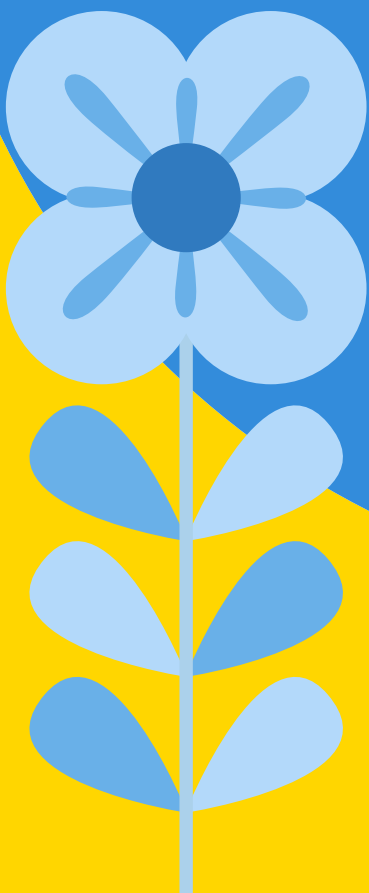


**ASSESSMENT
OF THE NEEDS
OF TRANS PEOPLE
IN ACCESSING HEALTH
AND RIGHTS
IN UKRAINE**

RESEARCH REPORT



Assessment of the needs of trans people in accessing health and rights in Ukraine: Research Report / Kovtun, O., Yoursky, Y. – Tallinn: Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM), 2023. – 54 p.

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1

ABBREVIATIONS AND ACRONYMS

CRO Civil registry office

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

EECA Eastern Europe and Central Asia

HIV Human immunodeficiency virus

ICD-11 International Classification of Diseases 11th Revision

IDP Internally displaced people

LGBT Lesbian, gay, bisexual and transgender people

NGO Non-governmental organization

STI Sexually transmitted infection

TPWG Trans People Working Group on HIV and Sexual Health in EECA

According to the International Charitable Foundation «Alliance for Public Health», as of 2020, the estimated number of trans people in Ukraine was 9,963¹. In recent years, through the joint efforts of non-governmental organizations (NGOs) and community-based organizations, it has been possible to expand the access of trans people to health and rights in Ukraine, in particular by operating a network of shelters, protecting the rights of trans people, establishing a network of friendly doctors, etc.

After February 24, 2022, when the Russian Federation launched a full-scale military invasion of the territory of Ukraine, the needs and demands of all key communities, including trans people, changed. This is evidenced by the results of several studies² on the wartime problems and needs of key populations in Ukraine. As part of the study «Assessment of the needs of ECOM members and partners in accessing health and rights in Ukraine», it was found that, during wartime, trans people as a group require special attention, and that their needs related to accessing health and rights are even more pronounced under wartime conditions. Such needs include those associated with transgender transition, amending documents, receiving hormone therapy, difficulties accepting oneself, violations of their rights, manifestations of transphobia by law enforcement and security forces, etc. Providing assistance to trans people requires a large amount of resources, including human and financial resources, which service providers do not always have. In order to more effectively overcome the emerging challenges related to trans people's access to health and rights, it is important to have a deep understanding of: the full range of requests from the community in Ukraine; the barriers the community faces in the process of obtaining social medical, psychological, and legal services; as well as the format and level of support and assistance that is requested from various organizations, in particular the Eurasian Coalition on Health, Rights, Gender and Sexual Diversity (ECOM).

ECOM is an international non-governmental association based in Tallinn (Estonia) that brings together all stakeholders in Eastern Europe and Central Asia (EECA) to create an enabling environment in which gay men, men who have sex with men, and trans people have access to health and human rights services. ECOM provides advisory, technical and grant support on an ongoing basis to organizations providing services to trans people in Ukraine, and also supports the activities of the Trans People Working Group on the human immunodeficiency virus (HIV) and sexual health in EECA (TPWG), which is the only group at the regional level whose members and experts are exclusively trans people.

In connection with the current situation in Ukraine, the development of an evidence base on the needs and difficulties of trans people in the country in the context of access to health and rights is an urgent issue necessary for further planning ECOM's work in the medium term (next 1-2 years) and long term (3–5 years).

¹ Оцінка чисельності ключових груп, груп-містків та інших категорій населення в Україні, 2020: метод масштабування соціальних мереж («The Network Scale Up Method») / О. Ковтун, Т. Салюк, Ю. Сахно, В. Паніотто, Н. Харченко, О. Лиштва. — К.: МБФ «Альянс громадського здоров'я», 2021. — 104 с.

² Узагальнений звіт за результатами досліджень та рутинного моніторингу серед ключових груп і фахівців неурядових організацій щодо потреб, отримання та надання ВІЛ-сервісів під час війни в Україні / О. Ковтун. — К.: МБФ «Альянс громадського здоров'я», 2022

3

STUDY METHODOLOGY

3.1

GOAL AND OBJECTIVES

The goal of the study is to identify and assess the needs of trans people in Ukraine in relation to accessing health and rights, in particular existing changes caused by the military aggression of the Russian Federation.

STUDY OBJECTIVES:



identify the current state of affairs in relation to trans people's access to health and rights in Ukraine;



determine the actual needs of trans people in the social, medical, psychological and legal spheres;



identify sub-categories of trans people whose needs related to accessing health and rights are not being met, and factors that affect their access to health and rights;



prioritize trans people's needs related to accessing health and rights in the medium to long term;



identify barriers to social, medical, psychological and legal services at the community and service-provider level, as well as structural barriers;



identify existing opportunities and resources to facilitate trans people's access to health and rights in Ukraine;



identify possible ways to increase trans people's access to health and rights in the medium to long term.

3.2

STUDY DESIGN

This study was carried out using semi-structured, in-depth interviews conducted on the Zoom or Skype platforms.

3.3

STUDY SAMPLE

The study was carried out among trans people 14 years and older living in Ukraine at the time of the assessment.

The sample consisted of 12 trans people from Ukraine who met the following criteria for inclusion in the study:

- ✔ Identifies as a trans person, i.e. a person whose gender identity does not correspond to their sex registered at birth;
- ✔ resided within the territory of Ukraine at the time the study was carried out;
- ✔ aged 14 years or older at the time of their participation in the study;
- ✔ provided oral informed consent to participate in the study.

The study used a «soft» quota sample, the main goal of which was to ensure the participation of trans people with different characteristics in the interviews. This allowed us to cover various cases, and ensured a diversity of experiences related to the access of trans people to health and rights in Ukraine. The study involved 12 trans people with the following characteristics:

CHARACTERISTIC	CATEGORY	NUMBER OF PARTICIPANTS	TOTAL
Age	25 years old or younger	6	12
	Older than 25 years	6	
Gender identity	Trans man	4	12
	Trans woman	5	
	Non-binary/bigender person	3	
Trans transition	Completed	3	12
	Undergoing	5	
	Plans to/does not plan to undergo	3/1	
Experienced forced displacement	Yes	5	12
	No	7	

The socio-demographical characteristics of the participants are indicated below:

CODE	GENDER IDENTITY	TRANS TRANSITION	SEXUAL ORIENTATION	AGE	CURRENT PLACE OF RESIDENCE	IDP	EDUCATION	TYPE OF EMPLOYMENT
1_Nonbinary person_24	Non-binary person	Not planned	Graysexual	24	Odessa	No	Higher	Unemployed
2_Trans woman_45	Trans woman	Completed	Homosexual	45	Ivano-Frankivsk	Yes	Specialized secondary	Design engineer
3_Trans man_23	Trans man	In process	Bisexual	23	Chornomorsk	No	Higher	IT tester
4_Nonbinary person_19	Non-binary person	Not planned	Homosexual	19	Chernivtsi	Yes	Incomplete higher	Student
5_Trans woman_19	Trans woman	In process	Pansexual	19	Odessa	Yes	Secondary	Illustrator
6_Trans woman_52	Trans woman	In process	Asexual	52	Kyiv	No	Higher	Auto electrician
7_Bigender person_44	Bigender person	Not planned	Pansexual	44	Odessa	No	Higher	Jurist

CODE	GENDER IDENTITY	TRANS TRANSITION	SEXUAL ORIENTATION	AGE	CURRENT PLACE OF RESIDENCE	IDP	EDUCATION	TYPE OF EMPLOYMENT
8_Trans man_32	Trans man	Completed	Heterosexual	32	Dnipro	No	Specialized secondary	Hairdresser
9_Trans woman_21	Trans woman	Completed	Bisexual	21	Odessa	Yes	Specialized secondary	Sex worker
10_Trans man_20	Trans man	In process	Pansexual	20	Chernivtsi	Yes	Specialized secondary	Cook
11_Trans man_19	Trans man	Planned	Pansexual	19	Odessa	No	Specialized secondary	Waiter
12_Trans woman_38	Trans woman	In process	Homosexual	38	Korosten	No	Higher	Civil servant

3.4 DATA COLLECTION

Recruitment of participants for the in-depth interviews was carried out with the support of ECOM and the TPWG. ECOM's co-researcher sent a letter to community-based recruiters inviting them to participate in the study. The letter included information about the study, as well as the contact information of the primary researcher. Recruiters invited potential participants to the study based on the list of characteristics and inclusion criteria previously agreed with the primary researcher, and informed them of the goals and procedures of the study in order to obtain their prior consent. After reaching an agreement on participating in the study, recruiters passed the contact information of potential participants to the primary researcher to arrange a convenient date and time for the interview. All interviews were conducted using the Zoom or Skype platforms on a day and time convenient for the participants.

Based on the participants' preferences, the interviews were conducted in either Ukrainian or Russian according to specially developed guidelines. The interview guidelines and the study protocol were preliminary agreed upon and finalized with members of the TPWG.

The duration of the interviews ranged from 59 to 90 minutes; the average duration was 74 minutes.

3.5 DATA ANALYSIS

After obtaining consent from the participants, audio recordings of the in-depth interviews were made using the corresponding function on Zoom or Skype. Data processing and analysis were carried out in Microsoft Word using the thematic coding method.

3.6 ETHICAL CONSIDERATIONS

The study was conducted in accordance with the principles of the Code of Professional Ethics of a Sociologist of the Sociological Association of Ukraine and the Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects. All professionals involved in the study signed an agreement on data use and confidentiality.

All participants were informed of the objectives of the study, the principles of confidentiality and voluntary participation, and the right to refuse participation at any time. The participants of the in-depth interviews provided additional consent to audio recording. Before the start of the interview, all participants provided their oral informed consent to participate. Participants were provided the contact information of the research team and an ECOM representative, who they could contact if they had questions or comments regarding the study and/or their participation in it.

Participation in the interviews was confidential. In addition, prior to data collection, the participants were informed that they are not required to provide any information that they are uncomfortable sharing, and can choose not to answer any questions that they might be uncomfortable with. No information about any participant of the study was shared with other participants or third parties, and only the research team had access to the audio recordings. Due to the limited number of participants, and in order to ensure the confidentiality of their participation and their identities in general, the report's text and quotes do not include the names of people, organizations or individual cities, if such information may reveal a participant's identity. For data analysis, coding was used based on participants' sequential number, gender identity and age (for example, «1_Non-binary person_24», «8_Transman_32», etc.).

The study involved the payment of UAH 700 to participants as compensation for the time they devoted to participating in the interview. This compensation was paid by bank transfer to participants based on the bank details provided by them.

3.7 TIMEFRAME OF THE STUDY

Data collection for the study took place between 2-21 January, 2023.

3.8 LIMITATIONS OF THE STUDY

This study has a number of limitations that must be taken into account when reading the report:

- ① The results of the study are not representative of the trans community in Ukraine, and cannot be extrapolated to the entire community in the country. At the same time, conducting in-depth interviews provides an opportunity to explore the full range of thoughts and experiences of the participants, as well as a broad understanding of existing needs related to accessing health and rights.

- ② For studies that involve in-depth interviews, recall bias is a characteristic systemic limitation. This arises from inherent differences in the accuracy and completeness of memories compared to real events. In addition, in-depth interviews involve working with information where a respondent speaks on his own behalf (self-reported data). Accordingly, researchers do not deal with reality, but rather with how a person interprets a particular case. In addition, respondents provide generalized observations or individual cases that may relate to third parties (for example, friends, employees of the organization), and a participant's interpretation of certain situations or other people's experiences may differ from reality. In this study, these limitations were minimized with the help of interview guidelines and the use of clarifying questions during interviews.
- ③ At the time of the assessment, a full-scale war launched by Russia was ongoing in Ukraine, which could directly impact the study, namely:
- The research topic or certain questions could be sensitive for participants. It could be difficult for participants to discuss a particular case or recall certain experiences, and accordingly, the data obtained may be incomplete. In order to minimize this limitation, the research team tried to ensure that the conditions for communication on sensitive topics were as comfortable as possible for the participants.
 - Identifying the long-term needs of the participants, one of the objectives of the study, was complicated by the current unstable situation in the country. According to the methodology of the study, medium-term needs are those that will be relevant for the next year or two, while long-term needs cover a period of 3-5 years. However, uncertainty about the future and the difficulty of planning activities due to instability and risks to health and life in the country have made it difficult or impossible to determine needs over such a period.

3.9 EXPRESSION OF GRATITUDE

The research team would like to thank each of the participants of the study for their trust and the time they devoted to the interviews during such a difficult period for every Ukrainian, and in spite of the interruptions to electricity, communications and Internet in the country. The thoughts and experiences shared by the participants are important for understanding the current situation related to trans people's access to health and rights in Ukraine.

The study would not have been possible without the active cooperation and assistance of members of the TPWG and representatives of the trans community in Ukraine, namely: Daniyar Matikov and Yulia Familyeva (review of the protocol and research tools), and Yulia Arefieva and Yulia Familyeva (recruitment of participants).

4

MAIN RESULTS

According to the results of the study, there were no cardinal changes in the lives of the participants, or they assess the changes that have occurred as not being of great significance (with the exception of security issues, the constant threat of rocket attacks, and fears for their lives and loved ones). The main bulk of the problems and needs detailed below existed before February 24, 2022. Since the beginning of the war, they have become even more relevant (for example, access to hormone therapy drugs and/or amending documents, psychological condition). In addition, participants do not foresee that the end of the war will somehow affect these needs, and do not single out any of them as medium- or long-term needs. All of the needs and challenges mentioned are in some way related to the social, medical or legal stage of transition (for trans people), psychological health, and interaction with other people (regardless of gender identity). In the context of the war, financial issues have become particularly relevant, while the topic of HIV and sexually transmitted infections (STIs) has not changed and is considered to be completely irrelevant by the majority of participants (information, testing, obtaining condoms, risky behavioral practices).



I have no plans, no goals, no expectations for the future, because there's no point.

4_Nonbinary person_19



Nowadays it makes no sense to plan anything, because you don't know what will happen tomorrow.

5_Trans woman_19



What plans... there's no life. War. It's hard to think ahead.

6_Trans woman_52



4.1

FINANCIAL SITUATION AND EMPLOYMENT

The main problem identified by most participants is the current unsatisfactory financial situation. In turn, financial constraints affect other aspects of life, and further exacerbate existing difficulties, which are described later in the report.

Difficulties with employment were worsened during the war, and, according to participants, will continue to be relevant after the end of the war. Reasons for this situation include the limited number of opportunities on the labor market that correspond to their qualifications due to the worsening economic situation in the country as a whole; potential or actual experiences with stigmatization and discrimination on the part of employers or colleagues due to the transgender identity of participants (differences between the gender indicated in their passport and their gender identity, inconsistencies between the physical appearance of the candidate and their ID documents); as well as the psychological state of participants, which prevents them from working.

The problem of finding a job is exacerbated if the profession of the participant was in low demand even before the war, if they do not have sufficient work experience, and if only women or men are considered for the vacancy. For example, one non-binary participant with female documents was rejected for a job as a communications engineer because they were female, as the employer was only willing to consider male candidates for the vacancy.

By education [I] am a biologist, and, unfortunately, I cannot find a job in my specialty. I called parks, national reserves, but they didn't answer me. But a friendly employer is the main thing. And if I'm not mistaken, we cannot be rejected based on gender, so I will defend my position if I find an interesting job.

4_Nonbinary person_19

It became very difficult to find a job. Before, it was very difficult for trans people because of transphobia. If a person comes and there is a discrepancy between their documents and their appearance. Of course, because of the war, everything is many times more difficult.

5_Trans woman_19

Before the attack, I worked three jobs. Workaholism, all the signs of addiction were there: I was annoyed when I got distracted from work. But financially it was not great. I mean, I worked and worked, but financially I did not get what I wanted. Most likely I was burnt out. Maybe I'll learn a new profession, I don't know.

7_Bigender person_44

If there is a vacancy, then I am not suitable for it. I am on hormone therapy, and my appearance does not match my passport. And since my documents are just being amended, employers have a lot of questions, and most of them have no desire to somehow cooperate with the trans community. Therefore, what I did was find a job at a construction site through acquaintances. When it comes to official employment or places where they ask for your passport... Sometimes they just say they will call back, or that I have a female name, but a moustache, and that "we won't take you if you're going to look like this.

10_Trans man_20

On February 24, I lost my job. I should have gone to work, but never went back again. I was out of work for quite some time. Now I just took any job, just to earn some money. Until February 24, I had a good job that was fairly comfortable, my employers were friendly. Now it's not like this, and this is what really hit me and changed the most.

11_Trans man_19

I'm experiencing certain physiological changes, in particular related to my mammary glands. Now it's winter, so I manage to cover this up with a sweater. But I won't be able to hide this for long, and given such work... It seems to me that people in such workplaces are very picky. Despite the law, our society follows invented, outdated norms and rules. «And for some kind of trans person to work? Well what are you?!»

12_Trans woman_38

Participants who amended their documents generally do not experience problems with finding a job, and point to the tolerant attitude of their colleagues towards trans people. In general, among the respondents, there were those who feel comfortable in their team and describe their relationships with their colleagues as friendly, regardless of their experience transitioning. The following factors impact acceptance by colleagues: employment in the organization after the transition is completed, presence of other trans people among colleagues, lengthy experience within the organization, and the existence of an anti-discrimination policy within the company.

If necessary, I open up at work, and tell people who and what I am, because this is one of the conditions for finding a job. Finding a company that would be tolerant of people like me. Now there are no problems at all, because I have already amended my documents. My appearance allows for this. At work, I have a good team now, we can talk about any topic. They know about my history, about my transition, they know everything, and they treat me completely normally, like an ordinary woman.

2_Trans woman_45

I communicate in an informal manner with my employees, because there are also many people like me. Now I moved to another team, it is smaller, so we communicate very closely. They use my chosen name in chats, but don't really ask about anything. It seems to me that these are normal work ethics, this is company policy.

3_Trans man_23

I work at an automobile repair shop, a large corporation, I have been working for a long time. I teach them all the time. They treat me differently, some do not shake my hand, or open the door for me.

6_Trans woman_52

Despite the availability of work, participants faced a deterioration in their financial situation due to the war. One participant, who works as a furniture designer and receives income from the proceeds, reports that she «works for almost a month for free» because the number of orders is limited. Meanwhile, a trans woman who works at an automobile service station reports that she has no income because the number of customers has decreased. A participant working as a hairdresser faced a similar challenge, as the decline in the number of her clients was exacerbated by power outages due to shellings and shutdowns during air raid alerts.

I've gone into escorting now. It seems to me that people aren't really up to drawing because of the war. It's difficult. Both before the war, and now. There's a lot of competition.

5_Trans woman_19

There is work, but at the same time, not really, there are no orders. There are no clients, people left, some joined the army. It's all related to cars, so where are the customers from ... If there are a couple of cars a month, that's all the work there is. You just get a percentage of your output, so you won't earn much.

6_Trans woman_52

We are dependent on electricity. Any explosion, any siren, any blackout... My clients who bring me money also have to earn it somewhere. But what if there is no light in many places in the city. Accordingly, it is not really possible to earn enough.

8_Trans man_32

Participants who do not have a permanent place of work resort to temporary jobs, or receive assistance from friends in the community who have gone abroad since the start of the war. In the case of internally displaced persons (IDP), social assistance payments are their main source of income. In isolated cases, participants reported that they began to provide sex services in order to be able to provide for themselves.

At the moment I am unemployed. Of course, you can say that you are unemployed, because we have problems finding a job, or unscrupulous employers who don't pay properly. Now, of course, I'm trying to think about my hobbies, because with depression it's hard, and about how I can monetize them. And so, I am trying to earn some money periodically... If you help someone, they pay for the service. Bring something to someone, buy them something. Of course, many of my friends have gone abroad, they can also give me a little money, help financially. Before the war and now, it is difficult for me, because my profession was not in high demand and in this specialization you need to be a man, because women were not considered for positions. By education [I] am a telecommunications engineer, but for some reason, I considered being a communications engineer: connecting subscribers, changing cables, dealing with optics. People want a man to do this, I encountered this attitude. I understand that this job involves hauling cables and tools from one end of the city to the other. I mean, these can be heavy physical loads.

1_Nonbinary person_24

I hope that it will be possible to somehow legalize prostitution and pornography. Now I'm afraid, because I've come across situations with prostitutes and gangsters, and law enforcement... In Ukraine, we once had a very developed sex tourism industry, guys from Turkey came, and used the services of our girls. This would benefit the country itself. Pornography too, because it's virtual sex. But we are prosecuted for pornography. But it is a very cool thing, because it also allows you protect your health.

7_Bigender person_44

Some participants expressed the need for additional training and a willingness to retrain themselves and/or learn new skills in order to be able to find a job and secure a source of income, including in the long term. Skills and occupations mentioned included a seamstress, a cook, an IT specialist, and a consultant in a library or a bookstore, meanwhile, the service sector was rated as the least desirable by participants. One participant shared their experience taking driving lessons, which were organized for all interested women (i.e. for those with women's documents) with the cost partially covered by an external organization. A participant who was female at birth and who had not started transitioning, took advantage of this opportunity and did not disclose his gender identity when attending the lessons, explaining that «everything has to be paid for». In addition, some participants drew attention to the need to create a list of friendly employers in various fields, which would make it easier for them to find a job and speed up their ability to support themselves financially.



If we look at vacancies, I often noticed that, recently, there were vacancies for a seamstress or cook, to cook for the army. This is now very popular, but you also need experience for that. It would be great if there were some courses, not only in the employment center, where you could get experience, qualifications.

1_Nonbinary person_24



I will not return to the service sector, due to both the experience of my acquaintances and my own experience, I did an internship ... This is a thankless job, it is very difficult mentally, especially considering that I am not a very social person. I would be interested in a library or bookstore.

4_Nonbinary person_19



It would be nice if employment courses were organized, and if there were cooperation with organizations providing trainings. IT specialists, psychologists. Usually people like me are not rich people. Women earn less, and transgender people earn even less. Because what can you say? Quit if you don't like it. There will still be financial discrimination. I would like financial independence, and to learn about this. There were courses, and there was an opportunity to get some kind of education. Free education for trans people. I would go. For an IT specialist, so that sponsors can organize it all. They gave me some money, hormones. And then what? Life goes on. The war is over, I stop getting hormones, support... They should provide some kind of training, the opportunity to earn money.

6_Trans woman_52



Some courses... Maybe a person wanted to be a photographer, work in IT, or as a translator. You can fund additional courses for retraining. I must say right away that I worked as a cook, and now at a construction site, and this is a plus. Construction is hard work, but I got a little tired of people, tired of communicating with them and dealing with them on an ongoing basis 14 hours a day. Everyone knows that in the service industry, even if the schedule is 8 hours, you will work four hours longer.

10_Trans man_20



REQUESTS FOR HUMANITARIAN AID, AND THE EXPERIENCE OF APPLYING FOR IT

Requests for humanitarian aid, such as food parcels, were especially relevant in the first months of the war, but by the time of the assessment, participants' need for food aid and hygiene products had decreased. However, participants continue to request financial assistance, regardless of their experience transitioning or their living conditions.



From time to time, I go to organizations and ask for money, when possible, for medicine, for personal expenses. I asked for money to amend my documents. For groceries. I asked for money for hygiene products.

5_Trans woman_19

As the assessment was conducted during the winter, when there were heating and power cuts in the country due to rocket attacks on critical infrastructure, participants mentioned the need for warm clothes, light sources (lanterns, candles), extension cords for charging phones and flashlights in public areas, and gas burners, especially for those with electric heating. At the moment, respondents use the «tools» they have at hand, such as flashlights on their phones, and have stocks of warm clothes that they prepared in advance. However, they note that the restoration of electricity is happening faster than before. In the event of a prolonged power outage, participants go to so-called «Invincibility Stations», which are organized by businesses or the government, despite the large crowds of people there and the fear of going to such places alone. At the same time, participants assess the experience of visiting these stations positively. They have not encountered any discrimination or stigmatization in such places, and have not heard about such instances from trans people they know. They comment: «people do not care, the main thing is to charge up, do their work, and send their report».



Now we survive using flashlights on phones, we found some candles recently. I bought them just in case, even before they talked about the blackout. We survive on the bare minimum. If someone has a flashlight or the money to buy a flashlight... Warm clothes? Back in the summer, I ran around and looked for warm clothes, so we make ends meet. This is what we dealt with when the blackout happened, because everything ran on electricity except water. It was very cold when the electricity was turned off for a day or two, and there were freezing temperatures. When there was a blackout, those who were braver could go to the “Invincibility Stations”, shops where they could charge their phones. Some people were afraid to go, I accompanied them. It is difficult at these places, because when there are blackouts, they get overcrowded, it is impossible to get into them. We went, they didn't ask for anything, not even a passport or name. They just said that there is one outlet, you need an extension cord.

1_Nonbinary person_24

In terms of accommodation, participants either rent apartments or live with relatives, while those who were forced to leave their place of residence due to the war use shelters. The option of temporarily residing with friends or acquaintances has lost its relevance, although it was popular among participants at the beginning of the war.

It is not always possible for trans people to rent their own housing due to outdated documents, while, financial issues and the inability to pay rent for an apartment in a new city of residence are the main barriers for non-binary people, especially IDP. Although stays in shelters are often limited to three months, participants did not experience eviction or denials of services. Some change shelters from time to time when the allowed period of residence comes to an end, or when there are conflicts with other residents.

It's good that my household needs are covered by a shelter: I have somewhere to sleep and something to eat, because they pay for this, we cook. There are no problems with hygiene, I am able to buy what I need on my own, but if not, we always have basic personal hygiene items. First, we went to our first shelter, where we had conflicts with other residents, so we started looking for another shelter with a friend, we found one. What to do next is a difficult question. A bad scenario is that I have friends who are inviting me to a city that is constantly shelled, and I'm scared to return there. But, if I find a job and I can live off of this and have stable work, then I will go to another city, because it is expensive to live here.

4_Nonbinary person_19

You can only live in a shelter for 2 weeks to a maximum of 3 months. So I decided to just ride around and live in different shelters to save my money, because train tickets are cheaper than accommodation.

9_Trans woman_21


We live in a shelter, it's good, I won't complain. But the realization that you are living with a rather large number of people for a long time, 6-8 people, and sometimes even 22... It's hard, because everyone wants personal space, and there is not much choice. We try to huddle together, live together, but the idea of personal space fades into the background. We cannot move out to a rented apartment, no matter how much we earn. Because there is never enough money - even a one-room, rundown apartment costs \$250 a month not including utilities. It's unreal.

10_Trans man_20

Feelings of shame and embarrassment are a barrier to seeking help, even when people need it and do not have any sources of income. Participants report that they feel internal discomfort as they compare themselves to other people who «have suffered more from the war and need more help» (for example, residents who fled the war zone in the eastern regions of the country), although they do not deny the need to learn to accept help and care from others.

I feel shame. When I needed help, I thought about who needed it more and all that... And I don't really like to accept help.


11_Trans man_19



I attend lectures. I got some food thanks to some volunteer assistance, because at the beginning of the war it was difficult: panic, I didn't understand anything. I also received humanitarian aid from an Odessa organization. Now I try to help them whenever I can. In the first three months of the war, charities offered me financial assistance, humanitarian kits (food, hygiene products), but I did not use them. Then I started getting help. You feel some shame getting help from volunteer organizations. I understand that there are people who came to Odessa from the east of Ukraine, where hostilities are taking place, and they need help, it is difficult for them to socialize. Meanwhile, I am someone here, in a calm environment... Yes, these are hard times. We must learn to accept help.

1_Nonbinary person_24

According to several participants with different experiences seeking help from NGOs or charitable foundations, the main risk of providing humanitarian assistance is «abuse by dishonest members of the community». With regard to financial assistance, they say that trans people do not feel motivated to independently seek sources of income, because they expect to receive such assistance from organizations in the future. The option of providing financial assistance and conducting further checks to confirm its intended use also has some risks: a client may take the money, and report on its use as required, or just disappear. The option of reimbursing a client for the purchase of a certain product or service after receiving confirmation of the amount spent requires additional action by the NGO, as well as an individual specialist who can oversee this process. One participant stated that financial assistance should only cover issues related to transitioning, for example, receiving the necessary consultations or certificates from doctors, amending documents, or obtaining hormone therapy, so that trans people can quickly feel comfortable in society and find a job.



First of all, I would say that no financial support is needed. Back in 2022, some organizations provided financial assistance just like that. A person writes that he has some problems and no job, and they send money to him. There were organizations that set certain conditions that such assistance was for medicine or for food ... I noticed that a lot of trans people just sit around if they are getting non-targeted financial assistance, for example, like "this is for you to buy clothes, and this is for groceries". They understand that they will get money, they will be helped. I'm more in favor of funding to obtain certificates, documents, hormone therapy. So that a person understands what this is for, can quickly do the necessary things to be able to go to work faster with normal documents and a corresponding appearance. I mean, it is better to finance part of the transition... Yes, it will take a long time, each document takes up to three months, and sometimes longer. But don't just give out money. Too many people take advantage of this, unfortunately.

10_Trans man_20

It's not a good idea to give out financial assistance and not require reporting, because someone will say that they are buying medicine, but will buy alcohol instead. There are such people. It would be cool if you could make a list of certain drugs to provide them. That would be good, but it's too much for an organization. Receipts, reporting. You can give out money, but only when receipts are provided. But a person does not always have the finances to buy a drug or undergo an examination, and then get compensated. If someone doesn't have money, they can't go and do it, and then ask for compensation. It would be good if financial assistance is provided, and then receipts are shown. But someone can take the money, and not provide any receipts. And then what do you do? It's a catch-22.

8_Trans man_32

4.3 HORMONE THERAPY: EXPERIENCE WITH AND ACCESS TO DRUGS

In general, non-binary and bigender participants do not take hormone therapy, and do not plan to begin the process of transitioning in the near future.

I'm thinking about hormone therapy, maybe microdosing. Because I'm non-binary, I don't consider myself to be a trans guy. I am not transitioning, and I have not changed my documents. Being on the non-binary spectrum makes it difficult to understand your sense of self.

1_Nonbinary person_24

I don't need to transition, I am fine with my body. I've read that non-binary people can be on hormone therapy if they want to feel better about their body, but I don't need it.

4_Nonbinary person_19

I am not on hormone therapy. In my situation and at my age, I see no reason for it. Although, probably, if I was 12 years old, perhaps I would have done hormone therapy and gender reassignment before starting puberty, because I feel more like a woman than a man. Even though I'm bigender, maybe I'm actually a trans woman.

7_Bigender person_44

Most trans people on hormone therapy report that they started it on their own without prior consultation with an endocrinologist. This is especially true for trans people who started taking hormones a long time ago, for example, 10 years ago, and who did not have the opportunity to consult with specialists.

Instead, they relied on word of mouth and the experiences of friends, and also took the wrong drugs and/or dosage due to limited financial resources for purchasing the correct drugs or dosages. In addition, young participants (under 25 years of age), who were afraid to go to and/or did not know about friendly doctors, and those who had negative experiences visiting an endocrinologist also reported self-prescribing hormone drugs. In isolated cases, trans people initially turned to NGOs, where specialists provided them with the necessary information about transitioning, and informed them about friendly doctors. Most of the trans people interviewed reported health problems related to hormone therapy, whether it was self-prescribed or initiated following consultations with doctors.



I have been on hormones for 12 years, and when I started it all, there were no specialists. Word of mouth «I take this, I take that.» And you try one thing, then the second, which is cheaper, then injections, then pills. You try out everything. Because of this, I have arthrosis in my knees, because the dosage I took was not what I should have. Everything is related to finances, you spend less on yourself. I don't have a male hormonal background, because at this point, it is not possible, but I don't have a female hormonal background either because I was taking hormones without any monitoring, and did not take enough. You use the minimum dosage, and it has side effects, because your metabolism, the absorption of calcium in the body are disturbed, bone tissue, tendons and cartilage are destroyed.

6_Trans woman_52



I think that hormone therapy exacerbated my problems, or rather, incorrectly starting to take hormones. This was due to the fact that there was not a single specialist at the time, back in 2009. Not a single endocrinologist who could tell me anything about this topic. Since I couldn't find a specialist, I, like many others who have been on hormones for a long time, began to take them myself. I approached someone, found out more from someone else who was taking hormones. Naturally, this was not monitored, there was no endocrinologist, no supervision, because a priori there was no doctor, we did not know about any. Incorrect hormone intake led to failure and uncontrolled blood pressure, a complete failure of cardiac function, ventricular atrophy, and five other concomitant diagnoses.

8_Trans man_32



She turned out to be some kind of big homophobe and hounded me: "Do these tests and those, and for COVID as well, and take this injection." So I decided to order hormones on the Internet. I mean, I knew what these hormones were, and I understood that a safe dose is 1 milliliter every 3-4 weeks. The doctor didn't tell me anything, I went to her three times, and all three times something was not right. Either the test was not right, or it was incomplete... I don't remember how I found this person, I started talking to a trans man, and he told me which hormones are used the most, which are the safest. And based on what he told me, I ordered injections on the Internet. But I did not take into account that I did not order the drugs from a pharmacy, but from a steroids website. Unfortunately, I didn't get anything, I only got scared. I decided that until I can find a doctor, I will not order anything on my own.

10_Trans man_20

I had a so-so experience transitioning at the age of 16. I think that this is not entirely true, because I already have health problems... At the age of 16, without the supervision of a doctor, it wasn't the best idea. My motivation was that the sooner I start, the easier it would be for me to go on living. And even with doctors, it's still difficult, so it doesn't really matter. I needed tests and consultations with doctors, because my hormonal background is already disturbed. And after six months of hormones, it got even worse. And the fact that I completed it even despite financial difficulties and suddenly, I'm even worse off. I'm waiting until I can go to a friendly doctor and everything will be fine.

11_Trans man_19

I was afraid to go to the family doctor. One girl living abroad recommended drugs that were the most effective and least harmful to health. I started taking them for a few months. Then I met a girl on a social network who is transitioning, and she supported me, she said that sooner or later, if I plan to transition, then I need to see a doctor. So I made up my mind.

12_Trans woman_38

Due to a lack of financial resources, such participants are not always able to undergo the necessary examinations and tests necessary for monitoring hormone levels and/or addressing health problems resulting from the use of the drugs. According to participants, procedures for monitoring their health condition and other regular tests are sometimes costlier than the hormone drugs themselves.

Due to a lack of finances, I cannot undergo the necessary examination now. Some health issues related to transitioning arose, and you need to undergo a series of tests and examinations: ultrasound, MRI. But I have no money for this now, so I need to postpone this.

2_Trans woman_45

You need to undergo a full round of tests, because hormones can adversely affect your health, unfortunately. You need to monitor and verify your health accordingly. First, you need to check your hormone levels to make sure you're taking the right hormones and the right dosage. And this isn't just in relation to transitioning, in general it should be done for your general health, you don't necessarily need to focus on hormones.

5_Trans woman_19

Examinations... you also need money for this, to spend extra. Now is not the time for this, there is no work.

6_Trans woman_52

I spent 3000 just for examinations... Too much. It doesn't sting too much, because I don't pay for housing, but still...

9_Trans woman_21

Since the beginning of the war, participants, whose financial capabilities do not allow them to purchase the necessary hormones, have faced growing issues related to their access to hormone therapy. Before the war, participants managed to buy drugs at their own expense, but currently, they receive them as part of assistance from the trans community and community-based NGOs. In the first months of the war, there was a lack of hormone drugs in pharmacies, or pharmacies were not operating at all, as a result of which they were forced to stop taking hormones until receiving them as part of humanitarian aid. Currently, these drugs are either not available in the country, or it is not always possible to find the necessary amount of them in pharmacies in cities. Some participants reported that there is no opportunity to obtain hormones from NGOs, as organizations have exhausted their funding and cannot continue to provide them with such drugs.

I am very lucky with my family doctor, she is very friendly. I found a good endocrinologist in Kyiv, she turned out to be very well-known within our community. I had an appointment with the endocrinologist, I did some tests at my own expense. When there was an opportunity, I also purchased hormone drugs myself. Now I have financial difficulties, but trans organizations help. I don't have any problems with the drugs now as such, all thanks to their help, they help from time to time, they send hormones.

2_Trans woman_45

My supplies ran out by the beginning of the war, and I had to ask some organizations for money or hormones. I'm more or less managing, I'll ask some organizations for some money for hormones, and others for hormones themselves.

5_Trans woman_19

Thank you for the hormones. Because they are very expensive. Before I bought them... but now they give me hormones, and when the war started, I was without hormones for a month and a half. It was impossible to buy them, there weren't any, and pharmacies were closed. Then the girls shared them, they sent me some hormones. And so, a month and a half without hormones, a setback.

6_Trans woman_52

I have problems with hormones because I was on injections. Now in Ukraine, because of the war... In Europe you can only get them with a prescription, in Ukraine, this doesn't exist, and you can't order them from Russia. Organizations helped me. I myself tried to buy the right amount of hormones, but they are scattered across pharmacies, one pack in one pharmacy. And I had to go around to 20 or 30 pharmacies in three hours. Now, I lost 10 kilos because I stopped the injections, and the drugs that I take now are not intended for trans people. Pills, gels... We take these drugs, but they are either for men with prostate and testicular cancer, or for menopausal women. Somehow we live like this.

9_Trans woman_21

The availability of drugs is a big issue. Although I'm working, not everything is so great financially. I don't know what I would do if it were not for the help of the organizations where I applied for drugs. First, I would not have managed financially. And there is the problem that drugs are just not available in Ukraine. For example, Androcur has not been available since March. Even the organization sent it to me only once, and so they send equivalent drugs, because it is not available. And as I understand it, because the situation in general is deteriorating, funding for organizations is also being cut. I went in a couple of days ago to fill out a Google form to receive drugs, and it said they are closed because of a lack of funding. And you really despair. Because you don't know what's next.

12_Trans woman_38

However, several participants compared trans people with other population groups who need long-term treatment and hormone therapy, and who can receive such treatment free of charge through state programs. At the same time, participants perceive their dependence on hormones as a disease and believe that the state should systematically address this issue. People do not understand why people who inject drugs have the opportunity to receive substitution maintenance therapy drugs in pharmacies free of charge through the state program, while trans people are not able to receive hormones.

A trans person's need for hormones is the same as the need for hormones of insulin-dependent people, because insulin is also a hormone. Accordingly, both types of people have been on hormone therapy all their lives, either with insulin or with estrogen or testosterone. This is an important issue.

2_Trans woman_45

We get a doctor's report, certificates, we do not just take these hormones ourselves. We need to continue taking hormones... but we are on the sidelines. Even while insulin-dependent people can get insulin, and there is a whole state program for that... meanwhile, people like us have a need, and hormone drugs are far from a joke, they are serious.

12_Trans woman_38



EXPERIENCE INTERACTING WITH DOCTORS AND MEDICAL ASSISTANCE NEEDS

Requests for friendly doctors, in particular family doctors, psychiatrists and endocrinologists, remain relevant for community representatives. This includes updating and expanding the list of friendly medical specialists, especially given the active migration of the population abroad or to other regions of the country. In addition, there are requests to strengthen the competencies of endocrinologists and family doctors in relation to transgender transition, hormone therapy for gender reassignment, and to the possible consequences of taking drugs, since some participants are wary and distrustful of these specialists. One trans woman started taking hormone drugs two months ago, after which she contacted her family doctor to start the process of legal transition. The specialist refused to issue the necessary referrals and certificates, due to the «insufficient external feminization» of the participant. Negative attitudes towards doctors are also exacerbated by their lack of knowledge about the necessary certificates and forms. Several trans people experienced cases where certificates were filled out incorrectly and documents needed to be rewritten multiple times, which led to a delay in the legal transition process. In addition to training and providing information to physicians about transgenderism, participants had the idea to provide additional financial payments to specialists caring for trans patients, which could encourage doctors to provide quality services.

The help of volunteer organizations would be useful. For example, lists of T-friendly, LGBT-friendly doctors. Because a violation of rights might happen even when visiting and talking with a doctor. It would be nice if the lists were updated, and new friendly doctors were added to them. That would be cool, people would like to know about them. Family doctors, psychiatrists, endocrinologists. If a person has a certificate and is ready to transition, then there would be no difficulties and he would not encounter transphobia.

1_Nonbinary person_24

Finding a friendly family doctor is a big issue. If you go see your own doctor, at the very least, you may face hostility, and at the worst, will have to deal with stupidity, because the person is not aware of the protocol for trans people. In general, all friendly doctors, regardless of whether they are a family doctor, psychiatrist, or endocrinologist, undergo training, internships, and they are interested in the issue. They even receive money from trans organizations for managing such patients. I want to go to a specialist, get a service, and forget about it. Doctors here have a poor understanding of trans people. And this is the way people are: no one wants to waste time on something that will not bring some kind of profit. The doctor wonders why should he waste time on such patients, consultations and support, if it does not affect his salary in any way.

12_Trans woman_38

Now specialists proceed based on what is available today. The same endocrinologists, they are not specialists in this field. My fear and risk is all because of this and side-effects. They rewrote this certificate for me, because it was not done properly, it was filled out incorrectly. Doctors do not know how to fill it out.

6_Trans woman_52

Friendly doctors and legal support are the most urgent needs now. I got various instructions from NGO specialists, about what to do in what order, but finding a friendly psychiatrist turned out to be a problem. I spent several months on this, and it might be easier to finish this now before the end of martial law. According to the rules, you first need to get a certificate from a psychiatrist, and then contact other doctors. But since this all takes so long, I did not wait, and found an endocrinologist who consulted me without all this. Now I have to look for a family doctor, because the one with whom I was registered left the country. The databases of friendly doctors that existed are already outdated, because many people left after the start of the full-scale invasion. This complicates things.

3_Trans man_23

Even if you go to a friendly doctor, there is no guarantee that everything will go smoothly, because this is only part of the journey. Even if the family doctor treats you normally, a number of other doctors are waiting for you. It is obligatory to undergo tests, and there are a lot of them, about 10-15 different tests, and people who do not have money to do this in private laboratories... Where no one cares who you are and what you are, and they do the tests for you, and you leave. Most people need to do them in public clinics, and some not very pleasant things may happen, like misgendering, or your tests may be done incorrectly, or they mix up what you did already. And I did tests where I thought I would die. I did them again in a private laboratory, and it turned out everything was fine.

10_Trans man_20

IDP participants, despite changing their place of residence, continue to consult the same specialists that they saw before war. If the specialists themselves have migrated, then they receive services remotely. Moreover, participants who could not find friendly specialists/doctors in their city of residence also take advantage of remote consultations.

Now I am not receiving medical care, there was no need. I receive advice via the Internet from my previous doctors. I am able to consult with them. The endocrinologist is now in Germany, but I can easily consult with her via the Internet using a messenger app.

2_Trans woman_45

Individual participants reported corruption on the part of employees of psychiatric institutions during the process of obtaining necessary certificates. On the one hand, this is due to the need of the trans person himself to obtain the relevant document, and the lack of any other option but to pay a bribe. On the other hand, it is linked to the future introduction of the International Classification of Diseases, 11th revision (ICD-11), as a result of which, psychiatrists will no longer be involved in the transition process, and are therefore trying to earn some extra money before then. At the same time, participants are willing to officially pay for the service, since “work is work”. In general, respondents hope that ICD-11 will be adopted as soon as possible, which will not only facilitate the transition process, but also reduce stigma towards trans people in general.

The introduction of ICD-11 is important. It has been introduced, but is not being implemented due to the lack of protocols. Accelerating the development of new protocols. In order to undergo a sex reassignment, you need to be in a mental hospital for two weeks... This is corruption on the part of doctors who are making money off of this. «Do you need an F64 certificate? Then, pay this amount. Do you want it to be official? Well, we will see you officially, but if you don't pay, it is not certain that you will receive it». And no one can prove whether the psychiatrist diagnosed you or not, because he was paid. Due to the fact that ICD-11 will be introduced soon... How soon, it could be 3 years, it could be 10 years, it could be 5. Who knows how long it will take for transsexualism to be removed from «Psychiatry» and reclassified as «Sexology». Accordingly, psychiatrists will lose the money they are earning from this now. Therefore, they are raising the price of an official examination... Thus, the later a person decides to start the legal transition process, which, begins in a mental hospital, the more expensive it becomes. So, people like me are told to «pay», and so you pay, otherwise you will not receive an F64 and can't proceed further. You just keep quiet about it, you don't talk about it anywhere, because you and those who come after you need it. And they make money off of it.

2_Trans woman_45

The biggest issue now is the speedy adoption of the International Classification of Diseases. In general, I would very much like to stop being labelled as mentally ill. In ICD-11, this is moved from the psychiatry section to the sexual health section. And you will not need to be under psychiatric observation for two years on an outpatient basis, or go to a hospital and have the stigma of a mentally ill person, which will deprive you of opportunities in the future, for example, to own a weapon or to find a job in some organization where a certificate from a psychiatrist is required.

12_Trans woman_38

Respondents do not see a need to develop lists of friendly doctors who are not involved in the transition process, since they believe that medical specialists should care for and treat all patients, regardless of their gender identity, therefore, the professionalism of the specialist is what is most important. Some of the trans people interviewed are nervous about going to the doctor, because of experiences or fears that any health problems will be perceived as due to the side effects of hormones, and that necessary medical care will not be provided, or treatment will be prescribed incorrectly. In this regard, one participant expressed a desire to establish a separate clinic for trans people, where various types of specialists, who are knowledgeable and competent in relation to hormone therapy could be consulted. However, this is currently not possible due to the transphobia and lack of tolerance in society. Non-binary participants shared experiences where they went to the emergency room or a polyclinic due to poor health, and the staff calmly reacted to their gender identity and provided assistance as requested. A lack of or insufficient financial resources for examinations and treatment for diseases not related to transitioning, as well as for the purchase of medicines, also remains a relevant issue.

I went to the hospital to get a prescription for pills. I told the doctor that I was a transgender girl, to which she replied that this was not what god intended, that I was contrary to nature, and that I was such beautiful a boy. She said that my depression is because of this.

5_Trans woman_19

I'm worried about going to doctors for some personal issues, for example when I have a cold or blood pressure problems. Because I don't want them to say it's because of hormone therapy. Once, I felt sick in the morning, I went to the doctor, and he said that it was all because of the drugs. But later, I consulted with my endocrinologist, and she said it was unrelated.

3_Trans man_23

I went to a cardiologist for an appointment, and I have a visible scar (after the removal of my mammary glands). They asked: "What is the scar from?", I explained the situation, and they said: «Oh, so hormones did this to you, you need an endocrinologist and to stop hormone therapy». What do you mean stop hormone therapy? And what should I do, how should I be treated? Answer: «I don't know.» I finally found a cardiologist, but I had to go through a long process to find a doctor who would restore my health, or at least maintain it, while taking into account my hormone therapy.

8_Trans man_32

I went to some doctors, I had questions for a dermatologist. These are free doctors, you can make an appointment with them, and go see them. They behave normally, I openly introduced myself or simply referred to myself in the masculine gender. There were no questions, and we just talked, the relationship was good. Maybe I just got lucky.

4_Nonbinary person_19

I have hemorrhoids and kidney problems. If I wasn't saving my money, I would go to doctors. If only my health were better. But examinations are very expensive, the same for doing an ultrasound, MRI. I had a health scare, they did an MRI, it cost so much money, it was very expensive. Instead of self-medicating, I would go to a urologist, do an ultrasound, and buy the necessary drugs prescribed by the doctor.

7_Bigender person_44

4.5

LEGAL TRANSITION, NEEDS RELATED TO AMENDING DOCUMENTS

The issue of amending documents has become quite relevant for trans people since the beginning of the war. In part, this is due to checks at checkpoints, where participants are often the focus of increased attention, since their appearance does not match their documents. This is true both for trans people who evacuated from the war zone, and for those who were forced to travel between cities for personal reasons or due to service in the territorial defense in another locality. One trans woman mentioned that due to migration within the country, she began to take trains more often, and that train conductors do not always behave correctly when a person's appearance does not match their documents. In one instance, they publicly addressed her using masculine pronouns in a car filled with passengers.

The war made me amend my documents. Previously, all my thoughts were about my family, I came second. Life goes on and on, there was no need to change documents. On hormones? On hormones. I didn't see much point in amending my documents then.

6_Trans woman_52

Amending my documents saved me. Because there will be no questions, except when you need to get undressed. You come, and have documents that match your appearance.

10_Trans man_20

I understood the importance of amending my documents, because it is not very pleasant when they check documents at checkpoints, given that I went home from duty as a member of the territorial defense. And at checkpoints they checked documents, I had to explain things, and then wait until a ride or the next minibus picked me up. Now people are more suspicious when people have some inconsistencies in their documents.

3_Trans man_23

As such, there were no problems with verifying [my documents], they just looked strangely at them and at me, laughed menacingly, and joked around.

5_Trans woman_19

One participant shared her experience where a copy of her gender reassignment certificate helped her explain the situation at a checkpoint, and allowed her to reach her new place of residence. At her new place of residence, the participant received an updated birth certificate, changed her passport and identification code, and did not encounter any stigma or discrimination from the staff of relevant institutions, although there was some «stereotyping».

Another participant with a similar experience in a new city of residence faced offensive statements and attitudes from employees of the civil registry office (CRO). Some participants requested legal assistance and/or support for the process of amending documents, since not everyone has the knowledge to correctly fill out the necessary forms and applications, and are afraid of being refused by CROs.



I had male documents when I evacuated, and I amended my documents here. I only had a copy of my sex reassignment certificate with me, I managed to obtain it. I submitted documents to the CRO in order to change my birth certificate, and then took this form to the CRO. But I had copies. And just having this copy helped me at checkpoints. My appearance was completely different than in my documents, so there were questions at every checkpoint. This certificate helped a bit. I had to pick up my birth certificate on Saturday, and on Thursday, the war started. There were no problems, I went to the local CRO, they gave it to me, and there were no problems. After getting the certificate, I got a passport here, changed my identification code. So everything was resolved very quickly.

2_Trans woman_45



I went to a new city to change my documents at the CRO. They began to ask me whether I cut off something down there, offensive questions .

5_Trans woman_19



Legal support for me to go to the CRO ... I don't know how to properly draw up documents, write applications. I never did this. I just need support so that a lawyer can accompany me, and so that the person who is collecting the documents actually accepts them. It's easy to find a reason not to accept documents.

6_Trans woman_52

Difficulties in wartime related to inconsistencies between one's documents and appearance also arise at military registration and enlistment offices and when crossing the border. At the beginning of the war, one trans woman applied to the military registration and enlistment office for permission to leave the country, as she was the guardian of her mother who has a disability and was living abroad. She was met with offensive attitudes, ridicule, and was refused permission. Another participant who went to the military registration and enlistment office was mocked by members of the medical commission, who refused to examine her certificate of gender reassignment. A trans man who fully transitioned and who has male documents reported that he does not have a military passbook, and continues to be registered with the military, although his health condition does not allow him to serve in the army and he fears discrimination towards trans people in the military. In particular, the participant mentions that he will not be able to adopt a child in the future, if his «F64» diagnosis is recorded in his military passbook. As in relation to amending documents, participants feel they need qualified legal support and advice, since the only advice they currently receive is that they «better keep their head down».

After two months of war, I went to the military enlistment office to ask them for permission to leave. I have a mother with a disability living in another country, and I am her guardian. I showed them my documents, asked for permission to leave, and then a bunch of people in uniform came running over... Or rather, first, one commander of some kind came, looked at my documents and started shouting: "Hey, everyone come here and look, who is this even - a boy or girl?». It was a really strange situation, they poured mud on me, laughed, and told me to go.

5_Trans woman_19


I had moved, but it so happened that I was immediately taken to the military registration and enlistment office, I had to flee from there. I can't imagine how I'm supposed to live with men in the barracks. So I had to go back to my city, and try to sort out my documents. There is no differentiation if you are transgender. You say this, but they don't even ask for your documents or these certificates, it doesn't matter to them. And doctors don't see you. You are nobody. Since you have a male passport, you say that you are transgender, you have breasts, and are on hormones...

6_Trans woman_52

The issue is that we are being drafted, trans men. The problem is that I don't have a military passbook, I didn't get one before, I didn't sign up. And even if I did, it wouldn't work, because I would have to go through all this again anyway, given that the country is under martial law. The problem is that at any moment you could get called up. I would have gone, if I were in a different situation. First of all, my health situation, now I can't manage it. Second of all, discrimination against the trans community. I don't think ending up there is the best thing that could happen to me. There's also hygiene, showering, toilets. How am I supposed to do that?

8_Trans man_32

Among participants interviewed were those who either had experience serving in the Armed Forces of Ukraine since 2014 (describing this as «an attempt to escape from themselves because of being transgender»), or those who decided to apply to the military registration and enlistment offices to join the territorial defense. For example, one trans man shared his experience being denied mobilization for health reasons. At the time of the assessment, he was continuing the process of amending his documents to a male name in order to re-attempt to join the Armed Forces of Ukraine. At the same time, his desire to protect the country and his city is more significant than any possible «condemnation in a closed male environment». While serving in the territorial defense, this participant did not always encounter a pleasant attitude from others serving with him. However, he is understanding of this, and explained that it was due to their fatigue and conflict in general («there were no combat missions for a long time, so they were constantly looking for conflicts, even because I'm a vegan»). In general, the majority of military personnel treated the participant with understanding. There were no provocations or questions from them, and the participant evaluates his experience as positive.




I was not mobilized because my health didn't allow it. There was a misunderstanding or some kind of fear for my safety, and the commander said that I could not be mobilized, because he was afraid of how other soldiers would react, and because he didn't want anything bad to happen to me. Another soldier treated me badly and did not want to interact with me until a fellow soldier talked to him and asked to give me a recommendation to the unit. He had already served with me and knew me. I hope the process with the documents will speed up, and I will try to be mobilized again. Not for a combat position, because of health reasons it's not worth it, but there are related positions, for example, a drone operator, a communications engineer.

3_Trans man_23

In addition to difficulties related to martial law, trans people continue to experience difficulties in various areas of life due to a lack of up-to-date documents. This relates both to the inability to register a marriage, as well as to barriers to renting housing and obtaining banking services.

One trans woman who married her spouse before transitioning shared her experience of how their essentially same-sex marriage continues to be legal even after amending her documents. Despite the fact that registering a same-sex marriage in the country is not possible, a previously registered marriage continues to be considered valid even if one of the partners undergoes a sex change. When submitting documents to the registry office as part of the legal transition process, the participant discussed this with the relevant employee, who provided an explanation and all the necessary information.



There is a legal discrepancy. It is impossible to register a same-sex marriage in Ukraine. But the key word is «register». At the same time, this does not apply to restrictions on changing one's sex. Accordingly, if one partner changes their sex, their marriage is still valid, because the law is not retroactive and the marriage was already registered. When amending documents or changing your sex, you receive a notice that your legal status has been updated, and this notice constitutes a legal document confirming your succession to yourself. In other words, the fact that a male person is now a female person. This is the same person with the same judicial and legal rights.

2_Trans woman_45

The length of the transition process and a lack of up-to-date documents prevent trans people from finding and renting housing, since realtors and landlords do not always react positively to inconsistencies between the appearance of participants and their documents. This problem applies to both IDP, as well as to those who have not changed their city of residence since the beginning of the war, but who do not have their own housing and/or the opportunity to live with their families. They are forced to rent apartments jointly with neighbors who can sign a contract and be legally responsible for the rental. Living with strangers is not always comfortable, since views on everyday issues may differ (for example, deciding when it is necessary to wash dishes, clean the apartment, etc.). However, it is almost impossible to rent housing without updated documents.

When I moved, it was difficult to rent an apartment on my own... It's difficult to explain to realtors and apartment owners what's what. In fact, I depend on neighbors who can conclude an agreement and take legal responsibility. I want to move out because I'm uncomfortable, but I can't yet.

3_Trans man_23

In relation to amending documents, requests for information and clarifications remain relevant in cases where the participant wishes to register as an individual entrepreneur. According to one trans man, he is unable to get information on the procedure re-registering as an individual entrepreneur under his current name, and therefore needs legal assistance on this issue. The same applies to obtaining banking services, when the name in one's documents differs from one's appearance.

I generated a key to a bank account and was asked to go to the bank branch and sign some documents. I went and tried to explain the situation, but they don't really understand what to do, and don't really want to believe me.

3_Trans man_23



4.6

GENDER AFFIRMING SURGERY: EXPERIENCE AND DIFFICULTIES OF PARTICIPANTS

Trans people who have begun transitioning do not have sufficient financial resources for gender affirming surgery, although they plan to undergo surgery in the future. Unlike hormone drugs and doctor's consultations, which can be obtained through assistance from NGOs, surgical interventions are not covered by such projects, and such operations are not reimbursable. In some cases, surgery is also needed as a way to solve health problems caused by hormone therapy (for example, issues with the urinary system).

In addition to the high cost of gender affirming surgery, participants mention the long process of recovery after any medical intervention, which also requires financial resources. Meanwhile, the possibility of earning money during this period is limited. Participants note that a possible solution to this issue could be revising protocols, whereby certain operations, such as orchiectomies or penectomies, would not be classified as plastic surgery, and would be carried out as routine procedures, while appearance-related procedures (for example, to the face) would remain as paid interventions.

There is a key issue - secondary sexual characteristics. The most difficult moment for a trans person is visiting the restrooms, and realizing that you are not entirely a complete person. And the actual operation, for example, an orchiectomy or penectomy, which gets rid of your male genital organs, is not an affordable. But in our country, because of ICD-11, such operations are considered plastic surgery, and are a paid service.

12_Trans woman_38

After all, we live in Ukraine, so, unfortunately, surgery... operations on your genitals cost a lot of money, I don't have enough income now, and there is no way to raise money for this operation either. I have to postpone this issue at least until the end of the war. But I am definitely planning a complete operation, a complete transition. I have had urinary problems due to transitioning, and these problems are getting worse. This can only be resolved with an operation. Such an operation costs from 2 to 5 thousand dollars in Ukraine. And rehabilitation also takes time, during which you cannot earn money. There is at least a month of serious rehabilitation, so you can't think about earning money during this time.

2_Trans woman_45

One trans man had a mastectomy in Ukraine after undergoing all the necessary tests and examinations. However, since his transition was not fully completed, the mastectomy was carried out at the consent of his doctor, who issued a referral for the surgery indicating that it was «necessary». Aside from mastectomies and vaginoplasties, participants feel that high-quality gender affirming surgeries are not currently being carried out in Ukraine, unlike in other countries. They are aware of opportunities to undergo operations abroad, but are unable to procure relevant services due to a lack of funds. In addition to the cost of surgery, necessary medication, and rehabilitation, moving to and living in another country is costly. Before the war, those wishing to undergo surgical operations primarily went to Belarus and Russia, as these countries were more affordable. However, after February 24, 2022, they no longer consider it possible to undergo an operation in these countries. At the moment, Thailand, Switzerland, Sweden and the United States of America are the main destinations for surgical interventions.

You can't undergo an operation anywhere now that is cheaper than in Ukraine. Because you have to pay for everything: travel, accommodation, food, the operation itself, treatment, medicines. The average price is more than 10 thousand dollars. In Ukraine, before the war, it was possible to have the operation for 2 thousand dollars, but even then I didn't have that kind of money.

2_Trans woman_45

There are quite a few qualified specialists abroad, and sometimes they are even cheaper. But there are also some in Ukraine, so far I only have two contacts. Unfortunately, phalloplasty is not so developed in Ukraine yet. You can do it, but I would not advise it, and would not do it in Ukraine if you want it. It is too difficult, you need too much time to recover, about six months. In Ukraine, it is not very advanced yet. But a big plus for trans women is that since around 2019, vaginoplasty has improved quite a bit, it is not so expensive. Yes, it can be costly, but compared to previous years and to some European countries, the price is more than acceptable, and the quality is high.

10_Trans man_20

As with different types of hormone therapy, participants do not see any distinction between gender affirming surgical interventions and any other similar surgery not related to transitioning, such as facial plastic surgery. However, gender affirming surgery is a taboo topic in society, and medical professionals do not always understand its significance.



Support for an operation is an issue. For example, if a person has facial disfigurements, operations to correct their appearance or their condition are not a problem. You apply to have this done, and they do it for you. Such operations cost money, of course, but they are not taboo. But for some reason, a sex change operation is considered taboo, even in the same society. This is the same kind of operation as one that is done to someone who suffered burns.

2_Trans woman_45



4.7 HIV, STIS, AND RISKY BEHAVIOR

Most participants reported that the topic of HIV and STIs is not relevant for them. They primarily explained this by the fact that they only have sexual contact with a regular partner, by their refusal to have sex in general, or by their negative attitude towards injecting drugs. According to several participants, the risk of HIV infection only exists in medical institutions due to the use of non-sterile instruments, but such cases are rare.



I'm not sexually active, so I don't need condoms or testing. In terms of awareness on this issue, I was lucky because my school conducted educational activities on this issue. They told me what to do if HIV is detected, where to go, and how it is transmitted. They even discussed cases where healthy children were born to HIV-positive couples.

3_Trans man_23



I am not particularly interested in HIV, hepatitis, syphilis and STIs, because I don't have such a need. I don't have a very active social life, and even less of a sex life, so I don't have such a need. I have no experience with drugs.

4_Nonbinary person_19



HIV and condoms are irrelevant for me now. When I had sexual partners, it was relevant, but not now.

11_Trans man_19

It is absolutely irrelevant for me. The only place where it might be relevant is in medical institutions for example. But this is a standard risk for any person in any medical institution. Theoretically, they can prick you with something that is not sterile, but the probability is very low. I have a wife and do not have sexual relations outside of marriage, this is not relevant for me.

2_Trans woman_45

Unless they accidentally infect me in medical institutions. Because I have become asexual since starting hormone therapy. I don't take drugs, I don't smoke, I rarely drink alcohol. I think it's stupid. I don't like it when I'm not in control, so I think it's better to be sober.

6_Trans woman_52

I'm really against drugs and other things, I don't have HIV or anything else. I have no experience with drugs and never will. I mean, if another person does it themselves, that's fine, but I don't see it as good for me. It's not something worth trying, it's not a new ice cream flavor. Plus, I have access to condoms, I'm not connected to HIV at all.

10_Trans man_20

As mentioned above, participants tend to have a very negative attitude towards injecting drug use because it «may end badly». However, some may use non-injecting drugs, such as marijuana, and have previous experience with drug use and deliberate overdoses to achieve the desired effect of «escaping reality». After starting hormone therapy, accepting themselves, and finding an environment that supports and accepts them, the use of non-injecting drugs by participants has decreased, however, in isolated cases, they continue to use them to improve their psychological well-being, for entertainment, or to have new sensations during sex.

I encounter non-injecting drug use, pills more often... I myself had such experiences as a teenager, I did not understand what was happening to me, and coupled with a lack of understanding from my family, I started taking pharmaceutical drugs, and overdosed. So I could enjoy the effects. For example, heart medication. Things are better now and I can live without this, I use marijuana, but I try to less often now.

5_Trans woman_19

I had panic attacks before, because of the shelling... But I found a way out for myself: Lyrica and Atarax. Everything is prescription, but you can buy them without a prescription. Psychiatrists approved Atarax for me, but Lyrica is just to cheer me up. From February 23 to 24, I took cocaine... I woke up, they told me that the war had begun. I was like, «yeah,» packed my things and left. But now I rarely take it, once every two months, maybe less often. But this is not for panic attacks, but for fun, for some other kind of sexual experience.

9_Trans woman_21

Individual participants reported that they had previously had unprotected sex. One of them, after talking with an HIV-positive friend and visiting an NGO, became more attentive and responsible towards sexual contact, and only engages in sex with a regular partner. His circle of friends does not really support promiscuity and drug use. One trans woman shared her experience of having unprotected sex, as a result of which she got an STI and underwent appropriate treatment. Now she tries to pay more attention to this issue.

However, according to some participants, risky sexual behavior among trans people has become more common since the start of the war. Firstly, due to their poor psychological state, they try to «soothe their anxiety» through promiscuity. Secondly, due to a deteriorating financial situation, trans people are forced to go into sex work, but have not received any sexual education or information on how to minimize risks. In addition, sexual and physical violence by the Russian military is widespread in the occupied territories, which participants learned about from their acquaintances. Those interviewed included participants, who, due to a lack of income, were forced to start providing sex services for money, and those who were engaged in sex work before the start of the war, understand the risks of possible infection with HIV, syphilis and other STIs, and are tested and use condoms regularly. One participant who provided sex services even before the start of the war, noted that there were more soldiers as clients due to their ability to pay for services. She also noted that she did not experience any violence or aggression from clients. In general, according to her observations, there have been no changes in the field of sex work, as sex workers have also gone abroad, and there are fewer clients.



There were clients from the military, because they began to pay money. I mean, people who could not pay for services before began to pay. But I don't see anything wrong with that, I didn't have bad clients. I get tested exactly once a month, because I have a lot of partners, I always use condoms, I have chlorhexidine. But now I work less, just enough to live off of. I take PrEP, but only before contact. Condoms never seem to break, but I take PrEP just in case.

9_Trans woman_21



I often meet with different partners, so every six months I regularly get tested for HIV, sometimes for syphilis and hepatitis, I use condoms, chlorhexidine.

7_Bigender person_44

In isolated cases, participants not involved in sex work were tested for HIV through NGOs and received condoms and lubricants. They also contacted organizations for counseling on transitioning, attended events, house parties, and lectures by specialists, or received humanitarian assistance. As part of testing, participants learned about free treatment options, and how an undetectable viral load can reduce the risk of HIV transmission. IDP participants reported that they currently have no problems accessing HIV prevention services, in contrast to when they were at their previous places of residence, where they did not know where to go, and did not know any organizations dealing with such issues.



MENTAL HEALTH: CURRENT CONDITION AND MEANS OF SUPPORT

Almost all participants spoke in one way or another about the importance of mental health, including requests for mental health support and/or rehabilitation services. Such requests were relevant even before the war (and relate to anxiety and self-rejection, depressive states, and to drug treatment with tranquilizers), but have intensified in wartime. Most respondents have some experience related to the war: from occupation and experiencing long periods of shelling to the inability to see their families and fears about them being captured.



There is no stability. You live – today they turned off the lights for two days, tomorrow – the water, the day after tomorrow there are some explosions and communication is lost. You don't know what will happen next, and this makes me panic. It's probably the worst thing for me. Plus, I already have depression, and my mental problems are aggravated because of all this.

5_Trans woman_19



The realization that the war had begun. On February 24, while everyone was running around, calling each other, and shouting that the war had begun, I stubbornly went to work. I did not believe it until I heard shots from the sea. It took me a long time to comprehend what was going on. It is a strange state: you see what is happening, you understand, but you can't believe it. Like it's 2022, everything was fine, but here it's just literally rows of innocent people ... Just because some old man in a bunker decided that we were Nazis.

10_Trans man_20



Transitioning and hormone therapy... It's pretty scary, and not in that you look scary, but just understanding what is happening is scary. You have always lived in one body, and you are used to it looking a certain way, because it happened you were born that way. Then hormone therapy begins, and your body changes, and just like that ... You are shocked at how this happens, you are not always psychologically prepared to deal with this. I can't speak for all trans people, but I can speak for trans men, and really, everyone goes through the same thing when you don't understand that you are you. Plus, there is some pressure from society. Because some people you knew before transitioning remember you one way, and perhaps even refer to you as a female. But when you transition, your circle becomes wider, and people treat you as you want. There is such dissonance about how you look, you look at your body, you think about how you look. In any case, the psychological pressure from oneself is very strong.

10_Trans man_20

I have a mental disorder, I am being treated by a psychiatrist. And that's why I go to therapy. It was related to the war, because it made my condition worse, but even without the war, I needed therapy.

11_Trans man_19

It is noteworthy that most participants either feel ashamed due to their psychological problems, or delay obtaining qualified assistance out of a fear of stigmatization by those around them. One non-binary participant suffers from depressive states that began in adolescence; their relatives did not get them treatment in time, as they thought the depression was just related to laziness or mood swings. At the same time, the participant was not able to find necessary information or literature, and was embarrassed to ask for help due to the stigma surrounding such problems in society. After the start of the war and experiencing shelling for several days, the participant realized the importance of mental health, consulted a psychotherapist and began taking medication after evacuating to a safer region. One participant reported experiencing psychological problems and panic attacks, which he previously associated with a change in hormone drugs, and felt ashamed of his feelings. Returning to the previous drug regimen improved his condition, but he continued to experience anxiety and was put on tranquilizers.

I became «domestically disabled», because I couldn't even eat normally, I couldn't pull myself together. I lost a lot of weight because of my condition. I thought about going to a psychologist, because I knew that I would not survive, I lived in this state for a very, very long time. I planned to go on February 25, 2022. But as it turned out... We were under shelling for 9 days. I felt the most alive a person can then. I realized that my life was under a real threat, and I got the energy to live. I was happy at that moment. And when we left in March for a new city, I pulled myself together and went to a psychotherapist. She referred me to a psychiatrist, I had a consultation, and began treatment. The only thing that kept me from being hospitalized was that I didn't want to die.

4_Nonbinary person_19

I do not know what it is connected to, I will find out during the examination. But I tried to switch to other forms of medication, and after that... In general, they were less effective, I had bad test results, and I was told that this could be related. I had panic attacks and I didn't feel well, and in general... It affected my sense of self. It's a shame when you can't really do anything, and everyday sensations like smells frighten you. For two hours you drop out of life. And in general, it's a shame, because a normal adult shouldn't behave like that.

3_Trans man_23

I don't have any particular mental health problems, but sometimes I do. I understand where they come from, it's because of the drugs that I take, and I somehow control them. It's linked to hormones.

9_Trans woman_21

For a number of interview participants, the need for neurological and psychotropic drugs is urgent. One participant shared his experience where he needed neurological drugs, but could not get them through volunteers, because tranquilizers were not included in the list of drugs allowed for distribution, and their purchase was not covered by the charitable foundation. Some participants were forced to stop taking medication as they were unavailable in pharmacies, and/or because there was a sharp rise in their price at the beginning of the war. They had not resumed taking such medication at the time of the assessment.



At the beginning of the war, it was difficult procuring medicine. Prices increased sharply, some medicine was available, but it was very expensive. Still, I decided to go off neurological medications, because I couldn't afford them, and at that time they weren't available in pharmacies. I remember that for the first three months there was a shortage of psychotropic drugs, prescription drugs. Then everything was really bad. Now it has become easier, but prices have doubled or tripled. I remember I needed Triazodone. Before the war, it wasn't too expensive, the price stung a bit, but then during the war, the price increased three times and you simply cannot afford it. You also have to take into account unemployment, panic and uncertainties about the future...

1_Nonbinary person_24



I'm on antidepressants now because I've been diagnosed with depression. Just one day after I was diagnosed with depression, the war began.

5_Trans woman_19

Similar to drug treatment, such as tranquilizers, which is expensive, getting psychotherapeutic help requires sufficient financial resources, which participants do not always have, and therefore, they rely on the help of NGOs and volunteers. Some participants living in or visiting shelters mentioned that psychologists visit them from time to time, and that there are opportunities to take part in free group consultations. Nevertheless, individual psychological and psychotherapeutic assistance is in greater demand, because «when someone is alone, it is easier to open up, and they fully devote their time to you, but when there are many of you, it is difficult to talk about your innermost problems, and there is not always enough time for you».



Mental health costs a lot of money if you're doing therapy. It might be some kind of volunteer help, or it might be some kind of psychotherapist, but for a lot of money.

4_Nonbinary person_19



I am currently undergoing psychotherapy free of charge through an organization. This is not the first time I am working with a therapist, I will stay with her, because she is wonderful.

11_Trans man_19

All I need is the help of a psychiatrist and psychotherapist, so that I can take drugs and go to therapy. But the problem is... Given that it costs money, finances are everything. Both psychiatrists and antidepressants are expensive. So instead of having a positive effect, this stresses me out even more. Suicidal thoughts are common. And when it comes to health, you think - yes, it would be quicker just to die, and that's it.

7_Bigender person_44

Some interview participants stopped regular visits to psychotherapists after February 24, 2022. They explained that their own problems did not seem so critical, given how much the psychological state of others had worsened due to the war, and that in general, they had reassessed their values. Such participants try to cope on their own with the difficulties and challenges that arise. They take responsibility for their own decisions and behavior, and do not focus on getting help «from outside». However, they do not deny that they are uncertain about the future and experience psychological discomfort.

Support from their close friends and relatives and from within the community allows them to stabilize their mental health, and avoid turning to and/or working with psychologists. Participants who do not seek mental help try to communicate with members of the community, mainly online where they find support and satisfy their need for communication and acceptance. Some participants who turned to NGOs for help at the beginning of the war continue to get involved in their activities as volunteers and help other clients, thereby finding the ability and energy to cope with their own stressful situations. Providing assistance in shelters is an example of such volunteering. Participants may communicate with those staying in the shelter, accompany them to medical specialists, help them obtain certain services, communicate with a doctor, deliver medicines, send drugs by mail, etc. In addition, volunteering as a way for participants to cope with anxiety and/or help others is not only focused within the community, but also involves initiatives and projects aimed at helping people affected by the war, regardless of their gender identity.

There were not enough psychologists and psychiatrists, this was a problem. I decided to stop therapy because my problems were not as urgent as those of other people who faced serious consequences because of the war. Let's say the war helped me re-evaluate my outlook and values. But it would be cool if there were lists of friendly mental health doctors. Because not everyone can cope with the horrors of war, and many become depressed. The trans and non-binary communities of the city helped me a lot. Very much. They sorted me out. I decided to stop seeing a psychiatrist and taking medication, there was a period when I was very fixated on my problems, experiences, etc. I got involved in the community, we spent a lot of time in a shelter. Thanks to the work in the shelter, I have not given up yet. This is important these days – distancing yourself and disconnecting from all the horror that is happening.

1_Nonbinary person_24

I often go to a shelter, communicate there, and this helps me feel at ease. I belong there. It was a wonderful experience for me, when I was there, I felt the way I would like to feel all the time.

7_Bigender person_44

When dysphoria intensifies, psychological support and help are needed of course. But I am the kind of person who quickly finds that support on my own. Moreover, I even provide such support to people around me. Although I do not have a psychological or medical education, I have some experience. I have a few friends in the trans community to support me. We are constantly in touch over the Internet, literally every day. Our chat feels like being at home. So, wherever we are, we always have someone to talk to, something to talk about. We can support and help each other.

2_Trans woman_45

More than anything, access to social connections has changed, because many acquaintances have moved abroad or to another area. My main communication takes place online, and my social circle are all trans people. I miss those who left, and my best friend has been in captivity since the end of February. We do not communicate with him so often, but when we do it is very heartfelt, and periodically he contacts me, I miss him and worry that he will not return. I want him to come home safe and sound.

3_Trans man_23

In addition, in terms of the importance of the community, in most cases, participants focused on the fact that their understanding of gender identity came about due to the presence of non-binary and/or trans friends who acted as «guides» between them and NGOs. Establishing contact with community representatives helps participants to understand themselves, find answers to all questions of interest about gender identity and/or sexual orientation, and, under current conditions, contributes to their comfortable psychological state.

I understood myself thanks to a very close friend. He introduced me to the T-community of the city, and I began to recognize myself. All these communities are needed, they help you to understand yourself.

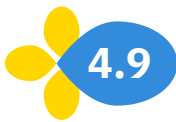
1_Nonbinary person_24

I experienced dysphoria, but I did not understand what was happening to me, and it scared me a lot. Neither being girly nor boyish suited me... I didn't like this binary paradigm in general. I don't remember when I accepted myself as a non-binary person, but probably a year ago or sometime this year, because I only encountered this concept around that time. I «had a taste of it», so to speak, observed such people, studied information, communicated with trans people.

4_Nonbinary person_19

I only entered the trans community in 2021. I had a feeling that I needed it. Stress from the fact that I had to fulfill the social role of a man ... I didn't know what was wrong with me. Now, I already understand the issues of transsexuality and transgenderism, and I know what to do and how, and I figured out a little about myself. I thought I was gay, transvestite.

7_Bigender person_44



COMING OUT AND INTERACTING WITH CLOSE FRIENDS AND FAMILY

Interview participants included both those who do not lead an active social life and are limited to communicating with family, partners, and close friends, as well as those who consider themselves to be quite sociable and extroverted, and for whom «opening up to others is not a problem, while still keeping their own safety in mind». Regardless of their feelings about being in society, participants report that it is not always possible to establish communication with family members and friends. They have faced verbal aggression and rejection, and have had their friends and family terminate any interaction with them. In such cases, respondents' need for support is met by their communication with those who accept them, and with those in the trans community.



I have wonderful close friends. They accept and support me, for which I am grateful to them. Of course, there were problems when I started transitioning: they had doubts, worried about my health, tried to dissuade me. When I changed my pronouns from «he/him» to «she/her», there were problems with this, but in the end they got used to it, and now everything is super. Of course, some people withdrew and did not understand it, but I don't really care.

5_Trans woman_19



I came out to a friend last year. But given his reaction ... We no longer communicate.

7_Bigender person_44

Female trans participants who were in a marital relationship when starting their transition shared different experiences related to their spouse's acceptance of their gender identity. Those who had positive experiences stated that it took time and that the process was not easy, but that both partners were interested in maintaining the relationship and were willing to put in the effort to do so. Those who had more negative experiences stated that they continue to live with their spouse and maintain a common household, but that their spouse is embarrassed and avoids going outside the house with them. Trans men who were in a relationship while in the process of or after transitioning reported that their partners and their parents accept and support them, and describe their relationships as quite harmonious.



My wife knows about me and was against it. We have been living together for 30 years, I did not hide it. She knew from the beginning and was against it. She knew I was on hormones. But what will she do about? I took hormones on the side. My wife says I attract attention. You see, my relatives are ashamed of me, of going shopping with me. Especially if my hair is down, or if I have a manicure. They are ashamed and do not want to go anywhere with me.

6_Trans woman_52

I have a wife, and, in general, she supports me in everything. Of course, she did not accept me immediately, it took a long time to get there. Nevertheless, our love is stronger, and it overcomes any obstacles; we got past this obstacle, we did so very well. And she practically became my main consultant at the beginning stages.

2_Trans woman_45

Several participants have children, and their experiences with them are quite different. One participant stated that she does not hide her gender identity from her child. However, he does not accept her, feels ashamed of her, and is aggressive towards trans people. In this case, the participant does not consider it necessary to explain anything to her child, since she does not have any authority over him. Another participant has a more positive experience, because her child is understanding of her, in particular due to the fact that they had a close relationship even before her transition.

I'm not really hiding, they can see it. I do not raise this topic with my children. It is useless to explain to people who do not understand, you need to know about the topic. My son grew up around transgender people, video chats, forums, where there were a lot of girls like me. My son grew up around them and was hanging out with them since the age of two. But now he does not accept such a thing, he is against this topic. But I don't know what's going on inside my child.

6_Trans woman_52

We took a walk with him, and I raised this issue. I was pleasantly surprised, because my child is better informed about transgender issues than my spouse.

12_Trans woman_38

Participants' experiences communicating with and coming out to parents and relatives are quite diverse. Some have parents and relatives who accept their gender identity and support them, while the war and occupation, as well as the fear of death, have contributed to strengthening relationships and redefining the meaning of family. In most cases, parents are more or less unwilling to accept their child's new gender role. Such attitudes are expressed by verbal aggression, the use of incorrect pronouns, refusals to address their child by their chosen name, or the idea that being transgender is just «momentary fun». In some cases, parents completely ignore their child and have stopped any interaction with them.

I am naturally a recluse, and I prefer to solve my problems myself. I was lucky, because my relatives still support me, it's rare for a non-binary person to have relatives and friends accept and support them. Of course, many of my friends have gone abroad, so it's hard.

1_Nonbinary person_24

My parents are the only people close to me who do not support me. They are not hostile towards this, but they do not take it seriously and ignore it. I have constant tension with them because of this. Sometimes it feels like I need to prove something. I often talked about this with my father and he always repeats the same arguments: I am doing something stupid, I will regret it, and I will never be a real man. It is difficult and exhausting, I love my parents and I would like to communicate with them normally, find out what worries them, tell them about myself. Mom worries that this will be bad for my health. I don't care what others think of me, but what my family and parents think is important. I searched for literature for parents, found a brochure, but it only describes the transition procedure.

3_Trans man_23

Unfortunately, I don't have support from my family. I've been bullied a lot since childhood. I have two sisters, and they have had very negative attitudes towards me since childhood. For example, I was very sociable and well-mannered, but they did not hesitate to call me names in front of people, mock me and even beat me. So I try not to have any contact with them. I also don't communicate with my parents now, and no one knows about my transition, I didn't tell anyone. I just left home one day and will never go back. I started hormone therapy when I was still living with them, but maybe the changes were not very visible or they just did not want to see them.

5_Trans woman_19

None of my relatives support me. My mother knows that I am transgender, as well as my brother, and, as I understand it, my mother's new husband also knows. They don't accept it. For a while they pretended to accept me and everything was ok, but actually they continued to treat me like a woman. They find fault with what I am, who I am and where I am. One evening we had a terrible fight, and my mom and brother wrote that [on the participant's date of birth] a girl was born. In fact, all their words about accepting and understanding me have come to nothing. I went into hysterics. A girl, with my permission, blocked them on my phone so that they can no longer reach me in any way. I really wanted to connect with them, even if we didn't have a super close relationship.

10_Trans man_20

Relations with relatives who are in an occupied city have improved. Before the war, we did not communicate for nearly a year because of my identity, but since the outbreak of the war, this faded into the background. Some of my relatives have even shown some acceptance.

11_Trans man_19

The opinions of participants who have such experiences are divided in terms of possible ways to build relationships with loved ones. One is certain that time is needed and acceptance will gradually occur if you try to learn how to deal with such relatives in the right way, and look for appropriate literature for them. In this regard, participants point out the limited or lack of specialized literature for parents to help them understand the sexual orientation and gender identity of their child, and which is relevant to transitioning in the Ukrainian context. Participants are also interested in joint support groups for parents and children. Some participants who, to one degree or another, managed to establish relations with their family, speak of the importance of psychological support in this process, in particular consultations with and recommendations from relevant specialists. Other respondents believe that it makes no sense to waste energy on explanations, since it is impossible to change the another person's worldview if they do not wish to change. Instead, such participants focus on their own psychological comfort, and seek out respect and care from other people, such as colleagues or friends within the community.



It is necessary to hold seminars and trainings, to conduct groups for relatives of trans people, for parents and friends. Where they can go and learn more, not only about trans people's problems, but in general about "what it is and what to do.

8_Trans man_32



If a person doesn't want to, don't bother. This hurts the most. All my life I looked up to my mother, she was an idol for me, an ideal. But in the end, I came to the conclusion that she did not want to understand this. No matter how much I hurt myself and her with this kind of talk, if she does not want to, she will not do it. She doesn't want to do it, this hurts me. Her absence hurts me. At such moments, I realize that if she is not around, it will really hurt, a lot, like a crack in the ribs. But I will have the opportunity to move where I want, because nothing is tying me down. If I continue to talk to her and hear «no, no, no», then at best I will become depressed or something like that, and at worst, suicide. Therefore, you should never harm yourself with talking. If a person really loves you, and you matter to them in life, then despite all these entrenched ideas, they will ask you to send some information, show them what this is, and they will gradually and awkwardly approach this issue, and try to accept the situation to the best of their ability.

10_Trans man_20

Some participants deliberately choose not to come out to parents or elderly relatives, because they are afraid that their health will deteriorate as a result. With such relatives, trans people try to avoid talking about gender identity or meeting them in general, and choose to communicate remotely. If elderly relatives have questions or comments about their voice and appearance, they try to come up with «answers on the fly», and explain that changes to their voice are due to a cold, or that changes to their appearance are related to fashion trends. Trans IDP who have been living with elderly parents since the beginning of the war, and who do not have the financial ability to rent separate housing are forced to carefully monitor their appearance and behavior, hide physical changes related to hormone therapy, and «live a double life», which also causes discomfort. When leaving the apartment, they try to change their appearance, so they are not recognized by neighbors, acquaintances and friends from their «past life» («I'm a stranger among people I know»), however, upon returning home, they have to change clothes, change their hairstyle, remove make-up, etc. Such participants do not view living in a shelter or in close quarters with other IDP as an option, since they have spouses and are not willing to change their usual lifestyle.

I did not say anything to my grandmothers on purpose, and I am ashamed of this, because it turns out that I do not trust them and keep them from finding out. But, on the other hand, they are both over 70 years old, they have health problems related to old age, one has diabetes, and both have problems with blood pressure. I don't want to tell them in case they get sick.

3_Trans man_23

I was afraid to leave, because my father is still here, and lives with my sister. My brother and his wife live in the next neighborhood. Both my brother and my father are homotransphobic people. My father is 88 years old, and, therefore, I was very afraid that if he sees me... He has a very weak heart. If I show up, with my appearance, there will be problems with his heart, and he will not manage this, he will not survive. At first, I tried to go to my brother and move in with him with my wife, but was sent away in the truest sense of the word. «We don't need such an honor, I don't have another sister. If you were my brother, then please. But since you've become my sister, I don't want to have anything to do with you». My sister came up to me and said: «So, let's change clothes, take off your earrings, wash off your makeup, dad won't notice anything». We managed to get some oversized clothes, I ended up going. My father did not pay attention to me, but perceived things more from memory than from appearance. When I leave the apartment, I'm one person, and when I enter the apartment, I'm a different person, and it's stressful.

2_Trans woman_45

I don't tell my mother much either, because older people... In general, I don't raise such topics. Once I tried to hint to her that I was a woman, she looked at me strangely and that's it.

6_Trans woman_52

My parents still do not know anything, because it will be a shock for them. I don't want them to experience this shock.

7_Bigender person_44

4.10 TOWARDS TOLERANCE

In some way or another, the report above mentions cases where participants encountered offensive attitudes, for example, difficulties in obtaining banking services, renting housing or finding employment.

In general, non-binary people reported that they try to prevent rights violations and rejection by others, and «learned to adapt themselves», as they believe that asserting their own rights will either not work, or will lead to even worse consequences. However, this is not always possible, and there are isolated cases where others have manifested offensive attitudes, although this is not always perceived by the participants as a violation of their rights. According to one of the participants, trans people face aggression, rejection and violations of their rights, but «non-binary people don't have such problems, because we don't exist for others at all, they don't even know about us».



I can say right away that I have not had my rights violated. I learned to adapt myself, but I don't want everything to be linked to gender dysphoria, that this is not normal and somehow you're not like that. You have to adapt, because standing up for your rights is a bad thing. I guess I realized immediately that my brain is poor. I'm afraid to imagine what is happening in the terms of medical and legal services. It is easier for people who have learned to adapt, or to stand up for themselves, so they are not persecuted. I would like to see that people are left alone. That they aren't judged, or have others' opinions imposed on them. It's unpleasant when you go to pick up a package, and you have your chosen name, at the post office, you have this name written in the notification, but another in your passport. So they just call you «it». I would like society to be calmer about this, more tolerant towards people. If such attitudes are present in society, then they can be present in other areas: law enforcement, medicine, education.

1_Nonbinary person_24



In general, the standard is to walk down the street and hear: «Are you a girl or a boy?». There was such a case, it was not an attack, but a threat from young people. They thought I was gay and attacked me aggressively. I ran away, which saved me. I managed to call the police, but the police pretended that it was not the right time to deal with it, and that such things don't matter now. There was no action from them.

4_Nonbinary person_19



I feel I am more on the non-binary spectrum, but I'm more comfortable when society perceives me as a man. Because it is still too early for society to understand the non-binary spectrum.

11_Trans man_19

Unlike non-binary people, the trans people interviewed do not try to «fit in» among cisgender people, and answer direct questions about being transgender from those around them, while not taking any active social position («I do not hide anything, but I do not disclose anything either»). In most cases, they do not know who to turn to, and believe that «it makes no sense to ask for help from those who do not need you, and to stand up for your rights when no one cares».

It is important to inform trans people about their rights so that, on the one hand, they can recognize violations, and, on the other hand, they can respond to such situations and protect themselves.

I do not wear symbols and do not advertise myself somehow. But I am ashamed in front of those people, the activists of the past, who, when it was even more stigmatized, put themselves at risk in order to fight for their rights and for a more peaceful life like we have now. I think that this would be disrespectful on my part, and I would be ashamed. So, I try to directly answer direct questions related to transgenerism.

3_Trans man_23

There was a case when a man on the street shouted: «Oh, it's a man!». I am fine with this, because after all, a two-meter woman, well... For me, there is little that is offensive in this life.

9_Trans woman_21

Trans people are ordinary people who have not studied to be lawyers, and they themselves may not know about their rights. Their rights can be violated often. It is important to provide legal support to trans people.

5_Trans woman_19

It is very depressing that society is not willing to accept people like me, I mean, the LGBT community. Now this is not an issue, because if a person does not know this, is not interested in this, then I do not try to impose it on them. If this conversation somehow comes up over time, there are several options. Either a person is tolerant, and such people can be seen from a kilometer away, so this is not an issue. If you have doubts, and you see this, then there are two options. Either they will say that such people are sick, and communication will end with this. Or this person will hear about these people - I will tell them about myself, how many writers, musicians, actors there were and are, how many people are at the front line protecting their dream and their family's dream, and they will come to the conclusion that their opinions are not quite right.

10_Trans man_20

According to participants, trans people can also have offensive attitudes towards non-binary persons as they do not always understand and accept non-binary people as such. The same is true for trans people who may face misunderstandings in the queer community, as «this is the case for many in the LGB community, especially among the 30+ generation».

According to some participants, it is necessary to eliminate stereotypes in order to develop more tolerant attitudes towards trans people, and to allow community representatives to openly express themselves and assert their rights. A non-binary participant also highlighted the importance of non-binary people taking a more active position, including through the establishment of community-based organizations, which currently do not exist or are unknown.

You need to abandon the stereotypes in your head. The world is not what it seems. This is the most basic and important thing. The second is to get rid of the problem that is in everyone's minds: «What will people say?». Actually, people don't care. What we do, so be it. As we build our lives, so be it. Do not look at others, as others have done. Do what you want and do not be afraid of the consequences.

2_Trans woman_45

The community needs to talk about their problems for them to be known. Of course, they try, but, again, standing up for their rights where you shouldn't and where no one is listening is very tiring, and the community sometimes lacks the strength and motivation for this.

5_Trans woman_19

I realized that if we look at our national queer organizations, there are either LGBTQ organizations, or feminist ones, or trans ones... In general, there are no non-binary organizations to raise non-binary issues, or to carry out educational activities on non-binary people. It would be cool if someone did this. Because of my mental state, I cannot.

4_Nonbinary person_19

The trans community should move forward, not be silent, and not pay attention to people who are in no way connected to their lives, or who do not bring anything useful. The trans community shouldn't be afraid. We don't bite unless we're hungry.

10_Trans man_20

I would like as many people as possible to not be afraid to be open, to talk about themselves, to share their experiences. I understand that it can be difficult, but if there is support and acceptance...

11_Trans man_19

Almost all respondents are convinced that the state needs to make additional efforts and focus more on preventing rights violations and violence based on sexual orientation and gender identity, and to adopt and monitor the implementation of relevant legislation, including a more responsible approach by law enforcement agencies. In addition, it is important to introduce sex education lessons that would take possible variations of gender identity into account. Non-binary participants placed particular emphasis on this, since they remain invisible in society and many do not even know about the existence of such people. Participants also noted that they had negative experiences while studying at school due to aggression and bullying by classmates and teachers. In connection with this, it is necessary to ensure the availability of competent psychologists and specialists in educational institutions. It is important to provide information about the trans community, both by the state and relevant materials in the media.

If I remember well, a person has no right to infringe on the rights of [another] person based on gender, religion, and many, many things. And it would be nice if it were also based on gender. And it would be great if cases of hatred based on orientation, sex, or gender were reviewed. If cases would not be closed, and instead of no one dealing with them, they would be dealt with... If there were some kind of legal consequences, to put it bluntly, some liability, and the offenders would be punished.

1_Nonbinary person_24

Our people cannot tell the difference between a gay man and a trans person. And what about the government? The government is quite dependent on the people, so you need to work with the people, not with the government. Something needs to be done, because when a trans person is called gay... Okay, I'll be gay. Even though I'm a lesbian. It is necessary to provide information to people, to hold some kinds of events, to involve politically important people.

9_Trans woman_21

Unfortunately, or fortunately, everything that our government says is taken in by our people, our country. Some may not listen, some may ignore them, but most think: "If the government said it, then anyway, it's okay." So, we want the government to have informational events about the trans community. So that it is not just organizations doing this, because organizations do a lot themselves, but people do not pay attention to organizations. When the government says that these people are normal, everything is fine with them, look, talk to them... When the government allows people from the LGBT or just the T-community into some leadership positions... Just a person who has a name in the oblast or region, and can do something: lead people, to show that he is normal, he can show himself that he is completely normal.

10_Trans man_20

I see that a lot of work is going on in the country, LGBT and trans organizations are working, working with the government, promoting some projects. Here the issue is with the general population. I am against coercing them in any way. But we need some kind of real protection from the police. And so that when I go to the police, they don't just say something, but actually do something, so that we feel safe. So that radical people see that they will really be held responsible for things. It would also be great if the Ministry of Education or a university faculty, or something like that, held lessons on sexual education. To let people know that such things exist. People understand a bit about trans people, but in a negative and stigmatizing way, and they don't know anything about non-binary people because they have never even heard about them.

4_Nonbinary person_19

Adolescents have a problem with schools, there should be school psychologists, who are aware that there are trans people and children with their own inner pain and problems. In college, this is already easier, but still a problem. The Ministry of Education... It is necessary to take directors of schools, colleges, deans, rectors, and provide trainings that teach tolerance, because there are gaps related to this.

8_Trans man_32

Education reform would help. Firstly, sexual education, and secondly, tolerance-related education. If this was at least included in high school, acceptance of trans people in society would have accelerated. And in the media, so that realistic examples of trans people are shown. This is slowly starting to happen, so let's hope it continues to happen more and more.

11_Trans man_19

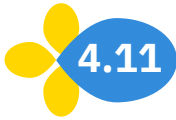
There should be more support from the state in the media. There should be space for advertising and information.

12_Trans woman_38

In terms of the need for more global and systemic changes within society, participants provided concrete examples of the necessary changes. These include the lack of necessary conditions for trans people to use public restrooms, as they are currently unable to do so due to the lack of individual stalls. Such everyday problems are not voiced at meetings with stakeholders or during advocacy activities, but need to be addressed, because «for a trans person, such a small thing is everything».

Toilets. We have M and F toilets. Why not make the toilets closed? I mean, separate ones that close. There is M, there is F, and there is just a toilet. One toilet, one door. There are toilets for the disabled, and, in general, they are always closed. Even though I am a completely socially adapted person, unfortunately, we have toilets that I cannot go into, you can see everything in there. Even a cisgender man... He will be uncomfortable that he is doing his business, and people can see him. This is a real problem for the trans community, and I haven't even mentioned trans women.

8_Trans man_32



SUBCATEGORIES OF TRANS PEOPLE REQUIRING SEPARATE ATTENTION

The study identified two categories of trans people who require special attention and have specific needs:

- ① Adolescents who are financially and psychologically dependent on their parents and cannot fully open up and express themselves. Since parents are not always willing to accept their child's gender identity, adolescents are often «pushed into a corner», and have no opportunity to start the transition process, including due to a lack of knowledge and information about where and how to seek assistance. Children who face misunderstandings from parents and families seek support and love from others, which can lead to an early onset of sexual activity, particularly promiscuous behavior or involvement in sex work.
- ② Trans people over the age of 40 who did not have the opportunity to open up and act according to their gender identity in their youth, and as a result, have psychological problems. Since information about and/or access to being transgender was limited during their youth, they «had to live in fear and did not understand what was happening to them», and today, mental and physical health problems due to self-prescribed, unmonitored use of hormones are especially relevant to them.

5

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the assessment of the needs of trans people in accessing health and rights in Ukraine, a number of needs and possible ways to meet them can be identified:

- 1** *The primary needs of trans people have not changed since the beginning of the war*, however, they have intensified. Such needs primarily include transition issues, in particular legal transition, poor physical and mental health, difficulties in communication with close friends and family, and acceptance within society. Non-binary participants affected by issues relating to transitioning; humanitarian problems and visibility issues are most relevant to them.
- 2** The main problem that trans people face is a **lack of financial resources**, which prevents them from purchasing hormones and undergoing examinations, as well as from renting housing and using the services of psychologists and psychotherapists, the urgency of which has increased due to the war. Most trans people are dealing with the **problem of employment**, the reasons for which relate to discrepancies between their physical appearance and passport, the limited number of opportunities on the labor market, stigmatization and discrimination on the part of their employer or colleagues, their poor mental state, and to the fact that their specializations are in low demand in the labor market of Ukraine. If they are able to amend their documents, trans people do not experience problems finding a job, and focus more on the correct attitude of their colleagues. Participants who are employed face the challenge of decreased earnings due to reductions in the number of clients, shutdowns during air raids, and power outages due to the shelling of critical infrastructure. Creating a list of friendly employers and organizing and holding additional training or re-training courses, which participants who are willing to retrain themselves and learn new skills view as positive opportunities, can contribute to solving employment issues.
- 3** *Requests for humanitarian assistance* in the form of food packages or hygiene products, which were relevant in the first months of the war, are no longer as important, however, the need for financial assistance is a priority. With rocket attacks on critical infrastructure and power outages, there is a demand for warm clothes, alternative lighting sources, extension cords and more. The opportunity to live in shelters continues to be relevant, especially in western regions of the country, where rental prices continue to remain high, and renting apartments is complicated by a lack of the relevant documents needed to sign a contract. Participants note the misuse of humanitarian/financial assistance by certain community representatives, and believe the best solution to this problem is to provide targeted financial assistance to cover certain expenses, primarily those related to transgender transition. In this case, financial support for purchasing hormones, undergoing tests and examinations, and for obtaining the necessary certificates would be beneficial in the long run, since it provides trans people with the ability to find further employment without difficulties, and to cover any material needs that arise themselves.
- 4** In general, non-binary participants do not take and do not plan to **start hormone therapy**. Meanwhile, most trans people self-administered hormones without consulting specialists, which led to health problems. In order to minimize such risks, it is important to inform community representatives about the transition process, and to provide contacts of friendly doctors or to accompany those wishing to start hormone therapy to such doctors. Financial limitations prevent trans people from undergoing necessary examinations as part of monitoring hormone therapy, therefore, there is a need for targeted financial assistance.

- 5 **Problems with access to hormone drugs** have worsened since the start of the war, including due to the lack of necessary drugs in pharmacies or the rise in the price of hormones, which participants cannot afford. NGO support for hormone drugs for the trans community is seen as a “lifeline”, however, some participants reported that funding for projects aimed at distributing such drugs has stopped, making it more difficult to obtain hormones. In this context, it is important to resume and/or scale up programs funded by international organizations aimed at providing hormone drugs to trans people, in particular injectable hormones, which are currently not available for purchase in Ukraine. In the long term, in terms of the provision of hormones, trans people state that they would like a government program to provide them with drugs, as well as substitution maintenance therapy for people who inject drugs, or hormone therapy for people who are insulin dependent.
- 6 Due to the active migration of the population, the demand for **developing and updating a list of friendly doctors**, primarily those involved in the transition process, has intensified. There is no need to create a list of friendly doctors who are not involved in the transition process, since participants unanimously stated that, in general, doctors should provide qualified medical care to all. At the same time, there is still a need to provide information to and train primary and secondary care specialists on treating of trans patients, and on developing tolerant and anti-discriminatory attitudes towards such patients. Since counseling trans people may require additional time, knowledge, and qualifications from a doctor, participants expressed their desire for additional financial payments to such doctors in order to increase their motivation to provide quality services.
- 7 Legal assistance, consultations and support for trans people during the **legal transition** process and in cases of violations of their rights in general is a key issue. This is related to checks at checkpoints, deregistration from the military, and amending documents outside one’s place of registration, which have all become relevant under martial law, as well as to difficulties in renting housing and obtaining banking services. In this context, support for trans people is necessary for the process of amending documents, including financial assistance to resolve such issues, especially given the relevance of requests for new documents by community representatives.
- 8 Currently, **gender affirming surgery** is not available to trans people due to a lack of financial resources for the surgery itself, and for recovery. Additionally, there is not enough information about doctors and clinics where the necessary operations are conducted with high quality. Certain operations, such as orchiectomies or penectomies, are in demand. Participants hope that after the revision of protocols and the implementation of ICD-11, these operations will no longer be considered plastic surgery, and can be obtained free of charge as an elective surgery at the direction of a doctor.
- 9 For the majority of participants, the **topic of HIV and STIs** is not relevant, because they do not engage in sexual contact or only have sexual contact with a regular partner, and have an extremely negative attitude towards drug use. Individual participants used non-injecting drugs (mostly drugs obtainable in pharmacies) to relax or have new sensations during sex. Some trans people provided sex services, which included being forced into sex work, since it was their only possible source of income. According to their observations, there was no increase in cases of violence or aggression on the part of clients, or in the number of clients in comparison with the pre-war period. As opposed to the trans people who provide sex services for remuneration, the remaining participants, in individual cases, went to NGOs for HIV or STI testing, and to obtain condoms. In most cases, this took place while attending NGO events.

- 10 Nearly all participants have some form of **mental health problem** that has worsened since the start of the war, which may or may not be related to transitioning or gender identity. The lack of financial resources prevents them from getting the necessary help from a psychologist or psychotherapist, and from purchasing drugs recommended by a psychiatrist for treatment (tranquilizers, antidepressants). In contrast to the drugs provided by NGOs through assistance projects, these drugs are not included in the list of drugs allowed as part of such projects, therefore, the participants have limited access to them. Participants are skeptical of group sessions with psychologists conducted in shelters or through NGOs. They prefer individual psychological and psychotherapeutic counseling, which they also need. In this case, when planning psychological support, it is worth paying attention to the existing stigmatization of seeking psychological services, and participants' shame and fear, which can also affect their willingness to use these services.
- 11 **Supporting the capacity of the trans community is relevant**, including funding for events and initiatives implemented by the community. In this case, the relevance of such support is increasing due to the fact that, given the deteriorating financial situation and psychological well-being of the participants, the opportunity to work or volunteer in NGO projects, and to receive counseling from activists of organizations are assessed as the preferred ways to obtain resources and energy during wartime. The active involvement of community representatives in the activities of organizations (for example, as shelter staff) allows them to receive monetary compensation, and also helps to improve the psychological state of trans people.
- 12 The **experience of coming out and interacting with close friends and relatives**, including spouses, friends and parents, is different for each trans person. Although some participants reported that they managed to establish relations with their families during the war, the majority had negative experiences with communication, including being ignored and the cessation by family members of any interaction with them. Elderly relatives and parents are an exception. Participants try not to disclose their gender identity and/or sexual orientation to such relatives in order to minimize any risks to their health. In terms of building relationships with family, it is important to publish specialized literature that allows close relatives (especially parents) to better understand the gender identity and sexual orientation of their child, with an emphasis on transitioning in the Ukrainian context, as well as to hold joint support groups, mental health meetings and events. In this case, psychological support for trans people themselves, and teaching them skills and possible strategies for coming out to their loved ones are also relevant.
- 13 While non-binary people try to avoid cases of **rights violations** and «adapt» to society, trans people generally avoid trying to «get lost in the crowd». At the same time, they do not advertise their gender identity, but are willing to openly respond to direct questions about it. However, both categories of participants face violations of their rights and the offensive behavior of others, sometimes viewing this as something that is normal. In particular, rejection and offensive speech also occur within the LGBT community as a whole, as trans people or non-binary people may be faced with negative attitudes from people with a different gender identity and/or sexual orientation. It is important to inform the trans community about their rights and about opportunities to protect them, in order, on the one hand, to recognize violations, and on the other hand, to be able to respond and protect themselves. Non-binary people focused separately on their invisibility within society, and on the lack of a separate organization of non-binary people that could inform them about, defend and protect their rights.

- 14 The state should pay additional attention to preventing rights violations and violence based on sexual orientation and gender identity, and to implementing and monitoring compliance with relevant legislation, including a more responsible approach to this issue on the part of law enforcement agencies and the implementation of training activities for them to increase tolerance and respect for trans people.
- 15 Since adolescents are one of the most vulnerable subgroups with the most pronounced needs, which is associated with their inability to communicate with parents, experiences of bullying and ridicule at school by teachers and classmates, and with limited access to information, there is a need to organize and provide support for relevant projects aimed at this target group. Participants view the introduction of changes to the education system as a more systemic solution to this issue, which would include the introduction of courses on sexual education, as a part of which the issues of variations in gender identity and tolerant attitudes would be raised. In addition, conducting training activities for employees of the education system (from teachers in schools to university management) in order to develop tolerant attitudes towards such adolescents is required given the current situation. School psychologists also require additional training on and greater awareness about possible variations in gender identity and sexual orientation, and can act as support pillars for trans adolescents.
- 16 The issue of implementing ICD-11 and revising national protocols remains relevant, and will facilitate the transition process for participants and destigmatize transgenderism as such. In particular, removing transgenderism as a diagnosis from the list of psychiatric disorders opens up opportunities for trans people to adopt children, obtain a permit to own a weapon, and to work in positions that require a certificate from a psychiatrist.
- 17 Participants primarily believe that the state/government has an informational and media role with regard to the development of a tolerant attitude towards trans people, explaining that the more the government talks about them, the faster the general population will accept the idea of gender equality and people outside the cisgender spectrum. At the same time, trans organizations and activists, with the support of international organizations, should act as a go-between between the community and the state, while standing up for the rights of the community and bringing its problems to the attention of decision-makers.

A stylized graphic of a flower with a light blue stem and two leaves, set against a large blue circle. The flower's head is a light blue shape with five rounded petals. Inside the top petal, the word "ECOM" is written in white, uppercase letters, preceded by a white icon of a 3x3 grid of squares. The background is a dark blue field with a repeating pattern of light blue floral motifs. A yellow area is visible at the bottom of the image.

 **ECOM**