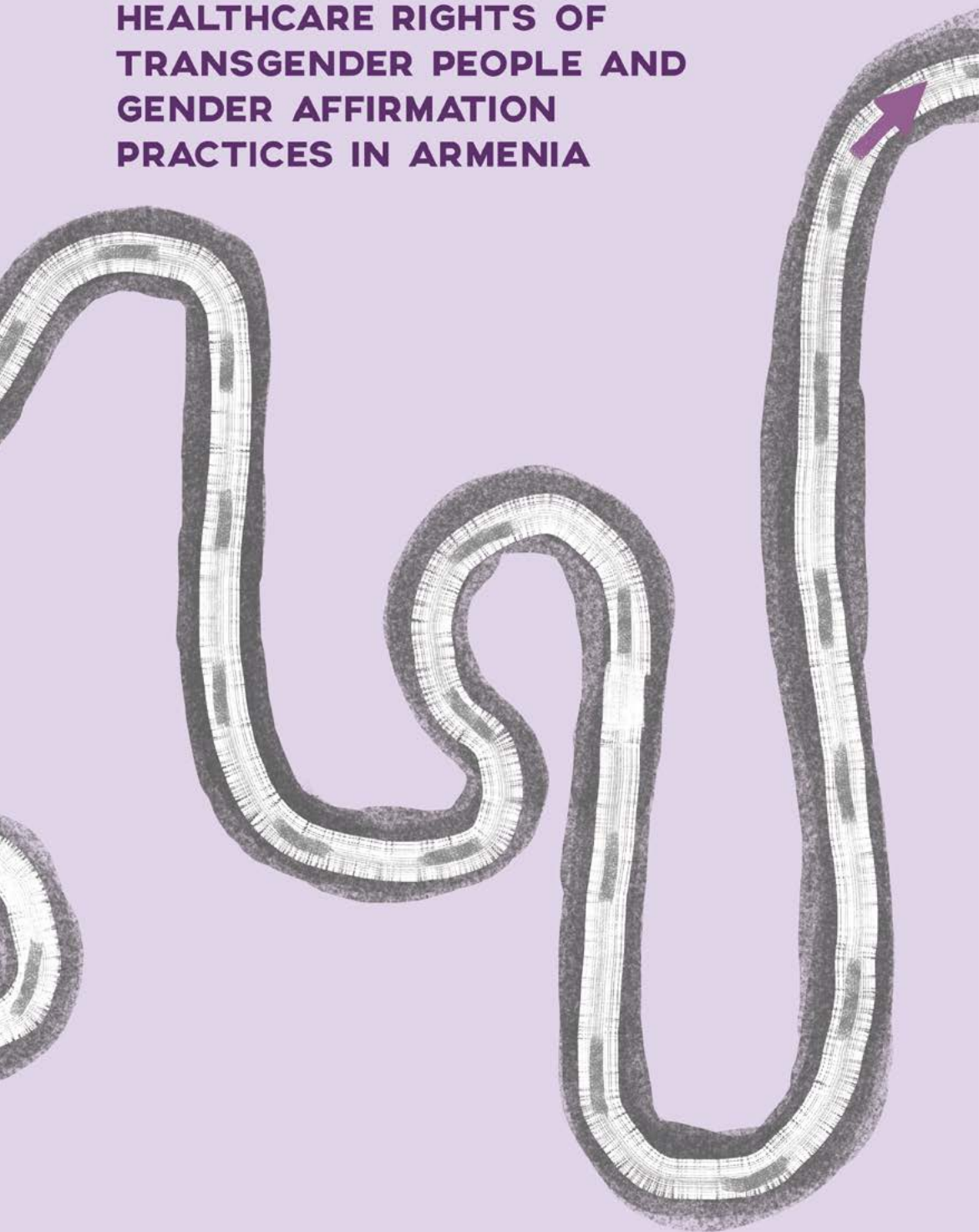


**HEALTHCARE RIGHTS OF
TRANSGENDER PEOPLE AND
GENDER AFFIRMATION
PRACTICES IN ARMENIA**





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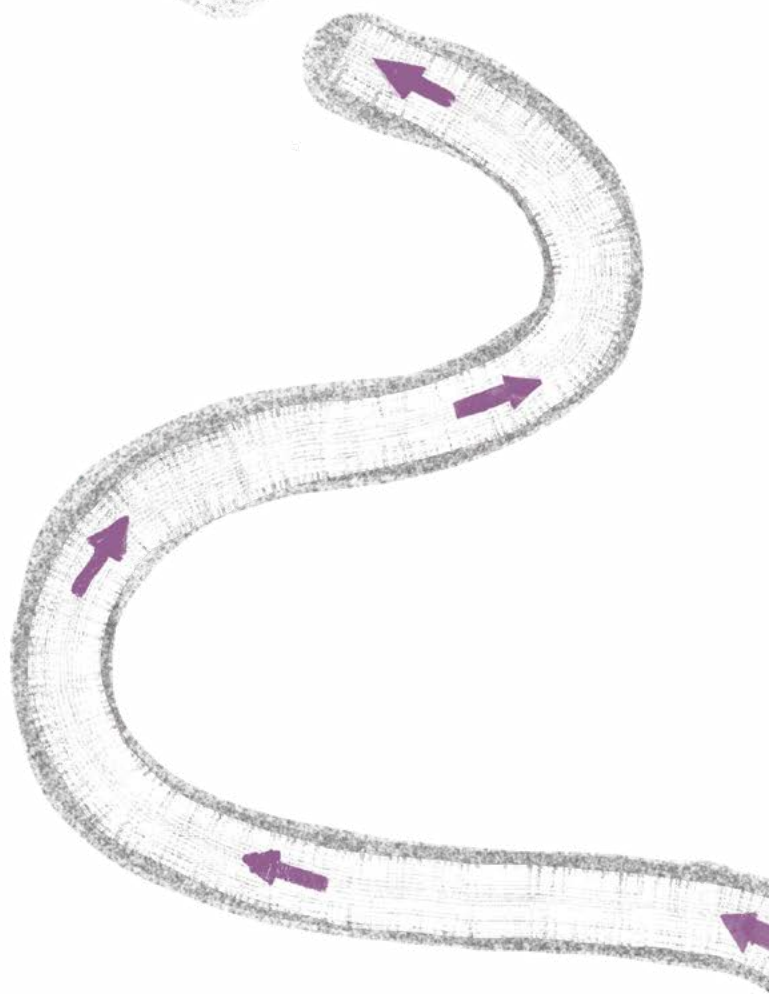
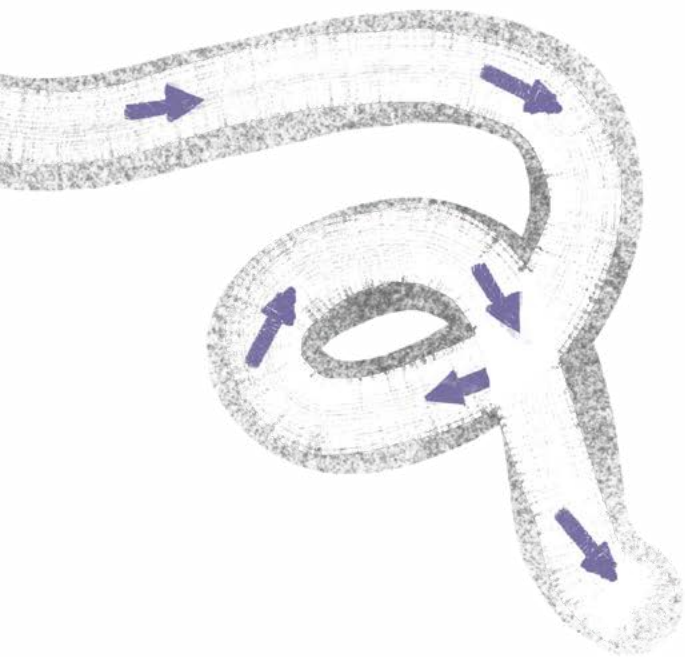
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This research was carried out by the "Socioscope" NGO with the financial support of Pink Human Rights Defender NGO and the New Democracy Fund. The views and conclusions expressed in this publication are those of the authors and do not necessarily reflect the official positions of the New Democracy Fund and/or Pink Human Rights Defender NGO.

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INTRODUCTION

The term gender was first used in the field of sexuality studies by psychologist Robert Stoller in his work “Sex and Gender” (Stoller, 1968, as cited in <https://pinkarmenia.org/sexuality/gender-identity/>). Stoller used the word “gender” to separate the sociocultural meanings of “masculinity” and “femininity” from their biological meanings¹.

Gender encompasses people’s internal perception and experience of masculinity and femininity, as well as the social construct that defines certain behavioral norms for the roles of men and women, depending on history, societies, cultures, and classes². Gender identity is the internal, deep-seated feeling and perception of an individual’s personal experience of gender, which may or may not align with the sex assigned at birth³. The latter is a category of social identity and refers to an individual’s self-identification as a man, woman, or person of another gender.

A transgender or trans⁴ person is an individual who temporarily or permanently

1 Pink Human Rights Defender NGO. Gender and gender identity sourced <https://pinkarmenia.org/sexuality/gender-identity/>

2 Pink Human Rights Defender NGO. (2021) Guidebook for helping professionals working with LGBT people, Yerevan

3 World Health Organization. (2015). Gender mainstreaming for health managers: A practical approach. <https://iris.who.int/handle/10665/44516>

4 The term “transgender” or “trans” is an umbrella term that includes individuals whose gender identity does not align with the sex assigned to them at birth. Within the scope of this research, we are referring to individuals who identify as a transgender or trans person and who, by their own decision, have sought a gender-affirming medical intervention to alleviate the feeling of discomfort caused by the mismatch between their gender identity and their body. In this study, we will primarily use the term “trans.”

identifies with a gender different from the one assigned at birth. In some cases (the outdated term is “transsexual”), a person’s gender identity may not only fail to correspond to the sex assigned at birth, but they may also experience significant discomfort with the primary and secondary sex characteristics of their biological sex. This discomfort can lead a person to desire to change their body through surgeries or other medical procedures to reduce the physical and psychological feeling of unease. For trans people, it can be accompanied by a strong rejection of their own primary and secondary sex characteristics and a desire to have a body typical of their preferred gender. If a trans person wishes, they can make a social transition—from male to female or female to male—which in many, but not all, cases also include a somatic transition: hormone therapy and/or surgical procedures on the sexual organs (“sex reassignment surgery”)⁵.

8

In Armenia, trans people live in almost complete isolation, facing rejection from family, friends, and their community. It is important to note that there is no official statistics on the percentage of trans people in general population in Armenia. The collection of such data in Armenia and many countries around the world is challenged by fact that trans people remain in the closet or by the lack of gender sensitive data collection. Due to the atmosphere of violence and discrimination, many trans people hide their identity and expression. They do not seek any help from the state or public bodies. Therefore, the statistics regarding trans people and information about their needs are mostly based on data provided by non-governmental organizations. According to a 2016 estimate by the “Right Side” human rights defender non-governmental organization, there are hundreds of transgender people living in the country, of four of whom have already undergone gender-reassignment surgery, while several others are also preparing to undergo surgery to change their ⁶ .

5 Pink Human Rights Defender NGO. (2021) Guidebook for helping professionals working with LGBT people, Yerevan

6 <https://epress.am/en/2016/06/22/transgender-people-face-highest-rates-of-social-discrimination-in-armenia-activist-believes.html>

Public attitudes towards trans people are differentiated, shaped by cultural and social perceptions of gender identity. Specifically, trans women⁷ often face more intense discrimination, hatred, and offensive treatment, whereas attitudes towards trans men⁸ are sometimes mitigated by the cultural acceptance of a more “masculine” image, which in some cases leads to more reserved or cautious treatment of them. One potential way to transform public attitudes is to increase the visibility and inclusion of trans people in public spaces as an integral part of society.

In addition to cultural specifics, public attitudes toward trans people are significantly influenced by the media, internal and external political contexts, and the rise of anti-gender movements and various right-wing groups.

Legally, gender-reassignment surgery in the Republic of Armenia is not defined, and no medical institution can officially provide surgical services within the legal framework. However, according to available information, such medical interventions are in some way performed in Armenian medical institutions. We learned this from conversations with people who have already undergone such medical procedures, as well as from various media publications and discussions with experts in the field.

9

Gender reassignment surgery, also known as sex reassignment surgery, is a surgical procedure aimed at changing a person's physical sex characteristics to align them with their gender identity. This is not a standalone procedure but part of a complex, multi-specialty process during which psychiatrists, psychologists, and surgeons collaborate with the individual to ensure stable and positive medical and psychological outcomes (Coleman, Radix, Bouman et al., 2022). Gender-reassignment healthcare may include various surgical

7 A trans woman is a person who was assigned male at birth but identifies and lives as a woman. American Psychological Association (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People.

8 A trans man is a person who was assigned female at birth but identifies and lives as a man. American Psychological Association (2015). Guidelines for Psychological Practice with Transgender and Gender Nonconforming People.

and non-surgical procedures, the choice of which depends on an individual's needs, personal desires, and goals.⁹

RESEARCH OBJECTIVES AND METHODOLOGY

The objective of this research is to examine in depth the specifics of gender affirmation processes in Armenia, as well as the healthcare needs of trans people at all stages of these processes. This research combines an analysis of legal regulations, international standards, and best practices with a sociological study. The focus of the sociological research is the individual experiences of transgender people.

This research aims to support Pink Human Rights Defender NGO efforts in conducting research-based advocacy for the advancement of trans rights in Armenia. A comprehensive and in-depth analysis of the experiences, challenges, and complexities of accessing services for trans people will help reduce existing discrimination and overcome obstacles, particularly in the context of accessing healthcare procedures, as well as ensuring legal recognition and protection.

Guided by the sensitivity of the research topic and following the methodology of various international studies on trans people's issues, the information was

⁹ The primary possible gender-reassignment healthcare procedures include:

- **Chest surgery:**
 - Mastectomy: removal of breast tissue (for trans men)
 - Breast augmentation (for trans women)
- **Genital surgery:**
 - Vaginoplasty (for trans women)
 - Phalloplasty (for trans men)
- **Facial Feminization Surgery (FFS)**
- **Facial Masculinization Surgery (FMS)**
- **Voice surgery (laryngoplasty):**
 - Voice feminization (for trans women)
 - Voice masculinization (for trans men)
- **Tracheal shave (chondrolaryngoplasty):** to reduce the prominence of the Adam's apple and smooth the neck contour
- **Gluteal augmentation** (for trans women)
- **Hormone therapy**
- Other plastic and cosmetic interventions

collected using the collective case study method (Stake, 1995). This approach allows for the use of diverse tools to gather comprehensive information on the research topic, enabling a deep and holistic understanding of the issue. Furthermore, it allows for the exploration of multiple cases and stories, identifying commonalities and differences in the experiences of trans people undergoing gender affirmation processes, depending on the local context and cultural specifics, as well as the challenges and gaps the encounter when interacting with the healthcare system.

Analyzing individual narratives within the collective cases has made it possible to uncover the institutional and systemic problems that trans people face during the gender affirmation process within the Armenian socio-cultural context.

RESEARCH STAGES

1. **Formulation of research questions**, which would be the guide for in-depth interviews.
 - What services are currently available in Armenia for those undergoing gender reassignment procedures, and how do trans people decide which services to use and where?
 - What challenges do trans people face during any of the gender affirmation processes, and what are their needs?
 - What stages did trans people who have undergone gender reassignment surgery go through, and what challenges and needs they encounter in the pre-surgical, surgical, and post-surgical phases?
 - What are the healthcare needs of trans people, which institutions do they turn to for which needs, and what problems do they encounter?
 - Beyond the specific challenges of the gender affirmation process, what additional problems do they face, and what further needs do they have?
2. **Participant selection and in-depth interviews**, during which we selected research participants whose stories and experiences are unique, representative, and substantiated. During this phase, we collaborated with our partners from Pink human rights defender and Right Side human rights defender NGOs and consulted with trans community

members and other specialists. Thus, the sociological research, using the collective case study methodology, includes the life experiences of six trans individuals (three trans women and three trans men), focusing on the accessibility and complexities of healthcare services within the gender affirmation process in Armenia. Through purposeful sampling and in-depth interviews, it was possible to conduct a comparative case analysis to identify the common challenges and differences in the gender affirmation process, based on gender identity. Our partner community workers, acted as “gatekeepers,” establishing the initial contact for research participation with trans people and fostering a trusting environment between the researcher and the trans person. We selected trans people who have undergone at least one medical procedure for gender affirmation in Armenia as key informants. The selection of key informants was guided by the following criteria:

- Trans/transgender identity
- At least one medical procedure for gender affirmation
- Citizen of the Republic of Armenia (residing in Armenia¹⁰)
- At least one medical procedure done for gender affirmation in the Republic of Armenia.

For Socioscope, the core of this research was ensuring participation, which was reflected in consultations with community workers during the development of research methodology and research questions. For us, creating an atmosphere of trust and safety was paramount. When needed the services of a therapist and social worker were also offered during interviews. Within the framework of the collective case study method, the in-depth interviews with trans people were also combined with an in-depth interview with a representative of the healthcare sector. This was done to uncover this key informant’s professional experience, identify issues within the healthcare sector, and assess knowledge, sensitivity, and needs. With the assistance of Pink Human Rights Defender NGO, it was possible to conduct one in-depth interview with an endocrinologist who has experience working with trans people.

10 In the context of this research, citizenship is considered an indirect criterion. What is more significant for us is that the individual has undergone a specific medical procedure in Armenia, and if they have undergone gender-reassignment surgery(s) in another country, and how are the resulting medical issues addressed within the Armenian healthcare system.

LIMITATIONS OF THE RESEARCH

The research also had its limitations and complexities. One of these was ensuring the participation of a larger number of trans people in the study, with complications in obtaining consent from them, which our partners at Pink Human Rights Defender NGO primarily encountered in meeting the methodological standards for obtaining consent from transgender people. A major limitation was the limited accessibility of healthcare professionals, particularly endocrinologists, psychiatrists, and sexologists in Armenia, dealing with the health issues of trans people, and their refusal to participate in the study. The refusals were due to factors such as not harming or revealing their patients, as well as themselves. Nevertheless, we consider the successful interview with an endocrinologist, which provided valuable information on healthcare practices, to be of particular importance.

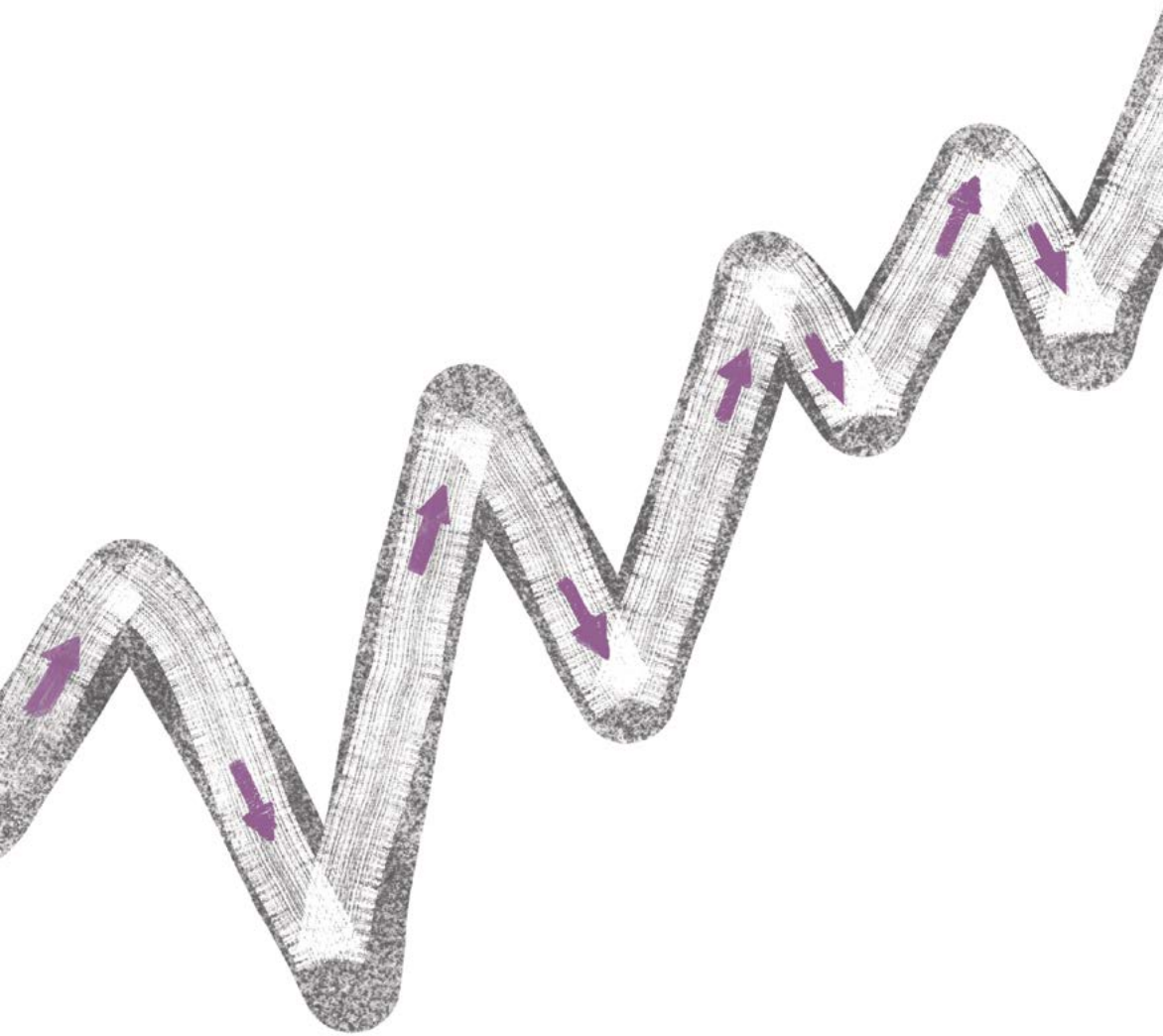
This research is comprised of three complementary chapters. The first chapter presents a sociological analysis of the healthcare and social experiences of trans people, based on qualitative data. It addresses a range of key research questions: how personal experience shapes identity and what factors and processes influence the decision to affirm gender. It outlines the sequence of actions and support steps, addresses the health and social issues that arise during hormone therapy, as well as the experience of seeking medical care and the obstacles encountered in the healthcare system, among other topics.

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The second chapter presents a legal analysis, examining international legal norms, standards for the protection of human rights and healthcare rights, and best practices from various countries, which are compared with Armenia's current legislation to identify existing legislative gaps.

In the third chapter, we addressed the legal framework, practices, and systemic issues in Armenia. We analyzed the current regulations on legal gender recognition, examined their implementation in practice, summarized the systemic challenges, and concluded with recommendations for legal and medical reforms.

Appendix 1 briefly presents the international professional guidelines for gender affirmation. It outlines the medical requirements, methods, and procedures used in gender affirmation practices for trans people in different countries.



CHAPTER 1.

SOCIOLOGICAL ANALYSIS OF THE HEALTHCARE AND SOCIAL EXPERIENCES OF TRANS PEOPLE



1.1.

THE ROLE OF PERSONAL EXPERIENCE AND THE SIGNIFICANCE OF IDENTITY FORMATION

15

In Armenia, the processes of gender affirmation for trans people and the reflections on this issue, including decisions to undergo various medical procedures, largely depend on each person's individual characteristics, life experiences, and personal history. Our study's primary finding is that the recognition of a person, shared life path, and the perception of experience—both by the trans person and by their family members and social circle—play a crucial role in identity acceptance. Valuing and understanding individual experiences, working with them, shape the differences in how trans people perceive gender affirmation processes. The interviews conducted with trans people within the scope of this research reveal a pattern: from childhood, trans people have been aware of the incongruence with their biological sex.

"I never accepted myself in the mirror back then. It was like being a person born in the wrong body; it wasn't mine, and I constantly had this internal conflict: why was I born in this body, it's not mine, I need to make changes."

Trans woman

Trans people say that their gender identity did not align with their biological sex assigned at birth, and realizing and accepting it has been an ongoing process.

"It's not so much that I came to that realization, but rather that I didn't grasp it when they told me, 'You're not a boy, you can't do certain things.' Of course, that statement is generally unacceptable, but for me, it raised different questions. It was more about 'Why am I not a boy?' than 'Why shouldn't I do this as a girl?'"

Trans man

16 This realization and its manifestations have raised unanswerable questions for them what is permissible or not, the answers to which, or disagreement with them, have accompanied trans people into adolescence. As the participants of the research note, the first recognition of gender identity can emerge from an early age. However, terminological clarifications, social perceptions, and questions of potential prohibitions—as external and internal signals—have also played a role in the formation of gender identity. During these stages of self-discovery, particularly in adolescence and early youth (around 17-18 years old), gradually it has become possible to take conscious and concrete actions to feel more complete.

The participants describe a “double life” experience, where their biologically assigned and perceived identities did not align. During childhood and adolescence, particularly in formal educational and social settings, trans people were compelled to live according to the publicly accepted role attributed to their biological sex, driven by both external expectations and mechanisms of social control. Conversely, in informal, more liberated environments—like their yards, among friends, or with close people, they had the opportunity to express their perceived gender identity. As a result, they continued to live in two different worlds, navigating the space between social expectations and their own sense of self, leading to internal tension and identity fragmentation.

"It's like having two lives: one where you're at school or in some formal place, presenting yourself according to your documents, and people perceive you as another person (not as who you are), and another life

where you're free, in a different environment, and there people perceive you completely differently."

Trans man

The period of puberty, accompanied by physiological changes of the body, has often been a source of serious internal anxieties and rejection of one's assigned identity for trans people. During this phase, the feeling of alienation towards the transformation of the body increases, and an internal urge to hide or reject these changes emerges. It is after this realization that the phase of curiosity and information gathering begins. Trans people note that in the process of information-gathering, it is important to realize that you are not alone in this situation; there have been and are people who have gone through or will go through a similar experience, from whom useful information and experience can be obtained and shared. The stories of trans people of different ages note that access to information was different in various time periods. The sources varied also, from life stories of people living abroad to, forums about gender affirmation for trans people, newspapers and stories of trans people who were famous in Armenia and the region.

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Participants explain that seeking information often leads to an awareness of gender identity reassignment and contributes to the decision to seek medical or social interventions, emphasizing the importance of responsibility, self-awareness, and decisiveness. It is at this point that the trans person faces the choice of affirming their gender identity and determining their future life path.

The response of the family and immediate social circle is crucial for trans people in the gender affirmation process. At an early age, during childhood and adolescence, recognition and acceptance trans people, regardless biological sex, contributes to a natural perception and acceptance of gender transitions. The "preparedness" of the family and intimate social environment, where the individual's identity is recognized and unconditionally accepted from an early age helps to create a favorable foundation for decisions regarding gender reassignment procedures, as well as for their socio-psychological consequences.

When discussing individual experiences, it's also necessary to distinguish the

network of support and environment in which trans people have lived. In the absence of such support, the individual histories and experiences of trans people can vary significantly.

"When they asked me what I wanted to be when I grew up, I said, 'A girl.' I was terribly beaten by that. I grew up in what you might call a very 'rough' (Armenian word is qyartu) family; they gave me no peace. They "stoned" me, and sometimes they say, 'It's your parents' fault,' but what parents tell their child, 'Go change your life'? Gender identity is in a person's mind, in their head."

Trans woman

Mythologized perceptions and stereotypes about trans people, often disseminated in various media for political purposes, hinder in small societies like ours the possibility of having comprehensive knowledge about trans people, and to develop critical thinking. The research participants largely emphasize the importance of personal characteristics: if you are recognized and have interactions within your social circle before any gender affirmation process, changes tend to occur more smoothly.

"There are people who perceive, they understand. Those who have been by your side since childhood, grew up with you, have seen you – they, in my case, probably understand that moment best. There have been cases where they are already used to me, they perceived it that way and couldn't imagine me any other way."

Trans man

When discussing the importance of personal experience, it's also crucial to address the public educational environment in which trans people studied and the discrimination they faced. The research shows that people who did not face discrimination in school, or who faced it but had some form of support, were able to navigate the stages of gender affirmation with fewer traumas and were able to feel complete at an earlier stages. It's also important to highlight issues of academic achievement and social acceptance during both

primary and higher education years, if opportunities for higher education were available.

"I was never bullied. I guess I was lucky, or it just worked out that way, I never experienced anything like that. I was probably in the group of good students at school; I was always an acceptable student. Both the kids in the class and the teachers were always good to me. My only issue was that it was a post-Soviet country, and they were forcing me to wear a skirt, which I refused. A few times, they didn't let me into school, but they eventually came to the understanding that it would be easier for them to allow me not to wear a skirt than to prevent me from attending school."

Trans man

Being part of civil society and voicing issues in public platforms have significantly impacted both trans people and the trans community. This process promotes a culture to strive for justice, self-awareness, and community support within the context of personal experiences. Involvement in the community of human rights defenders, especially activism directed towards protecting the rights of trans people, often stems from deep personal motivation. It arises from an internal response to injustice and life experiences, combined with the desire to confront that injustice and find or create ways to overcome it with community support. In this context, human rights activism is seen not only as a form of public participation but also as a process of self-discovery and recovery. Furthermore, the experience of interacting and collaborating with non-governmental organizations is fundamentally important for trans people as a unique opportunity to meet like-minded people, not feel alone, and to engage in meaningful communication. It also promotes a realistic perception of gender identity and the possibilities of its transformation, as well as a broadening of personal vision.

For many, the idea of gender identity has long been recognized or formed, but their understanding of the actual paths and possibilities for embodying it—for reassignment—has been vague or abstract. In this sense, the exchange of experiences through community members, human rights NGOs, and social

connections becomes a key supportive factor.

The determination to undergo the full “sex change” (gender reassignment) process and the attitude towards it vary particularly among trans women. Many decide to take this path regardless of the opportunities they might temporarily lose. Trans women participating in the research provide examples of limitations such as visiting swimming pools, swimming in the sea, or attending gyms. However, this decision is often perceived by both trans women and trans men not as a restriction, but as a deeply conscious and decisive step to living life in the fullest, affirming their identity, and self-realization.

“My life began from the moment I started to transition. Before that, it was something like survival. I don’t think I had much of a choice. I had that one path, and I just took it. I didn’t wait for that path to fall on my head in some way, because it wouldn’t have.”

Trans man

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In rare cases among trans people interviewed, career choices and professional growth were influenced by personal experiences. Their personal histories became the main motivation for choosing a profession, for example, the choice of becoming a doctor, with the aim of providing independent support during the gender reassignment process.

When discussing personal experiences, it’s also important to emphasize the capacity for self-reflection. Trans people participating in the research who, by their own account, have lived in more privileged conditions (with supportive families, successful education, and accepting social network) usually recognize their comparatively more favorable situation. This awareness often leads to more cautious articulation of their demands and needs, especially when they compare their experiences with the realities of less privileged trans individuals facing violence, housing and employment issues, and a difficult social hardship. Consequently, their perspectives and perceptions are shaped from an individual and sensitive viewpoint, demonstrating internal diversity and sensitivity to universal approaches.

1.2.

DECISION-MAKING PROCESS AND FACTORS OF GENDER AFFIRMATION

The decision by trans people to pursue gender affirmation or sex reassignment, along with the realization of its feasibility and initial contemplations surrounding this possibility, are largely shaped by the experiences of other trans people. These experiences are transferred through various channels: online stories and blogs, through interpersonal interactions, and via information obtained from participating in programs abroad and through engagement in the community.

"I started getting interested, mostly following trans people living in America on Instagram, looking at their lives. Each one was at a different stage: one already had a child, one had just started their transition, and so on. That helped me a lot in terms of having information—how it happens, how people transition, how it's possible, and so on. The initial information about the whole process probably came from Instagram, from people living in America and England. It gradually matured. Initially, the evolution went towards changing my title, when I started teaching society, my surroundings, how I should be addressed."

21

Trans man

Social connections formed within the trans community, along with the strengthening and increasing visibility of the trans community in Armenia in recent years, play a crucial role in the process of identity recognition, expression, and taking steps in that direction.

"I was from the region, then when I left home, I saw people who knew doctors, everything was done secretly, and so on, and I also started hormone therapy."

Trans woman

The awareness of the incongruence between biological sex and gender typically begins to form in childhood. It is presented as a long-term and deep perception that, over the years, takes root in consciousness and transforms

into the basis for more concrete and practical decisions. For trans people, this awareness later translates into specific steps related to gender affirmation. These include medical interventions, hormone therapy, legal processes, social transitions, as well as confronting public reactions and intolerance.

For the trans people who participated in the study, ensuring access to medical professionals and analyzing the possibilities for organizing treatment become important stages in the gender reassignment process. Hormone therapy, as a rule, precedes surgical procedures typical of the gender reassignment process and is seen as a preparatory phase for implementing necessary physiological changes. The experiences in Armenia show that the methods of organizing the process, which are accompanied by numerous procedural errors, often depend more on the personal preferences of trans people than on professional recommendations.

"It is more difficult to operate on a woman who takes hormones because glands have developed. The doctor said that if it were a male body, cutting muscle would be okay for me, but here female glands have developed, so I must work in a way that I don't cut them by accident. For this reason, he checks all the documents and sends me for blood tests. The hormones make my body feel like I should have breasts. But among our girls, there have been cases where breast surgery was done without taking hormones, and she didn't come to terms with it for a long time. Then she got used to it."

Trans woman

The nature of surgical procedures largely depends on personal choice. For trans men, these can include mastectomy (surgical removal of breast tissue), hysterectomy (removal of the uterus), and for trans women, vaginoplasty (construction of a functional vagina), breast augmentation, and other procedures, which are usually combined with hormone therapy.

Medical diagnoses, such as conclusions from a psychiatrist or sexologist, are not only prerequisite for surgical procedures but also reduce the risks of legal liability for doctors. The schemes applied in practice have been shaped by both

individual connections with doctors working in the field and the exchange of experiences with trans people who have already undergone such procedures. Often, these practices are implemented through informal channels within medical institutions, based on the personal approaches and “working” mechanisms of medical professionals.

Despite the presence of discriminatory and intolerant attitudes from healthcare staff, there is a perception among trans people that doctors also operate under legal responsibilities and systemic limitations.

“Even in the case of an aesthetic surgery (creation or augmentation of breasts, which are largely included in aesthetic medicine, if there is no other reason such as a tumor, etc.) due to gender dysphoria, the doctor is not insured because it is not written anywhere that they can perform this surgery on that basis. Therefore, they need some made-up basis so that if I want to snitch to cause them trouble, I cannot. I am a person living and working in that field, I understand them very well. Not only are we not protected, but they are also not protected from us.”

Trans man

23

This situation creates a mutual understanding under which doctors often develop and refine their individual approaches or schemes, while also ensuring the continuity of service provision. In some cases, they also view the process as a financial opportunity within a “business” logic.

Both trans people and the endocrinologist participating in the research emphasize the importance of adhering to healthcare and legal procedures in the gender reassignment process.

“There are endocrinologists whom members of the LGBT community visit and immediately receive hormone therapy. From a legal, scientific, and medical perspective, this is incorrect. One should only visit an endocrinologist with a diagnosis from a psychiatrist. The psychiatrist’s diagnosis should be ‘ядерный тип’ [literally translated: nuclear type]. For example, they might write ‘transvestic – not nuclear type-E 1’, which

is not subject to sex reassignment. In the entire educated world, only the 'nuclear type' is subject to sex reassignment (I don't know how it is in Armenian). I always tell psychiatrists to always emphasize 'nuclear type.' Today, the Ministry of Health or law enforcement agencies won't come and ask me for the psychiatrist's diagnosis. I simply do it so that everything goes correctly; aren't we, the builders of a rule of law in the country?"

Endocrinologist

Medical procedures for gender reassignment require passing through a series of institutional steps. Specifically, for procedures that are not merely cosmetic, such as the removal of the uterus, a psychiatrist's conclusion is necessary. Additionally, medical examination results are required (e.g., blood tests, ultrasound (US), etc.), which must be presented to the relevant specialists as a guarantee for the performance of surgical procedures. In this process, to ensure the doctor's accountability, the requirement for conclusions from other specialists—a psychiatrist, sexologists, ultrasound specialists, and others. Here too, internal agreements of private medical institutions are in effect.

The requirement for documentation was merely to create "a farfetched" medical indication within the framework of your passport sex, for example, to do an ultrasound and "ask" the specialist to find something that suggests an indication and write it down. When asked, "What do you see here?" they say, "It depends on how much you pay." The practice is like that because they don't know who the person in front of them is. Tomorrow or the day after, that person might sue them, saying, "You removed my healthy breast. The doctor is not protected either."

Trans man

These established schemes, built through the exchange of experiences within the trans community and with people who have already gone through this path, create opportunities to find medical institutions and specialists for collaboration. It is noteworthy that many years ago in Armenia, gender affirmation or gender-affirming procedures could only be organized through a specialist who came to Armenia from abroad, from Russia.

The organization of the gender affirmation process involves not only medical but also legal and socio-economic components, such as procedures for changing passport data and names, financial planning, and managing the schedule of medical services. This multi-layered process demonstrates both institutional complexities and the potential for community resilience and adaptability, clearly showing that the gender affirmation process in Armenia is anchored in both personal and systemic capacities.

1.3. EXPERIENCE OF HORMONE-THERAPY. HEALTH AND SOCIAL ISSUES

Self-organization of hormone therapy is perhaps the most common practice in the gender reassignment process for trans people in Armenia. This is mainly due to the shortage of highly specialized endocrinologists, as well as the decision to postpone seeing a doctor. Hormone therapy is carried out according to personal schemes without professional supervision, which leads to unavoidable health problems and complications. This practice developed in conditions where specialists were not available, professional information was limited, and the community was not yet formed.

Despite some positive changes in recent years, the practice of self-administered hormone therapy continues to remain widespread and relevant. The stories of trans people who participated in the research indicate that they may often stop therapy on their own initiative, especially in cases of worsening mental state or the emergence of accompanying health problems.

"It's not that here, one person tells another, and they drink those hormones, they find information on the internet. They ask each other: 'How did you start?' 'Like this.' 'I'll start the same way.' They don't realize that different organisms have different resistance, doses, and so on. Everyone is the same way. Then they feel that something is not right."

Trans woman

During the phase of hormone therapy in the gender reassignment process,

it is necessary to undergo regular medical examinations to ensure the effectiveness of the therapy, as well as to avoid potential health risks and side effects of the medication. However, due to the circumstances in Armenia, this practice is almost inapplicable among trans people. From the stories of the research participants, it is evident that many either self-examine and compare it with previous data, or do not undergo examinations at all. Out of the six stories in the study, only one trans woman and two trans men have regularly undergone and are undergoing medical check-ups. This attitude of trans people towards their health has deep-rooted cultural reasons. On one hand it is due to the difficulty of accessing endocrinologists, on the other hand, it stems from culturally formed specificities regarding seeking medical help, which include mistrust of the system and fear of discrimination.

"I want to say that we don't care about our lives. Our consciousness, our inner world compels us to do so, therefore, we must do it. We never check our liver, even though we drink so many hormones."

Trans woman

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Hormone therapy, particularly for trans women, can cause significant emotional changes, often accompanied by increased sensitivity to discrimination, isolation, and various psychological crises.

"When you take hormones, you want to be more protected, so that you are understood, more accepted, given more attention, because your emotional state immediately changes, that's biology. When I was taking all of that and went out on the street and was discriminated against, it further heightened that mental state, and I felt more alone, I became isolated. Not only does the body change, but the entire psychological, mental state becomes something completely different."

Trans woman

The lack of highly specialized endocrinologists for hormone therapy in Armenia is a problem that, for many years, forces trans people to seek alternative solutions. Through the efforts of trans human rights defenders and community-based

NGOs it has been possible to sometimes ensure the accessibility of hormone therapy by inviting endocrinologists from abroad. Trans people have had the opportunity to consult with specialists online and receive necessary guidance, which has ensured professional supervision during the hormone therapy phase for certain periods. When possible, trans people also seek the help of specialized doctors while abroad. Even in cases where it is possible to find an endocrinologist in Armenia who does not discriminate towards trans people, the problem is not entirely solved. This is because endocrinologists in Armenia typically lack specialized knowledge or adequate training to address the specificities of hormone therapy for trans people and to provide appropriate treatment.

"It's true, they recommended different endocrinologists, but they weren't specialized in treating trans people. Meaning, one understood one system well, another understood certain diseases well, and so on, but no one could say that there was someone who dealt with the issues of trans people."

Trans man

"I started to have problems with my vision from hormone therapy. I wear contact lenses because of it. After using hormones for three years, I realized my eyes weren't seeing well. I developed kidney problems. My back still hurts; the scars are there. I can't walk for too long; my entire spine starts to ache from kidney pain. I developed a thyroid problem, and so on. If there were good doctors, this wouldn't have happened."

Trans woman

The accessibility of hormone medications in Armenia has also undergone significant changes over time. Previously, they were more accessible and could be easily purchased in large quantities of pills without a prescription, both from Armenian pharmacies and through social connections from abroad. In recent years, the sale of medications has become increasingly linked to a doctor's prescription, but in the context of Armenia, considering cultural issues as well, the strict application of prescriptions is questionable.

“There are so many laws in our healthcare system that exist just on paper. If I were to make a legal prescription with ArMed [Unified Online Armenian healthcare database] right now, what would I write? Suppose a person with a psychiatrist’s diagnosis of “nuclear type, /transsexualism” goes to the pharmacy, the pharmacist will look at them, be surprised, and in the end, who will win – business. They will sell that medicine and take 30,000 drams. They won’t look at your paper, they won’t look at your diagnosis, nor will they look at your level of knowledge, even if you have all the documents.”

Endocrinologist

In recent years, international political developments have also affected the accessibility of medications. The war against Ukraine and the sanctions imposed on the Russian Federation have limited the possibilities of importing medications from that country, which was previously one of the alternative routes for the trans community. In this context, Georgia has become an alternative route for acquiring the necessary medications for hormone therapy.

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Due to these restrictions and limited accessibility of medications, practices of using hormone medications that can cause serious harm to the health of trans people have again become widespread in Armenia. Specifically, the use of hormone medications that can cause serious harm to health is again increasing in Armenia. These medications are often used without medical supervision, which increases the health risks of trans people.

“There are, for example, patches, gels that, if you take them, your gallbladder or stomach won’t be harmed. Knowing this information, I’ve been able to do it. But in the past, no. I drank whatever... Now, in Armenia, those hormones aren’t available, and Russia is also under sanctions, so transgender people have reverted to the old methods, which are more dangerous.”

Trans man

The independent and temporary cessation of hormone medications, as presented by the trans women participating in the study, is in some cases also linked to not having made final decision regarding transition.

"I felt that the medications were really weighing me down. But I found strength in myself and said, "No, I must stop, I don't need this much." When the time for sex reassignment comes, okay, I'll drink for another two or three months. Because the doctor also insists on it. When you take the medications, your psychology becomes feminine, you give yourself hope that you are a girl, ready for sex reassignment. Otherwise, it's complicated."

Trans woman

1.4.

EXPERIENCE OF SEEKING MEDICAL CARE AND OBSTACLES IN THE HEALTHCARE SYSTEM

One of the key issues in discussing trans people's healthcare experiences is the limited opportunities for direct contact with doctors and medical staff, as well as the restricted choice of specialists who perform medical procedures. Especially, for gender affirmation or sex reassignment surgeries, trans people have almost no opportunity to choose a doctor.

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"There was no option to choose a doctor because, with the information I had at the time, the options weren't many. And I got the information about that doctor from another trans man in Armenia who had a surgery done by that doctor a few months earlier. I followed in his footsteps... I contacted the doctor, scheduled a consultation, and went. It would be a lie to say that I chose him because he was the one I wanted. But I would be lying if I said that it turned out badly. So, I was lucky there too."

Trans man

Previously, such procedures were mainly done by specialists who came from abroad. For example, there have been cases where an Armenian surgeon from Moscow, in cooperation with a private clinic in Armenia, organized surgical procedures, by gathering several trans people at once who needed some kind of gender reassignment surgery. This practice shows that gender reassignment services in Armenia have been centralized and non-institutionalized, partly by chance.

In recent years, the schemes have changed. Currently, some gender reassignment procedures are also performed by doctors based in Armenia. However, serious issues persist regarding the attitudes of medical staff. Discriminatory attitudes are particularly noted on the part of nurses and medical university students, which for trans people turns into psychological pressure and a violation of dignity.

At the same time, doctors who have many years of experience in the field of gender affirmation for trans people and who perform the corresponding surgeries in their private medical institutions are often able to ensure a safe and non-discriminatory environment. Their professional approach and experience somewhat reduce the risks of discrimination. The research also reveals practices of receiving medical support “in informal conditions,” when doctors cooperate with trans people “under the table” through personal or political connections. This sheds light on both the corrupt schemes and a lack of oversight, but at the same time shows that this is the only option for trans people to get medical support, and there is often no alternative.

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Trans people mention that doctors react “shockingly” to the first contact. However, within the bounds of professional ethics, some doctors, in many cases, try to restrain their reaction and maintain a neutral or accepting attitude. This indicates that although systemic problems still exist, individual specialists show professional responsibility and conscientious attitudes. The research participants also talk about cases of positive experiences with medical institutions.

“To be honest, I was very surprised, but the therapist assigned to me was quite tolerant and, as I understood, also knowledgeable. I don’t know, maybe they had undergone some preparatory courses, maybe they had participated in some training, I can’t say. Maybe he was just aware and so on, because he was quite young. I don’t know, that’s why I thought maybe they had undergone some preparatory training.”

Trans man

Trans people participating in the research also note that in their personal

experience they have not encountered overt discrimination from the medical staff. However, while accompanying other community members, they have witnessed cases of discrimination. Discrimination was sometimes expressed not only through attitude, but also through the absolute refusal to provide services.

When discussing the issue of accessibility of the healthcare system in Armenia, despite the emphasis on the structural and systemic problems in the field, it is important to talk about the individual experiences and forms of struggle of trans people. Trans people involved in raising community issues, protecting the rights of the community, and fighting against discrimination not only develop forms of resistance based on their own experience but also contribute to expanding the opportunities for other trans people to use healthcare services without discrimination. This struggle occupies an important place in the context of ensuring equality and accessibility in the healthcare system.

"I can confirm that very transphobic people work in medical institutions. You can't trust them with your life. If you want to talk to a doctor about your problem alone, they'll go and tell the whole staff right away, and everyone will crowd that room. But I, as an activist, do risky things for all trans people. There is a medical center [editor's note: the name of the medical center is not mentioned] where they were previously not okay with trans people; I went there so many times that now both the therapist has a little competence, and the person who takes tests, and a few doctors (I won't say the whole staff). But there are at least a few people. When people from the community call me and ask if I know a therapist, I say, 'Yes, there's one here'."

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Trans woman

Despite the structural problems in the healthcare system in Armenia, trans people are constantly developing coping strategies, because of which they are forced to constantly search for alternative methods of contact and communication with doctors and medical staff. In this process, the use of personal skills, particularly communication skills, adaptability, and sensitivity,

is important to reduce possible discriminatory attitudes in the healthcare environment and to fully use the services.

The research also identifies cases where trans people were discriminated against from the very moment they started using healthcare services, when doctors and other medical staff learned about their gender identity or that they were going to have a gender reassignment procedure. Nevertheless, based on the individual experience of the research participants, in some cases it was possible to overcome this obstacle due to personal communication skills. Avoiding aggressive communication manners and choosing clearer and calmer forms of dialogue in some cases allowed trans people to receive the necessary medical service, despite the initial discriminatory reaction.

"I went to get lipofilling, I said, 'I've come for surgery.' First, she asks me, 'Did you have a Caesarean?' I say, 'No.' 'Did you give birth?' 'No.' I say that I'm a transsexual woman. 'Oh, oh, oh, wait a minute, the National Assembly has to give permission,' I ask, 'Permission for what?' She says, 'For sex change.' I say, 'I didn't come for a sex change, don't be afraid. I just came to have these parts removed.' 'Oh, girl, let me tell you something, you are trouble, I'm not going to do it.' That is exactly what she said. Then she did the surgery. I say, 'Now when I talk to you, do I seem like an unstable person?' She says, 'No, but you know, people talk about things like suing doctors and so on.' In the end, she says, 'Okay, I saw something in you, I agree to do the surgery.' There are places where you must find a common language with them. You shouldn't be aggressive, insult them."

Trans woman

Our research shows that trans people sometimes face various forms of discrimination also when using aesthetic surgery services. In such cases, trans people establish initial contact with doctors through social media. On online platforms, trans people have sometimes been rejected by active specialists when their gender identity was revealed. In some cases, doctors have increased the cost of the service for trans people with an unsubstantiated justification, which is also a form of discriminatory attitude.

"There's a doctor who makes a very beautiful nose or does lipofilling, when you write to him, and he doesn't know who you are yet, he says the price of the service is 1 million 100 thousand. The moment comes when you must go for a consultation, you write, 'I'm a trans woman, I'm a transsexual, is that okay?' 'Yes, it's okay, but in your case, it's 2 million.' 'Why?' 'You have a man's anatomy, it's hard to work on.' A new excuse. As an experiment one should give 2 million and go on purpose. He still won't do the surgery; he'll find another reason."

Trans woman

In these conditions, trans people often rely on the mutual support mechanisms formed within the community to find more accepting and non-discriminatory specialists.

It is also important to note that discriminatory experiences with medical institutions affect not only the willingness to receive services related to gender identity but also the general trust in the healthcare system. As a result, some trans people avoid seeking medical care even for general health problems.

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"I don't particularly go [to the doctor], I avoid it. I generally avoid a lot of contact in unfamiliar environments. Years ago, I was in a car accident, but I didn't have any injuries, there was no need to go [to the doctor] after the incident. After the surgery [editor's note: referring to nose surgery and breast augmentation surgery], it was also normal, there was no need. And in other cases, like catching a cold and so on, I use medicines on my own."

Trans woman

1.5.

STAGES OF THE SURGICAL PROCESS: SPECIFICS OF PRE-SURGERY, SURGERY AND POST-SURGERY

When formulating the research methodology and research questions, it was important to understand the analysis life experiences of trans people conditioned by all stages of the gender affirmation or gender reassignment process.

Pre-surgical stage

The experience of the pre-surgical stage is mainly built around fears of starting the gender affirmation or sex reassignment process, trust in the professional and safe execution of the surgery, as well as irreversibility of the process and determination of making that decision.

"I took that action after thinking it through carefully. For about 15 days, I was alone, reflecting and analyzing: should I do it, is it the right time, or not? I was going over all my past difficulties, realizing that now I have to be who I am, and at the same time, I was afraid."

Trans woman

When talking about the experience in the pre-surgical stage, trans people highlight the need for care and attention. In the case of trans women, the need for attention and care from a partner is especially emphasized. In this phase, concerns are mainly related to ensuring a successful surgery.

Surgical stage

The trans people participating in the research do not speak about problems during the surgical phase; it was organized relatively successfully, and no participant mentioned the presence of serious difficulties during the surgical process itself.

Post-surgical stage

In the post-surgical phase, the experiences of trans people are different, but

the issue of existing pain, discomfort, and recovery difficulties is discussed as a priority.

"First, you wake up, and for you, it's both joy and you understand what pain you're going to go through. I lay in the hospital for a week in pain, unable to rest."

Trans woman

It is noted that in the case of trans men, post-surgical complications were almost not recorded, since the performed surgeries were relatively "normal". The stories of trans women show that, for example, after breast augmentation surgery, there was severe pain, muscle pain, and limited movement.

"After the surgeries, I recovered for a month. You know, since we do sex work, we, like, calculate all that so that we can collect the money for the surgery, so that we can also think about later. And after the second surgery, I didn't have any pain, but I was in the hospital for nine days. There were drains, because the implant size was large, and there was constant blood coming out."

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Trans woman

In the post-surgical phase, trans people often also emphasize the problems related to the accessibility and supervision of doctors. The general perception is that after any gender reassignment surgery in Armenia, doctors do not particularly perform post-surgical supervision, or it is performed by other specialists. Trans people also interpret this as a cultural feature: on the one hand, the patient's lack of consistency, on the other hand, the doctors' approach to limit their work to the surgery.

"During those 7 days post-surgery, the orderlies took care of me and that's it. He does the surgery and leaves. He doesn't stay for some time for you to approach him. The contact is there, but you can't approach him regularly. You have to go for a check-up."

Trans woman

Psychological problems because of pain in the post-surgical phase are most characteristic of the experience of trans women.

"Psychological. To be honest, I don't remember. For me, the first few days were difficult in terms of that pain. The first day I wanted to sit up, there was horrible pain, they gave me an injection to endure it. I got used to that pain a little, until everything recovered."

Trans woman

During the study, we also see some criticism that gender affirmation and sex reassignment should not be perceived as an unambiguous and unquestionable "prescription" for solving trans people's problems. Nevertheless, for trans people, any gender affirmation intervention or sex reassignment has become an opportunity to feel complete and live their own life.

1.6.

NETWORK OF SUPPORT AND THE NEEDS OF TRANS PEOPLE

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For trans people on the path of gender affirmation or sex reassignment, support can take different forms. For many, the ability to "support oneself" becomes a key mechanism, especially in situations where the support received from social circles is uncertain or absent. These forms of self-support include self-education, focusing on organizing the gender reassignment process, as well as being inspired by community examples and stories.

"I took that step after thinking it through carefully. If I had to go through hell to get the result I wanted, I was ready for it. And all trans people are ready for it."

Trans man

Trans people emphasize the support of the family as a phenomenon with a dual role. In some cases, the family can act as a conditionally supportive or at least non-harmful environment that maintains neutrality or at least does not hinder the process. However, in many other examples, the family becomes

a controlling and often also abusive system; the revealing of gender identity leads to a breakdown of relationships, alienation, or physical and psychological violence. Although in some cases a partial restoration of relationships is possible, this process often takes a long time and requires great emotional effort.

"A month before I started the transition, there was a pretty big conflict in our home, and since that moment, I haven't had contact with my father and brother, even when we were living in the same house. Out of four family members, I had absolutely no contact with two of them and still don't. I have always had support from my mom, regardless of how difficult it was for her, how she went through those experiences."

Trans man

The research participants highlight the community as a space for mutual support. Community relationships can provide security, exchange of experience, and access to medical or informational resources. The presence of friends from the community often fills the void of family or other social ties. These friendly circles act not only as an environment for emotional support but also as a practical resource for choosing a doctor, acquiring medicines, or organizing treatment.

Trans people's experiences also record episodes of unexpected support; the positive attitude of random people or employees of institutions in different social environments has an important psychological significance for them. Although these cases are unique, they leave a significant mark on trans people's mental state as signs of positive recognition in a society where the level of discriminatory attitude towards trans people is still high.

The research also discusses the issue of possible support from the state, which is practically absent. Moreover, the institutional manifestations of the state often turn into sources of discrimination. Trans people face difficulties in using state services, from restrictions on enrollment in the education system to discrimination in the provision of healthcare and social services. Many trans people have been forced to stop their education or have not attempted to get

higher education at all due to systemic obstacles and fear.

These gaps have a chain effect on the labor market as well. The lack of education and discrimination in the labor market creates a closed circle, from which it is almost impossible to get out without systemic changes.

"You have to work without registration, without presenting a document, under a different name, present yourself in a different way. But in that case, there is always a danger that they might find out from somewhere. It might not end well; you might lose your job, have problems. That's why it turned out that you don't have a stable job, you don't have a well-paying job. There was work, but it was not stable, it was from time-to-time."

Trans man

At the same time, for some trans people, visibility—the personal stories, conversations, and real contacts of other people from the community about gender affirmation or sex reassignment—is an important form of support in the decision-making process. The presence of people who have already gone through the stages of gender affirmation in social circles shows that it is possible to live with one's own gender identity.

Despite the many challenges, trans people emphasize that some positive aspects in the gender affirmation process in Armenia can also be noticed. One of them is that surgical procedures are financially more accessible than in many other countries, even when they are performed in conditions of legal uncertainty. The other positive factor is the strengthening of self-organizing support mechanisms created through the community. Although these factors are not sufficient for a comprehensive support system, they nevertheless create minimal conditions for trans people to move towards self-realization and well-being. In the scope of the study, conversations about the needs of trans people are often directly related to the accessibility of support frameworks. These needs are not limited only to the medical and legal processes of gender affirmation or sex reassignment. They also include several fundamental social demands that arise in parallel with these processes: opportunities for organizing public life, social involvement, as well as overcoming discrimination

and isolation. Therefore, it is important to consider these needs as a whole and holistically.

The first and key problem in Armenia is the recognition and identification of the needs of trans people. This is the main prerequisite for improving the quality of life and expanding opportunities for the realization of gender identity. The ability to recognize, name, and clearly formulate needs is considered an important step, from which the necessity to address them and mobilize resources to solve them also arises.

"The most basic thing—binders [editor's note: chest binders]. They are like sports tops that conceal the anatomical breast glands as much as possible. The most basic things were in deficit, and there was no information about where, how. And the items available on the American market are very expensive."

Trans man

Among the needs of trans people, a special place is reserved by the need for mutual support, exchange of experience, and the formation of atmosphere of trust. In this context, real and mutual support between people is important, which is expressed not only through the exchange of information but also through communication based on feelings, and real experiences. A special need is also the accessibility of rational, clear, and realistic advice related to the different stages of the gender affirmation process, their possibilities, risks, and necessary forms of support.

Trans people participating in the research also highlight the role of NGOs as a platform for knowledge formation in this matter. Such organizations can ensure that the knowledge is realistic and applicable, based on problems and needs, as well as being accessible at all stages, from initial awareness to the regulation of subsequent medical and legal issues.

The accessibility of medical services and the availability of specialists are also a key issue. For trans people, it is important that the given specialist has corresponding experience or, at least, is willing to provide support free from

discrimination. However, there are several structural, social, and economic obstacles in accessibility of drugs. The range of drugs is limited, and although it is possible to buy some drugs without a prescription from pharmacies, this circumstance does not solve the problem of quality, safety, and accessibility of less harmful hormone drugs. Hormones are usually expensive, and their alternative options, hormone gels, leucoplasts, are less accessible in Armenia. In these conditions, many trans people are forced to use more affordable, but at the same time, health-damaging alternatives.

Financial inequality in this case also reproduces the phenomenon of privilege. Financially and socially more privileged people can buy drugs from abroad through large-scale or systematic purchases, while others are dependent on the limited opportunities in Armenia. The new prescription requirements, the necessity to register in the Armed system, may soon create new obstacles for many community members who often do not have access to a trustworthy or knowledgeable endocrinologist. In these conditions, personal connections and acquaintances are widely used to acquire drugs.

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Despite these problems, it is possible to solve some issues through individual or community resources, the biggest obstacle continues to be the lack of legal regulations. We have comprehensively addressed the lack of legal regulations in the second chapter of this study.

The role of the community as a self-organizing platform that mobilizes resources and responds to needs has been repeatedly emphasized by the trans people who participated in the study. The activation of human resources, mutual assistance capabilities, and consolidation mechanisms within the community makes it possible to more clearly recognize and systematically record the material and non-material needs that arise at different stages of the gender affirmation process. In this context, it is important not only to give a clear name to the needs but also to promote open discussions about them within the community. This refers particularly to the things and means that have a key significance for organizing daily life, ensuring harmony between the body and identity.

“Get appropriate underwear that allows you to have a penile prosthesis again. But that’s a very small thing but is vitally important. It’s not talked about; people don’t know that it’s a problem. It’s more popular to talk about bigger, visible things that have some weight, but before reaching there, people live every day, they leave the house every day, go to the gym, change clothes in the locker room. There are such things that are not related to large finances, not related to large resources and investments, they just need to be recognized.”

Trans man

The trans men participating in the research note that the needs and problems of trans men in Armenia are presented in a limited way. This is due to lower percentage of trans men in the community which sometimes leads to the neglect of trans men and, therefore, to not discussing their problems and needs. At the same time, the fact that in Armenian culture the opportunity for trans men to be socialized and avoid discrimination is relatively easier than for trans women.

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“In the Armenian reality, it’s a little easier for FTMs [editor’s note: female to male] than for MTFs [editor’s note: male to female], but that’s exactly what the job of psychotherapists should be, to work with people in that direction, people shouldn’t expect that with transition and surgeries their life is going to be ‘honey and butter’ at once.”

Trans man

It should also be mentioned that the difficulties of deciding on gender affirmation and the determination to solve the problem of living a double life in many cases force trans people not to think about or, even if they think about it, not to focus on the problems and needs in that phase. Focusing on these issues can lead to accompanying problems related to relationships with the family, the concerns of family members, and the need to work with them, and so on. Of course, when talking about these needs, it should be clearly stated that most of them become primary when financial issues are settled.

"I think at that time I was so busy with my process that I was very dull and muted. It's not that I was indifferent, but, I guess, if I tried to be more attentive even to my mom's feelings, I would have been forced to notice the whispers of other people too, and I absolutely didn't need that. And the subconscious mind was doing its job very beautifully at that time. I only saw what I was going for, and that was a lifeline for me."

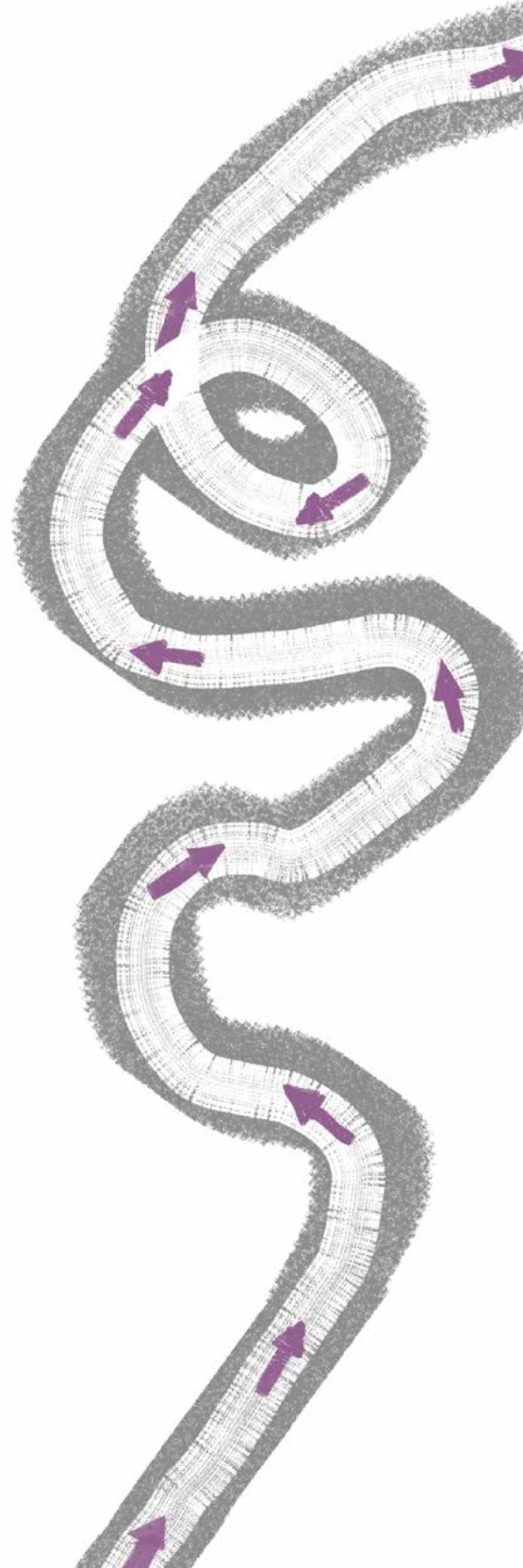
Trans man

Among the needs of trans people, perhaps the sharpest and most primary is the need to change the gender marker in the passport and ensure legal recognition, which is repeatedly raised during the study. In the context of ensuring the rights of trans people and their full participation in public life, the possibility of changing the gender marker in the passport is a clearly formulated and primary need. Unlike other components of the gender affirmation process—organizing hormone therapy, finding corresponding specialists, performing medical procedures, or being involved in the labor market—which can be regulated to some extent in Armenia through alternative channels, individual connections, personal resources, or community support, the legal issue of changing the gender marker in the passport is outside individual control and is exclusively in the jurisdiction of the state. The lack of documentary equivalence causes continuous obstacles in public life and when dealing with state and public institutions. In civil registry offices, at job interviews, in education, when leaving the country at border checkpoints, as well as in the healthcare system, trans people are forced to give additional explanations and face discrimination and refusals. As a result of regulation and exchange of experience within the community, a change of passport photo is used as a temporary and incomplete solution to the problem, which in some cases allows trans people to avoid giving explanations; the presence of the photo sometimes distracts attention from the gender marker. These mechanisms are practices used in the absence of an alternative, which are not only very far from a systemic solution but also contain risks and dangers.

The lack of legal recognition also affects trans people's opportunities to leave the country, limiting entry to some countries, for example, several Arab

states. At border checkpoints, serious obstacles also arise. Similarly, the issues of having and registering a child in Armenia are also not regulated for trans people. Sometimes these needs are characterized by trans people as “privileged” needs, considering the daily and vital problems that other trans people face violence, housing insecurity, lack of work, and problems of social isolation. In this context, it is important to emphasize that ensuring legal gender recognition should be viewed not only as a technical change to a civil document but as a fundamental prerequisite for the realization of human rights and social justice.

Although in unique cases, the research also recorded criticism from trans people within the community aimed at clarifying the expectations of trans people who have decided on gender reassignment. Within the framework of this criticism, it is emphasized that this process requires great individual effort, the ability to regulate problems, and readiness. Another problem that is raised is the comparison of the experiences of different people, which sometimes ignores the social, economic, healthcare, and cultural differences that affect the course and accessibility of these processes. These observations again emphasize the idea that sex reassignment or gender affirmation medical procedures cannot be considered a comprehensive solution to all the problems of trans people.



CHAPTER 2.

INTERNATIONAL STANDARDS AND BEST PRACTICES FOR LEGAL GENDER RECOGNITION

The provision of comprehensive healthcare services for transgender people and their legal regulation is within the scope of the state's capabilities and are fundamental human and health rights. To understand what human rights protection mechanisms, justify the provision of healthcare services for transgender people and what obligations the state has by virtue of its membership in international human rights documents, it is first necessary to address the main documents that proclaim and recognize human rights.

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The Universal Declaration of Human Rights, as a fundamental document for the protection of human rights, establishes the right to equality before the law and the right to recognition¹¹, which, in the context of the rights of transgender people, implies the legal recognition of gender or the possibility of changing documents to accurately reflect their name, appearance, and gender identity. Data in a person's documents that does not match their gender identity can hinder their identification and recognition by state bodies, leading to a limitation of the realization of fundamental rights. In addition, the provision of a proper process for gender reassignment for transgender people also stems from the right to respect for a person's private and family life.

11 Arlis.am: The Universal Declaration of Human Rights. Sourced from <https://www.arlis.am/hy/acts/1896>

On the other hand, the lack of legal gender recognition and gender affirmation processes for transgender people can lead to the involuntary disclosure of information about their identity, because a person's appearance may not match the sex indicated in their personal documents. This can put a transgender people in a vulnerable position and violate their rights to personal safety and security, as well as the right to be free from discrimination and inhuman, degrading treatment.

Although the concepts of "gender identity" and "gender expression" are often absent from international conventions and treaties on the prohibition of discrimination, the practice of international judicial and quasi-judicial bodies operating based on these documents confirms that they are included within the framework of "sex" or "other grounds." Such bodies include the UN human rights treaty bodies, the Court of Justice of the European Union, and the European Court of Human Rights.

2.1.

THE YOGYAKARTA PRINCIPLES AS AN INTERNATIONAL STANDARD

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The International Commission of Jurists and the International Service for Human Rights, on behalf of several human rights organizations, have initiated and developed a joint package of international legal principles known as the Yogyakarta Principles. These principles are aimed at interpreting the fundamental provisions of human rights in violations based on sexual orientation and gender identity, with the goal of ensuring the protection of the rights of LGBT people. The principles are intended to clarify and harmonize the obligations of states in the field of human rights protection, considering the specific needs and situations of LGBT people¹².

The principles confirm that states have a primary obligation to respect and protect human rights. At the same time, based on each principle, proposals

12 This document which is known as "Yogyakarta principles +10", also includes 111 "additional obligations for the state" which are related to spheres such as torture, asylum, privacy, health and protection of human rights defenders. Full text of Yogyakarta principles and Yogyakarta principles +10 is available in this website. www.yogyakartaprinciples.org

are made to states for the implementation of the state's obligations to uphold that principle. The role of the National Human Rights Defender's institution, the media, civil society organizations, and associations is also important in promoting the protection of human rights, which is why additional proposals in the document are also addressed to these bodies.

At the same time, the body that developed the principles has accepted that they should evolve in line with the demands and challenges of the time and be regularly adapted to existing problems and emerging gaps. For example, the "Yogyakarta Principles plus 10 (YP+10)" developed in 2017 is aimed at documenting these developments, setting out additional principles and obligations for states. These two documents together define and explain how to effectively address and prevent violations based on sexual orientation, gender identity, gender expression, and sex characteristics.

In the above-mentioned documents, the procedures for the legal recognition and affirmation of gender for transgender people are addressed by the principles stemming from the following rights: the right to recognition before the law (Principle 3), the right to humane treatment in conditions of detention (Principle 9), the right to protection from medical abuse (Principle 18), the right to legal recognition (Principle 31), the right to bodily and mental integrity (Principle 32), and the right to the highest attainable standard of health (Principle 17).

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Thus, the principle of the right to recognition before the law stipulates that everyone's self-determined sexual orientation and gender identity are an integral part of their personality and one of the fundamental aspects of self-determination, dignity, and freedom. No one should be forced to undergo medical interventions, including sex reassignment surgery, sterilization, or hormone therapy, for the legal recognition of their gender identity, and no one should be pressured to hide, suppress, or deny their sexual orientation or gender identity. According to this principle, states have an obligation to take the necessary and effective legislative, administrative, and other measures to fully respect and legally recognize each person's self-determined gender identity, to ensure access to legal documents that reflect a person's gender identity, and

to implement targeted social support programs for people undergoing gender transition, and so on.

The principle of the right to humane treatment in conditions of detention stipulates that states must ensure adequate medical care and counseling for persons in appropriate detention, taking into account their special needs based on their sexual orientation or gender identity, including access to reproductive health, information and therapy, as well as access to hormone or other gender-affirming treatments, if desired.

The principle of the right to protection from medical abuse stems from the right to health and stipulates that no one should be forcibly subjected to any medical or psychological treatment, procedure, testing, or held in a medical institution based on their sexual orientation or gender identity. A person's sexual orientation and gender identity are not medical diagnoses and should not be treated, overcome, or suppressed.

The principle of legal recognition enshrines that every person has the right to obtain identity documents and to change gender marker in such documents (including birth certificates), regardless of sexual orientation, gender identity, gender expression, or sexual characteristics.

The principle of the right to bodily and mental integrity concerns a person's free choice to make decisions about changes to their body. The state must ensure access to medical services for the person and not create obstacles on the path to affirming their gender identity. In this regard, the creation of obstacles by the state for legal gender recognition, such as the requirement to undergo medical intervention as a basis for making changes to documents, the requirement for divorce, and so on, can be considered a violation of a person's bodily and mental integrity. The state must also ensure a comprehensive list of medical interventions and care, including psychological and hormone therapies, to ensure the provision of quality, complete, and harmless services if the person so desires. The state's failure to recognize a person's identity and provide inadequate support can lead to harassment by others, in the form of both psychological and physical violence. States should not allow the interference of others, including family members, in a person's free expression of will and self-determination.

Everyone has the right to the highest attainable standard of health without any discrimination. Sexual and reproductive health is a fundamental aspect of this right. The provision of the right to health by the state must be within the limits of its economic capabilities. The state should strive to provide the comprehensive healthcare services necessary for a person's transition, including psychological support, hormone therapy, various transition surgeries, and post-surgery supervision. Even if the state does not have sufficient economic capacity to ensure the affordability of these services, it must at least ensure access to paid services. In this regard, first and foremost, domestic legislation should be brought into line with human rights standards by enshrining the entire gender reassignment procedure and the list of complex medical services. This will make it possible, if necessary, to also involve private or public insurance organizations to reduce the financial burden on the state.

The Yogyakarta Principles are not legally binding, as they have not been signed or ratified by states. However, some of these standards have been recognized by legally binding documents or by the jurisprudence of international courts.

2.2.

THE LEGAL APPROACHES OF THE EUROPEAN COURT OF HUMAN RIGHTS

In this section, we will discuss the approaches of the European Court of Human Rights (hereinafter ECHR) to understand in what cases the Court has established a violation of a specific right. The ECHR's judgments are binding for the states that have ratified European Convention on Human Rights and form the basis of case law, predetermining the outcome of similar cases.

The analysis shows that the ECHR views the denial of healthcare services to transgender people and the refusal of legal gender recognition as a violation of Article 8 of the European Convention on Human Rights, the right to respect for private and family life.

In its judgments, the ECHR has paid attention to the fact that in many countries, a person's legal gender recognition depends on a medical document certifying that they have undergone a gender reassignment. For example, in the case of

*S.V. v. Italy*¹³, the ECHR found that denying the applicant the right to change their name until the gender-reassignment surgery and judicial affirmation were completed violated their right to private life, leaving them in a vulnerable state and causing feelings of vulnerability, humiliation, and anxiety.

In the case of *X. and Y. v. Romania*¹⁴, the ECHR found that refusing legal gender recognition due to the absence of surgery put the applicants in a dilemma: either they are forced to undergo surgery, sacrificing their right to physical integrity, or they renounce the recognition of their gender identity, which also violates the right to private life. The Court concluded that this is a violation of the balance between public interest and personal rights.

In the case of *A.D. and Others v. Georgia*¹⁵, the ECHR affirmed that Georgia's vague and unclear procedures for legal gender recognition violated the applicants' right to private life, emphasizing the state's obligation to ensure swift, transparent, and accessible procedures for legal gender recognition.

In the case of *A.P., Garçon and Nicot v. France*¹⁶ (as well as in another case against Finland¹⁷), the ECHR stated that the requirement for surgery or sterilization in the legal recognition process violates the rights to physical integrity and private life.

In general, we can conclude that ECHR's case law affirms that:

- Mandatory surgery or medical requirements in legal gender recognition processes violate the right to private life.
- Lengthy, complex, and non-transparent procedures make transgender people vulnerable.
- Legislative changes are needed in countries where legal gender recognition processes are still strict and non-transparent.

13 ECHR *S.V. vs Italy* case number 55216/08 11 October 2018

14 *X and Y against Romania* case number 2145/16 and 20607/16, 19 January 2021

15 *A.D. and Others vs Georgia* case number 57864/17, 1 December 2022

16 *A.P., Garçon and Nicot v. France* case number 79885/12, 6 of April 2017

17 ECHR, *Hamalainen v Finland*, no. 37359/09.

Another group of ECHR cases concerns the refusal of legal gender recognition or gender reassignment procedures. In the case of *Y.T. v. Bulgaria*¹⁸, the applicant, a transgender man, had changed his appearance and applied to change his sex, name, and surname in the civil registry. Although he had lived in society as a man, the Bulgarian courts rejected his application without a justified reason. The ECHR found a violation of the right to respect private life, noting that the refusal left the applicant in a difficult, vulnerable, and humiliating situation.

In the case of *Rana v. Hungary*¹⁹, a transgender man born in Iran was granted asylum in Hungary. His request for legal gender recognition was denied due to the absence of a birth certificate. The ECHR concluded that this administrative obstacle should not hinder legal gender recognition and found a violation of the right to private life.

In the case of *Y.Y. v. Turkey*²⁰, the Turkish authorities had denied permission for gender-reassignment surgery on the grounds that the applicant could still have children. The ECHR concluded that the recognition of gender identity and the assurance of physical and moral integrity are fundamental rights, and the refusal of gender-reassignment surgery was not justified by sufficient reasons. The ECHR had already established in 2002 that the failure to provide a legal gender recognition procedure is a violation of human rights²¹.

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Thus, it can be concluded that the ECHR has clearly decided that:

- Legal recognition of gender identity is an important component of a person's right to private life.
- The imposition of surgery, sterilization, or medical requirements violates Article 8 of the ECHR.
- The justification of "public interest" should not override a person's right to

18 *Y.T. v. Bulgaria* case number 41701/16, 9 July 2020

19 *Rana v. Hungary* case, 16 July 2020

20 *Y.Y. v. Turkey* case number 14793/08, 10 March 2015

21 ECtHR, *Christine Goodwin v. U.K.*, judgment of 11 July 2002.

respect for their identity and private life.

- Legislative changes are needed in countries where procedures for recognizing gender identity are rigid, discriminatory, or non-transparent.

The European Court has also examined cases concerning the consequences of gender reassignment, where the violation of human rights was due to a person's gender identity and a change that had already been made.

The case of *Savinovskiy and Others v. Russia*²² concerned the termination of guardianship on the grounds that the guardian was transgender and in the process of gender reassignment. The children in their care had been abandoned by their biological parents, had serious health problems, and had previously lived in state care institutions. The Russian courts justified the termination of guardianship on the grounds that same-sex couples could not be guardians under Russian law. The ECHR concluded that the domestic courts did not comprehensively evaluate the situation, did not focus on the children's best interests, and decided without an individualized expert assessment. The ECHR also concluded that there was a violation of the right to be free from discrimination (Article 14), as the decision was based on the applicant's gender identity.

It can be concluded that:

- Gender identity should not be a reason for limiting the right to family life.
- Discrimination based on gender identity is prohibited in judicial decisions (Article 14).
- It is necessary to ensure the continuous availability of healthcare services for transgender people, especially when it is related to maintaining their health.
- It is important to use individualized expert assessments to avoid stereotypical and discriminatory decisions.

The ECHR has also found a violation of the right to private life in cases where

22 *Savinovskiy and Others v. Russia* case, 9 July 2024

a person in detention was deprived of the opportunity to continue the gender reassignment process.

The case of *W.W. v. Poland*²³ concerns a transgender woman who was denied the continuation of hormone therapy during her incarceration. Although the applicant had already started the gender reassignment process and had been legally recognized as a woman in 2023, the correctional facility refused to provide the necessary treatment, endangering her health. The ECHR concluded that the applicant was in a vulnerable state as a prisoner undergoing gender reassignment and that heightened protection should have been provided to her.

Thus, legal gender recognition can be carried out through administrative or judicial procedures. When the process is delayed, inaccessible, or unavailable, it can be considered a human rights violation. In some countries, such as Bulgaria, Cyprus, Lithuania, Latvia, Romania, Italy, and Poland, the requirements for legal gender recognition are not defined by law, and the process is carried out through the courts, often subjecting applicants to unjustified arbitrariness. In Italy and Poland, case law sets clear standards, while in Bulgaria, Cyprus, Lithuania, Latvia, and Romania, judges are given broad discretion, leading to the non-uniform application of laws²⁴.

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Judicial processes are often more complex, lengthy, and costly than administrative ones. Although they may meet the current ECHR standards (accessibility, transparency, and reasonable duration), they can nevertheless put transgender people at a higher risk by subjecting them to discrimination.

In France all medical requirements for legal gender recognition were abolished by law in 2016, however judicial proceedings are still mandatory²⁵.

In Poland, a court decision is also required for changes in the birth certificate.

23 *W.W. v. Poland* case no 31842/20

24 Council of Europe. (2022). Thematic report on legal gender recognition in Europe: First thematic implementation review report on Recommendation CM/Rec(2010)5. Strasbourg: Council of Europe Publishing. <https://rm.coe.int/thematic-report-on-legal-gender-recognition-in-europe-2022/1680a729b3>

25 Loi N° 2016-1547 du 18 novembre 2016 de modernisation de la justice du XXI^e siècle, JORF n° 0269.

The legislation has created a practice whereby transgender people file a “lawsuit against their parents.” If a transgender person has a spouse and children, it is assumed that they also have a legal interest in the process and must be listed as respondents, along with the parents²⁶.

Some EU countries have adopted the principle of self-determination, allowing a person to change their gender marker without hindrance. The first of these was Denmark, which adopted this legislation in 2014²⁷. It was followed by Malta²⁸, Ireland²⁹, Belgium³⁰, Luxembourg³¹, and Portugal³². This principle allows a person to change the gender marker without the requirement of medical procedures or documents.

The Yogyakarta Principles, as well as UN³³ and Council of Europe documents³⁴, also support this approach. However, the ECHR does not currently require states to adopt the self-determination model, leaving the format of gender recognition regulations to the discretion of the states³⁵. The Court accepts the requirement for medical documents in some cases, while at the same time emphasizing that gender identity is a fundamental component of a person’s

26 (September 2015). Report on Poland 27th session of the Universal Periodic Review- <https://uprdoc.ohchr.org/uprweb/downloadfile.aspx?filename=3821&file=EnglishTranslation>

27 Amendment Act L182 Denmark, 2014.

28 Gender Identity, Gender Expression and Sex Characteristics Act, 2015.

29 Gender Recognition Act, July 2015.

30 Gender Recognition Act Belgium, 25 June 2017

31 Loi relative à la modification de la mention du sexe et du ou des prénoms à l'état civil et portant modification du Code civil, 10 August 2018.

32 Portugal Decree (XIII 3 105), July 2018.

33 UN General Assembly Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. (12 July 2018). A/73/152 available at <https://docs.un.org/en/A/73/152>

34 Parliamentary Assembly of Council of Europe (2015) Resolution 2048. Discrimination against transgender people in Europe. Available at <https://assembly.coe.int/nw/xml/xref/xref-xml2html-en.asp?fileid=21736>

35 ECHR, Hamalainen v Finland, case no. 37359/09 (2014)

intimate life and personal autonomy^{36, 37}.

Thus, despite the leading international practice and principles, the ECHR provides states with a certain freedom in the matter of legal gender recognition. However, in cases where the process is too long, complex, or discriminatory, or where medical care is interrupted, these circumstances can be considered a violation of human rights.

2.3.

INTERPRETATIONS AND POSITIONS OF UN TREATY BODIES

The right to respect for private and family life, guaranteed by Article 17 of the UN International Covenant on Civil and Political Rights, is also protected by the UN Human Rights Committee (hereinafter the Committee), which oversees the implementation of the covenant and examines individual complaints. The Committee has found a violation in a case where a person was denied the right to change their sex in their birth certificate because of divorce requirement. The Committee concluded that such a requirement is arbitrary or illegal interference with private and family life in accordance with Article 17 of the International Covenant on Civil and Political Rights³⁸.

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The Committee regularly reviews the implementation of states' obligations regarding the human rights situation and provides concluding observations, which also serve as interpretations of legal provisions. According to them, states must recognize ***"the right of transgender people to gender change by allowing the issuance of new birth certificates."*** Failure to do so violates not only the right to private and family life but also the right to be recognized before the law³⁹.

36 ECHR judgment A.P., Garçon and Nicot v. France case number 79885/12

37 ECHR judgment A.P. and Schlumpf vs Switzerland no 29002/06

38 Human Rights Committee. G v Australia No. 2172/2012 (CCPR/C/119/D/2172/2012) (UN HRC, 15 June 2017) available at https://ccprcentre.org/files/decisions/2172_2012_G_v_Australia.pdf

39 Human Rights Committee (30 July, 2008) Human Rights Committee's Concluding Observations of Ireland (CCPR/C/IRL/CO/3), paragraph 8

While the ECHR considers the compulsion to undergo gender-reassignment surgery as a violation of the right to respect for private life, the UN treaty bodies view it as inhuman and degrading treatment (Articles 7 of the International Covenant on Civil and Political Rights and Article 16 of the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment). For example, in its final observations on the human rights situation in Australia, the Committee noted that the requirement for gender-reassignment surgery for a change of gender marker in documents should be abolished⁴⁰. Such a requirement has also been criticized by the Committee Against Torture (in the case of China), which considered it a violation of the autonomy and physical integrity of transgender people⁴¹.

The requirement of sterilization as a prerequisite for legal gender recognition has also been considered violation of a person's free self-determination, bodily integrity, and dignity by the UN Independent Expert on Protection against Violence and Discrimination based on Sexual Orientation and Gender Identity⁴², the Committee Against Torture⁴³, and the Parliamentary Assembly of the Council of Europe⁴⁴.

The Committee on Economic, Social and Cultural Rights, operating under the UN Covenant on Economic, Social and Cultural Rights, has noted that gender-reassignment surgery as a condition for changing the gender marker is a violation of the right to health⁴⁵, and that every person has the right to freely

40 Human Rights Committee (2017) Concluding Observations of 6th periodical report of Australia CCPR/C/AUS/CO/6, [25]-[28];

41 Committee Against Torture (2016) Concluding observations on the fifth periodic report of China with respect to Hong Kong, China

42 UN General Assembly Independent Expert on protection against violence and discrimination based on sexual orientation and gender identity. (12 July 2018). A/73/152 available at <https://docs.un.org/en/A/73/152>

43 Committee Against Torture (2016) Concluding observations on the fifth periodic report of China with respect to Hong Kong, China

44 Parliamentary Assembly of Council of Europe (2015) Resolution 2048 adopted on 22nd of April 2015

45 The Covenant on Economic, Social and Cultural Rights, article 12: Dinal Observations on Lithuania (2014). E/C.12/LTU/CO/2, §. 8:

dispose of their health and body, free from any medical intervention without their consent⁴⁶.

The UN Committee on the Elimination of All Forms of Discrimination against Women has emphasized that procedures for legal gender recognition should be quick, accessible, and transparent⁴⁷.

Another obstacle to changing the gender marker is the requirement for divorce, which is applied in countries where same-sex marriage is not legal. In this case, gender affirmation is considered incompatible with marriage. The Committee has also recognized the divorce requirement for legal gender recognition as a violation of the right to private and family life⁴⁸.

The UN Committee on the Rights of Children has emphasized that states are obliged to consider the gender identity of minors, guided by the best interests of the child⁴⁹. Although some countries allow the gender change of minors based on a parent's application, it must also be evaluated by a state-authorized body, protecting the child's best interests.

2.4.

REGULATIONS FOR LEGAL GENDER RECOGNITION IN THE EUROPEAN UNION

After analyzing international human rights standards on legal gender recognition, it is important to research the experience of other countries, especially European countries, in the field of legal gender recognition, evaluating the legislation and procedures of different countries.

Studying the experience of European countries with legal gender recognition

46 The Committee on Economic, Social and Cultural Rights (11th of August 2000) General Observations no 14: Right to highest available health standard §. 8:

47 UN Committee on the Elimination of All Forms of Discrimination against Women CEDAW. CO: Belgium (2014), CEDAW/C/BEL/CO/7, §. 44; Kyrgyzstan (2015), CEDAW/C/KGZ/CO/4, §. 34:

48 UN Committee on the Elimination of All Forms of Discrimination against Women CEDAW. CO: Finland (2014), CEDAW/C/FIN/CO/7, §. 29; Georgia (2014), CEDAW/C/GEO/CO/4-5, §. 35:

49 Human Rights Committee, (2012) G vs Australia. The Committee's Views on Article 5(4) of the Optional Protocol, Communication No. 2172/2012 CCPR/C/119/D/2172/2012, Article 3 of the Convention on the Rights of the Child.

is important for several reasons. First, Europe has clear mechanisms for the protection of human rights through the Council of Europe, the European Court of Human Rights, the EU, and other bodies, which constantly evolve and strengthen high standards for the protection of gender identity and human dignity. Second, different European countries have applied diverse models, from simplified procedures based on self-determination to systems requiring medical procedures, which allows for a comparative analysis to identify the most effective and human rights-centric approaches. Third, studying the European experience is also important because Europe is geographically and politically closer to Armenia, and the legislative and institutional experience of those countries can be more practically feasible and applicable for Armenia.

Legal gender recognition allows people to change their name and gender marker in state documents, making them consistent with their gender identity. Although many countries allow “man” or “woman” markers, some countries also allow a “non-binary” option. All EU member states, and the United Kingdom provide legal gender recognition for transgender people, but the requirements set by the domestic legislation of the countries differ significantly.

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Procedures for legal gender recognition usually include a complex combination of legal and medical requirements, where the boundary between the legal and medical components is often blurred (Hammarberg, 2009) :. They can include legal, procedural, medical, age, time, and family status and other requirements. In addition, the lack of citizenship can also be a hurdle.

The approaches of countries to this issue differ: some requirements are based on the self-determination model, in which the person determines their own gender. In other countries, a conservative approach is used, where gender is confirmed by courts or other state bodies. There is also a medicalized approach, where transgender identities are viewed as a medical phenomenon, and gender is recognized with the intervention of doctors.

Requirements Based on the Principle of Self-Determination

The model of legal gender recognition based on the principle of self-

determination is considered the most rights-based and accessible for transgender people. This model has been advocated by a resolution of the Parliamentary Assembly of the Council of Europe (PACE 2015) and the Yogyakarta Principles. This model does not require a mental health diagnosis, third-party intervention, mandatory medical procedures, surgery or sterilization, or mandatory divorce. The following EU countries have introduced the self-determination model:

- *Denmark was the first EU country to introduce this process in 2014. (Changed legislation L182, Denmark)*
- *Malta⁵⁰ and Ireland⁵¹ followed Denmark's example in 2015.*
- *Belgium⁵², Luxembourg⁵³, and Portugal⁵⁴ also introduced similar procedures to their national legislation.*

Procedural Requirements

The ECHR emphasizes in its judgments that legal gender recognition procedures must be quick, accessible, and transparent. The ECHR has concluded that strict and lengthy judicial procedures for legal gender recognition make transgender people more vulnerable and contradict the goals of the European Convention on Human Rights⁵⁵.

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There are two different procedures for legal gender recognition:

- Judicial procedure.
- Administrative procedure.

50 Gender Identity, Gender Expression and Sex Characteristics Act, 2015

51 Gender Recognition Act, July 2015

52 Gender Recognition Act, 25 June 2017

53 Loi relative à la modification de la mention du sexe et du ou des prénoms à l'état civil et portant modification du Code civil, 10 August 2018

54 Portugal Decree (XIII 3 105), July 2018

55 ECtHR, S.V. v Italy, no. 55216/08, paragraph 72

Judicial Procedures

They are more common in countries where legal gender recognition procedures are not clearly defined by law, such as Bulgaria, Cyprus, Lithuania, Latvia, Romania, Italy, and Poland. In Italy and Poland, judicial precedents have set clear standards, while in Bulgaria, Cyprus, Lithuania, Latvia, and Romania, judges have broad authority to make decisions. In Poland, for example, transgender people are forced to “file a lawsuit against their parents” to change the gender marker on their birth certificate.

Administrative Procedures

Administrative procedures are simpler and more accessible. For example, in Slovakia and Slovenia, legal gender recognition processes are carried out through an administrative procedure, and its requirements have been formed through administrative practice. In France, the legislation⁵⁶ adopted in 2016 changed the procedures and abolished all medical requirements for legal gender recognition, but the judicial process is still maintained because a court permit is still required for legal gender recognition.

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Medical Requirements

The ECHR has stated that processes related to legal gender recognition must comply with Article 8 of the European Convention on Human Rights, ensuring the right to private life and bodily integrity. The ECHR’s landmark decisions require Council of Europe member states (including the United Kingdom and the 27 EU member states) to legally recognize the gender of trans people who have undergone gender-reassignment medical procedures. The ECHR has also deemed requirements that involve irreversible bodily changes and sterilization as illegal, recognizing them as human rights violations⁵⁷.

At the same time, the ECHR leaves broad discretion to states in legal gender

56 Loi N° 2016-1547 du 18 novembre 2016 de modernisation de la justice du XXI^e siècle, JORF n° 0269

57 ECtHR, AP, Garçon and Nicot v. France No. 79885/12, 52471/13 and 52596/13, 6 April 2017, paragraph 126-128:

recognition processes. For example, the ECHR has considered the requirement for evidence of gender identity “disorder” or a medical examination to be acceptable⁵⁸. The principles of human rights soft law, particularly the Yogyakarta Principles, reject the medicalized approach, emphasizing that legal gender recognition should not depend on any medical intervention (Principle No. 3).

Medicalized procedures have been widely criticized as a violation of transgender people’s rights to self-determination and bodily integrity. However, as of 2019, 20 EU member states continue to apply such requirements, including:

- *gender-reassignment surgery,*
- *sterilization,*
- *medical tests,*
- *hormone therapy,*
- *mandatory diagnosis of a mental disorder.*

Unclear Requirements

In Bulgaria, Cyprus, Lithuania, Latvia, and Romania, national legislation recognizes the right to change the gender marker in official documents, but the corresponding procedures are absent. This leads to legal uncertainty, and decisions are made at the discretion of courts or administrative bodies on a case-by-case basis.

Requirements Related to Family Status

In some countries, a prerequisite for legal gender recognition is the requirement for divorce. However, the ECHR has not considered this a violation of the Convention in cases where the transition leads to a civil partnership⁵⁹. However, the UN Human Rights Committee has recognized such a requirement as a human rights violation and incompatible with the International Covenant on

58 ECtHR, AP, *Garçon and Nicot v. France* No. 79885/12, 52471/13 and 52596/13, 6 April 2017, paragraph 126-128:

59 ECtHR, *Hämäläinen v. Finland*, no 37359/09 (2014), as well as *Parry v. the United Kingdom*, no 42971/05, and *R. and F. v. the United Kingdom*, no 35748/05:

Civil and Political Rights (G v Australia, CCPR/C/119/D/2172/2012).

Currently, 14 EU member states do not recognize same-sex marriages, which hinders the legal gender recognition of transgender people. In these countries—Bulgaria, Cyprus, Czech Republic, Estonia, Greece, Croatia, Hungary, Italy, Lithuania, Latvia, Poland, Romania, Slovenia, Slovakia—there are legal and practical obstacles. In some countries, marriage is converted into a civil partnership, and in some cases, divorce is a clear requirement (e.g., in Greece and Estonia), or such an administrative practice has been evolved (e.g., in Hungary and Slovakia). Nine countries (Croatia, Romania, Slovakia, Slovenia, Latvia, Lithuania, Bulgaria, Cyprus, Czech Republic) do not have a clear position, but the ban on same-sex marriages can lead to the legal invalidation of some marriages or leave them in an uncertain status.

Another important issue that arises in the legal gender recognition process for the families of transgender people is the recognition of their gender in their parental status. Only three EU member states (Belgium, Netherlands, Sweden) recognize transgender people as a “parent,” “co-parent,” or “co-father/mother.” In Malta, the terms “Parent 1” and “Parent 2” are now used. Italy has allowed a transgender woman who was previously registered as a “father” to be re-registered as a “mother.” Denmark (Children’s Act, No. 1097, 07/10/2014), Germany (Constitutional Court decision, 1 BVR 3295/07, 11 January 2011), and Greece (Law 4487/2017, on the legal recognition of gender identity) have officially rejected such changes. And in Poland, applicants for legal gender recognition must file a lawsuit against their parents.

Time-Based Requirements

In some countries, time-based restrictions are applied in the legal gender recognition process. Applicants are required to prove that they have been living in public life with their gender identity for a certain period. This requirement applies in Austria, Bulgaria, Cyprus, Czech Republic, Germany, Estonia, Spain, Italy, Lithuania, Latvia, Poland, Sweden, Slovakia, and the United Kingdom. The “Real Life Experience” (RLE) requirement stipulates that an individual must live with their gender identity for some time without the corresponding documents.

This can cause serious difficulties for transgender people, violating their safety and the right to recognition of their identity. In contrast to these countries, Malta has set a maximum deadline for the process, making it fast and accessible.

Age Requirements

Legal gender recognition for minors is not uniform in EU member states. In 2019, 17 states (Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Spain, Finland, France, Hungary, Lithuania, Latvia, Poland, Romania, Sweden, Slovenia, Slovakia, United Kingdom) have explicitly prohibited the acceptance of applications for legal gender recognition from people under 18 years of age.

Countries that allow minors to apply for legal gender recognition (Austria, Belgium, Germany, Greece, Croatia, Ireland, Italy, Luxembourg, Malta, Netherlands, Portugal) usually require parental consent, medical/psychological tests, or other complex procedures.

“Legislative Groups” of Legal Gender Recognition in the EU

International human rights standards have become the basis for a comparison of different models of legal gender recognition in EU countries. As of 2019, EU member states have been classified into five groups based on the following criteria:

- *interfering with the nature of legal requirements,*
- *complexity and transparency of the process,*
- *paternalistic approach of the state.*

This classification assumes that the legal provisions are applied, but in practice, obstacles may arise.

Table 1. Groups based on legal requirements for legal gender recognition

Group	Countries	Processes for legal gender recognition
2	<i>Slovakia, Czech Republic, Poland, Finland, Austria, Estonia, Spain, Italy*, UK**</i>	These countries impose intrusive medical requirements, such as gender-affirming surgery, sterilization, or hormone therapy. The prerequisites established in legal gender recognition processes include the requirement for physical interventions—sterilization, surgery, hormone therapy—which are often accompanied by the requirement for a “gender dysphoria” diagnosis.
3	<i>Slovenia, Germany, Hungary, Croatia, Sweden, Netherlands*</i>	In these countries, a mental health diagnosis or at least medical supervision is required. Applicants must have a diagnosis, certificate, or opinion from a psychiatrist, psychologist, or other medical professional (e.g., an endocrinologist).
4	<i>Greece, France*</i>	These countries do not require medical intervention or diagnosis, but they have administrative requirements and may require divorce or a judicial process.
5	<i>Belgium, Denmark, Ireland, Luxembourg, Malta, Portugal</i>	These countries have the most accessible legal gender recognition procedures; the principle of self-determination prevails in the procedures. The countries in this group comply with the highest human rights standards in their legislation.

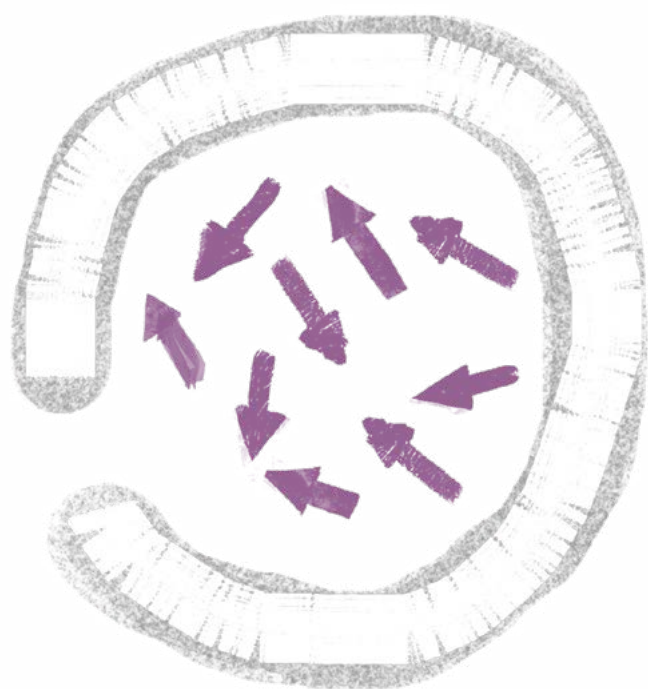
It should be noted that this grouping does not include legal changes adopted after 2019. For example, Hungary has prohibited legal gender recognition, and therefore it is no longer considered a member of Group 3 and may not comply with international human rights standards.

Legal gender recognition is the process through which a person can change their name and/or gender marker in official documents (passports, birth certificates, civil status certificates) to align them with their gender identity.

Despite some progress, legal gender recognition is still not accessible to everyone. In some countries, legal requirements, divorce, sterilization, or “real-life experience”—are discriminatory and contradict the ECHR’s case law and fundamental human rights principles.

These differences in the legal framework show that in some countries, transgender people still go through different procedures to affirm their identity, while other countries recognize and respect their right to self-determination, ensuring simple and respectful procedures⁶⁰.

60 European Commission. (2020). Legal gender recognition in the EU: The journeys of trans people towards full equality. Directorate-General for Justice and Consumers. https://commission.europa.eu/system/files/2020-09/legal_gender_recognition_in_the_eu_the_journeys_of_trans_people_towards_full_equality_sept_en.pdf



CHAPTER 3.

CONCLUSION

3.1.

REGULATIONS AND PRACTICES OF LEGAL GENDER RECOGNITION IN ARMENIA

Armenian legislation does not regulate issues of legal gender recognition. The RA Law “On the Registration of Civil Status Acts” only provides for a change of a person’s name, while regulations concerning gender or gender-affirming procedure are incomplete; there are no clear procedures for changing gender in documents. Currently, this process depends on the discretion of various official bodies and existing legal gaps.

Currently, a medical and/or psychiatric diagnosis is required to change gender, which confirms gender dysphoria or the necessity of gender recognition. The person must apply for the change of personal data, including gender, to the Civil Status Acts Registration Agency (CSARA). The articles provided by the RA Law “On the Registration of Civil Status Acts” (specifically 65-69) define the procedure for making corrections, additions, or changes to a civil status act. Taking the above into account, the official bodies review and change the submitted documents.

Thus, ensuring the healthcare needs of trans people remains a multilayered issue, the regulation of which is conditioned by the necessity of both systemic and institutional changes, and the investment of personal and community efforts. Although there have been some positive shifts in recent years,

particularly in terms of the accessibility of surgical services and professional capacities, the healthcare system generally continues to operate without clear guidance and inclusive policies that address the specificities of trans health.

In terms of surgical interventions, an increase in the availability of qualified specialists is observed. While years ago, the availability of such services and the number of specialists were highly limited, the situation has somewhat improved today. Nevertheless, since surgeries are mainly cosmetic in nature, they do not cause long-term complications. Consequently, the main health risks are associated not with surgical interventions, but with hormone therapy and changes in the endocrine system.

The issue of professional training for endocrinologists is considered a serious challenge, which is not only local but also global in nature. There is a severe lack of specialists in Armenia with experience working with trans people. This gap often leads to health complications during hormone therapy due to the lack of monitoring and professional guidelines.

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Another important problem is the situation of trans people living in the regions. They have limited access to information and a lack of access to healthcare facilities. In this context, civil society organizations involved in community issues and support also see their role in filling these existing gaps.

A systemic problem in the healthcare sector is the indifference of the Ministry of Health to the trans community. It essentially avoids recognizing the needs of trans people and the obligation to develop appropriate policies. Certain elements of the issue are often transferred to the jurisdiction of the Ministry of Justice and Ministry of Defense, considering matters related to legal gender recognition and military service. However, within this interdependence, the ministries often demonstrate inaction, maintaining practices of silence and neglect.

In the absence of a law, the issues of legal gender recognition and surgical interventions in the Armenian reality are brought into the domain of internal regulations and the application of possible mechanisms. Civil society organizations and activist groups emphasize the development of

internal mechanisms, such as internal orders, a sequence of steps, or clear procedures, which can ensure at least a certain scope of action. The existence of such practice could serve as basis for both the professional training of healthcare workers—endocrinologists, sexologists, psychiatrists—and a clearer distribution of responsibility within the state system. This is an issue that unequivocally falls within the domain of cooperation between state and civil society organizations.

The regulation of gender affirmation and sex reassignment interventions for trans people in Armenia is a matter of organizing and reforming the primary legal framework. Legal regulation can logically also lead to developments in the healthcare sector, ensuring the availability of regulated services that respond to the needs of trans people.

The lack of legislation, as well as the limited opportunities for gender affirmation and sex reassignment interventions for trans people in Armenia, in some cases lead to situations where the organization of the legal issue is accompanied by corruption schemes. This problem is not discussed at the state level; rather, an internal practice of silencing is maintained, creating the impression that the healthcare problems of trans people do not exist, and therefore, there are no possibilities for alternative solutions either.

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3.2.

PROPOSALS AND ACTION PLAN

OUTLINE LEGAL REGULATIONS

Considering the key findings and the Armenian context derived from the legal and sociological research on the healthcare rights of trans people and gender affirmation practices, we propose:

Legal Reforms

- Amendments to the Law of the Republic of Armenia “On Registration of Acts of Civil Status” (Article 66): Introduce appropriate amendments and supplements to give an individual the opportunity to change their gender marker on the basis of an application submitted to the Civil Status Acts

Registration (CSAR) body, without the requirement to present documents proving their gender identity, including without medical interventions and/or documents certifying this fact (surgery, consultation, treatment, therapy, etc.).

Medical Regulations

- Amendments to the List of Types of Medical Aid and Services Approved by the Government of the Republic of Armenia to include gender-reassignment surgery as a type of medical aid and service.
- Establishment of a Regulatory Procedure by a Normative Order of the Minister of Health for the standard of gender reassignment based on internationally accepted standards⁶¹, including those related to hormone therapy, pre-surgical, surgical, post-surgical procedures, consultations, and care.
- In the absence of legislation, organize the issues of legal gender recognition and surgical interventions within the domain of internal regulations and the application of possible mechanisms. The existence of internal orders, a sequence of steps, or clear procedures will make it possible to ensure at least a certain scope of action between the Ministry of Health and Ministry of Justice and civil society organizations that provide community support. This proposal is specifically in the domain of cooperation between state and civil society organizations.
- We propose that the Ministry of Health, Education, Science, Culture and Sports and Ministry of Labor and Social Affairs, as well as the professional community (associations, educational structures), ensure the availability of qualified and trained specialists who, being protected by the registration of surgeries and the approval of medications, can specialize in gender reassignment processes and procedures for trans people and provide appropriate support without hiding. The complete standards for the

61 World Professional Association for Transgender Health (WPATH) (2022). Standards of care for the health of transgender and gender diverse people (Version 8), <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

training and protocols⁶² of the latter can be implemented in accordance with the WPATH guidelines.

- We propose that the Ministry of Health establish partner relations with civil society organizations working on the issues of trans community, following international professional guidelines and procedures, by training the specialized doctors, and medical staff involved in trans issues, focusing on psychological support during the mental health and affirmation process for trans people, support during social transition, financial needs, and addressing systemic gaps.
- We propose that civil society organizations involved in community support put in additional effort and develop a plan of action and support to address the healthcare needs of trans people residing in the regions where information is limited and access to healthcare facilities is lacking.
- We propose that civil society organizations involved in community support raise awareness about the current or changing mechanisms, existing practices, and opportunities regarding gender affirmation processes, and act as a link between the trans community and the professional field.

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Overall, it can be said that the systemic problems of the gender affirmation or sex reassignment process for trans people are connected not only with the clarification of personal and institutional responsibilities, but also with the lack of a comprehensive vision of social justice on the part of the state that would improve the quality of life for trans individuals.

62 World Professional Association for Transgender Health (WPATH) (2022). Standards of care for the health of transgender and gender diverse people (Version 8), <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

APPENDICES

APPENDIX 1. INTERNATIONAL PROFESSIONAL REGULATIONS FOR GENDER AFFIRMATION

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After considering the legal regulations for legal gender recognition, it is also important to understand the standards in the interprofessional field. In this regard, the Standards of Care (SOC) developed by the World Professional Association for Transgender Health (WPATH), which are accepted in several countries and applied in the medical community. The objective of the eighth edition of the Standards of Care (SOC-8) published by this association is to provide clinical guidelines that will support transgender individuals in achieving a lasting sense of comfort corresponding to their gender identity in a safe and effective manner, thus contributing to their physical health, psychological well-being, and self-sufficiency. The Standards of Care emphasize that states should ensure necessary and accessible gender-affirming healthcare services for transgender people⁶³.

The following are the main criteria and recommendations that can serve as a guide in gender affirmation processes. However, it should be noted that the information included in this section is based only on the material presented in the SOC-8 document, describes only the parts relevant to hormone therapy and gender-reassignment surgical procedures, and aims to provide basic information about these two processes for a general understanding.

Although the primary focus of the analysis has been on hormone therapy

63 World Professional Association for Transgender Health (WPATH) (2022). Standards of care for the health of transgender and gender diverse people (Version 8), <https://www.tandfonline.com/doi/pdf/10.1080/26895269.2022.2100644>

and surgical interventions, the SOC-8 document emphasizes that gender reassignment processes cannot be limited only to medical procedures. The Standards also include several other important components, such as mental health services and psychological support, adequate awareness and provision of appropriate information, training, voice and communication therapy, primary care, ensuring reproductive and sexual health support, as well as ensuring integrated care within the general healthcare system, and more. Furthermore, separate attention is paid to the specific characteristics of different groups: children and adolescents, non-binary individuals, and others. That is, gender affirmation processes should be viewed within a framework of a multi-disciplinary, integrated, and individualized approach, ensuring not only medical but also social and legal guarantees.

Therefore, to obtain evidence-based and in-depth professional information about the comprehensive interprofessional processes of support for transgender people, the sections included here, and other important components, we suggest reviewing the SOC-8 document and other professional literature or contacting relevant professionals trained in gender health and transgender care issues.

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Hormone Therapy

Hormone therapy is a type of necessary medical procedure for gender reassignment process, aimed at achieving bodily changes that will align with a person's self-perception of their body and/or their gender identity.

Hormone therapy is not recommended before puberty. Adolescents who have reached the pubertal phase are offered puberty-blocking therapy with the goal of halting the development of secondary sexual characteristics until a decision on gender affirmation is made.

Hormone therapy is carried out with hormone medications prescribed by a specialist, which are directed at body changes toward more feminization or masculinization. For indications and professional recommendations on the selection of specific hormone medications, it is necessary to refer to the SOC-8 document.

Puberty-blocking therapy for transgender adolescents can begin concurrently with the emergence of physical signs of sexual maturity. In this phase, GnRH agonists are used, which slow down the production of endogenous sex hormones. If GnRH agonists are unavailable or expensive, progestins (oral or injectable) are used, provided they have been assessed and indicated as appropriate by specialists. GnRH agonists can also be used for individuals who have already passed the pubertal phases but have not yet decided whether to start sex hormone therapy.

The actual sex hormone therapy begins only when the adolescent is in the phase of physical changes of sexual maturity, and parents or guardians can be involved in the process if their involvement is not assessed as harmful or inappropriate.

In the initial phase of therapy, during the first year, regular monitoring of physical changes and effects is done, with laboratory tests every three months, and then once or twice a year. People should be informed about the physical changes caused by the therapy, their duration, and potential effects.

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Before starting puberty-blocking or hormone therapy, the trans person should receive appropriate information and counseling about the processes, including issues related to fertility.

Changes in health status may be observed because of hormones during hormone therapy; therefore, ongoing assessment and monitoring of the health status is necessary. Individuals undergoing these processes should be informed about the physical changes throughout the entire process, the stages of their development, their duration, and potential effects.

Before and after surgery, it is necessary to cooperate with doctors and provide detailed consultation on surgical options, regarding both indications and contraindications.

Hormone therapy is continued if it contributes to the person's socio-psychological well-being and improved quality of life. If the mental health status deteriorates during hormone therapy, a status assessment should be performed before indicating discontinuation.

Gender Reassignment and Additional Surgical Procedures

Gender-reassignment surgeries are necessary medical procedures aimed at aligning a person's body with their gender identity.

SOC-8 lists the surgical procedures for gender reassignment, which may not be exhaustive due to the continuous development of scientific knowledge and technologies regarding gender incongruence, leading to the application of new forms of procedures.

Only the list of surgeries and a brief description are provided here, which is intended to clarify what processes we understand when mentioning gender-reassignment surgeries. For the indication, performance, and procedural recommendations of the latter, it is necessary to refer to the SOC-8 or consult a relevant specialist.

Gender-affirming surgeries include:

- **Craniofacial and facial procedures** (e.g., rhinoplasty, hair transplantation, reshaping of lips, mandible, chin, soft tissue of the larynx, and vocal cord surgeries, etc.).
- **Breast and chest surgeries** (e.g., liposuction, breast reconstruction, etc.).
- **Genital surgeries** (e.g., phalloplasty, metoidioplasty, urethral lengthening, testicular implants, colpectomy, vaginoplasty, vulvoplasty, etc.).
- **Gonadectomy surgeries** (e.g., removal of testicles, removal of uterus and ovaries, etc.).
- **Body contouring surgeries** (e.g., liposuction, lipofilling and implantation, including chest, thigh, gluteal, and calf implants, etc.).

Additional surgical procedures include:

- **Hair removal** from the face, body, or genital areas, often as pre-surgical preparation (electrolysis, laser epilation).
- **Tattoo interventions**, for example, nipple-areola tattooing.

- **Organ transplantation**, for example, uterus or penis transplantation.

Surgeons performing gender-reassignment surgeries should have relevant training in the field, documented experience, active practice of surgical interventions, and continuing professional education. They should possess knowledge about diverse gender identities and consistently monitor surgical outcomes.

Transgender people who have undergone genital surgeries are encouraged to undergo long-term medical monitoring by relevant specialists. Patients who have undergone gender-affirming surgical interventions and experience discomfort with the change should be continuously monitored by an experienced multidisciplinary team.

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