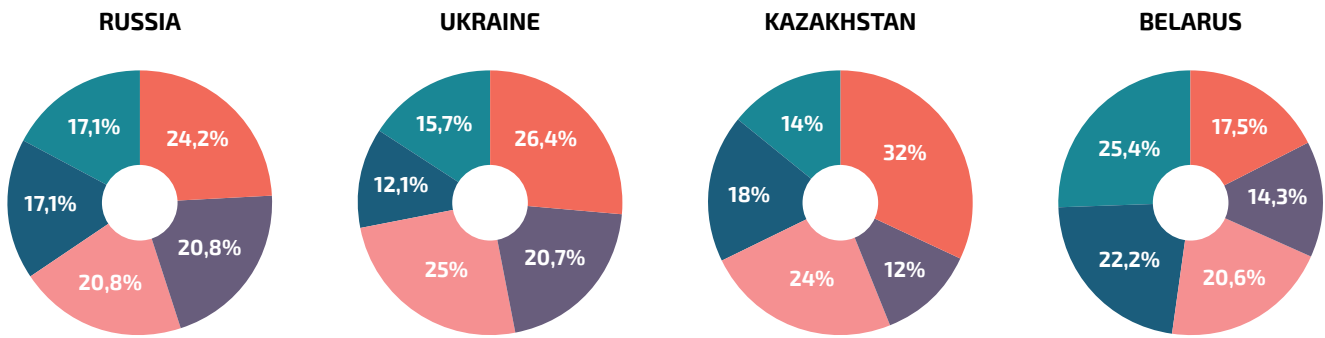
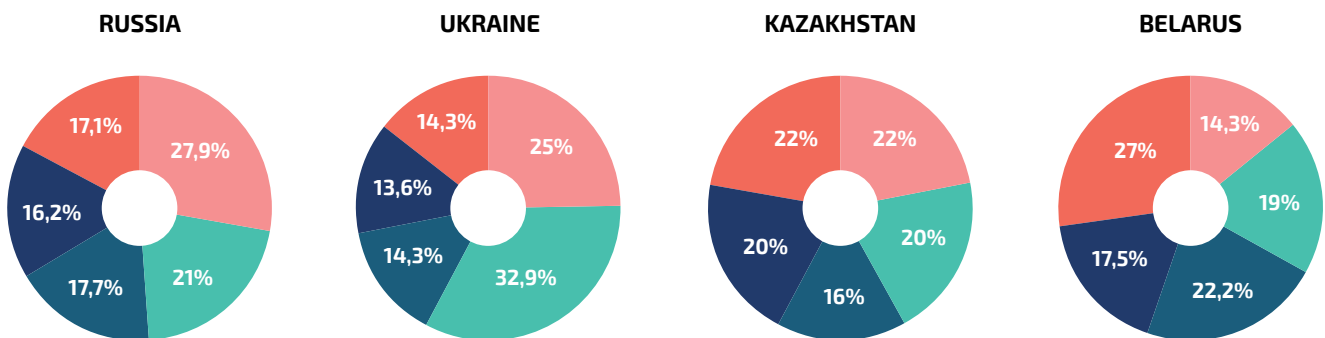
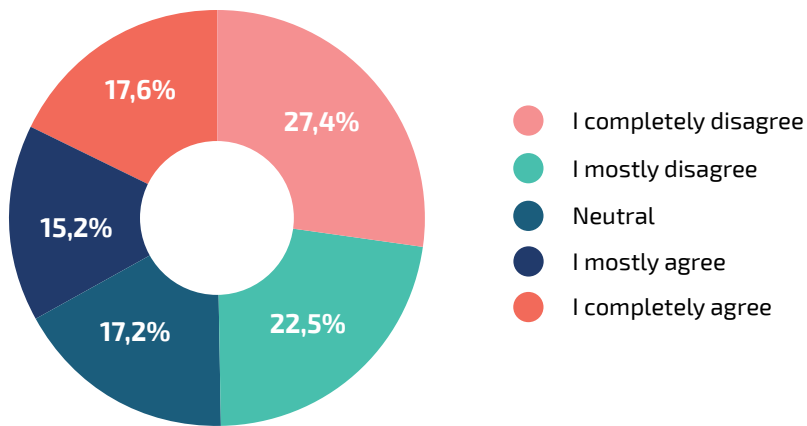


Table 31. I feel unhappy when I think about my transgender identity

	NUMBER OF RESPONDENTS	%
I completely disagree	218	27,4
I mostly disagree	179	22,5
Neutral	137	17,2
I mostly agree	121	15,2
I completely agree	140	17,6
	795	100,0



BELONGING TO THE TRANSGENDER COMMUNITY AND TRANS* IDENTITY

34.2% of respondents in the total sample completely agree that they envy people who do not consider themselves to be transgender people. 16.7% mostly agree. 14.5% are neutral. 11.9% mostly disagree, 22.6% of respondents completely disagree (see Table 32).

37.7% of respondents completely agree that they feel that they belong to the transgender community when they interact with it, 22% mostly agree. 20.4% are neutral. 11.6% mostly disagree with this, and 8.3% of respondents completely disagree (see Table 33).

9.3% of respondents completely agree that they consider themselves different than other transgender and non-binary people. 11.8% mostly agree. 25.7% are neutral, 25% mostly feel the same as other transgender and non-binary people, and 28.2% of respondents completely feel the same as other transgender people (see Table 34).

Table 32. I envy people without a transgender identity

	NUMBER OF RESPONDENTS	%
I completely disagree	180	22,6
I mostly disagree	95	11,9
Neutral	115	14,5
I mostly agree	133	16,7
I completely agree	272	34,2
	795	100,0

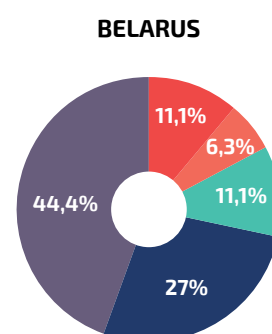
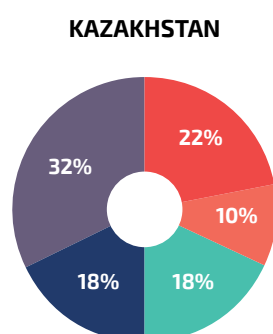
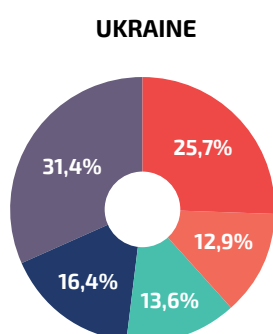
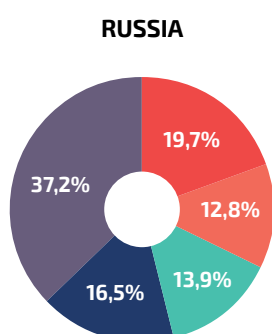
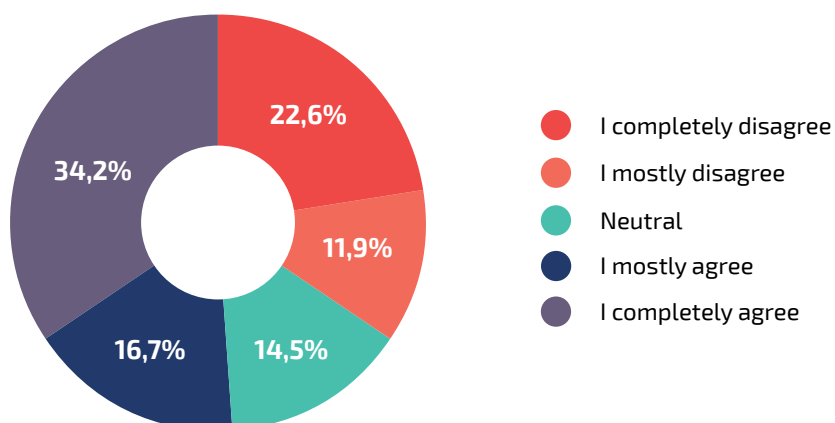


Table 33. When I interact with other people from the transgender community, I feel like I belong to it

	NUMBER OF RESPONDENTS	%
I completely disagree	66	8,3
I mostly disagree	92	11,6
Neutral	162	20,4
I mostly agree	175	22,0
I completely agree	300	37,7
	795	100,0

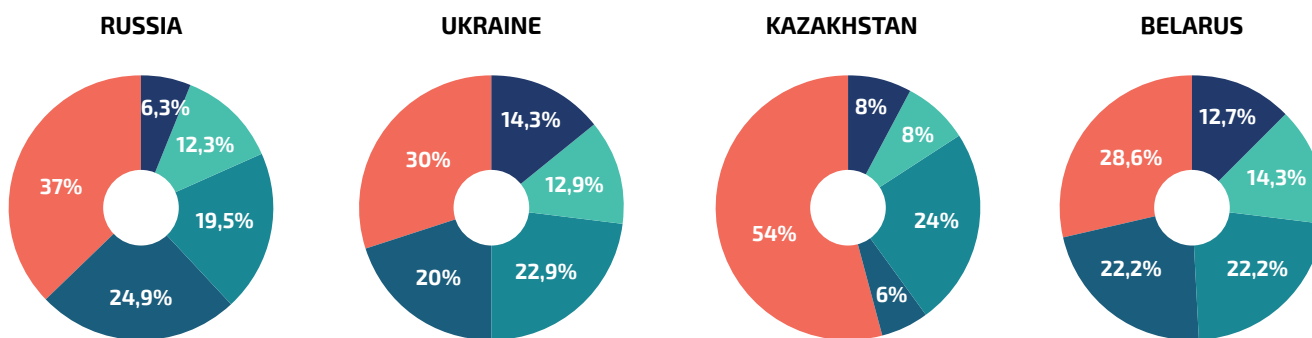
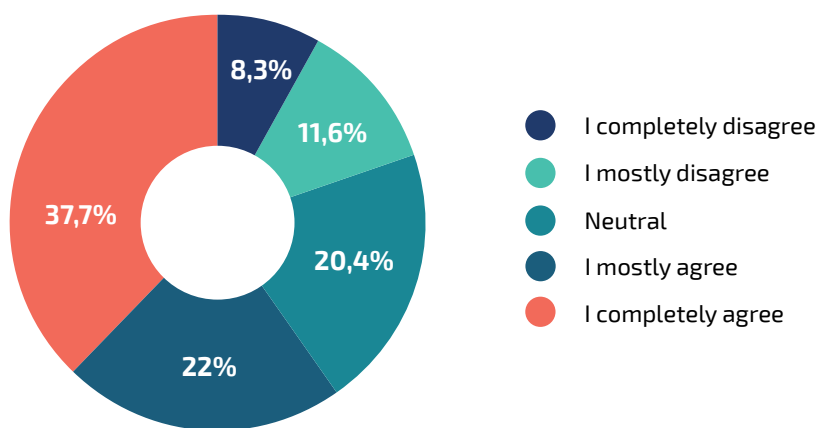
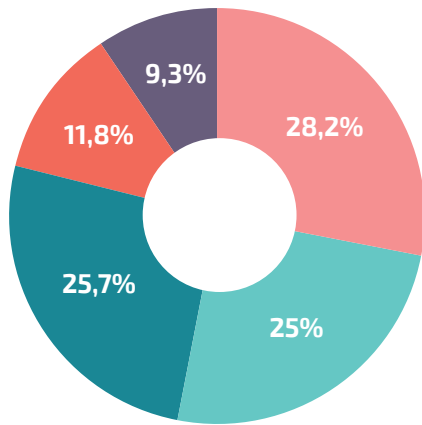


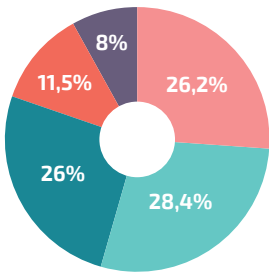
Table 34. I am not like other transgender or non-binary people

	NUMBER OF RESPONDENTS	%
I completely disagree	224	28,2
I mostly disagree	199	25,0
Neutral	204	25,7
I mostly agree	94	11,8
I completely agree	74	9,3
	795	100,0

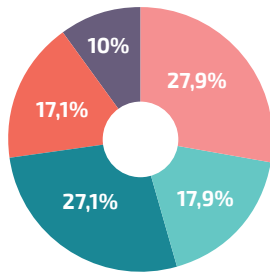


- I completely disagree
- I mostly disagree
- Neutral
- I mostly agree
- I completely agree

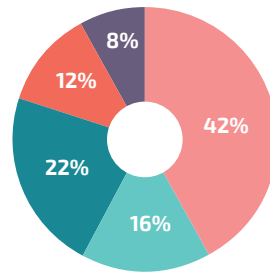
RUSSIA



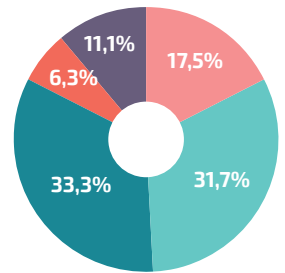
UKRAINE



KAZAKHSTAN



BELARUS





INVOLVEMENT IN SEX WORK

16.9% of respondents in the general sample stated that they had been paid for sex. 78.6% of respondents had not been paid, and 4.5% found it difficult to answer (see Table 35).

40% of those who had been paid for sex (of the 16.9% of respondents who answered yes to the previous question) had not been paid for sex in the last year, 16.3% had been paid 1-2 times, 11.9% had been paid 3-10 times, 9.6% had been paid 11-50 times, and 22.2% had been paid more than 50 times (see Table 36).

Table 35. Have you ever been paid for sex? (being paid refers to money, gifts or favors in exchange for sex)

	NUMBER OF RESPONDENTS	%
Yes	134	16,9
No	625	78,6
Difficulty answering	36	4,5
	795	100,0

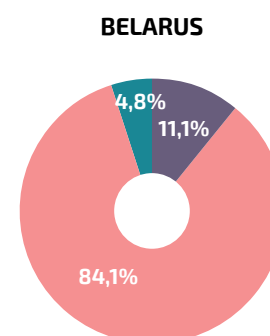
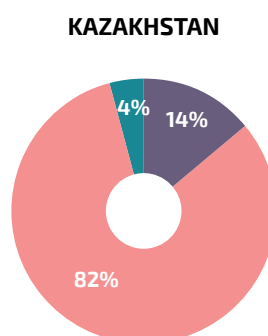
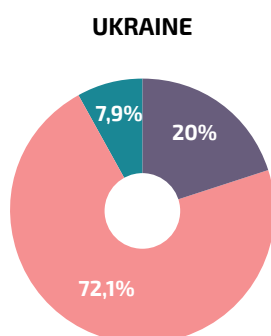
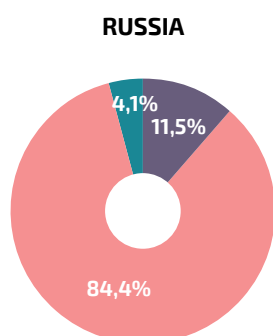
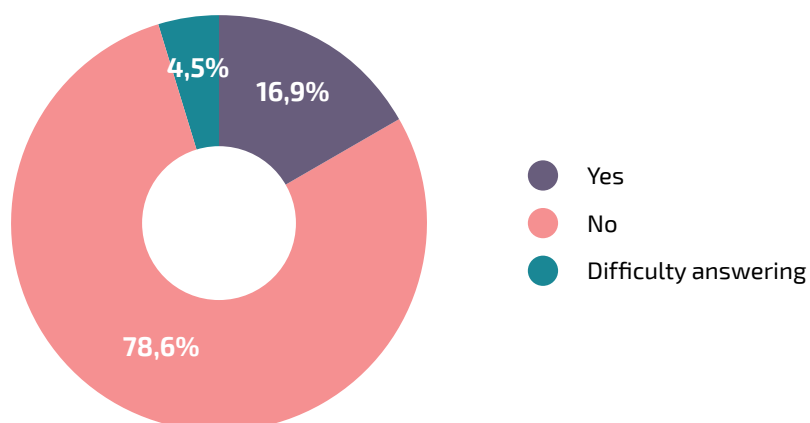
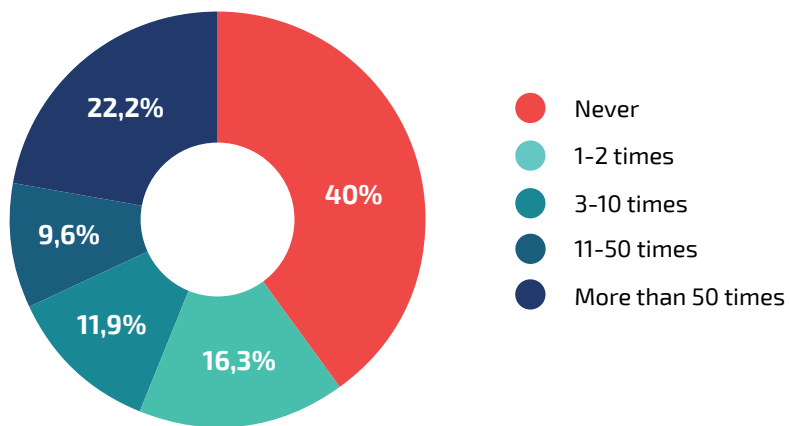


Table 36. In the last 12 months, how many times were you paid for sex?

	NUMBER OF RESPONDENTS	%
Never	54	40,0
1-2 times	22	16,3
3-10 times	16	11,9
11-50 times	13	9,6
More than 50 times	30	22,2
	135	100,0





HIV SERVICES FOR TRANS* PEOPLE

18.9% of respondents in the general sample reported that they had received condoms and lubricants in the last 3 months. 79.1% did not receive any. 2% of respondents had difficulty answering (see Table 37).

54.7% of respondents reported that they had been tested for HIV at least once. 42.8% had never been tested. 2.5% of respondents had difficulty answering (see Table 38).

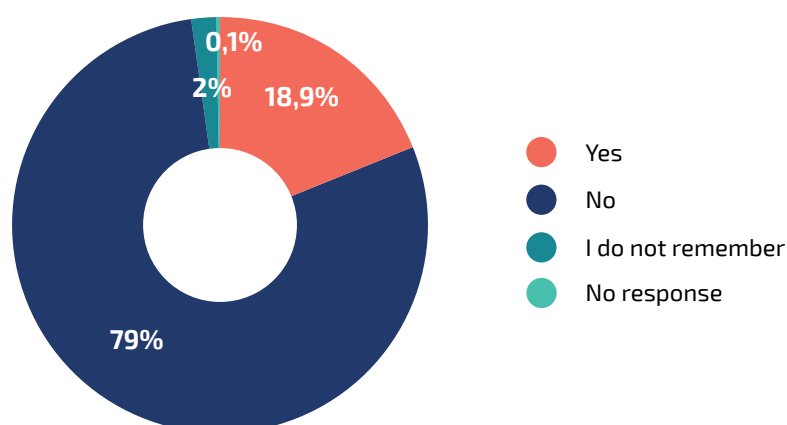
Testing last occurred:

- in the last 6 months — 46.6%;
- from 6 to 12 months ago — 25.7 %;
- more than 12 months ago — 27.8% (of those who had been tested) (see Table 39).

The test result was negative among 98% of the respondents who were tested, positive among 2.4% (10 people), uncertain among 0.2% (1 person), and 1% (4 people) did not receive a test result. 2.1% (9 people) refused to answer.

Table 37. Have you received condoms and lubricants in the last 3 months? For example, from outreach workers, HIV-service organizations or clinics

	NUMBER OF RESPONDENTS	%
Yes	150	18,9
No	628	79,0
I do not remember	16	2,0
No response	1	0,1
	795	100,0



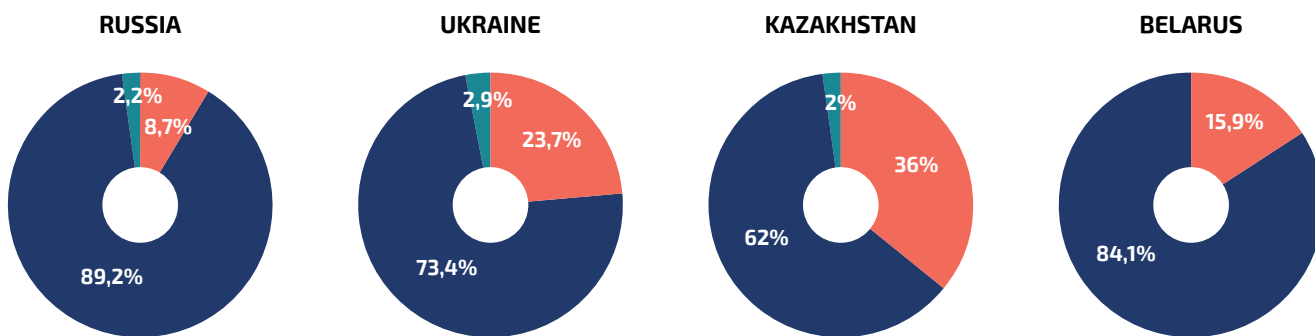


Table 38. Have you ever been tested for HIV?

	NUMBER OF RESPONDENTS	%
Yes	435	54,7
No	340	42,8
I do not remember	20	2,5
	795	100,0

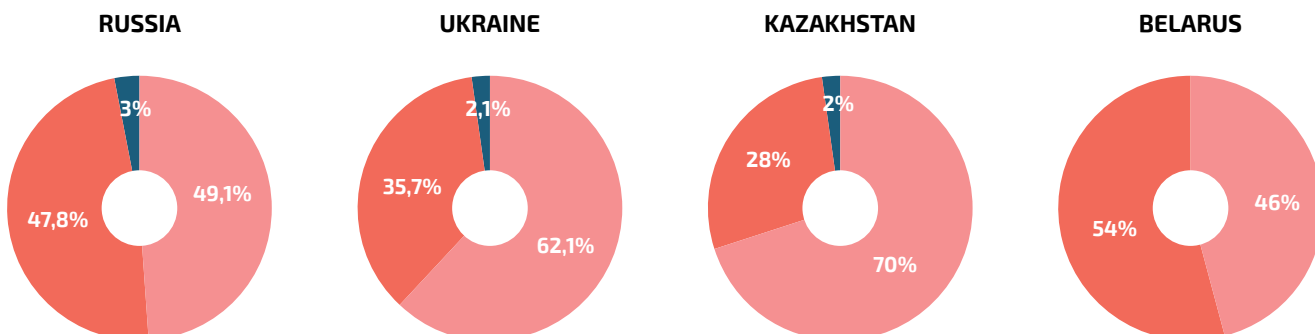
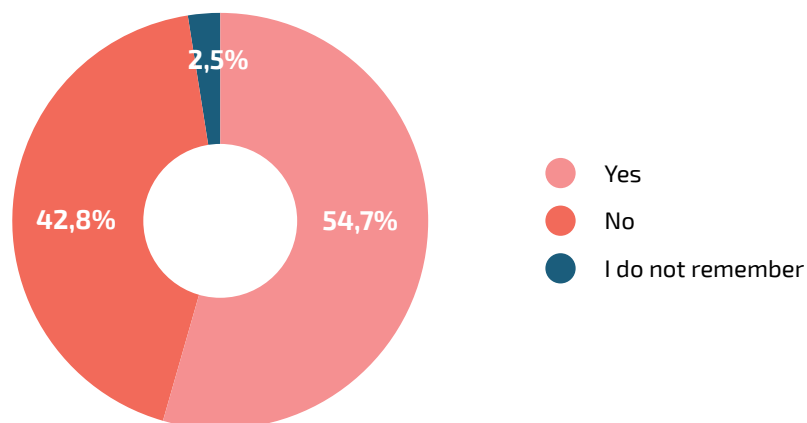


Table 39. When were you last tested for HIV (of those who had been tested)?

	NUMBER OF RESPONDENTS	%
In the last 6 months	196	46,6
From 6 to 12 months ago	108	25,7
More than 12 months ago	117	27,8
	421	100,0

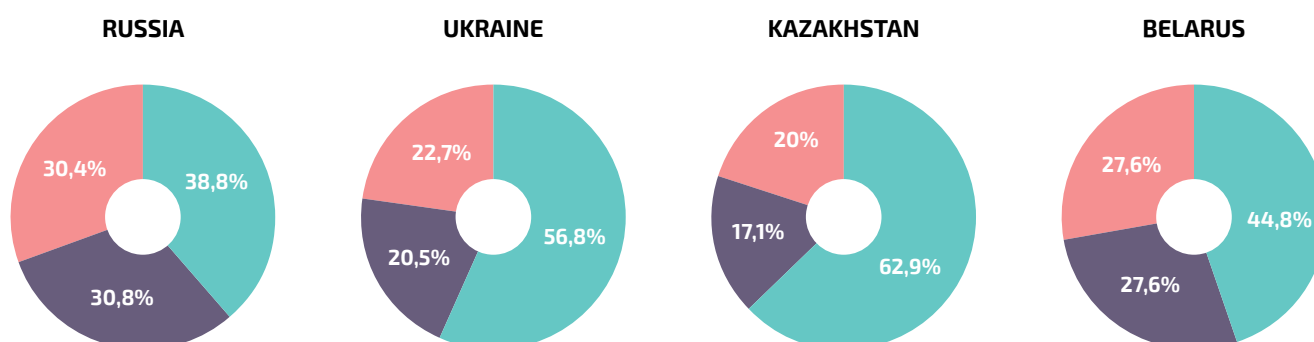
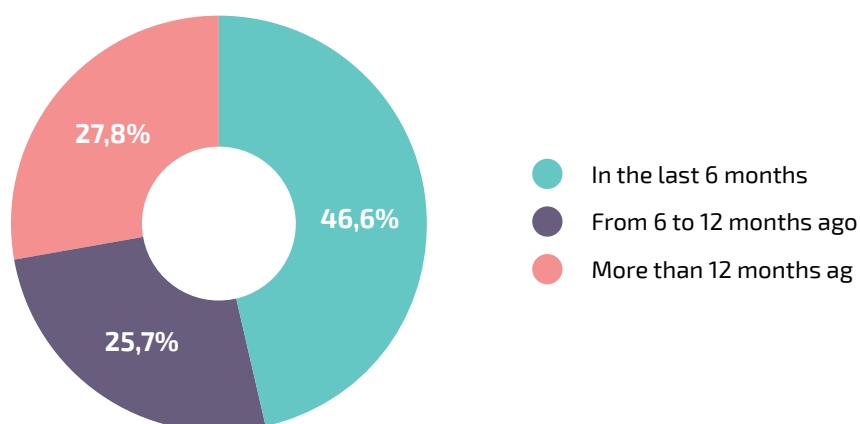
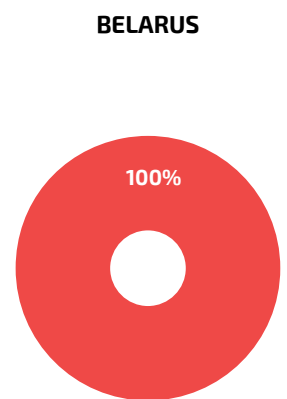
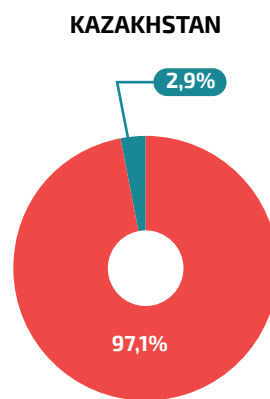
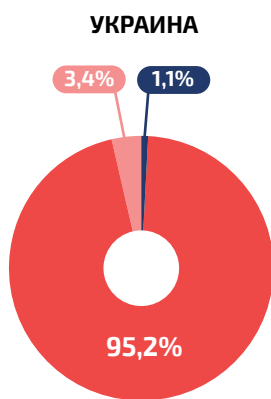
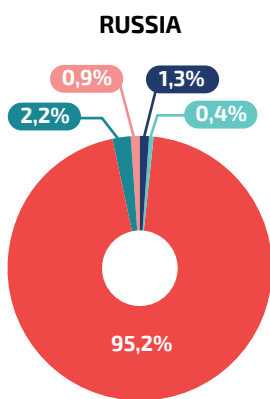
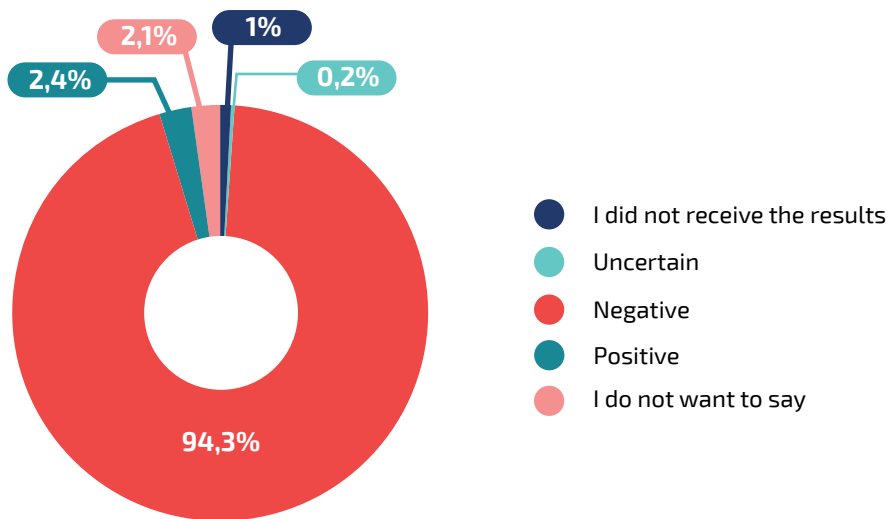


Table 40. What was the result of your last HIV test (of those who had been tested)?

	NUMBER OF RESPONDENTS	%
I did not receive the results	4	1,0
Uncertain	1	0,2
Negative	397	94,3
Positive	10	2,4
I do not want to say	9	2,1
	421	100,0



HIV TREATMENT

Of the 11 respondents who stated their HIV positive status, 81.8% received ART during the last year. 1 person (from Russia) did not receive ART, 1 other person (from Belarus) answered that they did not understand what was being discussed (see Table 41).

At the same time, 80% of respondents with HIV did not avoid seeking treatment, 1 person (10%) avoided treatment due to fear and concern about stigma, 1 person (10%) (from Russia) avoided treatment due to the strong side effects (Table 42).

Table 41. Have you received antiretroviral therapy (ART) in the last 12 months?

	NUMBER OF RESPONDENTS	%
Yes	9	81,8
No	1	9,1
I do not understand	1	9,1
	11	100,0

Table 42. Have you avoided HIV treatment in the last 12 months for any of the following reasons?

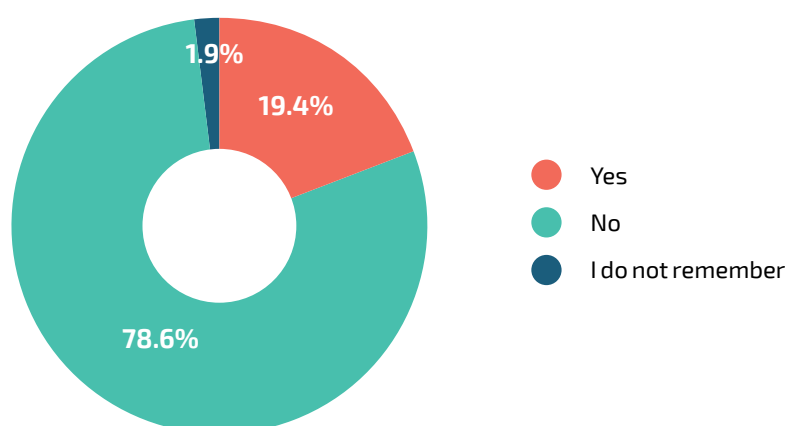
	NUMBER OF RESPONDENTS	%
I have not avoided treatment	8	80.0
Fear, concern over stigma	8	10.0
Strong side effects	8	10.0
	10	100,0

SEXUALLY TRANSMITTED INFECTIONS

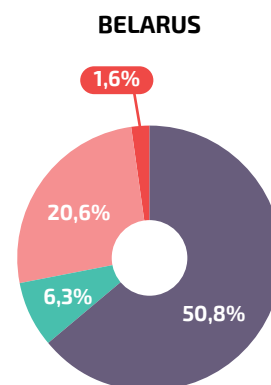
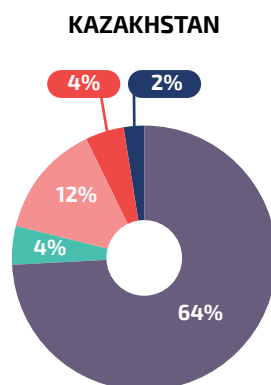
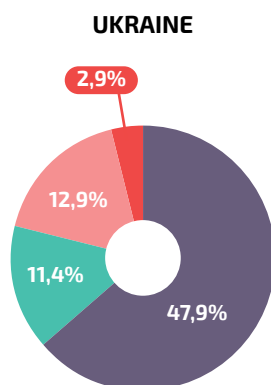
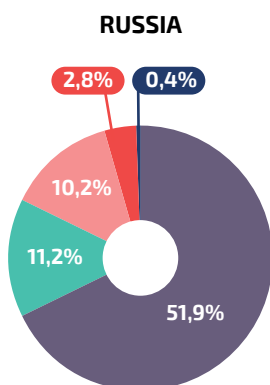
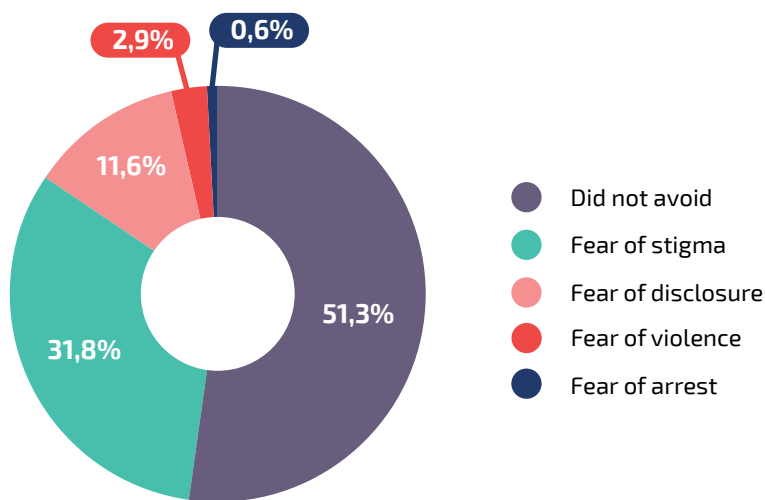
19.4% of respondents in the general sample stated that they had been tested for sexually transmitted infections in the last three months. 78.7% had not been tested. 1.9% do not remember (see Table 43).

Table 43. Aside from HIV have you been tested for sexually transmitted infections in the last 3 months?

	NUMBER OF RESPONDENTS	%
Yes	154	19,4
No	625	78,6
I do not remember	15	1,9
No response	1	0,1
	795	100,0



	КОЛИЧЕСТВО РЕСПОНДЕНТОВ	%
Fear or anxiety that someone will discover transgender/ non-binary identity	92	11,6
Fear or anxiety that someone will discover transgender/ non-binary identity + fear of violence	3	0,4
Fear or anxiety that someone will discover transgender/ non-binary identity + fear of violence + fear of being harassed by the police, arrest	1	0,1
Fear or anxiety that someone will discover transgender/ non-binary identity + fear of being harassed by the police, arrest	13	1,6
Experience of violence or fear of violence	23	2,9
Fear of violence + fear of being harassed by the police, arrest	7	0,9
Fear of being harassed by the police, arrest	5	0,6
	795	100,0



The highest percentage of those seeking medical assistance is observed in Kazakhstan, the lowest - in Ukraine, where fear of stigma is also the highest (the percentage is nearly the same in Russia). Fear of disclosure is highest in Belarus, fear of violence — in Kazakhstan.

Table 45. How about HIV testing? Have you avoided HIV testing in the last 12 months for any of the following reasons?

	NUMBER OF RESPONDENTS	%
I did not avoid	737	92,7
Fear or anxiety about stigma	15	1,9
Fear or anxiety about stigma + fear or anxiety that someone will discover transgender/non-binary identity	11	1,4
Fear or anxiety about stigma + fear or anxiety that someone will discover transgender/non-binary identity + fear of being harassed by the police, arrest	1	0,1
Fear or anxiety about stigma + fear of violence	3	0,4
Fear or anxiety about stigma + fear of violence + fear of being harassed by the police, arrest	3	0,4
Fear or anxiety that someone will discover transgender/non-binary identity	15	1,9
Fear or anxiety that someone will discover transgender/non-binary identity + fear of being harassed by the police, arrest	1	0,1
Fear of violence	6	0,8
Fear of being harassed by the police, arrest	3	0,4
	795	100,0

Over the past year, 58% of respondents experienced verbal abuse or were called offensive names because of their transgender identity. 21% of respondents in the general sample were subjected to threats of outing. Over the past year, 16.5% reported damage to property, 28.3% received threats of physical violence, and 18.7% of respondents experienced direct physical violence. 9.8% of respondents in the general sample were coerced into having sex against their will in the last year.

18.9% of respondents in the general sample have never experienced verbal abuse or were never called offensive names because of their trans* identity. 64.3% have never been threatened with outing or blackmailed, and 68.1% of respondents have never experienced damage to their property. Nearly half (49.7%) of the respondents in the general sample have never been threatened with physical violence, 64% have never experienced direct physical violence, and 80.5% have never been forced to have sex against their will.

Table 46. When was the last time you found yourself in such situations because of your gender identity or self-expression? [Verbal abuse and offensive names]

	NUMBER OF RESPONDENTS	%
Never	150	18,9
In the last 12 months	461	58,0
More than 12 months ago	184	23,1
	795	100,0

Table 47. When was the last time you found yourself in such situations because of your gender identity or self-expression? [Threat of outing or blackmail (disclosure of identity)]

	NUMBER OF RESPONDENTS	%
Never	511	64,3
In the last 12 months	167	21,0
More than 12 months ago	117	14,7
	795	100,0

Table 48. When was the last time you found yourself in such situations because of your gender identity or self-expression? [Damage to your belongings or property]

	NUMBER OF RESPONDENTS	%
Never	541	68,1
In the last 12 months	131	16,5
More than 12 months ago	123	15,5
	795	100,0

Table 49. When was the last time you found yourself in such situations because of your gender identity or self-expression? [Threat of physical violence]

	NUMBER OF RESPONDENTS	%
Never	395	49,7
In the last 12 months	225	28,3
More than 12 months ago	175	22,0
	795	100,0

Table 50. When was the last time you found yourself in such situations because of your gender identity or self-expression? [Physical violence (pushing, punching, kicking, strangling, beating, etc.)]

	NUMBER OF RESPONDENTS	%
Never	509	64,0
In the last 12 months	149	18,7
More than 12 months ago	137	17,2
	795	100,0

Table 51. When was the last time you found yourself in such situations because of your gender identity or self-expression? [Coerced sex against your will]

	NUMBER OF RESPONDENTS	%
Never	640	80,5
In the last 12 months	78	9,8
More than 12 months ago	77	9,7
	795	100,0



TRANSPHOBIA SCALE

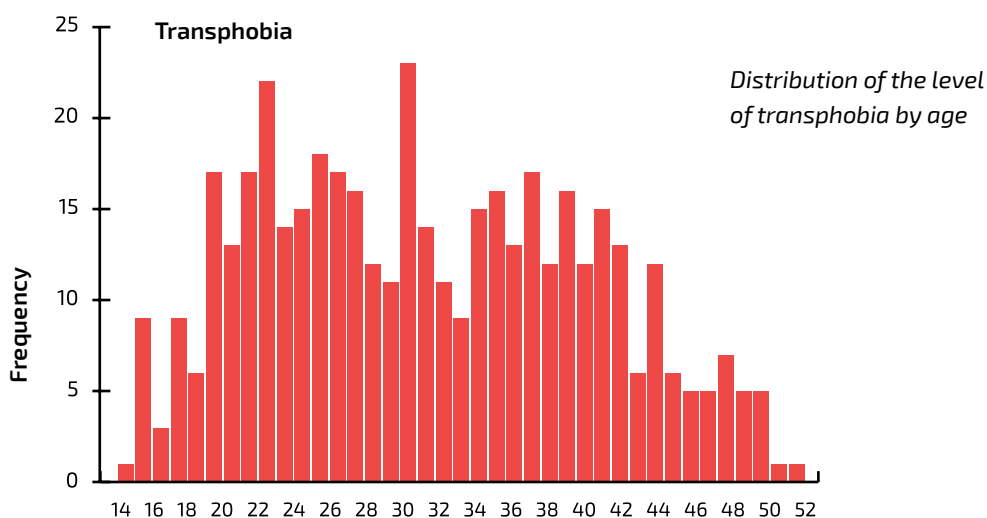
Next, we track the level of internalized transphobia on the "Transphobia Scale" for the five countries with representative samples

TRANSPHOBIA SCALE IN THE RF

Table 52. Transphobia scale in Russia

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	462	14	55	31,7	9,4

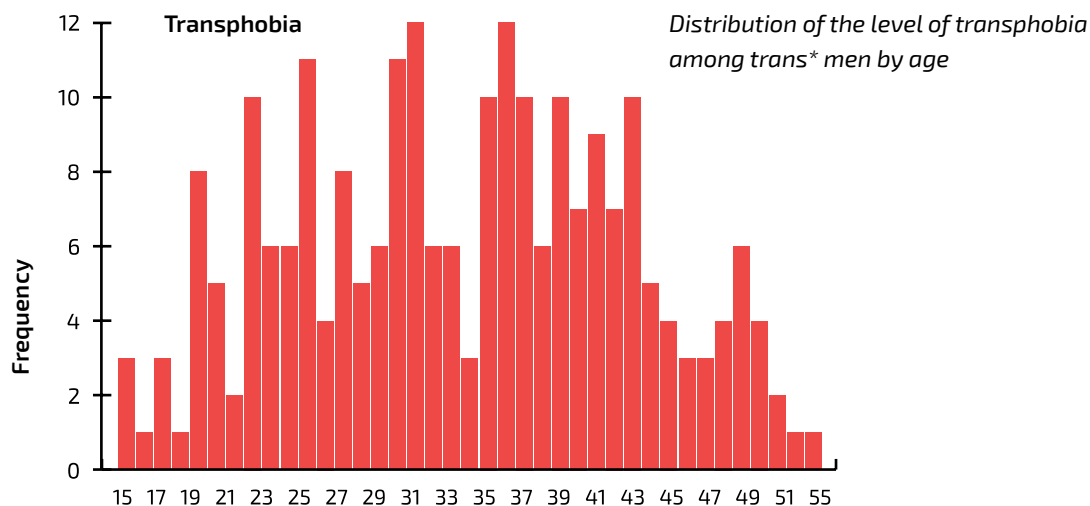
The level of internalized transphobia among Russian respondents can generally be described as average (with a median value of 31, the value of Russia is 31.7). **The median value is 31 points. The minimum on the scale could have been 11 points, the maximum - 66 points (11 questions).**



The level of internalized transphobia among trans* men in Russia was 33.5 points on the scale under consideration (median — 34 points).

Table 53. Responses of trans* men

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	231	15	55	33,5	9,2



The level of internalized transphobia among trans* women in Russia was 31.6 points on the scale under consideration (median — 31 points).

Table 54. Responses of trans* women (RF)

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	88	15	51	31,6	9,4

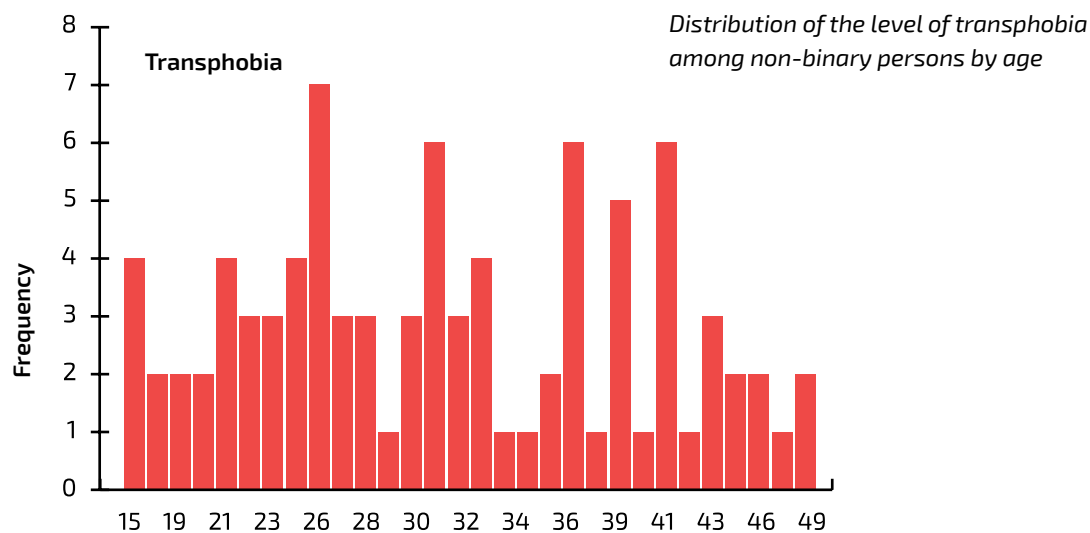


Table 55. Responses of non-binary persons

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	143	14	51	28,6	8,9

The Mann-Whitney U-test, a nonparametric test, was used to compare the means of independent samples.

The Kruskal-Wallis test is used when comparing mean values in more than two groups.

MANN-WHITNEY U-TEST

The Mann-Whitney U-test for assessing differences between two independent samples showed that there were no significant differences between the levels of transphobia of trans* men and trans* women. However, there are significant differences between samples of trans* men and non-binary people ($p < 0.001$) and trans* women and non-binary people ($p < 0.05$).

No correlation with age was found in the transphobia scale, but the level of internalized transphobia is slightly higher among persons 20 years and younger than among persons over 35 years.

Table 56. Internalized transphobia of people up to 20 years (inclusive)

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	191	15	51	33,6	8,4

Table 57. Internalized transphobia among people over 35 years

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	62	14	55	29,6	10,3

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between trans* people and their level of transphobia depending on the size of the settlement in Russia in which they live ($p < 0.001$).

In rural areas, the level of internalized transphobia is slightly above average, and in cities with a population of over 1 million, it is below average.

Table 58. Rural area.

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	21	19	52	36,7	10,1

Table 59. City with a population of less than 100,000 people

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	35	17	51	33,6	9,4

Table 60. City with a population from 100,000 to 1 million people

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	115	17	50	33,5	8,3

Таблица 61. Город с населением 1 млн. человек и более.

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	291	14	55	30,3	9,5

MANN-WHITNEY U-TEST

Using the Mann-Whitney U-test to assess the differences between two independent samples, there are no significant differences between those who did or did not have gender affirming surgery.

However, there are significant differences between those who take hormones and those who do not ($p < 0.01$).

There are significant differences between those who changed the gender marker in their passport and those who did not ($p = 0.01$). Those who amended their documents show markedly lower levels of internalized transphobia compared to those who did not.

Table 62. Already amended all necessary documents

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	97	15	51	29,6	9,9

Table 63. Did not change sex in documents

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	333	14	55	32,5	9,2

There are significant differences between those who participate in an existing LGBT organization or initiative that includes transgender and/or gender non-binary people ($p < 0.01$) and those who do not.

There are no significant differences between those who defend the rights of transgender and gender non-binary people in the media or on social networks, and those who do not; participate in marches; maintain a website; help with health issues, donate money or do something else.

There are no significant differences between those who received money for sex and those who did not.

Significant differences exist between those who have been tested for HIV (lower level of internalized transphobia) and those who have not ($p= 0.001$), as well as between those who have been tested for HIV in the last 6 months/more than half a year ago/more than a year ago. Those who were more recently tested for HIV showed higher levels of internalized transphobia than those who had been tested less recently.

There are significant differences between those who experienced verbal aggression (verbal abuse and offensive name-calling) in the last year (higher level of internalized transphobia) and those who did not ($p < 0.001$); there are no such differences with those who were subjected to verbal aggression more than a year ago.

There are significant differences on the scale of internalized transphobia between those who were threatened with being outed in the last year (higher level) and more than a year ago, and those who did not face such a threat ($p < 0.05$).

There are no such significant differences in relation to damage to belongings or property.

There are significant differences on the scale of internalized transphobia between those who were threatened with physical violence in the last year ($p < 0.01$); there are no such differences with those who were threatened with violence more than a year ago.

There are even more significant differences on the scale of internalized transphobia between those who experienced physical violence in the last year ($p < 0.001$); there are no significant differences with those who were subjected to violence more than a year ago.

There are no significant differences on the scale of internalized transphobia in relation to coerced sex against a person's will (possibly due to insufficient sampling).

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between the levels of transphobia of trans* people depending on their level of education ($p= 0.001$).

MANN-WHITNEY U-TEST

According to the Mann-Whitney U-test, there are significant differences on the Transphobia Scale between those who have a master's, specialist, or doctoral degree, and those who with secondary ($p= 0.001$) and secondary vocational education ($p= 0.015$) (the level of internalized transphobia is higher), as well as with those who have incomplete higher education ($p < 0.05$).

There are significant differences on the Transphobia Scale between those who have a master's degree and those with incomplete secondary education ($p < 0.05$) (the level of internalized transphobia is higher).

There are significant differences on the Transphobia Scale between those who have a master's or specialist degree (the level of internalized transphobia is higher) and those who have a doctoral degree.

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between trans* people in terms of their level of internalized transphobia depending on employment ($p= 0.015$). The highest level of transphobia is among students, followed by persons with full-time employment; it is slightly lower among entrepreneurs; and the lowest among those who are employed part-time.

MANN-WHITNEY U-TEST

There are no differences in the Mann-Whitney U-test between those who are unemployed and those who are employed full-time, and between unemployed people and students. However, there are differences between unemployed people and entrepreneurs or self-employed people ($p < 0.01$), and between unemployed people and part-time workers ($p < 0.05$).

There are significant differences between part-time workers and students ($p < 0.05$).

There are significant differences between students and entrepreneurs or self-employed people ($p < 0.05$).

Students and transgender people employed full-time demonstrate the highest levels of internalized transphobia.

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between trans* people in terms of their level of transphobia depending on financial status ($p < 0.05$).

Table 64. Higher education, master's, specialist or doctoral degree

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	64	14	51	28,4	9,4

Table 65. Complete secondary education

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	80	15	55	33,2	8,9

Table 66. Unemployed

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	79	15	55	33,5	9,5

Table 67. Entrepreneur or self-employed.

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	78	14	51	29,4	10,1

Table 68. I have enough for food. I need to save or borrow money for clothes and shoes

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	103	15	52	33,2	9,6

Table 69. I need to save or borrow money for a car or apartment

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	45	17	50	28,5	9,3

Thus, a higher income level suggests a decrease in the level of internalized transphobia, while a low income level increases the level of internalized transphobia

TRANSPHOBIA SCALE IN UKRAINE

The level of internalized transphobia among Ukrainian respondents can generally be described as average (with a median value of 31, the value of Ukraine is 31.1). The median value is 31 points. The minimum on the scale could have been 11 points, the maximum — 66 points (11 questions).

Moreover, the level of internalized transphobia among Ukrainian trans* men is slightly higher (33.1) than among trans* women (31.7). Non-binary persons show a rather low level of internalized transphobia (28.1).

Table 70. Level of internalized transphobia in Ukraine

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	139	11	53	31,1	9,9

Table 71. Trans* men

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	53	11	53	33,1	10,3

Table 72. Trans* women

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	43	11	50	31,7	10,6

Table 73. Non-binary persons

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	43	16	51	28,1	8,3

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences in the level of transphobia between trans* men, trans* women and non-binary people ($p < 0.05$). The level of internalized transphobia among trans* men is higher, among trans* women it is slightly lower, and it is the lowest among non-binary people.

No correlation with age was found in the transphobia scale. At the same time, the level of internalized transphobia is slightly higher (33.6) among persons 20 years and younger than among persons over 35 years (29.7).

Table 74. People up to 20 years (inclusive)

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	51	18	53	33,6	9,2

Table 75. People over 35 years

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	27	14	48	29,7	9,7

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test did not reveal significant differences between the level of transphobia of trans* people depending on the size of the settlement in Ukraine in which they live. At the same time, in small cities (less than 100 thousand people), this level is on average slightly higher (34.4), than in large cities (more than 1 million people) (30.1).

Table 76. City with a population of 1 million people or more

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	94	11	53	30,1	9,3

Table 77. City with a population from 100,000 to 1 million people

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	24	12	51	32,0	11,2

Table 78. City with a population of less than 100,000 people or rural area

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	21	11	53	34,4	11,3

MANN-WHITNEY U-TEST

According to the Mann-Whitney U-test, there are no significant differences between those who take hormones and those who do not. However, there are significant differences between those who did or did not have gender affirming surgery ($p < 0.01$). Thus, the level of internalized transphobia is significantly lower among those who have undergone surgery.

Table 79. Underwent gender affirming surgery

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	12	14	44	23,2	9,6

Table 80. Did not undergo gender affirming surgery

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	127	11	53	31,9	9,7

Similar results were obtained regarding the change of the gender marker. There are significant differences between those who changed the gender marker in their passport and those who did not ($p < 0.05$). Those who changed their gender marker demonstrate a decrease in the level of internalized transphobia.

Table 81. Changed gender marker in passport

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	23	11	44	26,7	10,7

Table 82. Did not change gender marker in passport

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	103	12	53	32,4	9,7

There are significant differences between those who participate in an existing LGBT organization or initiative that includes transgender and/or gender non-binary people and those who do not ($p = 0.001$). The former have a below-average level of transphobia, while the latter have a higher level.

Table 83. Participating in existing LGBT organization or initiative

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	60	11	53	27,8	10,1

Table 84. Do not participate in LGBT initiative and do not want to

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	34	11	53	35,3	11,0

There are significant differences between those who participate in marches or other public events to defend the rights of transgender and/or gender non-binary people and those who do not ($p < 0.05$). For the former, the level of internalized transphobia is lower, for the latter it is above average.

Table 85. Participating in marches or other public events

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	47	11	53	28,0	9,9

Table 86. Do not participate and do not want to

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	44	11	50	32,9	10,2

There are significant differences between those who do something else for the trans* community and those who do not ($p < 0.05$). Those who do something for the trans* community demonstrate lower levels of internalized transphobia.

Table 87. Those who do something else for the trans* community

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	41	11	48	28,5	9,8

There are no significant differences between those who defend the rights of transgender and gender non-binary people in the media or on social networks, maintain a website, help with health matters, or donate money and those who do not.

There are no significant differences between those who received money for sex and those who did not.

There are significant differences between those who have been tested for HIV and those who have not ($p= 0.001$). Those who have not been tested show higher levels of internalized transphobia.

There are no significant differences between those who were tested for HIV in the last 6 months/more than six months ago/more than a year ago, and those who were not.

Table 88. Those who have been tested for HIV

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	87	11	49	28,8	9,5

Table 89. Those who have never been tested for HIV

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	50	16	53	34,9	9,7

There are no significant differences between those who were subjected to verbal aggression (verbal abuse and offensive name-calling) and those who were not. However, there are significant differences between those who were subjected to verbal aggression less than a year ago and more than a year ago ($p < 0.05$). The former have a higher level of internalized transphobia

Table 90. Those subjected to verbal aggression less than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	93	12	53	32,1	9,8

Table 91. Those subjected to verbal aggression more than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	29	11	53	27,9	10,1

Table 92. Those not subjected to verbal aggression

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	17	11	51	31,2	10,4

At the same time, there are significant differences on the Transphobia Scale between those who were threatened with outing (higher level of internalized transphobia) in the last year and those who were not ($p < 0.05$); however, there is no difference from those who were threatened with outing more than a year ago.

There are also no significant differences on the Transphobia Scale in relation to damage to belongings or property, or the threat of physical violence, and among those who have been subjected to physical violence, or coerced sex against their will.

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between the levels of transphobia of trans* people based on their level of education ($p < 0.05$).

MANN-WHITNEY U-TEST

According to the Mann-Whitney U-test, there are significant differences on the Transphobia Scale between those who have a master's, specialist or doctoral degree, those who have a secondary education ($p < 0.01$) and a secondary vocational education ($p < 0.05$), as well as those who have an incomplete higher education ($p < 0.01$). The lowest level of internalized transphobia was demonstrated by those who with a master's, specialist or doctoral degrees. The highest level was demonstrated by those with incomplete higher education. We can assume that the transgender status of some of these people prevented them from completing their education, and that some study in a transphobic environment or have problems during their studies due to their transgender status.

Table 93. Have a master's, specialist or doctoral degree

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	27	11	48	25,2	9,2

Table 94. Have incomplete and complete secondary education

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	33	18	53	32,6	8,3

Table 95. Have secondary vocational education

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	21	20	51	32,8	10,4

Table 96. Have incomplete higher education

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	34	16	53	33,4	9,6

Table 97. Have higher education, Bachelor's degree

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	24	11	50	31,0	11,2

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between the levels of transphobia of trans* people depending on employment ($p < 0.01$).

MANN-WHITNEY U-TEST

The Mann-Whitney test indicated that there is no difference between unemployed people and people employed full-time or part-time, and entrepreneurs or self-employed people (the lowest level of internalized transphobia), but there is a significant difference between unemployed people and students (students have the highest level of internalized transphobia) ($p < 0.05$). There are also significant differences between full-time employees and entrepreneurs or self-employed people (the lowest level of internalized transphobia, in contrast to Russia) ($p < 0.05$). There are significant differences between part-time employees and students ($p < 0.05$). There are also significant differences between students and entrepreneurs or self-employed people ($p < 0.001$).

Table 98. Unemployed

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	35	12	50	30,0	9,7

Table 99. Employed full-time

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	29	14	51	32,5	9,5

Table 100. Entrepreneur or self-employed

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	25	11	46	25,7	9,7

Table 101. Student

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	36	18	53	35,3	9,2

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between trans* people in terms of their level of transphobia depending on their financial status ($p < 0.01$). In this case, a low level of internalized transphobia was demonstrated by persons with medium and high incomes.

Table 102. I need to save for food

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	25	19	53	36,6	9,2

Table 103. I need to save or borrow money for a smartphone, a good suit

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	42	12	47	27,5	8,7

Table 104. I need to save or borrow money for a car or apartment or I can buy anything I want at any time

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	12	11	48	28,0	13,2

TRANSPHOBIA SCALE IN KAZAKHSTAN

The level of internalized transphobia among Kazakhstani respondents is slightly below average (30.7 with a median of 31). Trans* women demonstrate the lowest level of internalized transphobia among the Kazakhstani sample (28.4), trans* men – slightly above average (31.8), and non-binary persons - the highest level (32.7).

This is possibly due to the specificities of the sample: people who have access to the Internet and are involved in activist processes demonstrate a lower level of internalized transphobia.

Table 105. Level of internalized transphobia among Kazakhstani respondents

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	50	15	47	30,7	9,3

Table 106. Trans* men

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	24	18	47	31,8	8,7

Table 107. Trans* women

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	18	15	45	28,4	10,0

Table 108. Non-binary persons

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	8	25	46	32,7	9,7

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test did not reveal significant differences between trans* people in terms of their level of transphobia depending on their gender identity.

No correlation with age was found in the transphobia scale.

Table 109. People up to 20 years (inclusive)

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	15	16	47	30,9	9,9

Table 110. People over 35 years

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	8	19	42	30,3	8,7

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test did not reveal significant differences between trans* people in terms of their level of transphobia depending on the size of the settlement in which they live.

Table 111. City with a population of 1 million people or more

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	36	15	46	30,1	9,1

Table 112. City with a population from 100,000 to 1 million people

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	10	19	45	29,6	9,6

MANN-WHITNEY U-TEST

The Mann-Whitney test did not reveal significant differences between those who take hormones and those who do not. The trend towards a higher level on the Transphobia Scale among people who take hormones may be due to the fact that they do so illegally.

Table 113. Taking hormones

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	32	16	47	32,3	8,8

There are no significant differences between those have or have not undergone gender affirming surgery.

Table 114. Those who have undergone gender affirming surgery

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	20	16	47	30,5	8,9

There are significant differences between those who changed the gender marker in their passport and those who did not ($p < 0.05$). Those who officially had the opportunity to change their gender marker feel more comfortable in society, and accordingly, their level of internalized transphobia is much lower.

Table 115. Changed gender marker in passport

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	14	15	47	25,8	8,9

Table 116. Did not change gender marker in passport

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	33	16	47	32,5	8,9

There are no significant differences between those who participate in an existing LGBT organization or initiative that includes transgender and/or gender non-binary people and those who do not.

Table 117. Participating in existing LGBT organization

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	31	15	47	31,4	9,9

There are no significant differences between those who defend the rights of transgender and gender non-binary people in the media or on social networks and those who do not; maintain a website site; help with health issues, donate money, or participate in marches or other public events.

There are significant differences between those who do something else for the trans* community and those who do not ($p < 0.05$). Those who do not do anything have significantly higher rates of internalized transphobia.

Table 118. Doing something else for the trans* community

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	19	15	37	25,0	6,6

Table 119. Not doing anything else for the trans* community

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	10	16	47	33,4	9,7

There are no significant differences between those who received money for sex and those who did not.

There are no significant differences between those who have been tested for HIV and those who have not.

There are significant differences between those who experienced verbal aggression (the level of internalized transphobia is higher) (verbal abuse and offensive name-calling) more than a year ago and those who have not ($p < 0.05$). There are no such differences with those who were subjected to verbal aggression in the last year.

Table 120. Those not subjected to verbal aggression

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	15	16	46	27,4	7,9

Table 121. Subjected to verbal aggression more than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	9	19	47	34,8	7,9

Table 122. Subjected to verbal aggression less than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	26	15	47	31,3	10,1

There are significant differences on the Transphobia Scale between those who were threatened with being outed more than a year ago (the highest level on the Transphobia Scale) and those who were not ($p < 0.05$), but not with those who were threatened with outing in the last year.

Table 123. Not subjected to threat of outing

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	32	15	47	28,4	8,9

Table 124. Subjected to threat of outing more than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	13	16	47	35,5	8,6

Table 125. Subjected to threat of outing less than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	5	19	45	33,2	10,5

There are no significant differences in relation to damage to belongings or property or the threat of physical violence, as well as to those who were subjected to physical violence or forced to have sex against their will.

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test did not reveal the existence of significant differences between trans* people in terms of their level of transphobia depending on their level of education, employment, or financial situation.

MANN-WHITNEY U-TEST

According to the Mann-Whitney U-Test, there are significant differences on the Transphobia Scale between those who have a master's, specialist or doctoral degree (significantly above average level of internalized transphobia) and those with a bachelor's degree (below average level of transphobia) ($p < 0.01$).

Table 126. Educational level

EDUCATIONAL LEVEL	MEAN ON THE TRANSPHOBIA SCALE
Master's, specialist or doctoral degree	40,0
Higher education, Bachelor's degree	28,1
Incomplete higher education	32,3
Secondary vocational education	30,4
Incomplete and complete secondary education	29,2

There are also significant differences on the Transphobia Scale between unemployed people (the level of transphobia is higher) and people employed part-time (the level of transphobia is significantly lower than the average) ($p = 0.01$).

Table 127. Professional employment

PROFESSIONAL EMPLOYMENT	СРЕДНЕЕ ПО ШКАЛЕ ТРАНСФОБИИ
Unemployed	35,7
People employed part-time	22,2
People employed full-time	29,8
Students	29,9

The level of internalized transphobia among Belarusian respondents is above average. The highest level of internalized transphobia is demonstrated by trans* men (37.7), the lowest - by non-binary persons (31.4).

Table 128. Level of internalized transphobia of Belarusian respondents

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	63	14	50	35,2	9,4

Table 129. Trans* men

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	31	22	50	37,7	7,8

Table 130. Trans* women

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	19	14	49	33,6	11,9

Table 131. Non-binary persons

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	13	17	48	31,4	7,8

MANN-WHITNEY U-TEST

According to the Mann-Whitney U-Test, due to the small sample size, there are significant differences in the level of transphobia between trans* men and non-binary people only ($p < 0.05$).

A negative correlation was found between the level of transphobia and age ($r = -0.335$, $p < 0.01$). In other words, younger trans* people score higher on the transphobia scale, while older age groups score lower.

Table 132. People up to 20 years (inclusive)

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	29	17	50	38,1	7,6

Table 133. People over 35 years

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	7	14	42	28,4	11,6

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between trans* people in terms of their level of transphobia depending on the size of the settlement in which they live ($p < 0.001$). The highest score on the Transphobia Scale (40.5) was found among respondents from rural areas. In comparison, the rate was average (30.8) for people living in a city with a population of 1 million people or more.

Table 134. City with a population of 1 million people or more

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	30	14	49	30,8	8,4

Table 135. City with a population from 100,000 to 1 million people

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	22	17	50	38,4	9,0

Table 136. City with a population of less than 100,000 people and rural areas

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	11	20	48	40,5	8,3

MANN-WHITNEY U-TEST

The Mann-Whitney test showed that there are significant differences between trans* people living in the capital and outside it ($p < 0.001$). The level of internalized transphobia among the latter is higher than among the former.

Table 137. Living in the capital

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	32	14	49	30,4	8,5

Table 138. Living outside the capital

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	20	24	50	39,9	7,8

There are significant differences between those who did and those who did not undergo gender affirming surgery ($p = 0.01$) (in this sample, only 3 people underwent surgery, which is why the sample is not sufficiently representative).

There are no significant differences between those who take hormones and those who do not.

There are significant differences between those who changed the gender marker in their passports and those who did not ($p < 0.01$) (there were 4 people in this sample who changed their passports, meaning it is not representative).

There are significant differences between those who participate in an existing LGBT organization or initiative that includes transgender and/or gender non-binary people ($p < 0.05$) and those who do not. Those who do not participate have higher levels of internalized transphobia.

Table 139. Participating in existing LGBT organization or initiative

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	8	14	50	26,5	12,8

Table 140. Do not participate and do not want to

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	20	17	49	37,5	8,1

There are significant differences between those who do something else for the trans* community and those who do not ($p < 0.01$). The level of internalized transphobia is higher among the latter.

Table 141. Those who do something else for the trans* community

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	16	14	44	29,4	9,5

Table 142. Those who do not, and do not want to

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	35	17	50	37,3	8,8

There are no significant differences between those who defend the rights of transgender and gender non-binary people in the media or on social networks and those who do not, maintain a website, help with health issues, donate money, or participate in marches or other public events.

There are no significant differences between those who received money for sex and those who did not.

There are no significant differences between those who have been tested for HIV and those who have not.

There are significant differences between those who were subjected to verbal aggression (verbal abuse and offensive name-calling) in the last year (their level of internalized transphobia is higher) and those who were not ($p < 0.001$). There are no such differences with those who were subjected to verbal aggression more than a year ago. There are significant differences between those who experienced verbal aggression less than a year ago (higher level) and more than a year ago ($p < 0.05$).

Table 143. Those not subjected to verbal aggression

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	13	17	48	28,2	8,6

Table 144. Subjected to verbal aggression less than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	34	17	50	38,9	7,6

Table 145. Subjected to verbal aggression more than a year ago

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	16	14	48	32,88	10,178

There are no significant differences on the Transphobia Scale between those who were threatened with outing in the last year or more than a year ago, and those who were not.

There are no significant differences in relation to damage to belongings or property.

There are significant differences on the Transphobia Scale between those who were threatened with physical violence in the last year ($p < 0.05$) (their level of internalized transphobia is higher) and those who were not. There are no such differences with those who were threatened with violence more than a year ago.

Table 146. No threat of physical violence

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	31	17	50	33,0	9,3

Table 147. Subjected to threat of physical violence in the last year

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	20	17	50	39,0	8,7

There are no significant differences on the Transphobia Scale among those who experienced physical violence, or were forced to have sex against their will.

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test did not show the existence of significant differences between trans* people in terms of their level of transphobia depending on educational level or employment.

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test showed that there are significant differences between trans* people in terms of their level of transphobia depending on financial status ($p < 0.05$). The highest level of internalized transphobia was demonstrated by persons with below-average income (40.2). Poor people demonstrated slightly less, but still above average, internalized transphobia (35.0).

Table 148. Need to save or borrow money for clothes and shoes

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	21	20	50	35,0	8,6

Table 149. Need to save or borrow money for a smartphone, a good suit

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	13	17	50	40,2	9,3

Table 150. Need to save or borrow money for household appliances

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	13	17	50	40,2	9,3



LEVEL OF INTERNALIZED TRANSPHOBIA BY COUNTRY WITH INSUFFICIENTLY REPRESENTATIVE SAMPLES

According to the Transphobia Scale, Kyrgyzstan is slightly below average, and Armenia is below average. Moldova demonstrates an above-average level of transphobia.

For these countries, data may be unreliable due to the small sample size.

Table 151. Transphobia scale in Kyrgyzstan

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	28	15	47	28,9	9,3

Table 152. Transphobia scale in Armenia

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	26	13	47	24,7	9,8

Table 153. Transphobia scale in Moldova

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	11	14	55	35,1	11,9

CONTINGENCY TABLES

Overall results for 795 people from 11 countries.

KRUSKAL-WALLIS TEST

The Kruskal-Wallis test revealed significant differences between trans* people in terms of their level of transphobia depending on gender identity ($p < 0.001$). Trans* men have the highest rates in the sample, trans* women have average rates, and non-binary people have below average rates.

Table 154. Trans* men

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	361	11	55	33,4	9,4

Table 155. Trans* women

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	СРЕДНЕЕ	STANDARD DEVIATION
Transphobia	205	11	55	31,0	10,2

Table 156. Non-binary persons

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	228	14	51	28,9	8,9

The Transphobia Scale has a very weak, negative correlation with age ($r = -0.23$, $p < 0.001$). In relation to seeking medical assistance, there is a trend that those who avoided seeking medical assistance had higher rates of transphobia (32.7) than those who did not avoid seeking assistance (29.4).

Table 157. Did not avoid seeking medical care in the last 12 months

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	422	11	55	29,4	9,5

Table 158. Avoided seeking medical care in the last 12 months for various reasons

	NUMBER OF RESPONDENTS	MINIMUM VALUE	MAXIMUM VALUE	MEAN	STANDARD DEVIATION
Transphobia	194	15	51	32,7	9,0

The contingency tables show that trans* women were significantly more likely to be subjected to aggression (except for insults).

Table 159. Table showing the correlation of gender identity and verbal abuse

			NEVER	IN THE LAST 12 MOS	MORE THAN 12 MOS. AGO	TOTAL
Current gender identity	Trans* men	Observed	71	203	88	362
		Expected	68,3	209,9	83,8	362,0
	Trans* women	Observed	27	132	46	205
		Expected	38,7	118,9	47,4	205,0
	Non-binary persons	Observed	52	126	50	228
		Expected	43,0	132,2	52,8	228,0
TOTAL			150	461	184	795

Table 160. Gender identity and blackmail by forced outing

Threat or blackmail by outing was experienced significantly more often by trans* women.

			NEVER	IN THE LAST 12 MOS.	MORE THAN 12 MOS. AGO	TOTAL
Current gender identity	Trans* men	Observed	226	71	65	362
		Expected	232,7	76,0	53,3	362,0
	Trans* women	Observed	125	51	29	205
		Expected	131,8	43,1	30,2	205,0
	Non-binary persons	Observed	160	45	23	228
		Expected	146,6	47,9	33,6	228,0
TOTAL			511	167	117	795

Table 161. Gender identity and damage to property

Trans* women were significantly more likely to experience property damage.

			NEVER	IN THE LAST 12 MOS.	MORE THAN 12 MOS. AGO	TOTAL
Current gender identity	Trans* men	Observed	256	54	52	362
		Expected	246,3	59,7	56,0	362,0
	Trans* women	Observed	122	47	36	205
		Expected	139,5	33,8	31,7	205,0
	Non-binary persons	Observed	163	30	35	228
		Expected	155,2	37,6	35,3	228,0
TOTAL			541	131	123	795

Table 162. Gender identity and threat of physical violence

Trans* women were most likely to experience threats of physical violence.

			NEVER	IN THE LAST 12 MOS.	MORE THAN 12 MOS. AGO	TOTAL
Current gender identity	Trans* men	Observed	197	87	78	362
		Expected	179,9	102,5	79,7	362,0
	Trans* women	Observed	75	81	49	205
		Expected	101,9	58,0	45,1	205,0
	Non-binary persons	Observed	123	57	48	228
		Expected	113,3	64,5	50,2	228,0
TOTAL			395	225	175	795

Table 163. Gender identity and direct physical violence

Trans* women were significantly more likely to experience direct physical violence. Non-binary persons were less likely.

			NEVER	IN THE LAST 12 MOS.	MORE THAN 12 MOS. AGO	TOTAL
Current gender identity	Trans* men	Observed	240	64	58	362
		Expected	231,8	67,8	62,4	362,0
	Trans* women	Observed	111	51	43	205
		Expected	131,3	38,4	35,3	205,0
	Non-binary persons	Observed	158	34	36	228
		Expected	146,0	42,7	39,3	228,0
TOTAL			509	149	137	795

Table 164. Gender identity and coerced sex against one's will

			NEVER	IN THE LAST 12 MOS.	MORE THAN 12 MOS. AGO	TOTAL
Current gender identity	Trans* men	Observed	306	29	27	362
		Expected	291,4	35,5	35,1	362,0
	Trans* women	Observed	156	28	21	205
		Expected	165,0	20,1	19,9	205,0
	Non-binary persons	Observed	178	21	29	228
		Expected	183,5	22,4	22,1	228,0
TOTAL			640	78	77	795



IDENTITY AND LGBT PEOPLE

Overall results for 795 people from 11 countries

Contingency Tables

Identity and LGBT Activity

Non-binary persons are more involved in LGBT organizations; trans* men are the least involved.

Table 165. Gender identity and participation in LGBT organizations

			YES	NO, AND I DO NOT WANT TO	NO, BUT I WANT TO	TOTAL
Current gender identity	Trans* men	Observed	121	102	139	362
		Expected	139,3	87,0	135,7	362,0
	Trans* women	Observed	80	64	61	205
		Expected	78,9	49,3	76,8	205,0
	Non-binary persons	Observed	105	25	98	228
		Expected	87,8	54,8	85,5	228,0
TOTAL			306	191	298	795

Table 166. Gender identity and donations to LGBT organizations

Non-binary persons have the highest rates of donations to LGBT organizations.

			YES	NO, AND I DO NOT WANT TO	NO, BUT I WANT TO	TOTAL
Current gender identity	Trans* men	Observed	38	107	217	362
		Expected	47,8	109,7	204,5	362,0
	Trans* women	Observed	26	84	95	205
		Expected	27,1	62,1	115,8	205,0
	Non-binary persons	Observed	41	50	137	228
		Expected	30,1	69,1	128,8	228,0
TOTAL			105	241	449	795

Table 167. Gender identity and websites, social media

Non-binary persons maintain websites and social media to a significantly greater degree, followed by trans* men.

			YES	NO, AND I DO NOT WANT TO	NO, BUT I WANT TO	TOTAL
Current gender identity	Trans* men	Observed	214	77	71	362
		Expected	204,5	81,1	76,5	362,0
	Trans* women	Observed	91	68	46	205
		Expected	115,8	45,9	43,3	205,0
	Non-binary persons	Observed	144	33	51	228
		Expected	128,8	51,0	48,2	228,0
TOTAL			449	178	168	795

Table 168. Gender identity and helping other transgender and/or gender non-binary people with health issues

The trans* women surveyed demonstrated a significantly higher level of helping other trans* people with health issues.

			YES	NO, AND I DO NOT WANT TO	NO, BUT I WANT TO	TOTAL
Current gender identity	Trans* men	Observed	167	76	119	362
		Expected	158,0	81,1	122,9	362,0
	Trans* women	Observed	106	38	61	205
		Expected	89,5	45,9	69,6	205,0
	Non-binary persons	Observed	74	64	90	228
		Expected	99,5	51,0	77,4	228,0
TOTAL			347	178	270	795

Table 169. Gender identity and defending the rights of transgender and/or gender non-binary people in the media or on social networks

Non-binary people are significantly more likely to defend rights in the media

			YES	NO, AND I DO NOT WANT TO	NO, BUT I WANT TO	TOTAL
Current gender identity	Trans* men	Observed	199	74	89	362
		Expected	208,1	66,9	87,0	362,0
	Trans* women	Observed	100	53	52	205
		Expected	117,8	37,9	49,3	205,0
	Non-binary persons	Observed	158	20	50	228
		Expected	131,1	42,2	54,8	228,0
TOTAL			457	147	191	795

Table 170. Gender identity and participation in public events

Non-binary persons are significantly more likely to participate in public events, possibly due to lower safety risks.

			YES	NO, AND I DO NOT WANT TO	NO, BUT I WANT TO	TOTAL
Current gender identity	Trans* men	Observed	40	134	188	362
		Expected	51,9	123,9	186,2	362,0
	Trans* women	Observed	29	95	81	205
		Expected	29,4	70,1	105,5	205,0
	Non-binary persons	Observed	45	43	140	228
		Expected	32,7	78,0	117,3	228,0
TOTAL			114	272	409	795

Table 171. Gender identity and doing something else for the trans* community

Non-binary persons show significantly higher levels of action for the trans* community.

			YES	NO, AND I DO NOT WANT TO	NO, BUT I WANT TO	TOTAL
Current gender identity	Trans* men	Observed	91	142	129	362
		Expected	107,9	138,9	115,2	362,0
	Trans* women	Observed	65	92	48	205
		Expected	61,1	78,6	65,2	205,0
	Non-binary persons	Observed	81	71	76	228
		Expected	68,0	87,5	72,6	228,0
TOTAL			237	305	253	795



GENERAL CONCLUSIONS AND RECOMMENDATIONS

Internalized transphobia is one of the factors affecting almost all spheres of life of both transgender people and their relatives and friends. Even when it is not severe, it still limits self-care, involvement in social activities, communication, education, employment, sexuality, relationships with loved ones, as well as other important aspects of human life.

At the moment, internalized transphobia remains a «grey area» for research in the post-Soviet space; one can only hypothesize about the extent of its impact on various aspects of life of transgender people.

However, this study identified a number of trends that can be used as the basis for further in-depth research on internalized transphobia, in particular in the context of healthcare, well-being, and the treatment and prevention of HIV.



SPECIFICITIES OF THE SAMPLE

Based on the analysis of the sample of this study, it should be noted that the majority of respondents (2/3) were transgender people living in large cities. Perhaps, to ensure wider coverage by the study, it is necessary to include a number of additional methods and measures aimed at expanding the audience to cover more small towns and rural areas, as well as to allocate more time to reach this audience.

The average age of the respondents is 25 years. We can assume that those who transitioned earlier and went «stealth» (Author's Note: A way of life where trans* people, as a rule, who have undergone a transgender transition, avoid mentioning their trans* status, and assimilate into society as ordinary men or women) are possibly not covered by the survey.

More than half of the respondents had either incomplete or complete higher education. Thus, it is possible that some people who do not have higher education, have working specialties, or a number of sex workers are not covered.

At the same time, despite a fairly high level of education, almost forty percent of respondents have an extremely low income level; they are forced to save even on food.

Non-binary people are most often an invisible part of the transgender community, but in this study they constitute a higher percentage than trans* women (28% and 25%). Judging by the results obtained, many non-binary persons have a direct relationship to LGBT activism, as shown by the contingency tables.

There is an approximately equal number of respondents in the total sample who take hormone therapy and those who do not. At the same time, about a third of those who are not taking hormone therapy plan to do so.

More than half of the respondents are only planning to undergo an operation, which may indicate that some have not yet undergone a trans* transition, are in the process of doing so, or do not have the funds or other opportunities for doing so.

Less than 20% of respondents have amended their documents. Approximately half of those who have not done so plan to.



HEALTH AND HIV ISSUES

36% of respondents were forced to enter a psychiatric hospital, which indicates the continuing high level of discrimination in the post-Soviet space against trans* people in the field of medicine and healthcare.

About 17% of respondents said they were involved in sex work, which allows us to draw conclusions about the high risk among trans* people for HIV and STIs.

However, only half of the respondents were tested for HIV at least once. Russia has the lowest rates for testing and coverage with condoms and lubricants (with the largest sample of respondents, which indicates the reliability of the results).

Almost every second respondent avoided seeking medical care due to various fears related to their transgender status.

INTERNALIZED TRANSPHOBIA, STIGMATIZATION AND HIV

According to the results of this study, the level of internalized transphobia can be assessed as average, without extreme indicators. It is possible that the result was influenced by the fact that a large proportion of respondents were young, from large cities, and had a rather high level of education.

Approximately 19% of respondents stated that they had never experienced verbal abuse. However, we understand that some trans* people, being vulnerable and appropriating a certain sense of inferiority due to their trans* status, simply ignore or fail to notice so-called «soft» forms of discrimination and abuse, believing that this is «normal» or «natural» due to their status.

People with lower levels of transphobia are most likely to interact with medical staff and to seek assistance in connection with HIV prevention, treatment and testing.

Trans* people who are subjected to discrimination and various forms of aggression, bullying, stigmatization and discrimination naturally show a higher level of internalized transphobia. The problem of physical violence is most relevant for trans* women; they are much more likely to mention cases of violence than trans* men or non-binary people.

We also note that the lower the educational level of the respondents, the higher the level of internalized transphobia.

The highest level of internalized transphobia is shown by students and by transgender people who are employed full-time, which may be due to constant forced communication and misgendering at school and in the workplace. Unemployed people display a rather high level of internalized transphobia, which is probably due to the fact that internalized transphobia interferes with the employment of these people.

Higher income suggests a decrease in internalized transphobia, while lower income increases it. In other words, trans* people who are better off in material terms experience less internalized transphobia, while poverty is directly related to an increase in the strength of IT.

It is important to note that, on the one hand, trans* people with higher levels of transphobia avoid HIV testing. On the other hand, people with higher levels of anxiety have sought testing services in recent months. Such polar factors somewhat confuse the picture and require clarification in further (probably qualitative) studies.

According to the responses received, the survey covered to a greater extent people who are associated with transgender activist communities, organizations and initiative groups, information resources and the media. As a result, we are more likely to receive more optimistic results compared to if more people who probably do not have such a way out were surveyed.

We conducted an analysis of internalized transphobia among transgender people from the following countries: Belarus, Kazakhstan, Russia, and Ukraine. The remaining countries were analyzed as part of the overall sample.

Internalized transphobia is the result of a complex of external and internal factors that worsen the overall level of socialization, affecting one's attitude towards oneself as a representative of the community and social group, and thereby sharpening internal contradictions, and the social and bodily feelings associated with social attitudes towards transgenerness as a phenomenon.

It is recommended to conduct additional studies in countries where there is an insufficient sample in order to have reliable information for the region. It is likely that such a study will require more significant resource for conducting focus groups, field studies, and interviews in large and small settlements of the region.

Research should cover the entire CEECA region with qualitative methods (focus groups, in-depth interviews, etc.), and the sample should be expanded to include small settlements, trans* people who transitioned several years ago and went «stealth», sex workers, people who do not have access to social networks, activist sites or activist organizations, etc.

It is necessary to take a more focused approach to the study: to create separate questionnaires for trans* men, trans* women and non-binary people, taking into account the characteristics of these subgroups.

It is recommended to conduct a separate study on non-binary people, because statistics are often not kept on them at all (unlike for trans* men and trans* women, as well as a certain number of non-binary people who apply to commissions, see doctors and reveal their status). This group has its own specificities and risks related to sexual behavior, HIV and STIs.

Community representatives need to be more actively involved in compiling questionnaires and editing their results.

Greater coverage and promotion of regular HIV testing among trans* people of all gender identities is needed.

We would recommend exploring in more detail the moments of self-determination of one's identity and the stages of transition in studies of internalized transphobia and self-stigmatization.

It is also necessary to develop highly targeted programs for medical professionals and HIV-service organizations on HIV and working with the transgender community, taking into account the separation of groups of trans* men, trans* women and trans* non-binary people.

It is important to take into account the specificities of the psychological state of trans* people, which directly affect the willingness of people to look after their health and seek assistance from medical and HIV-service institutions and organizations.

It is extremely important to provide psychological support and mental health diagnostics in order to deal with psychological problems and reduce the level of internal stigmatization, including for the acceptance of health care.

There is a need to develop a methodology for medical and social services that allows trans* people to receive trans-sensitive access to the healthcare system and HIV services.

Specialists, including psychologists, social workers and peer counsellors, need to be trained to work with trans* people on HIV and health issues.



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INTERNATIONAL STUDY OF TRANSGENDER AND GENDER NON-CONFORMING PEOPLE

Please select a language

- Русский Azərbaycan Кыргызча
 English Հայերեն Українська

Welcome! We are conducting an online survey among transgender and gender non-binary people - those whose gender identity does not match their sex assigned at birth.

Please fill out the questionnaire if you consider yourself such a person and live in one of these countries: Azerbaijan, Armenia, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, North Macedonia, Moldova, Russia, Tajikistan, or Ukraine.

You must also be at least the age of sexual consent. This is 14 years in Estonia or North Macedonia and 16 years in the other countries mentioned.

The survey usually takes no more than 15-20 minutes. You should only complete it once and continue to the end.

We want to better understand what transgender and gender non-binary people think and what barriers they face in accessing healthcare services. It is imperative that this information comes from the community itself.

By «transgender» and «gender non-binary», we are including the entire spectrum of transgender and non-binary identities.

Participation in the survey is completely voluntary. Your responses are completely anonymous and confidential. The results of the study will be presented only in a generalized form. You can leave the survey page at any time.

However, we will be very happy if you complete the survey. We want the voice of the community to be louder. Our results will have more weight if they include your answers.

The study is being conducted by ECOM - the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (<http://ecom.ngo>) and the Working Group of Trans People on HIV and Sexual Health in EECA (<https://ecom.ngo/tpwg/>).*

For any questions or comments, write to Elena German (elena@ecom.ngo), Dmitry Isaev (dr.disaev@gmail.com) or Egor Burtsev (egor.halk@gmail.com).

To proceed to the questionnaire, answer «Yes».

Have you read and understood the information above and agree to participate in the survey?

- Yes No (jump to the end of the survey)

1 In which country did you primarily reside during the last 12 months? *

- | | | |
|--|---|--|
|  Azerbaijan |  Kyrgyzstan |  Russia |
|  Armenia |  Latvia |  Tajikistan |
|  Belarus |  Lithuania |  Ukraine |
|  Georgia |  North Macedonia |  Estonia |
|  Kazakhstan |  Moldova | <input type="radio"/> Other |

2 How old are you? *

3 How would you describe the locality where you live? *

- | | |
|--|---|
| <input type="radio"/> A city with a population of 1 million or more | <input type="radio"/> A city with a population of less than 100 thousand people |
| <input type="radio"/> A city with a population of more than 100 thousand, but less than 1 million people | <input type="radio"/> Village or countryside |

4 Do you live in the capital of your country? *

- Yes No

5 How would you best describe your current gender identity? *

**The names of individual identities may seem controversial to you, but remember that there may be people who define themselves in such a way.*

- | | | |
|------------------------------------|---|---|
| <input type="radio"/> Man | <input type="radio"/> Transsexual (man) | <input type="radio"/> Genderqueer |
| <input type="radio"/> Trans* man | <input type="radio"/> Transsexual (woman) | <input type="radio"/> Non-binary person |
| <input type="radio"/> Woman | <input type="radio"/> Agender | <input type="radio"/> Other |
| <input type="radio"/> Trans* woman | <input type="radio"/> Bigender | |

We understand that the following question may be difficult to answer. But your answer will help us better understand your transgender or gender non-binary experience and take into account its uniqueness.

6 Is your gender identity different from the sex assigned to you at birth? *

- | | |
|---------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> I do not know |
| <input type="radio"/> No | <input type="radio"/> I do not want to answer |

7 Are you taking hormones (hormone replacement therapy) for transgender transition?*

- Yes, I am currently taking them
- No, but I have taken them in the past
- No, and I have never taken them

8 Have you had operations related to transgender transition? For example, breast removal, female breast shaping, uterus and ovary removal, testicular and penis removal, vaginoplasty, etc. *

- Yes No

9 Have you changed the gender marker (sex) in your documents? *

- Yes, I already changed all necessary documents
 Yes, I am now in the process of changing documents
 No

10 Which of the procedures have you undergone, are undergoing or will undergo against your will, because without them it is impossible to obtain documents with a different gender marker (sex)? *

Select all that apply:

- Hormone therapy Surgical gender affirming operations
 Observation in a psychiatric hospital None of the above
 Sterilization

11 Do you do anything from this list? If not, would you like to?

Please answer each of the following.

Establish an organization or initiative for transgender and/or gender non-binary people *

- Yes No, but I want to No, and I do not want to

Participate in an existing LGBT organization or initiative where there are transgender and/or gender non-binary people *

- Yes No, but I want to No, and I do not want to

Donate money to LGBT organizations and initiatives *

- Yes No, but I want to No, and I do not want to

Maintain a website, group or page in social networks, or a forum for transgender and/or gender non-binary people *

- Yes No, but I want to No, and I do not want to

12 Are you involved in any of the activities (listed below)? If no, would you like to be?

Please answer each of the following

Help other transgender and/or gender non-binary people with health issues such as hormone therapy, selection of doctors, HIV prevention, etc. *

- Yes No, but I want to No, and I do not want to

Defend the rights of transgender and/or gender non-binary people in the media or social networks. *

- Yes No, but I want to No, and I do not want to

Participate in marches or other public events to defend the rights of transgender and/or gender non-binary people *

- Yes No, but I want to No, and I do not want to

13 Do you do something else for the trans* community? *

- Yes No, but I want to No, and I do not want to

14 What exactly?

15 We would like to know more about how you feel and think about your identity. To do this, please indicate to what extent you agree or disagree with these statements.

Please answer each of the following.

In these statements, the term «transgender» is applied to all transgender and non-binary identities.

I'm angry about my transgender identity *

- 1 - I completely disagree 2 3 4 5 - I completely agree

I feel isolated or separated from people with the same gender identity *

- 1 - I completely disagree 2 3 4 5 - I completely agree

I feel like an outcast because of my transgender identity *

- 1 - I completely disagree 2 3 4 5 - I completely agree

I often ask myself: «Why can't my gender identity be normal?» *

- 1 - I completely disagree 2 3 4 5 - I completely agree

I am embarrassed about my transgender identity *

- 1 - I completely disagree 2 3 4 5 - I completely agree

When I interact with other people from the transgender community, I feel like I belong in it. *

- 1 - I completely disagree 2 3 4 5 - I completely agree

16 To what extent do you agree or disagree with these statements?

Please answer each of the following.

In these statements, the term «transgender» is applied to all transgender and non-binary identities.

I feel like a freak because of my transgender identity*

- 1 - I completely disagree 2 3 4 5 - I completely agree

Thinking about my transgender identity makes me depressed *

- 1 - I completely disagree 2 3 4 5 - I completely agree

When I think about my gender identity, I feel unhappy *

- 1 - I completely disagree 2 3 4 5 - I completely agree

I envy people without a transgender identity *

- 1 - I completely disagree 2 3 4 5 - I completely agree

I am not like other transgender or non-binary people *

- 1 - I completely disagree 2 3 4 5 - I completely agree

17 Have you ever been paid for sex? Payments refers to money, gifts, or favors in exchange for sex. *

- Yes No Difficulty answering

18 Have you received condoms and lubricants in the previous 3 months? For example, from outreach workers, HIV-service organizations, or clinics. *

- Yes No Не помню/ не знаю.

19 Have you ever been tested for HIV? *

- Yes No I do not remember/ I do not know

20 When was the last time you were tested? *

- In the last 6 months From 6 to 12 months ago More than 12 months ago

21 What was the result of your last HIV test? *

- Positive (I have HIV) I didn't receive the test results
 Negative (I did not have HIV) I don't want to report the test results
 Uncertain

22 Aside from HIV, have you been tested for sexually transmitted infections in the last 3 months? *

- Yes No I do not remember/ I do not know

23 Have you have avoided seeking medical care in the past 12 months for any of these reasons? *

Select all that apply.

- Fear or anxiety about stigma
- Fear or anxiety that someone will find out that you are a transgender or gender non-binary person
- Experience of violence or fear of violence
- Police/militia harassment, arrest or fear of experiencing these things
- I did not avoid seeking medical care for these reasons in the last 12 months

24 How about HIV testing? Have you avoided HIV testing in the last 12 months for any of these reasons? *

Select all that apply.

- Fear or anxiety about stigma
- Fear or anxiety that someone will find out that you are a transgender or gender non-binary person
- Experience of violence or fear of violence
- Police/militia harassment, arrest or fear of experiencing these things
- I did not avoid seeking medical care for these reasons in the last 12 months

25 When was the last time you found yourself in such situations because of your gender identity or self-expression?*

Please answer each of the following.

- Never
 - In the last 12 months
 - More than 12 months ago
-
- Verbal abuse and offensive names
 - Threat of outing or blackmail (disclosure of identity)
 - Damage to your belongings or property
 - Threat of physical violence
 - Physical violence (shoves, punches, kicks, strangulation, beatings, etc.)
 - Coerced sex against your will

26 Finally, please answer three more questions about yourself

Indicate your level of education *

- Primary
- Incomplete secondary
- Complete secondary
- Primary/Secondary vocational
- Incomplete or primary higher (with Bachelor's degree)
- Higher (Bachelor's degree)
- Higher (Master's degree, specialist) or doctoral level
- Other

27 How would you best describe your current employment status? *

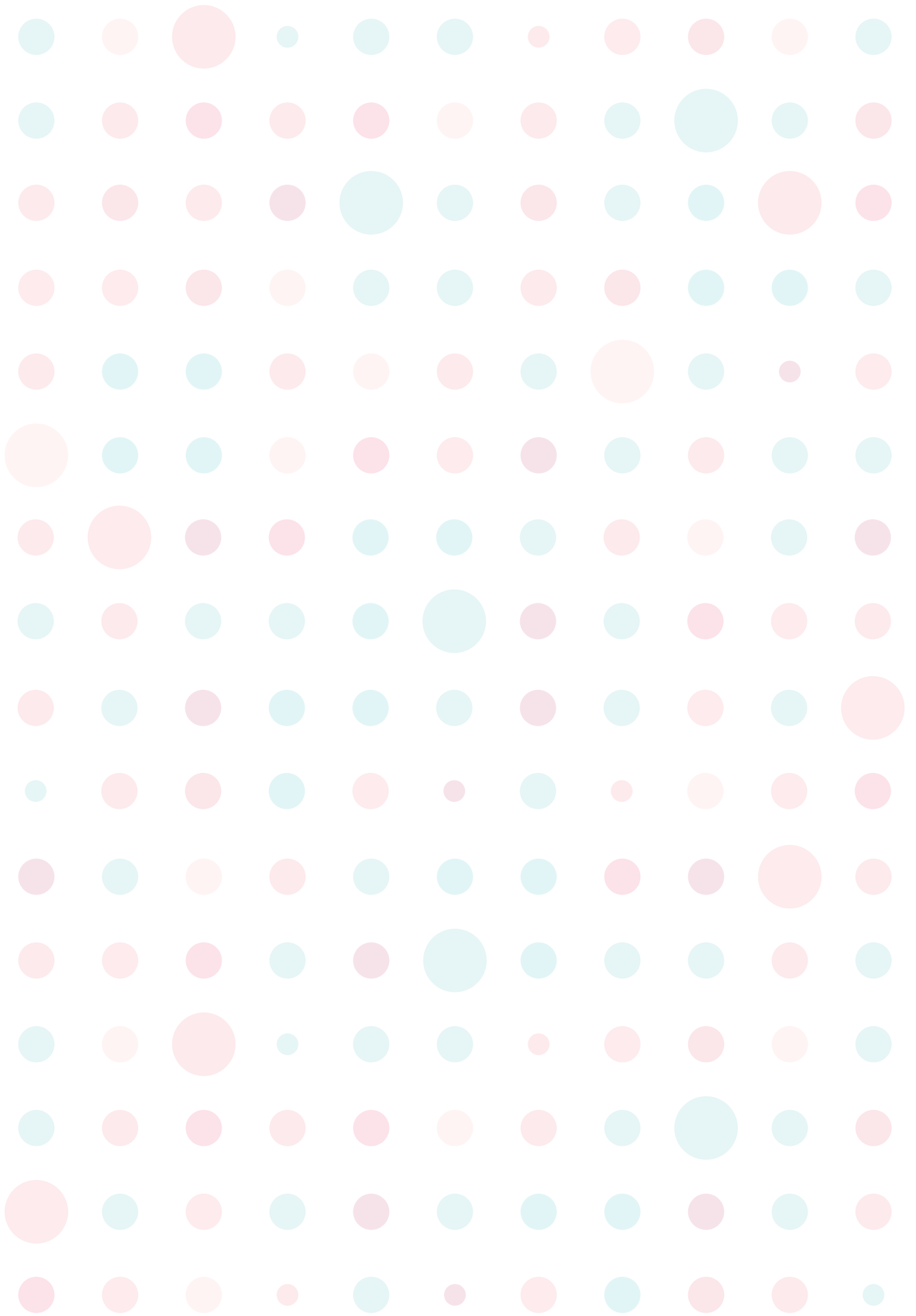
- Full-time employee
- Part-time employee
- Entrepreneur or self-employed
- Unemployed
- Student
- Pensioner
- Other

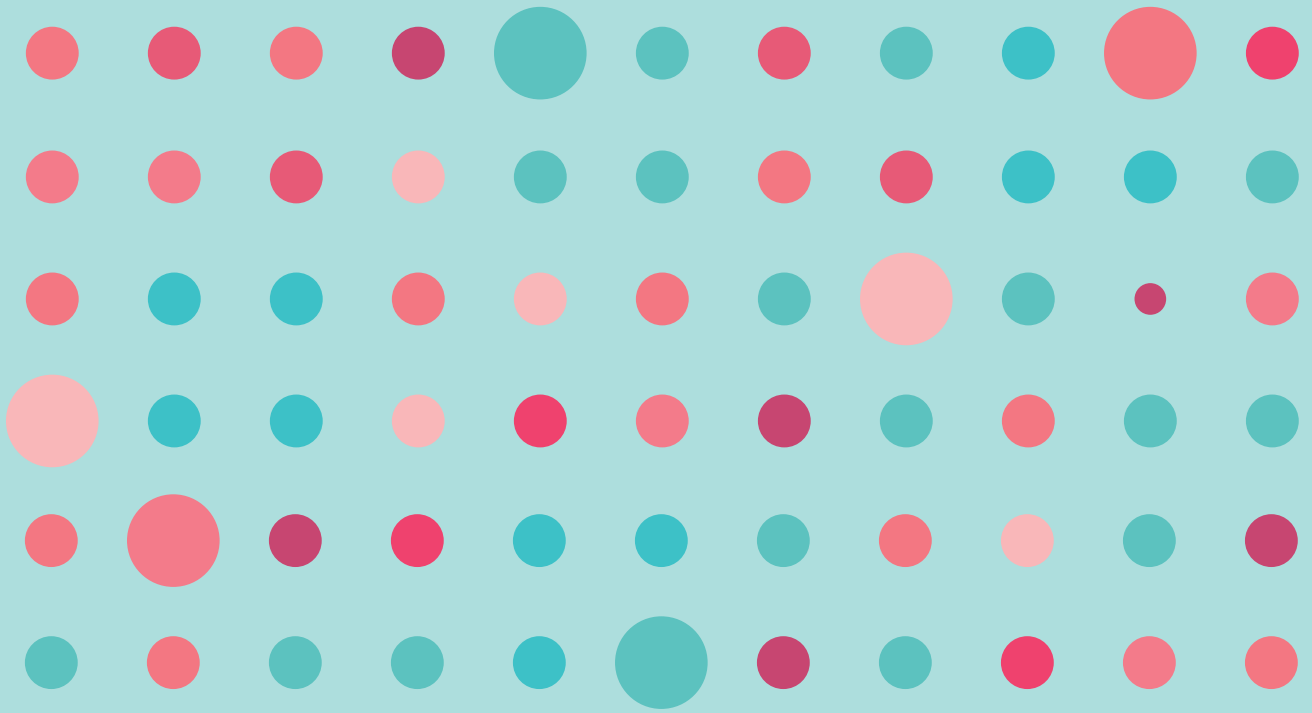
28 How would you best describe your financial situation? *

- I need to save for food
- I have enough for food. I need to save or borrow money for clothes and shoes
- I have enough for food, clothes, shoes. I need to save or borrow money for a smartphone, a good suit or vacuum cleaner
- I have enough for food, clothes, shoes, other purchases. I need to save or borrow money for household appliances, a TV, or refrigerator
- I have enough for food, clothes, shoes, household appliances. I need to save or borrow money for a car or apartment
- I can buy anything I want at any time
- I do not know
- I refuse to answer

Thank you very much for participating in the study!

*If you have any questions or comments, please write to Elena German (elena@ecom.ngo),
Dmitry Isaev (dr.disaev@gmail.com) or Egor Burtsev (egor.halk@gmail.com).*





 **ECOM**

