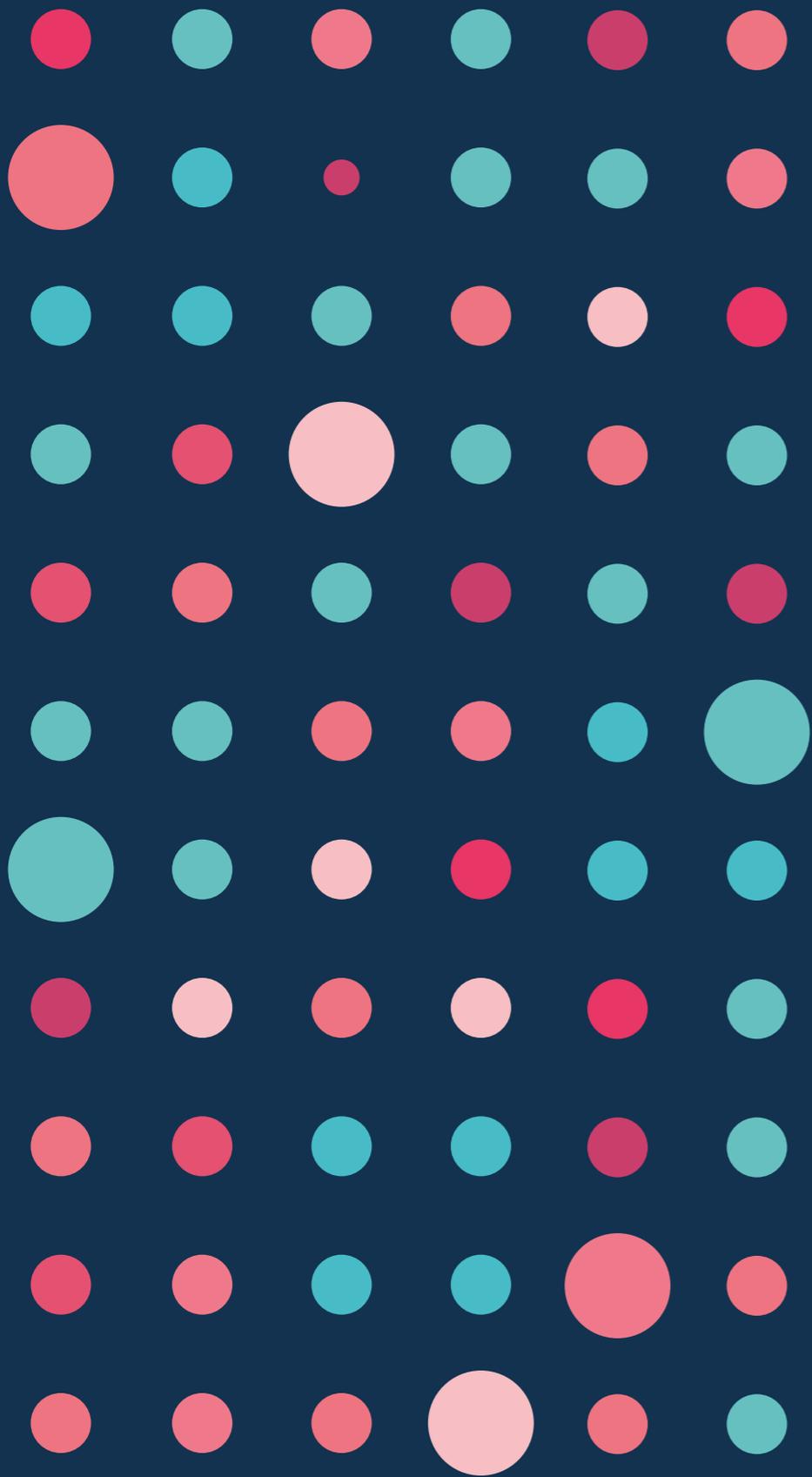




STUDY OF INTERNALIZED TRANSPHOBIA



THE GOAL of the study was to assess the level of internalized transphobia in the EECA region as well as its impact on health and access to health services, including HIV services, to allow implementing community-led efforts in order to change the situation.

STUDY OBJECTIVES *(briefly):*

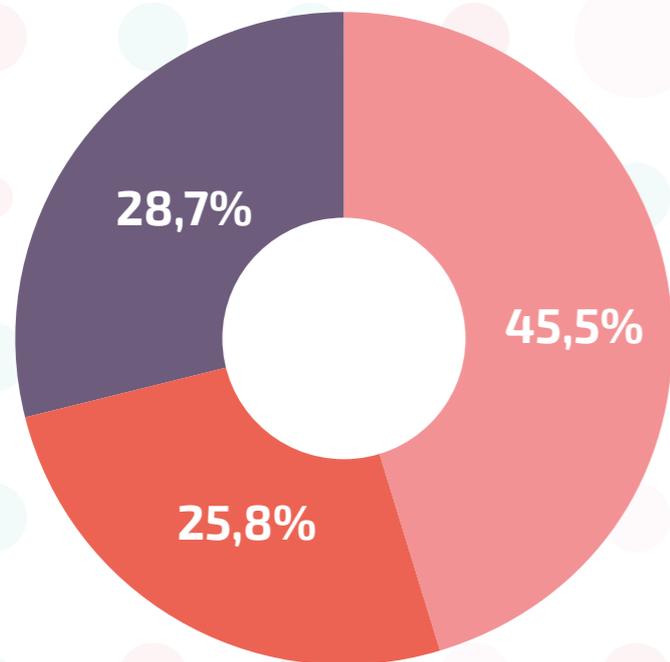
- 1 MEASURE** the prevalence of internalized transphobia in the EECA region.
- 2 ASSESS** the engagement of trans* people in activism and protection of the right to health.
- 3 STUDY** the linkage of internalized transphobia with the engagement in activism.
- 4 DESCRIBE** how the situation with internalized transphobia and its components changes from country to country.

HYPOTHESIS: the higher the level of internalized transphobia, the less frequently trans* people seek medical care, engage in activism or attempt to protect their right to health.

INTERNALIZED TRANSPHOBIA is a negative attitude to the fact of being trans* or non-binary as a result of internalizing normative societal expectations.

WHO PARTICIPATED IN THE STUDY?

TRANS* PEOPLE, including 45.5% trans* men, 28.7% non-binary persons and 25.8% trans* women.



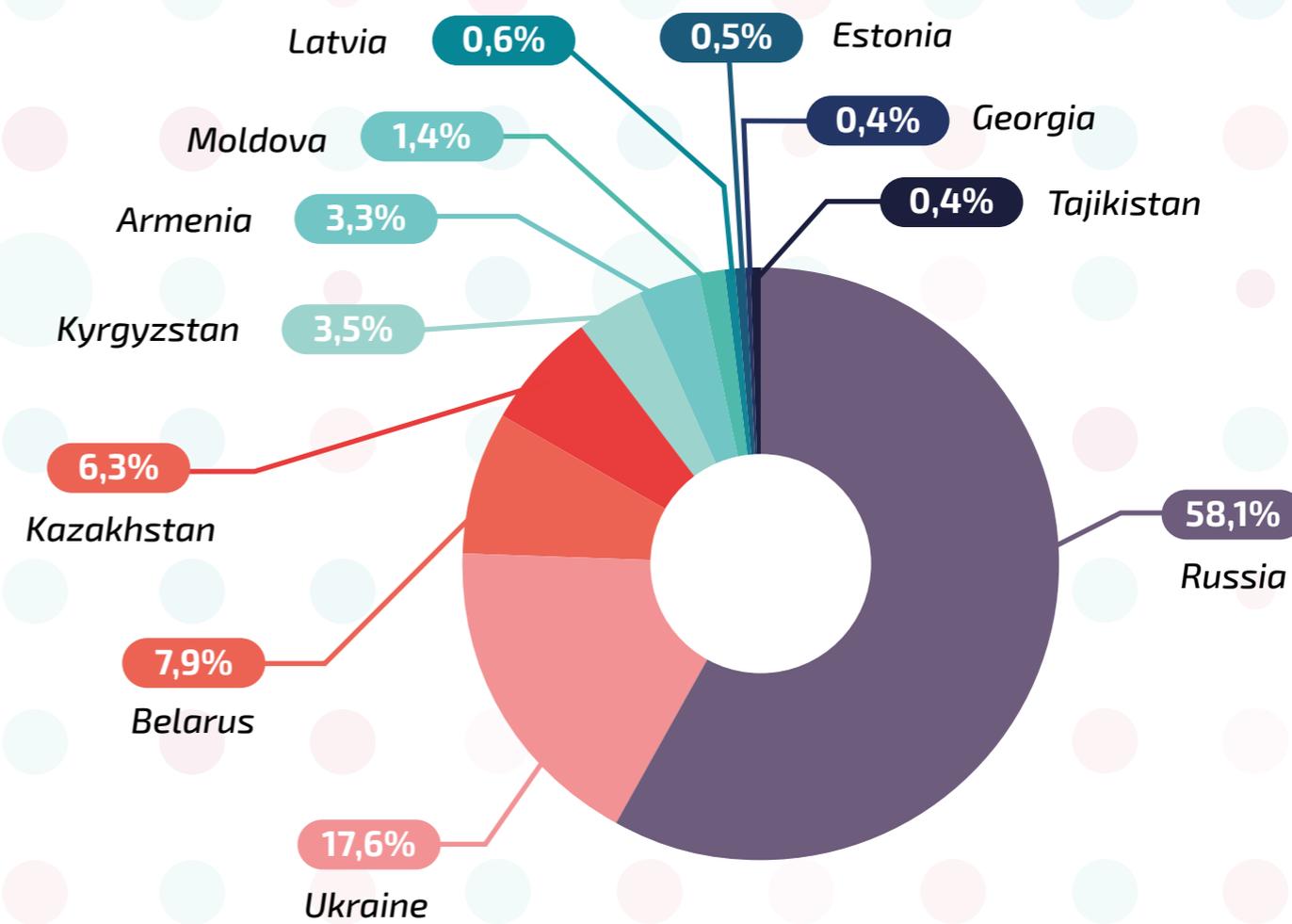
- Trans* men
- Trans* women
- Non-binary persons

- 👤 MOST (2/3) live in big cities.
- 👤 AVERAGE AGE – 25 years old, min – 15 years old, max – 59 years old.
- 👤 OVER A HALF are trans* people with incomplete or complete higher education.
- 👤 40% have LOW INCOME (have to save money for food).
- 👤 50/50 of participants use/do not use hormone therapy.
- 👤 20% have changed their documents, while over a half plan to change their documents and go through surgeries.
- 👤 17% are engaged in SEX WORK.

Participants of the study included 839 trans* people from 11 countries, with 795 respondents included in the final data analysis.

Distribution by countries:

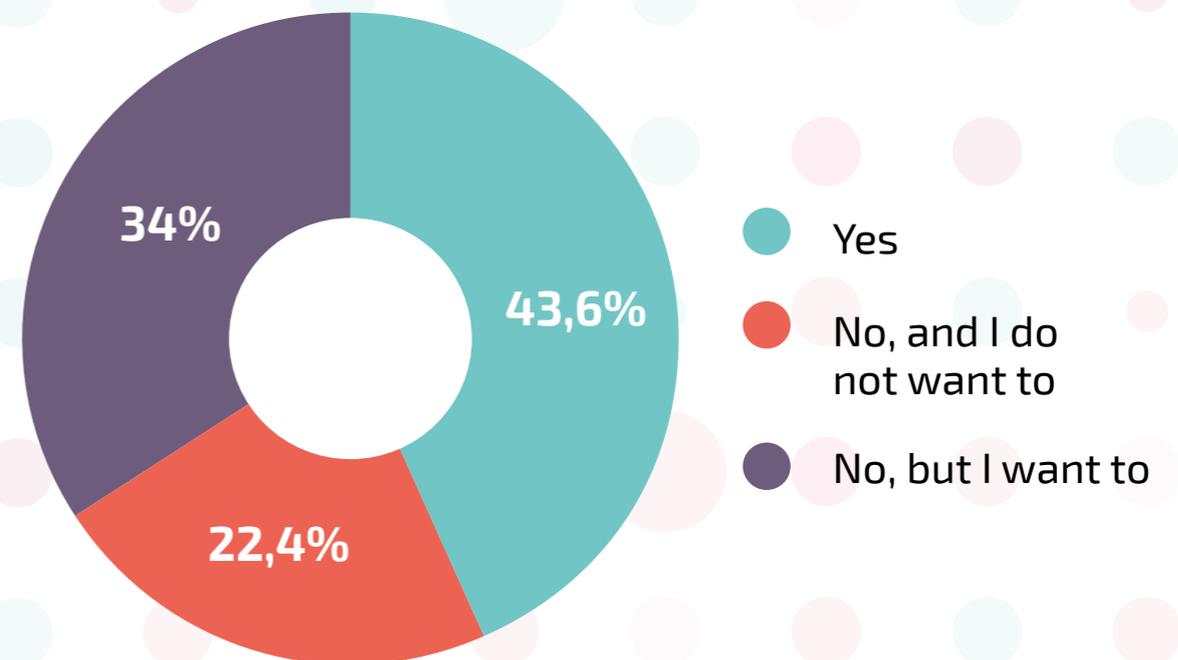
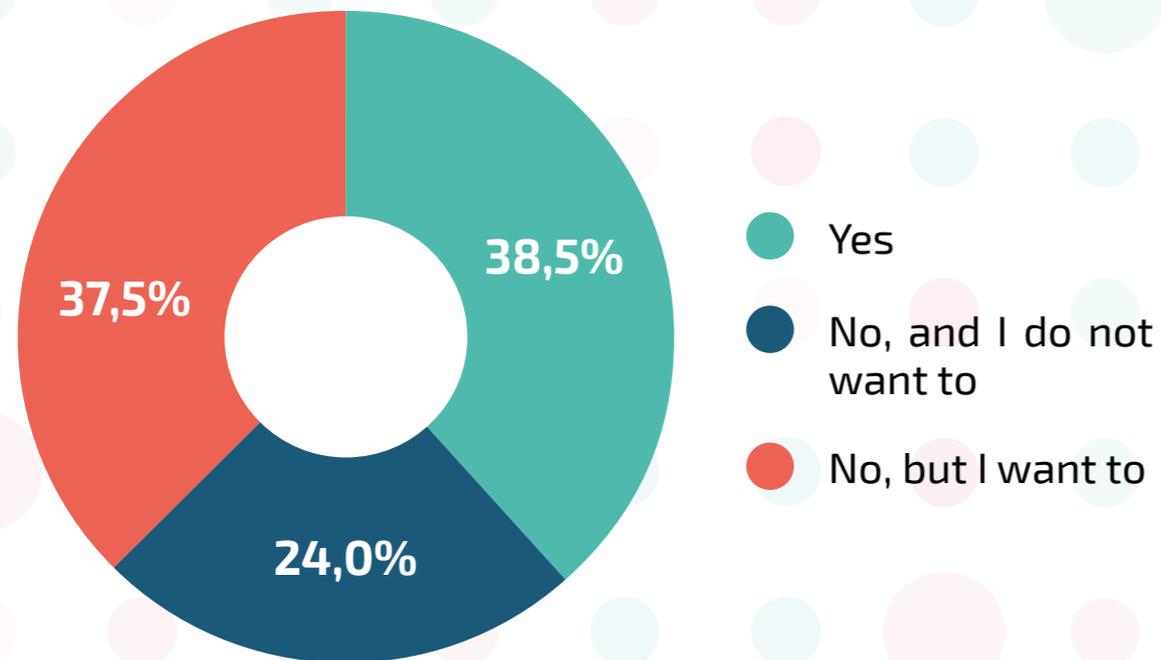
COUNTRY	NUMBER OF RESPONDENTS	%
Russia	462	58,1
Ukraine	140	17,6
Belarus	63	7,9
Kazakhstan	50	6,3
Kyrgyzstan	28	3,5
Armenia	26	3,3
Moldova	11	1,4
Latvia	5	0,6
Estonia	4	0,5
Georgia	3	0,4
Tajikistan	3	0,4
795	100,0	



ACTIVISM AND SUPPORT OF OTHER TRANS* PEOPLE

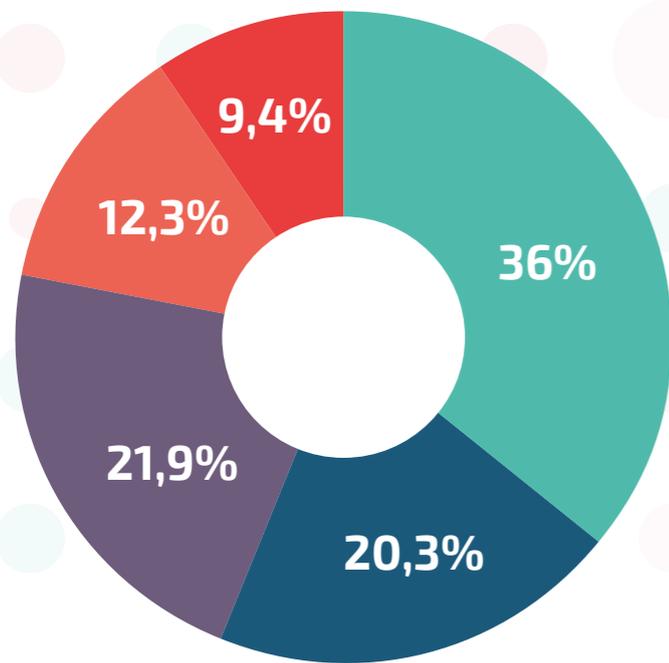
38.5% engage in the work of LGBT or trans* organizations or initiatives. 24% do not and are not willing to engage. 37.5% do not but are willing to engage.

43.6% help other trans* people to deal with health issues (hormone therapy, finding a doctor, HIV prevention, etc.). 34% do not but are willing to help. 22.4% do not and are not willing to help.



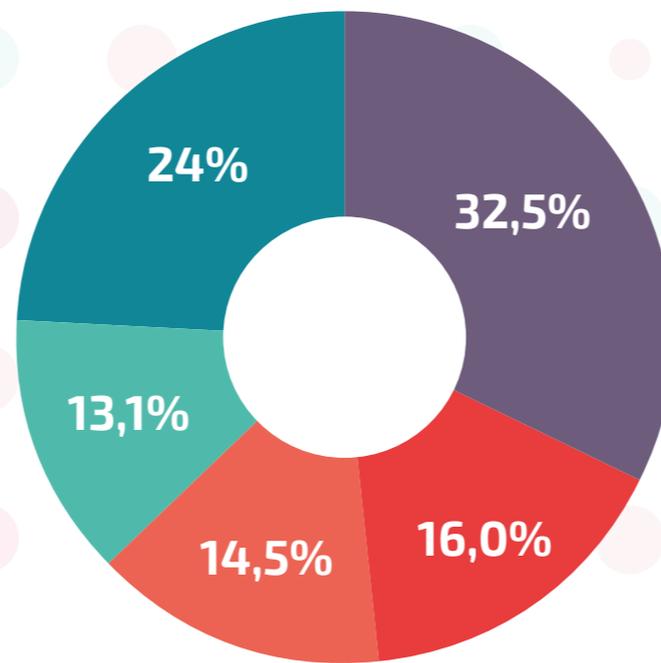
HOW DO TRANS* PEOPLE PERCEIVE THEIR TRANS* IDENTITY?

«My transgender identity makes me angry»



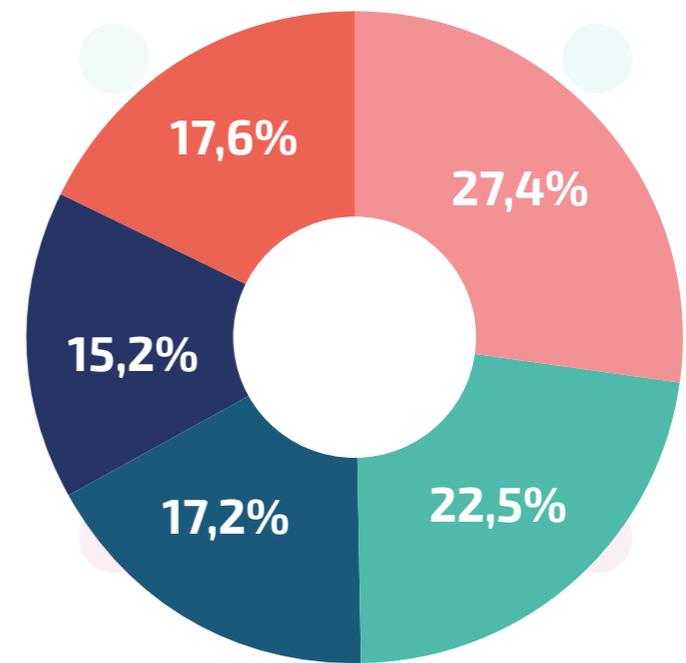
- I completely disagree
- I mostly disagree
- Neutral
- I mostly agree
- I completely agree

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



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

«I feel unhappy when I think about my transgender identity»



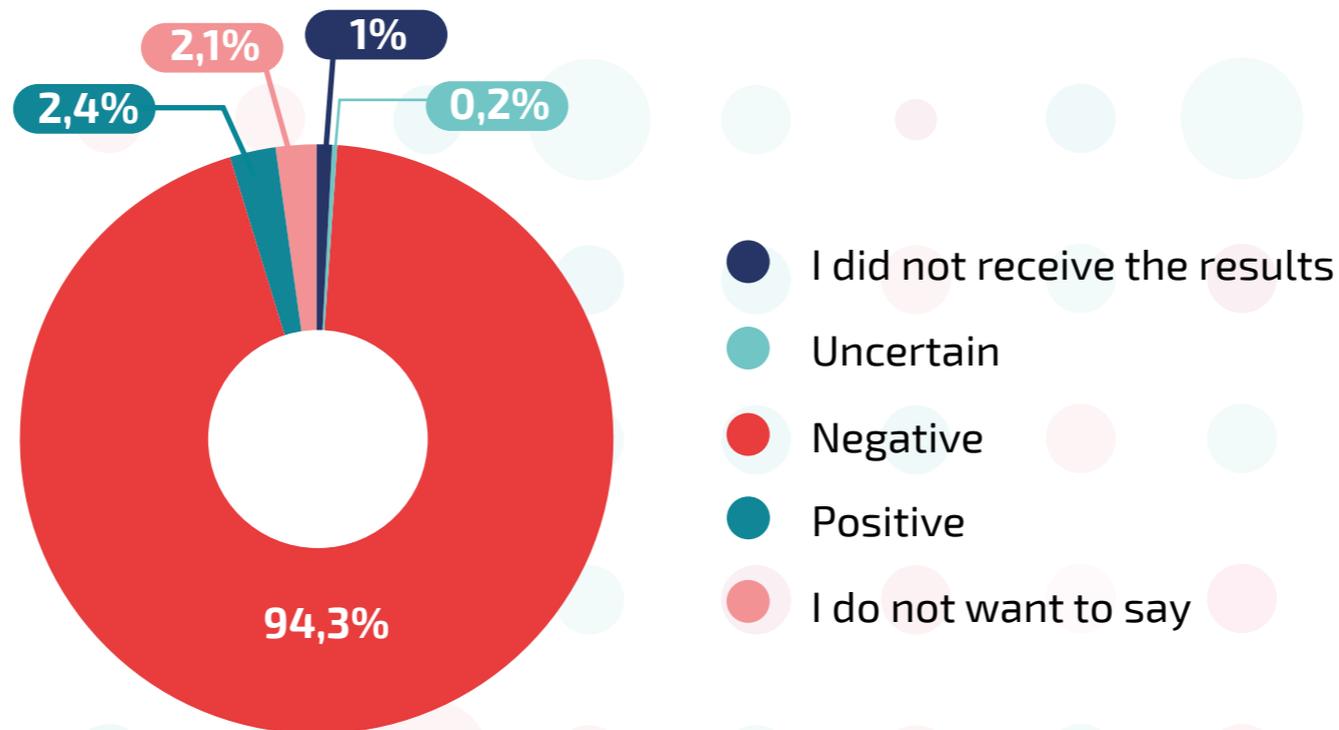
- I completely disagree
- I mostly disagree
- Neutral
- I mostly agree
- I completely agree

HIV SERVICES FOR TRANS* PEOPLE

Last tested for HIV:

- in the last 6 months — 46,6%;
- 6-12 months ago — 25,7%;
- more than 12 months ago — 27,8% (of those who had been tested).

Testing results:

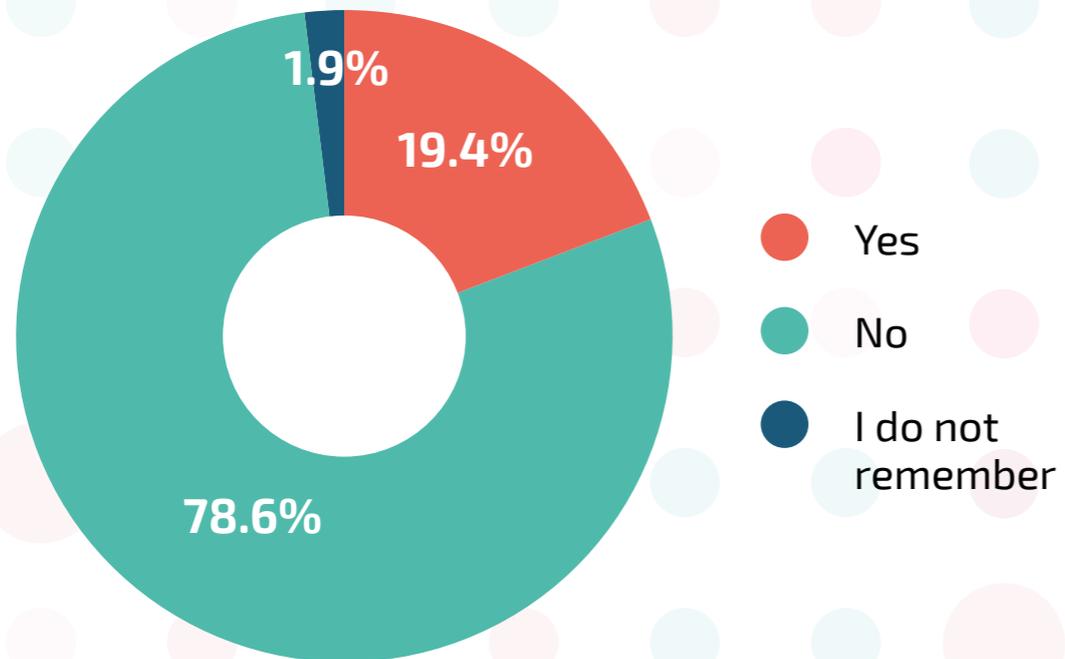


Of the respondents with HIV+ status, 80% were not avoiding treatment, 1 person was avoiding treatment due to the fear of stigma, another 1 — due to the severe side effects.

STIS

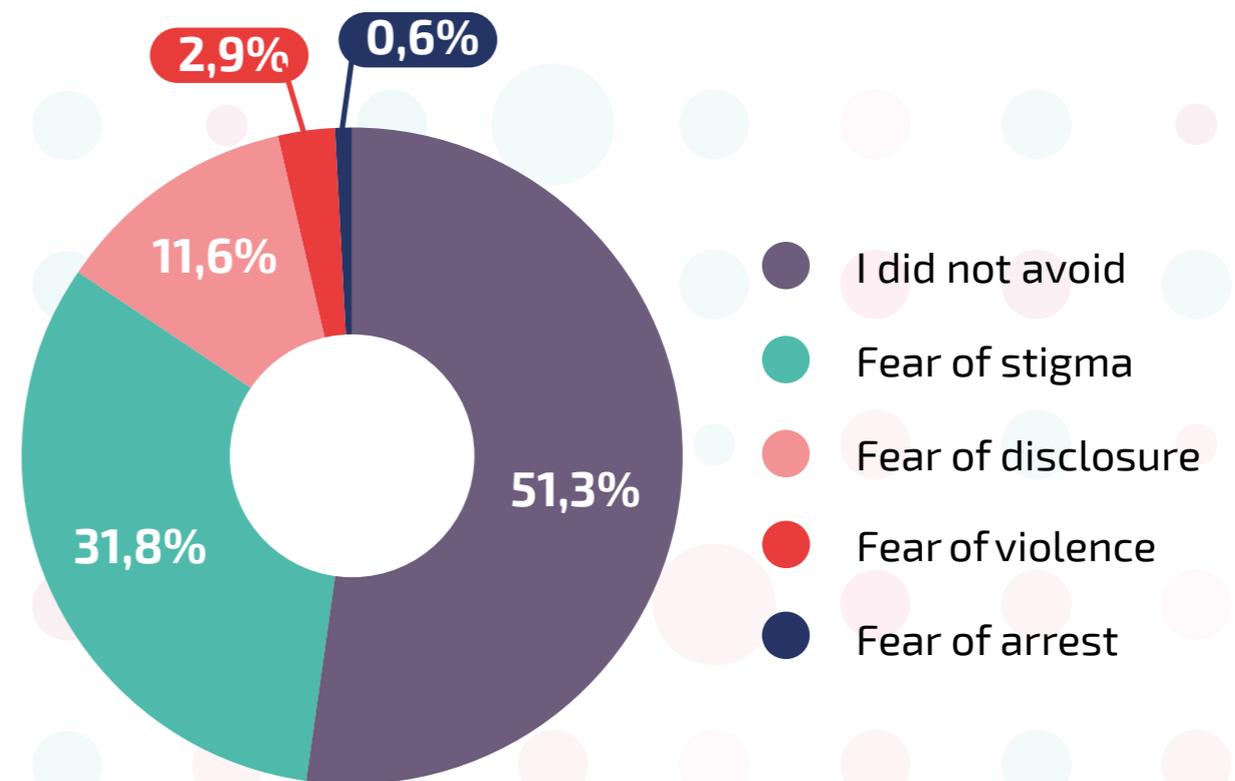
The situation with regular STI testing and access to such testing looks disturbing:

«Have you been tested for sexually transmitted infections in the last 3 months?»



SEEKING MEDICAL CARE

«Have you avoided seeking medical care in the last 12 months for any of the following reasons?»



DISCRIMINATION ON THE GROUNDS OF TRANS* IDENTITY

- Only **18,9%** have never experienced verbal insults or offenses due to their trans* identity.
- **64,3%** have never experienced blackmailing or threats of outing
- **68,1%** have never experienced damage to their property.
- Almost half of respondents (**49,7%**) have never been threatened with physical violence.
- **64%** have never experienced direct physical violence
- **80,5%** have not been forced to sex against their will

Those numbers demonstrate the difficult situation with discrimination and violence against trans people.*

CONCLUSIONS

- The level of internalized transphobia can be assessed as average, with no extreme indicators.
- Over half of the respondents experience a significant level of internalized transphobia.
- People with lower levels of internalized transphobia are more likely to interact with health care providers and seek HIV prevention, treatment and testing services.
- Trans* people experiencing discrimination and various forms of aggression, bullying, stigma and discrimination have a higher level of internalized transphobia.
- Trans* women much more often report incidents of violence against them than trans* men or non-binary persons.
- The lower the educational level of respondents, the higher their level of internalized transphobia.
- The highest level of internalized transphobia is reported by students and full-time employees, which may be associated with their need in regular forced communication and misgendering at school and at work. Unemployed respondents also report a quite high rate of internalized transphobia.
- Trans* people with higher income experience less internalized transphobia.
- Trans* people with higher rates of internalized transphobia avoid HIV testing.
- It should be noted that our survey to a greater extent covered people linked to the activist communities, which may have led to more optimistic results.

RECOMMENDATIONS

- Carry out additional studies in the countries with insufficient samples, organizing focus groups, field studies, and interviews in large and small communities of the EECA region.
- Expand the sample to include smaller communities, trans* people who transitioned a few years ago and went stealth, sex workers and people who do not have access to the activist environment.
- It is important to develop separate questionnaires for trans* men, trans* women and non-binary persons, taking into account the characteristics of these subpopulations.
- It is recommended to conduct a separate study of non-binary persons. This subpopulation has its own specifics and risks in terms of sexual behavior, HIV and STIs.
- Community members should be more actively engaged in compiling questionnaires and editing their results.
- There should be a larger coverage and more active promotion of regular HIV testing among trans* people with all gender identities.
- Analyze in more detail the transformation of internalized transphobia at different stages of self-determination of identity and/or transgender transitioning.
- Separate programs should be developed with regard to HIV and interventions for trans* community for health professionals and HIV service providers divided by subgroups: trans* men, trans* women and non-binary trans* persons.

RECOMMENDATIONS

- Take into account the emotional state of trans* persons, directly affecting their willingness to take care of their health or seek HIV services or health care in relevant institutions and organizations.
- Provide psychological support and mental health diagnostics, help people resolve their mental health problems preventing them from taking care of their health.
- Develop a methodology for health and social service providers to allow trans* people to have trans* sensitive access to health care and HIV services.
- Psychologists, social workers and peer counselors should be educated and trained to work with trans* people and provide them with health care and HIV services.